VILLAGE OF
MOUNT PROSPECT

Mount Prospect Community Needs Assessment

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I. EXECUTIVE SUMMARY

This community needs assessment was commissioned by the Village of Mount Prospect to evaluate service gaps and inform planning for a potential expansion of the Community Connections Center (CCC). The study aimed to understand the evolving needs of residents across Mount Prospect, with a focus on how the CCC can continue fulfilling its mission of prevention, support, and linkage to appropriate resources.

Between February and April 2025, Initium Health conducted a mixed-methods assessment that included a multilingual community survey (703 respondents), five focus groups, and 27 stakeholder interviews. The assessment captured diverse perspectives across geographic regions and demographics.

The assessment identified consistent barriers to accessing services throughout Mount Prospect, including transportation, cost, childcare, and limited awareness. Notably, 26% of respondents delayed accessing services due to transportation challenges, and nearly half were unaware of CCC offerings. These gaps were especially pronounced among Spanish-speaking residents and those living in South Mount Prospect.

At the same time, there is broad support for CCC expansion. Nearly half of residents reported being likely to use an expanded CCC. Top priorities include youth programs, senior programs, job training, basic needs services, and access to health and mental health care. Participants voiced a desire for integrated services that are accessible, multilingual, and community-centered while maintaining the CCC's welcoming environment.

This report presents recommendations to guide the CCC's future development through four strategic priorities: expanding physical space, enhancing service delivery with extended hours and targeted programming, developing formal partnerships to leverage community expertise, and improving multilingual outreach and service navigation. By building on the CCC's existing strengths—including bilingual staff, evening hours, and established community trust—while addressing identified barriers, the Village can ensure the CCC remains a vital resource for all Mount Prospect residents.

II. INTRODUCTION

Mount Prospect has undergone significant demographic shifts in recent decades, with growing cultural diversity. According to the U.S. Census Bureau (2019–2023), nearly 30% of Mount Prospect residents are foreign-born, and over 42% speak a language other than English at home.[1] This diversity brings both strengths and unique service challenges as needs evolve across different parts of the community, particularly in South Mount Prospect where there is greater linguistic and cultural diversity.

Overview of Community Connections Center (CCC)

The Community Connections Center (CCC) opened in 2009 following a comprehensive feasibility study and needs assessment conducted in 2007. Located at 1711 W. Algonquin Road in South Mount Prospect, the CCC was established specifically to address barriers to access resources for residents in the village. The CCC represents a strategic partnership between the Village of Mount Prospect Human Services Department and the Mount Prospect Public Library, which established its South Branch at this location.

The Village received a series of $50,000 grants from the Chicago Community Trust between 2007 and 2009 to support the initial feasibility study, start-up costs, marketing, business planning, and initial program funding. The current CCC occupies 3,600 square feet of space. Since its opening, the CCC has expanded both its services and community partnerships to better meet evolving community needs, with a focus on prevention, support, and connecting residents to appropriate resources both within and beyond the CCC.

The CCC currently provides:

- **Information and Referral**: Helping residents navigate and access appropriate services and resources throughout the community, including benefit application assistance and resource coordination
- **Social Services:** Case management and advocacy, crisis intervention, emergency financial assistance, food pantry services, holiday programs, and group programming for youth, adults and families
- **Senior Social Services:** Support for older adults including in-home assessments, benefit application assistance (License Plate Discounts, Property Tax Exemptions, Medicare Part D), and follow-up services coordinated with Police and Fire Departments
- **Public Health Nursing:** Health screenings (blood pressure, cholesterol, blood sugar), nursing consultations, lipid panel screenings, senior exercise programs, and a medical equipment lending closet with walkers, wheelchairs, and other assistive devices
- **Library services:** Multilingual collections, technology access, work and leisure spaces, and diverse programming for all ages
- **Police services:** Community Services Officer who maintains hours at the CCC to assist with civil and police matters, child car seat installation, and non-criminal reports; plus Crime-Free Housing coordination for rental properties

The CCC operates Monday through Friday from 11am to 7:30pm and Saturdays from 11am to 3pm (Library services only). The Community Connections Center is staffed by bilingual professionals and funded through the municipal budget, with the Mount Prospect Public Library contributing to the monthly lease payments.

[1] United States Census Bureau. (2024). QuickFacts: Mount Prospect village, Illinois. https://www.census.gov/quickfacts/fact/table/mountprospectvillageillinois

Purpose of the Community Needs Assessment

As the Community Connections Center marked its 16th anniversary in August 2025, the Village of Mount Prospect recognized the need to evaluate how the CCC can continue to meet the evolving needs of the community it serves. Following the Human Services Department's mission "to improve the health and wellbeing of the people and community we serve through the provision of nursing and social services," this needs assessment will inform potential expansion of the CCC by:

- Identifying current barriers residents face in accessing social services, healthcare, housing, and transportation
- Examining the changing demographics and needs of the community, particularly in South Mount Prospect
- Proposing potential partnerships with local agencies to meet community needs
- Making recommendations for future services and programs

In April 2024, the Village issued a Request for Proposals for a comprehensive community needs assessment, contracting with Initium Health to conduct this work. This report presents findings and recommendations that will guide decision-making around physical space requirements, service expansion opportunities, partnership development, and ensuring the CCC continues to effectively fulfill its mission within the larger service landscape of Mount Prospect.

III. METHODOLOGY

This community needs assessment employed a mixed-methods approach to gather comprehensive data about residents' experiences, service needs, and barriers to accessing resources in Mount Prospect. The assessment design focused on ensuring diverse community voices were heard, with particular emphasis on reaching historically underrepresented populations.

Data Collection Methods

Community Survey

A comprehensive community-wide survey was developed to capture quantitative data on residents' awareness of services, access barriers, program preferences, and demographic information. The survey contained 23 questions covering transportation access, healthcare utilization, awareness of Community Connections Center services, preferred program types and scheduling, and barriers to participation.

The survey was available in multiple languages (English, Spanish, Polish, and Korean) to ensure accessibility for the village's diverse linguistic populations. Distribution occurred through multiple channels:

- Village of Mount Prospect website and social media platforms
- Email distribution through Human Services Department and Library networks
- Print distribution at community events and high-traffic locations
- Promotion through community partner organizations
- Newspaper advertisements in language-specific publications such as Korea Times, Polish Daily, and Daily Herald
- Direct outreach to residents at focus group locations

A total of 703 residents completed the survey. Respondents self-identified their geographic location within Mount Prospect as North (north of Central Road), Central (between Central Road and Golf Road), or South (south of Golf Road).

Table 1. Geographic Region of Respondents.

Region	Count	Percentage (%)
North Mount Prospect	269	38.3%
Central Mount Prospect	293	41.7%
South Mount Prospect	104	14.8%
Other / Not sure	37	5.2%
Total	**703**	**100.0%**

The geographic distribution of survey responses shows strong participation from North and Central Mount Prospect, with South Mount Prospect residents comprising just 14.8% of responses. This is notable given

population estimates suggesting a more even distribution across regions. South Mount Prospect's unique characteristics—including higher concentrations of multi-family housing, immigrant populations, and households with limited English proficiency—made additional data collection methods necessary to ensure their perspectives were adequately captured.

Table 2. Age Distribution of Respondents.

Age Group	Count	Percentage (%)
Under 18	4	0.6%
18–24	11	1.6%
25–34	62	8.8%
35–44	164	23.3%
45–54	145	20.6%
55–64	138	19.6%
65 and older	171	24.3%
Prefer not to say	8	1.1%
Total	**703**	**100.0%**

The age distribution of survey respondents shows strong representation from adults across working and retirement age groups. The highest participation came from seniors aged 65 and older, followed closely by adults aged 35-44 and 45-54.

This distribution generally aligns with Mount Prospect's demographic profile, though young adults (18-34) were somewhat underrepresented at 10.4% of total respondents compared to their proportion in the overall population.

Table 3. Languages Spoken at Home (Multiple choice.)

Language	Count	Percentage (%)
English	625	88.9%
Spanish	127	18.1%
Polish	26	3.7%
Korean	7	1.0%
Russian	5	0.7%
Other	40	5.7%
Total	**830**	**100.0%**

While the majority of survey respondents speak English at home, the data reflects Mount Prospect's linguistic diversity with 18.1% speaking Spanish and smaller but significant proportions speaking Polish, Korean, Russian, and other languages. The total exceeds 100% as some respondents reported multiple languages spoken at home, indicating bilingual or multilingual households that comprise approximately 16% of respondents.

Focus Groups

Five focus groups were conducted at different locations throughout Mount Prospect to gather in-depth qualitative data and ensure representation from diverse community segments, particularly those underrepresented in the survey response. Each focus group lasted approximately 90 minutes and was facilitated by Initium Health consultants in March 2025.

Focus Group Locations and Participation:

- RecPlex (11 participants)
- Community Connections Center (21 participants)
- Mount Prospect Greens Apartments (10 participants)
- John Jay Elementary School (8 participants)
- Mount Prospect Library (16 participants)

Focus group discussion guides explored seven key topic areas:

1. Community strengths and pride in Mount Prospect
2. Valuable local resources and services
3. Experience with the Community Connections Center
4. Barriers to accessing services
5. Desired additional services
6. Vision for an expanded Community Connections Center
7. Potential partnerships to improve service delivery

Participants were recruited through multiple methods, including:

- Flyers posted at community locations
- Direct outreach through community organizations
- Print and digital advertisements in multiple languages
- Personal invitations from service providers

Particular effort was made to recruit participants from underrepresented groups, including Spanish speakers, low-income residents, and those with limited English proficiency. All focus groups included Spanish interpretation services.

Stakeholder Interviews

In-depth interviews were conducted with 27 key stakeholders representing diverse sectors of the Mount Prospect community. These interviews provided expert perspectives on community needs, service gaps, and potential solutions. Stakeholders included representatives from:

- Healthcare providers (including Endeavor Health Northwest Community Hospital, Ascension Center for Mental Health, Cook County Arlington Heights Health Center)
- Social service organizations (including Northwest Casa, WINGS, Shelter Inc, Children's Advocacy Center)
- Educational institutions (including District 59, District 214, New Comer Center)
- Government agencies (including Elk Grove Township, Wheeling Township)
- Faith communities (including St. Mark's)
- Mental health organizations (including NAMI, Gateway Foundation)

Additionally, individual interviews were conducted with four Village Board members to gain their perspectives on community needs and the potential expansion of the Community Connections Center.

Interviews followed a semi-structured format with open-ended questions focusing on key community health and social service needs, barriers to accessing services, gaps in current service provision, recommendations for the Community Connections Center, and potential partnerships.

Secondary Data Analysis

To complement primary data collection and provide context for community feedback, a comprehensive secondary data analysis was conducted using publicly available datasets. This analysis helped identify demographic trends and service gaps within Mount Prospect.

Data sources included the U.S. Census Bureau and American Community Survey (2018-2022), Census block tract data for the Community Connections Center service area, Cook County health indicators, and Illinois Department of Public Health statistics.

The analysis focused on:

- Population demographics (age, race/ethnicity, language)
- Economic indicators (income, poverty, employment)
- Housing affordability and stability
- Health insurance coverage
- Geographic distribution of resources

Special attention was given to identifying disparities between different geographic regions within Mount Prospect, particularly comparing North, Central, and South areas.

Analysis and Interpretation

Data from all sources were analyzed using a mixed-methods approach that integrated quantitative and qualitative findings:

- **Survey data analysis:** Descriptive statistics identified patterns, trends, and areas of highest concern. Data were disaggregated by geographic location, age, and language where possible to identify disparities.
- **Qualitative analysis:** Focus group and interview transcripts were analyzed using thematic content analysis to identify recurring themes, barriers, and suggestions. Representative quotes were selected to illustrate key findings.
- **Integrated assessment:** Findings from all data sources were compared and triangulated to identify areas of consensus and divergence. Priority areas were determined based on multiple factors:
    - Frequency of mention across data sources
    - Severity of need as reported by community members and stakeholders
    - Impact on vulnerable populations
    - Feasibility of addressing through Community Connections Center expansion

Final prioritization of needs was conducted through a collaborative process involving the assessment team and Village leadership, with consideration given to both community-identified priorities and objective indicators of need.

Summary of Data Collection Methods

Method	Community Survey	Focus Groups	Stakeholder Interviews	Secondary Data Analysis
Sample Size	703	66 participants across 5 sessions	27 community leaders (including 4 Village Board members)	Census and public health data
Target Population	All Mount Prospect residents	Diverse community members	Organizations serving diverse populations including healthcare, education, social services, and government	Village-wide population with census tract analysis
Recruitment Approach	Multi-channel promotion including digital, print, and in-person outreach in multiple languages	Targeted outreach through community organizations, public advertisements, and direct invitation	Direct outreach to identified community leaders	N/A
Analysis Method	Descriptive statistics and cross-tabulation by demographic variables	Thematic content analysis	Qualitative content analysis	Comparative analysis of demographic and health indicators

Methodological Limitations

While this assessment used multiple methods to ensure representation of diverse perspectives, some limitations should be noted. Survey respondents from South Mount Prospect were underrepresented relative to their proportion of the village population. To address this limitation, we conducted targeted focus groups in the South Mount Prospect area and ensured stakeholder interviews included organizations serving this region. Additionally, we analyzed secondary data for South Mount Prospect census tracts to provide contextual information about this area's specific demographics and needs.

This comprehensive approach ensured that findings reflect the diverse perspectives and needs of Mount Prospect residents, with special attention to historically underserved populations. The results directly inform the recommendations for Community Connections Center expansion presented in this report.

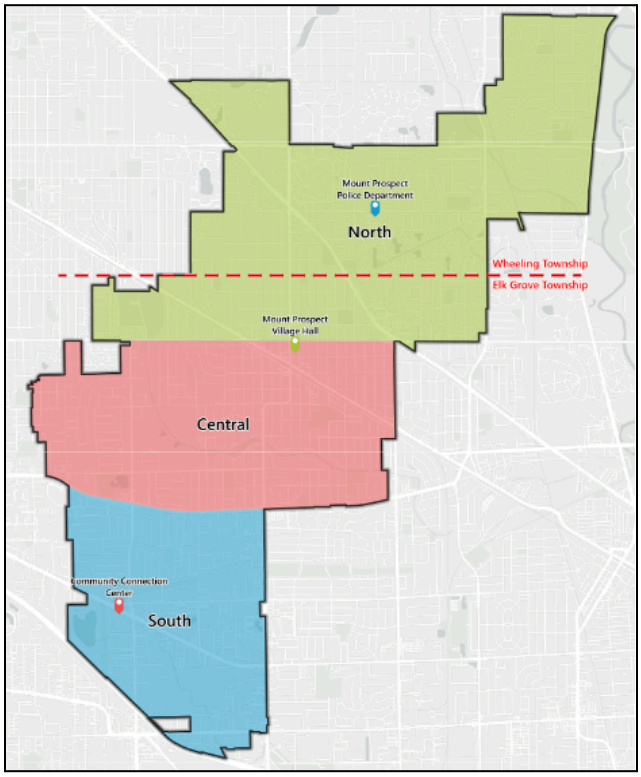
IV. COMMUNITY DEMOGRAPHICS AND CONTEXT

Village Overview and Geographic Context

The Village of Mount Prospect is a diverse suburban community located approximately 22 miles northwest of Chicago in Cook County, Illinois. With a population of approximately 56,000 residents, the village combines residential neighborhoods with commercial areas and light industry.

Mount Prospect's geography significantly impacts service access, transportation patterns, and resource distribution. The village can be divided into three main regions – North, Central, and South – separated by major roadways and railroad tracks that create both physical and social barriers between communities.

Figure 1. Map of Mount Prospect North, Central, and South Regions.



While the population is relatively evenly distributed across these regions, South Mount Prospect has a higher density of multi-family housing units and more diverse demographic characteristics. This geographic segmentation emerged repeatedly in community discussions, with focus group participants often referencing challenges in connecting different parts of the community.

Transportation infrastructure primarily follows east-west and north-south arterial roads, with limited public transit options connecting different parts of the village. Stakeholders noted that this layout affects residents throughout the village who rely on public transportation, creating what one interviewee called "invisible barriers" between neighborhoods and services.

The CCC aims to serve all residents of Mount Prospect, with a particular focus on addressing access barriers that may affect residents across various demographics and geographic areas. While originally established to address needs in South Mount Prospect, the CCC continues to evolve to meet the needs of the entire community.

Population Characteristics

This section provides a detailed overview of key demographic, health, and social factors in the Village of Mount Prospect, Illinois, with comparisons to state and county data where relevant. Understanding these factors is essential to contextualizing the health and wellbeing of the population, as they shape access to healthcare, health outcomes, and the overall quality of life in the area.

Age Distribution

The median age range of residents in the Village of Mount Prospect is 41.7 years. 60.8% of the population falls between the ages of 18 and 65. Those under 18 make up 21.6% of the population and 17.6% of the population are 65 and over.[2] This closely aligns with the state of Illinois age distribution and reflects the types of services needed for both youth and senior communities.

Gender

The gender distribution in the Village of Mount Prospect shows slightly more males (50.1%) than females (49.9%), while the state of Illinois gender distribution shows slightly more females (50.6%) than males (49.4%).[3]

Racial and Ethnic Composition

Mount Prospect is becoming increasingly diverse. As of 2024, the largest racial group was White (67.1%), followed by White alone, not Hispanic or Latino (63.3%), Hispanic or Latino (16.2%), Asian alone (14.6%), Multiracial (8.6%), Black alone (2.5%), and American Indian and Alaska Native (0.3%).[4] These trends generally reflect statewide patterns in Illinois, where White residents also make up the majority. However, there are notable differences: in Illinois, individuals identifying as Black alone represent a significantly higher proportion (14.6%), while the Asian population is lower at 6.3%, and Multiracial individuals make up just 2.3% of the population.[5]

Foreign born

A significant portion of Mount Prospect residents were born outside the United States. As noted in the introduction, about 16,600 people were born outside the country in 2023, nearly double the national average of 13.8%. This represents a slight decrease from 2022, when the foreign-born population was 29.8%. In comparison, 14.1% of Illinois residents were born outside the country, showing that Mount Prospect has a significantly higher share of foreign-born residents than both the state and national averages.[6]

Languages spoken

Mount Prospect is home to a linguistically diverse population. According to 2018-2022 data, 42.2% of residents speak a language other than English at home, which is higher than both Cook County (35.2%) and the broader Chicago Metropolitan Agency Planning (CMAP) region (31.6%). Spanish and Slavic languages are the most commonly spoken non-English languages in Mount Prospect, with 12.6% of residents speaking Spanish and 12.4% speaking a Slavic language. Other languages spoken include Chinese (1.6%), Korean (1.8%), Tagalog (1.0%), Arabic (0.8%), and various other Asian and Indo-European

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[2] United States Census Bureau. (2024, July 1). QuickFacts: Illinois; Mount Prospect village, Illinois. https://www.census.gov/quickfacts/fact/table/IL,mountprospectvillageillinois/PST045224
[3] United States Census Bureau. (2024, July 1). QuickFacts: Illinois; Mount Prospect village, Illinois. https://www.census.gov/quickfacts/fact/table/IL,mountprospectvillageillinois/PST045224
[4] United States Census Bureau. (2024, July 1). QuickFacts: Illinois; Mount Prospect village, Illinois. https://www.census.gov/quickfacts/fact/table/IL,mountprospectvillageillinois/PST045224
[5] United States Census Bureau. (2024, July 1). QuickFacts: Illinois. https://www.census.gov/quickfacts/fact/table/IL/PST045224
[6] Data USA. (n.d.). Mount Prospect, IL. Retrieved April 9, 2025, from https://datausa.io/profile/geo/mount-prospect-il#:~:text=The%205%20largest%20ethnic%20groups,(Hispanic)%20(3.79%25)

languages.[7] About 16.5% of Mount Prospect residents report speaking English less than "very well," which is higher than the county (13.6%) and regional (11.7%) rates. Among residents aged 60 and older, 33% speak a language other than English at home, and 22% speak English less than "very well."[8]

Social Determinants of Health

Income and Poverty

Economic factors directly impact residents' ability to access transportation, healthcare, and housing. In 2023, Mount Prospect had a median household income of $103,911 and a per capita income of $48,113, both higher than the Illinois averages of $81,702 and $45,104, respectively.[9] Despite these higher income levels, 6.0% of Mount Prospect residents lived below the poverty line—lower than the state rate of 11.6% and the national rate of 12.4%. Among those living in poverty in Mount Prospect, the most common racial or ethnic group is White, with 15.4% of both males and females below the poverty line. This is followed by Asian residents (8.26% of females and 5.44% of males) and Hispanic residents (8.06% of females and 4.68% of males).[10]

Table 4 shows that Mount Prospect's median household income is higher than 5 out of 9 surrounding areas, and per capita income is higher than 4 out of 9 surrounding areas; this presents Mount Prospect as a type of "middle ground" for income. For individuals in poverty, Mount Prospect (6%) ranks lower than 5 out of 9 surrounding high-poverty areas—Buffalo Grove, Arlington Heights, Palatine, Elk Grove, and Wheeling—displaying a similar trend to median income.

Table 4. Income in Surrounding Areas.[11, 12]

Area	Median households income (in 2023 dollars), 2019-2023	Per capita income in past 12 months (in 2023 dollars), 2019-2023	Persons in Poverty (%)
Illinois	$81,702	$45,104	11.6%
Mount Prospect	**$103,911**	**$48,113**	**6.0%**
Arlington Heights	$118,532	$60,871	6.3%
Des Plaines	$94,303	$44,032	5.8%

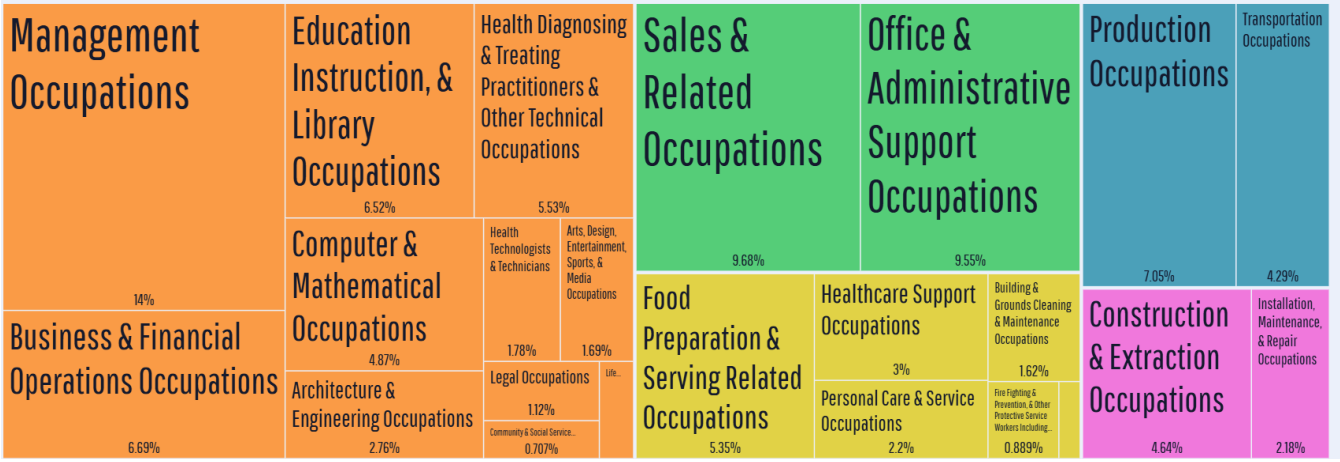
[7] Chicago Metropolitan Agency for Planning. (2024, August). Community Data Snapshot: Mount Prospect. https://www.cmap.illinois.gov/wp-content/uploads/dlm_uploads/Mount-Prospect.pdf
[8] Village of Mount Prospect. (2023, March). Aging in Community Action Plan [Draft]. https://d3n9y02raazwpg.cloudfront.net/mountprospect/39cc98ac-61f7-11ed-95a3-0050569183fa-8a553f6f-20df-4e89-9078-a16d8dee3216-1678477812.pdf
[9] Data USA. (n.d.). Mount Prospect, IL. Retrieved April 9, 2025, from https://datausa.io/profile/geo/mount-prospect-il#:~:text=The%205%20largest%20ethnic%20groups,(Hispanic)%20(3.79%25)
[10] United States Census Bureau. (2024, July 1). QuickFacts: Illinois; Mount Prospect village, Illinois. https://www.census.gov/quickfacts/fact/table/IL,mountprospectvillageillinois/PST045224
[11] United States Census Bureau. (2024, July 1). QuickFacts. https://www.census.gov/quickfacts/fact/table/buffalogrovevillageillinois,prospectheightscityillinois,desplainescityillinois,arlingtonheightsvillageillinois,IL,mountprospectvillageillinois/INC910223#INC910223
[12] United States Census Bureau. (2024, July 1). QuickFacts. https://www.census.gov/quickfacts/fact/table/hoffmanestatesvillageillinois,palatinevillageillinois,glenviewvillageillinois,wheelingvillageillinois,elkgrovevillagevillageillinois/INC910223

Area	Median households income (in 2023 dollars), 2019-2023	Per capita income in past 12 months (in 2023 dollars), 2019-2023	Persons in Poverty (%)
Elk Grove Village	$95,216	$46,267	6.9%
Wheeling	$83,251	$41,463	8.7%
Palatine	$95,950	$49,950	10.1%
Glenview	$138,758	$78,412	5.5%
Buffalo Grove	$129,820	$60,111	6.5%
Hoffman Estates	$109,683	$49,069	5.3%
Prospect Heights	$91,599	$46,868	5.9%

Employment

Employment data shows that between 2022 and 2023, the number of employed residents in Mount Prospect, IL declined slightly by 1.64%, dropping from 29,500 to 29,000. Despite this decline, the local workforce is diverse in occupation. The most common job sectors for Mount Prospect residents include management roles (with over 4,000 residents), followed by sales-related positions (2,807 residents) and office and administrative support jobs (2,770 residents).[13]

Figure 2. Most Common Occupations in Mount Prospect.[14]



[13] Data USA. (n.d.). Mount Prospect, IL. Retrieved April 9, 2025, from https://datausa.io/profile/geo/mount-prospect-il#:~:text=The%205%20largest%20ethnic%20groups,(Hispanic)%20(3.79%25)
[14] Data USA. (n.d.). Mount Prospect, IL. Retrieved April 9, 2025, from https://datausa.io/profile/geo/mount-prospect-il#:~:text=The%205%20largest%20ethnic%20groups,(Hispanic)%20(3.79%25)

In 2022, Mount Prospect was home to 1,476 employer firms. Of those, 988 were owned by men and 288 by women. There were 1,297 nonveteran-owned firms, and 1,044 were owned by nonminority individuals.[15]

Housing Stability and Affordability

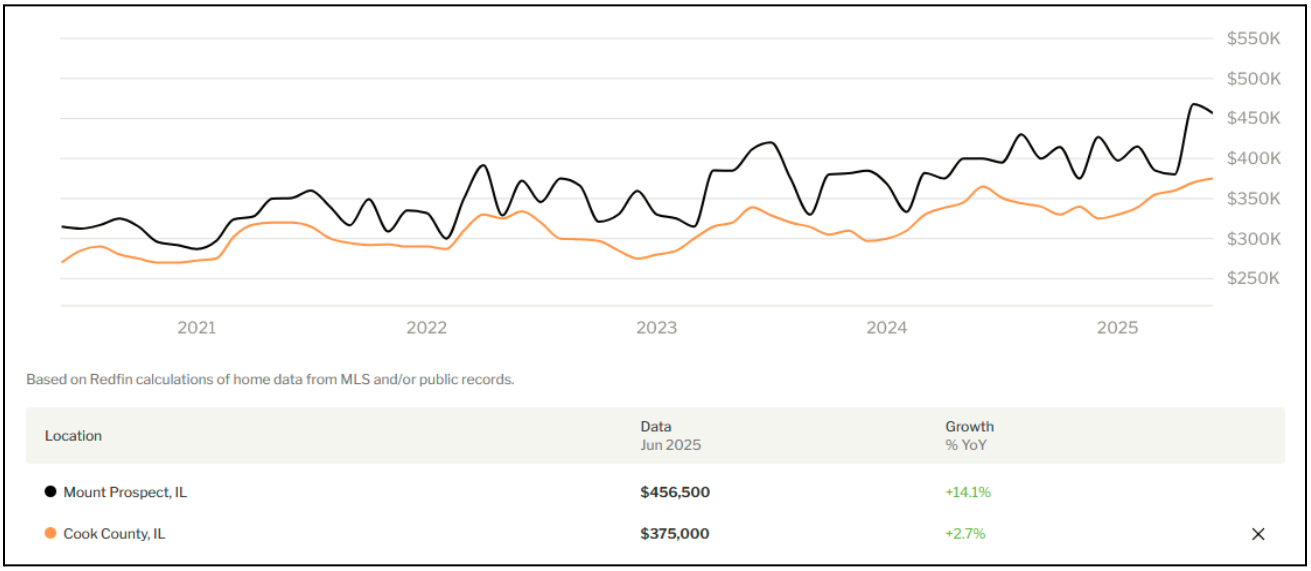
As of 2023, 70% of homes in Mount Prospect are owner-occupied—slightly higher than the Illinois rate of 66.8% and above the national average of around 65%. The median value of owner-occupied homes in Mount Prospect is $377,000, which is significantly higher than Illinois' median of $250,500 and about 24% above the national median of $303,400. Home values in the village increased by 2.47% from 2022 to 2023. Homeowners in Mount Prospect with a mortgage pay a median monthly cost of $2,582, while those without a mortgage pay about $1,023. Renters in the village face a median gross rent of $1,454—higher than the state median of $1,227 and the surrounding areas of Des Plaines and Prospect Heights. [16, 17]

Table 5. Housing Costs in Surrounding Areas.[18]

Area	Median gross rent, 2019-2023	Median selected monthly owner costs - with a mortgage, 2019-2023
Illinois	$1,227	$1,950
Mount Prospect	**$1,454**	**$2,582**
Arlington Heights	$1,727	$2,631
Des Plaines	$1,435	$2,121
Prospect Heights	$1,391	$2,401

[15] Data USA. (n.d.). Mount Prospect, IL. Retrieved April 9, 2025, from https://datausa.io/profile/geo/mount-prospect-il#:~:text=The%205%20largest%20ethnic%20groups,(Hispanic)%20(3.79%25)
[16] Data USA. (n.d.). Mount Prospect, IL. Retrieved April 9, 2025, from https://datausa.io/profile/geo/mount-prospect-il#:~:text=The%205%20largest%20ethnic%20groups,(Hispanic)%20(3.79%25)
[17] United States Census Bureau. (2024, July 1). QuickFacts: Illinois; Mount Prospect village, Illinois. https://www.census.gov/quickfacts/fact/table/IL,mountprospectvillageillinois/PST045224
[18] United States Census Bureau. (2024, July 1). QuickFacts. https://www.census.gov/quickfacts/fact/table/prospectheightscityillinois,desplainescityillinois,arlingtonheightsvillageillinois,IL,mountprospectvillageillinois/HSG650223#HSG650223

Figure 3. Cook County and Mount Prospect Housing Market Trends.[19] Housing market values have steadily increased between 2020 and 2025, with recent spikes in April of 2025. Mount Prospect housing has increased by approximately $100,000 between 2020 and 2025.



Education Access

Mount Prospect residents have high educational attainment levels. Between 2019 and 2023, 91.7% of residents age 25 and older had at least a high school diploma—slightly higher than the Illinois rate of 90.3%. Nearly half (48.6%) of adults in Mount Prospect held a bachelor's degree or higher, significantly exceeding the state average of 37.2%.[20]

Health Insurance Coverage

According to the Census Bureau, 7.3% of the population under the age of 65 in Illinois is without health insurance, compared to a slightly higher percentage of 10.8% in Mount Prospect.[21]

Disability Status

The percentage of individuals with a disability under the age of 65 in Illinois is 8.0%, while Mount Prospect has a lower rate at 5.2%.[22]

Health Indicators: Suburban Cook County Region

Health metrics for the broader Suburban Cook County region, which includes Mount Prospect, reveal important disparities:

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[19] Redfin. (n.d.). Mount Prospect housing market: House prices & trends. https://www.redfin.com/city/13170/IL/Mount-Prospect/housing-market
[20] United States Census Bureau. (2024, July 1). QuickFacts: Illinois; Mount Prospect village, Illinois. https://www.census.gov/quickfacts/fact/table/IL,mountprospectvillageillinois/PST045224
[21] United States Census Bureau. (2024, July 1). QuickFacts: Illinois; Mount Prospect village, Illinois. https://www.census.gov/quickfacts/fact/table/IL,mountprospectvillageillinois/PST045224
[22] United States Census Bureau. (2024, July 1). QuickFacts: Illinois; Mount Prospect village, Illinois. https://www.census.gov/quickfacts/fact/table/IL,mountprospectvillageillinois/PST045224

Life Expectancy: The overall life expectancy in 2022 was 79.9 years, with significant variations by race and ethnicity. Hispanic/Latino residents had a life expectancy at 83.9 years, followed by non-Hispanic Asians at 86.6 years. Non-Hispanic Black individuals had the lowest life expectancy at 73.1 years, while non-Hispanic Whites had a life expectancy of 80.2 years.

Cancer Mortality: In 2019,the cancer mortality rate for the population was 141.54 per 100,000. The total Hispanic individuals had a cancer mortality rate of 89.57, while non-Hispanic Asians had a lower rate of 77.66. Non-Hispanic Black individuals experienced the highest cancer mortality rate at 180.6, and non-Hispanic White people had a rate of 149.07.[23]

BMI Rate: In 2023, the adult overweight rate (25-29.9 BMI) was 33.94% for the total population of Cook County, with Hispanic/Latino adults at 34.5%, non-Hispanic Asian people at 36.23%, non-Hispanic Black people at 28.6%, and non-Hispanic Whites at 35.04%.[24] In 2019, Cook County had an obesity prevalence (≥ 30 BMI) of 30.1%—less than the Illinois rate of 31.6%.[25] According to the American Medical Association in 2023, caution should be used when inferring health information based on BMI due to its limitations, such as lacking body fat metrics, in indicating current or future health outcomes.[26]

Diabetes Mortality: Diabetes mortality rates in 2022 also show disparities, with the overall rate at 17.92 per 100,000. Non-Hispanic Black individuals had the highest rate at 34.2, while non-Hispanic White people had the lowest rate at 14.96.[27]

Maternal Mortality: Maternal mortality rates between 2010 and 2021 were also variable, with a total population rate of 16.3 per 100,000 live births. The rates for different racial and ethnic groups ranged from 10.24 for Hispanics/Latinos to 38.94 for non-Hispanic Black individuals.[28]

Residents to Primary Care Providers Ratio

One way to measure people's ability to obtain primary care is to look at the ratio of people living in a given geographic area to the number of primary care providers practicing there. In Cook County, Illinois, the average residents to primary care providers is 1,090 to 1, which is lower than the state ratio of 1,260 to 1. Lake county has a 940:1 ratio, while Dupage County has a 740:1 ratio of primary care providers—lower

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[23] Cook County Department of Public Health. (n.d.). Cancer mortality rate. Cook County Health Atlas. Retrieved April 14, 2025, from https://cookcountyhealthatlas.org/indicators/JG8KIFJ?topic=cancer-mortality-rate

[24] Cook County Department of Public Health. (2022). Adult overweight rate. Cook County Health Atlas. Retrieved April 14, 2025, from https://cookcountyhealthatlas.org/indicators/JG8QDXC?tab=chart

[25] Cook County Department of Public Health. (2022, June). Community health status assessment: Appendix D – Community themes and strengths assessment findings [PDF]. https://cookcountypublichealth.org/wp-content/uploads/2022/06/CHSA_appendix-D_final.pdf

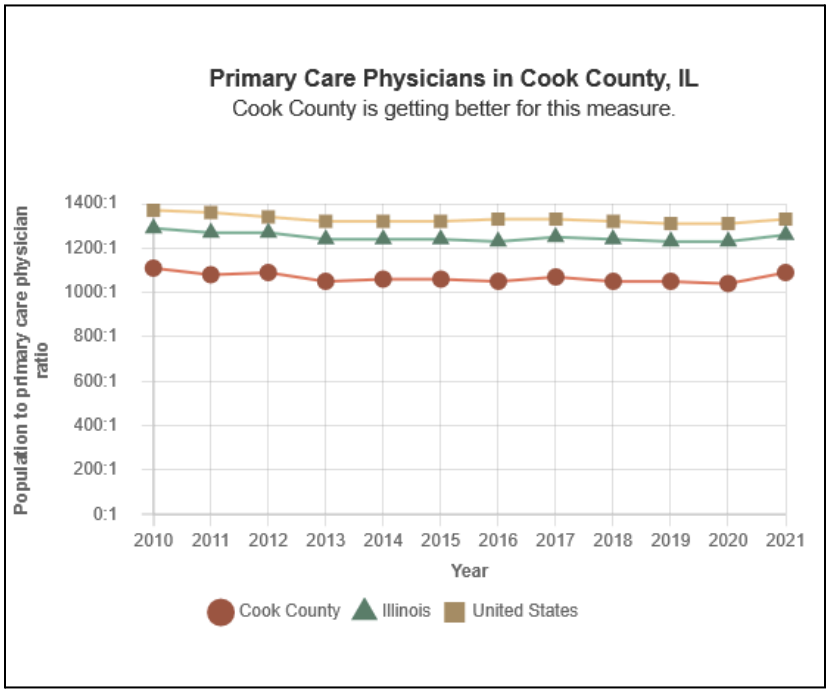
[26] American Medical Association. (2023, June). Racism in medicine and public health – report 7 of the Council on Science and Public Health (A-23) [PDF]. https://www.ama-assn.org/system/files/a23-csaph07.pdf

[27] Illinois Department of Public Health. (2022). Diabetes mortality rate [Vital Records data]. Cook County Health Atlas. Retrieved April 14, 2025, from https://cookcountyhealthatlas.org/indicators/JG8JNTF?tab=chart

[28] Illinois Department of Public Health. (2022). Maternal mortality rate [Vital Records data, 2010–2021]. Cook County Health Atlas. Retrieved April 14, 2025, from https://cookcountyhealthatlas.org/indicators/JG8GUIL?tab=chart

than Cook County.[29] Higher ratios mean that there are more people to be cared for by each primary care provider, and can be an indication of people facing challenges in getting appointments and needing to travel longer distances for care.

Figure 4. The figure above illustrates the ratio of patients to primary care physicians, highlighting Cook County's ratio of 1,090:1. While most neighboring counties have higher ratios, Lake County and DuPage County in Illinois stand out with lower ratios, indicating relatively better access to primary care.[30]



Community Assets

Mount Prospect has numerous community assets that support resident health and wellbeing, though their distribution and accessibility vary by region. Key resources include:

Healthcare Services

- Endeavor Health Northwest Community Hospital
- Various Urgent Care Centers
- Private Medical and Dental Practices
- Access Genesis Center of Health and Empowerment
- ACCESS Northwest Family Health Center

[29] University of Wisconsin Population Health Institute. (2025). Primary care physicians. County Health Rankings & Roadmaps. https://www.countyhealthrankings.org/health-data/community-conditions/health-infrastructure/clinical-care/primary-care-physicians?year=2025&county=17031

[30] University of Wisconsin Population Health Institute. (2025). Primary care physicians. County Health Rankings & Roadmaps. https://www.countyhealthrankings.org/health-data/community-conditions/health-infrastructure/clinical-care/primary-care-physicians?year=2025&county=17031

Mental Health Services

- Ascension Illinois - Center for Mental Health Arlington Heights
- Kenneth Young Center – Living Room
- Endeavor Health Northwest Community Behavioral Health
- Various private therapist/clinical practices

Social Service Organizations

- Township Offices (Elk Grove and Wheeling)
- Catholic Charities
- Northwest Compass
- Northwest CASA
- LifeSpan
- The Kids Pantry
- Faith-Based Service Providers

Educational and Recreational Resources

- Mount Prospect Public Library (Main and South Branch)
- Mount Prospect Park District
- Surrounding Park Mount Prospect Districts (River Trails Park District, Des Plains, Arlington Heights, and Prospect Heights Park Districts)
- School Districts (21, 23, 25, 26, 59, 57, and 214)

Figure 5. Health and Social Services around the Community Connections Center, April 2025.

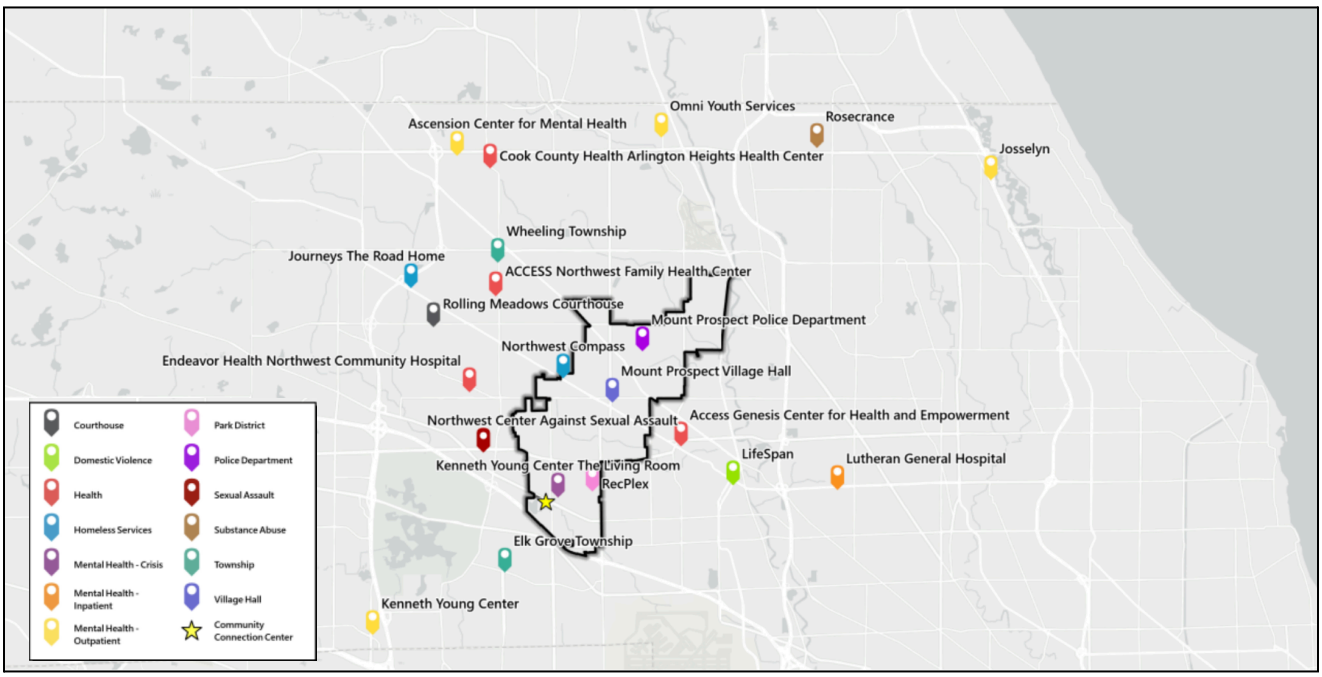
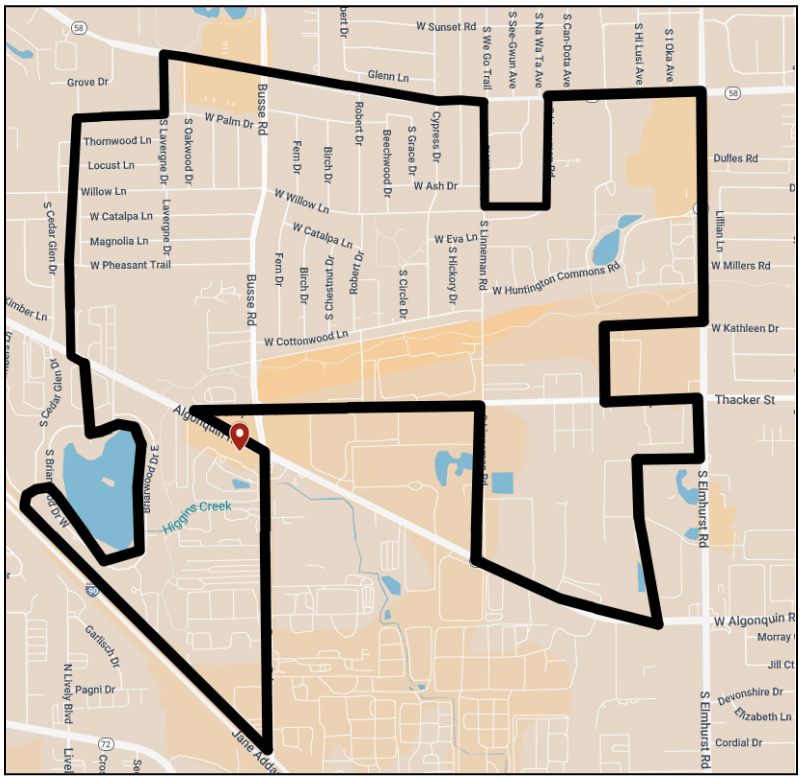


Figure 5 shows a balanced picture of service accessibility for Mount Prospect residents that is particularly numerous for those residing in the North region of Mount Prospect.

Service Area Demographics

Figure 6. Map of primary CCC Service Area, based on census information. Dropped pin is the location of the CCC.



The Community Connections Center primarily serves low to moderate income residents in South Mount Prospect, although its services are available to all village residents. The CCC service area has distinct demographic characteristics that shape service needs and utilization patterns.

This section provides a breakdown of the demographics for South Mount Prospect, which serves as the primary service area for this assessment. Specifically, the area includes Block Groups 1 and 2 in Census Tract 8051.08, Block Group 4 in Census Tract 8051.11, Block Groups 1 through 5 in Census Tract 8050.02, and Block Groups 3 and 4 in Census Tract 8051.07. The data is sourced from the U.S. Census Bureau's 2019-2023 American Community Survey 5-Year Estimates.[31]

It should be noted that data restrictions for the American Community Survey limits demographics collection to block groups, excluding blocks from census filtering. Therefore, Block Group 4 in Census Tract 8051.11 includes block 4003 and Block 3002 in Census Tract 8051.07, which is not part of the official service area. Blocks 3000-3007 in Census Tract 8051.08 were excluded from analysis due to being a small part of Block Group 3, the majority of which is excluded from the service area.

While the CCC serves all residents of Mount Prospect, this assessment uses South Mount Prospect (as shown in Figure 1) as the primary service area for demographic analysis. Figure 6 shows the CCC's immediate neighborhood context, though census data limitations required using the broader South Mount Prospect boundaries for statistical analysis.

Population Estimates

With a total population of 15,612 people within this service area (South Mount Prospect), the largest group of residents reside in Block Group 2, Census Tract 8051.08 with 2,439 residents and the smallest group of residents residing in Block Group 3, Census Tract 8051.07 with 688 residents.

[31] U.S. Census Bureau. (2023). American Community Survey, ACS 5-Year Estimates Detailed Tables. https://data.census.gov/table?g=1400000US17031805002$1500000_1500000US170318051073,170318051074,170318051081,170318051082,170318051114&d=ACS+5-Year+Estimates+Detailed+Tables

Table 6. Age Distribution.

Age Group	Number	Percentage (%)
Youth (0-17)	3,303	21.16%
Working Age (18-64)	10,612	67.97%
Seniors (65+)	1,697	10.87%

The age distribution within the service area of the Community Connections Center reflects a diverse population. Of the total population, 21.16% (3,303 residents) are youth aged 0-17, 67.97% (10,612 residents) fall within the working-age group of 18-64, and 10.87% (1,697 residents) are seniors aged 65 and older. The age distribution is similar to the entire Village, with a relatively lower percentage of seniors.

Table 7. Race and Ethnicity.

The service area has significantly higher diversity than the village average:

Race/Ethnicity	Number	Percentage (%)
White	7,803	50%
Hispanic/Latino	5,151	33%
Asian	2,855	18.29%
Black	472	3.02%
American Indian and Alaska Native	87	0.56%

Table 8. Language Needs.

Total Population (5 years and over): 14,909

Language Category	Total Speakers	Percentage (%)
English Only	4,736	31.77%
Spanish	4,365	29.28%
Other Indo-European	4,415	29.61%
Asian and Pacific Island	1,261	8.46%

Compared to the Village of Mount Prospect, the service area has a higher percentage of Spanish speakers (29.28%) and a larger portion of the population speaking languages other than English, particularly in the Indo-European category (29.61%), indicating a potential need for targeted language support services. In total, 67.35% of reported individuals in the service area speak a language other than English.

Economic Indicators

The unemployment rate in the service area shows significant variation, with the highest rate observed at 36.06% in Block Group 1, Census Tract 8050.02, while Block Group 5; Census Tract 8050.02 and Block Group 4; Census Tract 8051.11 show no reported unemployment (0%). This contrasts with the Village of Mount Prospect, where the overall unemployment rate is lower (3.6%).

The median household income within the service area is $82,689.80, with notable variation across different block groups. The highest median household income is observed in Block Group 5, Census Tract 8050.02, at $106,375, while the lowest is in Block Group 4; Census Tract 8050.02 at $56,165. In comparison to the Village of Mount Prospect, where the median household income is $103,911, the service area's median income is significantly lower at $82,689.80.

The average poverty rate in the service area is 12.17%, with considerable variation across different block groups. The highest poverty rate is observed in Block Group 2; Census Tract 8050.02 at 20.71%, indicating a significant portion of the population in that area is experiencing economic hardship. In contrast, Block Group 1 Census Tract 8050.02 and Block Group 3 Census Tract 8051.072, report a 0% poverty rate. In comparison to the Village of Mount Prospect, where the poverty rate is 5.95%, the service areas' poverty rate is higher.

Health Insurance Coverage

In comparison to the Village of Mount Prospect, where the uninsured rate for those under 65 is 10.8%, the uninsured rate in the service area is significantly higher at 18.42%.

Table 9. Insurance Coverage in the CCC service area, according to 2023 Census data.

Insurance Type	Age Group	Number	Percentage of Total Population
Employer-based Only	Under 19	1,135	
	19-34	2,134	
	35-64	2,708	
	65+	16	
	Total	**5993**	**38.39%**
Medicaid	Under 19	1,806	
	19-34	446	
	35-64	912	
	65+	220	
	Total	**3,384**	**21.68%**

Insurance Type	Age Group	Number	Percentage of Total Population
No Health Insurance	Under 19	18	
	19-34	1,352	
	35-64	1,385	
	65+	120	
	Total	**2,875**	**18.42%**

V. KEY FINDINGS: SYSTEM-WIDE CHALLENGES AND OPPORTUNITIES

The assessment identified five critical themes affecting Mount Prospect residents' ability to access services and resources throughout the community. These findings emerged consistently across all data collection methods—surveys, focus groups, stakeholder interviews, and board member discussions—revealing systemic challenges that extend beyond any single organization. While the Community Connections Center addresses many of these barriers, the challenges identified here reflect broader community-wide issues that require collaborative solutions.

A. Transportation and Access Barriers

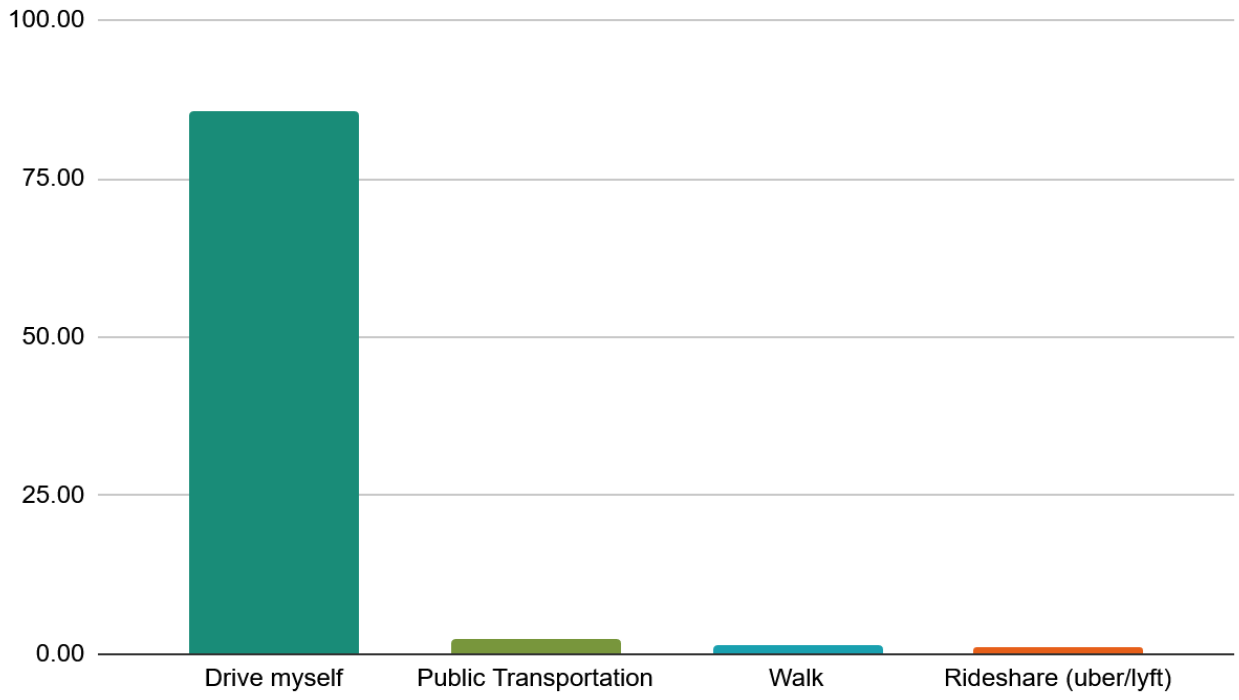
Transportation emerged as the most commonly identified barrier across all data sources. The geographic layout of Mount Prospect, limited public transportation, and high cost for alternative options create significant challenges for residents attempting to access services, particularly affecting seniors, those without personal vehicles, and lower-income families.

SURVEY FINDINGS:

How Residents Currently Travel

The vast majority of Mount Prospect residents (85.6%) rely on driving themselves to access medical appointments and social services. Public transportation use was minimal (2.4%), while others depended on rides from family or friends (6.3%), walking (1.3%), or rideshare services (1.1%).

Figure 7. Q4: "How do you usually get to medical appointments and social services?"



Geographic Disparities in Transportation Access: Central Mount Prospect residents report the highest rate of driving themselves (36.4%), followed by North (33.4%) and South (12.4%) residents. Public transportation use remains minimal across all regions.

Table 10. Primary Transportation Methods by Region (Q4).

Transportation Method	Central	North	South	Not Sure	Non-Resident	Total
Drive myself	36.38%	33.38%	12.41%	1.57%	1.85%	85.59%
Get ride from others	3.00%	1.85%	0.86%	0.57%	0.00%	6.28%
Public transportation	1.00%	1.00%	0.29%	0.00%	0.14%	2.43%
Walk	0.29%	0.43%	0.14%	0.43%	0.00%	1.28%
Rideshare (Uber/Lyft)	0.29%	0.29%	0.43%	0.14%	0.00%	1.14%
Total	**41.80%**	**38.09%**	**14.84%**	**3.28%**	**2.00%**	**100%**

Age-Related Transportation Patterns: The 65+ age group showed the highest reliance on driving themselves (22.4%), while younger adults (25-34) were most likely to use alternative transportation options like rideshare services and public transit.

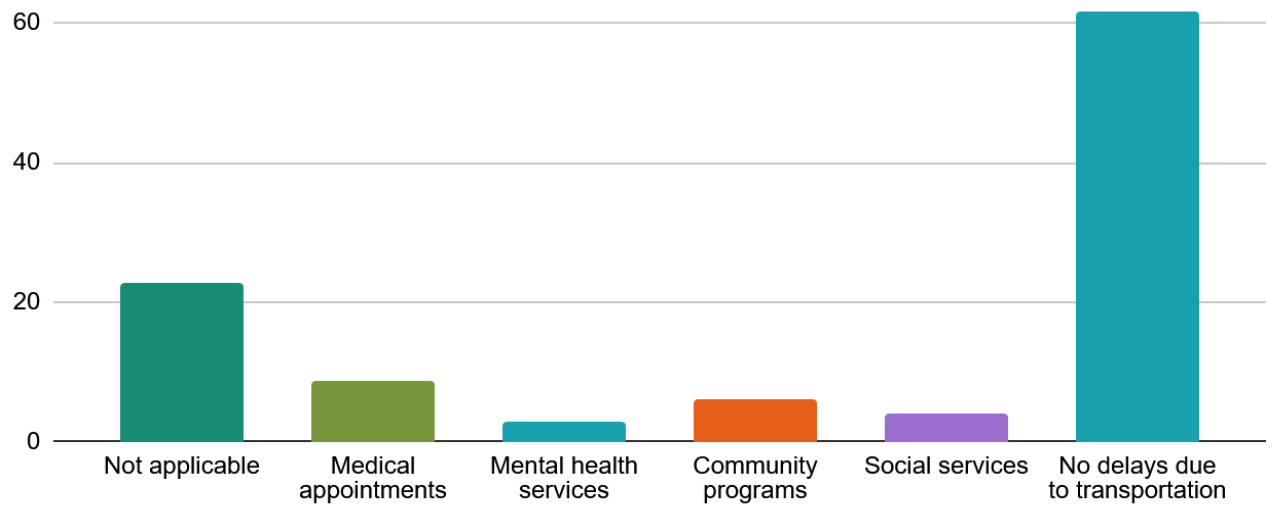
Language and Transportation Barriers: Spanish speakers showed higher rates of relying on family/friends for rides (2.85%) and using public transportation (1.57%) compared to English speakers.

Impact of Transportation Barriers

Among those experiencing transportation-related delays (26% of respondents), the most affected services include:

- Medical appointments (8.8%)
- Community programs (6.0%)
- Social services (4.0%)
- Mental health services (3.0%)

Figure 8. Q5: "Have you delayed accessing any of these services due to transportation issues?"



Notably, South Mount Prospect residents—despite comprising only 14.8% of survey responses—reported proportionally higher transportation barriers when accessing health and social services.

FOCUS GROUP & STAKEHOLDER INSIGHTS:

Community Perspectives on Transportation

The depth of transportation challenges became clear through qualitative analysis. Among 66 focus group participants across five sessions, transportation barriers were mentioned more frequently than any other challenge. Participants described cascading effects, connecting transportation access directly to economic constraints. The median rent of $1,454 in Mount Prospect leaves little room for transportation costs, especially for the 48% of renters experiencing cost burden:

"It's hard for residents to get around. If you can't afford a Lyft it's difficult."

- RecPlex participant

"Some families don't have drivers licenses due to citizenship [status]."

- John Jay participant

Participants frequently referenced the "north-south divide" created by railroad tracks and major roadways, noting how physical infrastructure creates social isolation between neighborhoods.

System-Level Transportation Analysis

Among stakeholders interviewed, 95% identified transportation as a critical barrier. Healthcare providers emphasized how transportation affects treatment compliance throughout the Mount Prospect service system:

"We have to figure out how to get them home. Also sometimes the transport is not reliable, there can be a long delay in picking them up from the program." ***- Mental health provider***

Multiple stakeholders described system-wide transportation challenges including limited routes connecting different parts of the village, restrictive eligibility for existing transportation programs, minimal service outside standard business hours, and cost barriers for alternative transportation options.

SECONDARY DATA ANALYSIS:

Travel time analysis reveals the scope of this challenge across Mount Prospect's entire service network. Using Pace bus routes during standard business hours, the following tables demonstrate actual travel times residents face when accessing health and social services throughout the village:

Table 11. Health and Social Services Travel Time Based on Distance from Community Connections Center, April 2025.

Agency	Type of Agency	Area	Pace Travel Time
Access Genesis Center for Health and Empowerment	Health	Des Plaines	39 mins
ACCESS Northwest Family Health Center	Health	Arlington Heights	1 hour 40 mins via Pace Bus and Metra Train
Alexian Brothers Hospital	Mental Health - Inpatient	Hoffman Estates	1 hour 7 mins
Ascension Center for Mental Health	Mental Health - Outpatient	Arlington Heights	57 mins
Cook County Health Arlington Heights Health Center	Health	Arlington Heights	1 hour 4 mins

Agency	Type of Agency	Address	Pace Travel Time
Elk Grove Township	Township	Elk Grove Village	20 min via Pace Bus with Additional 40 min Walk
Endeavor Health Northwest Community Hospital	Hospital	Arlington Heights	40 mins
Josselyn	Mental Health - Outpatient	Northbrook	3 hours 12 mins
Journeys The Road Home	Homeless Services	Palatine	1 hour 31 minutes
Kenneth Young Center	Mental Health - Crisis	Elk Grove Village	1 hour 1 min via Pace Bus with Additional 1 hour 24 min Walk
Kenneth Young Center The Living Room	Mental Health - Crisis	Mount Prospect	7 min walk
LifeSpan	Medical Home	Arlington Heights	12 min via Pace Bus with Additional 43 min Walk
Lutheran General Hospital	Hospital	Park Ridge	1 hour
Mount Prospect Police Department	Police Department	Mount Prospect	35 min via Pace Bus with Additional 38 min Walk
Mount Prospect Village Hall	Village Hall	Mount Prospect	1 hour 2 minutes
Northwest Center Against Sexual Assault	Sexual Assault Survivor Services	Arlington Heights	8 min via Pace Bus with Additional 35 min Walk
Northwest Compass	Homeless Services	Mount Prospect	1 hour 20 mins
Omni Youth Services	Mental Health - Outpatient	Wheeling	1 hour 33 mins
RecPlex	Park District	Mount Prospect	23 min Walk
Rolling Meadows Courthouse	County Court	Rolling Meadows	9 min via Pace Bus with Additional 27 min Walk
Rosecrance	Substance Abuse	Northbrook	3 hours 15 mins

Agency	Type of Agency	Address	Pace Travel Time
Wheeling Township	Township	Arlington Heights	1 hour 40 mins via Pace Bus and Metra Train with additional 20 mins walk

Figure 9. Health and Social Services around Mount Prospect Village Hall, April 2025.

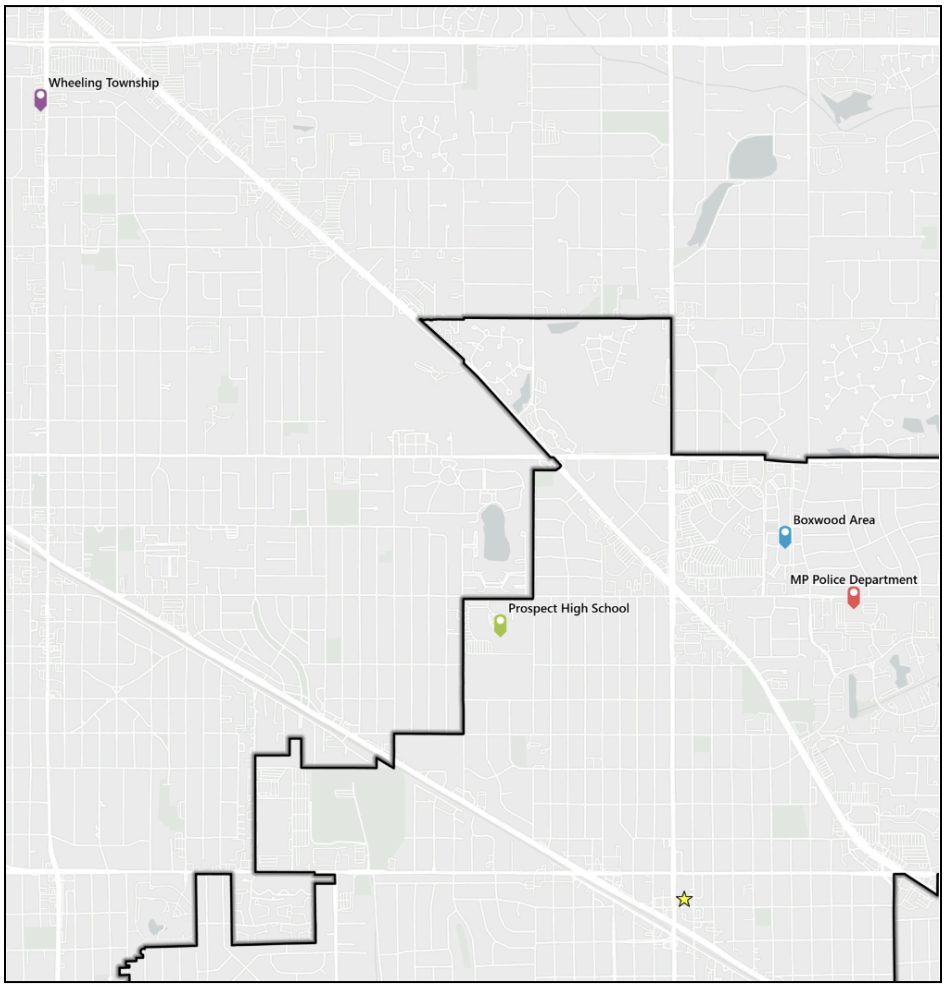


Table 12. Health and Social Services Travel Time Based on Distance from Mount Prospect Village Hall, April 2025.

Agency Name	Pace Travel Time
Boxwood Area	6 minutes via Pace Bus with additional 19 minute walk
MP Police Department	6 minutes via Pace Bus with additional 24 minute walk
Prospect High School	6 minutes via Pace Bus with additional 22 minute walk
Wheeling Township	1 hour 40 minute walk

This travel time analysis demonstrates that accessing key services often requires over an hour on public transportation. Specifically:

- Eight agencies take under an hour to reach via public transportation or walking
- Twelve agencies require 1-2 hours of travel time
- Two agencies take more than three hours to access

Figure 9 provides a balanced picture of accessibility to the Village Hall location for North Mount Prospect residents, suggesting more focus on overall public transportation travel time.

BOARD MEMBER PERSPECTIVES:

Board members acknowledged transportation as a village-wide challenge, noting that residents in both northern and southern areas face barriers accessing centralized services:

"The north side of the village can't get there either... there's very little transportation, public transportation, that goes into the city, into the downtown area itself." - Village Board Member

"Helping people get to where they need to go. And that's even with the seniors, because there are a couple of senior residences... but you still have to cross a fairly busy street to get there."
- Village Board Member

Table 13. Transportation Barriers by Population Group.

Population	Primary Transportation Barriers	Notable Quotes
Seniors	Limited mobility, unfamiliarity with rideshare apps, fixed incomes	***"A lot of original homeowners still left here, and some have children that help them, and some don't."***
Immigrants	Documentation concerns, language barriers, unfamiliarity with systems	***"If patients get referrals to hospitals in Chicago because they are uninsured they struggle with transportation. They have to go to the Metra (which has only one bus that goes there)."***

Population	Primary Transportation Barriers	Notable Quotes
Low-income families	Cost barriers, time constraints with multiple jobs	***"Without public transportation, getting an Uber can be expensive. Willow Creek has an auto mechanic that helps low-income families, but it can be hard for them to even get there since it's not close."***
Youth	Dependency on parents/caregivers, safety concerns	***"Some kids are acting out because they don't have the words or space to express what they're going through."***

While transportation barriers affect all demographic groups to some extent, they intersect with awareness and communication challenges that further limit service access for many residents.

Key Takeaway: Transportation

Transportation remains the most significant structural barrier preventing equitable service access across Mount Prospect. Nearly all stakeholders (**95%**) identified transportation as critical, with over a quarter of residents reporting delayed service access due to transportation challenges. Despite the village's reliance on personal vehicles (**85.6%**), public transit use remains minimal at just **2.4%**, while travel times to key services often exceed one hour via public transportation. This barrier compounds other challenges, as residents who cannot afford the **$1,454** median rent often lack resources for vehicle ownership or rideshare services.

B. Awareness of Services and Communication

Limited awareness of available services is a significant barrier in Mount Prospect. Even when residents can overcome transportation barriers, many remain unaware of available services:

SURVEY FINDINGS:

Communication Preferences by Demographics

Understanding how Mount Prospect residents prefer to receive information about services is critical for all providers in the community. Survey data reveals distinct communication preferences across age groups and languages that affect how effectively any organization—from townships to healthcare providers to community organizations—can reach residents:

Overall Preferences (Multiple Choice):

1. Email (52.2%)
2. Village newsletter (47.5%)
3. Mail/flyers (37.0%)
4. Social media (33.0%)
5. Text messages (16.4%)

Table 14. Preferred Communication Channels by Age Group (Q17).

Communication Channel	Under 18	18-24	25-34	35-44	45-54	55-64	65+	Prefer not to answer	Total
Email	0.14%	0.43%	4.71%	14.27%	10.41 %	8.27%	13.84%	0.14%	52.21%
Village newsletter	0.00%	0.43%	3.42%	9.56%	8.42%	10.98%	14.27%	0.43%	47.50%
Mail/flyers	0.00%	0.57%	3.28%	8.70%	6.56%	6.28%	11.41%	0.14%	36.95%
Social media	0.00%	0.71%	3.00%	10.56%	6.99%	6.28%	5.14%	0.29%	32.95%
Text messages	0.00%	0.43%	2.57%	4.85%	3.28%	2.28%	3.00%	0.00%	16.41%
Through schools	0.00%	0.29%	0.86%	5.99%	2.43%	0.57%	0.43%	0.00%	10.56%
Word of mouth	0.00%	0.29%	0.86%	2.71%	1.14%	0.57%	1.43%	0.14%	7.13%
Community meetings	0.00%	0.14%	0.57%	1.71%	1.14%	0.29%	0.86%	0.14%	4.85%
Through religious orgs.	0.00%	0.14%	0.43%	1.00%	0.71%	0.71%	0.86%	0.00%	3.85%

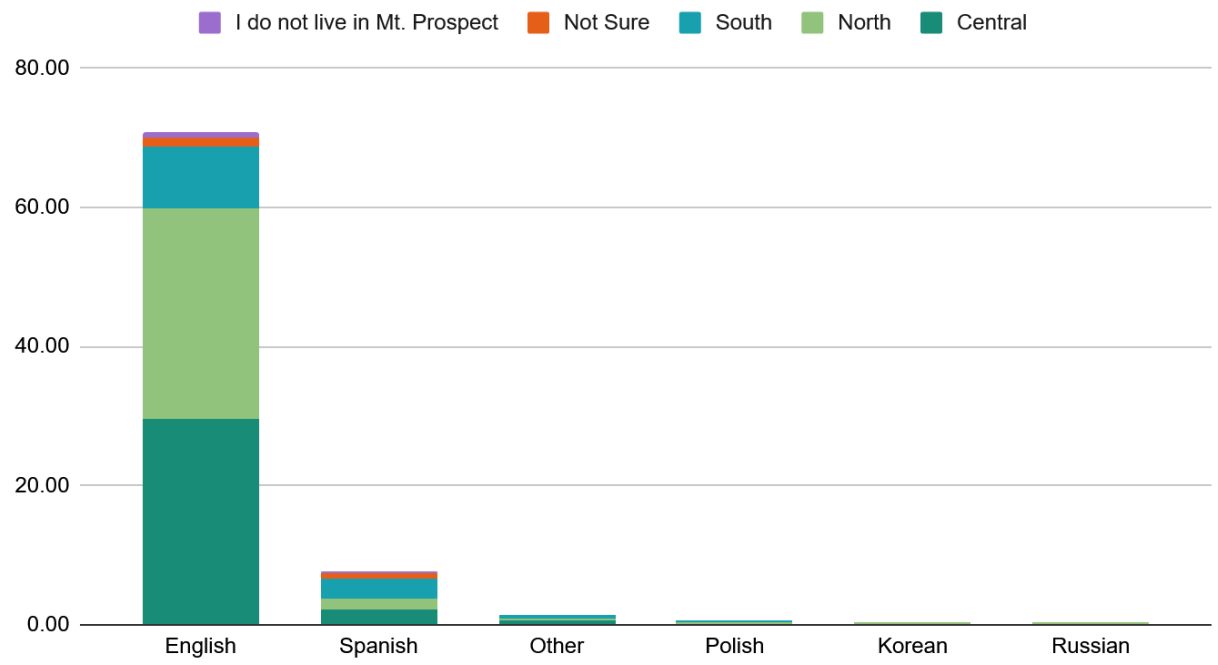
Age-Based Communication Patterns: Notably, social media emerged as the preferred channel for younger adults (18-24), while all other age groups preferred Email or the Village Newsletter. Email and the Village Newsletter were most strongly preferred by seniors (65+).

Language Access and Communication Preferences: Spanish speakers showed a stronger preference for text messages (5.28%) compared to other groups, while English speakers heavily favored email (37.95%) and the village newsletter (37.80%). Bilingual speakers also strongly preferred email.

When asked about preferred language for receiving information, the majority selected English, then Spanish, with smaller percentages preferring Polish, Korean, Russian, or other languages:

- 70.8% selected English
- 7.6% selected Spanish
- 0.6% selected Polish
- 0.3% selected Korean
- 0.3% selected Russian
- 1.4% selected other languages

Figure 10. Q16: "What is your preferred language for receiving information about community services?"



Geographic Patterns: South Mount Prospect showed a notably higher proportion of Spanish language preference (3.2%) compared to its overall response rate (14.8%), indicating higher Spanish language needs in this area.

These communication patterns have implications for Mount Prospect's entire service network. With such varied preferences across age, language, and geography, no single communication strategy can effectively reach all residents. Organizations relying primarily on English-language newsletters and emails may systematically miss Spanish speakers who prefer text messages, young adults who favor social media, or the significant portion of residents who speak languages other than English at home. This fragmentation in communication preferences mirrors the fragmentation in service delivery, creating compound barriers for residents trying to navigate available resources.

FOCUS GROUP & STAKEHOLDER INSIGHTS:

Barriers to Awareness

Focus group discussions revealed how awareness gaps persist even among engaged residents. Participants frequently discovered services through chance encounters rather than systematic outreach:

"People don't know what they don't know. They aren't seeing the flyers or reading the website." ***- Focus group participant***

This quote highlights how traditional communication methods fail to reach those who might benefit most. Multiple stakeholders emphasized that fragmented communication between providers compounds the problem—residents must navigate separate systems for township services, healthcare, and social services with no central information source.

Language barriers compound awareness challenges, with non-English speakers facing additional obstacles despite the availability of some multilingual materials. Focus group participants suggested several things for other agencies in the community to consider:

- Community events for face-to-face information sharing
- Comprehensive translation of materials
- Partnerships with trusted community organizations
- Diversified communication including WhatsApp and social media groups

Other participants suggested approaches to enhance cultural responsiveness more broadly in the service landscape, especially the value of training providers in cultural humility and trauma-informed care, noting challenges they faced at other agencies in the community.

A majority of stakeholders (59%) identified limited awareness as a key challenge facing residents. Several noted that while services exist, including at the CCC, many residents don't know about them, especially:

- Immigrant communities, especially those with limited English proficiency
- Older adults who may not use digital communication channels
- Working families with limited time to seek out information

Healthcare providers and social service agencies emphasized that throughout Mount Prospect, fragmented communication prevents residents from understanding available options.

BOARD MEMBER PERSPECTIVES:

Board members highlighted communication challenges that prevent residents from accessing available services, even when those services are well-established:

"Maybe where we are a village can better address those language barriers …translating the newsletter to Ukrainian or Polish or Spanish." - Village Board Member

"We assume everyone reads the newsletter or goes to the website, but that's not the case."
- Village Board Member

They also acknowledged the importance of expanding multilingual communication village-wide:

"We need to be communicating our services to different languages so everybody's aware of what the township and the village offer." - Village Board Member

Key Takeaway: Awareness and Communication

Limited awareness of available services represents a significant barrier across Mount Prospect's entire service ecosystem. Stakeholders (**59%**) consistently reported that residents—particularly immigrant communities, older adults, and working families—struggle to navigate the complex landscape of townships, healthcare providers, and social service agencies. This fragmentation means that even when services exist, residents often cannot find them or understand eligibility requirements.

C. Services for Specific Populations

Beyond awareness and transportation barriers, the assessment revealed specific service needs within Mount Prospect, particularly for youth, seniors, and residents who speak languages other than English. These groups face unique challenges accessing appropriate services and programs throughout the region.

SURVEY FINDINGS:

General Program Preferences

Survey respondents identified a clear hierarchy of desired community programs, with recreational and educational offerings at the top:

1. Social/recreational activities (46.8%)
2. Computer/technology classes (29.8%)
3. Health education (28.0%)
4. Family programs (27.8%)
5. Job skills training (20.0%)
6. Legal aid (19.3%)
7. Educational support/homework help (19.0%)
8. Job search assistance (19.0%)

9. Parenting classes (10.6%)
10. Substance use support (9.1%)

These preferences were largely consistent across geographic regions, with all areas ranking social/recreational activities highest. However, notable differences emerged across language groups:

- English speakers strongly preferred social/recreational activities (37.1%)
- Spanish speakers prioritized computer/technology classes (7.3%) and family programs (7.3%)
- Polish speakers favored social/recreational activities (1.4%)
- Korean speakers identified computer/technology classes (0.4%) and educational support (0.4%)
- Russian speakers prioritized job search assistance (0.4%)
- Bilingual respondents showed strongest interest in health education programs (28.0%)

Write-in suggestions highlighted additional community needs: "Exercise, games, healthy aging, hands-on classes", "Financial classes" and "Income tax filing", "Environment - gardening, recycling, etc.", "More community-wide events in the winter, theatrical performances, concerts" and "Mental health services."

Youth Program Needs

When asked about youth programming priorities, respondents identified:

Table 15. Youth Program Preferences (Q18). Multiple choice.

Programs	Counts	Percent
Arts/music programs	313	44.65%
Recreational activities	308	43.94%
After-school programs	306	43.65%
Sports programs	286	40.80%
Mental health support	224	31.95%
Educational support/homework help	212	30.24%
Family programs	196	27.96%
Job training	167	23.82%
Total	**2,012**	**100.0%**

Regional Variations: Regional differences show that Central Mount Prospect respondents prioritized arts/music programs, North Mount Prospect prioritized recreational activities, and South Mount Prospect prioritized after-school programs.

Language Group Preferences: Across different language groups, Spanish speakers prioritized sports programs (10.13%), while English speakers favored arts/music programs (33.10%). Bilingual speakers equally valued sports programs, recreational activities, and arts/music programs.

Write-in responses pointed to additional youth needs: "Reading and math tutoring they are not at grade level. Enough sports!", "Social skills development programs for neurodiverse kids", "Programs for children younger than preschool age", "LGBTQ+ support/classes", "Mental health support is most critical", and "Vocational programs."

Senior Needs and Preferences

Social isolation, transportation challenges, and support for aging in place emerged as primary concerns for seniors in Mount Prospect. Survey respondents aged 55 and older (174 responses) prioritized social activities. Overall, when asked about services that would be most helpful for seniors, respondents selected:

Table 16. Senior Program Preferences (Q19). Multiple choice.

Programs	Counts	Percent (%)
Social activities	350	49.93%
Transportation assistance	337	48.07%
Home care services	315	44.94%
Technology assistance	287	40.94%
Health monitoring	253	36.09%
Meal programs	245	34.95%
Total	**1,787**	**100.0%**

Geographic Patterns: Geographic differences appeared with Central and North areas prioritizing social activities (20.68% each) and South areas prioritizing transportation assistance (8.27%).

Language Preferences: Among language groups, English speakers prioritized social activities (38.80%), Spanish speakers prioritized transportation assistance (9.13%), and Polish speakers equally valued transportation assistance and social activities (1.43% each).

Write-in responses highlighted additional needs: "Scam education", "More exercise programs", "Service projects for senior volunteers", "Free senior shuttle to a grocery store from designated pick up areas once a week", "Wellness calls or contact of some sort for those who have none", "Programs available in Spanish."

FOCUS GROUP & STAKEHOLDER INSIGHTS:

Participants consistently identified gaps in age-appropriate programming. For youth the lack of dedicated teen spaces in Mount Prospect emerged as a critical concern. Multiple participants noted that programming typically serves children up to age 12, leaving teenagers without appropriate gathering spaces or activities.

For seniors, participants emphasized both practical needs (transportation, technology assistance) and social needs (activities to combat isolation, intergenerational programming):

"There are so many seniors who are just alone all the time. They need check-ins, someone to talk to."
- Library focus group participant

Stakeholders highlighted the importance of youth programming as preventative intervention:

"Many of my kids are coming in with more educational needs...schools cannot help with everything, so there really needs to be more tutoring services or a quiet place to study." ***- School social worker***

"Addressing the drug abuse among the youth community." - YWCA representative

For seniors, stakeholders emphasized comprehensive support:

"More educational opportunities (what people need to know as they are aging). More resources for senior housing...More places for social gatherings and opportunities to interact with other people." ***- St. Mark's representative***

BOARD MEMBER PERSPECTIVES:

Board members expressed particular concern about the lack of support for seniors and the need for teen programming:

"One of the issues we need to do is kind of get some sort of better way of communicating with older adults who seem to be living alone and not having access to very many relatives in the area." - Village Board Member

"Parks go up like...ages six to 12 is kind of the max. And then where do teens go" - Village Board Member

"The Aging in Place is probably something that should be looked at also, because we do have a certain percentage of seniors that unfortunately, the savings that they put away from themselves for retirement back, you know, probably 30-40, years ago, doesn't meet the current need of the eight to $10,000 a month care facility." ***- Village Board Member***

Key Takeaway: Services for Specific Populations

Service gaps for specific populations—particularly youth, seniors, and non-English speakers—exist across Mount Prospect's service landscape. Analysis of qualitative data from focus groups and stakeholder interviews revealed consistent themes: the complete absence of teen-specific spaces anywhere in Mount Prospect, limited programming that accommodates working families' schedules, and insufficient mental health services in languages other than English. These gaps reflect systemic capacity challenges across multiple organizations rather than any single provider's deficiency.

D. Healthcare Access and Mental Health Services

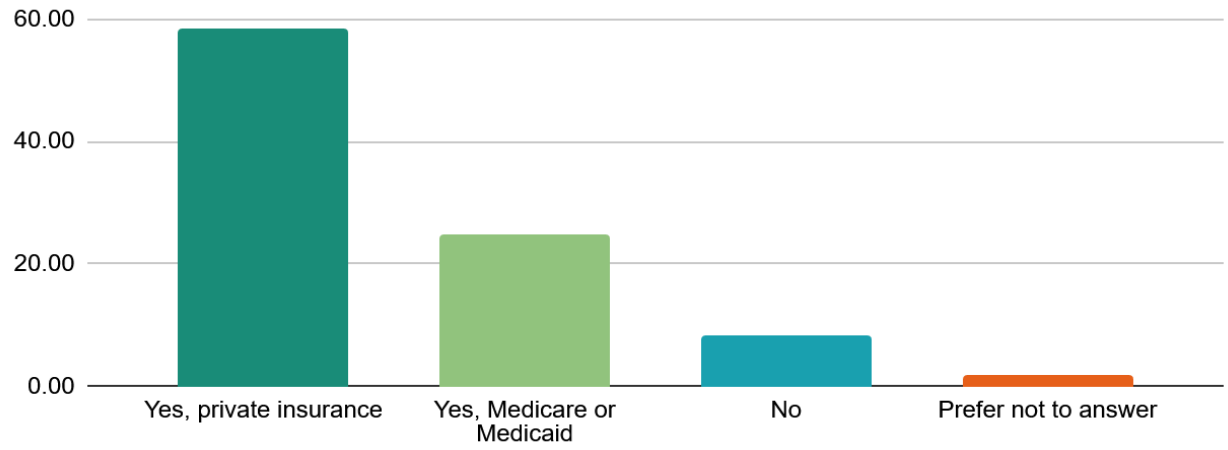
Healthcare access challenges affect residents throughout Mount Prospect, with particular intensity for uninsured and underinsured populations. Mental health services face especially severe access barriers.

SURVEY FINDINGS:

Insurance Coverage Disparities

Among survey respondents, 58.5% have private insurance, 25.0% have Medicare or Medicaid, and 8.3% have no insurance.

Figure 11. Q6: "Do you currently have health insurance?"



Insurance Coverage Disparities by Geography: South Mount Prospect residents report proportionally higher rates of being uninsured (3.57%) compared to their survey representation (14.84%).

Table 17. Health Insurance Status by Region (Q6).

Insurance Type	Central	North	South	Not Sure	Non-Resident	Total
Private insurance	26.11%	23.82%	6.42%	0.86%	1.28%	58.49%
Medicare/Medicaid	10.27%	10.27%	3.42%	0.71%	0.29%	24.96%
No insurance	2.14%	1.43%	3.57%	1.00%	0.14%	8.27%
Prefer not to answer	0.86%	0.57%	0.43%	0.00%	0.00%	1.85%
Total	**41.80%**	**38.09%**	**14.84%**	**3.28%**	**2.00%**	**100%**

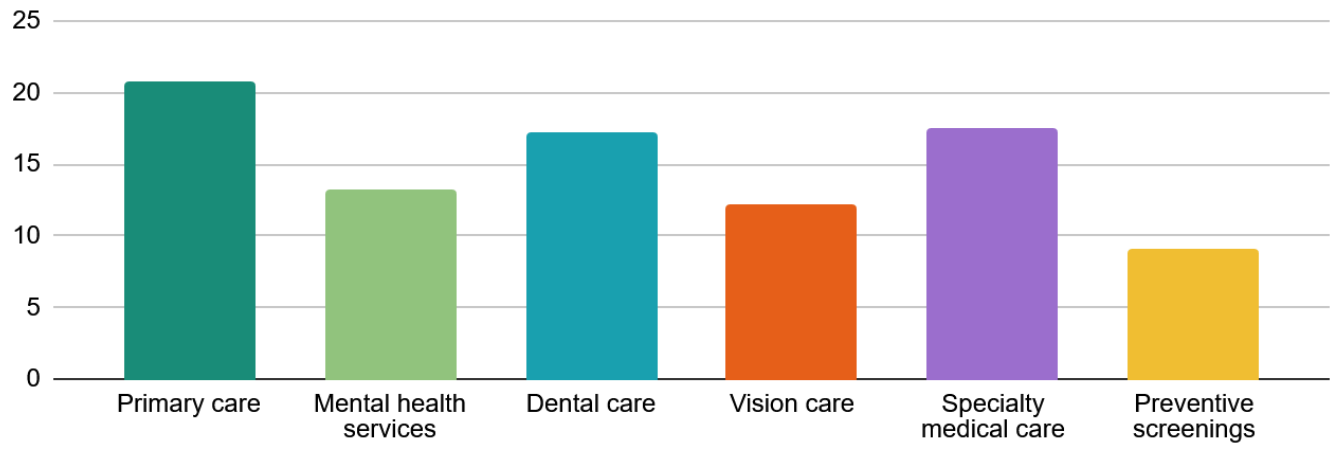
Insurance Coverage by Age Group: Most seniors (65+) have Medicare/Medicaid (18.69%), while the remaining age groups overwhelmingly have private insurance. Working-age adults (35-44, 45-54, 55-64) showed the highest rates of private insurance coverage.

Healthcare Access Barriers by Service Type

When asked about healthcare access barriers, residents identified:

1. Primary care (20.8%)
2. Specialty medical care (17.6%)
3. Dental care (17.3%)
4. Mental health services (13.3%)
5. Vision care (12.3%)
6. Preventive screenings (9.1%)

Figure 12. Q7: "Which healthcare services are most difficult for you to access as a Mount Prospect resident?"



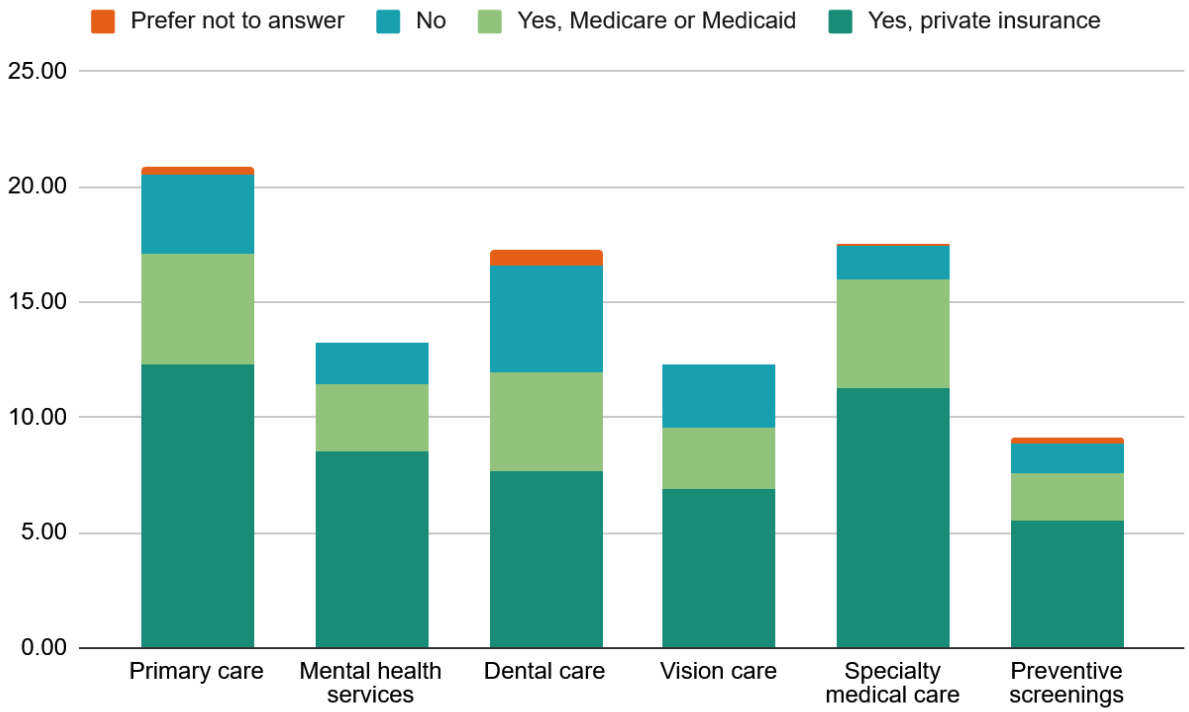
Geographic Patterns in Service Access: Regional analysis showed that residents across all areas of Mount Prospect reported similar difficulties accessing healthcare services. Primary care was the most

challenging service to access in all regions, followed by specialty care. When asked about preventive healthcare access (9.1% of identified preventive screenings as difficult to access), the challenge was most pronounced in Central Mount Prospect (3.3%).

Age-Related Access Patterns: Preventive care was identified as particularly challenging by the 35-44 age group (3.57%), while mental health services were most difficult to access for this same group (4.71%). Seniors (65+) reported the most difficulty with primary care (3.42%) and specialty medical care (3.28%).

Language and Healthcare Access: Among language groups, Spanish speakers reported more difficulty accessing healthcare services overall compared to English speakers, particularly for primary care (6.42% vs. 12.41% overall representation) and dental care (6.56% vs. 8.99% overall). English speakers were also more likely to report difficulty accessing preventive screening services (5.0%).

Figure 13. Healthcare access barriers by insurance status.



Access Barriers by Insurance Status: Uninsured people most struggle with dental care (4.56%) and primary care (3.42%). Those on Medicaid or Medicare struggled most with primary care (4.85%) and specialty care (4.71%). Private insurance holders mainly struggled with specialty care (11.27%).

Write-in responses highlighted other healthcare access challenges: "Outpatient/surgery procedures you cannot personally drive home from", "Hearing specialists", "Long waits for appointments", "LGBT services."

Provider shortage intersects with insurance barriers, language needs, and transportation challenges to create compound disadvantages for vulnerable populations.

FOCUS GROUP & STAKEHOLDER INSIGHTS:

Mental Health Service Gaps

Healthcare providers interviewed described systemic failures affecting the entire Mount Prospect healthcare landscape. Wait times for mental health services in Mount Prospect extend for months, with Spanish-speaking providers particularly scarce:

"***The wait time for mental health services is months, especially if you need someone who speaks Spanish.***" ***- Social worker***

An NCH mental health manager explained the scope of substance abuse treatment gaps:

"*We get a lot of 55-65 year olds with substance abuse problems and it's hard to find them services, especially since Medicare doesn't pay for residential treatment programs.*" - **NCH Manager**

A striking 80% of stakeholders reported mental health services as largely inaccessible, citing provider shortages, insurance limitations, and language barriers as primary obstacles. Board members recognized the need for expanded healthcare access as well.

Key Takeaway: Healthcare Access

Healthcare access challenges pervade Mount Prospect's healthcare system, with mental health services facing particularly severe shortages. **Eighty percent** of stakeholders reported that mental health and substance abuse services are not easily accessible in the community, citing system-wide issues including provider shortages, insurance limitations, and months-long wait times. Primary care access topped residents' concerns (**20.8%**), followed by specialty care (**17.6%**) and dental care (**17.3%**), indicating broad challenges across the healthcare continuum.

E. Housing Stability and Affordability

The final major theme that emerged across data sources was that housing costs significantly impact residents' ability to maintain stability and access other essential services. This challenge affects health outcomes, educational achievement, and overall wellbeing. As noted in the Community Demographics section, median home values in Mount Prospect ($377,000) significantly exceed the Illinois average ($250,500)—a 50.5% increase in home value. However, Mount Prospect's median household income ($103,911) also significantly exceeded Illinois median household income ($80,306) as well as Cook County's ($80,579) by a 29.39% increase in income.

The median household income within the service area is $82,689.80, with notable variation across different block groups. The CCC service area's discrepancies between median housing values and median income

suggest that a significant number of service area residents may struggle to afford homes in the broader Mount Prospect area.

SECONDARY DATA ANALYSIS:

Housing Cost Burden Analysis

Census data reveals significant housing cost burden in Mount Prospect:

Table 17. Renter Cost Burden, 2023.

	Mount Prospect		Cook County		CMAP Region	
	Count	Percent	Count	Percent	Count	Percent
Not cost burdened (less than 30%)	3,277	52	431,995	52	567,331	52.1
Cost burdened (30%-50%)	1,688	26.8	191,408	23	254,640	23.4
Severely cost burdened (over 50%)	1,334	21.2	207,644	25	266,938	24.5
Total renter-occupied households computed	**6,299**	**100%**	**831,047**	**100%**	**1,088,909**	**100%**

*Source: 2019-2023 American Community Survey five-year estimates. B25070 - Gross rent as a percentage of household income in the past 12 months. *A cost burdened household spends more than 30 percent of their income on housing costs. A household experiencing adverse cost burden pays more than 50 percent of their income on housing costs.*

Table 18. Renter Cost Burden by Income Level in Mount Prospect, 2023.

Mount Prospect	Less than $20,000		$20,000 - $34,999		$35,000 - $49,999	
	Count	Percent	Count	Percent	Count	Percent
Not cost burdened (less than 30%)	89	8.5%	30	5.8%	24	2.6%
Cost burdened (30%-50%)	131	12.5%	67	12.9%	813	89.2%
Severely cost burdened (over 50%)	825	78.9%	421	81.3%	74	8.1%
Total households	**1,045**	**100%**	**518**	**100%**	**911**	**100%**

Mount Prospect	$50,000 - $74,999		$75,000 - $99,999		$100,000 and more	
	Count	Percent	Count	Percent	Count	Percent
Not cost burdened (less than 30%)	815	62.3%	622	77.2%	1,697	99.2%
Cost burdened (30%-50%)	480	36.7%	184	22.8%	13	0.8%

Severely cost burdened (over 50%)	14	1.1%	0	0%	0	0%
Total households	**1,309**	**100%**	**806**	**100%**	**1,710**	**100%**

*Source: 2019-2023 American Community Survey five-year estimates. B25074 - Gross rent as a percentage of household income in the past 12 months. *A cost burdened household spends more than 30 percent of their income on housing costs. A household experiencing adverse cost burden pays more than 50 percent of their income on housing costs.*

As shown in the above tables, while 3,277 (52%) of Mount Prospect renters in 2023 were not cost burdened, the burden falls disproportionately on lower-income households. Among sampled households earning less than $35,000 annually, approximately 1,246 are severely cost burdened, spending over 50% of their income on housing. This severe cost burden drastically reduces to 8.1% and below when annual income climbs above $35,000; however, a significant percentage remain cost-burdened. For those making $35,000-$49,999, 887 households are cost-burdened, while 678 households earning $50,000-$99,000 face cost burdens of 22.8-36.7%.

In the surrounding area, Palatine, IL renter-occupied households that are cost-burdened remain at similar levels (50.2%), while Arlington Heights, IL shows lower rates (39.6%.)[32] Mount Prospect renters have higher amounts of cost-burden compared to these areas.

This data validates focus group findings and reveals how housing affordability creates cascading challenges. Residents forced to allocate 50-80% of income to rent have minimal resources remaining for healthcare, nutritious food, transportation, or emergency savings. This financial strain correlates with higher rates of uninsurance, untreated mental health conditions, and other health disparities, creating interconnected barriers that trap lower-income households in cycles of instability.[33]

FOCUS GROUP & STAKEHOLDER INSIGHTS:

Focus group participants consistently linked housing costs to service access barriers. "*Housing prices are ridiculous right now—families are being priced out,*" one participant explained, while another revealed the hidden consequences: "*There are six people in one apartment—it's all we can afford.*" This overcrowding creates additional challenges, including lack of private space for telehealth appointments, difficulty completing homework, and increased family stress.

The most common housing-related challenges reported by participants were: limited affordable options for families, long waitlists for subsidized housing, housing insecurity affecting child development and education, and challenges finding suitable housing for larger families.

[32] Institute for Housing Studies at DePaul University. (n.d.). Institute for Housing Studies. https://www.housingstudies.org/

[33] Opia, F. N., Peterson–Sgro, K., Gabriel, O. J., Kaya, P. B., Ajayi, S. A.-O., Akinwale, O. J., & Inalegwu, J. E. (2025). *Housing instability and mental health among low-income minorities: Insights from Illinois BRFSS data. World Journal of Advanced Research and Reviews*, 25(1), 2391–2401. https://doi.org/10.30574/wjarr.2025.25.1.0213

A large portion of stakeholders (94.44%) reported that current housing support services are not sufficient for the level of need in Mount Prospect.

"Housing is a huge issue. Because of inflation seniors especially are now using food pantries cause they cant afford anything." - Stakeholder

The most common gaps that stakeholders identified in housing support services were:

- Limited rental assistance programs for crisis prevention
- Insufficient affordable housing options for seniors on fixed incomes
- Barriers for immigrant families seeking housing (documentation requirements, language barriers)
- Need for supportive housing for those with mental health challenges

Despite these pressures, participants revealed deep connections to Mount Prospect, with several mentioning they endure high housing costs specifically because of community support available across various organizations, such as the CCC.

BOARD MEMBER PERSPECTIVES:

Board members acknowledged that housing affordability is a complex challenge requiring multiple approaches:

"We've experienced downtown economic growth, particularly in apartment developments...but limited low-income residences in these buildings." ***- Village Board Member***

The intersection of housing challenges with other identified barriers creates compounding difficulties for many Mount Prospect residents.

Key Takeaway: Housing Affordability

Housing affordability creates a foundational challenge that undermines residents' ability to access other services throughout Mount Prospect. With median home values at **$377,000** and median rent at **$1,454,** housing costs consume disproportionate shares of household income. Nearly half (48%) of renters experience cost burden, with those earning under **$35,000** annually facing severe burden rates of **78.9-81.3%**. When housing consumes over half of household income, families have minimal resources remaining for healthcare, transportation, nutritious food, or emergency savings.

These five interconnected themes—transportation barriers, awareness challenges, population-specific service gaps, healthcare access, and housing affordability—create compound disadvantages for Mount Prospect's most vulnerable residents. Addressing these systemic challenges requires coordinated responses across multiple organizations and sectors. The following section examines how the Community Connections Center specifically addresses these broader challenges and opportunities for expansion.

VI. COMMUNITY CONNECTIONS CENTER EXPANSION

While Section V examined community-wide challenges affecting service access throughout Mount Prospect, this section focuses specifically on the Community Connections Center—its current operations, community perceptions, and expansion opportunities. Similarly, through analysis of survey data, insights from focus group participants, and perspectives from stakeholders, clear patterns emerge about the CCC's unique role and potential for growth.

Current Utilization and Awareness

The Community Connections Center operates from a 3,600 square foot facility at 1711 W. Algonquin Road, housing both Human Services Department services and the Mount Prospect Public Library South Branch. With extended hours until 7:30pm weekdays and library services available Saturdays 11am-3pm, the CCC accommodates working families who cannot access services during traditional business hours.

The Human Services Department operates with a mission to "improve the health and wellbeing of the people and community we serve through the provision of nursing and social services." The department's 12 staff members include seven social workers distributed across three strategic locations: the Community Connections Center, Village Hall in central Mount Prospect, and the Police Department. This geographic distribution ensures coverage across the village, though transportation barriers still affect access between regions.

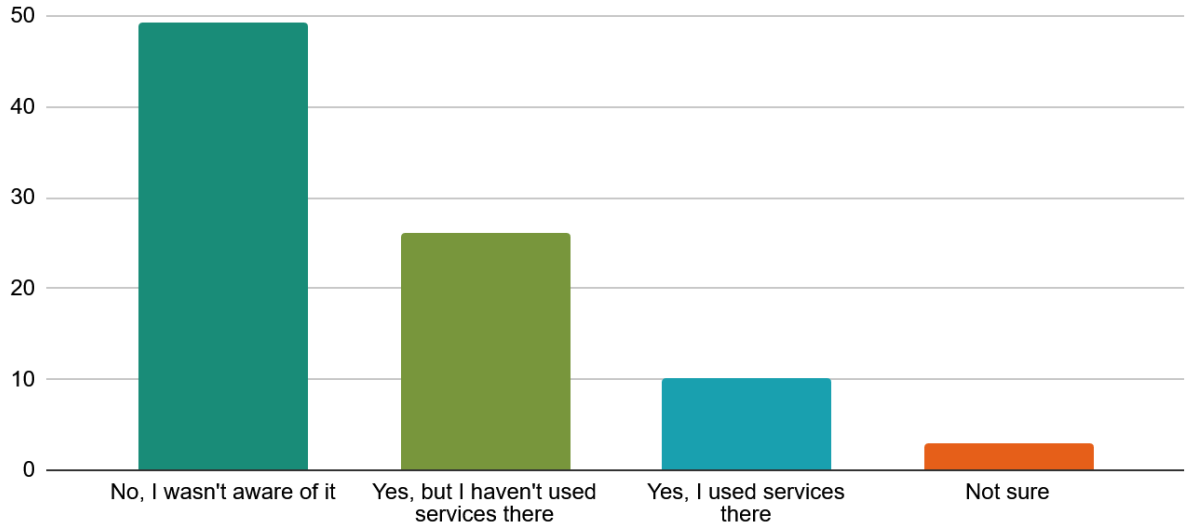
The CCC distinguishes itself through several key features: bilingual professionals (with seven staff members bilingual/bicultural in English/Spanish, and staff that speak Serbian and German), no waitlists for services, comprehensive language access through interpretation services for languages beyond English and Spanish, and staff trained in cultural humility and trauma-informed care as part of licensing requirements.

Services provided include information and referral, case management and advocacy, crisis intervention, benefit application assistance (including Medicaid, SNAP, Medicare Part D), emergency financial assistance, food pantry services, holiday programs, and group programming such as Play and Learn. However, the food pantry at the CCC can only offer pre-packed bags versus the client shop model at Village Hall. Specialized staff roles ensure comprehensive coverage: police social workers assist with crime victim advocacy and mental health calls; a senior services social worker supports aging adults and their families; community social workers oversee emergency assistance programs; a public health nurse provides health screenings and education; and a recently added senior activities coordinator addresses social isolation through programming at Village Hall and partner locations. The CCC also hosts a Community Services Officer from the Mount Prospect Police Department for civil matters and non-criminal reports. This year, the CCC and the police department have partnered to have a police officer hold office hours at the Community Connection Center once a week.

SURVEY FINDINGS:

Despite these established services and the CCC's 16-year presence in the community, awareness remains limited. Nearly half (49.4%) of survey respondents were unaware of Human Services services at the CCC, while 26.39% were not aware of library services at the South Branch. No data was collected on service use at the main branch. For more information on library services, see the section for Figure 18.

Figure 14. Q8: "Are you aware of services available through the Human Services Department at the Community Connections Center?"



Awareness by Geographic Region: In Central Mount Prospect, 20.7% were unaware of the CCC, compared to 19.4% in North and only 7.4% in South Mount Prospect. However, approximately 55-56% of responses within each regional category selected "*No, I wasn't aware*." This indicates that residents in the CCC's immediate service area have the same lack of awareness across regions, despite the CCC being based in the South region.

Approximately 20.21% of South residents confirmed the use of services within their category, compared to 10.42% of Central responses and 8.64% of North responses, showing that South residents utilized CCC services roughly twice the amount, despite recording the same percentage of awareness. This can indicate a greater need or want for services in the South region. Additionally, there are lower rates of responses for awareness in the South region, potentially indicating that there may be a significant amount of missed responses or a too-small sample size for regional comparisons.

Table 19. Awareness of CCC Services by Region (Q8). *"Not Sure"* and *"Non-Resident"* responses are excluded.

Awareness Level	Central Counts	Central (%)	North Counts	North (%)	South Counts	South (%)	Total
No, I wasn't aware	145	20.68%	136	19.40%	52	7.42%	49.36%
Yes, but haven't used services	79	11.27%	78	11.13%	20	2.85%	26.11%
Yes, I used services	27	3.85%	21	3.00%	19	2.71%	10.13%
Not sure	8	1.14%	8	1.14%	3	0.43%	3.00%
Total	**259**	**41.80%**	**243**	**38.09%**	**94**	**14.84%**	**100%**

Table 20. Awareness of CCC Services by Language (Q8).

Awareness Level	English	Spanish	Polish	Other	Korean	Russian	Total
No, I wasn't aware	38.37%	6.70%	1.85%	1.85%	0.43%	0.14%	49.36%
Yes, but haven't used services	20.97%	3.28%	1.00%	0.57%	0.14%	0.14%	26.11%
Yes, I used services	4.42%	5.14%	0.00%	0.29%	0.14%	0.14%	10.13%
Not sure	2.57%	0.14%	0.29%	0.00%	0.00%	0.00%	3.00%
Total	**74.32%**	**17.83%**	**3.28%**	**3.14%**	**0.86%**	**0.57%**	**100%**

Awareness by Age: The survey revealed that awareness of CCC services varied significantly by age: seniors (65+) had the highest awareness but lower utilization (9.7% aware but hadn't used services); working adults (35-44) had the highest utilization of services (3.3%); young adults (25-34) had the lowest awareness overall (4.1% unaware).

Awareness by Language Group: Spanish speakers show higher service utilization rates (5.14%) compared to English speakers (4.42%), suggesting the CCC's bilingual services effectively reach this population when awareness exists.

FOCUS GROUP & STAKEHOLDER INSIGHTS:

The confusion extends beyond simple awareness. Focus group participants revealed misunderstandings about the CCC's purpose and accessibility. One participant living nearby admitted: "I thought it was for village staff only," while others mentioned confusion with another facility in town sharing the "CCC" acronym or the CCC nickname “The Center.” These branding challenges compound the geographic barriers, as residents from Central and North Mount Prospect may not only be unaware of services but fundamentally misunderstand who the CCC serves.

While the CCC currently operates until 7:30pm weekdays—addressing evening access better than many municipal services—several participants consistently expressed a need for weekend hours to accommodate working families who cannot take time off during the week.

However, many participants who use CCC services praised CCC’s strengths:

"It's a safe space. When we don't know where to go, this is where we come."
- CCC focus group participant

"The staff here understand us. Not just our language, but where we're coming from."
- CCC focus group participant

This cultural competency resonates deeply with residents. As one focus group participant explained when discussing their experience at the CCC: "We need people who speak the language but also understand the culture and where we're coming from." Multiple participants echoed this sentiment, describing how staff at the CCC provide both linguistic and cultural understanding that makes them feel welcomed and understood.

Still, stakeholders noted areas for improvement. Such as, that the CCC "lacks a strong community identity" with confusion about who in the village the CCC serves and what it offers. Recommendations included clearer branding, multilingual signage, and partnerships with trusted community organizations to increase visibility through co-branding efforts with schools, faith groups, and healthcare providers.

BOARD MEMBER PERSPECTIVES:

Board members acknowledged both the value of existing services and the need for better communication:

***"They have staff that speak three languages...we do have evening hours."* - Village Board Member**

"There is kind of this perception, right, that certain people, certain types of people come to the [CCC]." - Village Board Member

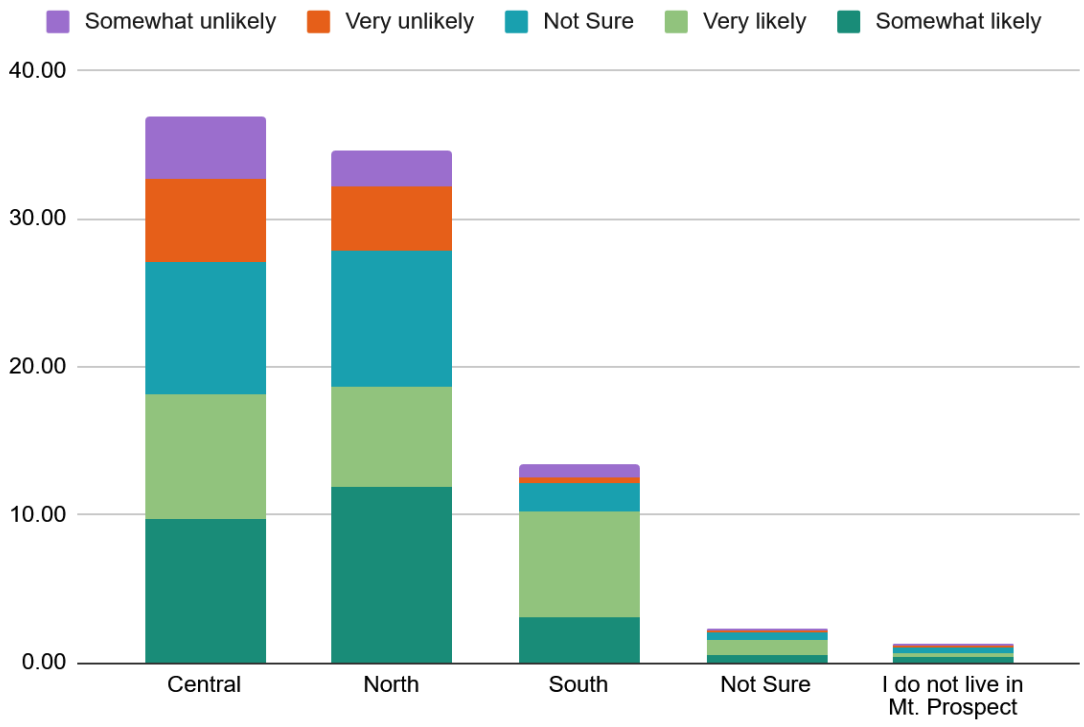
Additionally, while the CCC provides bilingual services, board members recognized the need for expanded language access and diversity in communication methods to reach all residents throughout the village.

Interest in Expanded Services

SURVEY FINDINGS:

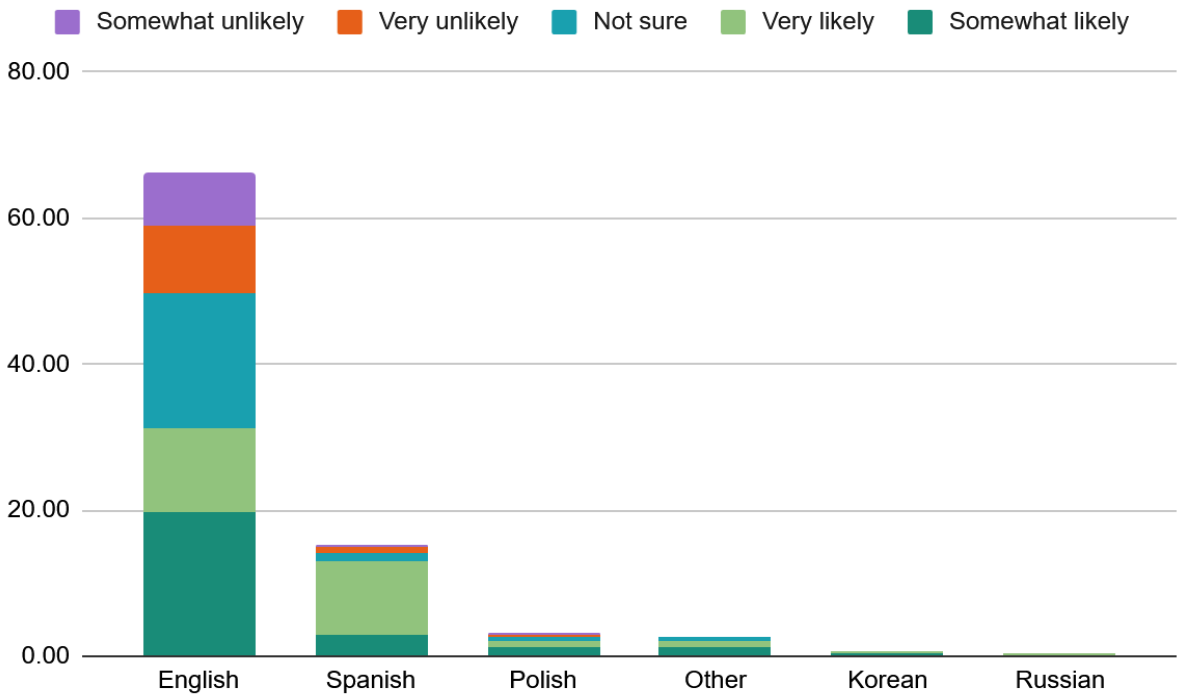
Survey responses showed strong interest in an expanded Community Connections Center, with 49.4% of respondents likely to use such a facility (25.7% somewhat likely, 23.7% very likely). Only 18.6% indicated they would be unlikely to use an expanded CCC, while 20.7% were unsure.

Figure 15. Interest in Expanded Community Connections Center by Region.



Geographic Patterns of Interest: Interest in an expanded CCC was consistent across regions. South Mount Prospect residents especially showed strong enthusiasm, with 10.3% indicating they would be 'very likely' and ‘somewhat likely’ to use such a facility.

Figure 16. Interest in Expanded Community Connections Center by Language Group.



Interest by Language Group: The strong interest in expansion (49.4% likely to use) gains additional meaning when analyzed by demographics. Spanish speakers demonstrated disproportionately high interest, with 13.0% reporting they would be "very likely" or "somewhat likely" to use an expanded CCC—significantly exceeding their 17.8% survey representation. This enthusiasm from Spanish-speaking residents suggests the CCC's bilingual services and cultural competency create trust that drives utilization. Additionally, bilingual respondents also showed strong interest, with 11.4% reporting "very likely" and "somewhat likely” to use an expanded CCC.

FOCUS GROUP & STAKEHOLDER INSIGHTS:

The CCC's value as a community anchor became strikingly evident during focus groups, when participants discussed the intersection of housing costs and community resources. Despite Mount Prospect's high median rent, which creates a severe cost burden for renters, multiple participants explicitly stated they remain in the community because of the support they receive.

In a particularly moving exchange at the Community Connections Center focus group, participants discussed this trade-off: "*The rent is really high, but we stay because we get the services we need here—especially at the [CCC] where they understand us and help us,*" one participant explained.

Others nodded in agreement, with another adding: "*They treat us with respect here. Not like other places where you feel judged.*" A third participant summarized: "*Where else would we go and find this kind of help?*"

This sentiment, choosing to endure housing cost burden specifically to maintain access to trusted services, illustrates how the CCC functions as more than a service provider. It serves as a stabilizing force that helps retain Mount Prospect's diversity despite economic pressures.

In addition, stakeholders unanimously supported expansion and viewed the CCC as an ideal platform for multi-service delivery. Several emphasized that new programs should reflect unmet community needs like trauma-informed care, affordable mental health support, and workforce development.

"There's an opportunity to make the CCC a one-stop shop. We just have to be intentional about the programming." - Stakeholder

BOARD MEMBER PERSPECTIVES:

Board members recognized the need for expansion while considering fiscal responsibility:

"*Our capacity is at capacity...without data to back that up and potentially without a larger [CCC] to be able to back up the need of expanding staff.*" ***- Village Board Member***

Desired Services and Programs

SURVEY FINDINGS:

When asked about services they would most want to see in an expanded Community Connections Center, respondents prioritized:

Table 21. Desired Services for an Expanded Community Connections Center (Q11). Multiple Choice.

Service Category	Counts	Percent
Youth programs	270	38.52%
Senior programs	259	36.95%
Library services	241	34.38%
Health services	230	32.81%
Mental health/Substance use services	194	27.67%
Basic needs	190	27.10%
Job training/employment assistance	187	26.68%
Meeting spaces	184	26.25%

Legal aid	181	25.82%
Police services	106	15.12%
Total	**2,042**	**100.0%**

The prioritization of youth and senior programs reflects the service gaps identified in Section V, where stakeholders consistently noted the absence of teen-specific spaces and growing isolation among seniors. The high interest in library services despite low current utilization by survey respondents suggests significant untapped potential for the library partnership. Mental health services ranking fifth may reflect both stigma and lack of awareness about existing services rather than low need, given that 80% of stakeholders identified mental health as largely inaccessible in the community.

Regional Priorities varied slightly by geographic region, as shown below:

- Central residents prioritized senior programs (16.7%) and youth programs (16.6%)
- North residents prioritized youth programs (14.4%) and senior programs (13.8%)
- South residents prioritized health services (6.4%) and youth programs (6.1%)

Stratified survey results for library services respondents most want to see in an expanded Community Connections Center indicate that less respondents in North (32.96%) and Central (34.47%) regions want expanded library services, compared to the South region (42.30%).

Age-Based Program Preferences:

- Seniors (65+) strongly preferred senior programs (15.7%)
- Working adults (35-44) prioritized youth programs (15.1%)
- Middle-aged adults (45-54) prioritized youth programs (8.6%)
- Older adults (55-64) prioritized senior programs (9.4%)
- Young adults (25-34) prioritized youth programs (4.1%)
- 18-24 age group prioritized legal aid (0.9%)

Language Group Priorities:

- English speakers most strongly preferred senior programs (30.8%)
- Spanish speakers prioritized youth programs (9.3%)
- Polish speakers prioritized youth programs (1.6%)
- Korean speakers prioritized legal aid (0.4%)
- Russian speakers prioritized job training and employment assistance (0.3%)
- Bilingual speakers prioritized youth programs (8.8%)

Write-in responses suggested additional services: "Classes, meet the mayor, police precinct meetings", Art programs/exhibitions, "Self improvement space / Home maintenance workshops", Early childhood programs, "Mommy and Me Classes/groups", "Services for adults and children with disabilities", "Social opportunities for disabled and autistic adults" and income tax assistance.

FOCUS GROUP & STAKEHOLDER INSIGHTS:

Across focus groups, participants expressed appreciation for the CCC's existing services while describing additional services they would like to see offered or expanded:

- Mental health support (especially in languages other than English)
- Arts and cultural programming
- Legal and housing navigation
- Technology support for seniors
- Early childhood development and parenting classes

"More bilingual services would help a lot. Even just having someone explain things clearly in your language makes a difference." ***- Focus group participant***

"There should be programs for people who are new—how to access healthcare, jobs, schools."
- Focus group participant

Residents also called for creative uses of space, such as: "Mommy and Me" play areas, private offices for sensitive services, and computer labs and printer access. Several participants echoed points on supporting young people.

"The kids need somewhere to go while we get help—just a play area or homework corner would make a big difference." ***- Focus group participant***

Stakeholders stated similar service needs and stressed the importance of being responsive to emerging trends. They identified opportunities for arts, financial literacy, wellness programs, and disability support.

"There's also a need for creative programming—art therapy, music classes, something to engage people beyond just services." ***- Stakeholder***

BOARD MEMBER PERSPECTIVES:

Board members recognized specific expanded programming and infrastructure needs:

"A teen centric area would also be helpful, because there's not really a space like that in town either." ***- Village Board Member***

"Medical, dedicated medical space, which I don't think that we have there. I know we have social worker offices, but I don't know that the nurse has an office there. To have more of a presence for that at the new [CCC] would be good as well." ***- Village Board Member***

Access and Scheduling Preferences

SURVEY FINDINGS:

The CCC currently operates with extended evening hours specifically to accommodate working residents, with the library portion open Saturdays 11am-3pm. Regarding when they would be most likely to use Community Connections Center services, survey respondents clearly preferred weekends, followed by weekday evenings, weekday afternoons, and weekday mornings, respectively.

Figure 17. Q12: "When would you be most likely to use Community Connections Center services?"

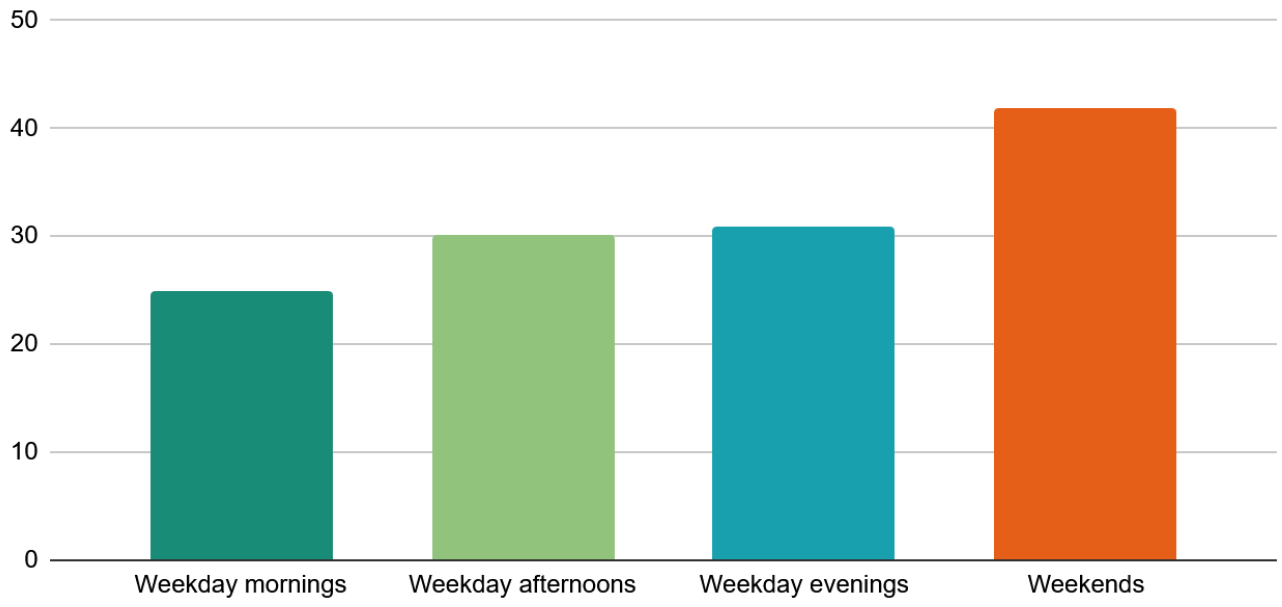


Table 22. Preferred Service Times by Region (Q12).

Time Preference	Central	North	South	Not Sure	Non-Resident	Total
Weekday mornings	9.70%	9.70%	3.85%	1.00%	0.71%	24.96%
Weekday afternoons	11.98%	11.13%	5.56%	1.00%	0.43%	30.10%
Weekday evenings	12.70%	11.41%	5.71%	0.71%	0.29%	30.81%
Weekends	15.98%	16.55%	7.13%	1.43%	0.71%	41.80%

Geographic Differences in Access Needs: Preference for non-traditional service hours was consistent across geographic regions, with weekends being the top choice for Central (16.0%), North (16.6%), and South (7.1%) Mount Prospect residents.

Age Group significantly influenced scheduling preferences:

- Seniors (65+) preferred weekday afternoons (12.0%), unlike all other age groups
- Working adults (35-44) strongly preferred weekends (14.0%)
- Middle-aged adults (45-54) also preferred weekends (9.8%)
- Young adults (25-34) showed the strongest preference for weekday evenings relative to their survey representation

Table 23. Awareness of Human Services by Access and Scheduling Preferences (Q8 x Q12).

Human Services Awareness	Weekends Count	Weekends %	Weekday Evenings Count	Weekday Evenings %	Weekday Afternoons Count	Weekday Afternoons %	Weekday Mornings Count	Weekday Mornings %
No, I wasn't aware of it	196	68.29%	133	62.44%	90	43.90%	81	46.29%
Not sure	5	1.74%	6	2.82%	7	3.41%	7	4.00%
Yes, but I haven't used services there	65	22.65%	53	24.88%	68	33.17%	53	30.29%
Yes, I use services there	21	7.32%	21	9.86%	40	19.51%	34	19.43%
Total	**287**	**100%**	**213**	**100%**	**205**	**100%**	**175**	**100%**

Table 24. Awareness of Library Services by Access and Scheduling Preferences (Q9 x Q12).

Library Services Awareness	Weekends Count	Weekends %	Weekday Evenings Count	Weekday Evenings %	Weekday Afternoons Count	Weekday Afternoons %	Weekday Mornings Count	Weekday Mornings %
No, I wasn't aware of it	107	37.28%	71	33.33%	50	24.39%	45	25.71%
Not sure	7	2.44%	9	4.23%	7	3.41%	5	2.86%
Yes, but I haven't used services there	116	40.42%	89	41.78%	84	40.98%	67	38.29%
Yes, I use services there	57	19.86%	44	20.66%	64	31.22%	58	33.14%
Total	**287**	**100%**	**213**	**100%**	**205**	**100%**	**175**	**100%**

For human services, those who were *not aware* and *not sure* preferred weekends (68.29%). Those who said *“Yes, but I haven't used services there,”* preferred weekday afternoons at 33.17%. Those who said *“Yes, I use services there,”* preferred weekday afternoons at 19.51%, slightly more than weekday mornings at 19.43%. For library services, those who were *not aware* and *not sure* preferred weekends (39.72%). Those who said *“Yes, but I haven't used services there,”* preferred weekday evenings at 41.78%. Those who said *“Yes, I use services there,”* preferred weekday mornings at 33.14%.

Unaware respondents seemed to prefer weekends, while those who already used library and human services preferred weekday mornings and weekday afternoons. Those who were aware, but did not use services, preferred weekday afternoons for human services and weekday evenings for library services.

FOCUS GROUP & STAKEHOLDER INSIGHTS:

Residents acknowledged and appreciated current evening hours while expressing interest in additional weekend options:

"Saturday workshops would be better for families." - John Jay Elementary participant

Participants also suggested decentralized service delivery, with CCC staff visiting key community hubs to provide rotating services:

"Bring programs to where people are, like schools or apartment buildings." ***- Mount Prospect Greens participant***

Some residents suggested expanding the CCC's reach by offering some services at satellite locations throughout the village, particularly in North Mount Prospect where transportation barriers limit access to the current CCC.

Physical Space Considerations

The current facility's 3,600 square feet creates cascading limitations that directly impact service quality and accessibility. This constrained space—shared equally between Human Services and the Library—forces operational compromises that undermine the CCC’s mission.

Staff describe daily challenges: "We can only run one program at a time," limiting the CCC’s ability to serve diverse populations simultaneously. "If parenting classes run in the main room, seniors cannot gather for social activities," a focus group participant commented. When the library hosts children's programming, adults seeking quiet computer access must wait. These scheduling conflicts force residents to make multiple trips, exacerbating transportation barriers identified in Section V.

At least one community member expressed privacy concerns that extend beyond scheduling. Social workers meet with families in small offices along a hallway, with one staff member noting: "There's barely room when parents bring their children." The absence of a dedicated counseling room compromises confidentiality for sensitive discussions about domestic violence, mental health, or financial crises. Unlike Village Hall's client-choice food pantry where residents select items maintaining dignity and cultural preferences, space constraints at the CCC permit only pre-packed bags—a limitation that particularly impacts the diverse dietary needs of the CCC’s multicultural clientele.

FOCUS GROUP & STAKEHOLDER INSIGHTS:

Focus group participants identified specific space-related challenges:

The current design feels institutional rather than welcoming. That first wall you see when you walk in creates a barrier." ***- Focus group participant***

Desired features included:

- **Welcoming design:** Open, bright spaces with cultural elements reflecting community diversity
- **Flexible programming areas:** Multi-purpose rooms that can accommodate different group sizes and activities
- **Technology resources:** Updated computer lab, internet access, and telehealth capabilities
- **Child-friendly elements:** Play areas where children can safely engage while parents access services
- **Private consultation spaces:** Soundproof offices for confidential conversations
- **Community gathering spaces:** Areas that foster connection and relationship-building

BOARD MEMBER PERSPECTIVES:

A key consideration is whether expansion should occur at the current site or in a new location. Board members noted the potential need to relocate:

"I personally think in order to expand these services and grow that facility. We need to go somewhere else... you know, maybe for the village to acquire, to put up a new connection center, or maybe look at, you know, maybe some of the facilities that are here to do an adaptive reuse of that property with bigger square footage, new layout so these services can be expanded."
- Village Board Member

"It definitely needs to stay somewhere where they're at or east of where they're at right now, so they could continue the work that they're doing for this, this end of the village." ***- Village Board Member***

The current facility's limitations constrain not only the range of services offered, but also the CCC's ability to serve as a community hub. An expanded or relocated facility could address multiple barriers identified in this assessment, including transportation challenges, accessibility concerns, and the need for diverse programming spaces.

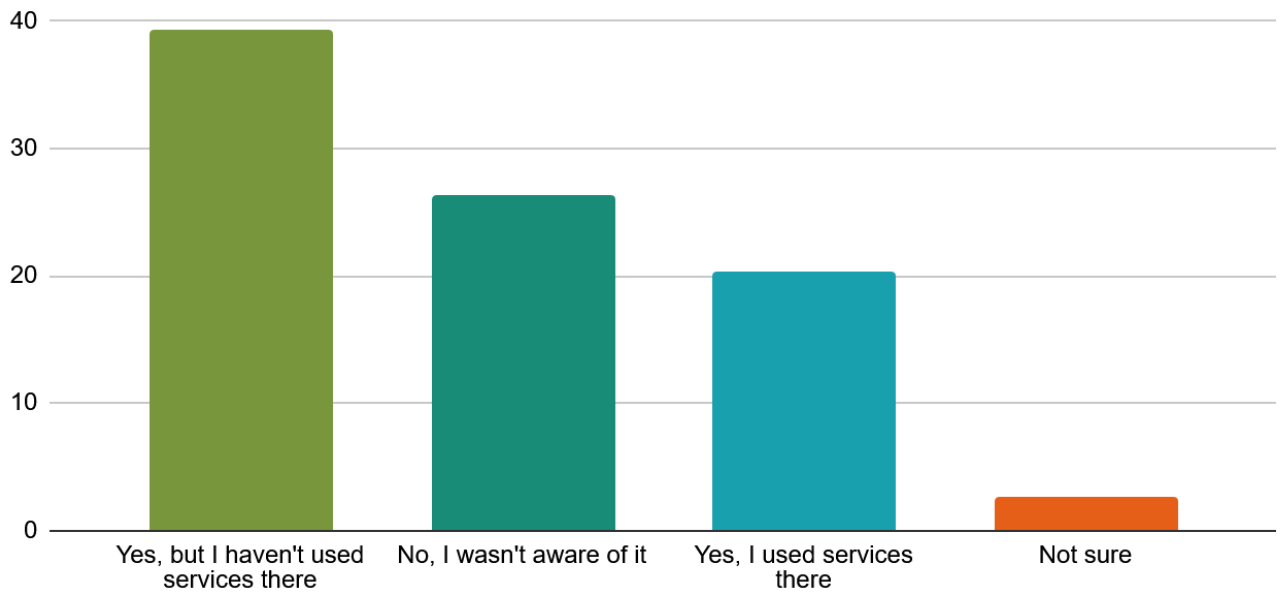
Library Partnership and Co-Expansion Needs

The Mount Prospect Public Library South Branch represents more than a co-located service, it functions as an equal partner sharing both space and mission with Human Services. This unique 50/50 partnership, established when the CCC opened in 2009, creates synergies that distinguish Mount Prospect's service model. However, current space constraints limit both partners' ability to fully serve the community.

SURVEY FINDINGS:

Library services ranked third among desired services for an expanded CCC (34.38%), yet awareness remains surprisingly low. Only 20.3% of survey respondents had actually used library services at the South Branch, while 26.4% were completely unaware of its existence and 39.4% knew about it but had never visited. The disconnect between high interest (34.38% want library services) and low utilization (20.3% have used them) represents both a challenge and an opportunity. This disconnect potentially stems from respondents wanting additional improvements in programming before increasing library utilization, as the survey question on "What services would you most want to see in an expanded Community Connections Center?" placed third (34.38%), below youth and senior programs. Additionally, this disconnect can stem from discrepancies between demographics and skipped responses, as the option "Yes, but I haven't used services there," revealed 228 English-speaking responses (32.52%) compared to 25 responses (3.57%) for Spanish-speakers. A larger sample size of respondents or required questioning may limit this discrepancy.

Figure 18. Q9: "Are you aware of library services at the Mount Prospect Public Library South Branch at the Community Connections Center?"



Demographic patterns mirror CCC awareness:

- South Mount Prospect residents reported higher utilization (4.56% had used services) compared to their overall survey representation (14.84%), showing stronger engagement with the library branch in their area. Additionally, stratified survey results for library services indicate that less respondents in North (32.96%) and Central (34.47%) regions want expanded library services, compared to the South region (42.30%).
- Spanish speakers reported lower library usage (8.4%) compared to English speakers (10.1%), despite the library's multilingual collection
- Bilingual residents were most likely to use library services, suggesting the value of culturally diverse materials

Table 25. Awareness of South Library Services by Region (Q9). *"Not Sure"* and *"Non-Resident"* responses are excluded.

Awareness Level	Central Counts	Central (%)	North Counts	North (%)	South Counts	South (%)	Total
Yes, but I haven't used services there	121	17.26%	110	15.69%	38	5.42%	269
Yes, but haven't used services there	79	11.27%	76	10.84%	22	3.14%	177
Yes, I used services	54	7.70%	49	6.99%	32	4.56%	135
Not sure	5	0.71%	8	1.14%	2	0.29%	15
Total	**259**	**41.80%**	**243**	**38.09%**	**94**	**14.84%**	**100%**

FOCUS GROUP & STAKEHOLDER INSIGHTS:

Focus group participants who use the South Branch praised its unique offerings:

"The library here has books in our languages - Polish, Spanish. My kids can read stories from our culture." - ***Focus group participant***

This multilingual collection serves Mount Prospect's diverse population in ways the main library cannot fully replicate, yet space limitations prevent expanding these culturally relevant resources. Furthermore, it limits the organizations' capacity. A staff member also noted: "*We can't do story time and computer classes at the same time. There's just one room.*"

The library's contributions extend beyond books. As noted in stakeholder interviews, the South Branch provides:

- Multilingual collections in Spanish, Polish, Korean, and other languages
- Critical computer and internet access for job searches and benefit applications
- Homework help and educational support for youth
- Meeting space for community groups (when available)
- Cultural programming that celebrates Mount Prospect's diversity

Community members identified how an expanded facility would enable transformative improvements for both partners:

- **Dedicated spaces**: Separate areas for quiet study, computer use, children's activities, and group programs
- **Enhanced technology**: Additional computer workstations to meet growing demand for digital literacy and job search assistance
- **Expanded collections**: Space for growing multilingual materials and culturally relevant resources
- **Coordinated programming**: Joint Human Services-Library initiatives for family literacy, citizenship preparation, and workforce development
- **Teen spaces**: Dedicated areas for homework, socializing, and age-appropriate programming

- **Community meeting rooms**: Bookable spaces for resident use, addressing a critical gap in South Mount Prospect

BOARD MEMBER PERSPECTIVES:

Board members recognized the library's constrained potential:

"*The library space right now in the connection center is very small...there's not any meeting rooms or places where kids can work on projects or just meet up and hang out.*" ***- Village Board Member***

The library's role as a "third place"—neither home nor work—makes it essential for community building. As one stakeholder noted: "*The library brings people in who might not come for social services*", making it a softer entry point for other services.

Maintaining and strengthening this partnership in any expansion ensures the CCC continues to serve as a comprehensive community hub rather than a social service center. The library's educational mission complements Human Services' support mission, creating a holistic approach to community wellbeing that distinguishes Mount Prospect's model from traditional service delivery.

Service Coordination and Integration

Beyond physical expansion, focus group participants and stakeholders envision the CCC evolving into a hub for integrated service delivery. This vision builds on the CCC's established strengths—bilingual staff, evening hours, community trust—while addressing the service fragmentation identified throughout Mount Prospect's support systems.

FOCUS GROUP & STAKEHOLDER INSIGHTS:

The need for better coordination emerged consistently across data collection methods. Among 27 stakeholders interviewed, multiple organizations expressed frustration with the current fragmented landscape. A school district representative captured this challenge: "*The network of organizations would be better if there isn't a lot of overlap and they can better understand what other groups are working on.*" This comment reflects not criticism of any single organization but recognition that Mount Prospect's residents must navigate multiple, disconnected systems (townships, healthcare providers, schools, and social services) with no clear roadmap.

Focus group participants experienced this fragmentation firsthand. "*There are lots of programs, but no one knows what's where. A central place that helps navigate it all would be great,*" one participant explained. Another added specific frustration about geographic barriers: "*For the parks district there is a North/South divide, lack of information sharing.*" These comments suggest the CCC could expand its information and referral role to become a more comprehensive access hub.

The vision for integrated services at the CCC extends beyond simple co-location. Participants imagined a space where services flow seamlessly—where a parent attending English classes could access childcare, job training, and health screenings in one visit. This "no wrong door" approach would transform the current system where, as one stakeholder noted, "residents have to tell their story multiple times to multiple agencies."

The Partners for Our Communities (POC) emerged independently in all five focus groups as an aspirational model. Participants didn't simply admire its size but rather its comprehensive approach to service integration. As one participant explained: "*At Palatine, you can get help with so many things in one place—the library, health services, education, legal help. And everyone works together.*" This recurring reference—unprompted and consistent across diverse groups—is a clear sign of community readiness for a similar integrated approach in Mount Prospect.

BOARD MEMBER PERSPECTIVES:

The Community Connections Center was strategically located in South Mount Prospect to address some of these transportation challenges, with evening hours designed to accommodate working residents. However, board members emphasized geographic equity, noting that transportation barriers still affect residents' ability to access services throughout the village, particularly those needing to travel between different regions of Mount Prospect:

"We need to make sure North Mount Prospect isn't overlooked—it often gets less attention."
- Village Board Member

"A significant portion of Mount Prospect falls within Elk Grove Township jurisdiction, creating coordination challenges that need to be addressed." ***- Village Board Member***

Financial sustainability also emerged as a key consideration. Board members suggested that partnerships could "offset some of that cost" of expansion while achieving community benefit. The current lease arrangement, where the library contributes to monthly payments, provides a model that could expand to include other partners. As one board member noted, this approach addresses both fiscal responsibility and community needs.

Summary, A Vision for Expansion: The data reveals strong community support for expanding the Community Connections Center based on its proven strengths and unique role in Mount Prospect's service landscape. With 49.4% of residents likely to use an expanded CCC—contrasting with 18.6% unlikely to use an expanded CCC—and consistent praise from current users for its culturally competent, accessible approach, the CCC has established itself as a trusted institution particularly vital for South Mount Prospect's diverse population.

The expansion vision that emerged from community input encompasses four key elements:

Physical Space: A larger facility accommodating concurrent programming, private consultation spaces, enhanced library services, and partner organizations—addressing the current 3,600 square foot constraint that limits service delivery.

Service Enhancement: Extended weekend hours complementing current evening access, comprehensive youth and senior programming filling identified gaps, and strengthened mental health services with reduced language barriers.

Strategic Integration: The CCC as an access hub helping residents access services across Mount Prospect's fragmented landscape, with formal partnerships bringing specialized services directly to residents and reducing transportation barriers.

Community Identity: Clear branding and messaging about who the CCC serves, multilingual outreach expanding awareness beyond South Mount Prospect, and welcoming design reflecting the community's cultural diversity.

As one focus group participant summarized: "*This place saved my family."* This sentiment—repeated in various forms across focus groups—captures both the CCC's current impact and its unrealized potential. The following section explores specific partnership opportunities that could help realize this vision while addressing the systemic challenges identified throughout this assessment.

VII. POTENTIAL PARTNERSHIPS AND COLLABORATION

Strategic partnerships represent a critical component for addressing identified service gaps while maximizing existing community resources. The assessment findings indicate that while Mount Prospect has numerous community assets, service fragmentation, limited capacity, and access barriers may prevent many residents from receiving comprehensive support. Partnership development aligns with the CCC's core mission of prevention, support, and linkage to appropriate resources.

Current Partnership Landscape

The Community Connections Center demonstrates successful partnership through its collaboration with the Mount Prospect Public Library. This partnership shares the 3,600 square foot facility, with the library contributing to lease payments while providing multilingual collections, technology access, and educational programming that complements Human Services offerings. This integration allows residents to access multiple services in one trusted location with bilingual staff support.

The Mount Prospect Police Department recently expanded this collaborative model by piloting a police officer presence at the CCC. This partnership brings police services directly to the community in a welcoming environment, addressing safety concerns while building trust with residents who might feel uncomfortable visiting the police station. As one board member noted, this addresses barriers including "language barrier... transportation barrier... and just a comfortability."

While these partnerships demonstrate effective collaboration, the assessment revealed opportunities to expand this model. Many organizations serving Mount Prospect residents operate independently, creating fragmentation that forces residents to navigate multiple systems and locations. Many services have multiple providers because demand exceeds capacity of any single agency. As one stakeholder observed: "If we could achieve it in some way, the network of organizations would be better if there isn't a lot of overlap and they can better understand what other groups are working on." Additionally, the Village's duplication of services report confirmed that having multiple providers offering similar services is necessary because demand exceeds the capacity of any single agency, not because of inefficient overlap. Each agency contributes specialized expertise while serving the high level of community need.

Additionally, as the Village's duplication of services report confirmed, this multiplicity of providers reflects that there is a higher need than there are service providers and agencies available to meet demand, rather than inefficiency.

Township offices serve their jurisdictional areas with limited cross-boundary coordination. Healthcare providers operate independently despite serving overlapping populations. Schools identify families in crisis

but lack clear pathways for comprehensive support. The result is a complex service landscape that even providers struggle to navigate—including residents facing multiple barriers.

Strategic Partnership Vision

Analysis of assessment data reveals four primary areas where partnerships could address documented service gaps:

Healthcare Access Enhancement: 80% of stakeholders reported mental health services as not easily accessible, with particular challenges for Spanish-speaking residents and those with Medicaid coverage. The service area's uninsured rate of 18.42% significantly exceeds the village-wide rate of 10.8%. Survey respondents identified primary care (20.8%), mental health services (13.3%), and dental care (17.3%) as the most difficult services to access.

Transportation Barrier Reduction: 26% of survey respondents have delayed accessing services due to transportation issues. Travel time analysis reveals that accessing key services often requires over one hour via public transportation, with some services requiring over three hours of travel time.

Language Access Expansion: While the CCC currently provides bilingual services with seven staff members who are bilingual/bicultural in English/Spanish and two staff speaking Serbian and German respectively, 42.2% of Mount Prospect residents speak a language other than English at home, rising to 67.35% in the CCC service area. Stakeholders identified growing needs for Ukrainian and Polish interpretation services.

Service Coordination Improvement: Survey findings revealed that 49.4% of respondents remain unaware of CCC offerings despite its 16-year presence in the community, indicating fragmentation in service communication and delivery.

Health Services Partnerships

Healthcare partnerships offer significant potential to address documented access barriers while leveraging existing provider expertise. Northwest Community Hospital's 2024 Community Health Needs Assessment identified priority areas that align closely with gaps documented in this assessment, including behavioral health, chronic disease management, and access to care for underserved populations.

A structured partnership with healthcare providers could establish regular clinic operations at an expanded CCC facility. This model would address transportation barriers by bringing services directly to residents while maintaining providers' clinical expertise. The CCC's role would include providing accessible space, administrative support, and patient navigation assistance. Such partnerships could include diabetes management clinics addressing chronic disease needs, mental health services scheduled during evening hours to accommodate working families, and preventive screenings targeting the significant uninsured population in the service area.

Mental health services represent a particularly critical partnership opportunity. Stakeholders reported months-long wait times for Spanish-speaking mental health providers and limited options for Medicaid patients. Partnerships such as Kenneth Young Center and Elk Grove Township, could expand to include regular therapy services. The co-location model would enable immediate referrals between providers, preventing the client loss that often occurs with traditional referral processes.

Educational Institutional Partnerships

Educational partnerships offer multiple touchpoints for family support while leveraging existing relationships between schools and families. Mount Prospect's five elementary school districts and one high school district provide comprehensive geographic coverage and established trust with diverse populations.

School district collaboration could offer opportunities to address unmet needs. Schools could reciprocate by providing space for after-school programming, parent education classes, and adult learning opportunities. As one school social worker noted: "Schools cannot help with everything, so there really needs to be more tutoring services or a quiet place to study (this could be done at the CCC)."

Adult education partnerships can address the significant language barrier challenges documented in the assessment, such as providing English as a Second Language (ESL) classes. With 16.5% of Mount Prospect residents speaking English less than "very well," English as a Second Language programming represents both an immediate communication need and long-term economic mobility opportunity. Community college partnerships could establish satellite programming at an expanded CCC, eliminating transportation barriers while providing evening and weekend scheduling to accommodate work schedules.

Township Coordination

Mount Prospect's division between Elk Grove Township (serving slightly over half of village residents) and Wheeling Township creates service complexity that coordinated partnerships could address. Both townships provide significant resources including general assistance, emergency financial aid, LIHEAP energy assistance, and senior services, but residents often experience confusion about which township serves their address and what services are available. Additionally, transportation presents a significant barrier for Elk Grove Township residents, as travel time to the township office takes over an hour via public transit.

Coordinated township partnerships could establish regular office hours at an expanded CCC with predictable schedules, eliminating jurisdictional confusion while maintaining each township's specialized expertise. This approach would particularly benefit residents in unincorporated areas served by Elk Grove Township, where the CCC's location provides more accessible service than traveling to the township's Elk Grove Village location. As one board member suggested: "Would the township offer some office hours at the CCC for residents that can't get to the township for services that are specific, like LIHEAP applications... something that we don't offer?"

Community Organization Integration

The assessment identified numerous specialized organizations serving Mount Prospect residents that could enhance services through strategic collaboration. Organizations such as WINGS, Northwest CASA, Shelter Inc., and the Children's Advocacy Center that provide specialized expertise.

Faith-based and cultural organizations serve as trusted entry points for immigrant communities who may experience concerns about accessing government services. These partnerships could include information dissemination through congregations, space-sharing arrangements for satellite programming, and volunteer coordination. Expanding current legal aid partnerships could address the 25.82% of survey respondents who identified legal services as a priority for an expanded CCC, particularly given stakeholder concerns about immigration enforcement.

Mental health organizations including NAMI and Gateway Foundation, that provide substance abuse treatment, could coordinate services addressing the significant gaps identified throughout the assessment. These partnerships would bring proven programs directly to residents while the CCC provides space, administrative support, and community connections.

Regional Collaboration

Geographic proximity and shared challenges create opportunities for regional partnerships that leverage resources across municipal boundaries. As one board member observed: "We have communities like Arlington that butt up to South Mount Prospect ... they may have some similar social service needs in that area of their community and they don't have a facility to provide services or outreach residents out of."

Regional partnerships could enable sharing of specialist positions such as immigration attorneys across municipalities, coordination of joint programming that attracts resources too large for individual communities, and strengthened grant applications through demonstrated regional impact. This approach acknowledges that community needs extend beyond municipal boundaries, particularly in densely populated suburban areas where residents may live in one community while working or accessing services in another.

Library Partnership Enhancement

The Mount Prospect Public Library's role as a 50/50 partner must expand alongside other collaborative relationships. With 34.38% of survey respondents prioritizing library services in an expanded CCC, enhanced space would enable expanded multilingual collections serving the community's growing linguistic diversity, additional technology workstations addressing digital divide issues documented in the assessment, and dedicated study and meeting spaces for students and community groups.

The library's educational mission complements Human Services' support mission, creating a holistic approach to community wellbeing. Enhanced library space would also address the gap in teen programming identified by stakeholders, where "Parks go up like... ages six to 12... And then where do teens go?" Coordinated programming between Human Services and Library services could include family literacy initiatives, citizenship preparation classes, and workforce development programming.

Implementation Considerations

Successful partnership implementation requires structured governance approaches that respect organizational autonomy while creating integrated service delivery. A limited-time partner agency committee could help guide the process of expanding the CCC, with representation from major stakeholders.

Financial sustainability requires diversified approaches including cost-sharing agreements based on space usage or service volume, joint grant applications leveraging collective impact, and fee-for-service arrangements for occasional space use. As board members noted, partnerships help "offset some of that cost" of expansion while achieving community benefit.

Quality assurance mechanisms should include shared training ensuring cultural competency across all partners, a referral system that assists with coordination, client feedback mechanisms ensuring services remain responsive to community needs, and regular evaluation of partnership effectiveness.

Partnership development aligns with the Village of Mount Prospect Human Services Department's mission to improve "the health and wellbeing of the people and community we serve through the provision of nursing and social services." By leveraging existing community assets while addressing documented barriers, strategic partnerships can enhance service accessibility and effectiveness while respecting fiscal constraints and organizational expertise. This collaborative approach addresses the service fragmentation identified throughout the assessment while building on the successful partnership model already demonstrated through the library collaboration.

VIII. RECOMMENDATIONS

Based on comprehensive community input and assessment findings, the following recommendations address critical service gaps while building on the Community Connections Center's established strengths. These recommendations reflect the priorities identified by 703 survey respondents, 66 focus group participants, and 27 stakeholder interviews, with 49.4% of residents expressing likelihood to use an expanded CCC—contrasting with 18.6% unlikely to use an expanded CCC.

Priority 1: Physical Space Expansion

The Community Connections Center requires expanded physical space to address documented service limitations and meet growing community demand. The current 3,600 square foot facility presents significant operational constraints including the ability to run only one program at a time, limited office space for family consultations, and insufficient space for both Human Services and Library programming to operate simultaneously. A focus group participant also identified privacy concerns with the current office configuration, where sensitive conversations occur in small offices along a hallway with limited soundproofing.

An expanded facility should accommodate multiple concurrent programming activities, provide private consultation spaces for confidential services, include dedicated areas for different age groups particularly teens who currently lack gathering spaces in Mount Prospect, and maintain adequate space for the Mount Prospect Public Library to expand collections and programming as a 50/50 partner. The facility should incorporate technology infrastructure supporting telehealth capabilities and computer access, welcoming design elements reflecting community cultural diversity, and sufficient space for partner organizations to provide on-site services. Additionally, participants expressed interest in green space or a community garden as part of an expanded facility.

Site selection should maintain accessibility to South Mount Prospect residents while potentially improving access for residents throughout the village. As board members noted, expansion may require relocating to accommodate a larger footprint while preserving the CCC’s role serving populations with the greatest transportation and language barriers.

Priority 2: Enhanced Service Delivery

Service enhancements should address documented gaps while maintaining the CCC's core strengths: bilingual staff, extended evening hours, and immediate access without waitlists

Multilingual Service Expansion: With 42.2% of Mount Prospect residents speaking a language other than English at home, rising to 67.35% in the CCC service area, comprehensive language access requires

services in Spanish, Polish, Ukrainian, Korean, and other languages reflecting community demographics. This includes culturally competent service delivery by staff who understand cultural context beyond language translation.

Extended Operating Hours: Survey data shows 41.8% of residents prefer weekend access and 30.8% need weekday evening services. While the CCC currently operates until 7:30pm weekdays for working residents, expanded weekend programming would address barriers for working families unable to access services during traditional hours without income loss.

Youth Programming: 38% of survey respondents prioritized youth services, with stakeholders highlighting the absence of teen-specific spaces in Mount Prospect. The assessment revealed that the CCC currently lacks dedicated youth services or teen center space, a gap that expanded programming would address. Multiple school social workers emphasized that students need quiet study spaces and tutoring support beyond what schools can provide, particularly given increasing educational needs and learning gaps. Programming should include homework support and tutoring services, mental health support for adolescents, job training and workforce development, and safe gathering spaces addressing the gap where park district programming typically serves children through age 12.

Senior Services: With 36.95% of survey respondents prioritizing senior programs, services should address social isolation through structured activities, technology training to reduce digital divide barriers, health monitoring and wellness programming, and intergenerational programming connecting seniors with younger residents. These services address board member concerns about isolated seniors and support aging in place initiatives.

Health and Mental Health Integration: 80% of stakeholders reported mental health services as inaccessible, with particular challenges for Spanish-speaking residents and Medicaid patients. Enhanced programming should include regular health screening clinics, mental health therapy in multiple languages, substance abuse support programming, and preventive health education addressing chronic disease management.

Priority 3: Strategic Partnership Implementation

Partnership development should leverage existing community expertise while addressing documented service fragmentation. Implementation requires formal agreements with healthcare providers, educational institutions, township offices, and community organizations.

Healthcare Partnerships: Establish regular clinic operations through partnerships with Northwest Community Hospital, whose 2024 Community Health Needs Assessment identified behavioral health, chronic disease management, and access to care as priority areas that align with gaps documented in this assessment. Healthcare providers consistently reported months-long wait times for Spanish-speaking mental health services, with particular challenges serving older adults with substance abuse issues who lack Medicare coverage for residential treatment. Additional partnerships with federally qualified health centers and mental health providers would address healthcare access barriers affecting 20.8% of residents who identified primary care as difficult to access and the 18.42% of service area residents without health insurance.

Educational Collaborations: Formalize partnerships with Mount Prospect's five elementary school districts and high school district to create family support touchpoints. Include adult education programming addressing language barriers affecting 16.5% of residents who speak English less than "very well."

Township Coordination: Coordinate with Elk Grove Township and Wheeling Township to provide regular office hours at an expanded CCC, eliminating jurisdictional confusion while maintaining specialized township expertise in areas such as general assistance and energy assistance programming.

Community Organization Integration: Partner with specialized organizations including legal aid providers, mental health organizations, and cultural groups to provide services without duplicating existing expertise.

Priority 4: Access and Outreach Enhancement

Address awareness gaps affecting 49.4% of residents currently unaware of CCC services through comprehensive communication strategies and improved service navigation.

Multilingual Communication: Develop materials in Spanish, Polish, Ukrainian, Korean, and other languages reflecting community demographics. Establish community ambassador programs leveraging trusted resident leaders and maintain presence at cultural events, schools, and faith communities.

Service Navigation: Implement "no wrong door" approach enabling residents to access comprehensive support regardless of entry point. Provide warm handoffs between services ensuring continuity of care and develop comprehensive resource directories in multiple languages.

Transportation Barrier Mitigation: Address transportation challenges affecting 26% of survey respondents. Travel time analysis revealed that twelve key service agencies require 1-2 hours to reach via public transportation, making coordinated service delivery, extended hours reducing need for multiple trips, and exploration of transportation assistance programming in partnership with township offices a priority.

Implementation Framework

Strategic Partnerships: A limited-time partner agency committee that would help guide an expanded CCC with representation from major stakeholders including the Mount Prospect Public Library, healthcare partners, school districts, township offices, and community organizations.

Quality Assurance: Implement shared training ensuring cultural competency across all service providers, establish feedback mechanisms ensuring services remain responsive to community needs, and conduct regular evaluation of program effectiveness and partnership outcomes.

Resource Development: Pursue diversified funding including municipal investment, grant opportunities leveraging collective impact, partnership cost-sharing agreements, and philanthropic support for specific programming initiatives.

Evaluation Metrics: Track service utilization across demographic groups, measure reduction in barriers to service access, assess partnership effectiveness and coordination, and monitor community satisfaction with expanded programming.

These recommendations align with the Village's strategic planning priorities, where Community Connections Center expansion emerged as a consistent goal in recent board discussions and visioning sessions.

Table 26. Implementation Priorities for Community Connections Center Expansion

Area of Focus	Key Elements
Physical Space	• Larger facility with multi-purpose • Private consultation spaces • Dedicated youth and senior areas • Enhanced library space • Green space or community garden
Service Enhancements	• Multilingual services in additional languages • Extended evening and weekend hours • Comprehensive youth and senior programming • Integrated health and mental health services
Strategic Partnerships	• Healthcare providers for co-located services • Educational institutions for learning programs • Township coordination for seamless access • Community organizations for cultural programming
Access & Awareness	• Comprehensive multilingual outreach • "No wrong door" service navigation • Welcoming, culturally inclusive environment

IX. CONCLUSION

This community needs assessment provides the Village of Mount Prospect with comprehensive data to guide decision-making regarding the Community Connections Center's future. The assessment process engaged survey respondents, focus group participants, and stakeholder interviews between February and April 2025, ensuring diverse community perspectives were captured.

Through systematic data collection and analysis, the assessment documented both the CCC's established strengths and areas requiring attention. The findings confirm that after 16 years of operation, the Community Connections Center remains a trusted resource, particularly for South Mount Prospect residents. However, significant barriers limit its effectiveness in serving the broader community.

The assessment identified persistent challenges affecting service delivery: transportation infrastructure that requires hour-long commutes via public transit, awareness gaps affecting nearly half of village residents, insufficient programming for youth and seniors, critical shortages in mental health services, and housing costs that consume disproportionate household income. These barriers compound each other, creating particular hardship for vulnerable populations including uninsured residents, non-English speakers, and working families.

Community input strongly supports expansion, with 49.4% of respondents indicating likelihood to use an enhanced facility, contrasting with 18.6% unlikely to use an expanded CCC. Priority services identified include youth programming, senior services, health and mental health care, job training, and basic needs

assistance. Residents consistently emphasized the need for evening and weekend hours, multilingual services, and accessible locations.

The recommendations address these findings through four strategic priorities: expanding physical space to accommodate concurrent programming, enhancing service delivery with extended hours and targeted programs, developing formal partnerships to leverage community expertise, and improving multilingual communication and service navigation. Implementation requires collaboration among the Village, Mount Prospect Public Library, township offices, healthcare providers, educational institutions, and community organizations. The current facility lease expires in approximately 2 years, creating both urgency and opportunity for strategic planning. The Village of Mount Prospect Human Services Department will lead implementation efforts in coordination with community partners. Success will be measured through service utilization data, barrier reduction metrics, partnership effectiveness, and community satisfaction indicators.

This assessment was conducted by Initium Health under contract with the Village of Mount Prospect. The findings and recommendations reflect extensive community input gathered through culturally responsive methods including multilingual surveys, targeted outreach to underserved populations, and engagement with organizations serving vulnerable residents.

The complete assessment report and executive summary will be available on the Village of Mount Prospect website at mountprospect.org. Print copies will be maintained at the Community Connections Center and Village Hall. Questions or comments regarding this assessment may be directed to the Human Services Department at humanservices@mountprospect.org or 847-870-5680.

The Village of Mount Prospect acknowledges all community members, service providers, and stakeholders who contributed their time and insights to this assessment. Their participation ensures that future planning reflects authentic community needs and priorities. Through continued collaboration and strategic investment, the Community Connections Center will evolve to meet the changing needs of Mount Prospect's diverse population.