



Community Health Needs Assessment



Mayo Clinic Health System – Chippewa Valley in Bloomer
January 2019

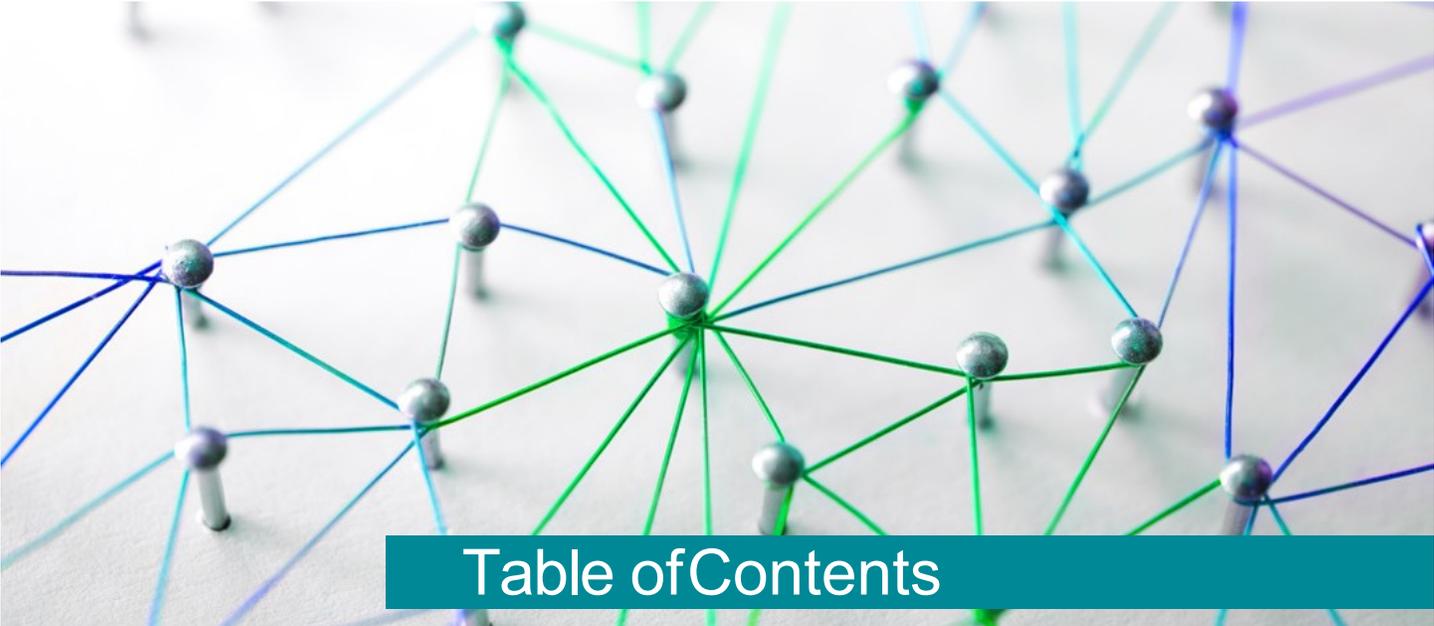


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EXECUTIVE SUMMARY

Enterprise Overview

Mayo Clinic is a nonprofit, worldwide leader in patient care, research and medical education, with nearly 150 years of expertise. Each year, Mayo Clinic serves more than 1 million patients from communities throughout the world, offering a full spectrum of care from health information, preventive and primary care to the most complex medical care possible. Mayo Clinic provides these services at many campuses and facilities, including 24 hospitals in communities in the United States, including Arizona, Florida, Iowa, Minnesota and Wisconsin.

A significant benefit that Mayo Clinic provides to all communities, local and global, is the results of its education and research endeavors. Mayo Clinic reinvests its net operating income to advance breakthroughs in treatments and cures for all types of human disease, and quickly brings this new knowledge to patient care. With its expertise and mission in integrated, multidisciplinary medicine and academic activities, Mayo Clinic is uniquely positioned to advance medicine and bring discovery to practice more efficiently and effectively.

In addition, through its Centers for the Science of Health Care Delivery and Population Health Management, Mayo Clinic explores and advances affordable, effective models to improve quality, efficiency and accessibility in health care delivery to people everywhere.

Mayo Clinic's greatest strength is translating idealism into action. It's what our staff does every day for our patients, and it's how we transform hope into healing.

Entity Overview

Mayo Clinic Health System (MCHS) was created to fulfill Mayo Clinic's commitment to bring quality health care to local communities. MCHS is a family of clinics, hospitals and health care facilities serving more than 70 communities in Iowa, Minnesota and Wisconsin. It includes more than 900 providers serving more than half a million patients each year. As part of Mayo Clinic, MCHS provides a full spectrum of health care options to local neighborhoods, ranging from primary to highly specialized care. MCHS is recognized as one of the most successful regional health care systems in the U.S.

MCHS was developed to bring a new kind of health care to communities. By putting together integrated teams of local doctors and medical experts, we've opened the door to information sharing in a way that allows us to keep our family, friends and neighbors healthier than ever before.

The system also provides patients with access to cutting-edge research, technology and resources. Our communities have the peace of mind that their neighbors are working together around the clock on their behalf. Mayo Clinic Health System – Chippewa Valley in Bloomer is a 25-bed critical access hospital located in Bloomer, Wisconsin. Since 1961, the hospital has been dedicated to promoting health and meeting the health care needs of our patients. In 2011, the hospital became known as Mayo Clinic Health System – Chippewa Valley in Bloomer and continues its longstanding commitment to providing personalized and compassionate care to patients in the communities it serves.

Mayo Clinic Health System – Chippewa Valley in Bloomer is part of the Northwest Wisconsin region of MCHS, which also includes hospitals in Barron, Eau Claire, Menomonie and Osseo. Mayo Clinic Health System – Chippewa Valley supports the community through inpatient and outpatient services.



In 2017, Mayo Clinic Health System – Chippewa Valley in Bloomer provided \$735,204 in charity care, more than \$1 million in Medicaid shortfall and over \$1 million in bad debt. Mayo Clinic Health System – Chippewa Valley in Bloomer also provided \$46,000 through philanthropic donations to support programs such as the American Heart Association, American Cancer Society, local food pantries, first aid supplies, runs and walks, sports fundraisers, Family Fun Night and community gardens.

The organization also provides a wide range of wellness and prevention programs for the community, including blood pressure and glucose screenings. In 2017, the hospital provided health and wellness activities for children, including free programs on container gardening, healthy cooking and numerous outdoor recreation opportunities. Staff also participated in an annual community health fair, a carnival night and an outing for those with dementia. Other community programs included CPR, fitness classes and breast cancer and grief support groups.

Health education is also communicated through numerous blog postings, newsletter articles and informal presentations. Through online tracking and other measures, it's estimated we reach another several thousand residents by providing health information on topics affecting immediate health issues and helpful tips on general wellness.

In addition, the hospital helps collect school supplies for local schools, food for local food pantries, and Christmas gifts and food for needy families. In 2017, more than 10,000 residents were reached through community support and health and wellness activities.

The MCHS Community Health Needs Assessment (CHNA) process advances and strengthens our commitment to community health and wellness activities by providing focus on high priority community needs and bringing additional ones to light.

Summary of Community Health Needs Assessment

The Mayo Clinic Health System – Chippewa Valley CHNA process was led by a regional Community Health Needs Assessment Committee (CHNAC). This committee followed a systematic process to evaluate the health needs of our communities and determine health priorities.

The primary input into the assessment and prioritization process was the 2018 Chippewa County [Community Health Assessment](#). This report was created through a joint effort of area health care organizations, the Department of Public Health, the United Way and the Chippewa Health Improvement Partnership (CHIP). Led by the Community Health Assessment Planning Partnership Committee, this effort began with evaluating community health to improve the quality of life for everyone in the community.

Qualitative and quantitative data collection methods included:

- Analysis of existing data gathered from a variety of sources, such as census data, government reports, health department statistics, information collected from local hospitals and local community service organizations
- Electronic and paper surveys widely distributed to community resource organization representatives and residents, with 1,225 responses received from county residents
- Listening sessions with typically underserved populations
- Community conversations with local governmental and resource organization leadership, as well as the general public

The Wisconsin Department of Health Services' recent health plan, Healthiest Wisconsin 2020, and County Health Rankings—a joint effort of the Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute—were also taken into consideration.



Community Input

Community input was received at numerous stages and from a variety of levels of leadership throughout the CHNA process. The Community Health Assessment Planning Partnership Committee participated in gathering and analyzing local health data, and planning for and distributing community health surveys.

Input was also received during two community conversations that took place in the cities of Chippewa Falls and Cornell. Input was also collected from community health surveys distributed to:

- The traditionally underserved community at the local senior center and community meal site.
- Representatives of local community resource organizations that serve traditionally underrepresented, medically underserved, low-income, and minority populations.
- Organizations, including area schools, River Source Family Center, faith-based organizations and others.

All surveys were received electronically or on paper within a month of the survey launch.

In addition, listening sessions with underrepresented groups were held at the Chippewa Valley Correctional Treatment Facility and Agnes' Table (Chippewa Falls) to gather additional primary data on perceived community health needs and assets. Overall, 127 surveys were completed through the targeted outreach sessions.

After completing an extensive analysis of the 2018 Chippewa County Community Health Assessment and reviewing other qualitative and quantitative data, the top community health need were identified by Mayo Clinic Health System – Chippewa Valley. Each focus area is equally important, however, they have been ranked by priority:

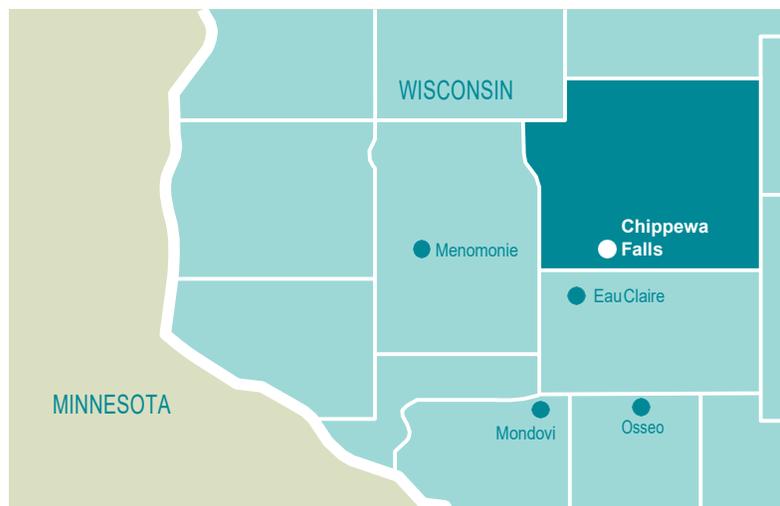
1. Mental Health
2. Substance abuse and alcohol misuse
3. Chronic disease and obesity

OUR COMMUNITY

Geographic Area

Chippewa County is located in west-central Wisconsin and includes five cities and four villages. Two other hospitals serve county residents: HSHS St. Joseph's Hospital in Chippewa Falls and Our Lady of Victory Medical Center in Stanley. Neighboring Eau Claire County provides secondary and tertiary level care (Mayo Clinic Health System in Eau Claire and HSHS Sacred Heart Hospital), including level II trauma care (Mayo Clinic Health System in Eau Claire).

For the purpose of this assessment, Mayo Clinic Health System – Chippewa Valley's community is defined geographically as Chippewa County as this is where the majority of the hospital's patients reside.



Demographics

In 2016, the county's population was 63,649; approximately 46% is rural. The population of Bloomer is 3,542. Chippewa County experienced a 13% increase in population from 2000 to 2010. Demographically, the county is 94% Caucasian, 1.4% Asian, 1.7% African-American and 3% native, another race or of mixed race. The average annual income for Chippewa County residents is \$52,657, which is less than the state average of \$54,610.

The education level of Chippewa County residents compares well to the statewide average. According to the latest census estimates, 92% of county residents have obtained a high school degree or higher. Approximately 34% of Chippewa County residents have obtained a two-year college degree or higher. The estimated percentage of the population living in poverty is 12%. The largest employers in Chippewa County include production agriculture, computer information systems and seasonal tourism focused on outdoor recreation. The average unemployment for 2016 was 4.4%. Additional demographic detail has been included in Appendix A.

Health Providers

As a member of MCHS, the hospital has seamless access to the care offered at the world-renowned Mayo Clinic in Rochester, Minnesota. Chippewa County also is home to HSHS St. Joseph's Hospital in Chippewa Falls, about 20 miles from Bloomer. In addition to these care centers, residents of Chippewa County have access to the following:



MENTAL HEALTH SERVICES

A Better Life Counseling
AIDS Resource Center of Wisconsin
Alzheimer’s Association of Greater Wisconsin Chippewa
Valley Outreach Office
Bolton Refuge House
Caillier Clinic
Children’s Hospital of Wisconsin – Community Services
Chippewa County Department of Human Services –
Community Support Program
Chippewa Health Improvement Partnership – Infant Mental
Health Action Team
Chippewa Valley Caregiving Alliance
Chippewa Valley Free Clinic
Clearwater Counseling & Personal Growth Center
Clinic for Christian Counseling
Dr. Stress & Associates
Eau Claire Academy
Eau Claire Area Hmong Mutual Assistance Association
Family Resource Center
First Things First Counseling & Consulting Services
Great Rivers 2-1-1
L.E. Phillips Libertas Treatment Center
L.E. Phillips Senior Center
Legacy Center
Open Door Free Clinic
Positive Avenues
The Wellness Shack
University of Wisconsin – Eau Claire Counseling Services
Vantage Point Clinic & Assessment Center
Western Wisconsin Regional Center for Children and
Youth with Special Health Care Needs

SUBSTANCE USE SERVICES

Affinity House
AIDS Resource Center of Wisconsin
Chippewa County Department of Human Services
Chippewa Health Improvement Partnership – Infant Mental
Health Action Team
Alcoholics Anonymous
Chippewa Health Improvement Partnership – Voices
in Prevention Action Team
Eau Claire Academy – Clinicare Corporation
First Things First Counseling & Consulting Services
Great Rivers 2-1-1
L.E. Phillips Libertas Center
Lutheran Social Services of Wisconsin and Upper Michigan
Marshfield Clinic Health System – Eau Claire Center
University of Wisconsin – Eau Claire Counseling Services
Vantage Point Clinic & Assessment Center
Women’s Way AODA Program

ALCOHOL MISUSE SERVICES

AIDS Resource Center of Wisconsin
Arbor Place
Caillier Clinic
Chippewa County Department of Human Services
Chippewa Health Improvement Partnership – Voices
in Prevention Action Team
Community Counseling Services
Eau Claire Metro Treatment Center
Great Rivers 2-1-1
L.E. Phillips Libertas Center
Lutheran Social Services of Wisconsin and Upper Michigan
Narcotics Anonymous Chippewa Valley Wisconsin
North West Wisconsin Comprehensive Treatment Center
Vantage Point Clinic Assessment Center



ASSESSING THE NEEDS OF THE COMMUNITY

Overview

Mayo Clinic Health System—Chippewa Valley identified and prioritized community health needs through a comprehensive process that included input from a cross-section of community and organizational leadership, as well as direct input from the community. The assessment process was particularly aimed at understanding the needs of the traditionally underserved in the community.

The MCHS regional CHNAC led the process of evaluating the health needs of our communities and determining our health priorities. The committee was chaired by the regional CEO and included leadership from the Northwest Wisconsin region of MCHS, which has five hospitals in Barron, Bloomer, Eau Claire, Menomonie and Osseo. Committee members were chosen for their expertise in directly providing services to meet the health needs of our communities and for their involvement in existing community programs and services. The committee was responsible for executing a thorough and organized needs assessment process, as well as developing an effective plan to meet those needs.

See Exhibit B for CHNAC membership.

Process and Methods

The assessment process began with a thorough review of the 2018 Chippewa County Community Health Assessment, which was completed by a local coalition made up of local health care organizations (including MCHS), Department of Public Health, the United Way and the Chippewa Health Improvement Partnership (CHIP). The purpose of this report was to assess the needs in our community, identify resources to address the most urgent needs and encourage action plans to solve community problems. It serves as a resource for promoting greater collaboration among organizations working to improve the health and well-being of the population. The list of partner organization representatives who participated in the health assessment has been included in Appendix B. The complete report is available [here](#).

The local partners involved in the 2017-18 Chippewa County community health assessment process included:

- CHIP
- Chippewa County Department of Public Health
- Eau Claire City-County Health Department Community Health Assessment project manager
- HSHS St. Joseph’s Hospital
- Marshfield Clinic
- Mayo Clinic Health System
- United Way of the Greater Chippewa Valley

*The Eau Claire County and Chippewa County health assessment processes were conducted concurrently by a single project manager. The Community Health Assessment Planning Partnership Committee oversaw assessment activities in both counties. This report highlights only data collection/analysis activities and community participation as it relates to Chippewa County.



All partners contributed financial and personnel resources to the assessment and met twice a month from September 2017 through May 2018 to plan and implement the community health assessment. These resources were used to fund a part-time, limited-term project manager, who facilitated meetings between the planning committee, gathered data and coordinated assessment activities.

The collaborative health assessment process began by engaging the public through a community health needs survey. The objective of the survey was to increase understanding of the community's needs and the perceived greatest health challenges facing the community. The survey was available online and by paper copies distributed widely in the community.

Survey questions focused on 14 health areas based on the Wisconsin Department of Health Services' Healthiest Wisconsin 2020 plan. The areas addressed were: alcohol misuse, chronic disease prevention and management, communicable disease prevention and control, environmental and occupational health, healthy growth and development, healthy nutrition, injury and violence, mental health, obesity, oral health, physical activity, reproductive and sexual health, substance use, and tobacco use and exposure.

Survey respondents were asked to rate each of the areas on a four-point scale to indicate how much of a problem they felt each was for the community (1=not a problem, 4=major problem) and identify reasons why.

A total of 1,225 Chippewa County residents responded to the survey. They represented a wide range of county residents, including a variety of income and educational levels, age and household size.

Mayo Clinic Health System – Chippewa Valley staff were heavily involved in outreach sessions, community conversations and a final coalition meeting to gather community feedback. These events were open to the public and attended by representatives of community resource organizations.

Two community conversations were held in the cities of Chippewa Falls and Cornell. In which local health data and results from the survey were shared. Following facilitated discussion, participants were asked to prioritize the top health concerns of the county from the 14 health areas under consideration. Local health data and results from the survey were shared, and following a facilitated discussion, participants were asked to prioritize the top health concerns of the county from the 14 health areas.

The results indicated that the top-three health priorities for Chippewa County residents were mental health, alcohol misuse and substance use.

Along with reviewing the 2018 Chippewa County Community Health Assessment, evaluation and discussion included a thorough review of primary and secondary data collected during the year-long process, review of comments received on the 2015 community health assessment survey as well as researching County Health Rankings.

Launched in 2010, the County Health Rankings program aimed to produce county-level health rankings for all 50 states. The rankings identify the multiple health factors that determine a county's health status and indicate how it can be affected by where we live. Factors that can determine this health status include environment, education, jobs, individual behaviors, access to services and health care quality. The 2017 Chippewa County Health Rankings report is included in Appendix C.

Other data sources included in the Chippewa County Community Health Assessment are the state's health Healthiest Wisconsin 2020 plan, U.S. Census, Behavioral Risk Factor Surveillance System, Youth Risk Behavior Surveillance System, Wisconsin Department of Public Health and other local and national sources.



Prioritization Process and Criteria

The CHNAC used these data sources to compile a list of the community health needs to be addressed. These needs were then evaluated using a matrix called the CHNA Process to Identify and Prioritize Needs. It measured each need on a set of criteria: Comparison to State and National Performance, Community Impact, Ability to Impact, Community Readiness, Gaps in the Community, and Voice of the Local Customer.

The prioritization matrix used during the analysis is included as Appendix D.

Following group discussion, each need was given a ranking of high, medium or low for each criterion. The rankings were then assigned a numerical value from one to three, where three was equivalent to high, as shown on the chart.

CHNA Process to Identify & Prioritize Needs Chippewa County - July 3 ,2018

Community Need	Comparison to State and National Performance	Community Impact	Ability to Impact	Community Rediness	Gaps in Community	Voice of Local Customer	Totals
Alcohol Misuse	1	2	2	2	3	3	13
Chronic Disease Prevention and Management	2	3	3	3	2	2	15
Injury & Violence Prevention	1	1	1	2	2	1	8
Mental Health	3	3	3	3	3	3	18
Obesity	3	3	3	3	3	3	18
Substance Abuse	3	3	3	3	3	3	18



ADDRESSING THE NEEDS OF THE COMMUNITY

Overview

After completing an extensive analysis of the Chippewa County Community Health Assessment data and County Health rankings, the top community health needs identified as Mayo Clinic Health System –Chippewa Valley priorities are (in priority order)

1. Mental health
2. Substance abuse and alcohol misuse
3. Chronic disease and obesity

The Committee believed that these priorities were vital to address and that Mayo Clinic Health System should be addressing the top health needs of the community. Given the interrelated nature of some of the health topics and related interventions, it was agreed to combine obesity with chronic disease and substance abuse with alcohol misuse. Along with mental health, the committee agreed that working on each of these three focus areas will allow for widespread population health impact.

Identified Health Need

Mental Health

The mental health focus area refers to services and support needed to address how we think, act and feel as we cope with life. Mental health is essential for personal well-being; caring for family and interpersonal relationships; and meaningful contributions to society. Mental health conditions may include but are not limited to depression, anxiety and post-traumatic stress disorder

Good mental health allows us to form positive relationships, use our abilities to reach our potential and deal with life's challenges. Mental illnesses are medical conditions that impair a person's thinking, mood, ability to relate to others and ability to cope with the daily demands of life.

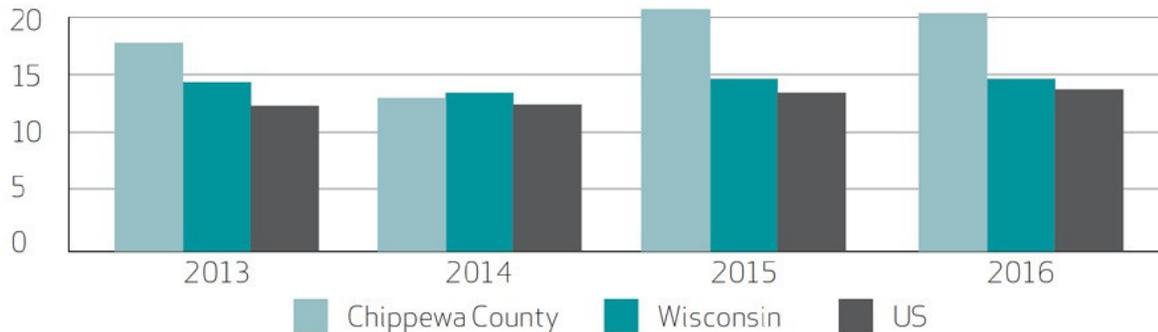
Mental illnesses often are associated with physical health problems and risk factors, such as smoking, physical inactivity, obesity and substance abuse: factors that can lead to chronic disease, injury and disability.

Data Highlights

Population mental health is difficult to quantify outside of self-reported data. However, several measures can serve as a proxy for mental well-being in a community, such as adverse childhood experiences and self-inflicted injuries. In Chippewa County, age-adjusted self-inflicted injury hospitalizations have exceeded the statewide average since 2000 and exhibited an increasing trend since 2009.



Suicide death rate per 100,000 people³



According to the American Foundation for Suicide Prevention, there are 123 suicides each day. Chippewa County suicide rates per 100,000 people are higher compared to Wisconsin and the U.S. rate.

Hospitalizations for self-inflicted wounds per 100,000 people¹



133 Chippewa County
96 Wisconsin

Number of mentally unhealthy days in the past 30 days²



3.2 Chippewa County
3.7 Wisconsin

In Chippewa County:

- More than 73% of Community Health Needs Assessment Survey respondents feel mental health is a moderate or major problem in the community.
- Eighty-eight percent of those respondents do not feel comfortable seeking mental health services
- Access to services for mental health treatment is a barrier for 73% of those responding to the survey.
- Seventy-six percent of survey respondents feel affordable mental health treatment is not available.
- Hospitalizations for self-inflicted wounds per 100,000 people was 133 in Chippewa County versus a state average of 96

Identified Health Need

Substance Use and Alcohol Misuse

Substance use is defined as the use of and negative impacts from mood altering substances (marijuana, heroin) or misuse of prescription drugs. Across the country and in Wisconsin there has been a surge in the use of prescription drugs for nonmedical purposes. The misuse of these substances is most prevalent among young adults. In 2013-2014, nine percent of Wisconsin adults age 18-25 reported using pain relievers for nonmedical purposes in the past year. Among high school students in 2013, 15 percent reported illicit use of prescription drugs at some point in their lives.

Alcohol misuse is defined as underage alcohol consumption, consumption during pregnancy, binge drinking (4+ drinks per occasion for women, 5+ drinks per occasion for men), and heaving drinking (1+ drinks per daily average for women, 2+ drinks per men on daily average). Alcohol-related deaths are the fourth leading cause of death in Wisconsin. While most people in Wisconsin drink responsibly, safely and legally, Wisconsin ranks at or near the top among states in heavy



alcohol drinking. Consequences of alcohol or drug abuse include motor vehicle and other injuries; fetal alcohol spectrum disorder and other childhood disorders; alcohol- and drug-dependence; liver, brain, heart and other diseases; infections; family problems; and both nonviolent and violent crimes.

Additional information can be found in [Healthiest Wisconsin 2020](#)

Data Highlights

Percent of driving deaths with alcohol involvement¹



47% Chippewa County
30% U.S.

High school students that reported consuming at least one drink in the past 30 days²



32% Chippewa County
33% Wisconsin

Drug arrests per 100,000 people¹



103 Chippewa County
439 Wisconsin
490 U.S.

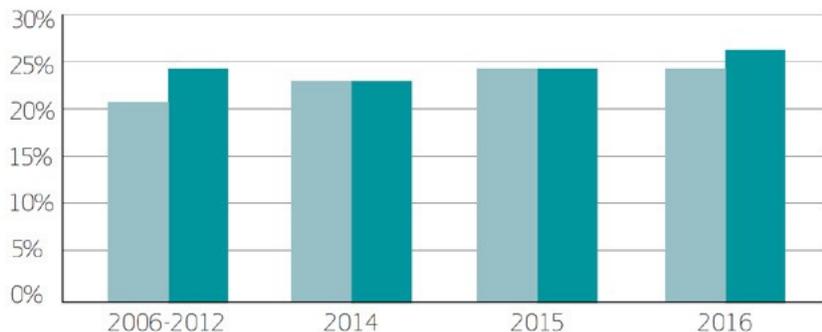
Drug-related hospitalizations per 100,000 people²



307 Chippewa County
261 Wisconsin

Adults that reported engaging in excessive (binge or heavy) drinking³

■ Chippewa County
■ Wisconsin



Liver Cirrhosis or liver damage is the results of "heavy" drinking over a lengthy time period. Wisconsin reported 354 deaths from Alcohol-Related Liver Cirrhosis and slightly rising (Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2016).

In Chippewa County:

- Substance Use is a moderate or major problem in the community according to 82% of respondents, while 77% felt the same about alcohol misuse.
- Respondents to the Community Health Needs Assessment believe that alcohol (66%) and substances (73%) are easily available.
- Between 2012-2014, Chippewa County experienced an increase in opioid-related hospitalizations.
- 22% of students had their first drink of alcohol before age 13.



Identified Health Need

Chronic Disease Prevention & Management (emphasis on obesity)

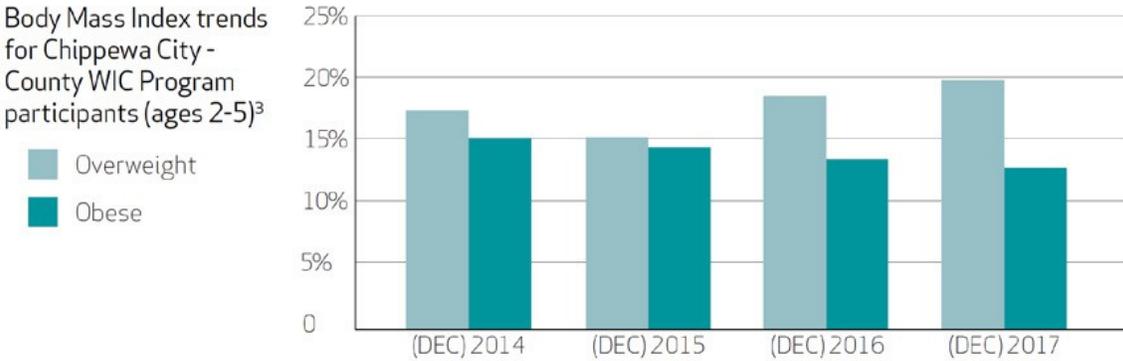
According to Healthiest Wisconsin 2020, the goals of chronic disease prevention and management are to prevent and manage illnesses that last a long time and usually cannot be cured (Alzheimer’s, cancer, diabetes, heart disease). In many cases, obesity is a contributing factor in preventing and maintaining chronic diseases especially in heart disease and diabetes. Four modifiable health risk behaviors — unhealthy diet, insufficient physical activity, tobacco use and secondhand smoke exposure, and excessive alcohol use — are responsible for much of the illness, suffering and early death related to chronic diseases. Prevention isn’t always possible, so it’s important that effective management is also part of the health care system.

Although chronic diseases usually become clinically apparent in adulthood, the exposures and risk factors that precede disease onset occur at every stage of life. Childhood and adolescence are critical times to deliver and reinforce health education messages.

Chronic diseases, such as heart disease, stroke, cancer, diabetes, asthma and arthritis, are among the most common and costly of all health problems in the U.S. Currently, chronic diseases account for seven of the 10 leading causes of death in Wisconsin and account for approximately two out of every three deaths nationwide. Maintaining a healthy weight is important for reducing the risk of developing chronic conditions that may have a major impact on quality of life. Healthy weight management promotes good mental health, healthy nutrition, physical activity and a longer life.

Data Highlights

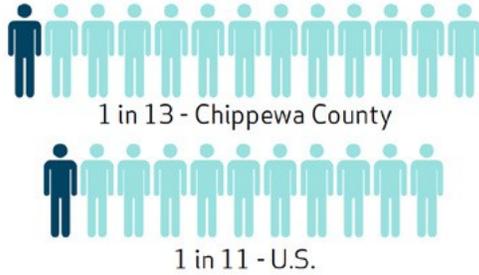
Obesity is closely linked to many common chronic diseases, such as heart disease, high blood pressure and diabetes. Similar to statewide trends, obesity among adults in Chippewa County has increased steadily over the past 10 years.



In 2017, Women, Infant and Children Program participants through Chippewa County has increased in the overweight category, but decreased in obesity. Obesity is 3% lower compared to the Wisconsin rate (Wisconsin WIC Program BMI Trend Report, 2014-2017).



Adults diagnosed with diabetes¹



Cancer incidence per 100,000 people²



In Chippewa County:

- Healthy lifestyle choices and personal practices for healthy weight management are not the easy or desirable option.
- People lack insurance coverage or the ability to pay for managing existing conditions.
- Access to services for chronic disease prevention and management are not easily accessible.
- People are not aware of the resources or services available for healthy weight management.
- Seventy-six percent of Community Health Needs Assessment Survey respondents indicated obesity is a problem in our community.

Available Resources

Community resources available to support and address the top community health concerns identified in the Chippewa County community health assessment are provided as an appendix to the 2018 Chippewa County Community Health Assessment, which can be found [here](#).



EVALUATION OF PRIOR CHNA AND IMPLEMENTATION STRATEGY

Prioritized Health Needs:

- Obesity
- Chronic Disease
- Mental Health

Updates on Strategy Accomplishments

Obesity

- Hometown Health grant. The Bloomer City Park received \$20,000 in 2016 to create an Outdoor Fitness Path and Fitness Circuit. Outdoor fitness equipment and instructional signage was installed in Witt Park to provide free exercise equipment for adults.
- Hometown Health grant. The Boys & Girls Club of Greater Chippewa Valley received a \$20,000 grant in 2016, \$15,000 in 2017 and \$5,000 for its Healthy Lifestyles – Nutrition & Physical Fitness Program. Funds were invested to help members across the Chippewa Valley learn the basics of nutrition, fitness and personal wellness, including self-care and positive habits for personal hygiene and grooming.
- Hometown Health grant. The Feed My People Food Bank received \$5,000 in 2018 toward its weekend kids' meal program. This program increases the amount of appropriate food for children dealing with food insecurity in the Chippewa Valley. The grant also benefits school districts in Chippewa County.
- Participated in a local tri-county coalition that launched one of three pilot Fruit and Vegetable (FNV) campaign in Wisconsin. The FNV campaign was created by the Partnership for a Healthier America to increase consumption of fruits and vegetables by millennial and low-income individuals. The campaign is driven by various celebrity endorsements and edgy social media campaigns.
- Each summer, about 50 children participate in Camp Wabi, a summer camp for children struggling with obesity. The program is a partnership with the Eau Claire YMCA and MCHS. Campers and their families were engaged before camp, on a daily basis during camp, and afterward with activities and information to support health transformation across the family unit.
- Farmers' market/vegetable challenge that encouraged people to try new/more vegetables this summer.
- FaceBook live event demonstrated how to break into enjoying less familiar fruits and vegetables with the goal of encouraging people to try new, healthy foods.
- Once a month, a regular segment on our local TV news show featured healthy and affordable foods and recipes.
- Hosted numerous events that promoted physical activity and healthy eating for youth and their families/ caregivers, including a free Summer Solstice Hike on the Ice Age Trail in Chippewa Falls that involved 53 people and a free Family Swim in Bloomer for 26 participants.
- Sponsored Healthy Kids' Day at Chippewa Valley YMCA.



Chronic Disease

- Hometown Health grant. The Feed My People Food Bank received \$20,000 in 2016 and \$15,000 in 2017 toward its Healthy Produce and Foods to Encourage initiatives. These programs will increase the amount of appropriate food for low-income residents dealing with chronic disease, as well as educate partner food bank programs to carry these foods. The grant benefited food pantries across Chippewa County that received food from Feed My People Food Bank.
- Hosted and facilitated Living Well with Chronic Conditions, Healthy Living with Diabetes, Strong Bones and Stepping On programs. Courses are all evidence-based health promotion programs for people over age 18. Classes are hosted on a regular basis, free of charge, and target rural and urban areas. The inaugural Strong Bones class in Bloomer had 14 participants and is now offered regularly throughout the year at the community center
- Hosted regular American Heart Association Family and Friends CPR courses. Course is for people who want to learn CPR but do not need a CPR course-completion card to meet a job requirement. This course benefits community groups, new parents, grandparents, babysitters and other lay people. It's and not offered by other partners or area technical colleges.
- Launched a Living Well with Chronic Conditions blog and free column. Gave people tools for dealing with their conditions at home and promoted free options we offer.

Mental Health

- Hometown Health grant. In 2017, the Chippewa County Department of Public Health received \$21,000 for its Pre-Venture: Mental Health Prevention Program. This initiative identifies youth with high-risk behaviors, provides evidence-based intervention and equips them with effective coping methods.
- Hometown Health grant. In 2017, the Grassroots Empowerment Project received \$21,000 for its Re-entry and Recovery Peer Support after Incarceration, Homelessness or Inpatient Treatment program. The project provides support and resources needed to successfully re-enter the community.
- Hometown Health grant. Big Brothers Big Sisters was awarded \$10,000 in 2017 and \$15,000 in 2018 for its 1-to-1 Mentoring Program in the Chippewa Valley. Research shows that strong mentoring relationships between aring adults and children can significantly increase positive development. This program provides free support ervices, which help participants develop new skills to enhance problem-solving abilities and build self-esteem.
- Hometown Health grant. The Legacy Center in Chippewa Falls received \$25,000. This local center provides support and referrals to residents in need of food, clothing, shelter and mental health services.
- Contributed board leadership toward establishing the Legacy Center and donated office furniture to help get the facility operating.
- Contributed leadership to the Mental Health Matters coalition and secured a five-year grant from the Medical College of Wisconsin to promote resilience among Chippewa Valley youth. The charge of the coalition is to reduce by 15% the number of middle- and high school-age youth who are at risk for depression (28% to 24%) as reported on the Youth Risk Behavior Survey.
- Contributed leadership to the United Way of the Chippewa Valley Health Advisory Council, which worked to prioritize funding for mental health and resiliency.
- Contributed leadership to National Alliance for Mental Illness (NAMI) – Chippewa Valley and related work with mental health support/education, crisis intervention training and suicide prevention for area residents.
- Provided leadership for local Boys & Girls Club of the Chippewa Valley board of directors.
- Created four mental health videos related to anxiety, resiliency, addiction and depression. Videos are on YouTube and promoted through blog posts, FaceBook posts and enewsletters.



- Donated \$2,000 to Connect Suicide Prevention Training at Chippewa Falls Unified School District.
- Sponsored Bridging Memories event for those with dementia and their families, which was coordinated by the Chippewa County ADRC.

All Focus Areas

- Contributed leadership to CHIP, a collaborative endeavor striving to enhance the quality of life of the residents of Chippewa County through educational and preventative initiatives promoting wellness and good health.
- Contributed leadership to the Chippewa Valley United Way, a collaborative endeavor striving to enhance the quality of life of the residents of Chippewa County by targeted investing in education, financial stability, basic needs and mental health services.
- Offered online and text options to register for our e-newsletter. This is a new, technologically current way for people to learn about free offerings that can positively affect their health.
- Produced wellness brochure that reached thousands of people; it's published three times a year.



References

[2018 Chippewa County Community Health Assessment](#)

[Healthiest Wisconsin 2020](#)

[County Health Rankings](#)

[U.S. Census Bureau](#)

[County Public Health Profile 2017,
Wisconsin Department of Health Services](#)

APPENDIX A: DEMOGRAPHIC DATA

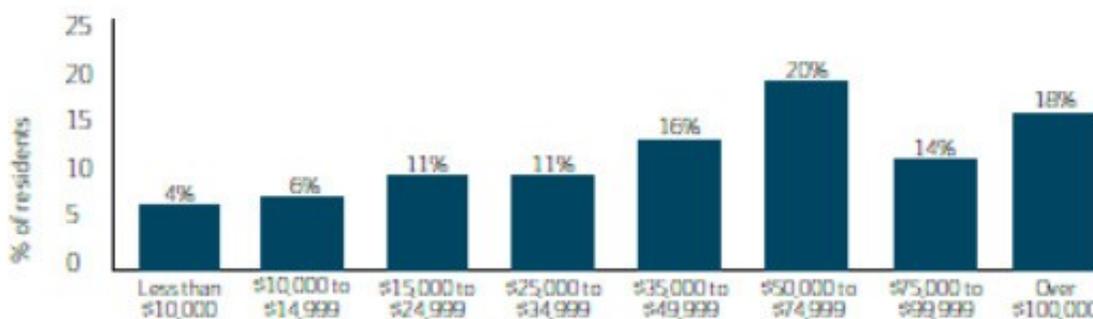
Chippewa County Demographics

Sex	48% Female, 52% Male
Median household income	\$52,657
Percentage of population in poverty	12%
2016 average unemployment rate	4.4%
Population growth rate	1.8% from 2010 to 2016

Chippewa County Racial Distribution

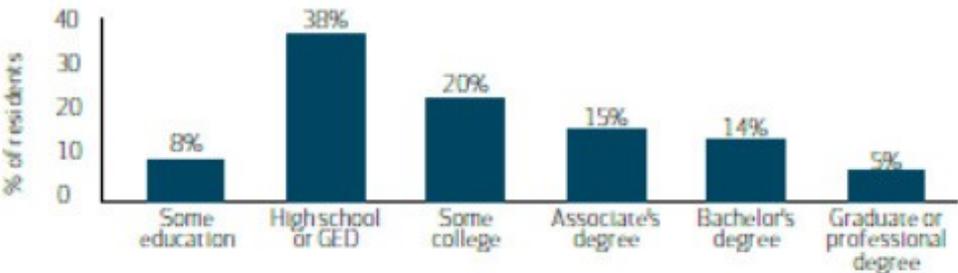
White	93.7%
Hispanic or Latino	1.7%
Black or African American	1.7%
Two or More Races	1.1%
American Indian and Alaska Native	0.6%

Household income distribution in Chippewa County (U.S. Census, 2016 estimates)

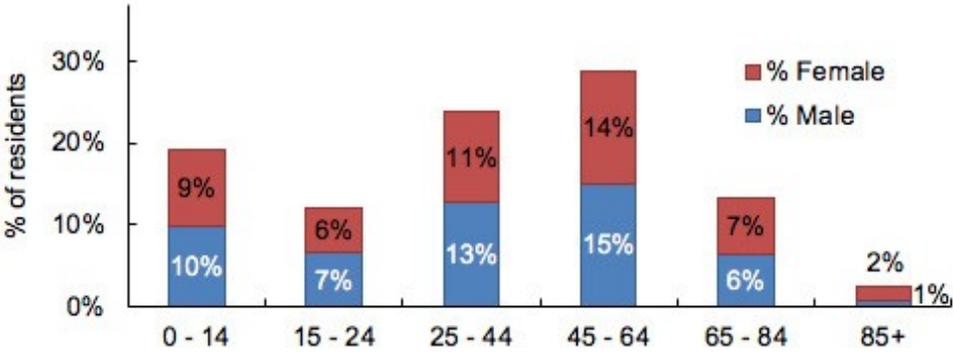


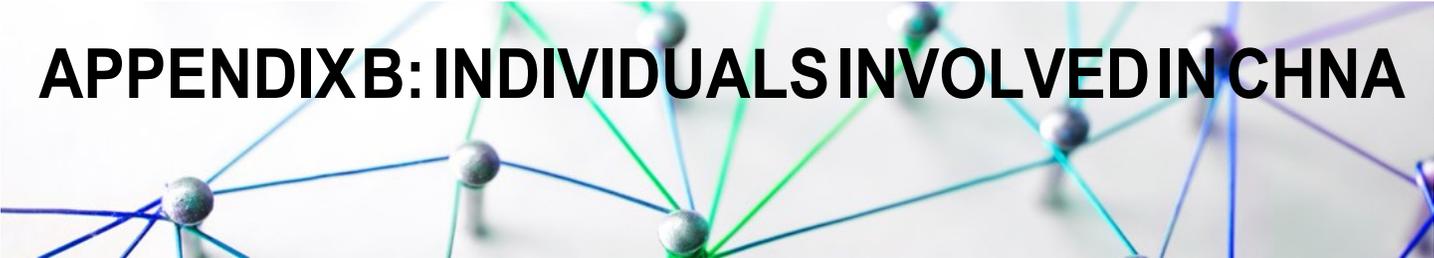


Highest education level attained by Chippewa County residents over age 25
(U.S. Census, 2016 estimates)



Age distribution of Chippewa County residents (DHS public health profile, 2017)





APPENDIX B: INDIVIDUALS INVOLVED IN CHNA

2017-2018 Chippewa County Community Health Assessment Planning Partnership

Project Manager, Community Health Assessment
Division Director, 3D Community Health HSHS Sacred Heart and St. Joseph's Hospitals
Director, Chippewa Health Improvement Partnership
Director, Community Wellness and Engagement, MCHS
Community Health Educator, Eau Claire City-County Health Department
Public Affairs Director, MCHS
Administrator, Marshfield Clinic – Eau Claire Center
Director/Health Officer, Eau Claire City-County Health Department
Director, Community Investment, United Way of the Greater Chippewa Valley
Executive Director, United Way of the Greater Chippewa Valley
Co-Chair, Eau Claire Healthy Communities
Director/Health Officer, Chippewa County Department of Public Health
Public Affairs Account Coordinator, Mayo Clinic Health System

Community Health Needs Assessment Committee

Mayo Clinic Health System

Richard Helmers, MD, CEO, Mayo Clinic Health System, Northwest Wisconsin
Susan Albee, RN, Nurse Administrator
Jordan Beeler, Administrative Fellow
Cory Carlson, RN, Behavioral Health Supervisor
Sara Carstens, RN, Community Engagement and Wellness Director
Deb Dietrich, Public Affairs Account Coordinator
Michele Eberle, Vice Chair, Administration
Jay Edenborg, Public Affairs Director
Dean Eide, Vice President of Operations
Danielle Haubrich, Behavioral Health Director
Hannah Johnson, Population Health
Lori Miller, Patient Care Director
Cynthia Ming, Administration, Operations
Michael Morrey, Administration, Regional Chair
Jerilyn Mulcahy, Corporate Health Services Director
John Plewa, MD, Pediatrician
Lynn Salter, Public Affairs Coordinator
Erin Skold, Legal Counsel
Pam White, RN, Chief Nursing Officer

APPENDIX C: COUNTY HEALTH RANKING

Chippewa (CH)

County Demographics

	County	State
Population	63,649	5,778,708
% below 18 years of age	22.4%	22.3%
% 65 and older	17.2%	16.1%
% Non-Hispanic African American	1.6%	6.3%
% American Indian and Alaskan Native	0.6%	1.1%
% Asian	1.4%	2.8%
% Native Hawaiian/Other Pacific Islander	0.0%	0.1%
% Hispanic	1.7%	6.7%
% Non-Hispanic white	93.7%	81.7%
% not proficient in English	0%	1%
% Females	48.1%	50.3%
% Rural	46.1%	29.8%
* Male population 0-17	□ 7,488	659,600
* Male population 18-44	□ 11,379	1,003,259
* Male population 45-64	□ 9,439	789,397
* Male population 65+	□ 4,996	419,300
* Total male population	□ 33,302	2,871,556
* Female population 0-17	□ 7,085	630,421
* Female population 18-44	□ 9,287	968,609
* Female population 45-64	□ 8,642	795,855
* Female population 65+	□ 5,621	508,536
* Total female population	□ 30,635	2,903,421
* Population growth	□ 1%	1%

	Chippewa County	Error Margin	Top U.S. Performers	Wisconsin	Rank (of 72)
Health Outcomes					36
Length of Life					40
Premature death	6,100	5,400-6,900	5,300	6,000	
Quality of Life					26
Poor or fair health **	13%	13-14%	12%	15%	
Poor physical health days **	3.3	3.1-3.5	3.0	3.6	
Poor mental health days **	3.5	3.3-3.6	3.1	3.8	
Low birthweight	6%	6-7%	6%	7%	
Additional Health Outcomes (not included in overall ranking)					
Premature age-adjusted mortality	290	260-310	270	300	
Child mortality	70	50-100	40	50	
Infant mortality	7	5-10	4	6	
Frequent physical distress	10%	10-10%	9%	11%	
Frequent mental distress	11%	10-11%	10%	12%	
Diabetes prevalence	8%	6-11%	8%	9%	
HIV prevalence	41		49	122	
Communicable disease *	682			882	
Self-inflicted injury hospitalizations *	133	116-149		99	
Cancer incidence *	485	462-508		469	
Health Factors					30
Health Behaviors					23
Adult smoking **	15%	15-16%	14%	17%	
Adult obesity	28%	23-34%	26%	31%	
Food environment index	8.4		8.6	8.8	
Physical inactivity	22%	17-27%	20%	21%	
Access to exercise opportunities	69%		91%	86%	
Excessive drinking **	24%	23-25%	13%	26%	
Alcohol-impaired driving deaths	46%	37-55%	13%	36%	
Sexually transmitted infections	263.2		145.1	423.5	
Teen births	17	15-19	15	20	
Additional Health Behaviors (not included in overall ranking)					
Food insecurity	11%		10%	11%	
Limited access to healthy foods	5%		2%	5%	
Drug overdose deaths	6	3-11	10	16	
Drug overdose deaths - modeled	8-11.9		8-11.9	19.3	
Motor vehicle crash deaths	9	7-12	9	10	
Insufficient sleep	30%	29-31%	27%	32%	
Smoking during pregnancy *	16%			13%	
Drug arrests *	78			25,990	

	Chippewa County	Error Margin	Top U.S. Performers	Wisconsin	Rank (of 72)
Motor vehicle crash occupancy rate *	41			51	
On-road motor vehicle crash-related ER visits *	396	368-424		585	
Off-road motor vehicle crash-related ER visits *	95	81-108		65	
Clinical Care					28
Uninsured	7%	6-8%	6%	7%	
Primary care physicians	1,220:1		1,030:1	1,250:1	
Dentists	1,930:1		1,280:1	1,520:1	
Mental health providers	1,350:1		330:1	560:1	
Preventable hospital stays	54	48-60	35	45	
Diabetes monitoring	92%	85-99%	91%	90%	
Mammography screening	75%	68-82%	71%	72%	
Additional Clinical Care (not included in overall ranking)					
Uninsured adults	8%	7-9%	7%	8%	
Uninsured children	5%	3-6%	3%	4%	
Health care costs	\$9,256			\$8,696	
Other primary care providers	1,929:1		782:1	1,055:1	
No recent dental visit *	22%	14-31%		26%	
Did not get needed health care *	2%	0-4%		2%	
Childhood immunizations *	75%			73%	
Social & Economic Factors					37
High school graduation	92%		95%	88%	
Some college	64%	60-68%	72%	68%	
Unemployment	4.4%		3.2%	4.1%	
Children in poverty	16%	13-20%	12%	16%	
% Children in Poverty	16%				
% Children in Poverty (Hispanic)	61%				
% Children in Poverty (White)	14%				
Income inequality	3.9	3.7-4.2	3.7	4.3	
Children in single-parent households	27%	23-31%	20%	32%	
Social associations	11.5		22.1	11.6	
Violent crime	121		62	283	
Injury deaths	69	59-78	55	73	
Additional Social & Economic Factors (not included in overall ranking)					
Disconnected youth	13%		10%	11%	
Median household income	\$54,700	\$49,100-60,300	\$65,100	\$56,800	
Household Income	\$54,700				
Household income (Black)	\$70,500				
Household income (White)	\$52,700				
Children eligible for free or reduced price lunch	42%		33%	40%	
Residential segregation - black/white	69		23	77	
Residential segregation - non-white/white	42		14	56	
Homicides			2	3	
Firearm fatalities	11	8-16	7	10	
Reading proficiency *	53%			52%	
W-2 enrollment *	39			11,039	
Poverty *	12%	9-14%		12%	
Older adults living alone *	29%			29%	
Hate crimes *				1	
Child abuse *	3			4	
Injury hospitalizations *	852	780-923		806	
Fall fatalities 65+ *	124	84-164		128	
Physical Environment					57
Air pollution - particulate matter **	9.2		6.7	9.3	
Drinking water violations	Yes				
Severe housing problems	12%	11-14%	9%	15%	
Driving alone to work	82%	81-84%	72%	81%	
Long commute - driving alone	24%	22-26%	15%	27%	
Additional Physical Environment (not included in overall ranking)					
Year structure built *	26%			26%	

Areas to Explore Areas of Strength

^ 10th/90th percentile, i.e., only 10% are better.
 Note: Blank values reflect unreliable or missing data
 * Data supplied on behalf of state
 ** Data should not be compared with prior years

2018

APPENDIX D: PRIORITIZATION MATRIX

CHNA Process to Identify & Prioritize Needs July 2018

Community Need	
Comparison to State and National Performance	How is Chippewa County doing in comparison to Wisconsin and national performance?
Community Impact	How is Chippewa County currently and in the future going to be affected by the health priority in terms of: <ul style="list-style-type: none"> • Number of people affected • Costs associated in not doing something (health care, lost work, supportive living) • Severity of the condition (chronic illness, disability, death) • Impact on quality of life
Ability to Impact	Are there know strategies to make a difference? Are there adequate resources available in Eau Claire County to address the health priority? Are there adequate internal resources available to address the health priority?
Community Readiness	Is the community ready to address the health priority in terms of : <ul style="list-style-type: none"> • Stakeholders awareness of concern • Community organization receptiveness to addressing the health priority • Citizens being somewhat open to hearing more about the health priority
Gaps in Community	Is there a gap(s) in community efforts to address the health priority?
Voice of Local Customer	Did focus groups identify this as an issue? Did survey data identify this as an issue? Did conversations with people who represent the community served identify this as an issue?