Champaign County IPLAN

2026-2031

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November 14, 2025

Illinois Department of Public Health
Attn: IPLAN program
Office of Policy, Planning, and Statistics
525 W. Jefferson St., 2nd Floor
Springfield, IL. 62761

RE: Organization Capacity Assessment for Champaign – Urbana Public Health District

As Chair of the Champaign – Urbana Board of Health, this letter is to inform you that an Organization capacity Assessment has been completed. In addition to assessing the Champaign – Urbana Public Health Districts ability to carry out community health improvement activities, a new 5-year action plan to align with State of Illinois initiatives, through the programming of Mobilizing Action through Planning and Partnership's second iteration, has been completed. Julie Pryde, CUPHD's Administrator and JR Lill, CUPHD's IPLAN Specialist involved community members, local agency partners, and healthcare administration in this process.

JR Lill submitted Information regarding CUPHD's organizational capacity assessment to the Board of Health for review and input. During the November 12, 2025 meeting, the Board of Health voted to accept the CUPHD Organizational Capacity Assessment and accompanying action plans.

Sincerely,

Dannielle Chyneweth
Champaign Urbana Public Health District
Board of Health Chair

Executive Summary

The Champaign-Urbana Public Health District (CUPHD) is the local public health authority for the Cities of Champaign and Urbana and Champaign County in Illinois. CUPHD, in conjunction with Carle Foundation Hospital, Champaign County Mental Health Board, Champaign County Developmental Disabilities Board, Champaign County United Way, and OSF Heart of Mary Medical Center used the second iteration of Mobilizing for Action through Planning and Partnership (MAPP 2.0), an equity focused and community-based model that necessitates community engagement at all levels to conduct the Champaign Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP). We assessed the current health status of the community, identified needs, and created a comprehensive plan to improve our community's health by acquiring input from community partners, community leaders, planners, elected officials, and residents.

Vision: Champaign County will be the healthiest and safest, most equitable, and environmentally sustainable community to live, work, and visit in the state of Illinois.

The Community Health Assessment consists of four major components. The First three components come from MAPP 2.0 in addition to a Community Health Needs Assessment study to identify priority areas of health needing improvement.

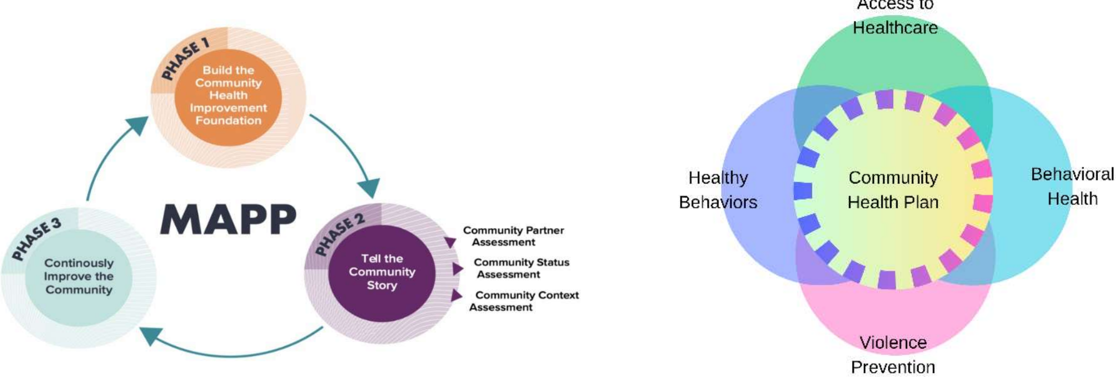
1. The **Champaign County Community Health Needs Assessment (CHNA)** was created as part of a fruitful and longstanding partnership to identify the four priority areas of health. The CHNA team surveyed 550 residents of champaign county, gathered secondary data.
2. The **Community Partner Assessment (CPA)** evaluated the community health agency network to improve health equity. This survey was conducted to gain a better understanding of partner core activities and motivations for CHIP participation, the use of needs assessments in decision making, how agencies address health inequities, the local community health network, and strategies for policy development and advancement.
3. The **Community Status Assessment (CSA)** collected and compiled to match standards by IDPH IPLAN Template, 2025 Champaign County Community Health Needs Assessment (CHNA), State Health Improvement Plan (SHIP), PHAB, and Healthy People 2030.
4. The **Community Context Assessment (CCA)** is a qualitative tool to assess and collect insights, expertise, and views of people affected by social systems to improve the function and impact of those systems. The CCA centers on People and communities with lived experiences.

Community Health Priorities

In April 2025 Community leaders convened to identify the following priorities and over the course of summer 2025, work groups on each priority were held to create goals.

- **Access to Health Care**: Ensure that all residents of Champaign County have equitable access to affordable, preventive, and coordinated healthcare services by reducing barriers such as cost, insurance gaps, provider shortages, and transportation, and strengthening connections across medical, dental, behavioral, and maternal health systems.
- **Behavioral Health**: Improve behavioral health outcomes for Champaign County youth and families by increasing access to mental health and substance use services, strengthening family engagement, promoting school and community-based supports, addressing justice-involved youth needs, and improving system-level coordination to reduce service gaps.
- **Healthy Behaviors**: Improve intergenerational social connectedness and the adoption of healthy behaviors in Champaign County by creating accessible, engaging, and equitable programs for youth, older adults, and immigrant populations, while supporting active living, nutrition, and civic engagement initiatives.
- **Violence Prevention**: Prevent and reduce interpersonal, school-based, and community violence in Champaign County by enhancing youth-focused education, social-emotional wellness programs, peer and family engagement, and coordinated, real-time data sharing among community partners.

The Champaign Urbana Public Health district would like to thank all the agencies and individuals who participated in this process, as well as the anciencies and organizations that make up the Champaign County Local Public Health System. We appreciate their knowledge, collaboration, dedication, and commitment to making our community a great place to live, work, and visit.



2025

Community Health Needs Assessment

Champaign County

Community Health Needs Assessment

2025

Collaboration for sustaining health equity

EXECUTIVE SUMMARY

The Champaign County Community Health Needs Assessment is a collaborative undertaking by Carle Foundation Hospital, Champaign County Mental Health Board, Champaign County Developmental Disabilities Board, Champaign-Urbana Public Health District, Champaign County United Way, and OSF Heart of Mary Medical Center to highlight the health needs and well-being of Champaign County residents. This assessment, with the help of collaborative community partners, has identified numerous health issues impacting individuals and families in the Champaign County region. Prevalent themes include demographic composition, disease predictors and prevalence, leading causes of mortality, accessibility to health services, and healthy behaviors.

The results of this study can inform strategic decision-making, directly addressing the community's health needs. It was designed to assess issues and trends affecting the communities served by the collaborative and to understand the perceptions of targeted stakeholder groups.

This study includes a detailed analysis of secondary data to assess the community's health status. Information was collected from numerous secondary sources, both publicly and privately available data. Additionally, primary data were collected for the general population and the at-risk or economically disadvantaged population. Areas of investigation included perceptions of community health issues, unhealthy behaviors, issues with quality of life, healthy behaviors and access to medical care, dental care, prescription medication, and mental-health counseling. Social drivers of health were also analyzed to understand why certain population segments responded differently.

Ultimately, the collaborative team identified and prioritized the most important health-related issues in the Champaign County region. They considered health needs based on: (1) magnitude of the issue (i.e., what percentage of the population was impacted by the issue); (2) severity of the issue in terms of its relationship with morbidities and mortalities; and (3) potential impact through collaboration. Using a modified version of the Hanlon Method, four significant health needs were identified and determined to have equal priority:

- **Healthy Behaviors and Wellness**
- **Behavioral Health - Including Mental Health and Substance Use**
- **Violence**
- **Access to Health**

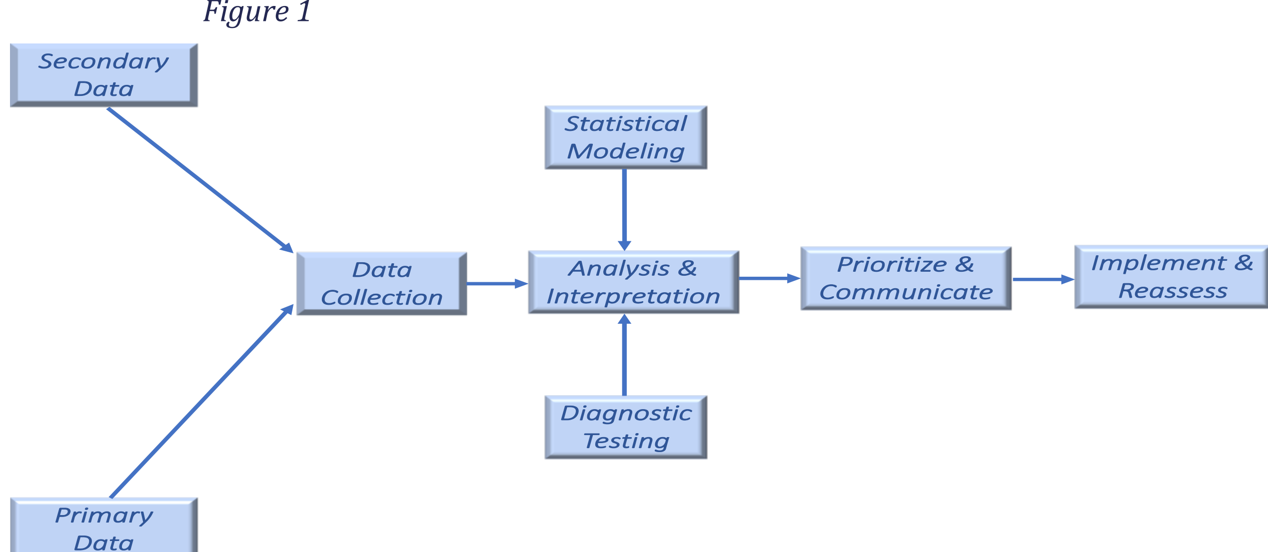
I. INTRODUCTION

Background

The Patient Protection and Affordable Care Act (Affordable Care Act), enacted March 23, 2010, added new requirements for tax-exempt charitable hospital organizations to conduct community health needs assessments and adopt implementation strategies to meet the community health needs identified through the assessments. This community health needs assessment (CHNA) takes into account input from specific individuals who represent the broad interests of the community served by the Regional Executive Committee including those with special knowledge of or expertise in public health. For this study, a community health-needs assessment is defined as a systematic process involving the community, to identify and analyze community health needs and assets in order to prioritize these needs, create a plan, and act upon unmet community health needs. Results from this assessment will be made widely available to the public. This CHNA Report was approved by the OSF Healthcare System's Board of Directors on July 28, 2025, and by the Carle Foundation Board on September 11, 2025.

The structure of the CHNA is based on standards used by the Internal Revenue Service to develop Schedule H, Form 990, designated solely for tax-exempt charitable hospital organizations. The fundamental areas of the community health needs assessment are illustrated in Figure 1.

Figure 1



Collaborative Team and Community Engagement

To engage the entire community in the CHNA process, a collaborative team of health-professional experts and key community advocates was created. Members of the team were carefully selected to ensure representation of the broad interests of the community.

The Champaign Regional Executive Committee would like to acknowledge and thank the many individuals and organizations that contributed their valuable time and expertise to this report. Community organizations and individuals outside of the REC providing critical and experienced feedback include Carle Health, Champaign County Healthcare Consumers, Champaign Urbana Public Health District, City of Champaign, CU Mass Transit District, Eastern Illinois Foodbank, Illinois Department of

Public Health, Land Connection, OSF Healthcare, Promise Healthcare Francis Nelson, University of Illinois, United Way of Champaign County, Urbana School District #116, and the Trauma and Resilience Initiative. Engagement occurred throughout the entire process, resulting in shared ownership of the assessment.

Definition of the Community

Champaign County is located in east central Illinois and is 998.39 square miles with a population density of 208.8 people per square mile. The two major cities, Champaign and Urbana, are home to the University of Illinois, as well as Parkland College and numerous businesses and companies.

Champaign County also includes the following villages: Bondville, Broadlands, Fisher, Foosland, Gifford, Homer, Ivesdale, Longview, Ludlow, Mahomet, Ogden, Pesotum, Philo, Rantoul, Royal, Sadorus, Savoy, Sidney, St. Joseph, Thomasboro, and Tolono. Townships include Ayers, Brown, Champaign, Colfax, Compromise, Condit, Crittenden, Cunningham, East Bend, Harwood, Hensley, Kerr, Ludlow, Mahomet, Newcomb, Ogden, Pesotum, Philo, Rantoul, Raymond, Sadorus, Scott, Sidney, Somer, South Homer, St. Joseph, Stanton, Tolono, and Urbana. Champaign County includes the following zip codes: 61820-2, 61801-3, 61866, 61874, 61873, 61880, 61864, 61877-8, 61847, 61863, 61871, 61815, and 61824-6.

Analyses were completed to identify the percentage of inpatient and outpatient activity represented by Champaign County residents in area hospitals. Specifically, data show that Champaign County represents approximately 80% of all patient activity for OSF HealthCare Heart of Mary Medical Center and represents a material majority for Carle Foundation Hospital.

In addition to defining the community by geographic boundaries, this study targets the at-risk population as an area of potential opportunity to improve the health of the community. Note that the at-risk population was defined as those individuals who were eligible to receive Medicaid based on the State of Illinois guidelines using household size and income level.

Purpose of the Community Health Needs Assessment

In the initial meeting, the collaborative team defined the purpose of this study. This study aims to equip healthcare organizations, such as hospitals, clinics and health departments, with the essential information needed to develop strategic plans for program design, access, and delivery.

The results of this study will act as a platform that allows healthcare organizations to orchestrate limited resources to improve management of high-priority challenges. By working together, hospitals, clinics, agencies and health departments will use this CHNA to improve the quality of healthcare in Champaign County.

Community Feedback from Previous Assessments

The 2022 CHNA was widely shared with the community to allow for feedback. Carle Foundation Hospital and OSF Heart of Mary Medical Center posted both a full and summary version on their respective websites. To solicit feedback, a link - CHNAFeedback@osfhealthcare.org – was provided on each hospital's website; however, no feedback was received.

Although no written feedback was received by community members via the available mechanisms, verbal feedback from key stakeholders from community-service organizations was incorporated into the collaborative process.

2022 CHNA Health Needs and Implementation Plans

The 2022 CHNA for Champaign County identified three significant health needs. These included: Healthy Behaviors and Wellness defined as active living and healthy eating, and their impact on obesity; Behavioral Health, including mental health and substance use disorder; and Violence. Specific actions were taken to address these needs. Detailed discussions of goals and strategies to improve these health needs can be seen in APPENDIX 2: Activities Related to 2022 CHNA Prioritized Needs.

Social Drivers of Health

This CHNA incorporates important factors associated with Social Drivers of Health (SDOH). SDOH are crucial environmental factors, where people are born, live, work and play, that affect people's well-being, physical and mental health, and quality of life. Research by the U.S. Department of Health and Human Services, as part of Healthy People 2030, identifies five SDOH to include when assessing community health (Figure 2). Note this CHNA refers to social "drivers" rather than "determinants." According to the Root Cause Coalition, drivers are malleable, while determinants are not. However, the five factors included in Figure 2 remain the same, regardless of terminology used.

Figure 2

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved November 1, 2024, from https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health

The CHNA includes an assessment of SDOH because these factors contribute to health inequities and disparities. Interventions without considering SDOH will have limited impact on improving community health for people living in underserved or at-risk areas.

II. METHODS

To complete the comprehensive community health needs assessment, multiple sources were examined. Secondary statistical data were used to assess the community profile, morbidity rates and causes of mortality. Additionally, a study was completed to examine perceptions of community health-related issues, healthy behaviors, behavioral health, food security, social drivers of health and access to healthcare.

Secondary Data Collection

Existing secondary statistical data were first used to develop an overall assessment of health-related issues in the community. Each section of the report includes definitions, the importance of categories, data, and interpretations. At the end of each chapter, there is a section on key takeaways.

COMPdata Informatics (affiliated with Illinois Health and Hospital Association (IHA)) was used to identify six primary categories of diseases: age related, cardiovascular, respiratory, cancer, diabetes, and infections. To define each disease category, modified definitions developed by Sg2 were used. Sg2 specializes in consulting for healthcare organizations, and their team of experts includes MDs, PhDs, RNs and healthcare leaders with extensive strategic, operational, clinical, academic, technological, and financial experience.

Primary Data Collection

In addition to existing secondary data sources, primary survey data were also collected. This section describes the research methods used to collect, code, verify and analyze primary survey data. Specifically, we discuss the research design used for this study: survey design, data collection, and data integrity.

Survey Instrument Design

Initially, all publicly available health needs assessments in the U.S. were reviewed to identify common themes and approaches to collecting community health needs data. By leveraging best practices from these surveys, a new survey was designed in 2024 for use with both the general population and the at-risk community. To ensure all critical areas were addressed, the entire collaborative team was involved in survey design and approval through several fact-finding sessions. Additionally, several focus groups were used to collect the qualitative information necessary to design survey items. Specifically, for the community health needs assessment, eight specific sets of items were included:

- **Ratings of health issues in the community** – To assess the importance of various community health concerns. Survey items included assessments of topics such as cancer, diabetes, and obesity.
- **Ratings of unhealthy behaviors in the community** – To assess the importance of various unhealthy behaviors. Survey items included assessments of topics such as violence, drug use and smoking.

- **Ratings of issues concerning well-being** – To assess the importance of various issues relating to well-being in the community. Survey items included assessments of topics such as access to healthcare, safer neighborhoods and effective public transportation.
- **Accessibility to healthcare** – To assess the degree to which residents could access healthcare when needed. Survey items included assessments of topics such as access to medical, dental, and mental healthcare, as well as access to prescription medication.
- **Healthy behaviors** – To assess the degree to which residents exhibited healthy behaviors. The survey items included assessments of topics such as exercise, healthy eating habits, and cancer screenings.
- **Behavioral health** – To assess community issues related to areas such as anxiety and depression.
- **Food security** – To assess access to healthy food alternatives.
- **Social drivers of health** – To assess the impact that social drivers may have on the above-mentioned areas.

Finally, demographic information was collected to assess background information necessary to segment markets in terms of the eight categories discussed above. A copy of the final survey is included in APPENDIX 3: Survey.

Sample Size

To identify the potential population, the percentage of the Champaign County population living in poverty was first identified. Specifically, the county's population was multiplied by its respective poverty rate to determine the minimum sample size needed to study the at-risk population. The poverty rate for Champaign County was 19%. With a population of 205,644, this yielded a total of 39,072 residents living in poverty in the Champaign County area.

A normal approximation to the hypergeometric distribution was assumed, given the targeted sample size. The formula used was:

$n = (Nz^2 pq) / (E^2 (N-1) + z^2 pq)$

where:

n = the required sample size

N = the population size

z = the value that specified the confidence interval (use 95% CI)

pq = population proportions (set at .05)

E =desired accuracy of sample proportions (set at +/- .05)

For the total Champaign County area, the minimum sample size for aggregated analyses (combining at-risk and general populations) was 384. The data collection effort for this CHNA yielded a total of 630 responses. After cleaning the data for "bot" survey respondents, the total usable sample was reduced to 550 respondents. This met the threshold of the desired 95% confidence interval.

Data Collection

Survey data were collected in the quarter of 2024. To collect data in this study, two techniques were used. First, an online version of the survey was created. Second, a paper version of the survey was distributed. To be sensitive to the needs of respondents, surveys stressed assurance of complete anonymity. Both the online survey and paper survey were also translated into Spanish.

To specifically target the at-risk population, surveys were distributed at homeless shelters, food pantries, and soup kitchens. Since the at-risk population was specifically targeted as part of the data collection effort, this became a stratified sample, as other groups were not targeted based on their socio-economic status.

It is important to note that the use of electronic surveys to collect community-level data may create potential for bias from convenience sampling errors. To account for potential bias in the community sample, a second control sample of data is periodically collected. This control sample consists of random patients surveyed at the hospital, assuming patients receiving care represent an unbiased representation of the community. All questions on the patient version of the survey pertaining to access to healthcare are removed, as these questions are not relevant to current patients. Data from the community sample and the control sample are then compared using t-tests and tetrachoric correlations when appropriate. Results show that the community sample did not exhibit any significant patterns of bias. If specific relationships exhibited potential bias between the community sample and the control sample, they are identified in the social drivers sections of the analyses within each chapter.

Data Integrity

Comprehensive analyses were performed to verify the integrity of the data for this research. Without proper validation of the raw data, any interpretation of results could be inaccurate and misleading if used for decision-making. Therefore, several tests were performed to ensure that the data were valid. These tests were performed before any analyses were undertaken. Data were checked for coding accuracy using descriptive frequency statistics to verify that all data items were correct. This was followed by analyses of means and standard deviations and comparisons of primary data statistics to existing secondary data.

Analytic Techniques

To ensure statistical validity, several different analytic techniques were used. Frequencies and descriptive statistics were employed to identify patterns in residents' ratings of various health concerns. Additionally, appropriate statistical techniques were used to identify existing relationships between perceptions, behaviors, and demographic data. Specifically, Pearson correlations, X^2 tests and tetrachoric correlations were utilized when appropriate, given the characteristics of the specific data being analyzed.

CHAPTER 1 OUTLINE

1.1 Population
1.2 Age, Gender and Race Distribution
1.3 Household/Family
1.4 Economic Information
1.5 Education
1.6 Internet Accessibility
1.7 Key Takeaways from Chapter 1

CHAPTER 1: DEMOGRAPHY AND SOCIAL DRIVERS

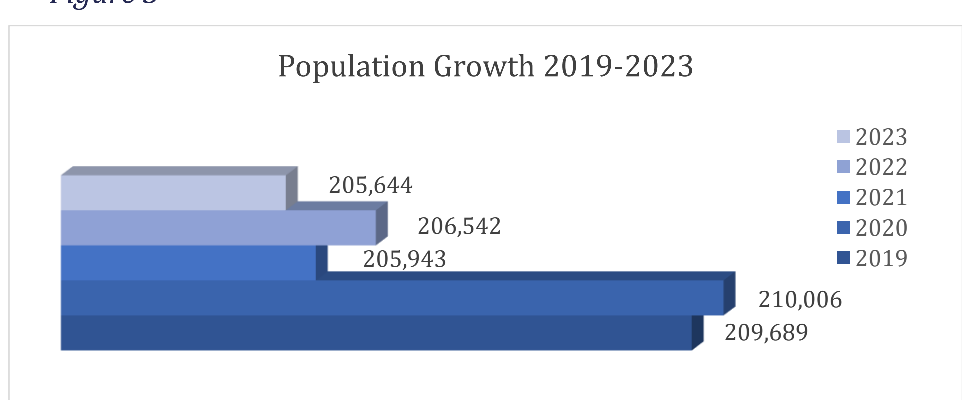
1.1 Population

Importance of the Measure: Population data characterize individuals residing in Champaign County. These data provide an overview of population growth trends and build a foundation for further analysis.

Population Growth

Data from the last census indicate the population of Champaign County has decreased (1.9%) between 2019 (209,689) and 2023 (205,644) (Figure 3).

Figure 3



Source: United States Census Bureau

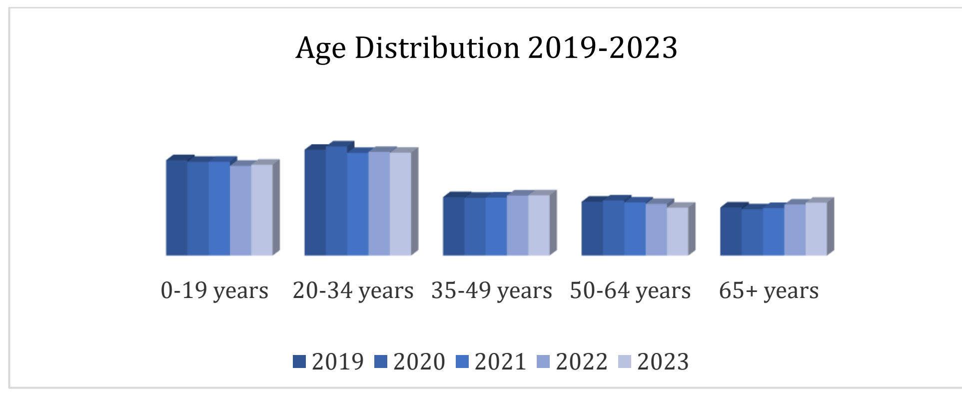
1.2 Age, Gender and Race Distribution

Importance of the Measure: Population data broken down by age, gender and race groups provide a foundation to analyze the issues and trends that impact demographic factors including economic growth and the distribution of healthcare services. Understanding the cultural diversity of communities is essential when considering healthcare infrastructure and service delivery systems.

Age

Figure 4 shows the percentage of individuals in Champaign County in each age group between 2019 and 2023. Of note, the 50-64 age group decreased 11.2%, the 0-19 age group decreased 4.8%, and the 20-34 age group decreased 2.9% during this five-year period while the 65+ age group increased 9.9% and the 35-49 age group increased 3.1%.

Figure 4

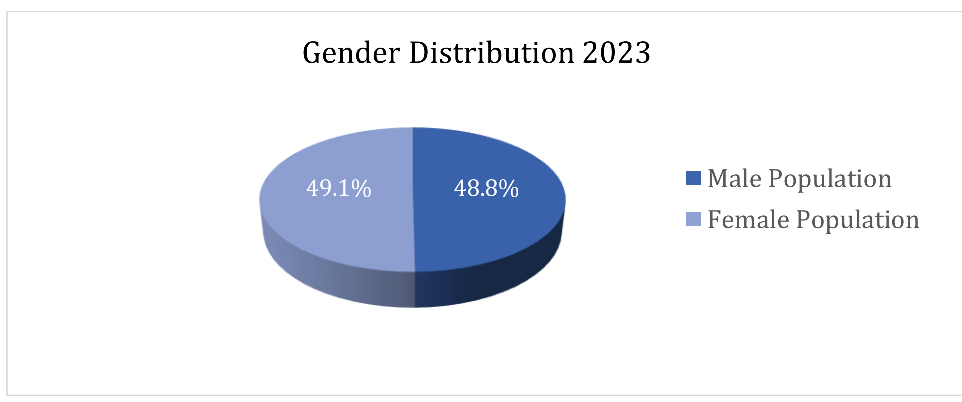


Source: United States Census Bureau

Gender

The gender distribution of Champaign County residents has remained relatively equal among males and females (Figure 5).

Figure 5



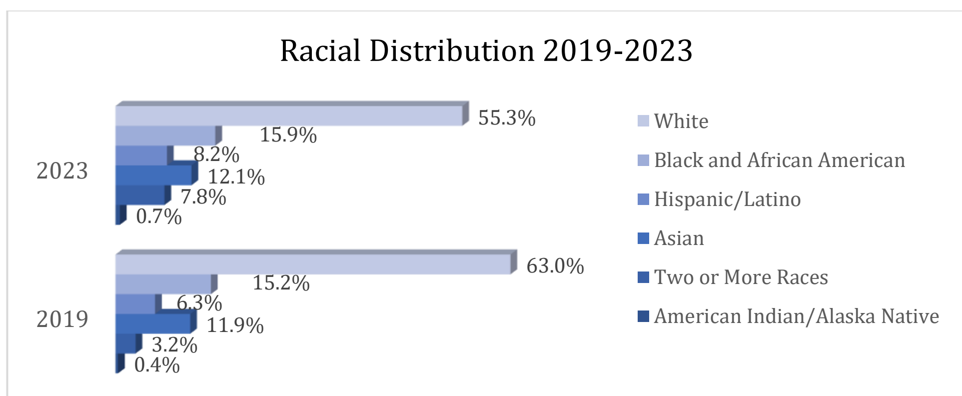
Source: United States Census Bureau

Race

With regard to race and ethnic background, Champaign County is somewhat homogenous, yet in recent years, the county is becoming more diverse. Data from 2023 suggest that the White population has decreased from 63% of the population in 2019 to 55.3% of the population in 2023. The non-White population of Champaign County has been increasing (from 37% in 2019 to 44.7% in 2023), with Black ethnicity comprising 15.9% of the population, Asian ethnicity comprising 12.1% of the population,

Hispanic/Latino (LatinX) ethnicity comprising 8.2% of the population, multi-racial ethnicity comprising of 7.8%, and American Indian / Alaska Natives comprising of 0.7% (Figure 6).

Figure 6



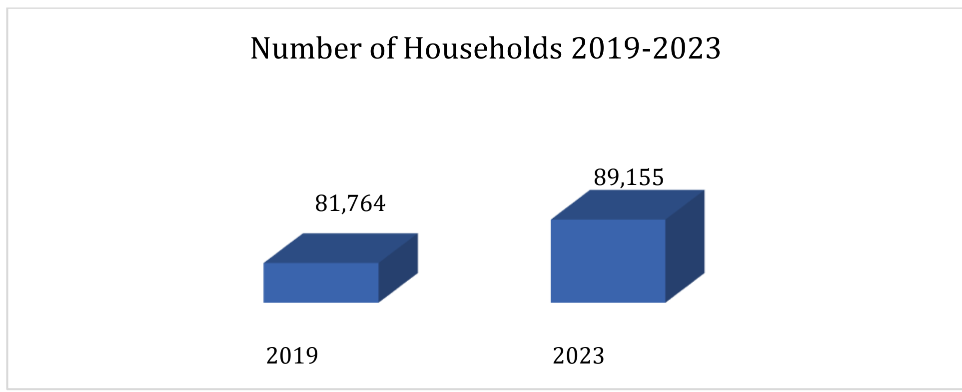
Source: United States Census Bureau

1.3 Household/Family

Importance of the Measure: Families are a vital component of a robust society in Champaign County, as they significantly impact the health and development of children and provide support and well-being for older adults.

As indicated in the graph below, the number of family households in Champaign County was 81,764 in 2019 and increased to 89,155 in 2023 (Figure 7).

Figure 7

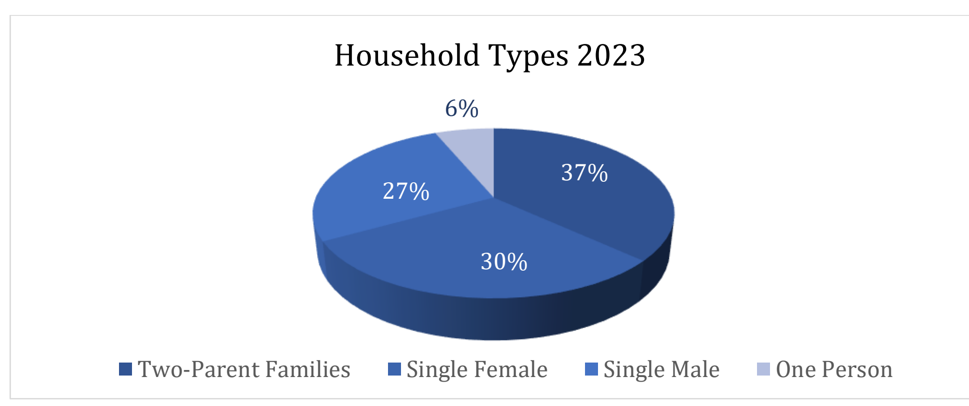


Source: United States Census Bureau

Family Composition

In Champaign County, data from 2023 suggest the percentage of two-parent families in Champaign County represents 37% of the population. One-person households represent 6%, single-female households represent 30%, and single-male households represent 27% of the population of Champaign County (Figure 8).

Figure 8

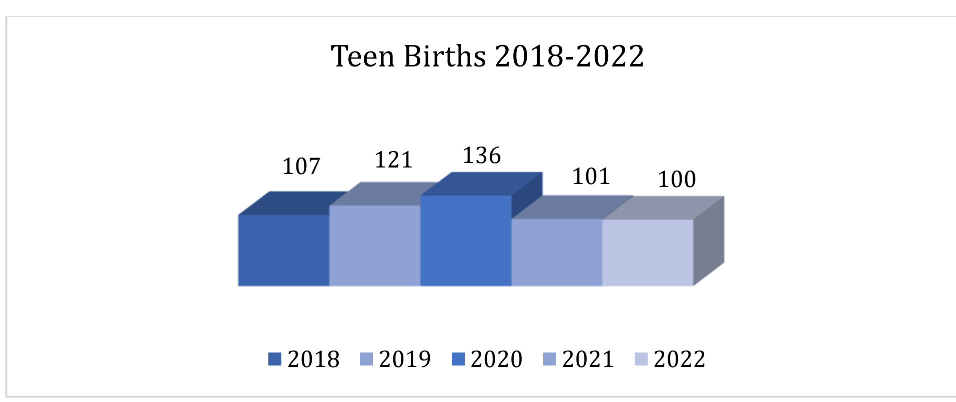


Source: United States Census Bureau

Early Sexual Activity Leading to Births from Teenage Mothers

Champaign County experienced fluctuations in its teenage birth rate from 2018 to 2022. While the overall count decreased from 107 in 2018 to 101 in 2022, there was a peak in 2020 with 136 births (Figure 9).

Figure 9



Source: Illinois Department of Public Health

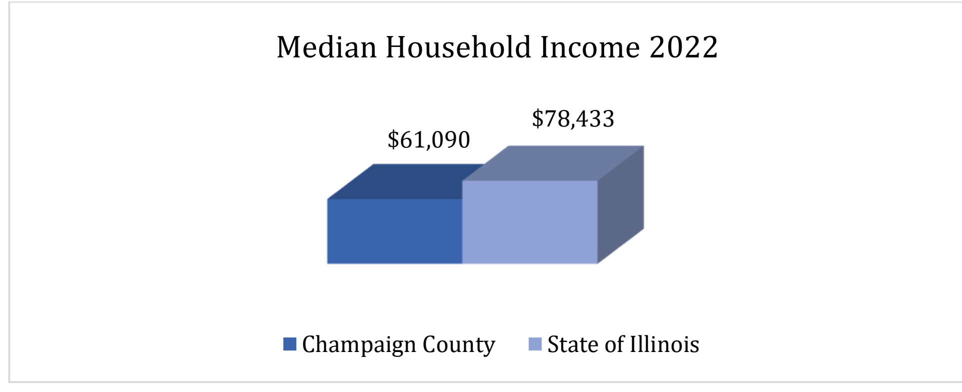
1.4 Economic Information

Importance of the Measure: Median income divides households into two segments with one-half of households earning more than the median income and the other half earning less. Because median income is not significantly impacted by unusually high or low-income values, it is considered a more reliable indicator than average income. To live in poverty means to lack sufficient income to meet one's basic needs. Accordingly, poverty is associated with numerous chronic social, health, education and employment conditions.

Median Income Level

For 2022, the median household income in Champaign County ($61,090) was lower than the State of Illinois ($78,433) (Figure 10).

Figure 10

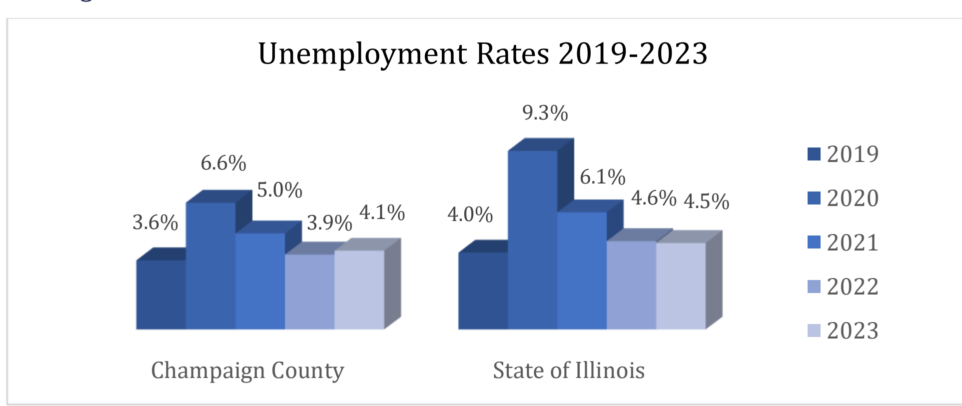


Source: United States Census Bureau

Unemployment

During the five-year period, 2019 through 2023, the Champaign County unemployment rate remained lower than the State of Illinois unemployment rate (Figure 11).

Figure 11

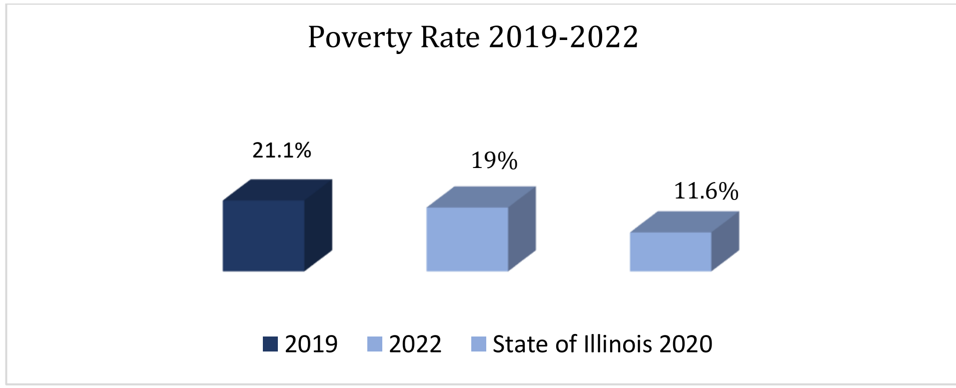


Source: Bureau of Labor Statistics

Individuals in Poverty

In Champaign County, the percentage of individuals living in poverty decreased between 2019 and 2022. Poverty significantly impacts the development of children and youth. In 2022, the poverty rate for individuals living in Champaign County (19%) was higher than the State of Illinois average (11.6%) (Figure 12).

Figure 12



Source: United States Census Bureau

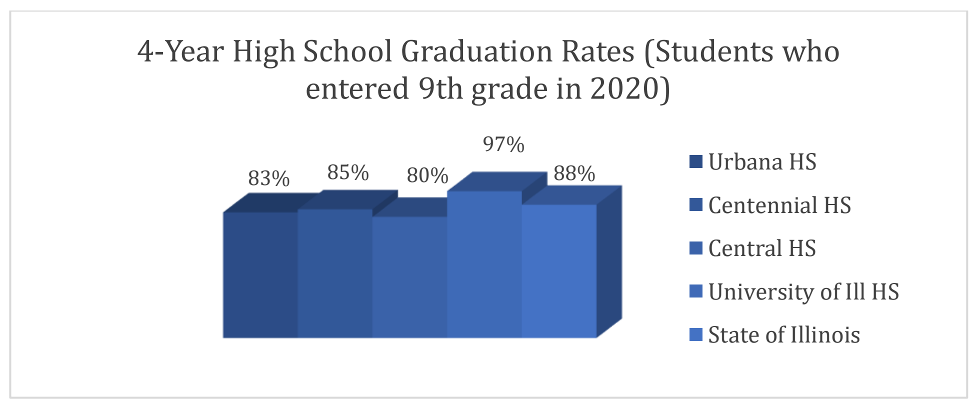
1.5 Education

Importance of the Measure: According to the National Center for Educational Statistics, “The better educated a person is, the more likely that person is to report being in ‘excellent’ or ‘very good’ health, regardless of income.” Research suggests that higher educational attainment and greater school success lead to better health outcomes and a higher likelihood of making healthy lifestyle choices. Consequently, years of education are strongly related to an individual’s propensity to earn a higher salary, secure better employment, and achieve multifaceted success in life.

High School Graduation Rates

Students who entered 9th grade in 2020 in Champaign County school districts, except University of Illinois High School (97%), reported high school graduation rates that were lower than the State of Illinois average of 88% (Figure 13).

Figure 13

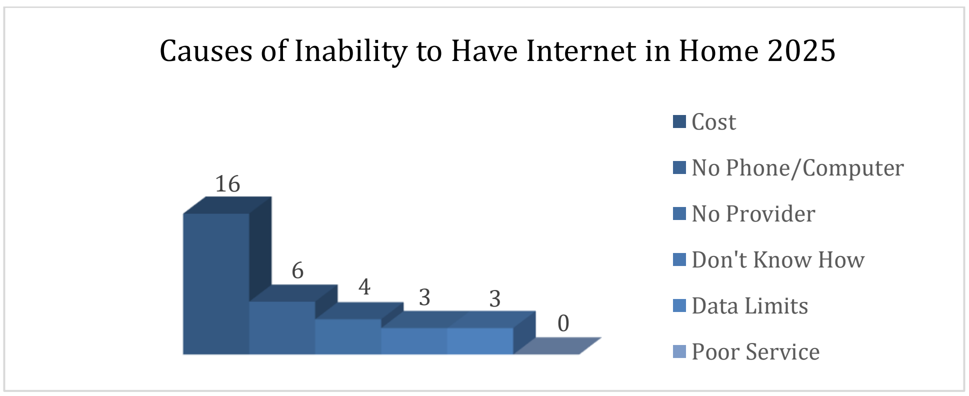


Source: Illinois Report Card

1.6 Internet Accessibility

Survey respondents were asked if they had Internet access. Of the respondents, 95% indicated they had Internet in their homes. For those who did not have Internet in their home, cost was the most frequently cited reason (Figure 14).

Figure 14



Source: CHNA Survey

Social Drivers Related to Internet Access

Several factors show significant relationships with an individual's Internet access. The following relationships were found using correlational analyses.

- **Access to Internet** tends to be rated higher for women, White people, those with higher education, and those with higher income. Access to Internet tends to be rated lower for Black people, LatinX people, and those in an unstable housing environment. *Note, given the majority of survey respondents were women, combined with the significant positive correlation between women and Internet access, there is a possibility ratings may be inflated.*

1.7 Key Takeaways from Chapter 1

- ✓ POPULATION DECREASED OVER THE PAST FIVE YEARS.
- ✓ POPULATION OVER AGE 65 IS INCREASING.
- ✓ SINGLE FEMALE HEAD-OF-HOUSE-HOUSEHOLD REPRESENTS OVER 30% OF THE POPULATION. HISTORICALLY, THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY.
- ✓ MOST PEOPLE HAVE ACCESS TO THE INTERNET AT HOME.

CHAPTER 2 OUTLINE

2.1 Accessibility
2.2 Wellness
2.3 Access to Information
2.4 Physical Environment
2.5 Health Status
2.6 Key Takeaways from Chapter 2

CHAPTER 2: PREVENTION BEHAVIORS

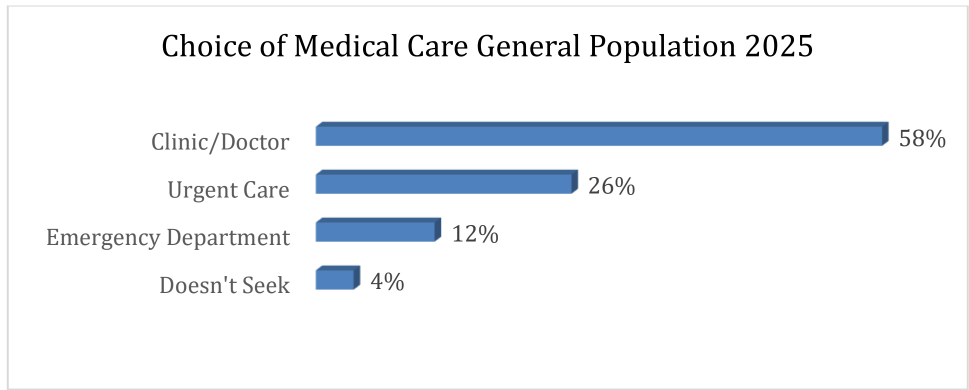
2.1 Accessibility

Importance of the Measure: It is critical for healthcare services to be accessible. Therefore, accessibility to healthcare must address both the associated financial costs and the supply and demand of medical services.

Choice of Medical Care

Survey respondents were asked to select the type of healthcare facility used when sick. Four different options were presented: clinic or doctor's office, urgent-care facility, emergency department, and did not seek medical treatment. The most common response for the source of medical care was clinic/doctor's office (58%). This was followed by urgent care (26%), the emergency department at a hospital (12%), and not seeking medical attention (4%) (Figure 15).

Figure 15



Source: CHNA Survey

Comparison to 2022 CHNA

Clinic/doctor's office decreased from 70% in 2022 to 58% in 2025. The use of urgent care facilities increased from 18% in 2022 to 26% in 2025. The use of emergency departments increased from 3% in 2022 to 12% in 2025. The percentage of people who did not seek medical treatment decreased from 9% in 2022 to 4% in 2025.

Social Drivers Related to Choice of Medical Care

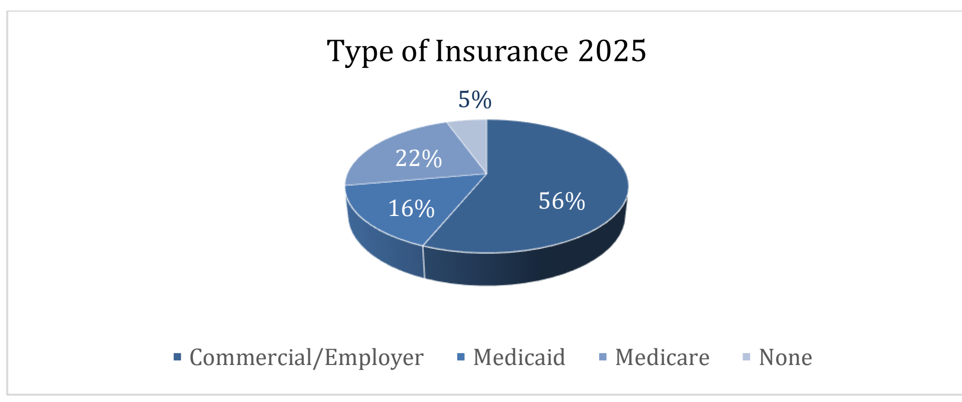
Several factors show significant relationships with an individual's choice of medical care. The following relationships were found using correlational analyses:

- **Clinic/Doctor's Office** tends to be rated higher by older people and White people. Clinic/Doctor's office tends to be rated lower by LatinX people and those in an unstable housing environment.
- **Urgent Care** tends to be rated higher by those with higher education and those with higher income.
- **Emergency Department** tends to be rated higher by Black people, LatinX people, those with lower education, those with lower income, and those in an unstable housing environment. Emergency department office tends to be rated lower for White people.
- **Does Not Seek Medical Care** tend to be rated higher by LatinX people and those in an unstable housing environment. Does not seek medical care tends to be rated lower for older people, White people, and those with higher income.

Insurance Coverage

According to survey data, 56% of the residents are covered by commercial/employer insurance, followed by Medicare at (22%), and Medicaid (16%). Five percent of respondents indicated they did not have any health insurance (Figure 16).

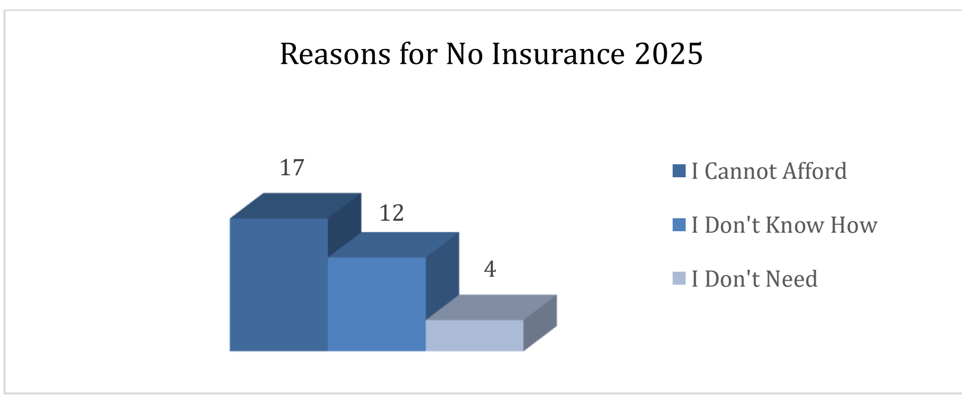
Figure 16



Source: CHNA Survey

Data from the survey show that for those individuals who do not have insurance, the most prevalent reason was cost (17) (Figure 17). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 17



Source: CHNA Survey

Social Drivers Related to Type of Insurance

Several characteristics show significant relationships with an individual's type of insurance. The following relationships were found using correlational analyses:

- **Commercial/Private Insurance** is rated higher by women, White people, those with higher education, and those with higher income. Commercial/employer insurance is rated lower by younger people, Black people, and those in an unstable housing environment. *Note, that the majority of survey respondents were women, combined with the significant positive correlation between women and commercial insurance, there is a possibility the ratings may be inflated.*
- **Medicaid** tends to be rated higher for Black people and those in an unstable housing environment. Medicaid tends to be rated lower for those with lower education and lower income.

- **Medicare** tends to be rated higher by older people. Medicare tends to be rated lower by LatinX people and those with lower income.
- **No Insurance** tends to be reported more often by LatinX people and those in an unstable housing environment. No insurance tends to be reported less often by women, younger people, White people, those with lower education, and those with lower income. *Note, given that the majority of survey respondents were women, combined with the significant negative correlation between women and no insurance, there is a possibility ratings may be deflated.*

Access to Care

In the CHNA survey, respondents were asked, "Was there a time when you needed care but were not able to get it?" Access to four types of care were assessed: medical care, prescription medication, dental care and counseling. Survey results show that 19% of the population did not have access to medical care; 23% of the population did not have access to prescription medication; 29% of the population did not have access to dental care; and 24% of the population did not have access to counseling when needed (Figure 18).

Figure 18

Source: CHNA Survey

Social Drivers Related to Access to Care

Several characteristics show a significant relationship with an individual's ability to access care when needed. The following relationships were found using correlational analyses:

- **Access to medical care** tends to be rated higher for older people, White people, and those with higher income. Access to medical care tends to be lower for LatinX people and those in an unstable housing environment.
- **Access to prescription medication** tends to be rated higher for older people, White people, those with higher education, and those with higher income. Access to prescription medication tends to be lower for LatinX people and those in an unstable housing environment.
- **Access to dental care** tends to be rated higher for older people, White people, those with higher education, and those with higher income. Access to dental care tends to be lower for Black people and those in an unstable housing environment.

- **Access to counseling** tends to be rated higher for older people, White people, and those with higher income. Access to counseling tends to be lower for LatinX people and those in an unstable housing environment.

Reasons for No Access – Medical Care

Survey respondents who reported they were not able to get medical care when needed were asked a follow-up question. The leading causes of the inability to gain access to medical care were too long to wait for an appointment (42), could not afford co-pay (29), and no insurance (29) (Figure 19).

Figure 19

Causes of Inability to Access Medical Care 2025

42 29 29 14 11 8 4 3 0

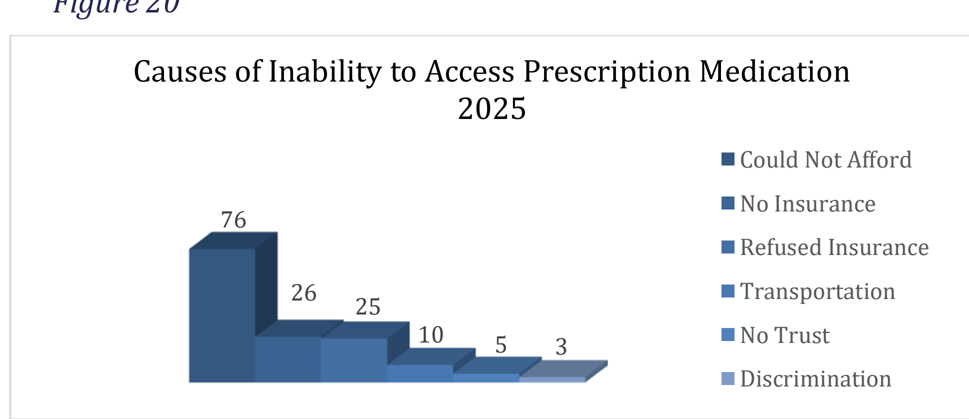
Too Long to Wait
Could Not Afford Co-Pay
No Insurance
Transportation
Trust
Discrimination

Source: CHNA Survey

Reasons for No Access – Prescription Medication

Survey respondents who reported they were not able to get prescription medication when needed were asked a follow-up question. The leading causes of the inability to gain access to prescription medicine were the inability to afford copayments or deductibles (76), no insurance (26), and refusal of insurance (25) (Figure 20).

Figure 20

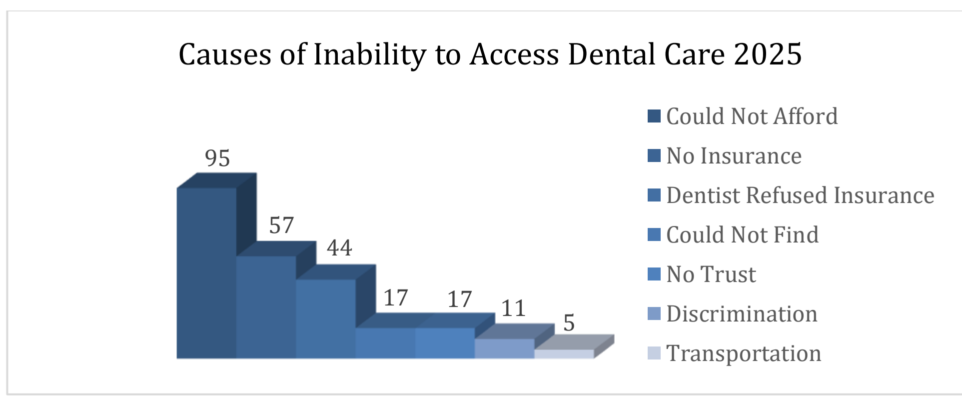


Source: CHNA Survey

Reasons for No Access – Dental Care

Survey respondents who reported they were not able to get dental care when needed were asked a follow-up question. The leading causes of no access to dental care were the inability to afford copayments or deductibles (95), no insurance (57), and dentist refusal of insurance (44) (Figure 21).

Figure 21

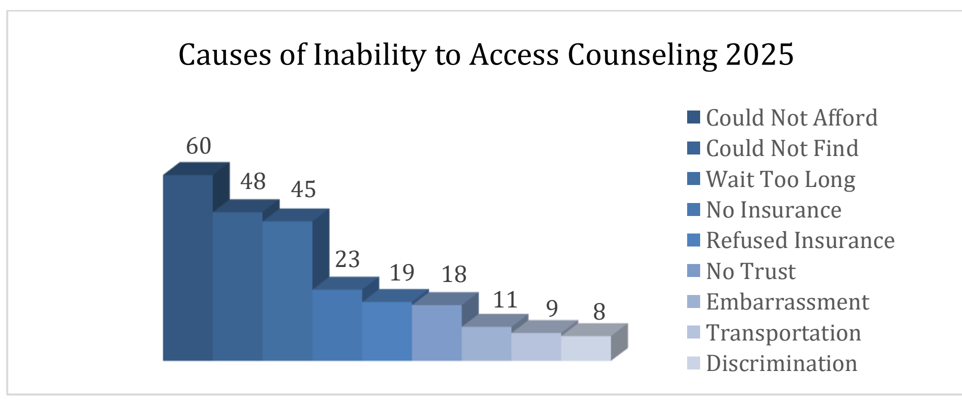


Source: CHNA Survey

Reasons for No Access – Counseling

Survey respondents who reported they were not able to get counseling when needed were asked a follow-up question. The leading causes of the inability to gain access to counseling were the inability to afford co-pay (60), could not find (48), and too long of a wait (45) (Figure 22).

Figure 22



Source: CHNA Survey

Comparison to 2022 CHNA

Access to Medical Care – results show a slight decrease (1%) in those who were able to get medical care.

Access to Prescription Medication – results show a decrease (9%) in those who were able to get prescription medication.

Access to Dental Care – results show a decrease (9%) in those who were able to get dental services.

Access to Counseling – results show a slight decrease (1%) in those who were able to get counseling when needed.

2.2 Wellness

Importance of the Measure: The overall health of a community is impacted by preventative measures, including immunizations and vaccinations. Preventative healthcare measures, such as getting a flu shot, engaging in a healthy lifestyle, and undertaking screenings for diseases, are essential to combating morbidity and mortality while reducing healthcare costs.

Frequency of Flu Shots

Figure 23 shows that the percentage of people who have had a flu shot in the past year is 30.4% for Champaign County in 2023-2024 compared to the State of Illinois average of 29.4%.

Figure 23

Flu Shot in the Past Year 2023-2024

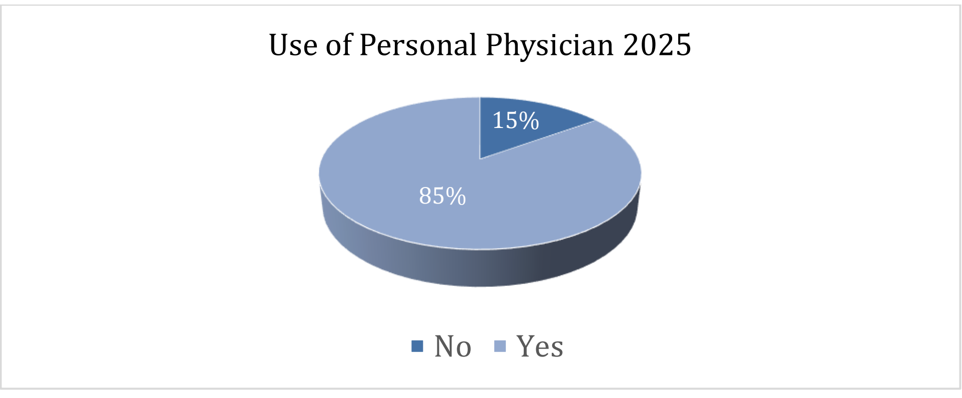
	Champaign County	State of Illinois
Flu Shot in the Past Year	30.4%	29.4%

Source: Illinois Department of Public Health (IDPH)

Personal Physician

The CHNA survey asked respondents if they had a personal physician. Having a personal physician suggests that individuals are more likely to get wellness check-ups and less likely to use an emergency department as a primary healthcare service. According to survey data, 85% of residents have a personal physician (Figure 24).

Figure 24



Source: CHNA Survey

Comparison to 2022 CHNA

Having a personal physician has decreased. Specifically, 89% of residents reported having a personal physician in 2022 and 85% report the same in 2025.

Social Drivers Related to Having a Personal Physician

The following characteristics show significant relationships with having a personal physician. The following relationships were found using correlational analyses.

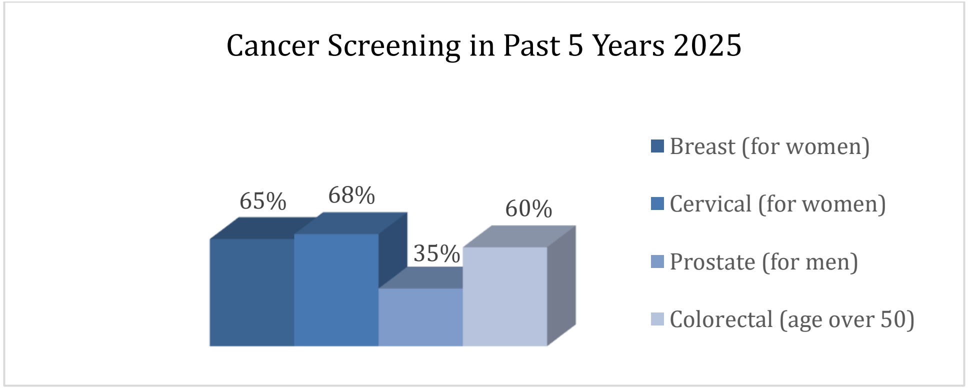
- **Having a personal physician** tends to be rated higher for older people, White people, those with higher education, and those with higher income. Not having a personal physician tends to be rated lower for LatinX people and those in an unstable housing environment.

Cancer Screening

Early detection of cancer may greatly improve the probability of successful treatment. In the case of colorectal cancer, early detection of precancerous polyps can prevent cancer. Specifically, four types of cancer screening were measured: breast, cervical, prostate, and colorectal.

Results from the CHNA survey show that 65% of women had a breast screening in the past five years and 68% of women had a cervical screening. For men, 35% had a prostate screening in the past five years. For women and men over the age of 50, 60% had a colorectal screening in the last five years (Figure 25).

Figure 25



Source: CHNA Survey

Comparison to 2022 CHNA

Several cancer screening rates in the past five-year period decreased from 2022 to 2025. Specifically, in 2022, 71% of women had a breast screening, compared to 65% in 2025. In 2022, 74% of women had a cervical screening, compared to 68% in 2025. For men, 38% reported having a prostate screening in 2022, compared to 35% in 2025. For women and men over the age of 50, 68% had a colorectal screening in 2022, compared to 60% in 2025.

Social Drivers Related to Cancer Screenings

Multiple characteristics show significant relationships with cancer screening. The following relationships were found using correlational analyses:

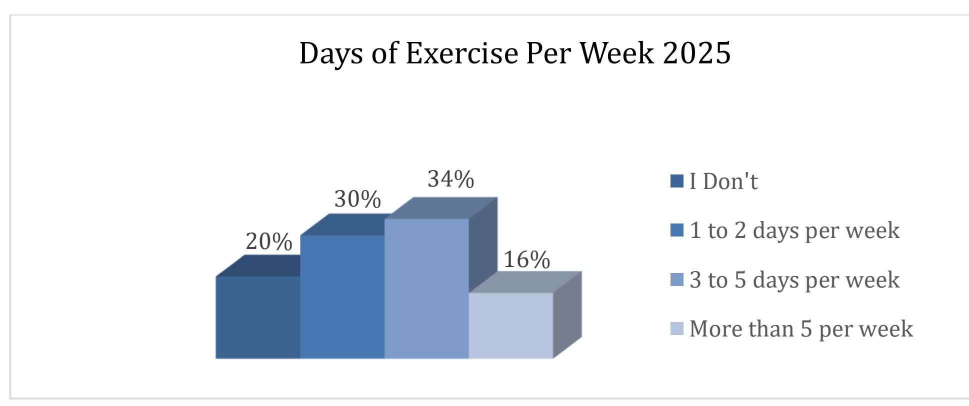
- **Breast screening** tends to be more likely for older women, White women, women with higher education, and women with higher income. Breast screening tends to be less likely for Black women and women in an unstable housing environment.
- **Cervical screening** tends to be more likely for White women, those with higher education, and those with higher income. Cervical screening tends to be less likely for younger women, Black women, and women in an unstable housing environment.
- **Prostate screening** tends to be more likely for older men, White men, those with higher education, and those with higher income.
- **Colorectal screening** tends to be more likely for older people, White people, those with higher education, and those with higher income. Colorectal screening tends to be less likely for Black people, LatinX people, and those in an unstable housing environment.

Physical Exercise

A healthy lifestyle comprised of regular physical activity has been shown to increase physical, mental, and emotional well-being.

Specifically, 20% of respondents indicated that they do not exercise at all, while the majority (64%) of residents, exercise 1-5 times per week (Figure 26).

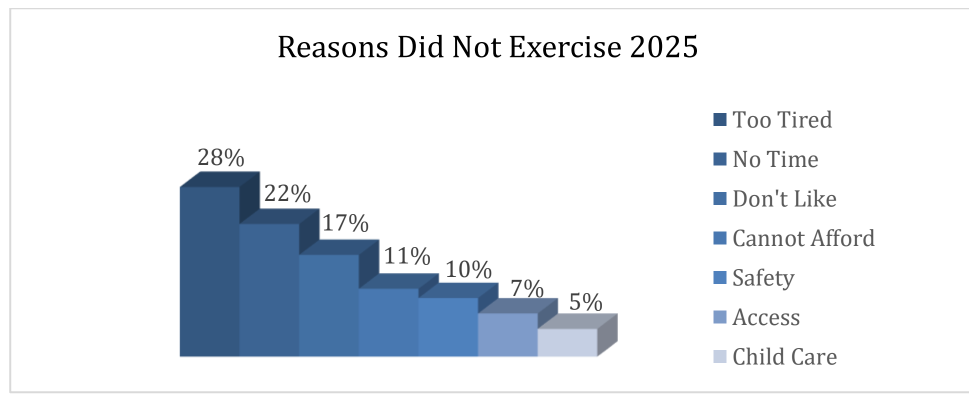
Figure 26



Source: CHNA Survey

To find out why some residents do not exercise at all, a follow up question was asked. The most common reasons for not exercising are not having enough energy (28%), time (22%), and a dislike of exercise (17%) (Figure 27).

Figure 27



Source: CHNA Survey

Comparison to 2022 CHNA

There has been a decrease in exercise. In 2022, 82% of residents indicated they exercised, compared to 80% in 2025.

Social Drivers Related to Exercise

Multiple characteristics show significant relationships with exercise. The following relationships were found using correlational analyses:

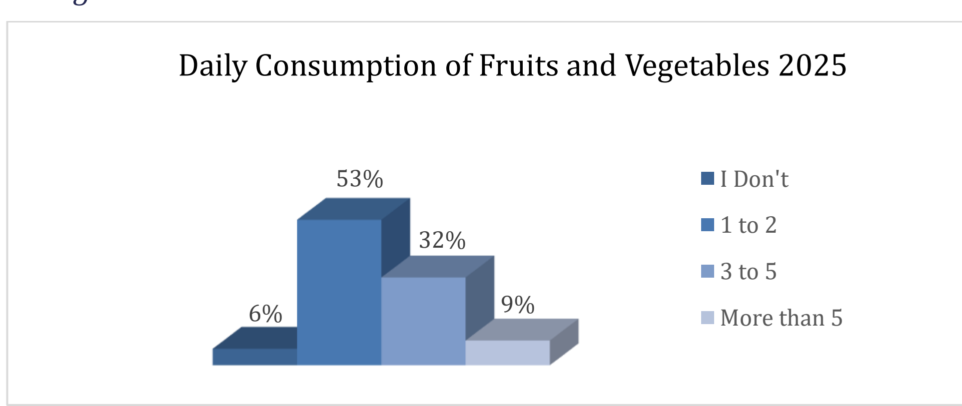
- **Frequency of exercise** tends to be rated higher for those with higher education and those with higher income.

Healthy Eating

A healthy lifestyle, comprising of a proper diet, has been shown to increase physical, mental, and emotional well-being. Consequently, nutrition and diet are critical to preventative care.

Over half, 59%, of residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. The percentage of residents who consume more than 5 servings per day is only 9% (Figure 28).

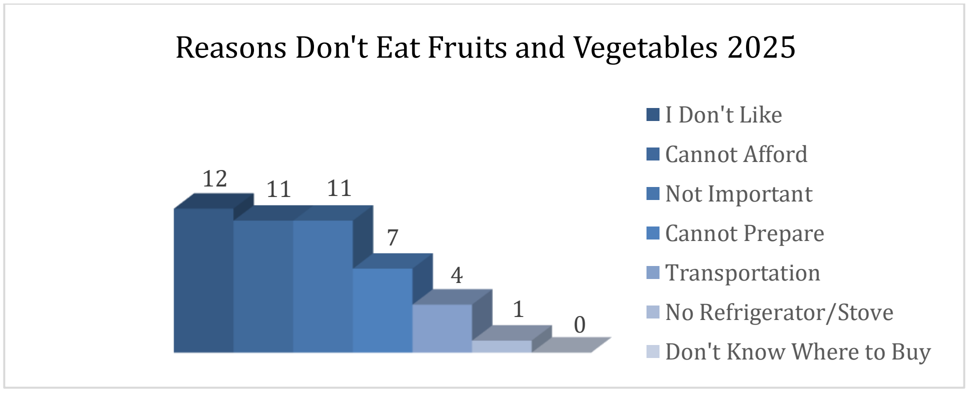
Figure 28



Source: CHNA Survey

Those individuals who indicated they do not eat any fruits or vegetables were asked a follow up question. Reasons most frequently given for failing to eat more fruits and vegetables were a dislike (12), cannot afford (11), and not important (11) (Figure 29). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 29



Source: CHNA Survey

Comparison to 2022 CHNA

There has been a decline in the frequency of healthy eating. In 2022, 44% of respondents indicated they had three or more servings of fruits and vegetables per day, compared to only 41% in 2025.

Social Drivers Related to Healthy Eating

Multiple characteristics show significant relationships with healthy eating. The following relationships were found using correlational analyses:

- **Consumption of fruits and vegetables** tends to be more likely for older people, those with higher education, and those with higher income. Consumption of fruits and vegetables tends to be less likely for those in an unstable housing environment.

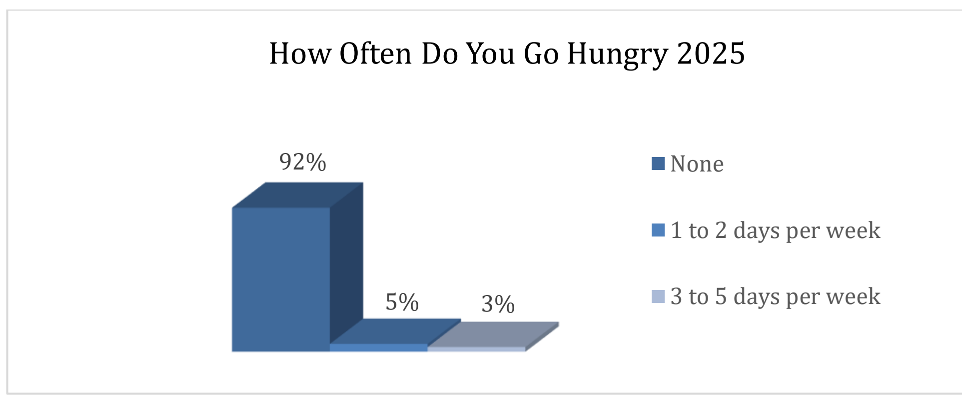
2.3 Understanding Food Insecurity

Importance of the Measure: It is essential that everyone has access to food and drink necessary for living healthy lives. Food insecurity exists when people don't have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs for a healthy life.

Prevalence of Hunger

Respondents were asked, "How many days a week do you or your family members go hungry?" The vast majority of respondents indicated they do not go hungry (92%), however, 5% indicated they go hungry 1-to-2 days per week, and 3% indicated they go hungry 3 to 5 days per week (Figure 30).

Figure 30



Source: CHNA Survey

Social Drivers Related to Prevalence of Hunger

Multiple characteristics show significant relationships with hunger. The following relationships were found using correlational analyses:

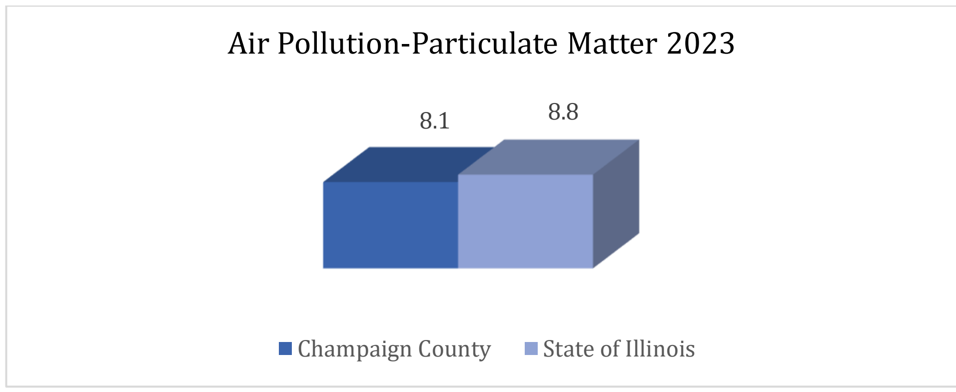
- **Prevalence of Hunger** tends to be more likely for Black people, those with lower education, those with lower income, and those in an unstable housing environment. Prevalence of hunger tends to be less likely for White people.

2.4 Physical Environment

Importance of the Measure: According to the County Health Rankings & Roadmaps, Air Pollution - Particulate Matter (APPM) is the average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers. These particles can be directly emitted from sources such as forest fires, or they can form when gases are emitted from power plants, manufacturing facilities and automobiles.

The relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma and other adverse pulmonary effects. The APPM for Champaign County is 8.1, which is lower than the State of Illinois average of 8.8 (Figure 31).

Figure 31



Source: County Health Rankings & Roadmaps

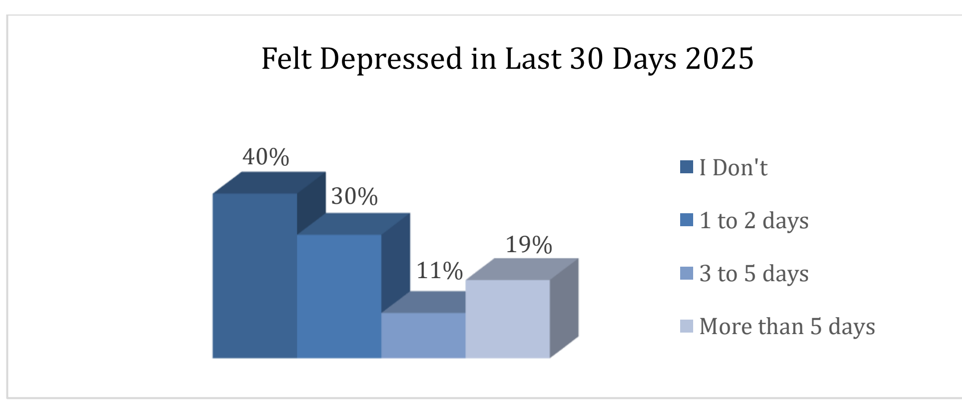
2.5 Health Status

Importance of the Measure: Self-perceptions of health can provide important insights to help manage population health. These perceptions not only provide benchmarks regarding health status but also offer insights into how accurately people perceive their own health.

Mental Health

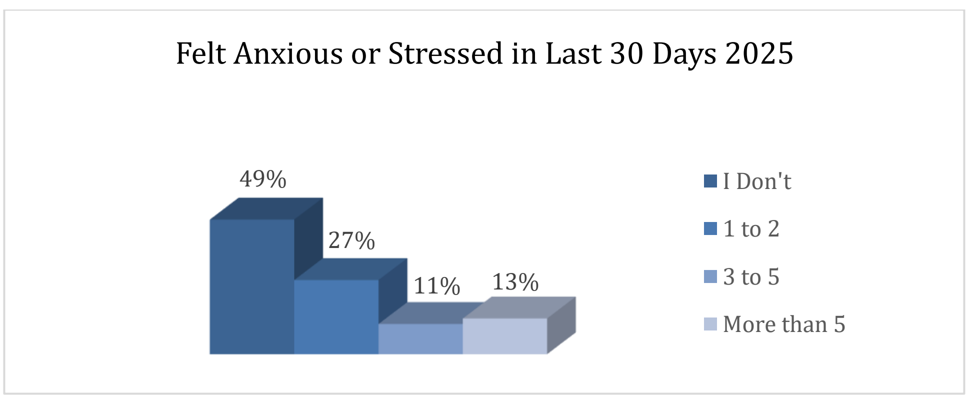
The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of respondents, 40% indicated they did not feel depressed in the last 30 days (Figure 32) and 49% indicated they did not feel anxious or stressed (Figure 33).

Figure 32



Source: CHNA Survey

Figure 33



Source: CHNA Survey

Comparison to 2022 CHNA

Results from the 2025 CHNA show an improvement in mental health. In 2022, 64% of respondents indicated they felt depressed in the last 30 days, compared to 60% in 2025. In 2022, 55% indicated they felt anxious or stressed, compared to 51% in 2025.

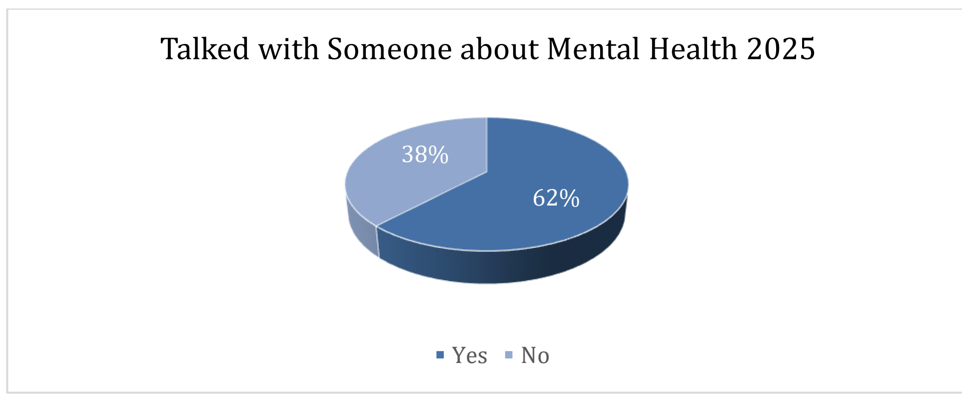
Social Drivers Related to Behavioral Health

Multiple characteristics show significant relationships with behavioral health. The following relationships were found using correlational analyses:

- **Depression** tends to be rated higher for younger people and those in an unstable housing environment.
- **Stress and anxiety** tend to be rated higher for women, younger people, those with lower income, and those in an unstable housing environment. *Note given that the majority of survey respondents were women, combined with the significant positive correlation between women and stress/anxiety, there is a possibility ratings may be inflated.*

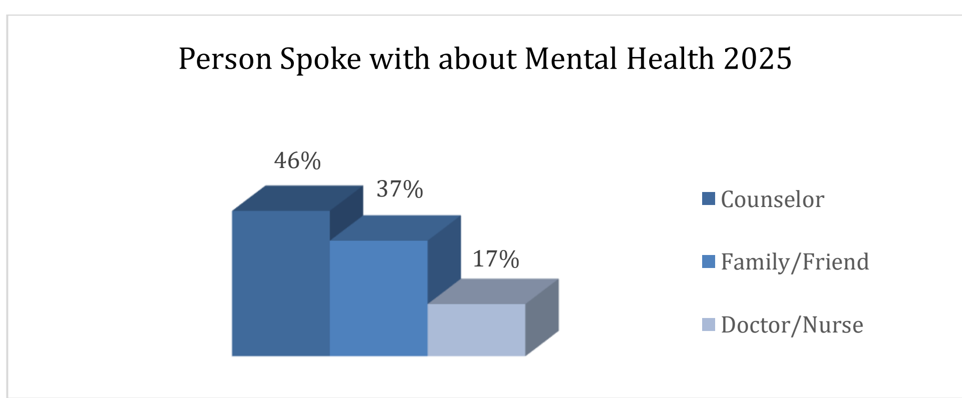
Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents, 62% indicated they spoke to someone (Figure 34). The most common response was a counselor (46%) (Figure 35).

Figure 34



Source: CHNA Survey

Figure 35

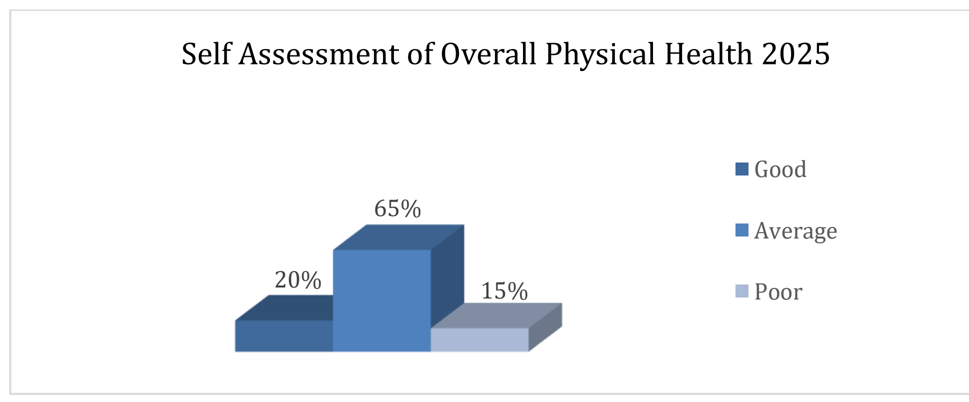


Source: CHNA Survey

Self-Perceptions of Overall Health

Regarding self-assessment of overall physical health, 15% of respondents reported having poor overall physical health (Figure 36).

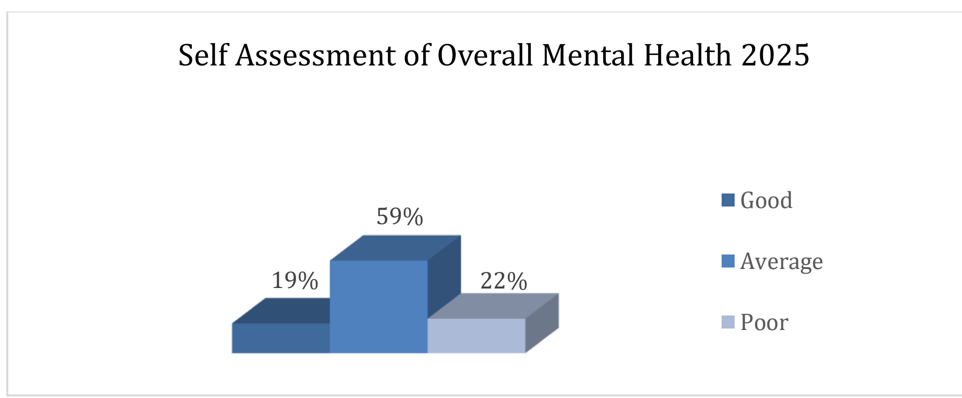
Figure 36



Source: CHNA Survey

Regarding self-assessment of overall mental health, 22% of respondents stated they have poor overall mental health (Figure 37).

Figure 37



Source: CHNA Survey

Comparison to 2022 CHNA

With regard to physical health, slightly less people see themselves in poor health in 2025 (15%), than in 2022 (16%). Regarding mental health, slightly more people see themselves in poor health in 2025 (22%), than in 2022 (21%).

Social Drivers Related to Self-Perceptions of Health

Multiple characteristics show significant relationships with self-perceptions of health. The following relationships were found using correlational analyses:

- **Perceptions of physical health** tend to be higher for older people and those with higher income. Perceptions of physical health tend to be rated lower for LatinX people and those in an unstable housing environment.
- **Perceptions of mental health** tend to be higher for older people and those with higher income. Perceptions of mental health tend to be rated lower for women and those in an unstable housing environment. *Note given that the majority of survey respondents were women, combined with the significant negative correlation between women and perceptions of mental health, there is a possibility ratings may be deflated.*

2.6 Key Takeaways from Chapter 2

- ✓ THERE HAS BEEN A SIGNIFICANT INCREASE IN USE OF THE EMERGENCY DEPARTMENT AS A PRIMARY SOURCE OF HEALTHCARE.
- ✓ HIGH RATE OF PEOPLE WHO DO NOT HAVE ACCESS TO HEALTHCARE, SPECIFICALLY, PRESCRIPTION MEDICATION, DENTAL, AND COUNSELING.
- ✓ CANCER SCREENINGS HAVE DECREASED AND PROSTATE SCREENING IS VERY LOW.
- ✓ HALF OF PEOPLE EXERCISE LESS THAN 2 TIMES PER WEEK AND OVER HALF OF PEOPLE CONSUME 2 OR FEWER SERVINGS OF FRUITS/VEGETABLES PER DAY.
- ✓ OVER HALF OF RESPONDENTS EXPERIENCED DEPRESSION AND/OR STRESS IN THE LAST 30 DAYS.

CHAPTER 3 OUTLINE

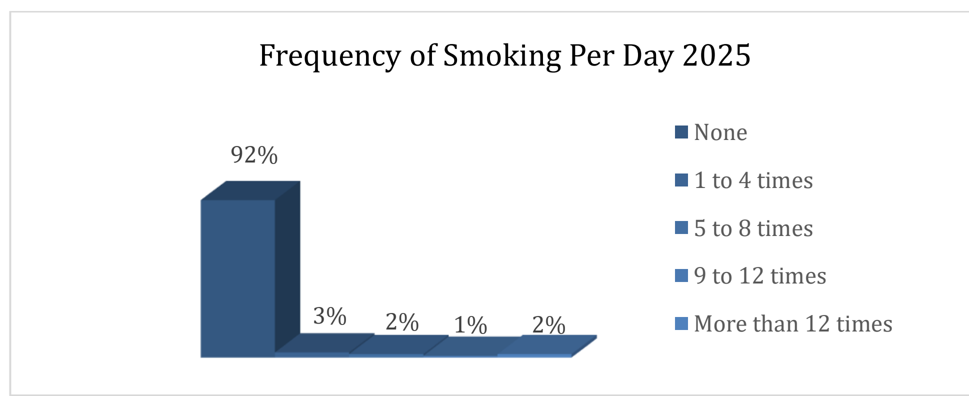
3.1 Tobacco Use
3.2 Drug and Alcohol Use
3.3 Obesity
3.4 Predictors of Heart Disease
3.5 Key Takeaways from Chapter 3

CHAPTER 3: SYMPTOMS AND PREDICTORS

3.1 Tobacco Use

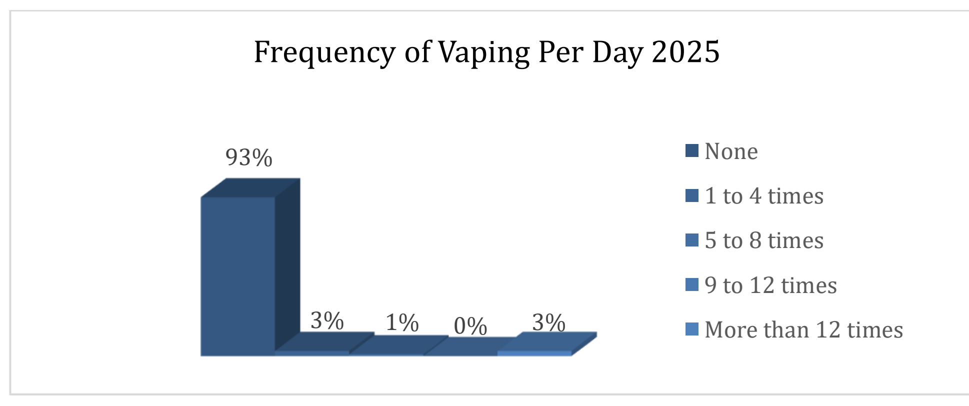
CHNA survey data show 92% of respondents do not smoke (Figure 38) and 93% of respondents do not vape (Figure 39).

Figure 38



Source: CHNA Survey

Figure 39



Source: CHNA Survey

Comparison to 2022 CHNA

Results between 2022 and 2025 show that smoking rates have remained relatively constant while vaping rates have increased. In 2022 and 2025, 8% of people reported they smoked. In 2022, 3% of respondents reported they vape, compared to 7% in 2025. The frequency of those reporting they vape more than 12 times per day increased from 1% in 2022 to 3% in 2025.

Social Drivers Related to Smoking or Vaping

Multiple characteristics show significant relationships with smoking or vaping. The following relationships were found using correlational analyses.

- **Smoking** tends to be rated higher by women, Black people, those with lower education, those with lower income, and those in an unstable housing environment. Smoking tends to be rated lower by White people. *Note given that the majority of survey respondents were women, combined with the significant positive correlation between women and smoking, there is a possibility ratings may be inflated.*
- **Vaping** tends to be rated higher by younger people, LatinX people, those with lower education, those with lower income, and those in an unstable housing environment. Vaping tends to be rated lower by White people.

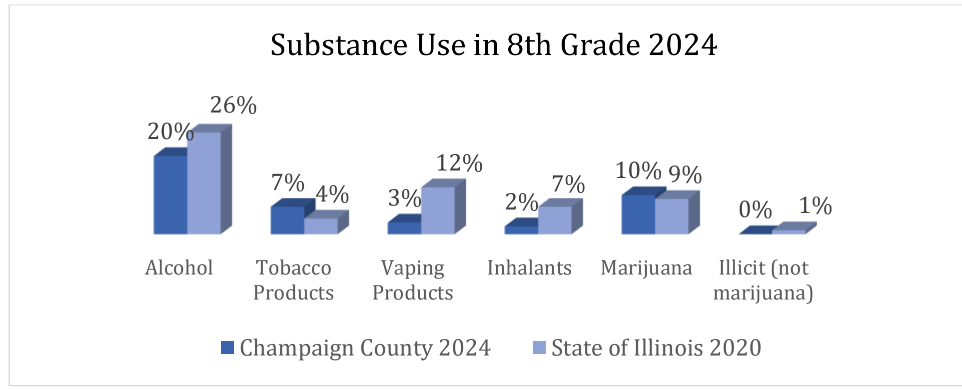
3.2 Drug and Alcohol Use

Importance of the Measure: Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adulthood. Accordingly, the substance use values and behaviors of high school students is a leading indicator of adult substance use in later years.

Youth Substance Use

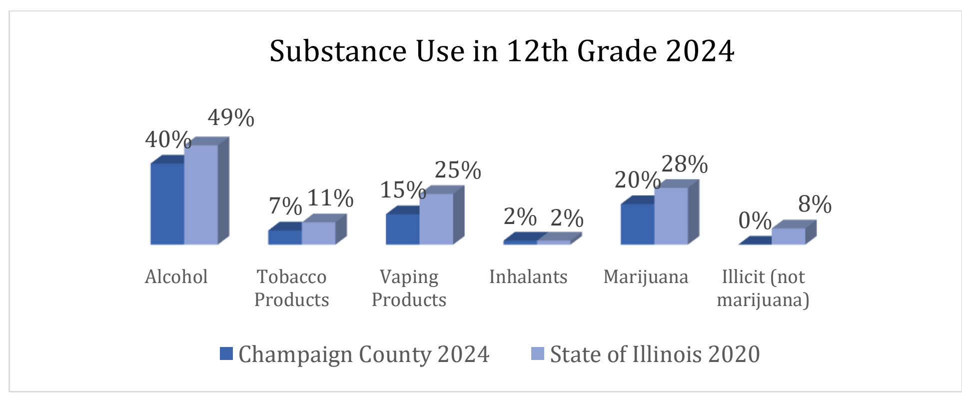
Data from the Illinois Youth Survey measures illegal substance use (alcohol, tobacco and other drugs – including inhalants) among adolescents. Champaign County data is reported for 2024, while the State of Illinois data is reported for 2020. Figure 40 illustrates that Champaign County data is lower than the State of Illinois for all categories except for tobacco products and marijuana. Among 12th graders, Champaign County data is lower in all categories than the State of Illinois data except for inhalants, which was the same (Figure 41).

Figure 40



Source: University of Illinois Center for Prevention Research and Development

Figure 41

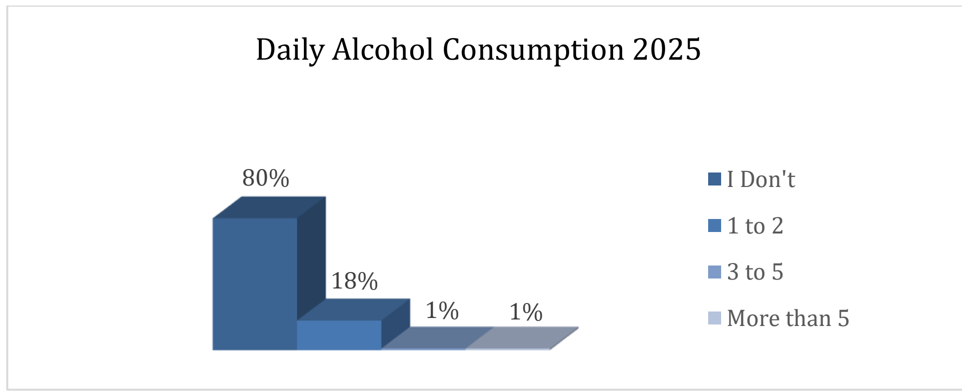


Source: University of Illinois Center for Prevention Research and Development

Adult Substance Use

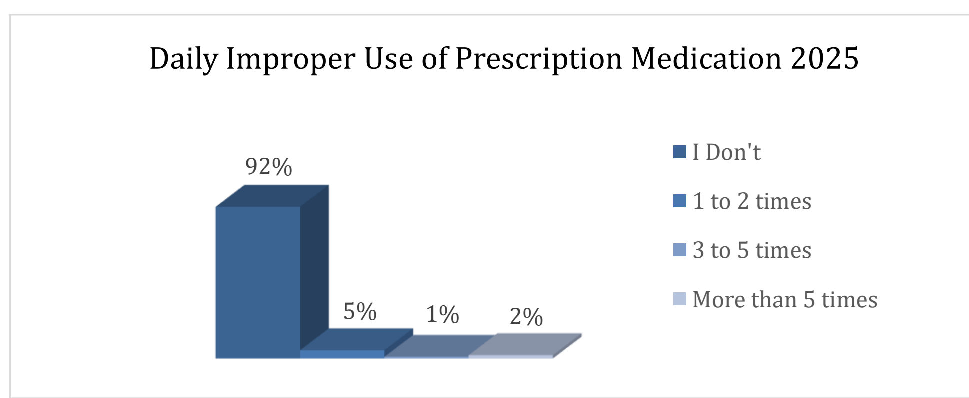
The CHNA survey asked respondents to indicate usage of several substances. Of respondents, 80% indicated they did not consume alcohol on a typical day (Figure 42); 92% indicated they do not take prescription medication improperly including opioids on a typical day (Figure 43); 82% indicated they do not use marijuana on a typical day (Figure 44); and 98% indicated they do not use illegal substances on a typical day (Figure 45).

Figure 42



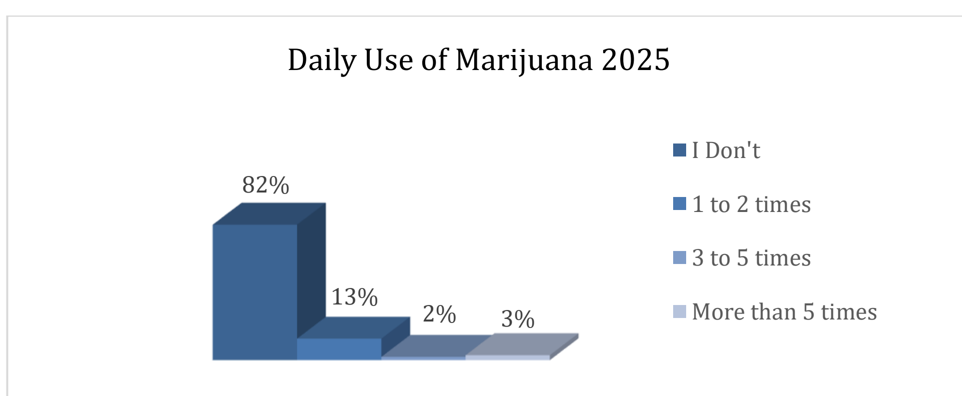
Source: CHNA Survey

Figure 43



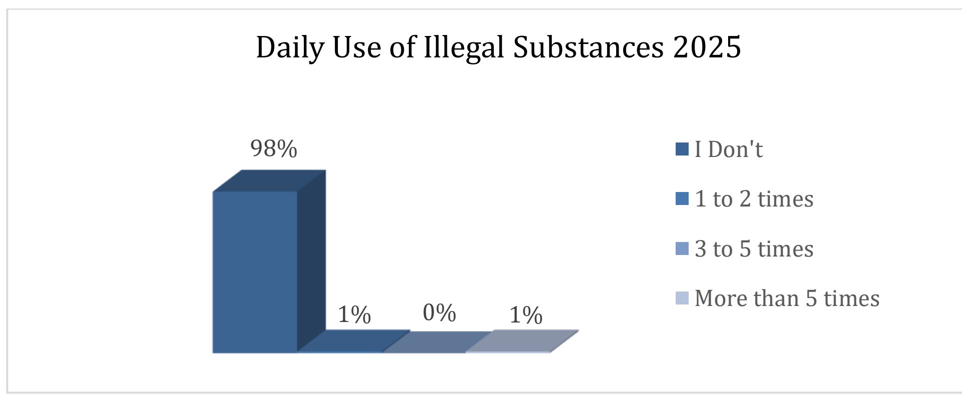
Source: CHNA Survey

Figure 44



Source: CHNA Survey

Figure 45



Source: CHNA Survey

Social Drivers Related to Substance Use

Multiple characteristics show significant relationships with substance use. The following relationships were found using correlational analyses:

- **Alcohol consumption** tends to be rated higher for those in an unstable housing environment.
- **Misuse of prescription medication, including opioids,** tends to be rated higher for those with lower education, those with lower income, and those in an unstable housing environment. Misuse of prescription medication, including opioids, tends to be rated lower for White people.
- **Marijuana use** tends to be rated higher for younger people, those with lower income, and those in an unstable housing environment.
- **Illegal substance use** tends to be rated higher for LatinX people, those with lower income, and those in an unstable housing environment. Illegal substance use tends to be rated lower for women. *Note, that given the majority of survey respondents were women, combined with the significant negative correlation between women and illegal substance use, there is a possibility ratings may be deflated.*

3.3 Obesity

Importance of the Measure: Individuals who are obese place greater stress on their internal organs, thus increasing the propensity to utilize health services. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within Champaign County. The US Surgeon General has characterized obesity as “the fastest-growing, most threatening disease in America today.” According to the Obesity Prevention Initiative from the Illinois General Assembly, 20% of Illinois children are obese.

With children, research has linked obesity to numerous chronic diseases including Type II diabetes, hypertension, high blood pressure and asthma. Adverse physical health side effects of obesity include orthopedic problems due to weakened joints and lower bone density. Detrimental mental health side effects include low self-esteem, poor body image, symptoms of depression and suicide ideation. Obesity

impacts educational performance as well; studies suggest school absenteeism of obese children is six times higher than that of non-obese children.

With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates. A Duke University study on the effects of obesity in the workforce noted 13 times more missed workdays by obese employees than non-obese employees. Nationwide, lack of physical activity and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

In Champaign County, the number of people diagnosed with obesity has increased from 31% in 2020 to 32% in 2021. Similarly, obesity rates in the State of Illinois have also increased from 33% in 2020 to 34% in 2021 (Figure 46).

Additionally, in the 2025 CHNA survey, respondents indicated that being overweight was one of their most prevalently diagnosed health conditions.

Figure 46

Adult Obesity 2020 - 2021

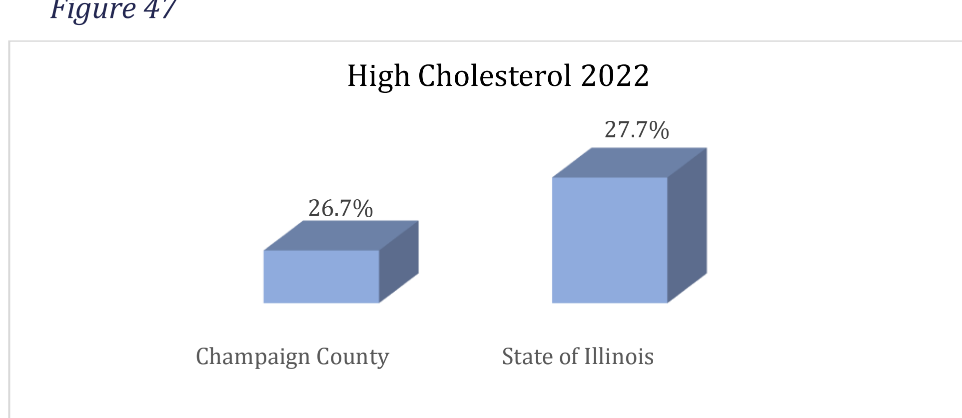
31%
32%
33%
34%
Champaign County
State of Illinois
2020
2021

Source: County Health Rankings & Roadmaps

3.4 Predictors of Heart Disease

Residents in Champaign County report a lower than State of Illinois average prevalence of high cholesterol for 2022. The percentage of residents who report they have high cholesterol in Champaign County is 26.7% compared to the State of Illinois average of 27.7% (Figure 47).

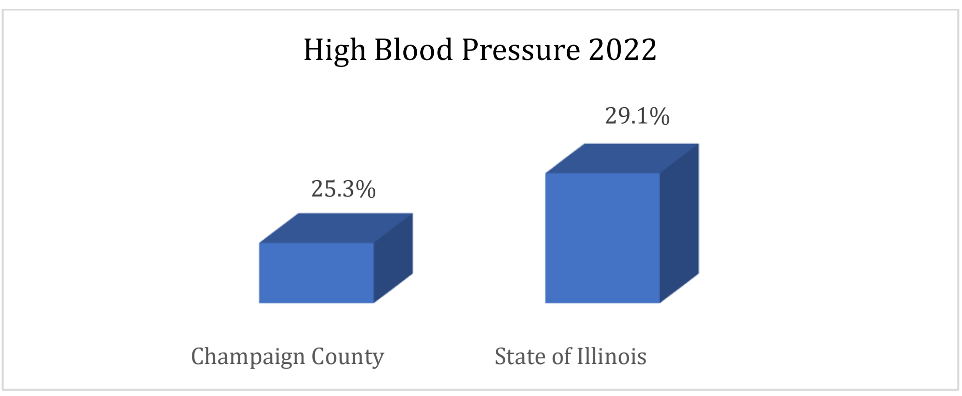
Figure 47



Source: Stanford Data Commons

With regard to high blood pressure, Champaign County has a lower percentage of residents with high blood pressure than residents in the State of Illinois. The percentage of Champaign County residents reporting they have high blood pressure in 2022 is 25.3%, compared to the State of Illinois average of 29.1% (Figure 48).

Figure 48



Source: Stanford Data Commons

3.5 Key Takeaways from Chapter 3

- ✓ THERE IS AN INCREASED RATE OF VAPING.
- ✓ SUBSTANCE USE AMONG 8TH GRADERS IS HIGHER THAN THE STATE OF ILLINOIS AVERAGES FOR TOBACCO PRODUCTS AND MARIJUANA.
- ✓ THE PERCENTAGE OF PEOPLE WHO ARE OBESE HAS SLIGHTLY INCREASED BUT IS STILL LESS THAN THE STATE OF ILLINOIS AVERAGE.
- ✓ CHOLESTEROL LEVELS FOR RESIDENTS ARE SLIGHTLY LOWER THAN THE STATE OF ILLINOIS AVERAGES.
- ✓ A SIGNIFICANT PERCENTAGE OF THE POPULATION (8%) MISUSES PRESCRIPTION MEDICATION, INCLUDING OPIOIDS, AND 2% USE ILLEGAL SUBSTANCES OTHER THAN MARIJUANA.

CHAPTER 4 OUTLINE

4.1 Self-Identified Health Conditions
4.2 Healthy Babies
4.3 Cardiovascular Disease
4.4 Respiratory
4.5 Cancer
4.6 Diabetes
4.7 Injuries
4.8 Mortality
4.9 Key Takeaways from Chapter 4

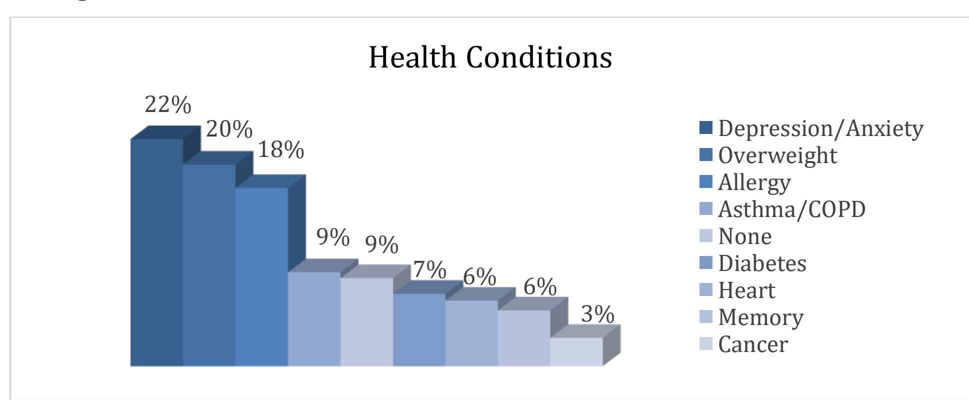
CHAPTER 4: MORBIDITY AND MORTALITY

Given the lack of recent disease/morbidity data from existing secondary data sources, much of the data used in this chapter was manually gathered from Champaign County hospitals using COMPdata Informatics. Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.

4.1 Self-Identified Health Conditions

Survey respondents were asked to self-identify any health conditions. Notably, having depression/anxiety (22%), being overweight (20%), and allergies (18%) were the highest rated health conditions. Often percentages for self-identified data are lower than secondary data sources (Figure 49).

Figure 49



Source: CHNA Survey

4.2 Healthy Babies

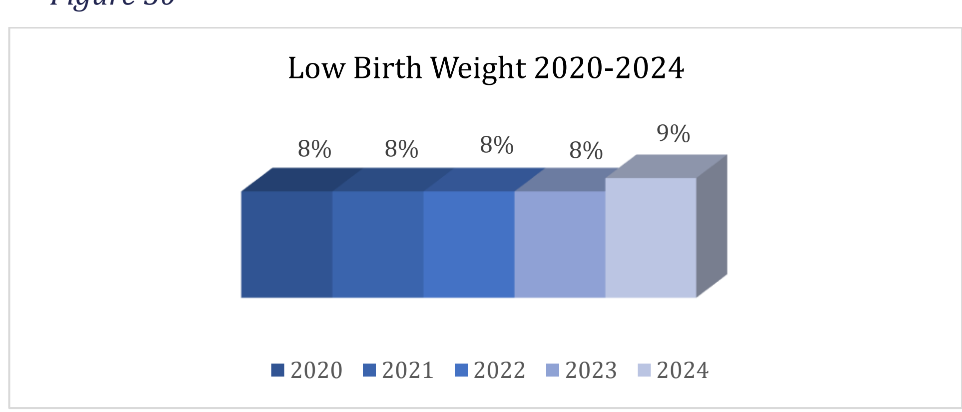
Importance of the Measure: Regular prenatal care is vital for producing healthy babies and children. Screening and treatment for medical conditions, as well as identifying and intervening in behavioral risk

factors associated with poor birth outcomes, are crucial. Research suggests that women who receive adequate prenatal care are more likely to have better birth outcomes, such as full-term and normal-weight babies.

Low Birth Weight Rates

Low birth weight rate is defined as the percentage of infants born below 2,500 grams or 5.5 pounds. Very low birth weight rate is defined as the percentage of infants born below 1,500 grams or 3.3 pounds. In contrast, the average newborn weighs about 7 pounds. The percentage of babies born with low birth weight in Champaign County has remained relatively constant from 2020 to 2023 at 8%, then increased to 9% in 2024 (Figure 50).

Figure 50



Source: County Health Ranking & Roadmaps

4.3 Cardiovascular Disease

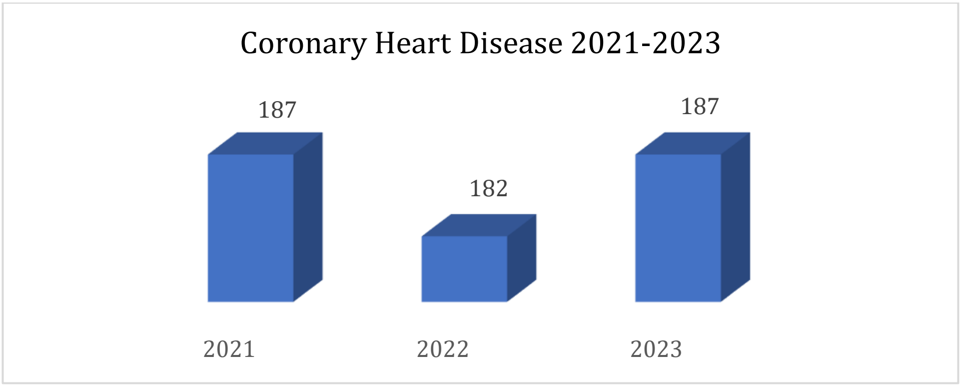
Importance of the Measure: Cardiovascular disease is defined as all diseases of the heart and blood vessels, including ischemic (also known as coronary) heart disease, cerebrovascular disease, congestive heart failure, hypertensive disease and atherosclerosis.

Coronary Heart Disease

Coronary Heart Disease, sometimes-called atherosclerosis, can slowly narrow and/or harden the arteries throughout the body. Coronary artery disease is a leading cause of death for Americans. Most of these deaths resulting from heart attacks caused by sudden blood clots in the heart's arteries.

The number of cases of coronary atherosclerosis complication in Champaign County area hospitals has decreased from 187 cases in 2021 to 182 cases in 2022 and then returned to 187 cases in 2023 (Figure 51).

Figure 51

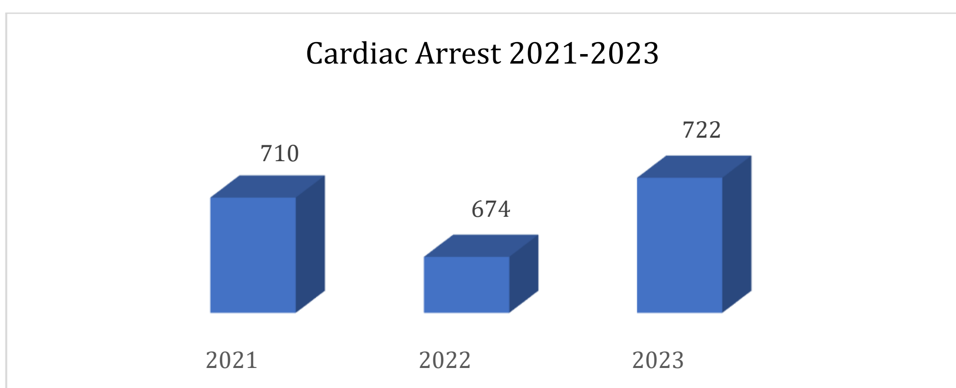


Source: COMPdata Informatics

Cardiac Arrest

Cases of dysrhythmia and cardiac arrest at Champaign County area hospitals decreased from 710 in 2021 to 674 in 2020 and then increased to 722 in 2023 (Figure 52).

Figure 52

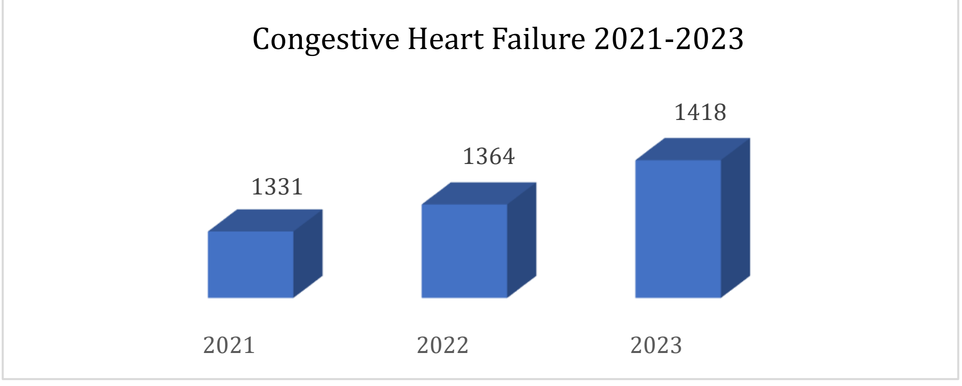


Source: COMPdata Informatics

Heart Failure

The number of treated cases of heart failure at Champaign County area hospitals increased from 1331 cases in 2021 to 1418 cases in 2023 (Figure 53).

Figure 53

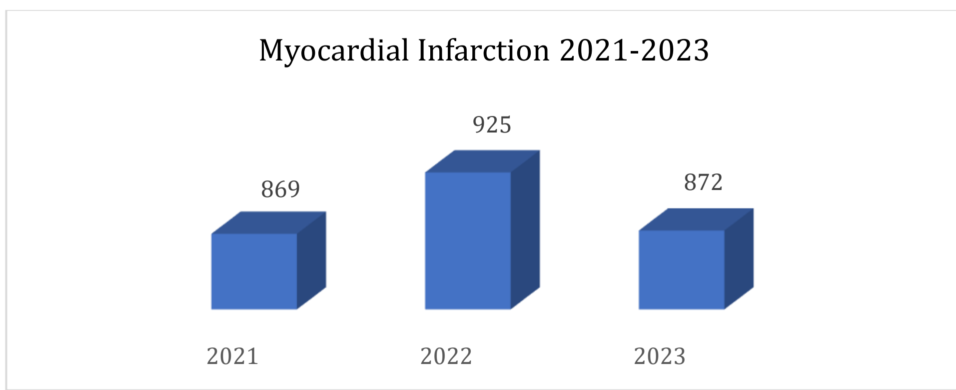


Source: COMPdata Informatics

Myocardial Infarction

The number of treated cases of myocardial infarction at area hospitals in Champaign County has increased overall from 869 in 2021 to 872 in 2023 (Figure 54).

Figure 54

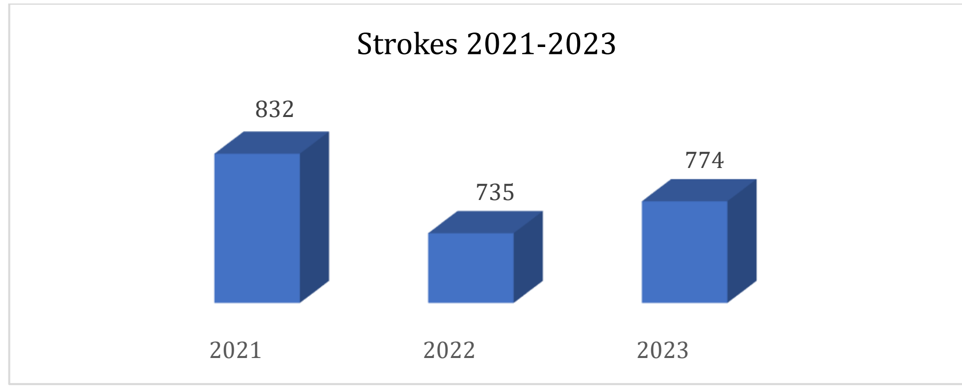


Source: COMPdata Informatics

Strokes

The number of treated cases of stroke at Champaign County area hospitals decreased overall from 832 in 2021 to 774 in 2025 (Figure 55).

Figure 55



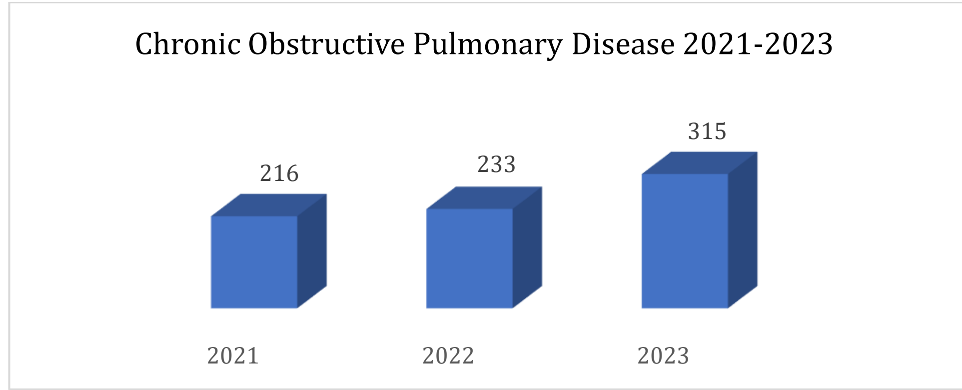
Source: COMPdata Informatics

4.4 Respiratory

Importance of the Measure: Disease of the respiratory system includes acute upper respiratory infections such as influenza, pneumonia, bronchitis, asthma, emphysema and Chronic Obstructive Pulmonary Disease (COPD). These conditions are characterized by breathlessness, wheezing, chronic coughing, frequent respiratory infections and chest tightness. Many respiratory conditions can be successfully controlled with medical supervision and treatment. However, children and adults who do not have access to adequate medical care are likely to experience repeated serious episodes, trips to the emergency room and absences from school and work. Hospitalization rates illustrate the worst episodes of respiratory diseases and are a proxy measure for inadequate treatment.

Treated cases of COPD at Champaign County area hospitals increased from 216 in 2021 to 315 in 2023 (Figure 56).

Figure 56



Source: COMPdata Informatics

4.5 Cancer

Importance of the Measure: Cancer is caused by the abnormal growth of cells in the body and many causes of cancer have been identified. Generally, each type of cancer has its own symptoms, outlook for cure, and methods for treatment. Cancer is one of the leading causes of death in Champaign County.

For the top three prevalent cancers in Champaign County, comparisons can be seen below. Specifically, prostate cancer and breast cancer are higher than the State of Illinois averages, while lung cancer rates are lower than the State of Illinois (Figure 57).

Figure 57

Top 3 Cancer Incidence (per 100,000) 2017 - 2021

	Champaign County	State of Illinois
Lung Cancer	55.55	64.25
Breast Cancer, Invasive	135.8	133.7
Prostate Cancer	129.1	111.5

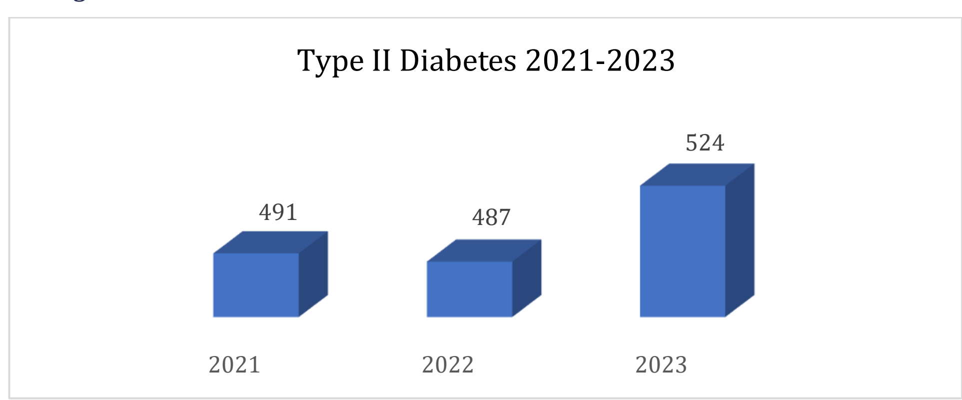
Source: Illinois Department of Public Health – Cancer in Illinois

4.6 Diabetes

Importance of the Measure: Diabetes is the leading cause of kidney failure, adult blindness and amputations and is a leading contributor to strokes and heart attacks. It is estimated that 90-95% of individuals with diabetes have Type II diabetes (previously known as adult-onset diabetes). Only 5-10% of individuals with diabetes have Type I diabetes (previously known as juvenile diabetes).

Inpatient cases of Type II diabetes from Champaign County had an overall increase between 2021 (491) and 2023 (524) (Figure 58).

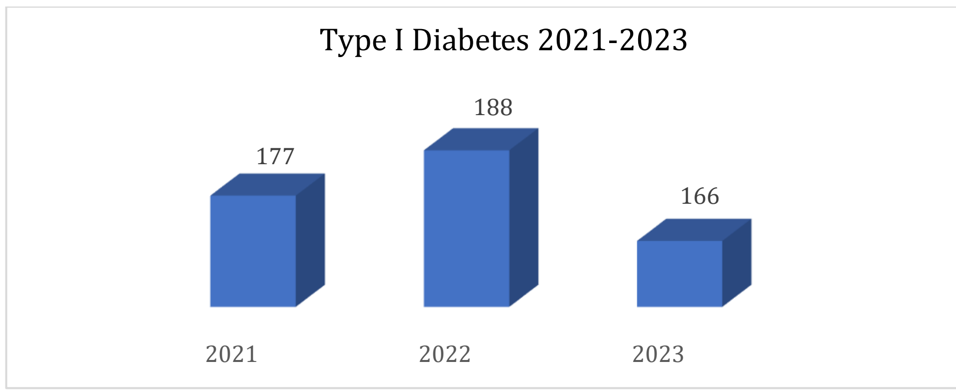
Figure 58



Source: COMPdata Informatics

Inpatient cases of Type I diabetes show an overall decrease from 2021 (177) to 2023 (166) (Figure 59).

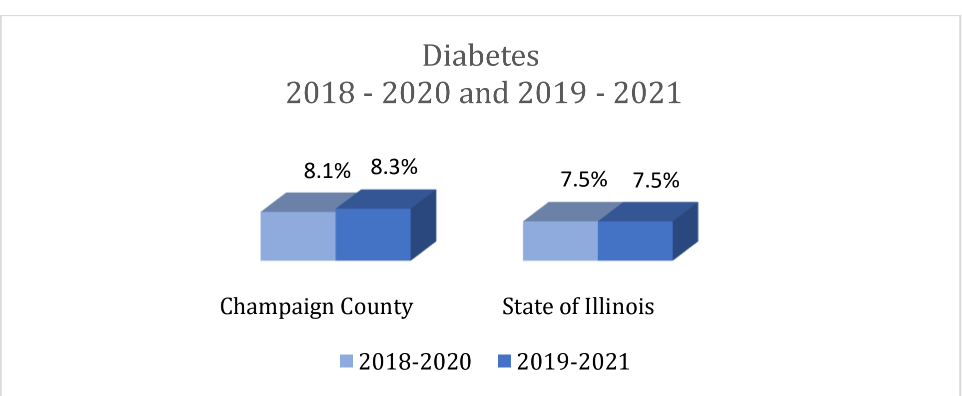
Figure 59



Source: COMPdata Informatics

Data indicate that 8.3% of Champaign County residents have diabetes (Figure 60). Trends are concerning, as the prevalence of diabetes is increasing in Champaign County and is above the State of Illinois average (7.5%).

Figure 60



Source: Center for Disease Control

4.7 Injuries

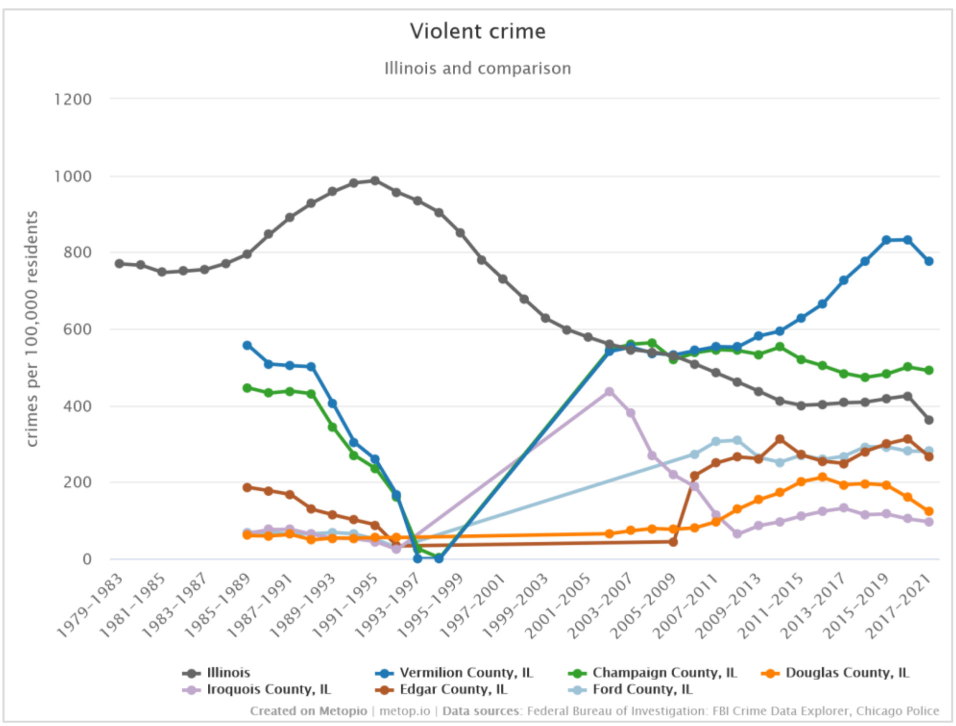
Importance of the Measure: Violence is a significant public health issue that affects physical and mental well-being, strains healthcare resources, and impacts community safety. Suicide is intentional self-harm resulting in death. These injuries often indicate serious mental health problems requiring the treatment of other trauma-inducing issues.

Violent Crimes

Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery and aggravated assault. Violent crime is represented as an annual rate per 100,000 people. The number of violent crimes has decreased since

2019 in Champaign County (Figure 61). However violent crime rates in Champaign County still remain higher than the State of Illinois average.

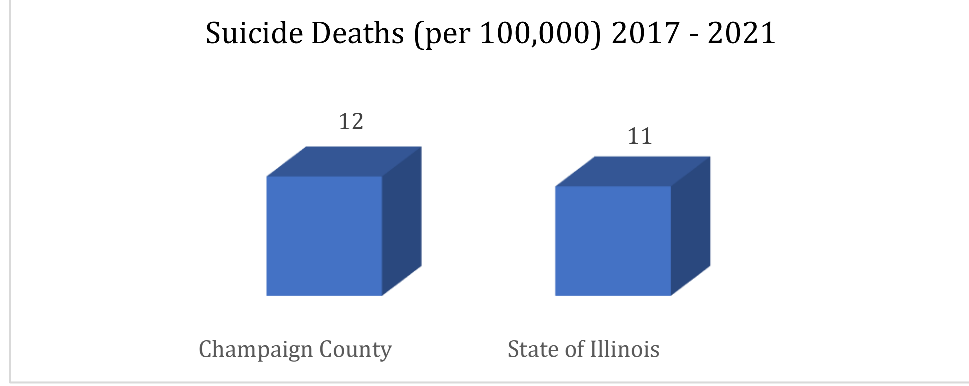
Figure 61



Suicide

The number of suicides in Champaign County indicate higher incidence than State of Illinois averages, as there were approximately 12 per 100,000 suicide deaths in Champaign County from 2017-2021 (Figure 62).

Figure 62



Source: Illinois Department of Public Health

4.8 Mortality

Importance of the Measure: Presenting data that focuses on causes of mortality provides an opportunity to define and quantify which diseases are causing the most deaths.

The top leading causes of death in the State of Illinois and Champaign County are similar as a percentage of total deaths in 2022. Diseases of the heart are the cause of 21.7% of deaths, cancer is the cause of 17.8% of deaths, and accidents are the cause of 7.6% of deaths in Champaign County (Table 1).

Table 1

Top 5 Leading Causes of Death for all Races by County & State of Illinois, 2022		
Rank	Champaign County	State of Illinois
1	Diseases of Heart (21.7%)	Diseases of Heart (21.8%)
2	Malignant Neoplasm (17.8%)	Malignant Neoplasm (19.2%)
3	Accidents (7.6%)	Accidents (6.1%)
4	COVID-19 (4.7%)	COVID-19 (5.8%)
5	Cerebrovascular Disease (4.3%)	Cerebrovascular Disease (5.4%)

Source: Illinois Department of Public Health

4.9 Key Takeaways from Chapter 4

- ✓ BREAST AND PROSTATE CANCER RATES IN CHAMPAIGN COUNTY ARE HIGHER THAN STATE OF ILLINOIS AVERAGES.
- ✓ DIABETES RATES ARE SIGNIFICANTLY HIGHER IN CHAMPAIGN COUNTY THAN THE STATE OF ILLINOIS AVERAGE.
- ✓ VIOLENT CRIMES ARE HIGHER THAN STATE OF ILLINOIS AVERAGES.
- ✓ SUICIDE RATES IN CHAMPAIGN COUNTY ARE SLIGHTLY HIGHER THAN THE STATE OF ILLINOIS RATES.
- ✓ CANCER, HEART DISEASE, AND ACCIDENTS ARE THE LEADING CAUSES OF MORTALITY IN CHAMPAIGN COUNTY.

CHAPTER 5 OUTLINE

5.1 Perceptions of Health Issues
5.2 Perceptions of Unhealthy Behavior
5.3 Perceptions of Issues with Well Being
5.4 Summary of Community Health Issues
5.5 Community Resources
5.6 Significant Needs Identified and Prioritized

CHAPTER 5: PRIORITIZATION OF HEALTH-RELATED ISSUES

In this chapter, we identify the most critical health-related needs in the community. To accomplish this, we first asked community members to assess perceptions relating to health issues, unhealthy behaviors and issues related to well-being.

Using key takeaways from each chapter, we then identify important health-related issues in the community. Next, we complete a comprehensive inventory of community resources; and finally, we prioritize the most significant health needs in the community. Specific criteria used to identify these issues included: (1) magnitude in the community; (2) severity in the community; (3) potential for impact to the community.

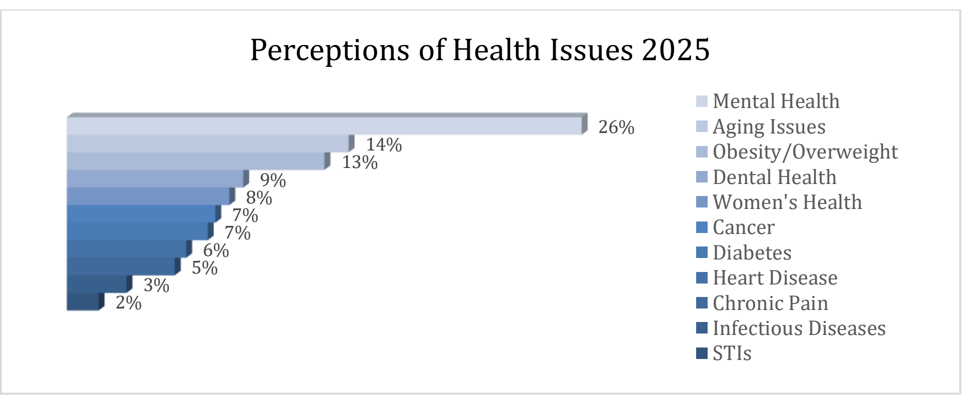
5.1 Perceptions of Health Issues

The CHNA survey asked respondents to rate the three most important health issues in the community. Respondents had a choice of 14 different options.

The health issue that rated highest was mental health (26%). This factor was significantly higher than other categories based on *t-tests* between sample means.

Note that perceptions of the community were accurate in some cases. For example, mental health and obesity are important concerns and the survey respondents accurately identified these as important health issues. However, some perceptions were inaccurate. For example, while heart disease is a leading cause of mortality, it is ranked relatively low.

Figure 63

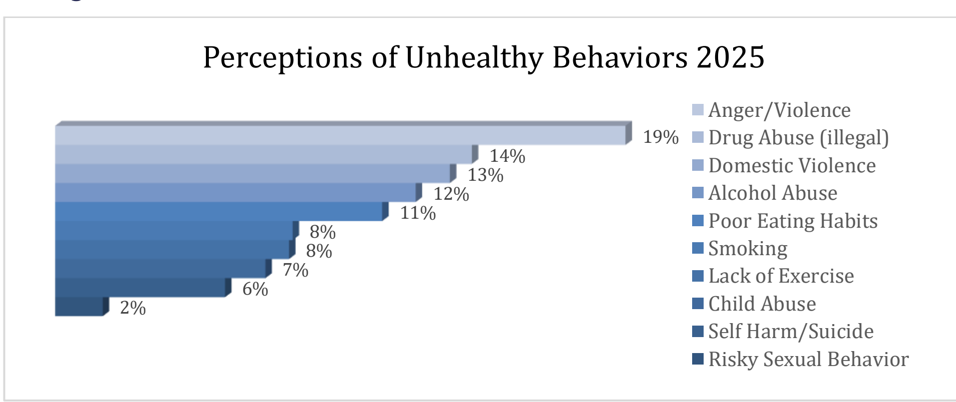


Source: CHNA Survey

5.2 Perceptions of Unhealthy Behaviors

Respondents were asked to select the three most important unhealthy behaviors in the community out of a total of 10 choices. The three unhealthy behaviors that rated highest were anger/violence (19%), drug use (illegal) (14%), domestic violence (13%), alcohol use (12%), and poor eating habits (11%) (Figure 64).

Figure 64



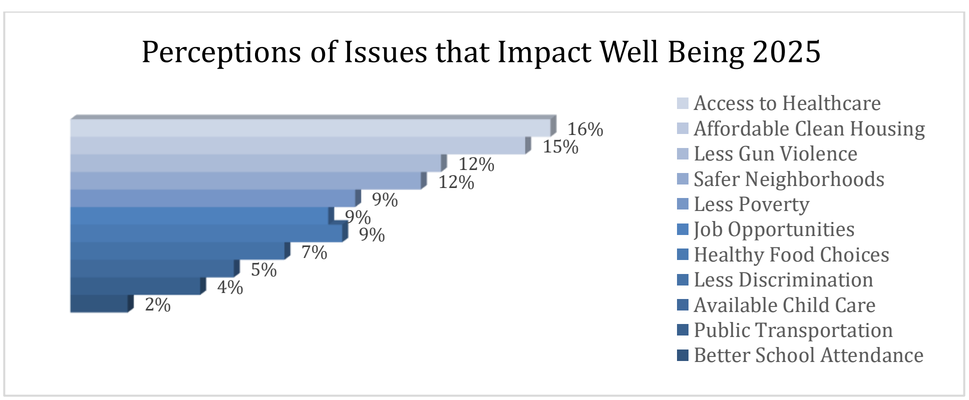
Source: CHNA Survey

5.3 Perceptions of Issues Impacting Well Being

Respondents were asked to select the three most important issues impacting well-being in the community out of a total of 11 choices.

The issue impacting well-being that rated highest was access to healthcare (16%), followed by affordable clean housing (15%), less gun violence (12%), and safer neighborhoods (12%) (Figure 65).

Figure 65



Source: CHNA Survey

5.4 Summary of Community Health Issues

Based on findings from the previous analyses, a chapter-by-chapter summary of key takeaways is used to provide a foundation for identification of the most important health-related issues in the community. Considerations for identifying key takeaways include magnitude in the community, strategic importance to the community, existing community resources and potential for impact and trends and future forecasts.

Demographics (Chapter 1) – Four factors were identified as the most important areas of impact from the demographic analyses:

- Population decreased
- Population over age 65 is increasing
- Single female head-of-house-household represents 30% of the population
- Most people have access to the Internet in their home

Prevention Behaviors (Chapter 2) – Five factors were identified as the most important areas of impact from the chapter on prevention behaviors:

- Access to prescription medication, dental, and mental health counseling
- Increased use of emergency departments as a primary source of healthcare
- Cancer screenings have decreased, and prostate screening is relatively low
- Exercise and healthy eating behaviors
- Depression and stress/anxiety

Symptoms and Predictors (Chapter 3) – Four factors were identified as the most important areas of impact from the chapter on symptoms and predictors:

- Misuse of prescription medication, including opioids
- Substance use by youth
- Obesity

- Vaping

Morbidity and Mortality (Chapter 4) – Five factors were identified as the most important areas of impact from the chapter on morbidity/mortality behaviors:

- Breast and prostate cancer
- Diabetes
- Violent crime rates
- Suicide rates
- Cancer and heart disease are the leading causes of mortality

Potential Health-Related Needs Considered for Prioritization

Before the prioritization of significant community health-related needs was performed, results were aggregated into 10 potential categories. Based on similarities and duplication, the 10 potential areas considered are:

- **Aging Population**
- **Access to Healthcare**
- **Healthy Behaviors and Wellness**
- **Depression and Stress/Anxiety**
- **Substance Use, Including Opioids and Vaping**
- **Obesity (specific focus)**
- **Cancer**
- **Diabetes**
- **Violence**
- **Suicide Rates**

5.5 Community Resources

After summarizing potential categories for prioritization in the Community Health Needs Assessment, a comprehensive analysis of existing community resources was performed to identify the efficacy to which these 10 health-related areas were being addressed. A resource matrix can be seen in APPENDIX 6: Resource Matrix relating to the 10 health-related issues.

There are numerous forms of resources in the community. They are categorized as recreational facilities, county health departments, community agencies and area hospitals/clinics. A detailed list of community resources and descriptions appears in APPENDIX 7: Description of Community Resources.

5.6 Significant Needs Identified and Prioritized

In order to prioritize the previously identified dimensions, the collaborative team considered health needs based on: (1) magnitude of the issues (e.g., what percentage of the population was impacted by the issue); (2) severity of the issues in terms of their relationship with morbidities and mortalities; (3) potential impact through collaboration. Using a modified version of the Hanlon Method (as seen in APPENDIX 8: Prioritization Methodology), the collaborative team identified four significant health needs and considered them equal priorities:

- **Healthy Behaviors and Wellness**
- **Behavioral Health - Including Mental Health and Substance Use**
- **Violence**
- **Access to Health**

HEALTHY BEHAVIORS AND WELLNESS

Healthy behaviors, such as a balanced diet consisting of whole foods and physical exercise, are critical for both physical and mental well-being. Healthy behaviors can have substantial influence in reducing the risk of numerous health issues and these behaviors contribute to increased longevity and improved quality of life. Nationwide, lack of physical exercise and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

NUTRITION. Almost two-thirds (59%) of residents in Champaign County report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of residents who consume five or more servings per day is only 9%. The most prevalent reasons for failing to eat more fruits and vegetables were dislike, cost, and lack of importance.

EXERCISE. A healthy lifestyle, comprised of regular physical activity and balanced diet, has been shown to increase physical, mental, and emotional well-being. Note that 20% of respondents indicated that they do not exercise at all, while the majority (64%) of residents exercise 1-5 times per week. The most common reasons for not exercising were not having enough energy (28%) and not enough time (22%).

OBESITY. In Champaign County, the percentage of obese people has increased from 30% in 2020 to 31% in 2021. This is slightly lower than the State of Illinois average, where obesity rates have increased from 33% in 2020 to 34% in 2021. In the 2025 CHNA survey, respondents indicated that obesity was the third most important health issue and was rated as the most prevalently diagnosed health condition. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within Champaign County. The U.S. Surgeon General has characterized obesity as “the fastest-growing, most threatening disease in America today.” According to the Obesity Prevention Initiative from the Illinois General Assembly, 20% of Illinois children are obese. With children, research has linked obesity to numerous chronic diseases including Type II diabetes, hypertension, high blood pressure and asthma. Adverse physical health side effects of obesity include orthopedic problems due to weakened joints and lower bone density. Detrimental mental health side effects include low self-esteem, poor body image, symptoms of depression and suicide ideation. Obesity impacts educational performance as well; studies suggest school absenteeism of obese children is six times higher than that of non-obese children. With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker

compensation rates. A Duke University study on the effects of obesity in the workforce noted 13 times more missed workdays by obese employees than non-obese employees.

BEHAVIORAL HEALTH - INCLUDING MENTAL HEALTH AND SUBSTANCE USE

MENTAL HEALTH. The CHNA survey asked respondents to indicate prevalence of specific issues, namely depression and stress/anxiety. Of respondents, 60% indicated they felt depressed in the last 30 days and 51% indicated they felt anxious or stressed. Depression tends to be rated higher by younger people and those in an unstable housing environment. Stress and anxiety tend to be rated higher for women, younger people, those with lower income, and those in an unstable housing environment (note given that the majority of survey respondents were women, combined with the significant positive correlation between women and stress/anxiety, there is a possibility that ratings may be inflated). Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents 62% indicated that they spoke to someone, the most common response was to a counselor (46%). In regard to self-assessment of overall mental health, 22% of respondents stated they have poor overall mental health. In the 2025 CHNA survey, respondents indicated that mental health was the most important health issue.

SUBSTANCE USE. Of survey respondents, 20% indicated they consume at least one alcoholic drink each day. Alcohol consumption tends to be rated higher by those in an unstable housing environment. Of survey respondents, 8% indicated they improperly use prescription medications each day to feel better and 18% indicated the use of marijuana each day. Note that misuse of prescription medication (oftentimes opioid use) tends to be rated higher for those with lower education, those with lower income, and those in an unstable housing environment. Marijuana use tends to be rated higher for younger people, those with lower income, and those in an unstable housing environment. Finally, of survey respondents, 2% indicated they use illegal drugs on a daily basis.

In the 2025 CHNA survey, respondents rated drug use (illegal) as the second most prevalent unhealthy behavior (14%) in Champaign County and alcohol use as the fourth most important unhealthy behavior (12%).

VIOLENCE

Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery and aggravated assault. The violent crime rate in Champaign County (500 per 100,000 people) is higher than the State of Illinois average (426 per 100,000 people) and the national average (364 per 100,00 people). Respondents in the 2025 CHNA survey ranked anger/violence (19%) as the most important unhealthy behavior in the community and domestic violence (13%) as the third most important unhealthy behavior in the community.

From 2017-2022, Champaign County experienced 71 deaths due to homicide, yielding a crude death rate of 5.7 homicide deaths per 100,000 people. However, Champaign County generally fares better than the rest of the State of Illinois, with less than 1% of total homicides in the state occurring in Champaign County and a crude death rate from homicides that is lower than the overall State of Illinois rate of 9.0.

ACCESS TO CARE

PRIMARY SOURCE OF HEALTHCARE. The CHNA survey asked respondents to identify their primary source of healthcare. While 58% of respondents identified clinic/doctor's office as the primary source of

care and 26% of respondents identified urgent care as the primary source of care, 12% identified the emergency department as a primary source of healthcare and 4% of respondents indicated they do not seek healthcare when needed. Selection of an emergency department as the primary source of healthcare tends to be rated higher by Black people, LatinX people, those with lower education, those with lower income, and those in an in unstable housing environment. Not seeking healthcare when needed is more likely to be rated higher by LatinX people and those in an unstable housing environment.

ACCESS TO MEDICAL CARE, PRESCRIPTION MEDICATIONS, DENTAL CARE AND MENTAL-HEALTH COUNSELING. Additionally, survey results show that 19% of the population did not have access to medical care when needed; 23% of the population did not have access to prescription medications when needed; 29% of the population did not have access to dental care when needed; and 24% of the population did not have access to counseling when needed. The leading causes of not getting access to care when needed were cost and too long of a wait.

APPENDICES

APPENDIX 1: Members of Collaborative Team

Members of the **Collaborative Team** consisted of individuals with special knowledge of and expertise in the healthcare of the community. Individuals, affiliations, titles and expertise are as follows:

Camille Birt has a background in infection control and project/event management, with her current position as Program Manager Community Health at OSF HealthCare Heart of Mary Medical Center in Urbana. Camille holds a Master of Public Health (MPH) with a focus in Health Education and Promotion from Northern Illinois University. She is responsible for maintaining and executing health goals related to CHNA initiatives. Camille serves on the board of Healthy Champaign County.

Lynn Canfield has served as Executive Director for the Champaign County Mental Health Board and the Champaign County Developmental Disabilities Board since 2016 and as their Associate Director for Intellectual/Developmental Disabilities from 2009 to 2016. Prior to that, she worked for 19 years in the DD system as a residential instructor, case manager, program manager, and clinical coordinator focused on behavioral health treatment for those with multiple diagnoses as well as Medicaid compliance. In her current work, Lynn supports a small team of experts and members of the two volunteer boards and oversees a combined annual budget greater than $9 million, primarily invested in contracts with qualified providers to serve Champaign County residents with MI, SUD, or I/DD. She is very active with state and national trade associations, contributing to legislative advocacy and policy statements and participating in communities of practice and learning collaborative.

Sue Grey serves as President and CEO for United Way of Champaign County and has been a member of the United Way of Champaign County team since June 2006. Sue has over 35 years of experience working with the community, bringing people and resources together to make lasting changes and positive impact in our community. She worked at Champaign Park District organizing community events, managing volunteers and working with the Board of Commissioners. Sue also spent three years with the Green Meadows Girl Scout Council as their CEO. As a lifelong resident of Champaign, Sue has developed great community contacts and mobilizes those resources to better the quality of life for those in need in Champaign County. Sue is a member of Champaign Rotary, an Alpha Phi Alumnae, and class member of Leadership Illinois 2019. Sue was elected to the Champaign Unit 4 School Board in April of 2007 and again in 2011. She served as Board President for two years. Sue was also a recipient of the Champaign County Chamber of Commerce Athena Award in 2005 and in 2012 was selected as A Woman of Distinction by the East Central Illinois Girl Scout Council. She was a 2020 cast member of “That’s What She Said”.

JR Lill is a community health advocate and educator with a Bachelor of Science in Community Health from the University of Illinois at Champaign-Urbana. He currently holds the role of Community Health Plan Coordinator for Champaign and Vermilion County through United Way of Champaign County. He specializes in stakeholder engagement and public health planning, currently working to develop Community Health Needs Assessment (CHNA) plans across Champaign and Vermilion Counties. His experience includes managing public health programs, conducting needs assessments, and leading outreach initiatives to promote health equity. He has also worked extensively in substance abuse recovery, integrating wellness practices to support individuals in early recovery.

Julie A. Pryde is a Licensed Social Worker and a Certified Public Health Administrator. She serves as Public Health Administrator of Champaign-Urbana Public Health District (C-UPHD), a nationally accredited health department. Ms. Pryde earned her Master of Social Work from the University of Illinois, Urbana-Champaign (UIUC), and her Master of Public Health from the University of Illinois, Springfield. She has been published in professional journals and presented at national conferences on topics related to public health. Ms. Pryde began her career at C-UPHD in 1995 working with the HIV/AIDS Program. She served as the Director of the Division of Infectious Disease Prevention and Management at C-UPHD until 2007 when she was appointed as the Public Health Administrator. Ms. Pryde currently serves on the University of Illinois at Urbana-Champaign's Institutional Biosafety Committee; The Midwest Alliance for Applied Genomic Epidemiology; and as the Co-chair for the 21st Century Initiative for Illinois Public Health.

Linda Tauber-Olson has over 25 years in Health Care with her current position as Manager Volunteer Services with OSF HealthCare Heart of Mary Medical Center in Urbana. In this position, she oversees Volunteer Services and Community Health, Education, and Outreach. She is responsible for ensuring that the hospital's Community Benefit reporting, Community Health Needs Assessments, Implementation Plans, and associated requirements and responsibilities are met. Linda has a Bachelor of Arts degree from Westminster College. Linda serves as a Deacon with First Presbyterian Church Champaign.

John Walsh serves as External Affairs Program Executive for Carle Health, a vertically integrated health system based in Central Illinois. His background is in federal legislature, working for United States Congressman Adam Kinzinger, then directing governmental relations work for an association based in Central Illinois. At Carle, John is responsible for maintaining relationships with, and, in collaboration with, system government relations and leadership, communicating system positions and priorities with key constituents, including elected and appointed public officials, legislative and regulatory agencies, and associated staff. Additionally, he works to ensure that the system's Community Benefit reporting, Community Health Needs Assessments, Implementation Plans, and associated requirements and responsibilities are met.

In addition to collaborative team members, the following **facilitators** managed the process and prepared the Community Health Needs Assessment. Their qualifications and expertise are as follows:

Michelle A. Carrothers (Coordinator) is currently the Vice President of Strategic Reimbursement for OSF Healthcare System, a position she has served in since 2014. She serves as a Business Leader for the Ministry Community Health Needs Assessment process. Michelle has over 35 years of health care experience. Michelle obtained both a Bachelor of Science Degree and Master of Business Administration Degree from Bradley University in Peoria, IL. She attained her CPA in 1984 and earned her Fellow of the Healthcare Financial Management Association Certification in 2011. Currently she serves on the National Board of Examiners for HFMA. Michelle serves on various Peoria Community Board of Directors and Illinois Hospital Association committees.

Dawn Tuley (Coordinator) is a Strategic Reimbursement Senior Analyst at OSF Healthcare System. She has worked for OSF Healthcare System since 2004 and acts as the coordinator for 15 Hospital Community Health Need Assessments. In addition, she coordinates the submission of the Community Benefit Attorney General report and the filing of the IRS Form 990 Schedule H since 2008. Dawn holds a master's in healthcare administration from Purdue University and is certified in Community Benefit. Dawn has been a member of the McMahon-Illini Chapter of Healthcare Financial Management Association for over

twelve years. She has served as the Vice President, President-Elect and two terms as the Chapter President on the board of Directors. She has earned a silver, bronze, gold and Metal of Honor from her work with the McMahon-Illini HFMA Chapter. She is currently serving as a director on the board.

Dr. Laurence G. Weinzimmer, Ph.D. (Principal Investigator) is the Caterpillar Inc. Professor of Strategic Management in the Foster College of Business at Bradley University in Peoria, IL. An internationally recognized thought leader in organizational strategy and leadership, he is a sought-after consultant to numerous *Fortune 100* companies and not-for-profit organizations. Dr. Weinzimmer has authored over 100 academic papers and four books, including two national bestsellers. His work appears in 15 languages, and he has been widely honored for his research accomplishments by many prestigious organizations, including the Academy of Management. Dr. Weinzimmer has served as principal investigator for numerous community assessments, including the United Way, Economic Development Council and numerous hospitals. His approach to Community Health Needs Assessments was identified by the Healthcare Financial Management Association (HFMA) as a Best-in-Practice methodology. Dr. Weinzimmer was contracted for assistance in conducting the CHNA.

APPENDIX 2: Activities Related to 2022 CHNA Prioritized Needs

OSF Heart of Mary Medical Center

Three major health needs were identified and prioritized in the Champaign County 2022 CHNA. Below are examples of the activities, measures, and impact during the last three years to address these needs.

1. **Behavioral Health**
2. **Healthy Behaviors and Wellness**
3. **Violence**

1. Behavioral Health

The following actions by OSF Heart of Mary Medical Center contributed to expanded behavioral health capacity for Champaign County residents:

1) Provided free Behavioral Health Navigation Services
   a) 485 referrals

2) Provided inpatient Behavioral Health to expand capacity
   a) 13.8 average daily census (ADC)

The following actions by OSF Heart of Mary Medical Center contributed to decreased youth substance use in Champaign County:

1) Conducted outreach and education on the dangers of substance use for youth in our community
   a) Hosted six educational events

2) Promoted the Drug Take Back Box with outreach in schools and youth centers
   a) Collected 156 pounds of unused medications

2. Healthy Behaviors and Wellness – Active Living, Healthy Eating, and Subsequent Obesity

The following actions by OSF Heart of Mary Medical Center contributed to increased activity in Champaign County:

1) Provided education to patients on physical activity programs through participation in community fitness
   a) 17 participants in the Community Fitness Program

2) Distributed and promoted education on active living through traditional and social media
   a) 11 active lifestyle posts were made on HMMC's social media

3) Provided outreach and education on the importance of physical activity to youth in the community
   a) Six events in 2024

The following actions by OSF Heart of Mary Medical Center contributed to improved access to and/or awareness of healthy food options in Champaign County:

1) Provided nutritional counseling sessions
   a) 117 sessions completed

2) Increased distribution of Smartmeals
   a) 870 Smartmeals provided to seniors

3) Distributed and promoted education on healthy eating through traditional and social media
   a) 40 educational posts shared

4) Participated in annual Healthy Champaign County Food Summit
   a) Seven events completed

5) Expanded Community Gardens
   a) 34 total garden beds added

6) Conducted outreach and education on the importance of healthy eating for youth in the community
   a) Hosted eight events

7) Provided education and support for exclusive breastmilk feeding with improved duration rates
   a) Birthing unit closed until 09/01/23

3. Violence

OSF Heart of Mary Medical Center addressed violence in Champaign County by promoting police-community relations, increasing community engagement, and helping to reduce community violence by partnering in local initiatives. The actions taken by OSF Heart of Mary Medical Center included the following:

1) Partnered with the Champaign County Community Coalition to participate in activities and events aimed at improving police-community relations and promoting community engagement
   a) Three events attended

2) Provided outreach and education on the dangers of unlocked firearms
   a) 650 flyers distributed

Carle Foundation Hospital

Evaluation of Prior Impact

Based upon the Community Health Needs Assessment using both quantitative and qualitative research, Carle Foundation Hospital prioritized the significant community health needs of Champaign County considering several criteria including: alignment with the hospital's mission, existing programs, the ability to make an impact within a reasonable time frame, the financial and human resources required, and whether there would be a measurable outcome to gauge improvement. The following three health areas were selected as the top priorities.

1. **Behavioral Health**
2. **Healthy Behaviors and Wellness**
3. **Violence**

As a result, Carle Foundation Hospital committed time and resources for each of these identified health priorities, as described below.

Behavioral Health, Evaluation of Prior Impact:

In the 2022 Community Health Needs Assessment as well as the previous Community Health Needs Assessment, Behavioral Health – Mental Health and Substance Abuse was identified and prioritized as a significant health need.

In response, Carle Foundation Hospital took the following actions:

1) Increased Carle Foundation Hospital Behavioral Health providers by 7 since the 2022 CHNA.
2) Increased number of psychiatric residents by 4 each year, for a total of 12 new residents through 2022, 2023, and 2024.
3) Carle facilitated a train the trainer program for Carle and regional partner employees to teach Mental Health First Aid training. Carle staff provided more than 250 hours in providing Mental Health First Aid Classes in 2022, 2023, and 2024. Carle had the opportunity to train healthcare professionals, farmers, employers, clergy members, first responders and many other community members. This is an initiative that continued in 2025.
4) Trained 34 prescribers (MDs, APRNs, PAs) in the first cohort of the Opioid Use Disorder Project ECHO Fellowship as part of the Carle Substance Use Disorder Leadership Center.
5) Improved access to substance use disorder services by providing assessment and consultation services on the mobile unit operated by Carle Community Health Initiatives.
6) Carle Community Health Initiative implemented ACES screening and trauma-informed care delivery approaches.
7) In 2023 and 2024, Carle provided over $50,000 in funding for community organizations dedicated to addressing Behavioral and Mental Health.

Behavioral health needs continue to be an issue across the county. Lack of resources, funding, and stigma contribute to the issue in Champaign County. According to County Health Rankings the ratio of mental

health providers per 100,000 has improved drastically over the past decade, moving from 2055:1 in 2010 to 290:1 in 2023, better than the state and federal average.

According to the most recent data from the CDC, National Vital Statistics System, the Champaign County suicide rate from 2018-2020 was 13.2 per 100,000 which is higher than the state of Illinois rate of 10.9 but lower than the national rate of 13.9. According to recently released data from the Illinois Department of Public Health, suicides across the state have increased, up to 12.1 per 100,000 people. There is still work for Carle Foundation Hospital to do in this space.

Carle Foundation Hospital has contributed to the increase of mental health providers per 100,000 since the last Community Health Needs Assessment. Carle Foundation Hospital has significantly increased the number of individuals trained to provide mental health first aid. Carle Foundation Hospital's actions and financial commitments have supported improved access to care for behavioral health in Champaign County.

Healthy Behaviors and Wellness, Evaluation of Prior Impact:

In the 2022 Community Health Needs Assessment, Healthy Behaviors – Active Living, Healthy Eating and Subsequent Obesity was identified and prioritized as a significant health need.

In response, Carle Foundation Hospital took the following actions:

1) Carle, through our Community Health Initiatives Program, contributed over 3,800 healthy food boxes to families in need in 2022, 2023, and 2024 alone, ensuring those most at need had access to healthy and nutritional options.
2) Carle Foundation Hospital continued operation of its Mobile Market in 2023 and 2024, a retrofitted bus serving as a mobile food pantry offering locally grown produce and goods.
3) Provided over $200,000 in funding for community organizations and events that promoted physical activity and healthy living from 2023 and 2024.

Like many communities in the United States, obesity and obesity related illnesses continue to be a concern in Champaign County. Obesity is associated with poorer mental health outcomes, reduced quality of life, and the leading cause of death in the U.S. and worldwide, through contributing to heart disease, stroke, diabetes and some types of cancer.

According to 2023 County Health Rankings, the obesity in Champaign County is 32%, an increase from 30% in 2021. Obesity and its related health problems have a heavy economic impact throughout the United States. Obesity is linked with higher healthcare costs for adults and children through direct medical costs, along with impacting job productivity and absenteeism. Reducing obesity, increasing activity, and improving nutrition can have a strong impact on lowering health care costs through fewer prescription drugs, sick days, ER visits, doctor's office visits, and admissions to the hospital.

While Carle Foundation Hospital believes our commitments above have made positive impacts, there is still certainly work to do with an increasingly obese population.

Violence, Evaluation of Prior Impact:

In the 2022 Community Health Needs Assessment, Violence was identified and prioritized as a significant health need.

In response, Carle Foundation Hospital took the following actions:

1) Established as key partner in City of Champaign's Community Gun Violence Reduction Blueprint and partnered to integrate a 24/7 emergency department social work team to partner with the City.
2) Committed to a Sexual Assault Nurse Examiners (SANE)/Interpersonal Violence Program, training 19 nurses to assist 24/7 with sexual assault patients, who assisted with almost 682 total cases, including over 270 pediatric sexual assault patients in 2022, 2023, and 2024 alone.
3) Committed to a 24/7 Child Abuse Safety Team (CAST), which served 542 children to identify suspected abuse, ensure proper investigation and testing, and communicate with state and local agencies in 2022, 2023, and 2024.
4) Carle Community Health Initiatives and Healthy Beginnings programs work to alleviate domestic violence in the home, and have seen demonstrable results.
5) Joined coalition of employers in United Way's Victory over Violence Campaign, focused on solving violence, especially amongst youth, in our communities.
6) Provided over $10,000 in funding for community organizations and events whose missions targeted reducing violence in 2023 and 2024.

According to the 2024 Community Health Rankings, there were 9-gun related deaths in Champaign County (higher than 7 in previous data), 12 suicides (lower than 13 in previous data) and 6 homicides (higher than 4 in recent data).

Carle Foundation Hospital's commitment to programming and funding support for organizations and community events that target reducing violence has contributed to the overall decrease in crime rate. Lastly, Carle Foundation Hospital's commitment to educating the county's youth on violence prevention is a lagging indicator, and will take some time to show up in reportable data, but is a contribution to the community, and will hopefully bring down violence in Champaign County in years to come.

APPENDIX 3: Survey

2024 COMMUNITY HEALTH-NEEDS ASSESSMENT SURVEY

INSTRUCTIONS

We want to know how you view our community, and other factors that may impact your health. We are inviting you to participate in a research study about community health needs. Your opinions are important! This survey will take about 12 minutes to complete. All of your individual responses are anonymous and confidential. We will use the survey results to better understand and address health needs in our community.

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COMMUNITY PERCEPTIONS

1. What would you say are the three (3) biggest **HEALTH ISSUES** in our community?

- ☐ Aging issues, such as Alzheimer's disease, hearing loss, memory loss, arthritis, falls
- ☐ Cancer
- ☐ Chronic pain
- ☐ Dental health (including tooth pain)
- ☐ Diabetes
- ☐ Heart disease/heart attack
- ☐ Mental health issues, such as depression, anxiety
- ☐ Obesity/overweight
- ☐ Sexually transmitted infections
- ☐ Infectious diseases
- ☐ Women's health, such as pregnancy, menopause

2. What would you say are the three (3) most **UNHEALTHY BEHAVIORS** in our community?

- ☐ Angry behavior/violence
- ☐ Alcohol abuse
- ☐ Child abuse
- ☐ Domestic violence
- ☐ Drug use
- ☐ Lack of exercise
- ☐ Poor eating habits
- ☐ Risky sexual behavior
- ☐ Self harm/suicide
- ☐ Smoking/vaping (tobacco use)

3. What would you say are the three (3) most important factors that would improve your **WELL-BEING**?

- ☐ Access to health services
- ☐ Affordable healthy housing
- ☐ Availability of child care
- ☐ Better school attendance
- ☐ Good public transportation
- ☐ Less gun violence
- ☐ Job opportunities
- ☐ Less poverty
- ☐ Less race/ethnic discrimination
- ☐ Safer neighborhoods/schools

ACCESS TO CARE

The following questions ask about your own health and health choices. Remember, this survey will not be linked to you in any way.

Medical Care

1. When you get sick, where do you go most often? (Please choose only one answer).

- ☐ Clinic/Doctor's office
- ☐ Emergency Department
- ☐ Urgent Care Center
- ☐ I don't seek medical care

If you don't seek medical care, why not?

☐ Fear of Discrimination ☐ Lack of trust ☐ Cost ☐ I have experienced bias ☐ Do not need

2. In the last YEAR, was there a time when you needed medical care but were not able to get it?

☐ Yes (please answer #3) ☐ No (please go to #4: Prescription Medicine)

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3. If you were not able to get medical care, why not? (Please choose all that apply).

- ☐ Didn't have health insurance.
- ☐ Cannot afford
- ☐ Fear of discrimination
- ☐ Physical disability/mobility issues
- ☐ Issues with cultural differences/religious beliefs
- ☐ Too long to wait for appointment.
- ☐ Didn't have a way to get to the doctor
- ☐ Lack of trust
- ☐ Issues with language barriers

Prescription Medicine

4. In the last YEAR, was there a time when you needed prescription medicine but were not able to get it?

- ☐ Yes (please answer #5)
- ☐ No (please go to #6: Dental Care)

5. If you were not able to get prescription medicine, why not? (Please choose all that apply).

- ☐ Didn't have health insurance
- ☐ Cannot afford
- ☐ Fear of discrimination
- ☐ Pharmacy refused to take my insurance or Medicaid
- ☐ Didn't have a way to get to the pharmacy
- ☐ Lack of trust

Dental Care

6. In the last YEAR, was there a time when you needed dental care but were not able to get it?

- ☐ Yes (please answer #7)
- ☐ No (please go to #8: Mental-Health Counseling)

7. If you were not able to get dental care, why not? (Please choose all that apply).

- ☐ Didn't have dental insurance
- ☐ Cannot afford
- ☐ Fear of discrimination
- ☐ Not sure where to find available dentist
- ☐ The dentist refused my insurance/Medicaid
- ☐ Didn't have a way to get to the dentist
- ☐ Lack of trust

Mental-Health Counseling

8. In the last YEAR, was there a time when you needed mental-health counseling but could not get it?

- ☐ Yes (please answer #9)
- ☐ No (please go to next section – HEALTHY BEHAVIORS)

9. If you were not able to get mental-health counseling, why not? (Please choose all that apply).

- ☐ Didn't have insurance
- ☐ Cannot afford
- ☐ Didn't have a way to get to a counselor
- ☐ Fear of discrimination
- ☐ Long wait time.
- ☐ The counselor refused to take insurance/Medicaid
- ☐ Embarrassment
- ☐ Cannot find counselor
- ☐ Lack of trust

HEALTHY BEHAVIORS

The following questions ask about your own health and health choices. Remember, this survey will not be linked to you in any way.

Exercise

1. In a typical WEEK how many times do you participate in exercise, (such as jogging, walking, weight-lifting, fitness classes) that lasts for at least 30 minutes?

- ☐ None (please answer #2)
- ☐ 1 – 2 times
- ☐ 3 - 5 times
- ☐ More than 5 times

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2. If you answered "none" to the question about exercise, why didn't you exercise in the past week? (Please choose all that apply).

- ☐ Don't have any time to exercise
- ☐ Don't like to exercise
- ☐ Can't afford the fees to exercise
- ☐ Don't have child care while I exercise
- ☐ Don't have access to an exercise facility
- ☐ Too tired
- ☐ Safety issues

Healthy Eating

3. On a typical DAY, how many **servings/separate portions** of fruits and/or vegetables did you have? An example would be a banana (but not banana flavored pudding).

☐ None (please answer #4) ☐ 1 - 2 servings ☐ 3 - 4 servings ☐ 5 servings or more

4. If you answered "none" to the questions about fruits and vegetables, why didn't you eat fruits/vegetables? (Please choose all that apply).

- ☐ Don't have transportation to get fruits/vegetables
- ☐ Don't like fruits/vegetables
- ☐ It is not important to me
- ☐ Can't afford fruits/vegetables
- ☐ Don't know how to prepare fruits/vegetables
- ☐ Don't have a refrigerator/stove
- ☐ Don't know where to buy fruits/vegetables

5. Please check the box next to any health conditions that you have. (Please choose all that apply).
If you don't have any health conditions, please check the first box and go to question #6: Smoking.

- ☐ I do not have any health conditions
- ☐ Diabetes
- ☐ Depression/anxiety
- ☐ Allergy
- ☐ Heart problems
- ☐ Stroke
- ☐ Asthma/COPD
- ☐ Overweight
- ☐ Cancer
- ☐ Memory problems

Smoking

6. On a typical DAY, how many cigarettes do you smoke?

☐ None ☐ 1 - 4 ☐ 5 - 8 ☐ 9 - 12 ☐ More than 12

Vaping

7. On a typical DAY, how many times do you use electronic vaping?

☐ None ☐ 1 - 4 ☐ 5 - 8 ☐ 9 - 12 ☐ More than 12

GENERAL HEALTH

8. Where do you get most of your health information and how would you like to get health information in the future? (For example, do you get health information from your doctor, from the Internet, etc.). ________________
____

9. Do you have a personal physician/doctor? ☐ Yes ☐ No

10. How many days a week do you or your family members go hungry?

☐ None ☐ 1–2 days ☐ 3-5 days ☐ More than 5 days

11. In the last 30 DAYS, how many days have you felt depressed, down, hopeless?

☐ None ☐ 1–2 days ☐ 3 – 5 days ☐ More than 5 days

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12. In the last 30 DAYS, how often has your stress and/or anxiety stopped you from your normal daily activities?
☐ None ☐ 1–2 days ☐ 3 - 5 days ☐ More than 5 days

13. In the last YEAR have you talked with anyone about your mental health?
☐ No ☐ Doctor/nurse ☐ Counselor ☐ Family/friend

14. How often do you use prescription pain medications not prescribed to you or use differently than how the doctor instructed on a typical DAY?
☐ None ☐ 1–2 times ☐ 3-5 times ☐ More than 5 times

15. How many alcoholic drinks do you have on a typical DAY?
☐ None ☐ 1–2 drinks ☐ 3-5 drinks ☐ More than 5 drinks

16. How often do you use marijaunia on a typical DAY?
☐ None ☐ 1–2 times ☐ 3-5 times ☐ More than 5 times

17. How often do you use substances such as inhalants, ecstasy, cocaine, meth or heroin on a typical DAY?
☐ None ☐ 1–2 times ☐ 3-5 times ☐ More than 5 times

18. Do you feel safe in your home? ☐ Yes ☐ No

19. Do you feel safe in your neighborhood? ☐ Yes ☐ No

20. In the past 5 years, have you had a:

Breast cancer screening/mammogram	☐ Yes	☐ No	☐ Not applicable
Prostate exam	☐ Yes	☐ No	☐ Not applicable
Colon cancer screening	☐ Yes	☐ No	☐ Not applicable
Cervical cancer screening/pap smear	☐ Yes	☐ No	☐ Not applicable

Overall Health Ratings

21. My overall physical health is: ☐ Below average ☐ Average ☐ Above average
22. My overall mental health is: ☐ Below average ☐ Average ☐ Above average

INTERNET

1. Do you have Internet at home? For example, can you watch Youtube at home?

☐ Yes (please go to next section – BACKGROUND INFORMATION) ☐ No (please answer #2)

2. If don't have Internet, why not? ☐ Cost ☐ No available Internet provider ☐ I don't know how ☐ Data limits ☐ Poor Internet service ☐ No phone or computer

BACKGROUND INFORMATION

1. What county do you live in?

☐ Champaign ☐ Other

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2. What is your Zip Code? ______________________________

3. What type of health insurance do you have? (Please choose all that apply).

☐ Medicare ☐ Medicaid/State insurance ☐ Commercial/Employer

☐ Don't have (Please answer #4)

4. If you answered "don't have" to the question about health insurance, why **don't** you have insurance? (Please choose all that apply).

☐ Can't afford health insurance ☐ Don't need health insurance

☐ Don't know how to get health insurance

5. What is your gender? ☐ Male ☐ Female ☐ Non-binary ☐ Transgender ☐ Prefer not to answer

6. What is your sexual orientation? ☐ Heterosexual ☐ Lesbian ☐ Gay ☐ Bisexual ☐ Queer ☐ Prefer not to answer

7. What is your age? ☐ Under 20 ☐ 21-35 ☐ 36-50 ☐ 51-65 ☐ Over 65

8. What is your racial or ethnic identification? (Please choose only one answer).

☐ White/Caucasian ☐ Black/African American ☐ Hispanic/LatinX

☐ Pacific Islander ☐ Native American ☐ Asian/South Asian

☐ Multiracial

9. What is your highest level of education? (Please choose only one answer).

☐ Grade/Junior high school ☐ Some high school ☐ High school degree (or GED)

☐ Some college (no degree) ☐ Associate's degree ☐ Certificate/technical degree

☐ Bachelor's degree ☐ Graduate degree

10. What was your household/total income last year, before taxes? (Please choose only one answer).

☐ Less than $20,000 ☐ $20,001 to $40,000 ☐ $40,001 to $60,000

☐ $60,001 to $80,000 ☐ $80,001 to $100,000 ☐ More than $100,000

11. What is your housing status?

☐ Do not have ☐ Have housing, but worried about losing it ☐ Have housing, **NOT** worried about losing it

12. How many people live with you? ______________

13. Prior to the age of 18, which of the following did you experience (check all that apply):

☐ Emotional abuse ☐ Physical abuse ☐ Sexual abuse

☐ Substance use in household ☐ Mental illness in household ☐ Parental separation or divorce

☐ Emotional neglect ☐ Physical neglect ☐ Incarcerated household member

☐ Mother treated violently

14. How often do you bike, walk, or use public transportation to get to work?

☐ Less than once per week ☐ 1–2 times per week ☐ 3 - 5 times per week ☐ More than 5 times per week

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15. How often do you participate in any type of gambling (such as sports bets, lottery, slots, poker, video machines, etc.)?
☐ Less than once per week ☐ 1–2 times per week ☐ 3 - 5 times per week ☐ More than 5 times per week

16. Please tell us about **YOUR** neigborhood:

	Poor	Needs Improvement	Good
Access to public transportation	☐	☐	☐
Access to sidewalks	☐	☐	☐
Streetlights	☐	☐	☐
Wheelchair accessibility	☐	☐	☐
Low vision accessibility	☐	☐	☐
Pedestrian crosswalks	☐	☐	☐
Bike paths	☐	☐	☐

Is there anything else you'd like to share about your own health goals or health issues in our community?

____

Thank you very much for sharing your views with us!

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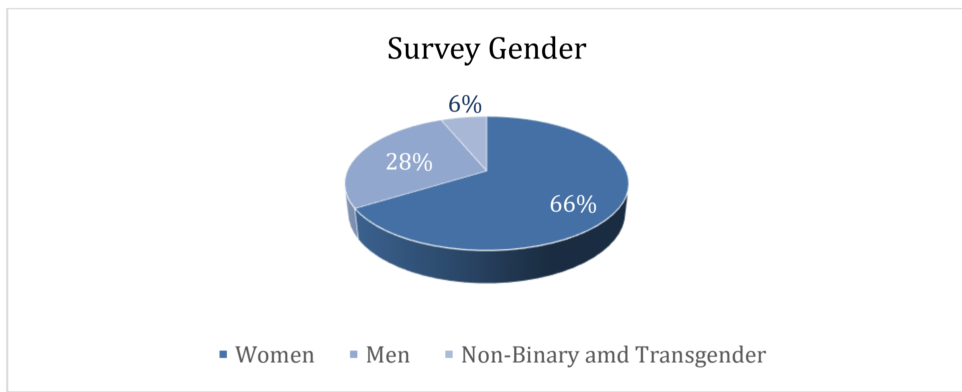
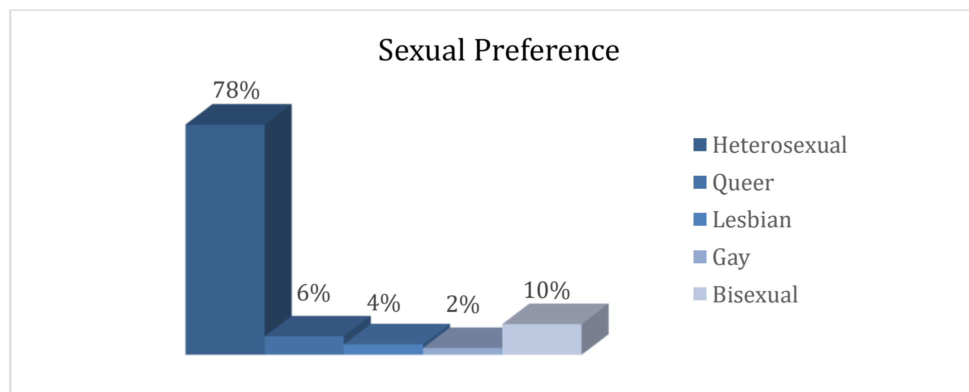
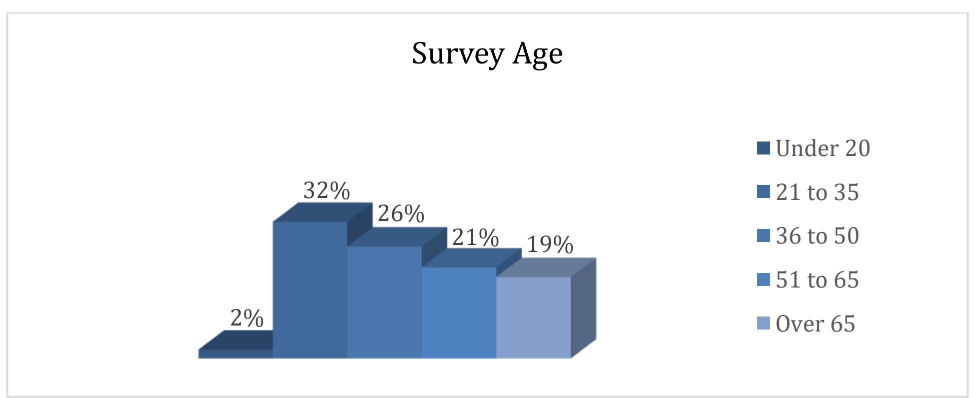
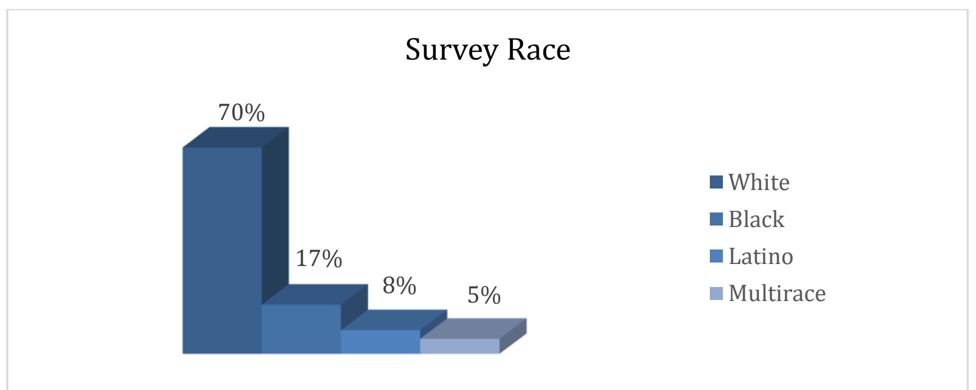
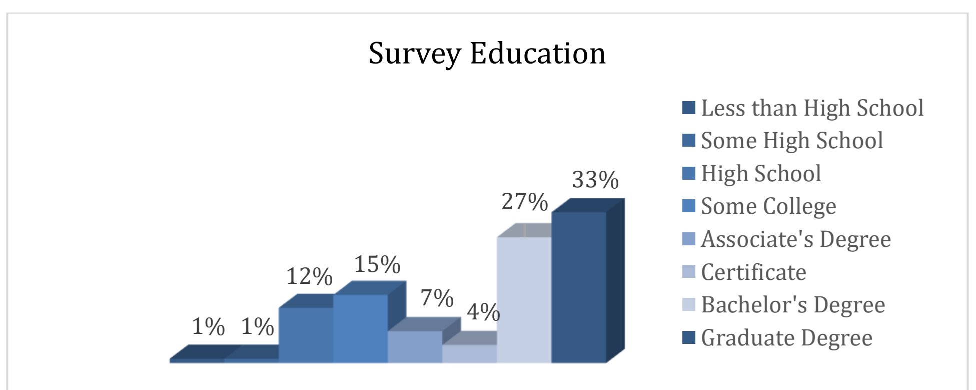
APPENDIX 4: Characteristics of Survey Respondents

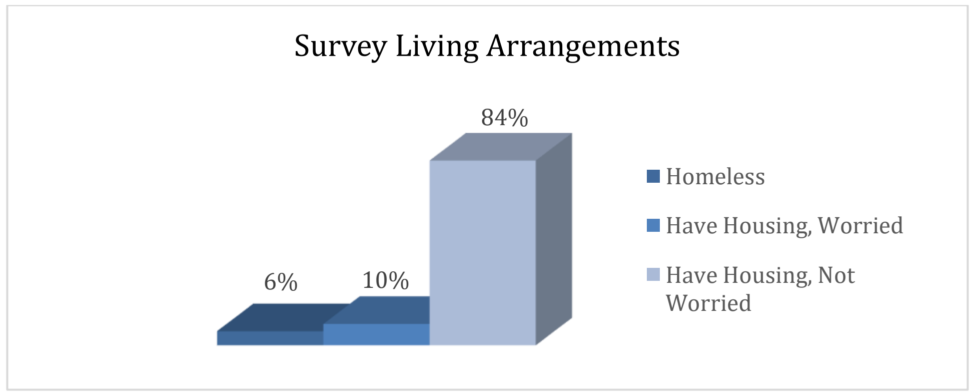


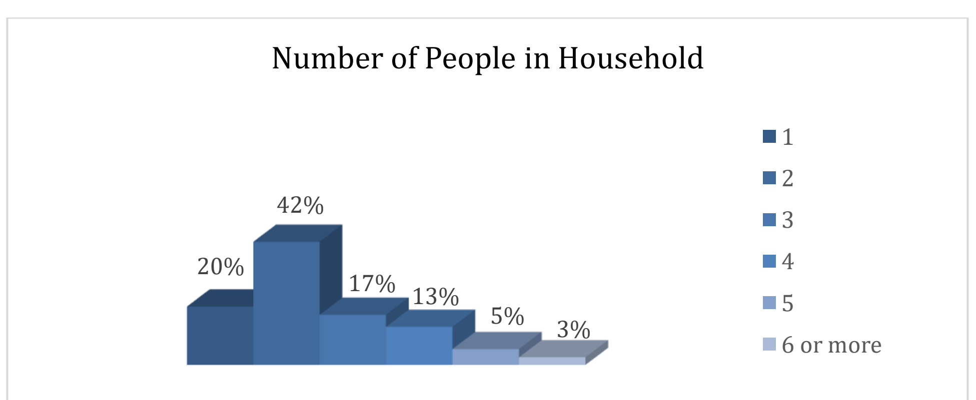


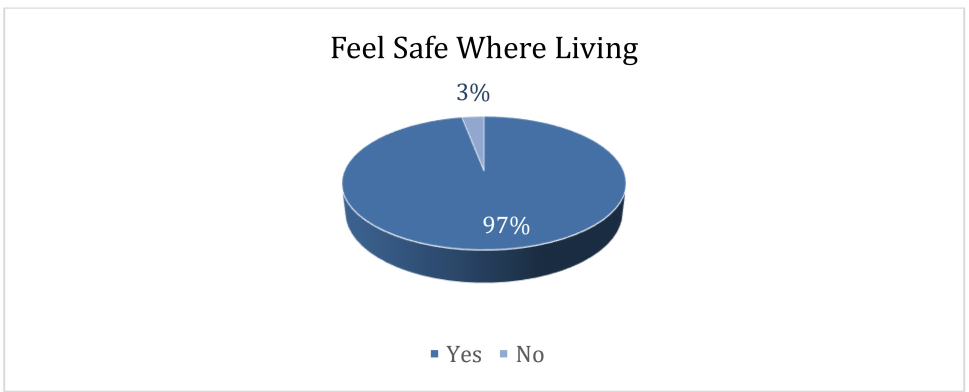


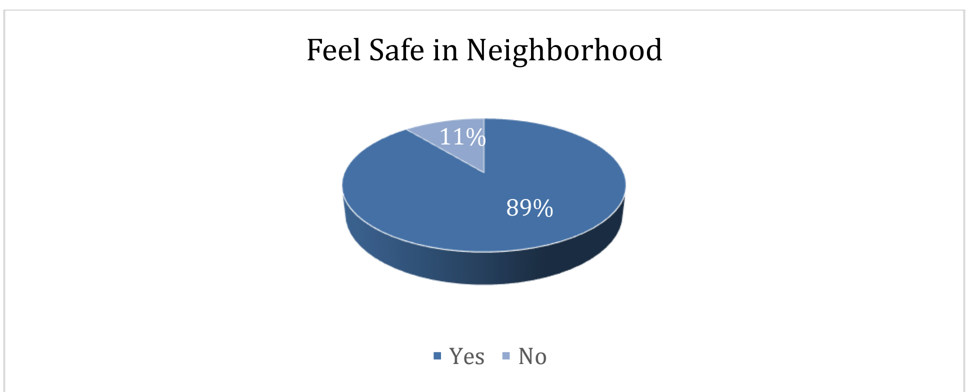

Survey Race
70%
17%
8%
5%
White
Black
Latino
Multirace

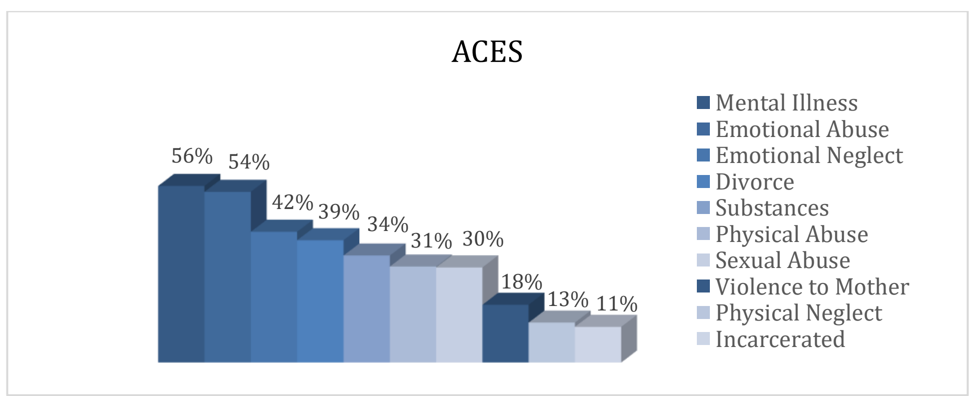

Survey Education
1%
1%
12%
15%
7%
4%
27%
33%
Less than High School
Some High School
High School
Some College
Associate's Degree
Certificate
Bachelor's Degree
Graduate Degree


Survey Living Arrangements
6%
10%
84%
Homeless
Have Housing, Worried
Have Housing, Not Worried

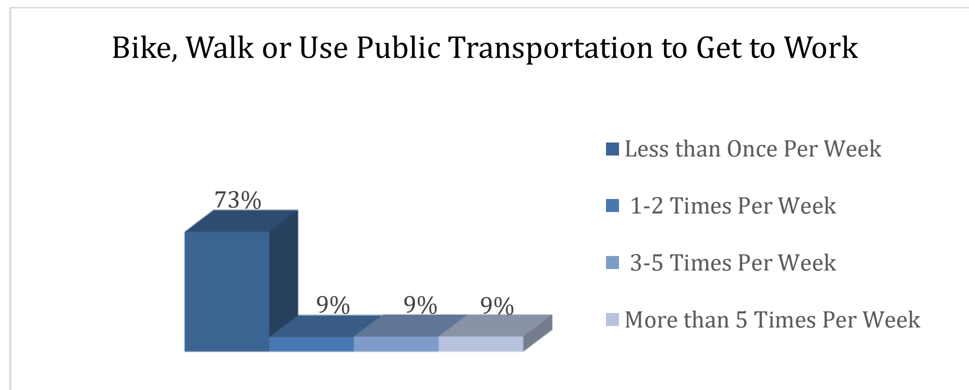

Number of People in Household
20%
42%
17%
13%
5%
3%
1
2
3
4
5
6 or more

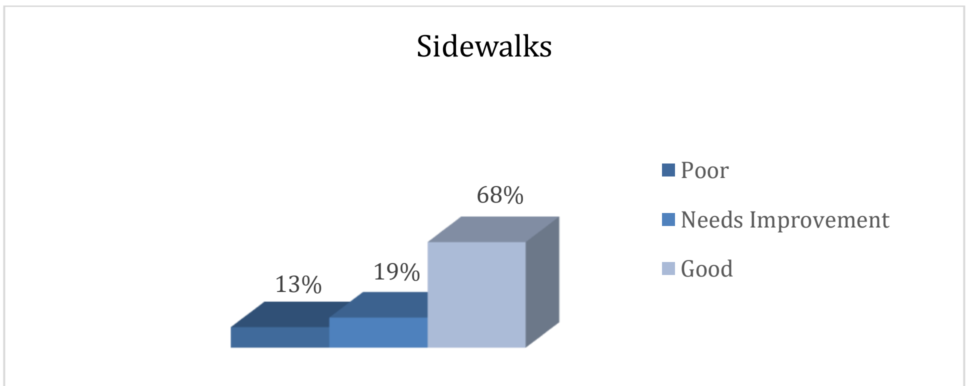

Feel Safe Where Living
3%
97%
Yes
No

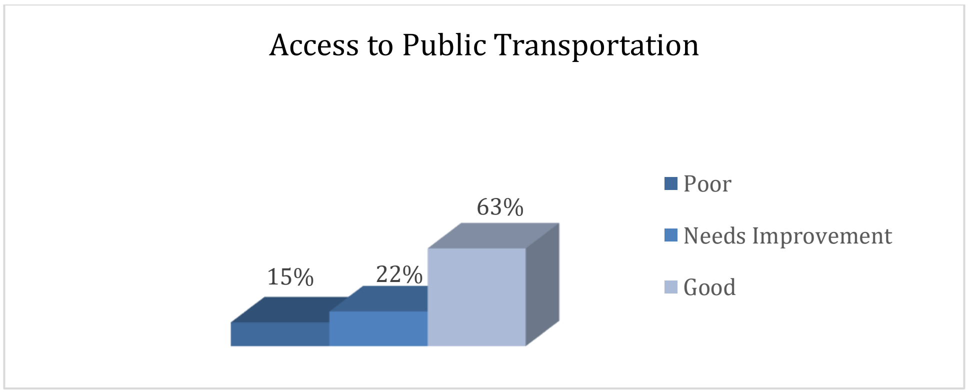

Feel Safe in Neighborhood
11%
89%
Yes
No

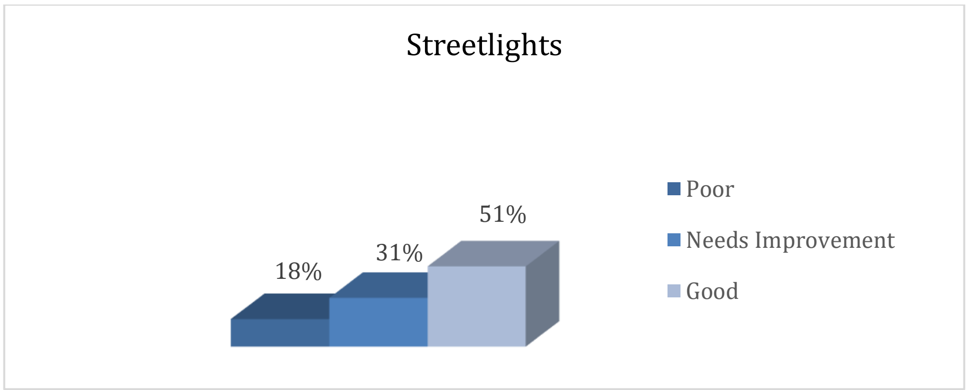

ACES
56%
54%
42%
39%
34%
31%
30%
18%
13%
11%
Mental Illness
Emotional Abuse
Emotional Neglect
Divorce
Substances
Physical Abuse
Sexual Abuse
Violence to Mother
Physical Neglect
Incarcerated

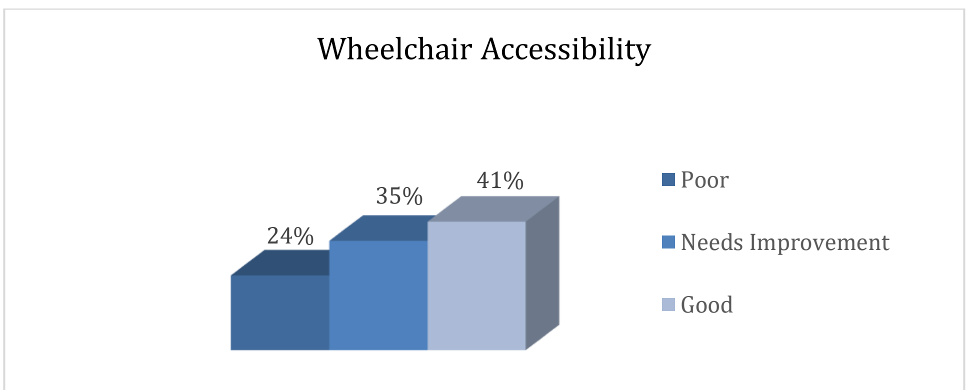
APPENDIX 5: Community Perceptions of Resources

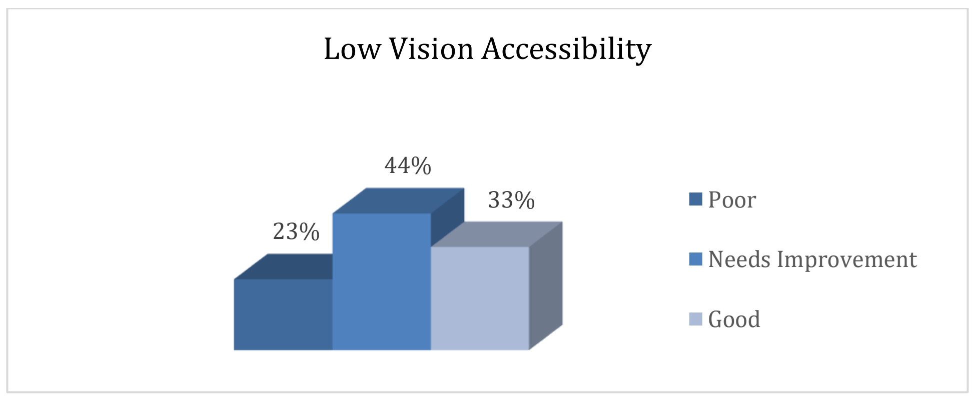


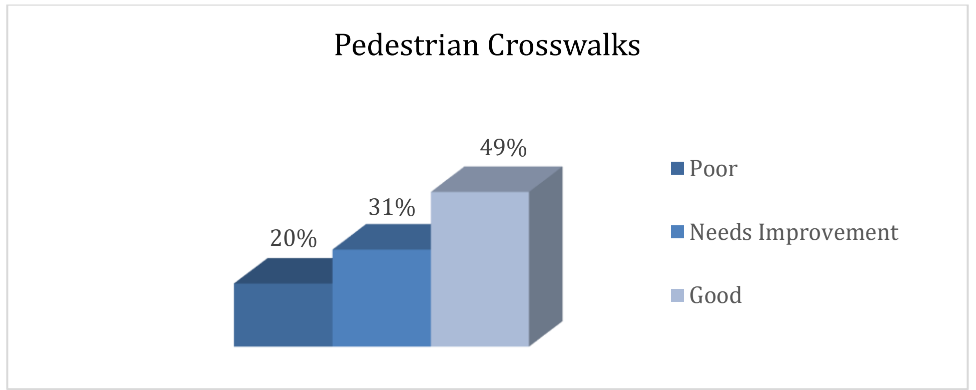


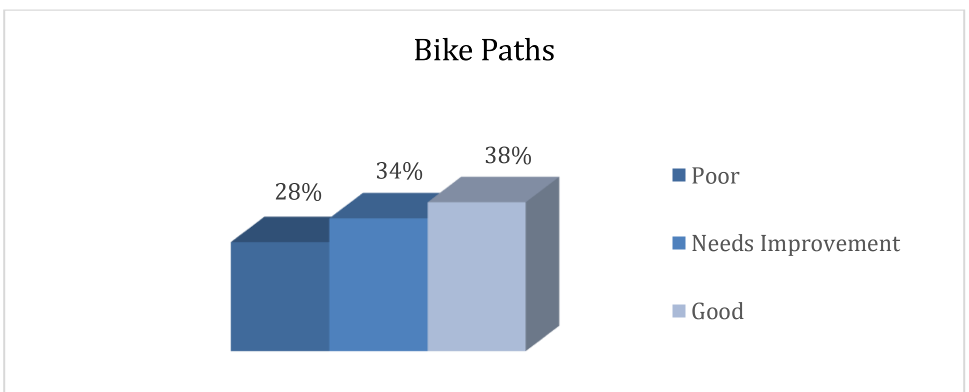


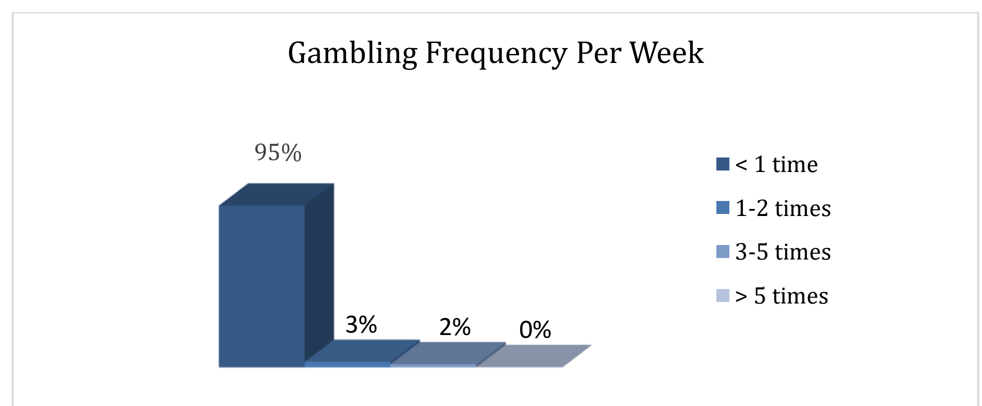

Streetlights
18%
31%
51%
Poor
Needs Improvement
Good


Wheelchair Accessibility
24%
35%
41%
Poor
Needs Improvement
Good


Low Vision Accessibility
23%
44%
33%
Poor
Needs Improvement
Good


Pedestrian Crosswalks
20%
31%
49%
Poor
Needs Improvement
Good


Bike Paths
28%
34%
38%
Poor
Needs Improvement
Good


Gambling Frequency Per Week
95%
3%
2%
0%
< 1 time
1-2 times
3-5 times
> 5 times

APPENDIX 6: Resource Matrix

	Aging Issues	Access to Healthcare	Cancer - Prostate	Healthy Behaviors - Nutrition & Exercise	Behavioral Health - Depression / Stress / Anxiety	Obesity	Substance Abuse	Suicide Rates	Violence	Diabetes
Carle Foundation Hospital	2	3	2	3	2	3	3	1	2	2
Champaign-Urbana Public Health District		3		3	1	2	2	1	1	2
Champaign County Developmental Disabilities Board	3	3		3	3					
Champaign County Mental Health Board	3	2			3		3	3	3	
United Way of Champaign County				3	2				1	
OSF HealthCare Heart of Mary Medical Center	2	3	2	3	3	2	2	1	2	2

(1)= low; (2)= moderate; (3) = high, in terms of degree to which the need is being addressed

APPENDIX 7: Description of Community Resources

RECREATIONAL FACILITIES

Champaign Park District
The Champaign Park District exists to provide care for public lands and opportunities for personal growth. They exist to enhance the community's quality of life through positive experiences in parks, recreation, and cultural arts. Some facilities they have include Leonhard Recreation Center, Firefighters Park, etc.

Champaign-Urbana Special Recreation
Champaign-Urbana Special Recreation (CUSR) was formed through a cooperative agreement with the Champaign and Urbana Park Districts to provide recreation programs and leisure services for residents with disabilities. Inclusion and specialized programs are available.

Savoy Recreation Center
The Savoy Recreation Center was built to serve the community with quality of programming and events. Some activities they hold are mahjong club, pickle ball, basketball lessons, etc.

University of Illinois Campus Recreation
Campus Recreation also offers unique programs designed for patrons of diverse interests, including a variety of group fitness offerings, dozens of intramural activities, instructional cooking demonstrations, wellness workshops, rock climbing clinics, swimming programs, personal training sessions, bicycle demonstrations, ice skating classes, and a variety of club sports.

Urbana Park District
The Urbana Park District strives to pursue excellence in a variety of programs, parks and special facilities that contribute to the attractiveness of neighborhoods, conservation of the environment and overall health of the community. Some facilities they have include Crystal Lake Park Family Aquatic Center, Phillips Recreation Center, gyms, and parks.

YMCA
The Stephens Family YMCA is a leading nonprofit community service organization, serving Champaign, Urbana, Savoy and the surrounding communities with health and fitness facilities, day camps, and numerous child-care locations. There are youth and adult sports, summer camps, swimming lessons, group exercise classes (both land and water), after-school programs, recreation activities, and so much more.

HEALTH DEPARTMENTS

Champaign-Urbana Public Health District
CUPHD offers a variety of Public Health services including, but not limited to, environmental health inspections and permits; disease tracking, reporting, and investigation; HIV counseling and testing, prevention, and management; sexually transmitted disease testing and treatment; family planning

services; education and health promotion; preventive services and case management for women; immunizations; and an array of other services to pregnant women, children, teenagers, and adults of all ages.

GOVERNMENT ENTITIES

Champaign County Developmental Disabilities Board
Established by referendum in 2004, the basis for the CCDDB's mission and policies is the Community Care for Persons with Developmental Disabilities Act, 50 Illinois Compiled Statutes 835. The focus is planning and promotion of a local system of services for people who have intellectual/developmental disabilities, in accordance with the assessed priorities of the citizens of Champaign County. The majority of this public trust fund is spent on community-based services along with information resources, agency supports, trainings, and community awareness events. Detailed information on board activities and decisions is available at https://www.co.champaign.il.us/mhbddb/mhbddb.php and https://ccmhddbrds.org

Champaign County Mental Health Board
Funded by referendum in 1972, the basis for the CCMHB's mission and policies is the Community Mental Health Act, 405 Illinois Compiled Statutes 20. The focus is planning and promotion of a local system of services for the prevention and treatment of mental or emotional, developmental and substance abuse disorders, in accordance with the assessed priorities of the citizens of Champaign County. The majority of this public trust fund is spent on community-based services along with information resources, agency supports, trainings, and community awareness events. Detailed information on board activities and decisions is available at https://www.co.champaign.il.us/mhbddb/mhbddb.php and https://ccmhddbrds.org

COMMUNITY AGENCIES/PRIVATE PRACTICES

C-U at Home
C-U at Home is a grassroots, 501 c (3), faith-based homelessness ministry with facilities located in the Champaign-Urbana area. CU at Home engages and mobilizes their community to house and support the most vulnerable homeless on their journey of healing and restoration. They offer different services such as the Phoenix Daytime Drop-In Center, Transitional Housing, Street Outreach, Transportation Ministry, and Education & Advocacy. CU at Home offers men's shelter and women's shelter in which they receive a bed, snacks, and wrap-around case management services. Volunteers help around the facility by doing laundry, cleaning bathrooms, mopping the floor, or removing trash.

Center for Youth and Family Solutions
The Center for Youth and Family Solutions provides critical counseling, casework, and support services to help people struggling with trauma, grief, loss, abuse, neglect, and other family life challenges. Trauma-informed, LGBTQ+ affirming, individual, family, and couples therapy offered.

Champaign County Healthcare Consumers
Champaign County Health Care Consumers (CCHCC) believes that health care is a basic human right, and is dedicated to the mission of working for quality affordable health care for all, and for environmental

health and justice. CCHCC organizes individuals and communities to have a voice in the health care system and to affect social change to achieve health justice. CCHCC carries out its mission through direct service, consumer education, advocacy, and community organizing.

Courage Connection

Courage Connection provides housing and supportive services to individuals and families who are victims of domestic violence. They believe in the right of every person to safety and the potential of every person for success.

Crisis Nursery

Crisis Nursery is dedicated to the prevention of child abuse and neglect by providing 24-hour emergency care for children and support to strengthen families in crisis. Crisis Nursery is the only emergency-based child care facility in Champaign County that is open 24 hours, 365 days a year for the entire community to access with no fees or income eligibility.

Daily Bread Soup Kitchen

The Daily Bread Soup Kitchen aims to feed the hungry of their community. They serve a hot meal of soup, salad, entree, dessert and beverage to over 200 guests per day. They are *entirely volunteer run* and depend on donations from individuals, businesses and local grants.

Eastern Illinois Foodbank

The Eastern Illinois Foodbank is the primary food source for food pantries, soup kitchens, homeless shelters, and other programs working to feed the hungry. The foodbank distributes to 28 agencies in Champaign County. The Foodbank also operates programs targeted to children, seniors and veterans, through a School Market, backpack program, and mobile food pantries.

Family Service of Champaign County

Family Service provides a variety of programs for families and seniors. Programs include Children First, counseling, Retired and Senior Volunteer Program, Self-Help Center, Senior Resource Center, and Meals on Wheels.

Prevention and Treatment Services (P.A.T.S.)

P.A.T.S. provides substance abuse assessment, substance abuse counseling and groups, DUI services, mental health assessment and counseling, anger management, and a Partner Abuse Intervention Program. A summer day camp for kids is also provided that includes social and life skills, anger management training, and homework help.

Rape Advocacy, Counseling & Education Services (RACES)

RACES offers a variety of services to victims/survivors of sexual assault, abuse, and harassment and their non-offending significant others. Services include a 24 hour crisis line, counseling, legal advocacy, medical advocacy, and public education & training.

Rosecrance

Rosecrance is dedicated to recovery in Central Illinois by providing evidence-based treatment for mental

health and substance abuse disorders. Help is available for children, adults, and families through a variety of behavioral healthcare programs and addiction recovery services.

Salt & Light
The staff of Salt & Light help community members gain access to food, clothing, and household goods, in spite of financial obstacles. They believe that people struggling with poverty are not projects. As a relational ministry, they encourage the community to partner with them by shopping in their stores, volunteering your time, and donating your goods and finances.

United Way
United Way of Champaign County uses a three-part plan for community impact. **Community Change Grants** are highly targeted multi-year funding to programs and collaborations that are working alongside United Way to solve our community's most challenging problems in health, education, and financial stability. **Community Building Work** brings nonprofits, businesses, government, and people together to innovate and find new solutions to community problems. Community Essentials Grants are grants for the critical things people need to thrive in our world today (food, water, housing, healthcare, clothing, identification, and access to technology)

University of Illinois Counseling Center
The Counseling Center provides a range of services intended to help students develop improved coping skills to address emotional, interpersonal, and academic concerns. We offer individual counseling, group counseling, referrals to community therapists, and specialized assessments for alcohol and other drug use, ADHD, and eating disorders.

HOSPITALS/CLINICS

Avicenna Community Health Center
Avicenna Community Health Center is a free clinic for individuals who are uninsured or underinsured. It is open on Sundays from 1-4pm. The center is operated by a volunteer team comprised of healthcare providers, healthcare professional students, and community members.

Carle Foundation Hospital
Based in Urbana, IL, Carle Foundation Hospital ranks as one of America's 50 Best Hospitals by Health grades and holds Magnet designation. Carle has 453 beds and is considered a Level I Trauma Center and offers Level III perinatal service. It is certified as a Comprehensive Stroke Center and Level 3 Epilepsy Center.

Champaign County Christian Health Center
Champaign County Christian Health Center is a free, faith-based clinic in Champaign IL. It provides free healthcare to underinsured and uninsured patients.

Christie Clinic
Christie Clinic is one the largest physician-owned, multi-specialty group medical practices in Illinois. They are driven by the mission of "We Listen. We Care," with their staff and providers being known throughout the community for having a personal touch with their patients. There are many specialties

available, including allergies, audiology, cardiology, dermatology, neurology, ophthalmology, pathology, radiology, and more.

McKinley Health Center
McKinley Health Center serves the students at the University of Illinois at Urbana-Champaign. The Health Service Fee is paid as part of the student's enrollment and provides the funds to prepay many of your health care needs. Services include 24-hour Dial-A-Nurse, pharmacy service, mental health counseling and treatment, travel exams and inoculations, women's health clinic, health resource center, and more.

OSF HealthCare Heart of Mary Medical Center
OSF Heart of Mary Medical Center is a 210-bed non-profit hospital located in Urbana, IL owned and operated by The Sisters of the Third Order of St. Francis. It is part of the OSF HealthCare System, which is headquartered in Peoria, IL. The mission of OSF HealthCare is to serve persons with the greatest care and love in a community that celebrates the Gift of Life.

Promise Healthcare
Promise Healthcare provides health center services and also community health services in four different locations in the Champaign-Urbana area. Health center services include COVID care, walk-in clinic, prenatal care, school physicals, psychiatry, dental care, lab services, social services, and more. The community health services include outreach and enrollment for Medicaid and Medicare.

Pavilion Behavioral Health Services
The Pavilion Behavioral Health System has been the leading provider of behavioral health and addictions treatment for families in Illinois since 1989. Located in Champaign, Illinois, we provide a secure, nurturing environment where children, adolescents, adults and senior adults can find hope and healing from emotional, psychiatric and addictive diseases. Our dedicated and compassionate staff provide therapeutic programming options that include individual, group and family therapy. We also offer activity and recreational therapy, psychoeducational groups and medical intervention services.

APPENDIX 8: Prioritization Methodology

5-Step Prioritization of Community Health Issues

Step 1. Review Data for Potential Health Issues

Step 2. Briefly Discuss Relationships Among Issues

Step 3. Apply "PEARL" Test from Hanlon Method[1]

Screen out health problems based on the following feasibility factors:

Propriety – Is a program for the health problem appropriate?

Economics – Does it make economic sense to address the problem?

Acceptability – Will a community accept the program? Is it wanted?

Resources – Is funding available for a program?

Legality – Do current laws allow program activities to be implemented?

Step 4. Use Voting Technique to Narrow Potential Issues

Prioritize Issues. Use a weighted-scale approach (1-5 scale) to rate remaining issues based on:

1. Magnitude – size of the issue in the community. Considerations include, but are not limited to:

- Percentage of general population impacted
- Prevalence of issue in low-income communities
- Trends and future forecasts

2. Severity – importance of issue in terms of relationships with morbidities, comorbidities and mortality. Considerations include, but are not limited to:

- Does an issue lead to serious diseases/death
- Urgency of issue to improve population health

3. Potential for impact through collaboration – can management of the issue make a difference in the community?

Considerations include, but are not limited to:

- Availability and efficacy of solutions
- Feasibility of success

1 "Guide to Prioritization Techniques." National Connection for Local Public Health (NACCHO)

APPENDIX 9: Violence Data

Violence data overview for CHNA:

I. Homicides:

Important Notes:

- All data spanned the years 2017-2022 and were collected by IDPH[1,2] from the IDVRS.

Champaign County:

- From 2017-2022, Champaign County experienced 71 deaths due to homicide, yielding a crude death rate of 5.7 homicide deaths per 100,000 people.
- 81.7% of all homicide victims were male, with all males experiencing a death rate from homicide of 9.3 per 100,000.
    - The death rate from homicides for all females was 2.1 per 100,000.
- 87.3% of all homicide victims were Black or African American which translated into a crude death rate of 35.5 per 100,000 for all African Americans.
    - Whites were the second most-impacted group, with 12.7% of homicide victims being White with a death rate of 1.0 per 100,000.
- 89.3% of male homicide victims were Black or African American, yielding a crude death rate of 62.7 per 100,000 for Black or African American males.
    - Among Black or African American males, those aged 30-34 and 25-29 were most at-risk, with death rates of 202.1 and 139.0 per 100,000, respectively.
    - White males were the second most-affected group and were victims of homicide at a rate of 1.3 per 100,000.
- 16.9% of homicide victims were children under-18.
    - Death rate data was unavailable
- The most at-risk age groups in the overall population were those aged 25-29 and those aged 30-34, making up 24.1% and 22.5% of all homicide deaths, respectively.
    - 16.0 deaths per 100,000 and 19.8 deaths per 100,000 were due to homicide amongst 25-29 year olds and 30-34 year olds, respectively.
- Death counts among those aged 35-75 were below the suppression limit of 6 cases.
- Deaths were highest in 2021, with 24 homicides in total, resulting in 11.7 homicide deaths per 100,000 people.

State:

- Illinois experienced 6,816 deaths due to homicide between 2017 and 2022, resulting in an overall crude death rate from homicide of 8.97 per 100,000 people.
- 85.1% of victims statewide were male, resulting in 15.5 deaths per 100,000.
    - Females had a crude death rate of 2.6 per 100,000

- 73.3% of homicide deaths were among Black or African Americans, yielding a rate of 44.8 per 100,000 people.
    - 25.0% of homicide victims were White, at a rate of 2.9 per 100,000.
    - The remaining percentage was split evenly among other groups.
- 75.8% of male homicide victims were Black or African American, yielding a death rate of 83.7 per 100,000.
    - Black or African American males aged 20-24 were most at risk, with a death rate of 206.9 per 100,000 people.
    - 22.6% of male homicides were among Whites at a rate of 4.5 per 100,000.
- 9.7% of all homicides were among children under-18.
- Statewide, those aged 20-24 and 25-29 were most at-risk of being victims of homicide, with death rates of 24.8 and 23.9 per 100,000 people, respectively.
    - This was a similar split when looking at age groups for males of different races.
- Statewide homicide deaths for all populations were highest in 2021, resulting in 11.2 deaths per 100,000 people.
    - Trends seemed to be down in non-COVID years.

Key Insights:

- Champaign County generally fares better than the rest of the state when it comes to homicides, with less than 1% of total homicides in the state occurring in the county and a crude death rate from homicides that is 36% lower than the overall state rate. The county as a whole exhibited lower death rate per 100,000 for all populations and a lower overall homicide rate.
- Males make up the majority of homicide victims and exhibit death rates that are 4-7 times higher than that of females.
- Black or African Americans were disproportionately impacted relative to the rest of the populace, both in the state and in the county, with Black or African American males exhibiting death rates from homicide that were 12 times as high as the general population.
- Children under 18 made up a much larger portion of overall homicides (16.9% compared to 9.7%) in Champaign County than they did in the overall state, whilst the age groups most at risk in the county tended to lean older.
- Homicide rates and numbers peaked in 2021, with the county having a slightly higher homicide rate than the overall state.

II. Suicides:

Important notes:

- All data spanned the years 2017-2022 and were collected by IDPH from the IDVRS.

Champaign County:

- Champaign County experienced 146 suicide deaths between 2017 and 2022, yielding a crude death rate of 11.7 per 100,000.
- 80.8% of suicide victims were White, with a death rate of 13.2 per 100,000.
    - Black or African Americans had a suicide rate of 8.6 per 100,000, making up 10.3% of all deaths.
- 76.7% of suicides were among males, yielding a crude death rate of 18.0 per 100,000.
    - Older men (>45) were most at risk of being victims of suicide.
- 81.3% of male suicides occurred among White males, resulting in a death rate of 20.4 suicides per 100,000.
    - Black or African American males had a suicide rate of 14.5 per 100,000.
- Asians had a suicide rate of 5.1 per 100,000 in this time period despite making up only 4.8% of cases.
- 4.8% of suicides were among children under the age of 18.
- Risk was relatively evenly distributed across age groups, with a noticeable spike among those aged 45-49, with suicide rates of 26.2 per 100,000.
- 2022 was the worst year overall with 19.4 suicides per 100,000 people.
- Suicides dipped during 2020 and 2021 and climbed back up to pre-2020 levels in 2022.

State:

- The state of Illinois experienced 7,877 suicides between 2017 and 2022, yielding a crude death rate of 10.4 per 100,000.
- 85.5% of suicide victims were White, with a suicide rate of 11.6 per 100,000.
    - Black or African Americans had a suicide rate of 7.1 per 100,000.
- 77.7% of suicide victims were male with a rate of 16.3 per 100,000.
    - 85.7% of male suicides were among White males, yielding a rate of 18.1 per 100,000.
    - Black or African American males experienced a suicide rate of 11.7 per 100,000.
- Males aged 75 and older faced the highest risk of suicide, with males 85 and older having a suicide rate of 32.2 per 100,000.
    - These numbers are influenced by population demographics.
- Suicide rates are generally even across most populations, skewing slightly higher for the very old and the very young.
- 2022 had the highest rate of suicides (12.0), with a general upward trend since 2017(8.4) and a very slight dip in 2020(10.4 compared to 10.9 in 2019).

Key Insights:

- Champaign County has a generally higher suicide rate than the rest of the state across all years, with a particularly high rate in 2022 compared to the state rate.

- Suicides went up across the board in 2022 as compared to the pandemic years (2020 and 2021).
- The majority of suicide victims in both the county and the state are male and white, with older men being particularly at risk throughout the state. However, the county experiences the most risk for middle-aged men, whereas the state sees the highest rate among older adults.
- Asians had an outsized suicide rate in the county relative to their overall representation in the population.
- Black or African American males in the county had a higher suicide rate relative to the overall state, even when accounting for males in general having a higher suicide rate in the county. This is reflective of a higher portion of suicides in the county being among Black or African Americans than in the rest of the state.

III. Firearm Violence:

Important Notes:

- Homicide and suicide data were taken from IDVRS by IDPH and spanned the years 2017-2022.
- Firearm injury rates were taken from ED visits and span the years 2018-2023.

Champaign County:

- 81.6% of homicides between 2017 and 2022 were committed using firearms.
- 33.5% of suicides between 2017 and 2022 were committed using firearms.
- Between 2018 and 2023, Champaign County had a firearm injury rate of 99.8 per 100,000 emergency department (ED) visits.
- Males made up 68.3% of firearm injuries, with a rate of 68.3 per 100,000 ED visits.
    - Females had a firearm injury rate of 28.0 per 100,000 ED visits.
    - The majority of injured males (46.0%) were between the ages of 20-29, but those aged 10-19 had a similar firearm injury rate (409.5 vs 482.1).
- 72.4% of firearm injuries were among non-Hispanic Black or African Americans, with a rate of 244.0 per 100,000 ED visits, whilst non-Hispanic Whites were second with an injury rate of 20.9 per 100,000 ED visits.
    - Non-Hispanic Black or African American males had a firearm injury rate of 422.3 per 100,000 ED visits.
        - Those aged 10-19 had an injury rate of 1,099.7 per 100,000 ED visits whilst those aged 20-29 had an injury rate of 1,006.7 per 100,000 ED visits.
        - Those aged 20-29 made up 45% of all firearm injury cases.
    - Hispanic males had an injury rate of 64.0 per 100,000 ED visits.
    - Non-Hispanic White males had a firearm injury rate of 32.7 per 100,000 ED visits.
- Within the overall population, those aged 10-19 and 20-29 had the highest firearm injury rates, with 225.3 and 195.0 firearm injuries per 100,000 ED visits.

  - Proportion-wise, those aged 10-19 only made up 19.1% of all firearm injuries whilst those aged 20-29 made up the majority of firearm injuries at 36.0%.

State:

- 83.5% of homicides statewide were committed using firearms between 2017-2022.
- 37.3% of suicides statewide were committed using firearms between 2017-2022.
- The overall state had a firearm injury rate of 147.7 per 100,000 ED visits.
- Males made up 85% of firearm injuries, with a rate of 269.5 per 100,000 ED visits.
  - Females had a firearm injury rate of 38.4 per 100,000 ED visits.
  - Most injured males (40.7%) were between the ages of 20-29, with a rate of 879.5 per 100,000 ED visits.
  - Despite only making up 18.7% of firearm injuries among males, the 10-19 demographic had the second-highest injury rate at 600.1 per 100,000 ED visits.
- 65.6% of firearm injury-related ED visits were among non-Hispanic Black or African Americans, yielding a rate of 388.7 per 100,000 ED visits. Hispanics had the second highest with a firearm injury rate of 133.1 per 100,000 ED visits, and non-Hispanic Whites had a firearm injury rate of 28.4 per 100,000 ED visits.
  - Non-Hispanic Black or African American males had a firearm injury rate of 734.0 per 100,000 ED visits.
    - 42.3% of cases were among the 20-29 demographic, but the rate of injury for 10–19-year-olds and 20–29-year-olds was similar (874.6 vs. 885.5, respectively).
  - Among the overall population, those 20-29 made up the majority of cases (40.3%) and had the highest rate (406.3).
  - Hispanic males had a firearm injury rate of 241.4 per 100,000 ED visits.
  - Non-Hispanic White males had a firearm injury rate of 51.2 per 100,000 visits.

Key Insights:

- Statewide, a slightly higher proportion of suicides and homicides were attributable to firearms. In general, the majority of homicides were committed using firearms, whilst only around 1 in 3 suicides were committed using firearms.
- The county has a significantly lower firearm injury rate among all people than the state.
- Males make up the majority of firearm injuries statewide and in the county, but are a much larger proportion of the overall firearm injuries in the state than they are in the county.
- In both the county and the state, males aged 20-29 made up the largest proportion of firearm injuries, but those aged 10-19 had outsize injury rates from firearms relative to their total case count. In the county, the rates between these two groups are much closer than they are statewide.
- Black or African Americans are disproportionately impacted by gun violence and make up the majority of firearm injury-related ED visits whilst also having injury rates that are up to 10 times higher than non-Hispanic whites.

- The county, as a whole, does better on metrics related to firearm violence than the state.

IV. Additional Avenues of Exploration:

- Data is available on assaults/robberies, rape, and other violent crimes via the FBI's Crime Data Explorer system, but this data needs to be parsed and cross-checked with individual agencies due to differences in reporting requirements and what allows a case to be classified as being within their jurisdiction.
- Due to small sample sizes, trend analyses can be difficult, but it may be possible to do basic statistical tests such as t-tests to determine statistically significant differences in proportions and rates between groups and the county vs. the state.
- Domestic violence data, while not readily available, would be a good avenue to explore and possibly link with other forms of violence.
- All these metrics are interconnected, and analyses can be done by examining the association of individual violence metrics with others, such as the association of firearm violence with homicide rates.

V. References

[1]*Illinois Firearm Injury Rates*. (2025). Illinois Department of Public Health. Retrieved from: https://dph.illinois.gov/topics-services/prevention-wellness/gun-safety/dashboards/il-firearm-injury-rates.html

[2]*Illinois Violent Deaths*. (2025). Illinois Department of Public Health. Retrieved from: https://dph.illinois.gov/topics-services/prevention-wellness/gun-safety/dashboards/il-violent-deaths.html

Champaign County Community Partner Assessment Survey

DRAFT Report 11/6/2024

Report updated 02/25/2025

Champaign-Urbana Public Health District (CUPHD) Community Partner Assessment: Participating Organizations

Carle Foundation Hospital

Carle Illinois College of Medicine

Champaign County Emergency Management Agency

Champaign Fire Department

Champaign Police Department

Champaign Unit 4 School District

Champaign-Urbana Mass Transit District

City of Champaign-Neighborhood Services Department

City of Champaign-Department of Equity & Engagement

City of Urbana

CRIS Healthy Aging

Don Moyer Boys & Girls Club

Family Resiliency Center at UIUC

Family Service of Champaign County

Feeding Our Kids

Habitat for Humanity of Champaign County

Healthy Champaign County

Illinois Department of Public Health

Immigrant Services of Champaign-Urbana

McKinley Health Center-Health Education Department

Office of Strategic Initiatives, University of Illinois System

Promise Healthcare

Rape Advocacy, Counseling, & Education Services (RACES)

Sola Gratia Farm

The Housing Authority of Champaign County

United Way of Champaign County

University of Illinois Chicago's Division of Specialized Care for Children

University of Illinois Extension

Urbana Park District

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Executive Summary

1. ***Community Partners Profile***
    - CPA data shows that the responding organizations were primarily non-profits (39%), followed by colleges/universities (19%) and city government agencies (16%), with notable gaps in participation from hospitals, clinics, tribal agencies, and private businesses, emphasizing opportunities to engage these critical sectors in future efforts.
    - Nearly half of organizations report that their leadership (48%), management (52%), and frontline staff (55%) reflect community demographics, while smaller proportions disagree or are unsure about demographic alignment in these areas.
    - A majority of organizations demonstrate a strong commitment to equity, with 85% having a dedicated diversity, equity, and inclusion (DEI) person and team, 78% addressing external equity issues, and 63% incorporating equity advancement into staff job requirements, supported by a range of staff roles focused on equity, including board members, outreach coordinators, human rights officers, and DEI officers.
2. ***Motivations for CHIP Participation and Resources Organizations are Willing to Provide***
    - CPA data show that organizations prioritized joining a Community Health Improvement Partnership (CHIP) to improve program efficiency and reduce duplication (69%), enhance communication across groups (55%), and drive sustainable social change (41%), with additional interests in resource sharing, launching initiatives, building networks, and strengthening government-community communication.
    - Organizations support MAPP activities through resources like meeting spaces (59%), staff time for engagement (52%), and active participation (45%), while serving diverse populations, including Black/African American, Hispanic/ Latina(o), Asian, and Indigenous communities, with opportunities for growth in data coordination, health equity advocacy, leadership development, and engaging underrepresented sectors like private clinics and tribal organizations.
3. ***Needs Assessment Practice***
    - More than half of the participating organizations conduct needs assessments as part of their work. These organizations reported collecting data on demographics (67%), access and utilization (52%), program performance (48%), and social determinants of health (41%). They primarily gather this information through surveys (61%), data tracking systems (57%), notes (43%), and feedback forms (39%).
4. ***Addressing Health Inequities***
    - Organizations prioritize social determinants of health, education, family well-being, and public health (63%), with additional focus on disability and independent living (56%), healthcare access, youth development (48% each), housing (44%), and racial justice (37%).
    - Organizations address key social determinants of health by focusing on economic stability (56%), neighborhood and built environment (52%), and healthcare access and quality (41%), while also engaging in education access and social/community context, addressing critical issues like poverty, housing, transportation, health literacy, and community cohesion.
    - Organizations prioritize mental and behavioral health (63%), healthcare access (44%), and health equity (41%), while also addressing family/maternal health, injury and violence prevention, and chronic diseases like asthma, diabetes, and cardiovascular conditions.

5. ***Core Activities of the Organization***
    - Participating organizations identified their core competencies as community engagement and partnerships, access to care, and communication and education, with additional strengths in workforce development, policy creation, and program evaluation, all aimed at enhancing health and well-being.
6. ***Communications and Community Engagement***
    - The findings show that most organizations prioritize community engagement and partnerships (82%) and communication and education (74%) to improve health and well-being, with additional focus on policies, assessments, workforce development, evaluation, access to care, and strengthening infrastructure, while fewer engage in hazard investigations (26%) or utilize legal and regulatory authority (22%).
    - Most organizations (67%) prioritize informing the community by sharing relevant information. Fewer organizations focus on involving the community in decision-making (15%) highlighting a potential need for adoption of a participatory approach. An equal proportion collaborate with community members to build leadership capacity (15%) in implementation of decisions. A small percentage (4%) consult the community for input, and none delegate decision-making to foster community-driven leadership and equity. This indicates that while sharing information is a priority, there is limited emphasis on deeper engagement and democratic participation.
    - Community organizations actively engage with diverse racial and ethnic populations, with the highest engagement among Hispanic/ Latina(o) (93%), Black/African American (90%), and Asian (90%) communities, Table 7. For the LGBTQIA+ community, 90% provide some form of service, including 21% offering dedicated support. Significant efforts also focus on immigrants, refugees, and non-English speakers (76%). For individuals with disabilities, 86% provide some form of service, including 48% offering dedicated support, while 66% offer access to interpretation and translation services.
7. ***Policy and Advocacy Work***
    - Most organizations focus on educating decision-makers (67%), responding to their requests (52%), and building relationships (48%), while some leverage these connections to influence policy development (30%) or advocate for changes (33%), with fewer engaging in capacity-building, lobbying, or mobilizing public opinion, and minimal involvement in voter outreach (7%) or legal advocacy (4%).

Background

The Community Partner Assessment (CPA) helps us understand the organizations involved in the 2025 Community Health Improvement Plan (CHIP)—who they are, what motivates them, and how they contribute. Most participating organizations are non-profits, schools, and government agencies, but fewer hospitals, clinics, tribal agencies, and private businesses are engaged.

Many organizations prioritize diversity, equity, and inclusion (DEI), with leadership reflecting community demographics and equity-focused roles embedded in their work. Their main reasons for participating in CHIP include improving program effectiveness, enhancing communication, and driving long-term social change. They contribute resources like meeting space, staff time, and participation, but there are opportunities to expand their involvement in data sharing, leadership development, and health equity advocacy.

A strong focus on health equity is evident, with organizations working on issues like economic stability, neighborhood safety, healthcare access, education, housing, and racial justice. Key health priorities include mental health, healthcare access, maternal health, chronic disease prevention, and violence prevention.

While community engagement is a priority, most organizations focus on sharing information rather than involving the community in decision-making. There is room to strengthen leadership opportunities and ensure communities have a stronger voice in shaping health initiatives.

Policy and advocacy efforts mainly involve educating decision-makers and building relationships, with fewer organizations actively working to influence policies, advocate for change, or engage in voter outreach and legal advocacy.

The CPA findings emphasize the need for stronger partnerships, cross-sector collaboration, and inclusive community engagement to advance health equity. By working together—especially with historically underserved groups—we can build a healthier, more equitable future. These insights will help guide CHIP's next steps toward meaningful community-driven progress.

Introduction

Health Equity and MAPP 2.0

Health equity, as defined by the World Health Organization, is the absence of unfair, avoidable, or remediable differences among groups of people, regardless of social, economic, demographic, or geographic factors. It emphasizes health as a fundamental human right, achieved when everyone can reach their full potential for health and well-being (Source: WHO).

Mobilizing Action through Planning and Partnerships (MAPP 2.0) is a community health planning framework designed to address health equity. It provides a structure for communities to assess pressing population health issues, engage broad stakeholders, and align resources across sectors for strategic action. MAPP 2.0 culminates in the development of a Community Health Needs Assessment (CHNA) and a Community Health Improvement Plan (CHIP).

MAPP 2.0's framework emphasizes:

- Policy, systems, and environmental changes.
- The alignment of resources toward shared goals.
- Community engagement to guide collaborative efforts.

Phases of MAPP 2.0

1. Build the Community Health Improvement Foundation – Establish the groundwork for collaboration and action.
2. Tell the Community Story – Collect and analyze data to understand health needs and challenges.
3. Continuously Improve the Community – Develop and implement strategies to drive sustainable improvements.

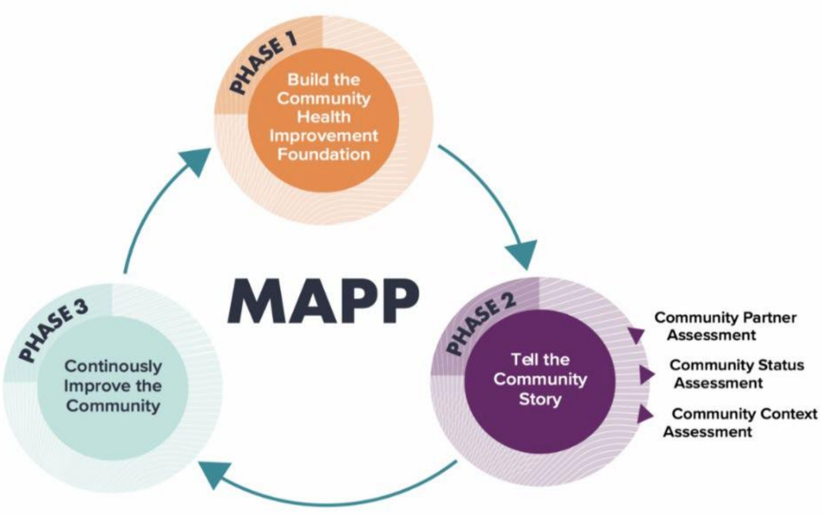


Figure 1: Overview of MAPP 2.0 Components, showing the three phases and their key elements.

Source: https://visiblenetworklabs.com/2023/08/22/social-network-analysis-and-the-mapp-2-0-framework-for-community-health-improvement/#elementor-toc__heading-anchor-0

Community Partner Assessment (CPA)

The Community Partner Assessment is a vital element of Phase 2 of MAPP, supporting the "Tell the Community Story" process. It is also a cornerstone of the 2025 Community Health Improvement Plan, aimed at understanding, maintaining, and building community health infrastructure in Champaign County.

The CPA focuses on achieving health equity by fostering collaboration among partner agencies. It ensures public health agencies work alongside peer agencies on equal footing to guide ownership of community health planning. Partner agencies benefit from:

- Networking with organizations, agencies, and funders.
- Accessing and leveraging data to address key issues.
- Collaborating to advance policy solutions.
- Joining efforts to improve community health and conditions.

The CPA, along with the Community Status Assessment (CSA) and the Community Context Assessment (CCA), contributes to a comprehensive evaluation of health and well-being in the community.

Methodology

The Champaign Executive Committee met to create a list of community health stakeholders. During this meeting, members suggested names and agencies to be invited to partner. A review of the partner list added new members, and updated contact information from existing partners.

Initial Meeting: A meeting was held to introduce the CPA as well as orient partners to how it will be used in community health planning. This orientation session covered the purpose and goals of the CPA and introduced the survey we asked all participating organizations to complete on behalf of their organization.

Survey: A survey was distributed to partners via Survey Monkey. Partners then had 2 weeks to respond and a reminder email was sent before the deadline. Each agency was only allowed to submit one survey response, and participants were encouraged to identify key staff within their organizations to assist with survey completion.

Review summary report: CUPHD staff completed a draft summary report and participants were then sent a copy and asked to review its contents. CUPHD requested feedback on what stood out to participants, what surprised participants, what work still remained, and what our greatest strengths as a group were. The larger group then met to discuss the draft summary report to gather feedback for the final report.

Creation of final report: input from the larger group, along with the draft summary report, and survey results were then shared with CUPHD’s Data Team. This team put together the 2nd and final draft of the CPA report.

Key Characteristics of CPA Participating Organizations

The CPA allows community partners to look critically at their (1) individual systems, processes, and capacities; and (2) collective capacity as a network of community partners to address health inequities.

Community Partners Profile

Most responding organizations (n=31) are non-profits (39%), followed by colleges/universities (19%) and city government agencies (16%), Figure 2. Other types include emergency response, social services, state government agencies, housing providers, and mental health providers. Faith-based groups, grassroots organizations, and educational institutions were also present. Notably, hospitals, clinics, tribal agencies, or private businesses did not participate, highlighting potential sectors for engagement.

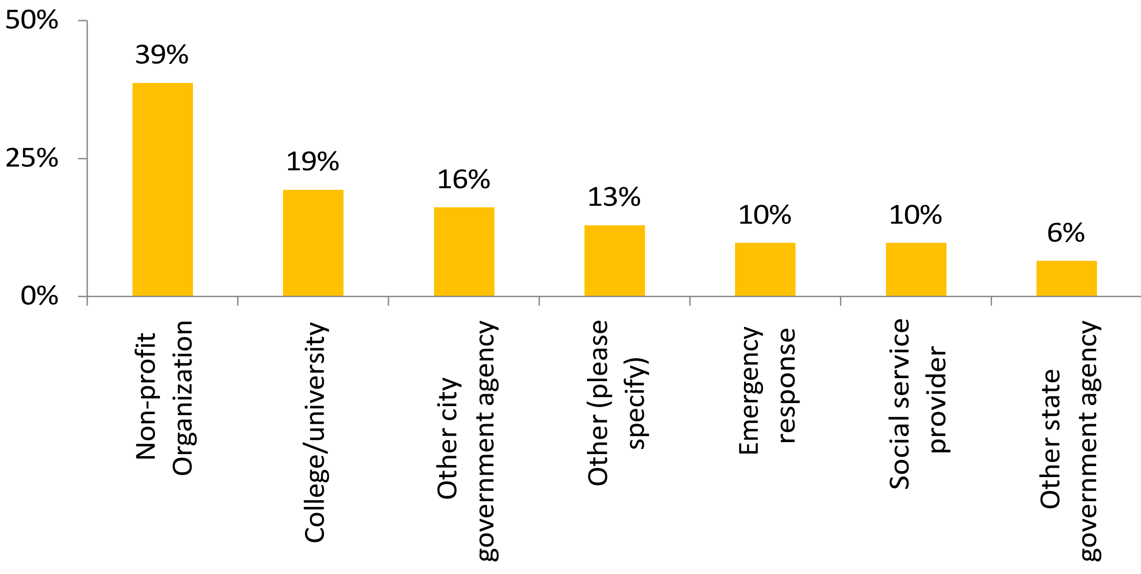


Figure 2: How Would You Describe Your Organization?

Overview of CPA Participants

See Figure 3, (n=31)

- **42%:** Engaged in community health improvement efforts.
- **90%:** Involved in or facilitated community-led decision-making policies, actions, and/or programs.
- **48%:** Have leadership staff whose demographics align with the communities they serve.
- **52%:** Have management staff whose demographics align with the communities they serve.

- **55%:** Have administrative or frontline staff whose demographics align with the communities they serve.

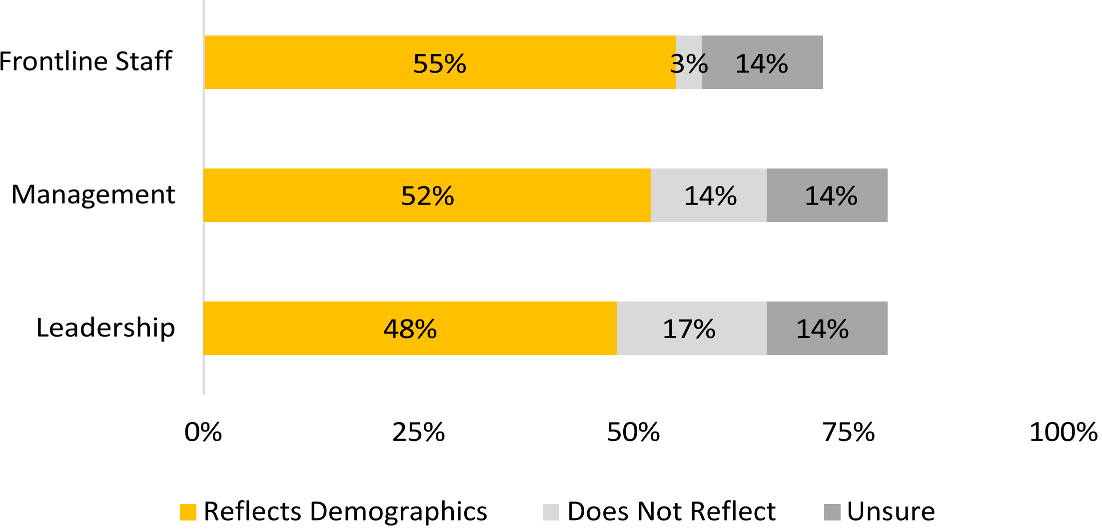


Figure 3: Demographic Representation Across Organizational Roles

Commitment to Equity

- **Internal DEI Focus: 85%** of respondents confirm their organization has a dedicated person for diversity, equity, and inclusion.
- **External Equity Focus: 78%** agree that at least one person addresses equity issues externally in the community.
- **Equity Team: 85%** confirm their organization has a team dedicated to advancing equity.
- **Job Requirements: 63%** agree that advancing equity is part of all or most staff job requirements.
- **Staff positions working to address equity:** Board Members, Outreach/Education Coordinator, ED, Director, Human Rights Officer, Web Accessibility Coordinator, Title VI Officer, Disadvantaged Business Enterprise Liaison Officer, Dean, Case Manager, Vice Presidents, Community Relations Manager, Chief ADA Officer, Chief DEI Officer

Why Join a Community Health Improvement Partnership?

The top interests for joining a community health improvement partnership include efficient program delivery and avoiding duplicated efforts (69%), increasing communication among groups (55%), and creating long-term, permanent social change (41%). Other goals highlight pooling resources (34%) and planning community-wide initiatives (31%), emphasizing collaboration and improved communication to drive lasting social impact.

See Figure 4, (n=29)

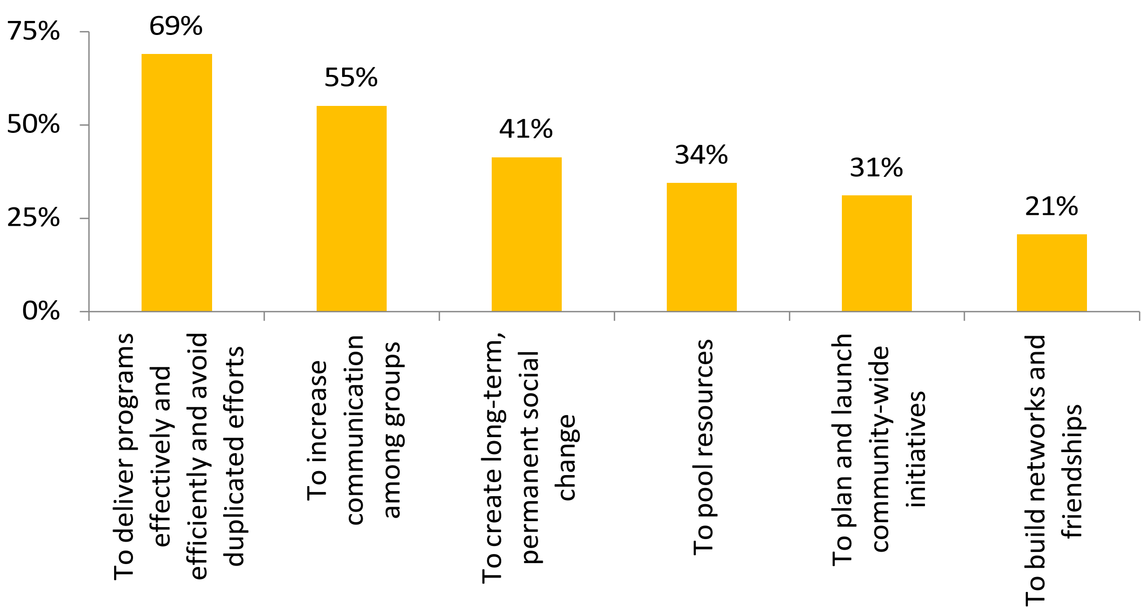


Figure 4: Top Interests of Organizations in Joining a Community Health Improvement Partnership

Additional interests include:

- **34%:** Pooling resources.
- **31%:** Launching community-wide initiatives.
- **21%:** Building collaborative networks.
- **14%:** Improving communication between government and communities.
- **3%**: Addressing stereotypes or fostering political power for services.

Capacity Building Goals

One goal of MAPP is to help build the collective capacity of our network and connect partners. Organizations wish to grow the following capacities as a part of our partnership:

1. Coalition and Alliance Building: Many organizations wish to strengthen collaborations with partners, connect resources, and build lasting coalitions.
2. Advocacy and Grassroots Lobbying: Expanding their role in advocating for systemic change is a priority for several groups.
3. Community Engagement and Organizing: They seek more effective communication and community involvement to boost awareness of services and build safer environments.
4. Resource Development: More human and capital resources, along with partnerships, are desired to support operations and growth initiatives.

Needs Assessment Practices Among Participating Organizations

n=27

- Over half of participating organizations (56% or 15) conduct needs assessments as part of their work.
    - Of these, 60% (9) share their findings with the collaborative.

Types of Data Collected:

- Demographic information (67%).
- Access and utilization data (52%).
- Service/program evaluation and performance data (48%).
- Data on social determinants of health (SDOH) (41%).

Common Data Collection Methods:

- Surveys (61%).
- Data tracking systems (57%).
- Notes (43%).
- Feedback forms (39%).

Additional Methods:

- Focus groups (35%).
- Secondary data sources (35%).
- Interviews (30%).
- Participatory research (13%).

In terms of data skills, conducting needs assessment (63%) was the strongest skill, followed by survey design and analysis (54%). Half of the respondents had experience in focus group facilitation and interviewing (50% each). Lower levels of skills were noted in detailed notetaking or transcription (42%), participatory research (42%), and facilitating community meetings (46%), Table 1.

Table 1: Data Skills Held by the Organization

Data Skill	Percentage
Conducting needs assessment	63%
Survey design and analysis	54%
Focus group facilitation	50%
Interviewing	50%
Facilitating community meetings	46%
Detailed notetaking or transcription	42%
Participatory research	42%

Shared Growth Opportunities

Expanding coordination between agencies in data collection and advocacy for health equity are areas for shared growth. There is potential for enhancing leadership development within target communities and engaging underrepresented sectors such as private clinics and tribal organizations.

Key Findings of the CPA

10 Essential Public Health Services

The 10 Essential Public Health Services (EPHS) describe the public health activities that all communities should undertake.

To achieve equity, the EPHS actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities

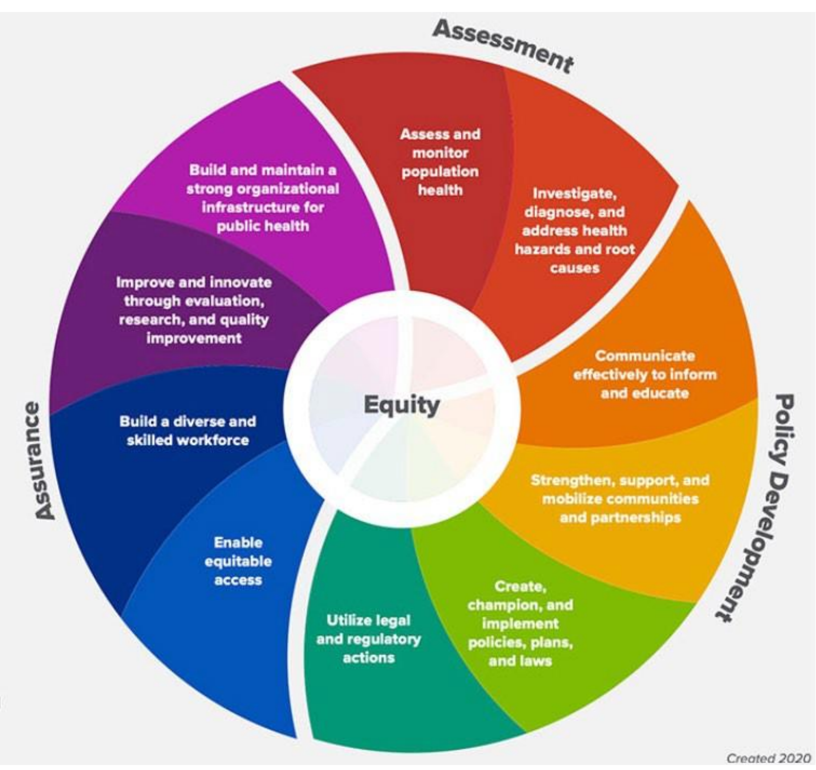


Figure 5: 10 Essential Public Health Services
Source: https://www.cdc.gov/public-health-gateway/php/about/index.html

Areas of Focus

The majority of organizations focus on social determinants of health (Figure 5), education, family well-being, and public health (all 63%). Additionally, disability and independent living are emphasized by 56%. Other notable areas include healthcare access and youth development (48% each), housing (44%), and racial justice (37%).

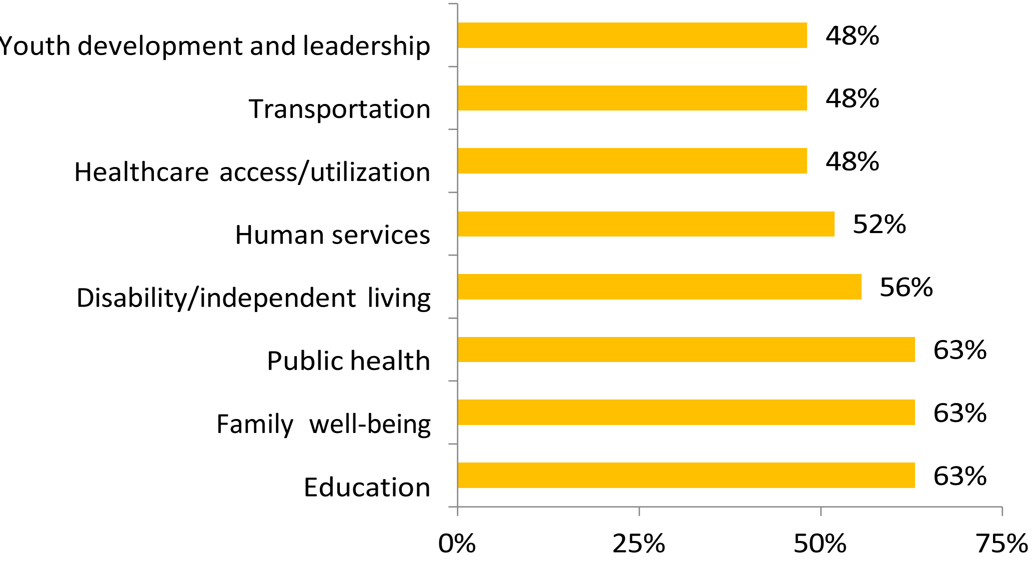


Figure 6: Categories the Organizations Works On/With

Resource Contributions

Organizations can provide a range of resources to support MAPP activities (Table 2), including physical space for meetings (59%), staff time for community engagement (52%), and active participation in MAPP efforts (45%). Additional contributions include social media capabilities (34%), staff time for relationship-building (24%), and policy or advocacy expertise (21%), Table 2. There is also a need for increased support in areas such as funding, media connections, and resources like food or interpretation services.

Table 2: Resources Contributed by the Organization to Support MAPP Activities

Resource Provided by Organizations	Percentage
Physical space for meetings	59%
Staff time for community engagement	52%
Active participation in MAPP efforts	45%
Social media capabilities	34%
Staff time for relationship-building	24%
Policy or advocacy expertise	21%

Summary of Work in Social Determinants of Health

I. **Economic Stability:** A significant **56%** of organizations focus heavily on economic stability, addressing issues such as poverty, employment, food security, and housing stability.

II. **Education Access and Services:** **33%** prioritize education's impact on health extensively, while 48% address it to a lesser extent, covering literacy, high school graduation, and early childhood education.

III. **Healthcare Access and Quality:** **41%** work extensively on improving healthcare access and quality, tackling areas like health services, primary care, insurance, and health literacy. Another 48% engage to a lesser extent.

IV. **Neighborhood and Built Environment:** **52%** place strong emphasis on improving housing quality, transportation access, healthy food availability, and environmental safety.

V. **Social and Community Context:** Focus is evenly split, with **41%** working extensively and another 41% to a lesser degree on community cohesion, civic participation, workplace conditions, and addressing violence and incarceration.

Health Topics and Core Activities

Organizations focus on mental and behavioral health (63%), healthcare access (44%), and health equity (41%). Other areas of focus include family/maternal health, injury and violence prevention, and chronic diseases such as asthma, diabetes, and cardiovascular conditions, Figure 6.

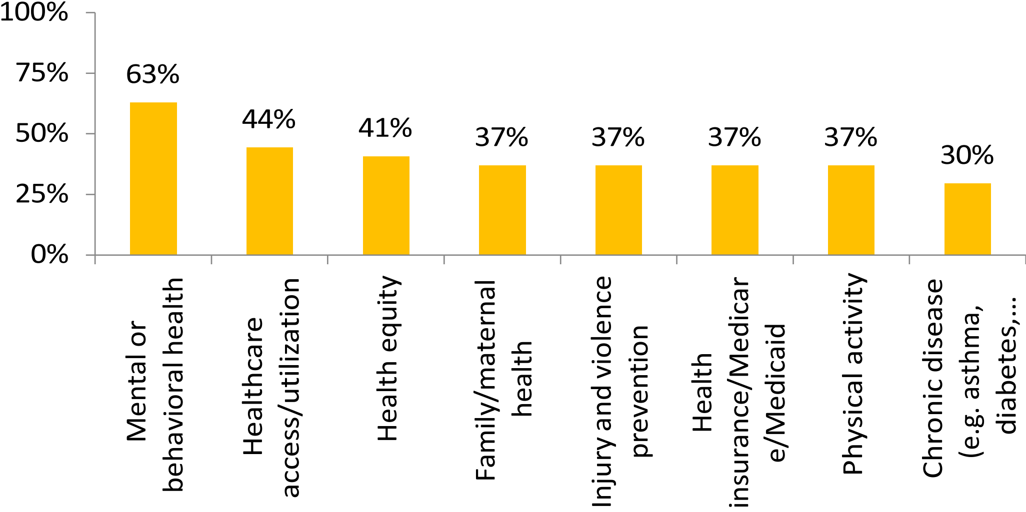


Figure 7: Health Topics Addressed by Organizations

A significant majority (82%) engage in community partnerships to improve health, while others focus on communication and education (74%), policy development (59%), and conducting community assessments (52%). Workforce development and healthcare access are also key areas of focus (52%), Figure 7.

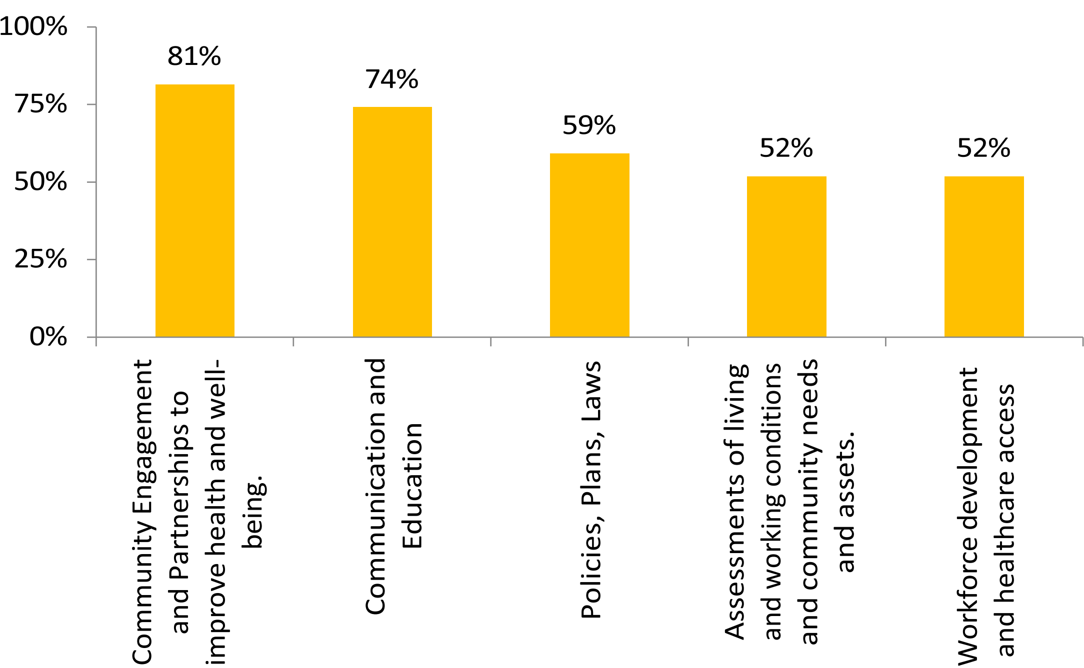


Figure 8: Activities Regularly Conducted by Organizations

Local organizations use various strategies, including community-focused communications (78%), research and policy analysis (74%), and alliance or coalition-building (63%). Many prioritize providing social and health services (56%) and leadership development (56%), Table 3. Other approaches include addressing systemic inequities, advocating for policy change, healing from community trauma, narrative change, and movement-building.

Table 3: Strategies Used by Organizations to Do Their Work

Strategies	Percentage
Community-focused communications	78%
Research and policy analysis	74%
Alliance or coalition-building	63%
Providing social and health services	56%
Leadership development	56%

Capacities Related to 10 Essential Public Health Services

The findings indicate that most organizations prioritize community engagement and partnerships (82%) and communication and education (74%) to enhance health and well-being. Over half focus on policies, plans, and laws (59%), conduct assessments (52%), and support workforce development (52%). Other key activities include evaluation and research (48%), ensuring access to care (44%), and strengthening

organizational infrastructure (44%). Less commonly, organizations engage in hazard investigations (26%) and use legal and regulatory authority (22%) to protect public health, Figure 8.

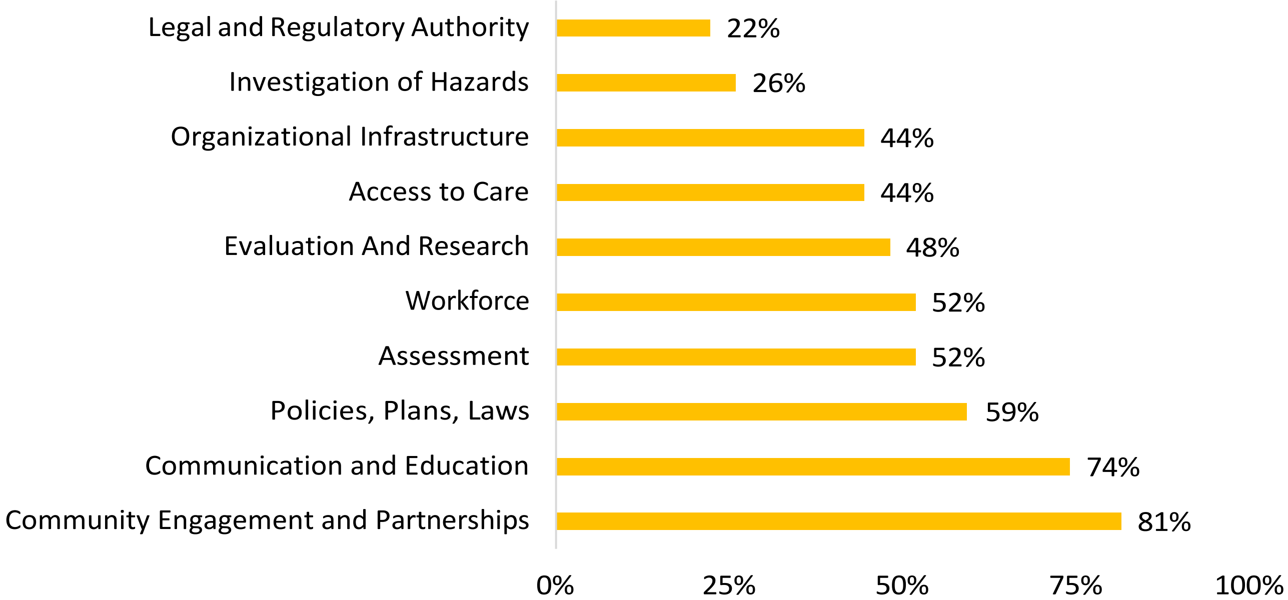


Figure 9: Activities Regularly Conducted by Organizations

The organizations identified their top 1-3 core competencies or strengths as follows:

- **Community Engagement & Partnerships:** Many organizations emphasized the importance of strengthening, supporting, and mobilizing communities to enhance health and well-being.
- **Access to Care:** Ensuring equitable access to healthcare and providing social services was commonly highlighted.
- **Communication & Education:** Educating communities on health and well-being, as well as effectively communicating with the public, was also a key strength.
- **Other competencies:** Additional strengths mentioned included workforce development, policy creation, and program evaluation.

Communications and Community Engagement

Organizations use a variety of communication methods: internal newsletters (59%), external newsletters (52%), and press releases (59%), Table 4. Social media is the most commonly used, with 89% leveraging it for outreach. However, only 22% engage in ethnicity-specific outreach.

Table 4: Communication Methods Used by Organizations

Communication Method	Percentage
Social media outreach (e.g., Facebook, Twitter)	89%
Internal newsletters to staff	59%
Media contact list for press advisories/releases	59%
Press releases/press conferences	59%

Social media is the most commonly used, with 89% leveraging it for outreach. However, only 22% engage in ethnicity-specific outreach.

When it comes to media presence, 85% of organizations believe they have a strong presence. Additionally, 81% report having robust communication infrastructure, and 69% have a clear communication strategy. All partners (100%) acknowledge having good relationships with other organizations, while 80% apply an equity lens to their communications.

Organizations reach and engage with their target populations through various methods:

- **Extensive outreach efforts: 66%**
- **Receiving many clients: 55%**
- **Receiving referrals from target populations: 52%**
- **Located in neighborhoods of target populations: 48%**
- **Hiring staff/interpreters who speak target languages: 45%**
- **Hiring racially/ethnically representative staff: 38%**
- **Supporting leadership development: 31%**
- **External Equity Focus: 78%**

The summary reveals that most organizations (67%) prioritize informing the community by sharing relevant information. Fewer organizations focus on involving the community in decision-making (15%) highlighting a potential need for adoption of a participatory approach. An equal proportion collaborate with community members to build leadership capacity (15%) in implementation of decisions. A small percentage (4%) consult the community for input, and none delegate decision-making to foster community-driven leadership and equity. This indicates that while sharing information is a priority, there is limited emphasis on deeper engagement and democratic participation, Table 5.

Table 5: Community Engagement Practices Implemented by the Organizations

Community Engagement Practices	Percentage
Informing the community	67%
Involving the community in decision-making	15%
Collaborating to build leadership capacity	15%
Consulting the community for input	4%
Delegating decision-making	0%

Table 6 below shows the languages spoken by staff, with the majority of staff speaking English (97%), followed by Spanish (83%). A smaller percentage of staff speak French (31%) and Chinese (24%), while Other languages* are spoken by less than 10% each.

Table 6: Languages Spoken by Staff

Languages Spoken by Staff	Percentage
English	97%
Spanish	83%
French	31%
Chinese	24%
Other languages*	<10% each

** Other languages include Dari, Pashto, Tagalog, Vietnamese, Q'anjob'al, Albanian, Arabic, ASL, Cambodian, German, Ilocano, Laos, Swahili, Kikuyu, Kapampangan, Ilocano.*

Community organizations actively engage with diverse racial and ethnic populations, with the highest engagement among Hispanic/ Latina(o) (93%), Black/African American (90%), and Asian (90%) communities, Table 7. For the LGBTQIA+ community, 90% provide some form of service, including 21% offering dedicated support. Significant efforts also focus on immigrants, refugees, and non-English speakers (76%). For individuals with disabilities, 86% provide some form of service, including 48% offering dedicated support, while 66% offer access to interpretation and translation services.

Table 7: Engagements/ Services Provided by the Organizations

Group	Engagement/Service Provided
Hispanic/ Latina(o)	93%
Black/African American	90%
Asian	90%
LGBTQIA+	90%
People with Disabilities	86%
Immigrants/Refugees/Non-English Speakers	76%
Interpretation/Translation	66%

The priority populations identified in the provided document include:

- Low-income and marginalized groups
- Immigrants, refugees, and asylum seekers
- Residents of Urbana and Champaign, especially those below the poverty line or at the ALICE threshold
- Survivors of sexual violence
- Medical students engaging in community outreach
- Children, adolescents, and pregnant individuals
- Crime victims and historically marginalized communities
- Older adults (60+)
- University of Illinois students

The focus varies across different programs and community needs, emphasizing underserved, low-income, and marginalized populations.

Organizations most commonly engage the community through presentations and social media, both at 70%, Figure 9. Other frequent methods include surveys (56%), fact sheets (52%), and community forums or events (44%). Additional approaches include customer or patient satisfaction surveys, public comments, advocacy, and partnerships with community-based organizations, each at 33%. Less commonly used methods are videos (30%), open houses (26%), billboards (22%), focus groups (22%), and citizen advisory committees (19%). Interactive workshops, community-driven planning, and consensus-building are employed occasionally, while community organizing and polling are rarely used. Participatory budgeting and open planning forums with citizen polling are not utilized.

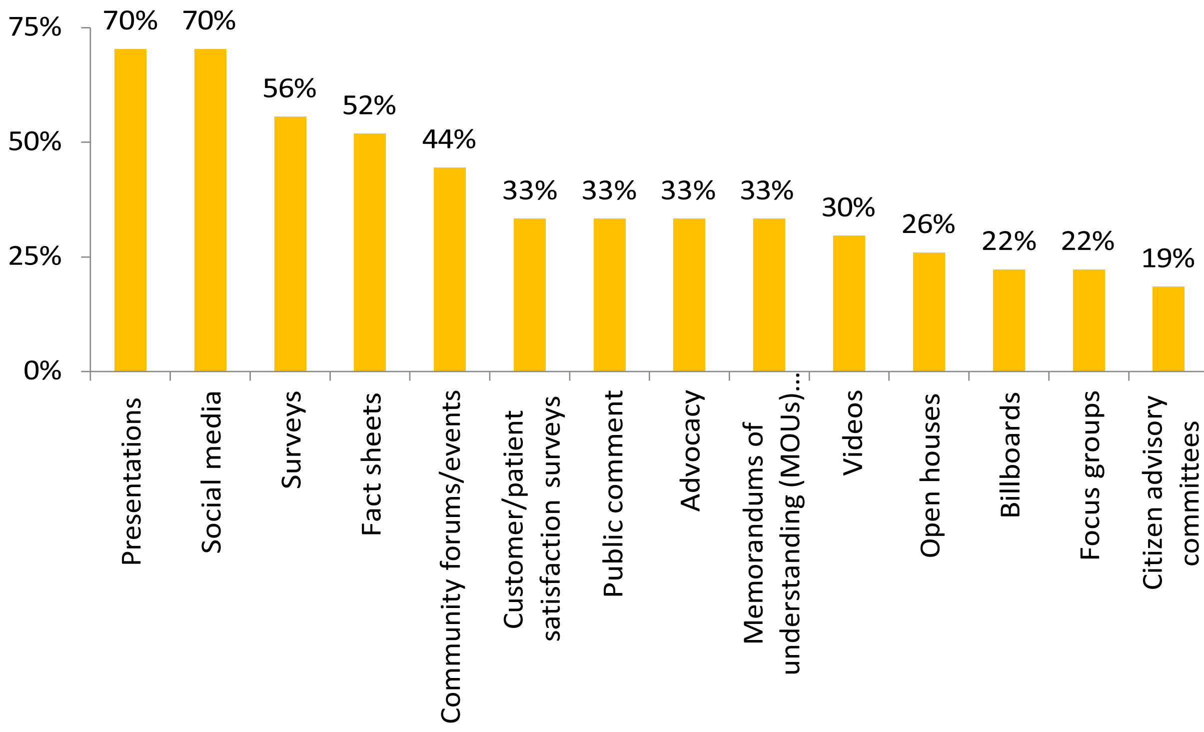


Figure 10: Top Methods of Community Engagement Used by the Organizations

Policy and Advocacy Work

Most organizations focus on educating decision-makers (67%), responding to their requests (52%), and building close relationships with them (48%). Some leverage relationships to gain access to decision-makers (44%), develop policies (30%), or advocate for policy changes (33%). Fewer engage in capacity-building for policy advocacy (15%), lobbying for changes (19%), or mobilizing public opinion (4%). No contributions to political campaigns or PACs were reported, and voter outreach (7%) and legal advocacy (4%) were minimal.

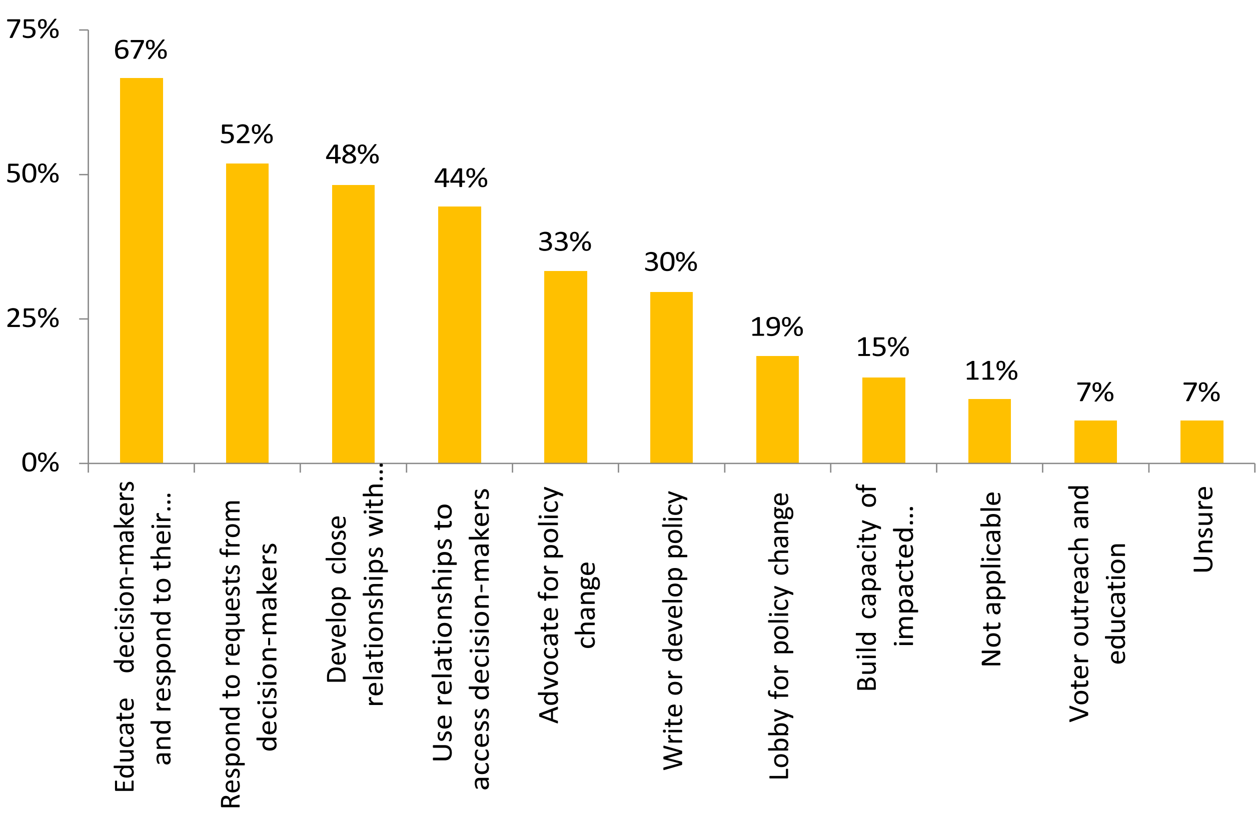


Figure 11: Policy and Advocacy Activities of the Organizations

Conclusion

The Community Partner Assessment (CPA), as part of the 2025 Community Health Improvement Plan, serves as a critical tool for coordinating agencies to achieve shared community health goals. The strong commitment to community engagement and partnerships, particularly in supporting marginalized populations, provides a solid foundation for collective impact. However, there are opportunities to broaden sector engagement, increase community participation in decision-making, and strengthen advocacy efforts for systemic policy change.

Insights from this report, along with the Community Status Assessment, Community Context Assessment, and Community Health Needs Assessment, will inform the development of the 2025 Community Health Improvement Plan. By addressing these gaps and leveraging collective strengths, the CPA can further advance health equity and drive meaningful, community-driven progress toward long-term social change.

Addendum

Click here to access the Champaign County Community Partner Assessment Survey

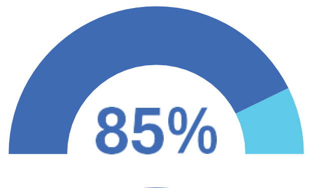
2024 Champaign County Community Partner Assessment Survey Insights

1

Community Partners Profile

Most responding organizations are non-profits (39%), followed by colleges and universities (19%) and city agencies (16%). There are gaps in participation from hospitals, clinics, tribal entities, and the private sector, indicating opportunities for future engagement.

39% Non-Profits
19% Colleges/Universities
16% City Government Agencies
13% Other Sectors
10% Emergency Response
10% Service Providers



Have DEI teams

78%

Address external equity

2

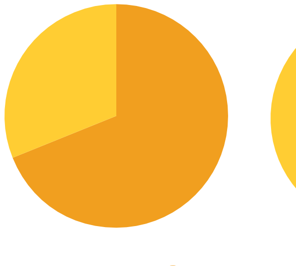
Commitment to Equity

The majority of organizations demonstrate a commitment to equity: 85% have a DEI team, 78% address external equity issues, and 63% incorporate equity into staff job requirements, supported by various equity-focused roles.

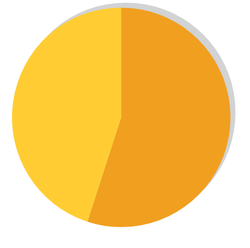
3

CHIP Participation Drivers

Organizations prioritize CHIP to improve efficiency (69%), enhance communication (55%), and drive sustainable change (41%), with additional goals of resource sharing, launching initiatives, and building networks.

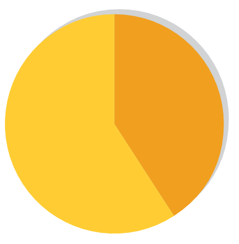


Improve program efficiency



55%

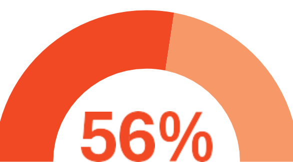
Enhance communication



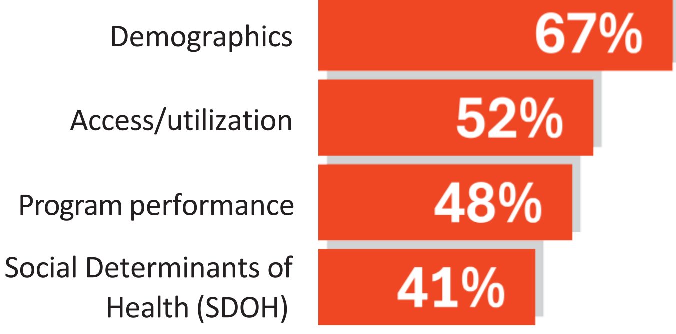
41%

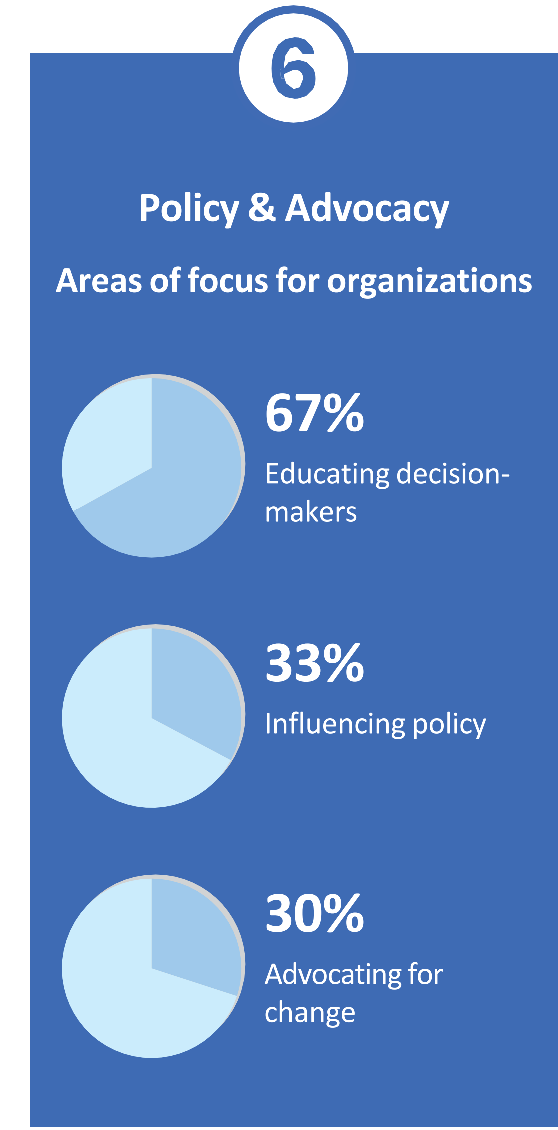
Drive sustainable change

Organizations that conduct needs assessments



Types of data collected by organizations (%)





Champaign-Urbana Public Health District
c-uphd.org

Introduction:

Community Status Assessment

This community Status assessment presents an overview of key health needs in Champaign County, using secondary data collected and compiled to align with standards set by the IDPH IPLAN template, the 2025 Champaign County Community Health Needs Assessment, the State Health Improvement Plan (SHIP), and Healthy People 2030. The report provides definitions for each health topic and contextualizes how these health needs are represented in our county.

Community Status Assessment Indicator Matrix

1st Steps- Creating the CSA Indicator Matrix:

The Data Team at CUPHD used reporting requirements from the Public Health Accreditations Board, RWJF, Healthy People 2030, etc. compiled a list of desired health indicators on the CSA – Indicator Matrix (CSA Indicator Matrix) by the following categories:

- **Health Status**
    - Indicators: Life Expectancy at Birth, Low Birthweight, Poor Mental Health Days, Preterm Births, Self-reported Fair / Poor health, Adult Obesity Prevalence Childhood Obesity Gap at local level
- **Disease / Injury**
    - Indicators: Cancer Incidence (Breast, Cervical, Colorectal, Lung, Prostate), Diabetes, HIV Rate and Prevalence, STD Incidence (Gonorrhea, chlamydia, syphilis, Tuberculosis
- **Health Behaviors**
    - Indicators: Teen Births, Adult Smoking, Smoking During Pregnancy, Youth Smokeless Tobacco Use, Physical Inactivity - Adults, Physical Activity – Children, Mammography Screening, Colorectal Cancer Screening, Alcohol Use / Excessive Drinking, Substance Use Disorder at Delivery, Oral Health: Dental Visits for Adults, Visited Doctor for Routine Check-up, Flu Vaccinations, Covid-19 Vaccinations
- **Mortality**
    - Indicators: Traffic Fatalities: Restraint Use, Traffic Fatalities: Alcohol-Impaired Driving Death, Infant Mortality Rate, Maternal Mortality Rate, Suicide Mortality Rate, Drug Overdose Deaths, Top Ten Leading Causes of Death, Homicide, Firearm – related Deaths

Continued - Creating the CSA Indicator Matrix:

- **Neighborhood and Built Environment**
  - Indicators: Air Pollutants, Air Quality, Broadband Access, Drinking Water Quality, Driving Alone to Work, Food Environment Index Housing and Transportation Affordability Index, Housing Insecurity and Cost Burden (Renters), Housing Insecurity and Cost Burden (Owners), Median Gross Rent, Occupancy Status (Vacant Homes), Limited Access to Health Foods, Walkability, Overcrowding
- **Economic Stability**
  - Indicators: Childcare Cost Burden, Children in Poverty, Food Insecurity, Homelessness, Income Inequality, Living Wage, SNAP, Illinois Free Breakfast, Sumer Food Program, Reduced / Free Lunch, Unemployment
- **Social and Community Context**
  - Indicators: Violent Crime (per 100k Population, Voter Turnout, Single – Parent Households
- **Health Care Access, Quality, and Utilization**
  - Indicators: Primary Care Providers per Capita, Uninsured, Mental Health Care Providers Per Capita, prenatal Care in First Trimester, Opioid – Related emergency department visit rate, Uncontrolled Diabetes Emergency Department Visit Rate, Asthma Emergency Department Visit Rate, Mental health Emergency Department Visit, Dental Problems Emergency Department Visit Rate,
- **Education Access and Quality**
  - Indicators: High School diploma or equivalent, Higher Education, Math Scores, Reading Scores,
- **Systems of Power Privilege, and Oppression**
  - Indicators: Corrections Population, Income Inequality – Gini Coefficient Index, Police Officers per capita, Residential segregation, Evictions carried out by Sheriff's Deputies

CSA Matrix Indicators were then measured against the following qualities:

- Geography
- Availability
- Stable and Timely
- Ability to collect comparable and consistent data across sites
- Relative significance to the health and well-being of the community
- Trend Data are available for the past 5 years
- Metrics Capture root causes or social determinants of health
- Data Quality (Adequate sample, valid measures)
- Stratified by demographics
- Aligns with Goals and guiding principles for the 2025 CHIP
  - This section of the CSA is completed during the Community Health Improvement Planning Process (CHIP)

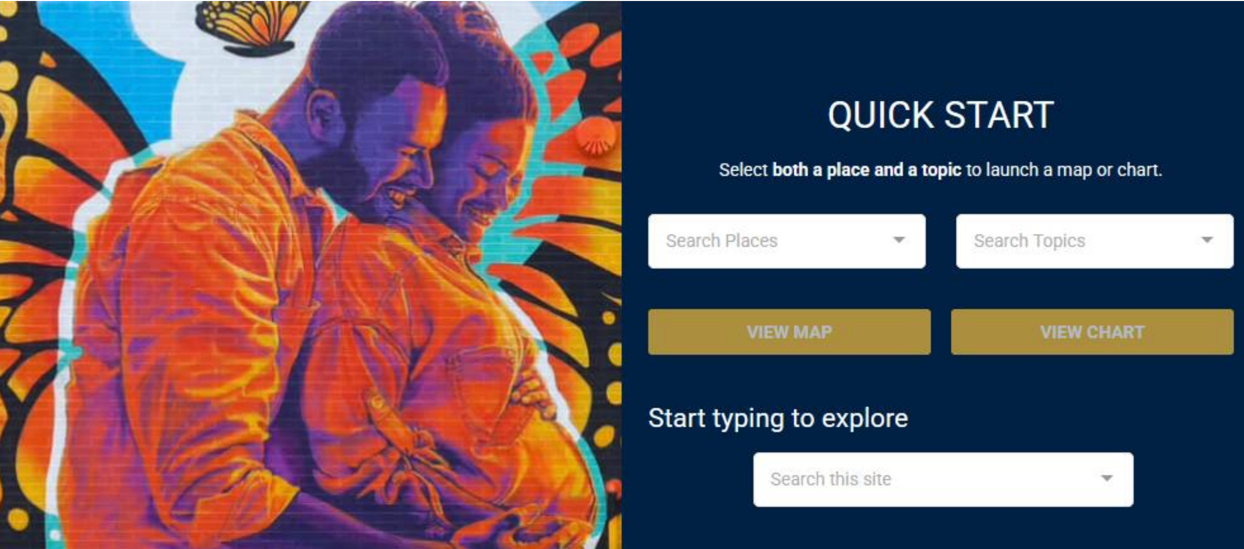
Access the Champaign County CSA Indicator Criteria Matrix Here: (CSA Indicator Matrix)

Champaign County Health Atlas

In 2025CUPHD partnered with Metopio to create the Champaign County Health Atlas (Link Here: https://cuphd.metop.io/).

> "The Champaign County Health Atlas, built with this core value in mind, is a user-friendly platform that brings together more than 100 health metrics across 10 key health topics. Designed for everyone—from community members and local policymakers to health professionals regardless of their data science expertise, the Atlas enables users to explore, visualize, track, and compare health-related data across communities. "
>
> Link: (https://cuphd.metop.io/)

The CUPHD Data Team and Metopio performed a gap analysis between suggested indicators and indicators provided on the health atlas platform which Identified the following Gaps:

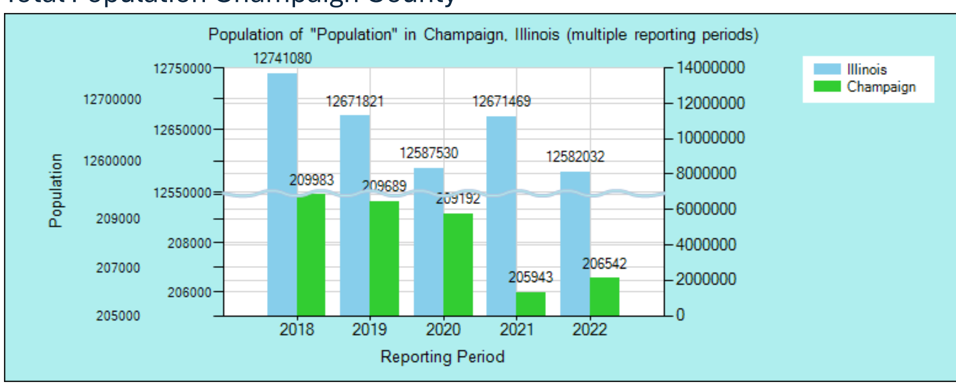


Analysis By Grouping

IPLAN Health Indicators – Demographic and Socioeconomic Characteristics

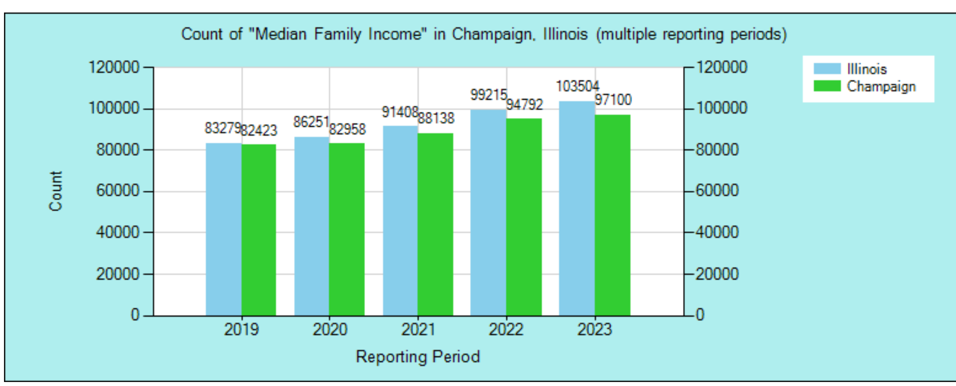
Champaign County has an estimated population of about 205,664 residents, with roughly 16.9% under age 18 and 11.2% aged 65 and older, illustrating a broad range of age-related health needs. Income and socioeconomic conditions influence residents' ability to access care and engage in healthy behaviors, with families in different ZIP codes facing barriers to food security, transportation, and preventive services. Understanding these demographic and socioeconomic characteristics helps local public health agencies and community partners identify populations at higher risk for limited access to care, increased behavioral health concerns, and exposure to violence or trauma, enabling targeted initiatives that promote health equity across the county.

Total Population Champaign County



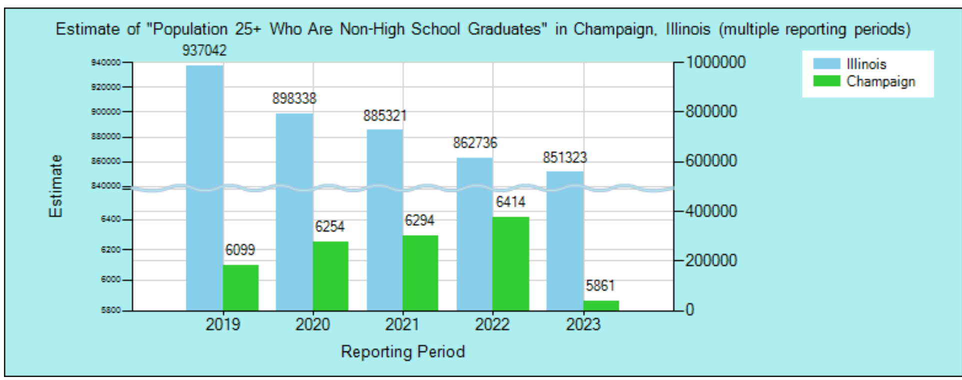
Source: National Center for Health Statistics
Description: Population data from the National Center for Health Statistics/Census Bureau

Median Family Income



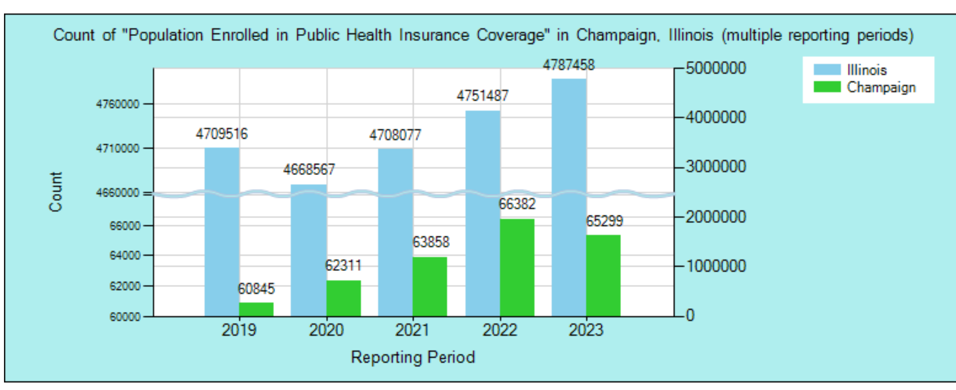
Source: American Community Survey (https://data.census.gov/cedsci/) - Table Number: B19113
Description: Median Family Income 5-year Estimates from the American Community Survey

Population 25+ who are Non-High School Graduates



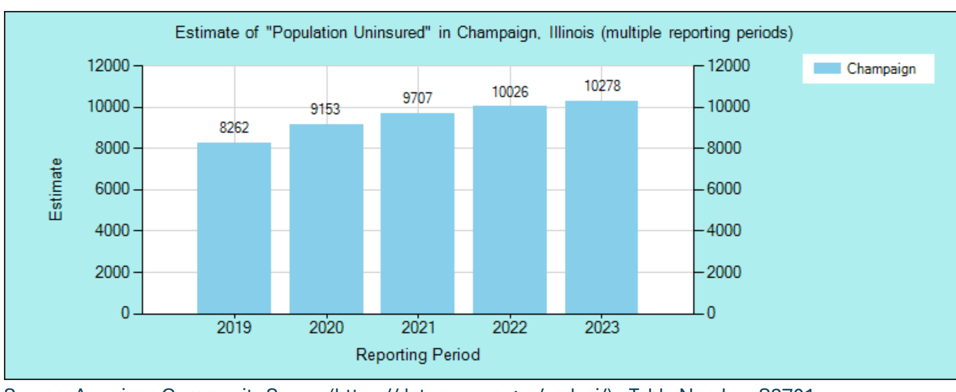
Source: American Community Survey (https://data.census.gov/cedsci/) - Table Number: B15002
Description: Population 25+ Who Are Non-High School Graduates 5-year Estimates from the American Community Survey

Population Enrolled in Public Health Insurance Coverage



Source: American Community Survey (https://data.census.gov/cedsci/) - Table Number: S2704
Description: Median Family Income 5-year Estimates from the American Community Survey

Population Uninsured

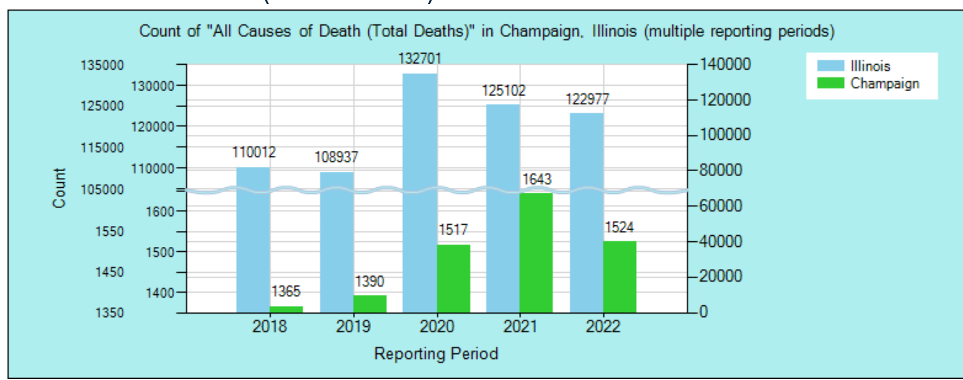


Source: American Community Survey (https://data.census.gov/cedsci/) - Table Number: S2701
Description: Population Uninsured 5-year Estimates from the American Community Survey

IPLAN Health Indicators – General Health and Access to Care Indicators

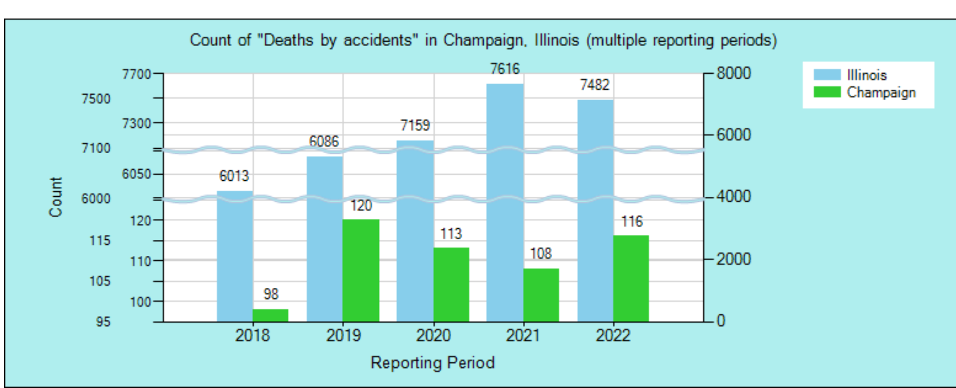
General health indicators show that many Champaign County residents report favorable health behaviors compared with state averages, such as lower prevalence of self-rated poor health at around 12.7% compared to the Illinois average of 15.6%, yet significant gaps remain in access to care and support services. Access to primary care and behavioral health providers has improved, with provider-to-resident ratios decreasing over the last decade, but timely access to mental health and preventive services continues to influence the community's overall well-being. Enhancing access to care supports earlier intervention for chronic and behavioral health conditions, encourages engagement in healthy lifestyles, and reduces unnecessary use of emergency services.

All Causes of Death (Total Deaths)



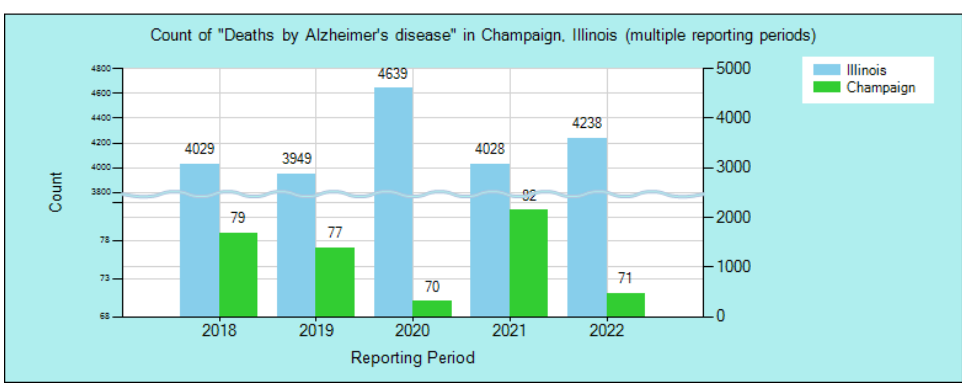
Source: Illinois data from IDPH and national data from NCHS Vital Statistics System.
Description: Deaths by All Causes (Total Deaths). The total number of deaths.

Deaths by accidents



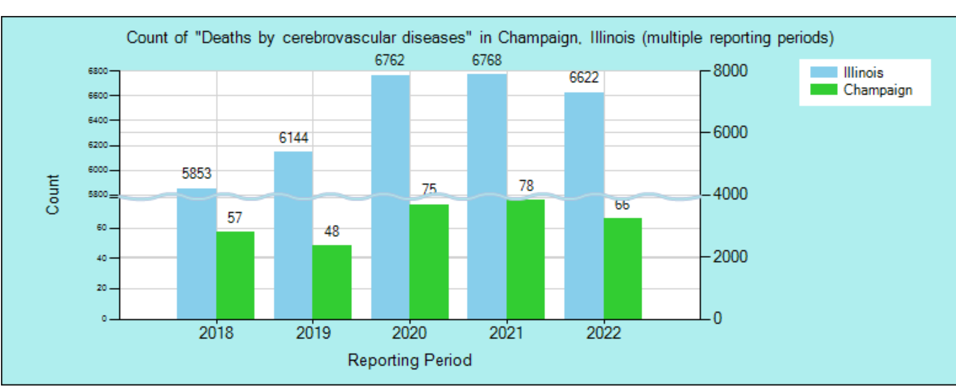
Source: Illinois data from IDPH and national data from NCHS Vital Statistics System.
Description: The number of deaths by accidents

Deaths by Alzheimer's Disease



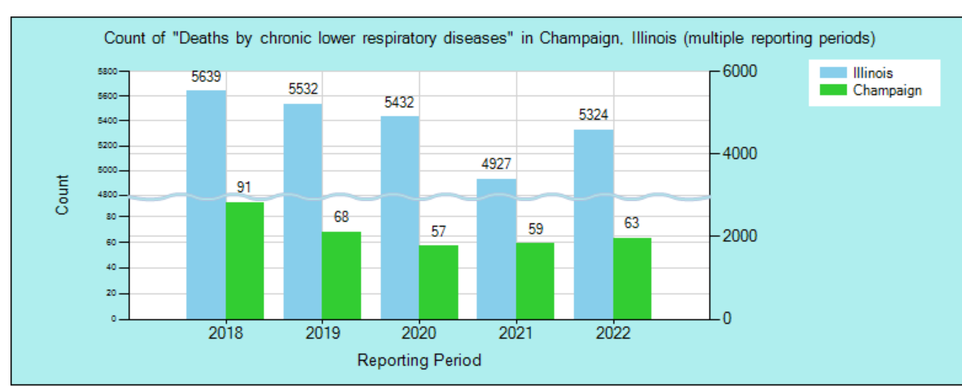
Source: Illinois data from IDPH and national data from NCHS Vital Statistics System.
Description: The number of deaths by Alzheimer's disease.

Deaths by Cerebrovascular Diseases



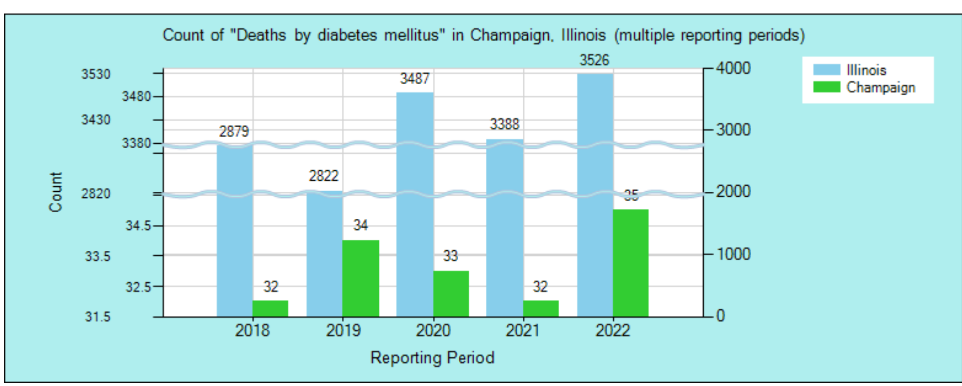
Source: Illinois data from IDPH and national data from NCHS Vital Statistics System.
Description: The number of deaths by Cerebrovascular diseases.

Deaths by chronic lower respiratory diseases



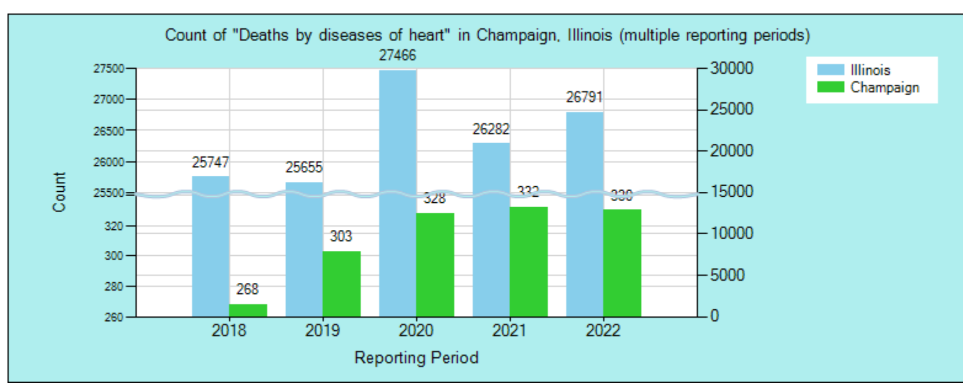
Source: Illinois data from IDPH and national data from NCHS Vital Statistics System.
Description: The number of deaths by chronic respiratory disease.

Deaths by diabetes mellitus



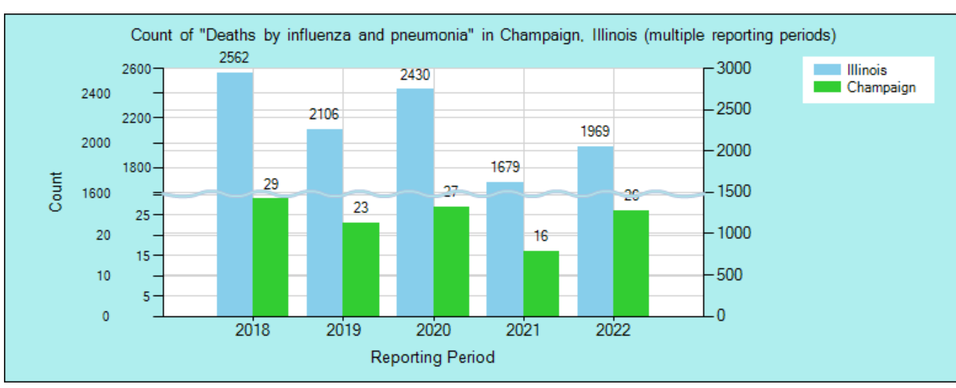
Source: Illinois data from IDPH and national data from NCHS Vital Statistics System.
Description: The number of deaths by diabetes mellitus.

Deaths by diseases of heart



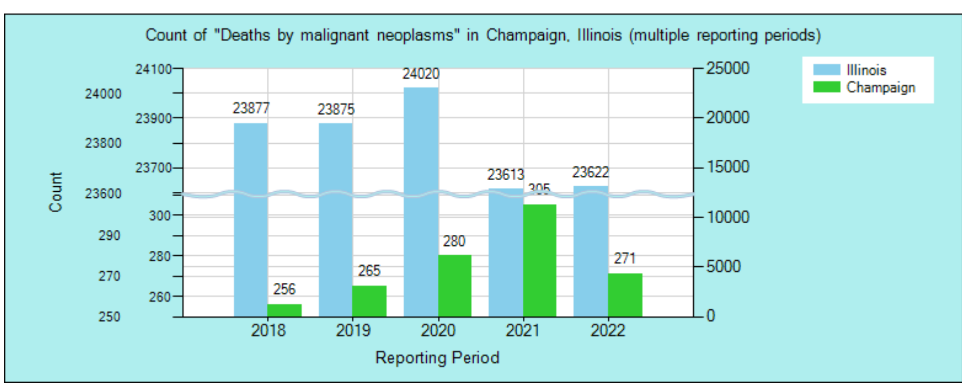
Source: Illinois data from IDPH and national data from NCHS Vital Statistics System.
Description: The number of deaths by diseases of the heart.

Deaths by influenza and pneumonia



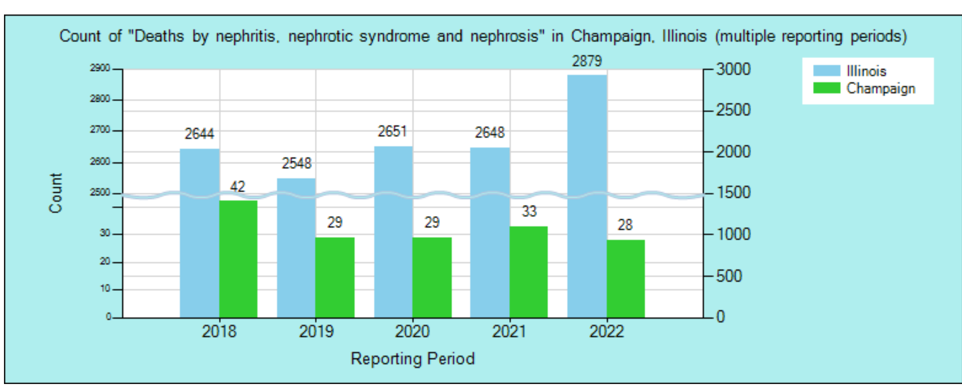
Source: Illinois data from IDPH and national data from NCHS Vital Statistics System.

Deaths by malignant neoplasms



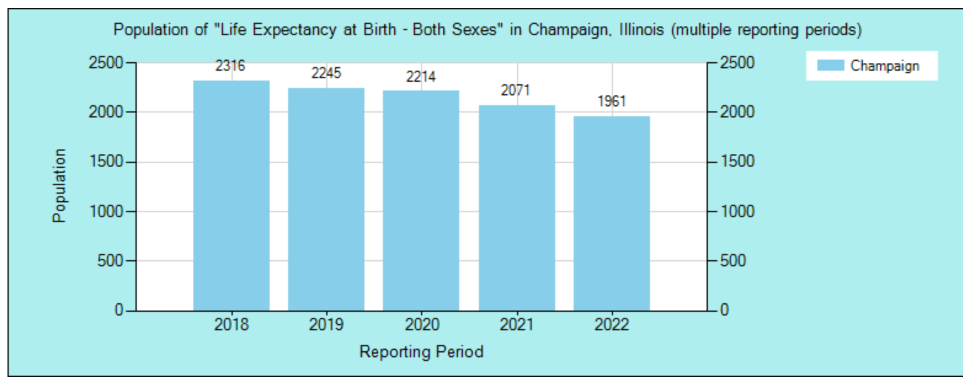
Source: Illinois data from IDPH and national data from NCHS Vital Statistics System.
Description: The number of deaths by malignant neoplasms.

Deaths by nephritis, nephrotic syndrome and nephrosis



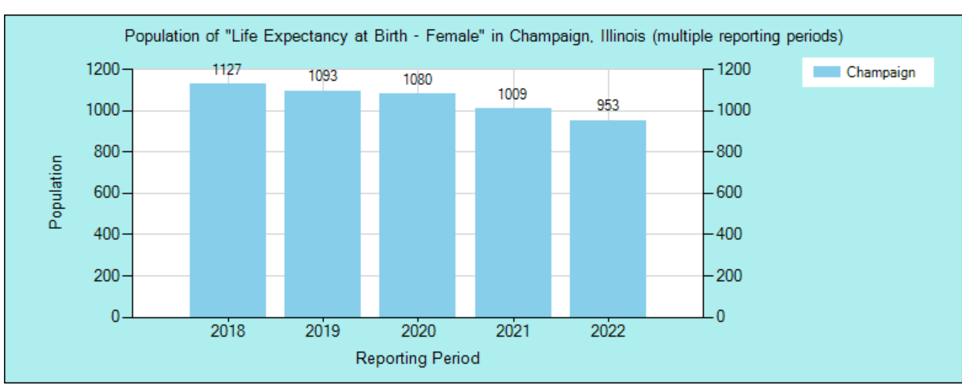
Source: Illinois data from IDPH and national data from NCHS Vital Statistics System.
Description: The number of deaths by Nephritis, nephrotic syndrome and nephrosis

Life Expectancy at Birth – Both Sexes



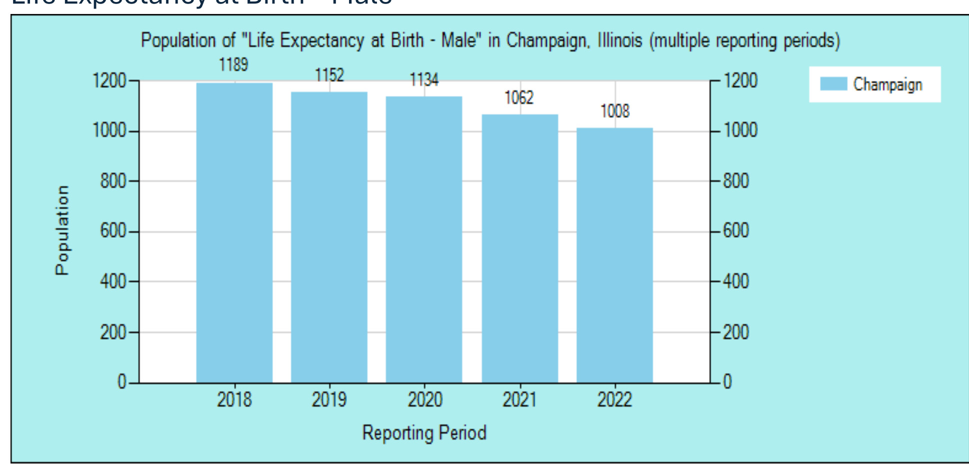
Contact: IDPH Division of Health Data and Policy : 525 West Jefferson StreetSpringfield, IL 62761
Description: Life Expectancy is in Years. LCI = Lower Confidence Interval, UCI = Upper Confidence Interval.

Life Expectancy at Birth – Female



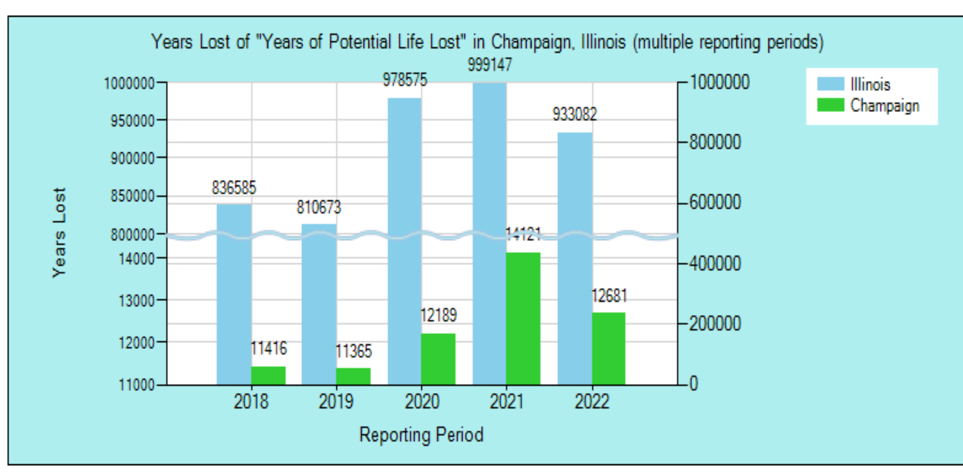
Contact: IDPH Division of Health Data and Policy : 525 West Jefferson StreetSpringfield, IL 62761
Description: Life Expectancy is in Years. LCI = Lower Confidence Interval, UCI = Upper Confidence Interval.

Life Expectancy at Birth – Male



Contact: IDPH Division of Health Data and Policy : 525 West Jefferson StreetSpringfield, IL 62761
Description: Life Expectancy is in Years. LCI = Lower Confidence Interval, UCI = Upper Confidence Interval.

Years of Potential Life Lost

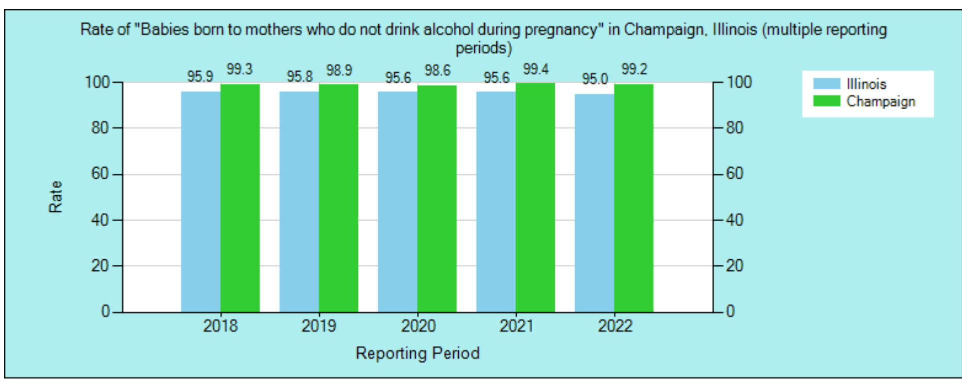


Source: Illinois data from IDPH and national data from NCHS Vital Statistics System.
Description: Years of Potential Life Lost (YPLL) per 10,000 population

IPLAN Health Indicators – Maternal and Child Health Indicators

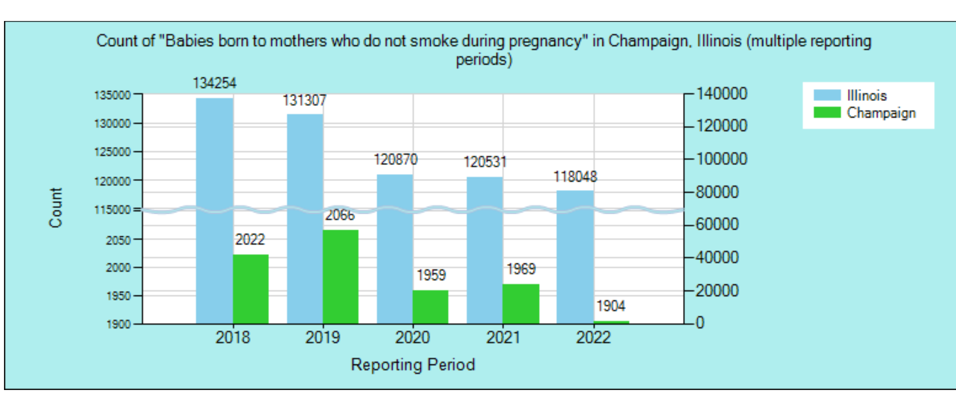
Maternal and child health is important in Champaign County because early health experiences affect long-term outcomes for families. County assessments indicate that supporting healthy pregnancies, infant care, and early childhood services is essential to reducing future health disparities and encouraging positive behavioral health patterns. Community outreach and services are critical to ensuring families have access to prenatal care, well-child visits, immunizations, and developmental screenings, which in turn promote healthy behaviors and reduce long-term reliance on acute care systems.

Babies born to mothers who do not drink alcohol during pregnancy



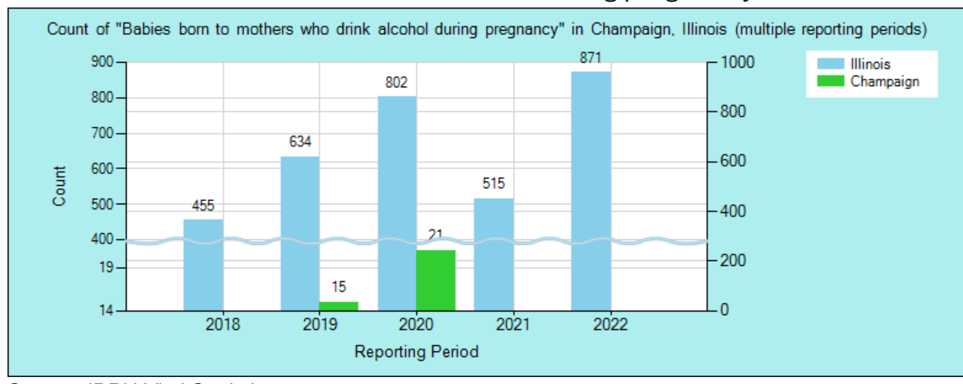
Source: IDPH Vital Statistics
Description: the number of live births among mothers who did not used alcohol during pregnancy.

Babies born to mothers who do not smoke during pregnancy



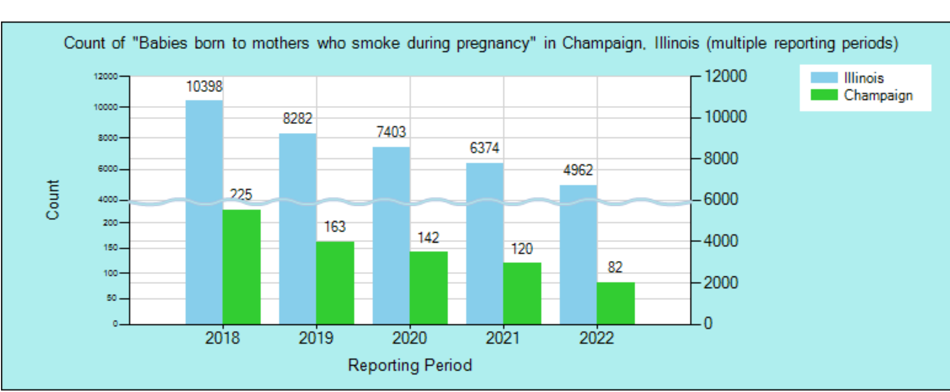
Source: IDPH Vital Statistics
Description: the number of live births among mothers who did not smoke during pregnancy.

Babies born to mothers who drink alcohol during pregnancy



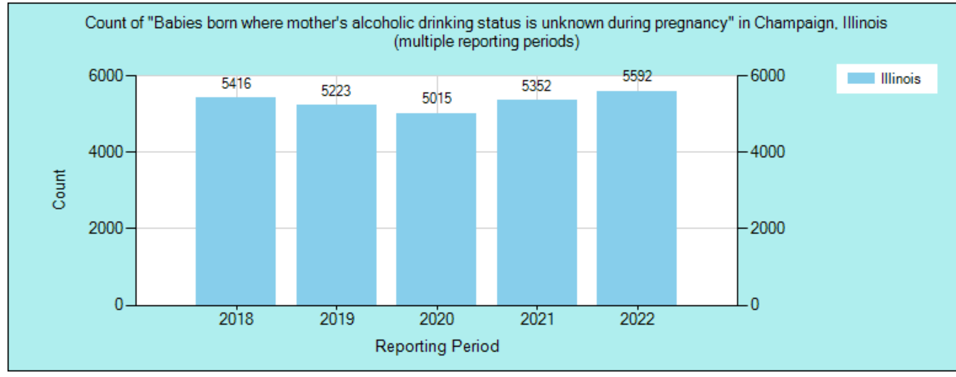
Source: IDPH Vital Statistics
Description: the number of live births among mothers who used alcohol during pregnancy.

Babies born to mothers who smoke during pregnancy



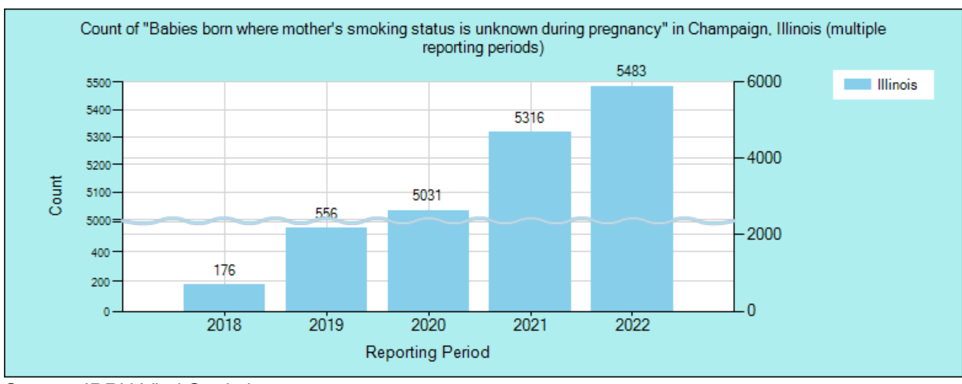
Source: IDPH Vital Statistics
Description: the number of live births among mothers who smoked during pregnancy.

Babies born where mother's alcoholic drinking status is unknown during pregnancy



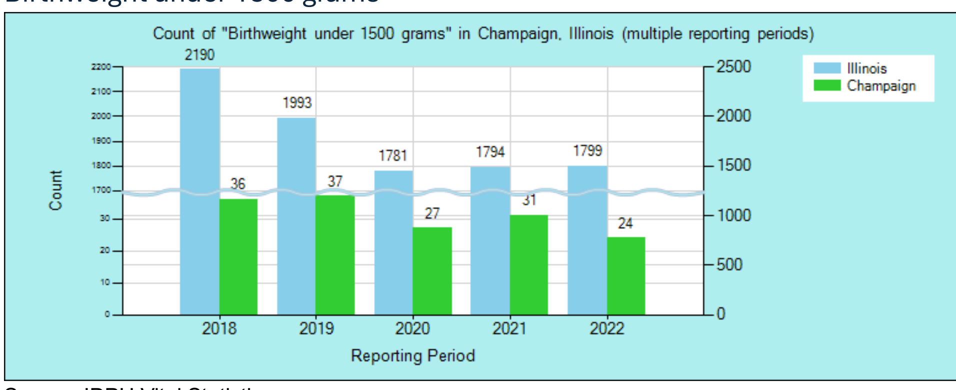
Source: IDPH Vital Statistics

Babies born where mother's smoking status is unknown during pregnancy



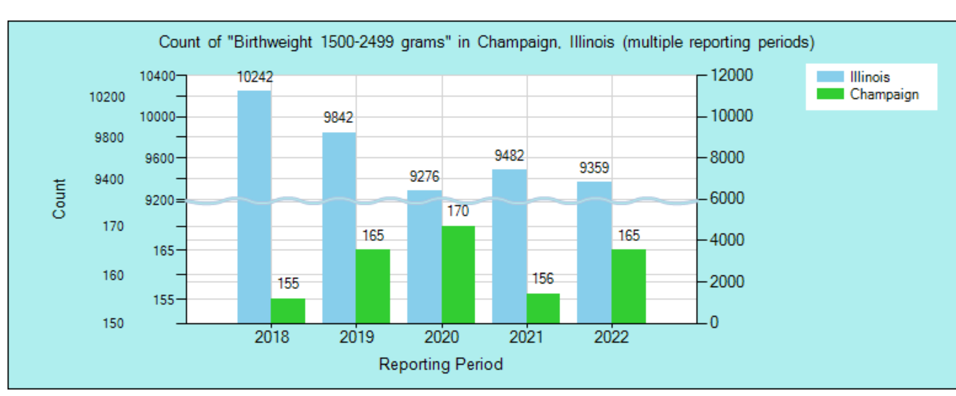
Source: IDPH Vital Statistics
Description: the number of live births among mothers whose smoking status was unknown during pregnancy

Birthweight under 1500 grams



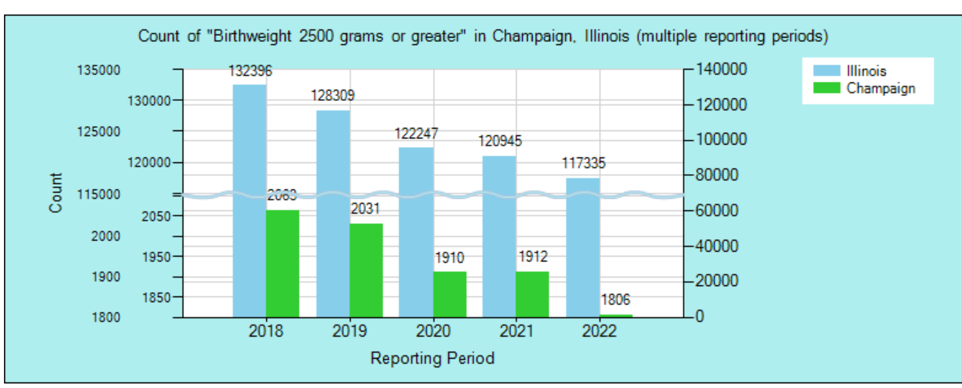
Source: IDPH Vital Statistics
Description: The number of live births among infants of very low birthweight (less than 1,500 grams).

Birthweight 1500-2499 grams



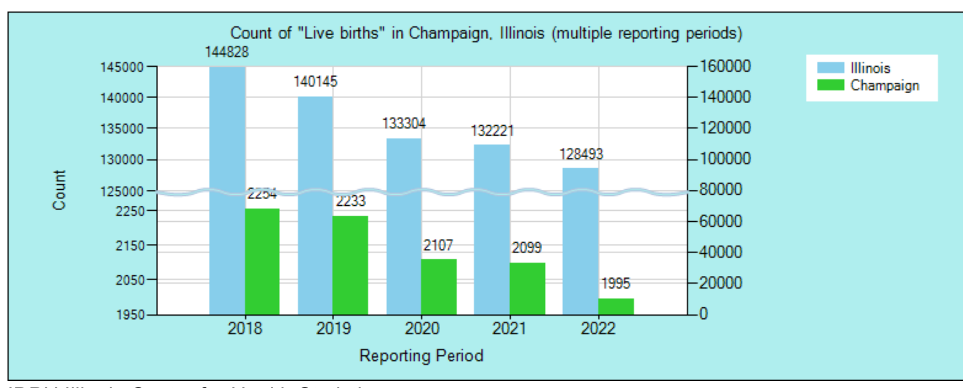
Source: IDPH Vital Statistics
Description: The number of live births among infants of moderately low birthweight (1,500-2,499 grams).

Birthweight 2500 grams or greater



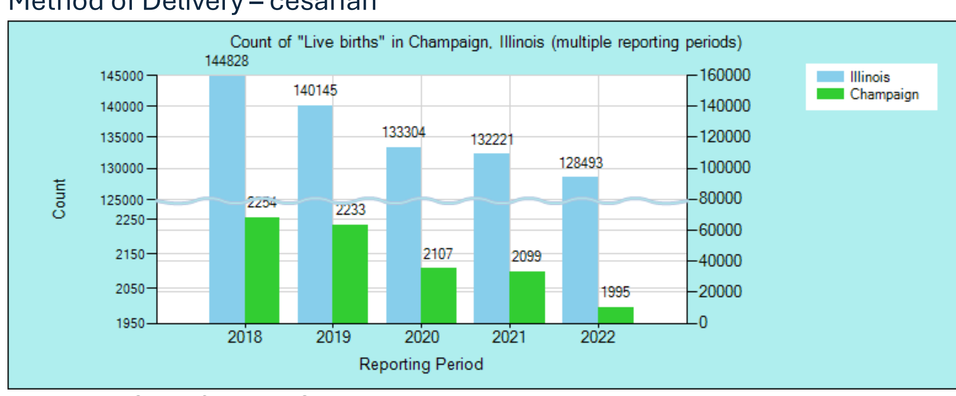
Source: IDPH Vital Statistics
Description: The number of live births among infants of normal birthweight (2,500 grams or greater).

Live Births



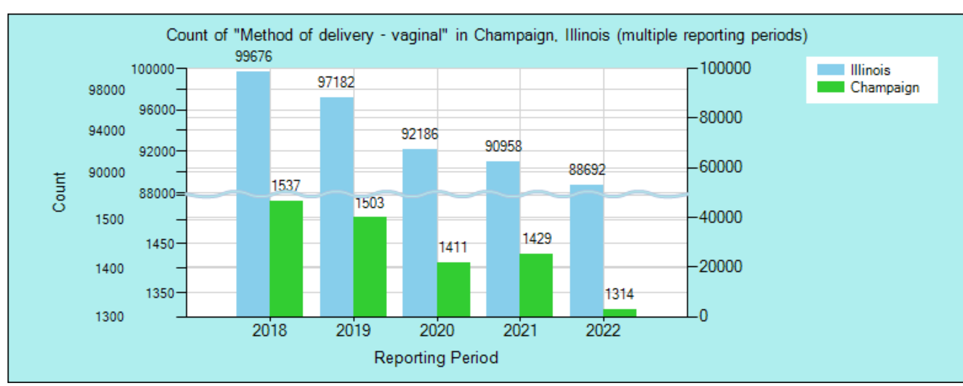
IDPH Illinois Center for Health Statistics
Description: This indicator reports the number and percent of live births, by race and ethnicity.

Method of Delivery – cesarian



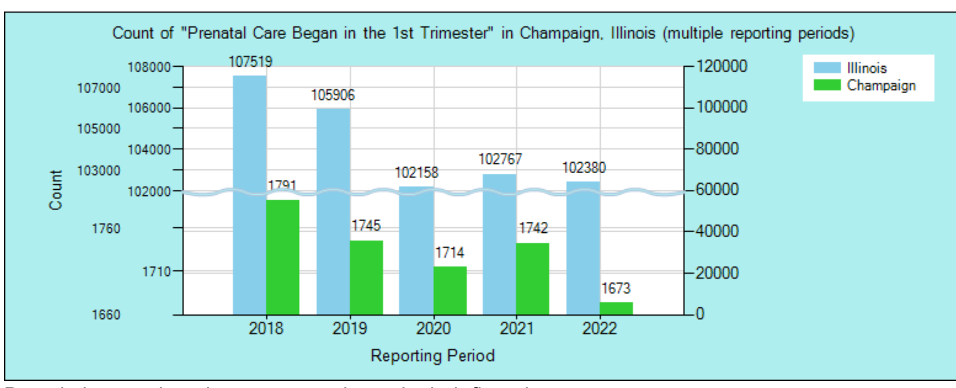
IDPH Illinois Center for Health Statistics
Description: This indicator reports the number and percent of live births, by race and ethnicity.

Method of delivery – vaginal



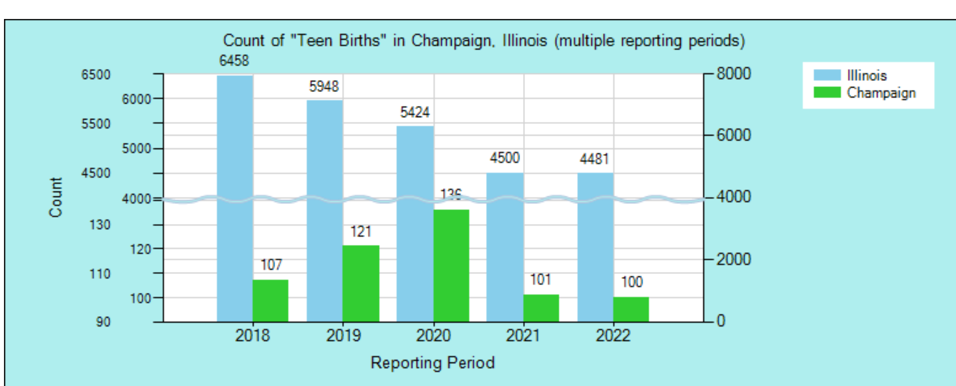
Source: IDPH Vital Statistics
Description: The number of live births by vaginal delivery

Prenatal Care began in the 1st Trimester



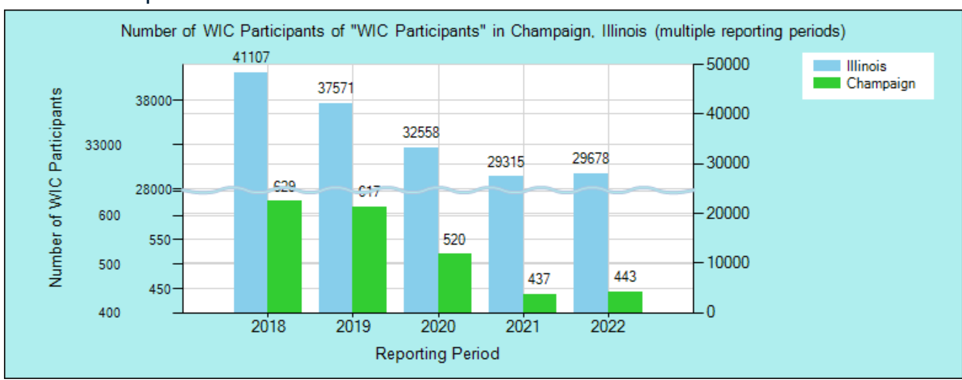
Description: mothers began prenatal care in their first trimester

Teen Births



Description: teen births

WIC Participants

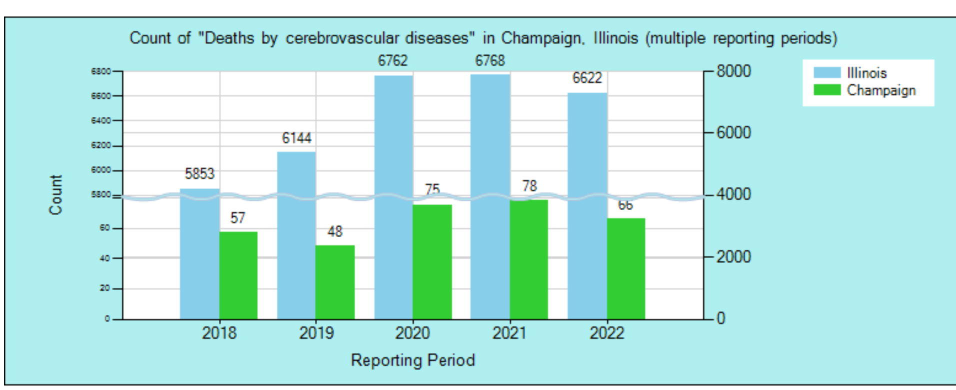


Source: idphvitlrecsprodviews.IVRSBirthMotherV
Description: Number of infants whom mothers were WIC program participants.

IPLAN Health Indicators – Chronic Disease Indicators

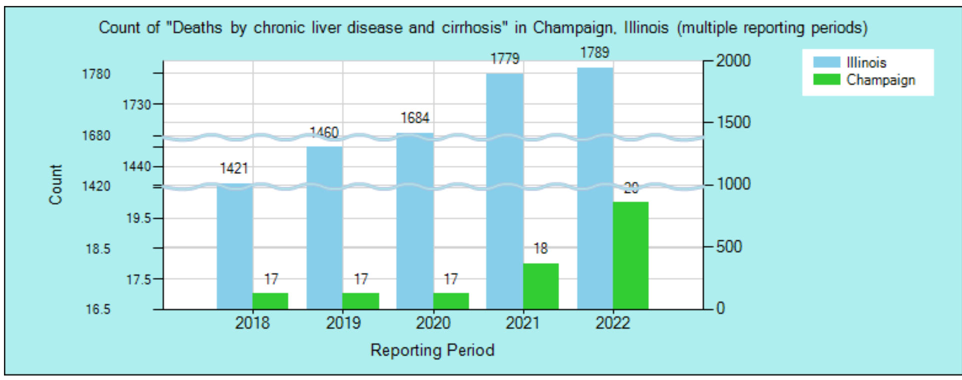
Chronic disease patterns in Champaign County reflect broader trends where conditions such as diabetes, heart disease, and obesity remain community concerns. Local combined assessment work shows neighborhoods where self-reported overweight, asthma, and chronic conditions are prominent self-identified health issues among residents, with around 22% identifying depression/anxiety and 20% reporting overweight as significant health conditions (2025 CHNA). Chronic diseases are influenced by access to quality care, mental health supports, and opportunities for healthy behavior such as physical activity and nutrition, all of which are essential to long-term health improvement.

Deaths by cerebrovascular diseases



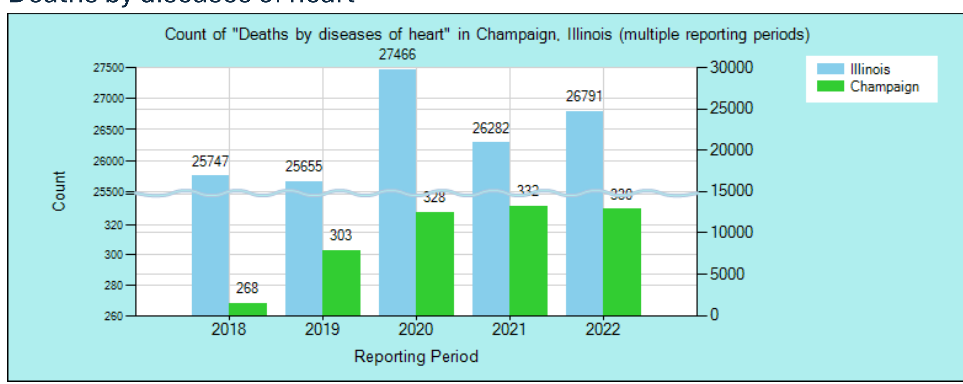
Source: Illinois data from IDPH and national data from NCHS Vital Statistics System.
Description: The number of deaths by Cerebrovascular diseases.

Deaths by chronic liver disease and cirrhosis



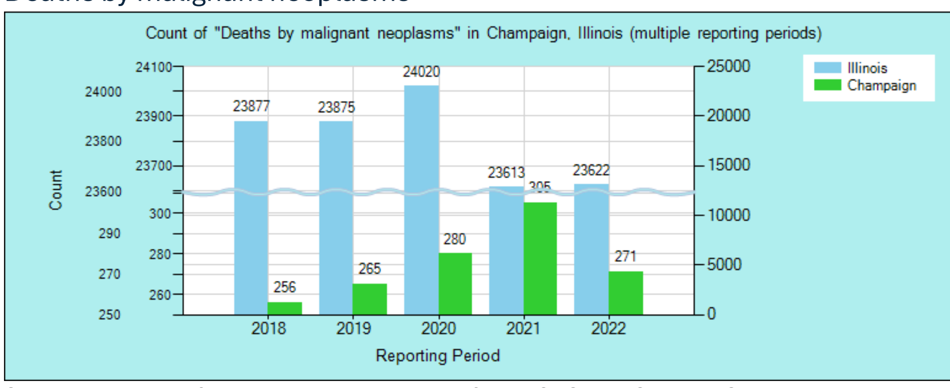
Source: Illinois data from IDPH and national data from NCHS Vital Statistics System.
Description: The number of deaths by chronic liver disease and cirrohsis.

Deaths by diseases of heart



Source: Illinois data from IDPH and national data from NCHS Vital Statistics System.
Description: The number of deaths by chronic liver disease and cirrohsis.

Deaths by malignant neoplasms

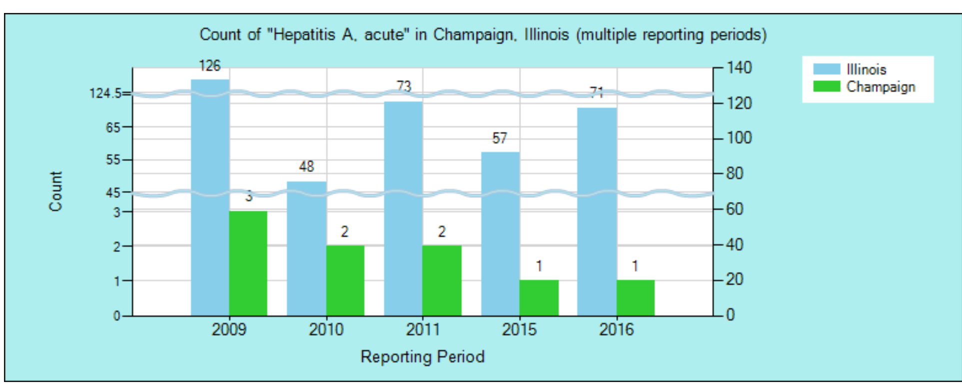


Source: Illinois data from IDPH and national data from NCHS Vital Statistics System.
Description: The number of deaths by malignant neoplasms.

IPLAN Health Indicators – Infectious Disease Indicators

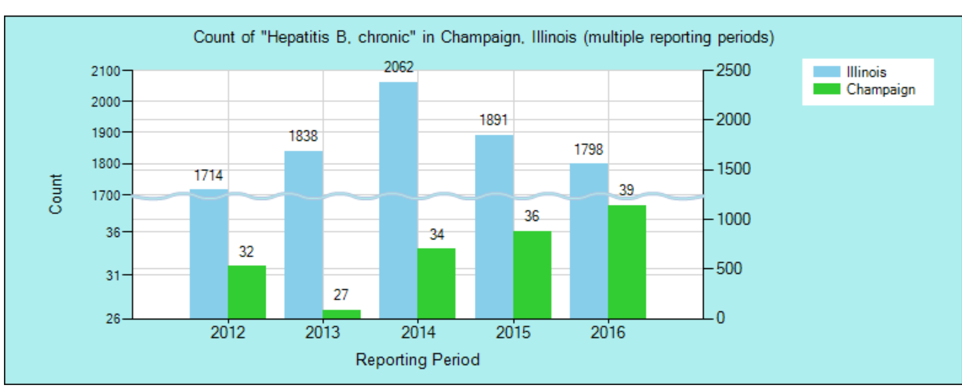
Infectious diseases are an ongoing concern in Champaign County, with public health district records indicating increases in conditions such as pertussis (from 6 cases in 2018 to 31 in 2024) and rises in other communicable diseases such as strep and salmonellosis. These trends are meaningful because they reflect both evolving disease risk and the importance of access to preventive care, early treatment, vaccination outreach, and education on healthy behaviors. Effective infectious disease prevention supports community trust in public health services, reduces avoidable illness, and alleviates strain on healthcare systems.

Hepatitis A, acute



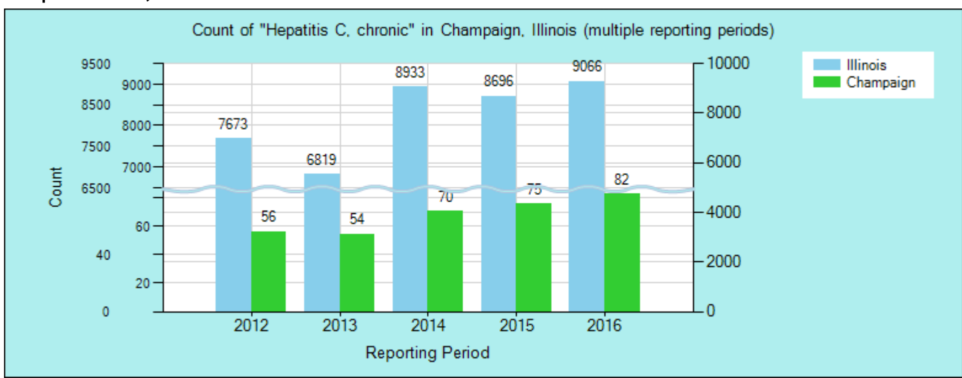
Communicable Disease Control Section
Description: The reported number of acute illnesses caused by the Hepatitis A virus.

Hepatitis B, chronic



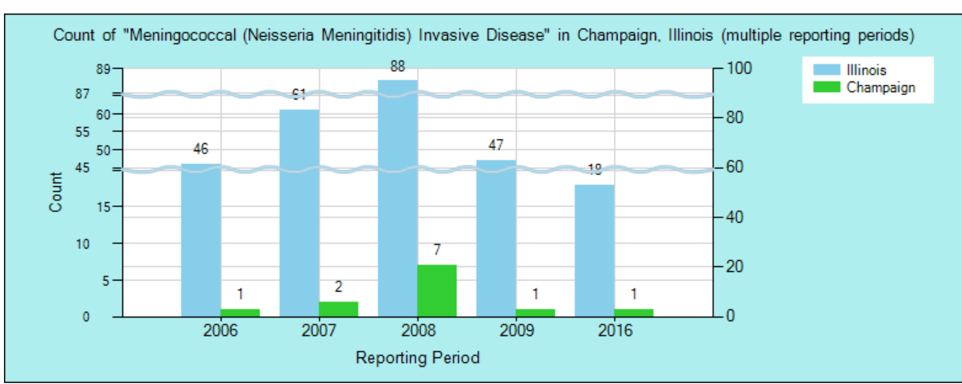
Source: Illinois National Electronic Disease Surveillance System (I-NEDSS) from local health departments, health care providers, and laboratories. Description: The reported number of chronic illnesses caused by the Hepatitis B virus.

Hepatitis C, chronic



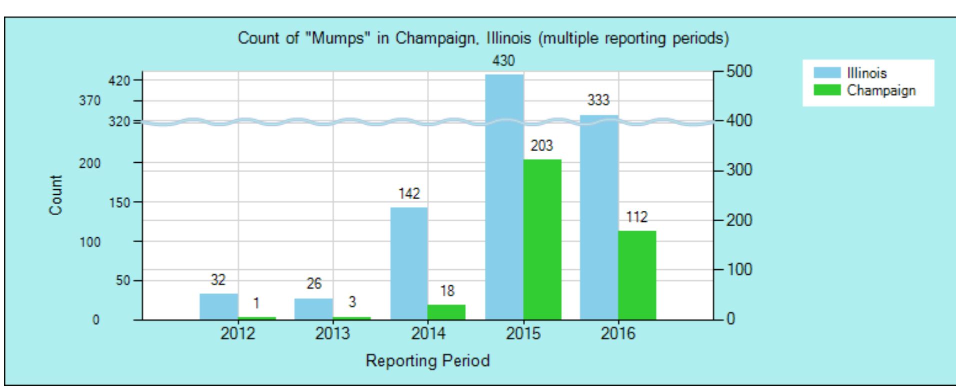
Source: Illinois National Electronic Disease Surveillance System (I-NEDSS) from local health departments, health care providers, and laboratories. Description: The reported number of chronic illnesses caused by the Hepatitis C virus.

Meningococcal (Neisseria Meningitidis) Invasive Disease



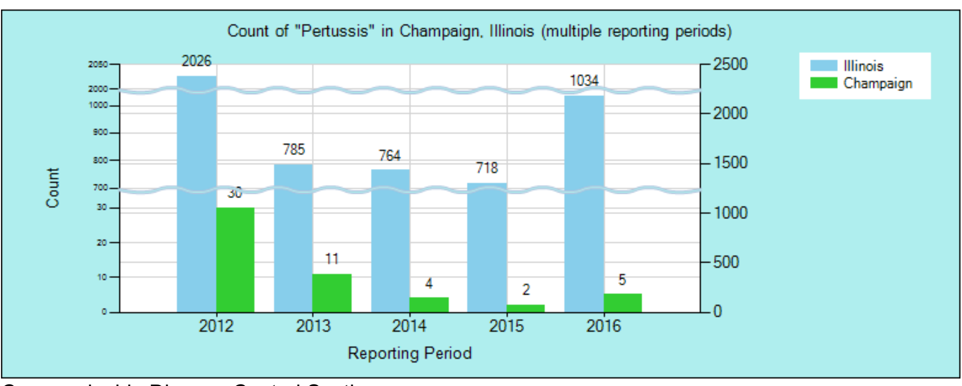
Description: The reported number of illnesses caused by the Neisseria Meningitidis bacteria.

Mumps



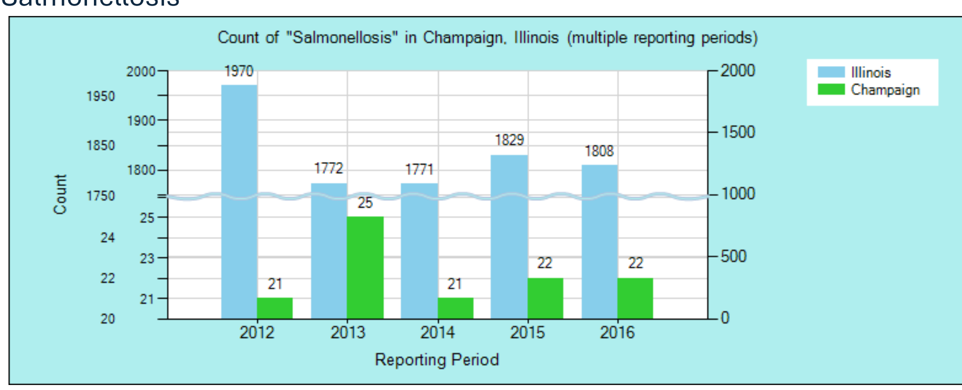
C Communicable Disease Control Section
Description: The reported number of illnesses caused by the mumps virus.

Pertussis



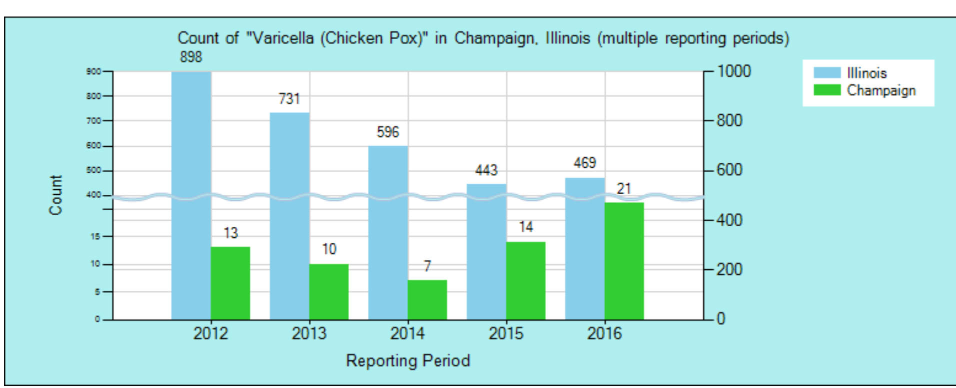
Communicable Disease Control Section
Description: The reported number of illnesses caused by the Bordetella pertussis bacteria.

Salmonellosis



Communicable Disease Control Section
Description: The reported number of illnesses caused by serotypes of Salmonella bacteria.

Varicella (Chicken Pox)

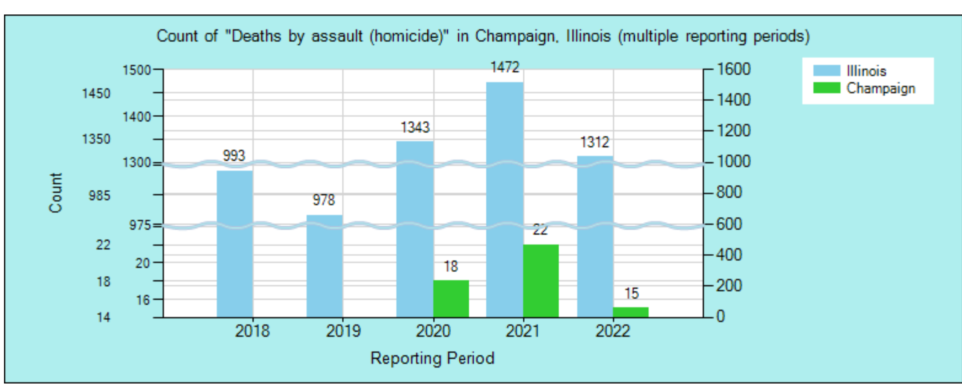


Communicable Disease Control Section
Description: The reported number of Chickenpox (or Chicken Pox) illnesses caused by the varicella-zoster virus.

IPLAN Health Indicators – Environmental / Occupational / Injury Control

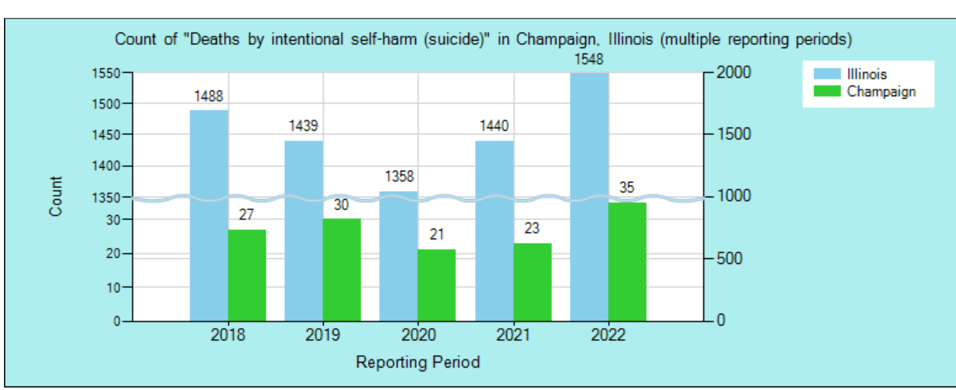
Environmental, occupational, and injury-related factors shape safety and health outcomes for Champaign County residents. Traffic injuries, workplace hazards, and unsafe housing conditions contribute to acute health needs and underscore the importance of preventive education and safety programs. Reducing injuries through community education and environmental improvements promotes healthy behaviors, reduces trauma and stress, and supports broader behavioral health and violence prevention goals by creating safer environments at home, work, and in public spaces.

Deaths by Assault (Homicide)



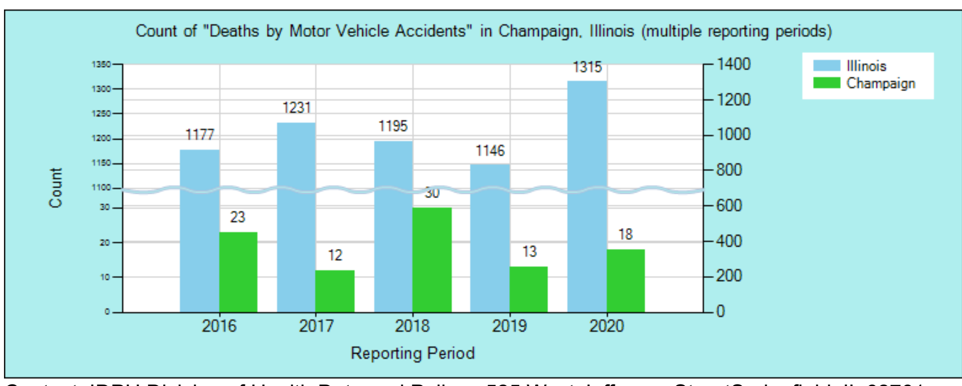
Source: Illinois data from IDPH and national data from NCHS Vital Statistics System.
Description: The number of deaths by assault (homicide).

Deaths by intentional self-harm (suicide)



Source: Illinois data from IDPH and national data from NCHS Vital Statistics System.
Description: The number of deaths by Intentional self-harm (suicide)

Deaths by Motor Vehicle Accidents

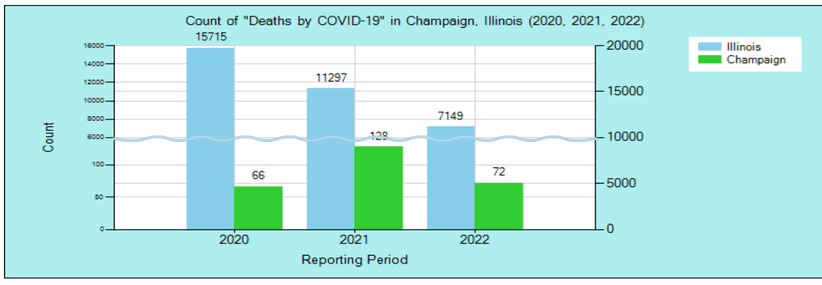


Contact: IDPH Division of Health Data and Policy : 525 West Jefferson StreetSpringfield, IL 62761
Description: The number of Deaths by Motor Vehicle Accidents (these deaths are included in the Deaths by Accidents (unintentional injuries) Indicator)

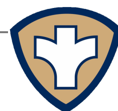
IPLAN Health Indicators –Sentinel Events

COVID-19 has represented a major sentinel event for Champaign County over the past several years, highlighting underlying gaps in healthcare access, behavioral health support, and community resilience. Since the start of the pandemic, the Champaign-Urbana Public Health District has reported 336 deaths in the county, illustrating the widespread impact of the virus on residents and local health systems. These outcomes have affected all age groups, increased demand for emergency and hospital care, and underscored the importance of access to preventive services such as vaccination and testing. Vaccination coverage has fluctuated, with approximately 58% of the county's total population vaccinated at one point during the pandemic, reflecting challenges in reaching full community protection. The pandemic's toll on physical health has also intersected with behavioral health concerns, as prolonged stress, social isolation, and disruptions to daily life have contributed to increased anxiety and depression among residents. COVID-19 sentinel data emphasize why strengthening healthcare access, expanding mental health supports, promoting healthy behaviors like vaccination and masking, and improving systems for outbreak response are meaningful priorities for Champaign County's health planning.

Covid – 19



Source: Illinois data from IDPH and national data from NCHS Vital Statistics System
Description: The number of deaths by COVID-19



Data Cross – Pollination

CSA Indicator Matrix – Health Atlas – IQuery - CHNA

The MAPP 2.0 framework emphasizes cross-pollination across all stages of community health improvement planning. For this assessment, the Champaign County Health Atlas and the IDPH IQuery Dashboard were used to provide health indicators that support the needs identified through survey responses in the 2025 Champaign County Community Health Needs Assessment (CHNA). Each section of this report includes links to the corresponding Healthy People 2030 objectives to align local data with national health priorities.

Potential Health-Related Needs Considered for Prioritization

- Access to Healthcare
- Aging Population
- Cancer
- Depression and Stress / Anxiety
- Diabetes
- Healthy Behaviors and Wellness
- Obesity (Specific Focus)
- Substance Use, including Opiods and Vaping
- Suicide
- Violence

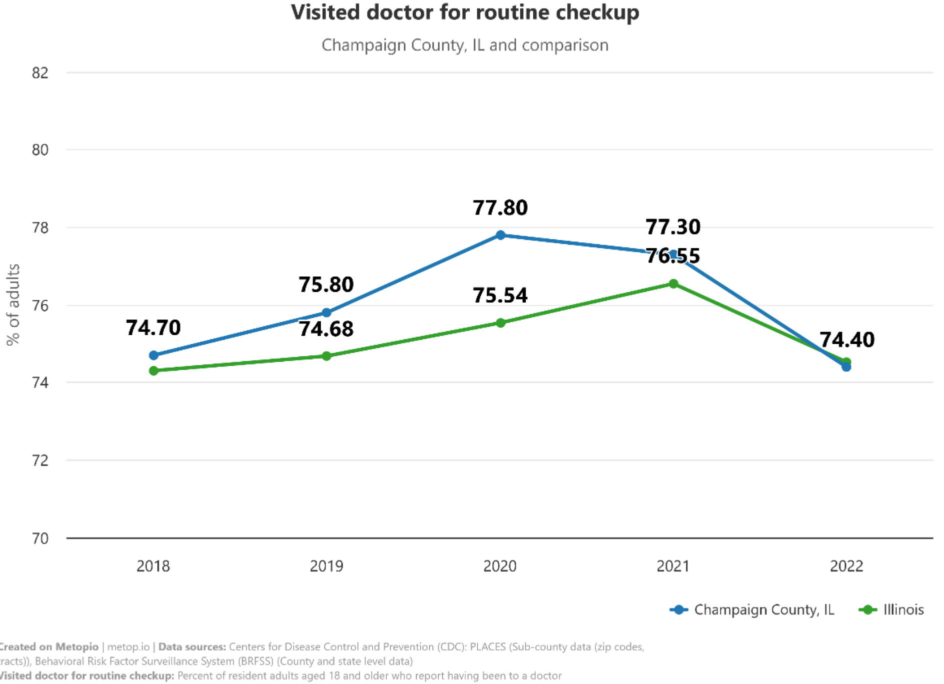
Listed Alphabetically

2025 CHNA

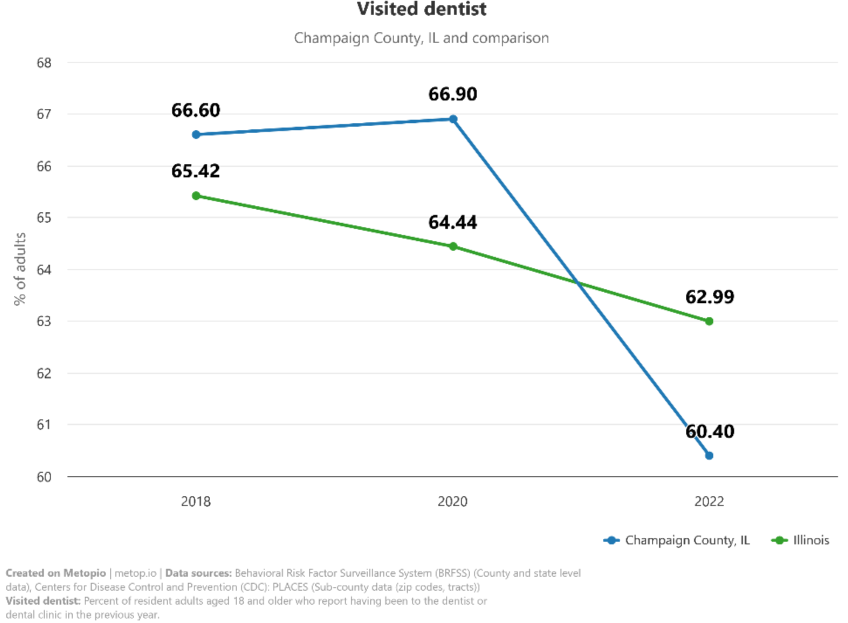
Access to healthcare

Access to healthcare is defined as *"the timely use of personal health services to achieve the best health outcomes"*. Comprehensive, high-quality healthcare services are essential for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans (NASEM, 2023)

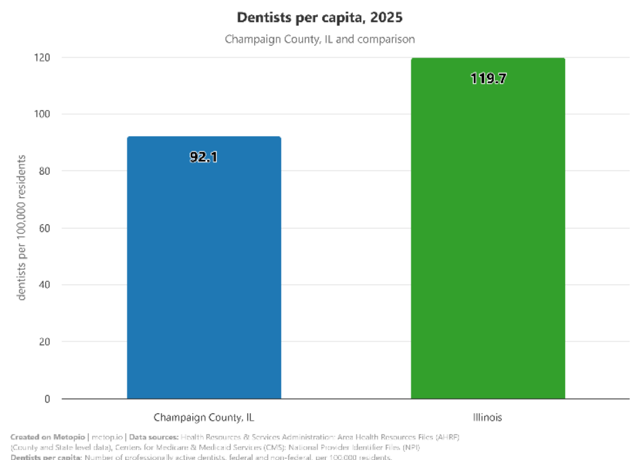
Health Indicators:



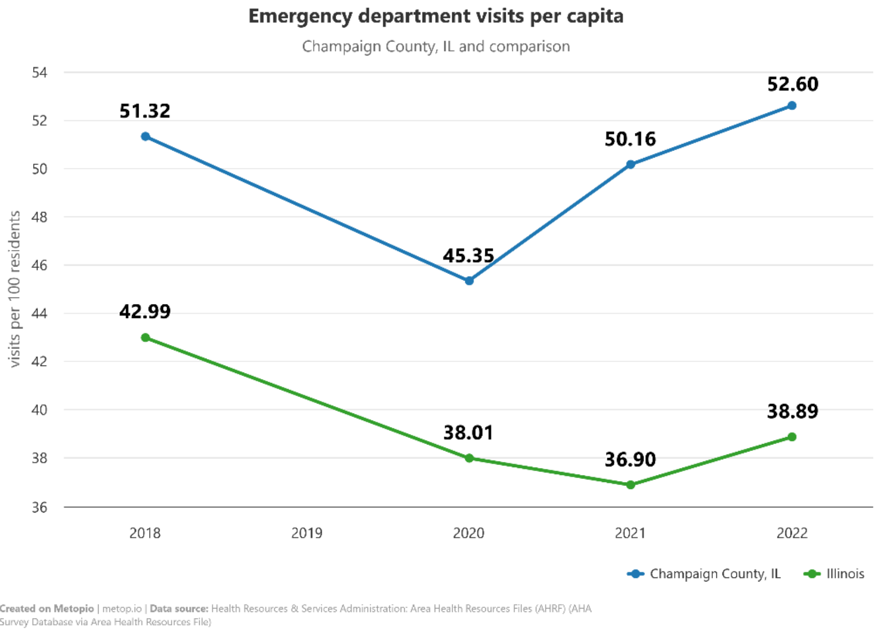
In 2022, approximately 74.4% (±2.12) of adults in Champaign County reported visiting a doctor for a routine checkup, a rate nearly identical to the state of Illinois overall, which was 74.52% (±0.86). This places Champaign County around the 50th percentile nationally, indicating average utilization of preventive healthcare services compared to other regions in the United States. These estimates are drawn from the Centers for Disease Control and Prevention (CDC) PLACES project for sub-county data, including zip codes and census tracts, as well as county- and state-level data from the Behavioral Risk Factor Surveillance System (BRFSS) (Metopio, 2022; CDC, 2022).



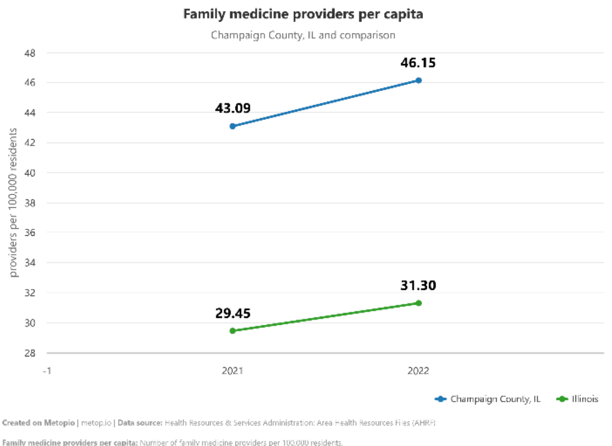
In 2022, 60.4% (±1.94) of adults in Champaign County reported visiting a dentist, slightly below the Illinois state average of 62.99% (±0.90). This places the county at approximately the 50th percentile nationwide, indicating average utilization of preventive dental care relative to other regions. These estimates are based on sub-county data from the CDC PLACES project, which includes zip code and census tract information, and on county- and state-level data from the Behavioral Risk Factor Surveillance System (BRFSS) (Metopio, 2022; Centers for Disease Control and Prevention (CDC), 2022)



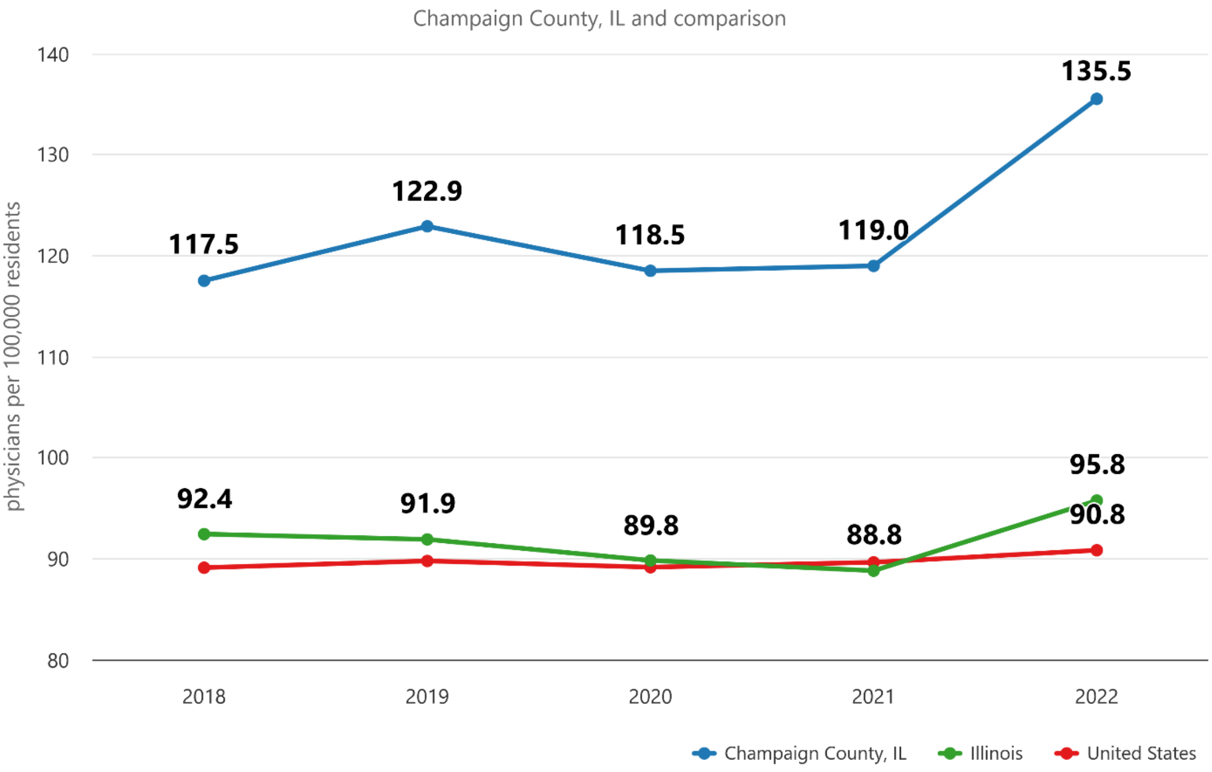
In 2024, Champaign County had 93.9 dentists per capita, which is below the Illinois state average of 112.5 dentists per capita. Despite being lower than the state average, this figure places Champaign County in the 75th percentile nationally, indicating a relatively strong dental workforce compared to other counties across the United States. These estimates are drawn from the Health Resources and Services Administration (HRSA) Area Health Resource Files and county- and state-level data provided by Metopio (Metopio, 2024; Health Resources and Services Administration, 2024)



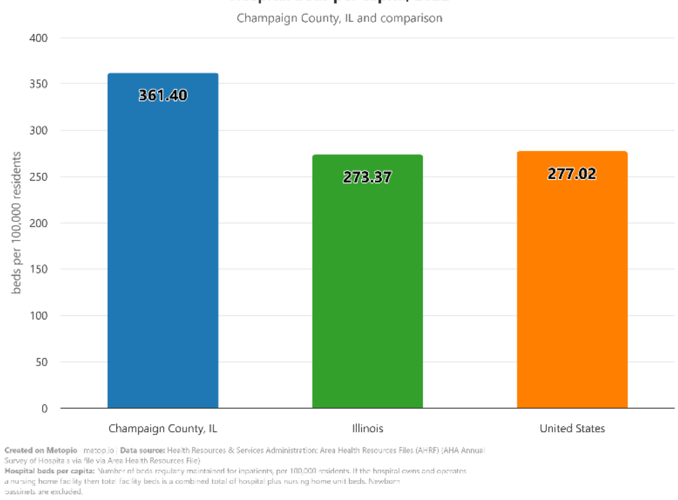
- In 2021, Champaign County experienced 50.16 emergency department (ED) visits per 100 residents, 30% higher than the Illinois average of 36.90 per 100 residents and placing it among the 75th percentile for all counties nationwide.
    - Metopio; Health Resources and Services Administration: Area Health Resource Files (AHA Survey Database)



- Champaign County had 43.09 family medicine providers per capita in 2021, higher than the Illinois average of 29.45, and placing it among the top 25% of counties nationally.
    - Metopio; Health Resources and Services Administration: Area Health Resource Files



- When expanding to include all primary care providers (PCP), the county had 119.0 PCPs per 100,000 residents, higher than the state average of 88.8 and placing it among the top 10% nationally.
    - Metopio; Health Resources and Services Administration: Area Health Resource Files (county, state)



- In 2021, Champaign County had 355.02 hospital beds per capita, higher than the Illinois average of 272.81 and placing it in the top 25% of all counties.
    - Metopio; Health Resources & Services Administration: Area Health Resources Files (AHA Annual Survey of Hospitals via file via Area Health Resources File)
- In 2021, Champaign County had 15,435.28 hospital admissions per capita, almost 43% higher than the Illinois average of 9,928.45 and placing it among the 90th percentile of all counties nationally.
    - Metopio; Health Resources & Services Administration: Area Health Resources Files (AHA Annual Survey of Hospitals via file via Area Health Resources File)
- Champaign County had 29.87 ICU beds per 100,000 residents in 2021, almost double the Illinois average of 16.48 per 100,000 residents and placing it among the top 10% of counties nationwide.
    - Metopio; Health Resources & Services Administration: Area Health Resources Files (AHA Annual Survey of Hospitals via file via Area Health Resources File)
- In 2023, median medical debt in the County was $1,588 dollars, 200 higher than the state average of $1,370 dollars, placing it squarely at the 50th percentile for all counties nationwide.
    - Metopio; Urban Institute
- In 2023, 4.63%(±0.64) of adults were uninsured, lower than the state average of 6.16% (±0.08), placing it among the lower 50th percentile nationally.
    - Metopio; U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)

- Among younger adult residents (19-25), only 6.68% (±2.06) were without health coverage, compared to the Illinois state average of 10.30% (±0.40).
    - Metopio; U.S. Census Bureau: American Community Survey (ACS) (Table B27022)

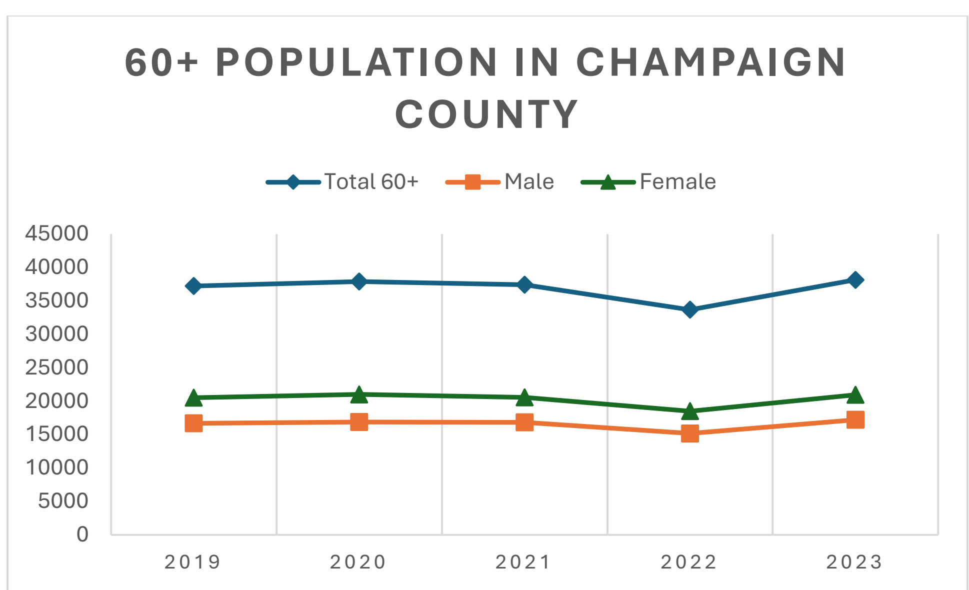
Supporting Aging population

Healthy aging is the process of maintaining good physical, mental, and social health and well-being as we grow older.

- Healthy aging starts early on in life.
- It means adopting healthy habits and making positive lifestyle choices that contribute to overall well-being as we age.
- Starting early is important to avoid many health complications that may arise in later life.
- But it is never too late to adopt healthy habits for positive change.

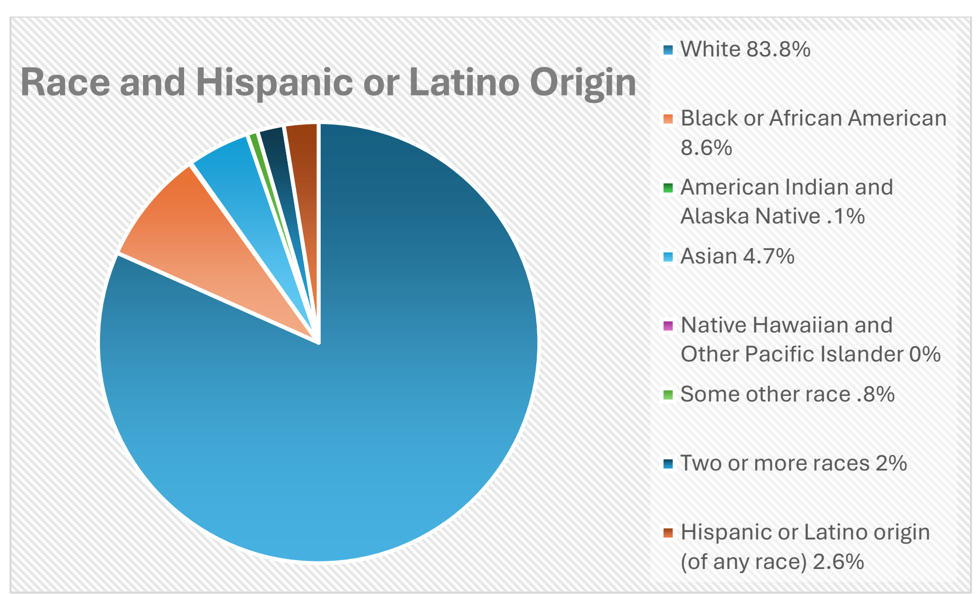
CDC offers information and programs to promote healthy aging and longer lives. https://www.cdc.gov/healthy-aging/about/index.html

Health Indicators:



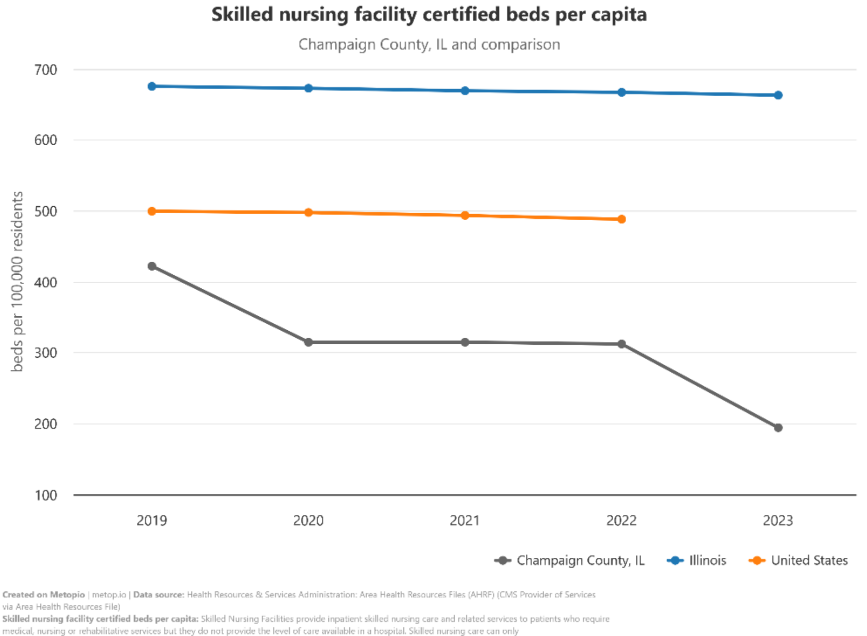
ACS 2019-2023

- 2022 ACS 5-year estimates indicate that:
    - 18.4% of Champaign County's population is aged 60 or older, with 45% of individuals above the age of 60 being males and the other 55% being females. For comparison, the overall state sees individuals 60 and older making up 22% of the population.

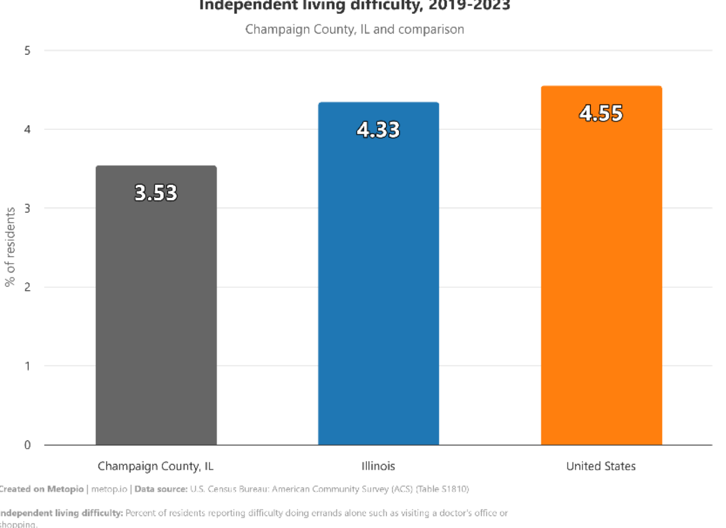


ACS 2023

- 85% of those older than 60 are White, 8% are Black or African American, 5% are Asian, and 1% are two or more races.

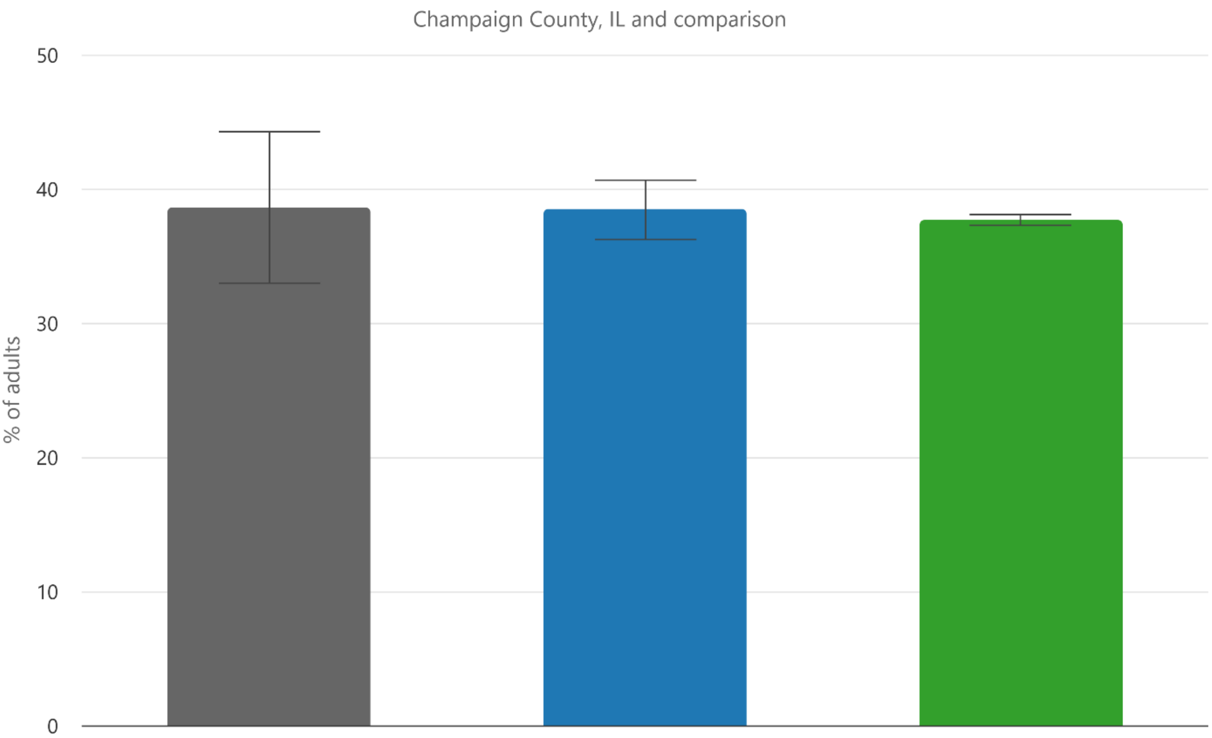


- In 2022, Champaign County had 314.87 skilled nursing facility beds per capita, lower than the state and national average of 667.27 and 488.30 per capita, respectively.
  - Metopio; Health Resources & Services Administration: Area Health Resources Files (CMS Provider of Services via Area Health Resources File)



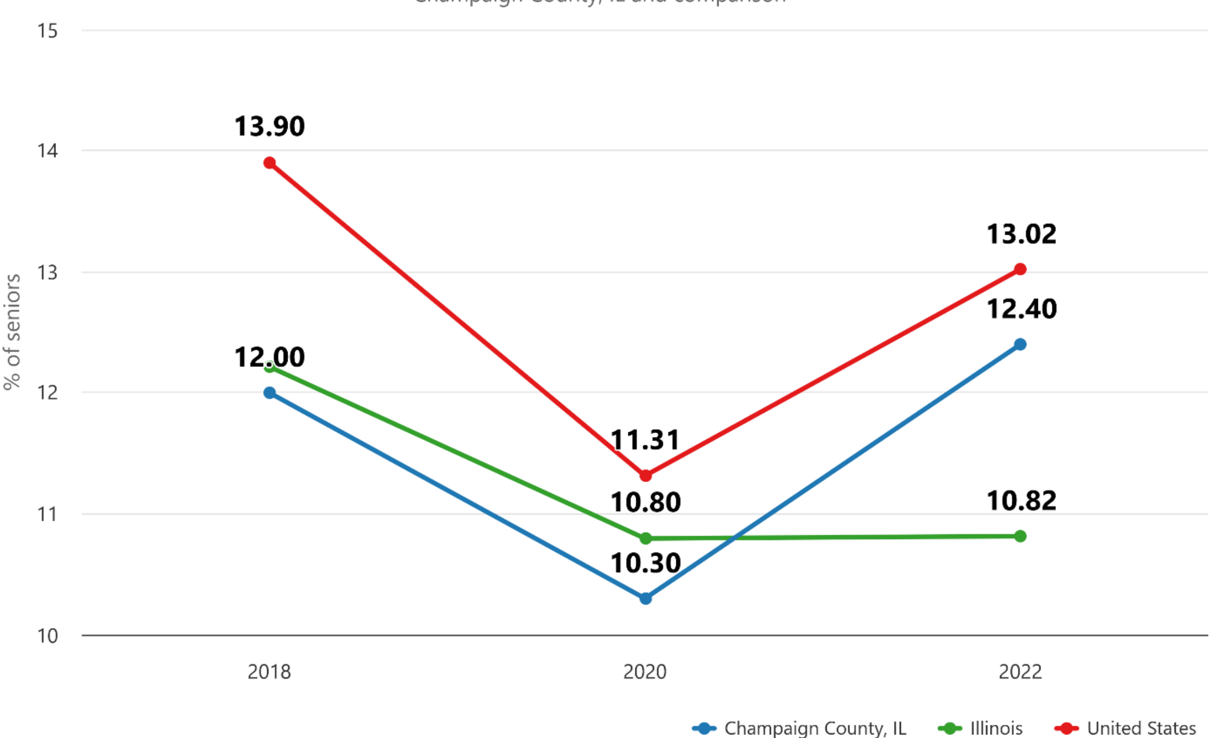
- In 2023, 3.67% (±0.68) of Champaign County residents experienced independent living difficulty, lower than the state and national averages of 4.47% (±0.12) and 4.66% (±0.02), respectively.
  - Metopio; U.S. Census Bureau: American Community Survey (ACS) (Table S1810)

- Among seniors 65 and older in the county, 27.36% (±4.28) were living alone as of 2023. This is lower than the state average of 28.09% (±0.46) but higher than the national average of 25.72% (±0.09).
  - Metopio; U.S. Census Bureau: American Community Survey (ACS) (Table B09020)



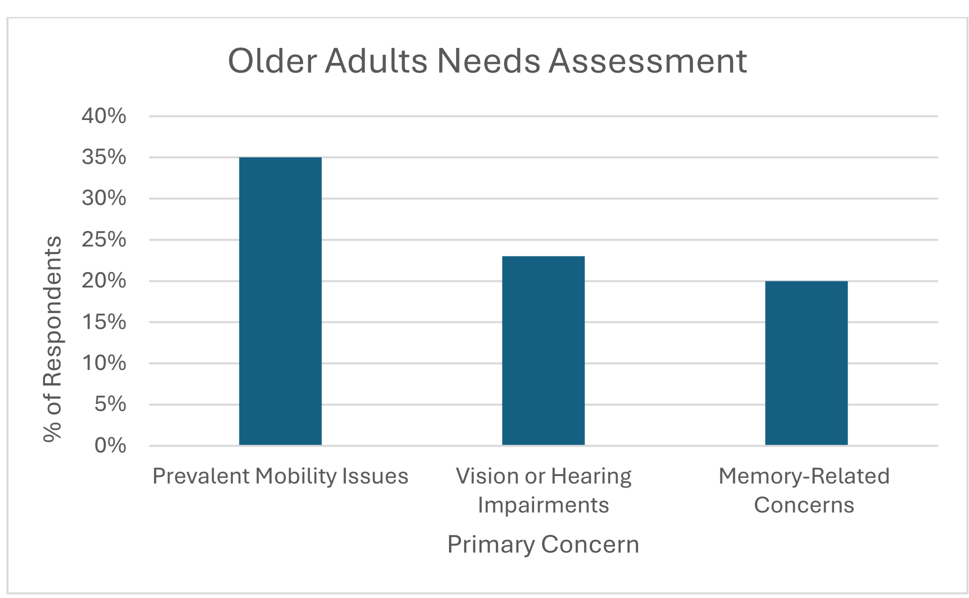
Created on Metopio | metop.io | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
Seniors up to date on core preventive services: Percent of resident adults aged 65 and older who report being up to date on a core set of clinical preventive services. Women reporting having received all of the following: an influenza vaccination in the past year; a pneumococcal vaccination (PPV) ever; either a fecal occult blood test (FOBT) within the past year, a sigmoidoscopy within the past 5

- As of 2020, 38.60% (±3.42) of adults 65 and older were up to date on core preventative services, slightly higher than the Illinois state average of 38.47% (±1.34).
    - Metopio; Centers for Disease Control and Prevention (CDC): PLACES (Sub- County data (zip codes, tracts))
    - Metopio; Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)



- Among adults 65 and older. 12.40% (±1.22) reported having lost all teeth, higher than the state average of 10.82% (±0.45) and placing the county among the lower 50th percentile nationwide.
    - Metopio; Centers for Disease Control and Prevention (CDC): PLACES (Sub- County data (zip codes, tracts))
    - Metopio; Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

- Results from the Champaign County Older Adults Need Assessment:



- Older adults are primarily concerned by prevalent mobility issues (35%), vision or hearing impairments (23%), and memory-related conditions (20%).
- From 2021-2022, 14% of survey respondents were placed in long-term care, rehab, or skilled nursing facilities.
    - 70% of those placed in such facilities reported difficulties obtaining a placement, with the lack of facilities making up the majority of issues (80%).
- 78% of providers for older people identified lack of home assistance as one the primary unmet needs for older adults in the county, whilst 50% highlighted deficiency in in-home care and support services. 64% of providers also indicated that affordability of services was a significant issue.
- Housing, along with medication affordability and transportation assistance, were identified as the most pressing needs by survey respondents.

Healthy Behaviors and Wellness

Definitions:

> "Health behaviors are health-related practices, such as diet and exercise, that can improve or damage the health of individuals or community members. Health behaviors are determined by the choices available in the places where people live, learn, work, and play."
>
> More info: https://www.countyhealthrankings.org/health-data/health-factors/health-behaviors.
>
> "Well-being is a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions. Well-being encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose. Focusing on well-being supports the tracking of the equitable distribution of resources, overall thriving and sustainability. A society's well-being can be determined by the extent to which it is resilient, builds capacity for action, and is prepared to transcend challenges."
> https://www.who.int/activities/promoting-well-being

Health Indicators:

- In 2022, CC 17.40(±1.02) % of adults reported having fair or poor health. This is higher than the state average of 17.00(±0.50) % but in the lower half of counties nationally.
    - Metopio; The University of Wisconsin Population Institute (2020 County Health Rankings & Roadmaps)

- In 2019, Champaign County experienced 5,032 preventable hospital stays per 100,000 people, higher than the state average of 4,447 per 100,000 people. This put the county among the highest 25% of counties nationwide for preventable hospital visits.
    - Metopio; Centers for Medicare & Medicaid Services (CMS): Mapping Medicare Disparities (Data captured via County Health Rankings)
- 31.10(±1.79) % of adults in the county had high blood pressure in 2022. This is higher than the state average of 29.11(±0.84) but still in the lower 50th percentile for all counties nationwide.
    - Metopio; Centers for Disease Control and Prevention (CDC): PLACES (Sub- County data (zip codes, tracts))
    - Metopio; Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

- 5.60(±0.28)% of people in the county had coronary heart disease in 2022, as compared to 5.37(±0.17)% in the state. This rate, however, places it among the lowest 25% of counties nationwide.
    - Metopio; Centers for Disease Control and Prevention (CDC): PLACES (Sub- County data (zip codes, tracts))
    - Metopio; Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
- Champaign county recorded 68.3(±5.7) deaths from coronary heart disease per 100,000 people in 2022. This is significantly lower than the state rate of 75.4(±0.7) per 100,000 people and places it among the lowest 10% of counties nationwide.
    - Metopio; Centers for Disease Control and Prevention (CDC): PLACES (Sub- County data (zip codes, tracts))
    - Metopio; Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
- 35.90(±3.27) % of Champaign County residents reported being sleep-deprived (<7 hours of sleep) in 2022. This is lower than the state average of 36.21(±1.10) % and is among the better 50th percentile nationwide.
    - CDC: PLACES
    - Self-report
- 87.85% of Champaign County residents had access to exercise opportunities in 2021, lower than the state average of 90.60% but better than 75% of counties nationwide.
    - County Health Rankings
    - Only address location (proximity to parks)
    - Safe Routes to parks analysis (Champaign – Urbana)
        - Identified Barriers
- Only 23.9% of adults in the county reported doing no exercise in 2022. This is higher than the state average of 21.5% and aligns with the median value in the United States.
    - CDC: PLACES
    - Self - Reported

Depression and stress/anxiety

Depression

> "Depressive disorder (also known as depression) is a common mental disorder. It involves a depressed mood or loss of pleasure or interest in activities for long periods of time.
>
> Depression is different from regular mood changes and feelings about everyday life. It can affect all aspects of life, including relationships with family, friends and community. It can result from or lead to problems at school and at work. (WHO)"

Stress

> "Stress is a normal reaction to everyday pressures but can become unhealthy when it upsets your day-to-day functioning. Stress involves changes affecting nearly every system of the body, influencing how people feel and behave.
>
> By causing mind–body changes, stress contributes directly to psychological and physiological disorder and disease and affects mental and physical health, reducing quality of life (American Psychological Association)."

Anxiety

> "Anxiety is an emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure.
>
> Anxiety is not the same as fear, but they are often used interchangeably. Anxiety is considered a future-oriented, long-acting response broadly focused on a diffuse threat, whereas fear is an appropriate, present-oriented, and short-lived response to a clearly identifiable and specific threat (American Psychological Association)."

Health Indicators:

- Poor Mental Health Days
  - Estimates the average number of mentally unhealthy days for residents per month. Helps measure mental health burden in a population. Champaign, Illinois | County Health Rankings & Roadmaps
- Mental Health Care Providers Per Capita
  - Availability of mental health professionals and access to mental health services in the area. (Source: CHR)
- Mental Health Emergency Department Visits
  - Rate of ER visits due to mental health crises. Shows needs in mental health crisis response. (Source: ESSENCE-Metopio)
- Champaign county was among the lower 25th percentile for depression rates, with only 19.80(±1.68) % of adults reporting being depressed in 2022. This number was, however, slightly higher than the state average of 19.43(±0.66) % in that same year.
  - Metopio; Centers for Disease Control and Prevention (CDC): PLACES

- Residents surveyed in 2021 reported 5.0(±0.5) poor mental health days per month, higher than the state average of 4.2(±0.2) but still placing the county among the lower 50th percentile nationally.
    - Metopio; The University of Wisconsin Population Institute (2020 County Health Rankings & Roadmaps)
- In 2024, the county had 728.5 mental health providers per 100,000 residents. This is higher than the state average of 505.9 per 100,000 residents and placed the county among the top 10% nationally.
    - Metopio; Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)

Substance use, including opioids and vaping

Substance Use Disorder

> "Substance use disorder (SUD) is a treatable mental disorder that affects a person's brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications. Symptoms can be moderate to severe, with addiction being the most severe form of SUD."
> https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health

Opioids

> "Opioids are a class of natural, semi-synthetic, and synthetic drugs. These include both prescription medications used to treat pain and illegal drugs like heroin.
>
> Opioids are addictive. Use of opioids, either by themselves or in combination with other drugs, is a major driver of the drug overdose crisis in the United States. The vast majority of overdose deaths in recent years involved illicitly manufactured fentanyl and other potent synthetic opioids. These may be added to other drugs without a buyer knowing it."
> https://nida.nih.gov/research-topics/opioids

E-Cigarettes / Vape

> ""Electronic cigarette" means any product containing or delivering nicotine or any other substance intended for human consumption that can be used by a person in any manner for the purpose of inhaling vapor or aerosol from the product. "Electronic cigarette" includes any such product, whether e-cigarette, e-cigar, e-pipe, e-hookah, or vape pen or under any other product name or descriptor (Public Act 103-0272)."
> https://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=103-0272&GA=103
> https://www.cdc.gov/tobacco/e-cigarettes/about.html

Health Indicators:

- Adult Smoking
  - Estimates health outcomes, prevention, and risk factors of adult smoking at local level. Shows smoking prevalence among adults and indicates tobacco use and health risks associated with it. PLACES: Local Data for Better Health, County Data 2024 release | Data | Centers for Disease Control and Prevention
- Smoking during pregnancy
  - Prevalence of smoking during pregnancy. Tracks smoking rates among pregnant individuals and highlights risk for maternal/infant health. Illinois Public Health Community Map
- Youth smokeless tobacco use (Local Data Gap)
  - Shows need for better surveillance in this area.
- Alcohol use/excessive drinking

  - Excessive drinking rates. Tracks alcohol consumption patterns. Champaign, Illinois | County Health Rankings & Roadmaps
- Substance use disorder at delivery
  - Percentage of live births diagnosed with a substance use disorder. Highlights the risks of substance abuse during pregnancy on infants at delivery. Champaign - I PROMOTE-IL
- Drug overdose deaths
  - Tracks opioid-related overdose deaths in Illinois. Shows severity of the substance use crisis, indicates the prevalence of substance abuse, and the effectiveness of treatment programs in the area. Homepage | Statewide Unintentional Drug Overdose Reporting System (SUDORS)
- Opioid-related emergency department visit rate
  - Rate of opioid-related ER visits. Shows opioid crisis impact on healthcare system in the county. (Source: ESSENCE-Metopio)
- In 2024, the county had a drug-overdose mortality rate of 23.34(±3.37) per 100,000, lower than the state average of 27.27(±0.47) and among the lower 50th percentile of counties nationwide.
  - The county experienced 70.51 drug-related crimes per 100,000 people the year before. This is significantly lower than the state average of 241.00 per 100,000 residents and among the bottom 25th percentile nationwide.
  - Metopio; Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M)
- In 2022, the county had 4.52 substance use treatment facilities per 100,000 residents, higher than the state average of 4.36, but among the bottom 25th percentile nationwide.
  - Metopio; U.S. Department of Health and Human Services: Substance Abuse and Mental Health Services Administration (SAMHSA)
- The county experienced 10.2(±2.2) alcohol-related deaths per 100,000 in 2023. This was in line with the state average of 10.2(±0.3) per 100,000 in the same year and among the bottom 25th percentile nationwide.
  - Metopio; Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M)

Obesity (specific focus)

"Overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health. A body mass index (BMI) over 25 is considered overweight, and over 30 is obese."
https://www.who.int/health-topics/obesity#tab=tab_1

Health Indicators

- In 2022, 35.5(±3.5) % of adults in Champaign County were reported to be obese. While this number is slightly higher than the state average of 34.4(±1.1) %, it is still among the top 50th percentile of counties nationwide.
    - Metopio; Diabetes Atlas (County level data)
    - Metopio; Behavioral Risk Factor Surveillance System (BRFSS) (State and US data)
    - Metopio; Centers for Disease Control and Prevention (CDC): PLACES (Sub- County data (zip codes, tracts))
- Among mothers:
    - The average pre-pregnancy BMI from 2019-2023 was 28.3 for the county. This was higher than the state average of 27.9 and among the upper 50th percentile nationally.
        - Metopio; Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M)
    - From 2020-2022, 34.1% of births were to mothers with obesity. This was higher than the state average of 32.67% but lower than 50% of counties nationwide.
        - Metopio; Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M)

Cancer

"Cancer is a disease in which some of the body's cells grow uncontrollably and spread to other parts of the body."
https://www.cancer.gov/about-cancer/understanding/what-is-cancer

Health Indicators

- As of 2022, 7.00(±0.33)% of adults in Champaign County have had cancer, slightly higher than the state average of 6.52(±0.18)%, but overall putting the county in the lower 50th percentile of counties for cancer rates nationally.
  - Metopio; Centers for Disease Control and Prevention (CDC): PLACES (Sub- County data (zip codes, tracts))
  - Metopio; Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
- From 2017-2021, among those diagnosed with cancer, the average stage was 1.69, compared to the Illinois state average of 1.76. This result places the county in the top 5% of counties nationally for detection.
  - Metopio; Illinois Department of Public Health (IDPH): Illinois State Cancer Registry (Calculated by Metopio)
- In 2022, overall cancer mortality in the county was 131.7(±8.0) per 100,000 deaths. This is lower than the state average of 145.1(±1.0) and puts the county in the bottom 5% for overall cancer mortality nationwide.
  - Metopio; Chicago Department of Public Health (Epidemiology Department: Chicago community area level data only) (Only in IL)
  - Metopio; Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (county, state, and US data)
- In 2024, Champaign County had 11.61 oncologists for every 100,000 residents, putting it in the top 10% nationally and slightly below the average of 11.74 for the state.
  - Metopio; Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)
- Statistics by cancer:
  - Lung, tracheal, and bronchus:
    - Between 2017 and 2021, the lung cancer diagnosis rate in Champaign County was 70.07 (±2.93), lower than the state average of 72.57 (±0.75) and placing the county in the lower half of diagnosis rates nationally.
      - Metopio; Illinois Department of Public Health (IDPH): Illinois State Cancer Registry (Calculated by Metopio) (Only in IL)
    - In 2022, lung cancer mortality was 27.6 (±3.7) per 100,000, lower than the state average of 32.2 (±0.4) and placing it among the lower 10% nationally.

- Metopio; Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
- Metopio; Chicago Department of Public Health (Epidemiology Department: Chicago community area level) (Only in IL)

- Breast Cancer
  - Between 2017 and 2021, Champaign County had a non-invasive breast cancer diagnosis rate of 34.74 (±2.84) per 100,000 female residents. This put the county among the upper 50th percentile nationally, but lower than the state average of 37.55 (±0.76) diagnoses per 100,000 female residents.
    - Metopio; Illinois Department of Public Health (IDPH): Illinois State Cancer Registry (Calculated by Metopio) (Only in IL)
  - Between 2017 and 2021, the county experienced an invasive breast cancer diagnosis rate of 164.01 (±6.19) per 100,000 female residents. This is higher than the state average of 161.45 (±1.57) per 100,000 female residents and places it among the top 5% of the highest diagnosis rates nationally.
    - Metopio; Illinois Department of Public Health (IDPH): Illinois State Cancer Registry (Calculated by Metopio) (Only in IL)
  - The county fares well in terms of mortality, with 8.7 (±2.1) breast cancer deaths per 100,000, lower than the state average of 10.9(±0.3) and placing it among the lower 50% of counties nationally.
    - Metopio; Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
    - Metopio; Chicago Department of Public Health (Epidemiology Department: Chicago community area level) (Only in IL)
- Lung cancer
  - The lifetime inhalation cancer risk in 2019 was 20.0 per million residents, lower than the state average of 20.3 and placing the county squarely at the median.
    - Environmental Protection Agency (EPA): EJScreen: Environmental Justice Screening (via National-Scale Air Toxics Assessment (NATA, before 2017) and Air Toxics Screening Assessment (after 2017))
  - Between 2017 and 2021, the lung cancer diagnosis rate was 70.07 (±2.93) per 100,000 residents. The state fared slightly worse, with a rate of 72.57 (±0.75) per 100,000 residents and the county was among the lower 50th percentile of diagnosis rates.
    - Metopio; Illinois Department of Public Health (IDPH): Illinois State Cancer Registry (Calculated by Metopio) (Only in IL)

    - Lung cancer mortality was among the lowest 10% nationally, with a rate of 27.6 (±3.7) per 100,000 in 2022, lower than the state average of 32.2 (±0.4).
        - Metopio; Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
        - Metopio; Chicago Department of Public Health (Epidemiology Department: Chicago community area level) (Only in IL)
- Prostate cancer
    - Between 2017 and 2021, the prostate cancer diagnosis rate was 164.92 (±6.45) per 100,000 male residents. This was soignificantly higher than the state average of 144.89 (±1.52) per 100,000 male residents and placed the county among the higher 5% of counties in terms of diagnosis rate nationally.
        - Metopio; Illinois Department of Public Health (IDPH): Illinois State Cancer Registry (Calculated by Metopio) (Only in IL)
    - Prostate cancer mortality was among the lowest 10% nationally, with the county only recording 7.26 (±1.88) prostate cancer deaths per 100,000 in 2022, lower than the state average of 7.72 (±0.22) per 100,000.
        - Metopio; Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)

Diabetes

Type II Diabetes

In type 2 diabetes, your body does not use insulin properly—this is called insulin resistance. At first, your beta cells make extra insulin to make up for it. Over time, your pancreas can't make enough insulin to keep your blood glucose at normal levels. Type 2 diabetes develops most often in middle-aged and older adults but is increasing in young people.

Health Indicators

- In 2022, 10.5(±0.7) % of adults in Champaign County had diagnosed diabetes. This is slightly higher than the state average of 10.4(±0.4) but still in the lower half of counties nationwide.
    - Metopio; Centers for Disease Control and Prevention (CDC): PLACES
    - Metopio; Diabetes Atlas (County and state level data)
- In 2022, diabetes mortality was estimated to be 16.5(±2.8) per 100,000. This is lower than the state average of 21.8(±0.4) per 100,000 and places the county among the lowest 5% nationally for diabetes mortality.
    - Metopio; Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
    - Metopio; Chicago Department of Public Health (Epidemiology Department: Chicago community area level) (Only in IL)
- Diabetes among Medicare beneficiaries:
    - In 2022, among Medicare beneficiaries aged 65+, 25% had diabetes. This is lower than the Illinois state average of 26% and in the lower half of counties nationwide.
        - Centers for Medicare & Medicaid Services (CMS): Mapping Medicare Disparities
    - 115.0 out of 100,000 Medicare beneficiaries had uncontrolled diabetes in the same year. This is higher than the state average of 88.9 per 100,000 beneficiaries and places the county among the highest 10% nationally.
        - Centers for Medicare & Medicaid Services (CMS): Mapping Medicare Disparities
    - The county fares worse than the state and most national entities in terms of complications from diabetes among Medicare beneficiaries. The county had a rate of 329.00 long-term complications from diabetes per 100,000 Medicare beneficiaries in 2022, significantly higher than the state average of 227.94 per 100,000 beneficiaries and placing it among the highest 10%. Similarly, the county experienced 123.0 lower extremity amputations per 100,000 beneficiaries in 2022, placing it among the highest 10% nationally and more than double the state average of 56.9 per 100,000 beneficiaries.
        - Centers for Medicare & Medicaid Services (CMS): Mapping Medicare Disparities

Violence

"The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation."
https://www.who.int/groups/violence-prevention-alliance/approach

Health Indicators

- **Homicide**
  - Tracks homicide deaths per 100k population. Reflects violent crime levels and safety concerns within the community. (Source: CDC Wonder)
- **Firearm Related Deaths**
  - Reports fire-arm related mortality rates. Indicates gun violence/related injuries, firearm safety, and crime rates at the local level. (Source: CDC Wonder)
- **Violent Crime (Violent Crime per 100k pop)**
  - Violent crime statistics per 100k population. Reveals community safety, crime prevalence, and law enforcement needs. CDE

- From 2017-2022, Champaign County experienced 71 deaths due to homicide, yielding a crude death rate of 5.7 homicide deaths per 100,000 people.
  - 81.7% of all homicide victims were male, with all males experiencing a death rate from homicide of 9.3 per 100,000.
- Illinois experienced 6,816 deaths due to homicide between 2017 and 2022, resulting in an overall crude death rate from homicide of 8.97 per 100,000 people.
  - 85.1% of victims statewide were male, resulting in 15.5 deaths per 100,000.
- 81.6% of homicides between 2017 and 2022 in Champaign County were committed using firearms.
- Between 2018 and 2023, Champaign County had a firearm injury rate of 99.8 per 100,000 emergency department (ED) visits.
- 83.5% of homicides statewide were committed using firearms between 2017-2022.
- The overall state had a firearm injury rate of 147.7 per 100,000 ED visits.

Suicide Rates

"Suicide is death caused by injuring oneself with the intent to die. A suicide attempt is when someone harms themselves with any intent to end their life, but they do not die as a result of their actions."
https://www.cdc.gov/suicide/facts/index.html

Health Indicators

- Champaign County experienced 146 suicide deaths between 2017 and 2022, yielding a crude death rate of 11.7 per 100,000.
  - 80.8% of suicide victims were White, with a death rate of 13.2 per 100,000.
  - Black or African Americans had a suicide rate of 8.6 per 100,000, making up 10.3% of all deaths.
  - 76.7% of suicides were among males, yielding a crude death rate of 18.0 per 100,000.
  - Older men (>45) were most at risk of being victims of suicide.
- The state of Illinois experienced 7,877 suicides between 2017 and 2022, yielding a crude death rate of 10.4 per 100,000.
  - 85.5% of suicide victims were White, with a suicide rate of 11.6 per 100,000.
  - Black or African Americans had a suicide rate of 7.1 per 100,000.
  - 77.7% of suicide victims were male with a rate of 16.3 per 100,000.
  - 85.7% of male suicides were among White males, yielding a rate of 18.1 per 100,000.
- 33.5% of suicides between 2017 and 2022 in Champaign County were committed using firearms.
- 37.3% of suicides statewide were committed using firearms between 2017-2022.

2024 CHNA Prioritization and Illinois State Health Improvement Plan

Champaign County 2024 CHNA Priority	Related Healthy Illinois 2028 Priority	Notes / Connection
Access to Healthcare	Mental Health and Substance Use Disorder Maternal and Infant Health Chronic Disease	Access impacts the ability to prevent and manage chronic conditions, receive behavioral health services, and ensure maternal/infant care.
Behavioral Health	Mental Health and Substance Use Disorder	Direct alignment; both prioritize improving behavioral health and substance use treatment.
Healthy Behaviors and Wellness	Chronic Disease	Promoting healthy behaviors (nutrition, physical activity, wellness) helps prevent chronic diseases.
Violence Prevention	Racism as a Public Health Crisis	Violence and trauma are social determinants of health, often linked to systemic inequities addressed under "racism as a public health crisis."
-	COVID-19 and Emerging Diseases	While not a direct county priority, access to healthcare and healthy behaviors influence prevention and response to infectious diseases.

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Community Context Assessment Report

The community Context Assessment (CCA) is a qualitative tool to assess and collect data. It collects insights, expertise, and views of people and communities affected by social systems to improve the function and impact of those systems. The CCA centers on people and communities with lived experiences and lived expertise.

Objectives:

The CCA aims to uplift community voice through hosting focus groups aid in the development of the Community Health Improvement Plan (CHIP).

Areas of focus were initially derived from the health priorities established in the Champaign County CHIP 2021-2023 and the 2022 Champaign County Community Health Needs Assessment. The 2025 Community Health Needs Assessments highlight access to healthcare, behavioral health, violence prevention, and healthy behaviors as the main health priorities for Champaign County, IL.

Community Profile: Champaign County, Illinois

Champaign County, Illinois is located in the heart of East Central Illinois, about two hours south of Chicago, three hours north-northeast of St. Louis, and two hours west of Indianapolis (Champaign County Government). The county combines the best of urban and rural living, offering a vibrant mix of communities surrounded by rich agricultural landscapes and natural beauty.

According to the U.S. Census Bureau, the county had a population of approximately 205865 in 2020. More recent estimates place the population between 206,000 and 212,000 in the middle of the 2020s (Federal Reserve Bank of St. Louis). The median age in Champaign County is about 30.9 years, reflecting a relatively young population.

Described as *"a brilliant fusion of global minds and Midwest hospitality,"* Champaign County welcomes residents and visitors with curiosity, creativity, and connection. It is *"where innovation meets authenticity, and everyone has a seat at the table,"* reflecting the area's strong sense of inclusivity and collaboration (Experience Champaign-Urbana Welcome Guide, 2025, pp. 4–5)

The county's natural beauty and heritage are long admired. One early settler reflected on the prairie landscape: *"The grass waving in the beautiful sunlight of June and all the wildflowers indigenous to the prairies bowing their heads to the breeze, presented a sight that I thought the most beautiful I had ever beheld"* (Village of Philo – Champaign County History). This enduring appreciation for the land continues to shape the county's identity.

Focus Groups

The initial purpose of the focus groups was to gather qualitative information from community members regarding the Social Determinants of Health (SDOHs) which had been mentioned in the 2021-2023 CHIP. The first three topics were education access and quality, social and community context, and healthcare access and quality. The second run of focus groups drew from the CCAs main themes including: community themes and strengths, built environment, and forces of change. A planned additional focus group is scheduled for early December 2025 to better understand economic stability as it relates to health in Champaign County.

For each topic, participants were invited based on their status as community leader, subject matter expertise, and professional affiliation. For example, the education focus group hosted 10 community members working within different areas of education including teachers, parents, food education, school system marketing, public schools, a private school, and a center director from the University of Illinois. A secondary motivation was to invite focus group participants that had not already participated in the CHIP planning.

In preparation for each focus group,10 general questions were created by facilitators who then followed the guidelines provided in *Tips for Facilitating a Focus Group* (Illinois Department of Public Health).

Focus Group Ground Rules

The SDOH focus groups shared the following ground rules at the start of each session:

- Maintain confidentiality
- Participate as much as possible
- Respect other opinions
- Listening is as important as talking
- Differences of opinion are good

The CCA Focus used the following ground rules provided by Joycelyn Landrum-Brown, Ph.D., Wisdom Leader at CU Trauma & Resiliency Initiative:

- **C**onfidentiality
- **A**ctive Listening
- **R**espect
- **I** statements
- **N**o put downs
- **G**ive equal time

Focus Group Facilitation Continued

Notetakers recorded each of the sessions in as much detail as was possible. Data included responses to facilitator questions and participant discussion.

Facilitators: Makiya Thomas, Javaite Burton, JR Lill
Note Takers: Bri , Whitney Greger, Javaite Burton, JR Lill, Sarah Blyskal, Abby

SDOH – Education Access and Quality Focus Group
7/15/2024

The Education Access and Quality focus group identified challenges including inequities between public and private schools, limited hands-on learning, and barriers to higher education access. Mental health needs for students, families, and educators, as well as inconsistent parent engagement, were also highlighted. Successful strategies include small-class, project-based programs, trauma-informed teaching, and partnerships with local universities and community organizations. Participants emphasized the importance of targeting support for underserved populations and directing funding toward hands-on learning, teacher training, and mental health services.

SDOH – Social and Community Context Focus Group
8/12/2024

The Social and Community Context focus group highlighted gaps in service coordination, limited awareness of programs, and inequities affecting seniors, women, LGBTQ+ populations, and marginalized communities. Fragmented systems and outdated funding models reduce accessibility, while underutilized resources and abundant community champions present opportunities for improvement. Strengthening inter-agency collaboration, modernizing funding processes, and targeting high-need populations were recommended to enhance quality of life and community cohesion in Champaign County.

SDOH – Healthcare Access and Quality
9/09/2024

The Healthcare Access and Quality focus group identified barriers including insurance tied to employment, low reimbursements, confusing healthcare navigation, and mental health stigma. Effective strategies include mobile clinics, home visits, and school-based services, while underserved populations such as students, elderly, disabled, and immigrant residents require targeted support. Recommendations include expanding outreach, improving dental and mental health access, updating funding strategies, and collecting localized data. Local champions play a critical role in bridging gaps and improving access across the county.

United Way Community Themes and Strengths

10/16/2024 and 10/24/2024

The focus group identified family resilience, peer support, and informal community leadership as key assets in Champaign County. Spanish-speaking families benefit from parent mentors and liaison positions, while community-based mental health programs and youth leadership initiatives offer opportunities to address inequities. Strengthening these networks and leveraging existing community resources can enhance child well-being and support equitable access to services.

Community Themes and Strengths

9/8/2025

The Community Themes and Strengths focus group identified strong partnerships, volunteer networks, cultural assets, and health resources as key community strengths. Challenges include limited mental health access, staff burnout, and inequitable service options. Collaborative solutions, language services, and advocacy for basic needs contribute to health equity, while community resilience and campus-community relationships support sustained engagement and capacity-building in Champaign County.

Buit Environment

9/9/2025

The Built Environment focus group highlighted economic, housing, transportation, and healthcare resources as strengths of Champaign County, but identified barriers for rural and underserved populations. Participants emphasized the need for integrated, accessible services, revitalized green spaces, affordable housing, and improved transit. Multilingual communication, collaborative grant writing, and wrap-around service models were recommended to reduce inequities and ensure that engagement with services and infrastructure is truly “worth it” for residents.

Forces of Change

9/11/2025

The Forces of Change focus group identified current and emerging factors influencing health in Champaign County, including healthcare and insurance changes, rising costs, housing instability, workforce shortages, environmental changes, technological challenges, and political influences. Populations disproportionately affected include rural residents, low-income individuals, immigrants, students, older adults, LGBTQIA+ communities, and first responders. Despite these challenges, participants highlighted community resilience through partnerships, volunteer networks, innovative projects, and public health initiatives. Recommendations emphasized supporting vulnerable

populations, strengthening collaborative networks, improving equitable access to resources, and fostering sustainable, innovative solutions to address evolving community needs.

Focus Group Notes Sorted by Focus Area

Focus Area	Key Takeaways	Recommended Actions
Education Access and Quality	Limited access due to cost, inequity; testing-focused curricula reduce engagement; hands-on and arts programs improve learning; mental health gaps	Increase awareness of Promise healthcare; fund hands-on and arts programming; provide teacher training; expand mental health resources; scale successful programs; enhance parent engagement
Social and Community Context	Equity and inclusion needed; fragmented services; underserved populations; under-utilized resources	Develop centralized referral system; improve cross-agency collaboration; expand use of available resources; integrate equity into programs
Healthcare Access and Quality	Insurance barriers; outreach effective; mental health stigma; high-need populations underserved; funding constraints	Advocate for policy reform; expand mobile clinics and school-based health; implement stigma-reduction campaigns; provide after-hours support; fund housing-first and wrap-around services; target high-need populations
Child Well-Being	Families demonstrate resiliency and peer support; mentorship effective	Expand mentor and liaison programs; leverage informal community leaders; strengthen peer networks
Community Themes and Strengths	Volunteerism, partnerships, cultural diversity, arts, creativity; gaps in service delivery and burnout	Support culturally responsive programs; maintain volunteer networks; address provider burnout; expand mental health capacity
Built Environment	Access disparities exist; rural transportation, housing, food gaps; ER overuse; limited trust	Invest in affordable housing; expand transit; implement wrap-around services; revitalize neighborhoods; provide multilingual service delivery; coordinate service models
Forces of Change	Policy/funding shifts, inflation, provider shortages; disproportionate impact on vulnerable groups; community strengths	Advocate for equitable funding; pilot innovative solutions; strengthen networks; maintain public health support; target interventions to most affected populations

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Champaign County Community Health Improvement Plan

Statement of Purpose

The Champaign County Community Health Plan (CHIP) serves as a strategic framework to guide the improvement of health outcomes across the county. Its purpose is to identify priority health issues, set actionable goals, and implement evidence-based strategies that address both immediate health needs and underlying determinants of health. The plan is intended to inform community partners, healthcare organizations, public health agencies, and local stakeholders about priority areas for intervention, facilitate collaboration across sectors, and ensure resources are effectively allocated to improve health equity and overall community well-being. By aligning initiatives with local data, community input, and best practices, the CHIP supports sustained improvements in access to healthcare, behavioral health, healthy behaviors, and violence prevention.

Methods

The development of the CHIP followed a structured, community-engaged process grounded in the MAPP 2.0 framework and the IPLAN process. The plan was guided by the Community Health Plan Steering Committee, which includes representatives from the Champaign-Urbana Public Health District (CUPHD), Champaign County Mental Health Board (CCMHB) / Champaign County Developmental Disabilities Board (CCDDB), Carle Health, OSF HealthCare, and United Way. The Steering Committee oversees the Community Health Assessment (CHA) and CHIP processes, convenes annual meetings, and ensures information from workgroups informs the development and monitoring of the CHIP.

Four community health workgroups were established, aligned with the IPLAN priority areas for Champaign County:

1. **Access to Healthcare**
2. **Behavioral Health**
3. **Healthy Behaviors**
4. **Violence Prevention**

Each workgroup was formed through a structured process:

- **Leadership and Planning:** Volunteer leaders were secured to facilitate meetings, take notes, and act as neutral conveners. Meeting times were scheduled to encourage participation from community members and organizations.
- **Community Engagement:** Workgroups invited a broad representation of stakeholders and community members to participate in discussions, providing insights on local health needs and gaps in service delivery.
- **Goal Development:** By September 10, 2025, workgroups developed goals for each priority area to be incorporated into the CHIP.
- **Implementation and Evaluation:** Workgroups will track active and past projects, meeting frequency, and the progress of interventions. Evaluation ensures strategies remain responsive and relevant.

The CHIP emphasizes an equity-focused, multi-level approach to health improvement:

- **Downstream:** Physical and mental health interventions.
- **Midstream:** Social and spiritual well-being.
- **Upstream:** Community conditions affecting health.
- **Groundwater:** Root causes of inequities.

Workgroups were tasked with identifying missed opportunities, system gaps, and potential improvements to service delivery. Each strategy was considered in terms of its feasibility, intended setting, and expected impact on the community.

Adopted by the Board of Health on: 11/12/2025

Priority 1: Access to Healthcare

Description

Access to health care means having "the timely use of personal health services to achieve the best health outcomes." (Agency for Healthcare Research and Quality). In the 2024 Community Health Needs Assessment Survey for Champaign County, Access to Healthcare was listed as the most important issue impacting well-being, with 16% of respondents (n=550) selecting it as their top concern.
Access to Healthcare is deeply interconnected with Champaign County's three other selected priorities: Behavioral Health, Healthy Behaviors, and Violence Prevention, which have been identified priorities for Champaign County for the last three IPLAN cycles. Without accessible and affordable care, individuals are less likely to receive timely mental health support, contributing to rising rates of depression, anxiety, and untreated trauma. Similarly, access barriers hinder preventive services and counseling that promote healthy behaviors like proper nutrition, physical activity, and substance use prevention. In communities impacted by violence, limited access to trauma-informed care and crisis intervention perpetuates cycles of harm and poor health outcomes. Improving healthcare access strengthens the entire system of support, enabling earlier intervention, continuity of care, and better outcomes across all priority areas.

Healthy People 2030 Objectives Related to Access to Healthcare
https://odphp.health.gov/healthypeople/custom-list?ids=31065+31063+31064+31394+31452+31066+31060+31377+31070+31453

Risk Factors

- Lack of insurance or underinsurance
- Delayed or foregone care
- Inadequate access to preventive services
- Unmanaged chronic conditions (e.g., diabetes, hypertension)
- Lack of continuity in care (e.g., no primary care provider)

Direct Contributing Factors

- High cost of care and co-pays
- Loss of Medicaid or refusal of insurance by providers
- Shortage of providers accepting public insurance
- Limited transportation to clinics and pharmacies
- Language and cultural barriers
- Long wait times or limited clinic hours
- Lack of awareness of existing affordable care options

Indirect Contributing Factors

- Policy changes reducing public coverage (e.g., Medicaid unwinding)
- Low health literacy and limited outreach around insurance options
- Racism and discrimination in healthcare settings
- Provider workforce shortages and burnout
- Fragmented or siloed healthcare and social service systems
- Lack of investment in multilingual, culturally competent care infrastructure
- Housing instability and food insecurity creating competing priorities for care

Population Groups at Risk

- Low-income individuals and families
- Uninsured and underinsured residents
- Black, Latinx, and immigrant communities
- Refugee populations
- People with limited English proficiency
- Rural residents with fewer provider options
- Older adults on fixed incomes
- People with disabilities or chronic illnesses

Overall Goal

Ensure that all residents of Champaign County have equitable access to affordable, preventive, and coordinated healthcare services by reducing barriers such as cost, insurance gaps, provider shortages, and transportation, and by strengthening connections across medical, dental, behavioral, and maternal health systems.

Objectives and Strategies

Outcome Objective1: By 2031, Improve Maternal & Infant Health Equity

> Impact Objective 1.1: By December 2031, increase the percentage of non-Hispanic Black mothers in Champaign County receiving first-trimester prenatal care from 72% to 80% and reduce the proportion of low-birthweight births from 8.6% to 7%.

Strategies 1.1:

- Expand CUPHD doula program with Medicaid billable doula support.
- Provide community-based prenatal navigation supports (e.g., Carle/CUPHD Birth Basics Class "A Walk in the Laborhood").
- Partner with community organizations for culturally responsive prenatal outreach and education.
- Strengthen bi-directional referral pathways between CUPHD's Maternal & Child Health Programs (WIC, home visiting, Better Birth Outcomes, breastfeeding peer counseling, etc.) and Promise (FQHC) for prenatal and postpartum services.
- Strengthen linkages between prenatal providers and social services to address insurance, housing, and food insecurity.

Local Data:

- Prenatal care in first trimester (Champaign County): overall 81.8%; non-Hispanic Black mothers 72% (IL Public Health Community Map, 2019–2021)+
- Low birthweight: 8.6% of births countywide (CUPHD Health Atlas, 2017–2021)

Outcome Objective 2: By December 2031, Strengthen Primary & Preventive Care Access.

Impact Objective 2.1: By December 2031, increase the percentage of Champaign County adults reporting a usual primary care provider from 74.4% to 80% and reduce the percentage of residents who self-report that in the last year, there was a time when they needed medical care but were not able to get it from 19% to 15%.

Strategies 2.1:

- Increase telehealth and mobile unit availability, especially in rural and underserved areas.
- Develop community health worker/navigator programs to connect residents with preventive care and insurance enrollment.
- Partner with community-based organizations (CBOs) to continue hosting and attending health fairs, resource fairs, and outreach events to promote available services, connect residents with preventive care, and share updates with Access to Healthcare Workgroup members for improved coordination.

Local Data:

- 74.4% of adults report a usual primary care provider (CUPHD Health Atlas)
- 19% of residents delayed/did not get care in past year (2025 CHNA survey)

Impact Objective 2.2: By December 2031, decrease the percentage of Champaign County residents under age 65 without health insurance from 7.6% to 6.5%.

Strategies 2.2:

- Strengthen enrollment assistance efforts (e.g., ACA marketplace, Medicaid, All Kids) through navigators and CBO partnerships.
- Share progress and enrollment updates with the Access to Healthcare Workgroup to coordinate outreach and reduce duplication of efforts.

Local Data:

- 28% of survey respondents were unable to access medical care due to lack of insurance (CHNA Survey)
- 7.6% of residents under 65 uninsured, compared to 8.4% in Illinois and 5.4% in McLean County (IL Public Health Community Map)

Impact Objective 2.3: By December 2031, the Access to Healthcare Workgroup will monitor the impact of Medicaid redeterminations (“big beautiful bill)” on Champaign County residents and work to minimize coverage loss, ensuring that those eligible for Medicaid remain enrolled or transition smoothly to other coverage options.

Strategies2.3:

- Establish a system within the Access to Healthcare Workgroup to track local Medicaid disenrollment trends and share quarterly updates across partners.
- Collaborate with CBOs, clinics, and navigators to provide targeted outreach and case management for residents flagged at risk of losing coverage.
- Develop educational campaigns (multilingual, culturally tailored) to inform residents about the redetermination process, appeals, and alternative coverage options.
- Advocate at local and state levels for policy and administrative changes that simplify reenrollment and protect continuity of care.

Local Data:

- 2023 Medicaid enrollment: Total 16.4% Champaign (19.8% IL); CHIP 23.1% (34.1%); Adult 14.5% (15.7%)

Outcome Objective 3: By 2031, Improve Access to Affordable Dental Care.

Impact Objective 3.1: By 2031, increase the percentage of residents who had a dental visit in the past year from 60.4% to 65% and reduce the percentage of residents who self-report being unable to access dental care from 29% to 25%.

Strategies3.1:

- Centralize and regularly update a community dental resource guide (print, online, multilingual) listing FQHCs, CUPHD programs, sliding-scale providers, and annual free dental days.
- Leverage CBOs, schools, libraries, and faith-based organizations to distribute information on affordable dental care.
- Promote dental resources through health fairs, outreach events, and social media campaigns.

Local Data:

- 60.4% of adults had a dental visit in past year (CUPHD Health Atlas)
- 29% are unable to access dental care (CHNA Survey)

Impact Objective 3.2: By June 30, 2026, increase the number of low-income children receiving preventive dental visits through CUPHD's Child & Teen Dental Program by 10% over baseline to 1,357.

Strategies 3.2:

- Hire two additional Registered Dental Hygienists (RDH) with Public Health Dental Hygienist (PHDH) designation.
- Attend outreach events to promote services and obtain parental consent forms.

Local Data:

- FY25: 1,234 low-income children receiving preventive visits

Outcome Objective 4: By 2031, Expand Access to Mental Health Services

Impact Objective 4.1: By December 2031, reduce the percentage of residents who were unable to access counseling in the past year from 24% to 19%.

Strategies 4.1:

- Centralize and regularly update a community mental health resource guide listing FQHCs, CUPHD programs, and sliding-scale providers.
- Promote counseling resources through health fairs, outreach events, and social media campaigns.

Local Data:

- 24% not able to access mental health counseling (CHNA Survey)

Objective 4.2: By December 2031, increase the number of residents registered on CUPHD's CredibleMind mental health platform from 259 to 1,250.

Strategies 4.2:

- Promote CredibleMind through healthcare providers, schools, employers, and CBOs as a free, evidence-based self-help resource.
- Incorporate CredibleMind referrals into existing programs (primary care clinics, WIC, wellness programs).
- Track and share user engagement data with the Access to Healthcare Workgroup to ensure equitable reach.

Local Data:

- 259 registered users as of September 2025 (platform launched March 2024)

Community Resources

Champaign County benefits from a robust network of community-based organizations, healthcare providers, and support programs. Federally Qualified Health Centers (FQHCs) such as Promise Healthcare and Community Health Partnership of Illinois, and free clinics like Avicenna and Champaign County Christian Health Center provide affordable primary care, dental care, and behavioral health services. CUPHD provides preventive services including maternal and child health programs, WIC, Child & Teen Dental Program, doula services, and mental health resources like CredibleMind. OSF HealthCare Heart of Mary Medical Center and Carle Health provide inpatient and outpatient services and support charity care, community benefit programs, and specialized services. Mental health resources include Rosecrance, The Pavilion, and multiple counseling practices. Community-based organizations (CBOs) such as United Way, Champaign County Healthcare Consumers, and Family Service assist in outreach, education, and linking residents to care.

Funding Strategy

Champaign County will use local resources like CUPHD programs, FQHCs, hospitals, schools, and community organizations to support healthcare initiatives. Funding will cover staff, mobile units, telehealth, outreach, and preventive services. Resources will come from federal and state grants, Medicaid, partner agency budgets, local community health granting foundations, non-profit community partners, and partner contributions. Using these resources together helps reach more people and keep programs sustainable.

Program Evaluation

CUPHD will use workgroups to carry out public health programs and collect data on key indicators. Workgroups will submit quarterly reports to the IPLAN Steering Committee, and an annual evaluation will be reviewed with all community partners. Surveys, attendance logs, focus groups, and public health records will track progress, ensuring programs remain effective, equitable, and guide improvements and resource decisions.

Promoting Awareness of Access to Healthcare
CUPHD will share information about healthcare services through social media, resource guides, health fairs, schools, and community partners. Materials will be multilingual and culturally responsive. Education will focus on finding a primary care provider, enrolling in insurance, accessing preventive care, and connecting with dental and behavioral health services. This helps reduce barriers and ensures timely, affordable care for all residents.

Priority 2: Behavioral Health

Description

Behavioral health encompasses mental health, substance use, and overall emotional well-being. In Champaign County, youth ages 12–17 show higher trends in depressive disorders and suicide attempts compared to other age groups. Local data also indicates higher rates of bipolar disorder than the national average, though diagnosis patterns may vary by provider. Other mental health concerns include schizophrenia spectrum disorders, typically diagnosed in early adulthood, and disruptive behaviors/impulse control, more common in childhood and adolescence. Emergency room data and school-based assessments highlight the need for targeted interventions, particularly for school-age youth, while emphasizing family and community engagement to ensure equitable access to behavioral health support.

Healthy People 2030 Objectives Related to Behavioral Health
https:/odphp.health.gov/healthypeople/search?query=Behavioral%20health&f%5B0%5D=content_type%3Ahealthy_people_objective

- MHMD-01: Reduce the proportion of adolescents with major depressive episodes.
- MHMD-02: Increase access to mental health services for children and adolescents.
- MHMD-03: Increase the proportion of adults with mental health disorders who receive treatment.
- MHMD-04: Reduce suicide rates among youth and adults.

Risk Factors

- Adolescents (ages 12–17) at higher risk for depression and suicidal behaviors
- Limited family awareness and engagement regarding mental health needs

- Provider variation in diagnosis of conditions such as bipolar disorder
- Early adulthood onset of serious mental illness (e.g., schizophrenia)
- Disruptive behavior and impulse control issues in youth

Direct Contributing Factors

- Lack of consistent school-based mental health screenings prior to recent Illinois law changes
- Limited awareness or trust in available resources (e.g., parents not ready, distrust of providers)
- Stigma associated with accessing behavioral health services
- Insufficient participation in community surveys (e.g., Illinois Youth Survey)
- Gaps in early intervention programs for families

Indirect Contributing Factors

- Small population sample sizes inflating reported rates for minority groups
- Systemic inequities impacting youth and immigrant communities
- Limited coordination between schools, law enforcement, and community behavioral health services
- Workforce limitations and provider availability

Population Groups at Risk

- Adolescents (ages 12–17), particularly 10th and 12th graders
- Families with children requiring mental health support
- Immigrant populations facing language or cultural barriers
- Youth involved with law enforcement or at risk of school disengagement
- Parents and caregivers needing resources to support children's mental health

Overall Goal

Improve behavioral health outcomes for Champaign County residents by enhancing social connectedness and expanding access to prevention, intervention, and treatment services.

Objectives and Strategies

Outcome Objective 1: By December 31, 2031, decrease the amount of mental health related visits to emergency departments.

Impact Objective1.1: By December 31, 2026, establish a baseline of mental health visits to emergency departments using syndromic data.

Impact Objective1.2 By December 2028, increase awareness and utilization of behavioral health resources outside of emergency department for families and professionals.

Strategies 1.2

- Utilize CUPHD's Credible Mind online resource to share preventative behavioral health information (https://c-uphd.crediblemind.com/)
- Promote 211 services

Impact Objective1.3: By December 31, 2029, redirect community members seeking mental health support as a primary concern from emergency departments to community-based prevention, intervention, and treatment services.

Strategies 1.3:

- Increase availability of low-barrier mental health services, including walk-in clinics, and peer support programs.
- Conduct public awareness campaigns to inform residents about community-based behavioral health options.
- Promote the BEACON portal as a centralized resource for parents, teachers, and providers.
- Expand mentorship opportunities through programs such as CU1to1.
- Support the Youth Assessment Center in providing community-accessible services, including referrals from law enforcement.

Objective 2: By December 2031, increase mental health support access for adolescents Youth in Champaign County schools.

Impact Objective 2.1: By December 2028, assess current school-based mental health support access, including availability of services, referral pathways, and service delivery models in Champaign County Schools.

Strategies 2.1:

- Promote participation in the Illinois Youth Survey to gather county-specific youth behavioral data.
- Collaborate with Promise Healthcare.

Outcome Objective 3: By December 31, 2031, increase social connectedness among residents of Champaign County.

Impact Objective 2.1: By December 31, 2031, collect qualitative data from Champaign County residents to document lived experiences of social connectedness and social isolation, with attention to populations at higher risk of disconnection.

Strategies 3.1.1:

- Use MAPP 2.0 Framework to align with Community Context Assessment (Or updated equivalent).

Impact Objective 3.2: By December 31, 2028, partner with ADAPT Lab at the University of Illinois to establish baseline measures of social connectedness, loneliness, and social isolation for Champaign County, IL.

Impact Objective 3.3: Identify existing community programs that support social connectedness across all sectors.

Community Resources

- School-based Programs: NAMI Champaign workshops, K–12 mental health curriculum, Illinois Youth Survey participation.
- Public Health Agencies: Champaign-Urbana Public Health District (CUPHD), DHS Children's Behavioral Health Transformation Office.
- Portals & Platforms: BEACON portal for connecting children, families, educators, and providers.
- Community Programs: Youth Assessment Center, CU1to1 mentorship program.
- Family Engagement Initiatives: Parent-focused outreach and education to reduce stigma and improve early intervention.
- Universities & Research: University of Illinois Center for Prevention and Development to support youth surveys and program evaluation.

Community Resources and Funding:

CUPHD will work with local mental health clinics, schools, community organizations, and social service agencies to support behavioral health programs. Funding will come from federal and state grants, Medicaid, local budgets, foundations, and partner contributions. These resources will support counseling, walk-in clinics, peer support, online platforms, outreach, and mentorship programs, ensuring services are accessible and sustainable.

Program Evaluation

CUPHD will use workgroups to carry out public health programs and collect data on key indicators. Workgroups will submit quarterly reports to the IPLAN Steering Committee, and an annual evaluation will be reviewed with all community partners. Surveys, attendance logs, focus groups, and public health records will track progress, ensuring programs remain effective, equitable, and guide improvements and resource decisions.

Promoting Awareness and Education

CUPHD will raise awareness about behavioral health services through social media, resource guides, schools, health fairs, and community outreach. Materials will be multilingual and culturally responsive. Education will focus on preventive mental health, school-based support, counseling services, peer mentorship, and online tools. This helps reduce stigma and ensures residents know about available services.

Priority 3: Healthy Behaviors and Wellness

Healthy behaviors are actions individuals take to maintain or improve their health, including physical activity, proper nutrition, social engagement, and preventive health practices. In Champaign County, promoting healthy behaviors also involves intergenerational social connectedness, integrating youth and senior engagement programs, and addressing systemic inequities that affect access to opportunities for health. Key local concerns include gaps in youth programming, access to safe routes to school, increasing teacher shortages and burnout, and disparities affecting immigrant and older adult populations. Fostering healthy behaviors through community programs, active living initiatives, food environment interventions, and civic engagement is expected to improve overall well-being, reduce social isolation, and promote equitable access to health-promoting opportunities.

Healthy People 2030 Objectives Related to Healthy Behaviors
https:/odphp.health.gov/healthypeople/search?query=Healthy+Behaviors&f%5B0%5D=content_type%3Ahealthy_people_objective

- PA-01: Increase the proportion of adults who meet the guidelines for aerobic physical activity and muscle-strengthening activity.
- NWS-05: Increase the proportion of the population who consume enough fruits and vegetables.
- SDOH-01: Improve social and community context, including civic engagement and social connection.

Risk Factors

- Youth disengagement from structured programs
- Social isolation among older adults
- Limited access to safe outdoor spaces for physical activity
- Food insecurity and limited access to healthy foods
- Systemic inequities affecting immigrant and low-income populations

Direct Contributing Factors

- Limited youth programming tied to school and community engagement
- Lack of intergenerational opportunities linking youth and seniors
- Reduced volunteer programs (e.g., RSVP funding cuts affecting ~500 participants)
- School choice policies that may limit neighborhood engagement

- Insufficient resources for safe walking and biking routes to schools

Indirect Contributing Factors

- Teacher shortages and burnout
- Increasing IEP needs and educational disparities
- Limited digital access among older adults
- Structural inequities and systemic racism affecting access to programs
- Fragmented coordination between community organizations and public health initiatives

Population Groups at Risk

- Immigrant populations (including those facing citizenship verification barriers)
- Youth, particularly in underserved or high-need schools
- Older adults with limited digital literacy or mobility
- Low-income families and neighborhoods with reduced access to recreational spaces
- Residents impacted by food insecurity

Overall Goal

In 5 years, improve intergenerational social connectedness and the adoption of healthy behaviors in Champaign County by creating accessible, engaging, and equitable programs for youth, older adults, and immigrant populations, while supporting active living, nutrition, and civic engagement initiatives.

Objectives and Strategies

Outcome Objective1: By December 31, 2031, increase social connectedness among residents of Champaign County.

Impact Objective1.1: By December 31, 2031, collect qualitative data from Champaign County residents to document lived experiences of social connectedness and social isolation, with attention to populations at higher risk of disconnection.

Strategies 1.1.1:

- Use MAPP 2.0 Framework to align with Community Context Assessment (Or updated equivalent).

Impact Objective1.2: By December 31, 2028, partner with ADAPT Lab at the University of Illinois to establish baseline measures of social connectedness, loneliness, and social isolation for Champaign County, IL.

Impact Objective1.3: Identify existing community programs that support social connectedness across all sectors.

Outcome Objective 2: By December 31, 2031, increase intergenerational participation in youth and senior volunteer programs using documented enrollment and participation data from local organizations.

Impact Objective 2.1: By December 31, 2028 establish a baseline for measuring intergenerational participation in youth and senior volunteer programs.

Strategies2.1.1:

- CUPHD will develop and maintain a comprehensive inventory of youth mentorship programs, senior volunteer programs, volunteer offerings through the University of Illinois, and other volunteer coordinating agencies.
- CUPHD will collaborate with the Healthy Behaviors Workgroup to define a shared definition of "intergenerational participation."
- Contact volunteer organizers from the list to identify group offerings and needed supports.

Outcome Objective 3: By December 31, 2031, strengthen coordination and collaboration among food system stakeholders in Champaign County to enhance the impact of food and nutrition initiatives.

Impact Objective 3.1: By February 2026, CUPHD hire a Food Access Specialist.

Impact Objective 3.2: By December 2028, formalize the Food Access Consortium, a countywide network of local government, nonprofits, healthcare providers, universities, growers, food banks, and community members to improve food and nutrition security.

Strategies: 3.2:

- Coordinate with Healthy Champaign County's Food Environment Committee.
- Participate in the Annual Feeding Champaign County Food Summit.

Objective 4: By December 2031, increase community awareness and engagement in active living programs.

Impact Objective 4.1: By December 2028, Coordinate with community partners to create annual active living week highlighting free community exercise resources.

Strategies 4.1:

- Coordinate with Healthy Champaign County's Active Living Committee.

Impact Objective 4.2: By December 2028, collaborate with Healthy Champaign County to create and maintain an Active Living Resource Directory.

Community Resources

Schools & Afterschool Programs:

- DREAMM Academy,
- Urbana Neighborhood Connections, and
- Local Public School Districts

Universities & Extension Services:

- University of Illinois Urbana-Champaign
- U of I Extension Gardens
- Carle Illinois College of Medicine

Volunteer & Civic Programs

- RSVP
- intergenerational pen-pal programs
- Youth Build

Food & Nutrition:

- Feeding Champaign County
- Head Start and community gardens
- local farmers markets.

Community Resources and Funding

CUPHD will use local resources including schools, universities, volunteer organizations, food and nutrition programs, and community-based initiatives to support health behaviors and wellness programs. Funding will come from federal and state grants, local agency budgets, grant foundations, and contributions from community partners.

Program Evaluation

CUPHD will use workgroups to carry out public health programs and collect data on key indicators. Workgroups will submit quarterly reports to the IPLAN Steering Committee, and an annual evaluation will be reviewed with all community partners. Surveys, attendance logs, focus groups, and public health records will track progress, ensuring programs remain effective, equitable, and guide improvements and resource decisions.

Promoting Awareness and Health Education

CUPHD will promote healthy behaviors through social media, resource guides, schools, community events, and partnerships with local organizations. Materials and programs will be culturally responsive and multilingual to reach youth, older adults, immigrant populations, and low-income families. Education will focus on physical activity, nutrition, social engagement, civic participation, and available community programs. These efforts aim to increase awareness, encourage participation, reduce social isolation, and ensure equitable access to health-promoting opportunities.

Priority 4: Violence Prevention

Description

Violence prevention encompasses strategies to reduce interpersonal, community, and school-based violence while promoting safety, conflict resolution, and social-emotional well-being. In Champaign County, youth-focused interventions are critical, particularly in schools, where prevention and early recognition of sexual abuse, peer violence, and bullying are central priorities.

Efforts emphasize age-appropriate education, peer support structures, trauma-informed responses, and family and staff engagement. Effective violence prevention requires data-informed strategies, bi-directional information sharing, and coordinated partnerships between public health, schools, law enforcement, and community organizations.

Healthy People 2030 Objectives Related to Violence Prevention

https://odphp.health.gov/healthypeople/search?query=violence+prevention&f%5B0%5D=content_type%3Ahealthy_people_objective

- **IVP-01:** Reduce homicide and violent crime rates.
- **IVP-02:** Reduce nonfatal injuries resulting from interpersonal violence.
- **IVP-03:** Increase the proportion of children and adolescents who are taught safe and healthy relationship skills.
- **IVP-04:** Increase community access to programs for violence prevention, including school-based initiatives.

Risk Factors

- Youth exposure to sexual abuse, bullying, or violence in schools
- Limited knowledge of healthy boundaries and consent among students
- Insufficient social-emotional wellness education for youth and families
- Communities with high rates of gun violence or violent incidents
- Lack of uniform, real-time violence data to inform interventions

Direct Contributing Factors

- Gaps in school-based sexual violence and boundary violation prevention programs
- Limited peer support and mediation programs for students
- Inconsistent implementation of survivor-centered support and reporting systems
- Lack of coordinated educational programming for parents, guardians, and staff
- Insufficient communication and data sharing between schools, public health, and law enforcement

Indirect Contributing Factors

- Structural inequities impacting safety and access to resources in certain neighborhoods
- Barriers to real-time data sharing (HIPAA/confidentiality concerns, system incompatibility)
- Fragmented systems for tracking and analyzing violence-related data across multiple agencies
- Mental health and substance use factors contributing to community violence

Population Groups at Risk

- Students of all ages, from pre-K through high school
- Families and caregivers needing education and resources for prevention
- Justice-involved or at-risk youth
- Communities disproportionately affected by gun violence or school-based incidents
- School staff and administrators implementing prevention and response policies

Overall Goal
Prevent and reduce interpersonal, school-based, and community violence in Champaign County by enhancing youth-focused education, social-emotional wellness programs, peer and family engagement, and coordinated, real-time data sharing among community partners.

Objectives and Strategies

Objective 1: By December 2031, increase the ability of community members to manage and resolve conflicts peacefully

Impact Objective 1.1: By December, 2028 establish a baseline of conflict resolution knowledge and skill using surveys, focus groups, and program assessment.

Impact Objective 1.2: By December 2031, increase participation in evidence0based conflict resolution programs by at least 10% from baseline.

Strategies 1.2:

- Partner with existing school and community-based conflict resolution and peer mediation programs
- Integrate conflict resolution into community workshops
- Promote awareness campaign for families and community members on strategies for managing interpersonal conflict

Objective 2: By December 31, 2031, increase knowledge, skills, and community support for healthy boundaries among youth in Champaign County, contributing to safer relationships and reduced risk of sexual harm.

Impact Objective 2.1: By December 2028, partner with local schools to ensure that counselors and relevant school staff are trained to provide age-appropriate healthy boundaries education, including internet safety, communication, consent, and recognizing unsafe behaviors.

Strategies 2.1:

- partner with health educators to provide training for school counselors, teachers, and staff on healthy boundaries, consent, and trauma informed approaches
- deliver age-appropriate healthy boundaries education to students

Impact Objective 2.2: By December 2029, increase community awareness of healthy boundaries and youth safety through coordinated education and outreach efforts.

Strategies 2.2:

- Launch social media campaigns to promote healthy boundaries, consent, and trusted help-seeking.
- Host community forums and educational events for families, caregivers, and community members.
- Normalize conversations about healthy boundaries by using billboards, flyers, and local media

Objective 3: By December 2031, improve coordinated violence prevention and accountability efforts in Champaign County through enhanced, timely, and consistent data sharing across public health, schools, law enforcement, and partners.

Impact Objective 3.1: By December 2028, implement a coordinated system for routine and timely sharing of violence-related data across sectors

Impact Objective 3.2: By December 2030, use shared data to improve accountability, transparency, and targeted violence prevention interventions.

Strategies 3.2:

- Conduct regular analyses of violence-related data to identify populations at risk
- Share findings with community partners and the public through reports and presentations
- Use data to guide resource allocation, program adjustments, and policy recommendations.

Community Resources

- Schools & Programs: Local schools, regional superintendents, Parent-Teacher Associations, peer support councils, Dispute Resolution Institute.
- Public Health & Law Enforcement: Champaign-Urbana Public Health District, Illinois State Police Drug Task Force, local police departments.
- Data & Reporting Tools: METCAD, gunshot detection systems, emergency department data, coroner reports, school incident tracking, license plate readers, real-time dashboards.
- Parent & Family Engagement: Parent-teacher conferences, workshops, and resource sharing.
- Universities & Research: University of Illinois and other local institutions for program evaluation, survey participation, and community partnership support.

Community Resources and Funding

CUPHD will work with schools, law enforcement, community organizations, and public health agencies to support violence prevention initiatives. Funding will come from federal and state grants, local budgets, foundations, and partner contributions. These resources will support school-based programs, peer mediation, social-emotional learning curricula, mentoring programs, data systems, and community workshops. Coordinating these resources ensures programs are sustainable and reach students, families, and communities at highest risk.

Program Evaluation

CUPHD will use workgroups to carry out public health programs and collect data on key indicators. Workgroups will submit quarterly reports to the IPLAN Steering Committee, and an annual evaluation will be reviewed with all community partners. Surveys, attendance logs, focus groups, and public health records will track progress, ensuring programs remain effective, equitable, and guide improvements and resource decisions.

Promoting Awareness and Health Education

CUPHD will raise awareness about violence prevention through schools, resource guides, community events, social media, and family outreach. Materials and programs will be culturally responsive and multilingual to reach students, families, and at-risk populations. Education will focus on creating healthy interpersonal boundaries, promoting conflict resolution skills, teaching social-emotional wellness, and providing information on available community programs and support services. These efforts help reduce violence, improve safety, and empower residents with knowledge and resources.