



United Way  
of Champaign County



# 2022

## COMMUNITY HEALTH NEEDS ASSESSMENT

*Champaign County*

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# Community Health Needs Assessment

## 2022

*Collaboration for sustaining health equity*

## EXECUTIVE SUMMARY

The 2022 Champaign County Community Health Needs Assessment is a collaborative undertaking by the Regional Executive Committee, consisting of 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 residents in Champaign County. Through this needs assessment, collaborative community partners have identified numerous health issues impacting individuals and families in the Champaign County region. Several themes are prevalent in this health needs assessment – the demographic composition of the Champaign County region, the predictors for and prevalence of diseases, leading causes of mortality, accessibility to health services and healthy behaviors.

Results from this study can be used for strategic decision-making purposes as they directly relate to the health needs of the community. The study was designed to assess issues and trends impacting the communities served by the collaborative, as well as perceptions of targeted stakeholder groups.

This study includes a detailed analysis of secondary data to assess information regarding the health status of the community. In order to perform these analyses, information was collected from numerous secondary sources, including publicly available sources as well as private sources of data. Additionally, primary data were collected for the general population and the at-risk or economically disadvantaged population. Areas of investigation included perceptions of the 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. Additionally, social determinants of health were analyzed to provide insights into why certain segments of the population responded differently.

Ultimately, the identification and prioritization of the most important health-related issues in the Champaign County region were identified. The collaborative team 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; (3) potential impact through collaboration. Using a modified version of the Hanlon Method, three significant health needs were identified and determined to have equal priority:

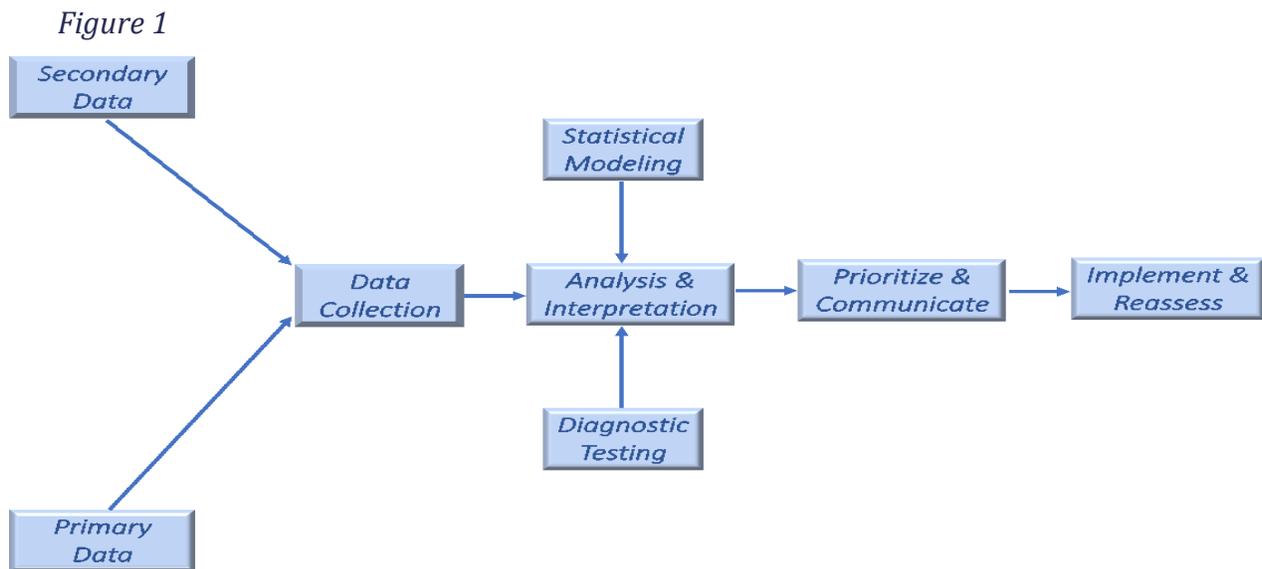
- **Healthy Behaviors and Wellness**
- **Behavioral Health – including mental health and substance abuse**
- **Violence**

# 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 to 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 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 25, 2022 and by the Carle Foundation Board on December 9, 2022.

The structure of the CHNA is based on standards used by the Internal Revenue Service to develop Form 990, Schedule H–Hospitals, designated solely for tax-exempt charitable hospital organizations. The fundamental areas of the community health needs assessment are illustrated in 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 collaborative 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 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 identified the purpose of this study. Specifically, this study has been designed to provide necessary information to health-care organizations, including hospitals, clinics and health departments, in order to create strategic plans in program design, access and delivery. Results of this study will act as a platform that allows health-care 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 2020 CHNA and implementation plan were made widely available to the community to allow for feedback. Specifically, the hospital posted both a full version and a summary version of the 2020 CHNA on its website. In order to encourage written feedback, the hospital specifically included a section labeled **Share Your Feedback** and provided instructions regarding how individuals from the community could provide comments to the CHNA. While no written feedback was received by individuals from the community via the available mechanism for the CHNA or implementation plan, verbal feedback was

provided by key stakeholders from community-service organizations and incorporated as part of the collaborative process.

## 2020 CHNA Health Needs and Implementation Plans

The 2020 CHNA for Champaign County identified three significant health needs. These included: behavioral health, reducing obesity and promoting healthy lifestyles, 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 2020 CHNA Prioritized Needs. Note that numerous challenges associated with the COVID-19 pandemic had significant impact on the activities discussed in appendix 2.

### Social Determinants of Health

This CHNA incorporates important factors associated with Social Determinants of Health (SDOH). SDOH are important environmental factors, such as where people are born, live, work and play, that affect people's well-being, physical and mental health, and quality of life. According to research conducted by the U.S. Department of Health and Human Services, *Healthy People 2030* has identified five SDOH that should be included in assessing community health, as seen in Figure 2.

Figure 2



Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved January 15, 2022, from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Assessment of SDOH are included in the CHNA, as they help contribute to health inequities and disparities. Simply creating interventions without incorporating 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 the community health-related issues, healthy behaviors, behavioral health, food security, social determinants of health and access to healthcare.

### Secondary Data Collection

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

Based on several retreats, a separate OSF Collaborative Team used COMP data to identify six primary categories of diseases, including: age related, cardiovascular, respiratory, cancer, diabetes and infections. In order to define each disease category, we used modified definitions developed by Sg2. Sg2 specializes in consulting for health-care organizations. Their team of experts includes MDs, PhDs, RNs and health-care 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

A new survey in 2021 was designed for use with both the general population and the at-risk community. To ensure that all critical areas were being addressed, the entire collaborative team was involved in survey design/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 abuse 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 determinants of health** – to assess the impact that social determinants 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

In order to identify our potential population, we first identified the percentage of the Champaign County population that was living in poverty. Specifically, we multiplied the population of the county by its respective poverty rate to identify the minimum sample size to study the at-risk population. The poverty rate for Champaign County was 15.1 percent. The population used for the calculation was 209,231 yielding a total of 31,594 residents living in poverty in the Champaign County area.

We assumed a normal approximation to the hypergeometric distribution given the targeted sample size.

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

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 (combination of at-risk and general populations) was 384. The data collection effort for this CHNA yielded a total of 527 usable responses. This exceeded the threshold of the desired 95% confidence interval. To provide a representative profile when assessing the aggregated population for the Champaign County region, the general population was combined with a portion of the at-risk population. Additionally, efforts were made to ensure that the demography of the sample was aligned with population demographics according to U.S. Census data. Sample characteristics can be seen in APPENDIX 4: Characteristics of Survey Respondents.

## Data Collection

Survey data were collected in the 3<sup>rd</sup> and 4<sup>th</sup> quarter of 2021. 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. In order to be sensitive to the needs of respondents, surveys stressed assurance of complete anonymity. Note that versions of both the online survey and paper survey were translated into Spanish.

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

Note that use of electronic surveys to collect community-level data may create a potential for bias from convenience sampling error. To recognize for potential bias in the community sample, a second control sample of data was collected. Specifically, the control sample consisted of random patients surveyed at the hospital, assuming that patients receiving care represent an unbiased representation of the community. All questions on the patient version of the survey pertaining to access to healthcare were removed, as these questions were not relevant to current patients. Data from the community sample and the control sample were compared using *t-tests* and tetrachoric correlations when appropriate. Results show that the community sample did not exhibit any significance patterns of bias. If specific relationships exhibited a potential for bias between the community sample and the control sample, they are identified in the social-determinants 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 comparison of primary data statistics to existing secondary data.

## Analytic Techniques

To ensure statistical validity, several different analytic techniques were used. Specifically, frequencies and descriptive statistics were used for identifying patterns in residents' ratings of various health concerns. Additionally, appropriate statistical techniques were used for identification of existing relationships between perceptions, behaviors and demographic data. Specifically, Pearson correlations,  $X^2$  tests and tetrachoric correlations were used when appropriate, given 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 DETERMINANTS

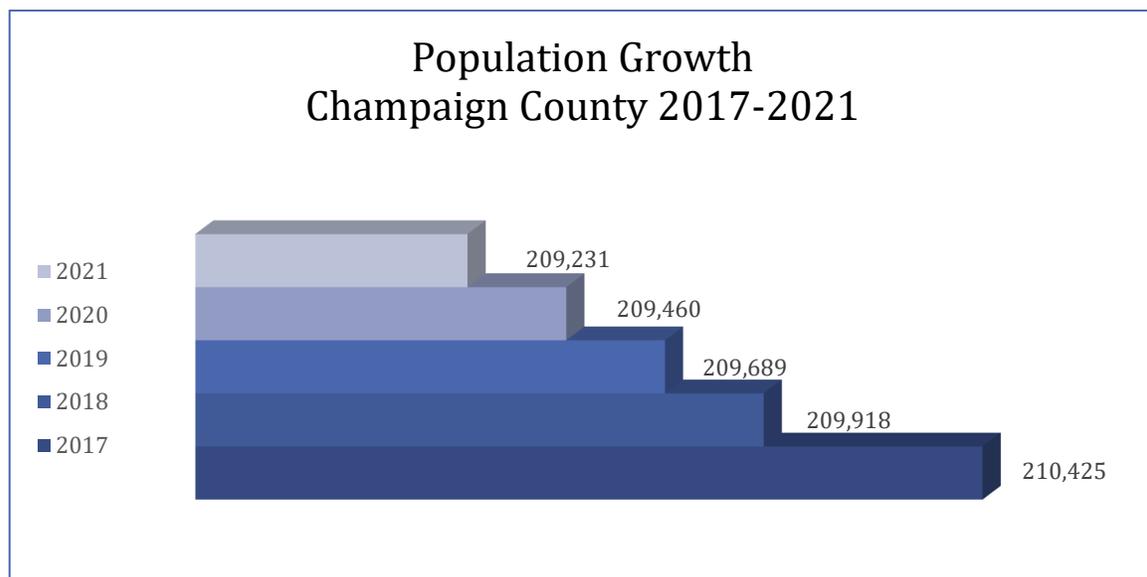
### 1.1 Population

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

#### Population Growth

Data from the last census indicate the population of Champaign County has increased between 2010 (201,546) and 2021 (Figure 3) despite a slight decline in the past five years.

Figure 3



Source: US Census

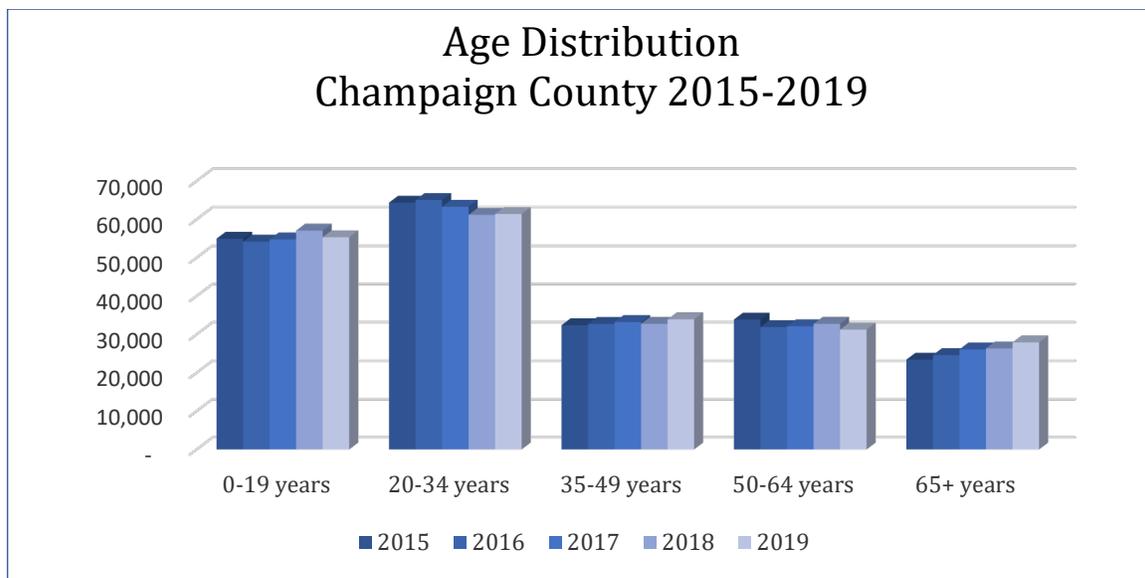
## 1.2 Age, Gender and Race Distribution

*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 health-care services. Understanding the cultural diversity of communities is essential when considering health-care infrastructure and service delivery systems.

### Age

Figure 4 shows the percentage of individuals in Champaign County in each age group. Of note, the elderly population (residents aged 65+ years) increased 19% between 2015 and 2019.

Figure 4

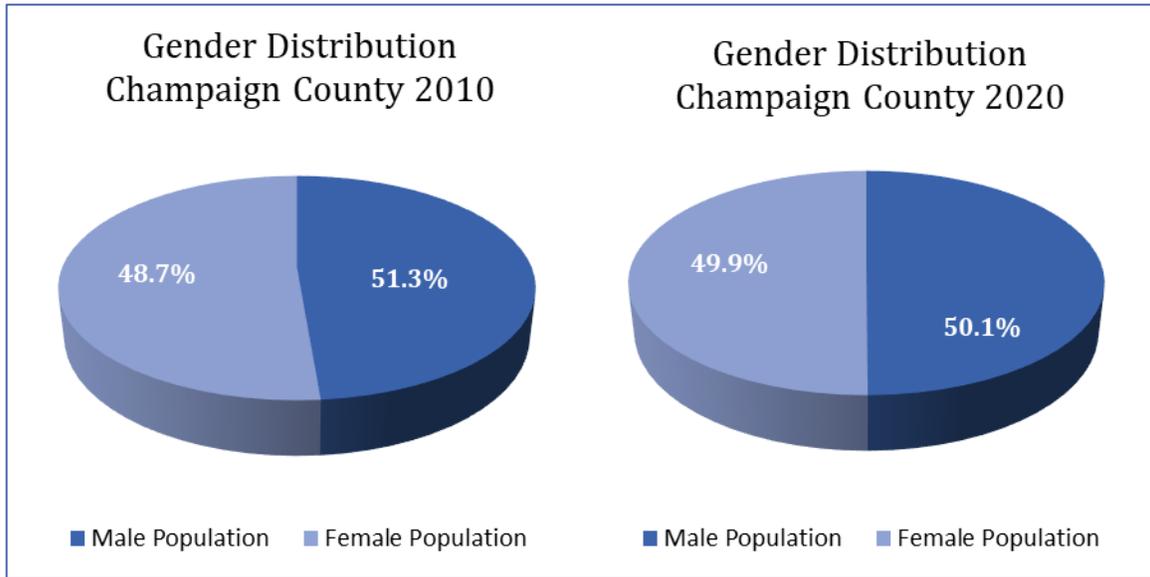


Source: US Census

### Gender

The gender distribution of Champaign County residents has remained relatively consistent between 2010 and 2020 (Figure 5).

Figure 5

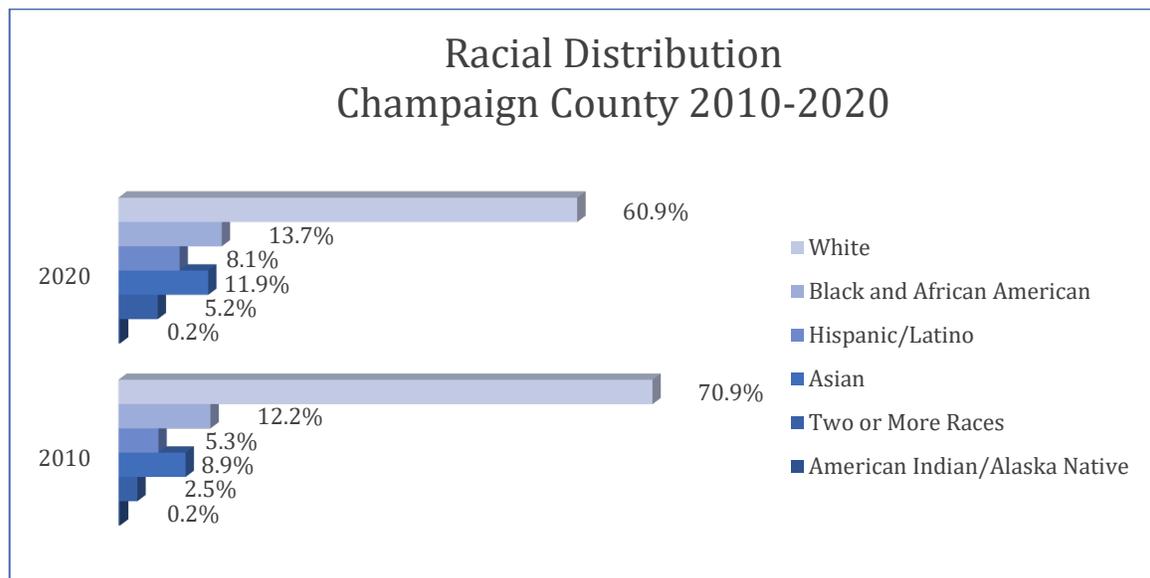


Source: US Census

## Race

With regard to race and ethnic background, Champaign County is largely homogenous, yet in recent years, the county is becoming more diverse. Data from 2020 suggest that White ethnicity comprises 60.9% of the population in Champaign County. However, the non-White population of Champaign County has been increasing (from 29.1% to 39.1% in 2020), with Black ethnicity comprising 13.7% of the population, Asian ethnicity comprising 11.9% of the population, and Hispanic/Latino (LatinX) ethnicity comprising 8.1% of the population in 2019 (Figure 6).

Figure 6



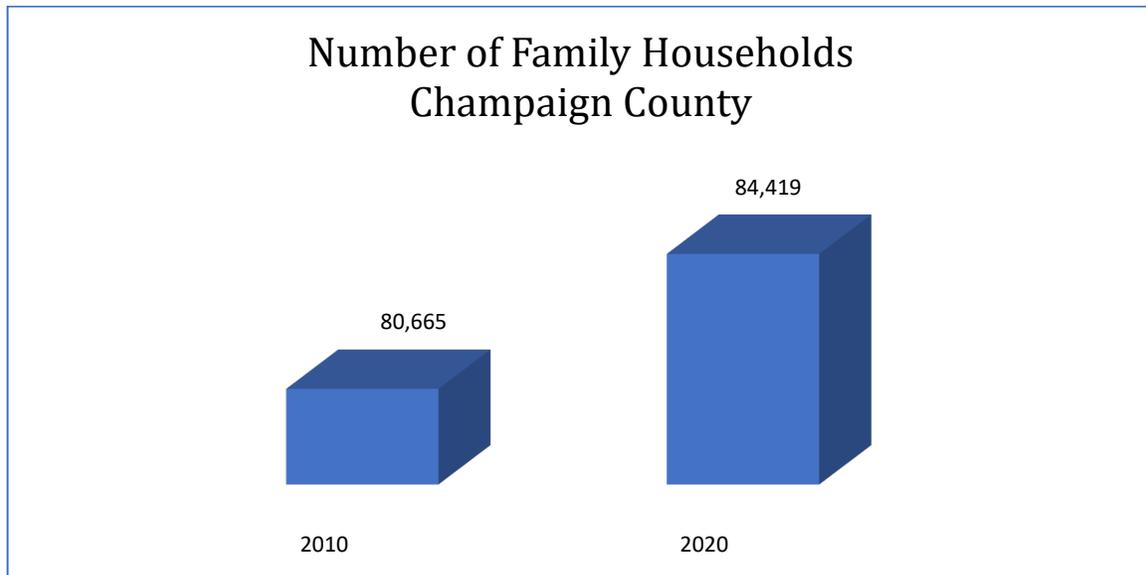
Source: US Census

## 1.3 Household/Family

*Importance of the measure:* Families are an important component of a robust society in Champaign County, as they dramatically impact the health and development of children and provide support and well-being for older adults.

As indicated in Figure 7, the number of family households in Champaign County was 80,665 in 2010, then increased to 84,419 in 2020.

Figure 7

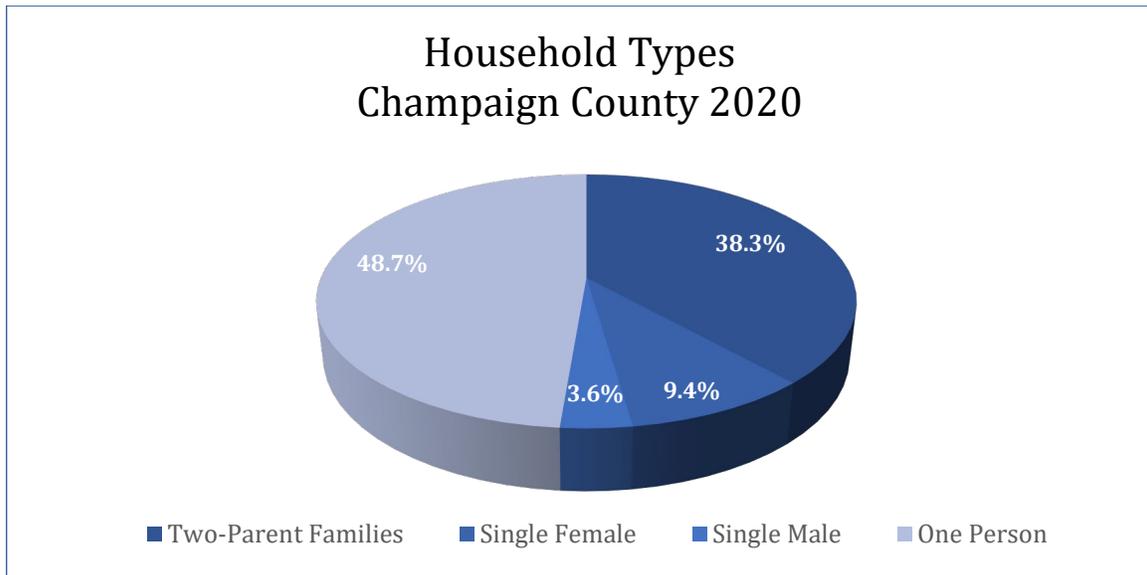


Source: US Census

## Family Composition

In Champaign County, data from 2020 suggest the percentage of two-parent families in Champaign County is over 38.3%. One-person households represent 48.7% of the county population, single-female represent 9.4%, and single-male households represent 3.6% (Figure 8).

Figure 8

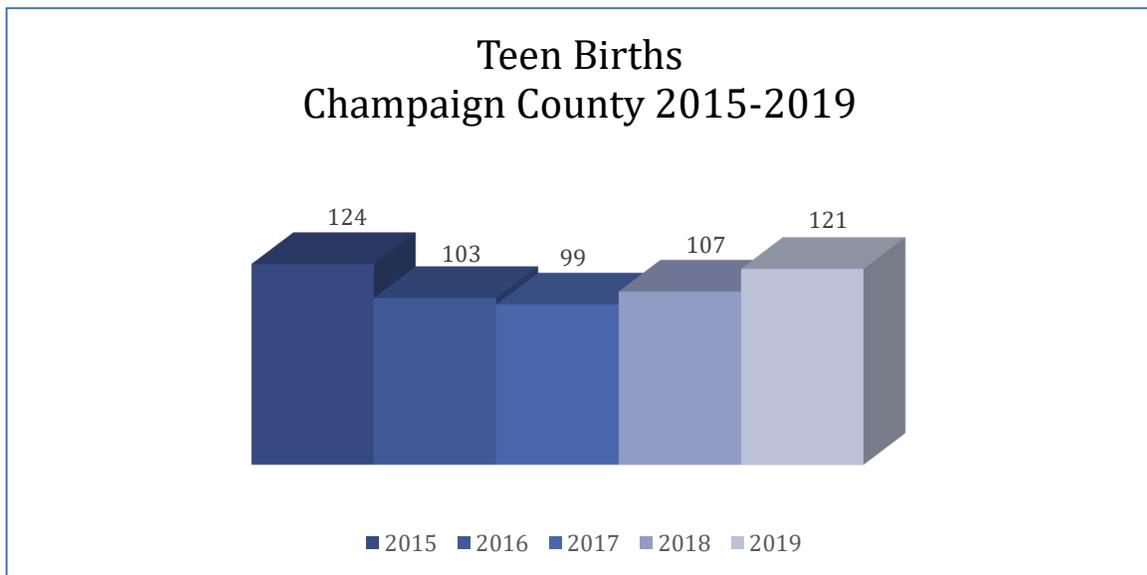


Source: US Census

## Early Sexual Activity Leading to Births from Teenage Mothers

Champaign County has experienced a fluctuation in teenage birth count. The teen birth count declined between 2015 and 2017, but experienced an increase in 2018 followed by another significant increase in 2019 (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.

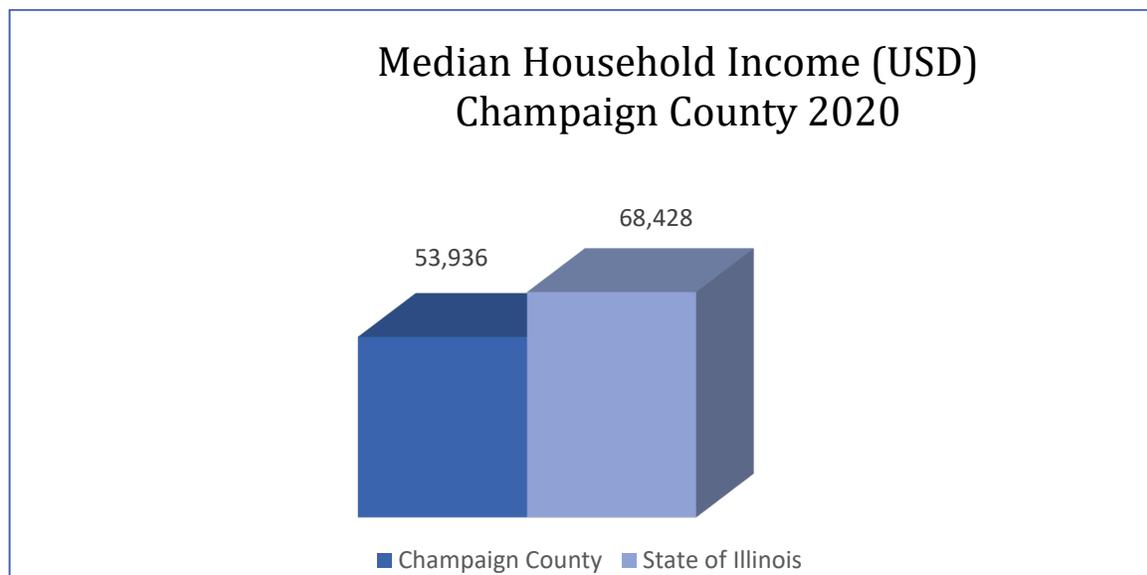
### Economic Climate

Economic climate is a measure of a community's financial resources and resiliency. Key risk influencers include income, cost of living and opportunity. For Champaign County, 33% of the population is at elevated risk for economic climate. This is lower than the State of Illinois average of 35% (SocialScape® powered by SociallyDetermined®, 2022).

### Median Income Level

For 2020, the median household income in Champaign County (\$53,936) was lower than the State of Illinois (\$68,428) (Figure 10).

Figure 10

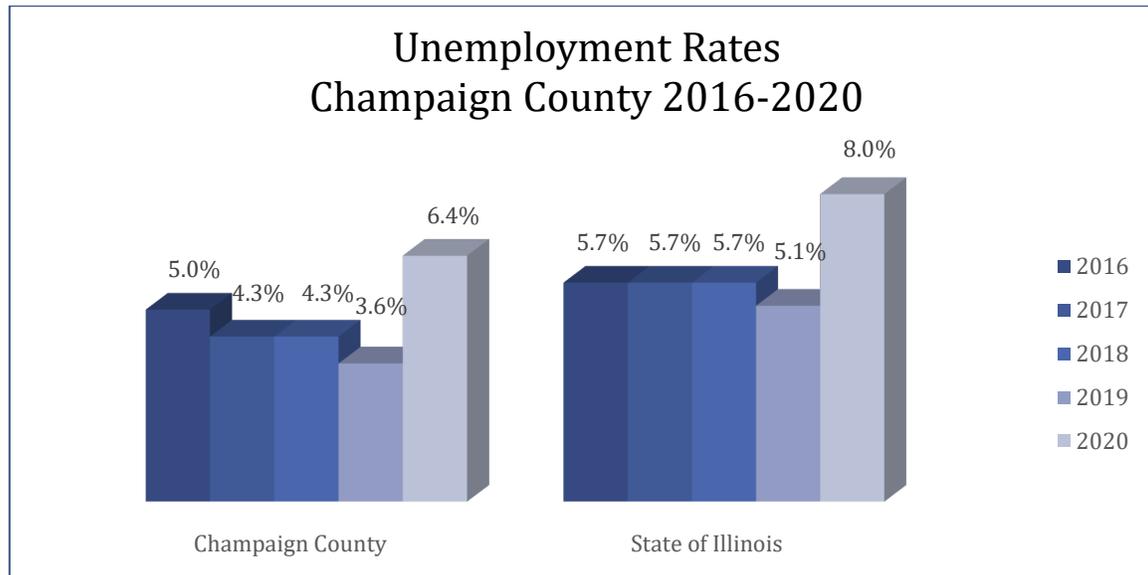


Source: US Census

### Unemployment

For the years 2016 thru 2020, the Champaign County unemployment rate remained lower than the State of Illinois unemployment rate (Figure 11). Some of the increase in unemployment in 2020 may be attributed to the COVID-19 pandemic.

Figure 11

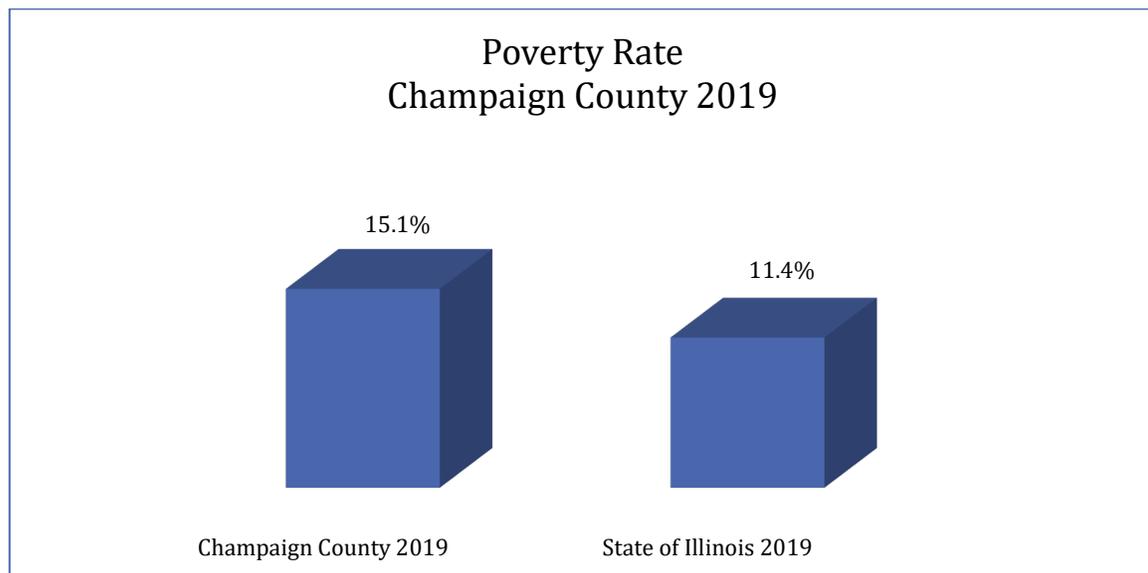


Source: Bureau of Labor Statistics

## Individuals in Poverty

In Champaign County, the poverty was 15.1%, which was higher than the State of Illinois poverty rate of 11.4%. Poverty has a significant impact on the development of children and youth.

Figure 12



Source: US Census

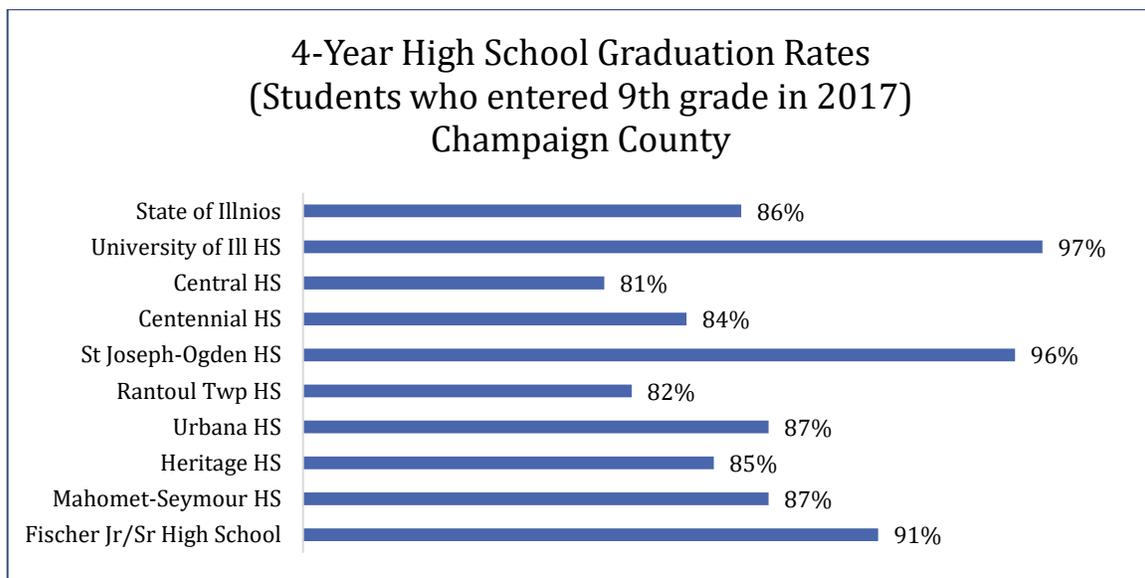
## 1.5 Education

*Importance of the measure:* According to the National Center for Educational Statistics<sup>1</sup>, “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 the higher the level of educational attainment and the more successful one is in school, the better one’s health will be and the greater likelihood of one selecting healthy lifestyle choices. Accordingly, years of education is strongly related to an individual’s propensity to earn a higher salary, gain better employment and foster multifaceted success in life.

### High School Graduation Rates

Students who entered 9th grade in 2017 in Champaign County school districts, except St Joseph-Ogden, Mahomet-Seymore, Fischer Jr/Sr High School, Urbana high school and University of IL HS, reported high school graduation rates that were lower than the State average of 86% (Figure 13).

Figure 13



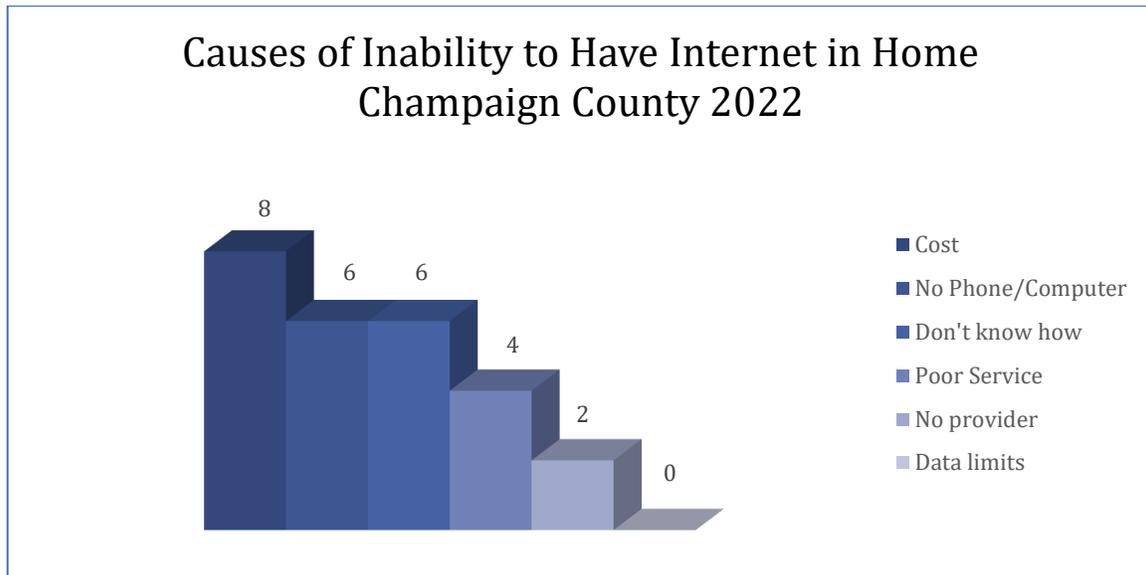
Source: Illinois Report Card

## 1.6 Internet Accessibility

In terms of accessibility, 95% of respondents indicated they had access to Internet in their homes. For those who did not have Internet in their home, cost was the most frequently cited reason (Figure 14).

<sup>1</sup> NCES 2005

Figure 14



Source: CHNA Survey



## Social Determinants 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 lower for those with lower education and people with an unstable (e.g., homeless) housing environment.

## Digital Landscape

Digital landscape is a community's access to digital tools and the digital literacy to use them. Key risk influencers include affordability, accessibility and digital literacy. For Champaign County, 5% of the population is at elevated risk for digital landscape. This is lower than the State of Illinois average of 9% (SocialScape® powered by SociallyDetermined®, 2022).

## 1.7 Key Takeaways from Chapter 1

- ✓ POPULATION INCREASED OVER THE PAST 10 YEARS.
- ✓ POPULATION OVER AGE 65 IS INCREASING.
- ✓ SINGLE FEMALE HEAD-OF-HOUSE-HOUSEHOLD REPRESENTS OVER 9% 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

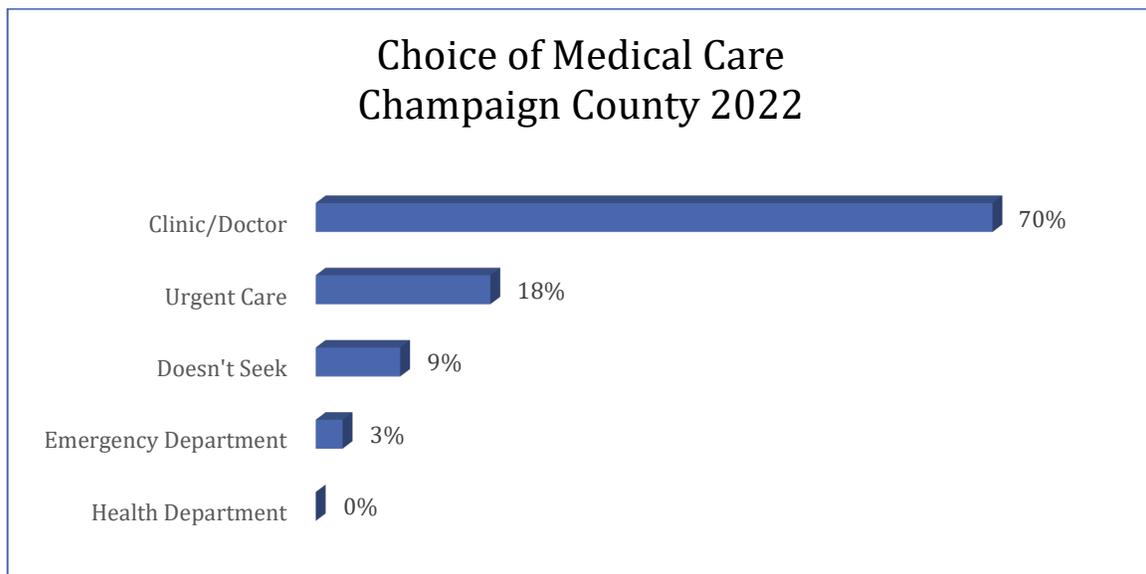
### 2.1 Accessibility

*Importance of the measure:* It is critical for health-care 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 health-care facility used when sick. Six different alternatives were presented, including clinic or doctor’s office, emergency department, urgent-care facility, health department, no medical treatment and other. The most common response for source of medical care was clinic/doctor’s office, chosen by 70% of survey respondents. This was followed by urgent care (18%), not seeking medical attention (9%), the emergency department at a hospital (3%) and the health department (0%) (Figure 15).

Figure 15



Source: CHNA Survey



## Social Determinants Related to Choice of Medical Care

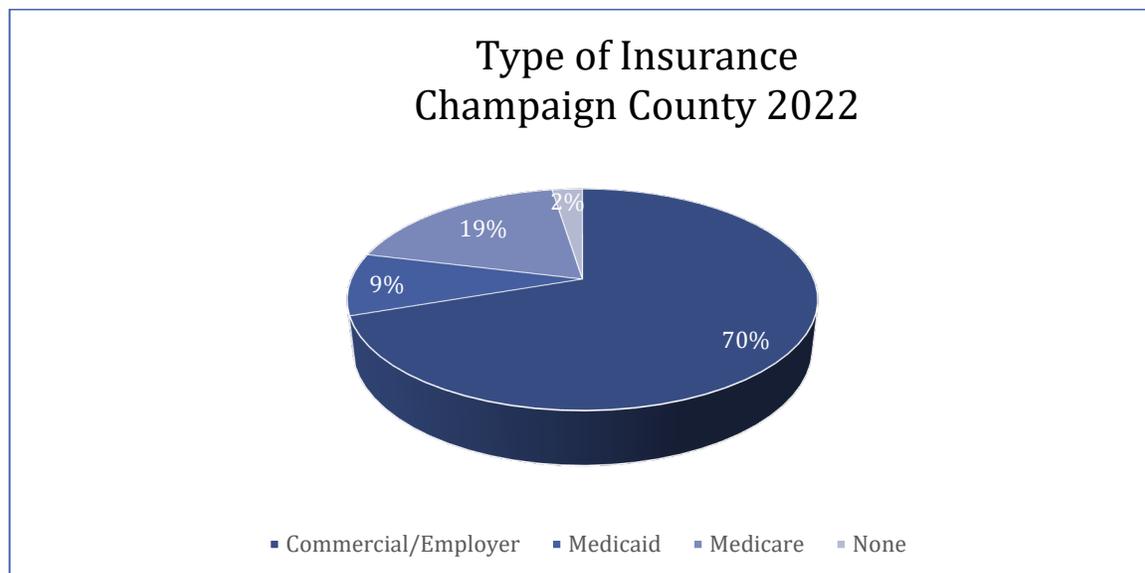
Several factors show significant relationships with an individual's choice of medical care. The following relationships were found using correlational analyses:

- **Clinic/Doctor's Office** tends to be used more often by Asian people, those with higher education and those with higher income.
- **Urgent Care** tends to be used less by Asian people.
- **Emergency Department** tends to be used more often by Black people, less educated people, those with lower income and people with an unstable (e.g., homeless) housing environment.
- **Do Not Seek Medical Care** tends to be rated higher by younger people and those with lower income.
- **Health Department** did not have any significant correlates.

## Insurance Coverage

According to survey data, 70% of the residents are covered by commercial/employer insurance, followed by Medicare (19%), and Medicaid (9%). Only 2% of respondents indicated they did not have any health insurance (Figure 16).

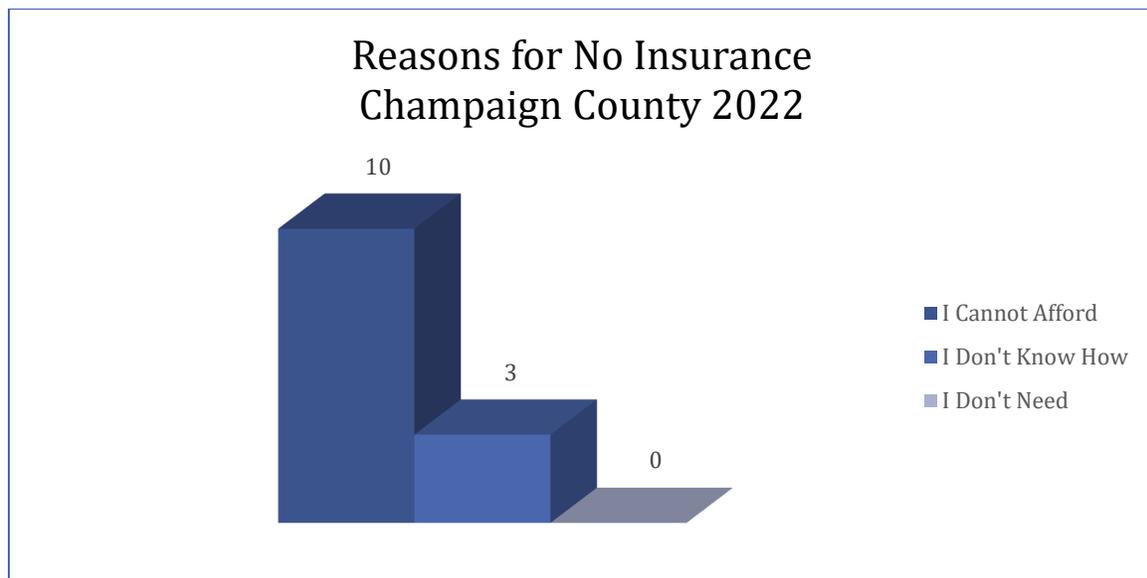
Figure 16



Source: CHNA Survey

Data from the survey show that for those individuals who do not have insurance, the reason was cost (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 Determinants Related to Type of Insurance

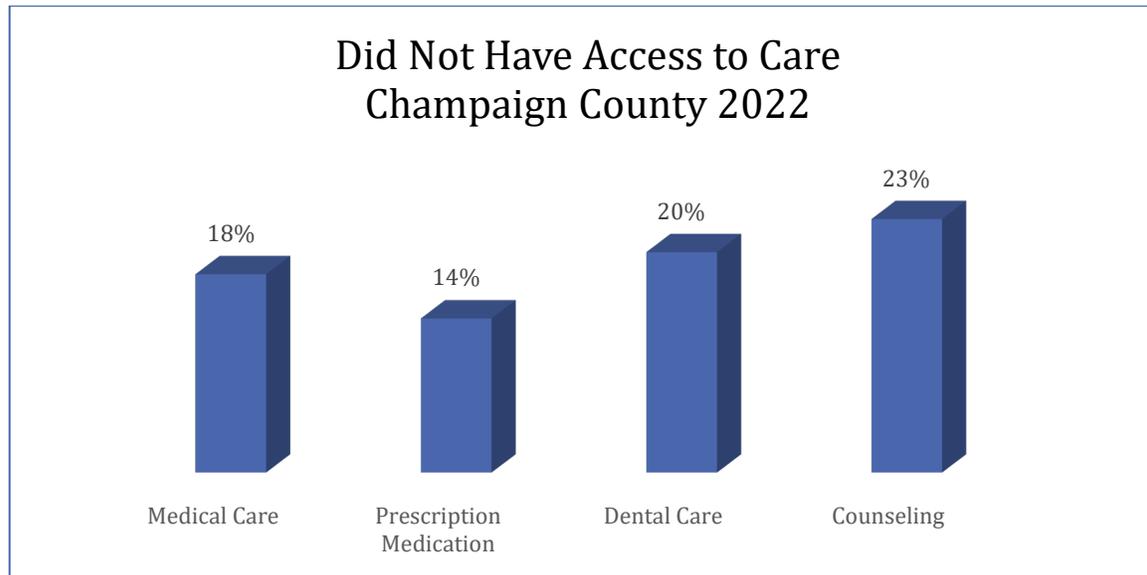
Several characteristics show significant relationships with an individual's type of insurance. The following relationships were found using correlational analyses:

- **Medicare** tends to be used more frequently by men, older people, Black people, those with lower education and lower income. Medicare tends to be used less frequently by LatinX people.
- **Medicaid** tends to be used more frequently by Black people, those with lower income and people with an unstable (e.g., homeless) housing environment.
- **Commercial/Private Insurance** is used more often by women, younger people, White people, those with higher education and higher income. Commercial/employer insurance is used less by Black people and people with an unstable (e.g., homeless) housing environment.
- **No Insurance** tends to be reported more often by men, younger people, those with lower education and income and people with an unstable (e.g., homeless) housing environment.

## 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 18% of the population did not have access to medical care when needed; 14% of the population did not have access to prescription medication when needed; 20% of the population did not have access to dental care when needed; and 23% of the population did not have access to counseling when needed (Figure 18).

Figure 18



Source: CHNA Survey



## Social Determinants Related to Access to Care

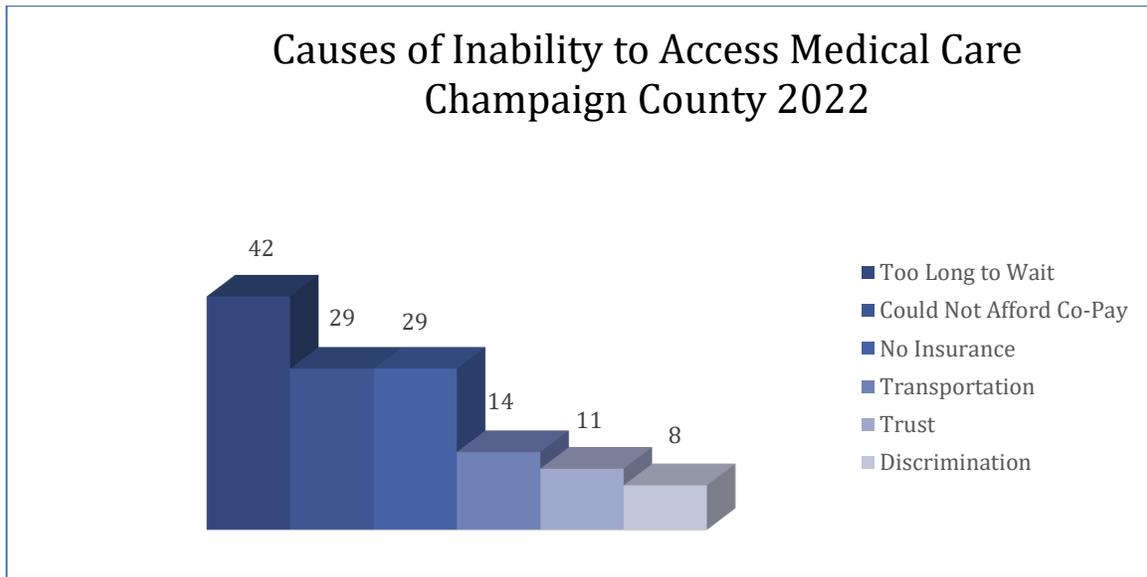
Several characteristics show a significant relationship with an individual's ability to access care when needed. The following relationships were found using correlational analyses:

- **Access to medical care** tends to be higher for older people, White people, those with higher education and those with higher income. Access to medical care tends to be lower for LatinX people and those with an unstable (e.g., homeless) housing environment.
- **Access to prescription medication** tends to be higher for White people, those with higher education and those with higher income. Access to prescription medication tends to be lower for Black people and LatinX people.
- **Access to dental care** tends to be 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 with an unstable (e.g., homeless) housing environment.
- **Access to counseling** tends to be higher for older people and those with higher income.

## 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), the inability to afford the copay (29) and no insurance (29) (Figure 19). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 19

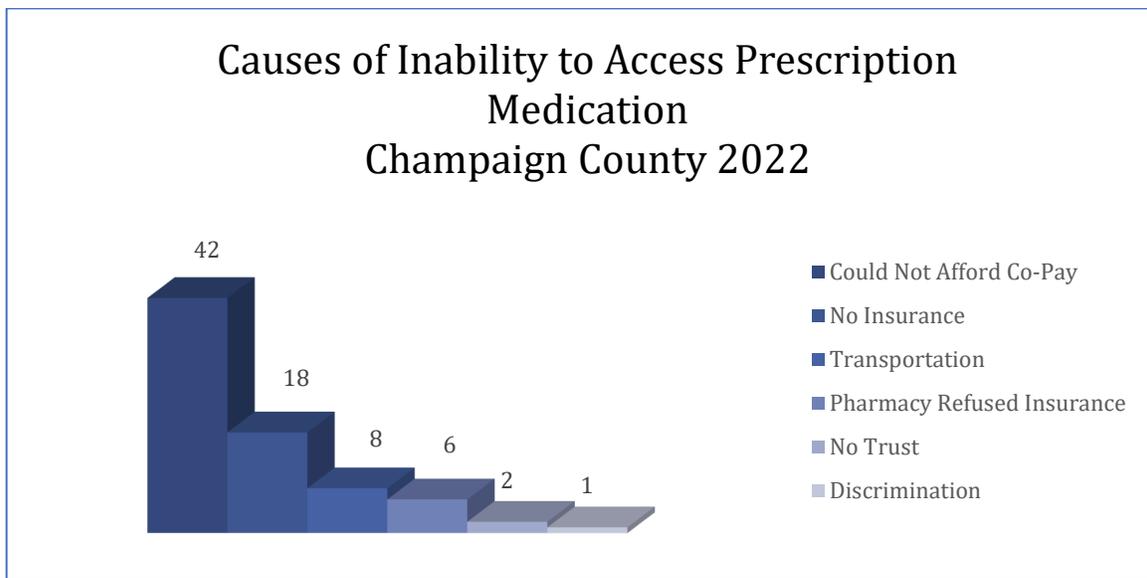


Source: CHNA Survey

## 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 (42) and no insurance (18) (Figure 20). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 20

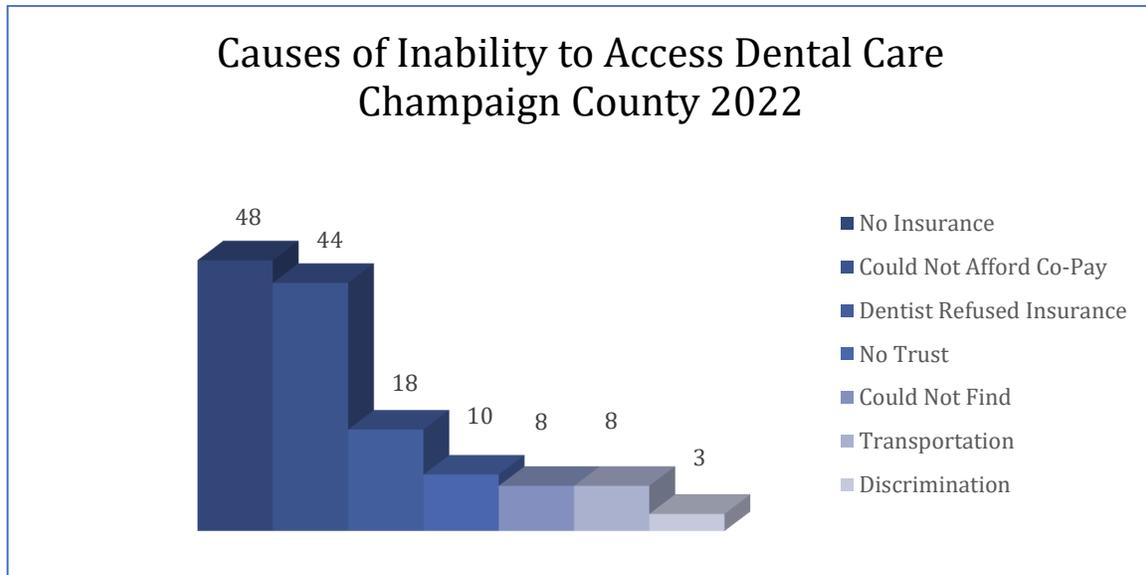


Source: CHNA Survey

## 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 inability to gain access to dental care were no insurance (48) and the inability to afford copayments or deductibles (44) (Figure 21). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 21

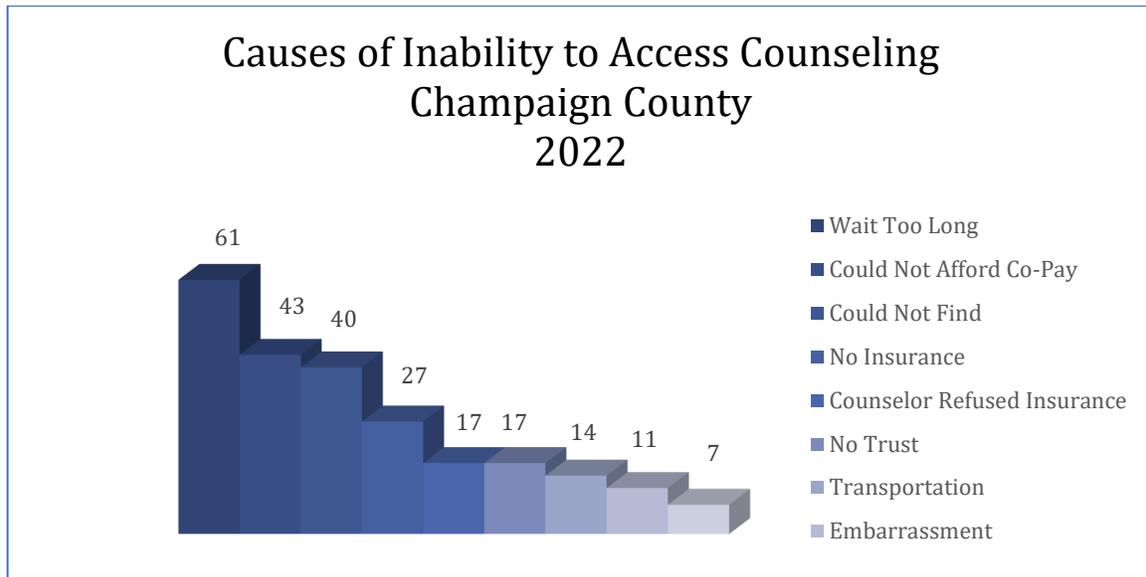


Source: CHNA Survey

## 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 too long of a wait (61), inability to afford co-pay (43) and could not find (40). Note that these data are displayed in frequencies rather than percentages given the low number of responses (Figure 22).

Figure 22



Source: CHNA Survey

## Transportation Network

Transportation network is a measure of the adequacy of the transportation network to facilitate access to care. Key risk influencers include access and proximity to resources. While survey data indicate transportation was not a leading cause of inaccessibility, for Champaign County, 9% of the population is at elevated risk for transportation network. This is higher than the State of Illinois average of 6% (SocialScape® powered by SociallyDetermined®, 2022).

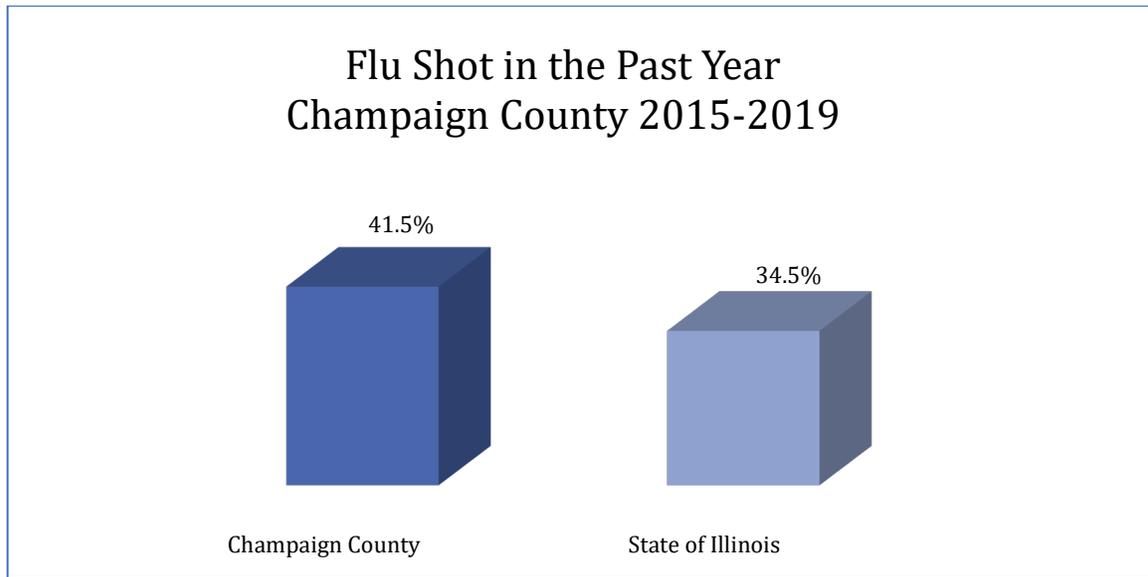
## 2.2 Wellness

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

### Frequency of Flu Shots

Figure 23 shows that the percentage of people who have had a flu shot in the past year is 41.5% for Champaign County in 2015-2019 compared to the State of Illinois at 34.5%.

Figure 23

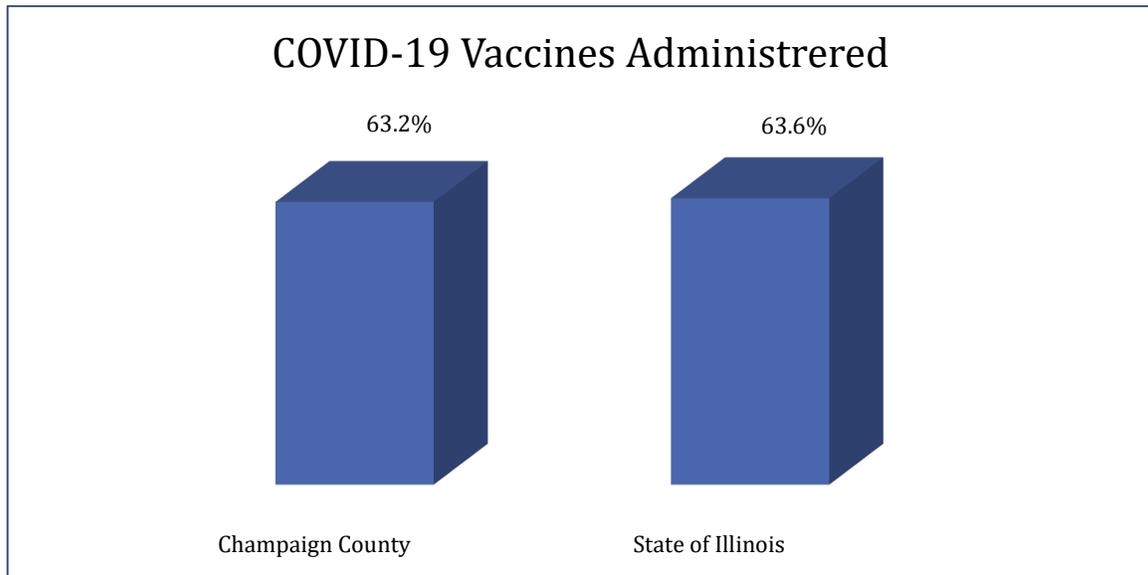


Source: Illinois Behavioral Risk Factor Surveillance System

## COVID-19 Vaccinations

Figure 24 shows that the percentage of people who have been fully vaccinated from the COVID-19 virus. Champaign County is above half with 63.2%, similar to the rate for the State of Illinois at 63.6%. Additionally, given the recency of the COVID-19 virus, no historical comparisons are made at this time.

Figure 24

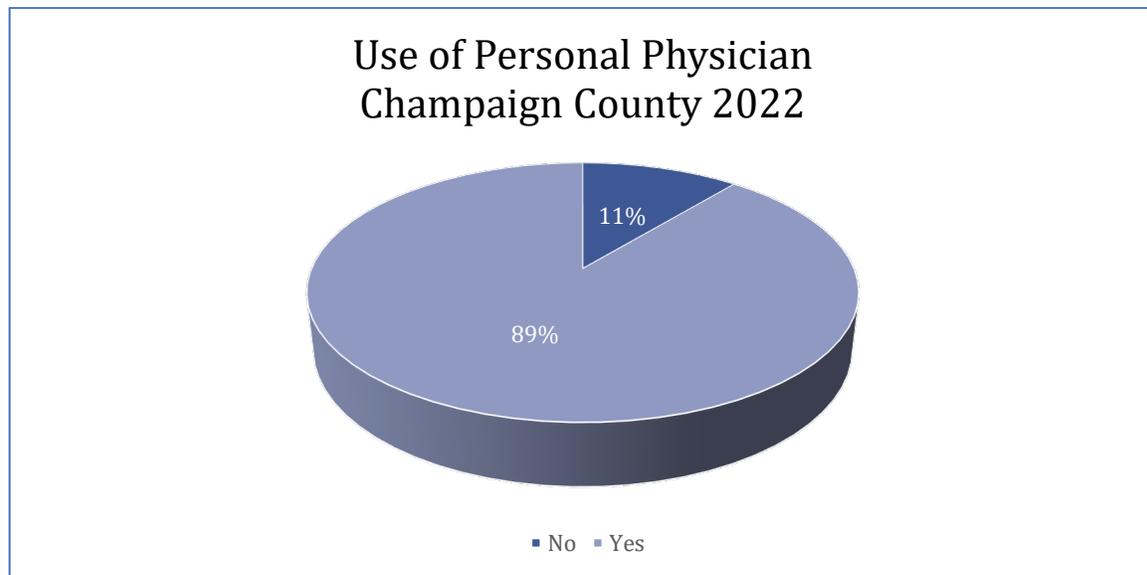


Source: Illinois Department of Public Health (02-27-22)

## 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 health-care service. According to survey data, 89% of residents have a personal physician (Figure 25).

Figure 25



Source: CHNA Survey



## Social Determinants 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:

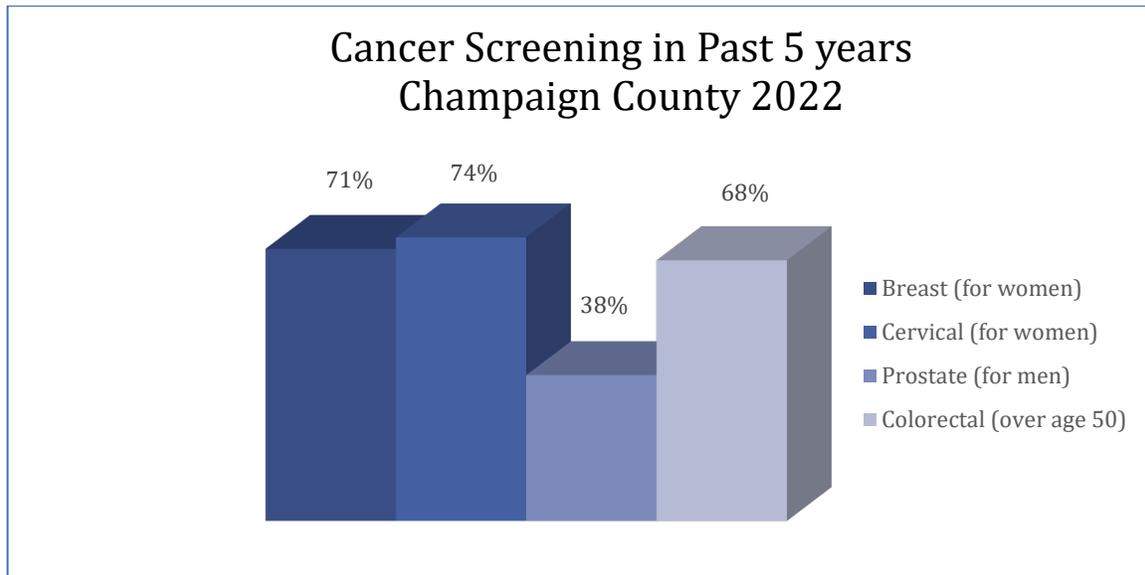
- **Having a personal physician** tends to be more likely for women, older people, for White people and those with higher income. Not having a personal physician tends to be rated lower for Black people.

## 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 71% of women had a breast screening in the past five years and 74% of women had a cervical screening. For men, 38% had a prostate screening in the past five years. For women and men over the age of 50, 68% had a colorectal screening in the last five years (Figure 26).

Figure 26



Source: CHNA Survey



## Social Determinants Related to Cancer Screenings

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

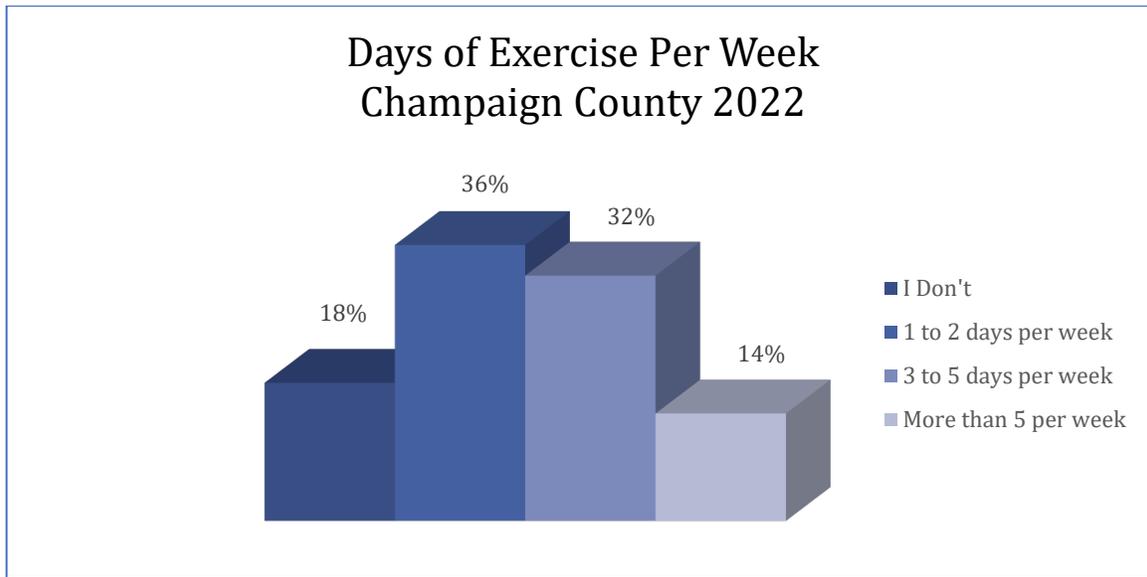
- **Breast screening** tends to be more likely for older women and those with a higher level of income. Breast screening tends to be less likely for people in an unstable (e.g., homeless) housing environment.
- **Cervical screening** tends to be more likely for women with a higher level of income. Cervical screening tends to be less likely for Black women and those in an unstable (e.g., homeless) housing environment.
- **Prostate screening** tends to be more likely for older men with a higher level of education and higher income.
- **Colorectal screening** tends to be more likely for older people and those with a higher level of income. Colorectal screening tends to be less likely for those in an unstable (e.g., homeless) housing environment.

## Physical Exercise

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

Specifically, 18% of respondents indicated that they do not exercise at all, while the majority (68%) of residents exercise 1-5 times per week (Figure 27).

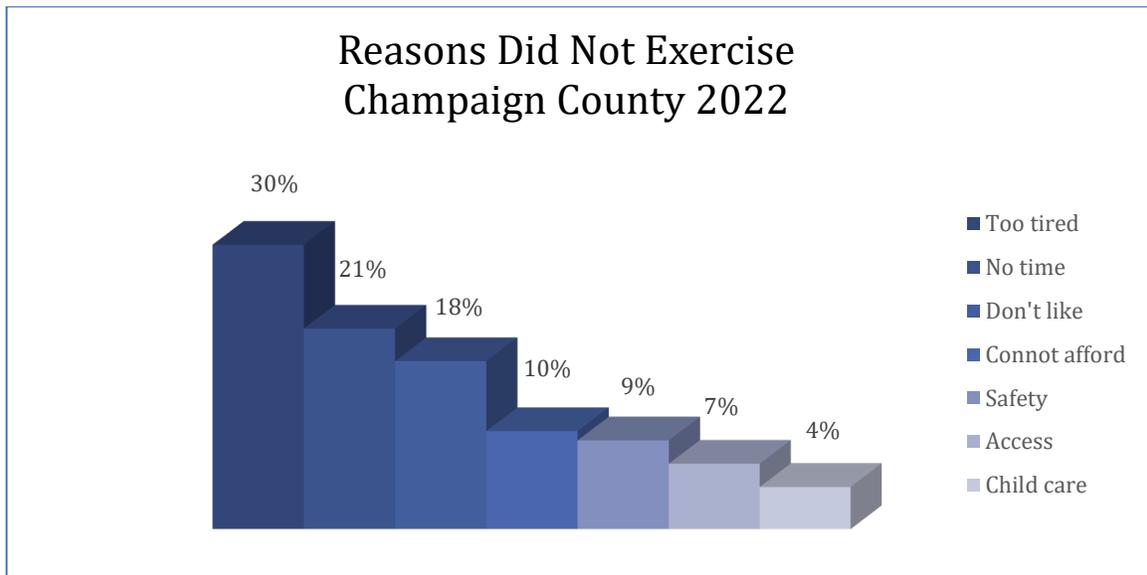
Figure 27



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 (30%) or time (21%) and a dislike of exercise (18%) (Figure 28).

Figure 28



Source: CHNA Survey



## Social Determinants Related to Exercise

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

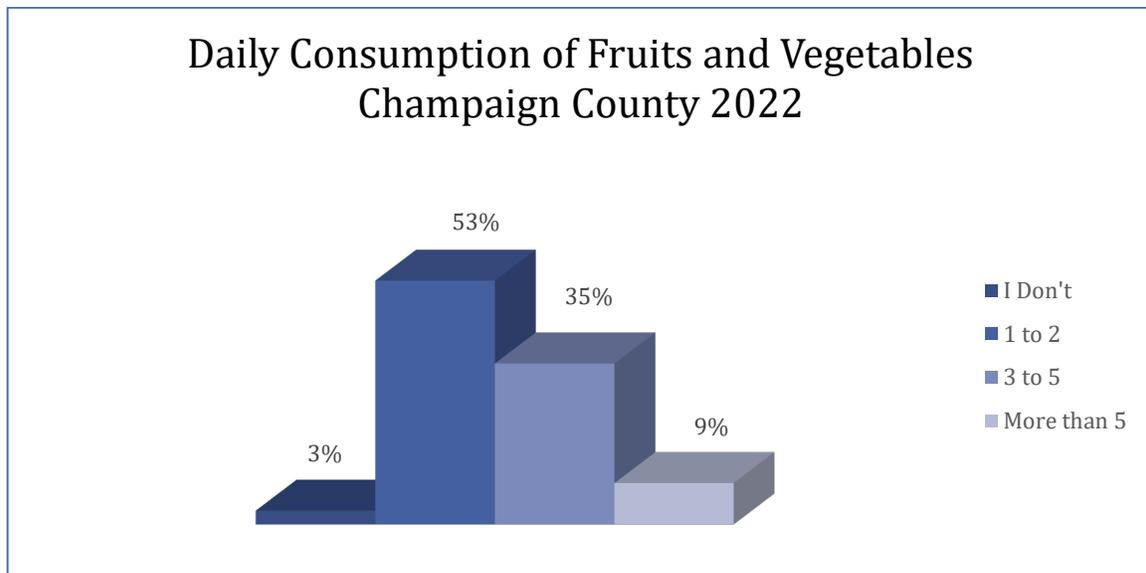
- **Frequency of exercise** tends to be more likely for women, Asian people, those with a higher level of education and those with higher income. Frequency of exercise tends to be less likely for Black people.

## Healthy Eating

A healthy lifestyle, comprised 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 (56%) of residents 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 more than 5 servings per day is only 9% (Figure 29).

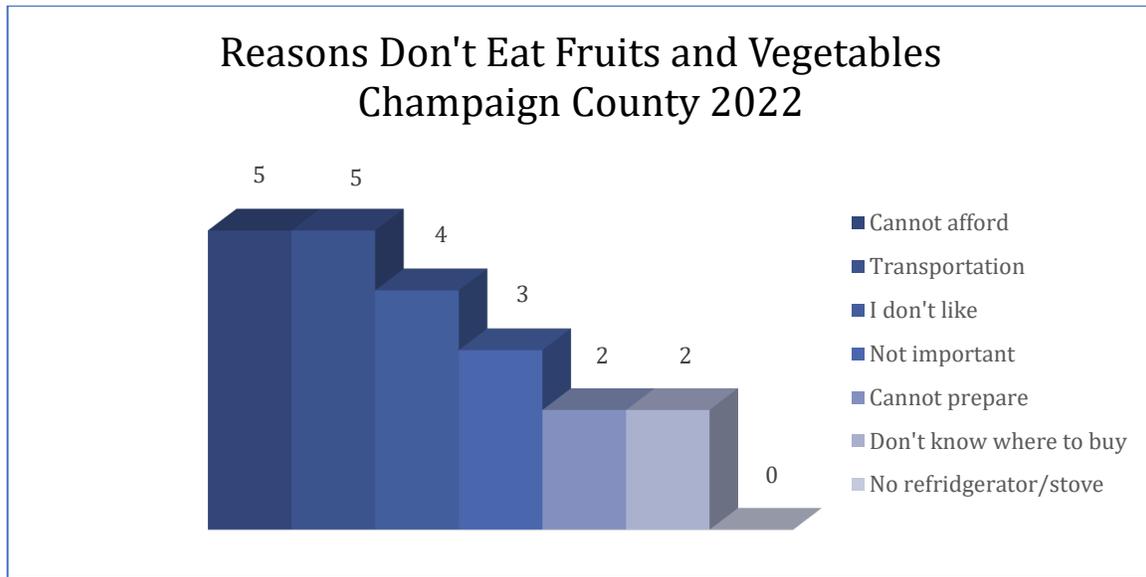
Figure 29



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 cost (5) and transportation (5) (Figure 30). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 30



Source: CHNA Survey



## Social Determinants Related to Healthy Eating

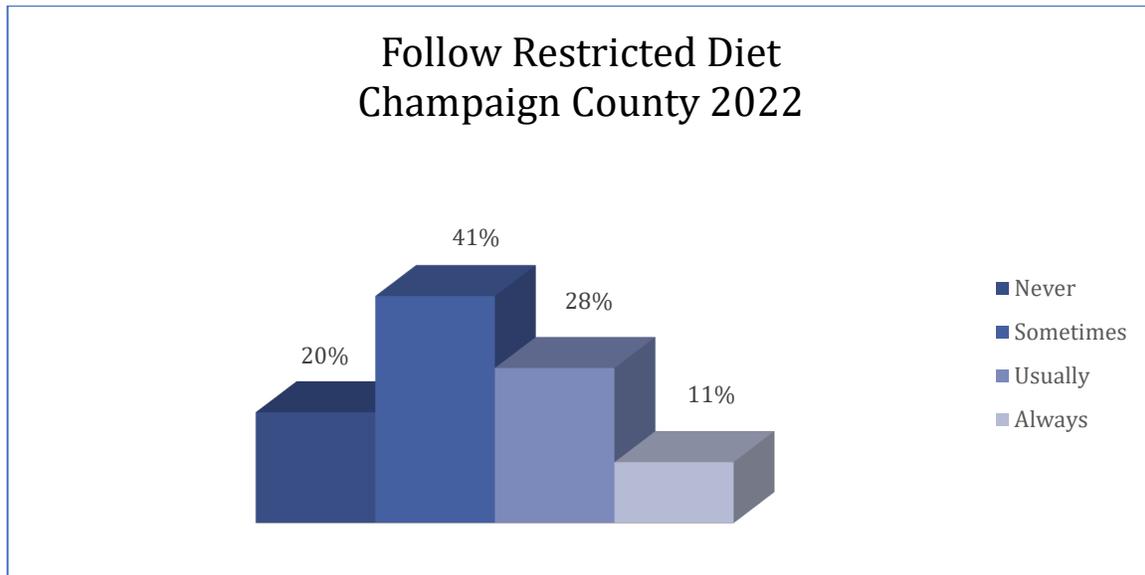
Multiple characteristics show significant relationships with healthy eating. The following relationships were found using correlational analyses:

- **Consumption of fruits and vegetables** tends to be more likely for women, older people, LatinX people, those with a higher level of education and those with higher income. Consumption of fruits and vegetables tends to be less likely for Black people and people in an unstable (e.g., homeless) housing environment.

## Restricted Diet

Respondents were also asked if they followed a restricted diet if recently diagnosed with a morbidity. Of respondents, 39% usually or always follow a restricted diet (Figure 31).

Figure 31



Source: CHNA Survey

## Health Literacy

Health literacy is a measure of factors in the community that impact healthcare access, navigation and adherence. Key risk influencers include culture, demographics and education. For Champaign County, 13% of the population is at elevated risk for health literacy. This is lower than the State of Illinois average of 34% (SocialScape® powered by SociallyDetermined®, 2022).

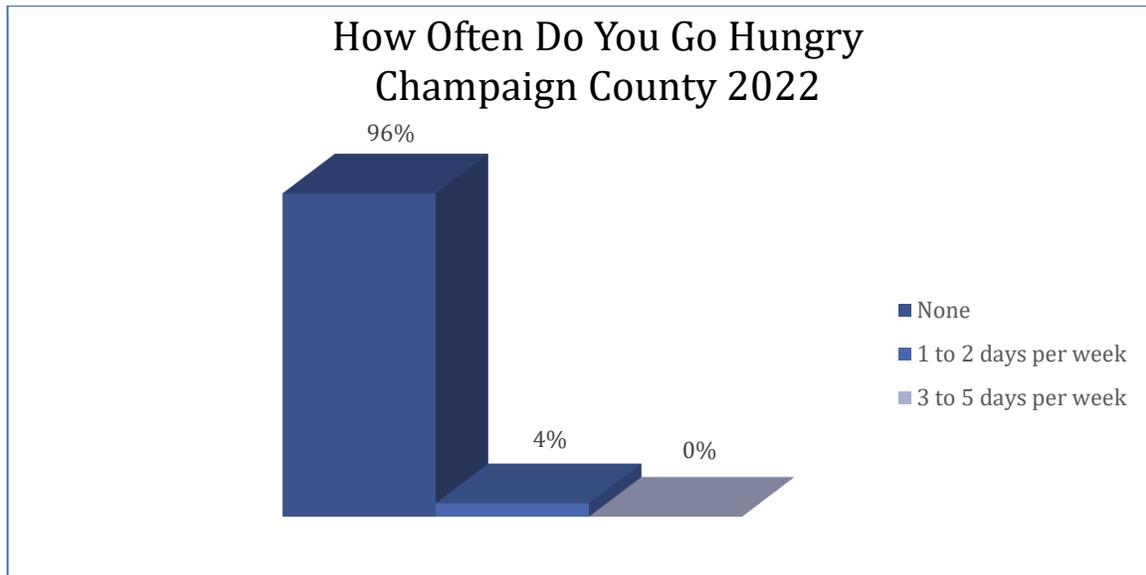
## 2.3 Understanding Food Insecurity

*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 (96%), however, 4% indicated they go hungry 1-to-2 days per week (Figure 32).

Figure 32



Source: CHNA Survey



## Social Determinants Related to Prevalence of Hunger

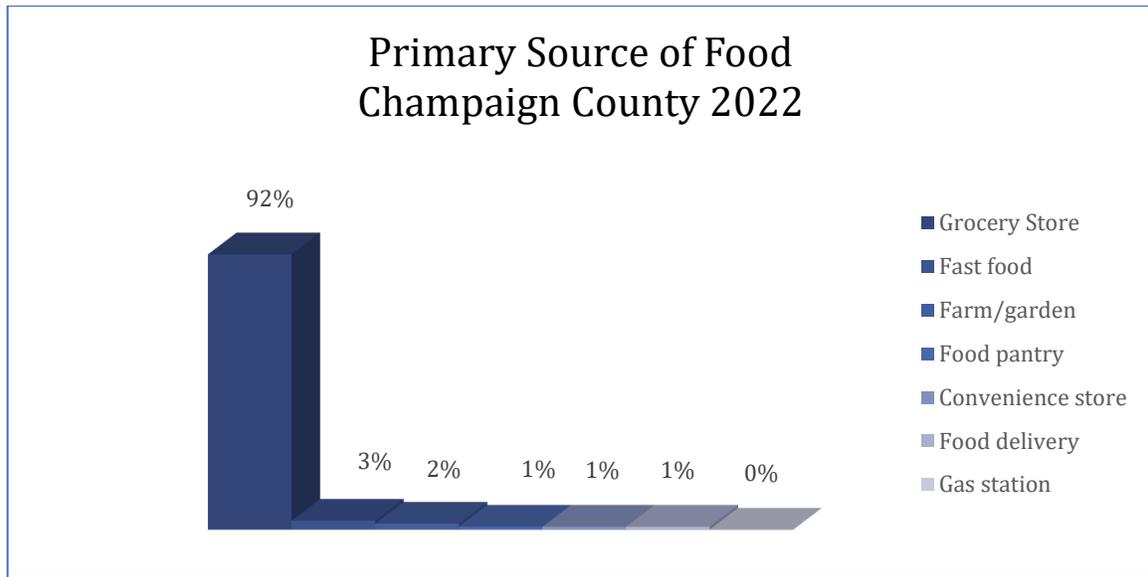
Multiple characteristics show significant relationships with hunger. The following relationships were found using correlational analyses:

- **Prevalence of Hunger** tends to be more likely for younger people, Black people, those with less education, less income and those in an unstable (e.g., homeless) housing environment. White people are less likely to go hungry.

## Primary Source of Food

Respondents were asked to identify their primary source of food. It can be seen that the majority (92%) identified a grocery store (Figure 33).

Figure 33



Source: CHNA Survey

## Food Landscape

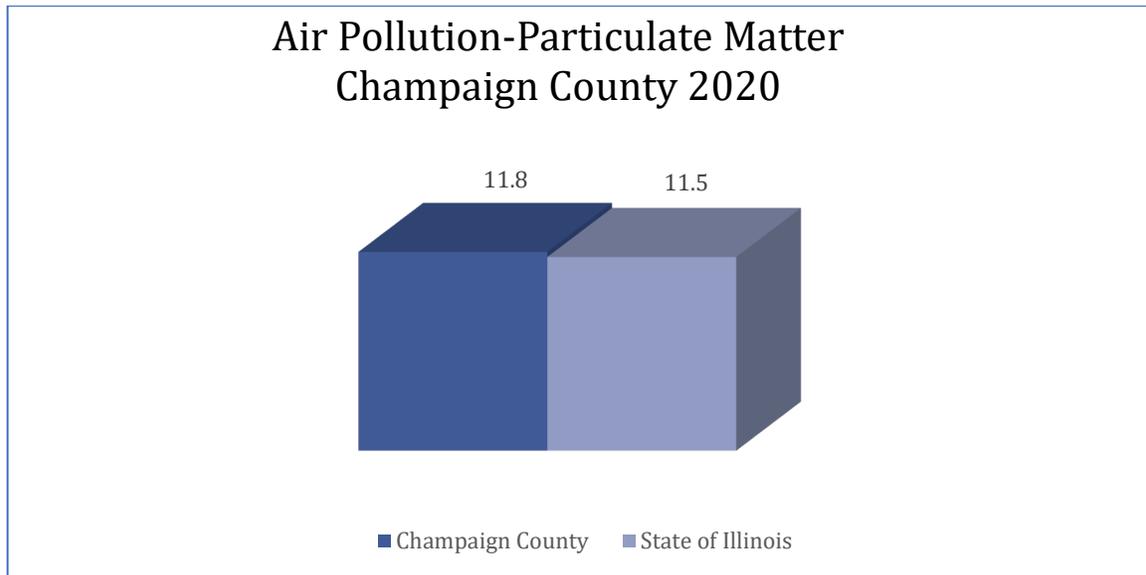
Food landscape is a measure a community's access to sufficient, affordable and nutritious food. Key risk influencers include accessibility, affordability and literacy. For Champaign County, 36% of the population is at elevated risk for food landscape. This is higher than the State of Illinois average of 25% (SocialScape® powered by SociallyDetermined®, 2022).

## 2.4 Physical Environment

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

The relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma and other adverse pulmonary effects. The APPM for Champaign County (11.8) is slightly higher than the State average of 11.5 (Figure 34).

Figure 34



Source: County Health Rankings 2021

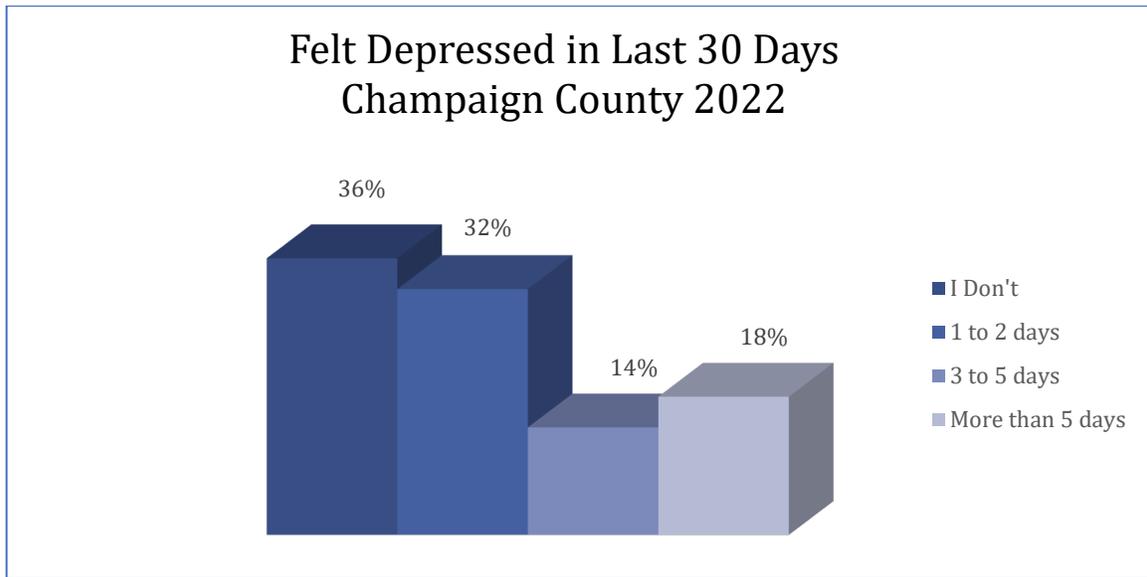
## 2.5 Health Status

*Importance of the measure:* Self-perceptions of health can provide important insights to help manage population health. Not only do self-perceptions provide benchmarks regarding health status, but they can also provide insights into how accurately people perceive their own health.

### Mental Health

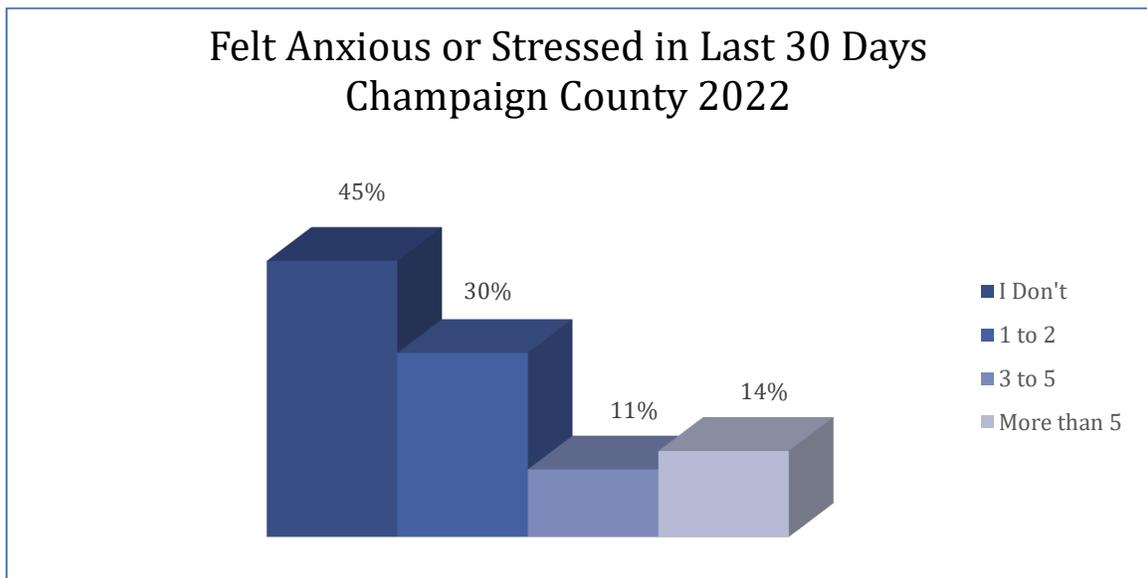
The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of respondents, 36% indicated they did not feel depressed in the last 30 days (Figure 35) and 45% indicated they did not feel anxious or stressed (Figure 36).

Figure 35



Source: CHNA Survey

Figure 36



Source: CHNA Survey



## Social Determinants Related to Behavioral Health

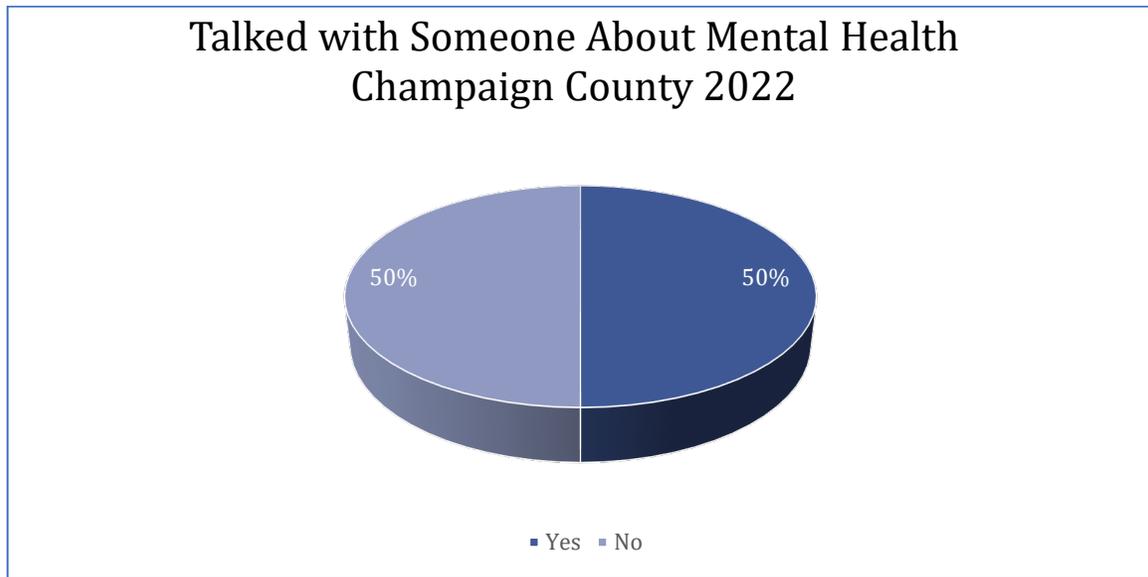
Multiple characteristics show significant relationships with behavioral health. The following relationships were found using correlational analyses:

- **Depression** tends to be rated higher for women, younger people and those with less income.

- **Stress and anxiety** tends to be rated higher for women, younger people, those with less education and those with less income. Stress and anxiety tends to be rated lower by Asian people.

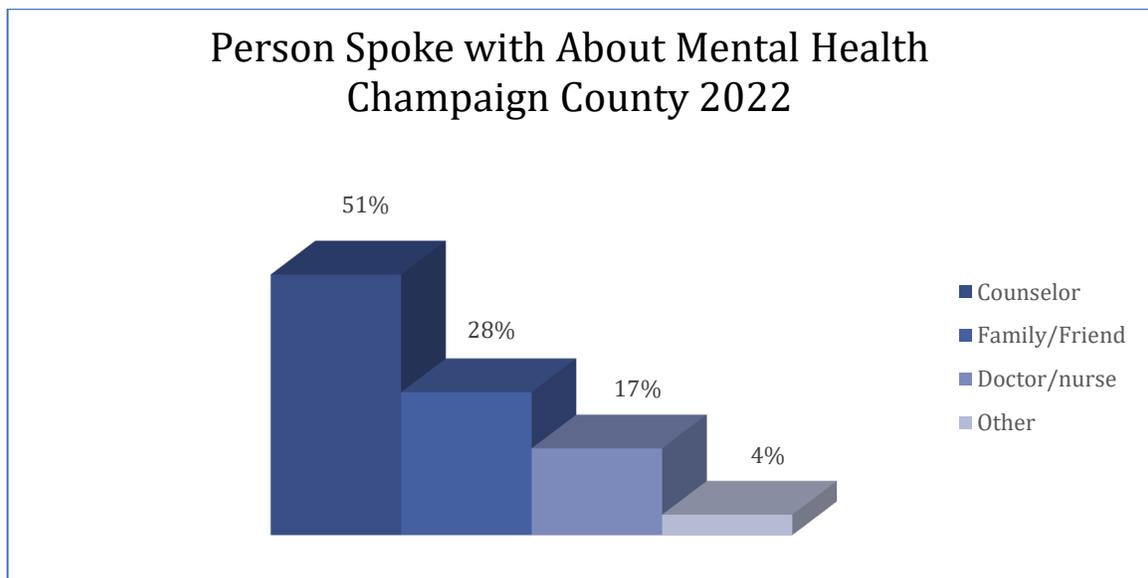
Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents, 50% indicated they spoke to someone (Figure 37). The most common response was a counselor (51%) (Figure 38).

Figure 37



Source: CHNA Survey

Figure 38

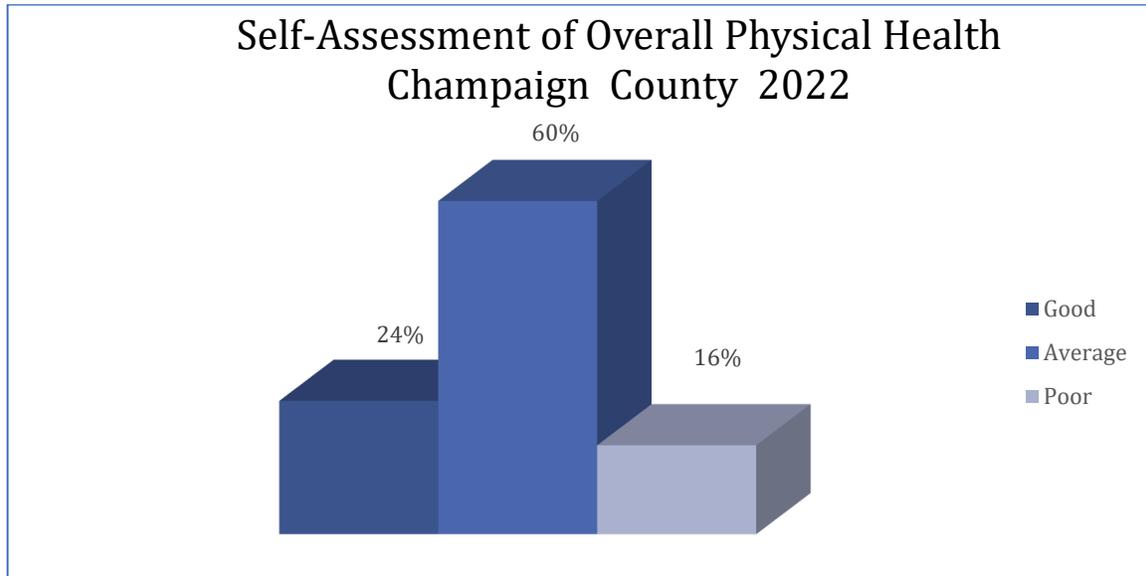


Source: CHNA Survey

## Self-Perceptions of Overall Health

In regard to self-assessment of overall physical health, 16% of respondents report having poor overall physical health (Figure 39).

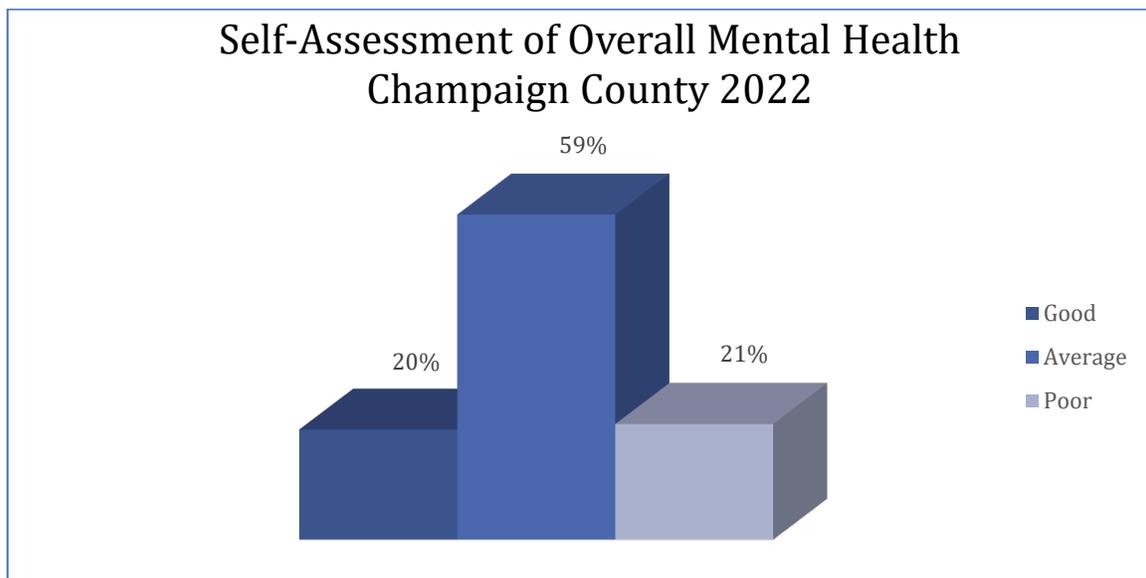
Figure 39



Source: CHNA Survey

In regard to self-assessment of overall mental health, 21% of respondents stated they have poor overall mental health (Figure 40).

Figure 40



Source: CHNA Survey



## Social Determinants 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 those with higher education and income. Perceptions of physical health tends to be lower for women and LatinX people.
- **Perceptions of mental health** tend to be higher for older people, Black people, those with higher education and higher income. Perceptions of mental health tends to be lower for women and LatinX people.

## 2.6 Key Takeaways from Chapter 2

- ✓ MAJORITY OF PEOPLE USE CLINIC/DR. OFFICE AS A PRIMARY SOURCE OF HEALTHCARE.
- ✓ HIGH RATE OF PEOPLE WHO DO NOT HAVE ACCESS TO MENTAL HEALTH COUNSELING.
- ✓ PROSTATE SCREENING IS RELATIVELY LOW COMPARED TO BREAST, CERVICAL AND COLORECTAL SCREENING.
- ✓ THE MAJORITY OF PEOPLE EXERCISE LESS THAN 2 TIMES PER WEEK AND CONSUME 2 OR FEWER SERVINGS OF FRUITS/VEGETABLES PER DAY.
- ✓ THE MAJORITY OF RESPONDENTS EXPERIENCED DEPRESSION AND STRESS IN THE LAST 30 DAYS.
- ✓ ONLY 39% OF PEOPLE DIAGNOSED WITH A MORBIDITY FOLLOW A RESTRICTED DIET.
- ✓ THERE IS AN ELEVATED RISK OF FOOD INSECURITY.
- ✓ WHILE LOWER THAN THE STATE AVERAGE, HEALTH LITERACY ISSUES STILL EXIST.

**CHAPTER 3 OUTLINE**

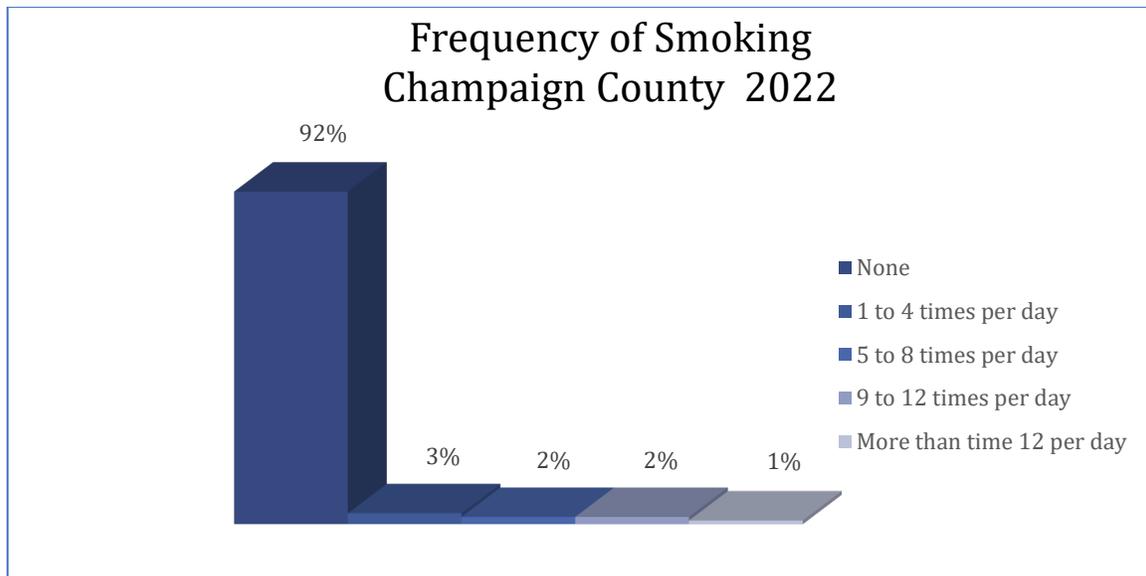
- 3.1 Tobacco Use
- 3.2 Drug and Alcohol Use
- 3.3 Overweight and Obesity
- 3.4 Predictors of Heart Disease
- 3.5 Key Takeaways from Chapter 3

## CHAPTER 3: SYMPTOMS AND PREDICTORS

### 3.1 Tobacco Use

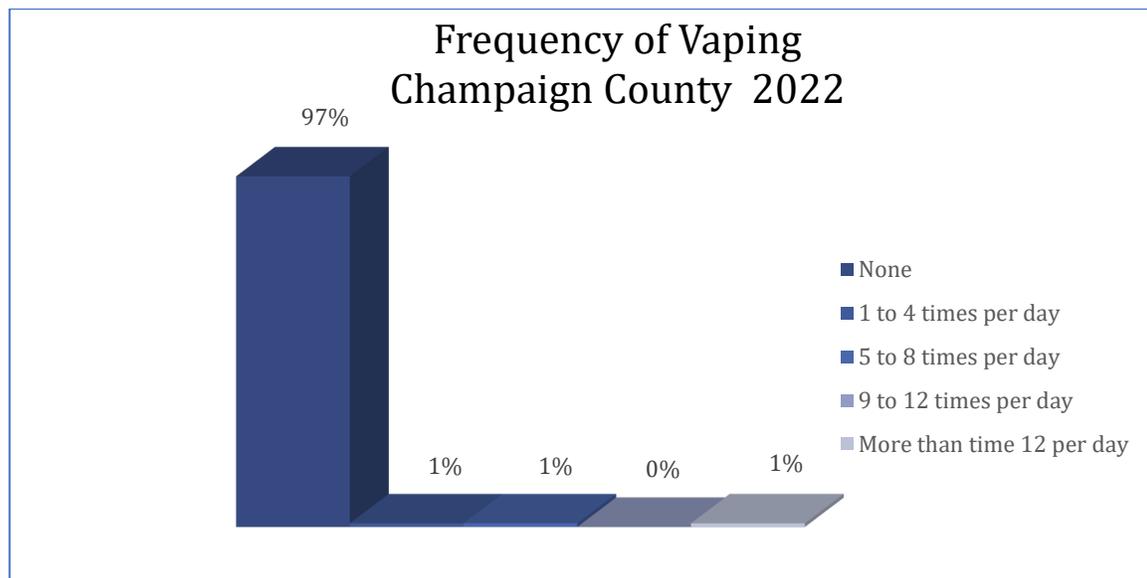
CHNA survey data show 92% of respondents do not smoke (Figure 41) and 97% of respondents do not vape (Figure 42).

Figure 41



Source: CHNA Survey

Figure 42



Source: CHNA Survey



## Social Determinants 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 those with less education.
- **Vaping** tends to be rated higher by younger people, and those with less education and a lower income.

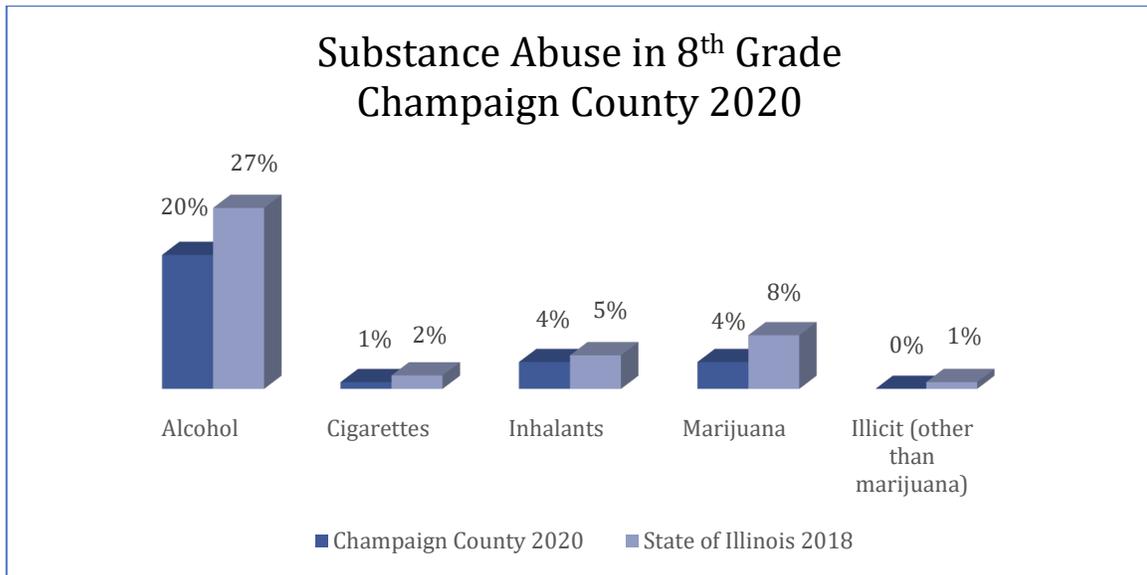
## 3.2 Drug and Alcohol Abuse

*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 adult years. Accordingly, the substance abuse values and behaviors of high school students is a leading indicator of adult substance abuse in later years.

### Youth Substance Abuse

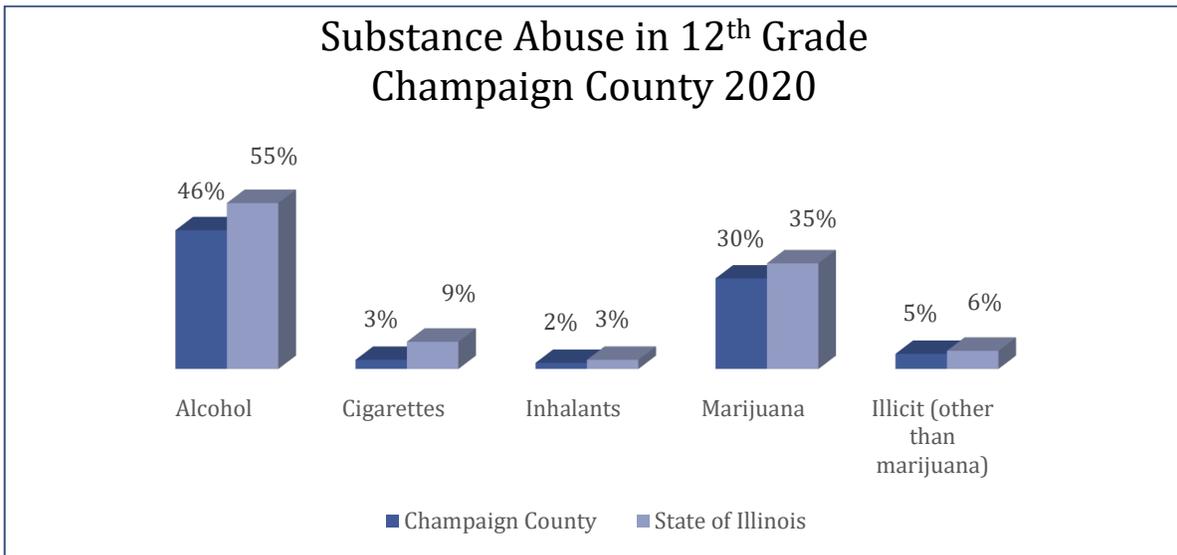
Data from the Illinois Youth Survey measures illegal substance use (alcohol, tobacco and other drugs – including inhalants) among adolescents. Champaign County data reported for 2020, State of Illinois reporting 2018 data. Figure 43 illustrates that Champaign County came in lower than the State of Illinois averages in all categories. Among 12th graders, Champaign County is lower in all categories than the State of Illinois data (Figure 44).

Figure 43



Source: University of Illinois Center for Prevention Research and Development

Figure 44

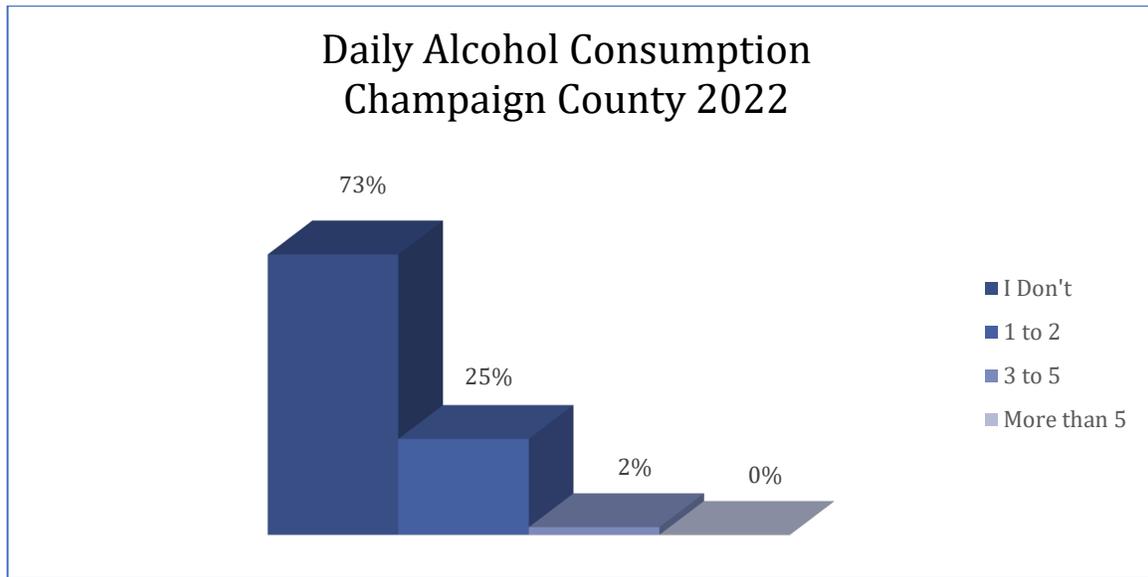


Source: University of Illinois Center for Prevention Research and Development

## Adult Substance Abuse

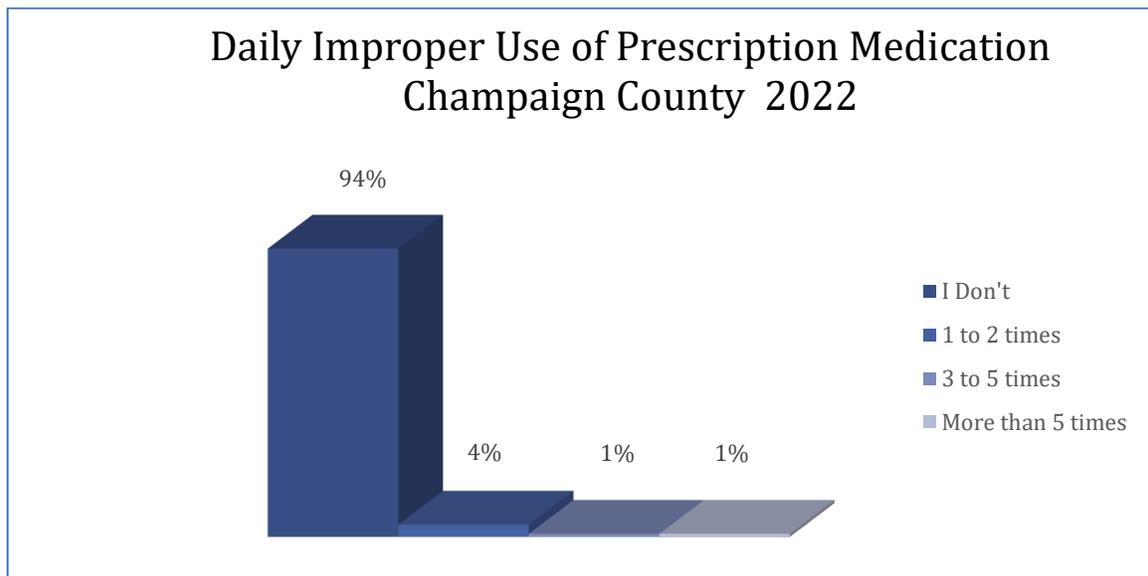
The CHNA survey asked respondents to indicate usage of several substances. Of respondents, 73% indicated they did not consume alcohol on a typical day (Figure 45), 94% indicated they do not take prescription medication improperly including opioids on a typical day (Figure 46), 87% indicated they do not use marijuana on a typical day (Figure 47) and 99% indicated they do not use illegal substances on a typical day (Figure 48).

Figure 45



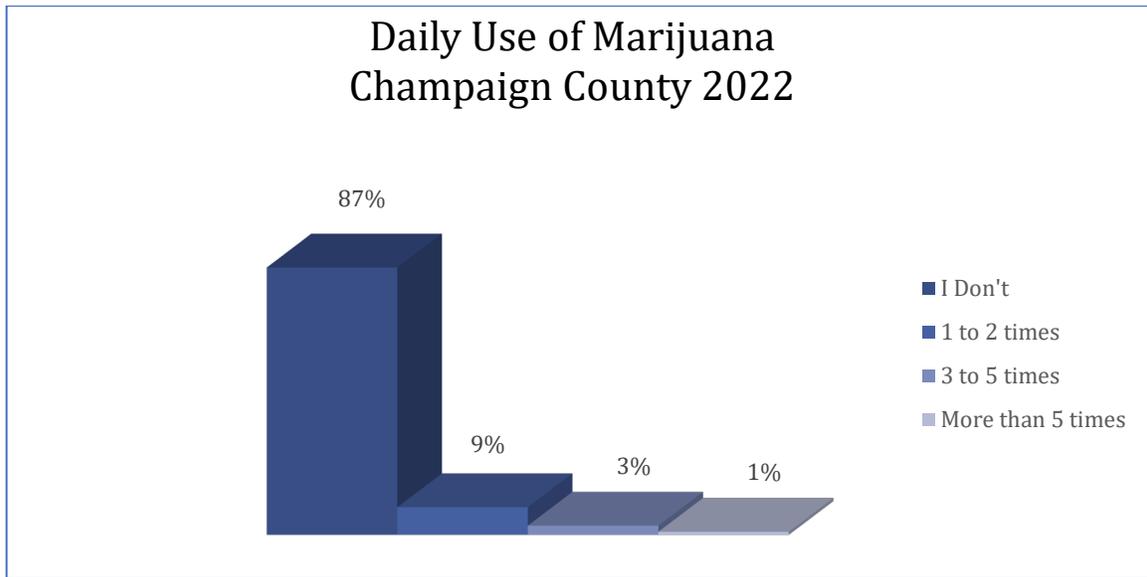
Source: CHNA Survey

Figure 46



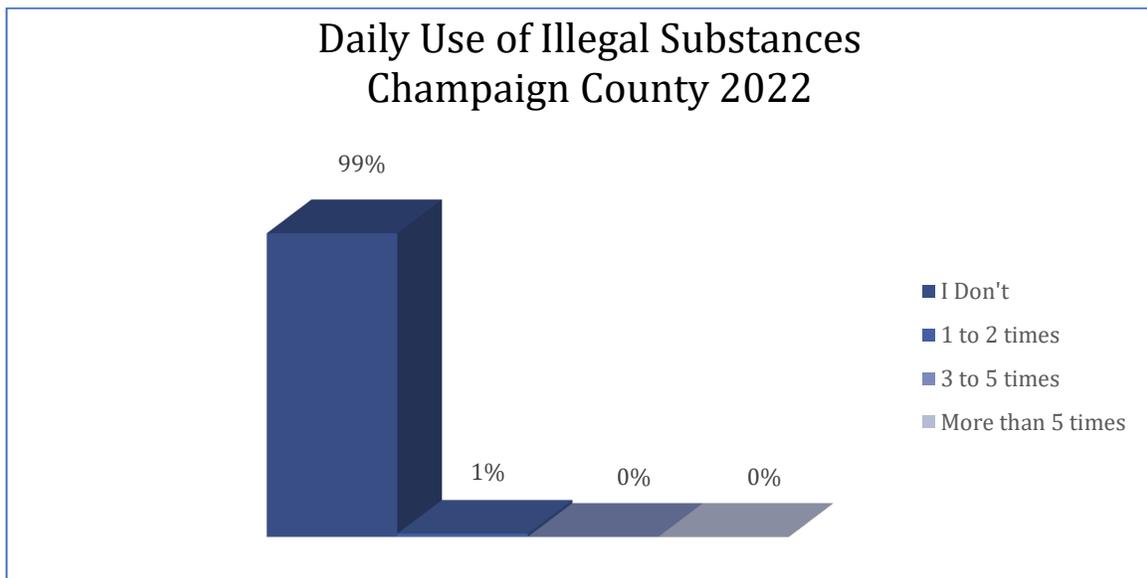
Source: CHNA Survey

Figure 47



Source: CHNA Survey

Figure 48



Source: CHNA Survey



## Social Determinants Related to Substance Use

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

- **Alcohol consumption** tends to be higher for men, older people and those with more income.

- **Misuse of prescription medication including opioids** tends to be higher for Black people and those with less education and less income. Misuse of prescription medication tends to be rated lower for White people.
- **Marijuana use** tends to be higher for younger people and those with less education and less income.
- **Illegal substance use** tends to be higher for men, Black people, and those with less education and less income. Illegal substance use tends to be lower for White people.

### 3.3 Overweight and Obesity

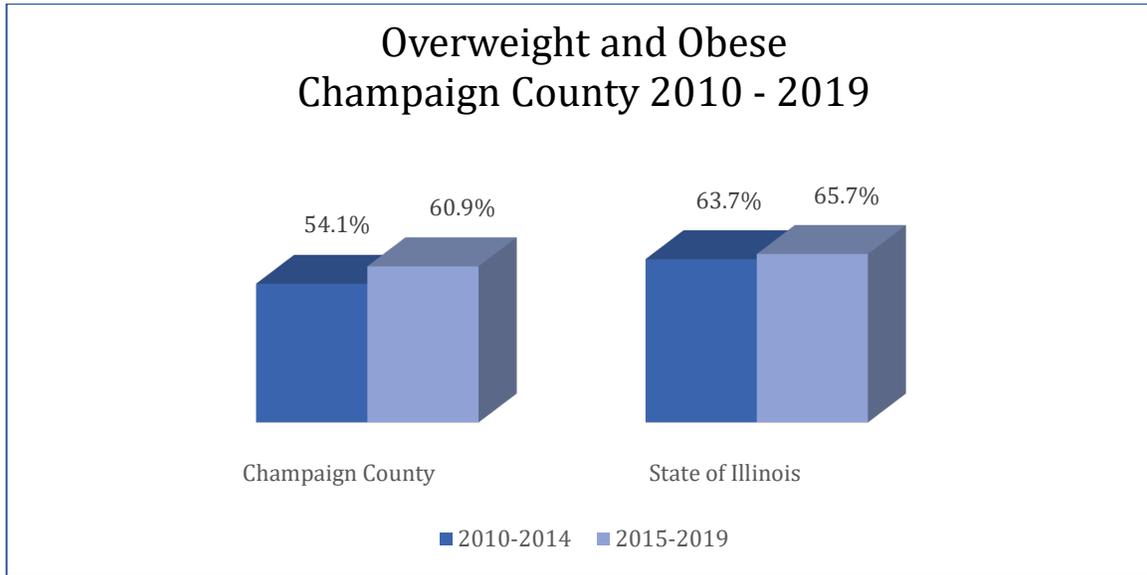
*Importance of the measure:* Individuals who are overweight and obese place greater stress on their internal organs, thus increasing the propensity to utilize health services. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within 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. The financial burden of overweight and obese individuals is staggering, as the estimated annual medical costs attributed to obesity in Illinois for 1998-2000 exceeded \$3.4 billion, ranking Illinois 6th in the nation for obesity-attributed medical costs.

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 and being overweight has increased over the years from 2010-2014 to 2015-2019. Note specifically that the percentage of obese and overweight people has increased from 54.1% to 60.9%. Overweight and obesity rates in Illinois has also increased from 2010-2014 (63.7%) to 2015-2019 (65.7%) (Figure 49). Note that data have not been updated by the Illinois Department of Public Health. However, note in the 2022 CHNA survey, respondents indicated that being overweight was their most prevalently diagnosed health condition.

Figure 49

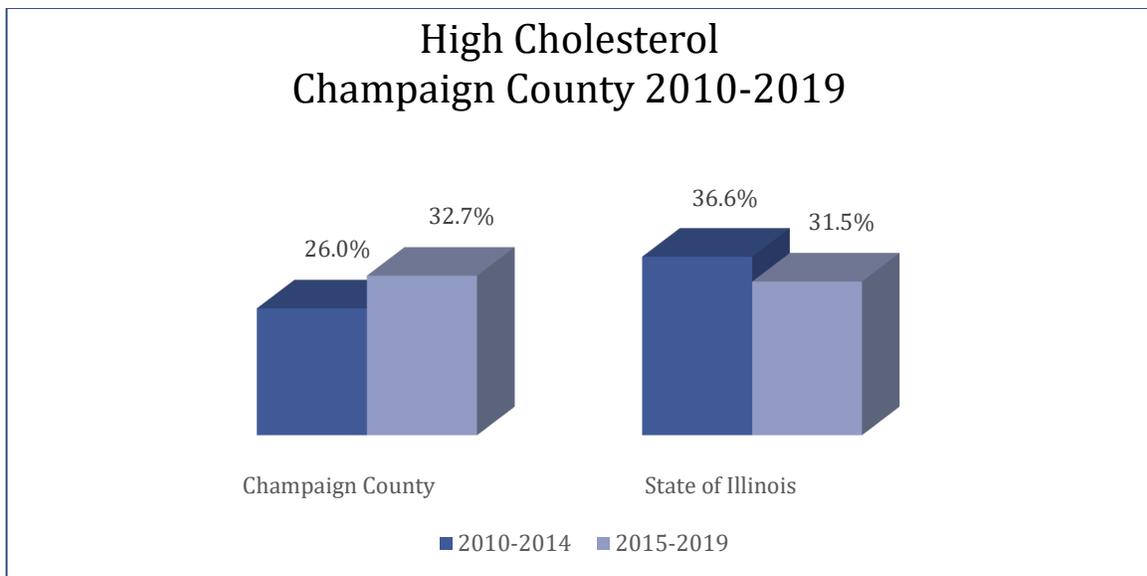


Source: Illinois Behavioral Risk Factor Surveillance System

### 3.4 Predictors of Heart Disease

Residents in Champaign County report a higher than State average prevalence of high cholesterol for 2015-2019. The percentage of residents who report they have high cholesterol in Champaign County is 32.7% compared to the State of Illinois average of 31.5% (Figure 50). Note that data have not been updated past 2019 by the Illinois Department of Public Health.

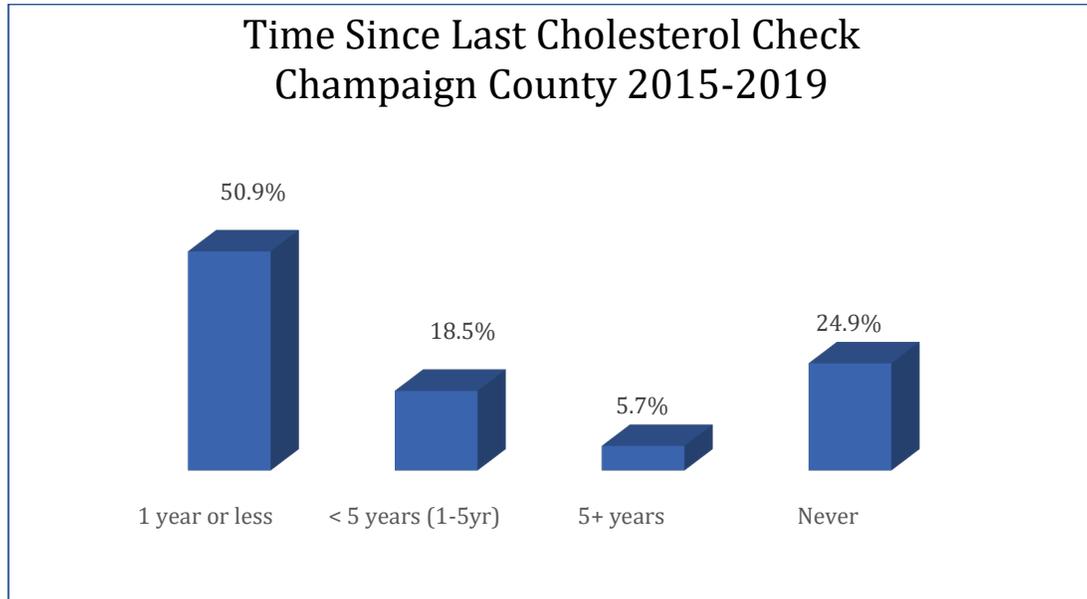
Figure 50



Source: Illinois Behavioral Risk Factor Surveillance System

However, most (50.9%) residents of Champaign County report having their cholesterol checked recently, whereas 24.9% report never having their cholesterol checked for the same time period (Figure 51). Note that data have not been updated by the Illinois Department of Public Health past 2019.

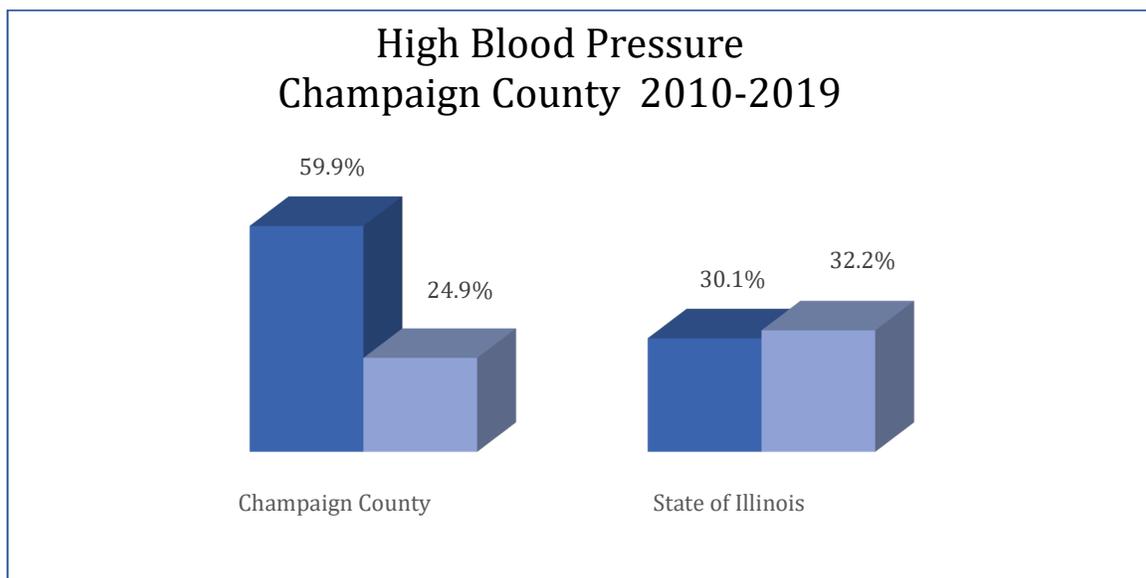
Figure 51



Source: Illinois Behavioral Risk Factor Surveillance System

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 as a whole. The percentage of Champaign County residents reporting they have high blood pressure from 2015 – 2019 was 24.9% (Figure 52). Note that data have not been updated past 2019 by the Illinois Department of Public Health.

Figure 52



Source: Illinois Behavioral Risk Factor Surveillance System

## 3.5 Key Takeaways from Chapter 3

- ✓ SUBSTANCE USAGE AMONG 8TH GRADERS AND 12<sup>TH</sup> GRADERS IS LOWER THAN STATE AVERAGES IN ALL CATEGORIES.
- ✓ THE PERCENTAGE OF PEOPLE WHO ARE OVERWEIGHT AND OBESE HAS INCREASED BUT IS STILL LESS THAN STATE AVERAGES.
- ✓ CHOLESTEROL LEVELS HAVE INCREASED.
- ✓ A SIGNIFICANT PERCENT OF THE POPULATION (6%) MISUSES PRESCRIPTION MEDICATION INCLUDING OPIOIDS.

**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 Infectious Disease
- 4.8 Injuries
- 4.9 Mortality
- 4.10 Key Takeaways from Chapter 4

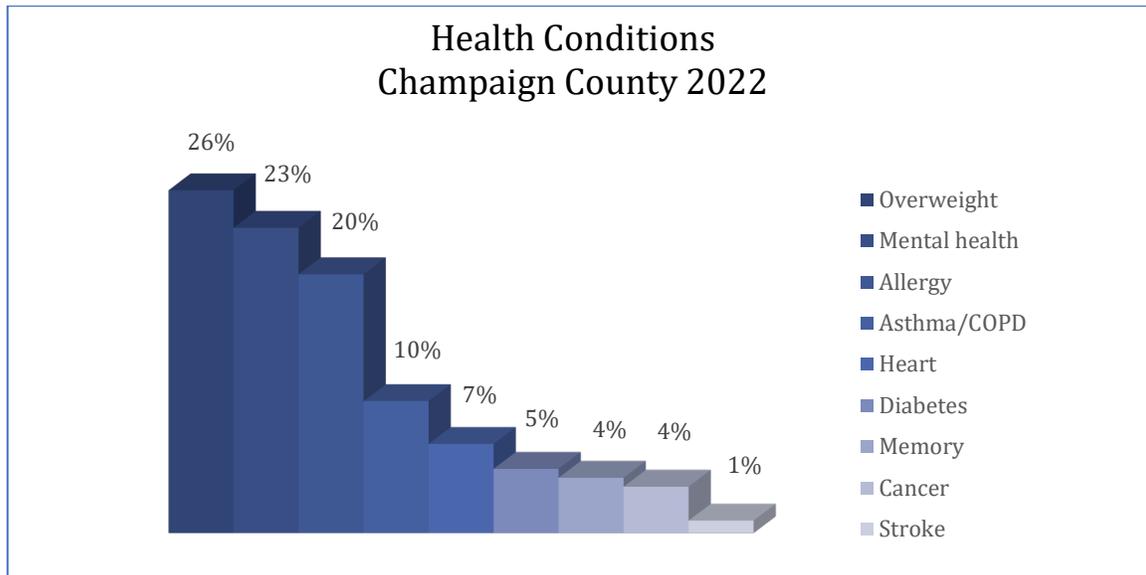
## CHAPTER 4: MORBIDITY AND MORTALITY

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. Note that being overweight (26%) was significantly higher than any other health conditions (Figure 53). This percentage is significantly lower than secondary sources. Specifically, Illinois Behavioral Risk Factor Surveillance System (BRFSS) data indicate that roughly two-thirds of the population is overweight or obese. Most other self-identified morbidities reflected existing sources of secondary data accurately (e.g., cancer 4%).

Figure 53



Source: CHNA Survey

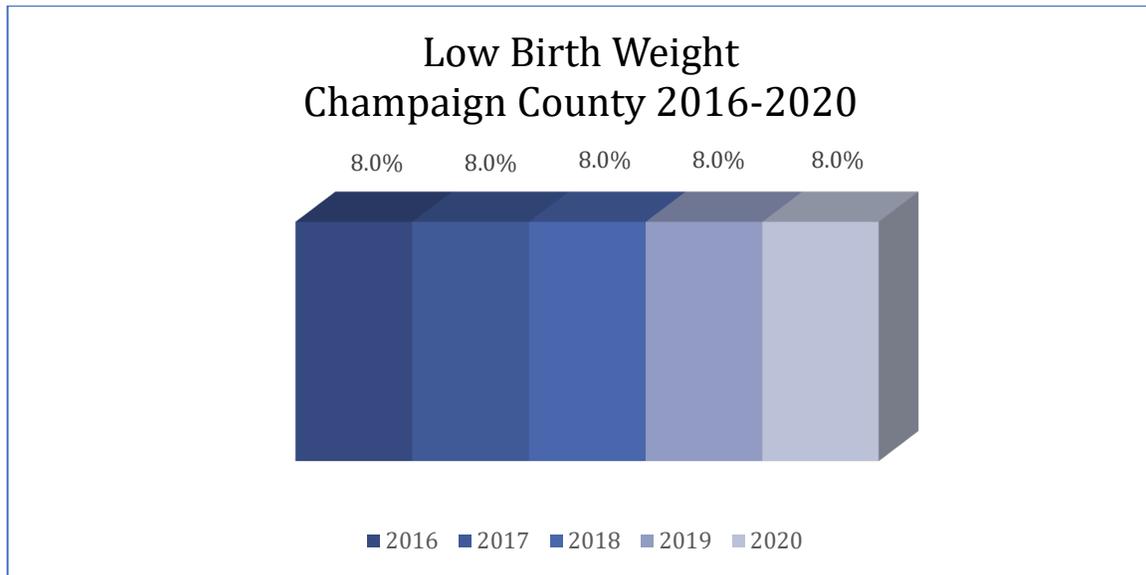
## 4.2 Healthy Babies

*Importance of the measure:* Regular prenatal care is a vital aspect in producing healthy babies and children. Screening and treatment for medical conditions as well as identification and interventions for behavioral risk factors associated with poor birth outcomes are important aspects of healthy babies. 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 constant over the five-year period 2016-2020 (8.0%) (Figure 54).

Figure 54



Source: County Health Ranking 2020

## 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.

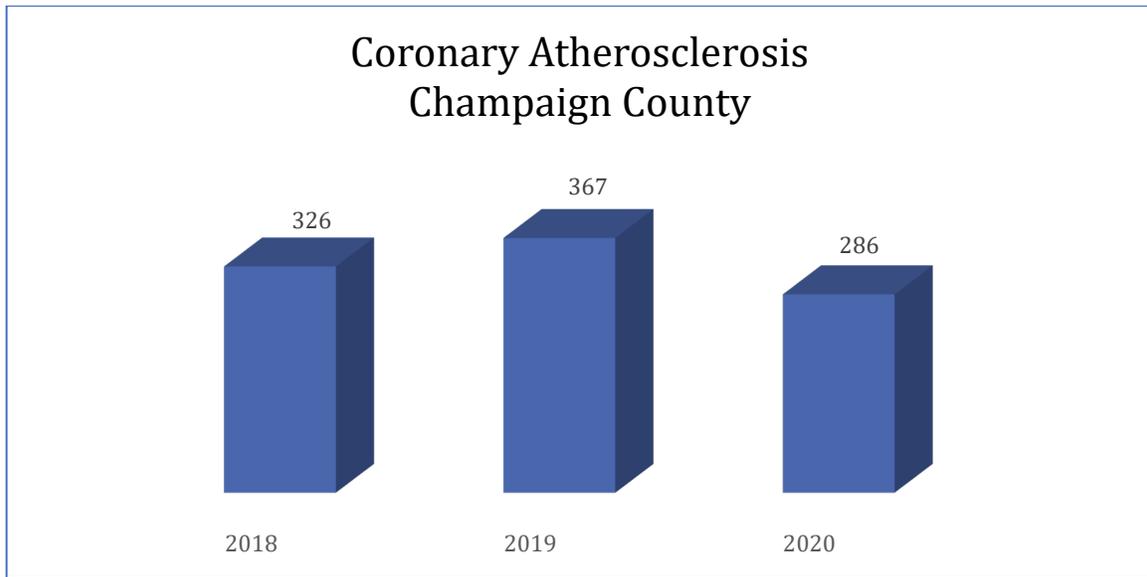
### Coronary Atherosclerosis

Coronary Atherosclerosis, sometimes-called hardening of the arteries, can slowly narrow and harden the arteries throughout the body. When atherosclerosis affects the arteries of the heart, it is called coronary artery disease.

Coronary artery disease is a leading cause of death for Americans. Most of these deaths are 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 326 cases in 2018 to 286 in 2020 (Figure 55). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

Figure 55

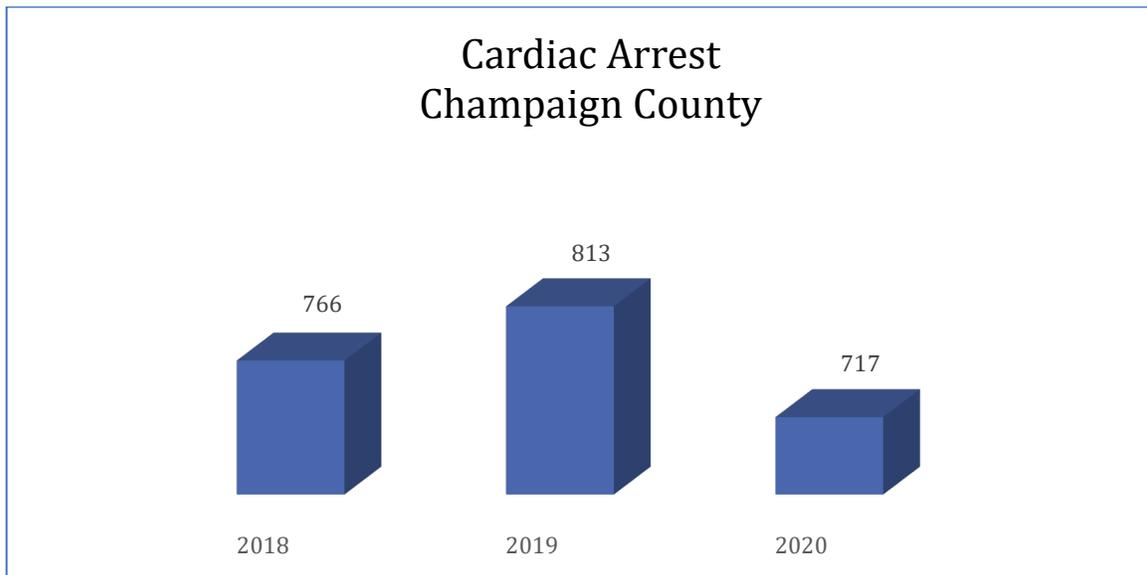


Source: COMPdata Informatics 2021

## Cardiac Arrest

Cases of dysrhythmia and cardiac arrest at Champaign County area hospitals decreased from 766 in 2018 to 717 in 2020 (Figure 56). Note that hospital-level data only show hospital admissions.

Figure 56

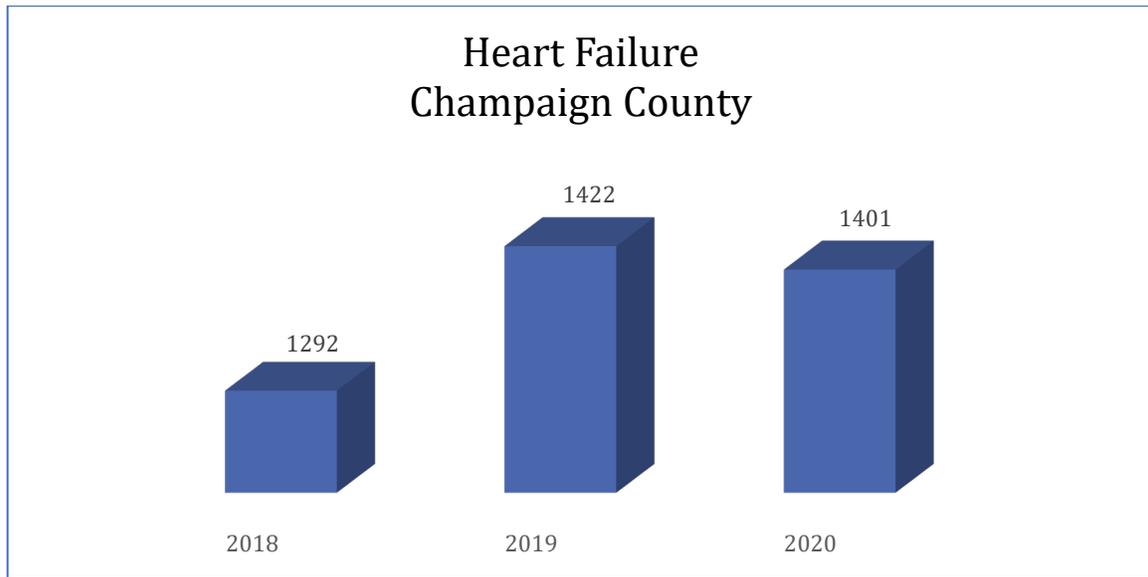


Source: COMPdata 2021

## Heart Failure

The number of treated cases of heart failure at Champaign County area hospitals increased in 2019, followed by a decrease in 2020 (Figure 57). Note that hospital-level data only show hospital admissions.

Figure 57

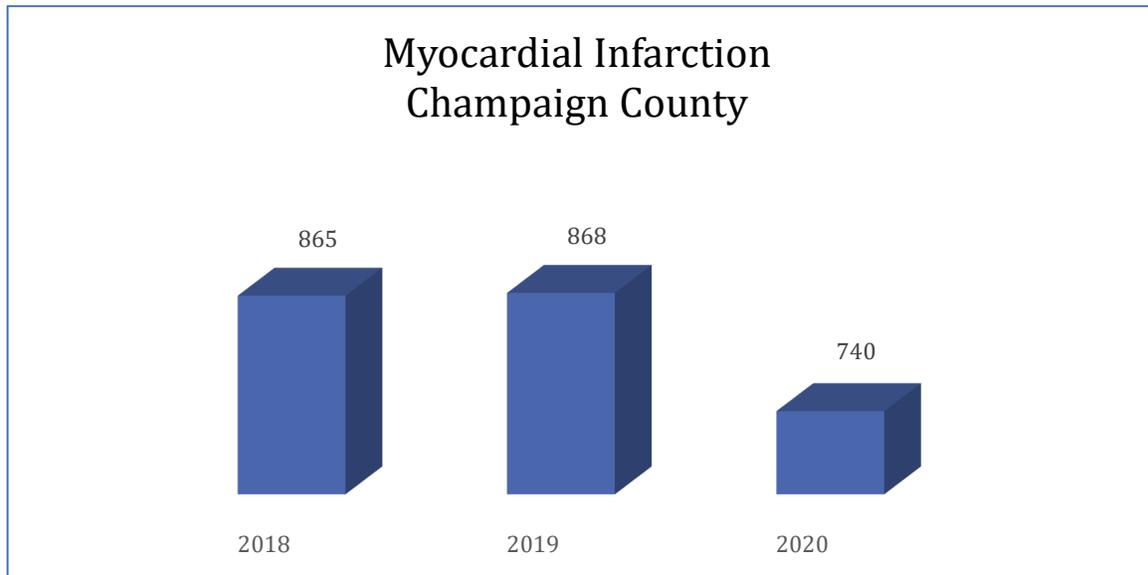


Source: COMPdata Informatics 2021

## Myocardial Infarction

The number of treated cases of myocardial infarction at area hospitals in Champaign County stayed close in 2018 and 2019 showing 868 cases. The number of cases of myocardial infarction then decreased to 740 in 2020 (Figure 58). Note that hospital-level data only show hospital admissions.

Figure 58

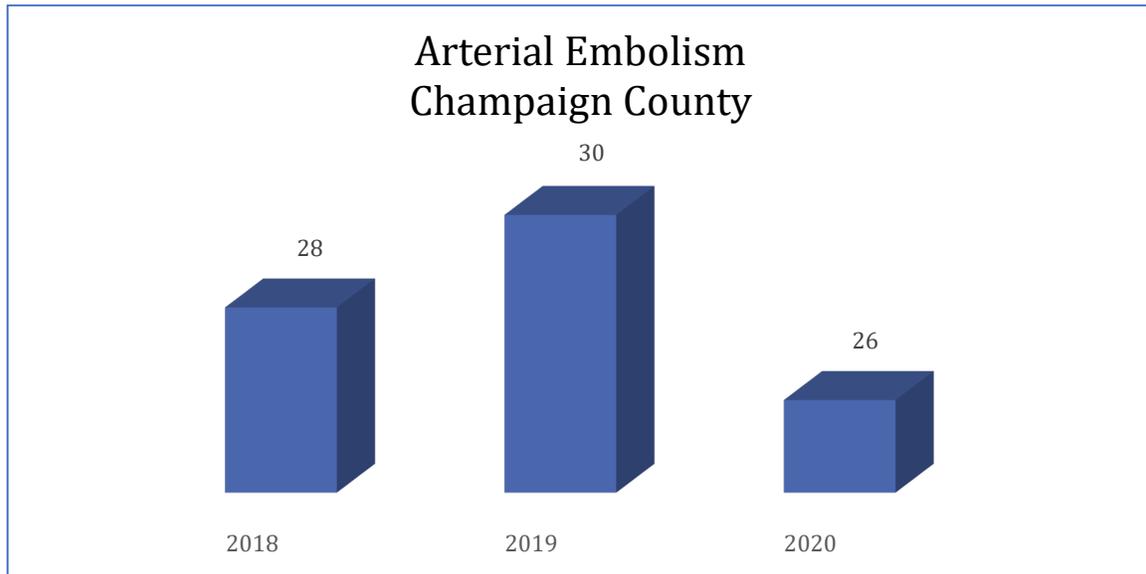


Source: COMPdata Informatics 2021

## Arterial Embolism

There were 26 cases of arterial embolism at Champaign County area hospitals in 2020 (Figure 59). Note that hospital-level data only show hospital admissions.

Figure 59

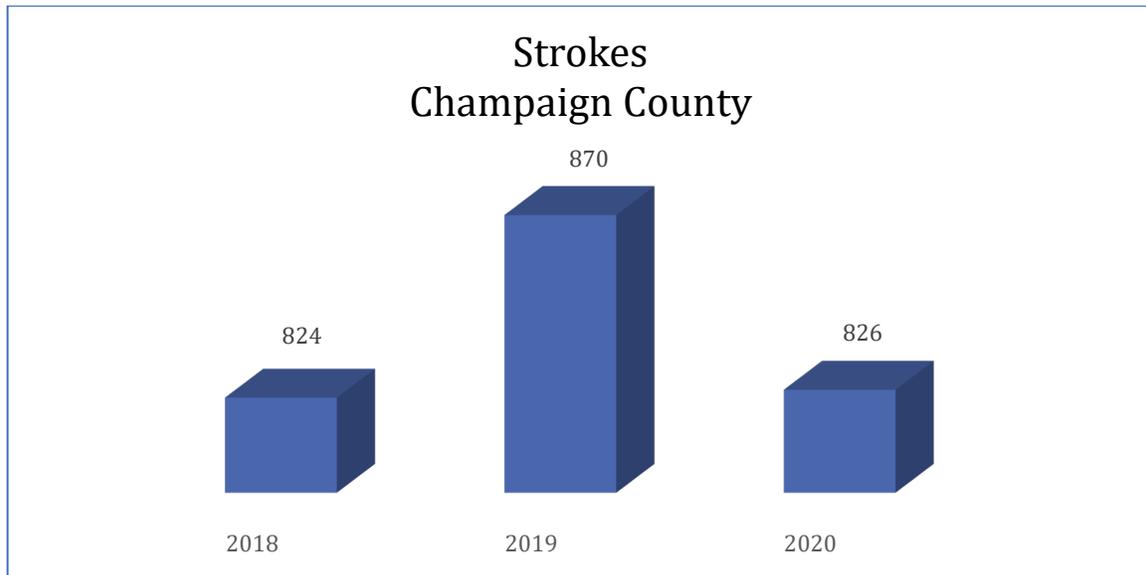


Source: COMPdata Informatics 2021

## Strokes

The number of treated cases of stroke at Champaign County area hospitals decreased between 2019 and 2020 (Figure 60). Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.

Figure 60



Source: COMPdata Informatics 2021

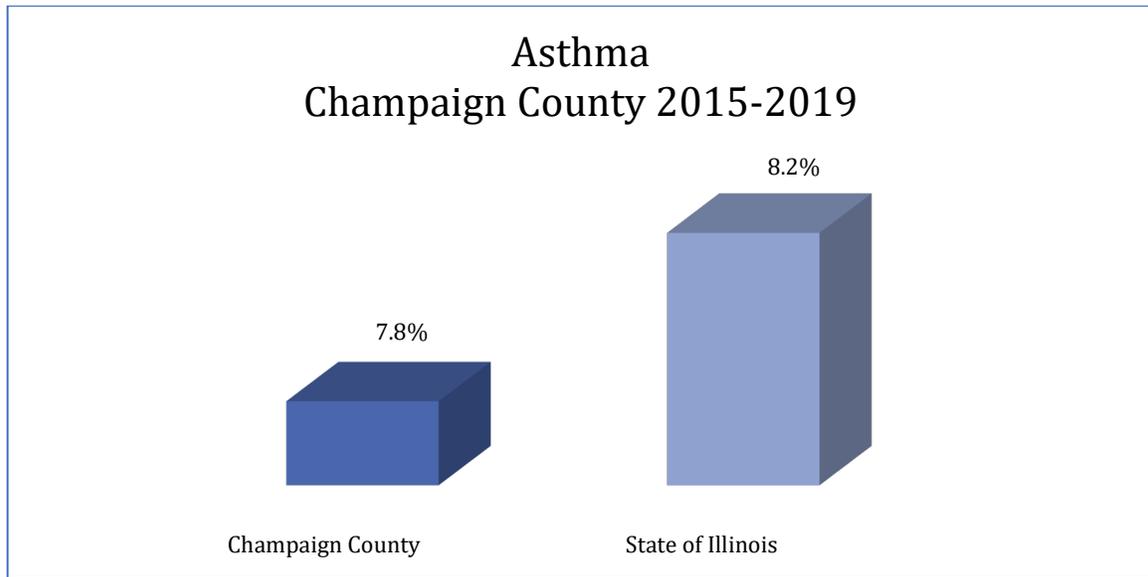
## 4.4 Respiratory

*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.

### Asthma

According to the Illinois BRFSS, asthma rates in Champaign County (7.8%) are slightly less than the State of Illinois (8.2%) (Figure 61). Note that data has not been updated past 2019 by the Illinois Department of Public Health.

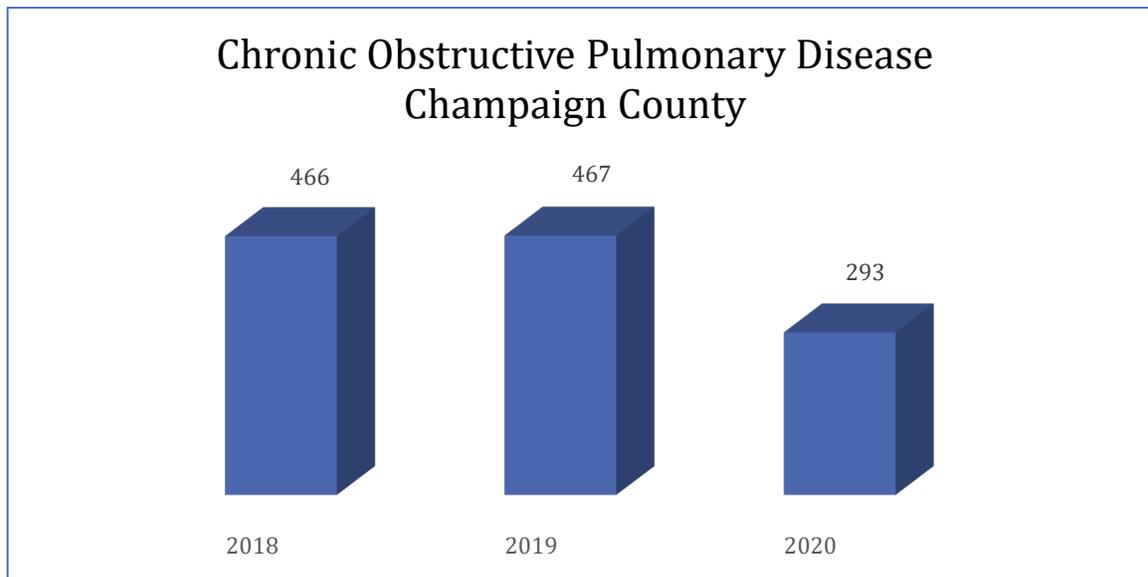
Figure 61



Source: Illinois Behavioral Risk Factor Surveillance System

Treated cases of COPD at Champaign County area hospitals fluctuated between 2018 and 2019, with a significant decline in 2020 (Figure 62). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

Figure 62



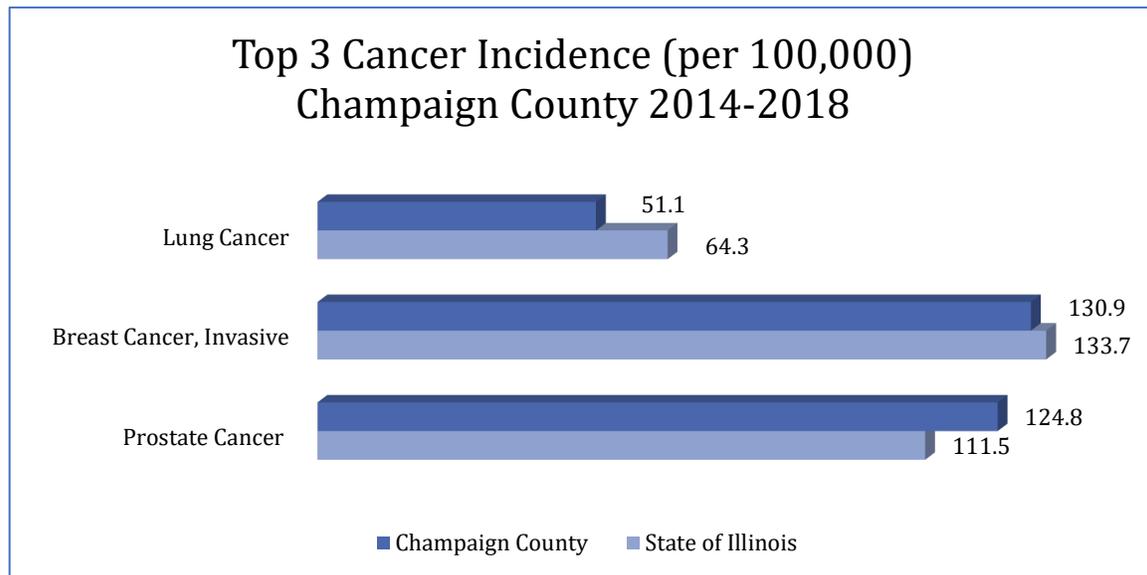
Source: COMPdata Informatics 2021

## 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, lung cancer and breast cancer are lower than the State, while prostate cancer rates are higher than the State of Illinois (Figure 63). Note that 2018 is the most recent year of data.

Figure 63



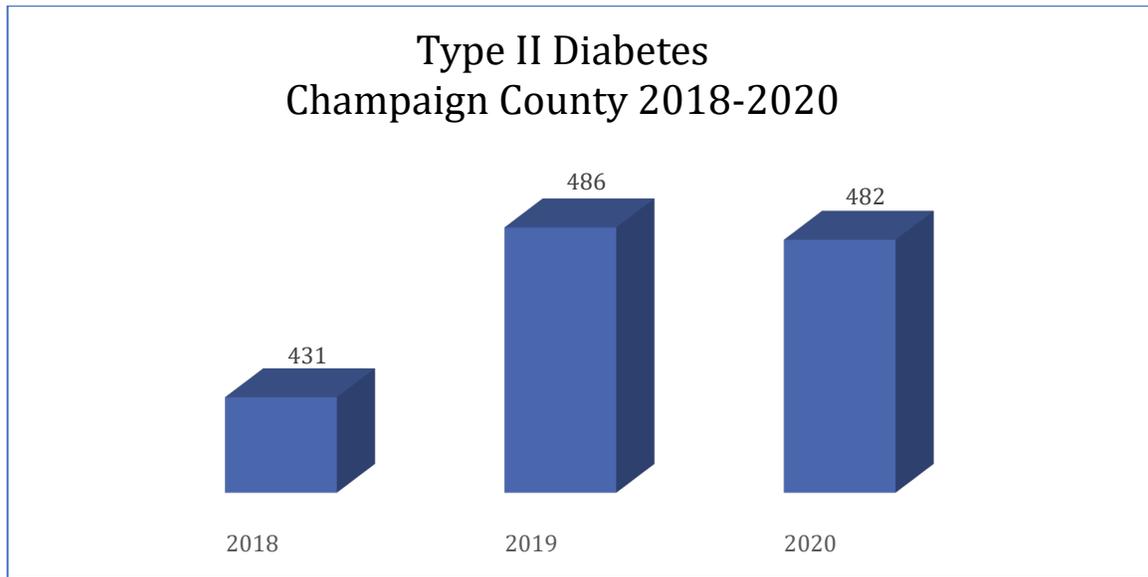
Source: Illinois Department of Public Health – Cancer in Illinois

## 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 increased between 2018 (431 cases) and 2020 (482 cases) (Figure 64). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

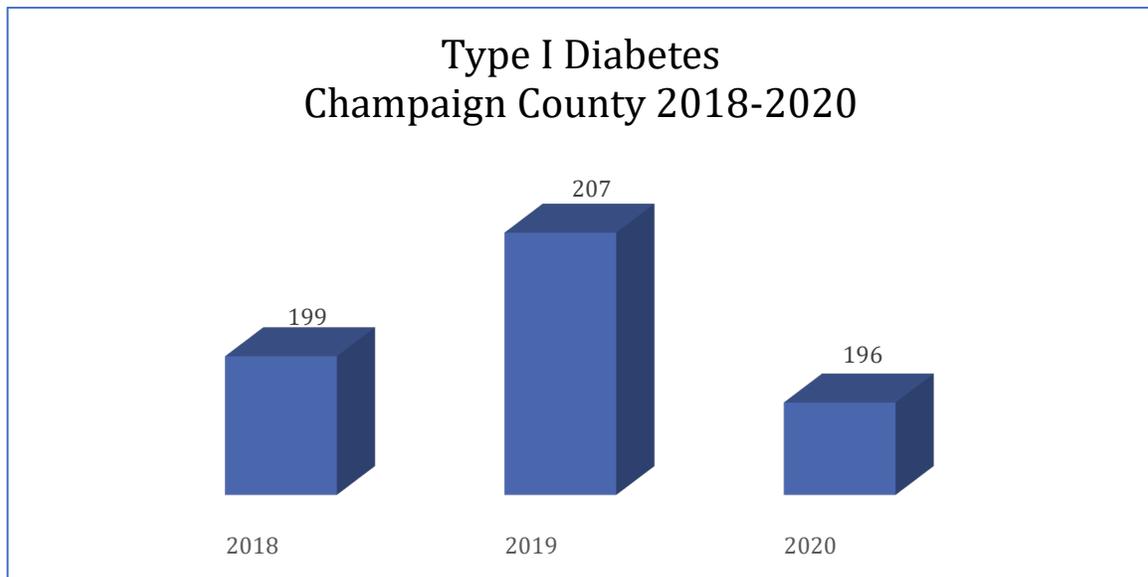
Figure 64



Source: COMPdata Informatics 2021

Inpatient cases of Type I diabetes show a decrease from 2018 (199) to 2020 (196), note an increase in 2019 (207) (Figure 65). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

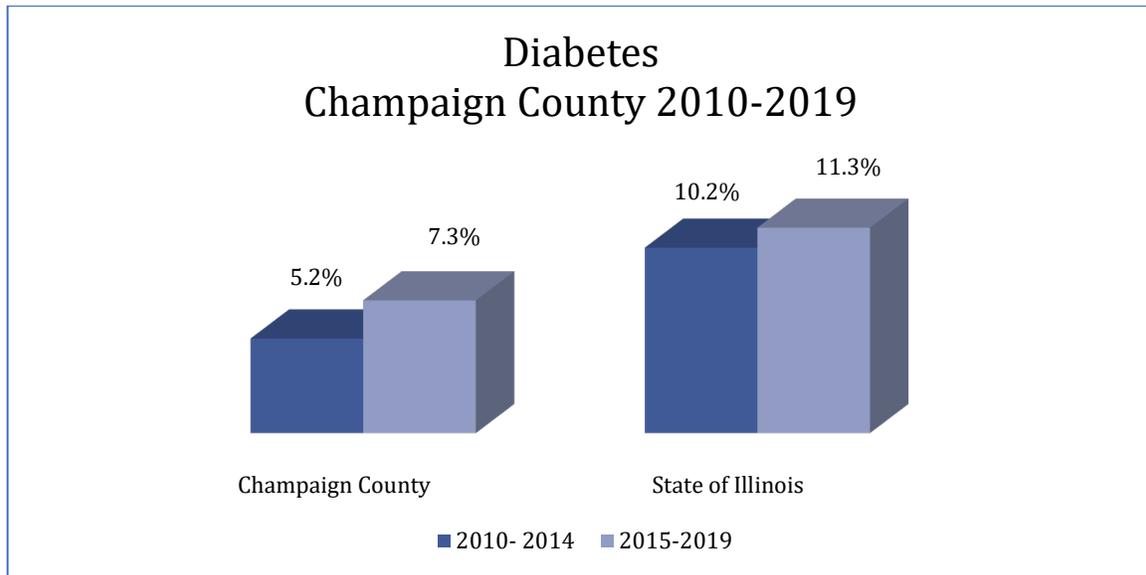
Figure 65



Source: COMPdata Informatics 2021

Data from the Illinois BRFSS indicate that 7.3% of Champaign County residents have diabetes (Figure 66). Trends are concerning, as the prevalence of diabetes is increasing dramatically in the State of Illinois. Note that data have not been updated past 2019 by the Illinois Department of Public Health.

Figure 66



Source: Illinois Behavioral Risk Factor Surveillance System

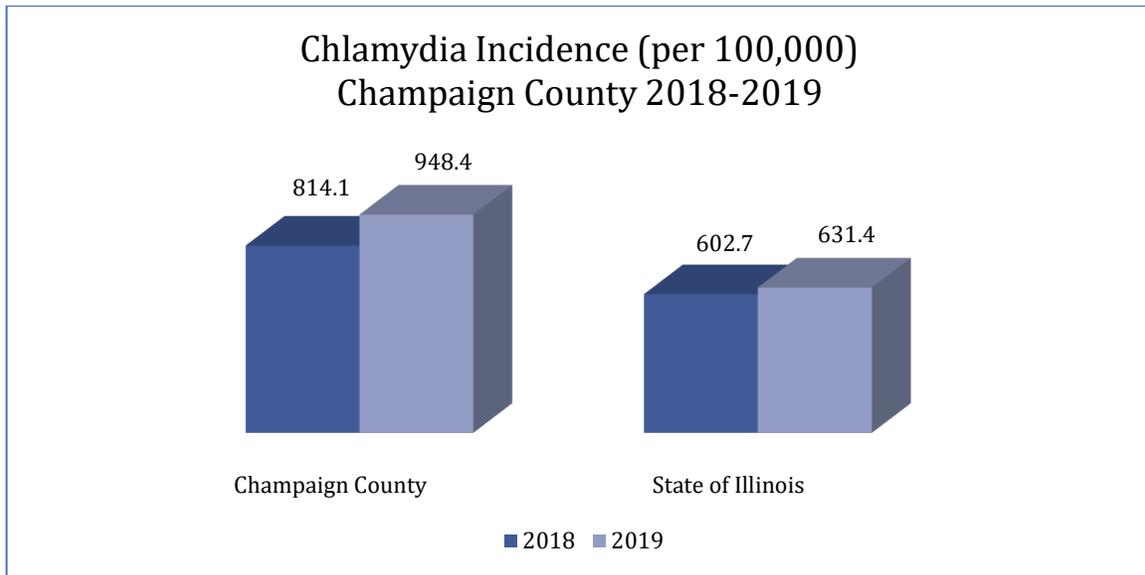
## 4.7 Infectious Diseases

*Importance of the measure:* Infectious diseases, including sexually transmitted infections and hepatitis, are related to high-risk sexual behavior, drug and alcohol abuse, limited access to healthcare and poverty. It would be highly cost-effective for both individuals and society if more programs focused on prevention rather than treatment of infectious diseases.

### Chlamydia and Gonorrhea Cases

The data for the number of infections of chlamydia in Champaign County from 2018-2019 indicate a significant increase. There is also an increase of incidence of chlamydia across the State of Illinois. Rates of chlamydia in Champaign County are concerning and are higher than across the State of Illinois (Figure 67).

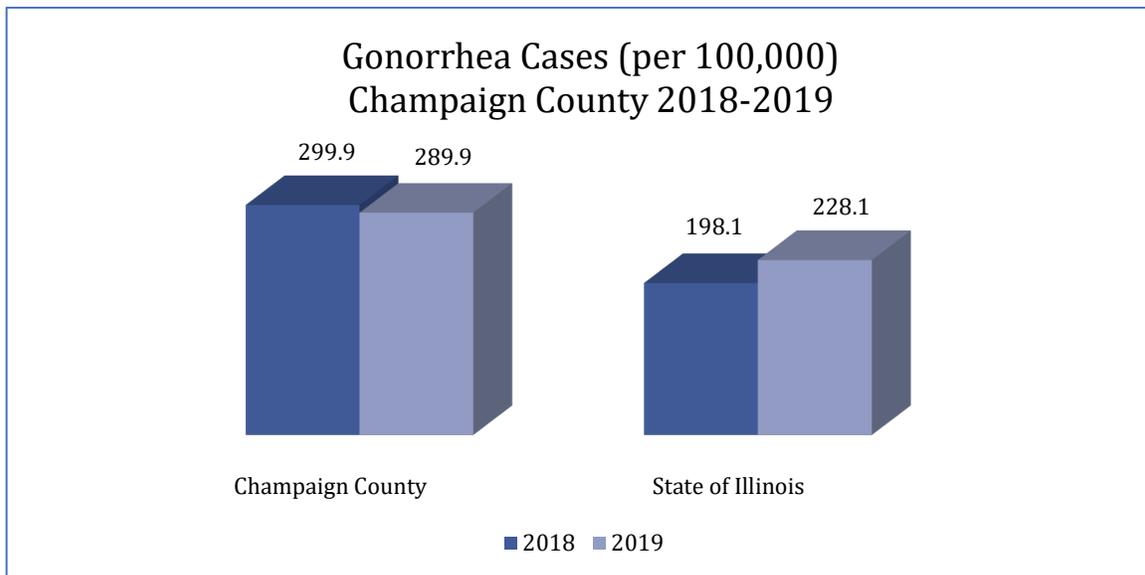
Figure 67



Source: Illinois Department of Public Health

The data for the number of infections of gonorrhea in Champaign County indicate a decrease from 2018-2019 while the State of Illinois has experienced an increase (Figure 68). Note that Champaign County rate is significantly higher than State of Illinois. Note 2019 is the most recent data.

Figure 68



Source: Illinois Department of Public Health

## Vaccine-Preventable Diseases

A vaccine-preventable disease is an infectious disease for which an effective preventive vaccine exists. If a person acquires a vaccine-preventable disease and dies, the death is considered a vaccine-preventable

death. According to the Illinois Public Health Department, the most common and serious vaccine-preventable diseases are: Varicella (chickenpox), Tetanus (lockjaw), Pertussis (whooping cough), Poliomyelitis (Polio), Measles (Rubeola), Mumps, Rubella (German measles), Diphtheria, Hepatitis B, and Hemophilic Influenza Type B (HIB) Infections. These diseases used to strike thousands of children each year. Today there are relatively few cases, but outbreaks still occur each year because some babies are not immunized. Champaign County has shown no significant outbreaks compared to state statistics, but there are limited data available (Table 1 and Table 2). Note: Data has not been updated past years below. Also note that COVID-19 vaccine rates are presented in Chapter 2 of the CHNA.

*Table 1  
Vaccine Preventable Diseases 2015-2016 Champaign County Region*

Mumps	2015	2016
Champaign County	203	112
State of Illinois	430	333

Pertussis	2015	2016
Champaign County	2	5
State of Illinois	718	1034

Varicella	2015	2016
Champaign County	14	21
State of Illinois	443	469

*Source: Illinois Department of Health*

*Table 2  
Tuberculosis 2018-2019 Champaign County Region*

Tuberculosis	2018	2019
Champaign County	4	5
State of Illinois	336	319

*Source: Illinois Department of Health*

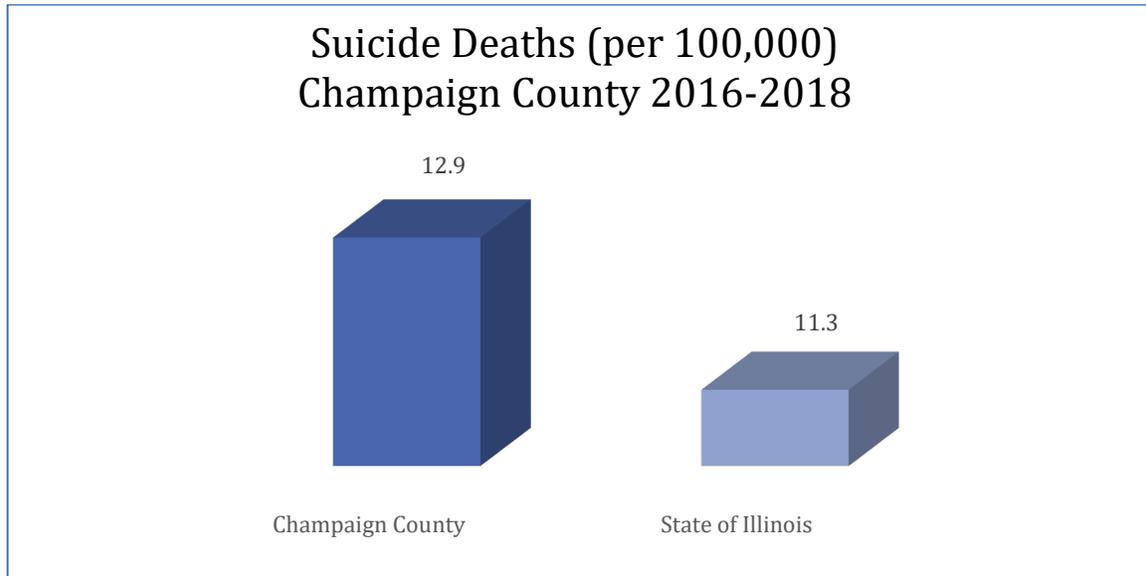
## 4.8 Injuries

*Importance of the measure:* Suicide is intentional self-harm resulting in death. These injuries are often indicative of serious mental health problems requiring the treatment of other trauma-inducing issues. Unintentional injuries can occur, in part, from violent crimes.

## Suicide

The number of suicides in Champaign County indicate higher incidence than State of Illinois averages, as there were approximately 12.9 per 100,000 suicide deaths in Champaign County from 2016-2018 (Figure 69).

Figure 69

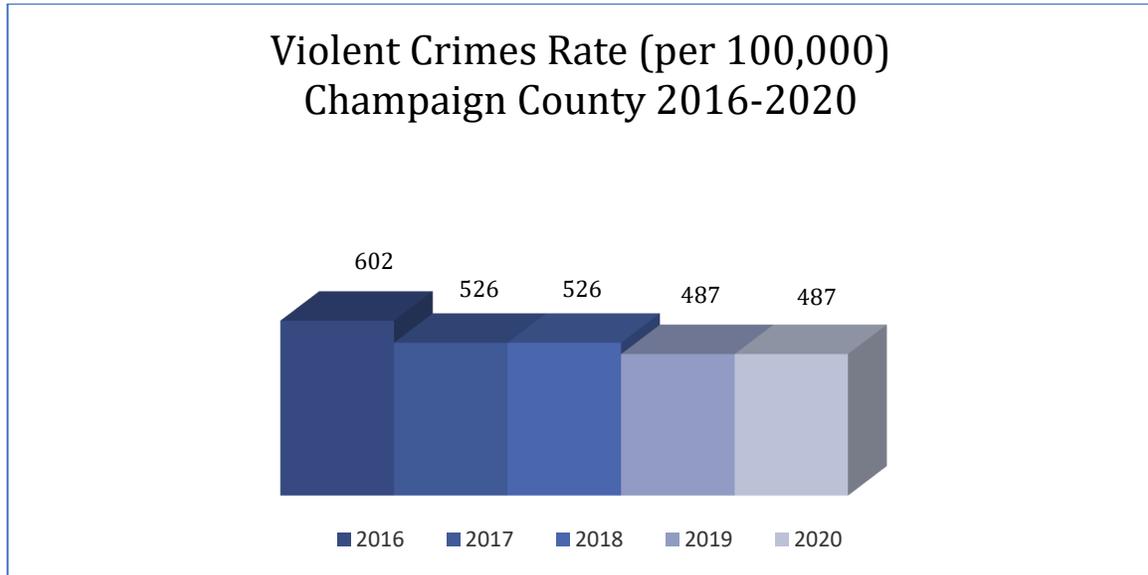


Source: Illinois Department of Public Health

## 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 2018 in Champaign County (Figure 70). However violent crime rates in Champaign County (487 per 100,000 people) still remain higher than the State of Illinois average (426 per 100,000 people) and the national average (388 per 100,00 people).

Figure 70



Source: Illinois County Health Rankings and Roadmaps

## 4.9 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 two leading causes of death in the State of Illinois and Champaign County are similar as a percentage of total deaths in 2020. Diseases of the Heart are the cause of 21.6% of deaths and cancer is the cause of 18.5% of deaths in Champaign County (Table 3).

Table 3

Top 5 Leading Causes of Death for all Races by County and State, 2020		
Rank	Champaign County	State of Illinois
1	Diseases of Heart (21.6%)	Diseases of Heart (20.7%)
2	Malignant Neoplasm (18.5%)	Malignant Neoplasm (18.1%)
3	Accidents (7.4%)	COVID-19 (11.8%)
4	Cerebrovascular Disease (4.9%)	Cerebrovascular Disease (5.4%)
5	COVID-19 (4.4%)	Accidents (5.1%)

Source: Illinois Department of Public Health

## 4.10 Key Takeaways from Chapter 4

- ✓ PROSTATE CANCER RATES IN CHAMPAIGN COUNTY ARE HIGHER THAN STATE AVERAGES.
- ✓ CHLAMYDIA HAS INCREASED IN CHAMPAIGN COUNTY.
- ✓ SUICIDE RATES IN CHAMPAIGN COUNTY ARE HIGHER THAN THE STATE OF ILLINOIS.
- ✓ VIOLENT CRIME RATES ARE HIGHER THAN STATE AVERAGES.
- ✓ CANCER AND HEART DISEASE 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.

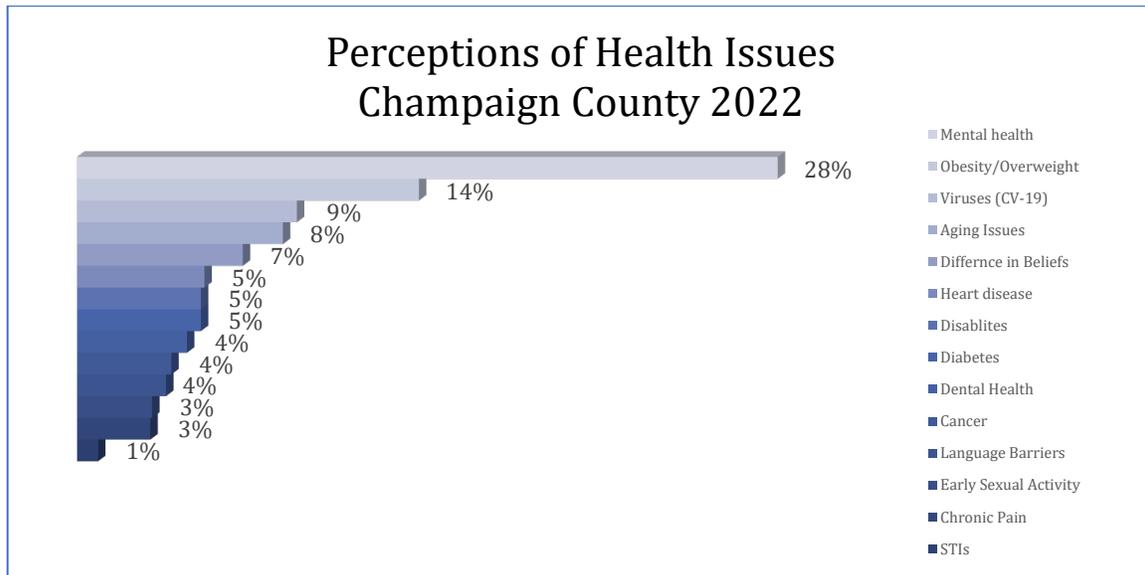
## 5.1 Perceptions of Health Issues

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 (28%), followed obesity (14) (Figure 71). These factors were 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 71

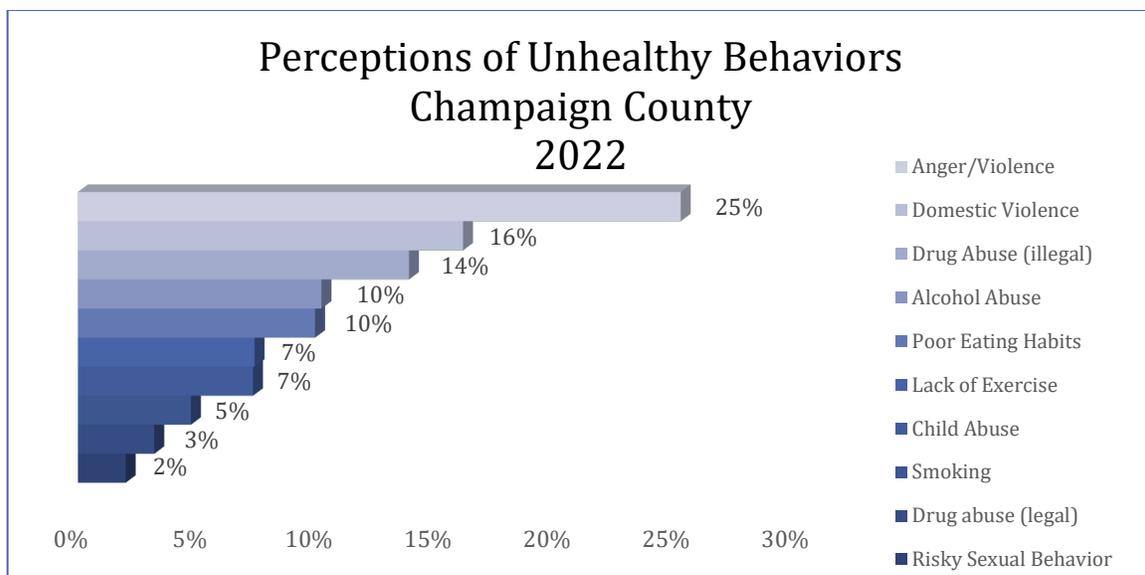


Source: CHNA Survey

## 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 two unhealthy behaviors that rated highest were anger and violence (25%), domestic violence (16%), and drug abuse-illegal (14%) (Figure 72).

Figure 72



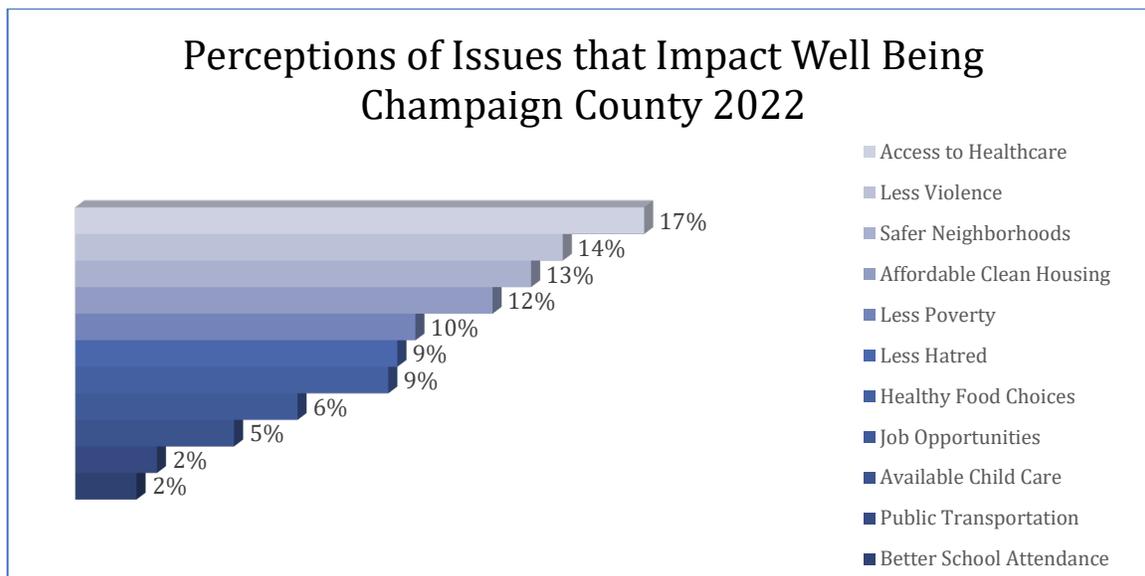
Source: CHNA Survey

### 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 health (17%). Survey respondents ranked less violence (14%) as the second most important community concern. Similarly, safer neighborhoods (13%) was ranked the third most important community concern impacting well-being. (Figure 73).

Figure 73



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 increased
- Population over age 65 increased
- Single female head-of-house-household represents 9% of the population
- Most people have access to the Internet in their home

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

- Access to mental health counseling
- Prostate screening is relatively low
- Exercise and healthy eating behaviors
- Depression and stress/anxiety
- Following a restricted diet
- Food insecurity
- Health literacy

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

- Misuse of prescription medication
- Overweight and obesity
- Cholesterol levels

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

- Prostate cancer
- Chlamydia and Gonorrhea rates
- Suicide rates
- Violence
- 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 7 potential categories. Based on similarities and duplication, the 7 potential areas considered are:

- **Healthy Behaviors and Wellness**
- **Behavioral Health including Mental Health and Substance Use**
- **Obesity (specific focus)**
- **Violence**
- **Cancer**
- **Suicides**
- **Health Literacy**

## 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 7 health-related areas were being addressed. A resource matrix can be seen in APPENDIX 6: Resource Matrix relating to the 7 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 three significant health needs and considered them equal priorities:

- **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**
- **Violence**

### HEALTHY BEHAVIORS – ACTIVE LIVING, HEALTHY EATING AND SUBSEQUENT OBESITY

**HEALTHY EATING.** Almost two-thirds (56%) of residents 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 affordability and accessibility.

**ACTIVE LIVING.** A healthy lifestyle, comprised of regular physical activity and balanced diet, has been shown to increase physical, mental and emotional well-being. Note that 18% of respondents indicated that they do not exercise at all, while the majority (68%) of residents exercise 1-5 times per week. The most common reasons for not exercising are not having enough energy (30%), no time (21%) or a dislike of exercise (18%).

**OBESITY.** In Champaign County, almost two-thirds (60.9%) of residents were diagnosed with obesity and being overweight. In the 2022 CHNA survey, respondents indicated that being overweight was the second 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. Nationwide, lack of physical activity and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

## BEHAVIORAL HEALTH – MENTAL HEALTH AND SUBSTANCE ABUSE

**MENTAL HEALTH.** The CHNA survey asked respondents to indicate prevalence of specific issues, namely depression and stress/anxiety. Of respondents, 64% indicated they felt depressed in the last 30 days and 55% indicated they felt anxious or stressed. Depression tends to be rated higher by women, younger people and those with less income. Stress and anxiety tend to be rated higher for women, younger people, those with less income and those with less education. Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents 50% indicated that they spoke to someone, the most common response was to a counselor (51%). In regard to self-assessment of overall mental health, 21% of respondents stated they have poor overall mental health. In the 2022 CHNA survey, respondents indicated that mental health was the most important health issue.

**SUBSTANCE ABUSE.** Of survey respondents, 27% indicated they consume at least one alcoholic drink each day. Alcohol consumption tends to be rated higher by men, older people and those with higher income. Of survey respondents, 6% indicated they improperly use prescription medications each day to feel better and 13% indicated the use marijuana each day. Note that misuse of prescription medication (oftentimes opioid use) tends to be rated higher by Black people, those with lower education and those with less income. Marijuana use tends to be rated higher by younger people, those with lower education and those with less income. Finally, of survey respondents, 1% indicated they use illegal drugs on a daily basis

In the 2022 CHNA survey, respondents rated drug abuse (illegal) as the third most prevalent unhealthy behavior (14%) in Champaign County, followed by alcohol abuse (10%).

## VIOLENCE

**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. The violent crime rate in Champaign County (487 per 100,000 people) is higher than the State of Illinois average (426 per 100,000 people) and the national average (388 per 100,000 people). Respondents in the 2022 CHNA survey ranked anger/violence (25%) and domestic violence (16%) as the two most important unhealthy behaviors in the community.

From the Illinois State Police Crime Reports, between 2018-2020, Champaign County has seen an increase in criminal homicides from 10 to 12, an increase in aggravated assault/battery from 621 to 817, an increase in motor-vehicle thefts from 158 to 314 and an increase in arson from 22 to 30. At the same

time, there has been a decrease in forcible rapes from 164 to 133, robbery from 158 to 145, burglary from 743 to 583 and theft from 3,545 to 2,393.

**COMMUNITY PERCEPTIONS.** As part of the Community Health Needs Assessment Survey, community members were asked to assess factors impacting well-being. Based on survey results, survey respondents ranked less violence (14%) as the second most important community concern. Similarly, safer neighborhoods (13%) was ranked the third most important community concern impacting well-being.

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# 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:

**Awais Vaid** is the Deputy Administrator and the Epidemiologist of the Champaign-Urbana Public Health District, Awais Vaid. In that role, he leads the agencies Strategic Planning and Operations with an emphasis on Systems Thinking. He joined the Health District in 2004 after spending a year as a Special Projects Coordinator at the Northwest Community Hospital in suburban Chicago. Awais Vaid received his Medical Degree (MD) from India and his Masters in Public Health (MPH) from Northern Illinois University focusing in Administration and Epidemiology. Awais is a Fellow of the Public Health Leadership Institute at UIC and serves on several Committees and Advisory Boards at the University of Illinois and the general Champaign-Urbana Community.

**John Walsh** serves as External Affairs Program Executive for Carle Health, a vertically integrated health system based in Central Illinois. John's background is in the 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 staffs. Additionally, John works to ensure that the system's Community Benefit reporting, Community Health Needs Assessments, Implementation Plans, and associated requirements and responsibilities are met. At the time of this assessment's research and publication, John serves as Chairman of the Board of Directors for the Champaign County Economic Development Corporation.

**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 (CUPHD), a nationally-accredited health department. Ms. Pryde earned her Masters of Social Work from the University of Illinois, Urbana-Champaign (UIUC), and her Masters 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 CUPHD in 1995 working with the HIV/AIDS Program. She served as the Director of the Division of Infectious Disease Prevention and Management at CUPHD until 2007 when she was appointed at the Public Health Administrator. She is a currently a member of The Illinois State Board of 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 Linda oversees Volunteer Services, Community Health, Education, and Outreach. Linda has a Bachelor of Arts Degree from Westminster College. Linda serves as a Deacon with First Presbyterian Church Champaign.

**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 \$9m, 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**; President and CEO, United Way of Champaign County, University of Illinois 1983, AHS. Sue 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 change 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 member 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, 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 and she was a 2020 cast member of That's What She Said. She has been married to Tom for 34 years and has three children and three grandchildren.

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 Masters of Business Administration Degree from Bradley University in Peoria, IL. She attained her CPA in 1984 and has 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 McMahan-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 best sellers. 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 2020 CHNA Prioritized Needs

Three major health needs were identified and prioritized in the Champaign County 2020 CHNA. Below are examples of the activities, measures and impact during the last three years to address these needs.

### 1. Behavioral Health

**Goal:** Increase capacity, create behavioral health triage center, promote education and training on mental and behavioral health to reduce stigma, provide youth targeted prevention programs.

- 1) Increased participation in our Digital Behavioral Health preventative solution by 149 new signups. SilverCloud is a secure, anonymous and interactive platform to help individuals manage the feelings and causes of depression, anxiety or stress.
- 2) Provided free Behavioral Health Navigation Services to 241 individuals.
- 3) OSF Heart of Mary Medical Center completed 1,486 Inpatient Behavioral Health discharges.
- 4) OSF Medical Group – Behavioral and Mental Health completed 10,996 Outpatient Behavioral Health visits.
- 5) Partnered with OSF Children’s Hospital of Illinois to host Healthy Lives for Kids events at the Don Moyer Boys and Girls Clubs in Rantoul and Champaign. The events included Love your selfie activity to help kids to focus on what they like about themselves and to be proud of themselves.

### 2. Reducing Obesity and Promoting Healthy Lifestyles

**Goal:** Improve access to healthy food options, expand physical activity prescription program, and increase access to physical activity.

- 1) Increased participation in the Community Fitness Program from 36 participants in 2020 up to 45 participants at the close of FY 2021.
- 2) Posted more than 100 healthy eating and active lifestyle posts on the OSF Heart of Mary Facebook page.
- 3) Established a baseline and completed 71 outpatient dietary visits in FY 2021.
- 4) Distributed 260 Smart Meals to seniors. Smart Meals is an educational program to include a nutritious meal to serve a family of 4 at a cost of under \$10. Each Smart Meal kit includes a recipe, shopping list, health benefits of each ingredient, and all the ingredients to prepare the meal.

### 3. Violence

**Goal:** *promote police-community relations, increase community engagement, and reduce community violence through partnering with local initiatives.*

- 1) Attended Champaign County Community Coalition meetings. The Community Coalition's vision is to improve the lives of youth and their families, promote effective law enforcement and positive police-community relations, and to support greater knowledge/use of resources available.
- 2) Completed 2,479 contacts to seniors to assess risk of violence and connect individuals to needed services.
- 3) Increased participation in our Digital Behavioral Health preventative solution by 149 new signups to help alleviate violence. **SilverCloud** is a secure, anonymous and interactive platform to help individuals manage the feelings and causes of depression, anxiety or stress.
- 4) Provided free Behavioral Health Navigation Services to 241 individuals.

## 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. **Obesity**
3. **Income/Poverty**

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 2020 Community Health Needs Assessment as well as the previous Community Health Needs Assessment, the following were identified as keys to addressing Mental and Behavioral Health: increase capacity, create behavioral health triage center, promote education and training on mental and behavioral health to reduce stigma, provide youth targeted prevention programs.

In response, Carle Foundation Hospital took the following actions:

- 1) Increased Carle Foundation Hospital Behavioral Health providers by 13 net new providers in 2020 and 2021.
- 2) Increased number of psychiatric residents by 4 each year, for a total of 8 new residents in 2020 and 2021.
- 3) Carle Foundation Hospital committed to a partnership with the Champaign County Sheriff's Office to equip officers with Narcan, or naloxone, a drug that stops respiratory failure caused by opioid. In 2020 and 2021, at least 23 lives were saved by emergency administer of Narcan, as well as many trainings given.
- 4) Trained 27 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. Recruitment for the second cohort is complete and scheduled to begin in mid-2022. The ECHO Project increases access to Medication Assisted Recovery (MAR) and promotes engagement in rural and underserved areas.
- 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) Developed the 'Seeds of Wellness' project in August 2018 to address increasing suicide by farmers, with a focus on the rural and veteran populations. In collaboration with staff from executive leadership, human resources, behavioral health and communications, the primary function of the project is to educate the communities we serve about behavioral health awareness, including ways to identify and assist those showing symptoms of behavioral health issues; and to address the stigma around seeking behavioral health services. Carle facilitated a train the trainer program Carle and regional partner employees to teach Mental Health First Aid training. In 2020 and 2021, we hosted over 20 classes regionally and trained over 335 individuals in our communities.
- 7) Carle Community Health Initiative implemented ACES screening and trauma-informed care delivery approaches.
- 8) In 2020 and 2021, Carle provided over \$100,000 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 six years, moving from 2055:1 in 2010 to 280:1 in 2021.

According to the CDC, National Vital Statistics System, the Champaign County suicide rate from 2018-2021 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.

Carle Foundation Hospital has contributed to the increase of mental health providers per 100,000 since the last Community Health Needs Assessment. While a large portion of drug-related deaths were in Champaign County, Carle Foundation Hospital has committed many resources to combat this, and has

saved many lives with the naloxone partnership. Carle Foundation Hospital's actions and financial commitments have supported improved access to care for behavioral health in Champaign County.

### **Obesity, Evaluation of Prior Impact:**

In the 2020 Community Health Needs Assessment, as with the previous assessment, the following were identified as keys for reducing obesity and promoting healthy lifestyles: improve access to healthy food options, expand physical activity prescription program, and increase access to physical activity.

In response, Carle Foundation Hospital took the following actions:

- 1) Creation of Mobile Market Partnership in 2019- a retrofitted bus that can travel to areas of most need to deliver healthy, affordable or free food options for those most in need. The Mobile Market expanded operations in 2020 and 2021, increasing access to healthy food options to those across our communities.
- 2) Supported community partners in the Urbana Kickapoo Rail Trail Expansion, providing over \$28,000 as the 20% local match for a grant application. Carle remains an active partner in trail expansion discussions.
- 3) Carle Community Health Initiative launched the 'Rx for Play' and 'Rx for Nutrition' programs, delivering almost 3,500 healthy food boxes to families in need in 2020 and 2021 alone.
- 4) Provided over \$400,000 in funding for community organizations and events that promoted physical activity and healthy living from 2020 and 2021.

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 2021 County Health Rankings, the obesity in Champaign County is 30%, an increase from 26% in 2015. 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 2020 Community Health Needs Assessment, as with the previous assessment, the following were identified as keys to addressing violence in Champaign County: promote police---community relations, increase community engagement, and reduce community violence through partnering with local initiatives.

The majority of the goals in the CHNA involved law enforcement and correctional system entities; therefore, Carle did not provide direct interventions in these areas. However, there are a number of

projects and initiatives Carle supports that are intended to reduce the rate of violence and support victims of violence.

In response, Carle Foundation Hospital took the following actions:

- 1) 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 400 total cases, including almost 100 pediatric sexual assault patients in 2020 and 2021 alone.
- 2) Committed to a 24/7 Child Abuse Safety Team (CAST), which served 235 children to identify suspected abuse, ensure proper investigation and testing, and communicate with state and local agencies in 2020 and 2021.
- 3) Committed to violence prevention 'Risk Watch' curriculum program in community schools, reaching over 17,000 students in topic area of violence prevention such as choking, strangulation suffocation, and poisoning from 2017-2019, spending 120 hours in community classrooms. Carle staff recorded videos to be used virtually in 2020 and 2021 to ensure the education was provided despite the COVID-19 pandemic.
- 4) Committed to Rape Advocacy, Counseling, and Education Services (RACES) RadKIDS Program, providing over 100 hours of support from 2017-2019 to the national, five-day course empowering children with real life training to protect themselves from danger, including inappropriate touching, when to tell an adult if harmed, and how to dial 911 in emergency or violent situations, as well as how to physically defend themselves. Carle Foundation Hospital continue to support the work of RACES in 2020 and 2021, though the RadKids program was put on hold in 2020 and 2021 due to COVID-19 concerns. Carle will continue to support once again safe to do so.
- 5) Carle Community Health Initiative had an estimated 60% reduction in domestic violence in homes visited through its Healthy Beginnings Home Visiting program.
- 6) Provided over \$38,000 in funding for community organizations and events whose missions targeted reducing violence in 2020 and 2021.

Champaign County crime rate has decreased over the last couple years, but remains higher compared to the State of Illinois and surrounding counties. As stated by the 2021 County Health Rankings the violent crime rate (the number of reported violent crime offenses per 100,000 populations) is 487 which is still remains higher than the state of Illinois rate of 403.

According to Community Health Rankings there were 7 gun related deaths in Champaign County, 13 suicides and 4 homicides in 2021.

While Champaign County's crime rate remains higher compared to the State of Illinois, 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

# Champaign County

## 2021 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"/> Early sexual activity                                  |
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Heart disease/heart attack                             |
| <input type="checkbox"/> Chronic pain   | <input type="checkbox"/> Behavioral health issues (including depression, anger) |
| <input type="checkbox"/> Dental health (including tooth pain)   | <input type="checkbox"/> Obesity/overweight                                     |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Sexually transmitted infections                        |
| <input type="checkbox"/> Physical disability/mobility issues  | <input type="checkbox"/> Viruses (including COVID-19)                           |
| <input type="checkbox"/> Issues with cultural differences/religious beliefs                                     | <input type="checkbox"/> Issues with language barriers                          |

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

- |   |   |
|---|---|
| <input type="checkbox"/> Angry behavior/violence    | <input type="checkbox"/> Drug abuse (legal drugs)     |
| <input type="checkbox"/> Alcohol abuse              | <input type="checkbox"/> Lack of exercise             |
| <input type="checkbox"/> Child abuse                | <input type="checkbox"/> Poor eating habits           |
| <input type="checkbox"/> Domestic violence          | <input type="checkbox"/> Risky sexual behavior        |
| <input type="checkbox"/> Drug abuse (illegal drugs) | <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"/> Job opportunities                    |
| <input type="checkbox"/> Affordable healthy housing | <input type="checkbox"/> Less hatred & more social acceptance |
| <input type="checkbox"/> Availability of child care | <input type="checkbox"/> Less poverty                         |
| <input type="checkbox"/> Better school attendance   | <input type="checkbox"/> Less violence                        |
| <input type="checkbox"/> Good public transportation | <input type="checkbox"/> Safer neighborhoods/schools          |
| <input type="checkbox"/> Healthy food choices       |   |

## 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? (Please choose only one answer).

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Clinic/Doctor's office | <input type="checkbox"/> Emergency Department | <input type="checkbox"/> I don't seek medical attention |
| <input type="checkbox"/> Urgent Care Center     | <input type="checkbox"/> Health Department    | <input type="checkbox"/> Other                          |

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

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

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

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

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

- Didn't have health insurance.
  Too long to wait for appointment.
- Couldn't afford to pay my co-pay or deductible.
  Didn't have a way to get to the doctor.
- Fear of discrimination.
  Lack of trust.

### Prescription Medicine

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

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

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

- Didn't have health insurance.
  Pharmacy refused to take my insurance or Medicaid.
- Couldn't afford to pay my co-pay or deductible.
  Didn't have a way to get to the pharmacy.
- Fear of discrimination.
  Lack of trust.

### Dental Care

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

- Yes (please answer #7)
  No (please go to #8: Behavioral-Health Services)

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

- Didn't have dental insurance.
  The dentist refused my insurance/Medicaid
- Couldn't afford to pay my co-pay or deductible.
  Didn't have a way to get to the dentist.
- Fear of discrimination.
  Lack of trust.
- Not sure where to find available dentist

### Behavioral-Health Services

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

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

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

- Didn't have insurance.
  The counselor refused to take insurance/Medicaid.
- Couldn't afford to pay my co-pay or deductible
  Embarrassment.
- Didn't have a way to get to a counselor.
  Cannot find counselor.
- Fear of discrimination.
  Lack of trust.
- 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 the last WEEK how many times did you participate in exercise, (such as jogging, walking, weight-lifting, fitness classes) that lasted for at least 30 minutes?

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

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

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

### Healthy Eating

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

- None (please answer #4)
  1 - 2 servings
  3 - 5 servings
  More than 5 servings

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

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

5. Where is your primary source of food? (Please choose only one answer).

- Grocery store
  Fast food
  Gas station
  Food delivery program  
 Food pantry
  Farm/garden
  Convenience store

6. 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 #8: Smoking.
- I do not have any health conditions
  Diabetes
  Behavioral-health conditions  
 Allergy
  Heart problems
  Stroke  
 Asthma/COPD
  Overweight  
 Cancer
  Memory problems

7. If you identified any conditions in Question #6, how often do you follow an eating plan to manage your condition(s)?

- Never
  Sometimes
  Usually
  Always

### Smoking

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

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

### Vaping

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

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

### GENERAL HEALTH

10. 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.). \_\_\_\_\_

\_\_\_\_\_

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

12. How many days a week do you or your family members go hungry?  
 None  1-2 days  3-5 days  More than 5 days

13. 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

14. 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

15. In the last YEAR have you talked with anyone about your behavioral health?  
 Yes (please answer #16)  No (please go to #17)

16. If you talked to anyone about your behavioral health, who was it?  
 Doctor/nurse  Counselor  Family/friend

17. How often do you use prescription medications (not prescribed to you or used differently than how the doctor instructed) on a typical DAY?

None  1-2 times  3-5 times  More than 5 times

18. How many alcoholic drinks do you have on a typical DAY?

None  1-2 drinks  3-5 drinks  More than 5 drinks

19. How often do you use marijuana on a typical DAY?

None  1-2 times  3-5 times  More than 5 times

20. 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

21. Do you feel safe where you live?  Yes  No

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

Breast/mammography exam	<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
Colonoscopy/colorectal 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 behavioral health is:  Below average  Average  Above average

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## 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

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. If you answered that you have housing, does your house have:

- leaking roof                       mold                       heat                       air conditioning  
 running water                       rodents                       lead                       electricity                       Internet

13. How many people live with you? \_\_\_\_\_

14. How often do you communicate with people you care about and feel close to? (For example, talking, texting, meeting with friends/family?)

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

15. 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

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?

---

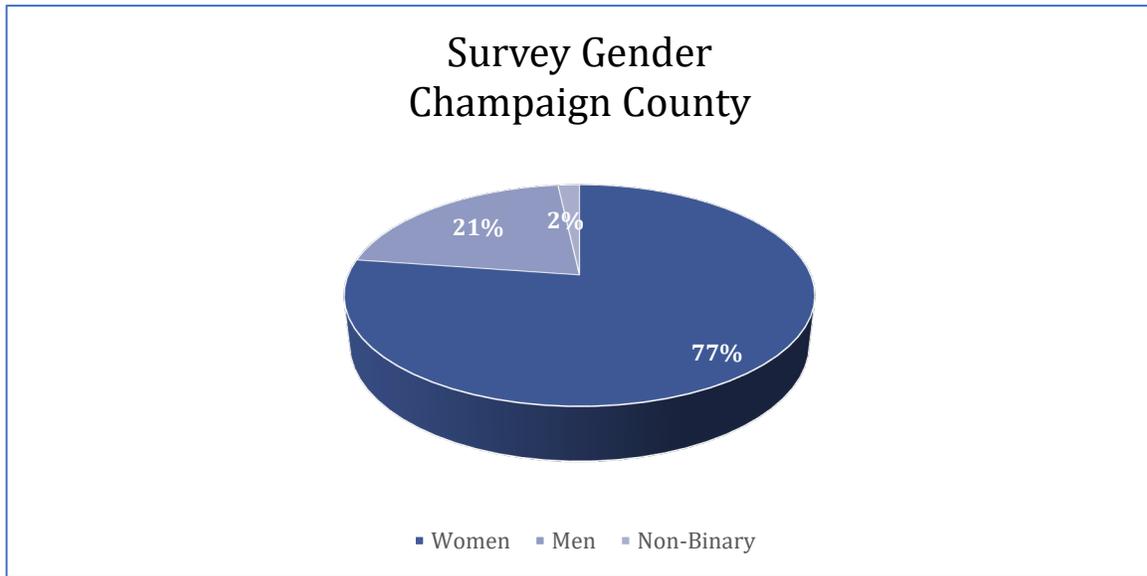


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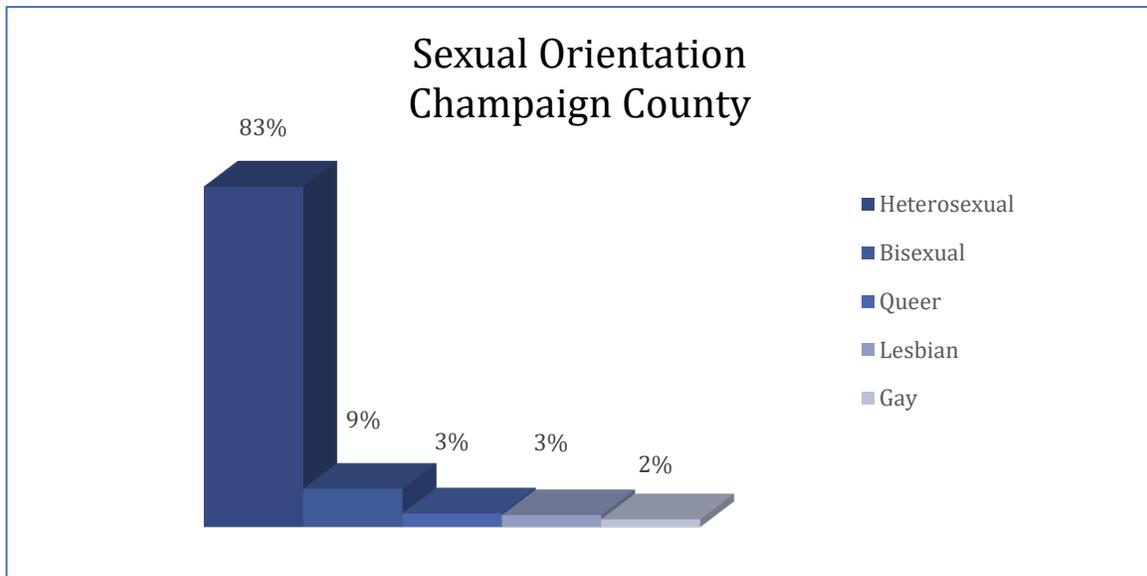
**Thank you very much for sharing your views with us!**

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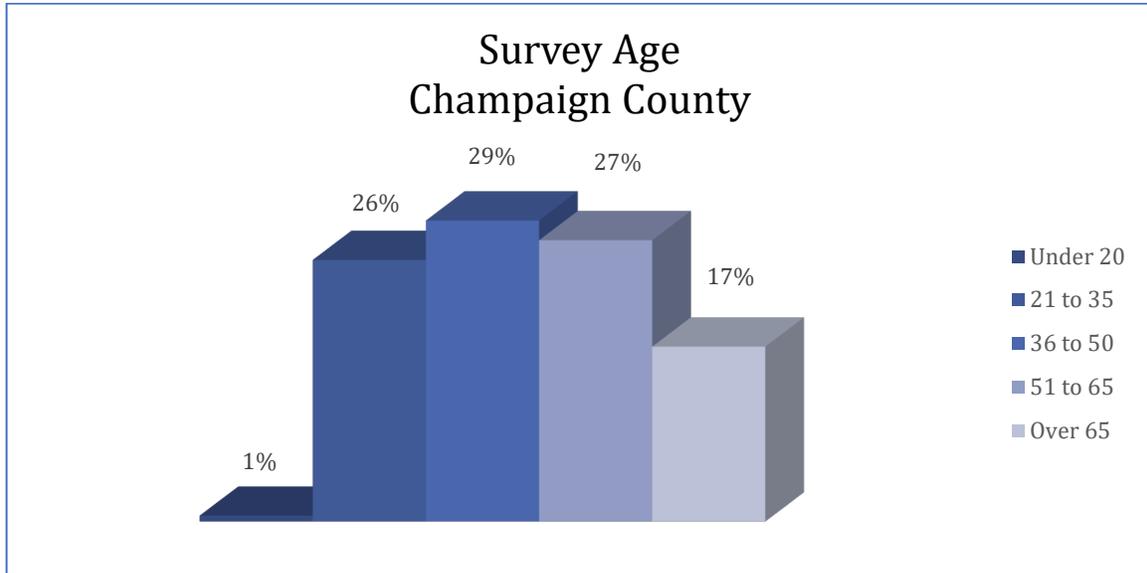
## APPENDIX 4: Characteristics of Survey Respondents



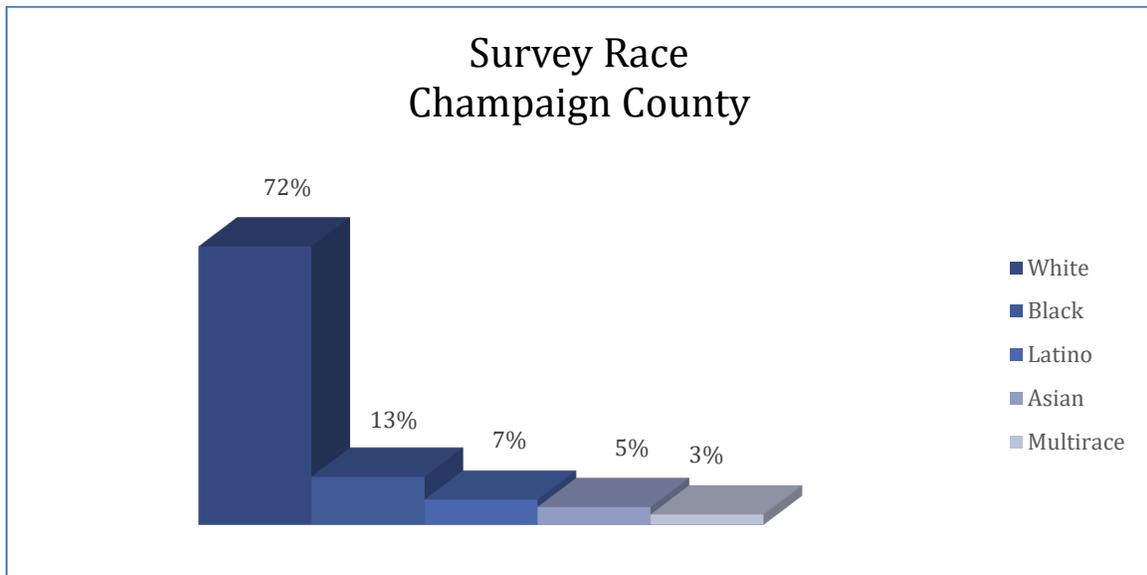
Source: CHNA Survey



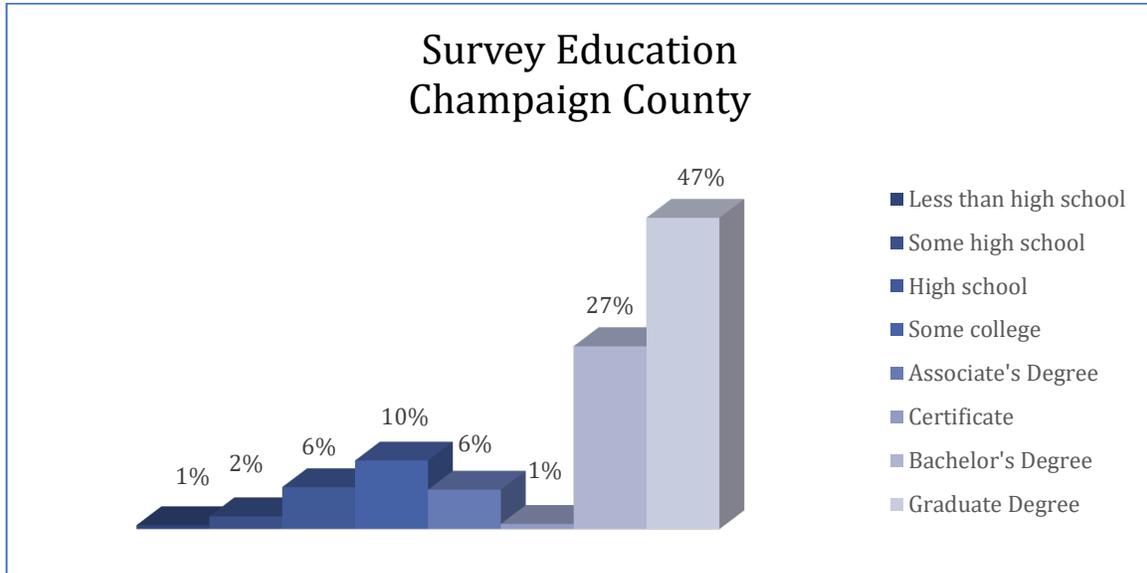
Source: CHNA Survey



Source: CHNA Survey



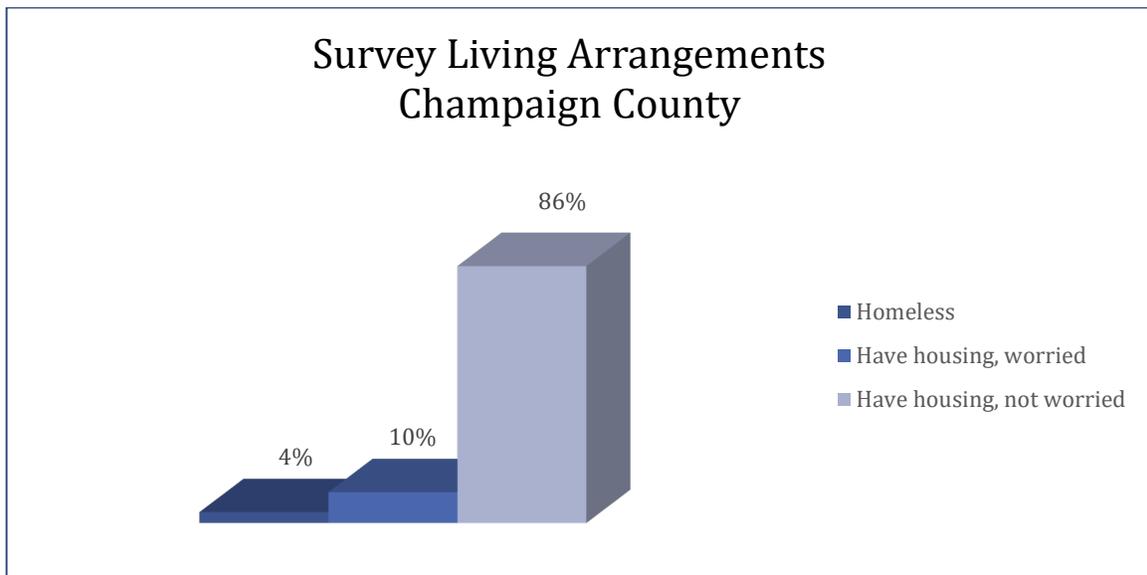
Source: CHNA Survey



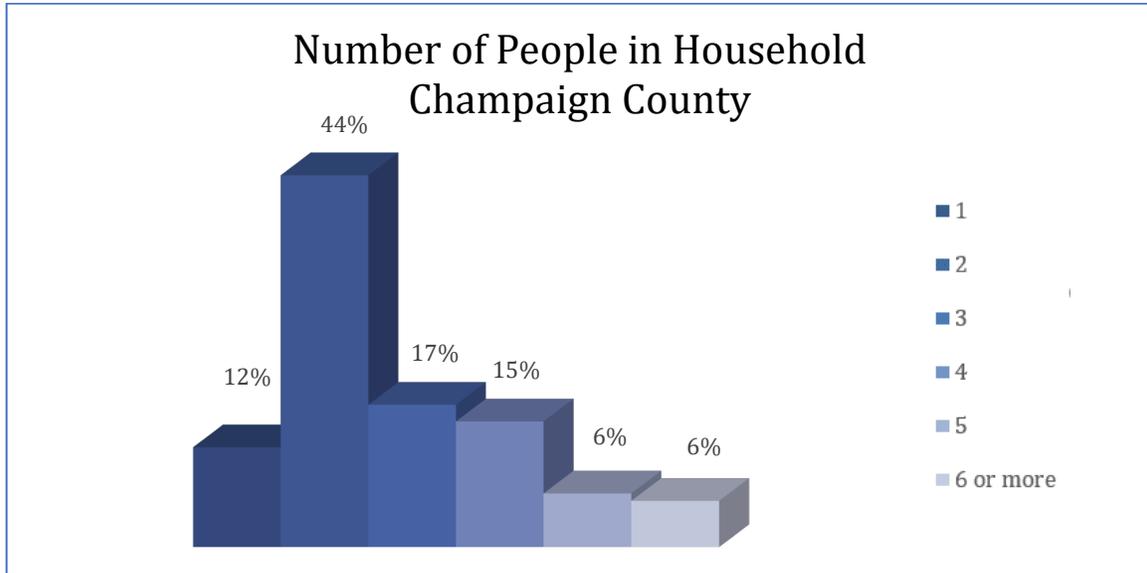
Source: CHNA Survey

## Housing Environment

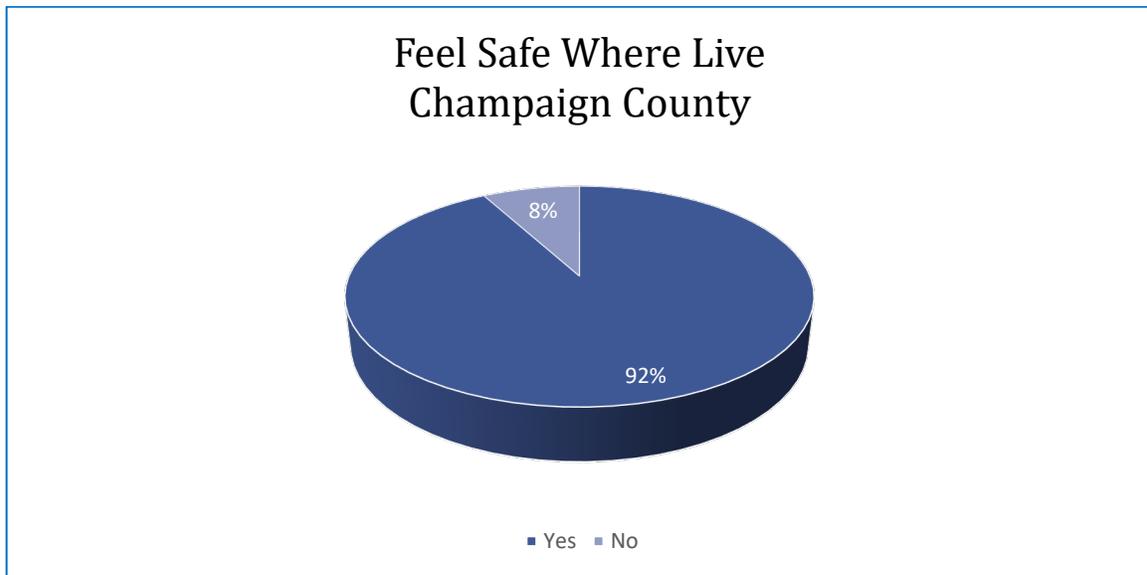
Housing environment is a measure of the housing-related standard of living in a community. Key risk influencers include affordability, crowding and quality. For Champaign County, 34% of the population is at elevated risk for housing environment. This is similar to the State of Illinois average of 33% (SocialScape® powered by SociallyDetermined®, 2022).



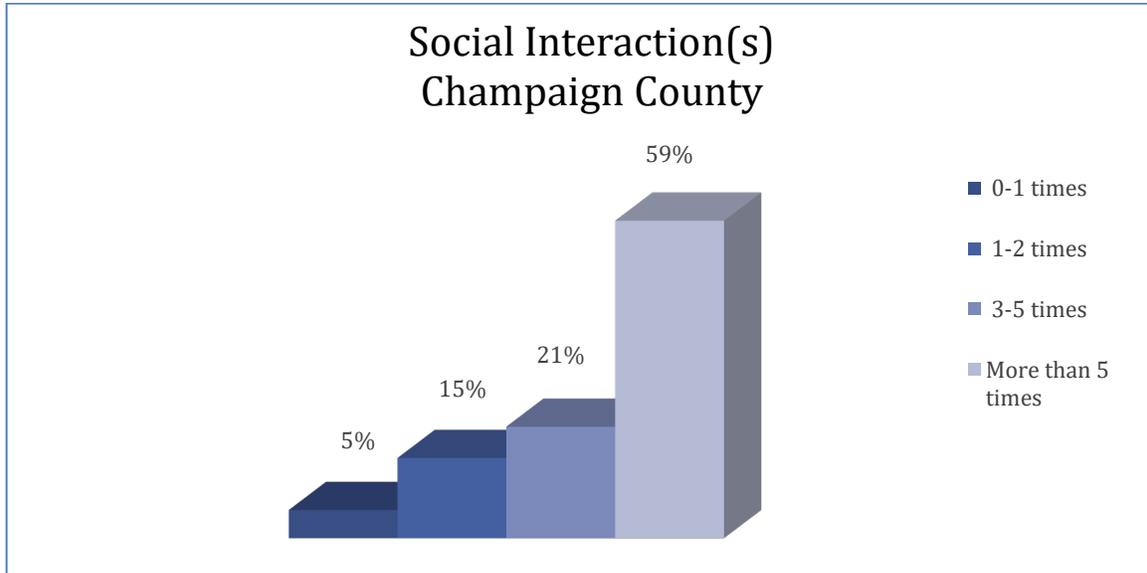
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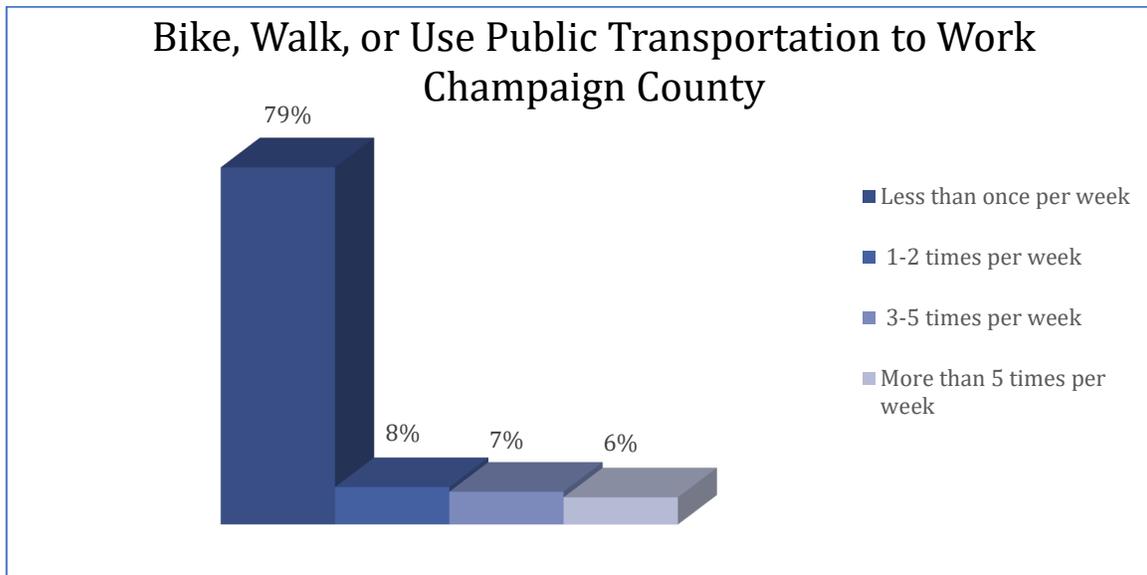
Source: CHNA Survey



Source: CHNA Survey

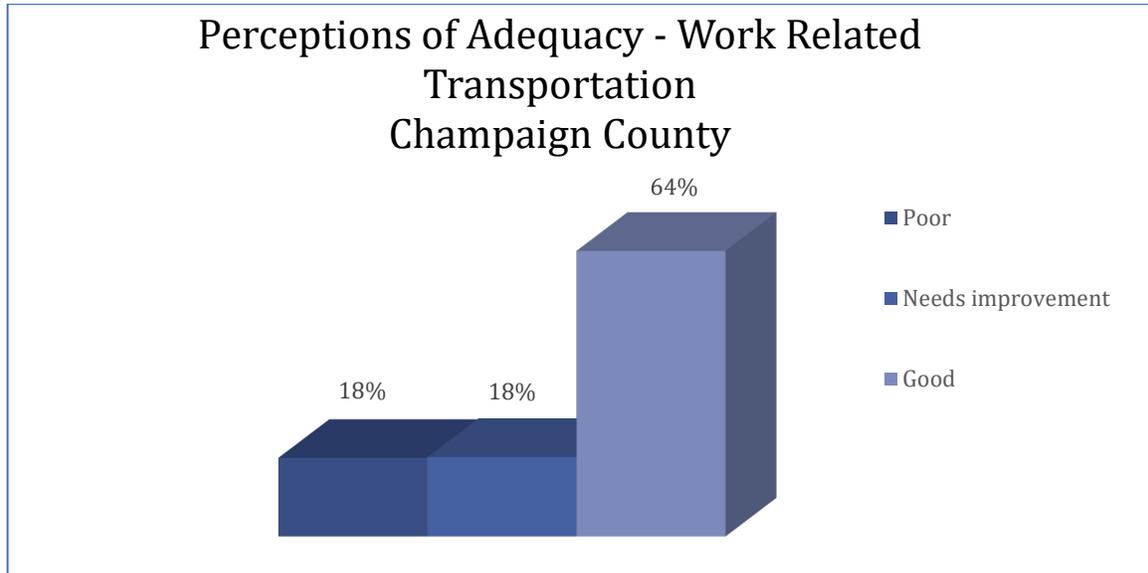


Source: CHNA Survey

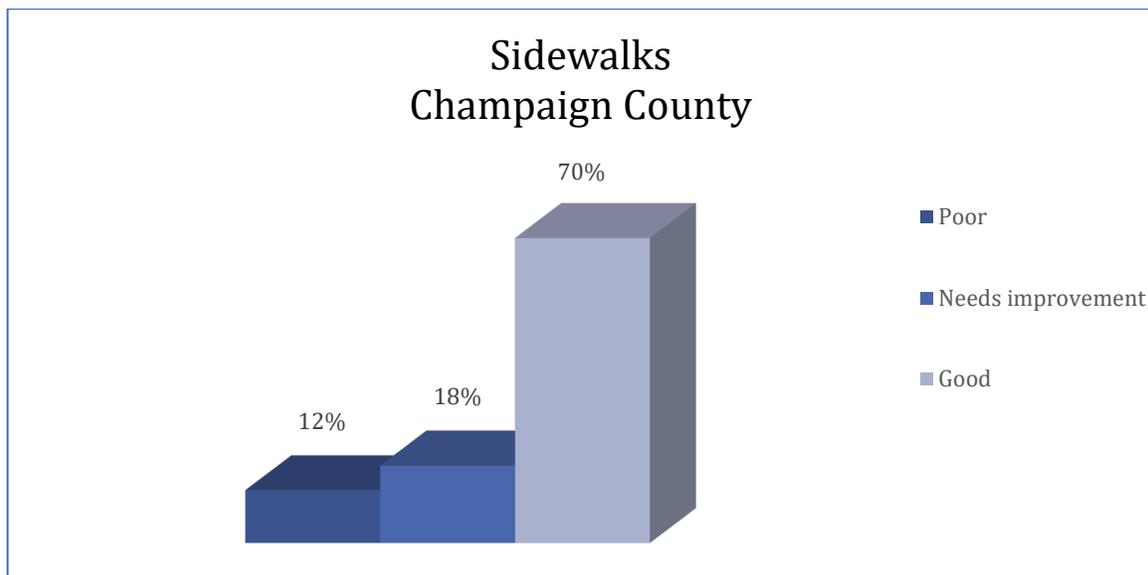


Source: CHNA Survey

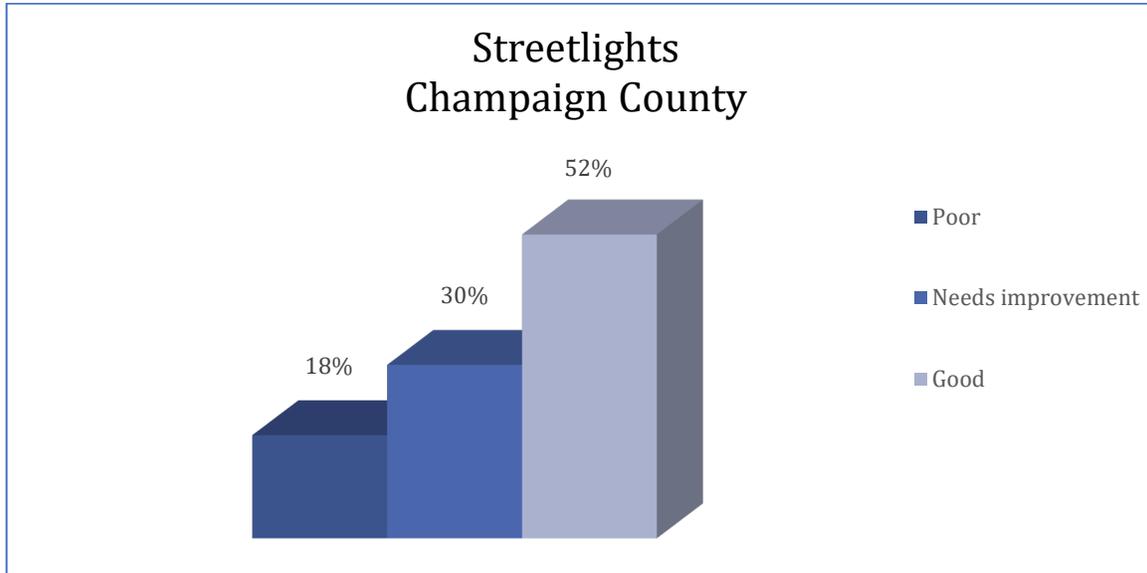
## APPENDIX 5: Community Perceptions of Resources



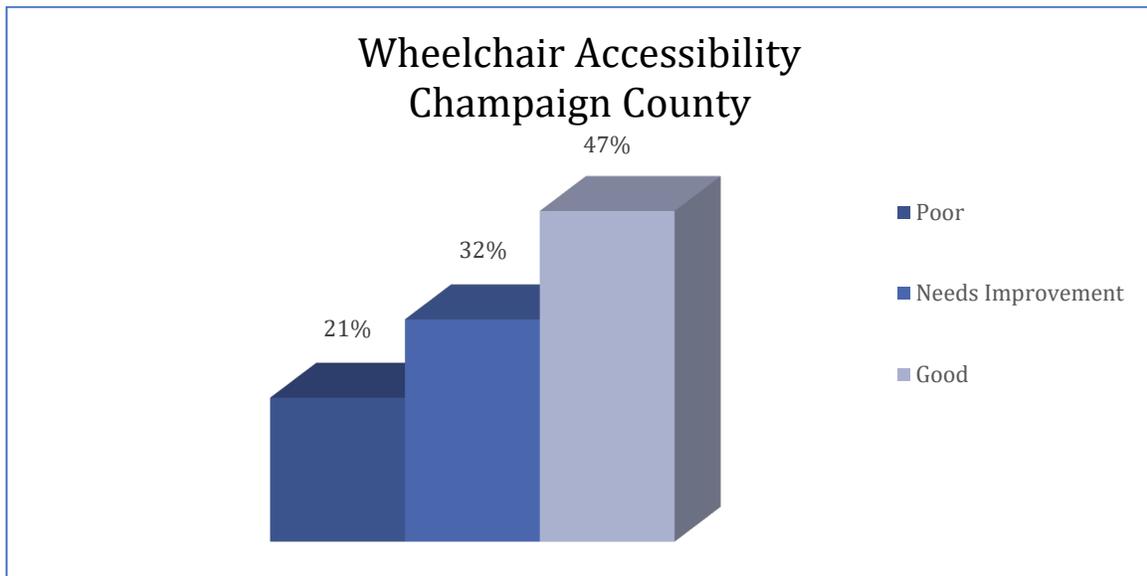
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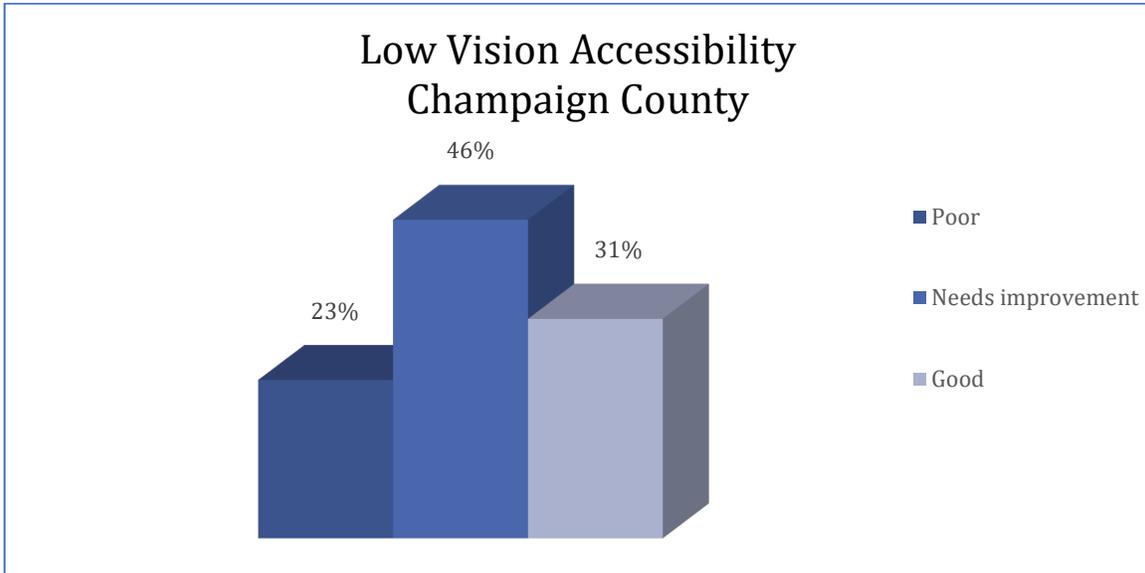
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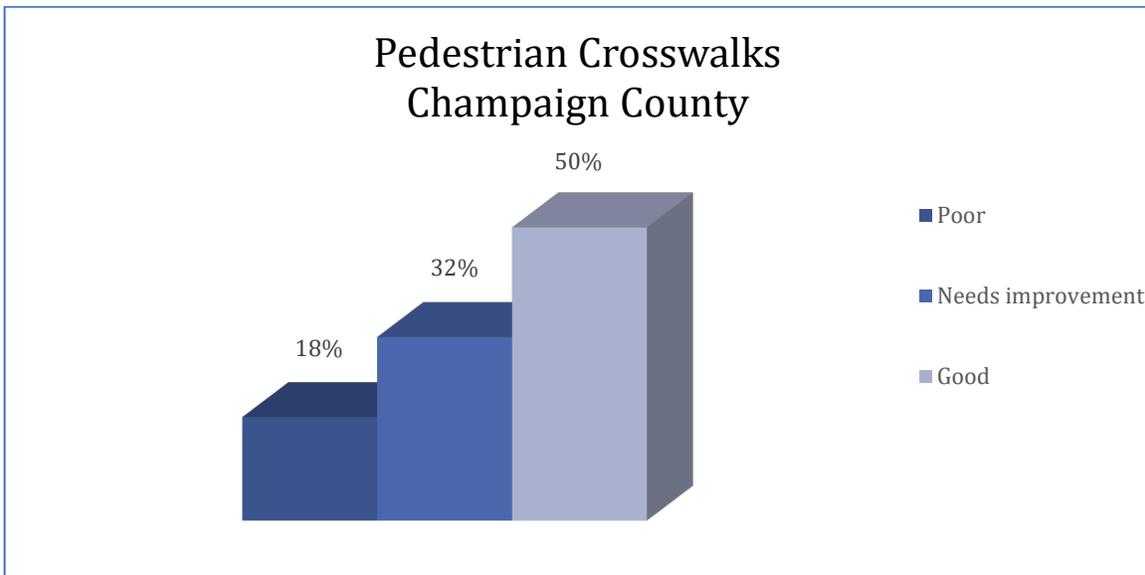
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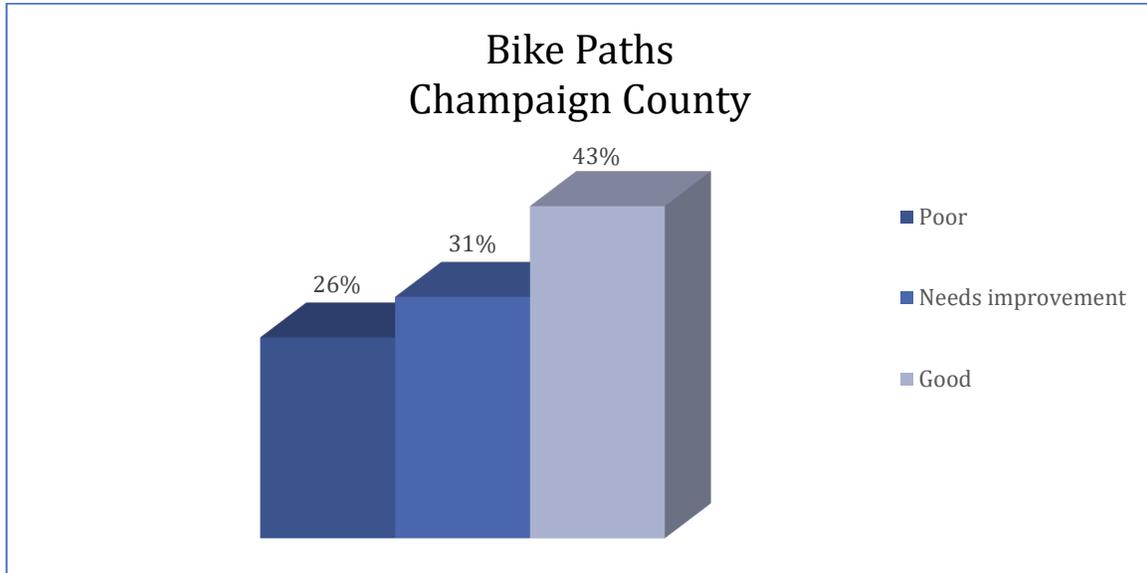
Source: CHNA Survey



Source: CHNA Survey



Source: CHNA Survey



Source: CHNA Survey

## APPENDIX 6: Resource Matrix

	Behavioral Health	Health Literacy	Cancer	Healthy Behaviors & Wellness	Obesity	Suicides	Violence
<b>Recreational Facilities</b>							
Champaign Park District				3	3		1
Champaign-Urbana Special Recreation				3	2		
Savoy Recreation Center				3	2		1
University of Illinois Campus Recreation				3	2		1
Urbana Park District				3	3		1
YMCA				3	3		1
<b>Health Departments</b>							
Champaign-Urbana Public Health District	1	3		3	2	1	1
<b>Governmental Entities</b>							
Champaign County Developmental Disabilities Board	3	3		3			
Champaign County Mental Health Board	3					3	3
<b>Community Organizations</b>							
C-U at Home	2					1	1
Center for Youth and Family Solutions						1	3
Champaign County Healthcare Consumers	3	3					

	Behavioral Health	Health Literacy	Cancer	Healthy Behaviors & Wellness	Obesity	Suicides	Violence
Courage Connection							3
Crisis Nursery	1						2
Daily Bread Soup Kitchen				3			1
Eastern Illinois Foodbank				3			
Family Service of Champaign County	1			2	1	1	1
Prevention and Treatment Services (P.A.T.S.)						1	3
Rape Advocacy Counseling and Education Services (RACES)							3
Rosecrance	3					2	3
Salt & Light	1			2			
United Way of Champaign County	1			3			1
University of Illinois Counseling Center	3			1		3	3
<b>Hospitals / Clinics</b>							
Avicenna Community Health Center	1	2		3	2		2
Carle Foundation Hospital	2	3	2	3	3	1	2
Champaign County Christian Health Center	2	3	1	1	2	1	2
Christie Clinic		3	2	3	3		2
McKinley Health Center	3	3		2	2	3	2
OSF HealthCare Heart of Mary Medical Center	3	3	2	3	2	1	2
Promise Healthcare	3	3	2	2	2	1	2

	Behavioral Health	Health Literacy	Cancer	Healthy Behaviors & Wellness	Obesity	Suicides	Violence
Pavilion Behavioral Health Services	3					3	3

(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 (6)

#### **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 (1)

#### **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 (2)**

### **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 (14)**

### **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 (8)**

### **Avicenna Community Health Center**

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

### **Carle Foundation Hospital**

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

### **Champaign County Christian Health Center**

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

### **Christie Clinic**

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

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

### **McKinley Health Center**

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

### **OSF HealthCare Heart of Mary Medical Center**

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

### **Promise Healthcare**

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

### **Pavilion Behavioral Health Services**

The Pavilion Behavioral Health System has been the leading provider of behavioral health and addictions treatment for families in Illinois since 1989. Located in Champaign, Illinois, we provide a secure, nurturing environment where children, adolescents, adults and senior adults can find hope and healing from emotional, psychiatric and addictive diseases.

Our dedicated and compassionate staff provide therapeutic programming options that include individual, group and family therapy. We also offer activity and recreational therapy, psychoeducational groups and medical intervention services.

## APPENDIX 8: Prioritization Methodology

### 5-Step Prioritization of Community Health Issues

**Step 1.** Review Data for Potential Health Issues

**Step 2.** Briefly Discuss Relationships Among Issues

**Step 3.** Apply “PEARL” Test from Hanlon Method<sup>2</sup>

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

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<sup>2</sup> “Guide to Prioritization Techniques.” National Connection for Local Public Health (NACCHO)