

United Way of Adams County, Inc.

Community Assessment

2001-2003



Report to the Community

Introduction

This report outlines the changes and challenges facing Adams County residents and identifies the resources and assets we hold to address our future. To pretend that, within the comfort and security of our own homes and neighborhoods, the challenges and our collective response will not affect all of us in Adams County is a mistake. The time to take a clear-eyed look at the state of our county is now.

Adams County possesses a wealth of community building resources and has the potential to achieve our vision of a community that is committed to creating the cooperative community partnerships and utilizing all possible resources to build the quality of life for every citizen. However, we must work together with a common vision to make that promise reality.

In 2001, United Way and community partners launched a two-year long community assessment. Its purpose was to evaluate and identify current community needs and assets in an effort to create change and build upon existing relationships. Now finished with the data gathering, analysis and reporting portions of the assessment United Way of Adams County focuses on the future of Adams County and how to match the identified assets to solutions for community problems.

This report is a review of a wide variety of health, human service, economic and social indicators and findings of a community assessment. This summary outlines key findings and need-to-know facts about Adams County. Data in this report builds a picture of trends shaping the community – a perspective not available from any other source.

WHY UNITED WAY?

For nearly 70 years, United Way of Adams County, Inc. has been the county's largest private funder of health and human services. United Way firmly believes in the value of supporting a network of high quality services to meet the various needs of men, women and children from all backgrounds, from all communities, at all ages. United Way offers people a unique opportunity to multiply the impact of their donation through a strategic network of many organizations that can – with sufficient resources – significantly improve our community's well being.

United Way of Adams County, Inc. is continually involved in raising and distributing funds to create a healthier Adams County. This purpose is strongly supported by its knowledge of the health and social welfare conditions of Adams County citizens and communities.

In order to bring this information up to date, United Way of Adams County led an effort to produce a comprehensive inventory of community assets and needs. The comprehensive assessment consisted of three components: a collection of health and social welfare indicators, an inventory of community social services assets, and a community survey.

Assessment is the tool that helps maximize resources to create positive change. Assessment is a very important role that United Way serves and distinguishes the organization as a community builder.

Acknowledgements

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United Way of Adams County

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In-Kind Support

Blue Cross Blue Shield of Illinois
Quincy Herald-Whig

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REPORT STRUCTURE

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Community Profile – Adams County, Illinois

The following profile of Adams County was developed using data from a variety of sources collected throughout the assessment.

Quincy and the surrounding communities in Adams County are located in the western-most point of Illinois along the Mississippi River, just south of the intersection of Southeast Iowa, Northeast Missouri and Western Illinois. Quincy is the largest city in a 100-mile radius and is the hub of a tri-state area. Quincy serves the retail, commercial, employment, healthcare, recreation and human service needs of people well beyond those who reside in Adams County.

Population

Adams County covers 871 miles of mostly rural, agriculture land. 68,277 people call Adams County home. 114,418 people reside within 25 miles of Quincy and nearly 250,000 within 50 miles. Adams County population fell from 71,615 in 1980 to 66,090 in 1990 and has grown to 68,277 in 2000. Quincy population grew by 1.7% from 1990 to 2000, increasing from 39,681 to 40,366. The population density of Adams County is 79.7 persons per square mile of land area.

Seniors 60 years and older are a significant, and growing population group in our county. Income security and healthcare needs for this population group are important issue to consider as we strive to strengthen the quality of life for our families. Family experts state that the aging factor points to a need for more assisted living housing, where senior citizens can remain independent but also receive health care, meals and companionship.

Sex and Age

- 48.1% male, 51.9% female
- Median age 38.3
- 75.1% age 18 and over
- 20.2% age 62 and over
- 14,938 residents of Adams county over the age of 60, out of these 919 live in poverty

Race and Ethnicity

- 95.1% White
- 3.1% Black
- 1.8% other
- 99% one race

Households and Families

- Average household size 2.44
- Average family size 3.0
- 26,860 households
- 18,003 or 67% are family households
- 8,359 or 31.1% are households with children under 18.
- 1,693 or 6.3% households of single mothers with children under 18
- 7,658 or 28.5% households with individuals over 65
- In 476 households a grandparent is responsible for grandchildren

Community Profile – Adams County, Illinois

Education

- Enrollment: 17,661 enrolled in school (pre-K through college), 3 years old and over
- 45.4% of total enrollment is elementary school grades 1-8
- Adams County School Districts instructional spending per pupil averages \$3,243, State average \$4,667
- Quincy School District reports 76.6% graduation rate in 2002, State 85.2%
- Educational attainment rate: 5.9% less than 9th grade, 10.4% reached 9th to 12th grade but no diploma
- 83.7% population 25 years and over, high school graduate or higher
- Adams County reports 179 students home schooled, from 114 families

Economic Climate

- Of the population 16 years and over 53,348, 63% or 33,344 are employed and 3.3% are unemployed
- Of the population 16 years and over, 18,226 or 34.2% not in labor force. The significant number of retirees in the community contributes to this statistic.
- Loss of higher wage, industrial and manufacturing positions in recent years
- Increase in employment opportunities with lower paying service and retail businesses.

Poverty and Income

- 7.4% of families live in poverty
- Per capita personal income, \$17,894
- Of families with single female householder and children under 18, 37.6% live in poverty. Those with children under 5, 59.3% live in poverty.
- Median household income: \$34,784
- 34.3% households have income less than \$25,000
- 31% households have income greater than \$50,000
- 34.7% households have incomes between \$25,000 and \$49,999
- Median income for male full-time workers, \$31,171
- Median income for female full-time workers, \$21,083

RESEARCH APPROACH

United Way of Adams County utilized the COMPASS II community assessment process designed by and for local United Ways. A steering committee of volunteers along with United Way staff conducted the study and determined the findings.

United Way of Adams County launched the community assessment by convening a community-based steering committee whose purpose was to guide the assessment process. Members were recruited from human services, health care, education, local business and government.

All data provided throughout this report has been collected from secondary sources, and a ‘good faith’ effort has been made to ensure its integrity. While every effort has been made to maintain the consistency, validity and reliability of the data, factors such as staff changes in reporting agencies, differences in state and local reporting methods made this process very challenging.

Interpretation has been provided for each section of the report. Information was randomly gathered from research reports, United Ways, newspaper articles, journals and electronic media sources, and do not necessarily reflect the views of United Way of Adams County staff and/or constituents. This interpretation provides some context in which the community can engage in a meaningful dialogue about the progress toward meeting our objectives for well-being. This will lead to our community’s prioritization of resources and illuminate a path of action.

RESEARCH ACTIVITIES

To ensure a comprehensive assessment of Adams County, a number of data collection methods were utilized and a variety of types of information and data were collected and analyzed.

Four sources of information were collected and analyzed:

1. A telephone household survey of more than 400 county residents
2. A written key informant/community leader survey of more than 600 individuals
3. A collection and assessment of key social, health and economic indicators about our county and its residents
4. An inventory of community assets

This report discusses the information collected regarding people’s perceptions of these critical issues as well as provides demographic, socio-economic, health and educational data related to each of the issues.

INTRODUCTION TO COMPASS II

United Way of Adams County selected the COMPASS II process as the guide for the community assessment. COMPASS II is a guide to community building that helps United Ways and their partners mobilize communities to improve people's lives. It works by mobilizing community strengths and assets and by connecting those strengths and assets with strategic opportunities for people to improve their community. It is grounded in sound information and a quality process.

COMPASS II modifies and goes beyond previous assessment systems to be a community-building guide. It includes community assessment as a core component. A significant feature of COMPASS II is that it takes an asset-based approach to community building. Other new features include community visioning, integration of human services with community and economic development, and community-level outcome measurement.

COMPASS II offers a thorough set of guidelines for community building. At its core, COMPASS II consists of eight phases. However, it is very flexible. The actual implementation of the eight phases is tailored to local requirements, and varies from community to community. COMPASS II is a resource for improvements at the neighborhood level. For example a COMPASS II effort can support a resident-led group that organizes to create safe places for youth during non-school hours, conduct a neighborhood festival, or form a Neighborhood Watch to fight crime.

COMPASS II is also a catalyst for action at the community wide level. For example, it can identify an opportunity to promote a special transportation system, extending to rural areas, that enables seniors to continue to live in their own homes.

Community building is the process of mobilizing community to improve people's lives. Community building engages diverse stakeholders, including residents and others, in sustained, collaborative, strategic efforts to strengthen and improve community conditions. Community building may be geographic focused, population focused, issue focused, or a combination. It is how community impact is achieved.

COMPASS II is grounded in community building principles.

The community building principles are:

- Build on the strengths of local individuals, associations and organizations.
- Focus on specific actions and measurable results to improve community life.
- Promote participation by people of all races, genders, ages and cultures.
- Ensure local decision-making and ownership.
- Draw upon the resources of the larger community.
- Bridge all sectors to develop healthy children, families and communities.
- Share experience and knowledge to promote continuous community learning.

United Way of America developed the COMPASS II tool for use by local United Way communities and incorporated input from national and local experts in community building, including experts from local United Ways and other organizations.

How Will COMPASS II Help Our Community?

Just as a compass is an instrument for determining direction, the COMPASS II process is also an instrument that will help Adams County determine and measure its course towards building a community that uses all of its resources to develop the potential of all citizens.

It is the hope of the COMPASS II Partnership that results of this process will be used as a catalyst to launch ideas to improve our community.

COMPASS II will help:

| | |
|---|--|
| Community Organizations and Service Providers | with grant writing and to prioritize programs and services. |
| Local Governments and Schools | to make informed decisions and to develop programs and services designed to have greater community impact. |
| Citizens-at-large | to become more informed on community issues |
| Current Community Planning Efforts | to unite over specific issues to create a long term plan that will strengthen our community and improve the quality of life in Adams County. |

The purpose of the *COMPASS II* assessment is to identify health and human services issues perceived by Adams County residents as being most serious. It also assesses the county's assets, capacities and strengths that can be used to address those issues.

To ensure a comprehensive assessment of the Adams County area, data and information were collected and analyzed from a variety of sources including key community leaders, surveys of health and human services providers, and demographic and service utilization information.

In all, approximately 1000 Adams County residents participated directly in the assessment project. They worked as professional researchers and committee members, responded to surveys, and responded to data requests. They provided most of the information included in the assessment reports and developed the conclusions and recommendations. Thus, the COMPASS II Assessment truly reflects the efforts and perspectives of Adams County residents.

Asset Inventory

As part of Adams County's assessment, a *community asset inventory* was conducted among thirty businesses, and ninety-two organizations such as service clubs, professional organizations and church groups. The purpose of this inventory was to begin to gauge what "is available" to the community to help address current and future needs. While the responses do not provide a census of available assets, they do give an indication of the resources that are available.

A **community asset** is the capacity of associations, organizations, government, civic groups and individuals to provide unique opportunity for improving community life.

The *United Way Community Connection*, an information and referral service maintains the vast majority of the information regarding assets in the community. Specific data collected from business and industry and church groups will be added to this database. The *Community Connection* also provides the community with a directory of community services.

The community has a range of assets that currently address the community's major issues. While more assets are likely to focus on children and youth and senior citizens, some are addressing each key issue area. This "fabric of services" is an important foundation from which the community can launch a coordinated plan to improve conditions in the identified priority issues. As the community gathers around specific issues to develop strategies and action plans, the asset inventory will be searched for new and non-traditional partners with resources that can be applied to specific plans.

Throughout the assessment, participants also stressed the multitude of assets and strengths the community possesses to address identified issues. Among these assets are a strong system of health and human service organizations; outstanding institutions such as schools and churches; the existence of community collaborations; and most of all, a culture and history that emphasizes working together to tackle problems. These assets must be the foundation for any action that successfully addresses the health and human service issues identified in the capacity assessment. When residents begin to define their resources they can move away from focusing on the list of needs and toward empowerment for changes.

The process of inventorying community assets involves identifying the tangible and intangible resources that already exist in a given area. These assets can be mobilized towards meeting needs and enriching communities. The most obvious neighborhood related assets are connected to a fixed location, such as a school building or a church and its congregation. Others are less concrete. For example, a vacant or abandoned lot could become a playground or community garden cared for by local youth, unemployed or senior residents.

Value of this activity is in developing new partnerships between business and neighborhoods, for example. Organizations involved in all aspects of community life such as business, civic, education, environment are considered community assets. Throughout the assessment process, assets were linked with the priority issues. This process will continue well beyond the initial assessment process. Other than funding, the assessment did not reveal any gaps, or lack of assets.

Key Indicators

Current and accurate data available from the 2000 Census reveals changes in the social and demographic landscape of our community. This information is a valuable tool for identifying areas of concern in our community. The 2000 Census also provides current data on key indicators for Adams County. The following profile of Adams County was developed using information from the U S Census website: www.census.gov and www.factfinder.census.gov

Population

- Adams County population has grown 3.3% since 1990, from 66,090 to 68,277 residents
- Dramatic growth in populations over 45 to 59 and those 75 and older.

| Population Characteristics | 1990 | 2000 | % change |
|-----------------------------------|-------------|-------------|-----------------|
| Under 5 years | 4636 | 4202 | -9.36% |
| 5 to 9 years | | 4717 | |
| 10 to 14 years | | 5018 | |
| 15 to 19 years | | 5112 | |
| 5 to 17 years | 12407 | | |
| 18 to 20 years | 2791 | | |
| 20 to 24 years | | 3939 | |
| 21 to 24 years | 3249 | | |
| 25 to 34 years | | 7973 | |
| 25 to 44 years | 18500 | | |
| 35 to 44 years | | 10028 | |
| 45 to 54 years | 6595 | 8895 | 34.87% |
| 55 to 59 years | 2959 | 3455 | 16.76% |
| 60 to 64 years | 3351 | 2913 | -13.07% |
| 65 to 74 years | 6137 | 5598 | -8.78% |
| 75 to 84 years | 3961 | 4511 | 13.89% |
| 85 years and over | 1504 | 1916 | 27.39% |
| Population | 66090 | 68277 | 3.31% |

Education

Comparison of 1990 to 2000 census data indicates improvement in all measures of educational attainment. In general, Adams County residents are more educated than in 1990.

| Educational Achievement | 1990 | 2000 | % change | |
|---|-------------|-------------|-----------------|----------|
| Less than 9th grade | 4567 | 2671 | -41.52% | improved |
| 9th to 12th, no diploma | 6211 | 4674 | -24.75% | improved |
| High School graduate, include equivalency | 16185 | 16918 | 4.53% | improved |
| Some college, no degree | 7835 | 10194 | 30.11% | improved |
| Associate degree | 2580 | 2696 | 4.50% | improved |
| Bachelors degree | 4034 | 5275 | 30.76% | improved |
| Graduate or professional degree | 1886 | 2673 | 41.73% | improved |
| Population 25 years and over | 43298 | 45101 | 4.16% | |

Income

- The number of households in lowest income categories has declined
- Significant increase in higher income levels;
- Median household and family income rose by nearly 50% in ten years.

| Income Status - households | 1990 | 2000 | % change |
|-----------------------------------|-------------|-------------|-----------------|
| Less than \$5,000 | 1,928 | | |
| \$5,000 to \$9,999 | 3,165 | | |
| Less than \$10,000 | 5093 | 2,573 | -49.48% |
| \$10,000 to \$14,999 | 3,004 | 2,200 | -26.76% |
| \$15,000 to \$24,999 | 5,579 | 4,432 | -20.56% |
| \$25,000 to \$34,999 | 4,346 | 4,293 | -1.22% |
| \$35,000 to \$49,999 | 4,257 | 5,020 | 17.92% |
| \$50,000 to \$74,999 | 2,264 | 5,151 | 127.52% |
| \$75,000 to \$99,999 | 476 | 1,671 | 251.05% |
| \$100,000 to \$149,999 | 341 | 976 | 186.22% |
| \$150,000 or more | 197 | | 177.16% |
| \$150,000 to \$199,999 | | 266 | |
| \$200,000 or more | | 280 | |
| Households | 25,557 | 26,316 | 2.97% |
| Median Household Income (dollars) | \$23,317 | \$34,784 | 49.18% |

Households

- Single, female-headed households with children are those in greatest poverty.
- In Adams County there are 476 households where grandparent(s) are responsible caregivers for their own grandchildren.

| Poverty Status | 1990 | 1999 | % change | |
|---|-------------|-------------|-----------------|----------|
| <i>Families below poverty level</i> | 1846 | 1347 | -27.03% | improved |
| With related children under 18 years | 1336 | 1040 | -22.16% | improved |
| With related children under 5 years | 690 | 507 | -26.52% | improved |
| <i>Families, female householder</i> | 858 | 693 | -19.23% | improved |
| With related children under 18 years | 748 | 633 | -15.37% | improved |
| With related children under 5 years | 380 | 336 | -11.58% | improved |
| <i>Individuals</i> | 8368 | 6558 | -21.63% | improved |
| 18 years and over | 5355 | 4505 | -15.87% | improved |
| 65 years and over | 1326 | 919 | -30.69% | improved |
| With related children under 18 years | 2949 | 1998 | -32.25% | improved |
| With related children under 5 to 17 years | 1929 | 1379 | -28.51% | improved |
| Unrelated individuals 15 years and over | 2324 | 2387 | 2.71% | |

Visioning

The *Vision and Measurement* committee identified 258 individuals for invitation to a “citizens’ convention” visioning session in August 2001. Approximately 50 people participated in the visioning activity.

After a brief orientation, 6 groups were led in discussions that addressed two questions:

- 1) What is your vision/picture of your community in the next 3-5 years?
- 2) What factors are necessary to make the vision a reality?

Following the group sessions, the entire group was re-assembled and results of each session were compared. Each group shared its top three responses to each question.

The *Vision and Measurement* committee met to organize the responses in preparation for the development of a vision statement.

Responses to Question 1 – “*What is your vision/picture of your community in the next 3-5 years?*” produced the following issues/challenges most frequently identified:

- Positive Parenting, Building Assets in Youth, More Youth Involvement in Community Betterment, Retaining Youth in Community (15)
- Recognition of Racism, Discrimination Eliminated, More Tolerance for All Groups, “See Everyone as US rather than THEM” (14)
- Increase Career Opportunities, More Jobs with Better Pay and Benefits, Community Values, Education and Goal Toward Better Jobs (16)

Responses to Question 2 – “*What factors are necessary to make the vision a reality?*” revealed the following issues/challenges” most frequently identified:

- Education that builds character and understanding, Teaching Tolerance, Preparing the Community for Diversity. (23)
- Community Consensus Building and Action. (20)
- Funding for Services – Cooperation Between Governmental Bodies, Coordination of all Community Resources. (19)

The committee reviewed the comments from each group. The most frequent and related comments/key words are listed below:

Question 1 – “*What is your vision?*”

Key words: youth, more jobs/better pay, transportation, and elimination of racism, better housing, and community values education

Question 2 – “*What factors are necessary to make the vision a reality?*”

Key words: zero tolerance for racism, job training, provide healthy activities for youth, diversity preparation/teach tolerance, structured after school programs, more partnerships, ongoing dialogue, more technical education, transportation (more and better).

Visioning

As a result of these discussions the following vision statement was developed:

“Drawing upon the rich heritage of Adams County, United Way is committed to creating cooperative community partnerships in order to build the quality of life for every citizen of Adams County. All of us working together in Adams County can identify and set in motion a continuum of key programs that advance the quality of life for everyone. United Way of Adams County will work diligently to develop this environment of belonging and services to a level that meets the needs of all our citizens.”

United Way of Adams County is committed to taking a leadership role in enhancing our community in the following areas:

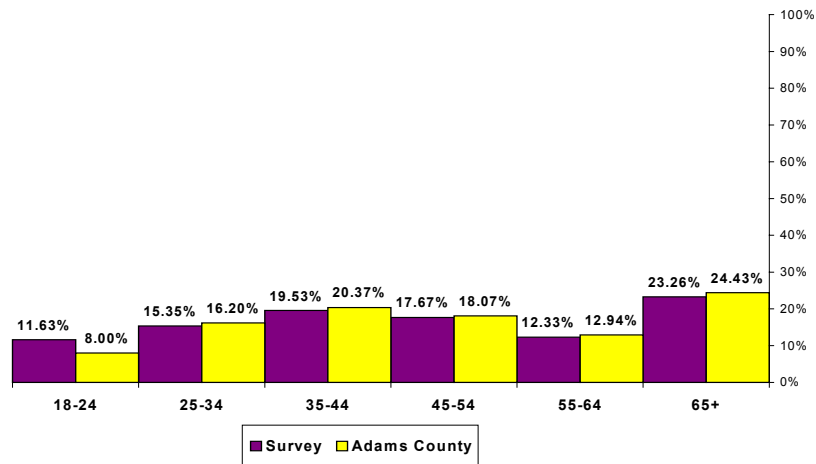
- 1) *Quality of Education – To stimulate community awareness of the impact of the quality of our educational system; and, to inspire a sense a responsibility for the education of our citizens among all members, creating accessibility and affordability of life-long learning.*
- 2) *Opportunities for Youth – To ensure that every youth has awareness of and access to programs and services designed to develop confident, self-sufficient, caring citizens.*
- 3) *Health – To educate all community members, encourage prevention and care, advocate for appropriate financial supports to insure comprehensive health care for residents.*
- 4) *Employment – To foster collaboration among education, business, industry and community members to maintain a competent workforce, fair compensation with livable wages*
- 5) *Elimination of Racism and Discrimination – To develop a community environment that provides a sense of belonging to every citizen and visitor to our area.*
- 6) *Transportation – To eliminate the barriers to employment, education, health and enrichment created by lack of adequate means of transportation.*

Community Survey

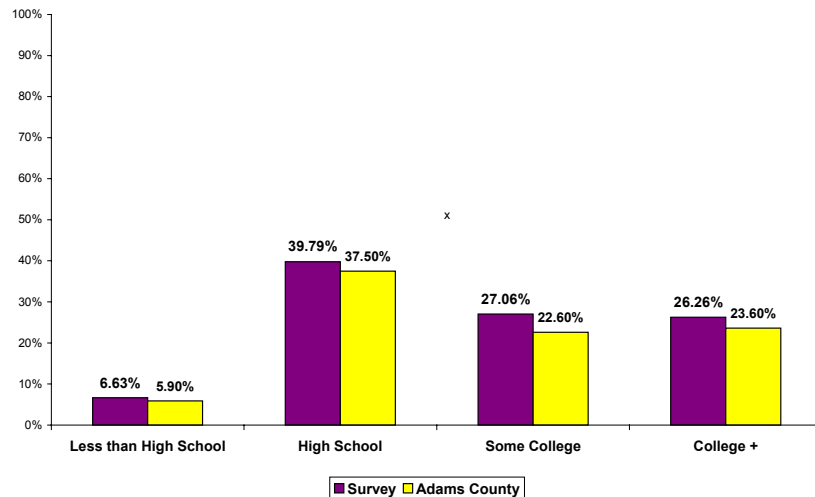
The survey results represent a significant countywide assessment initiated by United Way. The telephone survey was conducted under the supervision of the research department of Quincy Newspapers, Inc. Volunteers were recruited and trained. Using random digit dialing, a statistically representative and geographically weighted sample of 430 households was surveyed.

The demographic profile of the survey respondents is comparable to the actual demographics of Adams County population.

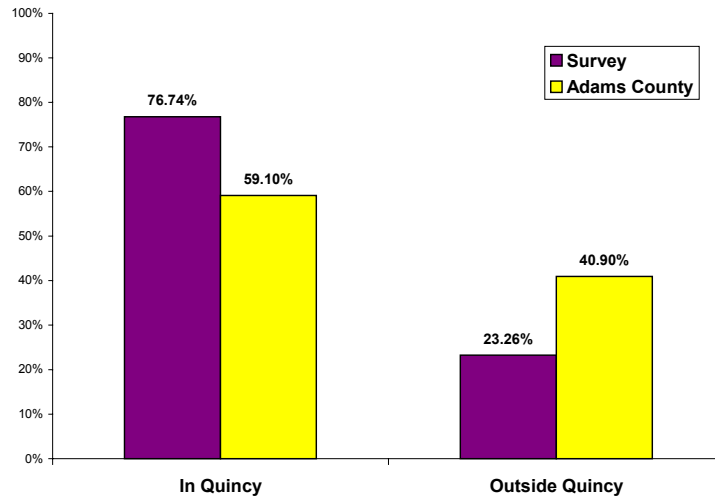
Age of Respondents and Population (over 18)



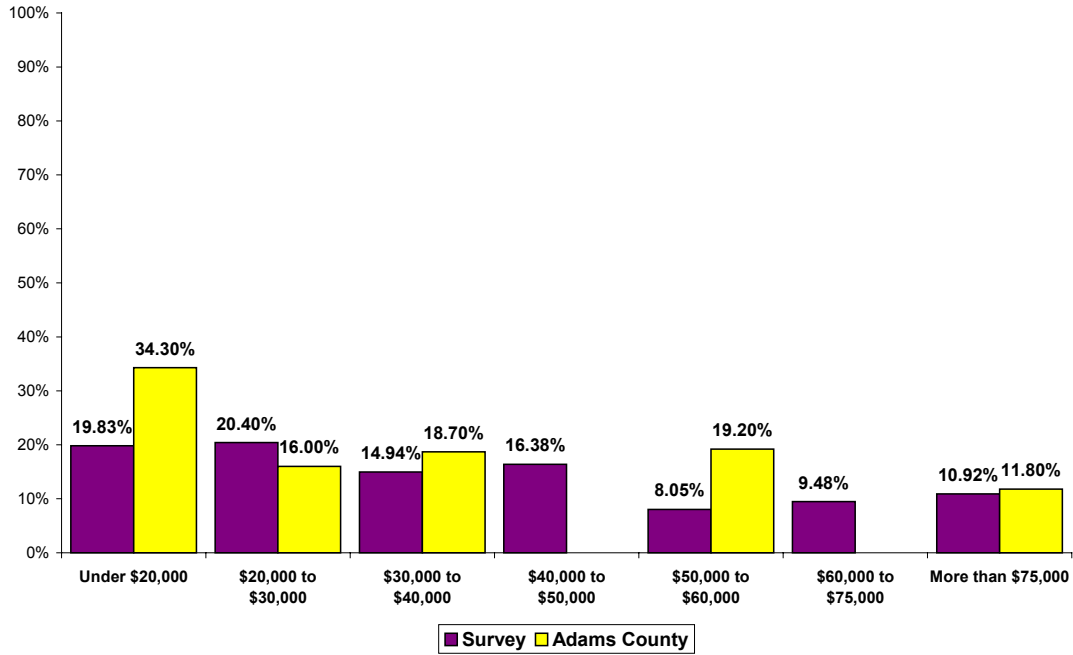
Educational Level



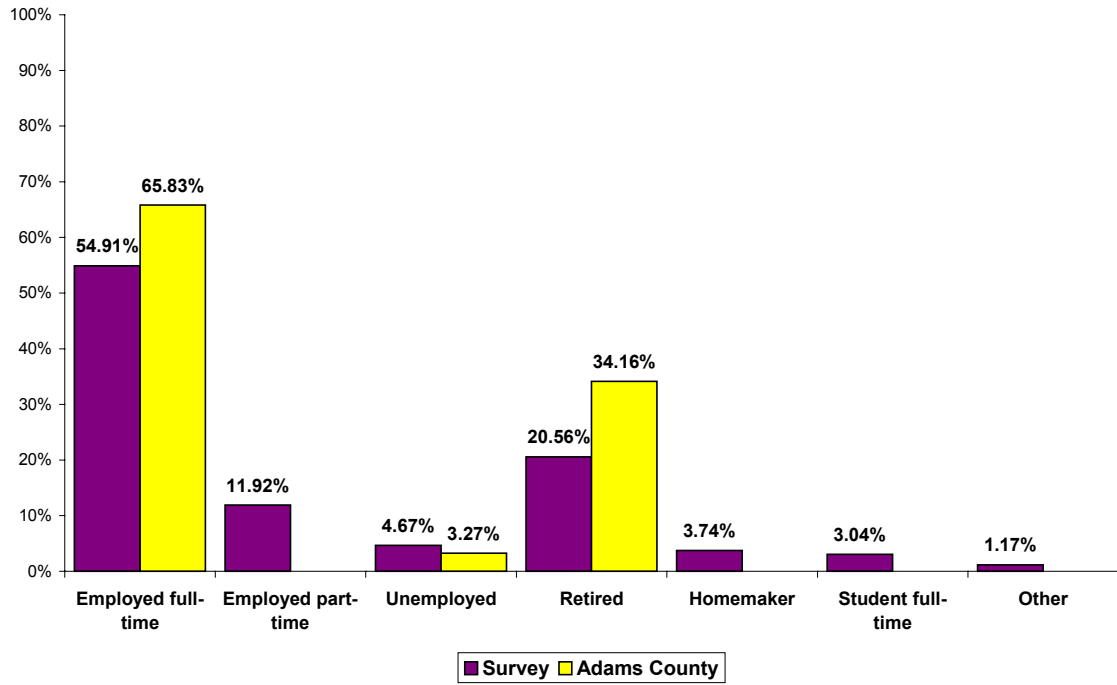
Residency of Survey Respondents and Population



Income Level



Employment

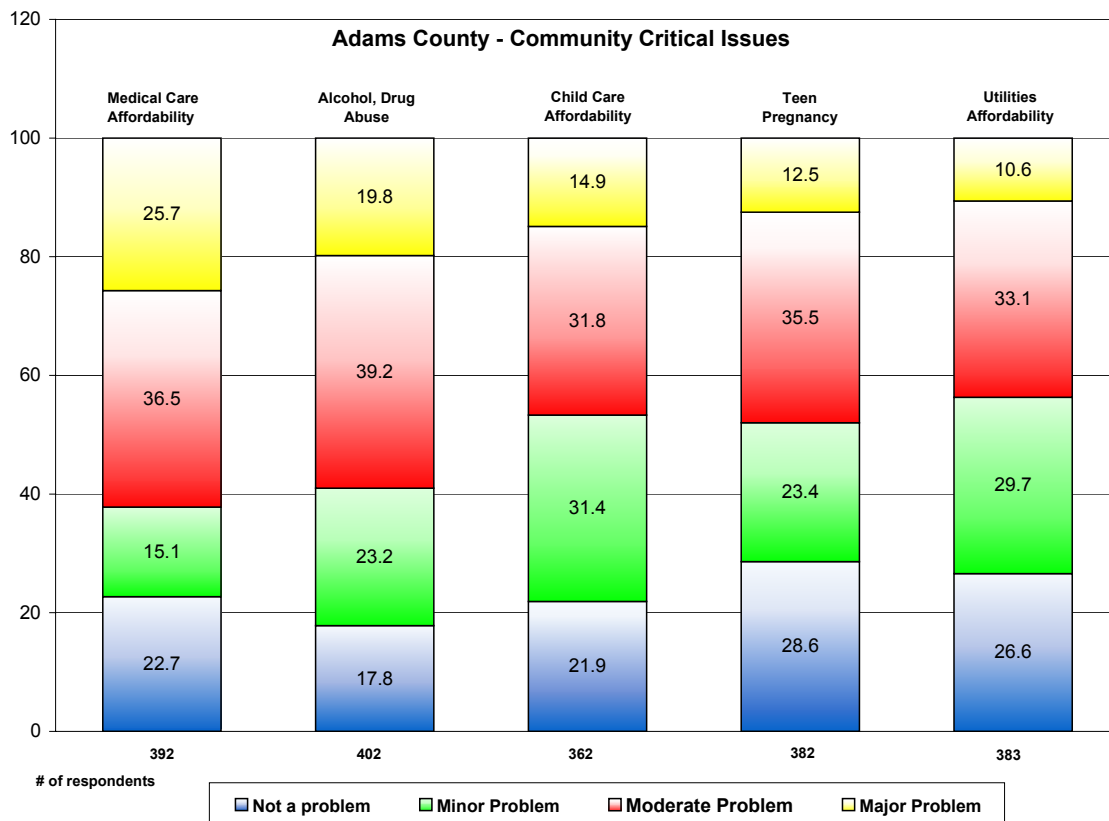


Community Survey

The survey consisted of fifty-two questions that asked about a variety of topics ranging from quality of respondents' neighborhoods to their volunteer activity. The survey was designed to gauge the respondents' degree of concern regarding 23 specific issues on three levels: their household, their neighborhood, and their community. Several questions were asked regarding quality of life issues, financial information and health related topics. Opportunities were given for open-ended responses about the biggest issues facing their household, their neighborhood and the community. Specific demographic information was also collected.

Respondents to the household survey ranked 23 possible issues. Of those, five were identified as critical issues of the household survey respondents:

- Medical Care Affordability
- Alcohol and Drug Abuse
- Child Care Affordability
- Teen Pregnancy
- Utilities Affordability



Community Survey

A brief summary of preliminary content analysis of open-ended items asking for “other” problems not mentioned on the survey found that:

Household problems:

- **Financial** Concerns (paying bills, making ends meet, paying utilities)
- **Health Care** Concerns (cost of insurance, cost of prescription drugs, cost of medical services)
- **Job Security** Concerns (not employed, under employed, weak economy, possible layoffs)
- **Aging** Concerns (health problems, financially prepared, health insurance)

Neighborhood problems:

- **Street or road** concerns (repairs, traffic, speeding, lighting)
- **Lack of maintenance of neighborhood** (houses in disrepair, trash)
- **Safety and security** concerns (crime, drug dealing, violence)
- **Unsupervised children and teens**
- **Medical** concerns (cost of insurance, prescription drugs, medical services)

Quality of Life

The first part of the community survey addressed individuals' satisfaction with their personal quality of life, their community as a place to live and their feelings that they have an opportunity to affect things.

Personal Quality of Life:

- 71.3% report high satisfaction, very good 52.1%, and excellent 19.2%.
- Youngest age group, 18 to 24, and oldest age group, 65+ report least satisfaction.
- Greatest satisfaction among the 35 to 44 year old group.
- Those 65 and older report the highest incidence, 9.3%, of "poor" personal quality of life.
- Respondents with less than high school education report the highest degree, 13.3%, of "poor" personal quality of life.
- Respondents with household income less than \$20,000 have the highest reporting of "okay", 32.5%, or "poor", 13.3%, personal quality of life; while, households with incomes more than \$75,000 report greatest satisfaction with personal quality of life.
- Households in northwest Quincy report least satisfaction with quality of life.
- Those who rent their homes report 12.0% poor quality of life as opposed to 3% of those who own their homes.
- Widowed respondents report the highest 12.2% poor quality of life, but also the highest percentage of very good, at 63.1%.

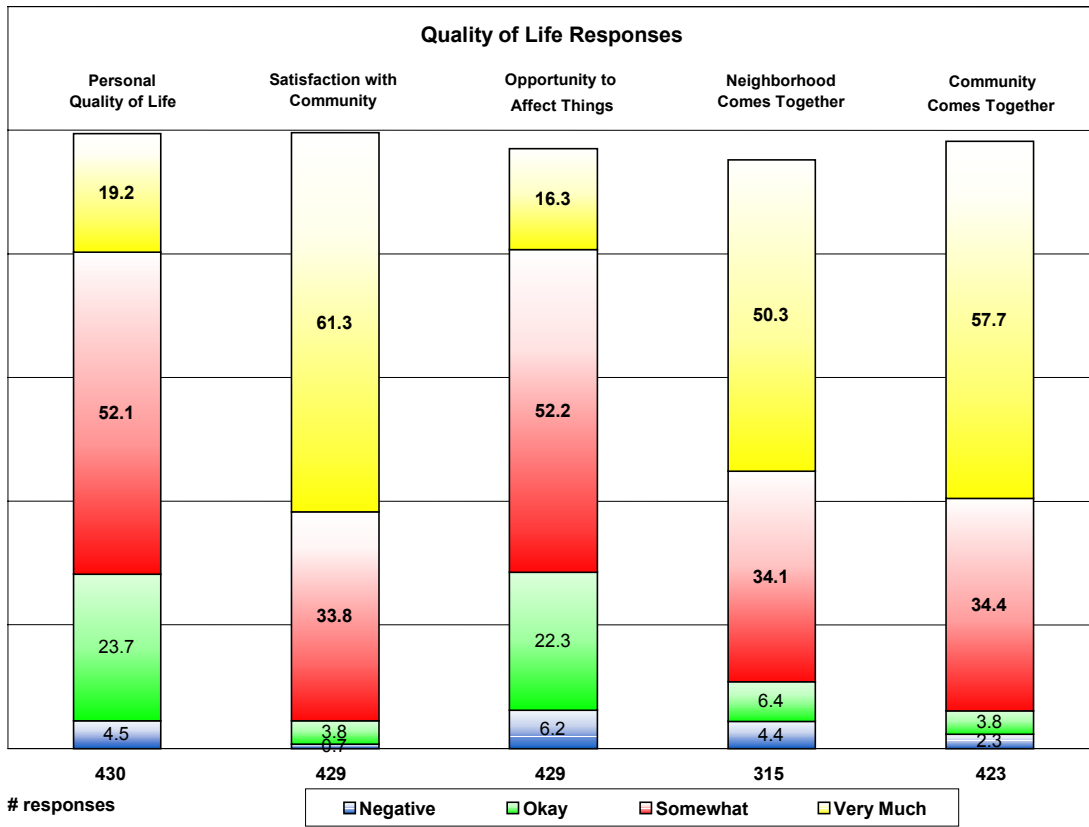
Satisfaction with your community:

- Overall 61.3% are very satisfied with the community.
- 18 to 24 year olds report the least satisfaction with the community.
- As age of respondents increased, so did satisfaction with community.
- \$60,000 to \$70,000 income households reported highest 3.2% very dissatisfied and highest 7.7% somewhat dissatisfied with community.
- Other than the \$60,000 to \$70,000 income level, degree of satisfaction with community increased along with level of household income.

Opportunity to affect things:

- 28.9% of respondents felt they have none (6.2%) or little (22.3%) opportunity to affect things.
- Feeling of little or no opportunity to affect things was significantly higher in the 18 to 24 and 65+ age groups.
- Feeling of little or no opportunity to affect things was significantly higher in the under \$20,000 and \$20,000-\$30,000 income levels.
- Those living in northwest Quincy felt least able to affect things.
- Widowed individuals felt least able to affect things.
- Those in the 35 to 44 and 45 to 54 age groups feel they have the greatest opportunity to affect things.
- Those with some college or college+ education feel they have the greatest opportunity to affect things.

Quality of Life



Quality of Life

The community survey also asked three questions about the impact of cost and availability of medical care. One question asked if the household receives public assistance.

Health Care Insurance:

- 87.5% of households responding have health care insurance.
- Of respondents ages 18 to 24, 35.2% report having no health care insurance.
- The incidence of being uninsured decreases as level of education and household income increase.
- Significantly more renters, 30.1% are uninsured as opposed to 7.5% who own their home.
- Single and divorced respondents are also much more likely to be uninsured.

Accessing Medical Care:

- 13.1% of respondents avoid going to the doctor because of cost.
- Of respondents ages 18 to 24, 28.1% avoid doctor visits because of cost. The next highest reporting group is age 55 to 64 at 19.6%.
- Households with incomes under \$30,000 most often avoid medical care because of cost – 45.2%; households with incomes under \$40,000 – 19.7% avoid medical care due to cost.
- Respondents living in northwest Quincy most often avoid medical care due to cost.
- Significantly more renters - 33.9% and single - 25.1%, or divorced – 20.3% avoid seeking health care because of cost.

Purchasing Prescription Drugs:

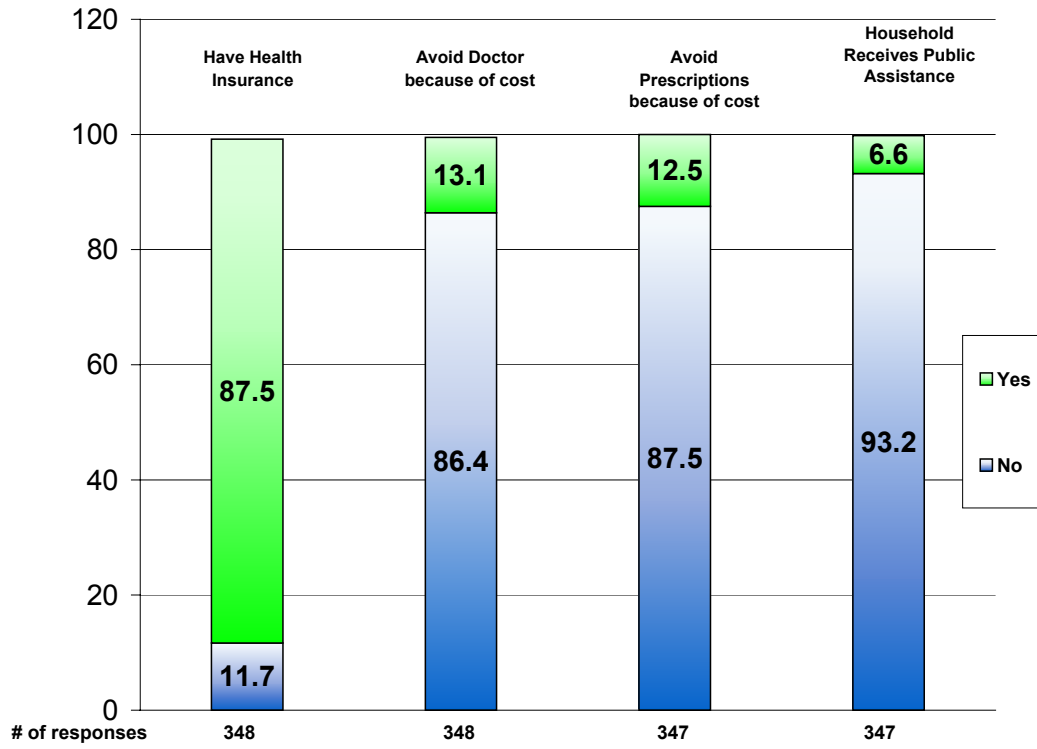
- Respondents who avoid purchasing their prescription drugs because of the cost, follow the same trends in age, income, housing and marital status, as those who avoid seeking medical care because of the cost.

Public Assistance:

- Respondents ages 18 to 24 report 13.3% receive public assistance.
- Respondent households with incomes under \$20,000 report the highest rate, 16.6% receiving public assistance.
- Households in northwest Quincy report nearly twice the rate, 10.6% of receiving public assistance as the three other quadrants of the city.

Quality of Life

Health Care Related Responses



Key Informants

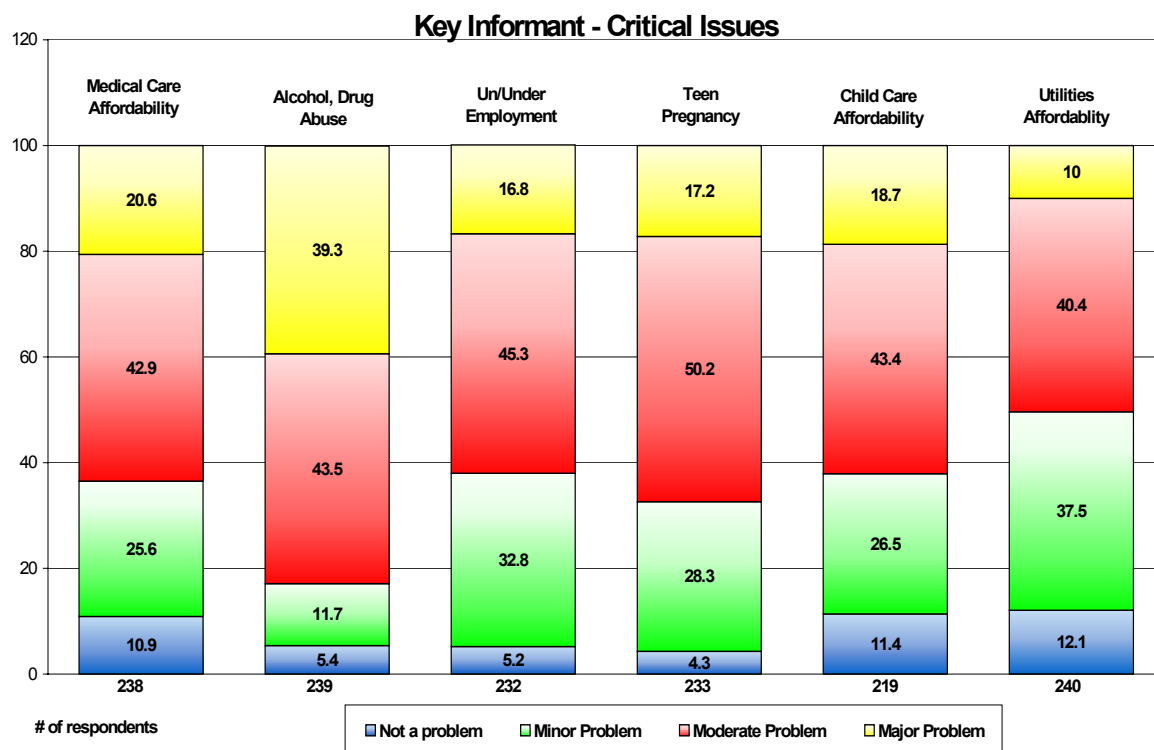
A written survey from 237 key community leaders and key social service providers was conducted to supplement the findings of the household survey.

Key informant surveys provide substantial insight into a community’s opportunities and issues. In Adams County, 637 key informants were surveyed by mail. Key informants represented a diverse cross section of organizations, government, health and human services, business and civic organizations and key donors. Key informants were identified by the steering committee based on each key informant’s understanding of the Adams County community.

243 of the 637 individuals responded, a 38% response rate. Surveys were designed to assess the individual’s feelings about their personal quality of life in our community and, the individual’s perception of the degree to which 23 identified issues are a problem in the community. Respondents also had the opportunity to add comments about other problems not mentioned. Respondents were also asked to identify what they considered to be the biggest problem facing our community.

Respondents to the key informant survey ranked 23 possible issues. Of those, six were identified as critical issues of the key informant survey respondents:

- Medical Care Affordability
- Alcohol and Drug Abuse
- Un/Under Employment and Teen Pregnancy (tied)
- Child Care Affordability
- Utilities Affordability



Key Informants

Summary of open-ended comments from Key Informants:

- An average of 20% of the responses were regarding **substance abuse** as a major problem in the community, ranging from comments on underage drinking to adult illicit drug use. Alcohol abuse cited in an increased number of surveys.
- 10 to 15% of the comments focused on **unemployment**, or other areas relating to unemployment as a serious concern in our community. In a similar percentage, poverty and issues of lower income families were seen as the “biggest” problem facing our community.
- Low numbers of references to **violence and crime**, while a number of references to efforts that could improve quality of life among community.
- Majority of comments focused on more global community problems versus neighborhood issues.
- **School and educational** improvements for students of all ages cited as a major community need, along with community awareness of resources and assistance programs.
- A strong sense of the connection between one or two major problems cited and the rest of the “smaller” problems. **Community support for comprehensive and integrated approaches** to decreasing problem areas within the community was indicated.

Key Findings – Critical Issues

Analysis of the information collected during the study shows that the health and human services issues of greatest concern in Adams County fall into two categories: *Economic* and *Social*. The steering committee chose to group critical issues in these two categories because the issues regarding the affordability of utilities, childcare, medical care are closely tied to un/under employment and economic opportunity. Further, the steering committee felt that the economic related issues also have significant bearing on the social issues.

Racial Discrimination/Lack of Diversity Awareness/Intolerance was included as a priority issue because of the frequency this topic was indicated during the community visioning process.

Domestic Violence was included as a priority issue because of its inter-relatedness with other critical issues and the ranking by the steering committee.

Although it is understood that the cause and effect of the issues are definitely inter-related – no issue stands alone. Either a positive or negative change in any issue would likely create a change in other priority issues and key indicators.

Priority Social Issues:

- ***Alcohol & Drug Abuse***
- ***Teen Pregnancy***
- ***Domestic Violence***
- ***Racial Discrimination/Lack of Diversity Awareness/Intolerance***

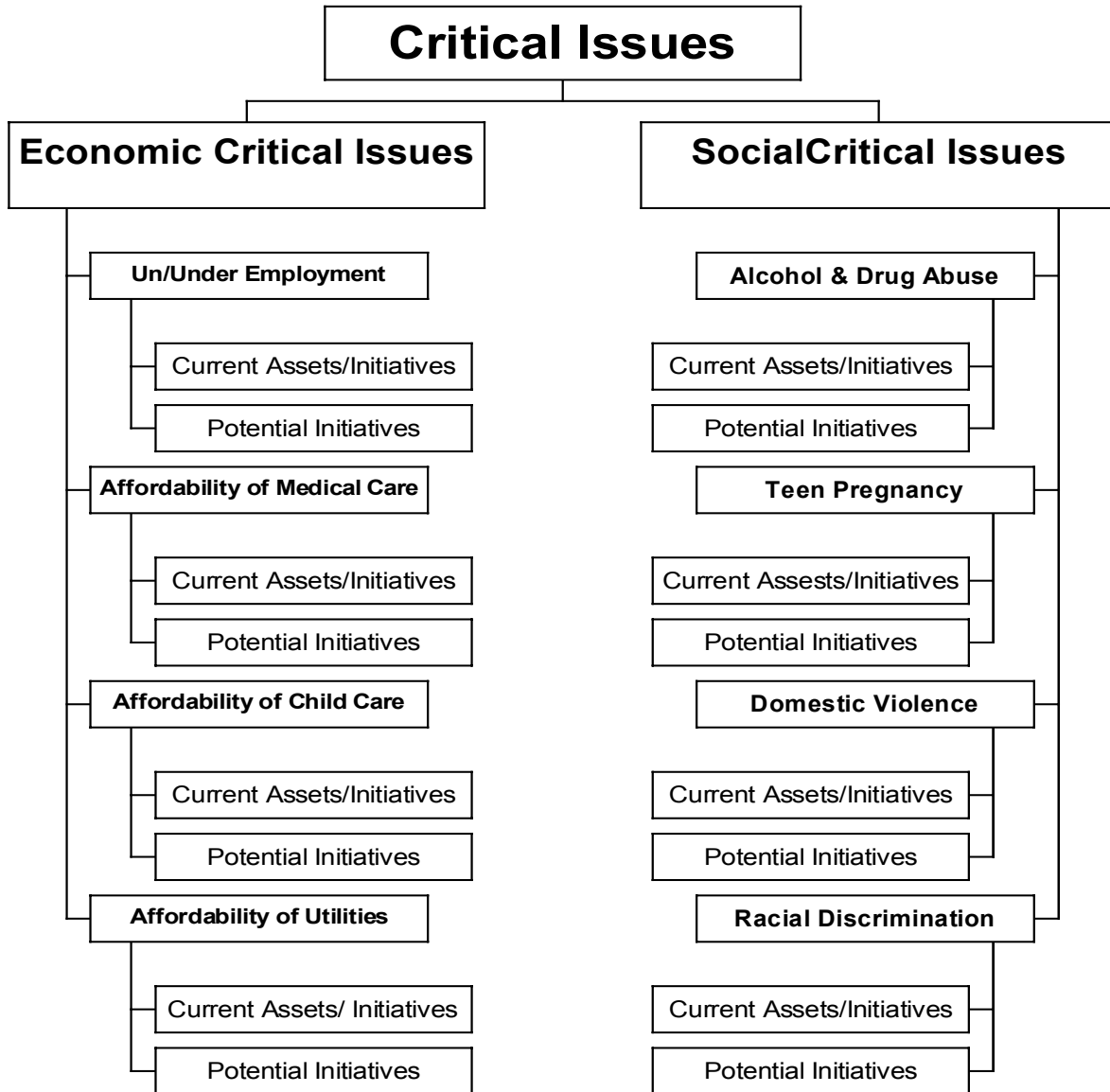
Priority Economic Issues:

- ***Un/Under Employment***
- ***Affordability of Medical Care***
- ***Affordability of Child Care***
- ***Affordability of Utilities***

These priority issues were determined by the steering committee based on the following criteria:

- Extent to which the issue relates to the community vision
- Number of people the issue affects
- Extent to which the issue affects the most vulnerable people
- Cost to the affected individuals, for example, loss of income, disability
- Trends in the issue: is it getting better or worse?
- Cost to the community, for example, in image, dollars, loss of industry
- Likely ability of the community to have an impact on the issue
- Extent to which citizens are concerned about the issue
- Likely support from constituencies in addressing the issue
- Likelihood that the community can reach a consensus on a proposed solution

United Way of Adams County, Inc. Community Assessment 2001-2003



Key Findings – Critical Issues

The critical issues identified in this most recent assessment are very similar to those identified in three previous assessments:

1985 - United Way of Adams County Needs Assessment

Unemployment
Cost of Utilities
Alcohol and Drug Abuse
Teen Pregnancy

1992 – United Way of Adams County Needs Assessment

Un/Under Employment
Lack of Affordable Medical Care
Teenage Pregnancy
Alcoholism and Drug Abuse

1998 - Quincy Herald-Whig Quality of Life Survey

Drug Abuse
Crime
Alcohol
Teenage Pregnancy
Family Violence/Substance Abuse
Lack of Affordable Medical Care
Employment Opportunities

It is evident that several issues remain a concern among community members. These are issues that trouble nearly every community. A significant amount of community resources are directed towards these issues every year, and yet it seems the problems continue to grow.

Previous assessments identified concerns only as a measure of public perception, not weighed against key indicators or statistical data. Priorities from previous assessments guided the development of new programs and collaborations and had some weight in funding decisions. But there has been no coordinated or sustained effort to measure change in this issues for the community. This is a weakness in previous assessments that will be improved with the new assessment process.

CONCLUSIONS

The **greatest concern** identified in the assessment at the time of the survey is the ***cost and affordability of medical care*** in the community. The perception of this issue as a major problem is actually much higher than the actual rate at which residents are encountering inability to access or pay for medical services. The awareness that any major illness or health crisis could cripple a family or a business significantly contributed to the high level of concern over this issue. Also contributing to the level of concern is the high number of uninsured children and adults in the community. Though this number is less than 15% of our residents, the impact of their uninsured status is significant. And, recent changes in access to care make this concern a reality for many.

The **greatest challenge** for Adams County's health and human services delivery system is addressing ***working poverty/economic self-sufficiency***. Despite general prosperity, many employed county residents earn too little to afford the rising cost of living. A key factor in this dilemma is the below average rate of high school graduation. This combination of low incomes and high costs creates problems for which people need help. Yet, their earnings often make them ineligible for categorically funded support programs.

Defining and understanding poverty and the number of individuals and families living at varying degrees of poverty is critical to addressing important issues in our community. The calculation of the poverty level and other criteria for eligibility to community programs is complicated and unfriendly. Even at 200% of the poverty level a family of four cannot be self-sufficient – this seems illogical. Many supports are available for those living at or under 100% of poverty guidelines; and many benefits are available to families living above 200% of poverty level, however, few supports are adequately available and coordinated to transition families from dependent poverty to sustained self-sufficiency. In other words, income or hourly wages excludes them from certain benefits such as childcare subsidies and medical care that in turn “eat into” the resources on which they are excluded from benefits.

The determination of a household's requirements for self-sufficiency, the availability of and access to the necessary supports are the most critical factors in improving the rate of self-sufficiency in our community. Success in this area will have a positive effect on other identified critical issues.

Low-income workers are an unrecognized and under-utilized resource. By spending their wages in the county's economy, they already make a large contribution. They are active members of religious and community organizations. Rather than being regarded as a needy and passive service-consuming population, their energies should be harnessed to plan and develop the amenities and services they will use. The resulting increase in quality of life will enable low-income workers to become more productive and involved in community activities, thus benefiting Adams County overall.

By providing education, affordable housing, transportation, child care, health care, and counseling, the community and service providers will help reduce job loss, crime, abuse and neglect, substance abuse and a variety of physical and mental illnesses. Suggested potential actions focused on education, workforce preparedness and life skills mentoring.

Also, Adams County health and human service system faces the challenges of maintaining elements of the system that are strong and effective, eliminating elements that have outlived their helpfulness, and incorporating new organizations and approaches to service provision. The Assessment Steering Committee has been most generous with their praise for new and established collaborative projects (e.g. PATCH, Healthy Communities Healthy Youth, Quincy Area Partnership for Unmet Needs) that have been designed to bring together specific sets of resources from a variety of sources to address a problem.

Planning for health and human services must be driven by needs of residents and the vision for the future of our community, rather than by the existence of longstanding programs and service organizations. Where possible and appropriate, planning should be collaborative and involve participation of funders, service providers, and service consumers. Local allocation of funds should also be driven by this type of planning, and should encourage and facilitate development of innovative approaches to design and delivery of services.

Funded programs should be evaluated on a regular basis to determine whether programs are meeting their objectives and to identify elements of best practice. To facilitate funding decisions and evaluation, appropriate and comparable program data should be collected and maintained.

Adams County is rich in many ways. It enjoys a strong industrial employment and economic base. It has abundant amenities and services. Its people share a diverse wealth of intelligence, experience, skills, spiritual strength, and good will. Its many health care and social agencies offer a wide range of programs and services.

The citizens and businesses of the county are particularly generous, supporting annual fundraising appeals to the tune of several million dollars as well as numerous capital campaigns, having raised an estimated \$25 million-plus in the past 10 years. According to the National Center for Charitable Statistics, 96 public charities exist in the Adams County, Illinois area with combined annual public support of more than \$25 million in 1999.

- The business community is diverse and stands ready and willing to participate in community building efforts.
- Public service partners well with business and human service organizations, engaging in many initiatives.
- The community possesses a wealth of arts and cultural assets that are well supported and accessible to all. These resources will enhance many community-building efforts.
- The rich historical significance and physical beauty of Adams County is a source of pride for members of the community.

Adams County has resources necessary to support the needy, guide the dependent to self-sufficiency, include the marginalized, and develop innovative approaches to challenges. Adams County possesses a solid base of structural and human capital, but continues to see gaps in the financial resources necessary to meet the demands for human services. Our leaders, service providers, and residents are in the position of only having to agree on the health and human service goals they wish to achieve and combine their considerable resources and energies to accomplish these goals.

Solving one problem will not result in a brighter future for Adams County residents. Rather, we have many issues that require solutions simultaneously. This assessment provides the basis for designing and implementing a community plan that assembles “non-traditional” partners in a collective, efficient process to achieve the community vision.

Profiles of Identified Critical Issues

Economic Issues – Un/Under Employment

Overview

Although Adams County has experienced significant economic growth and record unemployment rates in the past decade, 7.4% of our community’s population lives in poverty – many of these people are working poor and children. At least one elementary school in our community reports 90% of the students in poverty.

Low incomes have several negative consequences on families and communities including economic isolation and social/cultural divisions defined by income, inability to afford medical care and other health services

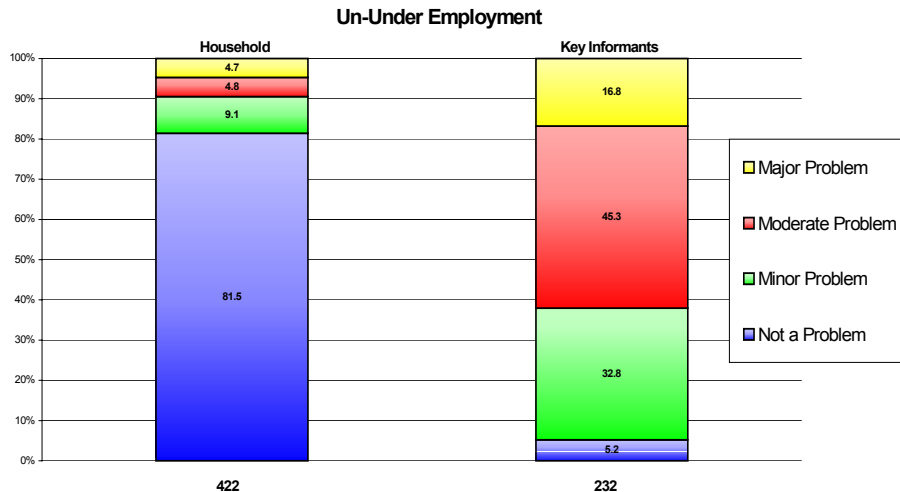
Though there are many jobs available, not enough of these are jobs that provide a living wage and benefits such as health insurance. Many employers who do offer the benefit of health insurance find themselves faced with such huge increases in the cost of providing the insurance, that wages must be frozen or other benefits reduced or eliminated, just to maintain profitability.

At the same time, as individuals try to move towards self-sufficiency, issues such as lack of job training, transportation, and child care can often prevent them from getting and maintaining employment. The challenge facing Adams County is to link the need of employers for well-trained workers with the needs of employees for jobs and supportive services that enable them to support themselves and their families.

Unemployment results in lost wages for families and the production of fewer goods and services. When the purchasing power of these workers is lost, unemployment for additional workers may follow. This indicator is useful in measuring the health of our community’s economy.

Survey Results

- Respondents reporting for their own household ranked this problem third in degree of concern.
- Key Informants ranked this problem highest in terms of overall concern – only 5.2% felt it is not a problem.



Economic Issues – Un/Under Employment

Indicator Information - Statistical Data

- Adams County had a rate of 4.1% unemployment in 2002.
- Aside from the raw number of individuals who have no employment or inadequate employment we must consider the impact of this on their families, neighborhoods and the entire community. A relatively small proportion of the population may fall into this category, but the ripple effect of their situations can be felt all through the community.
- More than one-fourth of Illinois families are not self-sufficient.
- Average unemployment rate over the period 1990 to 2002 is 4.7%
- Out of 102 counties in the state, Adams County has ranked as high as 6th in 2002 and as low as 35th in 1992. The average rank over 12 years is 17.8

Causes

- Loss of better paying employers; replaced with lower-wage, part-time jobs
- 25% of persons 25 and older do not have a high school diploma
- Adams County population is one of the “oldest” in the state. 22% of population over the age of 60.

Assets of associations and organizations

- John Wood Community College providing more education (workforce preparedness)
- Work Welfare and Families Coalition (focus group)
- Forum on Poverty (Unitarian Church)
- Community Workforce Development committees with Great River Economic Development Foundation and Chamber of Commerce
- Illinois Department of Employment Security, and JTPA
- Two Rivers Regional Council of Public Officials

Economic Issues – Affordability of Medical Care

Overview

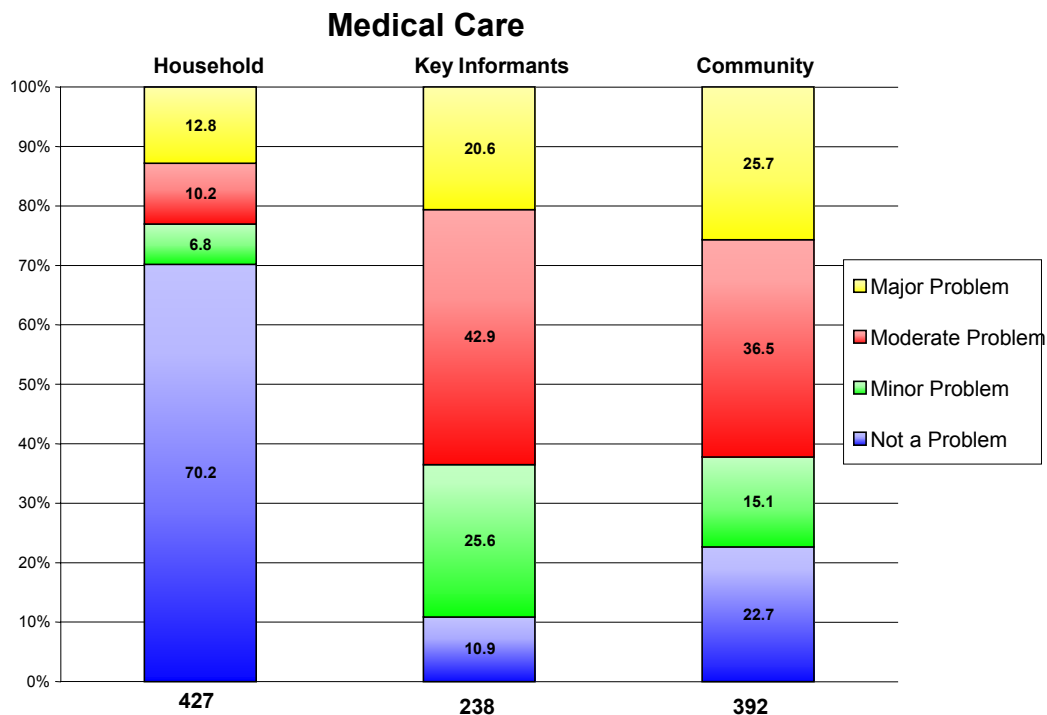
Concern over the *affordability of medical care* far outweighed any other issue among community respondents and the key informants. The perception of this issue as a major problem is actually much higher than the actual rate at which residents are encountering inability to access or pay for medical services. The awareness that any major illness or health crisis could cripple a family or a business significantly contributed to the high level of concern over this issue. Also contributing to the level of concern is the high number of uninsured children and adults in the community.

An underlying concern for nearly everyone that a significant medical situation would critically affect the financial well-being and self-sufficiency of the family.

Though the cost of care is the most obvious barrier individuals and families without insurance must overcome to receive needed health care, there are a number of other barriers that prevent them from obtaining these services. Among them are a limited number of free and reduced cost health care services. Recent changes in access to care in the community make this a reality for many. At the same time, a lack of health education may keep them from effectively utilizing the services that are available. The result is that many individuals enter the local health care system with acute and chronic conditions that may have been prevented or treated in earlier states for less cost and with less human suffering.

Survey Results

The community survey ranked this issue as #1, 25.7% of respondents stated the highest concern. The key informant survey ranked this issue #2, 20.6% of respondents stated the highest concern.



Economic Issues – Affordability of Medical Care

Indicator Information - Statistical Data

- Being uninsured is related to educational attainment and household income
- Indigent and low-income, 55-65 age group, those ineligible for transition to Medicare
- Cost of health care and health care insurance is a significant concern of employers and impacts many facets of business. In 2002 US companies saw the price of health insurance increase by an average of 14.7%, the highest annual increase since 1990.
- In 2003 employers are expecting their healthcare costs to increase 14%.
- The average employer paid \$5646 per employee for health insurance coverage in 2002, a 56% increase from 1997.
- The employee paid portion of the health insurance cost rose from 17% to 19% of the total cost.

Anecdotal: An employer faced with health insurance premiums increasing 30% to 40% each year over the past 2 or three years must reduce other expenses or benefits to continue to provide this benefit to employees. Hence, no or small wage increases.

Population groups most affected

- Un-underemployed, indigent, single people under 65
- Work Welfare and Families Coalition – KidCare, is Illinois' health care program providing health care coverage to all children in families up to 185% of the poverty line, as well as pregnant women up to 200% of the poverty line. However, accessibility to this program proves to be a problem. – 192,000 children in Illinois are eligible for, and yet not enrolled in, Medicaid or KidCare.
- Health care benefits are often not offered to low-wage workers, making them more prone to chronic illness and to missing work, according to the Illinois Families Study. “In 1999-2000, more than 28% of parents who came off of welfare and began working did not have health insurance; and the number of uninsured is rising. They study found fewer than half of working parents' (45%) employers offered health insurance either immediately or even after a waiting period. In contrast, nearly all parents who remained on welfare received coverage through the Medicaid program.”

Comparisons to state and nation:

- It would be interesting to know the number of uninsured children and adults in Adams County who are un- or under-insured.
- In Illinois, 13.6% of residents were uninsured in 2001, this is similar to the frequency reported by survey respondents.
- Illinois ranks 33rd of all states in percent insured.

Economic Issues – Affordability of Medical Care

Existing Services

- Community Outreach Clinic served 845 visits of indigent care in 2001
- General Assistance of the Quincy Township, paid \$61,000 for medication and care, 241 medical emergencies in 2001
- Quincy Area Partnership for Unmet Needs disbursed \$2,500 for medical needs in 2001
- Blessing Hospital delivered \$1.7 million in charity care in 2001.
- In 2002, Quincy Catholic Charities MedAssist program served 584 clients and accessed \$476,051 in prescription medications from indigent drug program of pharmaceutical companies. Quincy Catholic Charities also purchased \$3500 worth of emergency prescription medications in 2002.

Assets of associations and organizations:

Adams County Health Department – Application for Federally Qualified Health Center
Adams County Health Department – PATCH Access to Care Sub-committee, Adams County Health Department – Immunization Clinic, Dental Clinic, Blessing Hospital Community Outreach Clinic and Indigent/Charity Care, Illinois Department of Human Services
Quincy Family Practice Center/SIU School of Medicine, Quincy Catholic Charities – MedAssist Program, Quincy Township, General Assistance, Quincy Area Partnership for Unmet Needs
The Salvation Army, State of Illinois Pharmaceutical Program, Circuit Breaker program

Economic Issues – Affordability of Child Care

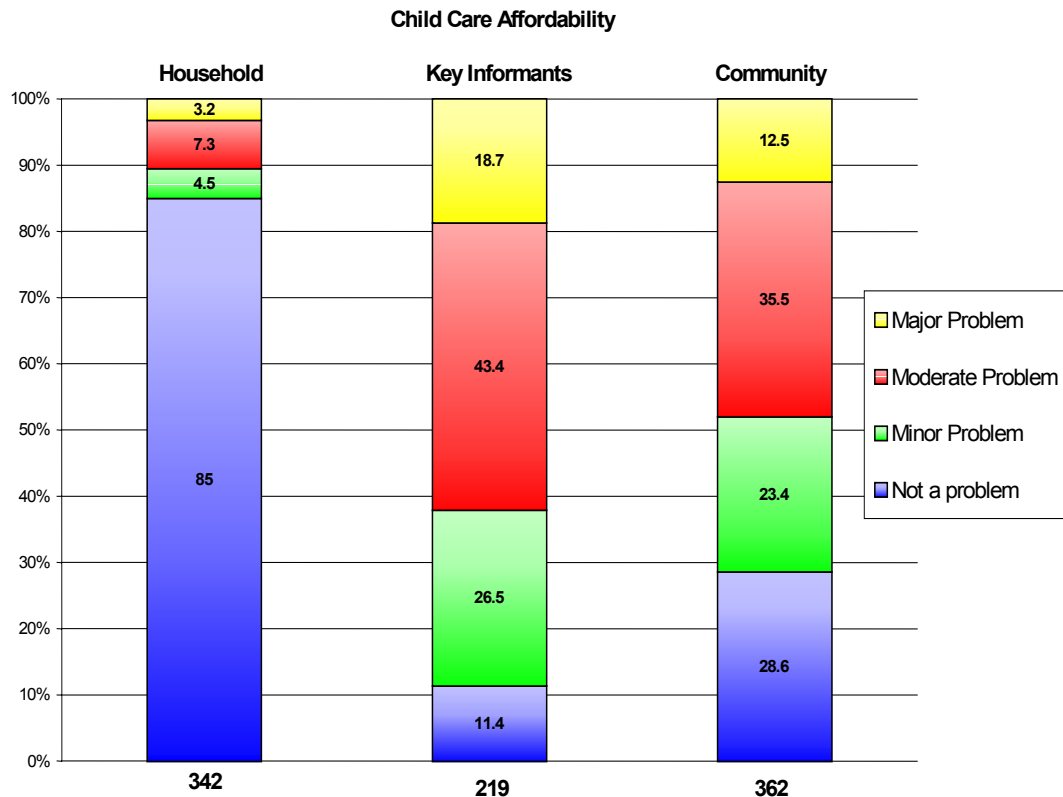
Overview

The issue of childcare in Adams County is a complex one involving the complicated factors of supply and demand, cost, and affordability.

The types of care, the cost of care, location and hours the service is available do not always meet the needs of parents in our community. The result is that many childcare providers have waiting lists and many parents are unable to find the care they want for their children. In some cases, parents are forced, in order to maintain employment, to place their child in a low-quality, or even sometimes unsafe environment. Though children and families are most obviously affected, this problem has strong economic and quality of life issues for all in Adams County.

Survey Results

- The community survey ranked this issue 4th
- Key informants ranked this issue 3rd.



Economic Issues – Affordability of Child Care

Indicator Information - Statistical Data

- In Adams County (2001) 1000 children were eligible for child care subsidy – there were only 154 child care slots open in centers and homes.
- Percentage of children 0-5 with working parents: 76.9%
- Percentage of children 0-18 in poverty: 11.6%
- Percentage of Births to Teen Mothers 9.2%
- Number of Families receiving Child Care Subsidies: 535

Population groups most affected

- Families with children 8,359 households
- Families needing non-traditional hours and slots for infants
- Child care providers
- Employers

Trends to watch

In Adams County, the number of licensed centers and in-home providers closing exceeds new ones opening.

Parents experiencing wage freezes cannot afford increased childcare fees.

Utilization of Existing Services

- Cheerful Home serves 72 children, 41 families living below poverty level; 67% of current families fall below state of Illinois median income (96 children);
- Walter Hammond Day Care Center serves 65 children per day, 200 families per year are served by a sliding fee scale.

Related, Crosscutting issues

- The availability and affordability of suitable childcare is critical to the sustained self-sufficiency of many families in our community.
- There is a delicate balance between what it costs a provider to deliver quality childcare and what the parent can afford to pay.
- There is lack of knowledge on the part of parents regarding quality of care – their expectations as consumers relate primarily to cost.
- The low salaries of child care center staff (comparative to educational requirements) and low incomes generated by family childcare providers places these groups near poverty level.
- Lack of life skills and adequate supports make it difficult for some parents to maintain employment. Frequent job changes disrupt childcare arrangements.

Assets of associations and organizations

West Central Child Care Connection

Area childcare providers

Day Care Action Council

NAEYC – National Association for Education of Young Children

Economic Issues – Affordability of Utilities

Overview

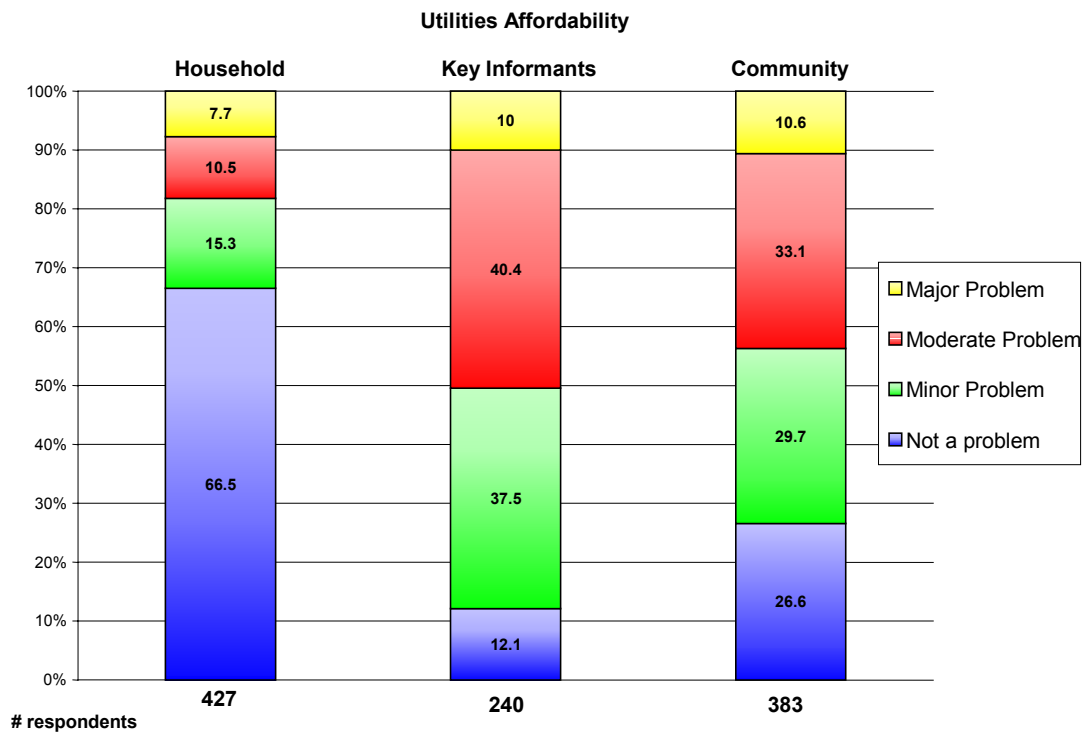
Utilities such as electricity, gas, water and trash pickup are a significant cost to a family, like childcare, food, transportation and medical care. Costs of these basic needs are subject to change when most families' incomes do not. Self-sufficiency is a careful budget-balancing act that can be easily upset by one or two higher than normal expenses.

The steering committee concluded that this issue has more to do with an individual's level of income and difficulty managing finances than the actual cost, "affordability" of the utilities. It was determined that little can be done to influence the "cost" of utilities. But a number of potential actions exist to encourage responsible or more careful consumption of utilities that might reduce the financial strain of high utility bills.

A contributing factor to a disproportionate amount of income spent on utilities is substandard housing.

Survey Results

- Community ranked this issue 6th
- Key informants ranked this issue 9th



Economic Issues – Affordability of Utilities

Indicator Information - Statistical Data

People affected

In 2001, Ameren CIPS reported 1600 disconnects in the service area that covers multiple counties. It is difficult to determine number of Adams County households either disconnected or without utilities.

Ameren CIPS reported the number of disconnects has decreased (2001-2002)

Utilization of Existing Services

- 87 households helped with utilities by General Assistance
- 20-25 households helped with utilities by Unmet Needs
- 83 households helped by Salvation Army
- 2312 households helped by Two Rivers Regional Council

Possible Causes

- Un-under employment
- Fixed income
- Condition of property, utility efficiency
- Extreme temperatures of the Midwest contribute to high seasonal bills

Related, Crosscutting issues

- Employment
- Education
- Substance Abuse

Assets of associations and organizations

Two Rivers Regional Council

The Salvation Army

Quincy Area Partnership for Unmet Needs

General Assistance

AmerenCIPS – Dollar More program

Potential Actions

Education to better employment

Education about conservation and energy efficiency

Financial Education/Life Skills (new component of Salvation Army program)

Social Issues – Alcohol & Drug Abuse

Overview

Substance abuse refers to the unhealthy and harmful use of drugs, alcohol and other chemical substances that jeopardizes the physical health, social functioning and mental health of an individual.

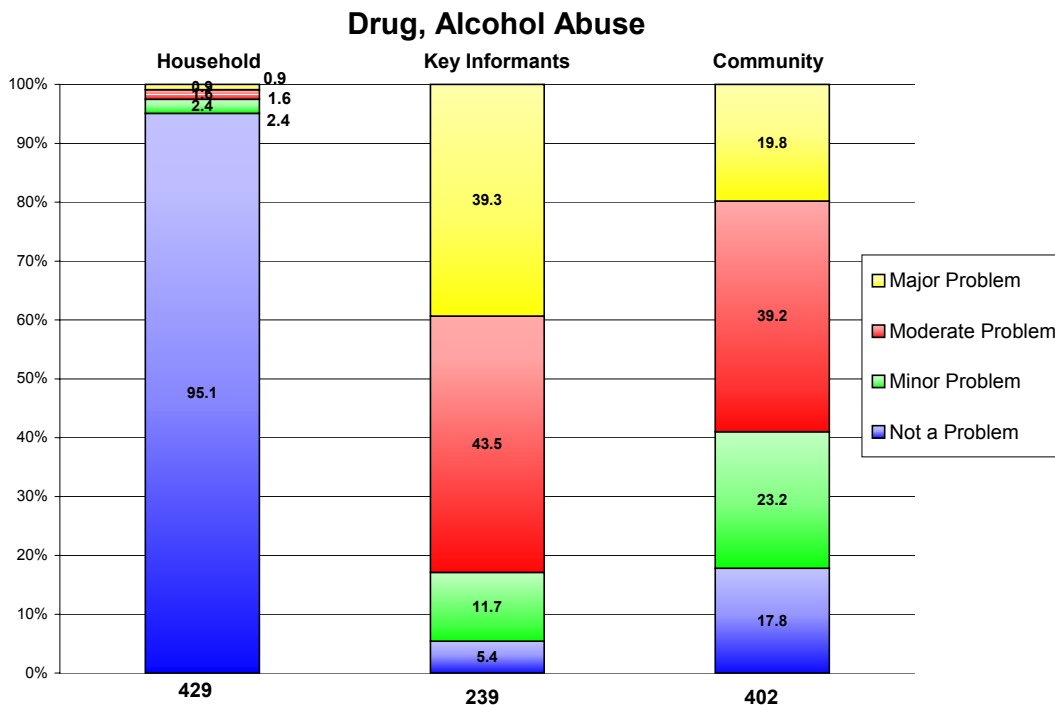
Substance abuse can be defined as the use of illegal drugs and/or chemical substances for mental stimulation and/or relief of pain or stress. It includes, but is not limited to, the use of illegal drugs such as marijuana, cocaine, methamphetamine, heroin and various stimulants. It covers the use of tobacco by those under the age of 18 and alcohol by those under 21. Substance abuse also includes the abuse of otherwise legal substances such as alcohol and pharmaceutical drugs.

Survey participants identified substance abuse as one of the most serious health and human service issues facing the area. Of particular concern is substance abuse among youth and a newly identified population of single mothers.

Discussion and data gathering on this issue focused on the substance abuse problem among youth.

Survey Results

- Community ranked this issue 2nd
- Key Informants ranked this issue 1st
- UW survey indicated a greater problem outside of Quincy city limits



Social Issues – Alcohol & Drug Abuse

Indicator Information - Statistical Data

- John Wood Community College found that in a study of similar community colleges showed higher usage among JWCC students.
- Adams County similar to rest of state, high school data (State Behavior Risk study)
- Underage drinkers are more likely to engage in other risky behavior
- Alcohol and drug abuse costs the economy \$278 billion per year
- Underage drinking costs \$58 billion nationwide, annually

Illinois County Behavioral Risk Factor Survey contains questions posed to Adams county adults regarding alcohol consumption frequency, number of alcoholic beverage consumed, types of alcoholic beverages consumed, and whether the survey respondents has driven after consuming alcohol. Also included in this report are tables representing at risk behaviors in Adams County adult for alcohol consumption and drinking and driving. Information presented further categorizes Adams County Adults who are at risk for alcohol related illnesses by age, race, sex, household income, educational level, household type, employment status and marital status. The findings of this Adams County study in is then compared to surveys conducted with Illinois adults and Illinois rural county adults.

Great River Recovery Resources is the primary substance abuse treatment and prevention agency in the area. Formerly know only for substance abuse services, the agency now provides inpatient and outpatient services and also services for general behavioral health. In 2002 Recovery Resources provided treatment for 846 substance abuse clients. Another 1,000 received education, screening and other substance abuse services.

Client demographics for 2002 show:

- 69% male, females now constitute 31% of clients, a growing statistic
- 54% of clients have completed 12 or more years of education
- Alcohol as preferred drug is now less than half, 49%
- Marijuana identified as preferred drug has changed from 16% in 1997 to 26% in 2002
- High intensity drugs (methamphetamine, crack and cocaine) now account for 19% of caseload

Related, Crosscutting issues

- Domestic violence, truancy, teen-pregnancy, school performance
- Work-place productivity
- Depression and teen suicide
- Poverty, Un-under employment

Assets of associations and organizations

- Recovery Resources
- Building assets, Healthy Communities Healthy Youth, Teen Reach, YMCA, Boy Scouts, Girl Scouts, Church youth groups, school extra curricular activities, arts programs
- Courts, law enforcement

Social Issues – Alcohol & Drug Abuse

Potential Actions

- Continue to support agencies and others who are helping combat the drug and alcohol problem in our community
- Continue and maybe increase a community-wide awareness campaign
- Support current groups fighting this problem such as MADD, SADD and BACCHUS
- Support a research project to seek out drug and alcohol programs around the nation that are currently having success
- Look to implement prevention programs specifically targeted for junior high and younger students

Social Issues – Teen Pregnancy

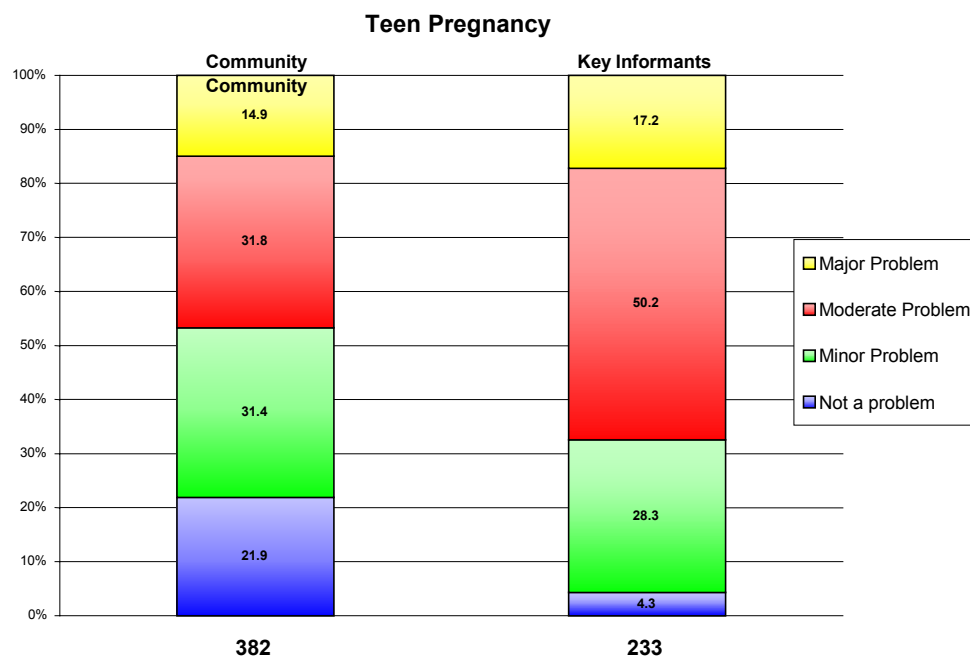
Overview

Although teenage pregnancy rates in the United States are declining, a significant number of American teens have unintended, often unwanted, pregnancies each year, yielding negative outcomes for teenage parents, their children, and society in general. For example, teenage mothers are more likely to drop out of high school and live in poverty, and their children frequently experience health and developmental problems. (Annie E. Casey Foundation, 1998). While millions of American families struggle individual with the emotional and economic challenges that unintended pregnancy can bring, teen pregnancy poses a significant financial burden to society at large – an estimated \$7 billion per year. (Annie E. Casey Foundation, 1998).

Many teen mothers are not ready for the emotional, psychological, and financial responsibilities and challenges of parenthood. Furthermore, pregnant teens are less likely to receive timely prenatal care and are more likely to engage in risky behaviors, resulting in a low birth weight infant.

Survey Results

- Community ranked 3rd in “major problems” and fourth in “major and moderate” problems combined.
- Key informants ranked 5th in “major problems” and 2nd in “major and moderate” problems combined
- Overall ranking – Teen Pregnancy ranked 2nd of “major problems” and 2nd of “major and moderate problems” combined



Social Issues – Teen Pregnancy

Indicator Information - Statistical Data

People affected

- Average 116 births to teens (1990-2001) includes births by out of county teens
- Number of females 10-17 in Adams County: 3314 in 1990; 4007 in 2000

Population groups most affected

- Girls 19 and younger. Consideration must also be given to the impact of teen pregnancy on the child born, the family of the teen mother and the community

Comparisons to state and nation

- Trends over time: Statistics show that in Illinois teen pregnancy rates have declined. Although, in Adams County the rate has remained the same for the past ten years. This reflects number of births to teens, not the percentage of teens giving birth.

Existing Services

- Quincy Public Schools Teen Mothers Program: average 25.6 students enrolled (1990-2002)
- Teen Parent Services: average 96.12 student served (1995-2002)

Causes

- Generational
- Societal acceptance
- Lack of education
- Socio-economic issues

Related, Crosscutting issues

- Child Care
- Medical Services
- Employment or Lack of adequate employment
- Education
- Future generation continuing trend
- Children at risk

Assets of associations and organizations

Adams County Health Department: PATCH, WIC, Visiting Nurses
Quincy Public Schools: Teen Mothers Program, Teen Parent Services
Quincy Catholic Charities: Problem Pregnancy Parent Support Program
Parenting Pals
Mentor Moms
CareNet Pregnancy Services
Blessing Hospital
Family Planning
Child Care Providers

Social Issues – Domestic Violence

Overview

Domestic Violence, physically or emotionally harmful acts between husbands and wives or between other individuals in intimate relationships. Domestic violence is sometimes referred to as *intimate violence*. It includes violence that occurs in dating and courtship relationships, between former spouses, and between gay and lesbian partners.

Abuse between intimate partners can take many forms. This may include emotional or verbal abuse, denial of access to resources or money, restraint of normal activities or freedom (including isolation from friends and family) sexual coercion or assault, threats to kill or to harm and physical intimidation or attacks. In extreme cases domestic violence may result in the death a partner.

Battering crosses all economic, educational, ethnic, sexual orientation, age and racial lines in equal proportions. There is no “typical” victim. Domestic violence is the leading cause of homelessness of women and children in the country as well as in Illinois.

Experts agree that domestic violence is a widespread problem. However its actual extent is difficult to measure because for a variety of reasons victims may fail to report violence that occurs with and intimate partner.

Survey Results:

- In the community survey 37.5% of respondents felt domestic violence is a moderate problem in our community. 6.8% feel it is a major problem
- The steering committee included domestic violence as a critical issue because of its overall ranking in the survey instruments and its consistent appearance as a priority in three previous assessments.

People affected:

- Majority abused are white females ages 20-29, married, husband the abuser, most are employed with children and most are physically abused.
- Abused males: 40-49, most are married, working and suffer emotional abuse

Trends over time:

- No consistent format for reporting and tracking trends in domestic violence incidents
- 25% of American women report being raped or assaulted by a current or former spouse co-habiting partner, or date at some point in their lives.
- Greater effort being made to target prevention messages to the abuser and his peers.

Comparisons to state and nation:

- ICADV only statewide tracking, 47,384 clients were served, 96% were women and 11,019 were children of victims
- Domestic Violence programs provided 252,300 days of shelter, statewide in 2002

Social Issues – Domestic Violence

Utilization of Existing Services

Quanada (Quincy Area Network Against Domestic Abuse) served 549 adults in 2002 and 167 children

Related, Crosscutting issues:

Substance Abuse, Mental Illness

Assets of associations and organizations:

Quanada

Recovery Resources

Illinois Coalition Against Domestic Violence

Social Issues – Racial Discrimination/Intolerance

Overview

As a geographic area that is 95% Caucasian, it is not surprising that some African American residents perceive the community as unwelcoming and often hostile to them. Many Caucasians agree with this perception. Some even think that it should remain this way. But many are appalled that our community could be so uncaring to our own citizens and neighbors.

Many residents of this community feel that much more can be done to help develop and atmosphere of belonging for all of our citizens. We can eliminate this bias by pro-actively working toward equal opportunity in the areas of employment, housing, education. We can truly change the feeling of unwelcome to one of belonging by taking active steps to include people of color and other diversity in the social and political fabric of the community.

This issue is difficult to capture in terms of hard data or even consensus on the definition of the issue.

Survey Results:

- Key Informants: 84.5% acknowledge some degree of concern. 8.8% feel it is a major problem and 32.4% see it as a moderate problem.
- Community survey responses were strikingly different. 40.8% stated that racial discrimination is not a problem; 6.6% feel it is a major problem.

Indicator Information - Statistical Data

- Graduation rate among Quincy African American population is 62%. State of Illinois graduation rate is 80%, Quincy is 75%.

Trends over time:

- African Americans who graduate from high school leave the community to further education and employment, and do not return

Comparisons to state and nation:

- There are fewer and fewer cities and towns where there is 90% or 95% Caucasian population.

Existing Services

The Human Rights Commission of the City of Quincy made efforts in 2000-2001 to hold forums targeted to groups potentially encountering discrimination or intolerance. The forums were attempted with persons with disabilities, gay-lesbian population and religious minorities. The written report of the commission shows that attendance was low to none at these forums.

The annual report by the commission identified three “themes”:

1. Dissatisfaction with police relationships with African Americans
2. Quincy Housing Authority perceived as not meeting needs of disabled
3. School system not sensitive to African American students and those with disabilities.

Social Issues – Racial Discrimination/Intolerance

Related, Crosscutting issues:

Un/Under-employment

Assets of associations and organizations:

- City of Quincy, Human Rights Commission
- NAACP
- Citizens Advocating Racial Equality (CARE)

Potential Actions:

- Diversity training for city government employees and businesses
- Diversity training for schools
- Coordinated recruitment of minority professionals (education, police, fire, medical, etc.)

RECOMMENDATIONS

The complex nature of these problems demands that a broad base of the community – government, faith community, educational institutions, media, business, labor, and health and human service organizations – collaborate and cooperate in the development and implementation of solutions.

It is critical that funding of programs and services to address these community problems be a priority in Adams County. New and innovative partnerships between public and private organizations must continue to be forged to ensure financial support for program already working to address these issues. Of particular importance is the investment of resources to apply to a new model of delivering services targeted at producing specific results aligned with a community plan.

Finally, strategies to address these health and human service issues must be integrated with community development plans. Every individual and organization in Adams County feels the profound impact of these problems on our community directly or indirectly. If we are to continue our present growth and development as a community, we need to invest time and resources from every sector into solutions to these issues. It is a case of “a rising tide lifts all boats” – in helping others improve their lives, we improve our own as well.

Did anyone ever stop to measure if we were succeeding in addressing the needs or solving problems that contribute to those same needs? It does not appear so. The concerns of the community are basically the same in this new assessment as they were in 1985, 1992 and 1998. In each of these previous surveys, we identified the issues that concerned residents, but we did not measure the true degree of the problem or mark progress from one assessment to the next on any issue. For example, the teen pregnancy rate could be charted from one survey to the next, or the incidence of specific types of substance abuse could be examined. It is very likely that certain issues generate a high level of concern among residents, and yet the actual frequency of or degree of the problem is not a great as the perception of the respondents.

It is suggested that the critical issues identified through this assessment process be the foundation for the transition of the community from “needs oriented” to a community that focuses on impact, the results of efforts to solve community problems. United Way of Adams County, Inc. will launch this process in 2003.

The new model calls for:

- Creating a coordinated effort to make the best use of limited resources
- Emphasizing measurable results
- Engaging broad community involvement in human services issues

What's Next?

This community assessment provides a good baseline of information from a variety of sources and perspectives. United Way of Adams County and community partners will repeat this effort every three to five years to measure our progress within the community.

With help from the community, United Way will continue collecting and updating information on our community assets and map them so we know where these resources exist. This base of information will be the underpinning of the mobilization of our community to address areas of concern.

A community website that displays a wide variety of data on important social issues in Adams County will be created. In addition to statistics, the website will post reports and studies about our county and provide links to many other valuable sources of local and national data. This centrally located source of information will assist individuals and organizations that need timely and accurate socio-economic data about Adams County.

Finally, United Way will use the results to assist current and future community planning efforts in creating a share vision for Adams County's future. The information gathered in this assessment can help us determine the course for our future as a community. However, this assessment is only a compass --- we must unite, commit to a shared vision and take action.

Appendix

Obstacles to Addressing Community Problems

Decline in Social Capital in America

Sociologist James Coleman defines social capital as the ability of people to work together for common purposes in groups and associations. Robert Putman, author and advocate for social capital defines social capital as “social networks and the norms of reciprocity and trustworthiness that arise from them.” Social capital is an underlying motivator for community members to seek out and actively create opportunities for community improvement and change. It is the key element of our community’s capacity to care.

Social capital is a critical factor in our society from several perspectives:

- Economics – social capital makes people more productive
- Psychology – individuals are less prone to depression
- Epidemiological – decreases suicide rates, colds, heart attacks, strokes, cancer and improves ability to recover from illnesses
- Sociology – reduces crime, juvenile delinquency, teenage pregnancy, child abuse, welfare dependency, drug abuse and increases successes in education.

Robert Putnam argues that, “Americans today don’t possess the social bonds, formal and informal, that are essential to solving major problems.” While the numbers of nonprofit associations continue to grow there is not a commensurate increase in participation. Mr. Putnam claims that more of these groups have fewer members and their donors’ activities are limited to writing checks for which they receive recognition as participating members.

“Americans are withdrawing from communal life, choosing to live alone and play alone.” For example, fewer citizens see the connection between political participation and the nation’s well being. Participation in national elections has dropped by roughly 25 percent since the mid-1960’s. There has been a decline of 30-40 percent in the number of persons that work for a political party, serve as an officer of a civic group, serve on an organizational committee, attend a school or community event or attend a political event. Putnam notes that even the number of times Americans entertain friends at home has declined by 45 percent.

Area nonprofits face an increasing challenge in recruiting active volunteers to serve on board and program committees that represent the full diversity of our community. While the numbers of volunteers may remain the same or has slightly increased, actual attendance at functions has declined.

The change in volunteerism represents a story of gains and losses. The number of volunteers and the proportion of the populations volunteering have increased steadily from 1987 to 1998, but the average number of hours has decreased. According to an Independent Sector Research Study, the total number of volunteers increased from 80.0 million in 1987 to 109.4 million in 1998. The percentage of the population volunteering also increased from 45.3% in 1987 to 55.5% in 1998. During this same period the average number of weekly hours per volunteer *declined* from 4.7 hours to 3.5 hours. Assuming this national data applies equally to our area, area nonprofits require more resources to manage a larger number of volunteers in order to compensate for the decline in the average amount of volunteer time.

“Only about a third of Americans think most other people can be trusted, down more than half of Americans who were trusting in 1960s” Trust begets success. Without it, communities’ efforts to improve their sense of well being are impossible.

There are a number of theories explaining the decline in social capital. Putnam proposes the most important cause in an irreversible demographic shift. The generation of Americans known for their civic commitments is slowing down and a far less civic-minded generation is taking their place. Other social changes cited by Putnam include:

- Entertainment television – this crowds out more sociable leisure activities
- Women entering the formal labor force – reducing an earlier source of volunteers and the amount of time they have available to volunteer
- Economic expectations – increased pressure to work extended hours to meet expectations of a consumer oriented society
- Proliferation of suburbs and exurbs – with the focus on the car and commuting, there is less opportunity and space provided for casual interaction

Thankfully, there is some recent evidence contradicting the decline in social capital. Since the September 11, 2001 attack on America, there has been an upsurge in volunteerism across the nation and in our metropolitan area. People spent hours waiting to donate blood. Patriotism has soared as exemplified by the purchase and display of flags and patriotic music. It is too soon to determine if this is the beginning of a new trend or only a brief upsurge in civic spirit. Even if it does not become a trend, we suspect the terrorists did not anticipate this one positive aspect in the dark clouds of September 11th.

Relationship to the Adams County COMPASS II Project

The Adams County COMPASS II project is both a product and a process. The process aims at encouraging civic and social entrepreneurs to create a civic renaissance through the discussion and interpretation of information. It is hoped that the project will be successful in its intent to create a community action plan on critical issues, support the work of our social capital-building institutions that honor the values of “diversity, tolerance, inclusiveness, equality, fairness, compassion, hope and public spiritedness.”

Social capital is vital to the work of United Way, the sponsor of the community assessment project. Without social capital, the community cannot take action on critical issues.

United Way of America State of Caring Index

The United Way State of Caring Index, created by United Way of America is a new dynamic approach to measuring the health and well being of our nation. The United Way State of Caring Index measures 32 leading social and economic indicators at the state and national levels in the following six key areas:

- Economic and Financial Well Being
- Education
- Health
- Voluntarism/Charity/Civic Engagement
- Safety
- Natural Environment and Other Factors

The index is a valuable tool for United Way organizations, their partners in education, business, government and the non-profit sector, who are working to improve the quality of life in the communities they serve. The index can also serve as an inspiration and a framework for developing or improving indicator efforts at the local level.

The Index provides profiles for the nation and fifty states. Work has begun by several local communities to track the same or selected indicators for a city or county.

The United Way State of Caring Index provides an outline for establishing an agreed upon set of indicators to use as measures for community progress. Defining and tracking a consistent set of data for key indicator information was a challenge during this assessment process. United Way of Adams County will convene community partners to determine the indicators to be tracked from this point forward.

To view the State of Caring Index, visit: www.unitedway.org/stateofcaring

Additional Supporting Data

Data files, charts graphs and additional resource files are available on compact disc supplement to this report.

To receive a CD contact:

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300 Civic Center Plaza, Suite 260
Quincy, IL 62301

Phone: 217.222.5020

Email: info@unitedwayadamsco.org

Or, visit our web-site www.unitedwayadamsco.org

SOURCES

The following sources were used as background information in the review of critical issues and in the writing of this report. The printed copies of some of these sources are available for review at United Way of Adams County.

Note: Uses of this data were not individually footnoted throughout this report.

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Poverty

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“Immigration and the Changing Face of the U S Working Class”, Labor Research Association (December 19, 2002) www.laborresearch.org/story2.php/261

The Self-Sufficiency Wage is calculated for 70 different family types for 107 areas in Illinois, the Self-Sufficiency Calculator is available at www.ilworkforce.org

“Quality of Labor Survey – West Central Region”, An Ameren Report prepared by The Rural Economic Technical Assistance Center (RETAC), 1999.

SOURCES

Substance Abuse

Great River Recovery Resources, Annual Report 2002
Adams County Health Department PATCH Studies

Key Indicators

Adams County Health Department
Adams County Community Health Plan 1999-2004
Community Needs Assessment 1999-2004
Annual Public Health Reports
Behavioral Risk Factor Study

National Center for Education Statistics – <http://nces.ed.gov/ccd/districtsearch>

Quincy Area Chamber of Commerce, www.quincychamber.org

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Website: <http://www.independentsector.org/GandV/default.htm>)

Thank you for taking the time to read this report!

If you would like more information or to find out how you can help, contact:

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