



2025

Community Health Needs Assessment

Champaign County

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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**

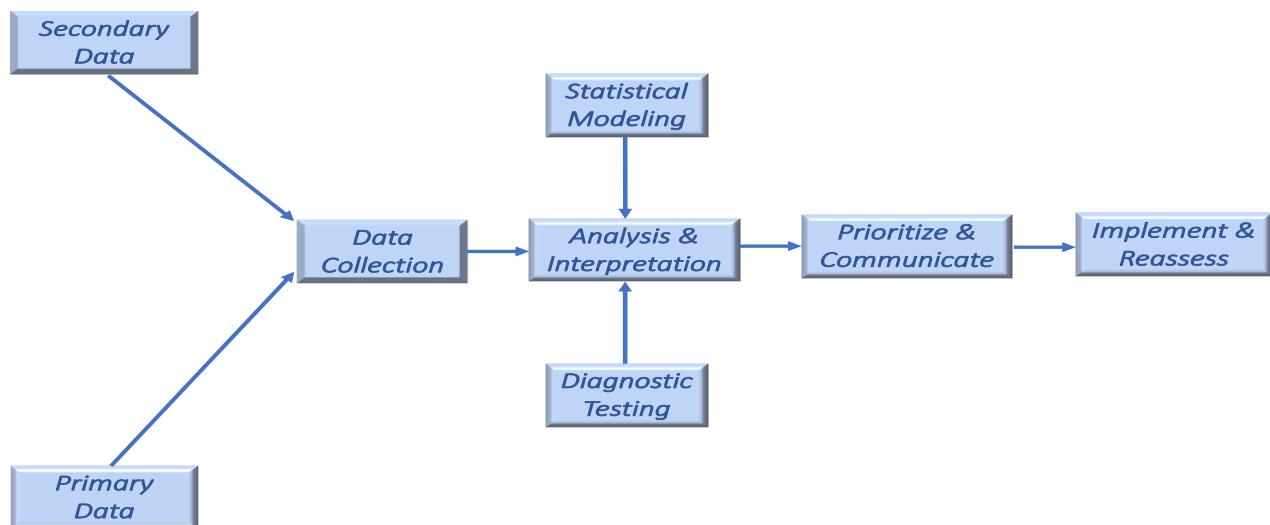
I. INTRODUCTION

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:

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

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

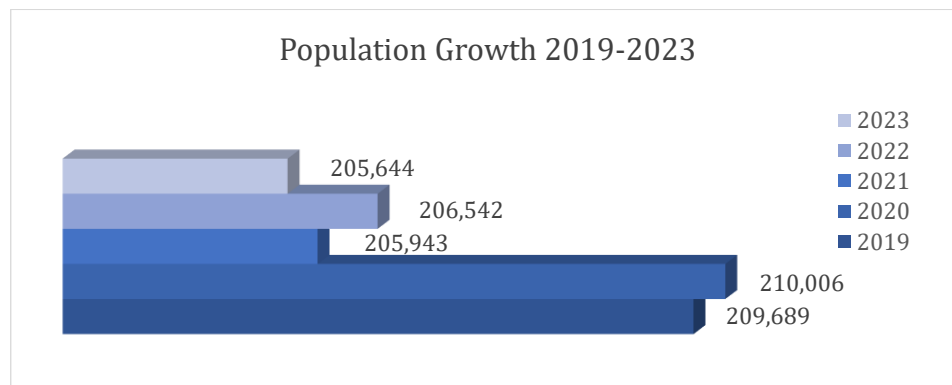
1.1 Population

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

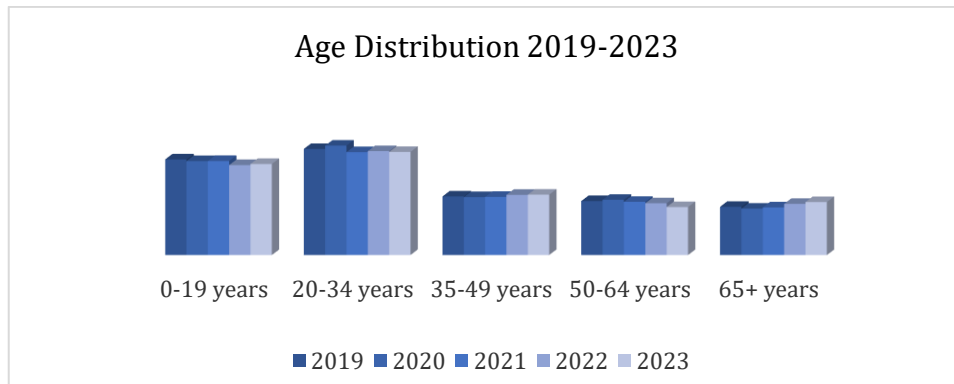
1.2 Age, Gender and Race Distribution

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

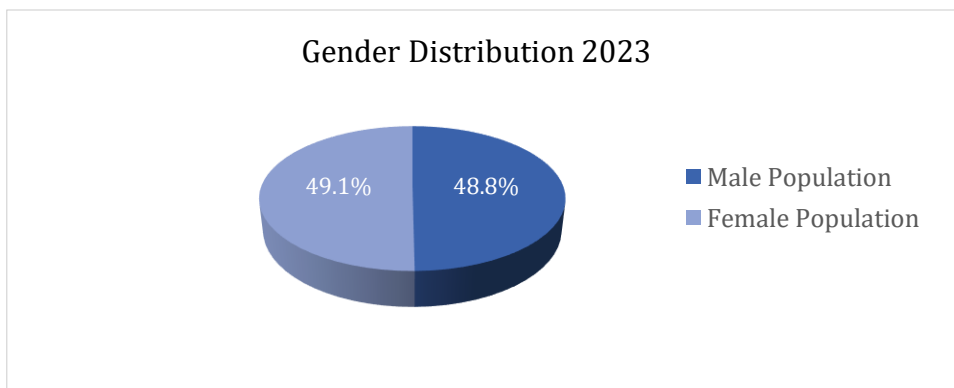


Source: United States Census Bureau

Gender

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

Figure 5



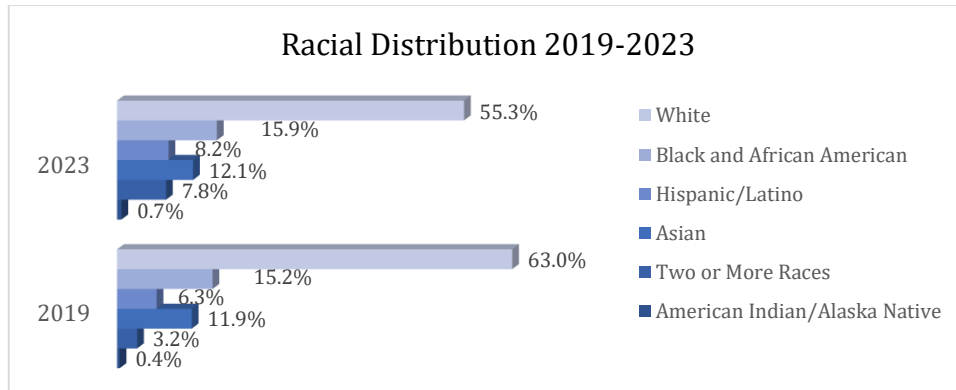
Source: United States Census Bureau

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



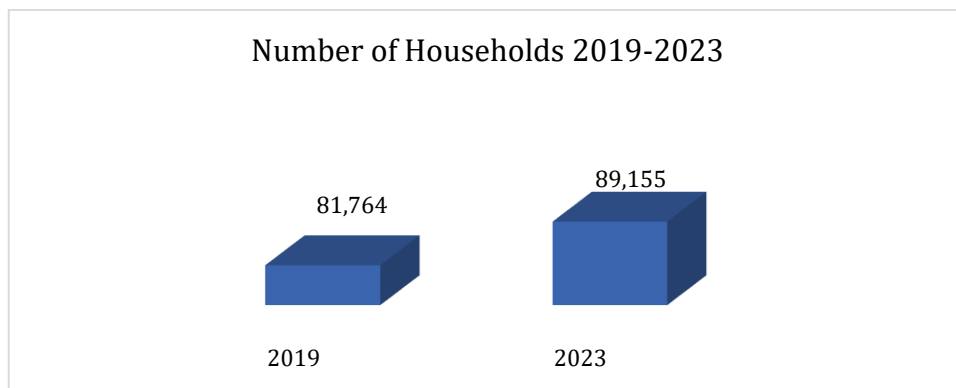
Source: United States Census Bureau

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

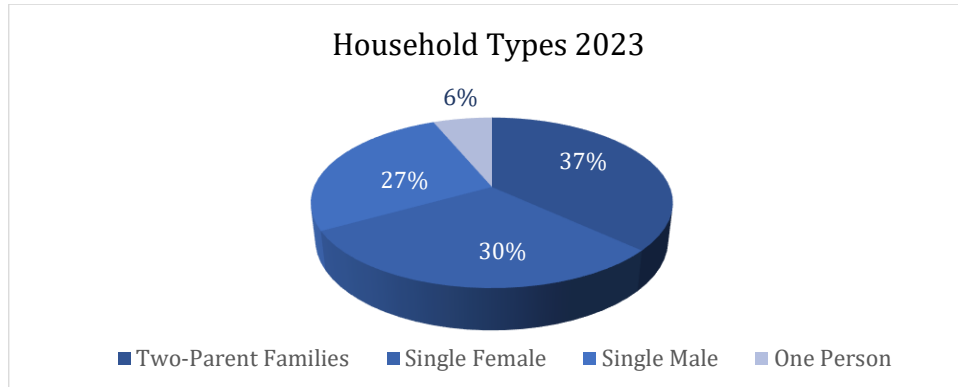


Source: United States Census Bureau

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

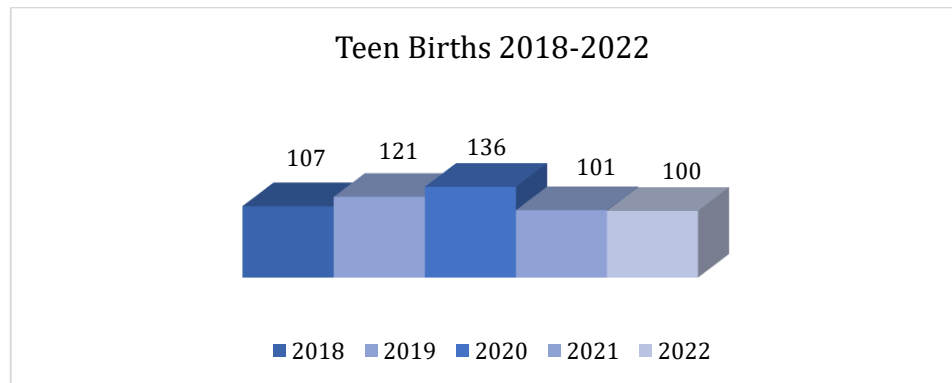


Source: United States Census Bureau

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

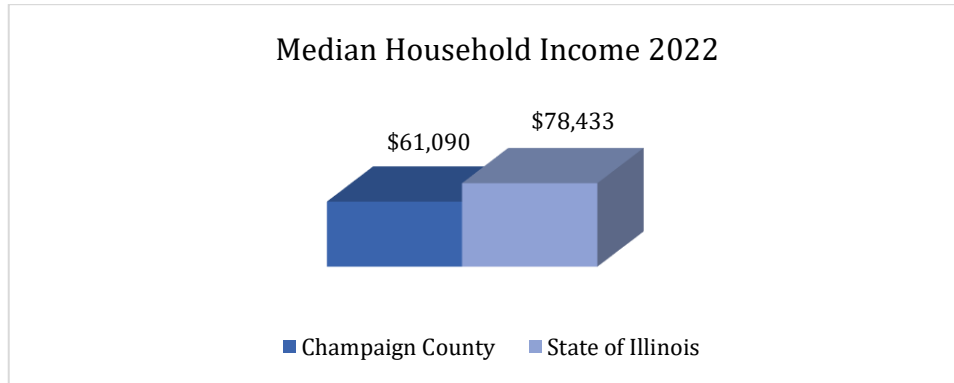
1.4 Economic Information

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

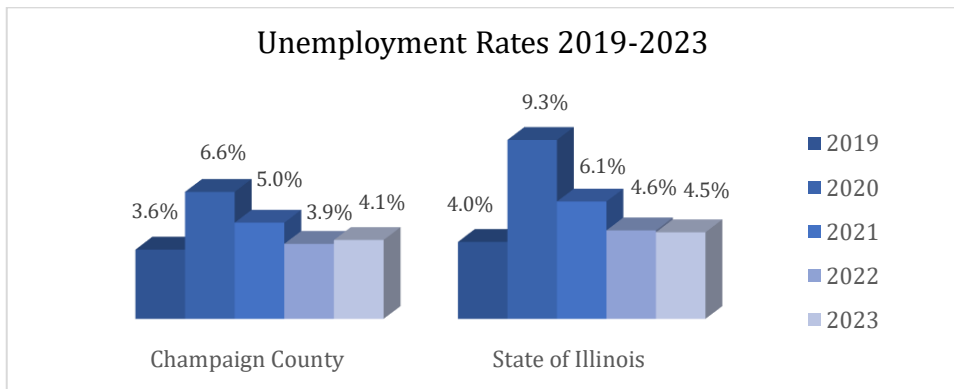


Source: United States Census Bureau

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

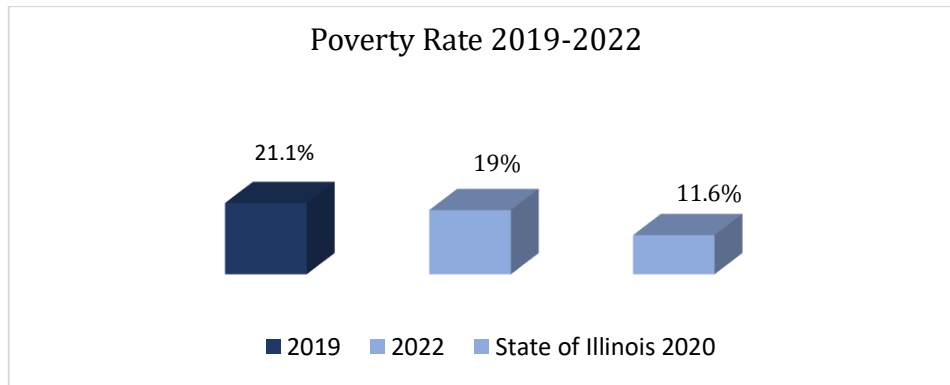


Source: Bureau of Labor Statistics

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

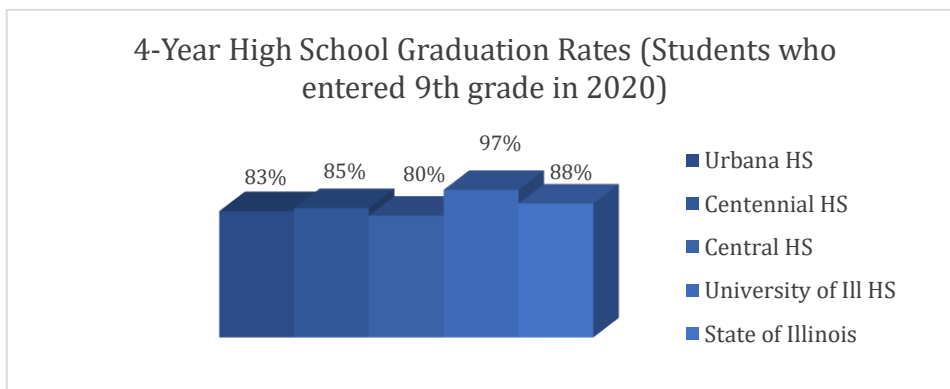
1.5 Education

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

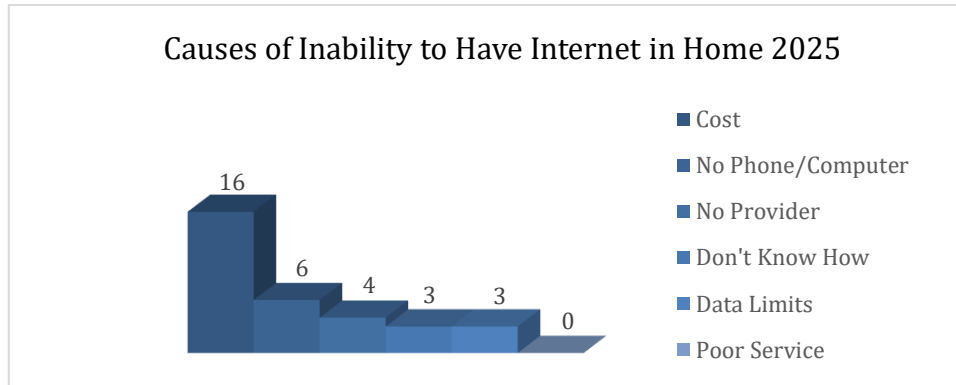


Source: Illinois Report Card

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

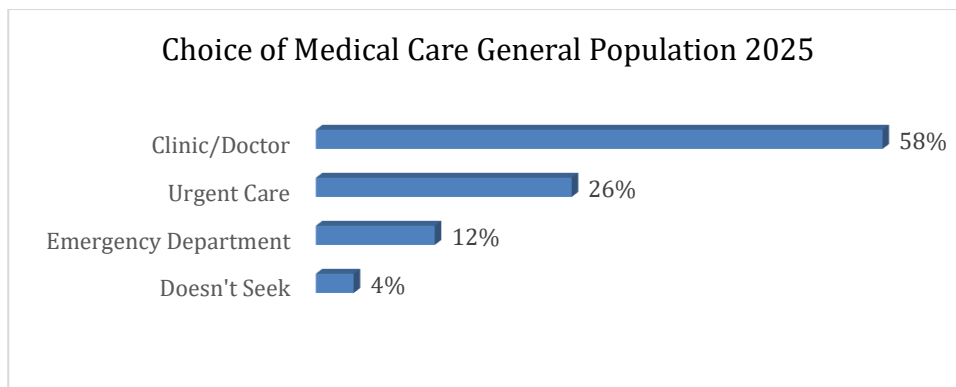
2.1 Accessibility

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

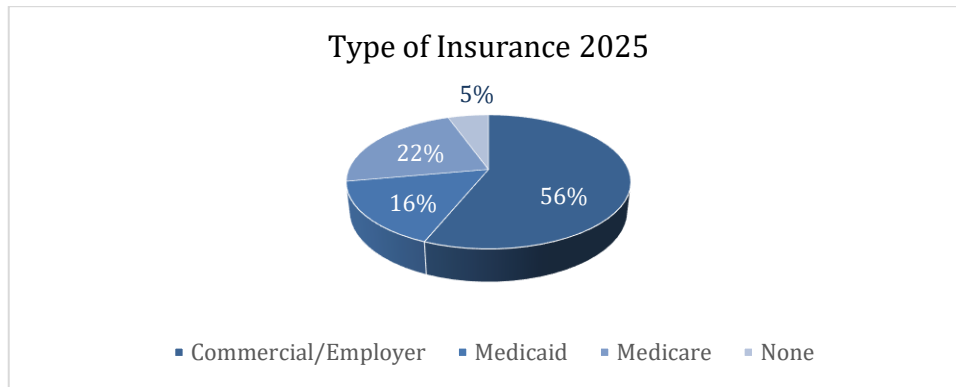
Several factors show significant relationships with an individual's choice of medical care. The following relationships were found using correlational analyses:

- **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).

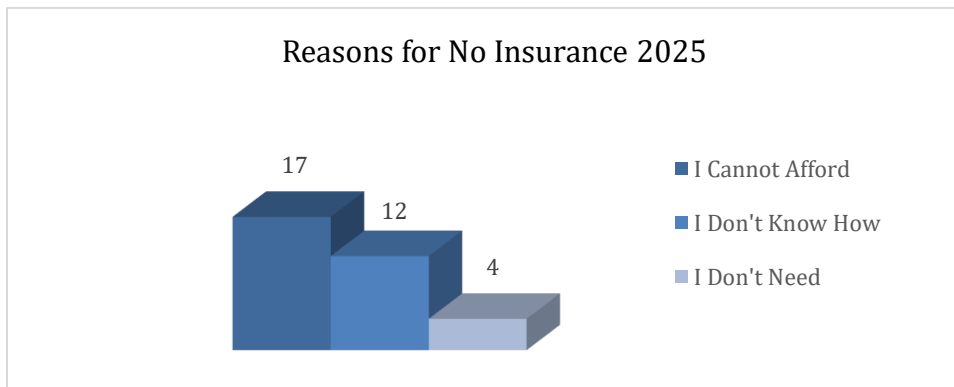
Figure 16



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:

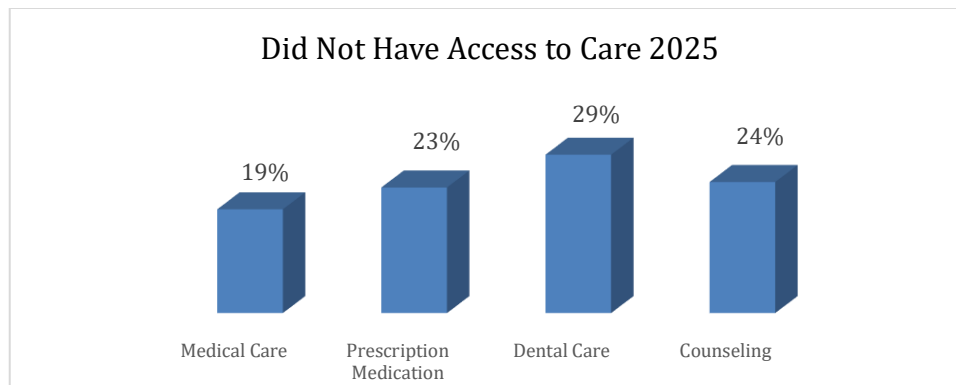
- **Commercial/Private Insurance** is rated higher by women, White people, those with higher education, and those with higher income. Commercial/employer insurance is rated lower by younger people, Black people, and those in an unstable housing environment. *Note, that the majority of survey respondents 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:

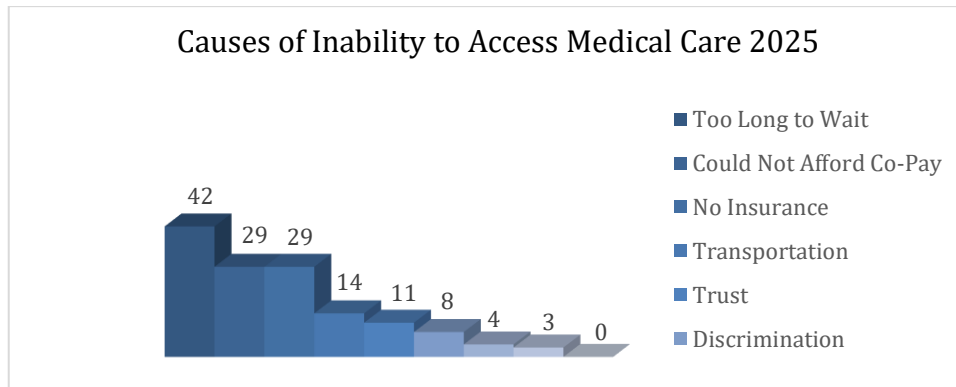
- **Access to medical care** tends to be rated higher for older people, White people, and those with higher income. Access to medical care tends to be lower for LatinX people and those in an unstable housing environment.
- **Access to prescription medication** tends to be rated higher for older people,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

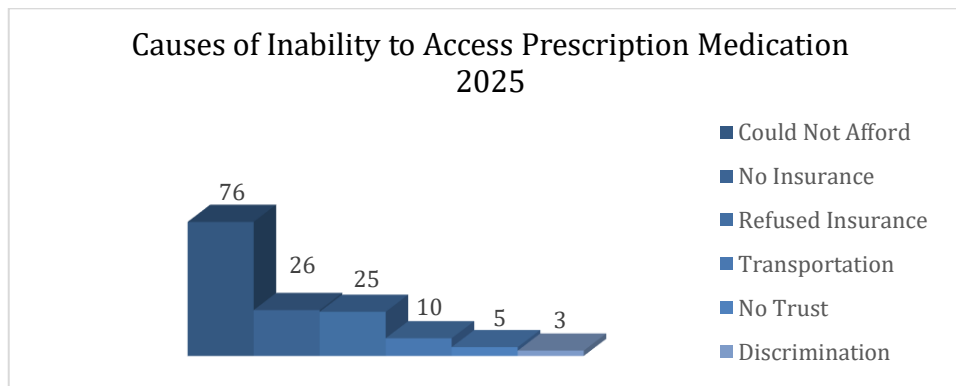


Source: CHNA Survey

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

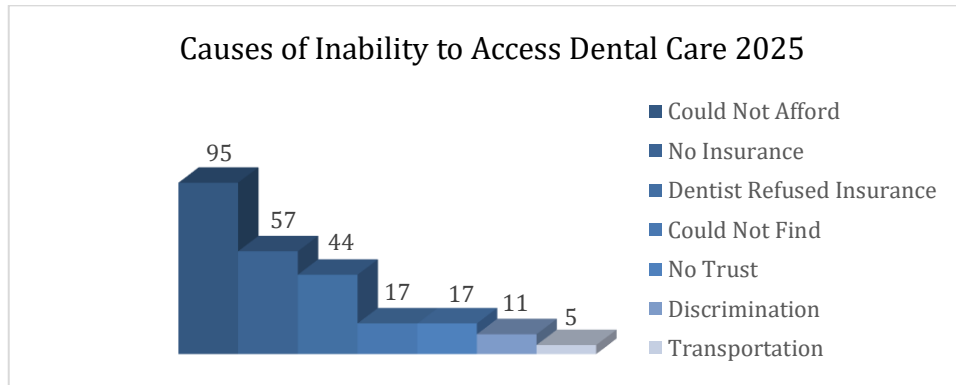


Source: CHNA Survey

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

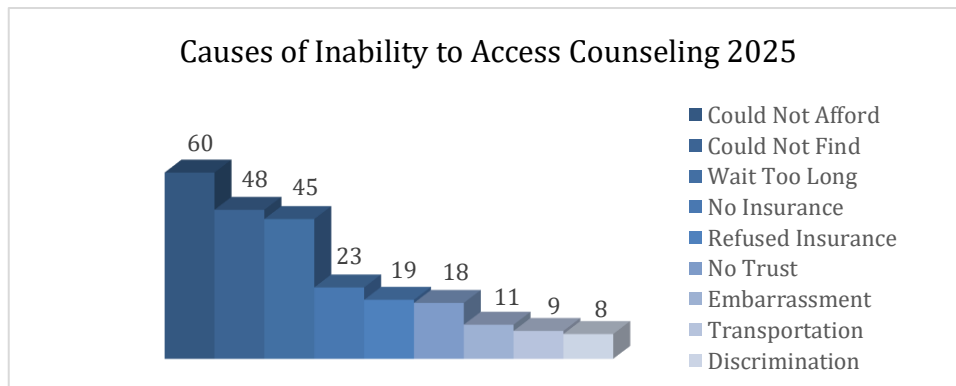


Source: CHNA Survey

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.

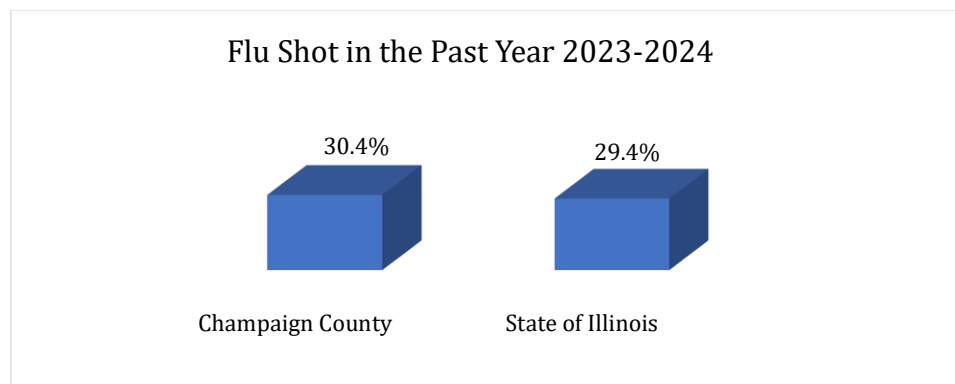
2.2 Wellness

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

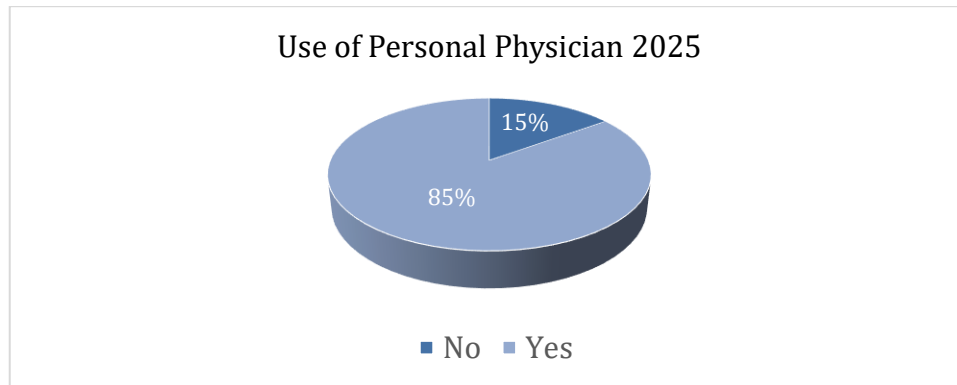


Source: Illinois Department of Public Health (IDPH)

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.

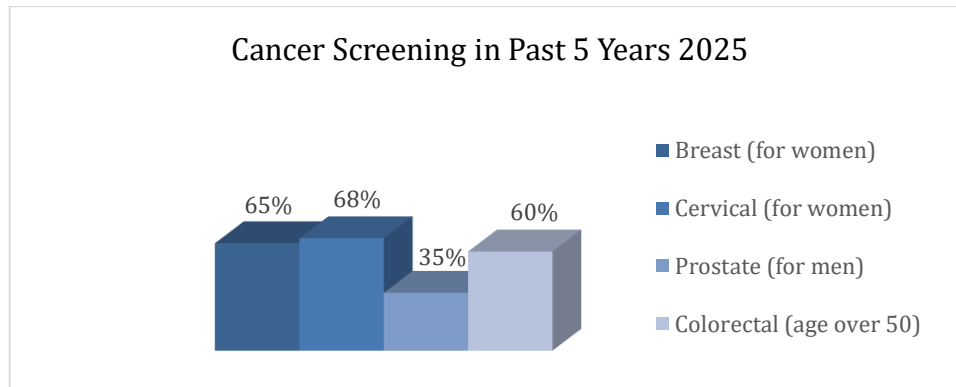
- **Having a personal physician** tends to be rated higher for older people, White people, those with higher education, and those with higher income. Not having a personal physician tends to be rated lower for LatinX people and those in an unstable housing environment.

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:

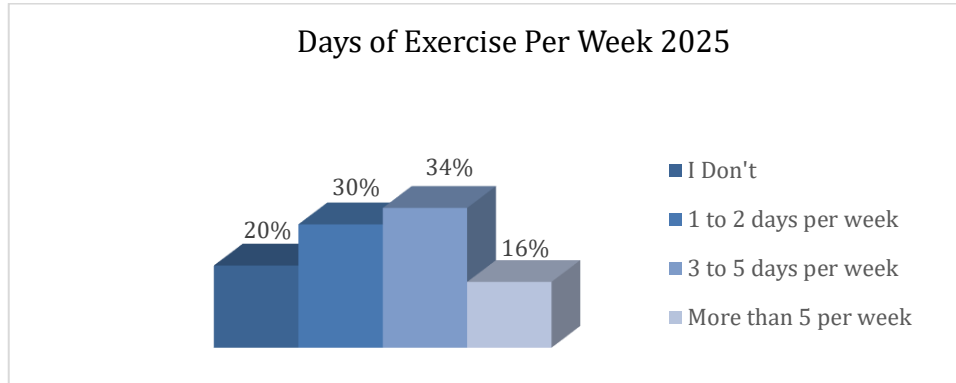
- **Breast screening** tends to be more likely for older women, White women, women with higher education, and women with higher income. Breast screening tends to be less likely for Black women and women in an unstable housing environment.
- **Cervical screening** tends to be more likely for White women, 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).

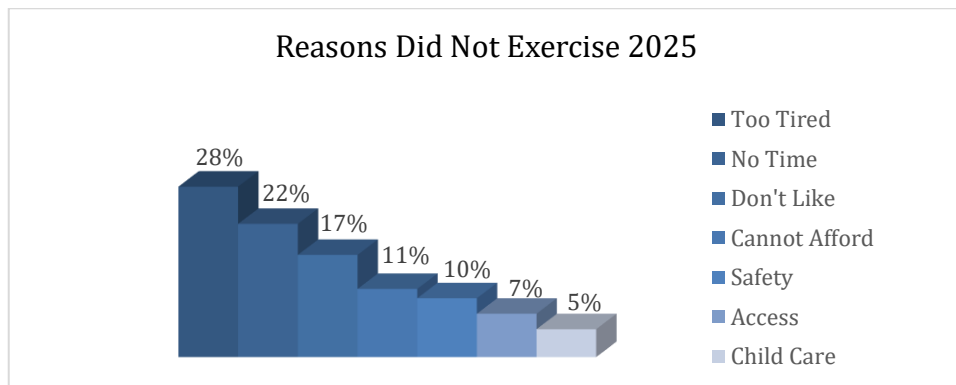
Figure 26



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:

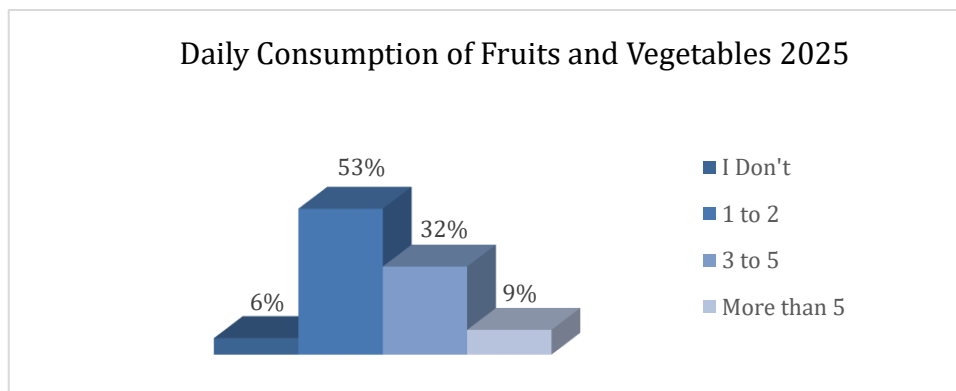
- **Frequency of exercise** tends to be rated higher for those with higher education and those with higher income.

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).

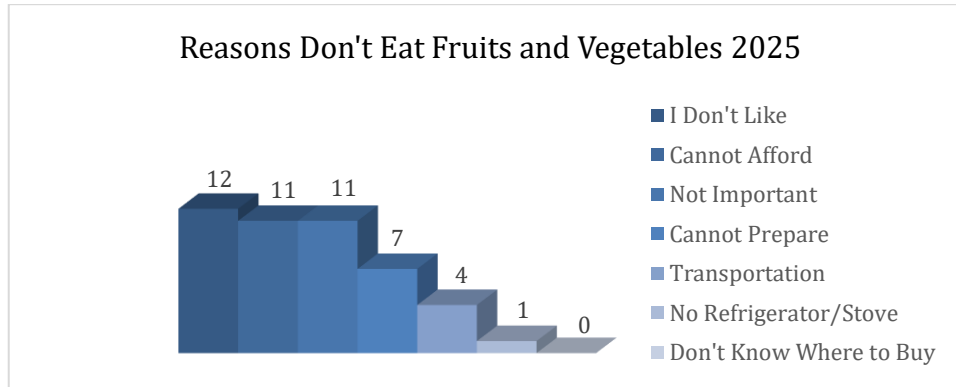
Figure 28



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.

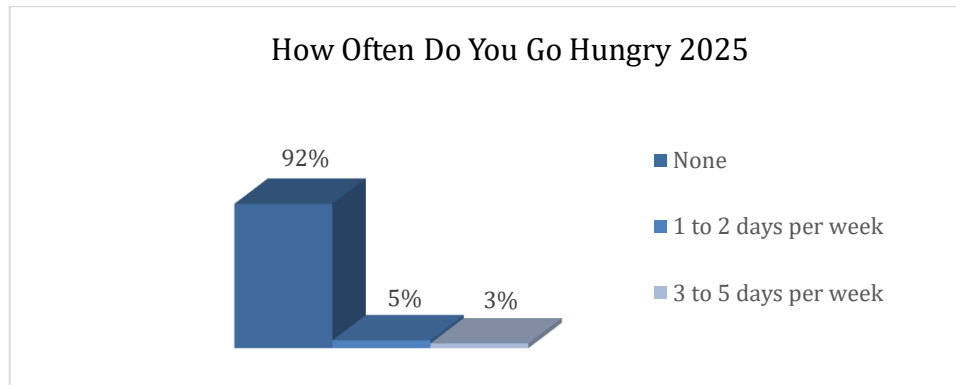
2.3 Understanding Food Insecurity

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:

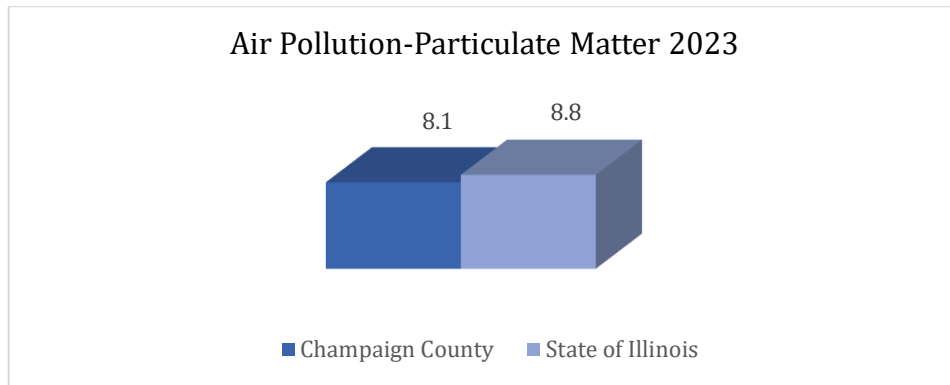
- **Prevalence of Hunger** tends to be more likely for Black people, those with lower education, those with lower income, and those in an unstable housing environment. Prevalence of hunger tends to be less likely for White people.

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 (PM_{2.5}) 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

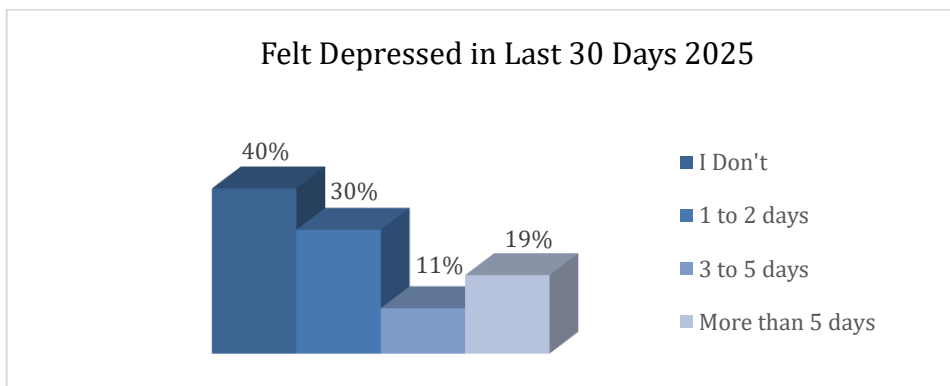
2.5 Health Status

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

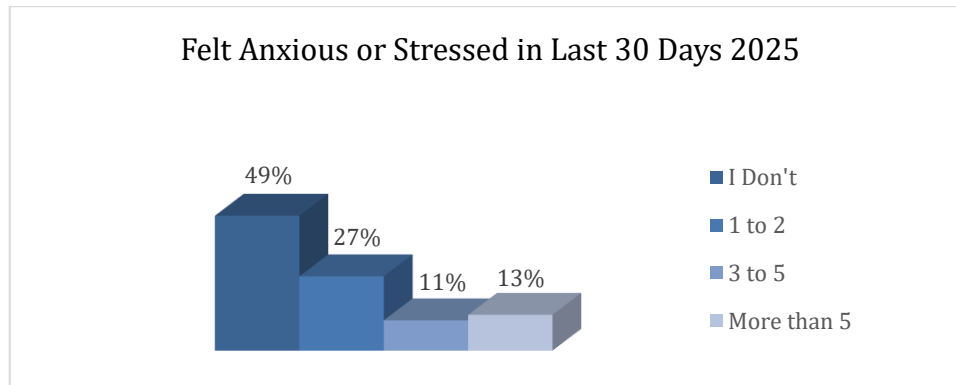
The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of respondents, 40% indicated they did not feel depressed in the last 30 days (Figure 32) and 49% indicated they did not feel anxious or stressed (Figure 33).

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.



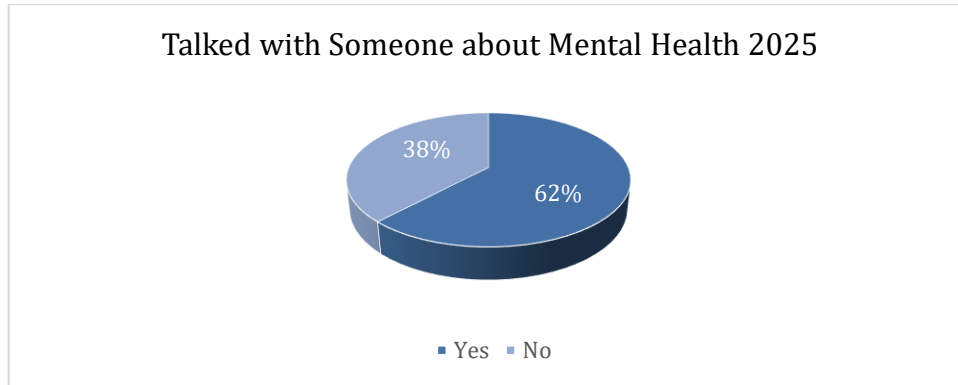
Social Drivers Related to Behavioral Health

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.*

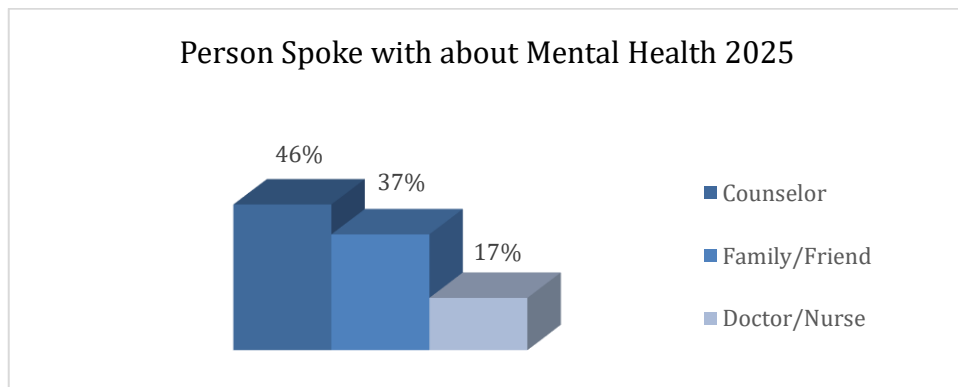
Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents, 62% indicated they spoke to someone (Figure 34). The most common response was a counselor (46%) (Figure 35).

Figure 34



Source: CHNA Survey

Figure 35

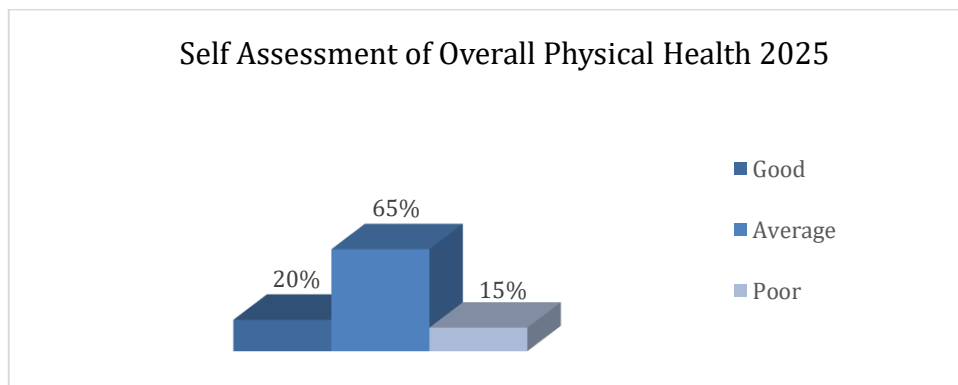


Source: CHNA Survey

Self-Perceptions of Overall Health

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

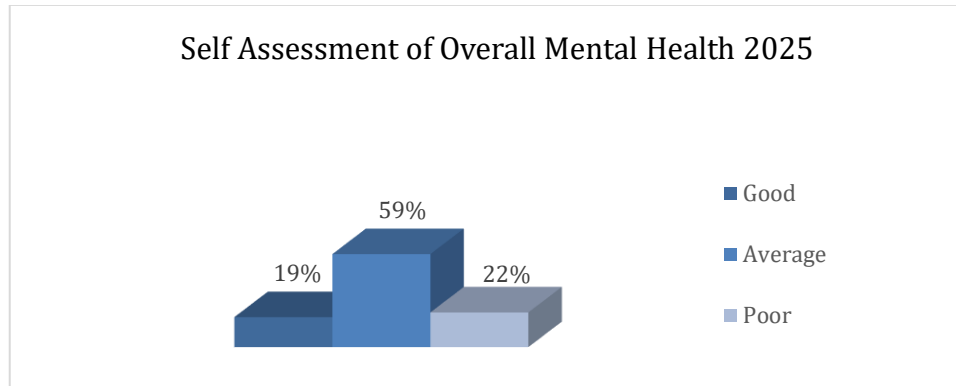
Figure 36



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

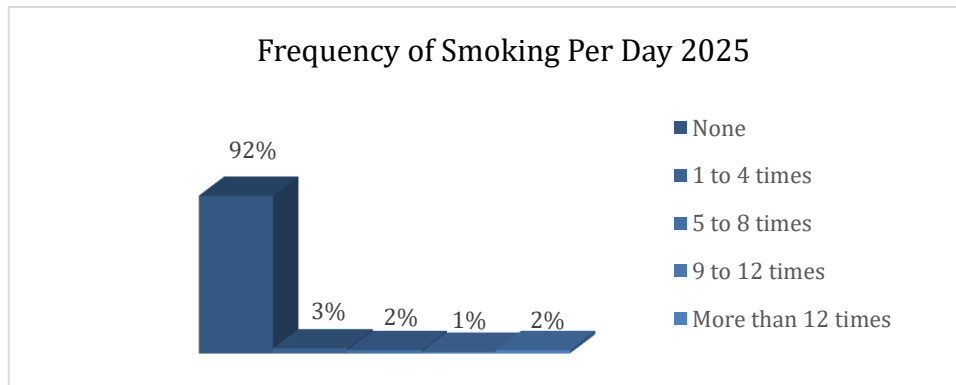
- 3.1 Tobacco Use
- 3.2 Drug and Alcohol Use
- 3.3 Obesity
- 3.4 Predictors of Heart Disease
- 3.5 Key Takeaways from Chapter 3

CHAPTER 3: SYMPTOMS AND PREDICTORS

3.1 Tobacco Use

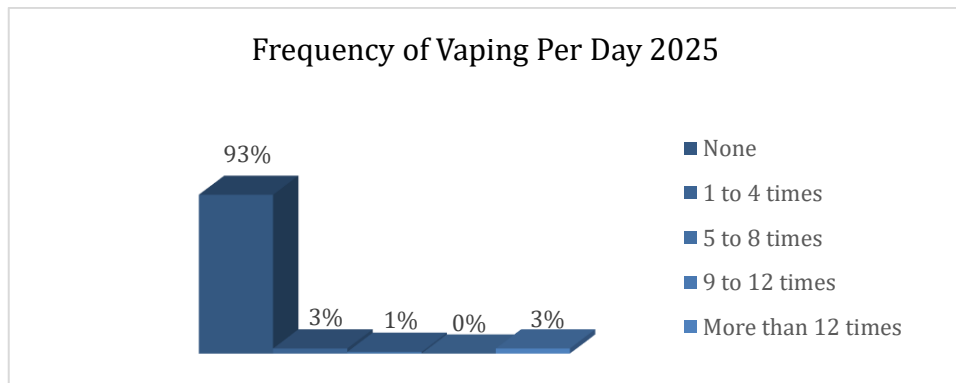
CHNA survey data show 92% of respondents do not smoke (Figure 38) and 93% of respondents do not vape (Figure 39).

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.

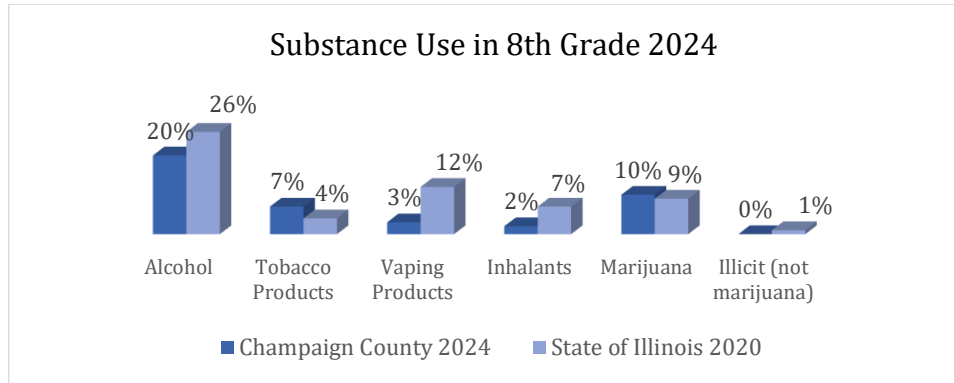
3.2 Drug and Alcohol Use

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

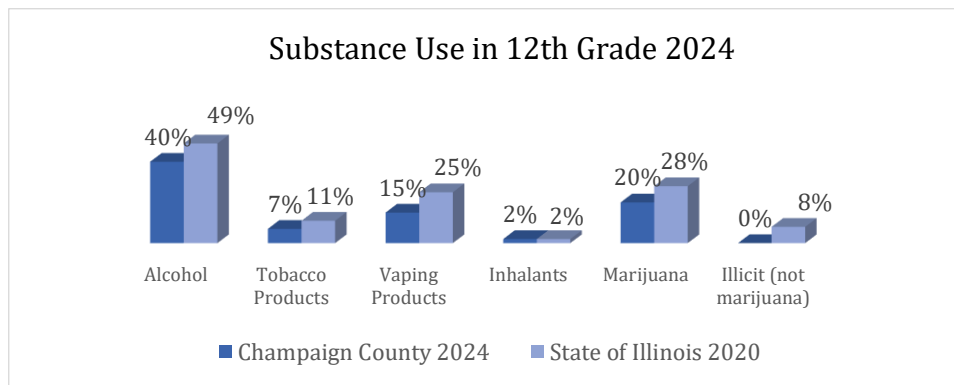
Data from the Illinois Youth Survey measures illegal substance use (alcohol, tobacco and other drugs – including inhalants) among adolescents. Champaign County data is reported for 2024, while the State of Illinois data is reported for 2020. Figure 40 illustrates that Champaign County data is lower than 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

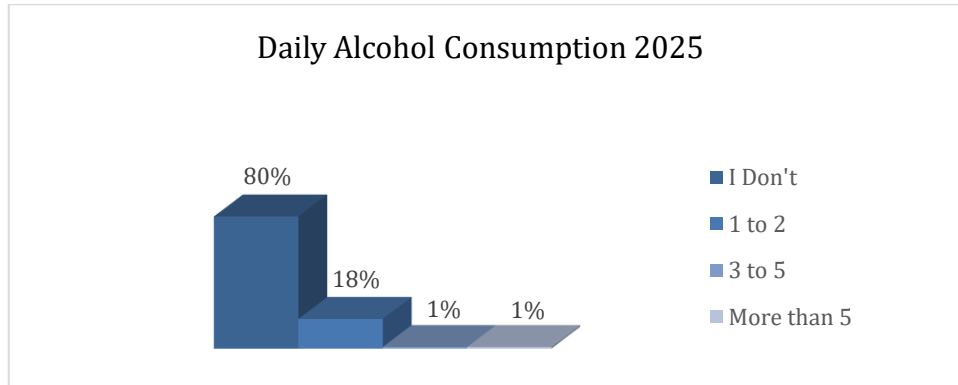


Source: University of Illinois Center for Prevention Research and Development

Adult Substance Use

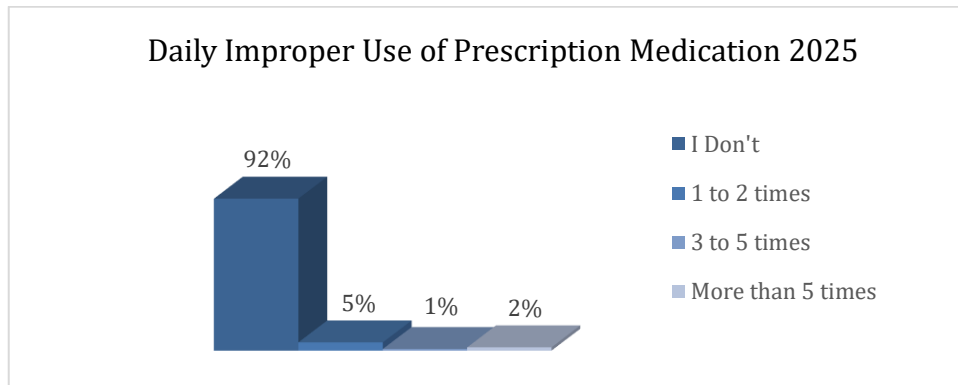
The CHNA survey asked respondents to indicate usage of several substances. Of respondents, 80% indicated they did not consume alcohol on a typical day (Figure 42); 92% indicated they do not take prescription medication improperly including opioids on a typical day (Figure 43); 82% indicated they do not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



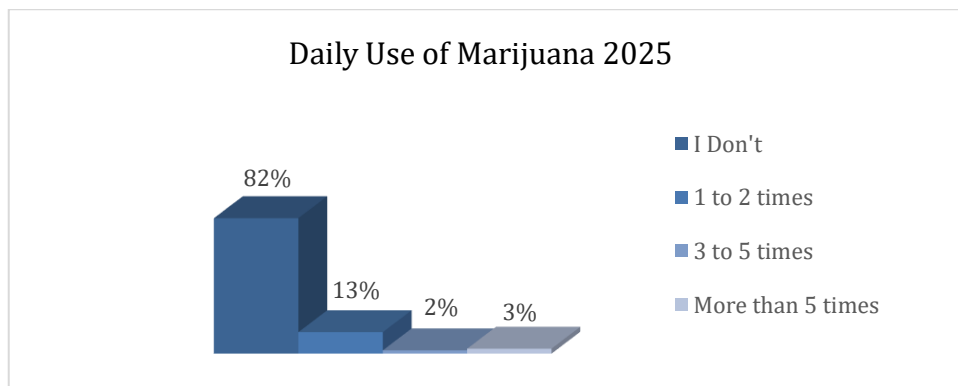
Source: CHNA Survey

Figure 43



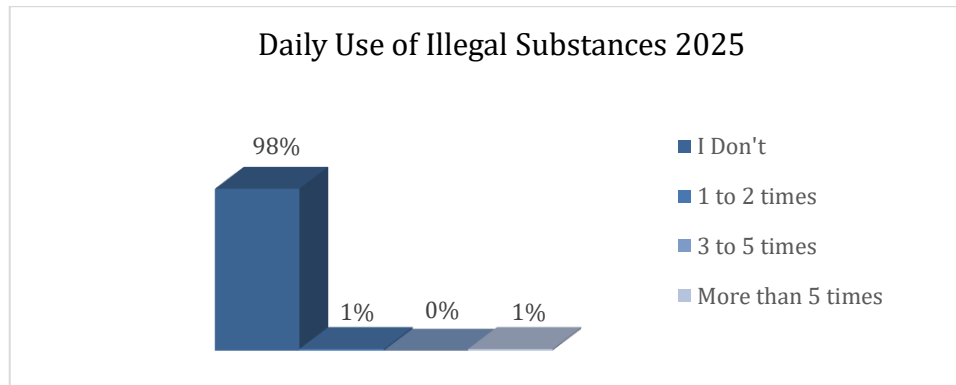
Source: CHNA Survey

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

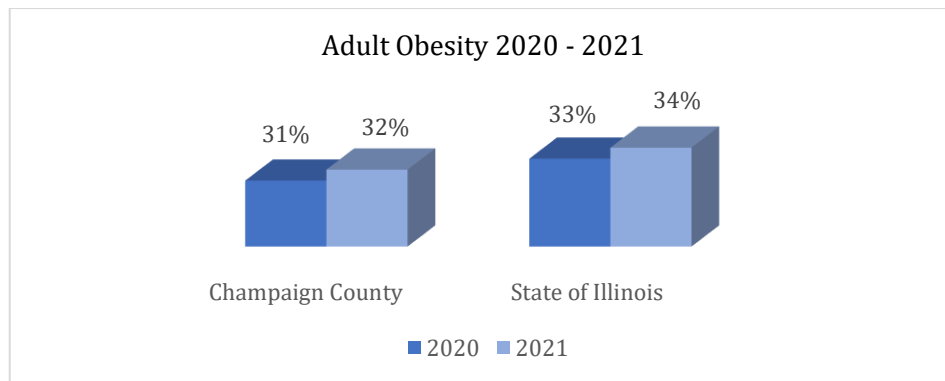
impacts educational performance as well; studies suggest school absenteeism of obese children is six times higher than that of non-obese children.

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

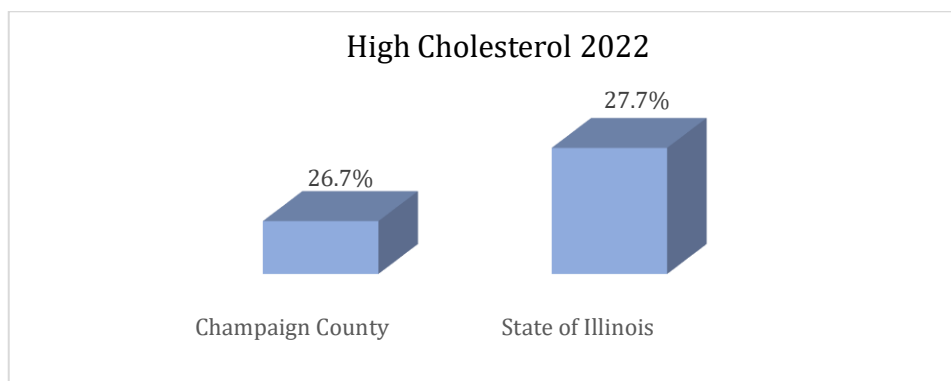


Source: County Health Rankings & Roadmaps

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).

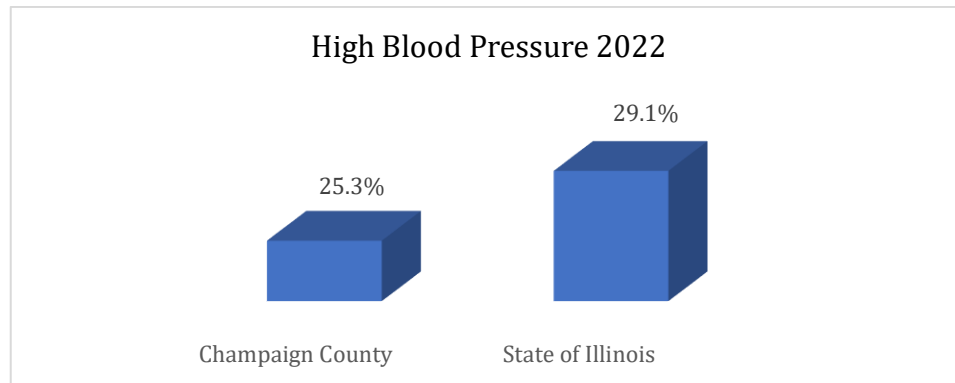
Figure 47



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

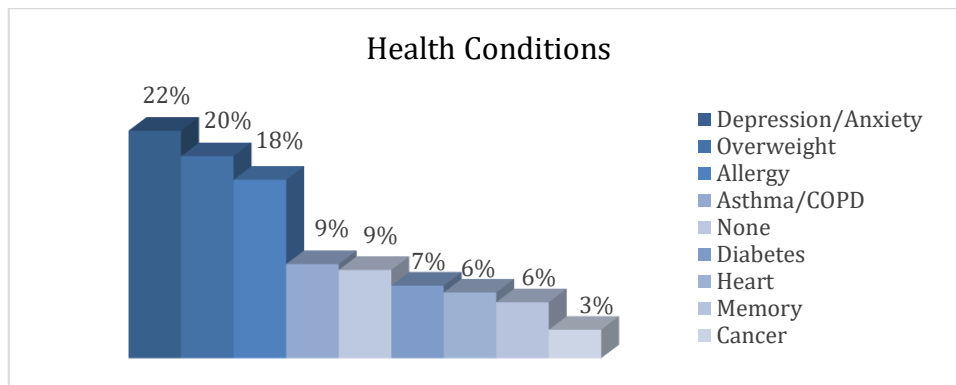
CHAPTER 4: MORBIDITY AND MORTALITY

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

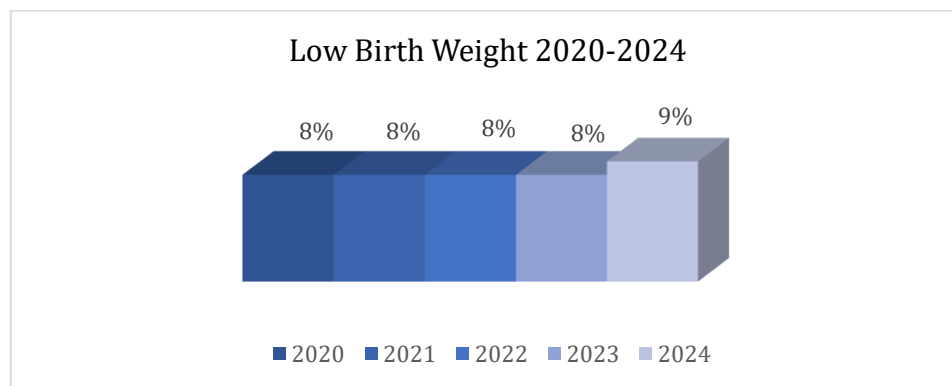
Importance of the Measure: Regular prenatal care is vital for producing healthy babies and children. Screening and treatment for medical conditions, as well as identifying and intervening in behavioral risk

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

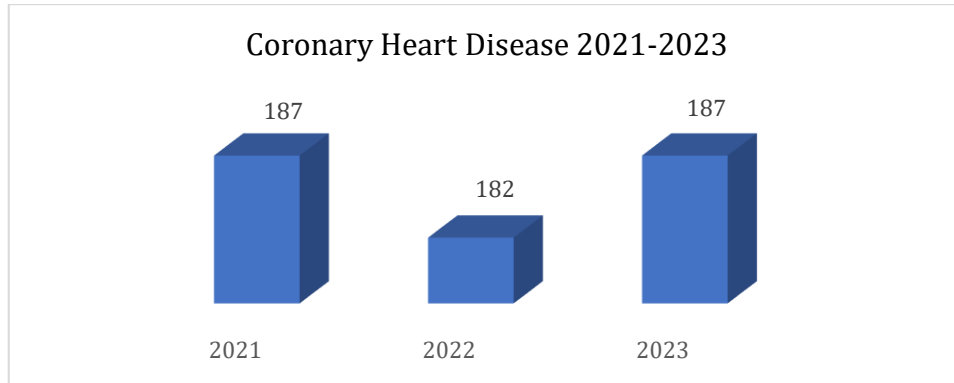
Importance of the Measure: Cardiovascular disease is defined as all diseases of the heart and blood vessels, including ischemic (also known as coronary) heart disease, cerebrovascular disease, congestive heart failure, hypertensive disease and atherosclerosis.

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

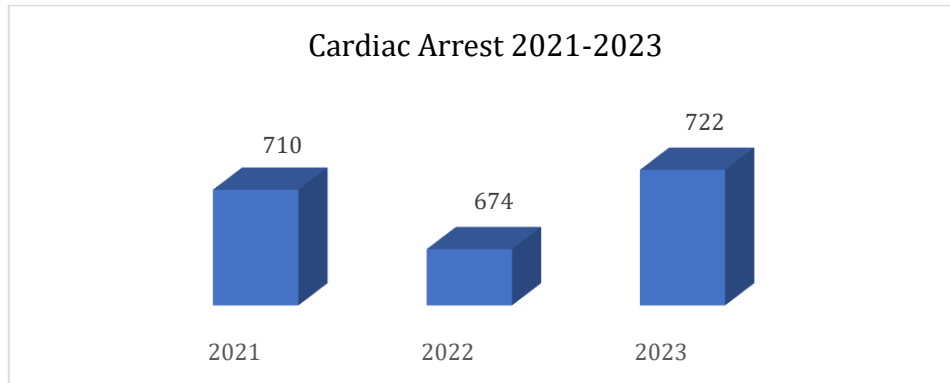


Source: COMPdata Informatics

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

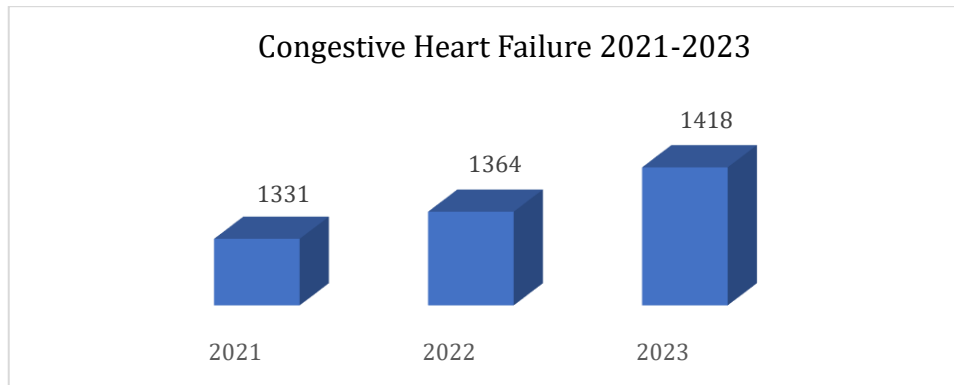


Source: COMPdata Informatics

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

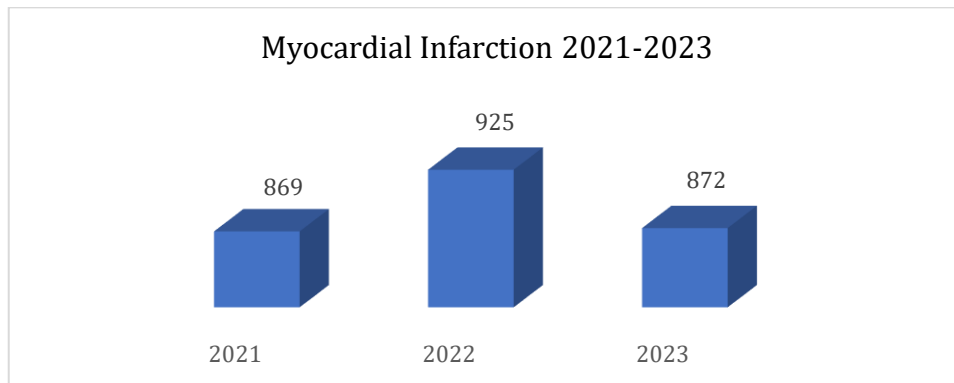


Source: COMPdata Informatics

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

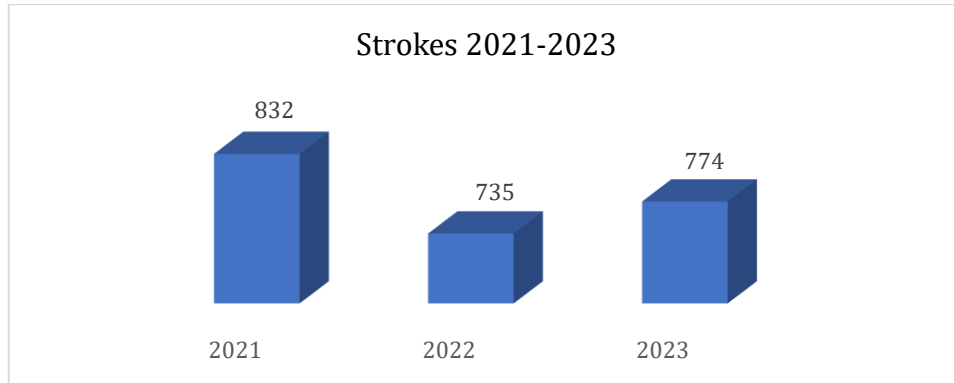


Source: COMPdata Informatics

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



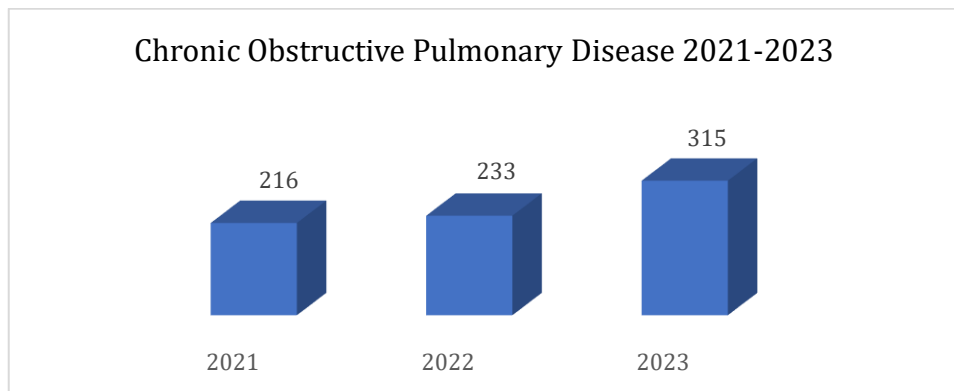
Source: COMPdata Informatics

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



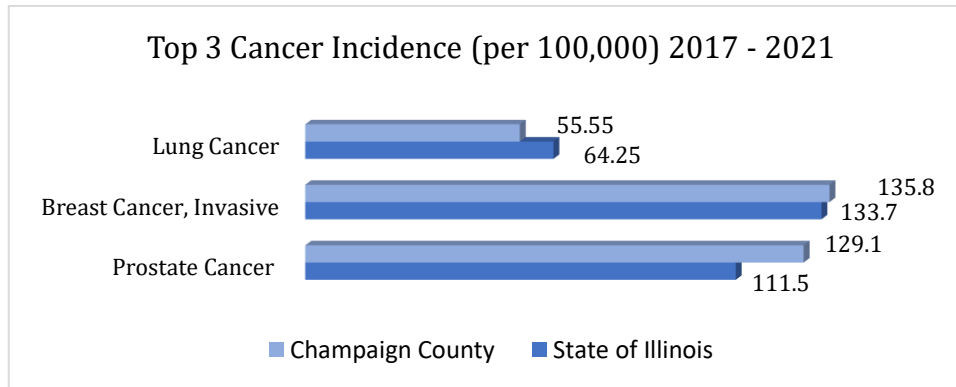
Source: COMPdata Informatics

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



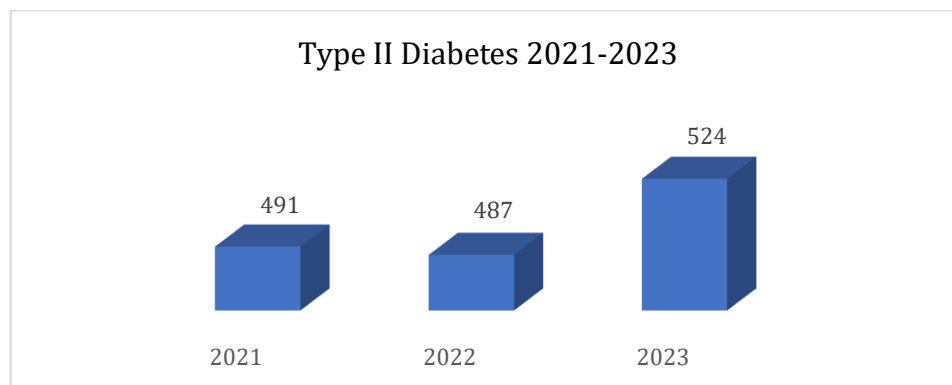
Source: Illinois Department of Public Health – Cancer in Illinois

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).

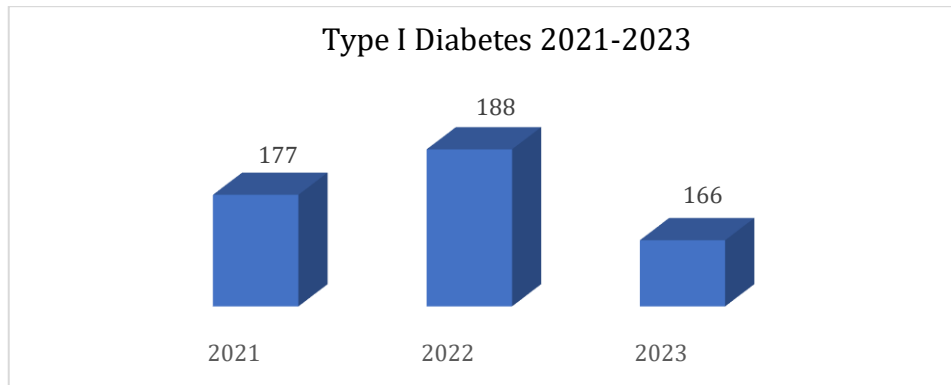
Figure 58



Source: COMPdata Informatics

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

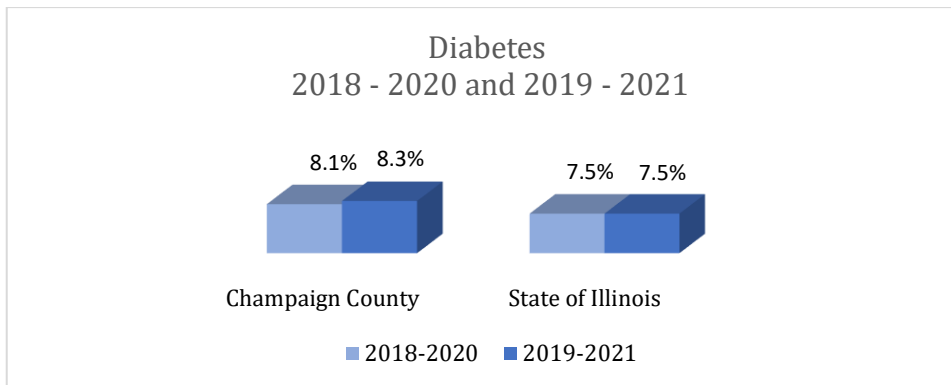
Figure 59



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

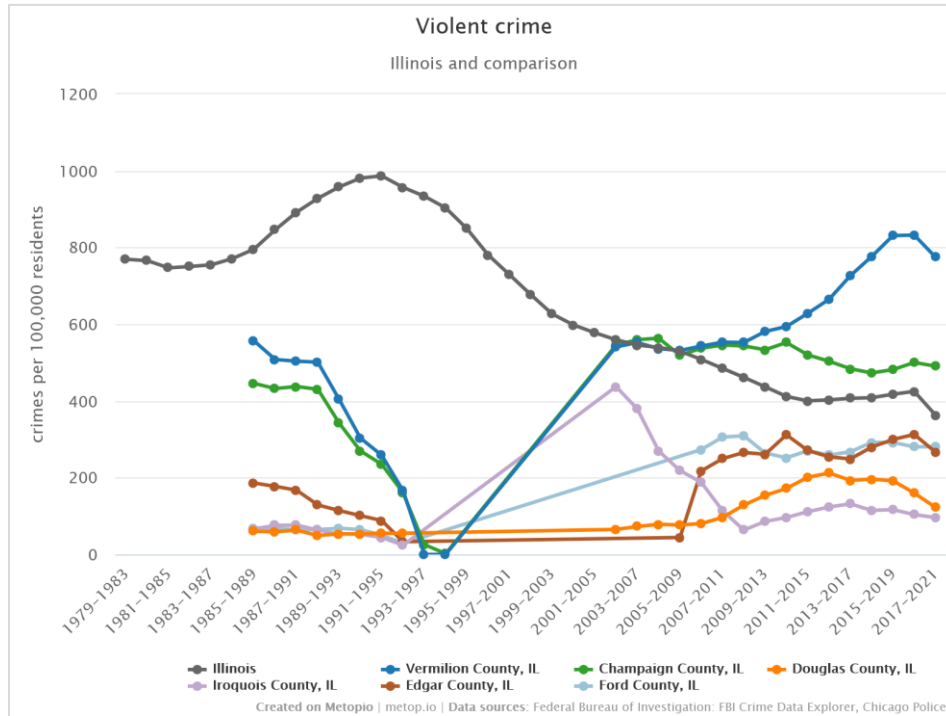
Importance of the Measure: Violence is a significant public health issue that affects physical and mental well-being, strains healthcare resources, and impacts community safety. Suicide is intentional self-harm resulting in death. These injuries often indicate serious mental health problems requiring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

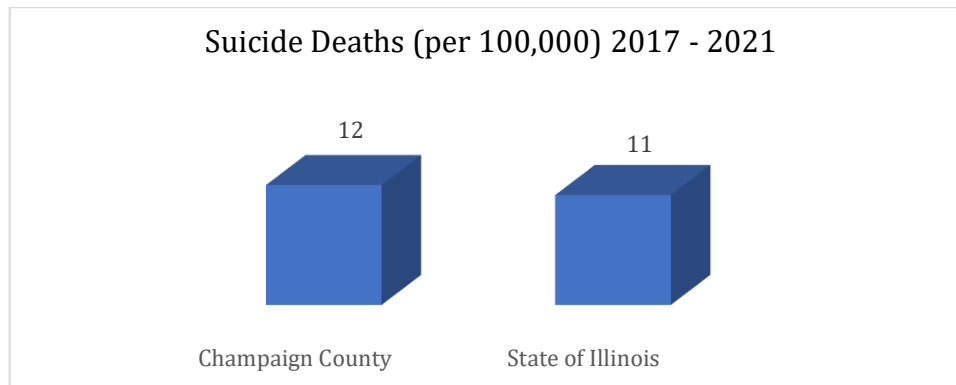
Figure 61



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.

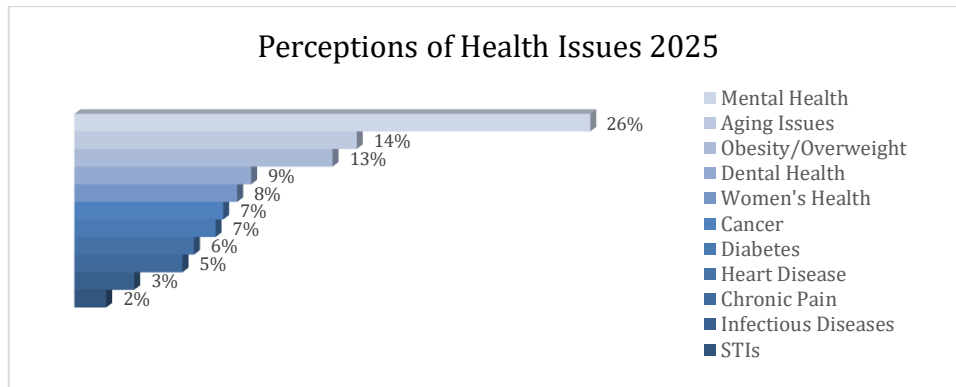
5.1 Perceptions of Health Issues

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

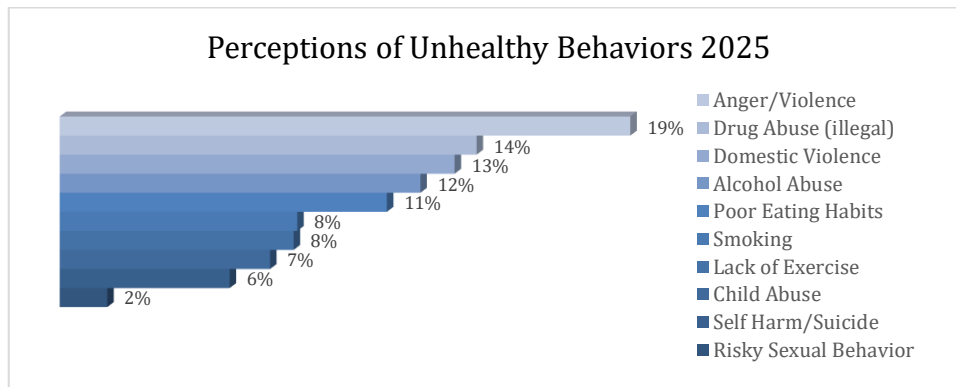


Source: CHNA Survey

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



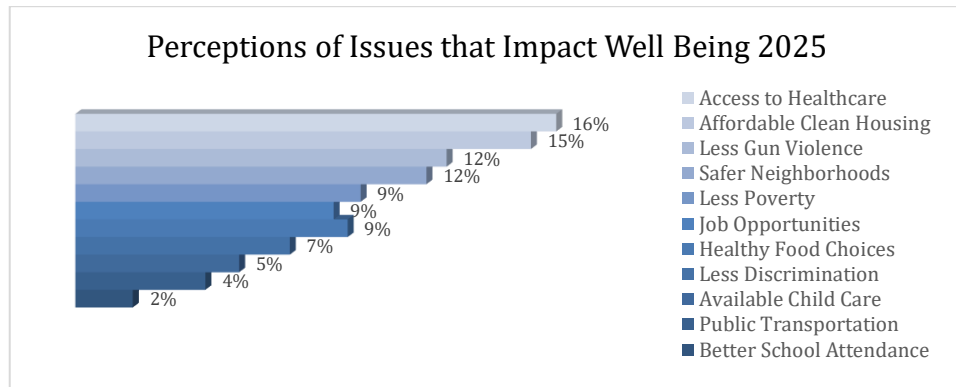
Source: CHNA Survey

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-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 100,000 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 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 McMahan-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?

- | | |
|---|--|
| <input type="checkbox"/> Aging issues, such as Alzheimer’s disease, hearing loss, memory loss, arthritis, falls | <input type="checkbox"/> Heart disease/heart attack |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Mental health issues, such as depression, anxiety |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Obesity/overweight |
| <input type="checkbox"/> Dental health (including tooth pain) | <input type="checkbox"/> Sexually transmitted infections |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Infectious diseases |
| | <input type="checkbox"/> Women’s health, such as pregnancy, menopause |

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

- | | |
|--|---|
| <input type="checkbox"/> Angry behavior/violence | <input type="checkbox"/> Lack of exercise |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Poor eating habits |
| <input type="checkbox"/> Child abuse | <input type="checkbox"/> Risky sexual behavior |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Self harm/suicide |
| <input type="checkbox"/> Drug use | <input type="checkbox"/> Smoking/vaping (tobacco use) |

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

- | | |
|---|--|
| <input type="checkbox"/> Access to health services | <input type="checkbox"/> Less gun violence |
| <input type="checkbox"/> Affordable healthy housing | <input type="checkbox"/> Job opportunities |
| <input type="checkbox"/> Availability of child care | <input type="checkbox"/> Less poverty |
| <input type="checkbox"/> Better school attendance | <input type="checkbox"/> Less race/ethnic discrimination |
| <input type="checkbox"/> Good public transportation | <input type="checkbox"/> 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).

- | | |
|---|--|
| <input type="checkbox"/> Clinic/Doctor’s office | <input type="checkbox"/> Emergency Department |
| <input type="checkbox"/> Urgent Care Center | <input type="checkbox"/> 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).

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

Prescription Medicine

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

- | | |
|---|--|
| <input type="checkbox"/> Yes (please answer #5) | <input type="checkbox"/> No (please go to #6: Dental Care) |
|---|--|

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

- | | |
|---|--|
| <input type="checkbox"/> Didn't have health insurance | <input type="checkbox"/> Pharmacy refused to take my insurance or Medicaid |
| <input type="checkbox"/> Cannot afford | <input type="checkbox"/> Didn't have a way to get to the pharmacy |
| <input type="checkbox"/> Fear of discrimination | <input type="checkbox"/> 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?

- | | |
|---|---|
| <input type="checkbox"/> Yes (please answer #7) | <input type="checkbox"/> 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).

- | | |
|---|--|
| <input type="checkbox"/> Didn't have dental insurance | <input type="checkbox"/> The dentist refused my insurance/Medicaid |
| <input type="checkbox"/> Cannot afford | <input type="checkbox"/> Didn't have a way to get to the dentist |
| <input type="checkbox"/> Fear of discrimination | <input type="checkbox"/> Lack of trust |
| <input type="checkbox"/> Not sure where to find available dentist | |

Mental-Health Counseling

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

- | | |
|---|---|
| <input type="checkbox"/> Yes (please answer #9) | <input type="checkbox"/> 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).

- | | |
|--|---|
| <input type="checkbox"/> Didn't have insurance | <input type="checkbox"/> The counselor refused to take insurance/Medicaid |
| <input type="checkbox"/> Cannot afford | <input type="checkbox"/> Embarrassment |
| <input type="checkbox"/> Didn't have a way to get to a counselor | <input type="checkbox"/> Cannot find counselor |
| <input type="checkbox"/> Fear of discrimination | <input type="checkbox"/> Lack of trust |
| <input type="checkbox"/> Long wait time. | |

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?

- | | | | |
|--|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> None (please answer #2) | <input type="checkbox"/> 1 – 2 times | <input type="checkbox"/> 3 - 5 times | <input type="checkbox"/> 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
- Can’t afford the fees to exercise
- Don’t have access to an exercise facility
- Safety issues
- Don’t like to exercise
- Don’t have child care while I exercise
- Too tired

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

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
- Allergy
- Asthma/COPD
- Cancer
- Diabetes
- Heart problems
- Overweight
- Memory problems
- Depression/anxiety
- Stroke

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 marijuana 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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Prostate exam | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Colon cancer screening | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Cervical cancer screening/pap smear | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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** neighborhood:

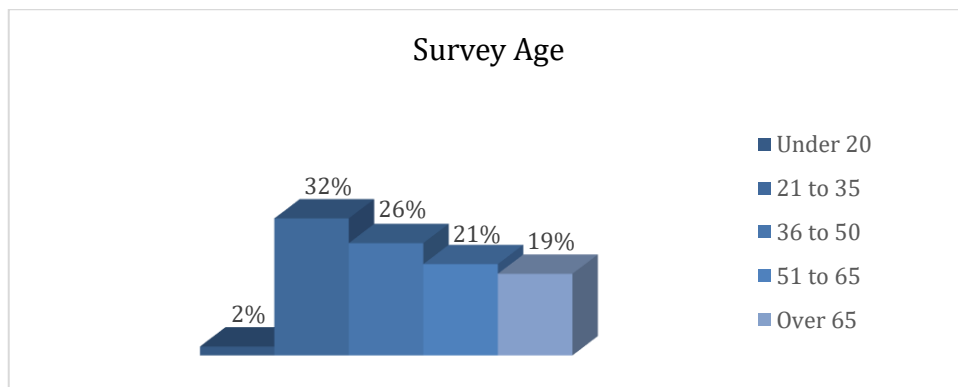
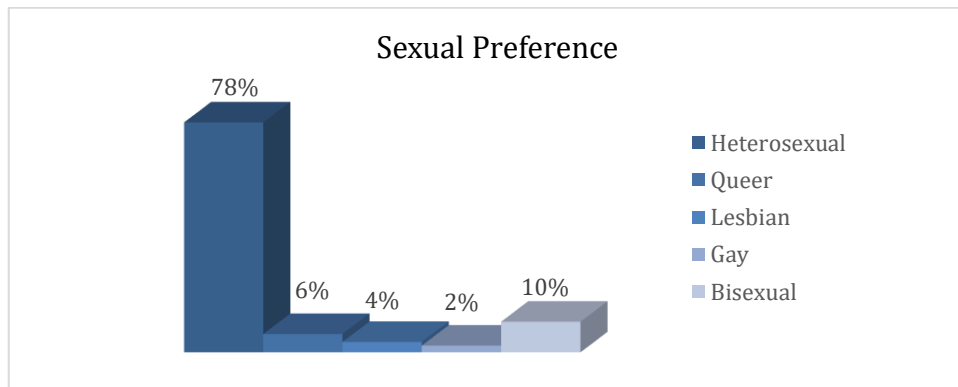
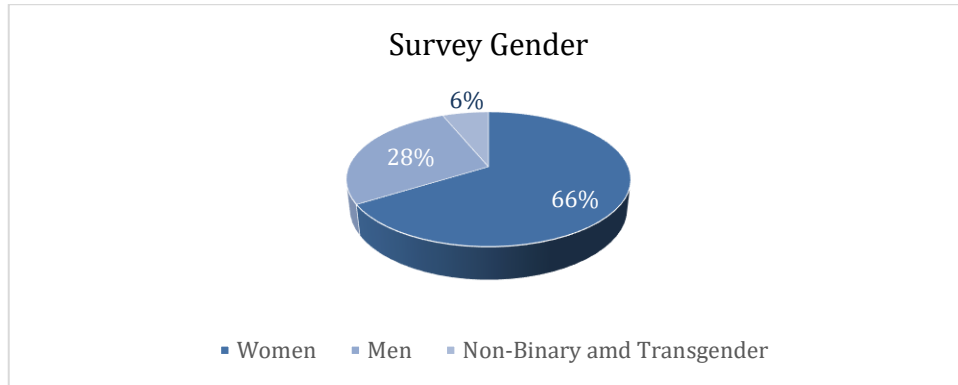
	Poor	Needs Improvement	Good
Access to public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Streetlights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low vision accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pedestrian crosswalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bike paths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

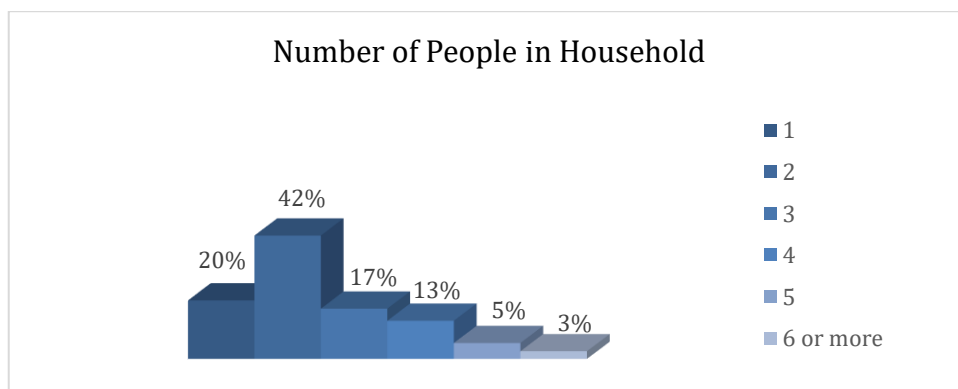
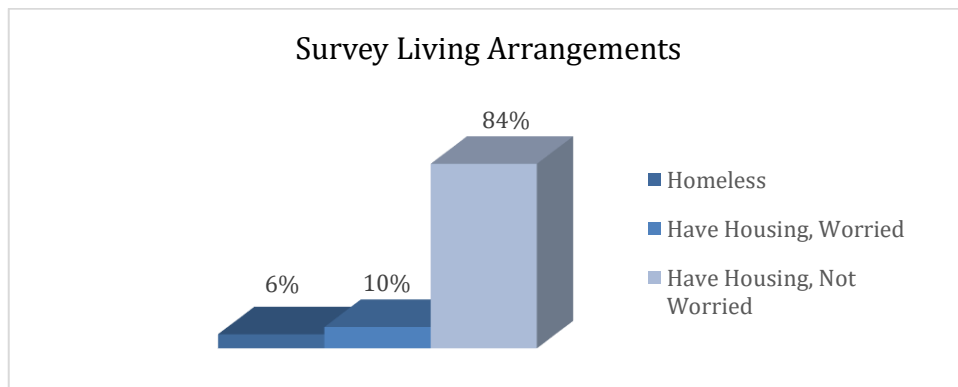
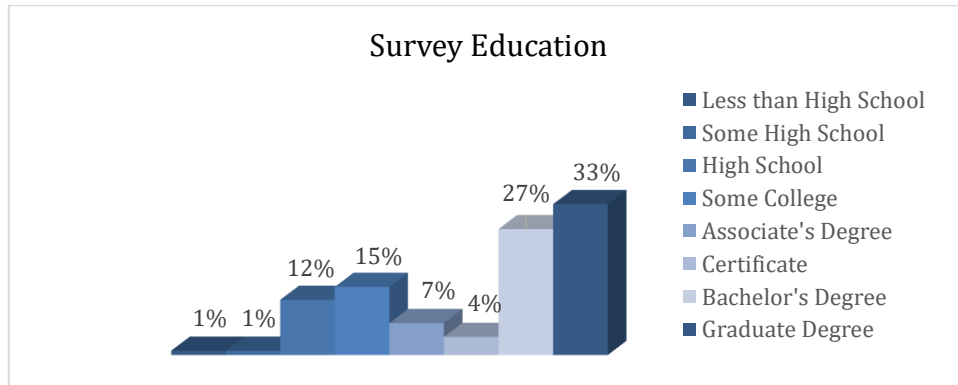
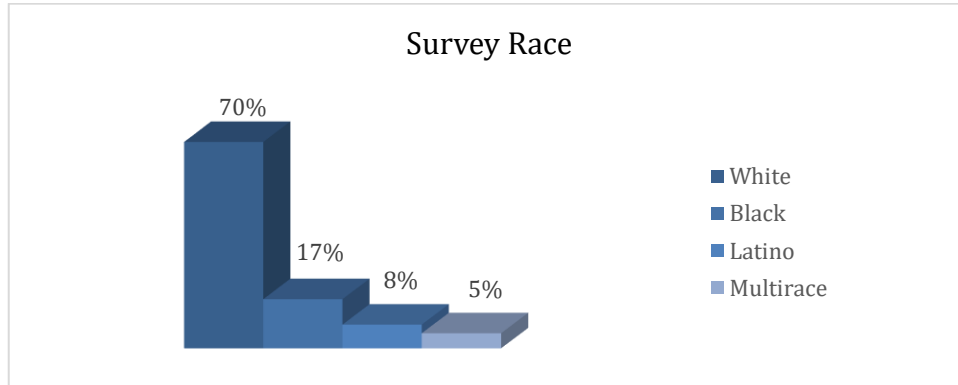
Is there anything else you'd like to share about your own health goals or health issues in our community?

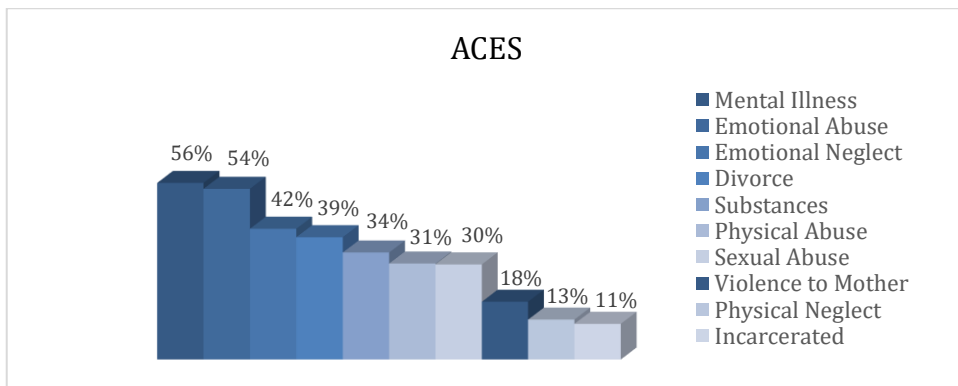
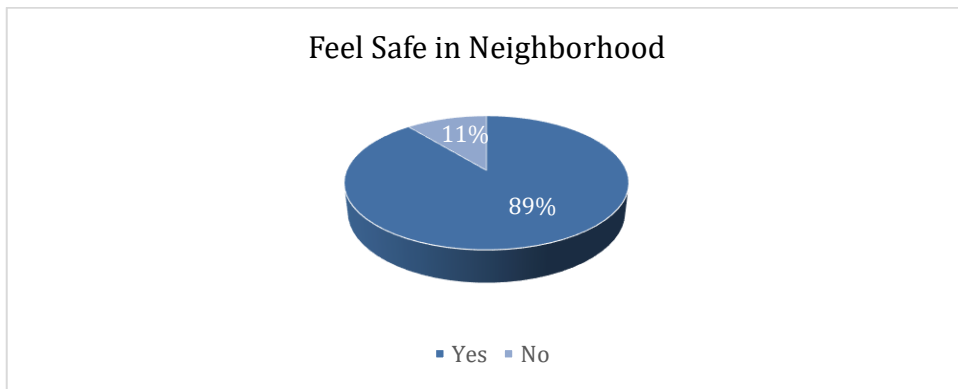
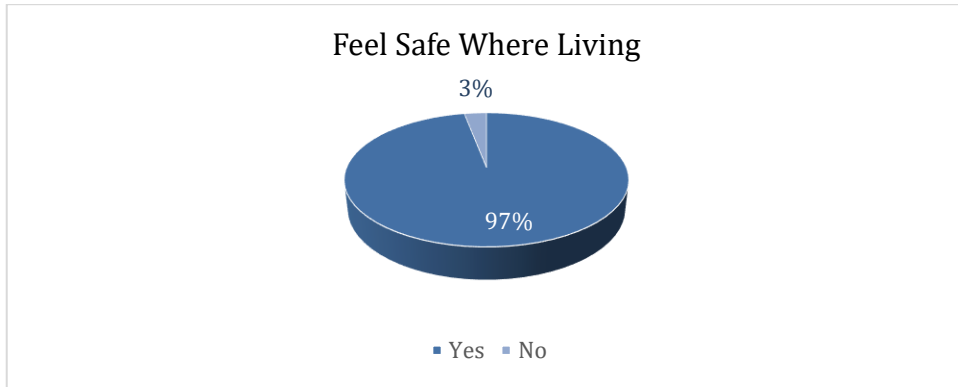
Thank you very much for sharing your views with us!

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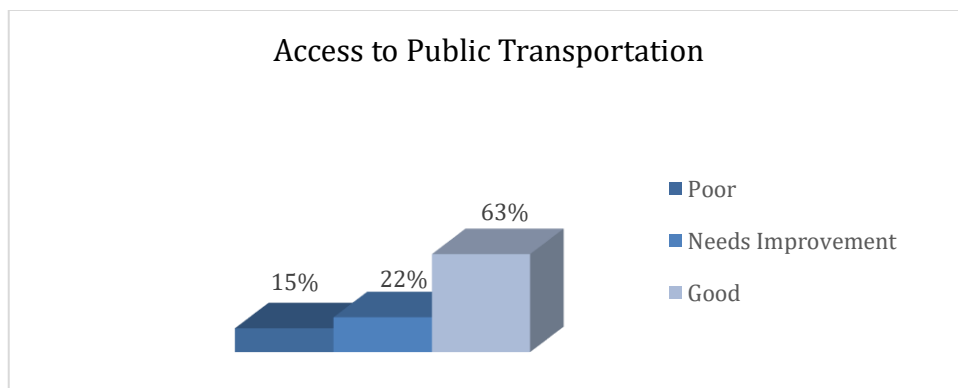
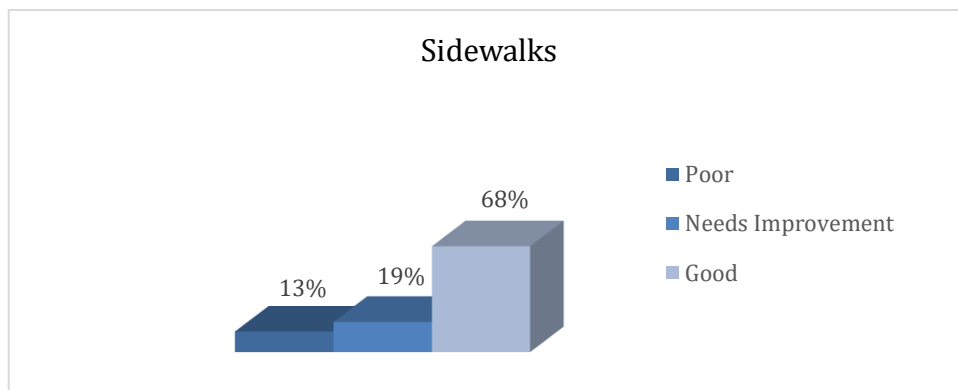
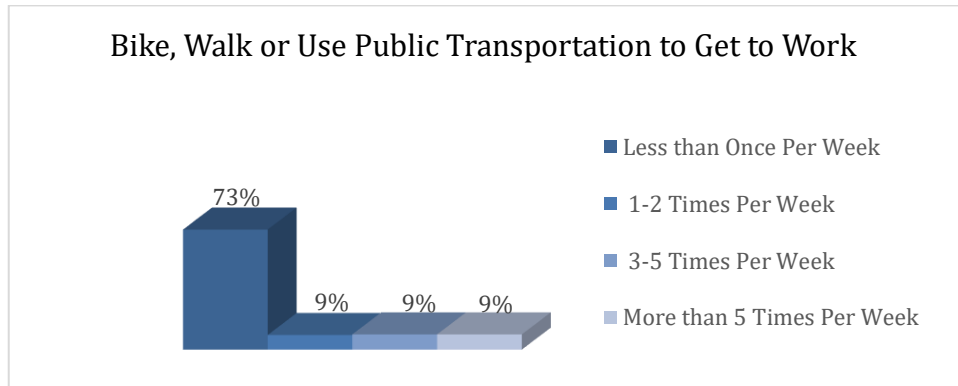
APPENDIX 4: Characteristics of Survey Respondents

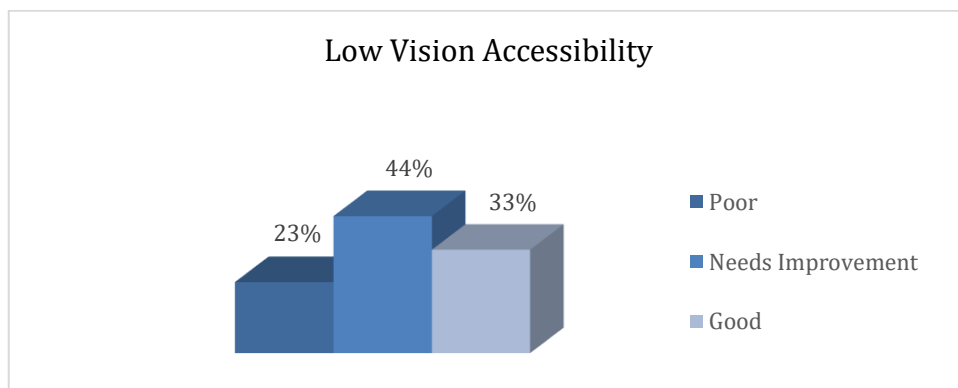
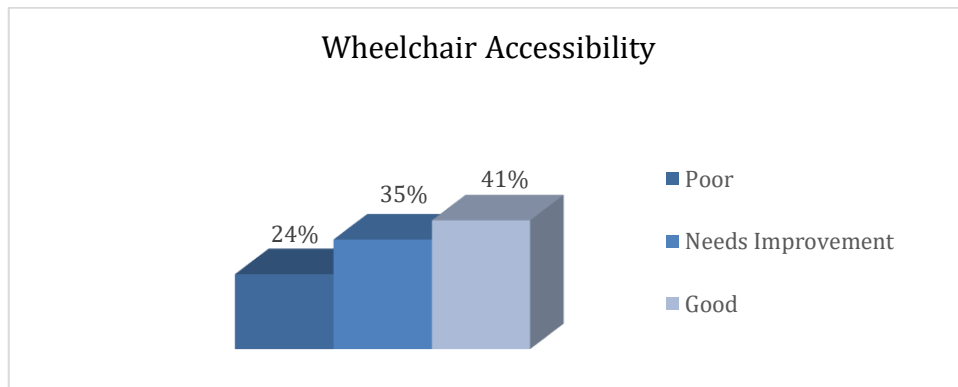
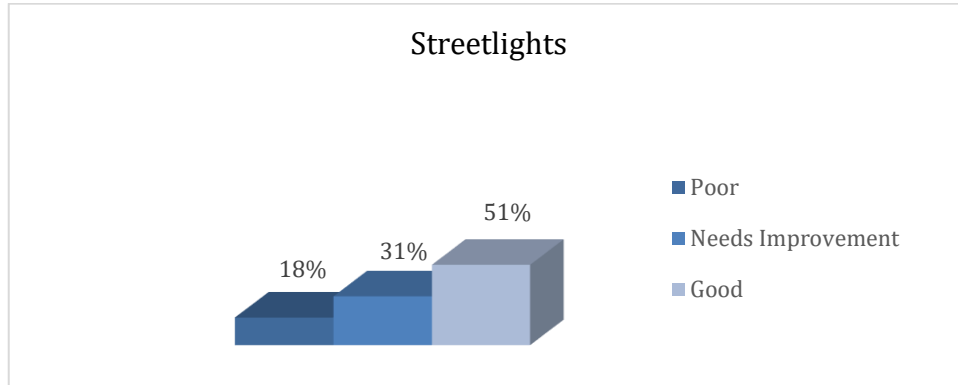


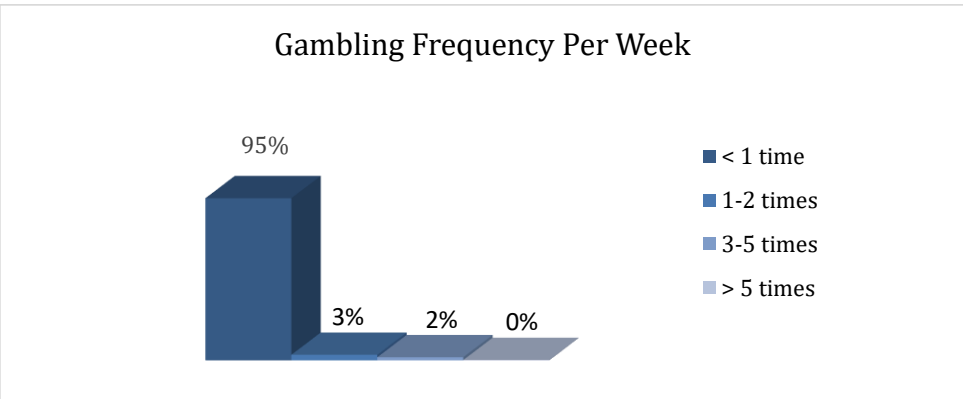
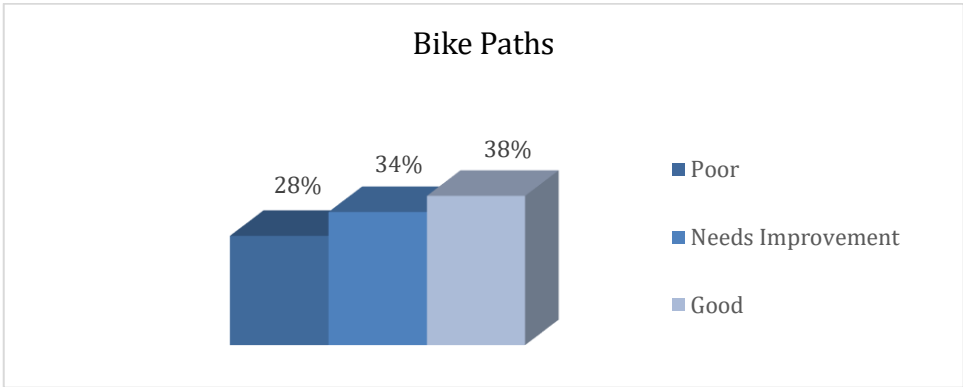
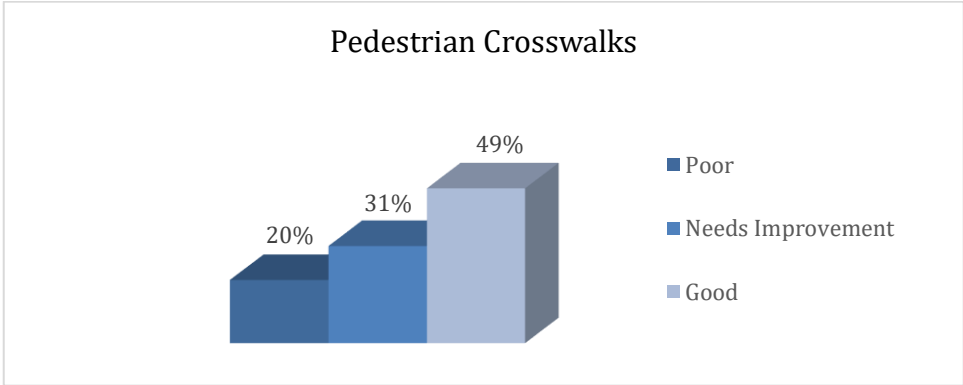




APPENDIX 5: Community Perceptions of Resources







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 Method¹

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>