

Community Health Needs Assessment 2022

Mayo Clinic Health System-Chippewa Valley





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Executive Summary

Enterprise Overview



MAYO CLINIC

Mayo Clinic is a not-for-profit organization with a mission to inspire hope and promote health through integrated clinical practice, education, and research. Mayo Clinic serves more than 1.4 million patients annually from every U.S. state and communities throughout the world, offering a full spectrum of care from health information, preventive, and primary care to the most complex medical care. Mayo Clinic has locations in Rochester, MN; Scottsdale and Phoenix, AZ; Jacksonville, FL; and many Mayo Clinic Health System sites in Minnesota and Wisconsin.

COMMITMENT TO COMMUNITY

Through its interdisciplinary expertise in medical practice, research and education, Mayo Clinic serves communities everywhere. Mayo Clinic reinvests its net operating income to advance breakthroughs in diagnoses, treatments and cures for all varieties and complexity of human disease and quickly translates this new knowledge to advance the practice of medicine. One example illuminating this is how Mayo Clinic responded to the COVID-19 pandemic, which intensified existing community health needs. Mayo Clinic's front-line and virtual reams cared for more than 160,000 patients with COVID-19 in 2021. Mayo staff tested more than 1.1 million people for COVID-19, administered more than 500,000 COVID-19 vaccinations, and provided more than 19,000 monoclonal antibody infusions. In addition to its extensive medical, public health and research response, Mayo



Clinic also cared for broader aspects of community need, including assistance to local non-profits, schools and government agencies, human service collaborative efforts and small local businesses to help stabilize and sustain the economies of its local communities.

Entity Overview

Mayo Clinic Health System (MCHS) was created to fulfill Mayo Clinic's commitment to bring quality health care to local communities. MCHS has a physical presence in 44 communities and consists of 53 clinics, 16 hospitals and other facilities that serve the health care needs of people in Iowa, Minnesota, and Wisconsin. The more than 900 community-based providers, paired with the resources and expertise of Mayo Clinic, enable patients in the region to receive the highest-quality physical and virtual health care close to home. 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 have 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. Although MCHS – Chippewa Valley serves patients from several communities in northwestern Wisconsin, the majority are from Chippewa County. For the purposes of MCHS – Chippewa Valley's CHNA, the community is defined as Chippewa County.

In 2021, Mayo Clinic Health System – Chippewa Valley in Bloomer provided \$846,774 in charity care and over \$1 million in bad debt. Mayo Clinic Health System – Chippewa Valley in Bloomer also provided \$67,000 through philanthropic donations to support programs such as the Boys and Girls Club, United Way, Junior Achievement, Chippewa Valley YMCA, public libraries, community gardens and healthcare college scholarships.



Health education is also communicated through numerous blog postings, newsletter articles and informal presentations. Through online tracking and other measures, it is estimated we reached another 12,000 residents by providing health information on topics affecting immediate health issues and helpful tips on general wellness.

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 the Health Needs Assessment

The primary input into the assessment and prioritization process was the <u>2021 Chippewa County</u> <u>Community Health Assessment</u>, produced by the Community Health Assessment Planning Partnership Committee. 2021 Chippewa County Community Health Assessment Community Health Assessment (CHA) was conducted collaboratively by the Community Health Assessment Planning Partnership Committee (also referred to in this report as the CHA partners). This partnership, which includes county health departments, local healthcare facilities, and community organizations, was established to optimize the coordination and use of resources while reducing duplicative efforts.

Although this report is specific to Chippewa County, the partners used a parallel process to assess health needs in Eau Claire County as well. The shared process in Chippewa and Eau Claire counties recognizes overlapping service areas and resources in these communities. In addition, written comments related to the previous CHNA were invited, however, no written comments were received. 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.

The following pages from the 2021 report, produced by the Community Health Assessment Planning Partnership Committee, describe in full detail the process, methods, input, and resources for the Chippewa County Community Health Needs Assessment. For this report, the community is defined as Chippewa County.

2021 Chippeya County

COMMUNITY HEALTH ASSESSMENT

VISITOR CENTER

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E X E C U T I V E S U M M A R Y

The World Health Organization has defined health as "a state of complete physical, social, and mental well-being, and not merely the absence of disease or infirmity" (WHO, 1948). As a condition of their tax-exempt status, non-profit hospital systems are required to conduct a Community Health Needs Assessment every three years and adopt implementation strategies to meet the health needs identified through the assessment process. Likewise, both state regulations and federal accreditation standards require public health departments to conduct a Community Health Assessment every five years. In conducting these local health evaluations, organizations must gather information from various sectors of the community, summarize the input received, and describe the community resources that may be available to help address the health needs identified.

2021 Chippewa County Community Health Assessment Community Health Assessment (CHA) was conducted collaboratively by the Community Health Assessment Planning Partnership Committee (also referred to in this report as the CHA partners). This partnership, which includes county health departments, local healthcare facilities, and community organizations, was established to optimize the coordination and use of resources while reducing duplicative efforts. Although this report is specific to Chippewa County, the partners used a parallel process to assess health needs in Eau Claire County as well. The shared process in Chippewa and Eau Claire counties recognizes overlapping service areas and resources in these communities.

The purpose of the assessment process is to identify and prioritize significant community health needs, as well as to identify potential resources to address those needs. The CHA partners factored data from several sources into a prioritization matrix to identify those health areas on which to focus local health improvement efforts. Those sources included a Community Health Survey; secondary health data involving local and national comparisons; a series of virtual Community Conversations with county residents and stakeholders; and the Chippewa Health Improvement Partnership, a local coalition whose mission is to "serve as a catalyst for the enhancement of community health and guality of life through educational and preventative initiatives" in Chippewa County. Each of these sources examined 14 health areas based on the state health plan (Healthiest Wisconsin 2020). This process, involving the four primary inputs in conjunction with the weighted matrix, identified the following top priorities: Mental Health, Alcohol Misuse, Chronic Disease Prevention and Control, Drug Use, and Obesity.

TIMELINE

DECEMBER COMMUNITY HEALTH

SURVEY

JANUARY SECONDARY DATA REVIEW **FEBRUARY** *community conversations* MARCH CHIPPEWA HEALTH IMPROVEMENT PARTNERSHIP

The Community Health Assessment in turn serves as an input to the three-year, county-wide Community Health Improvement Plan (CHIP), which includes goals, measurable objectives, and implementation strategies that address the county's top health priorities. Data from this report will be used by the Chippewa Health Improvement Partnership to create the plan. While the assessment itself involves county residents in identifying which health areas most need improvement, the CHIP process provides an opportunity for community members to determine how to make those improvements in Chippewa County. In addition, each of the CHA partners will use information gathered during the assessment process to inform the work of their organizations. The results of this assessment thus will be used individually and jointly by the partner organizations to develop and implement strategies for improving community health in the identified priority areas.

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A C K N O W L E D G E M E N T S

The Community Health Assessment (CHA) Planning Partnership Committee consisted of representatives from nine community organizations in Chippewa and Eau Claire counties. These organizations signed a Memorandum of Understanding (MOU) that outlined agreed upon goals, activities, and contributions from each of the partner organizations. The Eau Claire City-County Health Department served as the fiscal agent for the partnership and contracted for a part-time, limited-term project manager to facilitate and coordinate the assessment process.

Members of the Community Health Assessment Planning Partnership Committee included:

Laura Baalrud	Outreach Facilitator, HSHS Sacred Heart Hospital and St. Joseph's Hospital; Director of Chippewa Health Improvement Partnership
JoAnna Bernklau	Community Benefits Coordinator, Marshfield Clinic Health System
Sara Carstens	Director of Community Engagement and Wellness, Mayo Clinic Health System
Cortney Draxler	Policy and Systems Division Manager, Eau Claire City-County Health Department
Melissa Ives	Community Health Assessment Project Manager, Report Author
David Lally	Director of Community Benefits and Advocacy, Hospital Sisters Health System
Allie Machtan	Director of Community Health, Marshfield Clinic Health System
Komi Modji	Epidemiologist, Chippewa County Department of Public Health
Andy Neborak	Executive Director, United Way of the Greater Chippewa Valley
Maria Seibel	Community Engagement and Wellness Specialist, Mayo Clinic Health System

Several individuals also supported this process by providing technical assistance behind the scenes and/or during meetings. These included Peggy O'Halloran, Evaluator, Eau Claire City-County Health Department; Gina Schemenauer, Public Health Specialist, Eau Claire City-County Health Department; Ashley Hahn, Intern, Eau Claire City-County Health Department; Cortney Nicholson, Community Health Educator, Eau Claire City-County Health Department; and Nikki Hoernke, Community Health Planning Promotion Specialist, Chippewa County Department of Public Health.

In addition, we benefited from the assistance of several other organizations and individuals who helped publicize, distribute, and collect the Community Health Survey and share information about the Community Conversations with county residents and stakeholders.

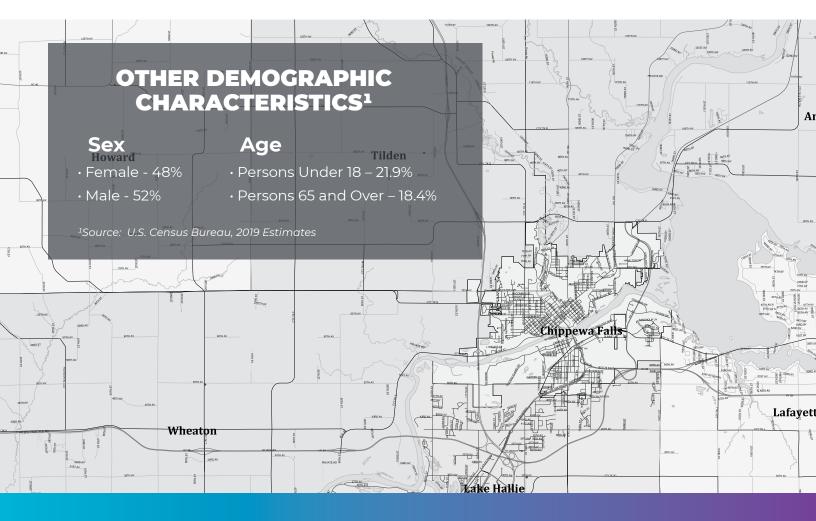
Finally, we could not have completed the assessment process without the active involvement of numerous professionals and members from the community at large – including those who completed the Community Health Survey, engaged in Community Conversations, and/or participated in the Chippewa Health Improvement Partnership discussion and prioritization exercise.

COMMUNITY PROFILE CHIPPEWA COUNTY

Named for the American Indians who once populated the area, Chippewa County covers just over 1,000 square miles of land in the Chippewa Valley of west-central Wisconsin. The county is comprised of five cities (Bloomer, Chippewa Falls, Cornell, Eau Claire, and Stanley), four villages (Boyd, Cadott, Lake Hallie, and New Auburn), and 23 townships. Bordering counties include Barron and Rusk to the north; Barron and Dunn to the west; Eau Claire to the south; and Clark and Taylor to the east. As of 2019, the U.S. Census Bureau estimated the county's population to be 64,658.¹

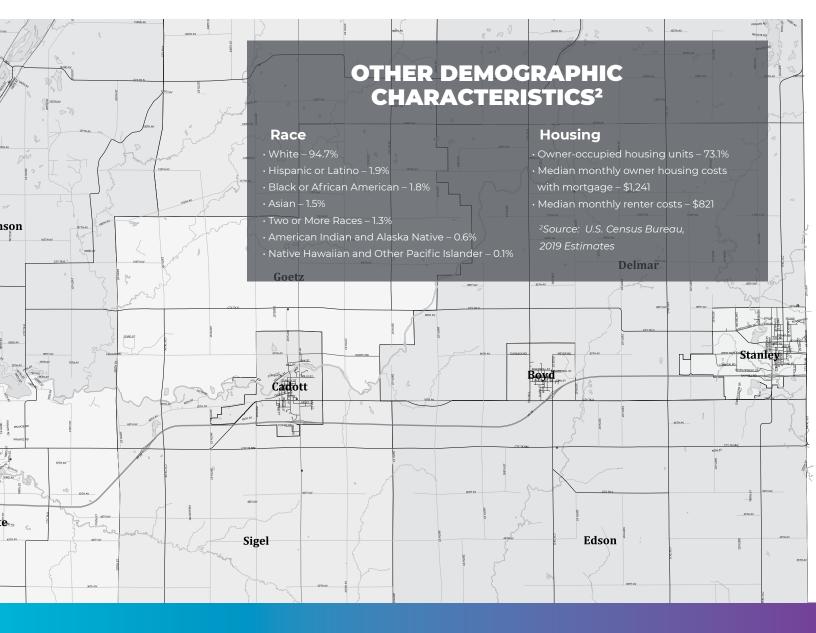
Chippewa Falls, the county seat, is home to 14,366 residents and encompasses a little more than 11 square miles.¹ The city lies approximately 90 miles east of Minneapolis/St. Paul (MN), 180 miles west of Green Bay, and 100 miles north of La Crosse (WI). The main transportation corridors through the area include U.S. Highway 53 and State Highway 29.

Major industries include health care, manufacturing, retail trade, production agriculture, and seasonal tourism. Hospital Sisters Health System (St. Joseph's Hospital), Prevea Health, Marshfield Clinic Health



System, Mayo Clinic Health System, and OakLeaf Clinics offer a wealth of health care resources within the county. Other prominent employers include Cray Inc./Hewlett Packard Enterprise, Leinenkugel's, Mason Shoe, and Chippewa Springs Water. Meanwhile 34,500 acres in the Chippewa County Forest, including 22 miles of Ice Age Trail, Lake Wissota State Park, and numerous other lakes, parks, and campgrounds, provide plenty of opportunities for outdoor recreation. Median household income within the county is \$59,742, with 8.8% of the population estimated to live in poverty.¹ According to United Way's ALICE (Asset Limited, Income Constrained, Employed) Report, 22% of Chippewa County households in 2018 earned more than the federal poverty level but less than the basic cost of living.

Chippewa Valley Technical College and Lakeland University-Chippewa Valley Center serve as significant hubs of higher education within the county. Just over 20% of residents aged 25 and older have earned at least a bachelor's degree, while nearly 93 percent of the 25+ population have received a high school diploma (or its equivalent).¹



ΟΥΕRΥΙΕΨ

This Community Health Assessment represents the combined efforts of CHA partners in Chippewa and Eau Claire counties. Since both public health departments and non-profit hospital systems are required to conduct such assessments, collaborating on this process reduces duplication of effort, avoids overwhelming the public with numerous, similar surveys and meetings, produces a common understanding of community needs, and fosters synergy in addressing those needs.

As referenced in the **Acknowledgements** section of this report, partners in this effort included:

- Chippewa County Department of Public Health
- Chippewa Health Improvement Partnership
- Eau Claire City-County Health Department
- Eau Claire Healthy Communities
- HSHS Sacred Heart Hospital

- HSHS St. Joseph's Hospital
- Marshfield Clinic Health System
- Mayo Clinic Health System
- United Way of the Greater Chippewa Valley

The 2021 report represents the third consecutive three-year cycle these organizations have worked together on the CHA. These partners also produced joint reports in 2015 and 2018. Each of the public health departments and hospitals, as well as United Way, signed the MOU outlining the purpose of the collaboration and the commitment of each organization. Specifically, each of these organizations provided both a financial contribution and in-kind resources in the form of organizational support (personnel and expertise) to this effort. The two coalitions – Chippewa Health Improvement Partnership and Eau Claire Healthy Communities – provided direct support through participation in the prioritization process; these coalitions also were represented indirectly in the planning partnership by members who also work for one of the other partner organizations.

The Eau Claire City-County Health Department (ECCCHD) served as the fiscal agent for this initiative. In this role, ECCCHD hired a part-time project manager to guide the CHA process, including survey development and distribution, data collection, public meeting facilitation, media contacts, and report writing. Other project expenses included office supplies, advertising, graphic design, and printing.

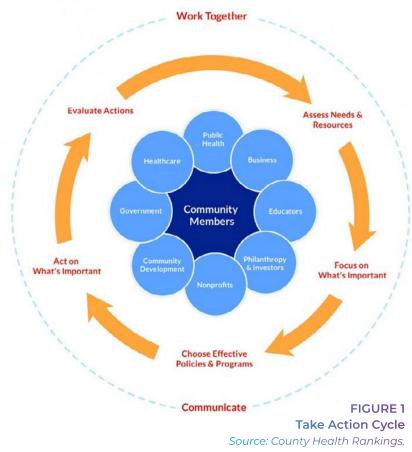
The CHA partners convened in September 2020 and met bi-monthly until May 2021 to plan and implement the assessment. Due to COVID-19, all planning and public meetings were held virtually – the first time this process has been conducted almost entirely online.

The purpose of the CHA was to engage the public systematically in the identification of health needs and priorities in each county, as well as to encourage participation in positive change through involvement in one of the local health coalitions (Chippewa Health Improvement Partnership or Eau Claire Healthy Communities) or another organization working to address these issues. The results of the CHA serve as the foundation for selecting projects and strategies to improve community health overall, as well as to advance outcomes for specific populations. In particular, coalitions will use data collected through this process to identify and address health disparities and inequities within the county.

The CHA partners modeled their work after the <u>County Health Rankings and Roadmaps</u> Take Action Cycle.As illustrated in FIGURE 1, this cycle depicts a series of steps for transforming community health. This continuous sequence begins with working together to assess community needs and resources and establish points of focus (i.e., set priorities). Communication with and among diverse stakeholders is essential to effective transformation.

For this assessment, the process involved identifying top health priorities through the public evaluation of 14 different health areas based on the state health plan (Healthiest Wisconsin 2020, Wisconsin Department of Health Services). Due to longstanding concerns about both drug use and alcohol misuse and the recognition that community members may hold different perceptions about these issues, the CHA process in Chippewa and Eau Claire counties broke these into separate health areas (versus combining them, as in the state health plan). For similar reasons, the local process also separated out obesity from chronic disease. The 14 health areas evaluated through the CHA process were:

- Alcohol Misuse
- Chronic Disease Prevention and Management
 - Communicable Disease Prevention and Control
- Drug Use
- Environmental and Occupational Health
- Healthy Growth and Development
- Healthy Nutrition



- Injury and Violence Prevention
- Mental Health
- rol Obesity
 - Oral Health
 - Physical Activity
 - Reproductive and Sexual Health
 - Vaping/Tobacco Use and Exposure

The CHA partners used several methods to collect both qualitative and quantitative information through the assessment process. The four primary strategies utilized for gathering the data needed to complete this report involved distributing a Community Health Survey, compiling secondary data (health comparisons), holding Community Conversations, and meeting with health coalitions (Chippewa Health Improvement Partnership and Eau Claire Healthy Communities). These sequential steps essentially built on each other, as participants in the Community Conversations reviewed both survey results and secondary (local, state, and national) health data, while the coalition meetings also incorporated discussion about themes and priorities emerging from the Community Conversations.

COMMUNITY HEALTH ASSESSEMENT (CHA) TIMELINE

September 2020	Planning partnership convened to plan the CHA
December 2020	Community Health Surveys distributed online for each county
December 2020	Survey status reviewed, additional outreach conducted
January 2021	Secondary (quantitative) health care data compiled
February 2021	Community Conversations held to identify top health priorities
March 2021	Coalition meetings held to determine top health priorities
March 2021	Priority rankings finalized
May 2021	CHA report completed and publicized

DATA COLLECTION METHODS COMMUNITY HEALTH SURVEY

The CHA partners began their work by developing a Community Health Survey that asked residents of each county about their perceptions of the degree to which each health area poses a problem in their community and the reasons why they considered these areas to be problematic. "Unsure" was added to the list of possible responses this year (see sample question on next page). Respondents also were offered an opportunity on the survey to provide additional comments about each health area. Finally, the survey asked respondents to identify the top three health areas they thought were in need of improvement in their county.

While the survey largely mirrored past versions, two questions added during this cycle sought to inquire about social determinants of health (i.e., social and economic factors that may influence health outcomes). First, individuals were asked about county strengths that support community health. Next, respondents were asked about factors that contribute to community health concerns. In Chippewa County, residents pointed to *parks, health care, and education* as the greatest community strengths

and cited the availability of resources to meet daily needs, socioeconomic conditions and poverty, and access to health care as the greatest concerns.

The survey also asked several demographic questions to identify basic characteristics of respondents. These questions centered around age, gender, race, ethnicity, income, education, employment, housing, and household composition. While these questions were optional, approximately 75% of respondents chose to answer these questions. Responses indicated survey takers were most likely to be White, non-Hispanic females in their 30s, 40s, or 50s. Respondents also tended to have at least a bachelor's degree; be employed full-time; report a higher household income; and own a home. More than half of respondents came from one- or two-person households, and most reported no children under 18 in the household. This information provided insight into which sectors of the population did – and did not – complete the survey. <u>Appendix I</u> compares the demographic profile of survey respondents with that of the county as a whole.

sample question

HOW BIG OF A PROBLEM IS *HEALTHY NUTRITION* IN YOUR COMMUNITY?

Not a problem

Several versions of the survey were developed, including

full-length, online versions in both English and Spanish on SurveyMonkey and both full-length and "short" paper versions in English and Spanish. The alternate versions were developed as a strategy to solicit greater feedback from non-English speakers and individuals with limited computer access or proficiency. Descriptions of the health areas were simplified per the recommendations of Wisconsin Health Literacy to aid in reading comprehension. Appendix II provides the short English version of the survey.

The CHA partners conducted survey outreach through a variety of methods. These included sharing the SurveyMonkey site through partner distribution lists (including dozens of community organizations), websites, and social media; purchasing ads through Volume One and Facebook; distributing flyers through community organizations such as Feed My People; conducting specific outreach to vulnerable populations through groups such as JONAH (Joining Our Neighbors Advancing Hope), El Centro, and the Eau Claire Area Hmong Mutual Assistance Association; and distributing paper surveys through the Aging and Disability Resource Center (via Meals on Wheels) and Chippewa County Jail. A press release to local media outlets also accompanied release of the survey. Precautions around COVID-19 prevented the more targeted, in-person outreach efforts conducted during past assessment cycles, and the heavy reliance on virtual communication appeared to pose a significant obstacle to more comprehensive community outreach and survey completion.

A total of 637 Chippewa County residents – slightly more than half of the number from 2018 – completed the survey. Another 132 individuals answered only the first two questions of the survey (pertaining to residency), and these surveys were excluded from the total count, as were another 97 responses that indicated residency in neither Chippewa or Eau Claire counties (non-residents were not allowed to complete the survey).

Those health areas identified most frequently as a "major" concern by survey takers included *Mental Health, Drug Use,* and *Alcohol Misuse,* followed by *Obesity* and *Communicable Disease Prevention and Control.* As shown in FIGURE 2, *Mental Health, Drug Use, Alcohol Misuse,* and *Obesity* topped the list of health areas most in need of improvement.

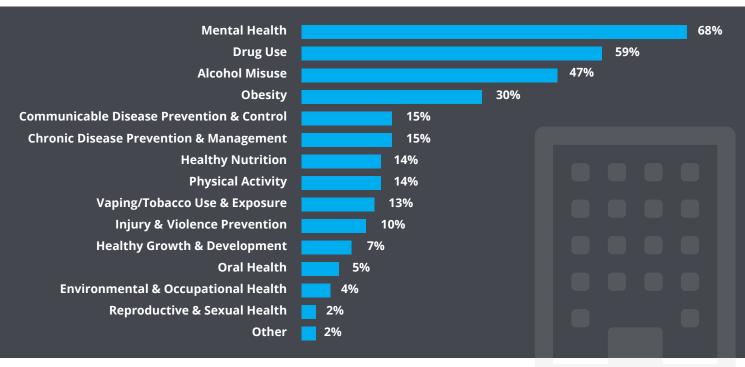


FIGURE 2 Community Health Survey Prioritization

SECONDARY DATA

The next step in the assessment process involved the collection and review of local, state, and national data comparisons in each of the 14 health areas. Although most of these performance indicators followed the recommendations of the Wisconsin Association of Local Health Departments and Boards, the core set of measures was modified based on recent data availability and comparability (based on sources and timeframes). Data sources included the <u>2020 County Health Rankings</u>, Centers for Disease Control and Prevention (<u>Behavioral Risk Factor Surveillance System</u>, Youth Risk Behavior Surveillance <u>System</u>, etc.), Wisconsin Department of Health Services, and other public resources.

The information collected through this process provided an objective manner in which to measure overall county health in each of the focus areas. This data, in combination with the survey results, formed the basis for discussion during the subsequent Community Conversations. Comparisons between county and national data also were factored into the final health area prioritization.

Appendix III lists the entire core dataset. Since time limitations prohibited review of every measure during the Community Conversations and coalition meeting, those discussions referenced just a snapshot of the data available for each health focus area. The more comprehensive data compilation remains available for use by the Chippewa Health Improvement Partnership and other organizations and coalitions as they seek to target their efforts and measure progress in community health over time.

NOTE: The Community Health Survey results reveal local perceptions about each of the 14 health areas,

while county, state, and national health data comparisons provide some context for understanding the extent to which these areas are problematic in Chippewa County. The **Health Focus Area Summaries** section of this report provides an overview of both

resident perceptions and key secondary data.

COMMUNITY CONVERSATIONS

The survey results and secondary data points were presented during a series of three online public Community Conversations in February. Sessions were held at different times – morning, afternoon, and evening – over the course of two days (Feb. 10 and 11) to provide multiple opportunities for participation. Once again, these events were publicized widely through e-mail, websites, social media, and other means. The CHA partners conducted outreach to and through health care and other service providers, local government, libraries, senior centers, educational institutions, churches, and the Chamber of Commerce, among other community organizations. A press release to local media outlets also preceded the conversations.

discussion questions

WHICH HEALTH AREAS HAVE THE LARGEST COMMUNITY IMPACT?

Consider which areas have a high number of people affected, which areas affect certain groups more than others, and how big the problem is in our community.

WHICH HEALTH AREAS HAVE THE MOST SERIOUS IMPACT?

Which areas result in disability, death, have long-term effects, or need action right now? Is the problem getting worse? Will the problem get worse if no action is taken?

WHICH AREAS ARE OUR COMMUNITY READY TO CHANGE?

Will the community accept new or added programs? Are new programs wanted in certain areas? Is change on a local level reasonable? These sessions provided an opportunity to dig deeper into local health impacts and prioritization criteria through focused breakout room discussions. The CHA partners facilitated these small groups to help participants work through a series of questions intended to pinpoint community health needs. These groups then reconvened in the large group and reported out major discussion points. Each session culminated in an online health focus area prioritization poll.

Once again, participants indicated the top three health areas they would like to target for improvement in Chippewa County. *Mental Health, Drug Use, Alcohol Misuse, Chronic Disease Prevention and Control* and *Obesity* topped this list (see FIGURE 3). Thirty-seven individuals, representing many different sectors of the community (health care, education, hunger relief, aging, etc.), participated in the prioritization exercise.

An evaluation conducted following the Community Conversations provided participants with an opportunity to indicate interest in joining Chippewa Health Improvement Partnership to work on addressing priority health needs. Nearly a third of respondents indicated they were or may be interested in joining this coalition, which seeks to improve the health and quality of life in the county.

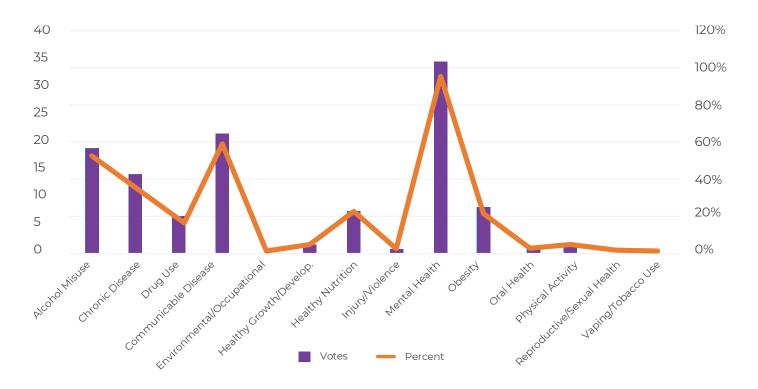


FIGURE 3 Community Conversations Prioritization

COALITION MEETING

Meeting with members of Chippewa Health Improvement Partnership served as the final major step of the assessment process. The CHA project manager provided an overview of the previous three components to more than two dozen coalition members on March 5. This background provided context for additional small group discussions. Those present represented a wide range of community backgrounds and health interests, lending broad expertise to this exercise. The CHA partners facilitated virtual breakout room discussions around the same set of questions posed during the Community Conversations and then summarized key takeaways upon reconvening the full group. Prior to adjourning, participants indicated their top three health priorities via an online poll.

Once again, *Mental Health* dominated both the online discussion and voting landscape, and consensus around the importance of addressing this issue was near unanimous. *Drug Use* and *Alcohol Misuse* also received a majority of votes. The interconnectedness of many health areas also emerged as a common theme within group conversations.

FINAL PRIORITIES

As noted previously, the CHA partners used a weighted matrix to determine a priority order for each of the 14 health focus areas. This part of the process involved scoring each of the areas based on the results of the prioritization question in the survey, comparison of local and national data, and voting by participants in the Community Conversations and coalition meeting. The secondary data comparison involved an examination of comparable performance indicators using like sources and timeframes. This calculation excluded measures that lacked a direct comparison of local and national data (e.g., in some cases, only local and state or state and national data were available from the same source). A ratio system then was used to determine the degree to which Chippewa County exceeds or falls below national averages for each of the measures. The four components were weighted as follows: Community Health Survey – 35%, secondary data – 35%, Community Conversations – 20%, and coalition meeting (Chippewa Health Improvement Partnership) – 10%.

Final scoring via the prioritization matrix revealed *Mental Health* as the county's top health priority. Indeed, this topic rose to the forefront of nearly every small group discussion not just for its individual impact but for its bearing on nearly every other health issue as well. Meeting participants often noted a link between *Mental Health, Drug Use, Alcohol Misuse, Physical Activity, Healthy Nutrition, Obesity,* and *Chronic Disease*, for example. This health area easily out distanced all others in the final ranking.

Alcohol Misuse ranked next in the final prioritization order. Again, this ranking largely mirrored public perception as indicated by survey data and the discussions that took place during both the Community Conversations and coalition meeting. Meeting participants did question community readiness for change in this area due to the cultural acceptance of alcohol use in Wisconsin.

Chronic Disease, Drug Use, and *Obesity* followed in the health rankings. It is important to note again that much discussion took place regarding the inter-relatedness of these issues with other health areas, including *Healthy Nutrition, Physical Activity,* and *Mental Health.* Consequently, many discussion groups noted the importance of attacking "root causes" to improve health in a more comprehensive manner.

While *Communicable Disease* received more attention during this assessment cycle due to COVID-19, concern about this area was not significant enough to elevate it into the top tier of health priorities. Nonetheless, many discussion groups reported the negative impact of the pandemic on virtually every other health area.

The top five health priorities over the past three cycles are listed below, along with the 2021 ranking of the other health focus areas. Other than *Chronic Disease*, these rankings reflect fairly consistent perceptions about the highest-ranking priorities over an extended period of time.

TOP 2015 HEALTH PRIORITIES

Mental Health Obesity Alcohol Misuse Drug Use Healthy Nutrition

TOP 2021 HEALTH PRIORITIES

Mental Health Alcohol Misuse Chronic Disease Drug Use Obesity

TOP 2018 HEALTH PRIORITIES

Mental Health Alcohol Misuse Drug Use Obesity Physical Activity

ADDITIONAL 2021 HEALTH PRIORITIES

Communicable Disease Physical Activity Healthy Nutrition Oral Health Vaping/Tobacco Use and Exposure Healthy Growth and Development Injury and Violence Prevention Environmental and Occupational Health Reproductive and Sexual Health

DATA USE

Chippewa County has several collaborative partnerships that benefit from a wealth of community support and sustainable resources to improve programs and policies around community health. The CHA report will be used by these coalitions, as well as individual organizations, to prioritize funding applications, build on existing strengths, support continuous quality improvement, address health needs and disparities, and engage stakeholders and policy makers in system-level change to improve community health in Chippewa County. This CHA and supporting documentation will be shared among partner organizations and made available publicly on partner and coalition websites.

Chippewa Health Improvement Partnership, in particular, will use this information to identify collaborative goals and evidence-based strategies that address complex health issues through development of a Community Health Improvement Plan. This plan in turn provides a framework for guiding the work of the coalition action teams during the three-year period between health assessments.

SOCIAL DETERMINANTS OF HEALTH

The CHA partners feel strongly about referencing Social Determinants of Health (SDOH) as a framework for understanding and improving community health. As defined by the U.S. Department of Health and Human Services, SDOH are "the conditions where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." The national health plan, <u>Healthy People 2030</u>, divides these factors into five separate domains as described below.

Economic Stability underscores the connection between financial resources and health. Consequently, issues like employment, food security, housing stability, and poverty fall under this domain.

Education Access and Quality links education to health and well-being. Early childhood education, literacy, high school graduation, and higher education all fall into this realm.

Health Care Access and Quality involves the connection between understanding health services, accessing those services, and personal health. Issues like health literacy and insurance access fall under this category.

Neighborhood and Built Environment involves the association between where a person lives (housing,

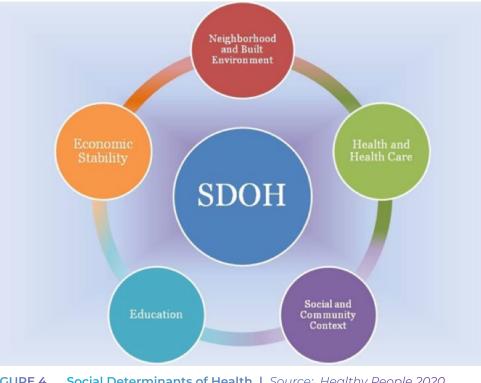


FIGURE 4 Social Determinants of Health | Source: Healthy People 2020

neighborhood, and environment) to health and well-being. Examples of issues under this domain include air and water quality, transportation, and crime.

Social and Community Context relates health and wellbeing to the context within which people live, learn, work, and play. Community cohesion, discrimination, workplace conditions, and incarceration all serve as important indicators within this category. FIGURE 4 depicts these five domains as working together to support community health.

This model recognizes that not all people receive the same opportunities to thrive and that inequity in these life conditions contributes to disparities in well-being. Consequently, improving health requires addressing the root causes that influence health outcomes. In other words, socioeconomic conditions and the physical environment, in addition to health behaviors and clinical care, must be addressed to provide all members of society with the opportunity to achieve optimal health.

This CHA cycle began to incorporate consideration of SDOH by asking survey respondents to identify those community factors that support health and those issues that serve as barriers to well-being.

As noted earlier in the report, parks, health care, and

education were named most often as community strengths. Conversely, issues like *mental health* and *substance use treatment access* and *transportation options* received relatively few mentions as strengths.

Meanwhile, issues like the *availability of resources to meet daily needs, socioeconomic conditions and poverty,* and *access to health care* topped the list of conditions that pose health concerns.

There was some evidence that discussion group participants factored these issues into their conversations. For example, some groups asked how parks could be leveraged more as a strength to support community health.

Organizations can work together to impact social determinants (i.e., root causes) through unified planning and policy. This approach requires community partners across public and private sectors to incorporate health considerations into all policy decisions in order improve health outcomes and quality of life for every segment of society.

survey questions

What are the greatest strengths in your county in relation to community health?

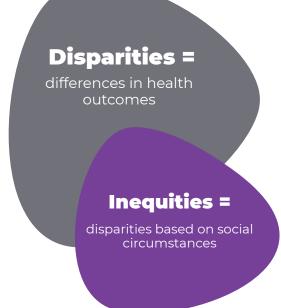
Which of the factors contribute most to your top community health concerns?

HEALTH DISPARITIES AND INEQUITIES

Improving the health of all people in the community by nature mandates a focus on identifying health disparities and addressing inequities. Health disparities are population-based differences in health

outcomes linked to social, economic, and/or environmental disadvantages. Under this premise, equal outcomes cannot be realized until individuals receive the same opportunities to achieve health and wellness. Consequently, more or different resources may need to be directed toward certain sectors of the community in order to produce the same results found elsewhere.

In other words, equity must precede equality. While equality assumes that similar inputs will produce the same outcomes, equity recognizes that people start from dissimilar places and thus benefit differently from those same inputs. FIGURE (5) illustrates the difference between a one-size-fits-all approach (equality) and a targeted approach that meets the needs of specific populations (equity).



While county-level data on health disparities is limited, the assessment process provided at least some insight into existing inequities. Examples of these societal disadvantages as they relate to the Social Determinants of Health are described below.

The issue of *Economic Stability* is referenced in the <u>2018 United Way ALICE Report for Chippewa</u>. <u>County</u>, which estimates the number and percentage of households with income below the poverty level or above the poverty level but below the basic cost of living for the area. The report indicates that individuals aged 65 and older comprise a little over a quarter of households within the county – and the largest percentage of households (37%) that fall within the ALICE income threshold. The report also provides a revealing glimpse into the locations within the county most affected by lower incomes. For example, 45% of households in the Village of Cadott, 44% in the City of Chippewa Falls, 43% in the City of Stanley, 42% in the City of Cornell, and 41% in the City of Bloomer report income at the poverty or ALICE level. This indicates many older adults and families in the county may struggle to pay for everyday expenses such as food, healthcare, technology, and transportation.

Additionally, the <u>County Health Rankings</u> indicate that 9% of households in Chippewa County face a severe housing cost burden – that is, housing costs account for at least 50% of household income for these individuals and families. This burden leaves even fewer resources to meet other basic needs, resulting in further financial stress.

It may not be surprising then that survey respondents reported affordability concerns in many health focus areas, including *Mental Health*, *Drug Use*, *Healthy Nutrition*, and *Chronic Disease* or that these individuals indicated the *availability of resources to meet daily needs* and *socioeconomic conditions* pose significant obstacles to community health.

The <u>County Health Rankings</u> also report the county's income equality ratio at 4.0 – that is, households with income at the 80th percentile make four times the income of households at the 20th percentile. CHR notes that income inequality serves as a social stressor by highlighting differences in social class and status and decreasing social connectedness, a concern highlighted in the *Social and Community Context* domain of the SDOH.

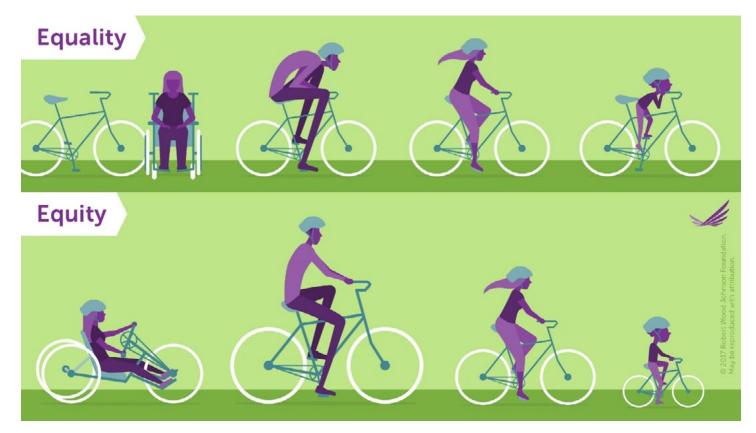


FIGURE 5 Equality Vs. Equity | Source: Robert Wood Johnson Foundation (2017)

Meanwhile, *Health Care Access* poses other obstacles to community health in Chippewa County. Most survey respondents who indicated *Mental Health* is a problem within the county cited the cost of services, awareness of services available, and access to those services as reasons for the problem. Access concerns may stem in part from the ratio of population to mental health providers in the county, which is more than twice that of the state rate and nearly three times that of the national rate. Similarly, the majority of respondents who indicated *Oral Health* is a problem in the county specified the lack of dental clinics accepting BadgerCare (for lower income residents) and other access issues as barriers to care. The ratio of residents to dentists in Chippewa County also exceeds the state rate by a significant margin. Provider availability serves as one important component of *Health Care Access*.

Finally, the rural nature of the county may explain why only 15.5% of county residents have a fluoridated municipal water system – a stark difference from the state rate of 88.4%. This example demonstrates how the *Neighborhood and Built Environment* can impact community health.

A new Community Health Needs Assessment tool developed by the Wisconsin Hospital Association may help pinpoint the actual health disparities influenced by these inequities by hospital service areas and zip codes in the future. Greater clarity around these issues will aid development of effective plans and strategies to address community health needs.

The assessment process did seek to incorporate the input of populations that may face health disparities and inequities by reaching out to a variety of community organizations and agencies – from meal sites to jails to senior centers to churches – to distribute flyers and surveys, as well as to publicize the Community Conversations. While professionals within the community lent a great deal of expertise to this exercise, the CHA partners recognize more participation from individuals within vulnerable population groups would have contributed valuable input to the assessment process.

COMMUNITY ASSETS INVENTORY

Finally, Chippewa County is home to many service providers and other organizations committed to improving community health and well-being. Many of these entities are actively involved in collaborative and individual efforts to address health needs within the county. These organizations serve as community strengths that support well-being in Chippewa County. In conjunction with the assessment process, the CHA partners collected and shared information to develop the resource inventory provided in <u>Appendix IV</u> of this document. While not exhaustive, this list offers a glimpse into local assets that may be leveraged to improve community health.

Health Focus Area summaries





Communities are healthier when all people can get help with mental health conditions like:

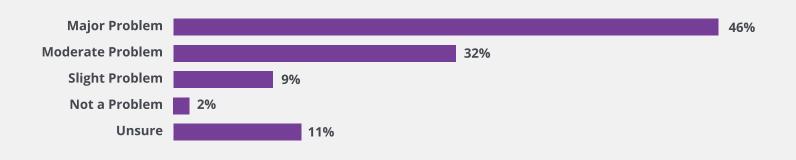
- Depression · Post-Traumatic Stress Disorder (PTSD) · Suicidal Thoughts
- Anxiety
- Bi-Polar Disorder

WHAT PEOPLE SAID ON THE COMMUNITY HEALTH SURVEY

88% 77% 75% 73% 60% Mental health care People are not aware People don't People are unaware People cannot easily is not affordable of the services understand the of mental health access services* available to help importance of conditions MH to overall health *This may be due to hours services are available, childcare or transportation issues, or other barriers.

Why is Mental Health a problem in our county?

How serious is this health area in Chippewa County?



did you know?

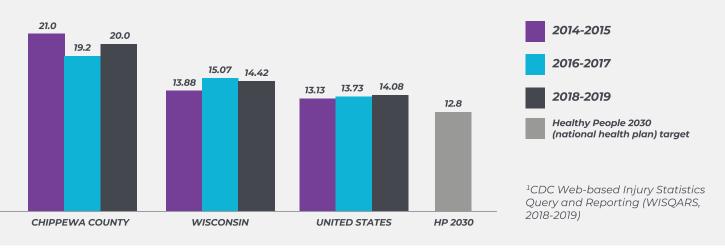
According to Prevent Suicide Wisconsin, the state's suicide rate increased by 40% between 2000-2017.

- The majority of suicide deaths were male (2013-2017).
- Suicide rates were highest among American Indians/Alaskan Natives and Whites (2013-2017).
- Suicide rates were highest among ages 45-54 (2013-2017).

MENTAL HEALTH

HEALTH PRIORITY

CONTINUED



Suicide Rate per 100,000 People (age-adjusted)¹

Self-inflicted Injury Hospitalizations per 100,000 People²



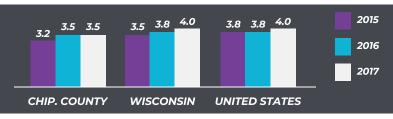
²County Health Rankings (Wisconsin Interactive Statistics on Health)

The Ratio of Population to Mental Health Providers⁴ in Chippewa County is higher than that of both the state and the nation. A higher ratio generally indicates lesser service availability.



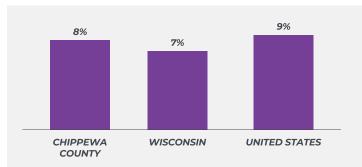
⁴2020 County Health Rankings (CMS, National Provider Identification file, 2019)

Average Number of Mentally Unhealthy Days Reported in the Past 30 Days (age-adjusted)³



³County Health Rankings (Behavioral Risk Factor Surveillance System)

Percent of High School Students Who Attempted Suicide in the Past 12 Months⁵



⁵Youth Risk Behavior Surveillance System (2019)

ALCOHOL MISUSE



Alcohol misuse is when using alcohol can cause problems. It can affect the community and cause:

- Car Crashes
 Crimes and Violence
- Injuries or Death
 Alcohol Addiction and Dependence

Alcohol misuse is when:

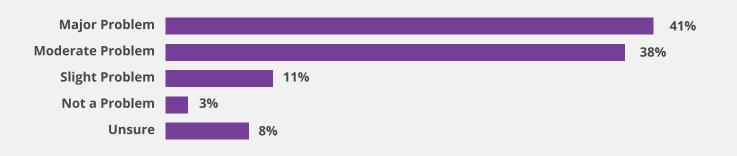
- People under 21 years old drink alcohol Any person binge drinks (4+ drinks a day for
- Pregnant women drink alcohol
- women, 5+ drinks a day for men)

WHAT PEOPLE SAID ON THE COMMUNITY HEALTH SURVEY

80% 66% **51%** 50% Alcohol misuse is an Alcohol is easily People don't understand There are few too alcohol-free social accepted attitude or available in the the impact of alcohol belief within families community misuse on overall health activities available or the community in the community

Why is Alcohol Misuse a problem in our county?

How serious is this health area in Chippewa County?



did you know?

Binge Drinking - When women consume more than 4 alcoholic beverages or men consume more than 5 alcoholic beverages over about a 2-hour period of time.

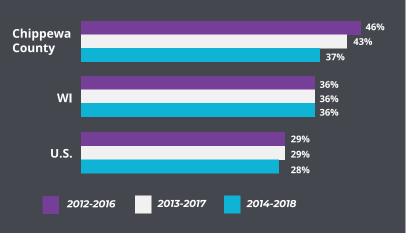
Heavy Drinking - When women drink more than 1 alcoholic beverage per day on average or men consume more than 2 alcoholic beverages per day on average.

ALCOHOL MISUSE

CONTINUED

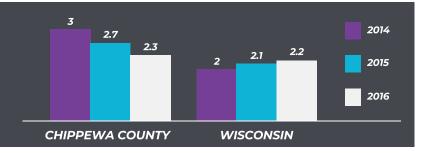
HEALTH PRIORI

Percent of Motor Vehicle Deaths Involving Alcohol¹



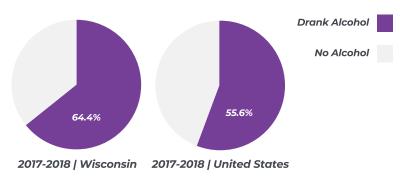
¹County Health Rankings (Fatality Analysis Reporting System)

Alcohol-related Hospitalizations per 1,000 People³



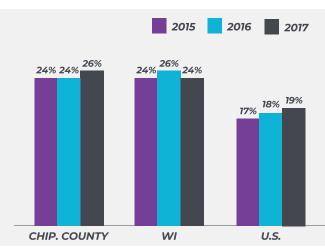
³County Health Rankings (WI Public Health Profiles)

Percent of Adults (18+) Drinking Alcohol in the Past 30 Days⁴



⁴National Survey on Drug Use and Health

Percent of Adults Who Engage in Excessive Drinking (binge drinking or heavy drinking)²



²County Health Rankings (Behavioral Risk Factor Surveillance System)

Percent of High School Students Drinking Alcohol in the Past 30 Days⁵

- 37% Chippewa County
- **30%** Wisconsin
- **29%** United States
- 6.3% Healthy People 2030 target (for ages 12-17)

⁵Youth Risk Behavior Surveillance System (2019)

CHRONIC DISEASE PREVENTION & MANAGEMENT

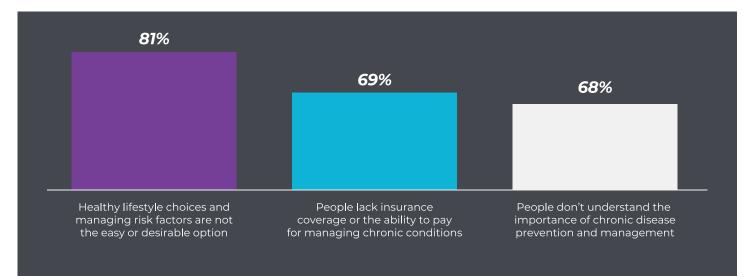
HEALTH PRIORITY

Healthier communities help people prevent and manage chronic diseases like:

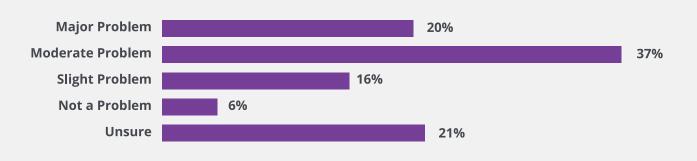
- Heart Disease
- Cancer
- Diabetes
- Asthma
- Arthritis
- · Alzheimer's Disease and/or Related Dementia

WHAT PEOPLE SAID ON THE COMMUNITY HEALTH SURVEY

Why is Chronic Disease Prevention & Management a problem in our county?



How serious is this health area in Chippewa County?



CHRONIC DISEASE PREVENTION & MANAGEMENT

CONTINUED

HEALTH PRIORITY

Rate of New Cancer Diagnoses per 100,000 People (age-adjusted)¹

Location	Male	Female	Total
Chippewa County	526	452	483
Wisconsin	504	438	465
United States	489	422	449

¹ Centers for Disease Control and Prevention (United States Cancer Statistics: Data Visualizations, 2013-2017)

Coronary Heart Disease Hospitalizations per 1,000 Medicare Beneficiaries 65+²

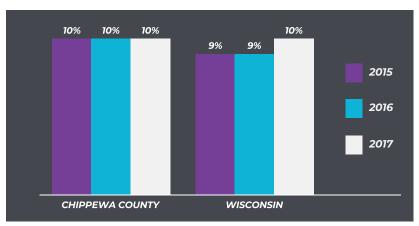


² CDC (Interactive Atlas of Heart Disease and Stroke, 2015-2017)





³ DC (Interactive Atlas of Heart Disease and Stroke; 2015-2017)



Percent of Adults Age 20+ with Diagnosed Diabetes⁴

Percent of Diabetic Medicare Enrollees Ages 65-75 Who Received HbA1c Screening in Past Year⁵

- Chippewa County **92.1%**
 - Wisconsin **91.0%**
 - United States 85.7%

⁵ Dartmouth Atlas of Health Care (2015)

⁴CDC (Diabetes Interactive Altas)

DRUG USE

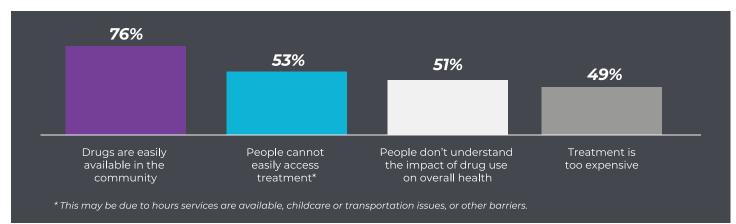


Misuse of prescription drugs and use of illegal drugs (marijuana, heroin, methamphetamine, and others) can affect the community and cause:

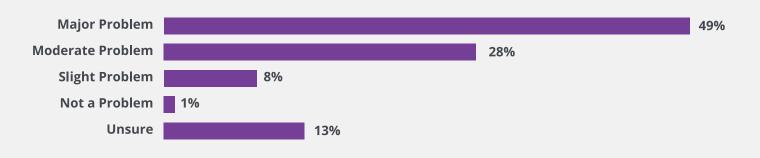
- Car crashes
 Crimes and violence
- Injury or death
 · Drug addiction and dependence

WHAT PEOPLE SAID ON THE COMMUNITY HEALTH SURVEY

Why is Drug Use a problem in our county?



How serious is this health area in Chippewa County?



did you know?

• According to the federal Substance Abuse and Mental Health Services Administration (SAMHSA), methamphetamine is not only highly addictive but poses extreme health risks.

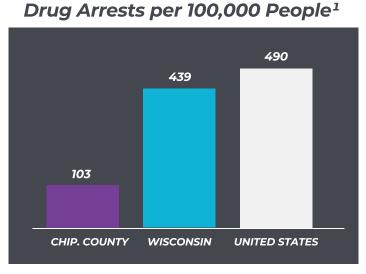
• Short-term effects can include: higher blood pressure and body temperature; rapid or irregular heartbeat; disturbed sleep patterns; and bizarre, aggressive, or violent behavior.

• Long-term effects can include: permanent heart and brain damage; paranoia, delusions, or violent behavior; skin sores from intense itching and scratching; and severe dental problems.

DRUG USE



CONTINUED



¹2016 Wisconsin Epidemiological Profile on Alcohol and Other Drug Use (2014)

Rate of Emergency Room Visits for Opiod Overdoses per 100,000 People³



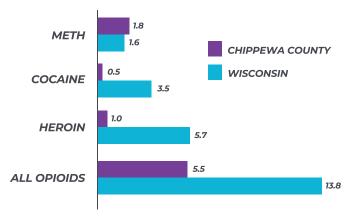
³WI Department of Health Services (Data Direct, Opioid Hospitalization Module, 2018)

Overall Rate of Drug Poisoning Deaths per 100,000 People⁵



⁵2020 County Health Rankings (National Center for Health Statistics – Mortality Files, 2016-2018)

Rate of Drug Overdose Deaths per 100,000 People²



²WI Department of Health Services (Substance Use: Drug Overdose Deaths Dashboard, 2014-2019)

High School Student Drug Use⁴

Measure	Chip. County	WI	U.S.
% who used Marijuana in the past month	15%	20%	22%
% who used Meth one or more times	3%	2%	2%
% who used ever misused Prescription Pain Medication	12%	11%	14%

⁴Youth Risk Behavioral Surveillance System (2019)



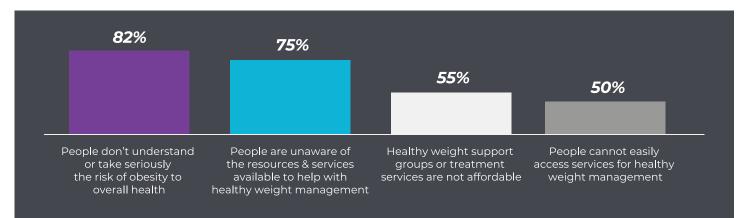


People who are obese, or have too much body fat, have more risk for:

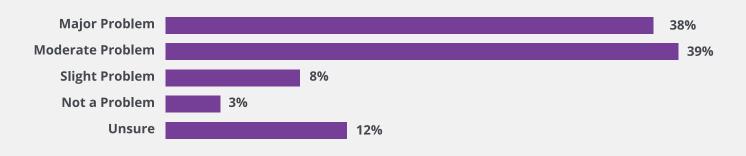
- Heart Disease
 Type 2 Diabetes
- Stroke
 Certain Types of Cancer

WHAT PEOPLE SAID ON THE COMMUNITY HEALTH SURVEY

Why is Obesity a problem in our county?



How serious is this health area in Chippewa County?



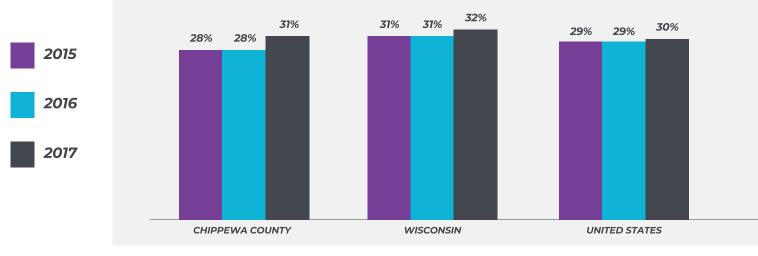
did you know?

- The prevalence of obesity among adults in the United States increased from 30.5% to 42.4% between 1999-2000 and 2017-2018.
- Both obesity and severe obesity were most common in non-Hispanic Black adults (49.6%), followed by Hispanic adults (44.8%) and non-Hispanic White adults (42.2%).
- Obesity-related conditions are some of the leading causes of preventable, premature death. Source: Centers for Disease Control and Prevention





CONTINUED



Percent of Adults (Age 20 +) with BMI > 30 (Obese)¹

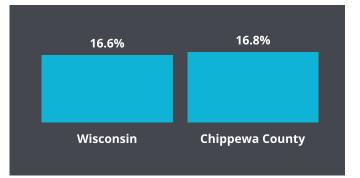
¹County Health Rankings (CDC Diabetes Interactive Atlas)

Percent of Children Ages 2-5 Enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Considered Obese²



²Eau Claire City-County Health Department (2019), Wisconsin Department of Health Services/Division of Public Health (2019), CDC/Division of Nutrition, Physical Activity, and Obesity (2018)

Percent of Children Ages 2-5 Enrolled in WIC Considered Overweight³



³ Eau Claire City-County Health Department (2019), Wisconsin Department of Health Services/Division of Public Health (2019)

Percent of High School Students Who Are Overweight or Obese (BMI is ≥85 percentile based on CDC growth chart)⁴



⁴Youth Risk Behavior Surveillance Survey (2019)

COMMUNICABLE DISEASE PREVENTION & CONTROL



Healthier communities prevent diseases that are caused by bacteria, viruses, fungi, or parasites and can pass from person to person or animal to person. Examples include:

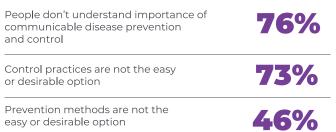
- Influenza · COVID-19 · Salmonella
- Measles
 · West Nile Virus
 · Lyme Disease

Healthier communities control the spread of these diseases with:

- Immunizations (like vaccines)
 Formal health care (like yearly check-ups)
- · Personal health habits (like washing hands)

WHAT PEOPLE SAID ON THE COMMUNITY HEALTH SURVEY

Why is Communicable Disease Prevention & Control a problem in our county?



Percent of Children Ages 19 to 35 Months Who Received the Recommended Doses of DTaP, polio, MMR, Hib, Hepatitis B, Varicella, and PCV¹

76.0%	Chippewa County
72.0%	Wisconsin
70.4%	United States

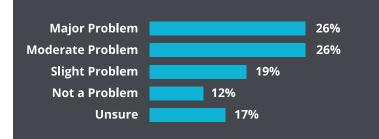
¹ 2020 County Health Rankings (WI Immunization Registry, 2018), CDC (National Immunization Survey, 2017)

Rate of New Cases of Reportable Communicable Diseases per 100,000 People³

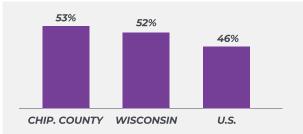
Location	2016	2017	2018
Chip. County	682	827	754
Wisconsin	882	1,033	923

³County Health Rankings (WI Public Health Information Network Analysis, Visualization, and Reporting)

How serious is this health area in Chippewa County?



Percent of Fee-for-Service (FFS) Medicare Enrollees Who Received an Annual Flu Vaccination²



² 2020 County Health Rankings (CMS Mapping Medicare Disparities Tool, 2017)

Rate of Confirmed Lyme Disease Cases per 100,000 People⁴



⁴ WI Department of Health Services (Environmental Public Health Data Tracker, 2019), CDC (Lyme Disease Data Tables, 2018)

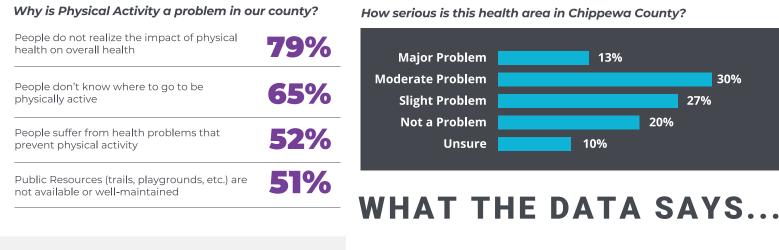
PHYSICAL ACTIVITY



People are healthier when they are active. Healthier communities have programs to help people:

- Walk
- Swim
- Participate in Team Sports
- Bike
 Lift Weights

WHAT PEOPLE SAID ON THE COMMUNITY HEALTH SURVEY



Percent of Population with Adequate Access to a Location for Physical Activity¹

- **64.0%** Chippewa County
- 85.0% Wisconsin
- 84.0% United States

¹ 2020 County Health Rankings (ArcGIS, 2010 & 2019)

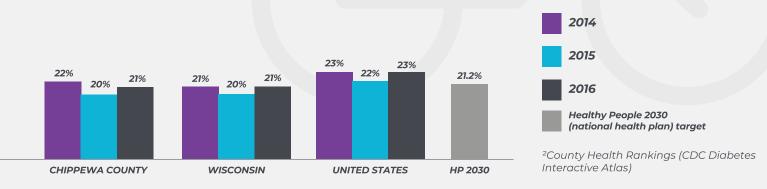
Percent of High School Students Physically Active at Least 60 Minutes per Day 5+ Days (during the past week)³

Chippewa County 60%

Wisconsin 57%

United States 44%

³ Youth Risk Behavior Surveillance System (2019)



Percent of Adults Age 20+ Who Report No Leisure Time Physical Activity²

HEALTHY NUTRITION

Communities are healthier when all people (babies, children, adults, and seniors) can always eat healthy food and have enough:

- \cdot Fruits and vegetables
- \cdot Fresh foods properly stored, prepared, and refrigerated
- \cdot Meals with a good balance of protein, carbohydrates, vegetables, and fat
- \cdot Drinks and foods with low sugar and low fat
- Breastfeeding support

WHAT PEOPLE SAID ON THE COMMUNITY HEALTH SURVEY



How serious is this health area in Chippewa County?



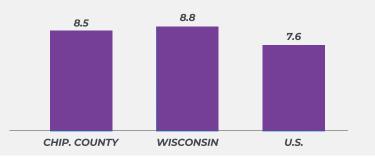
WHAT THE DATA SAYS...

Percent of Population Lacking Adequate Access to Food (i.e., food insecure)¹

Location	2016	2017	2018
Chippewa County	10%	10%	9 %
Wisconsin	11%	10%	9%
United States	13 %	12.5%	11.5%

¹County Health Rankings (Map the Meal Gap)

Food Environment Index (factors that contribute to a healthy food environment, 0 [worst] to 10 [best])²



² County Health Rankings (USDA, 2015 & 2017)

Percent of Infants in WIC Breastfed Exclusively Through Three Months³

HEALTH PRIORITY

Chippewa County	44.7%
Wisconsin	26.0%
United States	46.9 %

³Eau Claire City-County Health Dept. Composite Report (2020), CDC/Division of Nutrition, Physical Activity, and Obesity (2017)

did you know?

• For *infants*, breastfeeding reduces the risk of many health conditions, including asthma, obesity, Type 1 diabetes, ear infections, and gastrointestinal infections.

• For *mothers*, breastfeeding can help lower the risk for high blood pressure, Type 2 diabetes, ovarian cancer, and breast cancer.

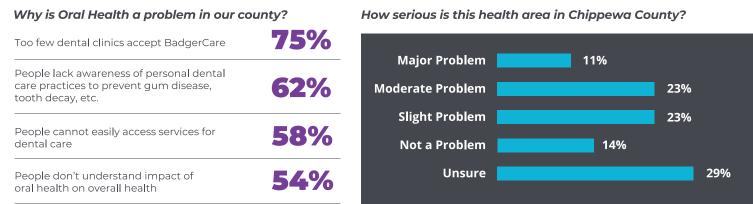
ORAL HEALTH



Communities are healthier when all people can keep their teeth, gums, and mouth healthy and can get care for:

- Mouth Pain Tooth Loss
- Tooth Decay Mouth Sores

WHAT PEOPLE SAID ON THE COMMUNITY HEALTH SURVEY



WHAT THE DATA SAYS...

Ratio of Population to Dentists¹

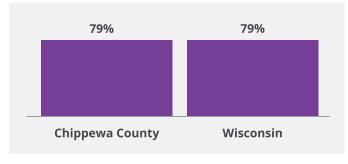
1,830 to 1 Chippewa County

 1,460 to 1 Wisconsin

 1,450 to 1 United States

¹ 2020 County Health Rankings (Area Health Resource File/ National Provider Identification file, 2018)

Percent of High School Students Who Saw Dentist in the Past 12 Months²



² Youth Risk Behavior Surveillance System (2019)

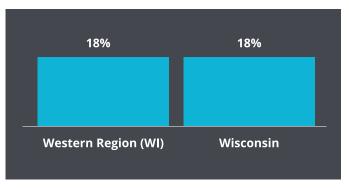
Percent of Population with Fluoridated

Public Water System³

Chippewa County	15.5%
Wisconsin	88.4%
United States	73.0%
Healthy People 2030 target	77.1%

³ Wisconsin Environmental Public Health Tracking Program (2017), CDC (Water Fluoridation Reporting System, 2018)

Percent of Third Graders with Untreated Tooth Decay⁴



⁴ WI DHS (Healthy Smiles/Healthy Growth, 2017-2018)

VAPING/TOBACCO USE & EXPOSURE



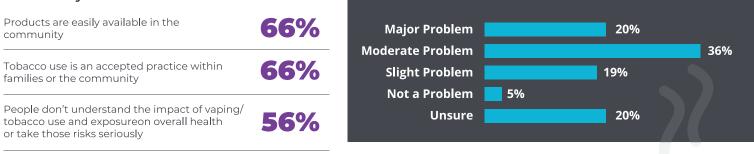
All communities are healthier when communities offer programs to:

- · Prevent tobacco use (stop people before they start vaping, smoking, or chewing)
- · Provide treatment to help people who want to stop vaping, smoking, or chewing
- Protect people from second-hand smoke

WHAT PEOPLE SAID ON THE COMMUNITY HEALTH SURVEY

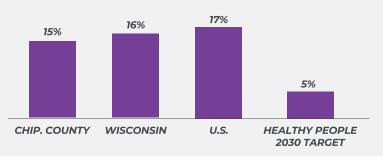
Why is Vaping/Tobacco Use & Exposure a problem in our county?

How serious is this health area in Chippewa County?



WHAT THE DATA SAYS...

Percent of Adults Who Smoke Every Day or Most Days¹



¹ 2020 County Health Rankings (BRFSS, 2017)

Percent of Births Where Mother Reports Smoking During Pregnancy²

15%	Chippewa County
11%	Wisconsin
8%	United States

² 2020 County Health Rankings (Wisconsin Interactive Statistics on Health, 2015-2018), CDC (Pregnancy Risk Assessment and Monitoring System, 2017)

Percent of High School Students Who Smoked Cigarettes in the Past 30 Days³

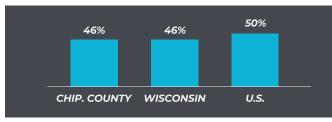
Chippewa County **10%**

Wisconsin 6%

United States 6%

³ Youth Risk Behavioral Surveillance System (2019)

Percent of High School Students Who Ever Tried E-cigarettes/Vaping/Juul⁴



⁴ Youth Risk Behavioral Surveillance System (2019)

HEALTHY GROWTH & DEVELOPMENT

HEALTH PRIORIT

Communities are healthier when children/adults can improve their physical, social, and emotional health with:

- Prenatal care · Positive, caring relationships
- Regular health check-ups
- Early learning opportunities for infants and children Quality child and elder care

WHAT PEOPLE SAID ON THE COMMUNITY HEALTH SURVEY

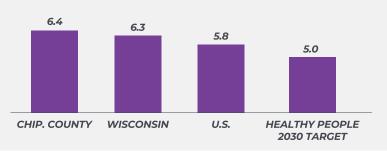
Why is Healthy Growth & Development a problem in our county?

How serious is this health area in Chippewa County?



WHAT THE DATA SAYS...

Rate of Deaths for Children Under 1 Year per 1.000 Live Births¹



¹ WI Department of Health Services, Wisconsin Interactive Statistics on Health (2017)

Percent of 9th Grade Cohort Who Graduate in Four Years³



³ 2020 County Health Rankings (WI Department of Public Instruction, 2016-2017)

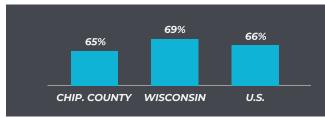
Percent of Live Births with Low Birth Weights²

Chippewa County	6%
Wisconsin	7%

8% United States

² 2020 County Health Rankings (National Vital Statistics System, 2012-2018)

Percent of Adults Ages 25-44 with Some Post-secondary Education⁴



⁴ 2020 County Health Rankings (American Community Survey, 2014-2018)

INJURY & VIOLENCE PREVENTION



All people are safer and healthier when communities have programs to prevent:

- Falls
- Car Crashes
- Child Abuse
- Accidental Poisoning
 Gun Violence
- Sexual Assault

WHAT PEOPLE SAID ON THE COMMUNITY HEALTH SURVEY

Why is Injury & Violence Prevention a problem in our county?

How serious is this health area in Chippewa County?



WHAT THE DATA SAYS...

Injury Deaths per 100,000 People¹

Location	2013-2017	2014-2018	2015-2019
Chip. County	74	73	77
Wisconsin	77	80	84
United States	65	70	72

¹ County Health Rankings (CDC WONDER Mortality Data)

Number of Reported Violent Crime Offenses per 100,000 People²

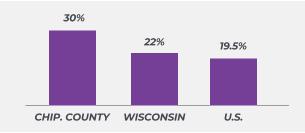
Chippewa	County	125
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Wisconsin **298**

United States **386**

² 2020 County Health Rankings (Uniform Crime Reporting- FBI, 2014 & 2016)

Percent of High School Students Bullied on School Property in the Past Year⁴



⁴ Youth Risk Behavior Surveillance System (2019)

Number of Motor Vehicle Crash Occupants per 1,000 People³



Chippewa County



³ 2020 County Health Rankings (Crash Outcome Data Evaluation System, 2015-2017)

ENVIRONMENTAL & OCCUPATIONAL HEALTH

Healthier communities prevent sickness and injury from indoor and outdoor dangers like:

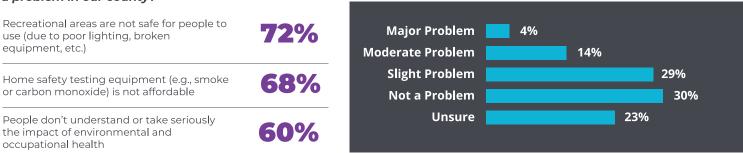
Chemicals

- Polluted air
- \cdot Contaminated food or water
- \cdot Diseases that can pass from animals to human
- \cdot Work hazards (e.g., unsafe work practices/tools or exposure to chemicals or radiation)

WHAT PEOPLE SAID ON THE COMMUNITY HEALTH SURVEY

Why is Environmental & Occupational Health a problem in our county?

How serious is this health area in Chippewa County?



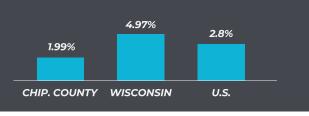
WHAT THE DATA SAYS...

Average Daily Measure of Fine Particulate Matter in Micrograms per Cubic Meter (PM2.5) ¹

- 7.9 Chippewa County
- **8.6** Wisconsin
- 8.6 United States

¹ 2020 County Health Rankings (Environmental Public Health Tracking Network, 2014)

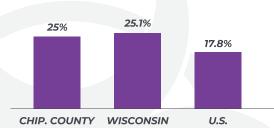
Percent of Children ages Birth<6 with Blood Lead Level of >=5µg/dL²



² WI Department of Health Services (Wisconsin Environmental Public Health Tracking, 2016)



HEALTH PRIORITY



³ 2020 County Health Ranking (American Community Survey, 2014-2018)

did you know?

Older housing units can pose a health hazard due to the presence of toxic substances like lead and asbestos.

REPRODUCTIVE & SEXUAL HEALTH



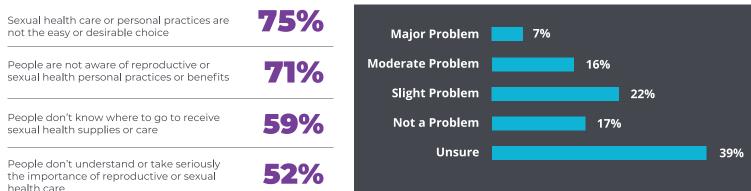
Healthier communities have education and healthcare services to:

- · Help people of all ages have good sexual health
- Prevent accidental pregnancy
- · Prevent sexually transmitted infections (STIs) like chlamydia and gonorrhea

WHAT PEOPLE SAID ON THE COMMUNITY HEALTH SURVEY

Why is Reproductive & Sexual Health a problem in our county?

How serious is this health area in Chippewa County?



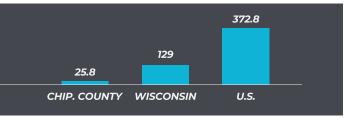
WHAT THE DATA SAYS...

Rate of Newly Diagnosed Chlamydia Cases per 100,000 People¹

272.7	Chippewa County
478.6	Wisconsin
524.6	United States

¹ 2020 County Health Rankings (NCHHSTP, 2017)

Rate of Human Immunodeficiency Virus (HIV) Infections per 100,000 People Age 13+²



² CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (Atlas Plus, 2018)

Percentage of Births to Mothers Who Received 1st Trimester Prenatal Care³

80.0%	Chippewa County
75.8 %	Wisconsin
77.3%	United States

³ WI Department of Health Services (Wisconsin Interactive Statistics on Health, 2017)

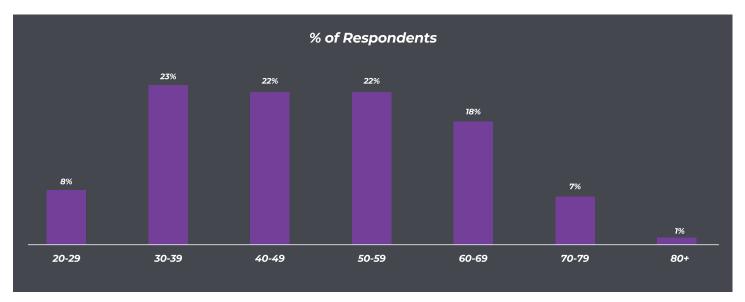
Birth Rate per 1,000 Females Ages 15-19⁴



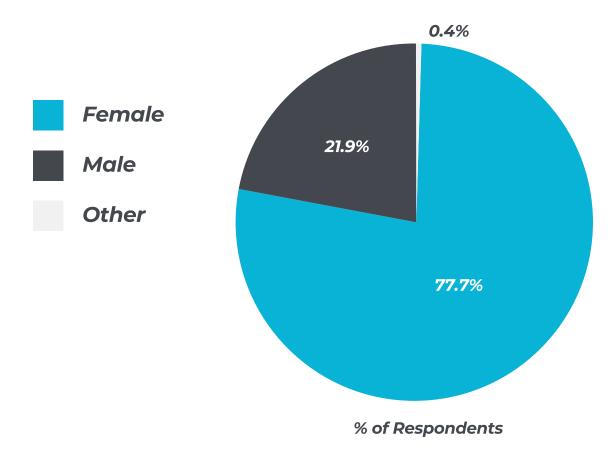
⁴ 2020 County Health Rankings (National Vital Statistics System, 2012-2018)

Appendix I: Demographic Profiles

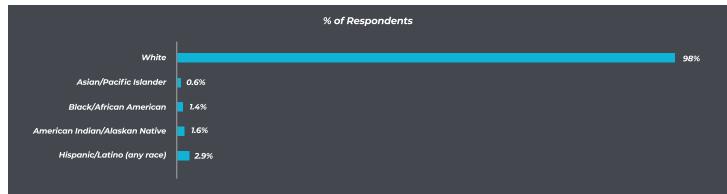
AGE DISTRIBUTION OF COMMUNITY HEALTH SURVEY RESPONDENTS



GENDER DISTRIBUTION OF COMMUNITY HEALTH SURVEY RESPONDENTS

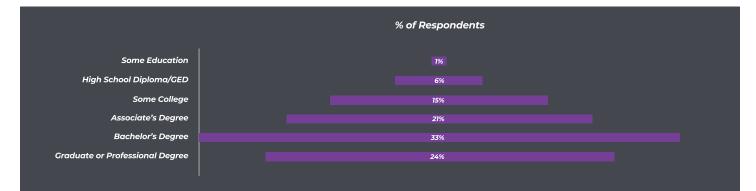


RACIAL DISTRIBUTION OF COMMUNITY HEALTH SURVEY RESPONDENTS*

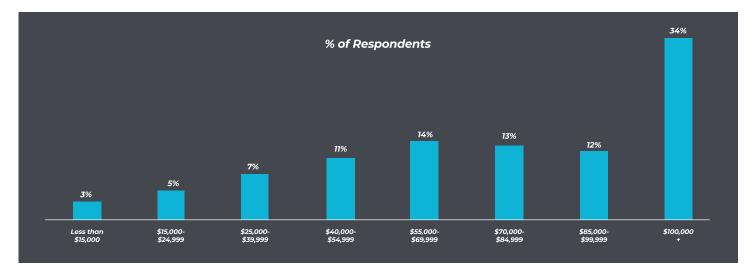


*NOTE: Respondents were allowed to indicate more than one race. In addition, Hispanic/Latino ethnicity was reported separately from race (thus individuals from any race could indicate Hispanic/Latino ethnicity).

HIGHEST EDUCATIONAL ATTAINMENT OF COMMUNITY HEALTH SURVEY RESPONDENTS



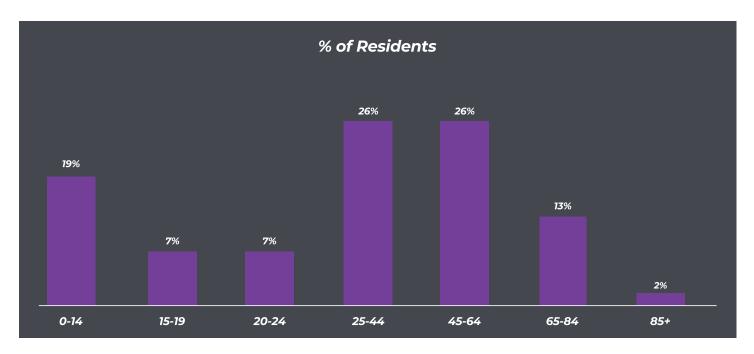
HOUSEHOLD INCOME OF COMMUNITY HEALTH SURVEY RESPONDENTS



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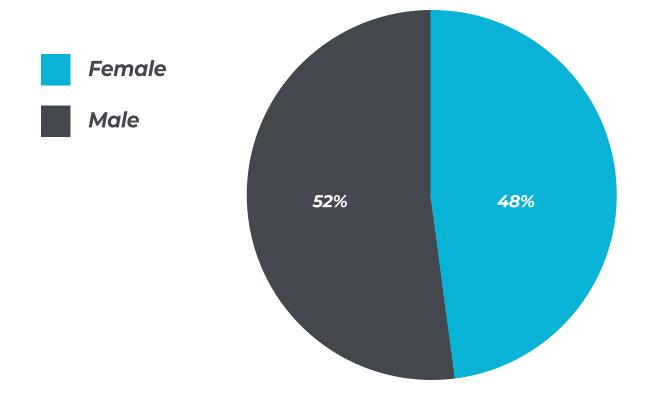
AGE DISTRIBUTION OF CHIPPEWA COUNTY RESIDENTS

(U.S. CENSUS BUREAU, 2019 ESTIMATES)



GENDER DISTRIBUTION OF CHIPPEWA COUNTY RESIDENTS

(U.S. CENSUS BUREAU, 2019 ESTIMATES)



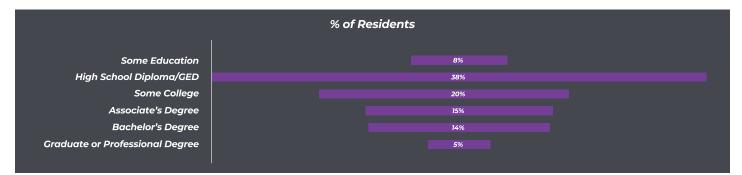
RACIAL DISTRIBUTION OF CHIPPEWA COUNTY RESIDENTS

(U.S. CENSUS BUREAU, 2019 ESTIMATES)

	% of Residents
White	94.7%
Asian/Pacific Islander	1.6%
Black/African American	1.8%
American Indian/Alaskan Native	0.6%
Hispanic/Latino (any race)	1.9%
Two or More Races	1.3%

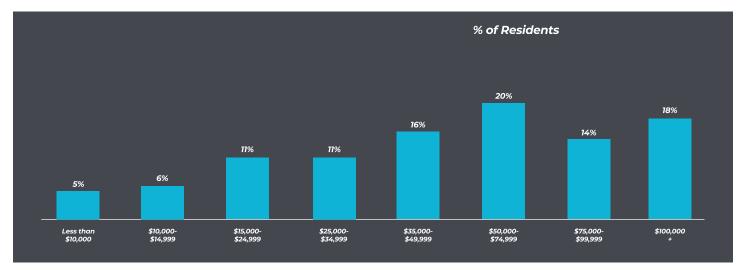
HIGHEST EDUCATIONAL ATTAINMENT BY CHIPPEWA COUNTY RESIDENTS

(U.S. CENSUS BUREAU, 2019 ESTIMATES)



HOUSEHOLD INCOME DISTRIBUTION OF CHIPPEWA COUNTY RESIDENTS

(U.S. CENSUS BUREAU, 2019 ESTIMATES)



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Appendix II: Community Health Survey

COMMUNITY HEALTH SURVEY FOR CHIPPEWA AND EAU CLAIRE COUNTIES

This survey is being conducted to better understand the health issues in Chippewa and Eau Claire counties and how to address them.

Participation in this survey is voluntary. Your answers will be anonymous, confidential, and combined with those of all other survey respondents. The results will be shared with community members who are interested in improving the health of our community. Estimated time to complete this survey is 5-10 minutes.

The questions in this survey are based on the Health Areas of the Wisconsin State Health Plan. For each health area, please indicate whether you feel the area is a problem in the Chippewa and Eau Claire County community and share your ideas about services and programs that would help improve community health.

Please note that this survey is intended to be completed by residents of Chippewa and Eau Claire counties only. The deadline for submission is January 10, 2021. Completed surveys may be put in an envelope marked "Attention to PH" and placed in the drop box outside Door 5 of the Chippewa County Courthouse, dropped off at the Eau Claire City-County Health Department, or mailed to the Eau Claire City-County Health Department at 720 2nd Ave., Eau Claire, WI 54703.

1. DO YOU LIVE WITHIN CHIPPEWA OR EAU CLAIRE COUNTY?

- 🔲 Yes- Chippewa County
- 🔲 Yes- Eau Claire County
- No

2. FOR EACH HEALTH AREA LISTED BELOW, PLEASE INDICATE IF YOU FEEL IT IS A PROBLEM IN YOUR COMMUNITY (CHIPPEWA OR EAU CLAIRE COUNTY).

	Not a Problem	Slight Problem	Moderate Problem	Major Problem	Unsure
Healthy Nutrition					
Alcohol Misuse					
Vaping/Tobacco Use & Exposure					
Substance Use					
Chronic Disease Prevention & Control					
Communicable Disease Prevention & Control					
Environmental & Occupational Health					
Healthy Growth & Development					
Injury & Violence Prevention					
Mental Health					
Oral Health					
Physical Activity					
Reproductive & Sexual Health					
Obesity					

3. CHOOSE 3 AREAS FROM THE LIST ON THE PREVIOUS PAGE THAT YOU THINK ARE THE BIGGEST PROBLEM IN YOUR COMMUNITY AND PLEASE COMMENT WHY.

Health Area 1: ______ is a problem in your community because....

Health Area 2: _______ is a problem in your community because....

Health Area 3: ______ is a problem in your community because....

What are the greatest strengths in your county in relation to community health? *(Check all that apply)*

- Education
- Employment
- Medical Care
- Healthy Eating Options
- Parks
- Affordable Housing

- Community Safety
- Public Transportation
- Community Connectedness
- Substance Abuse Treatment Access
- Mental Health Treatment Access
- **Other** (*Please specify*):

We know that many important issues in other areas of our lives also impact our health. Which of the factors below contribute most to your top community health concerns?

(Check all that apply)

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to mass media and emerging technologies (e.g., cell phones, Internet, and social media)
- Resources provided for multiple languages and literacy levels
- Socioeconomic conditions (e.g., concentrated poverty and stressful conditions that accompany it)
- Racism and discrimination
- Social support
- Transportation options
- Public safety
- Opportunities for recreation and leisure
- Access to educational, economic, and job opportunities
- Access to health care services
- Quality of education and job training
- Other (Please specify):

Age: years	Age:		years	
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Gender: _____

Race (Check all that apply):

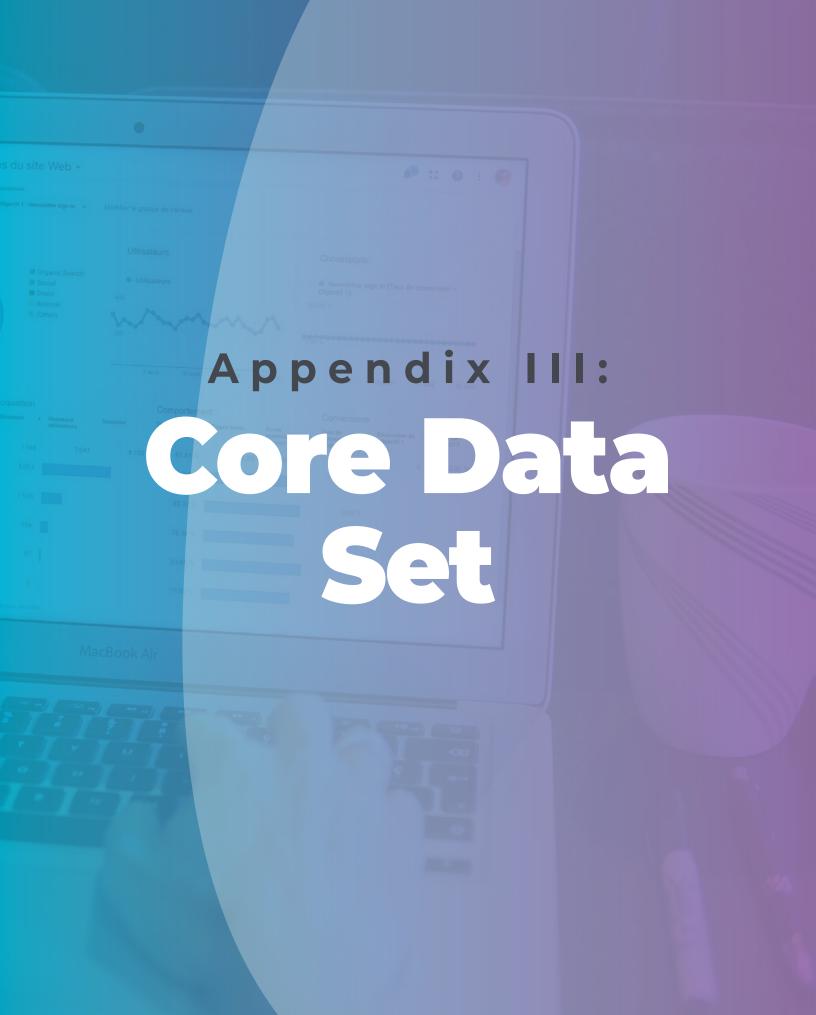
- American Indian or Alaskan Native
- Asian or Pacific Islander
- 🔲 Black/African American
- 🗌 White

Ethnicity:

- Hispanic Origin
- Not of Hispanic Origin

THANK YOU FOR COMPLETING THIS SURVEY!

Completed surveys may be put in an envelope marked "Attention to PH" and placed in the drop box outside Door 5 of the Chippewa County Courthouse, dropped off at the Eau Claire City-County Health Department, or mailed to the Eau Claire City-County Health Department at 720 2nd Ave., Eau Claire, WI 54703.



Measure	Definition	Chippewa County	Source (year of Data)	Wisconsin	Source (year of Data)	Healthy People 2030 Target	National Rate	Source (year of Data)
Alcohol Misuse Focus	Area					_		
Alcohol Outlet Density	Alcohol outlet density per 500 people	1.79	Wisconsin Environmental Public Health Tracking Program(2017-2018)	1.47	Wisconsin Environmental Public Health Tracking Program(2017-2018)	n/a		
	Alcohol use among adults 18+		2011-20101	64.4%	National Survey on Drug Use	n/a	55.6%	National Survey on Drug Use
Alcohol-related	during past 30 days Rate of alcohol-related hospitalizations per 1,000 population	2.3	2020 County Health Rankings (WI Public Health Profiles: 2016)	2.2	and Health (2017-2018) 2020 County Health Rankings (WI Public Health Profiles: 2016)	n/a		and Health (2017-2018)
	Percentage of driving deaths with alcohol involvement	37%	2020 County Health Rankings (Fatality Analysis Reporting System; 2014-2018)	36%	2020 County Health Rankings (Fatality Analysis Reporting System; 2014-2018)	n/a	28%	2020 County Health Rankings (Fatality Analysis Reporting System: 2014-2018)
Binge Drinking	Engagement in binge drinking among adults 18+ years old in past month	19.4%	WI Department of Health Services (Adult Alcohol Use Dashboard, 2014-2019)	22.9%	WI Department of Health Services (Adult Alcohol Use Dashboard, 2014-2019)	25.4% (Ages 21+)	16.1%	WI Department of Health Services (Adult Alcohol Use Dashboard, 2019)
Excessive Drinking (Binge + Heavy Drinking)	Percentage of the adult population that reports either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than 1 (women) or 2 (men) drinks per day on average	26%	2020 County Health Rankings (Behavioral Risk Factor Surveillance System: 2017)	24%	2020 County Health Rankings (Behavioral Risk Factor Surveillance System: 2017)	n/a (HP2020=25%	19%	2020 County Health Rankings (Behavioral Risk Factor Surveillance System; 2017)
	Violations of state or local laws or ordinances	129	Wisconsin Epidemiological Profile on Alcohol and Other Drugs. 2016 (2014)	300	Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016 (2014)	n/a	101	Wisconsin Epidemiological Profile on Alcohol and Other Drugs 2016 (2014)
Student Alcohol Use	Percentage of high school students who drank alcohol on at least one of the past 30 days	37%	Chippewa County Youth Risk Behavior Survey (2019)	30%	Youth Risk Behavior Surveillance Sysyem (2019)	6.3% (adolescents - 12-17)	29%	<u>Youth Risk Behavior</u> Surveillance Sysyem (2019)
Student Alcohol Use	Percentage of high school students who had their first drink of alcohol other than a few sips before 13 years	11%	Chippewa County Youth Risk Survey (2019)	16.5%	Youth Risk Behavior Surveillance Sysyem (2019)	n/a	15%	Youth Risk Behavior Surveillance Sysyem (2019)
Chronic Disease Prev	ention & Management Focus Are	ea						
	Alzheimer's Disease deaths per 100,000 (age-adjusted)	16.9	WI DHS WISH (2018)	31.8	WI DHS WISH (2018)	n/a	37.3	Alzheimer's Associaton (Alzheimer's Disease Facts and Figures: 2018)
Cancer	Number of new cancer diagnoses per 100,000 population (age-adjusted)	483	Centers for Disease Control and Prevention (2013-2017)	465	Centers for Disease Control and Prevention (2013-2017)	n/a	449	Centers for Disease Control and Prevention (2013-2017)
	Cancer Mortality Rate per 100,000 population (age-adjusted)	164	Centers for Disease Control and Prevention (2013-2017)	160	Centers for Disease Control and Prevention (2013-2017)	122.7	158	Centers for Disease Control and Prevention (2013-2017)
	Cerebrovascular disease hospitalization rate per 1,000 people	2.3	2017 Wisconsin Public Health Profiles	2.6	2017 Wisconsin Public Health Profiles	n/a		
	Percentage of women (21-65) who had a pap test in last 3 years			83.8%	CDC (BRFSS: 2018)	84.3%	80.2% (median)	CDC (BRFSS: 2018)
	Percentage of adults had cholesterol checked in past 5 years			83.9%	CDC (BRFSS: 2019)	n/a	86.6% (median)	CDC (BRFSS: 2019)
	Percentage of adults (50-75) who have fully met the USPSTF recommendation			75.2%	CDC (BRFSS: 2018)	74.4%	69.7%	CDC (BRFSS: 2018)
Disease	Coronary heart disease hospitalization rate per 1,000 Mecicare Beneficiaries, 65+	13.3	CDC (Interactive Atlas of Heart Disease and Stroke; 2015-2017)	10.5	CDC (Interactive Atlas of Heart Disease and Stroke; 2015-2017)	n/a	12	CDC (Interactive Atlas of Heart Disease and Stroke: 2015-2017
	Percentage of adults age 20 and above with diagnosed diabetes	10%	2020 County Health Rankings (CDC Diabetes Interactive Altas: 2016)	9%	2020 County Health Rankings (CDC Diabetes Interactive Altas: 2016)	n/a	8.5% (ages 18+)	United States Diabetes Surveillance System (2016)
	Percentage of diabetic Medicare enrollees (ages 65-75) that received HbA1c screening in past year	92.1%	Dartmouth Atlas of Health Care (2015)	91.0%	Dartmouth Atlas of Health Care (2015)	n/a	85.7%	Dartmouth Atlas of Health Care (2015)
Mammography Screening	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.	56%	2020 County Health Rankings (Centers for Medicare & Medicaid Services Office of Minority Health: 2017)	50%	2020 County Health Rankings (Centers for Medicare & Medicaid Services Office of Minority Health: 2017)	n/a	42%	2020 County Health Rankings (Centers for Medicare & Medicaid Services Office of Minority Health: 2017)
	Stroke hospitalization rate per 1,000 Mecicare Beneficiaries, 65+	9.3	CDC (Interactive Atlas of Heart Disease and Stroke; 2015-2017)	10.3	CDC (Interactive Atlas of Heart Disease and Stroke: 2015-2017)	n/a	11.6	CDC (Interactive Atlas of Heart Disease and Stroke; 2015-2017

Measure	Definition	Eau Claire County	Source (year of Data)	Wisconsin	Source (year of Data)	Healthy People 2030 Target	National Rate	Source (year of Data)
Chronic Disease Pre	evention & Management Focus A	rea <i>CONTIN</i>	JED					
Youth Asthma	Percentage of high school students ever diagnosed with asthma	19%	Chippewa County Youth Risk Behavior Survey	20%	Wisconsin Youth Risk Behavior Survey (2019)	n/a	22%	Youth Risk Behavior Surveilliance System (2019)
Communicable Disea	ise & Prevention Focus Area							
Childhood Immunizations	Percentage of children aged 19 to 35 months who received the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella, and PCV	76.0%	2020 County Health Rankings (WI Immunization Registry; 2018)	72.0%	2020 County Health Rankings (WI Immunization Registry; 2018)	n/a	70.4%	CDC (National Immuinization Survey: 2017)
Communicable Diseases	Number of new cases of reportable communicable diseases per 100,000 population	754	2020 County Health Rankings (WI Public Health Information Network Analysis, Visualization, and Reporting: 2018)	923	2020 County Health Rankings (WI Public Health Information Network Analysis, Visualization, and Reporting; 2018)	n/a		
Influenza Immunization 65+	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	53%	2020 County Health Rankings (CMS Mapping Medicare Disparities Tool; 2017)	52%	2020 County Health Rankings (CMS Mapping Medicare Disparities Tool: 2017)	n/a	46%	2020 County Health Rankings (CMS Mapping Medicare Disparities Tool: 2017)
Lyme Disease	Rate per 100,000 population of confirmed Lyme disease cases	55.7	DHS (Environmental Public Health Data Tracker: 2019)	37.7	DHS (Environmental Public Health Data Tracker: 2019)	n/a	7.2	CDC (Lyme Disease Data Tables: 2018)
Environmental & Oco	upational Health Focus Area							
Air Pollution Particulate Matter	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	7.9	2020 County Health Rankings (Environmental Public Health Tracking Network: 2014)	8.6	2020 County Health Rankings (Environmental Public Health Tracking Network; 2014)	n/a	8.6	2020 County Health Rankings (Environmental Public Health Tracking Network: 2014)
Contaminants in Municipal Water	Average concentration of Aresenic in public water (µg/L)	0.4	2017 Environmental Health Profile (Wisconsin Environmental Public Health Tracking: 2013-2015)	1.4	2017 Environmental Health Profile (Wisconsin Environmental Public Health Tracking: 2013-2015)	n/a	2.2	CDC (National Environmental Public Health Tracking Network 2016)
Contaminants in Municipal Water	Average concentration of Nitrate in public water (mg/L)	3.6	2017 Environmental Health Profile (Wisconsin Environmental Public Health Tracking: 2013-2015)	1.5	2017 Environmental Health Profile (Wisconsin Environmental Public Health Tracking: 2013-2015)	n/a	1.2	CDC (National Environmental Public Health Tracking Network 2016)
Good' or 'Moderate' Air Quality Days	Percentage of measured days in given year (not every day was measured) that were 'good' or moderate' (Air quality index from 0-100)	n/a	U.S. Evironmental Protection Agency (Air Quality Index Report: 2017)	99.3%	U.S. Environmental Protection Agency (Air Data Reporting QuerySystem: 2017)	n/a	98.3%	U.S. Environmental Protection Agency (Air Data Reporting QuerySystem: 2017)
Lead Poisoned Children	Percentage of children birth<6 with blood lead level of >=5µg/dL	1.99%	DHS (Wisconsin Environmental Public Health Tracking: 2016)	4.97%	DHS (Wisconsin Environmental Public Health Tracking: 2016)	n/a	2.0%	CDC (National Surveillance Data: 2015)
Carbon Monoxide Polsoning	Rate of emergency room visits related to Carbon Monoxide polsoning per 100,000 people (age-adjusted)	8.52	DHS (Wisconsin Environmental Public Health Tracking: 2010-2014)	8.43	DHS Wisconsin Environmental Public Health Tracking, 2014)	n/a	6.6%	CDC (National Environmental Public Health Tracking Network 2014)
Radon Levels	Percentage of radon tests that exceeded the recommended level of 4 picocuries per liter	49%	Eau Claire City-County Health Department (2017-2020)			n/a		
Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	11%	2020 County Health Rankings (U.S. HUD Comprehensive Housing Affordability Strategy: 2012-2016)	14%	2020 County Health Rankings (U.S. HUD Comprehensive Housing Affordability Strategy: 2012-2016)	n/a	18%	2020 County Health Rankings (U.S. HUD Comprehensive Housing Affordabilit/ Strategy; 2012-2016)
Unhealthy Air Quality Days	Number of measured days in given year (not every day was measured in both counties) that were "unhealthy" (Air quality index above 101	n/a	U.S. Environmental Protection Agency (Air Quality Index Report: 2017)	0	U.S. Environmental Protection Agency (Air Data Reporting QuerySystem: 2017)	n/a	0.4	U.S. Environmental Protection Agency (Air Data Reporting QuerySystem: 2017)
Year Structure Built	Percentage of housing units built prior to 1950	24.5%	2020 County Health Ranking (American Community Survey; 2014-2018)	25.1%	2020 County Health Ranking (American Community Survey; 2014-2018)	n/a	17.8%	American Community Survey (2014-2018)
Healthy Growth & De	evelopment Focus Area							
Infant Mortality	Rate (<365 days) per 1,000 live births	6.4	Wisconsin Dept. of Health Services, Wisconsin Interactive Statistics on Health (2017)	6.3	Wisconsin Dept. of Health Services, Wisconsin Interactive Statistics on Health (2017)	5.0	5.8	Wisconsin Dept. of Health Services, Wisconsin Interactive Statistics on Health (2017)
Reading Proficiency	Percentage of fourth grade students proficient or advanced in reading	46%	2020 County Health Rankings (Department of Education: 2017-2018)	45%	2020 County Health Rankings (Department of Education: 2017-2018)	n/a		
High School Graduation	Percentage of 9th grade cohort that graduates in four years	90%	2020 County Health Rankings (WI DPI; 2016-2017)	89%	2020 County Health Rankings (WI DPI; 2016-2017)	90.7%	85%	2020 County Health Rankings (WI DPI; 2016-2017)
Low Birth Weight	Percentage of live birth weights <2,500 grams	6%	2020 County Health Rankings (National Vital Statistics System; 2012-2018)	7%	2020 County Health Rankings (National Vital Statistics System; 2012-2018)	n/a	8%	2020 County Health Rankings (National Vital Statistics System 2012-2018)
Single-parent Households	Percentage of children that live in a household headed by a single parent	28%	2020 County Health Rankings (American Community Survey; 2014-2018)	32%	2020 County Health Rankings (American Community Survey; 2014-2018)	n/a	33%	2020 County Health Rankings (American Community Survey; 2014-2018)
Some College	Percentage of adults age 25-44 with some post-secondary education	65%	2020 County Health Rankings (American Community Survey; 2014-2018)	69%	2020 County Health Rankings (American Community Survey: 2014-2018)	n/a	66%	2020 County Health Rankings (American Community Survey; 2014-2018)

Measure	Definition	Eau Claire County	Source (year of Data)	Wisconsin	Source (year of Data)	Healthy People 2030 Target	National Rate	Source (year of Data)
Healthy Nutrition F	ocus Area							
Adult Dietary Behavior	Percentage of adults who consumed 1 or more fruits per day			61.1%	State Cancer Profiles, 2019	n/a	60.7	State Cancer Profiles, 2019
Adult Dietary Behavior	Percentage of adults who consumed 1 or more vegetables per day			77.2%	State Cancer Profiles, 2019	n/a	79.7	State Cancer Profiles, 2019
Breastfeeding	Percentage of infants in WIC breastfed exclusively through three months		WI Department of Health Services (WIC and Nutrition Section; 2020)		WI Department of Health Services (WIC and Nutrition Section; 2020)	n/a	46.9%	CDC Division of Nutrition, Physical Activity, and Obesity (2017)
Food Environment Index	Index of factors that contribute to a healthy food enviorment, 0 (worst) to 10 (best)	8.5	2020 County Health Rankings (USDA: 2015 & 2017)	8.8	2020 County Health Rankings (USDA: 2015 & 2017)	n/a	7.6	2020 County Health Rankings (USDA: 2015 & 2017)
Food Insecurity	Percentage of the population who lack adequate access to food	9.6%	2020 County Health Rankings (Map the Meal Gap: 2017)	10.0%	2020 County Health Rankings (Map the Meal Gap: 2017)	6%	12.5%	Map the Meal Gap (2017)

cus Area							
Substantiated cases of child abuse per per 1,000 population	5	2020 County Health Rankings (Wisconsin Department of Children and Familes: 2018)	4	2020 County Health Rankings (Wisconsin Department of Children and Familes: 2018)	n/a	9.1	National Child Abuse and Neglect Data System: 2015
Injury deaths due to falls for age 65 and older (per 100,000 population)	132	2020 County Health Rankings (Wisconsin Interactive Statistics on Health: 2015-2017)	143	2020 County Health Rankings (Wisconsin Interactive Statistics on Health: 2015-2017)	63.4	61	National Vital Statistics System-Mortality (2015)
Hate crime rate per 100,000 population	n/a	2017 County Health Rankings (Uniform Crime Reporting: 2014)	1	2017 County Health Rankings (Uniform Crime Reporting: 2014)	n/a	1.9	Uniform Crime Report (2016)
Number of deaths due to injury per 100,000 population	73	2020 County Health Rankings (CDC, Wonder Mortality data; 2014-2018)	80	2020 County Health Rankings (CDC, Wonder Mortality data: 2014-2018)	63.1	70	2020 County Health Rankings (CDC, Wonder Mortality data; 2014-2018)
Hospitalizations for injuries (age-adjusted per 100,000 population)	424	2020 County Health Rankings (Wisconsin Interactive Statistics on Health; 2018)	421	2020 County Health Rankings (Wisconsin Interactive Statistics on Health; 2018)	n/a	598.6	National Hospital Discharge Survey: 2010
Number of motor vehicle crash deaths per 100,000 population	9	2020 County Health Rankings (National Center for Health Statistics: 2012-2018)	10	2020 County Health Rankings (National Center for Health Statistics: 2012-2018)	10.1	10.9	National Vital Statistics System-Mortality (2015)
Number of motor vehicle crash occupants per 1,000 population.	39	2020 County Health Rankings (Crash Outcome Data Evaluation System; 2015-2017)	53	2020 County Health Rankings (Crash Outcome Data Evaluation System; 2015-2017)	n/a		
Number of reported violent crime offenses per 100,000 population (includes offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault)	125	2020 County Health Rankings (Uniform Crime Reporting- FBI; 2014 & 2016)	298	2020 County Health Rankings (Uniform Crime Reporting- FBI; 2014 & 2016)	n/a	386	2020 County Health Rankings (Uniform Crime Reporting- FBI; 2014 & 2016)
Percentage of high school students who wore a seat belt most of the time or always during the past 30 days	88%	Chippewa County Youth Risk Behavior Survey (2019)	88%	Youth Risk Behavior Surveillance System (2019)	n/a	94%	Youth Risk Behavior Surveillance System (2019)
Percentage of high school students who have been bullied on school property during the past 12 months	30%	Chippewa County Youth Risk Behavior Survey (2019)	22%	Youth Risk Behavior Surveillance System (2019)	n/a	19.5%	Youth Risk Behavior Surveillance System (2019)
	Substantiated cases of child abuse per per 1,000 population Injury deaths due to falls for age 65 and older (per 100.000 population) Hate crime rate per 100,000 population Number of deaths due to injury per 100,000 population Hospitalizations for injuries (age-adjusted per 100,000 population) Number of motor vehicle crash deaths per 100,000 population Number of motor vehicle crash occupants per 1,000 population Number of roported violent crime offenses per 100,000 population (Includes offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault) Percentage of high school students who have a seat belt most of the time or always during the past 30 days	Substantiated cases of child abuse per per 1,000 population 5 Injury deaths due to falls for age 65 and older (per 100,000 population) 132 Hate crime rate per 100,000 population n/a Number of deaths due to injury per 100,000 population 73 Hospitalizations for injuries (age-adjusted per 100,000 population) 424 Number of motor vehicle crash deaths per 100,000 population 9 Number of motor vehicle crash occupants per 1,000 population 39 Number of reported violent crime offenses per 100,000 population (Includes offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault) 125 Percentage of high school students who wore a seat bet most of the time or always during the past 30 days 88%	Substantiated cases of child abuse per per 1,000 population22020 County Health Rankings (Misconsin Department of Childran and Families: 2018)Injury deaths due to falls for age 65 and older (per 100,000 population)1322020 County Health Rankings (Misconsin Interactive Statistics on Health: 2015-2017)Hate crime rate per 100,000 populationn/a2017 County Health Rankings (Uniform Crime Reporting: 2014)Number of deaths due to injury per 100,000 population732020 County Health Rankings (Uniform Crime Reporting: 2014)Number of deaths due to injury per 100,000 population732020 County Health Rankings (DCC, Wonder Mortality data: 2014-2018)Number of motor vehicle crash deaths per 100,000 population92020 County Health Rankings (National Center for Health Statistics: 2012-2018)Number of motor vehicle crash occupants per 1,000 population.92020 County Health Rankings (National Center for Health Statistics: 2012-2018)Number of root vehicle crash offenses per 100,000 population.392020 County Health Rankings (Crash Outcome Data Evaluation System: 2015-2017)Number of root vehicle crash occupants per 1,000 population.1252020 County Health Rankings (Drash Outcome Data Evaluation System: 2015-2017)Number of agravated assault)1252020 County Health Rankings (Uniform Crime Reporting- FBI; 2014 & 2016)Percentage of high school students who wore a seat belt most of the time or always during the past 30 days88%Chippewa County Youth Risk Behavior Survey (2019)Percentage of high school students who have been buil	Substantiated cases of child abuse per per 1,000 population52020 County Health Rankings (Misconsin Department of Children and Familes: 2018)4Injury deaths due to falls for age 65 and older (per 100,000 population)1322020 County Health Rankings (Misconsin Interactive Statistics on Health: 2015-2017)143Hate crime rate per 100,000 populationn/a2017 County Health Rankings (Uniform Crime Reporting: 2014)1Number of deaths due to injury per 100,000 population732020 County Health Rankings (Uniform Crime Reporting: 2014)80Number of deaths due to injury per 100,000 population732020 County Health Rankings (CDC, Wonder Mortality data; 2014-2018)80Number of motor vehicle crash deaths per 100,000 population92020 County Health Rankings (National Center for Health Statistics: 2012-2018)421Number of motor vehicle crash deaths per 100,000 population92020 County Health Rankings (National Center for Health Statistics: 2012-2018)10Number of motor vehicle crash occupants per 1,000 population392020 County Health Rankings (Crash Outcome Data Evaluation System; 2015-2017)53Number of reported violent crime offenses per 100,000 population1252020 County Health Rankings (Uniform Crime Reporting- FBI; 2014-& 2015)298Percentage of high school students who wore a seat belt most of the time or always during the past 30 days88%Chippewa County Youth Risk Behavior Survey (2019)88%Percentage of high school students who have been bulilied on school30%Chipp	Substantiated cases of child abuse per per 1,000 population52020 County Health Rankings (Misconsin Department of Childran and Families: 2018)42020 County Health Rankings (Misconsin Department of Childran and Families: 2018)Injury deaths due to fails for age 65 and older (per 100.000 population)1322020 County Health Rankings (Misconsin Interactive Statistics on Health: 2015-2017)1432020 County Health Rankings (Misconsin Interactive Statistics on Health: 2015-2017)Hate crime rate per 100.000 populationn/a2017 County Health Rankings (Differ County Health Rankings (Differ County Health Rankings) (2014-2018)12017 County Health Rankings (Differ County Health Rankings) (Differ County Health Rankings) <td>Substantiated cases of child abuse per per 1.000 population52020 County Health Rankings (Misconsin Department of Children and Familes: 2018)42020 County Health Rankings (Misconsin Department of Children and Familes: 2018)n/aInjury deaths due to falls for age 65 and older (per 100.000 population)1322020 County Health Rankings (Misconsin Interactive Statistics on Health: 2015-2017)1432020 County Health Rankings (Misconsin Interactive Statistics on Health: 2015-2017)63.4Hate crime rate per 100.000 populationn/a2017 County Health Rankings (Uniform Crime Reporting: 2014)12017 County Health Rankings (CDC, Wonder Mortality data; 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Mental Health Focu	s Area							
Disconnected Youth	Percentage of teens and young adults (16-19) who are neither working nor in school	6%	2020 County Health Rankings (American Community Survey; 2014-2018)	5%	2020 County Health Rankings (American Community Survey; 2014-2018)	n/a		
Intentional Injury Hospitalizations	Self-inflicted hospitalization rate per 100,000 population	50	2020 County Health Rankings (Wisconsin Interactive Statistics on Health: 2016-2018)	51	2020 County Health Rankings (Wisconsin Interactive Statistics on Health: 2016-2018)	n/a	62.2	CDC WISQARS (2018)
Mental Health Providers	Ratio of population to mental health providers	1,110 to 1	2020 County Health Rankings (CMS, National Provider Identification, 2019)	490 to 1	2020 County Health Rankings (CMS, National Provider Identification, 2019)	n/a	400 to 1	2020 County Health Rankings (CMS, National Provider Identification, 2019)
Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.5	2020 County Health Rankings (BRFSS: 2017)	4.0	2020 County Health Rankings (BRFSS: 2017)	n/a	4.0	2020 County Health Rankings (BRFSS: 2017)
Suicide	Numer of deaths due to suicide per 100,000 population (age-adjusted)	20	2020 County Health Rankings (National Center for Health Statistics; 2014-2018)	15	2020 County Health Rankings (National Center for Health Statistics; 2014-2018)	12.8	13.6	CDC WISQARS (2014-2018)
Suicide	Numer of deaths due to suicide per 100,000 population (age-adjusted)	20.0	CDC WISQARS (208-2019)	14.42	CDC WISQARS (2018-2019)	12.8	14.08	CDC WISQARS (2018-2019)
Youth Self-Harm	Percentage of high school students who hurt themselves on purpose in the past 12 months	22%	Chippewa County Youth Risk Behavior Survey (2019)	19%	Chippewa County Youth Risk Behavior Survey (2019)	n/a		

		Eau Claire				Hoalthy Boon	Net	
Measure	Definition	County	Source (year of Data)	Wisconsin	Source (year of Data)	Healthy People 2030 Target	National Rate	Source (year of Data)
Mental Health Focus						,	,	
	Percentage of high school students who attempted suicide in the past 12 months	8%	Chippewa County Youth Risk Behavior Survey (2019)	7%	Youth Risk Behavior Surveillance System (2019)	1.8%	9%	Youth Risk Behavior Surveillance System (2019)
Youth Suicide Attempt - Injury	Percentage of high school students with a suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse during the past 12 months			2.0%	<u>Youth Risk Behavior</u> Surveillance System (2019)	n/a	2.5%	<u>Youth Risk Behavior</u> Surveillance System (2019)
Youth Suicide Attempt - Medical Attention	Of high school students who attempted suicide in past 12 months, percentage who received medical attention	30%	Chippewa County Youth Risk Behavior Survey (2019)	27%	Chippewa County Youth Risk Behavior Survey (2019)	n/a		
Obesity Focus Area								
	Percentage of adults (age 20 +)with BMI > 30 (obese)	28%	2020 County Health Rankings (CDC Diabetes Interactive Atlas; 2016)	31%	2020 County Health Rankings (CDC Diabetes Interactive Atlas; 2016)	36%	29%	2020 County Health Rankings (CDC Diabetes Interactive Atlas 2016)
	Obesity occurrence in children 2-5 yr. enrolled in WIC	14.5%	Chippewa County Department of Public Health (WIC program; 2019)	15.7%	WI Dept. of Health Services/Division of Public Health (2019)	15.5% (children 2-19)	14.4%	CDC (Division of Nutrition, Physical Activity, and Obesity; 2018)
	Overweight occurrence in children 2-5 yr. enrolled in WIC	16.8%	Chippewa County Department of Public Health (WIC program; 2019)	16.6%	WI Dept. of Health Services/Division of Public Health (2019)	n/a		¢
Youth Obesity	Percentage of high school students who are overweight or obese (BMI is ≥85 percentile based on CDC growth chart)			29.1%	Youth Risk Behavior Surveillance System (2019)	15.5% (obese)	31.6%	Youth Risk Behavior Surveillance System (2019)
Oral Health Focus Are	a a a a a a a a a a a a a a a a a a a							
Dentel Minite	Percentage of high school students	79%	Chippewa County Youth Risk	79%	Chippewa County Youth Risk	n/a		
	who saw dentist in the past 12		Behavior Survey (2019)		Behavior Survey (2019)			
Dentists	Ratio of population to dentists	1,830 to 1	2020 County Health Rankings (Area Health Resource File/National Provider Identification file: 2018)	1,460 to 1	2020 County Health Rankings (Area Health Resource File/National Provider Identification file; 2018)	n/a	1,450 to 1	2020 County Health Rankings (Area Health Resource File/National Provider Identification file: 2018)
	Percentage of population on fluoridated public water system	15.5%	Wisconsin Environmental Public Health Tracking Program (2017)	88.4%	Wisconsin Environmental Public Health Tracking Program (2017)	77.1%	73.0%	CDC (Water Flouridation Reporting System; 2018)
No Recent Dental Visit	Percentage of population age 2+ that did not have a dental visit in the past year	22%	2017 County Health Rankings (Wisconsin Family Health Survey: 2002, 2014 & 2015)	26%	2017 County Health Rankings (Wisconsin Family Health Survey; 2002, 2014 & 2015)	51%	56.8%	Office of Disease Prevention and Health Promotion (Medical Expenditure Panel Survey; 2014).
	Percentage of third graders with untreated tooth decay	18% (Western Region)	WI DHS (Healthy Smiles/Healthy Growth; 2017-2018)	18%	WI DHS (Healthy Smiles/Healthy Growth: 2017-2018)	10.2% (ages 3-19)	16.2%	Office of Disease Prevention and Health Promotion (NHANES: 2013-2014)
Physical Activity Focu	s Area							
Access to Exercise	Percentage of population with adequate access to location for physical activity	64%	2020 County Health Rankings (ArcGiS: 2010 & 2019)	85%	2020 County Health Rankings (ArcGIS: 2010 & 2019)	n/a	84%	2020 County Health Rankings (ArcGIS; 2010 & 2019)
Device Usage	Percentage of high school students who spent 3+ hours per day on a phone, Xbox, or other device on an average school day	44%	Chippewa County Youth Risk Behavior Survey (2019)	49%	Youth Risk Behavior Surveillance System (2019)	n/a	46%	Youth Risk Behavior Surveillance System (2015)
Physical Education	Percentage of students not attending physical education class on 1 or more days during the school week					n/a	48%	Youth Risk Behavior Surveillance System (2019)
Physical Inactivity	Percentage of adults aged 20 and over reporting no leisure time physical activity	21%	2020 County Health Rankings (CDC Diabetes Interactive Atlas; 2016)	21%	2020 County Health Rankings (CDC Diabetes Interactive Atlas: 2016)	21.2%	23%	2020 County Health Rankings (CDC Diabetes Interactive Atlas 2016)
Television	Percentage of high school students who watched TV 3+ hours per day on an average school day	22%	Chippewa County Youth Risk Behavior Survey (2019)	18%	Youth Risk Behavior Surveillance System (2019)	n/a	20%	Youth Risk Behavior Surveillance System (2019)
Activity	Percentage of high school students physically active at least 60 minutes per day 5+ days (during past week)	60%	Chippewa County Youth Risk Survey (2019)	57%	Chippewa County Youth Risk Survey (2019)	n/a	44%	Youth Risk Behavior Surveillance System (2019)
Reproductive/Sexual	Health Focus Area							
Chlamydia Infections	Number of newly diagnosed chlamydia cases per 100,000 copulation	272.7	2020 County Health Rankings (NCHHSTP: 2017)	478.6	2020 County Health Rankings (NCHHSTP: 2017)	n/a	524.6	2020 County Health Rankings (NCHHSTP: 2017)
	Number of people aged 13 years and older living with a diagnosis of		CDC NCHHSTP (Atlas Plus;	129.0	CDC NCHHSTP (Atlas Plus; 2018)	n/a	372.8	CDC NCHHSTP (Atlas Plus; 2018)
HIV Prevalence	human immunodeficiency virus (HIV) infection per 100,000 population	25.8	2018)		2010)			
HIV Prevalence	human immunodeficiency virus (HIV) infection per 100,000	25.8 80.0%	2018) DHS WISH (2017)	75.8%	DHS WISH (2017)	n/a	77.3%	DHS WISH (2017)

Measure	Definition	Eau Claire County	Source (year of Data)	Wisconsin	Source (year of Data)	Healthy People 2030 Target	National Rate	Source (year of Data)
Reproductive/Sexual	Health Focus Area CONTINUED							
Teen Birth Rate	Birth rate per 1,000 females age 15-19	15	2020 County Health Rankings (NVSS; 2012-2018)	17	2020 County Health Rankings (NVSS: 2012-2018)	n/a	23	2020 County Health Rankings (NVSS: 2012-2018)
Youth Sexual Behavior	Percentage of high school students who have ever had sexual intercourse	38%	Chippewa County Youth Risk Behavior Survey (2019)	35%	Youth Risk Behavior Surveillance System (2019)	19.2% (ages 15-17)	38%	Youth Risk Behavior Surveillance System (2019)
Youth Sexual Behavior	Percent of high school students who had sex without any pregnancy prevention method (of those who have had sex)	6%	Chippewa County Youth Risk Behavior Survey (2019)	12%	Youth Risk Behavior Surveillance System (2019)	n/a	12%	Youth Risk Behavior Surveillance System (2019)
Substance Use Focus	s Area							
Drug Arrests	Violation of laws prohibiting the production, distribution, possession, or transportation per 100,000 population	103	Wisconsin Epidemiological Profile on Alcohol and Other Drugs 2016 (2014)	439	Wisconsin Epidemiological Profile on Alcohol and Other Drugs 2016 (2014)	n/a	490	Wisconsin Epidemiological Profile on Alcohol and Other Drugs 2016 (2014)
Drug Hospitalizations	Drug-related hospitalization rate per 100,000	307	Wisconsin Epidemiological Profile on Alcohol and Other Drugs 2016 (2013-2014)	261	Wisconsin Epidemiological Profile on Alcohol and Other Drugs 2016 (2013-2014)	n/a		
Opioid-related Hospitalizations	Emergency Room visits for opioid overdoses per 100,000 population	23.8	Wisconsin Dept. of Health Services (Data Direct. Opioid Hospitalization Module: 2018)	45.5	Wisconsin Dept. of Health Services (Data Direct. Opioid Hospitalization Module: 2018)	n/a		
Methamphetamines	Percentage of high school students who used methamphetamines one or more times during their life	3%	Chippewa County Youth Risk Behavior Survey (2019)	2%	Youth Risk Behavior Surveillance System (2019)	n/a	2%	Youth Risk Behavioral Surveillance System (2019)
Meth Overdose Deaths	Rate of meth overdose deaths per 100,000	1.8	Wisconsin Dept. of Health Services (2014-2019)	1.6	Wisconsin Dept. of Health Services (2014-2019)	n/a		
Marijuana	Percentage of high school students who recently used marijuana (w/in last 30 days)	15%	Chippewa County Youth Risk Behavior Survey (2019)	20%	Youth Risk Behavior Surveillance System (2019)	n/a	22%	Youth Risk Behavioral Surveillance System (2019)
Prescription Abuse	Percentage of high school students who ever misused prescription pain medication	12%	Chippewa County Youth Risk Behavior Survey (2019)	11%	Youth Risk Behavioral Surveillance System (2019)	n/a	14%	Youth Risk Behavioral Surveillance System (2019)
Student Drug Suspensions	Drug-related suspension & expulsion in public schools per 1,000 students	5.1	Wisconsin Epidemiological Profile on Alcohol and Other Drugs 2016 (2013-2014)	3.2	Wisconsin Epidemiological Profile on Alcohol and Other Drugs 2016 (2013-2014)	n/a		
Tobacco Use & Expos	sure Focus Area							
Adult Smokeless Tobacco Use	Percentage of persons aged ≥18 years who reported currently using chewing tobacco, snuff, or snus (a small pouch of smokeless tobacco) every day or some days			3.1%	CDC (BRFSS: 2019)	n/a	4.0% (median)	CDC (BRFSS: 2019)
Adult Smoking	Percentage of the adult population in a county who both report that they currently smoke every day or most days and have smoked at least 100 cigarettes in their lifetime	15%	2020 County Health Rankings (BRFSS: 2017)	16%	2020 County Health Rankings (BRFSS: 2017)	5%	17%	2020 County Health Ranking (BRFSS: 20017)
Smoking During Pregnancy	Percentage of births where mother reports smoking during pregnancy	15%	2020 County Health Rankings (Wisconsin Interactive Statistics on Health; 2015-2018)	11%	2020 County Health Rankings (Wisconsin Interactive Statistics on Health: 2015-2018)	n/a	8.1%	CDC (Pregnancy Risk Assessment and Monitoring System: 2017)
Tobacco Sales to Minors	Percentage of illegal tobacco sales to minors (retailer violation rate)	0.0%	Wisconsin Wins (2019)	7.1%	Substance Abuse and Mental Health Services Administration (Annual Synar Reports; 2018)	n/a	9.6%	Substance Abuse and Menta Health Services Administratio (Annual Synar Reports; 2018
Student Smokeless Fobacco Use	Percentage of high school students who used smokeless tobacco (chew, etc.) during the past 30 days	8%	Chippewa County Youth Risk Survey (2019)	3%	Youth Risk Behavioral Surveillance System (2019)	2.3%	4%	Youth Risk Behavioral Surveillance System (2019)
	1		1		1	1	1	1

Student Vaping	Percentage of high school students who ever tried e-cigarettes/vaping/juul	46%	Chippewa County Youth Risk Survey (2019)	46%	Youth Risk Behavioral Surveillance System (2019)	r/a	50%	Youth Risk Behavioral Surveillance System (2019)
Student Vaping	Percentage of high school students who used e-cigarettes/vape/juul in the past 30 days	23%	Chippewa County Youth Risk Survey (2019)	21%	Youth Risk Behavioral Surveillance System (2019)	10.5% (grades 6-12)	33%	Youth Risk Behavioral Surveillance System (2019)
Miscellaneous Dat	a							
65 and Older	Percentage of the population 65 and older	18.0%	2020 County Health Rankings (US Census: 2018)	17.0%	2020 County Health Rankings (US Census: 2018)	n/a	15.2%	American Community Survey: 2014-2018)
Below 18 Years	Percentage of the population below 18 years of age	22.1%	2020 County Health Rankings (US Census: 2018)	22.0%	2020 County Health Rankings (US Census: 2018)	n/a	22.8%	American Community Survey: 2014-2018)
Child Mortality	Number of deaths among children under age 18 per 100,000 people	50	2020 County Health Rankings (National Center for Health Statistics: 2015-2018)	50	2020 County Health Rankings (National Center for Health Statistics: 2015-2018)	n/a	n/a	

6%

Chippewa County Youth Risk Survey (2019)

10%

Student Tobacco Use who smoked cigarettes on one or more of the past 30 days

Percentage of high school students

Youth Risk Behavioral Surveillance System (2019)

r/a

6%

Youth Risk Behavioral Surveillance System (2019)

Measure	Definition	Eau Claire County	Source (year of Data)	Wisconsin	Source (year of Data)	Healthy People 2030 Target	National Rate	Source (year of Data)
Miscellaneous Data (CONTINUED					-		
Children Eligible for Free Lunch	Percentage of children enrolled in public schools that are eligible for free school lunch	37%	2020 County Health Rankings (National Center for Education Statistics: 2017-2018)	37%	2020 County Health Rankings (National Center for Education Statistics: 2017-2018)	n/a	52.6%	National Center for Education Statistics: 2017-2018
Children in Poverty	Percentage of children under 18 living in poverty	15%	2020 County Health Rankings (US Census Small Area Income and Poverty Estimates: 2018)	14%	2020 County Health Rankings (US Census Small Area Income and Poverty Estimates: 2018)	n/a	18%	2020 County Health Rankings (US Census Small Area Income and Poverty Estimates: 2018)
Driving Alone to Work	Percentage of the workforce that drives alone to work	82%	2020 County Health Rankings (American Community Survey: 2014-2018)	81%	2020 County Health Rankings (American Community Survey; 2014-2018)	n/a	76%	2020 County Health Rankings (American Community Survey: 2014-2018)
Health Care	Percentage of population that did not receive needed health care in the past year	2%	2017 County Health Rankings (Family Health Survery; 2012, 2014 & 2015)	2%	2017 County Health Rankings (Family Health Survery: 2012, 2014 & 2015)	n/a		
Health Care Costs	Amount of price-adjusted Medicare reimbursements per enrollee	\$8,615	Dartmouth Atlas of Health Care (2017)	\$9,030	Dartmouth Atlas of Health Care (2017)	n/a	\$10,437	Dartmouth Atlas of Health Care (2017)
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.0	2020 County Health Rankings (American Community Survey: 2014-2018)	4.3	2020 County Health Rankings (American Community Survey: 2014-2018)	n/a	4.9	2020 County Health Rankings (American Community Survey: 2014-2018)
Local Health Department Staffing	Fulltime equivalents of local health department staff per 10,000 population	3.2	Chippewa County Public Health Profile. DHS (2016)	3.2	Wisconsin Public Health Profiles (2016)	n/a	n/a	
Long Commute - Driving Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes	26%	2020 County Health Rankings (American Community Survey: 2014-2018)	27%	2020 County Health Rankings (American Community Survey: 2014-2018)	∿/a	36%	2020 County Health Rankings (American Community Survey; 2014-2018)
Median Household Income	Median household income	\$59,500	2020 County Health Rankings (Small Area Income and Poverty Estimates program: 2018)	\$60,800	2020 County Health Rankings (Small Area Income and Poverty Estimates program: 2018)	n/a	\$61,937	Small Area Income and Poverty Estimates (2018)
Not Proficient in English	Percentage of population that is not proficient in English	0%	2020 County Health Rankings (American Community Survey: 2014-2018)	1%	2020 County Health Rankings (American Community Survey: 2014-2018)	n/a		
Older Living Alone	Percentage of 65 years and older who live alone	28%	2020 County Health Rankings (American Community Survey: 2014-2018)	29%	2020 County Health Rankings (American Community Survey: 2014-2018)	ħ/a	42.8%	American Community Survey: 2014-2018)
Poor or Fair Health	Percentage of adults self-reporting poor or fair health (age-adjusted)	13%	2020 County Health Rankings (BRFSS: 2017)	17%	2020 County Health Rankings (BRFSS: 2017)	n/a	17%	2020 County Health Rankings (BRESS: 2017)
Poor Physical Health Days	Average number of physically unhealthy days self-reported in adults in past 30 days (age-adjusted)	3.4	2020 County Health Rankings (BRFSS: 2017)	3.9	2020 County Health Rankings (BRFSS: 2017)	n/a	3.8	2020 County Health Rankings (BRFSS: 2017)
Population Change	Percentage change in population since last decennial U.S. Census	3%	2020 County Health Rankings (DHS WISH: 2018, 2010)	2%	2020 County Health Rankings (DHS WISH: 2018, 2010)	n/a		
Poverty, All Ages	Percentage of population living below the Federal Poverty Line	11%	2020 County Health Rankings (Small Area Income and Poverty Estimates program; 2018)	11%	2020 County Health Rankings (Small Area Income and Poverty Estimates program; 2018)	n/a	13.1%	Small Area Income and Poverty Estimates (2018)
Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	6,000	2020 County Health Rankings (National Center for Health Statistics: Compressed Mortality File: 2016-2018)	6,400	2020 County Health Rankings (National Center for Health Statistics: Compressed Mortality File: 2016-2018)	m/a	6,900	2020 County Health Rankings (National Center for Health Statistics: Compressed Mortality File: 2016-2018)
Preventable Hospital Stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	4,708	2020 County Health Rankings (CMS Mapping Medicare Disparities Tool; 2017)	3,940	2020 County Health Rankings (CMS Mapping Medicare Disparities Tool; 2017)	n/a	4,535	2020 County Health Rankings (CMS Mapping Medicare Disparities Tool: 2017)
Primary Care Physicians	Ratio of population to primary care physicians	1,180 to 1	2020 County Health Rankings (Area Heatth Resource File/American Medical Association; 2017)	1,270 to 1	2020 County Health Rankings (Area Heatth Resource File/American Medical Association: 2017)	n/a	1,330 to 1	2020 County Health Rankings (Area Heatlh Resource File/American Medical Association; 2017)
Race/Ethnicity	Percentage of population that is African American, Asian, American Indian or Alaskan Native, or Hispanic	5%	2020 County Health Rankings (Census Bureau's Populations Estimates Program: 2018)	16.9%	2020 County Health Rankings (Census Bureau's Populations Estimates Program: 2018)	n/a		
Rural	Percentage of population living in a rural area	46%	2020 County Health Rankings (US Census Bureau Population Estimates Program: 2010)	29.8%	2020 County Health Rankings (US Census Bureau Population Estimates Program; 2010)	n/a	19.3%	2020 County Health Rankings (US Census Bureau estimates: 2010)
Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	11%	2020 County Health Rankings (Comprehensive Housing Affordability Strategy data; 2012-2016)	14%	2020 County Health Rankings (Comprehensive Housing Affordability Strategy data: 2012-2016)	n/a	18%	2020 County Health Rankings (Comprehensive Housing Affordability Strategy data: 2012-2016)
Social Associations	Number of membership associations per 10,000 population	11.3	2020 County Health Rankings (County Business Patterns: 2017)	11.6	2020 County Health Rankings (County Business Patterns; 2017)	n/a	9.3	2020 County Health Rankings (County Business Patterns: 2017)
Unemployment	Percentage of population age 16+ unemployed but seeking work	3.3%	2020 County Health Rankings (Bureau of Labor Statistics; 2018)	3.0%	2020 County Health Rankings (Bureau of Labor Statistics: 2018)	n/a	3.9%	2020 County Health Rankings (Bureau of Labor Statistics: 2018)
Uninsured Children	Percentage of children under age 19 without health insurance	4%	2020 County Health Rankings (US Census Bureau's Small Area Health Insurance Estimates: 2017)	4%	2020 County Health Rankings (US Census Bureau's Small Area Health Insurance Estimates: 2017)	n/a		
Uninsured Under Age 05	Percentage of population under age 65 that has no health insurance coverage	6%	2020 County Health Rankings (US Census Bureau's Small Area Lealth Insurance Estimates: 2017)	6%	2020 County Health Rankings (US Census Bureau's Small Area Health Insurance Estimates: 2017)	7.9%	10%	2020 County Health Rankings (US Census Bureau's Small Area Health Insurance Estimates; 2017)
W2 Enrollment	Count of Individuals enrolled in W-2 (Wisconsin Works) on the last working day of the month	44	2020 County Health Rankings (Wisconsin Works; 2018)	7,505	2020 County Health Rankings (Wisconsin Works; 2018)	m/a		



Addressing the Needs of the Community

Identified Health Needs



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:

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

The CHNA 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 (drug use) with alcohol misuse. The committee agreed that working on each of these three focus areas will allow for widespread impact on population health.

To effectively measure impact and based on our area of expertise and availability of resources, Mayo Clinic Health System has selected the top three health priorities that were identified as significant needs in Chippewa County to focus our efforts on – Mental Health, Substance Abuse and Alcohol Misuse and Chronic Disease and Obesity (including but not limited to nutrition and food insecurity). Additionally, the interconnectedness of various health issues, as recognized by participants in the CHNA process, is expected to produce additional benefits in other health areas examined during the assessment.



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.

In Chippewa County:

- 78% of CHNA survey respondents feel mental health is a moderate or major problem in the community.
- Seventy-seven percent of those do not feel comfortable seeking mental health services.
- Access to services for mental health treatment is a barrier for 60%.
- Eighty-eight percent feel mental health care is not affordable.
- The ratio of population to mental health providers in Chippewa County is higher than that of both the state and national averages. (1,110 to 1)

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. From 2018-2020 the count of opioid-related deaths in Wisconsin changed by 46.2%.

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).

In Chippewa County:

- Alcohol misuse use is a moderate or major problem in the community, according to 79% of respondents
- 76% of respondents say drugs are easily available in the community.



- According to the 2019 Youth Risk Behavior Surveillance System, 37% of high school students in Chippewa County reported drinking alcohol in the past 30 days compared to a 6.3% Healthy People 2030 target.
- Approximately 15% of high schoolers in the county reported using marijuana in the last month.

Identified Health Need

Chronic Disease Prevention & Management (with emphasis on obesity)

According to the CDC National Center for Chronic Disease and Health Promotion, chronic disease prevention and management typically focus on behavioral interventions such as healthy eating, increased physical activity and cessation of unhealthy practices such as tobacco and alcohol use. In many cases, obesity is a contributing factor for preventing and maintaining chronic diseases, especially heart disease and diabetes. Prevention is not 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, six in ten Americans live with at least one chronic disease. 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.

In Chippewa County:

- People are unaware of the resources and services available to help with healthy weight management.
- Healthy lifestyle choices and managing risk factors are not the easy or desirable options.
- People lack insurance coverage or the ability to pay for managing chronic conditions
- Community members do not know where to go to be physically active

Appendix IV: Community Assets Assets

RESOURCE DIRECTORIES

SERVICE NAME

CONTACT INFO

DESCRIPTION

Aunt Bertha

www.findhelp.org

A free and easy-to-use resource that helps connect individuals in the community to free and reduced-cost programs and services. Search by zip code to find local resources.

Great Rivers 2-1-1

(800) 362-8255 www.greatrivers211.org Provides offers free, confidential community information and referrals 24 hours/day. Also offers a 24/7 Crisis Hotline.

Note: Resources specific to the top five health area priorities identified through the Community Health Assessment process are listed on the following pages. While not comprehensive, these listings provide a glimpse into local organizations and services that may be used to help improve community health in Eau Claire County.

MENTAL HEALTH SERVICES

SERVICE NAME	CONTACT INFO	DESCRIPTION
Aging and Disability Resource Center (ADRC)	711 N. Bridge Street Chippewa Falls, WI 54729 (715) 726-7777	Provides services, information, referrals, and advocacy to older adults, adults with mental health or substance abuse disorders, and their families and caregivers.
Alzheimer's Association of Greater Wisconsin- Chippewa Valley Outreach Office	404 1/2 N. Bridge Street Chippewa Falls, WI 54729 (715) 861-6174 <u>www.alz.org/gwwi</u>	Provides information, consultation, and emotional support for persons with Alzheimer's, their families, caregivers, and the general public.
Aurora Community Counseling and Employee Support Services	345 Frenette Drive, Ste #3 Chippewa Falls, WI 54729 (888) 261-5585 www.auroraservices.com	Counseling services address addictions, mood disorders, eating disorders, grief and loss, and marital issues.
Big Brothers Big Sisters of Northwestern Wisconsin	424 Galloway Street Eau Claire, WI 54703 (715) 835-0161 www.bbbsnw.org/	Creates and supports one-on-one mentoring relationships for youth facing adversity, including those living in single parent homes, growing up in poverty, and coping with parental incarceration.
Chippewa Falls Area Senior Center	1000 E. Grand Ave Chippewa Falls, WI 54729	Services and programs to enhance physical, mental, and social wellbeing of people ages 55 and over.
Chippewa Valley Family Caregiving Alliance	info@chippewavalleycargiving.org	Provides support and strengthens family caregivers of older adults through advocacy, education, and community resources.
Chippewa Valley VA Clinic	475 Chippewa Mall Drive, Suite 418 Chippewa Falls, WI 54729 (715) 720-3780	Provides mental health services with on-site staff and telemedicine capability linked to providers in Minneapolis. Must be enrolled in the Minneapolis VA Health Care System to receive treatment at this clinic.
Family Support Center	403 N. High St. Chippewa Falls, WI 54729 (715) 723-1138 <u>www.familysupportcentercf.com</u>	Provides counseling, advocacy, and other services to victims of domestic violence and sexual assault. Also provides parenting education and community referrals.
Hmong Mutual Assistance Association	423 Wisconsin Street Eau Claire, WI 54703 (715) 832-8420	Provides support for healthy mental, emotional, and physical development for Hmong families.
L.E. Phillips Libertas Center	2661 County Hwy I Chippewa Falls, WI 54729	In-patient and outpatient mental health services.

www.libertascenter.org

MENTAL HEALTH SERVICES

SERVICE NAME	CONTACT INFO	DESCRIPTION
Marriage and Family Health Services	405 Island Street Chippewa Falls, WI 54729 (715) 832-0238 www. marriageandfamilyhealthservices. com	Offers a full range of assessments and therapeutic services for children, teens, adults, couples, and families.
Marshfield Clinic - Chippewa Falls Center	2655 County Hwy I Chippewa Falls, WI 54729 (715) 726-4200	Multi-specialty clinic includes Primary Care and Child Psychology.
Mayo Clinic Health System - Chippewa Valley	1501 Thompson St. Bloomer, WI 54724 1-888-662-5666	Behavioral health services for people of all ages.
Mentor Chippewa	750 Tropicana Blvd. Chippewa Falls, WI 54729 (715) 726-2400 <u>www.mentorchippewa.org</u>	Provides weekly mentoring services to students in Kindergarten through 12th grade in the Chippewa Falls Area Unified School District and McDonnell Area Catholic Schools.
National Alliance on Mental Illness - Chippewa Valley	Banbury Place Omni Office Center Building #2D, Suite 420F 800 Wisconsin St. Eau Claire, WI 54703 (715) 450-6484 www.namicv.org	Provides education, advocacy, and support to families and individuals living with a mental illness.
Northwest Connections	888-552-6642 (Crisis Line)	Provides emergency mental health services to Chippewa County residents (via contract with the Department of Human Services).
Open Door Clinic	First Presbyterian Church 130 W. Central Chippewa Falls, WI 54729 (715) 720-1443 www.chippewaopendoor.org	Provides basic health care services and a connection to community resources for Chippewa County residents without a healthcare alternative. Includes mental health services via telehealth.
Vantage Point Clinic & Assessment Center	2005 Highland Ave. Eau Claire, WI 54701 (715) 832-5454	Provides counseling services to children, adolescents, adults, couples, and families with behavioral health concerns.

www.vantagepointclinic.com

MENTAL HEALTH SERVICES

SERVICE NAME

CONTACT INFO

505 S. Dewey Street Eau Claire, WI 54701 (715) 836-7710 www.viventhealth.org/locations/eauclaire/

Wellness Shack

Vivent Health

505 S Dewey St. Suite 101 Eau Claire WI 54701 (715) 855-7705 www.wellnessshack.org

Western Region Recovery and Wellness Consortium (Chippewa County)

Western WI Regional Center for Children and Youth with Special Health Care Needs 711 N. Bridge St. Room 118 Chippewa Falls, WI 54729 (715) 726-7788

711 N. Bridge St. Chippewa Falls, WI 54729 (715) 726-7907 Provides mental health services for

DESCRIPTION

individuals who are HIV positive or have AIDS.

Peer-run mental health recovery center for people who live with severe or persistent mental health disorders. Offers individual and group peer support, education, advocacy, and socialization.

Regional consortium provides services to individuals with mental health and substance use disorders. Eligibility is based on functional and financial criteria.

Supports and provides information for families through a statewide coordinated system of information, referral and followup, parent to parent support and service coordination.

ALCOHOL MISUSE SERVICES

SERVICE NAME	CONTACT INFO	DESCRIPTION
Aging and Disability Resource Center (ADRC)	711 N. Bridge Street Chippewa Falls, WI 54729 (715) 726-7777	Provides services, information, referrals, and advocacy to older adults, adults with mental health or substance abuse disorders, and their families and caregivers.
Al-Anon	2926 Pomona Dr. Eau Claire, WI 54701 (715) 833-1878 <u>www.area61afg.org</u>	Twelve-step support group for families of alcoholics.
Alano Club 76	76 East Central St. Chippewa Falls, WI 54729 (715) 723-7626	A place for people in recovery and their families to enjoy fellowship and fun events. Twelve-step meetings held regularly.
Alcoholics Anonymous - Chippewa Valley Intergroup	(715) 835-5543 chair@chippewavalleyintergroup.org	Maintains a 24-hour hotline for assistance and sponsors workshops and social gatherings for supporting individuals who abuse alcohol. Provides 12-step support groups for alcoholics.
Aurora Community Counseling and Employee Support Services	345 Frenette Drive, Ste #3 Chippewa Falls, WI 54729 (888) 261-5585 <u>www.auroraservices.com</u>	Counseling services address addictions, mood disorders, eating disorders, grief and loss, and marital issues.
Chippewa Health Improvement Partnership - Voices in Prevention Action Team	www.chippewahealth.org (715) 717-7647 info@chippewahealth.org	Community coalition coordinating comprehensive community awareness campaign on current drug trends including prescription drug abuse, alcohol misuse, heroin, and other illegal drug use.
Community Counseling Services	16947 Cty Hwy X Chippewa Falls, WI 54729 (715) 723-1221 <u>communitycounselingservices@</u> gmail.com	Provides educational program for individuals with legal or personal problems related to the misuse of alcohol or other drugs.
Hope Gospel Mission	2650 Mercantile Dr. Eau Claire, WI (715) 552-5566 <u>www.hopegospelmission.org</u>	Faith-based organization that serves the lost, homeless, hungry, hurting, abused, and addicted men and women of western Wisconsin. Home to the Hope Renewal Center for Women and Children program.
L.E. Phillips Libertas Center	2661 County Hwy I Chippewa Falls, WI 54729 www.libertascenter.org	Provides inpatient detox and residential treatment for substance use disorders.
Lutheran Social Services – Chippewa Area Recovery Resource	Chippewa, WI (715) 726-9023	Addiction treatment program provides evidence-based substance abuse treatment service. Includes assessments, intensive outpatient treatment, continuing care services, and trauma treatment.

ALCOHOL MISUSE SERVICES

SERVICE NAME	CONTACT INFO	DESCRIPTION
Lutheran Social Services – Fahrman Center	3136 Craig Rd. Eau Claire, WI 54701 (715) 835-9110	Provides residential and transitional (halfway house) services to adults with substance use disorders.
Marriage and Family Health Services	405 Island Street Chippewa Falls, WI 54729 (715) 832-0238 <u>www.</u> marriageandfamilyhealthservices. <u>com</u>	Offers a full range of assessments and therapeutic services for children, teens, adults, couples, and families.
Mayo Clinic Health System - Chippewa Valley	1501 Thompson St. Bloomer, WI 54724 1-888-662-5666	Alcohol and drug dependency counseling services for people of all ages.
Vantage Point Clinic & Assessment Center	2005 Highland Ave. Eau Claire, WI 54701 (715) 832-5454 <u>www.vantagepointclinic.com</u>	Provides counseling services to children, adolescents, adults, couples, and families with behavioral health concerns.
Vivent Health	505 S. Dewey Street Eau Claire, WI 54701 (715) 836-7710 <u>www.viventhealth.org/locations/eau- claire</u>	Provides alcohol and drug treatment services for individuals who are HIV positive or have AIDS.
Western Region Recovery and Wellness Consortium (Chippewa County)	711 N. Bridge St. Room 118 Chippewa Falls, WI 54729 (715) 726-7788	Regional consortium provides services to individuals with mental health and substance use disorders. Eligibility is based on functional and financial criteria.

DRUG USE SERVICES

SERVICE NAME	CONTACT INFO	DESCRIPTION
Aging and Disability Resource Center (ADRC)	711 N. Bridge Street Chippewa Falls, WI 54729 (715) 726-7777	Provides services, information, referrals, and advocacy to older adults, adults with mental health or substance abuse disorders, and their families and caregivers.
Aurora Community Counseling and Employee Support Services	345 Frenette Drive, Ste #3 Chippewa Falls, WI 54729 (888) 261-5585 www.auroraservices.com	Counseling services address addictions, mood disorders, eating disorders, grief and loss, and marital issues.
Chippewa Health Improvement Partnership - Voices in Prevention Action Team	(715) 717-7647 www.chippewahealth.org info@chippewahealth.org	Community coalition coordinating comprehensive community awareness campaign on current drug trends including prescription drug abuse, alcohol misuse, heroin, and other illegal drug use.
Community Counseling Services	16947 Cty Hwy X Chippewa Falls, WI 54729 (715) 723-1221 communitycounselingservices@ gmail.com	Provides educational program for individuals with legal or personal problems related to the misuse of alcohol or other drugs.
Eau Claire Comprehensive Treatment Center	3440 Oakwood Hills Pkwy Eau Claire, WI 54701 (715) 802-2260	Provides medication-assisted treatment (MAT) and therapy in an outpatient setting to adults with opioid use disorders.
Hope Gospel Mission	2650 Mercantile Dr. Eau Claire, WI (715) 552-5566 www.hopegospelmission.org/	Faith-based organization that serves the lost, homeless, hungry, hurting, abused, and addicted men and women of western Wisconsin. Home to the Hope Renewal Center for Women and Children program.
L.E. Phillips Libertas Center	2661 County Hwy I Chippewa Falls, WI 54729 www.libertascenter.org	Provides inpatient detox and residential treatment for substance use disorders.
Lutheran Social Services – Chippewa Area Recovery Resource	Chippewa, WI (715) 726-9023	Addiction treatment program provides evidence-based substance abuse treatment service. Includes assessments, intensive outpatient treatment, continuing care services, and trauma treatment.
Lutheran Social Services – Fahrman Center	3136 Craig Rd. Eau Claire, WI 54701 (715) 835-9110	Provides residential and transitional (halfway house) services to adults with substance use disorders.

DRUG USE SERVICES

SERVICE NAME	CONTACT INFO	DESCRIPTION
Marriage and Family Health Services	405 Island Street Chippewa Falls, WI 54729 (715) 832-0238 <u>www.</u> <u>marriageandfamilyhealthservices.</u> <u>com</u>	Offers a full range of assessments and therapeutic services for children, teens, adults, couples, and families.
Mayo Clinic Health System – Chippewa Falls	611 First Ave., Chippewa Falls, WI 54729 (715) 708-6248	Offers outpatient addiction treatment services.
Mayo Clinic Health System - Chippewa Valley	1501 Thompson St. Bloomer, WI 54724 (888) 662-5666	Offers outpatient addiction treatment services.
Vantage Point Clinic & Assessment Center	2005 Highland Ave. Eau Claire, WI 54701 (715) 832-5454 www.vantagepointclinic.com	Provides counseling services to children, adolescents, adults, couples, and families with behavioral health concerns.
Vivent Health	505 S. Dewey Street Eau Claire, WI 54701 (715) 836-7710 <u>www.viventhealth.org/locations/eau- claire/</u>	Provides alcohol and drug treatment services for individuals who are HIV positive or have AIDS.
Western Region Recovery and Wellness Consortium (Chippewa County)	711 N. Bridge St. Room 118 Chippewa Falls, WI 54729 (715) 726-7788	Regional consortium provides services to individuals with mental health and substance use disorders. Eligibility is based on functional and financial criteria.

CHRONIC DISEASE PREVENTION & CONTROL SERVICES

SERVICE NAME	CONTACT INFO	DESCRIPTION
Aging and Disability Resource Center	711 N. Bridge Street Chippewa Falls, WI 54729 (715) 726-7777	Provides services, information, referrals, and advocacy related to aging and/or living with a disability. Offers a Dementia Care Specialist.
Ascension Our Lady of Victory	1120 Pine St. Stanley, WI 54768 (715) 644-5530	Offers Family Medicine.
Chippewa County Department of Public Health	711 N. Bridge St. Room 121 Chippewa Falls, WI 54729 (715) 726-7900	Promotes community health by providing information, health clinics, and other services to Chippewa County residents.
HSHS St. Joseph's Hospital	2661 County Hwy I Chippewa Falls, Wisconsin 54729 (715) 723-1811	Offers Heart Care, Renal Dialysis, and other services.
Marshfield Clinic – Bloomer Center	1711 York St Bloomer, WI 54724 (715) 568-6220	Offers Family Medicine services.
Marshfield Clinic – Cadott Center	305 S Highway 27 Cadott, WI 54727 (715) 289-3102	Offers Family Medicine services.
Marshfield Clinic – Chippewa Falls Center	2655 County Highway I Chippewa Falls, WI 54729 (715) 726-4200	Offers Adult Primary Care, Pediatrics, Cardiology, Oncology, and other services.
Mayo Clinic – Bloomer	1501 Thompson St., Bloomer, WI 54724 (715) 861-1398	Services include Family Medicine, Cardiology, Diabetes Education, and other specialties.
Mayo Clinic – Chippewa Falls	611 First Ave., Chippewa Falls, WI 54729 (715) 708-6248	Services include Family Medicine, Cardiology, Diabetes Education, Rheumatology, and other specialties.
OakLeaf Clinics – Chippewa Falls	855 Lakeland Drive Chippewa Falls, WI 54729	Offers Family Medicine, Cardiology, Pulmonary Care, and other specialties.
Open Door Clinic	First Presbyterian Church 130 W. Central Chippewa Falls, WI 54729 (715) 720-1443 www.chippewaopendoor.org	Provides basic health care services and a connection to community resources for Chippewa County residents without a healthcare alternative.

CHRONIC DISEASE PREVENTION & CONTROL SERVICES

SERVICE NAME

Prevea – Chippewa Falls Health Center

CONTACT INFO

2509 County Hwy I, Chippewa Falls, WI 54729 (715) 723-9138

DESCRIPTION

and cancer.

Offers Family Medicine, Pediatrics, and other specialties.

Prevea – Cornell Health Center

YMCA of the Chippewa

Valley

320 N. 7th St. Cornell, WI 54732 (715) 239-0337

611 Jefferson Ave. Chippewa Falls, WI 54729 (715) 723-2201 <u>www.ymca-cv.org</u> Offers Evidence-based Health Intervention programs targeted toward specific conditions and wellness needs, including arthritis, Alzheimer's, diabetes prevention,

Offers Family Medicine and other services.

OBESITY RESOURCES

SERVICE NAME	CONTACT INFO	DESCRIPTION
Marshfield Clinic – Chippewa Falls Center	2655 County Highway I Chippewa Falls, WI 54729 (715) 726-4200	Provides weight management program and nutrition services.
Marshfield Clinic – Cadott Center	305 S Highway 27 Cadott, WI 54727 (715) 289-3102	Provides Family Medicine, including nutrition services.
Marshfield Clinic – Cornell Center	600 Woodside Drive Cornell, WI 54732 (715) 239-6344	Provides family medicine, including nutrition services.
Mayo Clinic Health System – Bloomer	1501 Thompson St., Bloomer, WI 54724 (715) 861-1398	Provides family medicine, including nutrition services.
Mayo Clinic Health System – Chippewa Falls	611 First Ave., Chippewa Falls, WI 54729 (715) 708-6248	Provides family medicine, including nutrition services.
Prevea – Chippewa Falls Health Center	2509 County Hwy I, Chippewa Falls, WI 54729 (715) 723-9138	Offers Ideal Weigh weight loss program.
Weight Watchers	1000 E. Grand Ave. Chippewa Falls, WI 54729 (800) 651-6000	Provides personal assessment, action plan, and support to help with weight loss.
YMCA of the Chippewa Valley	611 Jefferson Ave. Chippewa Falls, WI 54729 (715) 723-2201 <u>www.ymca-cv.org</u>	Offers numerous programs, classes, and fitness opportunities.



Evaluation of Prior CHNA and Implementation Strategy

Impact of 2019-2022 Implementation



The 2019 Community Health Needs Assessment final report for Mayo Clinic Health System – Chippewa Valley has been posted on the Mayo Clinic Health System Community Engagement internet page for public review and comment. No written comments have been received. Prioritized needs & objectives per the 2019 Implementation Plan:

Mental Health – Increase strong, healthy social connections among residents across all life stages to promote mental wellness.

Substance Abuse & Alcohol Misuse – Reduce substance abuse by providing education and advocacy around substance abuse in the community.

Chronic Disease & Obesity – Reduce chronic disease by promoting health and wellness lifestyle choices in the community.

COVID-19 emerged as the leading community health priority in 2020

In February 2020 the COVID-19 virus became a pandemic throughout the U.S. and within Eau Claire County. Mayo Clinic responded to this challenge in a multitude of ways to protect the health of its local and regional communities as well as contributing to the national and global response, including:

 Restructuring patient care services to ensure capacity for intensive care for community needs. This required significant interruptions to normal operations as non-emergency care services were deferred to increase COVID19 response capacity.



- Expanding virtual care capabilities to advance home care and treatment to safely improve access for community and rural patients.
- Rapid development and dissemination of public and consumer information about the COVID-19 virus to help the public (consumers, government, peer medical providers, etc). understand the risks and take actions to prevent and/or care for the infection.
- Development and dissemination of rapid COVID-19 testing resources to strengthen efforts of local public health and other health care organizations in serving community needs.
- Refocused research efforts to bring greater understanding, therapies and potential vaccine solutions for the COVID-19 virus, including antibody testing capabilities, blood plasma therapies and effectiveness and safety of various pharmaceutical therapies.
- Sharing knowledge and collaborating broadly with other academic health centers and businesses to expand understanding and resources to address and contain the disease. Examples include using AI to model and forecast hotspots across the U.S., as well as developing tools to standardize contact tracing and exposure management. These systems were also shared with Public Health departments to inform changing health safety policies as the pandemic has evolved locally.

These efforts, combined with the capacity challenges of local non-profits and other sectors delayed some of the 2020 community health improvement (implementation plan) strategies.

COVID-19 disclaimer: With the COVID-19 pandemic lingering as a crisis in 2021, education and communication about COVID-19 safety measures, including vaccination, often took priority over CHNA efforts. Many activities that supported CHNA priority areas were held virtually or cancelled to support community safety considering COVID-19 positivity.

Here are highlights of the accomplishments of the community health implementation plan for each of the priority health focus areas in Chippewa County.

Mental Health

The following efforts have been implemented to impact mental health and related health concerns:

Monetary Support:

- Boys and Girls Club Greater Chippewa Valley \$12,000 (Virtual Learning)
- Boys and Girls Club Greater Chippewa Valley \$5,000 (Programming)
- Boys and Girls Club Greater Chippewa Valley \$5,500 (Operational)
- Chippewa Falls Area Unified School District \$1,000 (Hand Sanitizer)
- Chippewa Falls Public Library \$1,000 (EverybodyIN Fund for Change)
- Chippewa Valley Family YMCA 100 (Free Fishing)
- Chippewa Valley Family YMCA \$200 (Healthy Kids Day)
- United Way of Chippewa Valley \$1,000 (Born Learning Trails)
- Big Brothers Big Sisters of Northwestern Wisconsin \$1,000 (Programming)



- D.R. Moon Memorial Library/Stanley Public Library \$4,000 (Expand Program)
- G.E. Bleskacek Family Memorial Library \$1,500 (Education Youth Enrichment)

Grants:

- Family Support Center/River Source Family Center \$15,000 (Education Youth Enrichment)
- L.E. Phillips Career Development Center \$10,000 (Homelessness)
- Bloomer Elementary Middle and High Schools \$5,000 (Mental Health Academy)
- Cadott Elementary School \$1,000 (Acceptance and composure)
- Cardinal Community Learning Center \$2,500 (Programming)
- Hillcrest Elementary \$5,000 (Peace Path, Sensory Path for activity)
- Colfax School District \$3,500 (Connecting Students to Support Systems)

Programming and Education:

- Discover Gratitude Mayo Clinic Health System hosted a virtual challenge where
 participants learned about journaling, mindfulness, and gratitude. This was held in November
 with 256 journal clicks and 204 watched the video for the NWWI region.
- Fall into Wellness virtual program Distributed materials for the Fall into Wellness virtual program to the general population, key organizations, and area schools. This program, delivered in a points-based, friendly month-long competition, helped highlight small, simple changes to manage stress, eat nutritionally balanced foods and get regular physical activity. Presentations available to view on YouTube following the live webinars.
- **Community Contribution funding for mental well-being initiatives** facilitated grant invitations and review for those community organizations with initiatives supporting the Community Health Needs Assessed areas. Activity included grant review and approvals and follow-up with the organizations.
- Chippewa Valley Free Clinic provide funding and resources to support the operation of the free clinic to the underserved.
- **Blogs** provided subject matter on a variety of topics focusing on CHNA to community members through web access and newsletters. Blog counts are followed for the first two months although they are evergreen.

Community Involvement:

- Mental Health Matters Coalition. Served as an active partner in the coalition with effort aimed at increasing education about adverse childhood experiences in the community and building resilience in local schools.
- Bloomer Food Pantry. Staff assisted with education for healthy food options for individuals who have diabetes and/or congestive heart failure.
- Chippewa Falls Library. Reached 100 children/teen with donation of patient education materials related to self-care and mental health.
- Mental Health Matter Coalition. Served as an active partner in the coalition with effort aimed at increasing education about adverse childhood experiences in the community and building resilience in local schools. Training held with staff at Bloomer School District.



• YMCA Healthy Kids Day. Reached 300 youth via a handwashing demonstration and health education booth.

Substance Use & Alcohol Misuse

The following efforts have been implemented to impact substance abuse & alcohol misuse and related health concerns:

Monetary Support:

 Chippewa Falls Area Unified School District – \$2,000 (Financial support of Strengthening Families Program to help families deal with issues like substance abuse and alcohol misuse).

Grants:

• Chippewa Falls Area Unified School District - \$9,000 (Strengthening Families Program)

Research:

• Study finds changes in substance abuse among young adults during pandemic; findings were reported in local media.

Community Involvement:

- Bloomer Rope Jump. Annual event that promotes physical activity with youth and families, and how to maintain healthy coping mechanisms. 75 people attendees.
- Chippewa Health Improvement Partnership. Through the Voices in Prevention action team, Mayo Clinic Health System contributed to improve coping mechanisms among area youth. Action team efforts included outreach to area schools about vaping and high-risk drinking prevention education.
- New Auburn School District. Discussed the impact that smoking/vaping has on your lungs and ways that you can maintain a healthy lifestyle. 140 student attendees.
- Substance-Free Pregnancy and Recovery Coalition (Committee Member)
- Chippewa Health Improvement Partnership. Through the Voices in Prevention action team, Mayo Clinic Health System contributed to improve coping mechanisms among area youth. Action team efforts included outreach to area schools about vaping prevention education.
- Substance-Free Pregnancy and Recovery Coalition (Committee Member)

Chronic Disease & Obesity

The following efforts have been implemented to impact chronic disease & obesity and related health concerns:

Monetary Support:

• Alzheimer Association WI Chapter – \$1,500 (Walk – canceled due to COVID)



- Bloomer Chamber of Commerce \$500 (Community Picnic children's games canceled due to COVID)
- Chippewa Falls Area Unified School District \$500 (nutrition education)
- Chippewa Valley Family YMCA \$500 (Annual Strong Kids canceled due to COVID)
- Chippewa Valley Family YMCA \$750 (Pure Water Day Races canceled due to COVID)
- Beaver Creek Reserve \$500 (Programming)
- Bloomer Chamber of Commerce \$300 (Bloomer Rope Jump)
- Bloomer Area Aquatic and Recreation Center \$1,000 (Swim with Tim Program)
- Bloomer Chamber of Commerce \$1,000 (Handwashing Stations)
- Chippewa Falls YMCA \$3,000 (Strong Kids Membership Sponsor)
- United Way of the Greater Chippewa Valley \$1,000 (Born Learning Trials)
- United Way of the Greater Chippewa Valley \$2,500 (Programming)

Grants:

- Chippewa Falls Area Unified School District \$5,000 (Jim Falls Elementary Playground)
- Cornell School District \$5,000 (Tennis/Pickleball, Badminton, Volleyball Courts)
- Lake Holcombe School District \$5,000 (Greenhouse/Hydroponic Management)

Programming and Education:

- Advanced Strong Bodies (40 classes were offered with 49 people in attendance).
- Chippewa Valley Breast Cancer Support Group (3 classes were held averaging 10 people in attendance).
- Food is Medicine Program with Bloomer Food Pantry (1 class with 15 people attended).
- Healthy Living with Chronic Pain (Two sessions were held and 10 people attended).
- Music and Movement Preschoolers (Four sessions were held and 25 people attended).
- Snowshoe and Winter Hike (Held one event with 25 attendees)
- **Strong Bodies** (Class is held at the Senior Center in Chippewa Falls had a total of 16 classes with 27 people in attendance. Class is also held at the Bloomer Aquatic Center 20 classes with 20 people participating).
- Chronic disease webinars- designed to educate the community about chronic disease prevention. The topics of the three webinars include: healthy eating strategies, chronic pain management and Yoga to relieve pain and stress. Presentations were available to view on YouTube following the live webinars.
- Community Contribution funding for Chronic Disease Prevention facilitated grant invitations and review for those community organizations with initiatives supporting the Community Health Needs Assessed areas. Activity included grant review and approvals and follow-up with the organizations.
- **Vaccinations** promote COVID vaccination to community groups with education on symptoms, vaccine safety, availability, and community collaboration.
- Myeloma Support Group open to the community.
- Breast Cancer Support Group open to the community



• **Community communication** - COVID updates and other health related topics. (18 emails sent)

Community Involvement:

- American Red Cross (Board members)
- Bloomer Aquatic Center. Community Wellness Event (50 people).
- Brochures and wellness information available.
- Conducted strong bodies class demonstration.
- Bloomer Library. Healthy after school snack and activity (2 events held, 40 children attending).
- Bloomer Chamber of Commerce (Board Member)
- Chippewa Valley Free Clinic (1 volunteer with 50 hours)
- United Way of the Greater Chippewa Valley (Volunteer and representatives on the Board)

Despite the actions taken since the prior CHNA to address mental health, substance use and alcohol misuse and chronic disease/obesity, the results of the CHNA concluded these priorities continue to be health concerns in the community and will continue to be addressed by MCHS- Chippewa Valley.



Mayo Clinic Health System Individuals Involved in CHNA

Community Health Needs Assessment Committee: Richard Helmers, MD, Regional Vice President, Mayo Clinic Health System, Northwest Wisconsin Karolyn Bartlett, Manager, Operations Brook Berg, Community Engagement Director Tasha Bjork, Administration, Operations Cory Carlson, RN, Behavioral Health Supervisor Andrew Calvin, MD, Cardiology Jason Craig, Administration, Regional Chair Marquita Davis, Quality, Performance Improvement Advisor Jen Drayton, RN, Nurse Administrator Joni Gilles, RN, EMS Coordinator Frances Jordahl, Social Work Supervisor Jenny Jorgenson, Community Engagement Specialist Carie Martin-Krajewski, Vice Chair, Administration Sarah McCune, RN, Operations, Administration Maria Seibel, Community Engagement Specialist Tina Tharp, Community Engagement Specialist Pam White, RN, Chief Nursing Officer