

Macon County Health Department



Public Health
Prevent. Promote. Protect.

Macon County Health Department
Decatur, Illinois

Illinois Project for Local Assessment of Needs (IPLAN)



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Executive Summary

The Illinois Project for Local Assessment of Needs (IPLAN) helps improve the health of the community by identifying local health needs, concerns, and priorities through data collection and community input. This process allows the Macon County Health Department (MCHD) to develop targeted strategies and programs that address the most pressing health issues facing residents.

The MCHD completes the Illinois Project for Local Assessment of Needs (IPLAN) process every five years. Submission of an IPLAN to the Illinois Department of Public Health (IDPH) is necessary for MCHD to maintain certification as a local health department.

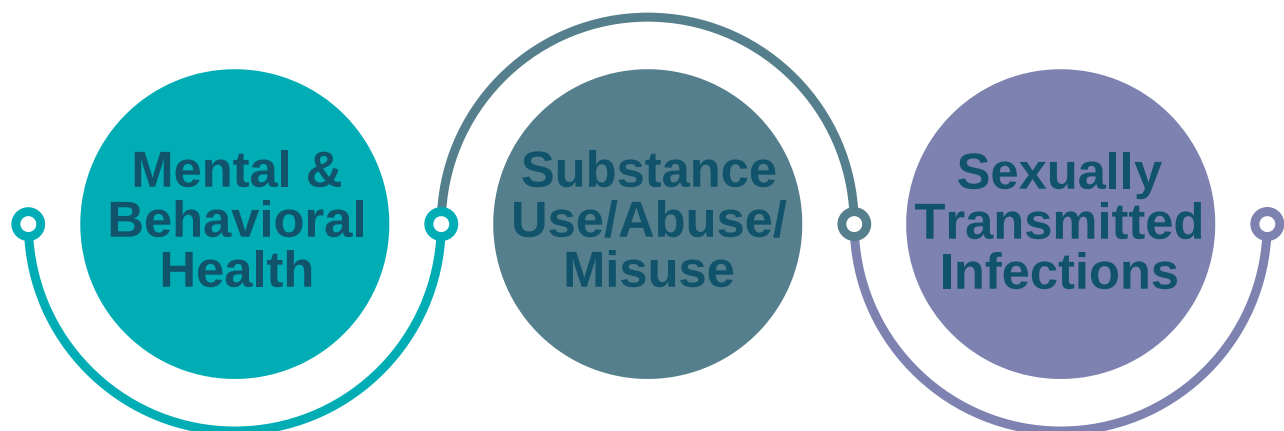
This comprehensive process is conducted with input from health department staff, the Board of Health, community members, and a dedicated Community Health Committee. This committee, composed of MCHD leadership and health educators, was established specifically to guide the IPLAN process and support follow-up efforts.

The IPLAN requires the MCHD to complete three key components: an organizational self-capacity assessment, a community health needs assessment and profile, and a Community Health Plan. After completing the self-capacity and community health needs assessments, at least three priority health concerns are identified. Understanding the specific value of these individual components highlights how the overall process drives meaningful change.

The community health needs assessment (CHNA) component improves community health by acting as a diagnostic tool that uncovers hidden health disparities through local data collection, ensuring that vulnerable or underserved populations are not overlooked. Furthermore, this assessment shifts local health strategy from reactive treatment to proactive prevention by pinpointing the specific root causes and risk factors of local illnesses. By converting abstract data into a public baseline profile, the CHNA ultimately forces local organizations to align their funding and programs around the exact same measurable goals. Once these underlying needs are clearly established, they serve as the foundation for the county's long-term operational strategy.

These priorities guide the department's focus over the next five years, while still supporting ongoing daily operations. The selected health concerns are integrated into all aspects of the health department's work. A Community Health Plan is then developed, outlining risk and contributing factors for each priority area, along with measurable impact and outcome objectives to be achieved during the five-year period.

The top three priority health concerns identified by the Macon County Health Department are mental and behavioral health, substance use/abuse/misuse, and sexually transmitted infections.



Community Health Needs Assessment

The Community Health Needs Assessment serves several purposes. Upon completion, a Community Health Profile is developed to provide an accessible resource for health department staff, community partners, and residents seeking information about a wide variety of county health indicators. The health department frequently receives requests for county-specific statistics, and this document provides a centralized source of information that is available by mail, email, and on the health department's website.

In addition to serving as a comprehensive community resource, the assessment provides the foundation for the Community Health Plan and the current IPLAN process. To effectively address community health concerns, it is necessary to understand the health status of Macon County residents. The Community Health Needs Assessment compiles information related to health statistics, access to healthcare, demographics, and other relevant factors. While this information is only one component of the planning process, it serves as an important resource for identifying and prioritizing community health needs.

During the IPLAN process, the Illinois State Health Improvement Plan (SHIP) was reviewed to identify areas of alignment between state and local public health priorities. Several of Macon County's priority health issues align with those outlined in the SHIP, specifically mental health and substance use. Throughout the IPLAN, local data was compared with Illinois data to provide context, identify disparities, and help guide priority selection.

The Community Health Needs Assessment was developed using data from the IPLAN Data System and other reliable sources, as well as input from the Community Health Committee and the results from the community survey. The data were reviewed, and representatives from the Macon County Health Department identified 28 priority health concerns for further analysis. These included:

- ADHD
- Adult mental health
- Autism spectrum disorder
- Age-related physical illnesses
- Child and adolescent mental health
- Cancers
- Child abuse
- Chronic pain
- Cognitive conditions
- Domestic violence
- Diabetes
- Dental problems
- Heart disease and stroke
- Hunger
- Homelessness and housing instability
- Illnesses that can be prevented by vaccines
- Infant health
- Infectious diseases
- Lung disease
- Motor vehicle crash injuries
- Maternal health
- Obesity
- Property crime
- Preventable injuries
- Racism and other discrimination
- Substance use
- Sexually transmitted infections
- Violent crime

The Community Health Committee was intentionally comprised of Macon County Health Department staff to ensure consistent oversight and coordination of the IPLAN process. Committee members represented multiple divisions within the Health Department, providing diverse expertise and broad insight into community health needs, programs, and services. Community members and partner organizations contributed to the assessment through surveys, outreach efforts, and stakeholder engagement, ensuring that community priorities and perspectives were reflected throughout the planning process.

The Community Health Committee members of this group were as follows:

- Brittany Barreras, Assistant Director of Environmental Health, MCHD
- Jerry Brown, Director of Environmental Health & Emergency Preparedness, MCHD
- Nick Burge, Health Educator, MCHD
- Amy Hawkins, Assistant Director of Clinical Nursing Services, MCHD
- Amber Holthaus, Director of Clinical Nursing Services, MCHD
- Jenelle Hockaday, Assistant Director of Starting Point, MCHD
- Lindsey Munsterman, Public Health Administrator, MCHD
- Emily O'Connell, Director of Health Promotion and Public Relations, MCHD
- Scott Parks, Director of Human Resources, MCHD
- Sarah Reed, Assistant Director of Maternal and Child Health, MCHD
- Kim Sabin-Pritchett, Dental Office Manager, MCHD
- Bailey Schumacher, Health Educator, MCHD
- Karen Shiflett, Director of Maternal and Child Health, MCHD
- Teresa Smith, Director of Starting Point, MCHD
- Laura Zuber, Chief Financial Officer, MCHD

During the initial meeting held on March 30, 2026, an MCHD staff member presented a PowerPoint presentation that reviewed the primary and secondary data collected. This presentation included data, tables, source information, and conversation regarding what the information meant and/or how it affected Macon County. All attendees were then asked to use the information provided at the meeting and the fruitful discussion after the data was presented, as well as their personal and professional knowledge and experiences, to rank the top five most urgent health concerns in Macon County on a worksheet listing all 28 concerns. Those invitees who could not attend were sent a PDF of the information presented at the meeting and the ranking worksheet and were encouraged to add their input as well.

Following the meeting, the MCHD staff reviewed the ranking sheets, assigned a score to each of the top five health concerns named by each participating person, and determined the ranking order based on input from the Community Health Committee.

The ranking was as follows (listed in order of top priority to lowest priority):

1. Sexually transmitted infections
2. Adult mental health
3. Cognitive conditions
 - Homelessness & housing instability
 - Substance use
4. Heart disease & stroke
 - Obesity
5. Maternal health
6. Infectious diseases
7. Infant health
 - Illnesses that can be prevented by vaccines
8. Diabetes
 - Cancers

- 9. Violent crime
- 10. Lung disease
- 11. Age-related physical illnesses
 - Child abuse
- 12. ADHD
 - Chronic pain
 - Motor vehicle crash injuries
 - Property crime
 - Preventable injuries
 - Racism and other discrimination

During the second and final meeting held on April 15, 2026, staff from the MCHD presented the findings to the Community Health Committee to determine the community's top priority health concerns. Following discussion, the group identified the three concerns they believed were both the most significant to the community and the most feasible to address over the next five years.

The committee discussed existing partnerships and resources currently addressing these concerns, including efforts targeting specific aspects of broader health issues. Additional discussions focused on potential partnerships to develop, gaps in services and resources, possible funding opportunities, and strategies for addressing these challenges. This collaborative process was completed to help ensure the Community Health Plan was as accurate, comprehensive, and reflective of community needs as possible for submission to the IDPH.

At the conclusion of the meetings and the partnerships/process, the MCHD determined the top three priority health concerns to be: mental and behavioral health; substance use/abuse/misuse; and sexually transmitted infections.

Community Health Profile

Data was gathered from a variety of sources to create the Community Health Profile. These resources included the 2024 American Community Survey (ACS) and 2024 ACS 1-Year Estimates, the 2019–2023 ACS 5-Year Narrative Profile, the 2024–2025 Illinois District Report Card, Economic Development Corporation Decatur-Macon County Illinois, County Health Rankings and Roadmaps, the Illinois Behavioral Risk Factor Surveillance System, IDPH IQuery Data, the Illinois Lead Program 2023 Annual Surveillance Report, the 2024 Annual Water Quality Report, the 2023 Illinois Annual Air Quality Report, the Illinois Environmental Protection Agency, the Macon County Environmental Management Department, the 2021 Illinois State Police Index Crime and Crime Rate Data, the 2024 Community Health Assessment from HSHS St. Mary's Hospital, the Illinois Youth Survey 2024 County Report, the Macon County Health Department's 2025 Annual Report, the State of Illinois Department of Public Health's Illinois County Cancer Statistics Review, the CDC United States Diabetes Surveillance System, the 2023 CDC Youth Risk Behavior Survey, the Illinois Department of Public Health comprehensive report Alcohol Use in Illinois, the Illinois Department of Healthcare and Family Services, the Illinois Department of Public Health Overdose Data Dashboard, and information obtained from the Centers for Disease Control and Prevention (CDC), Mayo Clinic, American Addiction Center, and the City of Decatur website. The information included in this Community Health Profile includes the following types of data: Secondary data (population characteristics); secondary data (health risk indicators); and primary data (community surveys).

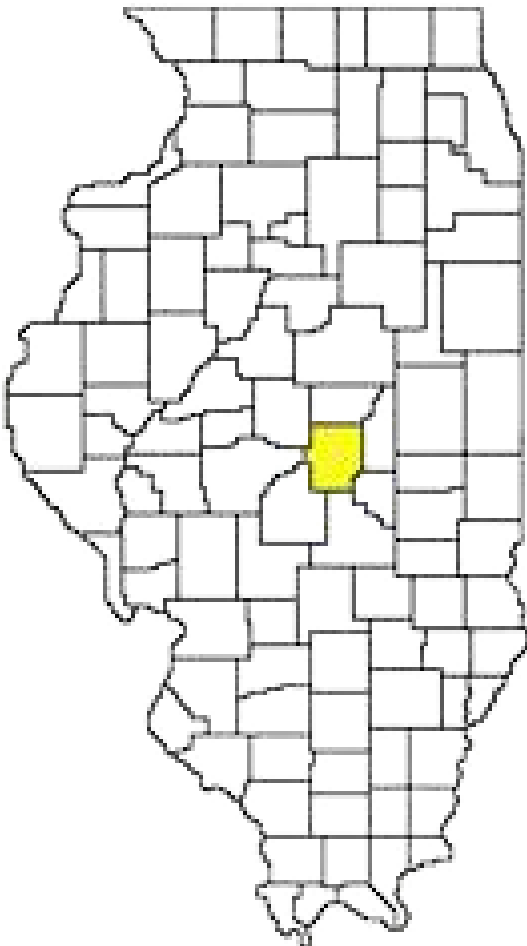
Secondary Data: Population Characteristics

Demographics: Population Growth and Age Distribution

The Macon County Health Department (MCHD) is located in Decatur, Illinois, and serves residents throughout Macon County and the surrounding area. The county spans approximately 580.5 square miles and has an estimated population of 100,737, according to the 2024 American Community Survey.

Between 2020 and 2024, Macon County experienced a population decline of 3.2%, based on data from the 2020 Decennial Census and the 2024 American Community Survey.

During this same period, changes in the age distribution were minimal. The percentage of residents ages 15–24 and 45–59 decreased slightly (by 0.6% and 0.3%, respectively). The proportions of children under age 5 and those ages 5–14 remained stable at 6% and 12.4%. Meanwhile, there were small increases in the percentage of residents ages 25–44 and those age 60 and older (0.6% and 0.4%, respectively).



Age Distribution, Macon County (2024)

Age Range	Number	Percent
↓5 years	6,011	5.97
5-14 years	12,551	12.46
15-24	11,641	11.56
25-44	24,295	24.12
45-59	18,001	17.87
60↑years	28,238	28.03
Total	100,737	100

Source: U.S. Census Bureau, American Community Survey, Demographic and Housing Estimates, 2024

Demographics: Race and Ethnicity

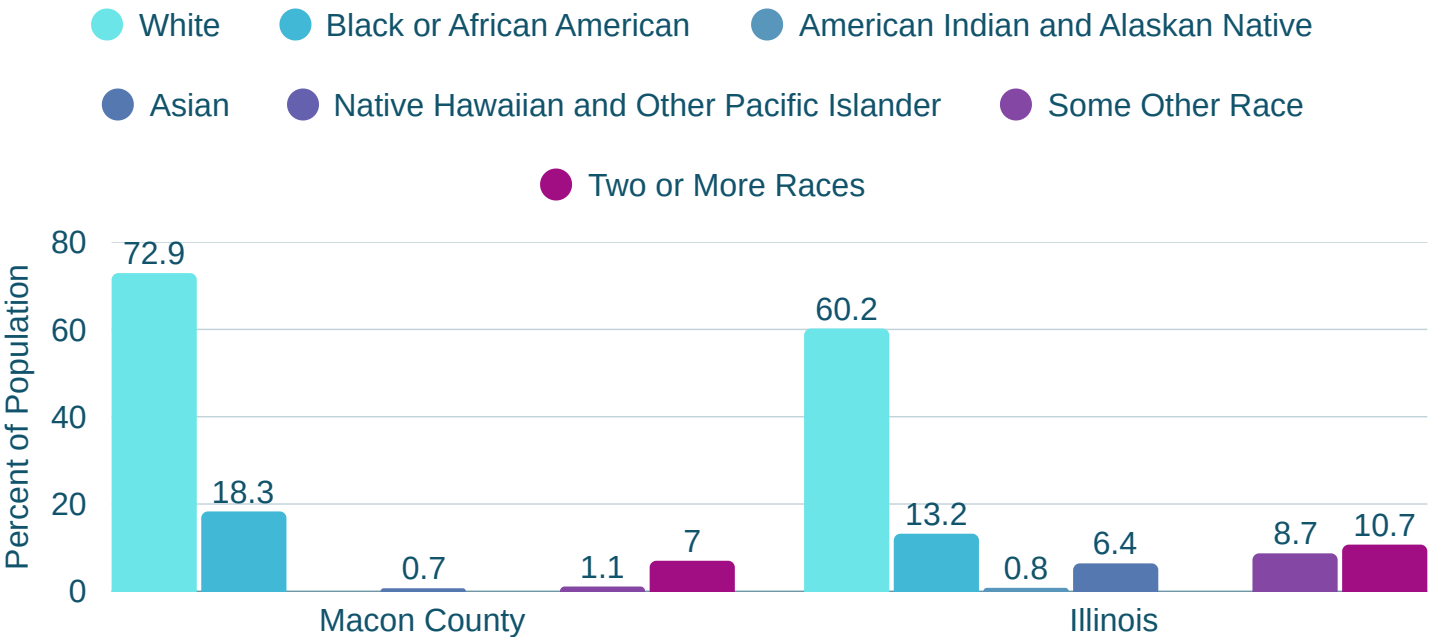
According to the American Community Survey, Macon County’s population is predominantly White (72.9%), with 27.1% of residents identifying as part of a racial or ethnic minority group. This distribution is similar to the state of Illinois, which is also predominantly White (60.2%), with the second largest group in both the county and state being Black or African American (18.3% in Macon County and 13.2% statewide).

However, Illinois is more racially diverse overall. The state has larger populations of Asian residents (6.4% compared to 0.7% in Macon County), individuals identifying as two or more races (10.7% compared to 7.0%), and those identifying as “some other race” (8.7% compared to 1.1%).

Both Macon County and Illinois report very small populations of Native Hawaiian and Other Pacific Islander residents, which are reflected as 0% due to limited data. Additionally, the Hispanic/Latino population is significantly higher statewide than in Macon County, with a difference of 16.3%.

Language data shows that 96.4% of households in Macon County speak only English at home.

Race and Ethnicity, Macon County and Illinois (2024)



Source: U.S. Census Bureau, American Community Survey, Demographic and Housing Estimates, 2024

Demographics: Family Configuration

According to the 2024 American Community Survey, Macon County has a smaller percentage of households with one or more individuals under the age of 18 (20.5%) compared to the state of Illinois (27.2%). In contrast, Macon County has a higher percentage of households with one or more individuals aged 65 and older (36.1%) than the state (31.8%).

Household size in Macon County is slightly smaller than the state average. The average household size in Illinois is 2.43, compared to 2.22 in Macon County.

Additionally, the divorce rate in Macon County (10.64%) is slightly higher than the state rate (9.49%).

Socio-Economic Indicators: Education

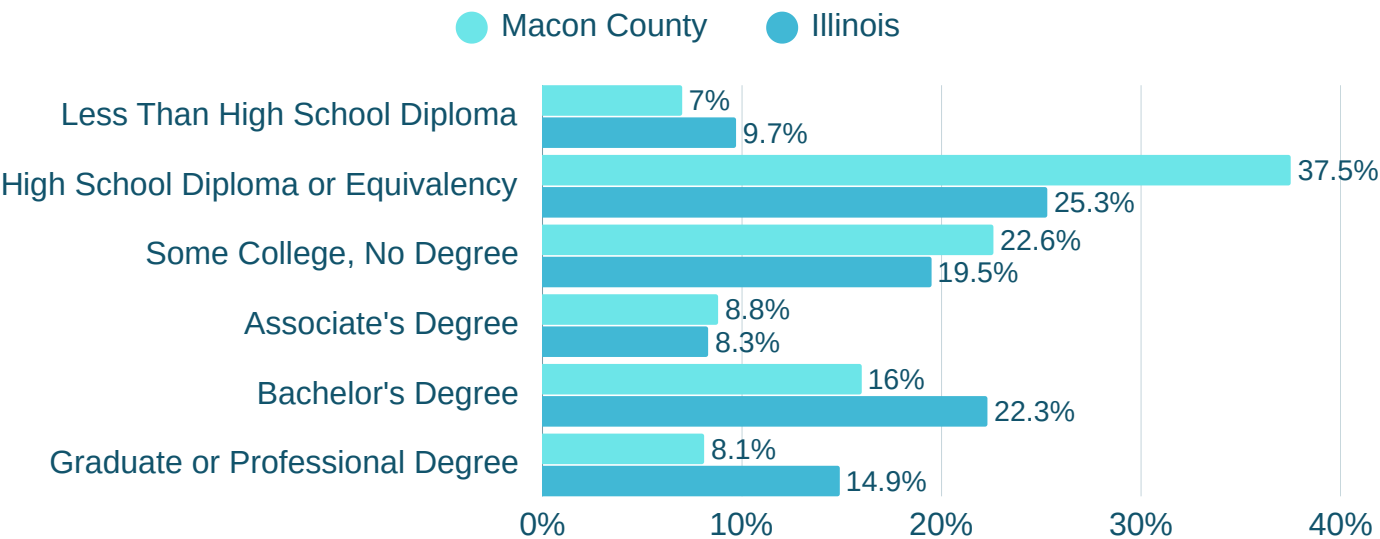
Macon County is served by seven public school districts. The largest, Decatur Public Schools District 61, provides education to approximately 7,740 students from early learning through 12th grade.

Educational attainment in Macon County differs notably from statewide patterns. A smaller percentage of residents have less than a high school diploma (7%) compared to Illinois overall (9.7%). However, Macon County has a higher proportion of residents whose highest level of education is a high school diploma or equivalent (37.5% versus 25.3% statewide). The county also has slightly higher percentages of individuals with some college but no degree (22.6% compared to 19.5%) and those with an associate’s degree (8.8% compared to 8.3%).

In contrast, Macon County has lower levels of higher educational attainment. Fewer residents hold a bachelor’s degree (16% compared to 22.3% statewide) or a graduate or professional degree (8.1% versus 14.9%).

These educational trends are further reflected in income-related disparities among students. Decatur Public Schools District 61 reports a significantly higher percentage of low-income students (80%) compared to the Illinois average (49.7%).

Educational Attainment 2019-2023



Source: 2019-2023 ACS 5-Year Narrative Profile

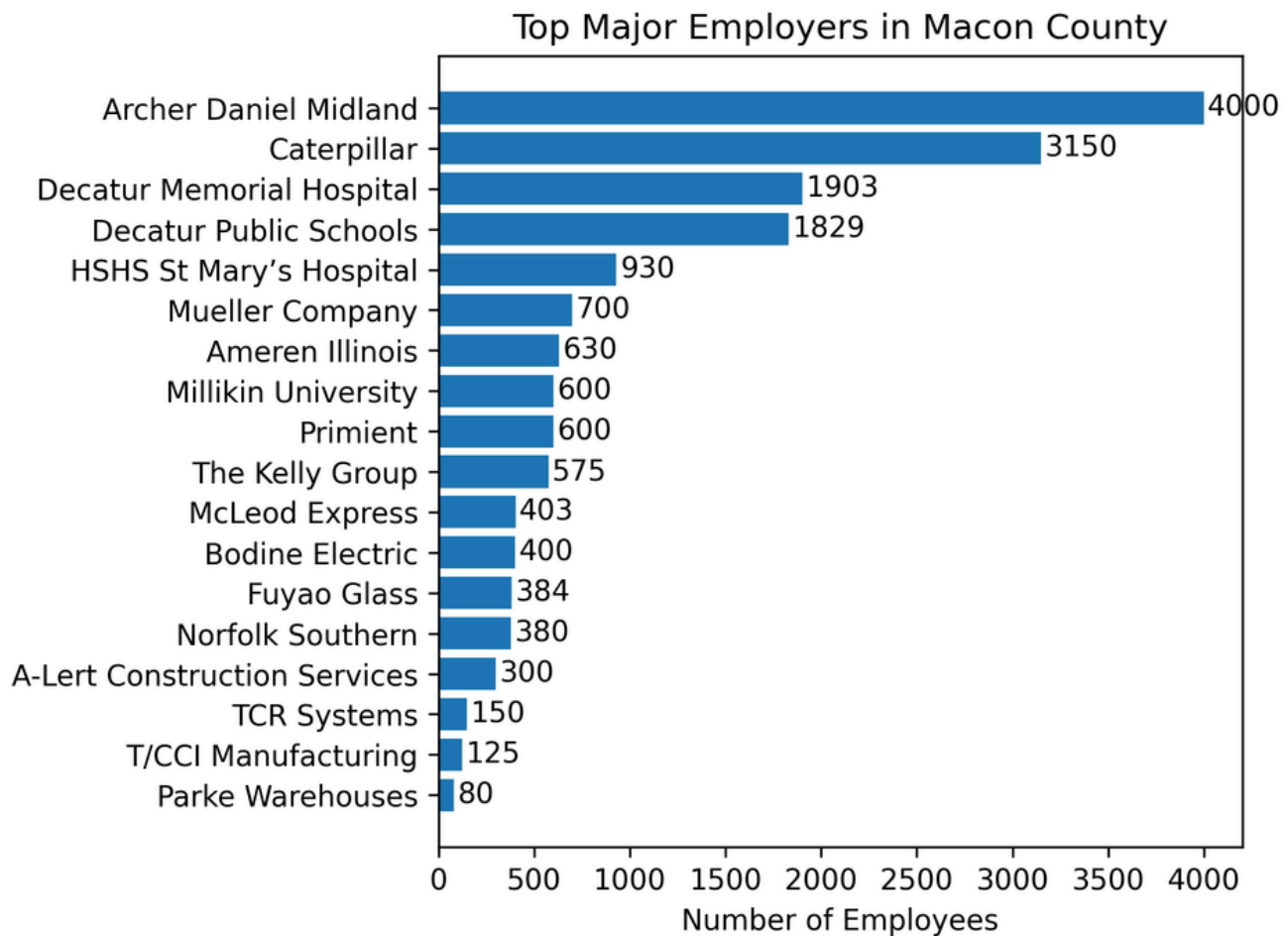
Low-Income Students, Decatur and Illinois

Factor	Decatur SD61 Value	Illinois Value
Percent Low Income	80%	49.7%

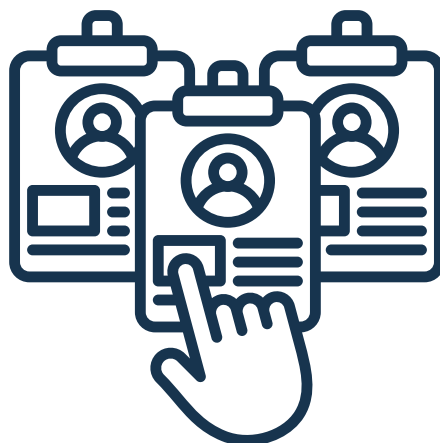
Source: 2024-2025 Illinois District Report Card, Decatur SD61

Socio-Economic Indicators: Employment, Income & Poverty Status

The region is supported by a diverse mix of major industries, along with a broad network of ancillary and supporting businesses. Key employment sectors include manufacturing, service, support, transportation, administrative, and professional industries.



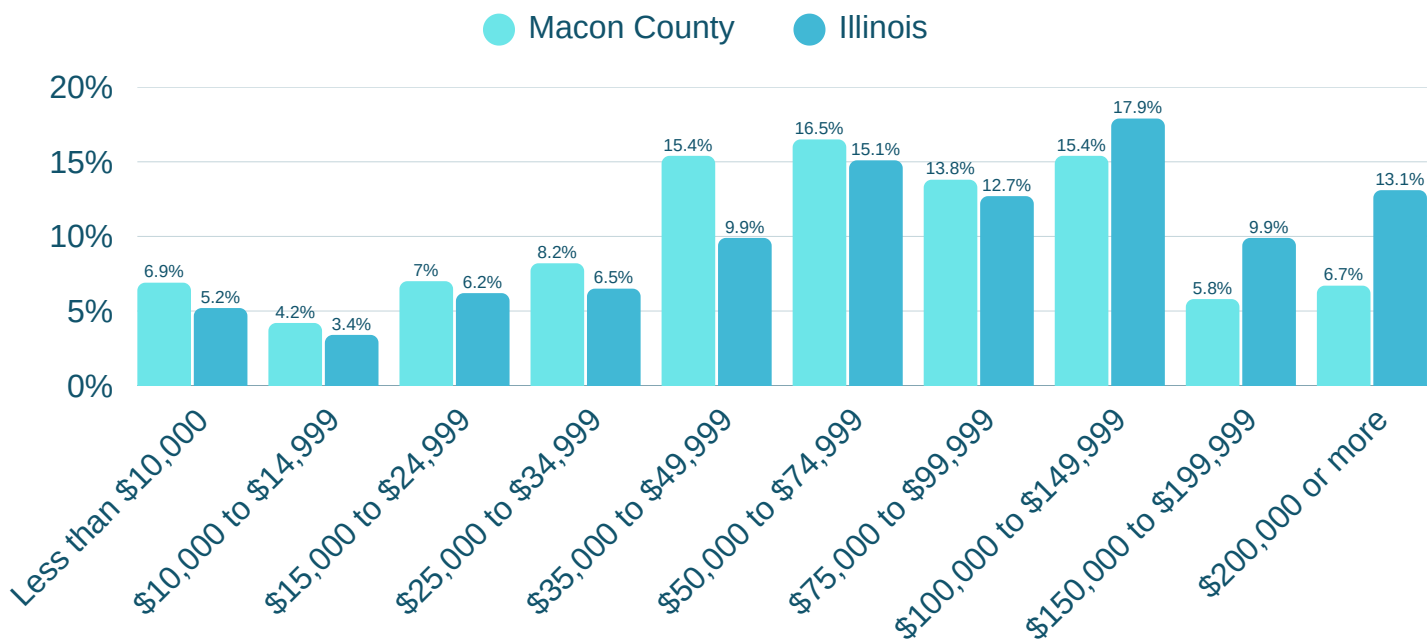
Source: Economic Development Corporation Decatur- Macon County Illinois



According to the 2019–2023 American Community Survey (ACS) 5-year Narrative Profile, the median household income in Macon County, Illinois is \$62,449. Approximately 6.9% of households earn less than \$10,000 annually, while 6.7% report incomes of \$200,000 or more. Data from the 2024 ACS 1-year Estimates show that the employment rate in Macon County is 54.9%, which is notably lower than the statewide rate of 61.9% in Illinois.

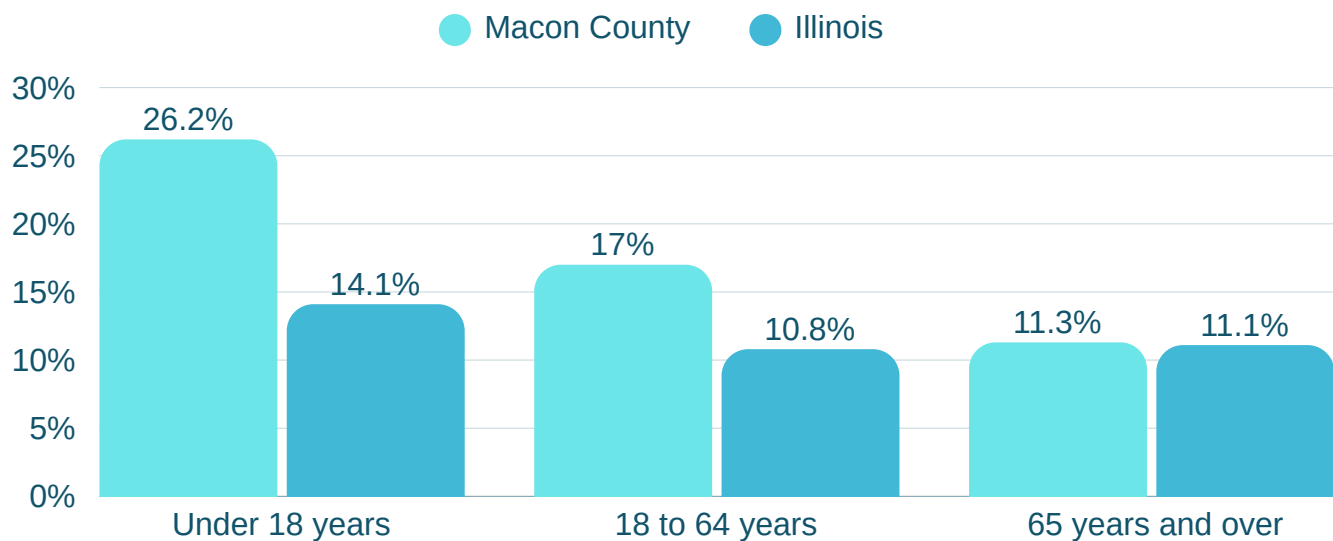
These economic indicators reflect higher levels of financial hardship in Macon County compared to the state. Overall, 17.8% of residents live below the poverty level, compared to 11.6% statewide. Poverty rates are particularly high among children, with 26.2% of those under age 18 living in poverty—nearly double the Illinois rate of 14.1%. Among adults ages 18 to 64, 17.0% are living in poverty compared to 10.8% statewide, while rates among adults age 65 and older are similar between Macon County (11.3%) and Illinois (11.1%).

Household Income, Macon County & Illinois



Source: 2019-2023 ACS 5-year Narrative Profile U.S. Census Bureau

Poverty by Age, Macon County & Illinois



Source: 2024 American Community Survey 1-Year Estimates

Total Households Receiving Food Stamps by Poverty Level

	Macon County	Illinois
Total Households	44,279	5,105,448
Receiving Food Stamps	9,601 (21.7%)	682,969 (13.4%)
Not Receiving Food Stamps	34,678 (78.3%)	4,422,479 (86.8%)

Source: 2024 American Community Survey 1-Year Estimates

The Supplemental Nutrition Assistance Program (SNAP), previously known as the Food Stamp Program, is a federally funded program that provides food assistance to low-income individuals and families. According to the U.S. Census Bureau, SNAP has standardized eligibility requirements and benefit levels across the 48 contiguous states, while Alaska and Hawaii have adjusted thresholds due to higher living costs.

Data from the 2024 American Community Survey indicates that food stamp (SNAP) participation is higher in Macon County than in Illinois overall. In Macon County, 21.7% of households receive SNAP benefits, compared to 13.4% statewide. This difference is consistent with the county's higher poverty rates and lower overall income levels.

Additional data shows how SNAP benefits are distributed by income level. In Macon County, 51.2% of SNAP benefits are received by households living below the poverty line, while 48.8% are received by households at or above the poverty line.

Socio-Economic Indicators: Transportation

A new phase of public transportation has been introduced in Decatur and Macon County with the implementation of Decatur Moves, a microtransit service launched by the Decatur Public Transit System (DPTS). This initiative aims to enhance regional mobility by providing a more accessible, cost-effective, and flexible transportation option for residents. The service utilizes ADA-accessible vans and other vehicles to offer curb-to-curb, shared-ride transportation across the region.

Decatur Moves operates within two designated service zones. The Urban Zone includes travel within the city limits of Decatur, Mt. Zion, and Forsyth. The Rural Zone extends service to the broader Macon County boundary, increasing transportation access for rural areas that have historically been underserved.

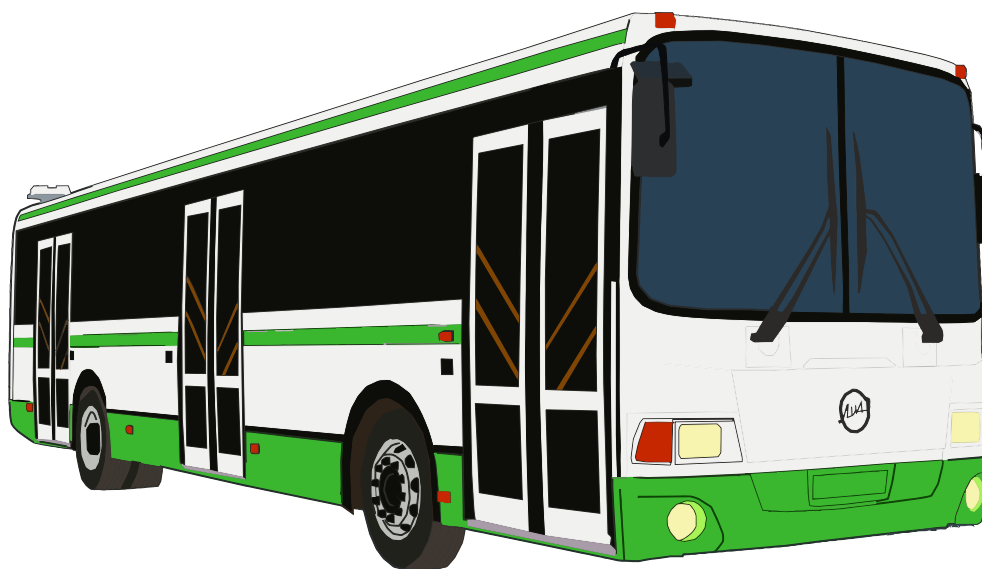
The service is available seven days a week from 5:00 a.m. to 8:00 p.m. Fare rates include \$2 for urban rides within the Urban Zone and \$5 for rural rides within the Rural Zone.

The Decatur Public Transit System (DPTS) offers comprehensive public transportation services within the city of Decatur, Illinois. The system operates 15 bus routes throughout the city, complemented by one downtown trolley route that provides circulation within the central business district. Both services function on a Pulse System, with departures from the downtown Transit Center occurring at 15 and 45 minutes past each hour.

DPTS provides a range of fare options to accommodate diverse passenger needs. These include regular bus fares, discounted punch cards, and monthly passes. Additionally, certain riders are eligible for free rides through partnership programs.

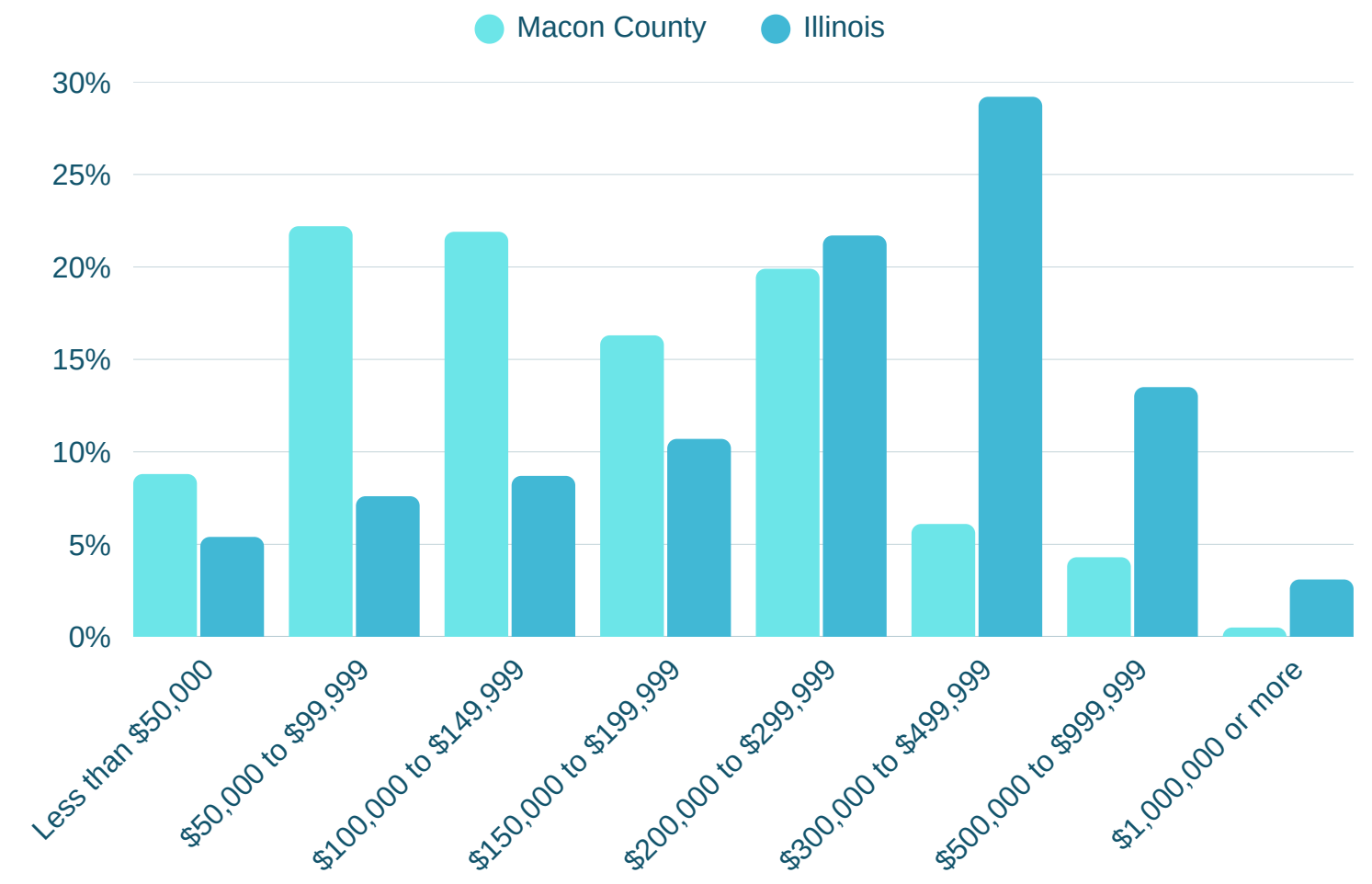
Source: <https://decaturil.gov/567/Decatur-Moves---Microtransit>

Source: <https://decaturil.gov/249/Transit>



Socio-Economic Indicators: Housing and Cost of Living

The 2024 American Community Survey indicates that Macon County has a higher homeownership rate (70.2%) compared to Illinois overall (67.6%). Housing values in Macon County are more heavily concentrated in lower- to mid-priced ranges than the state. Nearly one-third of homes in Macon County are valued below \$100,000 (31.0%), compared to 13.0% statewide, and more than half are valued under \$150,000 (52.9% vs. 21.7% in Illinois). In contrast, Illinois has a substantially larger share of higher-valued homes, with 45.8% of homes valued at \$300,000 or more, compared to just 10.9% in Macon County.



Among Illinois owner-occupied households, 61.5% had a mortgage while 38.5% owned their homes free and clear; median monthly housing costs were \$1,950 for owners with a mortgage and \$767 for those without. Housing affordability indicators further show that 16% of Illinois households experienced at least one housing problem—such as overcrowding, high housing costs, or inadequate kitchen or plumbing facilities—compared to 12% in Macon County. Additionally, 14% of Illinois households spent half or more of their income on housing, while this was lower in Macon County at 10%.

Source: 2019-2023 ACS 5-Year Narrative Profile
Source: County Health Rankings and Roadmaps

Secondary Data: Health Risk Indicators

General Health and Access to Care

According to the 2020–2023 Illinois BRFSS, most Macon County residents report good overall health, with 81.1% rating their health as excellent, very good, or good. The majority reported no days of poor physical health (68.0%) or mental health (54.6%), while 21.6% reporting 1–7 days, and 23.9% experiencing 8 or more days poor mental health days. Most respondents (87.6%) indicated that their health had minimal impact on daily activities, with fewer than 14 affected days.

		Weighted Percentage
General Health Status	Excellent	19.40%
	Very Good	23.90%
	Good	37.80%
	Fair	15.20%
	Poor	3.80%
Number of days physical health not good	None	68.00%
	1-7 Days	13.90%
	8+ Days	18.10%
Number of days mental health not good	None	54.60%
	1-7 Days	21.60%
	8+ Days	23.90%
Number of days physical/mental health affected activities	0-13 days	87.60%
	14+ days	12.40%

Source:

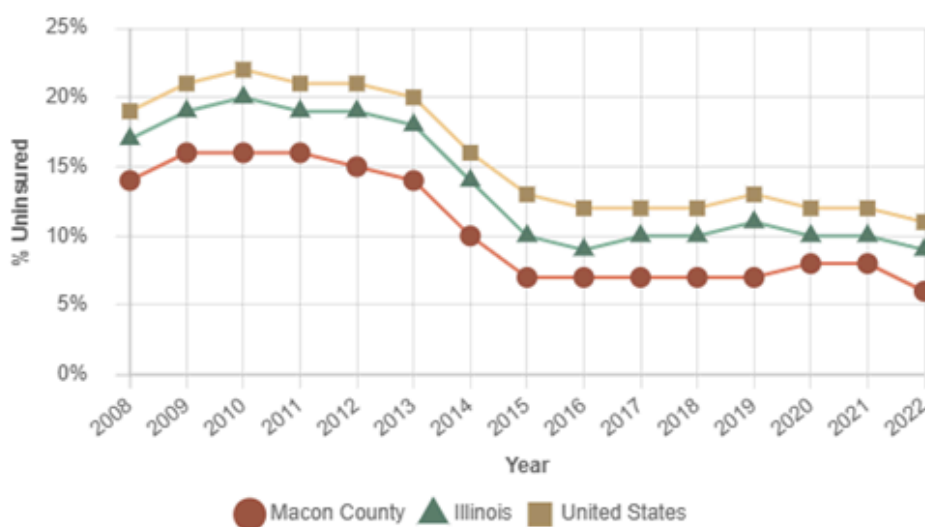
https://idph.illinois.gov/brfss/countydata.aspx?areaCounty=Macon_62&show=freq&yrCounty=7&form=county&selTopicCounty=Summary&yr=&area=&selTopic=

Population Uninsured

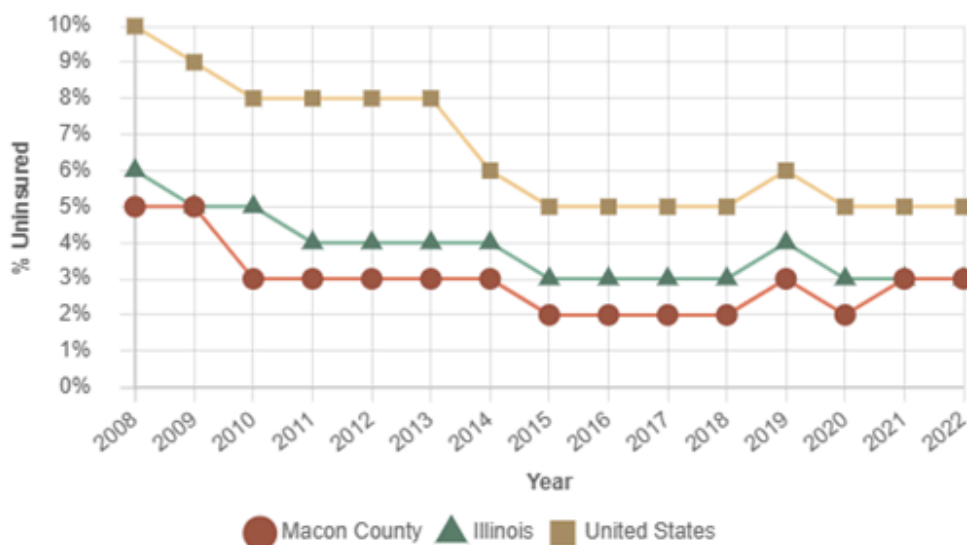
In 2022, health insurance coverage in Macon County was generally comparable to or better than state averages. An estimated 6% of adults under age 65 in Macon County were uninsured, which is lower than the Illinois average of 9%, indicating relatively stronger coverage among the working-age population. Among children under age 19, approximately 3% in Macon County lacked health insurance, matching the statewide rate of 3%. These findings suggest that while overall insurance coverage in Macon County is favorable compared to Illinois as a whole, a portion of both adults and children remain uninsured.

Source: County Health Rankings and Roadmaps

Uninsured Adults



Uninsured Children



Years of Potential Life Lost

According to the IDPH, the leading causes of death in Macon County in 2023 were heart disease, malignant neoplasms (cancers), and unintentional injuries (accidents). Heart disease accounted for 299 deaths, while malignant neoplasms were responsible for 277 deaths. Accidents were the third leading cause, with 75 deaths reported.



No Medical Physical in Past Two Years

According to the 2020–2023 Illinois Behavioral Risk Factor Surveillance System (BRFSS), an estimated 74.9% of Macon County residents reported having a routine medical checkup within the past year. An additional 12.9% reported their most recent checkup occurred within the past two years, while 12.2% indicated it had been more than two years since their last routine visit. Furthermore, 22.6% of respondents reported that they do not have a personal doctor or health care provider. Notably, 27.2% of residents reported delaying needed medical care within the past 12 months.

Medicaid Enrollment

According to the Illinois Department of Healthcare and Family Services, the State Fiscal Year (SFY) extends from July 1 through June 30, with enrollment data becoming available 90 days after the close of the fiscal year. In SFY 2025, Medicaid enrollment in Macon County totaled 35,023 individuals. For reporting purposes, children are defined as individuals under age 19, adults are those ages 19 through 64, and seniors are individuals age 65 and older.



Advanced Life Support Emergency Care Vehicles

The IPLAN Data System reported the rates for advanced life support emergency care vehicles in Macon County and Illinois overall. This data revealed that the rate of these vehicles in Macon County was less than half the rate in Illinois. The number of vehicles in 2006 in Macon County was 5 (rate 4.6) and in Illinois was 1,362 (rate 10.6).

Population Residing in Primary Care

In 1990, the IPLAN Data System reported that the population residing in primary care was 13,561 in Macon County (11.6%) and 1,759,539 in Illinois (15.4%). The percentage in Macon County was slightly lower than Illinois at that time.



Environment: Lead

Deteriorated lead paint in older homes remains the primary source of lead exposure and over 3.3 million pre-1978 homes are estimated to have lead-based paint. Sources of lead exposure include air emissions, consumer products, dust/soil, maternal exposure, water, and lead-based paint. Childhood lead exposure has been shown to contribute to learning disabilities, developmental delays, and behavioral issues, as well as other health problems. According to the Illinois Lead Program 2023 Annual Surveillance Report, approximately 206,000 Illinois children were tested for lead exposure, indicating a 6.2% increase in testing compared to 2022. The report also stated that beginning in January 2025, Illinois will adopt the Centers for Disease Control and Prevention's (CDC's) recommended blood lead reference value (BLRV) ≥ 3.5 $\mu\text{g/dL}$, for case management and environmental investigation services. Of those children tested, the race/ethnicity breakdown was as follows: 43% White, 20% Black or African American, 26% Hispanic, 4% Asian, 7% Other, and 19.5% of all children tested received Medicaid. The table below reflects percentages for testing/results in Macon County between 2020 and 2023.

Pre-1978 Housing Units, and Children Tested for Lead in Blood by Delegate Agencies: Macon County: 2023-2023

Illinois/ County/ Delegate Agency	Estimated Population ≤ 6 Years of Age	2020		2021			2022		
		Children ≤ 6 Years Tested	BLL ≥ 5 $\mu\text{g/dL}$	Children ≤ 6 Years Tested	BLL ≥ 5 $\mu\text{g/dL}$	New Confirmed Cases, BLL ≥ 3.5 $\mu\text{g/dL}$	Children ≤ 6 Years Tested	BLL ≥ 5 $\mu\text{g/dL}$	New Confirmed Cases, BLL ≥ 3.5 $\mu\text{g/dL}$
		N	%	N	%	%	N	%	%
Macon	8,936	2,036	22.8	2,225	7.8	3	2,282	7.2	2.5

2023										
Children ≤ 6 Years Tested						Children ≤ 2 Years Tested		Pre-1978 Housing Units Estimates	Medicaid Enrolled BLL ≥ 5 $\mu\text{g/dL}$	Non- Medicaid BLL ≥ 5 $\mu\text{g/dL}$
Ever Tested ≤ 6 as of 12/31/23	Tested	BLL ≥ 5 $\mu\text{g/dL}$	First Test	New Confirmed Cases, BLL ≥ 5 $\mu\text{g/dL}$	New Confirmed Cases, BLL ≥ 5 $\mu\text{g/dL}$	Tested	BLL ≥ 5 $\mu\text{g/dL}$			
%	N	%	%	%	%	N	%	%	%	%
64	2,724	7.8	50	1.9	3.3	1,340	7.7	75	6.1	8.2

Source: Illinois Lead Program 2023 Annual Surveillance Report, 2025

Environment: Water Quality

The 2024 Annual Water Quality Report provided by the City of Decatur states Lake Decatur as the primary source of water for the City of Decatur, which is 2,880 surface acres in size, is located entirely within the city limits of Decatur. The Sangamon River is the primary source for Lake Decatur, which has a drainage area of 926 square miles, 80 percent of which is used for growing corn and soybeans. When Lake Decatur water levels are low, the city uses a former sand-and-gravel pit near the South Water Treatment Plant and wells located in DeWitt County to supplement the water supply.

Source: 2024 Annual Water Quality Report

Environment: Air Quality

The 2023 Illinois Annual Air Quality Report presents a summary of air quality data collected throughout the State of Illinois during calendar year 2023. Data is presented for the six criteria pollutants (those for which air quality standards have been developed – particulate matter (PM10 and PM2.5), ozone, sulfur dioxide, nitrogen dioxide, carbon monoxide, and lead – along with some heavy metals, volatile organic compounds and toxic compounds. Monitoring was conducted at 61 different site locations collecting data from 130 instruments.

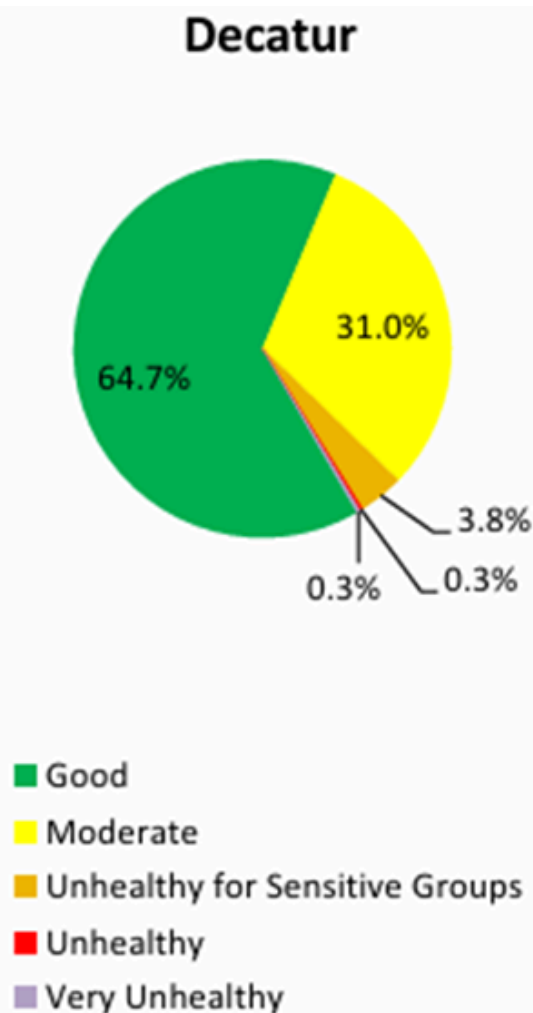
In terms of the Air Quality Index (AQI), air quality during 2023 was either good or moderate 87% of the time throughout Illinois. There were two days when at least one monitoring site registered very unhealthy AQI (category purple). This compares with zero very unhealthy days in 2022. The 2023 very unhealthy days were due to elevated particulate concentrations from wildfire smoke. There were 10 days when at least one monitoring site registered unhealthy AQI (category red). This compares with two unhealthy days in 2022. In 2023, there were 32 days when AQI in at least one part of Illinois was considered unhealthy for sensitive groups (category orange).

Local data for Decatur reflect a similar pattern of generally acceptable air quality with occasional elevated pollution levels. In 2023, AQI levels in Decatur were categorized as good 64.7% of the time and moderate 31.0% of the time. Air quality reached the unhealthy for sensitive groups level on 3.8% of days, while unhealthy and very unhealthy conditions were rare, each occurring 0.3% of the time. These findings indicate that while most days had satisfactory air quality, short periods of higher pollution posed increased risks, particularly for sensitive populations such as children, older adults, and individuals with respiratory or cardiovascular conditions.

Monitoring locations in Macon County include:

- IEPA Trailer
- Tate & Lyle South
- Tate & Lyle North

Source: 2023 Illinois Annual Air Quality Report



Environment: Solid Waste

As set out by the Illinois Environmental Protection Agency (IEPA), each county with a population of 100,000 or more must submit an officially adopted plan to the IEPA detailing the management of municipal waste generated within its boundaries. According to the Macon County Environmental Management Department (Macon County's solid waste department) (MCEMD), the MCEMD carries out that plan by encouraging and offering recycling programs, spring clean-up and community grants, the inspection and enforcement program, and by educating and helping the public with environmental, disposal, and recycling questions.

As delegated by the IEPA Bureau of Land, the MCEMD conducts periodic inspections of the Valley View Landfill operated by Waste Management and other permitted pollution control sites within the county, including for closed landfills and two compost facilities. Other non-permitted sites are also inspected in response to complaints of open dumping or burning of waste.

The City of Decatur and many other municipalities in Macon County offer single-stream curbside recycling partnered with their regular garbage hauling service. For those that do not have curbside recycling, the MCEMD has secured agreements with ten Macon County municipalities and has designated locations for drop-off recycling. The MCEMD also operates a recycling center from April through September on Tuesdays, Thursdays, and one Saturday a month between April and December for residents to recycle electronics, including microwaves, monitors, and televisions, as well as dispose of household generated paints, stains, and varnishes.

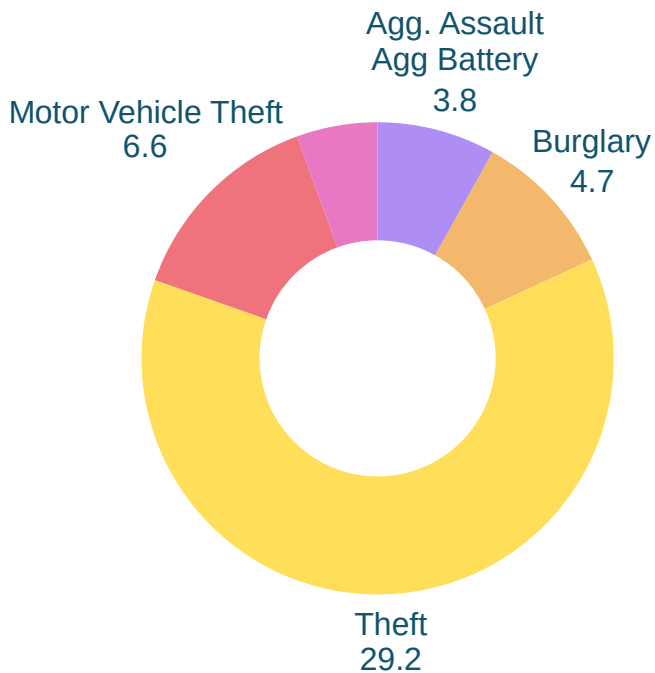


Public Safety: Crime Index

According to the Illinois Uniform Crime Reporting Program, Index Crime offenses include the categories of criminal homicide, rape, robbery, aggravated battery/aggravated assault, burglary, motor vehicle, arson, human trafficking commercial sex acts and human trafficking involuntary servitude.

Total Crime Index: 47

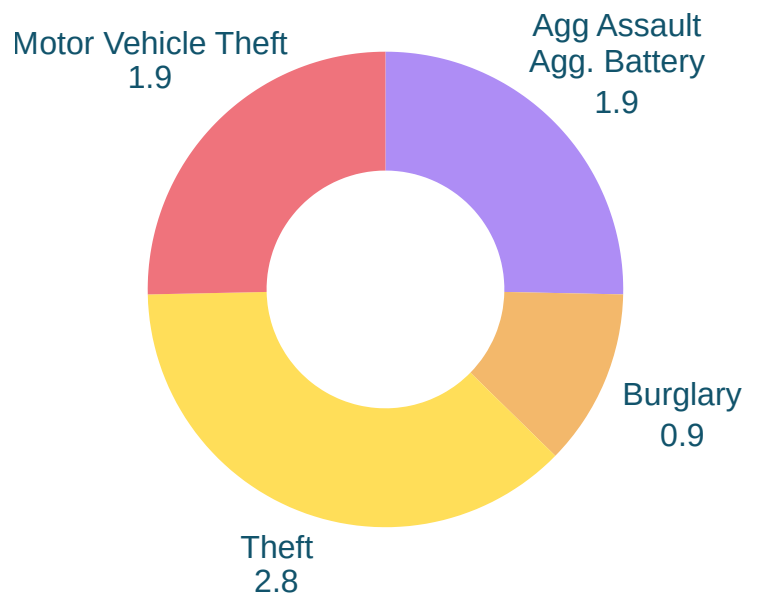
Index Crime Offenses/Crime Rate 2021 Macon County (Per 100,000)



Source: 2021 Illinois State Police
Index Crime & Crime Rate Data

Total Crime Index: 7.5

Index Crime Arrest Report 2021 Macon County (Per 100,000)

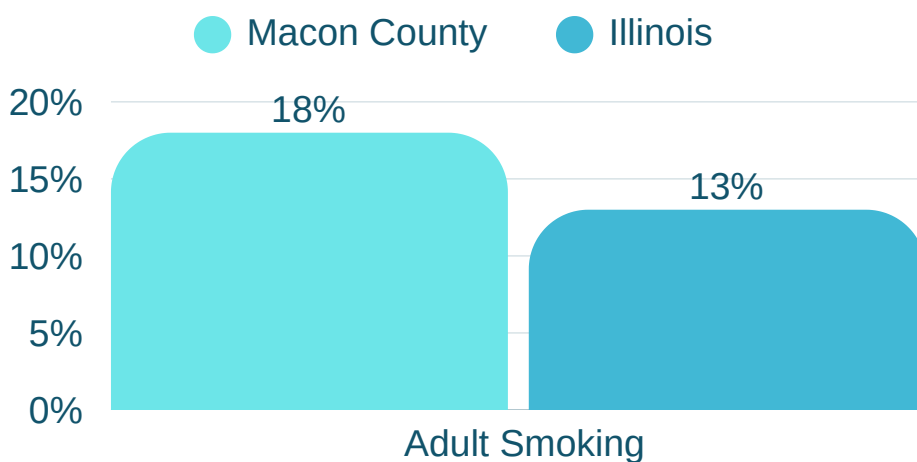


Source: 2021 Illinois State Police
Index Crime & Crime Rate Data

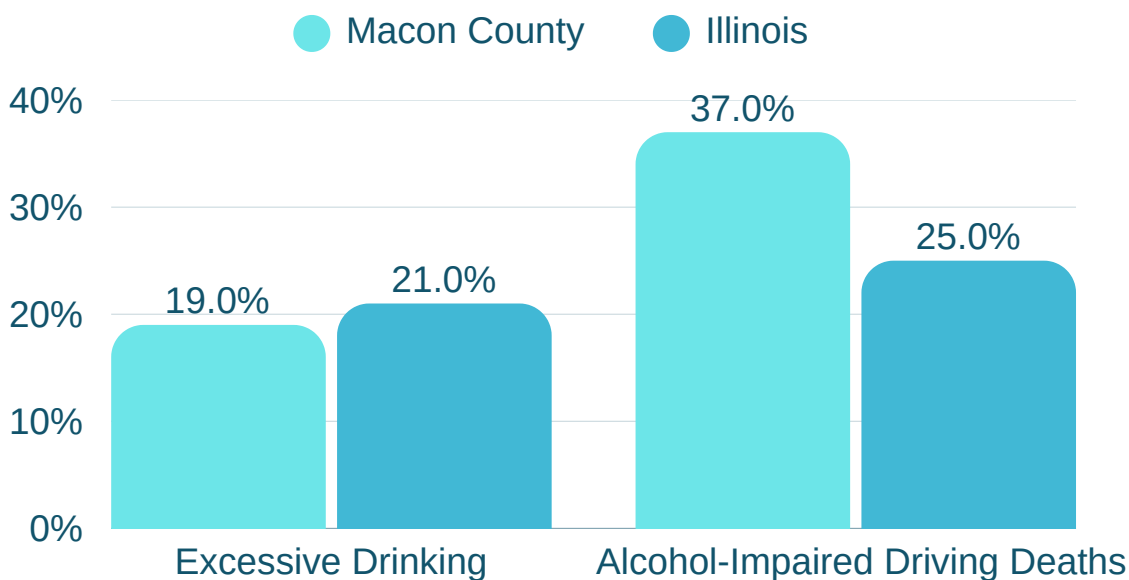
According to the 2025 County Health Rankings & Roadmaps in Macon County, there were 21 firearm related deaths per 100,000 people compared to 14 per 100,000 people in Illinois.

Public Safety: Substance Abuse and Tobacco Use

According to the 2024 County Health Rankings & Roadmaps, 18% of adults in Macon County report current smoking, which is higher than the Illinois average of 13%. According to the 2025 County Health Rankings & Roadmaps, excessive drinking among adults in Macon County is reported at 19%, which is slightly lower than the state rate of 21%. However, alcohol-impaired driving deaths represent a significant concern locally, accounting for 37% of traffic fatalities in Macon County—substantially higher than the Illinois average of 25%.

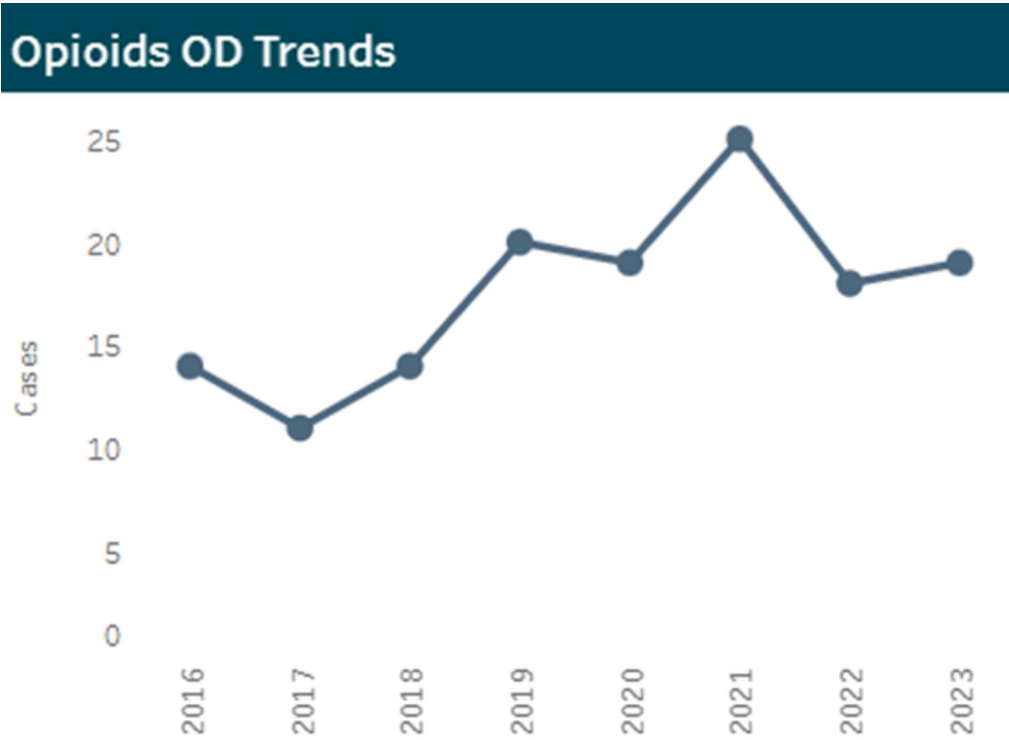


2024 County Health Rankings & Roadmaps



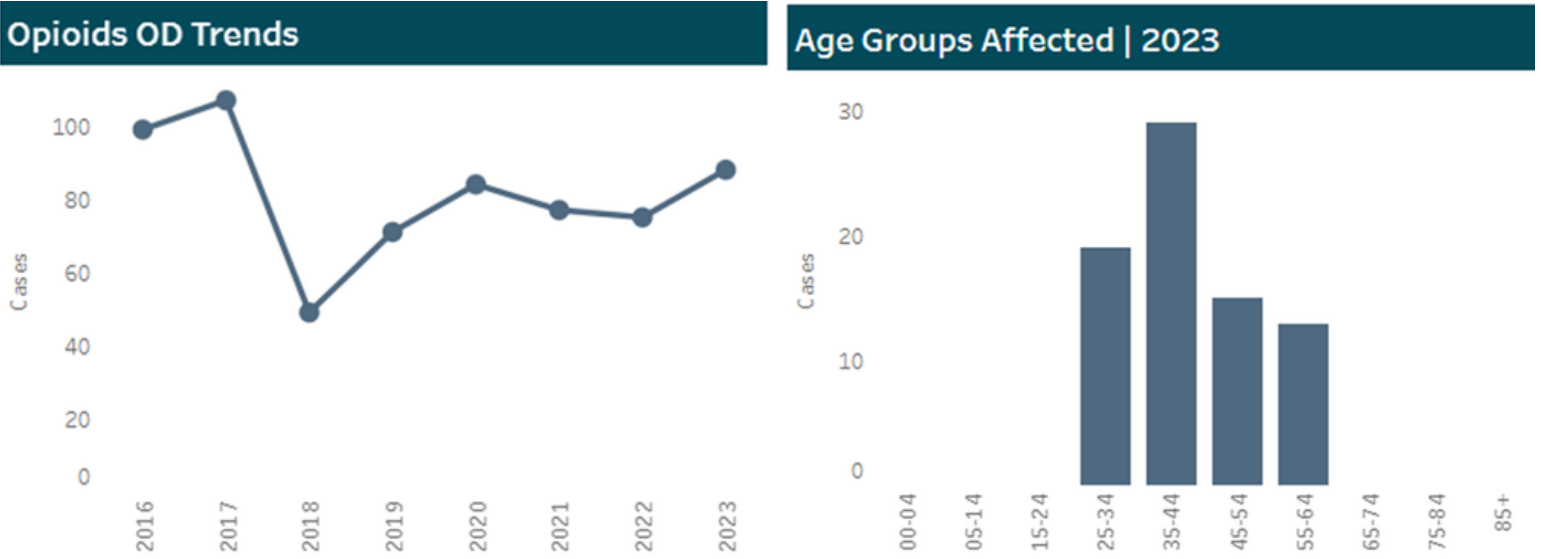
2025 County Health Rankings & Roadmaps

According to the 2024 Community Health Assessment from HSHS St. Mary’s Hospital, accidental drug overdose deaths have continued to rise in Macon County since the beginning of 2018 and non-fatal overdoses have been climbing once again. According to county coroner reports, substances such as heroin, alprazolam, alcohol, and fentanyl have been leading culprits in drug overdose deaths. The county also has higher rates of hospitalization due to opioids and heroin compared to other counties in the state.



Source: Illinois Department of Public Health Overdose Data Dashboard

In 2023, there were there were 19 fatal overdose cases involving opioids in Macon County.



Source: Illinois Department of Public Health Overdose Data Dashboard

In 2023, there were 88 non-fatal overdoses involving opioids in Macon County. Ages 35-44 were the most affected age group.

According to the Illinois Youth Survey 2024 Report, substance use among 8th grade students remains a concern in Macon County. In the past year, 35% reported using at least one substance when vaping products were included, with marijuana (25%) and e-cigarettes or vaping products (23%) being the most commonly used. Alcohol use was reported by 21% of students. Recent use patterns show marijuana use at 19% in the past 30 days. Traditional tobacco, illicit drug use (excluding marijuana), and prescription drug misuse were reported at lower levels; however, some co-use behaviors were observed, including alcohol and marijuana (8%) and alcohol and energy drink use (7%). These findings highlight the need for continued prevention efforts focused on vaping and marijuana use among middle school youth.

Substance Used	8th Grade
Used Past 30 Days	
Alcohol	12%
Any tobacco products OR e-cigarettes or other vaping products	17%
Cigarettes*	2%
Smokeless tobacco	3%
Smoked tobacco (other than cigarettes)	4%
E-cigarettes or other vaping products	15%
Marijuana	19%
Prescription drugs not prescribed to you	2%
# of Respondents	259

Substance Used	8th Grade
Used Past Year	
Any common substance (including alcohol, inhalants or marijuana)*	33%
Any common substances plus vaping (including alcohol, tobacco products, e-cigarettes or other vaping products, inhalants, or marijuana)*	35%
Alcohol	21%
E-cigarettes or other vaping products	23%
Any Tobacco Product (including smokeless tobacco, tobacco smoked through cigarettes or cigars/cigarillos, or tobacco used in a hookah water pipe)	5%
Inhalants	7%
Marijuana	25%
Synthetic marijuana	3%
Alcohol and marijuana at the same time	8%
Alcohol and energy drinks at the same time	7%
Any Illicit Drugs (excluding marijuana)	2%
Crack/Cocaine	1%
Hallucinogens/LSD	2%
Ecstasy/MDMA	1%
Methamphetamine	0%
Heroin	0%
Any Prescription Drugs to get high	2%
Prescription Painkillers	1%
Other Prescription Drugs	1%
Prescription pain medicine without prescription or differently than prescribed	3%
Prescription drugs not prescribed to you	4%
Over-the-Counter Drugs	4%
# of Respondents	259

Source: Illinois Youth Survey 2024 Report

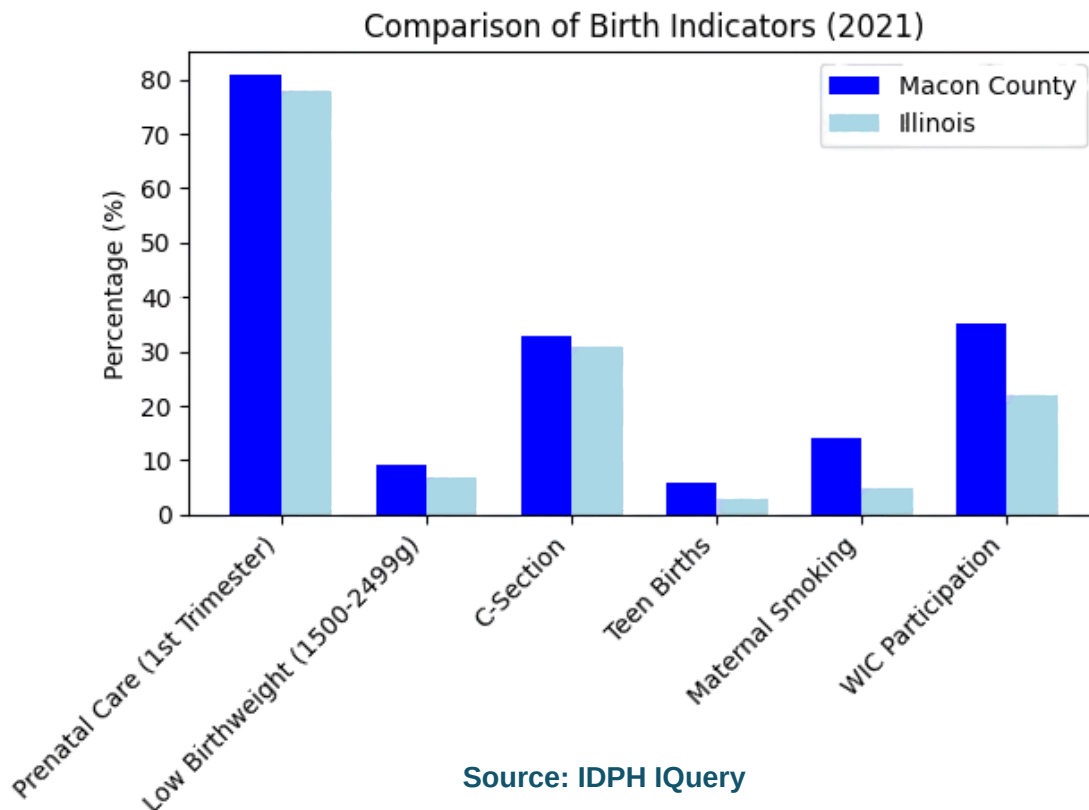
Health Behaviors: Overweight and Sedentary Lifestyle

2025 County Health Rankings and Roadmaps reports that 37% of Macon County adults are obese, compared to 33% of adults in Illinois. Additionally, 19% of Macon County residents rate their health as poor to fair compared to 16% in Illinois.

Maternal and Child Health

According to 2021 IDPH IQuery data, Macon County reported 1,175 live births, including 782 White, 356 Black, and 37 births among other racial groups. Most mothers (81%) received prenatal care in the first trimester, slightly higher than the Illinois rate (78%). Birth outcomes were generally similar to the state, with 1% of infants born under 1,500 grams in both Macon County and Illinois. However, a higher percentage of infants in Macon County had low birthweights between 1,500–2,499 grams (9% compared to 7% statewide), and cesarean deliveries were slightly more common (33% vs. 31%).

Macon County also had higher rates of teen births (6% vs. 3%), maternal smoking during pregnancy (14% vs. 5%), and WIC participation (35% vs. 22%) compared to Illinois.



Vaccine Preventable Diseases

The MCHD's 2025 Annual Report identified the following vaccine preventable disease cases:

- Influenza with ICU hospitalization: 18 cases
- COVID-19 with ICU hospitalization: 19 cases
- Pertussis: 4 cases
- Chronic Hepatitis B: 1 case
- Hepatitis A: 0 cases
- Acute Hepatitis B: 0 cases
- Mumps: 0 cases
- Varicella: 0 cases

Infectious Disease

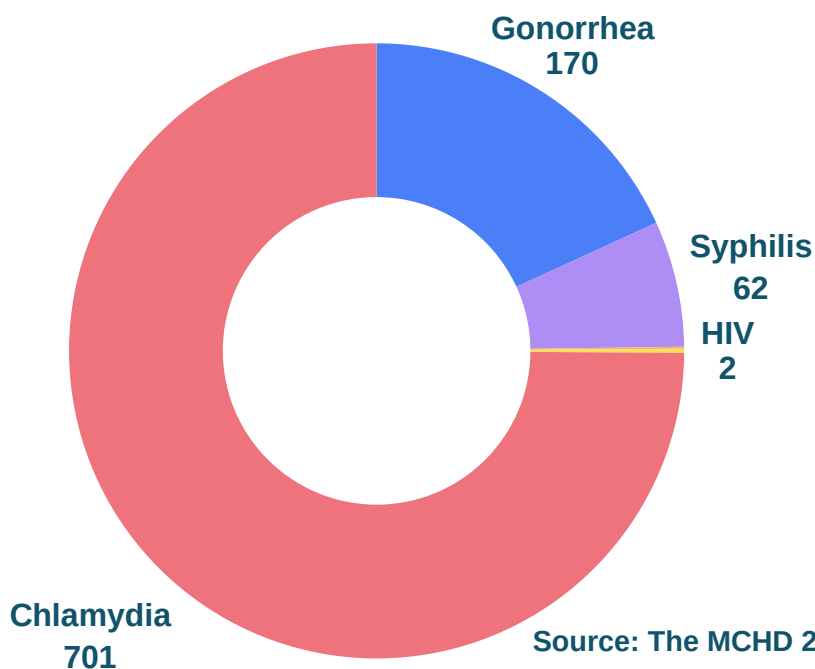
According to IQuery 2021, Macon County reported 878 cases of chlamydia, 591 cases of gonorrhea, 11 cases of early syphilis, and 10 cases of primary and secondary syphilis, reflecting patterns similar to statewide trends when compared with Illinois totals of 71,836 chlamydia cases, 30,454 gonorrhea cases, 2,653 early syphilis cases, and 1,489 primary and secondary syphilis cases. More recent data from the 2025 MCHD's Annual report shows 701 total cases of chlamydia, 170 cases of gonorrhea, and 62 cases of syphilis, along with 2 reported HIV cases and 1 reported AIDS case. Together, this data highlights the ongoing need for targeted prevention, screening, treatment, and education efforts to reduce STI transmission and improve sexual health outcomes in Macon County.

Sexually Transmitted Infections, Macon County and Illinois (2021)

Factor	Macon County	Illinois
Chlamydia	878	71,836
Early Syphilis	11	2,653
Gonorrhea	591	30,454
Primary and Secondary	10	1,489

Source: IDPH IQuery

Sexually Transmitted Infection Cases, Macon County (2025)



Source: The MCHD 2025 Annual Report

Cancer Incidence

The IDPH's Illinois County Cancer Statistics Review, Incidence, 2018-2022, is a report that documents invasive cancer in Illinois and each of its counties.

Incidence counts are five-year totals. Rates are per 100,000 age-adjusted to the 2000 U.S. standard million population. The following table represents the incidence rates of each cancer for Macon County and Illinois. From the data shown below, it is evident that for most types of cancers in Macon County typically has a higher incidence rate than the state of Illinois.

Cancer Incidence, Macon County and Illinois (2018-2022)

Site	Macon County Male (Rate)	Macon County Female (Rate)	State of Illinois Male (Rate)	State of Illinois Female (Rate)
All sites	617.3	512.4	500.6	441.2
Oral Cavity and Pharynx	23.9	7.8	18.4	6.6
Esophagus	14.0	3.2	8.4	2.1
Stomach	8.2	3.3	9.2	5.3
Colon and Rectum	56.7	44.9	45.1	33.8
Liver	11.4	3.2	9.7	3.3
Pancreas	18.1	11.5	16.2	12.9
Lung and Bronchus	94.9	85.7	63.3	53.8
Bones and Joints	1.1	0.9	1.1	0.8
Melanoma of the Skin	35.6	27.8	28.7	20.5
Breast (invasive)	1.9	126.1	1.4	135.5
Cervix		8.8		7.2
Corpus and Uterus, NOS		28.0		30.7
Ovary		11.1		10.2
Prostate	120.9		122	
Testis	5.4		6.2	
Urinary Bladder (includes in situ)	39.5	11.4	34.0	8.7
Kidney and Renal Pelvis	38.0	21.8	24.7	12.5
Brain and Nervous System	9.7	8.8	7.2	5.2
Hodgkin Lymphoma	3.6	2.0	3.1	2.5
Non-Hodgkin Lymphoma	26.7	17.4	22.5	15.7
Myeloma	11.2	6.7	8.3	5.9
Leukemia	21.5	12.0	17.6	10.7
All Other Sites	75.0	70.2	53.4	57.3
Breast in Situ (not in total)		25.8		32.7

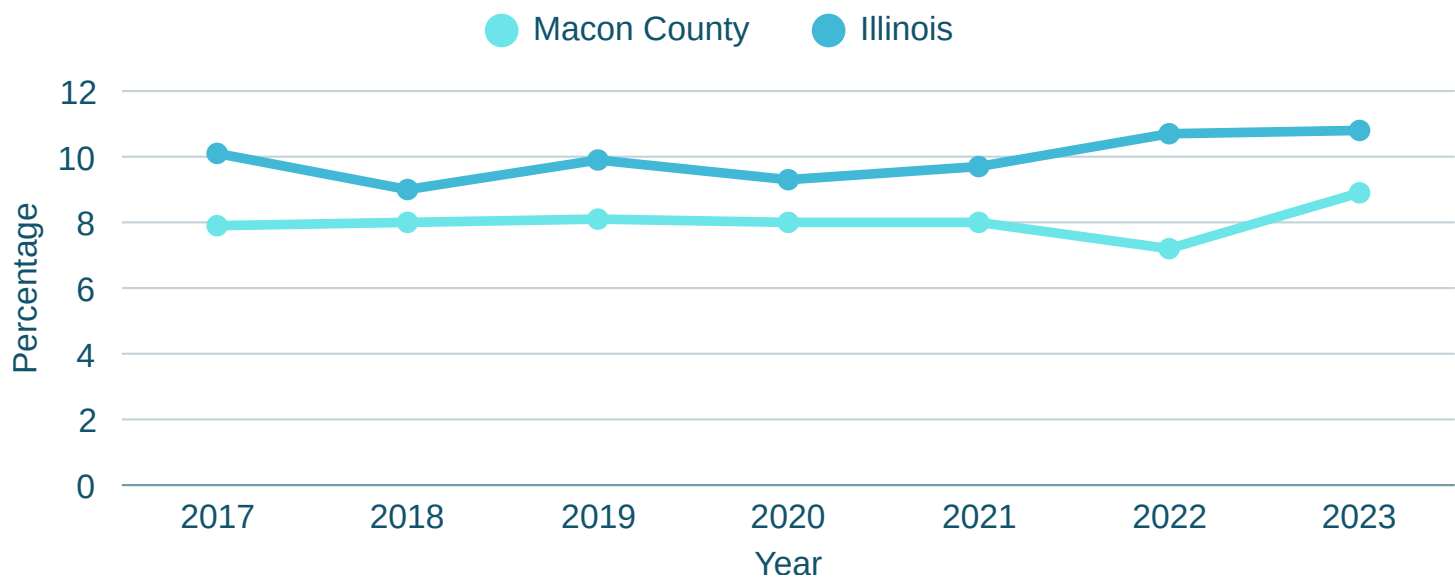
Source: Illinois Department of Public Health, Illinois State Cancer Registry, data as of November 2024

Chronic Disease: Diabetes

The Cleveland Clinic defines diabetes as a chronic condition that occurs when the body cannot properly use blood sugar (glucose), leading to high blood sugar levels. There are three main types of diabetes: Type 1, where the body does not produce insulin; Type 2, where the body does not use insulin effectively; and gestational diabetes, which occurs during pregnancy. Common symptoms include increased thirst, frequent urination, extreme fatigue, and blurred vision. Long-term complications can affect the heart, kidneys, eyes, and nerves if not managed properly. Treatment typically involves lifestyle changes, monitoring blood sugar levels, and may include insulin therapy or medications.

According to the CDC United States Diabetes Surveillance System, 8,210 Macon County residents were diagnosed with diabetes in 2023. The prevalence of diabetes among adults in Macon County (ages 20 and older) was 8.9%, compared to 10.8% among adults (ages 18 and older) in Illinois.

Diabetes Prevalence in Adults, 2017-2023



Source: CDC United States Diabetes Surveillance System, 2023



Chronic Disease: Mortality

According to IQQuery data, the leading causes of death in Macon County are outlined below, with Illinois rates provided for comparison. Heart disease is the leading cause of death in Macon County, followed by cancer as the second leading cause.

Cause of Death	Year	Macon County	Illinois
Heart Disease	2021	289	26,282
Cancer	2021	261	23,613
Stroke	2021	60	6,768
Chronic Lower Respiratory Disease	2021	59	4,927
Chronic Liver Disease and Cirrhosis	2021	33	1,779
Accidents (Unintentional Injuries)	2021	63	7,616
Assault (Homicide)	2021	13	1,472
Intentional Self-harm	2021	21	1,440
COVID-19	2021	136	11,297
Influenza and Pneumonia	2021	44	1,679
Diabetes	2021	30	3,388
Alzheimer's Disease	2021	44	4,028

Source: IDPH IQQuery

Sentinel Events

The cause of death for Macon County and Illinois residents in 2023 is listed in the table below. The data is primarily represented in descending order from highest cause of death to lowest for Macon County and Illinois respectively, with the exception of Macon County Motor Vehicle Accidents deaths being slightly higher than Macon County COVID-19 deaths.

Cause of Death in Macon County and Illinois, 2023

Cause of Death	Macon County	Illinois
Opioid Overdose	19	2,861
COVID-19	14	1,666
Motor Vehicle Accidents	16	1,289
Other Overdose	7	656

Source: IQuery, IPLAN Data Home, Sentinel Events, Death, 2023 County and State, Illinois and Macon, Secondary Data Output



Primary Data: Community Survey

Community Survey Overview

The Macon County Health Department promoted the community survey to the public through social media from January through March, reaching 6,790 individuals. The survey link was also distributed via email to village and town leaders, who were encouraged to share it through their local communication channels. In addition, the MCHD shared the survey with local organizations and asked them to distribute it to their staff, clients, and visitors.

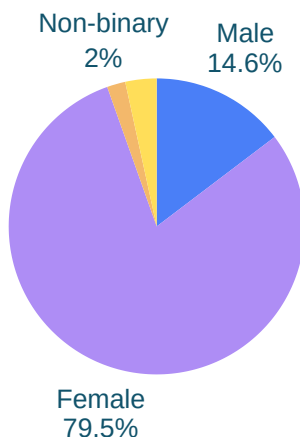
To increase participation, the MCHD distributed flyers containing a QR code linked to the survey and provided paper copies at community resource fairs and public libraries. Upon the survey's conclusion, a total of 205 completed surveys were collected and analyzed. The survey consisted of 21 questions designed to gather community input on health needs and priorities.

Research Design

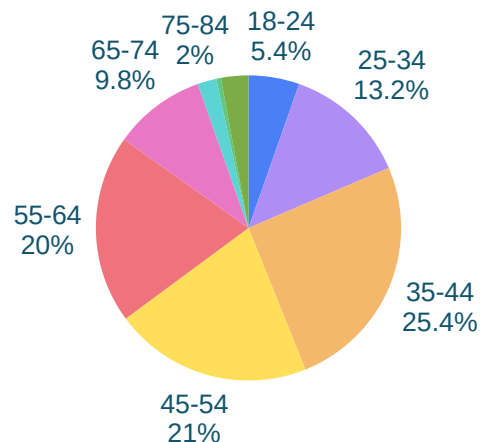
The community survey was a questionnaire style self-administered survey available on the internet. The process followed a cross sectional research design, taking a snapshot of Macon County residents at a single moment in time.

Participant Data:

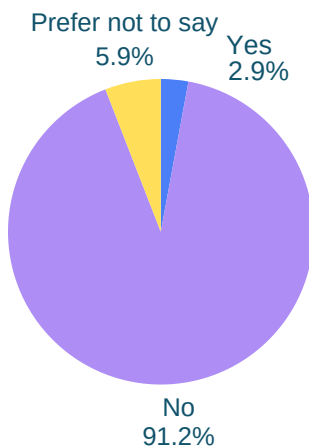
What is your gender?



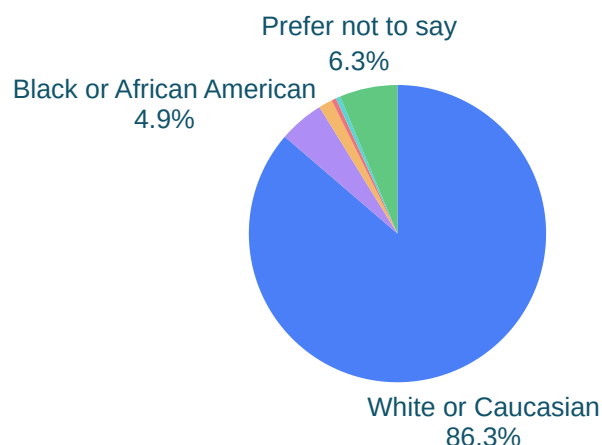
What is your age?



Are you Hispanic, Latino or of Spanish origin?

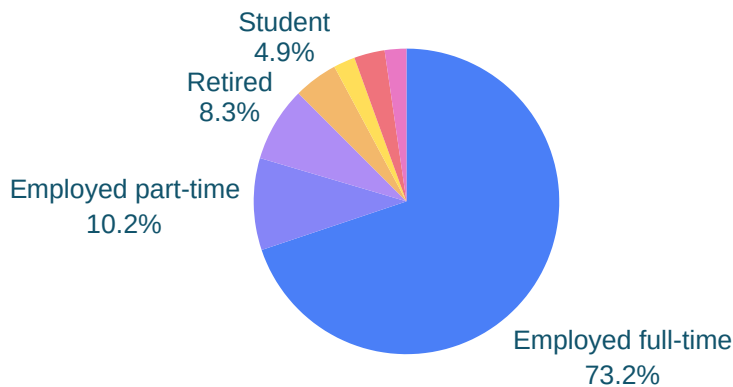


What is your race?

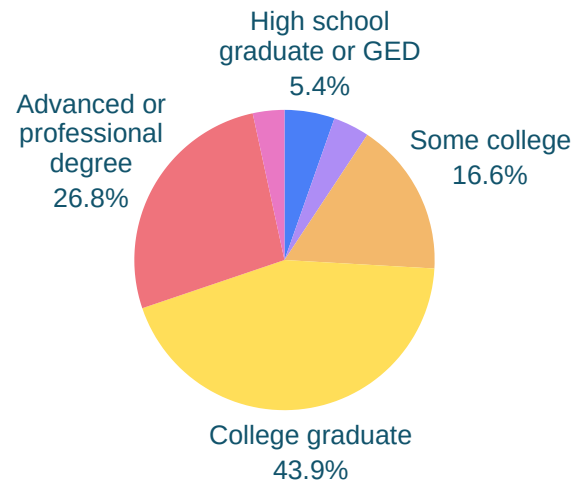


Participant Data:

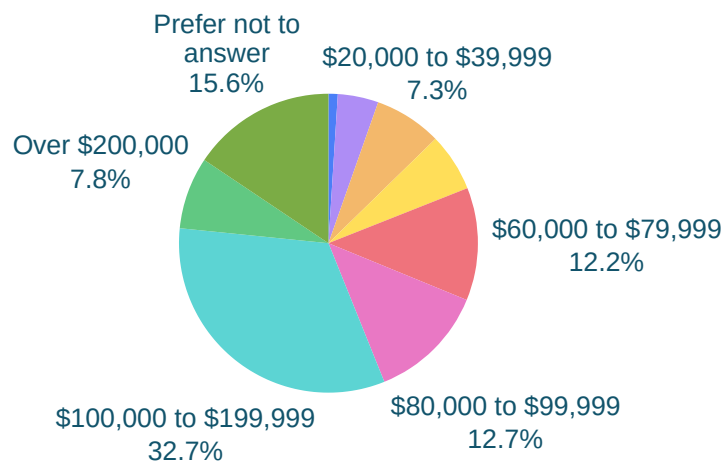
What is your employment status?



What is the highest level of education you have completed?



What is your annual household income?



- 20 people stated they had 1 child aged 0-4 in their home. 9 people stated they had 2 children aged 0-4 living in their home. 3 people stated they had 3 children aged 0-4 living in their home.
- 31 people stated they had 1 child aged 5-12 living in their home. 14 people stated they had 2 children aged 5-12 in their home.
- 23 people stated they have 1 adolescent aged 13-17 living in their home. 9 people stated they have 2 adolescents aged 13-17 living in their home.
- 26 people stated they have 1 young adult aged 18-24 living in their home. 13 people stated they have 2 young adults aged 18-24 living in their home. 4 people stated they have 3 young adults living in their home.

Community Survey Findings

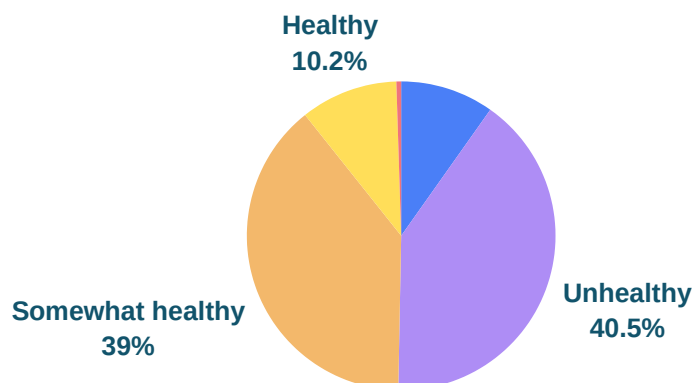
Top 3 Health Concerns in our Community

Factor	Number N= 205	Percent
Adult Mental Health	100	48.8%
Violent Crime	68	33.2%
Substance use	61	29.8%

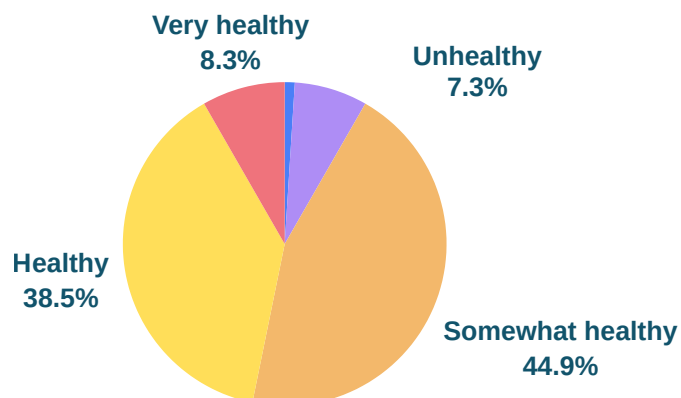
Top 3 “What does your community need to be healthy?”

Factor	Number N= 205	Percent
Ability to access mental health care services within a reasonable amount of time	87	42.4%
Safety & low crime	71	34.6%
Housing resources	57	27.8%

How would you rate the overall health of your community?

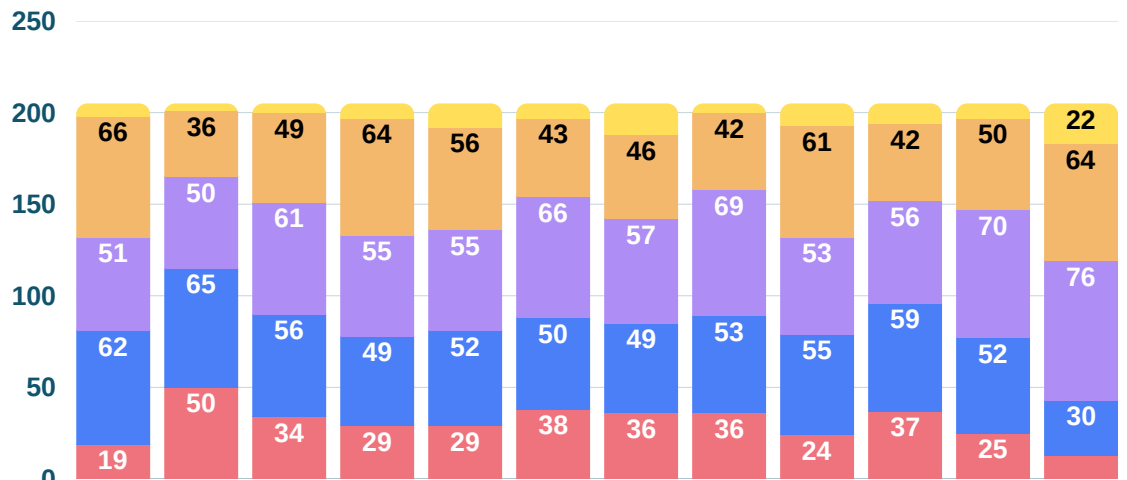


How would you rate your personal health?



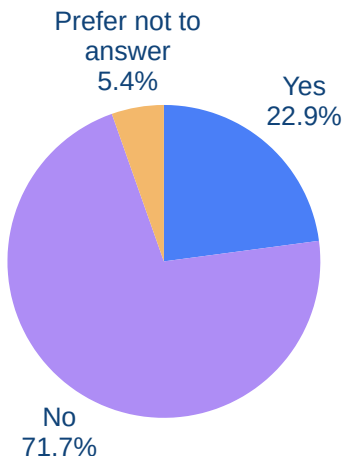
Community Survey Findings

● Strongly disagree
 ● Disagree
 ● Neutral
 ● Agree
 ● Strongly Agree

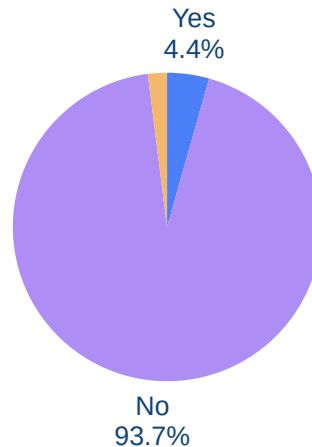


Community Survey Findings

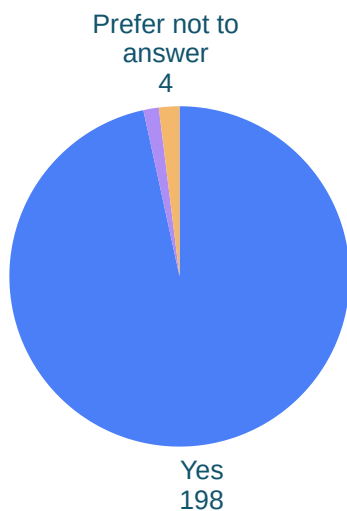
Does anyone in your household live with a physical, mental, or intellectual disability?



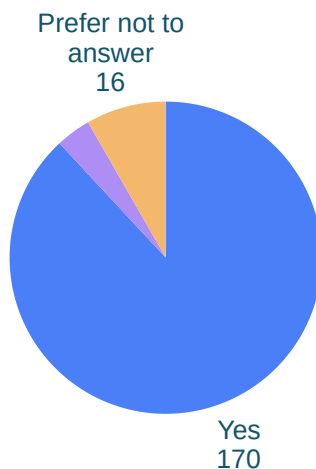
Do you require caregiver support due to age, disability, or any other reason?



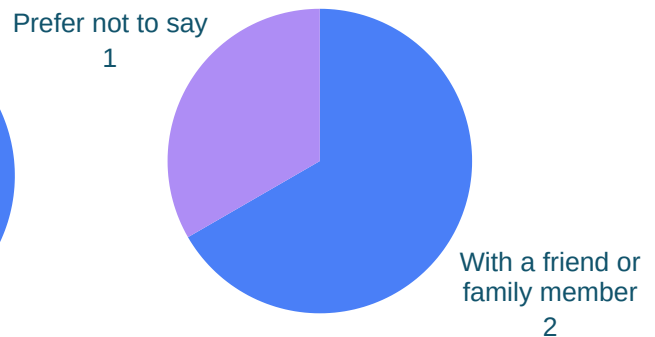
Do you have stable housing or shelter?



If you answered yes to the last question, do you rent or own your home?



If you answered no to the last question, where did you sleep last night?



What would you like to see the health department offer to better serve our community? (a few responses that support our decision for the top health priorities.)

- "Onsite mental health services"
- "Increased drug and alcohol dependency support and services"
- "Better mental health resources"
- "Affordable and easier access to counseling and mental health services"
- "Mental health and substance abuse assistance"

Community Health Plan

One of the most invaluable parts of the IPLAN process is the development of the Community Health Plan. The purpose of the Community Health Plan (CHP) is to use the top three priority health concerns to make a plan to address these concerns over at least the next five years, when the next IPLAN will be completed. The CHP is completed to determine the risk factors for each priority health concern, proven intervention strategies for, barriers to, and resources currently available in the community addressing them. In the CHP, the Macon County Health Department (MCHD) has also set impact and outcome objectives, determined community resources and funding for completing these objectives to target these health concerns, and the evaluation plans for each objective. In the development of this CHP, existing partnerships were further developed, creative ideas for new partnerships formed, and much discussion occurred about how to increase effectiveness of involved agencies in targeting these health concerns heavily affecting our community.

The Community Health Committee developed this plan by collecting and analyzing data, gathering community input through the survey participants, prioritizing overall health concerns, and ultimately selecting the top three health priorities for the Community Health Plan (CHP).

The MCHD worked to identify, gather, and analyze information surrounding the top three priority health concerns (mental and behavioral health, substance use/abuse/misuse and sexually transmitted infections). This included the risk factors, contributing factors, barriers to addressing, and proven intervention strategies for addressing each of these concerns. Healthy People 2030 objectives were also reviewed and considered throughout the planning process to ensure alignment with national public health priorities and evidence-based approaches to improving health outcomes.

Macon County is known for having high rates of many types of critical health concerns and conditions in comparison to other areas within the state of Illinois. However, this county is also known for extraordinary collaboration among agencies, organizations, and businesses to work toward having the best community possible. This remains true for the work that is already done in Macon County to address our chosen top priority health concerns. Because of this fact, there was a great deal of discussion about the programs, services, and efforts that already existed to address the top three health concerns for the 2026 IPLAN for the Macon County Health Department. Therefore, there was not only discussion about new efforts that could be developed and implemented, but also a significant amount of brainstorming and discussion about how to work together more effectively in our community to grow these existing programs and expand their outreach.

The Community Health Plan for each of the top three priority health concerns is outlined below.

- Description of the priority health concern
- Risk factors
- Contributing factors
- Barriers to addressing
- Proven intervention strategies
- Resources currently available and to be used in achieving objectives
- Impact objectives
- Outcome objectives
- Funding needs
- Evaluation plans

Mental and Behavioral Health

The Macon County Health Department's IPLAN Community Health Committee identified Mental and Behavioral Health as a top health concern in Macon County. The Committee also discussed several factors that can be influenced by a person's mental and behavioral health, such as poverty, alcohol/drug abuse, and access to stable housing to name a few.

The CDC defines behavioral health as a state of mental, emotional, and social well-being or behaviors and actions that affect wellness. Behavioral health is a key component of overall health. The term is also used to describe the support systems that promote well-being, prevent mental distress, and provide access to treatments and services for mental health conditions. Behavioral health is an umbrella term that refers to the following topics: mental health (i.e. well-being, mental distress, mental health conditions), suicidal thoughts or suicide attempts, substance use or substance use disorders. The CDC then defines mental health as "the component of behavioral health that includes our emotional, psychological, and social well-being. Mental health is a state of well-being that enables us to cope with the stresses of life, realize our abilities, learn well and work well, and contribute to our community.

According to the 2026 County Health Rankings and Roadmaps, Macon County adults reported their mental health was not good on 5.9 of the previous 30 days. That is in comparison to 5.8 days for the state of Illinois and 5.7 days for the United States as a whole. A large contributing factor to this issue that further complicates matters is the lack of mental health providers in our county and throughout the entire state. The County Health Rankings and Roadmaps shows a ratio of one mental health provider per 510 people registered in Macon County, compared to the state ratio of 280:1, and national ratio of 290:1.

In 2022, the National Institute of Mental Health (NIMH) estimated that more than one in five U.S. adults live with a mental illness (59.3 million in 2022; 23.1% of the U.S. adult population). Mental conditions affect people of all ages, race, and genders, but some populations are disproportionately affected. Mental and behavioral disorders, like depression or anxiety, can affect a person's ability to take care of themselves in other areas. Some of the risk factors that can contribute to a decline in mental and/or behavioral health include overall health/wellness, aging, and environmental/social history.

Improving mental and behavioral health aligns with both the Healthy People 2030 objectives and the Illinois State Health Improvement Plan (SHIP). Healthy People 2030 identifies improving mental health, increasing access to quality mental health care, reducing suicide, and expanding treatment for substance use disorders as national priorities. Likewise, the Illinois SHIP emphasizes improving behavioral health by increasing access to mental health and substance use services, strengthening prevention efforts, and reducing health disparities. Addressing mental and behavioral health in Macon County supports these state and national priorities while improving the overall health and well-being of the community.

Overall Health/Wellness

Direct factors contributing to poor mental and behavioral health include chemical imbalances in the brain. These imbalances can increase an individual's vulnerability to low moods and may also affect how they respond to different treatments and interventions.

Mental and Behavioral Health

- Indirect contributing factors to overall health causing poor mental and behavioral health include the following:
- Poor nutrition
- Sedentary lifestyle/obesity
- Negative self-esteem
- Ongoing/chronic medical condition (cancer/diabetes)
- Chemical imbalances in the brain
- Use of alcohol or recreational drugs

Aging

A person's age and resulting changes in the body and mind can indirectly contribute to poor mental and behavioral health in the following ways:

- Child Abuse/Adverse Childhood Experiences (ACES)
- Poor academic achievements
- Pregnancy/parenting

Environmental and Social History

Environmental factors cause poor mental and behavioral health directly and/or indirectly by the following:

- Children who experience early puberty
- Family history of depression and anxiety
- Parental depression/anxiety
- Parent-child conflict
- Poor parenting/negative family environment
- Peer rejection
- Stressful event(s)/traumatic event(s)
- Poverty
- Community/school violence
- History of abuse (sexual assault, witnessing violence)
- Feeling of loneliness/isolation; having few friends

According to the 2025 Community Health Rankings and Roadmaps, Macon County has more teen births and child living in poverty compared to the Illinois state average.



Mental and Behavioral Health

Barriers

There are many barriers preventing care for mental and behavior health care. They are as follows:

- *Affordability of care/shortage of mental health professionals:* Macon County lacks mental health providers compared to other areas. Many in Macon County lack the funds needed for care or cannot find providers that offer affordable care.
- *Lack of anonymity when seeking treatment/stigma/no desire for care:* Some people believe that if their employers find out that it could affect their job placement/advancement. Others worry that seeking care would negatively affect them.
- *Lack of culturally-competent care:* Providers who complete trainings to aimed at increasing diversity knowledge and understanding that is group-specific improve patient-level outcomes by providing culturally sensitive and unbiased quality care.
- *Transportation to care:* Although Decatur Public Transit and Decatur Moves provide transportation services within Decatur, many residents in rural areas of Macon County still have limited or no access to transportation. Even individuals living in Decatur may face challenges navigating bus routes and schedules or using the technology required to schedule rides for appointments and work.

Proven Intervention Strategies

- Mental Health First Aid/Youth Mental Health First Aid are evidence-based education and prevention tools that increase the public's knowledge of mental health and substance abuse. It also connects people to care in their community for such issues.
- Agencies like MCHD and Growing Strong provide education to various grades and levels. Programs cover subjects like sexual health, healthy relationships, dangers of tobacco and other life skills.
- Mental Health Screenings at primary care appointments, post-partum appointments and during social service appointments can help identify individuals suffering from behavior or mental health issues.
- Area mental health service providers make getting care easier and more accessible to the community. Service providers can also work with their patients to find effective treatments.
- Community support groups can help individuals find others who are going through or whom have gone through similar issues.
- Some area schools have adopted trauma-informed care/education. This is not designed to treat symptoms, but its primary purpose is to deliver mental health, addictions, and other support in a manner that acknowledges the role violence and victimization, or ACES play in the lives of students. (IEA AND DPS site)

Resources Available (Governmental and Non-Governmental)

- *Macon County Health Department*
- Illinois Department of Public Health
- Crossing Healthcare
- Heritage Behavior Health Center
- Illinois Tobacco Quitline

Mental and Behavioral Health

Improve Access to Mental Health Services and Awareness

Outcome Objectives #1

- Reduce the average number of poor mental health days reported among Macon County residents from 5.9 to 5.7 days by 2030, based on County Health Rankings and Roadmaps data.

Impact Objectives #1

- Establish a partnership with a mental health organization to provide onsite behavioral health services at the MCHD at least two days per week by 2030.

Intervention Strategies

- Partner with area mental health service providers to increase access to behavioral health services within the community.
- Establish contractual partnerships to provide onsite behavioral health services at the MCHD.
- Increase availability of behavioral health providers at the MCHD location to improve access to care for clients.
- Provide community education and outreach to increase awareness of available mental health services and resources.
- Collaborate with community agencies and healthcare organizations to promote mental health awareness and reduce barriers to accessing care.

Expand Mental Health First Aid Training and Community Collaboration

Outcome Objectives #2

- Increase the percentage of trained staff, first responders, and community members who demonstrate confidence in recognizing and responding to mental health crises by 3% by 2030, as measured through pre- and post-training evaluations.
- Increase access to mental health support by establishing at least five new community partnerships and providing at least three Mental Health First Aid or Youth Mental Health First Aid training opportunities by 2030, as documented through partnership agreements and training records.

Impact Objectives

- Train at least 50 MCHD staff, first responders, educators, and community members in Mental Health First Aid or Youth Mental Health First Aid by 2030, as documented through training attendance records.
- Establish or maintain partnerships with at least three organizations—including mental health providers, schools, first responders, healthcare providers, community organizations, and local businesses—to support mental health education, referral, and intervention efforts by 2030, as documented through meeting attendance, memoranda of understanding, or collaborative activities.

Mental and Behavioral Health

Intervention Strategies

- Partner with mental health organizations to provide and promote Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA) training opportunities.
- Increase training opportunities for the MCHD staff, first responders, educators, and community members.
- Collaborate with community organizations, school districts, healthcare providers, and local businesses to increase awareness of mental health resources and crisis response strategies.
- Strengthen partnerships with organizations such as Heritage Behavioral Health and first responder agencies to support ongoing mental health education and training initiatives.

Funding

Implementation of these mental health initiatives will require a commitment of staff time, community partnerships, outreach efforts, and training resources in order to achieve the identified impact and outcome objectives. The MCHD will collaborate with Heritage Behavioral Health, first responders, school districts, healthcare providers, local businesses, and other community partners to support behavioral health services, Mental Health First Aid training opportunities, and community education efforts.

Resources and funding may support activities such as onsite behavioral health services, Mental Health First Aid and Youth Mental Health First Aid trainings, educational outreach, promotional materials, and community awareness campaigns related to mental health services and crisis response. Community partners may also contribute staff time and support to assist with trainings, outreach, and service promotion efforts.

Additional funding opportunities at the local, state, and federal level will continue to be explored to expand and sustain mental health services, training opportunities, and community collaboration initiatives throughout Macon County.

Evaluation Plans

The following information will be tracked and reported to the Community Health Committee and the public in the evaluation of the impact and outcome objectives related to mental health service access, Mental Health First Aid training, and community mental health initiatives:

- Establishment and maintenance of a formal partnership or contract with a mental health organization to provide onsite behavioral health services at the MCHD.
- Number of days behavioral health services are available onsite at the MCHD.
- Number of individuals utilizing behavioral health services provided at the MCHD.
- Number of individuals who complete Mental Health First Aid training.
- Number of individuals who complete Youth Mental Health First Aid training.
- Number of outreach opportunities, educational presentations, and community awareness activities conducted related to mental health services and crisis response.
- Number of partnerships established or maintained with mental health organizations, first responders, schools, healthcare providers, and community agencies.

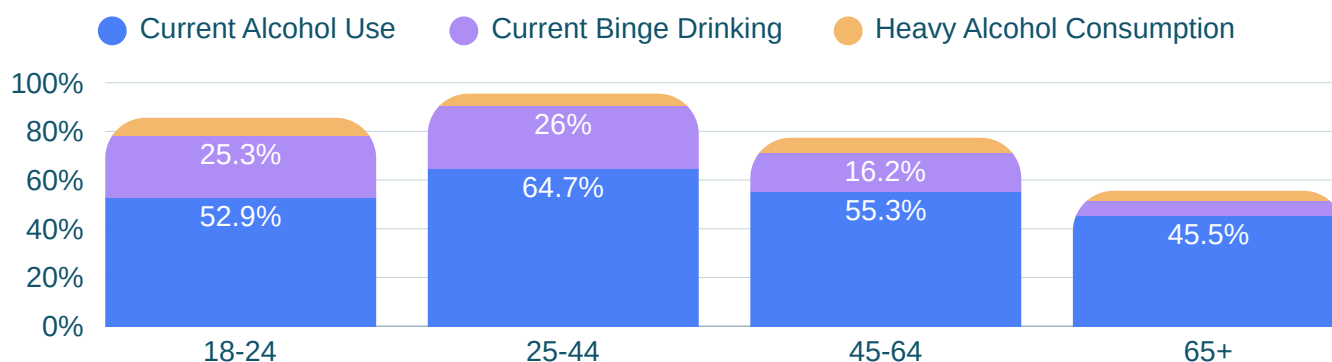
Substance Use/Abuse/Misuse

The Macon County Health Department's IPLAN Community Health Committee identified substance abuse and misuse as one of the top health concerns for Macon County. Substances of concern include, but are not limited to, alcohol, opioids, tobacco, and cannabis. Local data related to substance use was limited in some areas; therefore, state and national data were used to supplement available county-level information.

Substance use remains a significant public health concern in Macon County across both youth and adult populations. According to the CDC, approximately 4,000 individuals under the age of 21 die each year from excessive alcohol use. The 2023 CDC Youth Risk Behavior Survey found that approximately 16% of high school students reported riding with a driver who had been drinking alcohol in the past month, while about 5% reported driving after drinking alcohol themselves. Local youth data also highlights concerning trends. According to the 2024 Illinois Youth Survey County Report, 35% of 8th grade students reported using at least one substance in the past year when vaping products were included. Marijuana (25%) and e-cigarettes or vaping products (23%) were the most commonly used substances, followed by alcohol use at 21%. Marijuana use within the past 30 days was reported by 19% of students. Co-use behaviors were also identified, including alcohol and marijuana use (8%) and alcohol and energy drink use (7%). These findings emphasize the ongoing need for prevention and education efforts focused on vaping, marijuana, and alcohol use among youth populations.

Alcohol misuse also continues to impact adults throughout Illinois and Macon County. According to 2025 County Health Rankings & Roadmaps, 21% of Illinois residents reported excessive drinking, compared to 19% of Macon County residents. However, alcohol-impaired driving deaths remain a greater concern locally, accounting for 37% of traffic fatalities in Macon County compared to the Illinois average of 25%. According to the Illinois Department of Public Health's comprehensive report, Alcohol Use in Illinois, adults ages 18–24 reported the highest prevalence of heavy drinking at 7.4%, while binge drinking was reported by 25.3% of adults ages 18–24 and 26% of adults ages 25–44 during the past 30 days. Prevalence was lower among adults ages 45–64 (16.2%) and adults ages 65 and older (6.1%). The same report found that nearly 23% of Illinois high school students reported consuming at least one alcoholic beverage in the past 30 days, while more than 11% reported binge drinking. Female high school students were more likely than males to report both drinking and binge drinking behaviors. From 2020–2023, more than 2,300 deaths statewide were directly attributable to chronic alcohol use, including alcoholic liver disease and alcohol dependency syndrome, while more than 2,000 additional deaths were linked to conditions indirectly associated with chronic alcohol use, such as hypertension, coronary heart disease, and liver cancer.

Percent of Adult Alcohol Consumption by Age, BRFSS 2023, Illinois



Substance Use/Abuse/Misuse

Opioid use disorder also continues to be a major concern in Macon County. According to the 2024 Community Health Assessment from HSHS St. Mary's Hospital, accidental drug overdose deaths have steadily increased since 2018, while non-fatal overdoses have also begun rising again. County coroner reports identified substances such as heroin, alprazolam, alcohol, and fentanyl as leading contributors to overdose deaths. Macon County also experiences higher hospitalization rates related to opioids and heroin compared to other counties in Illinois. Data from the IDPH Overdose Data Dashboard reported 88 non-fatal opioid overdoses and 19 fatal opioid overdose cases in Macon County in 2023, with adults ages 35–44 being the most affected age group. Additionally, the IDPH Overdose Data Dashboard reported 201 non-fatal overdose cases involving all drugs and 26 fatal overdose cases involving all drugs in 2023.

Tobacco and nicotine use continues to pose significant public health concerns within Macon County. According to 2024 County Health Rankings & Roadmaps, 18% of adults in Macon County report current smoking, compared to the Illinois average of 13%. In addition to traditional tobacco use, e-cigarette and vaping use remain growing concerns among both adults and youth. The CDC reported that in 2021, approximately 29.4% of adults who used e-cigarettes also smoked traditional cigarettes, with dual use being more common among older adults. Among adults ages 45 and older, 42.7% reported both vaping and smoking cigarettes. At the same time, many adults who use e-cigarettes have never smoked traditional cigarettes. In 2021, 30.3% of adults who vaped reported never having smoked cigarettes, with this trend being especially common among young adults ages 18–24, where 61.4% reported vaping despite never smoking cigarettes. The CDC also reports that e-cigarettes are the most commonly used tobacco product among youth in the United States, with approximately 1.63 million students currently using e-cigarettes.

As shown by the data provided above, substance abuse in Macon County is a top health concern for our community. There are many factors which contribute to this issue, which will be identified below. These risk factors include genetics/family history, environment, mental health, early use, drug of choice, and accessibility. For each risk factor, there are direct and indirect contributing factors which will also be obtainable below.

Reducing substance use and misuse aligns with both the Healthy People 2030 objectives and the Illinois State Health Improvement Plan (SHIP). Healthy People 2030 prioritizes reducing substance misuse, preventing drug overdose deaths, decreasing excessive alcohol use, reducing youth tobacco and vaping use, and expanding access to prevention, treatment, and recovery services. Similarly, the Illinois SHIP identifies behavioral health and substance use prevention as key priorities, emphasizing prevention strategies, increased access to treatment and recovery supports, and reducing health disparities. Addressing substance use and misuse in Macon County supports these state and national priorities while improving the health and safety of the community.

Genetics/Family History

Direct contributing factors to genetics causing substance abuse include the following:

- Genes can cause someone to have a genetic predisposition towards risky and addictive behaviors.
- Those who have a family member with substance abuse disorder have a higher risk of developing said disorder.

Genetics and family history also have indirect contributing factors. Behaviors of parents with a substance abuse disorder are often passed on to their children. This includes risky and addictive behaviors, which may cause the child to abuse substances later. Biology is also an indirect contributing factor, as it plays a role in a person's genetic makeup.

Substance Use/Abuse/Misuse

Environment

Direct environmental contributing factors with the potential to cause substance abuse include the following:

- The community a person resides in can have a direct impact on their risk of substance abuse. Ideas and culture within that community can encourage and even pressure someone to use, especially when that pressure is coming from a family member or close friend.
- Exposure to the substance can play a role in the likelihood of a person to engage in drug or alcohol consumption. The more a person is exposed to a substance, the more likely they are to use.

Considering the direct contributing factors listed, there are many indirect contributing factors which can be the cause. For example, factors within a community can increase the likelihood of abuse or misuse of substances. These include school, place of worship (or lack thereof), community activities, cultural ideals, and local government. Local school districts often reflect the community they reside in. If students are regularly engaged with peers who use substances, their risk for abusing or misusing substances increases. The presence of churches and organized community activities also contributes to the status of a community. Community members engaged in positive and supportive organizations are more likely to foster meaningful relationships with others. This leads to community members developing a support system they can turn to in times of struggle, as opposed to abusing/misusing substances to cope. Cultural ideals can shape the likelihood that someone could use/misuse addictive substances. Some aspects of culture can contribute to the glorification of drugs and alcohol which can influence vulnerable populations, especially adolescents. Local government, including law enforcement, can impact substance abuse as well. A large presence of law enforcement could deter some from securing addictive substances to use, whereas a scarce police presence could result in higher rates of substance abuse.

Indirect factors that can determine exposure to substances include peers, household members, income, and media. Friends and family have a substantial influence over individuals, especially adolescents. If someone is regularly around others who are using (or even selling) a substance, the probability that they will use increases. Income can also impact substance abuse. Community members in lower income neighborhoods may be living in areas with increased rates of substance abuse, therefore becoming increasingly more prone to exposure of substances often and regularly and increasing the likelihood that they might use/misuse. In modern society, media is everywhere and is consistently influencing individuals. Between television, social media, the internet, and music, the messages they produce have the power to reach a vast audience. The media a person consumes can sometimes exalt the use of addictive substances, specifically drugs and alcohol. This overwhelming media influence could cause some to accept addictive substances and potentially misuse.

Mental Health Conditions

Mental health conditions can strongly influence the likelihood of an individual engaging in substance abuse. If an individual does not have access to or is unwilling to seek appropriate treatment for mental health conditions, they could turn to mind altering substances to cope with their disease. Some direct contributing factors include the following:

- Family medical history and genes-If an individual has a family history of a mental health disorder, they could potentially experience the same disease. Someone's genetic makeup could also cause them to be predisposed to mental health conditions.
- Life experience- Someone who has a history of stress, abuse, and trauma could be at risk for developing a mental health disorder, which in turn could cause them to engage in substance abuse/misuse. These disorders could include depression, ADHD, PTSD, and many more.

Substance Use/Abuse/Misuse

Early Use

According to American Addiction Centers, research shows that early substance use is one of the strongest predictors of future addiction. Studies indicate that individuals who experience alcohol intoxication at a younger age are at a higher risk of developing substance use disorders (SUDs) later in life. In addition, the Centers for Disease Control and Prevention (CDC) reports that most adults who meet the criteria for a substance use disorder began using substances during their teenage or young adult years.

Drug of Choice

Some substances carry a greater risk of addiction than others, depending on the type of substance and the method of use. According to the Mayo Clinic, drug addiction may begin with experimental or recreational use in social settings and gradually become more frequent over time. In some cases, particularly with opioids, addiction can begin through the use of prescribed medications or medications obtained from others with prescriptions. The likelihood of developing an addiction, as well as the speed at which addiction develops, varies by substance. Certain drugs, including opioid pain medications, have a higher potential for addiction and may lead to dependence more quickly than other substances.

As substance use continues, individuals may require larger amounts to achieve the same effects. Over time, the substance may become necessary simply to feel normal or function day to day. Increased use can make it difficult to stop and attempts to quit may result in intense cravings and physical symptoms known as withdrawal.

Accessibility

The level of accessibility of drugs and alcohol can be a risk factor for potential substance abuse. Direct contributing factors consist of the following:

- Legalization
- Substances in the home
- Concentration of drug distribution in neighborhoods

Within these direct contributing factors, there are several indirect contributing factors. An indirect contributing factor for legalization of a substance is elected officials, which are chosen by individuals in each community.

Whether or not substances are present in the home can depend on access to and affordability of prescriptions/medications, creating two indirect contributing factors. Access to prescriptions can be directly correlated with access to healthcare, and the less expensive a prescription is the more accessible it can become. Concentration of drug distribution in neighborhoods also has indirect contributing factors. Residents of poverty-stricken neighborhoods can exhibit an increased risk of substance abuse caused by seeking methods of coping that can include the use of addictive substances. Drug distributors are more easily able to take advantage of this vulnerable population and often show increased presence in those neighborhoods. In addition to poverty, location is also an indirect contributing factor. If drug distribution is not as prevalent in a certain neighborhood, those who reside there could have a more difficult time accessing a substance, whereas, if drug distribution is prevalent in a neighborhood, an individual who is regularly exposed to the substance could have an increased likelihood of accessing and then potentially misusing the chosen substance.

Substance Use/Abuse/Misuse

Barriers

There are several barriers that can affect recovery from substance use or abuse disorders or cessation of the use of substances. They are as follows:

- *Stigma surrounding treatment:* Often there is a stigma put on an individual who admits their substance disorder. People avoid treatment for fear of judgement by their family, peers, and community. It takes self-awareness and discipline to identify a substance use disorder and seek treatment, despite potential judgement.
- *Access to healthcare:* Lack of appropriate, comprehensive healthcare is an obstacle in the path to treatment. If an individual does not visit their doctor regularly, other ailments could go untreated. This could lead them to self-medicate and potentially develop a substance use disorder. This is also one less medical professional who is seeing this patient and unable to intervene when a substance use disorder seems apparent.
- *Fear of workplace retaliation:* Individuals with a substance use disorder are often weary of seeking help or treatment in fear of losing their job and, thus, their livelihood based on the stigma surrounding substance use and the effect that substance use can have on workplace performance.
- *Apathy:* Individuals with substance use disorder do not seek treatment due to lack of concern or motivation to improve their condition.
- *Lack of transportation:* Those in poor, rural communities often do not have the transportation to get to a treatment center.
- *Social and family environment:* A support system for someone suffering from a substance use disorder is crucial. Those whose friends and families are also using or abusing substances could potentially not have the support they need for successful treatment and recovery. These same people could also enable a relapse in the future.
- *Cost:* Rehab treatment is expensive and might deter individuals from seeking help, especially those without insurance.
- *Co-occurring health conditions:* Those who suffer from substance use disorders who also live with co-occurring health conditions could face additional obstacles when seeking treatment. Conditions causing physical immobility could keep a person from accessing treatment specifically if they lack a caregiver or support system. Mental health conditions could also deter an individual from seeking treatment. This can be caused by lack of cognitive understanding of their substance use condition.
- *Denial of existing substance use disorder:* Those who do not acknowledge their substance use disorder are unlikely to seek help. An individual must address their existing condition and want to change before they can finish rehabilitation successfully.

Substance Use/Abuse/Misuse

Proven Intervention Strategies

- Support Meetings such as Alcoholics/Narcotics Anonymous or Celebrate Recovery Meetings
- Twelve Step Programs
- Brief Opportunistic Interventions
- Substance Use Treatment and Rehabilitation
- Health Education – information and resources regarding the risks of substance use/abuse and cessation strategies
- Evidence-Based Training Options
- Motivational Interviewing
- Cognitive Behavioral Therapy
- Maintenance Therapies including methadone
- Communication Campaigns
- Targeted Naloxone Distribution
- Comprehensive Tobacco-Free Policies
- Referrals to Appropriate and Relative Agencies and Organizations

Resources Available (Government and Non-Governmental)

Macon County healthcare providers, community coalitions, business leaders, and some residents are mindful of the risks and dangers substance abuse brings to Macon County. Due to this mindfulness within the county, there are both pre-existing resources as well as resources in the process of being implemented. They are as follows:

- Crossing Healthcare
- Heritage Behavioral Health Center
- Gateway Foundation Treatment Center
- Alcoholic/Narcotics Anonymous
- Road to Recovery
- Illinois Tobacco Quitline
- Illinois Department of Public Health
- Macon County Health Department
- Macon County Mental Health Board
- Decatur Community Partnership
- Macon County Schools
- HSHS St. Mary's Hospital
- Decatur Memorial Hospital
- Oasis Day Center
- Salvation Army
- Good Samaritan Inn
- Volunteers
- Government officials
- Business Owners

Substance Use/Abuse/Misuse

Tobacco Use Prevention and Cessation Strategy

Outcome Objectives #1

- Reduce the percentage of Macon County residents who identify as smokers from 18% to 16% by 2030.

Impact Objectives #1

- By 2030, improve community awareness of the health risks of tobacco and nicotine use through at least 20 community education events and 120 tobacco/nicotine prevention social media posts.

Intervention Strategies

- Continue community health education efforts regarding the dangers of tobacco and nicotine use.
- Promote tobacco cessation resources, including the Illinois Tobacco Quitline, through community outreach and healthcare partnerships.
- Conduct communication campaigns through social media, schools, healthcare providers, and other community outlets to increase awareness of tobacco-related health risks.
- Establish and strengthen partnerships with local organizations, agencies, schools, and businesses to support tobacco prevention and cessation initiatives.
- Promote evidence-based tobacco prevention and cessation messaging throughout Macon County.

Expand Tobacco-Free and Vape-Free Policies in Macon County

Outcome Objectives #2

- By 2030, reduce exposure to secondhand smoke and aerosol emissions in workplaces and public settings by conducting 30 Smoke-Free Illinois Act compliance checks annually throughout Macon County and assisting at least one organization each year in adopting or strengthening tobacco-free and vape-free campus policies.

Impact Objectives #2

- Conduct at least 30 Smoke-Free Illinois Act compliance checks annually throughout Macon County through 2030.
- Increase awareness of the Smoke-Free Illinois Act and the benefits of tobacco-free and vape-free environments by conducting at least 20 educational outreach events and providing educational materials to at least 50 workplaces, businesses, and public settings by 2030.
- Assist at least one organization each year in adopting or strengthening comprehensive tobacco-free and vape-free campus policies through 2030.



Substance Use/Abuse/Misuse

Intervention Strategies

- Provide health education regarding the dangers of tobacco and e-cigarette use.
- Conduct communication campaigns promoting the benefits of tobacco-free and vape-free environments.
- Recruit businesses, agencies, organizations, and municipalities to adopt comprehensive tobacco-free and vape-free policies.
- Promote adoption of policies that include buildings, grounds, vehicles, and other properties utilized by partner organizations.
- Provide technical assistance and resources to organizations interested in implementing tobacco-free and vape-free policies.

Increase Naloxone Awareness, Education, and Distribution

Outcome Objectives #3

- Reduce the number of opioid-related fatal overdoses in Macon County from 19 to 17 or fewer and non-fatal opioid overdoses from 88 to 79 or fewer by 2030, as measured by the Illinois Department of Public Health (IDPH) Overdose Data Dashboard.

Impact Objectives

- By 2030, improve community awareness of opioid overdose prevention and naloxone by providing overdose prevention education at a minimum of 20 community events and distributing at least 120 educational social media messages.
- By 2030, increase the number of individuals trained in overdose recognition, response, and naloxone administration by providing at least 10 naloxone training sessions in partnership with community organizations, agencies, schools, and businesses.

Intervention Strategies

- Provide health education regarding opioid overdose prevention and response.
- Conduct communication campaigns to increase awareness surrounding opioid misuse, overdose risks, and Naloxone availability.
- Collaborate with community partners to provide Naloxone education and overdose response training to all populations.
- Expand targeted Naloxone distribution efforts to vulnerable populations and individuals most likely to witness or experience an overdose.
- Strengthen partnerships with healthcare providers, first responders, schools, community organizations, and other agencies to increase access to Naloxone throughout Macon County.

Substance Use/Abuse/Misuse

Funding

Implementation of these strategies and initiatives will require a commitment of staff time, community partnerships, educational materials, outreach activities, and communication efforts in order to achieve the identified impact and outcome objectives. The Macon County Health Department will continue collaborating with local organizations, healthcare providers, schools, businesses, municipalities, and community agencies to support health education, outreach opportunities, policy initiatives, prevention efforts, and community engagement activities.

Funding and resources may support activities such as educational presentations, speaking engagements, tobacco prevention initiatives, overdose prevention training, Naloxone distribution, media campaigns, social media outreach, and the promotion of cessation and prevention resources. Existing grant funding currently provides limited support for tobacco prevention, tobacco-free policy efforts, and opioid overdose prevention activities, including the purchase and distribution of Naloxone.

Additional funding opportunities at the local, state, and federal level will continue to be explored to expand and sustain these prevention, education, outreach, and policy initiatives throughout Macon County.

Evaluation Plans

The following information will be tracked and reported to the Community Health Committee and the public in the evaluation of the impact and outcome objectives related to tobacco prevention, tobacco-free policy adoption, and opioid overdose prevention efforts:

- Number of tobacco coalition meetings held related to prevention and policy initiatives.
- Number of meetings attended by staff related to tobacco prevention, opioid prevention, and community partnership initiatives.
- Number of meetings held to discuss tobacco-free and vape-free partner initiatives.
- Number of new partners established to support tobacco-free and vape-free policy adoption.
- Number of outreach opportunities, educational presentations, and community events conducted.
- Number of social media posts, communication campaigns, and media outreach efforts completed.
- Amount of social media and projected media engagement related to tobacco prevention and overdose awareness campaigns.
- Number of individuals trained to administer Naloxone (Narcan).
- Number of Naloxone doses distributed throughout Macon County.



Sexually Transmitted Infections

Sexually transmitted infections (STIs) continues to be a growing public health concern throughout the United States and Illinois, particularly among adolescents, young adults, and underserved populations. According to the IDPH, Illinois continues to report high rates of chlamydia, gonorrhea, and syphilis, with young people ages 15–24 accounting for a significant percentage of reported cases. STIs can lead to serious long-term health complications including infertility, chronic pelvic pain, pregnancy complications, and increased risk for HIV transmission if left untreated.

Macon County continues to experience elevated STI rates among adolescents, young adults, and vulnerable populations. Contributing factors include limited sexual health education, stigma associated with STI testing and treatment, inconsistent condom use, transportation barriers, delayed diagnosis and treatment, limited healthcare access, and lack of awareness regarding prevention resources and confidential testing services.

The Community Health Committee identified sexually transmitted infections as an important public health priority due to increasing infection rates, barriers to prevention services, and the impact STIs have on long-term community health outcomes.

There are several risk factors that contribute to the spread of STIs. These risk factors include age, healthcare access, education and awareness, social and behavioral factors, and environmental issues.

Reducing sexually transmitted infections also aligns with the Healthy People 2030 initiative, which includes objectives to reduce the incidence of STIs, increase screening and treatment, and improve access to sexual health services. These national objectives emphasize prevention, early detection, and health education to reduce transmission and improve health outcomes, particularly among populations at increased risk.

Age

Direct contributing factors based on age include the following:

- Adolescents and young adults ages 15–24 experience higher rates of STIs compared to other age groups.
- Younger individuals may lack comprehensive sexual health education and knowledge regarding STI prevention.
- Young adults may engage in higher-risk sexual behaviors including inconsistent condom use and multiple sexual partners.
- Adolescents may avoid testing or treatment due to confidentiality concerns or fear of judgment.

Healthcare Access

Healthcare access can directly and indirectly contribute to STI transmission in the following ways:

- Limited access to affordable STI testing and treatment services.
- Lack of transportation to healthcare appointments and clinics.
- Limited clinic hours or scheduling availability.
- Lack of health insurance or inability to pay for services.
- Delayed diagnosis and treatment increase the likelihood of transmission to others.
- Limited access to confidential or youth-friendly healthcare services.

Sexually Transmitted Infections

Education and Awareness

The following contributing factors can directly affect STI prevention and treatment:

- Lack of comprehensive sexual health education.
- Limited understanding of STI symptoms, transmission, and prevention methods.
- Misinformation regarding condom use and safer sex practices.
- Lack of awareness regarding available community testing and treatment resources.
- Limited parent or caregiver communication regarding sexual health topics.

Social and Behavioral Factors

The following social and behavioral factors may increase the risk for STIs:

- Inconsistent or incorrect condom use.
- Multiple sexual partners.
- Substance use that may impair judgment and increase risky behaviors.
- Social stigma surrounding STI testing, diagnosis, and treatment.
- Fear of embarrassment, discrimination, or confidentiality concerns.
- Lack of partner communication regarding testing and sexual history.

Environmental Issues

Environmental and community factors can indirectly contribute to STI transmission, including:

- Poverty and limited economic resources.
- Limited healthcare infrastructure and provider shortages.
- Community stigma surrounding sexual health discussions.
- Lack of transportation in rural areas.
- Limited access to culturally competent healthcare services.
- Social inequities affecting underserved and minority populations.

Barriers

There are many barriers that can contribute to increasing STI rates and reduced access to prevention and treatment services. They are as follows:

- *Stigma and Fear:* Many individuals avoid STI testing or treatment because of embarrassment, fear of judgment, or concerns regarding confidentiality. Stigma surrounding sexual health can prevent individuals from seeking timely care.
- *Limited Access to Care:* Many individuals lack access to affordable healthcare, transportation, or clinics that provide confidential STI services. Rural communities may have fewer providers and resources available.
- *Lack of Education:* Some individuals do not receive comprehensive sexual health education and may not fully understand STI prevention, symptoms, testing recommendations, or treatment options.
- *Financial Barriers:* Lack of insurance coverage, high healthcare costs, and inability to take time off work can prevent individuals from seeking testing or treatment services.
- *Cultural and Social Norms:* Cultural beliefs, social norms, and discomfort discussing sexual health topics may prevent individuals from accessing prevention services or discussing concerns with healthcare providers.
- *Confidentiality Concerns:* Adolescents and young adults may fear parents, peers, or employers learning about STI testing or treatment, which can discourage them from seeking care.
- *Transportation:* Limited transportation options may prevent residents, particularly those in rural areas, from accessing healthcare providers or public health clinics.

Sexually Transmitted Infections

Proven Intervention Strategies

There are proven intervention strategies in dealing with sexually transmitted infections (STIs). The Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) provide the following strategies:

- Increase access to STI testing, screening, and early treatment
- Promote comprehensive sexual health education and awareness
- Encourage consistent and correct condom use
- Expand vaccination efforts for HPV and Hepatitis B
- Provide partner notification and expedited partner therapy services
- Increase access to HIV prevention strategies such as PrEP
- Reduce stigma associated with STI testing and treatment
- Develop targeted outreach programs for high-risk populations
- Promote routine prenatal STI screening and care
- Strengthen community partnerships and public health outreach efforts

Resources Available (Governmental and Non-Governmental)

Macon County has STI testing at the following locations:

- Crossing Healthcare
- HSHS St. Mary's Hospital
- HSHS Medical Group
- Macon County Health Department
- Memorial Health Systems
- SIU Medicine
- Urgent Care
 - Central Illinois Urgent Care
 - Local MD Urgent Care
 - Memorial Care Urgent Care

Expand Access to STI Testing and Reduce STI-Related Stigma

Outcome Objectives #1

- Increase the number of STI screening tests provided through the Macon County Health Department by 5% by 2030.
- Increase the percentage of sexually transmitted infections diagnosed in the early stages by 3% by 2030.
- Reduce the incidence rate of reportable sexually transmitted infections (chlamydia, gonorrhea, and primary and secondary syphilis) in Macon County by 5% by 2030.

Impact Objectives #1

- Increase by 5% the percentage of residents ages 15–29 who report knowing where to access confidential STI testing and treatment services by 2030.
- Implement Express STI Testing by the end of 2026 to reduce barriers to STI testing related to stigma, transportation, time, and privacy, resulting in a 5% increase in early STI diagnosis by 2030.
- Increase by 3% the percentage of residents who report feeling comfortable seeking STI testing, treatment, and prevention services, as measured through community surveys, by 2030.

Sexually Transmitted Infections

Intervention Strategies

- Offer free or low-cost STI screening clinics throughout Macon County.
- Extend clinic hours and promote confidential, walk-in, and Express Test services to improve accessibility.
- Reduce barriers related to privacy, scheduling, and stigma by offering self-directed urine testing option.
- Continue public awareness campaigns that normalize STI testing, treatment, and prevention.
- Use culturally responsive messaging to address myths and misinformation surrounding STIs.
- Engage peer educators, schools, healthcare providers, and community organizations to promote inclusive and judgment-free sexual health messaging and services.

Increase Sexual Health Education, Prevention, and STI Follow-Up Services

Outcome Objectives #2

- Increase by 10% the percentage of Decatur Public Schools District 61 students who demonstrate improved knowledge of STI prevention and safer sexual behaviors after receiving evidence-based sexual health education by 2030.
- Increase by 10% the percentage of sexually active residents ages 15–29 who report consistent and correct condom use by 2030.
- Reduce repeat STI infections and the incidence rate of reportable sexually transmitted infections in Macon County by 5% by 2030.

Impact Objectives #2

- Provide evidence-based sexual health education to at least 1,500 Decatur Public Schools District 61 students by 2030.
- Distribute educational materials on proper condom use with 100% of condom packs provided through the Macon County Health Department and community partners by 2030 while expanding access to condoms and safer sex resources.
- Increase partner notification, contact tracing, and timely treatment follow-up for individuals diagnosed with an STI by 10% by 2030.

Intervention Strategies

- Continue implementation of evidence-based sexual health education programs in schools and community settings.
- Distribute culturally appropriate and age-appropriate educational materials related to STI prevention, symptoms, testing, and treatment.
- Increase county-wide STI prevention campaigns through social media, schools, healthcare providers, and community outreach efforts.
- Promote condom use and safer sex practices through education and distribution programs.
- Improve partner notification, contact tracing, and follow-up procedures for positive STI cases.
- Strengthen coordination between healthcare providers and public health agencies to ensure timely treatment referrals, follow-up care, and adherence to recommended STI screening and treatment guidelines.
- Promote expedited partner therapy (EPT) where appropriate to reduce reinfection and ongoing transmission.

Sexually Transmitted Infections

Funding

The funding for objectives #1 and #2 would be achieved in part by a state grant contract through IDPH. We would utilize local area partners to create and act upon opportunities for health education, such as speaking engagements, and also utilize both paid and in-kind media and social media campaigns, etc. to increase reach. The MCHD does currently have a limited amount of grant funding to work toward achieving these goals. Additional funding streams at the local, state, and federal level will be explored.

Evaluation Plans

The following measures will be used to monitor implementation of strategy activities:

- Number of evidence-based sexual health education programs implemented in schools and community settings.
- Number of educational materials distributed related to STI prevention and safer sex practices.
- Number of STI prevention campaigns conducted through social media and community outreach.
- Number of condoms and safer sex resources distributed through community programs and clinics.
- Number of partner notification and contact tracing efforts completed.
- Number of individuals receiving STI treatment follow-up services.
- Number of healthcare providers participating in STI prevention, treatment, and follow-up coordination efforts.

The infographic is titled "STI TESTING" in large, bold letters, with "STI" in dark blue and "TESTING" in teal. Below the title is a small heart icon. The main text reads "Know Your Status. Take Control of Your Health." To the right of the text is a circular graphic with a dashed line border. Inside the circle are several icons: a heart with a question mark, a shield with a checkmark, a padlock, a test tube with a checkmark, a couple icon, and a male/female symbol. Below the circular graphic is a teal button with a checkmark icon and the text "TESTING IS FAST • PRIVATE • CONFIDENTIAL". To the right of the button is a calendar icon and the text "Protect yourself. Protect your partner. GET TESTED."

STI TESTING

Know Your Status.
Take Control of
Your Health.

TESTING IS FAST • PRIVATE • CONFIDENTIAL

Protect yourself.
Protect your partner.
GET TESTED.

Appendix

I. Approval Letters

II. Community Health Committee Invitation Letter/Documents

III. Community Health Ranking Worksheet

IV. Source List

Board of Health Approval Letter



Macon County Health Department
1221 E. Condit St • Decatur, IL 62521
(217) 423-6988 • www.maconchd.org
livewell@maconchd.org



July 21, 2026

Dear Illinois Department of Public Health:

On behalf of the Board of Health, this letter serves as formal notification that the Board has reviewed and approved of the Illinois Project Local Assessment of Needs and Organizational Self-Capacity Assessment Plan for the Macon County Health Department. This approval was granted during the July 21st, 2026, meeting of the Board of Health, with a motion duly made, seconded, and passed.

We appreciate the collaborative efforts of all stakeholders involved in developing this plan and look forward to its successful implementation to improve the health and well-being of our community.

Sincerely,

Mark Scranton
President, Board of Health
Macon County Health Department
mscranton@boh.maconchd.org

Community Health Committee Invitation Letter/Documents

IPLAN Review



Emily O'Connell

To: Amber Holthaus; Amy Hawkins; Brittany Barreras; Dr. Ilsoon Kim; Emily O'Connell; Jenelle Hockaday; Jerry Brown, Jr.; Karen House; Karen Shiflett; Kim Sabin-Pritchett; Laura Zuber; Lindsey Munsterman; Sarah Reed; Scott Parks; Teresa Smith

Reply Reply All Forward

Thu 2/26/2026 11:24 AM

You replied to this message on 4/6/2026 10:03 AM.

Hello!

We have been gathering data for our IPLAN and are ready to select our top three health priorities that the MCHD will focus on over the next 5 years.

I would like to bring everyone together to review the data collected and participate in selecting our priority areas.

I am looking at the following days and time (we likely would not need the entire time):

March 30th 1-2:30 p.m.

March 31st 1-2:30 p.m.

Please let me know if either of these work for you. Also, if you have a staff member that you believe would benefit the conversation, please let me know.

Thank you,
Emily

Emily O'Connell
Director of Health Promotion and Public Relations
Macon County Health Department
217-423-6988 ext. 1603

"This email message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message. The Macon County Health Department complies with the Health Insurance Portability and Accountability Act (HIPAA) and ensures that privacy practices are followed. Any questions regarding HIPAA should be directed to the HIPAA Privacy Officer 217-423-6988 or hipaa@maconchd.org."

Title Community Health Committee

Meeting Insights

Required Main Conference Room

Optional Supervisors Sarah Reed; Jerry Brown, Jr.; Scott Parks; Amy Hawkins; Teresa Smith; Lindsey Munsterman; Amber Holthaus; Jenelle Hockaday; Karen Shiflett; Karen House; Brittany Barreras; Laura Zuber; Dr. Ilsoon Kim

Start time Mon 3/30/2026 1:00 PM All day Time zones

End time Mon 3/30/2026 2:30 PM Make Recurring

Location Main Conference Room

Room Finder

RE: IPLAN Review



Emily O'Connell

To: Amber Holthaus; Amy Hawkins; Brittany Barreras; Dr. Ilsoon Kim; Jenelle Hockaday; Jerry Brown, Jr.; Karen House; Karen Shiflett; Kim Sabin-Pritchett; Laura Zuber; Lindsey Munsterman; Sarah Reed; Scott Parks; Teresa Smith

Reply Reply All Forward

Mon 4/6/2026 10:04 AM

You replied to this message on 4/7/2026 11:42 AM.

Good morning,

I would like to get our final meeting scheduled. We will choose our top three health priorities based off of the responses I received at our last meeting.

Please let me know which date and time works best for you:

April 15th: 9-10, 11-12, 12-1

April 16th: 10-11 or 12-1

Thank you,
Emily



Title Community Health Committee

Required Main Conference Room

Optional Amber Holthaus; Amy Hawkins; Jerry Brown, Jr.; Sarah Reed; Karen Shiflett; Karen House; Lindsey Munsterman; Scott Parks; Laura Zuber; Brittany Barreras; Teresa Smith; Jenelle Hockaday; Nick Burge; Bailey Schumacher; Dr. Ilsoon Kim; Kim Sabin-Pritchett

Start time Wed 4/15/2026 12:00 PM All day Time zones

End time Wed 4/15/2026 1:00 PM Make Recurring

Location Main Conference Room

Room Finder

Second and final meeting

Community Health Ranking Worksheet

Community Health Concerns Ranking Worksheet

Instructions: Choose the TOP FIVE (5) concerns and rank them using each number 1–5 exactly once.
 1 = Highest priority, 2 = Very high, 3 = High, 4 = Moderate, 5 = Lower priority.
 Only five items should be ranked. Leave all others blank.

Rank (1–5)	Health Concern
	ADHD (Attention Deficit Hyperactivity Disorder)
	Adult mental health (depression, anxiety, PTSD, suicide, etc.)
	Autism Spectrum Disorder
	Age-related physical illnesses (arthritis, hearing loss, vision loss)
	Child and adolescent mental health (depression, anxiety, PTSD, suicide, etc.)
	Cancers (breast, prostate, skin, colon, etc.)
	Child abuse (physical or emotional, neglect, sexual assault)
	Chronic pain
	Cognitive conditions (Alzheimer's, dementia, Parkinson's)
	Domestic violence (intimate partner/relationship, physical or emotional, sexual assault)
	Diabetes
	Dental problems
	Heart disease and stroke
	Hunger
	Homelessness and housing instability
	Illnesses that can be prevented by vaccines (measles, chicken pox, HPV, etc.)
	Infant health (preterm birth, infant mortality)
	Infectious diseases (hepatitis, TB, flu, etc.)
	Lung disease (asthma, COPD)
	Motor vehicle crash injuries
	Maternal health (prenatal care, gestational diabetes, pre-eclampsia)
	Obesity (overweight, obesity)
	Property crime (theft, burglary, vandalism)
	Preventable injuries (falls, drowning, concussions)
	Racism and other discrimination
	Substance use (alcohol, prescription misuse, and other drugs)
	Sexually Transmitted Infections (STIs/STDs, HIV)
	Violent crime (gun violence, murder, assault)

Source List

- 2019-2023 ACS 5-year Narrative Profile
- 2020-2023 Illinois Behavioral Risk Factor Surveillance System
- 2021 Illinois State Police Index Crime & Crime Rate Data
- 2023 CDC Youth Risk Behavior Survey
- 2023 Illinois Annual Air Quality Report
- 2024 American Community Survey
- 2024 American Community Survey-1-Year Estimates
- 2024 Annual Water Quality Report
- 2024 Community Health Assessment from HSHS St. Mary's Hospital
- 2024-2025 Illinois District Report Card
- American Addiction Center
- CDC United States Diabetes Surveillance System, 2023
- Center for Disease and Prevention
- City of Decatur
- County Health Rankings and Roadmaps
- Economic Development Corporation Decatur-Macon County Illinois
- IDPH IQuery Data
- Illinois Department of Healthcare and Family Services
- Illinois Department of Public Health Overdose Data Dashboard
- Illinois Department of Public Health's Comprehensive Report, Alcohol Use in Illinois
- Illinois Environmental Protection Agency
- Illinois Lead Program 2023 Annual Surveillance Report
- Illinois Youth Survey 2024 County Report
- Macon County Environmental Management
- Macon County Health Department's 2025 Annual Report
- Mayo Clinic
- State of Illinois Department of Public Health's Illinois County Cancer Statistics Review