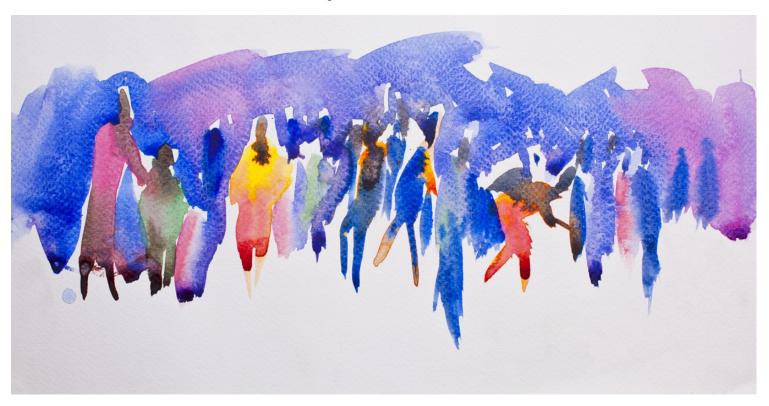
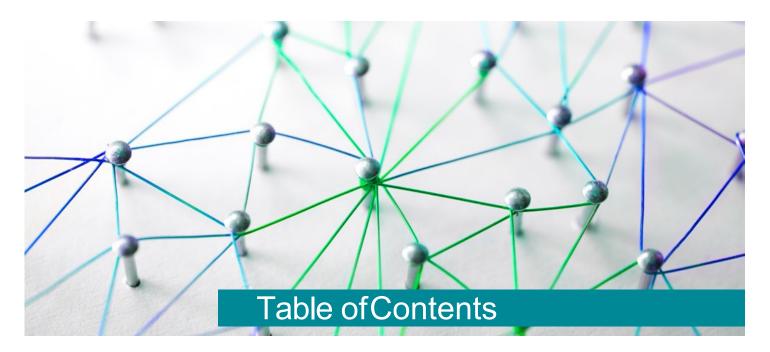


Community Health Needs Assessment



Mayo Clinic Health System in Eau Claire January 2019



Executive Summary	3
Our Community	6
Assessing the Needs of the Community	8
Addressing the Needs of the Community	11
Evaluation of Prior CHNA and Implementation Strategy	16
References	18
Appendix A: Demographic Data	19
Appendix B: Individuals Involved in CHNA	21
Appendix C: County Health Ranking	22
Appendix D: Prioritization Matrix	25



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 lowa, 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 in Eau Claire is a 310-bed hospital located in Eau Claire, Wisconsin. Since 1905, the hospital has been dedicated to promoting health and meeting the health care needs of our patients.

Eau Claire is part of the Northwest Wisconsin region of MCHS, which includes hospitals in Barron, Bloomer, Menomonie and Osseo. Mayo Clinic Health System in Eau Claire supports the community through inpatient and outpatient services, as well as health and wellness.

In 2017, Mayo Clinic Health System in Eau Claire provided \$3.2 million in charity care, more than \$33.9 million in Medicaid shortfall and more than \$16.1 million in bad debt. The hospital contributed more than \$462,000 through philanthropic donations to support programs, including the American Cancer Society, American Heart Association, Epilepsy Foundation, United Way, Camp Wabi (an eight-day camp for children dealing with obesity), local emergency medical services, free clinics, Hometown Health grants, and college scholarships.

The organization also provides a wide range of wellness and prevention programs for the community, including free CPR classes and cholesterol, glucose and stroke screenings. In 2017, the hospital offered health and wellness activities at local health fairs, car control classes, prom trauma simulations, safety camps for children, suicide prevention classes, cardiac education, cooking classes for children and more. More than 25,000 residents were reached by these events.

Health education is also communicated through numerous blog postings, newsletter articles and informal presentations. Through online tracking and other measures, it's estimated we reached another 20,000 residents by providing health information on topics affecting immediate health issues and helpful tips on general wellness.

Annually, the hospital organizes a school supply drive to donate items to needy children. For the past 16 years, the organization has matched families in need with interested departments that buy, wrap and deliver Christmas gifts to them. In 2017, more than 50 families were helped.

The hospital also is a place of learning for many physicians, nurses, chaplains and pharmacists. In 2017, the cost of hosting these educational programs was valued at more than \$5.7 million.

In 2017, a Master Collaborative Research Agreement was created between MCHS and the University of Wisconsin-Eau Claire, which will pave the way for increased research opportunities for students in our region. This collaboration will benefit both institutions, but most importantly, it will better the lives of Chippewa Valley residents.

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

Summary of Community Health Needs Assessment

The Mayo Clinic Health System in Eau Claire 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 Eau Claire County Community Health Assessment. This report was created through a joint effort of area health care organizations, the Eau Claire City-County Health Department, United Way of the Greater Chippewa Valley and Eau Claire Healthy Communities. This effort, led by the Community Health Assessment Planning Partnership Committee, began with the goal of 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 and information collected from local hospitals and community service organizations.
- Electronic and paper surveys widely distributed to community resource organization representatives and residents, with 1,876 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, as well as County Health Rankings — a joint effort of the Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute were 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, as well as planning for and distributing community health surveys. Input also was received during community conversations and collected from the traditionally underserved through community health surveys distributed to the local senior center and community meal site. Surveys were also distributed to, and received from, representatives of local community resource organizations that serve traditionally underrepresented, medically underserved, low-income and minority populations.

Analysis of survey demographics indicated that a low number of responses were received from the over-70 age group and community members with a highest education level designation of "some education or high school". Targeted sessions were held to engage these groups and gather information on barriers and resources needed for making healthy choices in the community. These listening sessions were held at the Eau Claire Area Hmong Mutual Assistance Association, L.E. Phillips Senior Center, The Community Table and WIC clinics. A key informant session was also held with an Eau Claire City-County Health Department public health nurse who serves the Amish population. Through these targeted outreach session, 127 surveys were completed.

After completing an extensive analysis of the 2018 Eau Claire County Community Health Assessment and other qualitative and quantitative data, the top community health needs were identified by Mayo Clinic Health System in Eau Claire. Each of these health focus areas are equally important, however, they have been ranked by priority:

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



Geographic Area

Eau Claire County is located in west-central Wisconsin at the confluence of the Eau Claire and Chippewa Rivers. The county is comprised of three cities, two villages and 13 townships, with a total population of 102,965; approximately 23% is rural.

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



Demographics

Eau Claire County's population increased 4% from 2010 to 2016. Demographically, the county is 90% Caucasian, 4% Asian, 1% African-American, 2% Hispanic or Latino, and 2% mixed race. The median household income is \$50,538, which is less than the state average of \$54,610

The education level compares well to the statewide average. According to the latest census estimates, 93% of county residents have obtained a high school degree or higher. Approximately 46% have obtained a two-year college degree or higher. The estimated percentage of the population living in poverty is 13%. In 2017, the average unemployment rate was 3.9%. Additional demographic detail has been included in Appendix A.

Health Providers

The largest employers in Eau Claire County include manufacturing and construction, health care, University of Wisconsin-Eau Claire and computer information systems. Local residents are served by two other hospitals in the city of Eau Claire: HSHS Sacred Heart Hospital and Oakleaf Surgical Hospital.

As a member of MCHS, the hospital has seamless access to the care offered at the world-renowned Mayo Clinic in Rochester, Minnesota. In addition, the residents of Eau Claire County have access to the following:



MENTAL HEALTH SERVICES

A Better Life Counseling

AIDS Resource Center of Wisconsin

Alzheimer's Association of Greater Wisconsin

Bolton Refuge House

Caillier Clinic

Children's Hospital of Wisconsin - Community Services

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, Inc.

Eau Claire County Aging and Disability Resource Center

Eau Claire Healthy Communities - Mental Health Action Team

Family Resource Center

First Things First Counseling & Consulting Services

Great Rivers 2-1-1

HSHS Sacred Heart Hospital

L.E. Phillips Libertas Treatment Center

L.E. Phillips Senior Center

Marriage & Family Health Services

Marshfield Clinic Health System - Eau Claire Center

National Alliance on Mental Illness

Mosaic Counseling Group, LLC

Riverside Counseling Clinic

Positive Avenues

The Wellness Shack, Inc.

The Healing Place

University of Wisconsin - Eau Claire Counseling Services

Vantage Point Clinic & Assessment Center

Western WI Regional Center for Children and Youth with

Special Health Care Needs

SUBSTANCE USE SERVICES

AIDS Resource Center of Wisconsin

Alliance for Substance Abuse Prevention

Arbor Place

Caillier Clinic

Community Counseling Services

Eau Claire County Department of Human 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 ValleyWisconsin

North West Wisconsin Comprehensive Treatment Center

Vantage Point Clinic Assessment Center

ALCOHOL MISUSE SERVICES

Affinity House

AIDS Resource Center of Wisconsin

Alcoholics Anonymous

Alliance for Substance Abuse Prevention

Eau Claire Academy - Clinicare Corporate

Eau Claire County Department of Human Services

Eau Claire Healthy Communities -

High Risk Drinking Prevention Action Team

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 and Assessment Center

Women's Way AODA Program



Overview

Mayo Clinic Health System in Eau Claire 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 is comprised of 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, then developing an effective plan to meet those needs.

See Exhibit B for Community Health Needs Assessment Committee membership.

Process and Methods

The assessment process began with a thorough review of the 2017-18 Eau Claire County Community Health Assessment, which was completed by a local coalition of local health care organizations (including MCHS), the City-County Health Department, the United Way and the Eau Claire Healthy Communities Council. 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 as Appendix B. The complete report is available here.

The local partners 'involved in the 2017-18 Eau Claire County Community Health Assessment process included:

- Eau Claire City-County Health Department
- Eau Claire Healthy Communities Council
- HSHS Sacred Heart Hospital
- Marshfield Clinic
- Mayo Clinic Health System
- · United Way of the Greater Chippewa Valley

¹Note that 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 Eau Claire 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 committees, 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 1,876 Eau Claire County residents responded to the survey. They represented a wide range of residents, including a variety of income and educational levels, age and household size.

Mayo Clinic Health System in Eau Claire was heavily involved in outreach sessions, community conversations and a final coalition meeting to capture community feedback. These events were open to the public and attended by representatives of community resource organizations.

Two community conversations were held in rural (Augusta) and urban (Eau Claire) areas of the county. 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 Eau Claire County residents were mental health, substance use and alcohol misuse.

Along with reviewing the 2018 Eau Claire 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 Eau Claire County Health Rankings report is included in Appendix C.

Other data sources included in Community Health Assessment are the 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 below.

CHNA Process to Identify & Prioritize Needs Eau Claire 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	3	3	2	2	3	3	16
Chronic Disease Prevention and Management	2	3	3	3	2	1	14
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	2	3	3	3	3	3	17

ADDRESSING THE NEEDS OF THE COMMUNITY

Overview

After completing an extensive analysis of the Eau Claire County Community Health Assessment data and County Health Rankings, the top community health needs identified as Mayo Clinic Health System in Eau Claire priorities are:

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

The committee believed it was vital to address these priorities and that MCHS should be addressing them. 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. The committee agreed that working on each of these three focus areas will allow for widespread impact on population health.

Identified Health Need

Mental Health

This focus area refers to the 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 posttraumatic stress disorder.

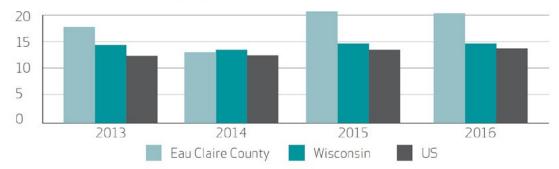
Good mental health allows us to form positive relationships, use our abilities to reach our potential and deal with life's challenges. Mental illnesses are medical conditions that impair a person's thinking, mood, ability to relate to others and ability to cope with the daily demands of life.

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 Eau Claire County, age-adjusted self-inflicted injury hospitalizations have exceeded the statewide average since 2000.

Suicide death rate per 100,000 people³



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

Hospitalizations for self-inflicted wounds per 100,000 people1



152 Eau Claire County 96 Wisconsin

Number of mentally unhealthy days in the past 30 days2



3.4 Eau Claire County 3.7 Wisconsin

In Eau Claire County:

- Over 75% of CHNA survey respondents feel mental health is a moderate or major problem in the community.
- Eighty-three percent of those do not feel comfortable seeking mental health services.
- Access to services for mental health treatment is a barrier for 73%.
- Seventy-six percent feel affordable mental health treatment is not available.
- Hospitalizations for self-inflicted wounds per 100,000 people were 152 in Eau Claire 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 effects 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 2013-14, 9% of Wisconsin adults age 18-25 reported using pain relievers for nonmedical purposes in the past year. Among high school students in 2013, 15% 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 (four or more drinks per occasion for women, five or more for men), and heaving drinking (one or more drinks per daily average for women, two or more for men).

Alcohol-related deaths are the fourth-leading cause of death in Wisconsin. While most people in the state 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

Drug arrests per 100,000 people1



824 Eau Claire County

439 Wisconsin

Drug-related hospitalizations per 100,000 people²



340 Eau Claire County

261 Wisconsin

Percent of driving deaths with alcohol involvement1



31% Eau Claire County 30% U.S.

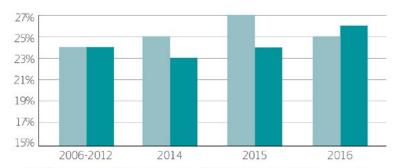
High school students that reported consuming at least one drink in the past 30 days2



18% Eau Claire County 33% Wisconsin

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





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 Eau Claire County:

- Substance use is a moderate or major problem in the community, according to 78% of respondents, while 75% felt the same about alcohol misuse.
- Substances and alcohol are easily available.
- The average age of a first prescription drug misuse for Eau Claire County students is 13.5 years.
- Approximately 13% of 12th graders in the county reported monthly use of an illicit drug.

Identified Health Need

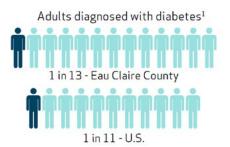
Chronic Disease Prevention & Management (emphasis on obesity)

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 can't be cured (Alzheimer's, cancer, diabetes, heart disease). In many cases, obesity is a contributing factor for preventing and maintaining chronic diseases, especially 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 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





Eau Claire County - 447

U.S. - 454

Adults with a body mass index over 301



Children 2-5 years old in WIC (Women, Infant, and Children) that are obese2





In Eau Claire County:

- Healthy lifestyle choices and personal practices for healthy weight management are not the easy or desirable options.
- 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.

Available Resources

Community resources available to support and address the top community health concerns identified by the 2018 Eau Claire County Community Health Assessment are provided as an appendix to the report.

EVALUATION OF PRIOR CHNA AND IMPLEMENTATION STRATEGY

Prioritized Health Needs:

- Obesity
- Chronic Disease
- Mental Health

Updates on Strategy Accomplishments

Obesity

- Hometown Health grant. The Children's Museum of Eau Claire received \$25,000 toward its Eat! Move! Live! initiative, which brings an interactive exhibit experience promoting healthy living to children and families.
- Hometown Health grant. The Boys & Girls Club of the Greater Chippewa Valley received \$15,000 for its Healthy Lifestyles program, which focuses on increasing daily physical activity, teaching good nutrition and helping develop healthy relationships.
- Hometown Health grant. The Chippewa Valley Museum received \$9,000 for its Biking Into History tours. The program, designed to increase physical activity, also connects participants to local history and nature.
- Kids in the Kitchen program. Our donation helps promote health and wellness by empowering children and youth to make healthy lifestyle choices. Fourth graders in 13 Eau Claire Area School District elementary schools take part in cooking a meal, learning Zumba and working together on art projects. In 2017, more than 750 children attended the four-hour program.
- Took part in a tri-county coalition that launched one of three pilot Fruit and Vegetable (FNV) campaigns in Wisconsin. The FNV campaign was created by the Partnership for a Healthier America to increase consumption of fruits and vegetables in millennials. The campaign is driven by various celebrity endorsements and edgy social media campaigns.
- From Aug. 6-13, 2017, 48 children participated in the seventh year of MCHS' Camp Wabi for children struggling with obesity. 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.
- 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.
- Launched an inaugural farmers' market/vegetable challenge to encourage people to try new/more vegetables over the summer and fall growing season.
- Hosted numerous free programs that promoted physical activity and healthy eating for youth and their families/caregivers.

Chronic Disease

 Hometown Health grant. The Feed My People Food Bank received \$15,000 toward its Foods to Encourage initiative. This program increased the amount of fruits and vegetables for low-income residents dealing with chronic disease and educated partner food bank programs to carry these foods. The grant benefited food pantries across Eau Claire County that received food from Feed My People Food Bank.

- Two Diabetes Prevention Program series reached more than 30 participants in 2017.
- Living Well with Chronic Conditions blog and free column provides people tools for coping at home and promotes free health and well-being resources offered through MCHS.
- 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 18. Classes are hosted on a regular basis, free of charge, and target both rural and urban areas.
- Hosted American Heart Association Family and Friends CPR courses on a regular basis. 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. Course is free and not offered by other partners or area technical colleges.
- Held a Stroke Screening event, which brought in 43 participants.
- Provided leadership for the Healthy Communities Chronic Disease Prevention action team, which has four subgroups: Food System, Healthy Community Design & Policy, Worksite Wellness, and Community Clinical linkages.

Mental Health

- Hometown Health grant. Big Brothers Big Sisters received \$10,000 for its 1:1 Mentoring Program providing free support services to help develop skills that enhance problem-solving abilities and build self-esteem.
- 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 clinical expertise to Crisis Intervention Training (CIT), in partnership with the National Alliance for Mental Illness (NAMI) and the City of Eau Claire Police Department, to help law enforcement professionals learn effective de-escalation skills during mental health crisis situations.
- 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.
- Contributed leadership to the United Way of the Chippewa Valley Health Advisory Council, which dedicated funding for mental health and resiliency.
- Contributed leadership to 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.

All Focus Areas

- Contributed leadership to Eau Claire Healthy Communities Council, which provides oversight/accountability, structure and connections for collaborative health improvement on health priorities across Eau Claire County.
- · Contributed leadership to United Way of the Greater Chippewa Valley, which provides funding for collaborative health improvement on health priorities across Eau Claire County, focusing on education, financial stability, health and basic needs.
- Offered online and text options to register for our enewsletter. This is a new, technologically current way for people to learn about the free offerings that can positively affect their health.
- Produced wellness brochure that reached thousands of people; it's published three times a year.



2018 Eau Claire County Community Health Assessment

Healthiest Wisconsin 2020

County Health Rankings

U.S. Census Bureau

Eau Claire County Public Health Profile 2017, Wisconsin Department of Health Services

APPENDIX A: DEMOGRAPHIC DATA

Eau Claire County Demographics

Sex	51% Female, 49% Male
Median household income	\$50,538
Percentage of population in poverty	13%
2016 average unemployment rate	3.5%
Population growth rate	4.1% from 2000 to 2016

Eau Claire County Racial Distribution

White	90.4%
Asian	4.1%
Hispanic or Latino	2.3%
Two or More Races	1.8%
Black or African American	1.1%
American Indian and Alaska Native	0.6%

Figure 1. Household income distribution in Eau Claire County (US Census, 2016 estimates)

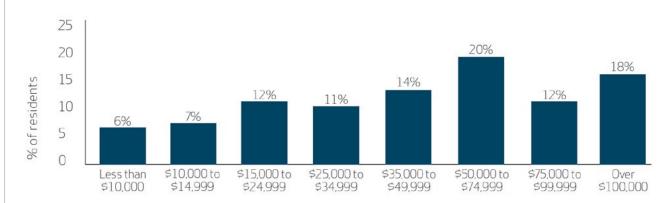


Figure 2. Highest education level attained by Eau Claire County residents over age 25 (US Census, 2016 estimates)

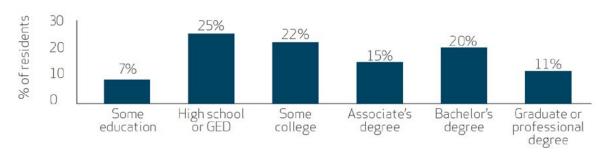
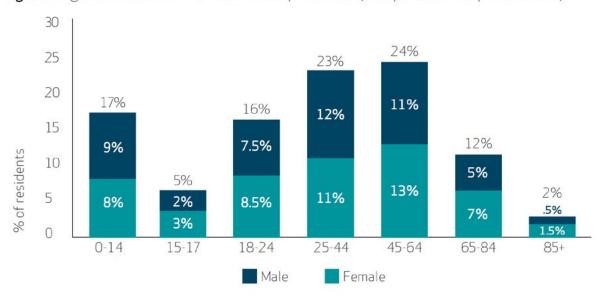


Figure 3. Age distribution of Eau Claire County residents (DHS public health profile, 2017)



APPENDIXB: INDIVIDUALS INVOLVED IN CHNA

2014-2015 Eau Claire County Community Health Assessment Planning Partnership

Project Manager, Community Health Assessment Project Manager

Division Director, 3D Community Health HSHS Sacred Heart and St. Joseph's Hospitals

Director, Chippewa Health Improvement Partnership

Director, Community Wellness and Engagement, Mayo Clinic Health System

Community Health Educator, Eau Claire City-County Health Department

Public Affairs Director, Mayo Clinic Health System

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, RN, Behavioral Health Director

Hannah Johnson, Population Health

Lori Miller, RN, 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

Eau Claire (EC)

County Demographics		
	County	State
Population	102,965	5,778,708
% below 18 years of age	20.5%	22.3%
% 65 and older	14.8%	16.1%
% Non-Hispanic African American	1.0%	6.3%
% American Indian and Alaskan Native	0.6%	1.1%
% Asian	4.1%	2.8%
% Native Hawaiian/Other Paci∳c Islander	0.1%	0.1%
% Hispanic	2.3%	6.7%
% Non-Hispanic white	90.4%	81.7%
% not pro∳cient in English	1%	1%
% Females	50.7%	50.3%
% Rural	23.0%	29.8%
* Male population 0-17	11,190	659,600
* Male population 18-44	20,088	1,003,259
* Male population 45-64	11,838	789,397
* Male population 65+	6,945	419,300
* Total male population	50,061	2,871,556
* Female population 0-17	10,990	630,421
* Female population 18-44	19,998	968,609
* Female population 45-64	12,305	795,855
* Female population 65+	8,688	508,536
* Total female population	51,981	2,903,421
* Population growth	2%	1%

			_			
		Eau Claire County	Error Margin	Top U.S. Performers	Wisconsin	Rank (of 72)
Health Outcomes						35
Length of Life						29
Premature death		5,800	5,200-6,300	5,300	6,000	
Quality of Life						39
Poor or fair health **		14%	13-14%	12%	15%	
Poor physical health days **		3.5	3.3-3.7	3.0	3.6	
Poor mental health days **		3.5	3.3-3.7	3.1	3.8	
Low birthweight		6%	6-7%	6%	7%	
% LBW	6%					
% LBW (Black)	10%					
% LBW (Hispanic)	5%					
% LBW (White)	6%					
Additional Health Outcomes (not included in overall ranking)						
Premature age-adjusted mortality		290	280-310	270	300	
Child mortality		50	40-70	40	50	
Infant mortality		5	4-7	4	6	
Frequent physical distress		11%	10-11%	9%	11%	
Frequent mental distress		11%	11-11%	10%	12%	
Diabetes prevalence		7%	6-9%	8%	9%	
HIV prevalence		39		49	122	
Communicable disease *		793			882	
Self-in∳icted injury hospitalizations *		152	138-166		99	
Cancer incidence *		442	424-460		469	
Health Factors						13
Health Behaviors						17
Adult smoking **		15%	15-16%	14%	17%	
Adult obesity		28%	23-33%	26%	31%	
Food environment index		7.9		8.6	8.8	
Physical inactivity		18%	14-21%	20%	21%	
Access to exercise opportunities		81%		91%	86%	
Excessive drinking **		25%	24-26%	13%	26%	
Alcohol-impaired driving deaths		41%	33-49%	13%	36%	
Sexually transmitted infections		412.5		145.1	423.5	
Teen births		12	11-14	15	20	

		Eau Claire	Error Marsin	Top U.S. Performers	Wisconsin	Rank (of 72)
Teen Birth Rate	12	County	Margin			
Teen Birth Rate (Black)	30					
Teen Birth Rate (Hispanic)	33					
Teen Birth Rate (White)	10					
reen bilat Nate (Willie)	10					
Additional Health Behaviors (not included in overall ranking)		100/		100/	110/	
Food insecurity		12% 6%		10% 2%	11% 5%	
Limited access to healthy foods Drug overdose deaths		8	6-12	10	16	
Drug overdose deaths - modeled		8-11.9	0-12	8-11.9	19.3	
Motor vehicle crash deaths		7	6-10	9	10	
Insuf@cient sleep		32%	30-33%	27%	32%	
Smoking during pregnancy *		14%			13%	
Drug arrests *		854			25,990	
Motor vehicle crash occupancy rate *		61	100 174		51	
On-road motor vehicle crash-related ER visits *		450 86	426-474 76-96		585 65	
Off-road motor vehicle crash-related ER visits *		80	70-90		03	
Clinical Care						8
Uninsured		6%	5-7%	6%	7%	0
Primary care physicians		780:1		1,030:1	1,250:1	
Dentists		1,110:1		1,280:1	1,520:1	
Mental health providers		370:1	47.50	330:1	560:1	
Preventable hospital stays		52 91%	47-56 85-97%	35 91%	45 90%	
Diabetes monitoring		91% 76%		71%	90% 72%	
Mammography screening		7 0 /0	70-81%	/ 1 /0	1 4 /0	
Additional Clinical Care (not included in overall ranking) Uninsured adults		7%	6-8%	7%	8%	
Uninsured children		3%	2-4%	3%	4%	
Health care costs		\$8,917			\$8,696	
Other primary care providers		700:1		782:1	1,055:1	
No recent dental visit *		28%	21-36%		26%	
Did not get needed health care *		2%	0-4%		2%	
Childhood immunizations*		74%			73%	
Social & Economic Factors						19
High school graduation		89%	CO 770/	95%	88%	
Some college		73% 3.5%	69-77%	72% 3.2%	68% 4.1%	
Unemployment Children in poverty		14%	10-18%	12%	16%	
% Children in Poverty	14%					
% Children in Poverty (Black)	14%					
% Children in Poverty (Hispanic) % Children in Poverty (White)	40% 11%					
75 Children in Coverty (White)	1170					
Income inequality		4.5	4.2-4.8	3.7	4.3	
Children in single-parenthouseholds		24%	21-28%	20%	32%	
Social associations		12.9		22.1 62	11.6	
Violent crime Injury deaths		145 64	57-71	55	283 73	
Additional Social & Economic Factors (not included in overall rar	nking)					
Disconnected youth Median household income		6% \$52,200	\$47,000-57,500	10% \$65,100	11% \$56,800	
Household Income	¢E2 200	¥02,200	\$.7,000 O7,000	430,100	ψ00,000	
Household Income Household income (Black)	\$52,200 \$14,000					
Household income (Hispanic)	\$27,800					
Household income (White)	\$51,300					
Children eligible for free or reduced price lunch		40%		33%	40%	
Residential segregation - black/white		64		23	77	
Residential segregation - non-white/white		19		14	56	
Homicides		1	1-3	2	3	
Firearmfatalities		9	7-12	7	10	
Reading pro*ciency *		57% 133			52% 11,039	
W-2 enrollment * Poverty *		13%	11-15%		11,039	
Older adults living alone *		32%			29%	
Hate crimes *					1	
Child abuse *		4			4	
Injury hospitalizations *		802	747-857		806	
Fallfatalities 65+*		126	93-159		128	
Physical Environment		0.0		0.7	0.0	18
Air pollution - particulate matter **		9.3 No		6.7	9.3	
Drinkingwaterviolations						
			14-16%	9%	15%	
Drinking water violations Severe housing problems Driving alone to work		15% 79%	14-16% 78-81%	9% 72%	15% 81%	

		Eau Claire County	Error Margin	TopU.S. Performers	Wisconsin	Rank (of 72)
% Drive Alone % Drive Alone (Hispanic) % Drive Alone (White)	79% 66% 82%					
Long commute - driving alone		14%	13-16%	15%	27%	
Additional Physical Environment (not included in overall ranking)						
Year structure built *		22%			26%	

Areas to Explore Areas of Strength

2018

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

APPENDIX D: PRIORITIZATION MATRIX

CHNA Process to Identify & Prioritize Needs July 2018

Community Need	
Comparison to State and National Performance	How is Eau Claire County doing in comparison to Wisconsin and national performance?
Community Impact	Howis Eau Claire County currently and in the future going to be affected by the health priority in terms of: • 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 : • 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?