Eau Claire County

2014 – 2015 Community Health Assessment



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Executive Summary

The *2014-2015 Eau Claire County Community Health Assessment* is a joint effort of nine partner organizations in Eau Claire and Chippewa County, Wisconsin, to improve the quality of life in the Chippewa Valley. The purpose of the assessment is to assess the health needs and identify the top health concerns in the community, and mobilize the community in working toward prevention for these areas of concern. As a result of this assessment, the partners can develop initiatives that more closely align with the priorities identified by the community.

This assessment documents the variety of data collection methods used to discern more clearly the issues facing the community. These methods included a community health survey, three community listening sessions, and five Community Conversations, after which Eau Claire County residents identified **mental health, alcohol misuse,** and **obesity** as the top priorities out of 14 health areas. County-level quantitative data was also collected for each of the health areas and used to inform the selection of the top three priority areas. This data is included in this report and was used to compare the health of Eau Claire County residents to national benchmarks and



statewide health indicators. Further community discussion occurred regarding root causes, existing resources, and gaps in services as they relate to the top three priority areas. This assessment, including qualitative and quantitative data components, will be used by the community partners, including the local health coalition Eau Claire Healthy Communities, in the upcoming formation of their Community Health Improvement

Plans and action team initiatives. Each of the partners strongly believe in improving community health. All partners are not only dedicated to treatment of current health issues, but more importantly prevention of emerging and chronic health conditions, leading to a healthier Eau Claire County for all residents.

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Cover image: One-word reactions from community members at the final community health improvement event

Acknowledgements

Partners from nine community organizations in Chippewa and Eau Claire counties collaborated to conduct a community health assessment to broaden the understanding of health issues in the Chippewa Valley. Each organization had representatives that directly participated in the planning and implementation of this assessment. Members of the Community Health Assessment Planning Partnership Committee (CHA Committee) include:



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The CHA Committee would also like to express their sincere thanks to the many community members and organizations whose contributions were invaluable to the completion of the 2014-2015 Chippewa and Eau Claire counties community health assessment, including:

- Eau Claire Healthy Communities Council
- Chippewa Health Improvement Partnership Steering Committee
- Volunteer assistants for survey distribution, collection and recording; Community Conversation volunteers; and Community Health Improvement Event volunteers and facilitators
- Susan Zukowski, Mayo Clinic Health System Marketing Research Supervisor
- Nicole Leighton, MS Applied Psychology graduate student

Financial support for the assessment was provided by the nine partner organizations and Otto Bremer Foundation.

Community Profile

Eau Claire County is located in the Chippewa River Valley of west-central Wisconsin and is bordered by Chippewa County to the north, Clark County to the east, Buffalo, Trempealeau, and Jackson counties to the south, and Dunn and Pepin counties to the west. In 2013, the county population was 100,600, approximately 23% of which is rural. The county seat is located in the city of Eau Claire, which has a population of 67,545. The city is approximately 90 miles east of the Twin Cities and 90 miles north of La Crosse, WI. There are two additional cities and two villages in the county. The largest employers in the county include manufacturing and construction, healthcare, University of Wisconsin-Eau Claire, and computer information systems. Three hospitals serve Eau Claire County and are located in the city of Eau Claire: Mayo Clinic Health System, HSHS Sacred Heart Hospital, and Oakleaf Surgical Hospital.

Eau Claire County Demographics				
Sex:	51% Female, 49% Male			
Median household income:	\$48,090			
Percentage of population in poverty:	15%			
2014 average unemployment rate:	4.6%			
Population growth rate:	6% from 2000 to 2010			



Figure 1. Household income distribution in Eau Claire County (US Census, 2013 estimates)





Figure 3. Racial distribution in Eau Claire County (US Census, 2013 estimates)



Figure 4. Age distribution of Eau Claire County residents (DHS public health profile, 2012)



Overview

This report details the process and results of the 2014-2015 Chippewa and Eau Claire counties community health assessment (CHA). The purpose of this CHA was to identify the health needs in the **community, prioritize the community's top health concerns, and engage** the community members in developing a shared sense of purpose toward community health improvement. This process was undertaken jointly by community partners in both Chippewa and Eau Claire County. These partners include:

- Chippewa County Department of Public Health
- Chippewa Health Improvement Partnership
- Eau Claire City-County Health Department
- Eau Claire Healthy Communities
- Marshfield Clinic
- Mayo Clinic Health System
- HSHS Sacred Heart Hospital
- HSHS St. Joseph's Hospital
- United Way of the Greater Chippewa Valley

The Eau Claire City-County Health Department served as the fiscal agent for the partnership, and each organization signed a memorandum of understanding prior to the CHA process. Contributions from each of the partner organizations totaled \$55,000. The Otto Bremer Foundation also awarded a \$19,000 grant to the CHA Committee to increase outreach into rural communities during the CHA process. These resources were used to fund a part-time, limited-term project manager who facilitated meetings between the CHA Committee, coordinated survey distribution and secondary data collection for both counties, planned the February 2015 and March 2015 public meetings, and authored the Chippewa and Eau Claire CHA reports. Advertising, meeting supplies, and printing were also supported by the contributed funds.

Representatives from the partner organizations met bimonthly from May 2014 through April 2015 to plan and implement the CHA. This joint CHA process, the first of its kind for Chippewa and Eau Claire counties, demonstrates the commitment each of the partners has to working toward a healthier community through collaborative action across county lines. This collaboration also allows the community to participate in one comprehensive CHA rather than several assessments conducted each year by different organizations. The CHA Committee believes that no one **organization alone can "move the needle" on community health. Rather, only through working**

together and engaging the community will we truly begin to inspire and realize community health improvement.

Community health priorities were determined during the CHA process through critical evaluation of 14 health areas based on the Wisconsin Department of Health Services health plan, Healthiest Wisconsin 2020. Local data and community survey results around each of these 14 areas are detailed in the Health Focus Area Summaries section of this report. The 2014-2015 CHA process included a variety of data collection methods in order to connect with several different demographic groups in the community and to develop a thorough understanding of health issues facing the Chippewa Valley. These methods included primary qualitative data collection through an online community health survey and listening sessions with traditionally underrepresented demographic groups, in addition to ten Community Conversations (prioritization of health focus areas) and two Community Health Improvement events (further evaluation of the top 3 health focus areas). Secondary, quantitative community health data was collected based on the measures recommended in the Wisconsin Association of Local Health Departments and Boards (WALHDAB) core dataset. The data are detailed in this report and will also be utilized by the local health coalitions, Chippewa Health Improvement Partnership (CHIP) and Eau Claire Healthy Communities (ECHC), in order to develop initiatives that are relevant to the unique priority health concerns of both Chippewa and Eau Claire counties.

This report details the CHA process and results for Eau Claire County. The *2014-2015 Chippewa County Community Health Assessment* is available from any of the Chippewa County-based partner organizations listed on page 6.

Primary Data Collection Methods

Survey

The CHA process began with a community health survey that was widely distributed throughout Eau Claire **County. The objective of the survey was to better understand the community's** perception of the top health concerns in the county. The survey was hosted by Survey Monkey, an online survey development tool, and the link to the web survey was widely distributed through the networks of each of the partner organizations as well as other community organizations (e.g. public and private schools, The Salvation Army, Aging and Disability Resource Center, Boys & Girls Club of the Greater Chippewa Valley, Family Resource Center, Western Dairyland Head Start, local

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churches and food pantries, University of Wisconsin—Extension, Eau Claire Area Hmong Mutual Assistance Association, Beacon House, Eau Claire YMCA, Eau Claire Chamber, Catholic Charities, Bolton Refuge House, Hope Gospel Mission, and others). The survey launch was announced at a press conference and was widely advertised in local newspaper and television media outlets. The survey was also advertised via social media and fliers throughout the community. Paper copies were available to county residents at the five public libraries in the county and could be requested from the project manager over the phone. Special effort was made to ensure the survey was available to typically underrepresented groups who can be at the highest risk of suffering from health disparities. To this end, surveys were also made available at community meal sites, Eau Claire County ADRC and City-County WIC, Family Planning and immunization clinics, Apple Pregnancy Care Center, L.E. Phillips Senior Center, Chippewa Valley Free Clinic, Augusta Senior Center, Beacon House, and through the offices of additional community partners.



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The health focus areas addressed in the survey were: alcohol misuse, chronic disease prevention & management, communicable disease prevention & control, environmental & occupational health, healthy growth & development, healthy nutrition, injury & violence, mental health, obesity, oral health, physical activity, reproductive & sexual health, substance use, and tobacco use & exposure. Survey respondents were asked to rate each of the health focus areas on a four-point scale indicating how much of a problem they felt each area to be for the community (1=not a problem, 4= major problem) and identify reasons they felt the area was a problem.

A total of 1,322 Eau Claire County residents responded to the survey and results are reportable at

a 95% confidence level. Survey respondents represented a wide range of county residents, including a variety of income and educational levels, age, and household size. 26% of respondents identified as healthcare providers, indicating many residents not employed in healthcare also participated in the survey. Online survey responses were collected throughout October 2014. Paper survey responses were accepted from October through the first week of November and recorded in the web survey. A sample survey and full analysis of survey response data is available from any one of the partner organizations listed on page 6. Survey analysis and report compilation were completed by the Mayo Clinic Health System Marketing Research Division.

Survey Highlights:

Top 5 areas "Needing Improvement":

- 1. Obesity
- 2. Mental Health
- 3. Alcohol Misuse
- 4. Substance Use
- 5. Healthy Nutrition

Listening Sessions

Analysis of the survey respondent demographics indicated that a low number of surveys were received from the population in Eau Claire County over age 70 and those residents whose highest education level is high school or some college. Therefore, targeted listening sessions were held to engage these groups and gather information on barriers to and resources for making healthy choices in the community. These sessions were held in November and December 2014 at the Eau Claire community meal site The Community Table, L.E. Phillips Senior Center, and Hmong Wellness Day at Eau Claire Area Hmong Mutual Assistance Association. A key informant interview was also held with an Eau Claire City-County Health Department public health nurse who serves the Eau Claire County Amish population. Each listening session was conducted by at least one CHA partner

organization representative. Session participants were asked a series of questions related to community health:

- What are 3 things that make it hard for people to make healthy choices in our community?
- What are 3 things that would make it easier for people to make healthy choices?
- What programs, services, or facilities are available right now to make healthy choices?
- What does a healthy community look like?

Recurring themes that arose through the listening sessions were affordability and accessibility of healthy food as well as lack of employment as barriers to healthy choices. Many respondents felt that access to and awareness of physical activity opportunities would be helpful in making healthy choices on a more regular basis. Respondents generally indicated that a healthy community would be one that offered an aesthetically-pleasing built environment that encouraged physical activity, as well as a community that was mutually supportive of one another. Participant responses were recorded and are provided in Appendix I with the key informant interview summary.

Secondary Data Collection Methods

After the survey results were analyzed, local quantitative health data was compiled from a variety of data sources based on the measures identified in the recommended core dataset for community health assessments recommended by WALHDAB. The dataset was modified slightly based on the availability of Eau Claire County-specific data and to improve data representation for health focus areas that are underrepresented in the core dataset. Data sources included County Health Rankings, US Census, government reports, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, Youth Risk Behavior Surveillance System, health department reports, Wisconsin Department of Health Services statistics, schools, and other publically available sources. When available, local data was compared to state and national rates. National health plan *(Healthy People 2020)* target rates were also listed when available. The data are summarized in the *Health Focus Area Summaries* section of this report. The full dataset is available in Appendix II.

Community Conversations

The primary and secondary data were presented at five Community Conversations that took place throughout Eau Claire County in February 2015. Sessions were held in Eau Claire (2 sessions), Augusta, Altoona, and Fall Creek. The purpose of these sessions was to allow the public to give input on how to prioritize the 14 health focus areas that were initially presented in the survey. Identical to the survey, the Community Conversations were widely publicized through the professional networks of each of the CHA partner organizations, through community organizations that assisted in survey distribution, and through local print, broadcast, and social media.

Community Conversations were held on weeknight evenings and in a public location (e.g. local public library or school). Overall, 65 people attended the five Community Conversations in Eau Claire County. Community representation was diverse—attendees represented healthcare, public schools, university students and faculty, local government, and the general public. Each Community Conversation consisted of a data presentation that highlighted survey results and local health data for each of the 14 focus areas. Next, participants discussed the survey results and data in small groups with the goal of each individual selecting their top three priority areas. Prioritization criteria were provided to participants and are shown below.

These facilitated group discussions were important for presenting and allowing the public to analyze data from multiple sources, which lends to a more complete picture of community health. Participants were able to develop a more comprehensive picture of health in Eau Claire County through considering the public perception of health and the data that had been collected by local and national agencies. Data was presented orally and also on clear, concise factsheets to allow thorough understanding of the data sources during group discussion.

Community Conversation Prioritization Criteria

- 1. 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.
- 2. 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?
- 3. Which areas is 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?

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Following group discussion, participants were asked to vote for their personal top three priority areas, with consideration of the survey and health data presented. Posters for each health area were distributed around the meeting room and each participant was able to vote by placing one of three provided 'sticky notes' on each of the three health areas they felt were of the highest priority. All of the votes from the five



Eau Claire Community Conversations were tallied and the results are shown in Figure 5.

The **top 3 health priorities** identified during the Community Conversations in Eau Claire County were **mental health, alcohol misuse,** and **obesity**. These results are consistent with those of past CHAs that have been conducted in Eau Claire County. Other areas of high concern for Eau Claire County residents include **healthy nutrition, chronic disease, substance use,** and **physical activity**. These areas are all highly related, and also have been top areas of concern during past CHAs. Traditionally, the organizations conducting CHAs have focused resources on a number health areas, including some not in the "top 3", in effort to improve all areas of community health. As described in *Health Focus Area Summaries* section, *each* of the 14 health areas were indicated by a portion of **the public as a "major" problem for** the community.



Figure 5. Eau Claire County tally from five Community Conversations

Community Health Improvement Event

Following the Community Conversations and prioritization of the top health issues for Eau Claire County, one final event was held in March 2015 in Eau Claire County to get public feedback on the preliminary CHA results and to enhance the focus and understanding of the top three priority areas of **mental health, alcohol misuse,** and **obesity**. The purpose of this event was to engage the public in detailed discussion related to these priority areas, highlight related initiatives of ECHC, and encourage community participation in local health improvement efforts through membership in an ECHC action team and engagement in collaborative action plans. A total of 74 community members representing sectors as broad as local and regional government, cooperative educational services, healthcare providers, university faculty and students, non-profit organizations, and retired citizens participated in this event. The structure included a presentation of recent ECHC initiatives as well as additional quantitative health data related to the three focus areas. Participants were then guided through three rounds of facilitated small-group discussion to better identify the root causes, existing community resources, and community gaps in services for the top three priority areas. Data factsheets presented at this event is available in Appendix III.

Outcomes of focus area discussion

The World Café model (small facilitated discussion groups that rotate through multiple discussion topics) was utilized to inspire creative thinking and create a comfortable atmosphere in which participants could openly share their ideas on each of the three topic areas during the facilitated discussion. During three rounds of discussion, participants were given the opportunity to provide their thoughts on the top three priority areas. Facilitators guided participants to consider root causes for each focus area, initially asking, "What are some of the reasons that lead to mental health/alcohol misuse/obesity being a problem in our community?" and encouraging critical thinking for each response from the group by asking the follow up of "why does *that* happen in Eau Claire County?" After the discussion period, facilitators reported out to the large group about root causes, resources, and gaps in services that participants identified. Key themes were recorded by note takers and the facilitators, and are summarized on the following page.

Mental Health Themes:

Root Causes:

- Lack of understanding/education
- Social taboo/stigma related to mental health issues
- Lack of providers in community; limited treatment options
- Economic downturn has led to poverty
- Lack of coverage of mental health services [by insurance]
- High stress/high pressure culture
- Lack of empathy and mindfulness

Linked to:

- Healthy nutrition
- Culture of drinking

Gaps in Services or Understanding

- · Time, training, or treatment options for adolescents
- Healthy family relationships and support
- Treatment options are not personalized for patients

Alcohol Misuse Themes:

Root Causes:

- Social events often serve alcohol
- Easily accessible in the community; more available than formal mental health care for personal problems.
- Stigma related to alcohol misuse issues
- Community environment: high number of alcohol establishments, rural community, university town
- Alcohol taxes are important economic factor
- · Laws are permissive of drinking culture and alcohol misuse

Linked to:

• Mental health (can be used to self-medicate)

Gaps in Services or Understanding

- · Awareness of binge and low-risk drinking
- Activities without alcohol or during winter season
- Insurance coverage for alcohol treatment



At the conclusion of the event, participants interested in joining ECHC were given the opportunity to leave their contact information with an ECHC representative. Participants were also asked to provide a one-word summary of their impression of the evening. A word cloud from the participant responses was created and illustrates the cover page of this report.

How will this data be used?

CHA data will be shared among all partners and will be made publically available on partner websites. All raw data was also provided to all partner organizations by the CHA project manager for use in assessment review as well as Community Health Improvement Plan creation and implementation over the next three years. This CHA and supporting information will be integral in upcoming initiatives to improve Eau Claire County community health. This information will also be used in funding applications to support these initiatives such as community awareness/educational campaigns or efforts to engage stakeholders and policy makers to inspire systems-level changes to health.

Health Focus Area Summaries

The following sections provide summaries of primary and secondary data collected for each health area and presented during the Community Conversations. The complete dataset is provided in Appendix II. Health focus area descriptions are based on the Wisconsin state health plan, Healthiest Wisconsin 2020. The complete health plan can be accessed at https://www.dhs.wisconsin.gov/hw2020/report.htm



Community members discuss local data and health priority area root causes at the Community Health Improvement Event in Eau Claire



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Alcohol Misuse

Alcohol misuse refers to high-risk alcohol consumption behaviors such as, but not limited to, underage alcohol consumption, consumption during pregnancy, and binge drinking (defined here as 4 or more drinks per occasion for a female, 5 or more drinks per occasion for a male)

Importance

Alcohol-related deaths are the fourth leading cause of death in Wisconsin. While most people in Wisconsin drink responsibly, safely, and legally, Wisconsin ranks at or near the top among states in heavy alcohol drinking. Consequences of alcohol or drug abuse include motor vehicle and other injuries, fetal alcohol spectrum disorder and other childhood disorders, alcohol- and drug-dependence, diseases of the liver, brain, and heart, infections, family problems, and both nonviolent and violent crimes.



Local Data Highlights

Community Health Survey Highlights:

How serious do we think alcohol misuse is?



Top reasons we think alcohol misuse is a problem:

- Alcohol misuse is an accepted attitude or belief within families or the community
- ♦ Alcohol is easily available
- \diamond Laws are not strict enough
- Lack of alcohol-free social activities

Chronic Disease Prevention and Management

Chronic Disease Prevention and Management refers to preventing and managing illness that last a long time, usually cannot be cured, **and often result in disability later in life, such as Alzheimer's** Disease, cancer, diabetes, heart disease, asthma, and others.

Importance

Chronic diseases are among the most common and costly of health problems. Rates will continue to rise as the population average age increases and due to the current obesity epidemic. Chronic diseases can be prevented or mitigated in many ways, including healthy diet and physical activity, eliminating tobacco use and substance abuse, regular preventative screening, and disease-management programs. Cancer and heart disease are the leading causes of death in Eau Claire County.

Local Data Highlights



Community Survey Highlights

How serious do we think chronic disease is?



Top reasons we think chronic disease is a problem:

- Healthy lifestyle choices and managing risk factors are not easy or desirable
- People lack insurance coverage or ability to pay to manage conditions
- Services for prevention or management are not easily accessible
- People don't know where to get information for chronic conditions

Communicable Disease Prevention and Control

Communicable diseases refer to illnesses caused by bacteria, viruses, fungi, or parasites. Communicable diseases may be transmitted from person-to-person or animal-to-person, such as influenza, measles, Lyme disease, and whooping cough. Prevention methods for communicable diseases include immunization, personal health practices, and healthcare.

Importance

Communicable disease prevention and control protect both individuals and entire populations. Effective immunizations have drastically reduced many communicable diseases that were previously very common. Prompt identification and control of communicable diseases reduce illness and premature deaths, health costs, and absenteeism. Chlamydia, Lyme disease and influenza are the top reported communicable diseases in Eau Claire County.



Local Data Highlights

Community Survey Highlights

How serious do we think communicable disease is?



Top reasons we think communicable disease is a problem:

- Control practices (i.e. staying home from work) are not easy or desirable
- Prevention methods (from insect bites, safely preparing food) are not easy or desirable
- Prevention or control is not affordable or covered by insurance
- People don't know where to get information

Environmental and Occupational Health

Environmental and Occupational Health refers to preventing illness and injury from indoor and outdoor hazards such as chemicals, contaminated food or water, polluted air, diseases that can be passed from animals to humans, or hazards at work (e.g. unsafe work practices or tools, or exposure to chemicals or radiation).

Importance

Human health is affected in countless ways by the physical environments where we live and work, and by the quality of air, water, and food. Foodborne illness remains a major cause of health problems and economic disruption. Major disparities in health conditions such as childhood lead poisoning and asthma result from inequities in the quality of home and neighborhood environments. Hazards are reduced through engineering, regulation, safe work practices and other methods. Increasingly, issues related to pollution, lack of physical activity, climate, and injury are being addressed through comprehensive improvements to community design.

Local Data Highlights



Community Survey Highlights

How serious do we think environmental/ occupational health is?



Top reasons we think environmental/ occupational health is a problem:

- Home improvement measures are not affordable
- People are unaware of common hazards and how to decrease them
- Safe neighborhoods, residences, and work places are not the easy option
- Everyone is not able to work in safe areas or obtain safe equipment

Healthy Growth and Development

Healthy growth and development refers to care and support for the best possible physical, social, and emotional health and development, such as prenatal care, early learning opportunities for infants and children, regular healthcare screenings, and quality child and elderly care.

Importance

Early growth and development have a profound effect on health across the life span. Developmental disabilities can often be mitigated if detected promptly. Every week in Wisconsin, almost 100 infants are born with a low birthweight; almost 6 of every 100 infants born with low birthweight will die before their first birthday. Infants born to African American mothers are nearly three times as likely to die in the first year of life when compared to infants born to Caucasian mothers.



Community Survey Highlights

How serious do we think healthy growth and development is?



Top reasons we think healthy growth & development is a problem:

- People are unable to afford health care for themselves or children
- People cannot easily access services
- People cannot afford health care for pregnancy
- People are not aware of information or services to aid in healthy growth

Healthy Nutrition

Healthy nutrition refers to having enough and nutritious food for healthy eating, e.g. balanced meals, breastfeeding infants, fruits and vegetables, fresh foods properly stored, prepared, and refrigerated, and low sugar/low fat drinks and snacks.

Importance

Adequate and appropriate nutrition is a cornerstone for preventing chronic disease and promoting vibrant health. Diet in childhood, including breastfeeding, is especially important to maintaining appropriate weight. One key issue for this focus area is food security, or assured access to enough food to lead an active and healthy life. 13% of Eau Claire County households are food insecure (2015 County Health Rankings).



Community Survey Highlights

How serious do we think healthy nutrition is?



Top reasons we think healthy nutrition is a problem:

- Some people can't afford enough food or healthy food is too expensive
- Not everyone knows how to eat healthy or has the skills to prepare healthy food
- ☆ The healthy choice is not the easy or desirable choice
- Not everyone has the time to prepare healthy food

Injury and Violence Prevention

Injury and violence refers to preventing injury from intentional or unintentional accidents or violence, including self-inflicted injury, falls, accidental poisoning, motor vehicle crashes, gunshot wounds, child abuse, sexual assault, and domestic violence.

Importance

Injuries are the leading cause of death in Wisconsin residents 1-44 years of age and are a significant cause of morbidity and mortality at all ages. The majority of these deaths are preventable. In 2008, inpatient hospitalizations and emergency department visits for injury to Wisconsin residents resulted in \$1.8 billion in hospital charges.



Local Data Highlights

Community Survey Highlights

How serious do we think injury and violence is?



Top reasons we think injury and violence is a problem:

- People are not aware as to how to prevent violence in relationships
- People are not aware of resources available for victims of violence
- People are not aware of how to prevent injury or violence in the home or workplace

Mental Health

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

Importance

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 cope with the daily demands of life. Mental illnesses are also 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.



2000 2003 2010 2013

Community Survey Highlights





Top reasons we think mental health is a problem:

- People do not feel comfortable seeking care due to a taboo or stigma attached to mental health
- ♦ Affordable treatment is not available
- People are not aware of mental health services available
- It is difficult to access mental health services

Obesity

Obesity is defined as the presence of excessive body fat that can increase the risk of heart disease, high blood pressure, diabetes, cancer, and other chronic diseases. A body mass index (BMI) over 30 is considered obese.

Importance:

Obesity in our communities can contribute to increased medical costs and decreased productivity, resulting in significant economic impacts. The prevalence of Wisconsin adult obesity increased from 24% to 30% from 2004 to 2012 (Wisconsin Department of Health Services). Maintaining a healthy weight is also 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.

Local Data Highlights



Community Survey Highlights

How serious do we think obesity is?



Top reasons we think obesity is a problem:

- Health care or personal healthy weight management are not the easy or desirable option
- Support group or treatment services are not affordable
- People are unaware of the resources or services available
- \diamond Services are not easily accessible

Oral Health

Oral health focuses on practices and services available to promote healthy teeth, gums, and mouth, and means being free of mouth pain, tooth decay, tooth loss, oral and throat cancer, and other diseases that affect the mouth.

Importance

Many diseases can start with oral symptoms, and many diseases beginning in the mouth can affect health in other parts of the body. Wisconsin experiences shortages of access for dental and other oral health services, particularly for people receiving BadgerCare or lacking insurance coverage for oral health services.



Local Data Highlights

Community Survey Highlights

How serious do we think oral health is?



Top reasons we think oral health is a problem:

- Good dental care or personal dental practices are not affordable
- Dental clinics accepting BadgerCare are limited
- People are not aware of the importance of quality dental care
- Dental care services are not easily accessible

Physical Activity

Physical activity refers to staying active in order to improve or maintain physical fitness and overall health, including walking, biking, swimming, team sports, and weight lifting.

Importance

Physical activity is a preventative factor for many adverse health conditions, such as heart disease, stroke, high blood cholesterol, depression, and bone and joint disease. Changes in community design and daily habits can encourage increased physical activity.

Local Data Highlights



Community Survey Highlights

How serious do we think physical activity is?



Top reasons we think physical activity is a problem:

- ♦ Being physically active is not the easy or desirable choice
- Physical activity choices are not affordable
- People don't have time to be physically active
- People suffer from health problems that prevent physical activity

Reproductive and Sexual Health

Reproductive and sexual health includes the factors that affect the physical, emotional, mental, and social well-being related to reproduction and sexuality for people of all ages. It includes education and healthcare to maintain sexual health, and prevent unintended pregnancy as well as sexually-transmitted diseases.

Importance

Attention to policies and programs that support and foster reproductive and sexual health is needed to reduce rates of adolescent and unintended pregnancy and sexually-transmitted diseases. Health disparities are especially pronounced in these areas and long-term change will requires a shift in social norms accomplished through increased resources, leadership, and community dialog. In 2013, chlamydia, the most commonly reported communicable disease, was reported at a rate over 6 times greater than influenza hospitalizations.

Local Data Highlights



Community Survey Highlights

5%
21%
Major problem
Moderate problem
Slight problem
Not a problem

How serious do we think sexual health is?

Top reasons we think sexual health is a problem:

- People do not feel comfortable seeking care due to taboo or stigma attached
- Sexual health care or personal practices are not the easily or desirable choice
- People are not aware of where to get sexual health care or supplies
- Sexual health supplies are not affordable

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Substance Use

Substance use refers to the use of and negative impacts from mood-altering substances such as marijuana, heroin, cocaine, or the misuse of prescription drugs. Negative impacts may include hospitalizations, arrests, drug-related crimes, and death.

Importance

The abuse of illicit drugs, including the non-medical use of mood-altering prescribed drugs, inflicts tremendous harm upon individuals, families, and communities. Other drug problems tend to vary by geographic area, but the abuse of powder and crack cocaine, heroin, marijuana, methamphetamines and opiate-based prescription drugs occurs across Wisconsin. According to the 2013 Youth Risk Behavioral Survey, 15% of Wisconsin high school students report abusing prescription drugs and 17% report using marijuana in the past month.



Local Data Highlights

Community Survey Highlights

How serious do we think substance use is?



Top reasons we think substance use is a problem:

- Substances are easily available in the community
- More prevention education is needed
- Treatment is expensive and hard to access
- Substance use is acceptable within families or the community

Tobacco Use and Exposure

Tobacco use and exposure focuses on improving personal and community health by preventing tobacco use, providing treatment to stop smoking, and protecting people from second-hand smoke.

Importance

Tobacco use and exposure represent the leading overall cause of death in the U.S. and Wisconsin and a major economic burden. In Wisconsin each year, 8,000 people die of tobacco-related illnesses, \$2.2 billion are paid in direct healthcare costs, and \$1.6 billion are attributed to lost productivity.



Local Data Highlights

Community Survey Highlights

How serious do we think tobacco use is?



Top reasons we think tobacco use is a problem:

- ♦ Tobacco products are easily available
- Tobacco use is accepted within families or the community
- There are not enough incentives for non-smokers
- More tobacco use and exposure prevention education is needed

Health Needs and Disparities

Data gathered from community members during the Community Health Improvement event provided additional data on the disparities among different populations within Eau Claire County. Much of the county is rural and **access to care** is a barrier for many residents that do not live near larger population centers. This is especially true regarding access to mental health providers, many of whom are based in Eau Claire, and do not practice in towns or villages. Rural populations also suffer from health disparities regarding **access to food and physical activity locations.** Rural residents may also have less access to fresh and healthy food, as convenience stores and fast food restaurants are often more common in villages than grocery stores. According to the USDA Food Access Research Atlas, 33% of Eau Claire County residents live in census tracts designated as food deserts (a low-income area where a substantial number of residents have low access to a supermarket or grocery store).

According to the Department of Health Services 2012 Eau Claire County Public Health Profile, racial and age disparities are apparent in prenatal care and birth outcome data. In 2012, **children of Black/African American mothers were born at a low birthweight** at a rate greater than white, Hispanic/Latino, or Asian infants combined. In addition, **non-white mothers are less likely to receive first trimester prenatal care** compared to white mothers. Mothers under the age of 25 also received first trimester care at a rate much lower than mothers 25 years old or more.

Non-insured or underinsured residents suffer from health disparities regarding access

to care. An area of high concern is the availability of health care providers that accept BadgerCare, the healthcare coverage program for low-income Wisconsin residents. According to the 2014 Community Health Survey, 68% of survey respondents that felt oral health was a problem in Eau Claire County indicated one of the top reasons to be "lack of dental providers that accept BadgerCare".

In recognition of health disparities that are faced by rural community members, special attention was paid to ensuring surveys were distributed in the rural areas by making them available at the public library in each town and advertising the survey link through all of the public school districts in the county. In addition, Community Conversations were planned and held in rural communities in Eau Claire County in addition to Community Conversations held in the city of Eau Claire. During survey distribution and Community Conversations, the CHA Committee also worked closely with organizations in Eau Claire County that serve populations that typically experience poorer health

outcomes, such as low-income and elderly residents. To this end, we advertised and made paper surveys available at organizations such as the free clinic, food pantries, Community Table, and the area senior center. Low-income and elderly populations were also the focus of the listening sessions held at The Community Table and the L.E. Phillips Senior Center.

Community Assets Inventory

Eau Claire County has many organizations that are committed to improving community health and well-being. The CHA Committee assembled a list of community assets and resources that can be mobilized to address health issues in the community. The list was created using data collected from community members during the CHA process and using local directories and internet sources. **This listing is not intended to be exhaustive.** Please refer to Appendix IV for the inventory.

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Community Health Assessment Appendix I: Listening Session Responses & Key Informant Interview

Question 1: (What makes it hard for people to be healthy?)	Session held by: Audrey Date: 11/4/14 Location: The Community Table Number in attendance: 11 people • Influence of other people • Ebola • Having enough money for good food • Getting money • Money • Education • Not having a job • Location of services they need • Lack of money/job • Lack of drinking fountains or water in vending machines • People don't reach out for assistance (i.e. energy assistance) • Budget • Jobs	 Session held by: Audrey Date: 11/25/14 Location: Hmong Wellness Day at Hmong Mutual Assn. Number in attendance: 12 Fear of leaving home to see what else is available, being out alone Lack of help w/ exercise for those that suffer from pain (knee, leg, back, arm, chest) Existing pain makes exercise difficult Bad weather, snow, illness, age make exercise difficult Depression, specifically when there is no one available to help you or for you to depend on, to take you around town A special diet makes eating difficult 	Session held by: Audrey, Lynn, Sara Date: 12/9/14 Location: L.E. Phillips Senior Center Number in attendance: 26 • Cost (food, prescriptions) • Not enough information about health choices/programs-should have commercial, scrolling info at bottom of TV, senior center newsletter notifications • Mobility (no car or unable to drive to appointments, etc.) • Local government not accepting federal money to help the poor • Physical environment (icy roads, uneven stairs, cold weather) • Inactive/isolated people • Alcohol use • Don't know neighbors • Sex trafficking • Accessibility to junk food • Too much TV • Poor variety in hospital food • False information
Q 2: What would help to make it easier to make healthy choices?	 Community activities, i.e. crafts, social/play time, community sledding/picnics More money Community Table have healthier options Somewhere to live More walking trails More benefit runs 	 Casino is helpful to forget about depression Am able to go walking in summer time Having a caretaker to ease depression Having someone (family) w/ ulcer knowledge [to help me manage this condition], and a 	 St. Joe's seminar on diabetes & long-term care options at 29 Pines. More info needed, esp. calories & nutrition in food at restaurants in easy-to-see locations (and consideration of those w/ bad vision) Lower cost housing
	 More Farmer's markets More transportation options Personally selecting the healthier option Abide by laws More fruits & veggies offered when free food is available Less police enforcement-their presence increases blood pressure 	 cane for walking Nutritional assistance [respondent must water-down food to make it easier to eat/digest]. Icy-hot, exercises to help ease pain Having family close by and ability to exercise at home 	 No smoking No drinking Friendly neighborhoods Better accessibility to healthy foods Encouraging family members/support network Lower costs Welfare-helps food access Healthy restaurant offerings Family meals/home-cooked meals Exercise-programs that target seniors Parks & Rec options for seniors (need more) YMCA chair yoga (promote more)
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Q3: Programs/services helping now to make healthier choices	 Positive Avenue activities Turkey & Chicken & garlic options at Subway Good friends Help for unstable housing Farmer's markets Walking/bike trails Human Services Community Table (x2) Sometimes food pantry Food stamps Part-time work 	 Wellness Days programming helps with exercise and movement [In discussion w/ translator, she suggested something like IRIS would be helpful to this population] 	 ADRC Social Security Office Selected insurance brokers Nutrition Action subscription E.C. Senior Center Abby Van Schools, churches, buses, police Wellness programs, gyms, yoga Hospitals & Clinics Newspaper articles Meals at senior center (ADRC) Health clubs Promoting existing programs Swimming classes (cold weather deters participants) Meals on Wheels

Q4: What does a healthy community look like?	 Clean Stress free Drama free Parks/playgrounds Well-lit streets Nice houses Fresh fruit & veggies Farmer's markets, trails Help to find stable housing More voters 	 Have people that help (family members, designated caretaker) Helping community Supportive community Programs for socialization/ support among each other Activities for people to make friends and be more like a family More educated help the less educated, and wealthier help less wealthy 	 Senior dinners People who are a health weight Many walkers, bikers, exercisers People planting own gardens Opportunities for exercise, recreation, mental stimulations, arts, physical appeal/beauty Supportive Community Eau Claire Green, no litter No ice on sidewalks Financial & physical volunteers Education, medical, police, Transportation, access People doing things like this (listening sessions) Building projects together Activities for those disabled/impaired Walking trails/biking trails Gatherings for people that don't get out much Medical facilities Hard workers Less packaged foods Wall Street Journal reported 12/9 of MDS prescribing physical activity Hudson Hospital-obstetrics

Key Informant Interview:

Question: What are some Amish cultural norms that encourage healthy and unhealthy behaviors?

- Amish people are interested in exercise and maintaining a healthy body weight
- No drinking or smoking occurs in the culture
- Community members get lots of physical activity through their daily activities
- Interested in safety inspections of each other's sawmills
- Amish dietary behavior includes eating fruits and vegetables, and members are aware that lean meat is healthier than fatty meats
- Community members are interested in improving oral health for themselves and their children
- Community members would like to prevent chronic diseases and other afflictions so they do not have to visit hospitals
- Vaccination is not a routine practice among Amish communities
- Amish families are aware that their diet contains high amounts of sweets and that a healthier diet should be more balanced

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Community Health Assessment Appendix II: Core Dataset



Measure	Definition	Eau Claire County	Source (Year of Data)	Wisconsin	Source (Year of Data)	Healthy People 2020 Target	National Rate	Source (Year of Data)	Notes
Alcohol Misuse F	ocus Area								
Alcohol Outlet Density	Alcohol outlet density per 500 people		WI Epidemiological Profile on Alc. & Other Drug Use 2014 (2012- 2013)		WI Epidemiological Profile on Alc. & Other Drug Use 2014 (2012- 2013)	n/a	n/a		
Alcohol Use	Alcohol use among 18+ (At least one drink in the past 30 days)	62%	WI Epidemiological Profile on Alcohol and Other Drug Use, 2014 (2008-2010)	64%	WI Epidemiological Profile on Alcohol and Other Drug Use, 2014 (2012)	n/a		WI Epidemiological Profile on Alcohol and Other Drug Use, 2014 (2012)	
Alcohol-related Hospitalizations	Rate of alcohol-related hospitalizations per 1,000 population	4.3	County Health Rankings (WI Public Health Profiles; 2012)		County Health Rankings (WI Public Health Profiles; 2012)	n/a	10.3	Hospitalizations and Their Co- occurring Drug-related mental	National data represents sum of alcohol-related hospitalizations from all-listed diagnoses including alcohol dependence syndrome, nondependent abuse of alcohol, all chronic liver disease and cirrhosis, and alcohol poisoning. Report Ch. II, Table C2
Alcohol-related vehicle deaths	Alcohol-related motor vehicle deaths per 100,000, 2012	2	WI Epidemiological Profile on Alcohol and Other Drug Use, 2014 (2012)		WI Epidemiological Profile on Alcohol and Other Drug Use, 2014 (2012)	n/a	4.4	WI Epidemiological Profile on Alcohol and Other Drug Use, 2014 (2012)	
Binge drinking	Engagement in binge drinking among adults 18+ years old	24%	WI Epidemiological Profile on Alcohol and Other Drug Use, 2014 (2008-2010)	22%	WI Epidemiological Profile on Alcohol and Other Drug Use, 2014 (2010)	24%	15%	Alcohol and Other Drug Use, 2014 (2010)	County data 2008-2010 from Epi Profile Table 29. State & National data from 2010, Figure 32. National data from same figure, cite BRFSS & CDC Disease Control & Prevention. HP Target based on % of 18+ engaged in binge drinking during the past 30 days (based on 2008 baseline of 27.1)
Excessive drinking (Binge +Heavy Drinking)	% 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	24%	County Health Rankings (2006- 2012)	24%	County Health Rankings (2006-12)	25.4%	28.2%	National Survey on Drug Use and Health (2008)	
Youth Drug and Alcohol Use	% of high school students who had at least one drink of alcohol on one or more of the past 30 days	n/a		32.7%	Youth Risk Behavior Surveillance System (2013)	n/a	34.9%	Youth Risk Behavior Surveillance System (2013)	
Youth Drug and Alcohol Use	% of high school students who had their first drink of alcohol other than a few sips before age 13	n/a		14.6%	Youth Risk Behavior Surveillance System (2013)	n/a	18.6%	Youth Risk Behavior Surveillance System (2013)	

Chronic Disease	Prevention & Management Focus	s Area							
Alzheimer's	Alzheimer's Disease deaths per 100,000	24	HealthIndicators.gov (NVSS-M; 2011)	32	HealthIndicators.gov (NVSS-M; 2011)	n/a		HealthIndicators.gov (NVSS-M; 2011)	
Cancer	Incidence per 100,000 population by cancer site (age-adjusted)	440	County Health Rankings (Wisconsin Cancer Reporting System; 2007-2011)	471	County Health Rankings (Wisconsin Cancer Reporting System; 2007-2011)	n/a		Centers for Disease Control and Prevention(2007-2011)	
Cancer mortality	Cancer death rate per 100,000	184	Eau Claire County Public Health Profile, DHS (2012)	196	DHS WISH (2012)	161	185	HealthIndicators.gov (NVSS-M; 2012)	
Cerebrovascular Disease Hospitalizations	Cerebrovascular disease hospitalization rate per 1,000 people	2.5	County Health Rankings (State of Wisconsin Public Health Profiles; 2012)	3	County Health Rankings (State of Wisconsin Public Health Profiles; 2012)	n/a	1.2	Centers for Disease Control and Prevention(2002)	
Cervical Cancer Screening	% of women 18+ who had a pap test in last 3 years	80.4%	HealthIndicators.gov (BRFSS; 2006-2012)	76.6%	HealthIndicators.gov (BRFSS; 2006-2012)	n/a	n/a		
Cholesterol Screening	% of adults had cholesterol checked in past 5 years	n/a		75.6%	Prevalence of Cholesterol Screening and High Blood Cholesterol Among Adults — United States, 2005, 2007, and 2009, Centers for Disease Control and Prevention (BRFSS, 2009)	82.1%	70%	NHNES (2011-2012)	National measure reflects screening for adults over 20 years old
Colon Cancer Screening	% of 50+ population who ever had a sigmoidoscopy or colonoscopy	71.4%	HealthIndicators.gov (BRFSS; 2006-2012)	69.3%	HealthIndicators.gov (BRFSS; 2006-2012)	n/a	n/a		
Coronary Heart Disease Hospitalizations	Coronary heart disease hospitalization rate per 1,000 population	3	Eau Claire County Public Health Profile, DHS (2012)	3	County Health Rankings (State of Wisconsin Public Health Profiles; 2010)	n/a	11.2	Heart Disease Discharges, NHDS (2010)	

Measure	Definition	Eau Claire County	Source (Year of Data)	Wisconsin	Source (Year of Data)	Healthy People 2020 Target	National Rate	Source (Year of Data)	Notes
	% of adults age 20 and above with diagnosed diabetes	7%	County Health Rankings (National Center for Chronic Disease Prevention and Health Promotion; 2010)	9%	County Health Rankings (National Center for Chronic Disease Prevention and Health Promotion; 2010)	n/a		CDC National Diabetes Statistics 2014 report (all ages; 2012)	
	% of diabetic Medicare enrollees that received HbA1c screening in past year	0.20/	County Health Rankings (Dartmouth Atlas of Health Care; 2011)		County Health Rankings (Dartmouth Atlas of Health Care; 2011)	n/a	n/a		
Mammography	% of female Medicare enrollees aged 67-69 that received mammography screening over two years	76%	County Health Rankings (Dartmouth Atlas of Health Care; 2011)	70%	County Health Rankings (Dartmouth Atlas of Health Care; 2011)	n/a	n/a		
	% ever told by a doctor or nurse they had asthma and still have asthma	n/a		21.5%	Youth Risk Behavioral Surveillance System (2007)	n/a		Youth Risk Behavioral Surveillance System (2013)	

Communicable D	communicable Disease & Prevention Focus Area										
	% of children aged 19 to 35 months who received the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella, and PCV	74%	County Health Rankings (WI Immunization Registry; 2012)	69%	County Health Rankings (WI Immunization Registry; 2012)	90%	69%	HealthIndicators.gov (NIS; 2011)			
	Number of reportable cases of communicable diseases per 100,000 population		WI Public Health Information Network Analysis, Visualization, and Reporting (2013)	811	WI Public Health Information Network Analysis, Visualization, and Reporting (2013)	n/a	n/a				
Influenza Immunization 65+	% of population age 65 and older who had a flu shot in the last 12 months	69.7%	HealthIndicators.gov (BRFSS; 2006-2012)	68.4%	HealthIndicators.gov (BRFSS; 2010)	90%	66.6%	Healthypeople.gov, Indicator #IID- 12.7 (NHIS, CDC/NCHS; 2008)			
Lyme Disease	Rate per 100,000 population of confirmed Lyme disease cases	72	WEDSS Communicable Disease Reporting System (2013)	30	WEDSS Communicable Disease Reporting System (2013)	n/a	n/a				

Environmental & (Occupational Health Focus Area								
Contaminants in Municipal Water	Percent of the population on municipal water exposed to any maximum contaminant limit (MCL) violation in a calendar year	2%	County Health Rankings (EPA Safe Drinking Water Information System; 2012-2013)		County Health Rankings (EPA Safe Drinking Water Information System; 2012-2013)	n/a	n/a		
Good' or 'moderate'	Percentage of measured days in given year (not every day was measured in both counties) that were 'good' or moderate' (Air quality index from 0- 100)		EPA Air Data Reporting Query System (2013)	n/a		n/a	n/a		
	Prevalence of elevated blood lead levels among children age six and under	<1%	County Health Rankings (Wisconsin Department of Health Services; 2010)	1%	County Health Rankings (Wisconsin Department of Health Services; 2010)	n/a	<1%	NHNES (2005-2008)	Age of 'children' not defined in NHNES survey results
Municinal Water	Estimated percent of population on municipal water (population on municipal + other than municipal, community/total county population)		WI Department of Natural Resources 2014	n/a		n/a	n/a		
Unhealthy air quality days	Percentage of measured days in given year (not every day was measured in both counties) that were "unhealthy" (Air quality index above 101		EPA Air Data Reporting Query System (2013)	n/a		n/a	n/a		
Year Structure Built	% of housing units built prior to 1950		County Health Ranking (Census; 2007-2011)	28%	County Health Ranking (Census; 2007-2011)	n/a	20%	US Census Bureau (2007-2011)	

Measure	Definition	Eau Claire County	Source (Year of Data)	Wisconsin	Source (Year of Data)	Healthy People 2020 Target	National Rate	Source (Year of Data)	Notes		
Healthy Growth &	valthy Growth & Development Focus Area										
Infant Mortality	Rate per 1,000 live births	4.2	DHS WISH (2012)	5.7	DHS WISH (2012)	6	6.1	HealthIndicators.gov (CDC/NCHS; 2011)			
Illiteracy	% of middle school students that lack "basic" level reading skills		DPI WI Information System for Education (2013-2014)	21%	DPI WI Information System for Education (2013-2014)	n/a	n/a				
High School Graduation	% of 9th grade cohort that graduates in four years		County Health Rankings (Data.gov; 2010-2011)		County Health Rankings (Data.gov; 2010-2011)	82%		Healthypeople.gov Indicator #AH- 5.1 (Common Core of Data; 2009- 2010)			
Lost earnings	Lifelong earnings lost by all high school non-completers in 2013	\$10,660,000	see note	n/a		n/a	n/a		County graduation rates: DPI WI Information System for Education (2013). Per person earnings lost estimates from "Social Costs of nadequate Education", Columbia University		
Low Birth Weight	% of live birth weights <2,500 grams	5.3%	Eau Claire County Public Health Profile, DHS (2012)	7.2%	DHS WISH (2012)	7.8%	8.0%	HealthIndicators.gov (NVSS-N; 2012)			
Single-parent Households	% of children that live in a household headed by a single parent	24%	County Health Rankings (Census; 2008-2012)	30%	County Health Rankings (Census; 2008-2012)	n/a	26%	US Census Bureau (2011)			
Some College	% of adults age 25-44 with some college or associate's degree	72%	US Census Bureau (2011-2013)	67%	US Census Bureau (2011-2013)	n/a	63.5%	US Census Bureau (2011-2013)			

Healthy Nutrition	Focus Area								
Adult Dietary Behavior	Adults that report fewer than 5 servings of fruits/vegetables per day	76%	HealthIndicators.gov (BRFSS 2007- 2009)	77%	HealthIndicators.gov (BRFSS 2009)	n/a	n/a		
Breastfeeding	% of infants in WIC breastfed exclusively through three months	35%	County Health Rankings (Pediatric Nutrition Surveillance System (WIC); 2011)	21%	County Health Rankings (Pediatric Nutrition Surveillance System (WIC); 2011)	46%	34%	Healthypeople.gov, Indicator #MCH-21.4 (NIS, CDC, NCIRD, NCHS; 2007-09)	National rate and Healthy People 2020 goal reflect all infants, not just those in WIC
Farmer's markets	Prevalence of farmer's markets per 1,000 people	5	USDA Food Environment Atlas (2013)	n/a		n/a	n/a		
Fast Food Restaurant Density	% of all restaurants in the county that are fast food restaurants	54%	US Census County Business Patterns (2012)	41%	US Census County Business Patterns (2012)	n/a	n/a		Number of fast food restaurants calculated by dividing number of limited-service restaurants' by the total of 'limited' and 'full-service restaurants'.
Food Insecurity	% population without access to reliable food source	12%	County Health Rankings (Map the Meal Gap; 2011)	13%	County Health Rankings (Map the Meal Gap; 2011)	6%		Healthypeople.gov; Indicator #NWS-13 (Census and USDA/ERS; 2008)	
Limited Access to Healthy Foods	% population in poverty that also are far from a grocery store (10 miles rural/one mile urban)	8%	County Health Rankings (USDA Food Environment Atlas; 2010)	5%	County Health Rankings (USDA Food Environment Atlas; 2010)	n/a	n/a		

Measure	Definition	Eau Claire County	Source (Year of Data)	Wisconsin	Source (Year of Data)	Healthy People 2020 Target	National Rate	Source (Year of Data)	Notes		
Injury & Violence	jury & Violence Focus Area										
Child Abuse	Child victims (Ages 0-17) of substantiated maltreatment per 1,000 population (maltreatment being neglect, physical, sexual, or emotional abuse).	2.6	2013 WI Child Abuse and Neglect Report (2012)	3.5	2013 WI Child Abuse and Neglect Report (2012)	8.5	9.2	National Child Maltreatment Report (2012)	National rate includes child deaths.		
Falls Fatalities 65+	Injury deaths due to falls for age 65 and older (per 100,000 population)	76	County Health Rankings (DHS WISH; 2009-2011)	111	County Health Rankings (DHS WISH; 2009-2011)	47	54	Healthypeople.gov, Indicator #IVP- 23.2 (NVSS-M; 2011)			
Hate Crimes	Hate crime rate per 100,000 population	<1	Wisconsin Office of Justice Assistance (2009)	1.1	Wisconsin Office of Justice Assistance (2009)	n/a	1.9		National rate calculated from reported 5796 hate crimes and 2012 population estimate of 312.8 million people		
Injury Hospitalizations	Hospitalizations for injuries (age- adjusted per 100,000 population)		County Health Rankings (DHS WISH; 2012)	832	County Health Rankings (DHS WISH; 2012)	556	618	Healthypeople.gov, Indicator #IVP- 1.2 (NHDS; 2007)			
Motor vehicle crash deaths	Number of motor vehicle crash deaths per 100,000 population		County Health Rankings (National Center for Health Statistics; 2004- 2010)	12	County Health Rankings (National Center for Health Statistics; 2004- 2010)	n/a	n/a				
Motor vehicle crash occupancy rate	Motor vehicle crash occupancy rate per 1,000 population (annual crash involvement, including injured and non- injured passengers)	50	Crash Outcome Data Evaluation System (2012)	42	Crash Outcome Data Evaluation System (2012)	n/a	n/a				
Violent Crime	Violent crime rate 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)	162	County Health Rankings (FBI Uniform Crime Reporting; 2009- 2011)	248	County Health Rankings (FBI Uniform Crime Reporting; 2009- 2011)	400		Healthypeople.gov, Indicator #AH- 11.1 (Uniform Crime Reporting; 2011)	National rate reflects arrests for ages 10-24		
Youth Injury	% who rarely or never wore a seat belt when riding in a car driven by someone else	n/a		8.3	Youth Risk Behavior Surveillance System (2013)	n/a	7.6	Youth Risk Behavior Surveillance System (2013)			
Youth Violence	% of students who have been bullied on school property during the past 12 months	n/a		22.7	Youth Risk Behavior Surveillance System (2013)	n/a	19.6	Youth Risk Behavior Surveillance System (2013)			
Mental Health Fo	cus Area										
	% adults without social/emotional	1	•		1	1		•			

Mental Health Foo	cus Area								
nadequate Social Support	% adults without social/emotional support (self reported that 'never', 'rarely', or 'sometimes' get support they need)		County Health Rankings (BRFSS; 2005-2010)	17%	County Health Rankings (BRFSS; 2005-2010)	n/a	n/a		
	Self-inflicted hospitalization rate per 100,000 population	164	County Health Rankings (DHS WISH; 2010-2012)	95	County Health Rankings (DHS WISH; 2010-2012)	112	153	Healthypeople.gov, Indicator #IVP- 41 (NEISS-AIP; 2010)	
	Ratio of population to mental health providers	763 to 1	County Health Rankings (Centers for Medicare & Medicaid Services National Provider Identification Registry (2013)	1,024 to 1	County Health Rankings (Centers for Medicare & Medicaid Services National Provider Identification Registry (2013)	n/a	n/a		
Poor wental Health	Average number of mentally unhealthy days reported in past 30 days (age- adjusted)	2	County Health Rankings (BRFSS; 2006-2012)	3	County Health Rankings (BRFSS; 2006-2012)	n/a	3.5	BRFSS (2009)	
Sad/hopeless days	% feeling sad/hopeless for 2+ consecutive weeks (major depressive episode)	n/a		24.6%	Youth Risk Behavior Surveillance System (2013)	n/a	29.9%	Youth Risk Behavior Surveillance System (2013)	
Suicide	Suicide death rate per 100,000	14	DHS WISH (2012)	12.3	DHS WISH (2012)	10.2	12.5	American Foundation for Suicide Prevention (2012)	
Youth Suicide	% who seriously considered attempting suicide during the 12 months before the survey	n/a		13.2%	Youth Risk Behavior Surveillance System (2013)	n/a	17%	Youth Risk Behavior Surveillance System (2013)	

Measure	Definition	Eau Claire County	Source (Year of Data)	Wisconsin	Source (Year of Data)	Healthy People 2020 Target	National Rate	Source (Year of Data)	Notes
Obesity Focus Ar	ea								
Adult Obesity	% adults (age 20 +)with BMI > 30 (obese)	29%	County Health Rankings (National Center for Chronic Disease Prevention and Health; 2010)	29%	County Health Rankings (National Center for Chronic Disease Prevention and Health; 2010)	31%	35%	Healthypeople.gov Indicator #NWS 9 (NHNES; 2009-2012)	
WIC obesity	Obesity occurrence in children 2-5 yr. from WIC	13.6%	Eau Claire City-County Health Dept. WIC program, 2014	15.0%	Eau Claire City-County Health Dept. WIC program, 2014	9.4%	10.2%	Healthypeople.gov Indicator #NWS 10.1 (NHNES; 2009-2012)	
WIC overweight	Overweight occurrence in children 2-5 yr. from WIC	15.3%	Eau Claire City-County Health Dept. WIC program, 2014	16.4%	Eau Claire City-County Health Dept. WIC program, 2014	n/a	n/a		
Youth Dietary Behavior/ Overweight	Percentage of students overweight (>= 85th percentile but <95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts)			13%	Youth Risk Behavior Surveillance System (2013)	n/a	17%	Youth Risk Behavior Surveillance System (2013)	
	-								
Oral Health Focus	s Area	!	I		I	!	:	!	1
Dentists	Ratio of population to dentists	1144 to 1	County Health Rankings (Health Resources and Services Administration; 2012)	1660 to 1	County Health Rankings (Health Resources and Services Administration; 2012)	n/a	n/a		
Fluoride in Public Water Supply	% of public water supplies with fluoride content at 0.7 PPM or greater	84%	WI Public Water Supply Fluoridation Census (2013)	90%	Healthindicators.gov (Water Fluoridation Reporting System; 2008)	n/a	72.4%	Healthindicators.gov (Water Fluoridation Reporting System; 2008)	County percentage computed from total population on adjusted fluoridated water divided by total population served by public water
No recent dental visit	% of population age 2+ that did not have a dental visit in the past year	21%	County Health Rankings (Wisconsin Family Health Survey; 2005-2011)	24%	County Health Rankings (Wisconsin Family Health Survey; 2005-2011)	49%	41.8%	Healthypeople.gov Indicator #OH-7 (MEPS; 2011)	
Oral Health of 3rd Grade Children	% of untreated decay in Western region	n/a*		20.1%*	DHS Make Your Smile Count Survey (2008)	25.90%	16.9%	Heathypeople.gov, Indicator #OH- 2.2 (NHANES; 2009-2010)	*Wisconsin rate is for 'Western region' only. The Healthy People 2020 target for 6-9 year olds. National rate reflects untreated decay rate in 6-9 year olds
Physical Activity	Focus Area								
Access to exercise opportunities	% of population with adequate access to location for physical activity	68%	County Health Rankings (GIS mapping; 2010 & 2012)	78%	County Health Rankings (GIS mapping; 2010 & 2012)	n/a	n/a		
Bike/walk to work	% of working population that bike or walk to work	5%	US Census Bureau (2011 - 2013)	4%	US Census Bureau (2011 - 2013)	n/a	n/a		
Computer usage	% students who used a computer not for school for 3+ hours/day	n/a		34.2%	Youth Risk Behavior Surveillance System (2013)	n/a	41.3%	Youth Risk Behavior Surveillance System (2013)	National rate from YRBS. NHP Target: 82.6% of 9th-12th grade use computer or play computer games for non school work outside of school for no more than 2 hrs /day
Physical Education	% students not attending physical education class on 1 or more days during the school week	n/a		47.9%	Youth Risk Behavior Surveillance System (2013)	n/a	52%	Youth Risk Behavior Surveillance System (2013)	
Physical Inactivity	Estimated percent of adults aged 18 and over reporting no leisure time physical activity	22%	National Center for Chronic Disease Prevention and Health Promotion (2010)	21%	National Center for Chronic Disease Prevention and Health Promotion (2010)	32.6%	26.1%	National Center for Chronic Disease Prevention and Health Promotion (2010)	
Recreational facilities	Recreational facilities available per 1000 people	0.14	USDA Food Environment Atlas (2011)	n/a		n/a	n/a		
Television	% students who watched TV 3+ hours per day	n/a		22.5%	Youth Risk Behavior Surveillance System (2013)	n/a	32.5%	Youth Risk Behavior Surveillance System (2013)	Nat'l rate from YRBS. NHP Target: 73.9% of adolescents gr. 9-12 view TV, videos or play video games for no more than 2 hrs per day
Youth Physical Activity	Percentage of students physically active at least 60 minutes per day on less than 5 days	n/a		50.5%	Youth Risk Behavior Surveillance System (2013)	n/a	52.7%	Youth Risk Behavior Surveillance System (2013)	

Measure	Definition	Eau Claire County	Source (Year of Data)	Wisconsin	Source (Year of Data)	Healthy People 2020 Target	National Rate	Source (Year of Data)	Notes
Reproductive/Se	xual Health Focus Area								
Chlamydia Infections	Chlamydia cases per 100,000 population		Eau Claire City-County Health Dept. WEDSS (2013)	417	Eau Claire City-County Health Dept. WEDSS (2013)	n/a		Healthindicators.gov (STDSS; 2012)	
HIV Prevalence	Number of persons living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population		County Health Rankings (National Center for HIV/AIDS; 2010)	107	County Health Rankings (National Center for HIV/AIDS; 2010)	n/a	n/a		
Prenatal Care	Pregnant women who received 1st trimester prenatal care	80%	DHS WISH (2013)	76%	DHS WISH (2013)	78%		Healthypeople.gov Indicator #MICH-10.1 (NVSS-N; 2007)	
Preterm births	% of births < 37 weeks gestation during 2013	8.1%	DHS WISH (2013)	10%	DHS WISH (2013)	11.4%		Healthypeople.gov Indicator #MICH-9.1 (NVSS-N; 2012)	
Teen Birth Rate	Birth rate per 1,000 females age 15-19		Healthindicators.gov (NVSS-N; 2012)	22	Healthindicators.gov (NVSS-N; 2012)	n/a	29	Healthindicators.gov (NVSS-N; 2012)	
Youth Sexual Behavior	% of students who have ever had sexual intercourse	n/a		35.3%	Youth Risk Behavior Surveillance System (2013)	n/a	46.8%	Youth Risk Behavior Surveillance System (2013)	
Youth Sexual Behavior	Among students who were currently sexually active, did not use a condom	n/a		37.5%	Youth Risk Behavior Surveillance System (2013)	n/a	40.9%	Youth Risk Behavior Surveillance System (2013)	
Substance Use F	Focus Area								
						1			

Substance Use Fo	ocus Area								
Drug Arrests	Number of arrests for drug possession and sales/manufacturing, driving while intoxicated, liquor law violations	513	County Health Rankings (Wisconsin Office of Justice Assistance; 2011)	25,490	County Health Rankings (Wisconsin Office of Justice Assistance; 2011)	n/a	n/a		
	Drug-related hospitalization rate per 100,000	410	WI Epidemiological Profile on Alc. & Other Drug Use 2014 (2011- 2012)	269	WI Epidemiological Profile on Alc. & Other Drug Use 2014 (2011- 2012)	n/a	n/a		
Drug poisoning	Death rate for accidental and intentional drug poisoning per 100,000	8.2	HealthIndicators.gov (NVSS-M; 2007-2011)	12.2	HealthIndicators.gov (NVSS-M; 2011)	n/a	13.3	HealthIndicators.gov (NVSS-M; 2011)	
	% students who recently used marijuana (w/in last 30 days)	n/a		17%	Youth Risk Behavioral Surveillance System (2013)	n/a	23%	Youth Risk Behavioral Surveillance System (2013)	
	Students who ever took prescription drugs w/o a prescription	n/a		14.9%	Youth Risk Behavioral Surveillance System (2013)	5.5%	17.8%		Target rate represents the desired percentage of people 12+ year old who reported nonmedical use of psychotherapeutic drug.
	Drug-related suspension & expulsion in public schools per 1,000 students		WI Epidemiological Profile on Alc. & Other Drug Use 2014 (2011- 2012)	3.8	WI Epidemiological Profile on Alc. & Other Drug Use 2014 (2011- 2012)	n/a	n/a		

Measure	Definition	Eau Claire County	Source (Year of Data)	Wisconsin	Source (Year of Data)	Healthy People 2020	National Rate	Source (Year of Data)	Notes
		County				Target	Rale		
Tobacco Use & Ex	Tobacco Use & Exposure Focus Area								
Adult Smokeless Tobacco Use	% 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	n/a		3.7%	CDC State-Specific Prevalence of Cigarette Smoking and Smokeless Tobacco Use Among Adults United States (BRFSS; 2009)	0.3%	2.7%	Healthindicators.gov, Indicator #TU 1.2 (NHIS; 2010)	
Adult Smoking	% adults self-reporting smoking > 100 cigarettes in their lifetime and currently smoking (every day or most days)	17%	County Health Rankings (BRFSS; 2006-2012)	18%	County Health Rankings (BRFSS; 2006-2012)	12%	21%	Healthypeople.gov, Indicator #TU- 1.1 (NHIS, CDC/NCHS; 2008)	
Smoking During Pregnancy	% of mothers who report smoking during pregnancy	17%	County Health Rankings (DHS WISH; 2007-2010)	14%	County Health Rankings (DHS WISH; 2007-2010)	n/a	12.3%	CDC, Trends in Smoking Before, During, and After Pregnancy — Pregnancy Risk Assessment Monitoring System, United States, 40 Sites, 2000–2010	
Tobacco Sales to Minors	%of illegal tobacco sales to minors (retailer violation rate)	28.1%	Wisconsin Wins (2014)	12%	Wisconsin Wins (2014)	5%	n/a		
Youth Tobacco Use	% of students who smoked cigarettes on one or more of the past 30 days	n/a	Youth Risk Behavioral Surveillance System (2013)	11.8%	Youth Risk Behavioral Surveillance System (2013)	16%	15.7%	Youth Risk Behavioral Surveillance System (2013)	
	% of students who used chewing tobacco, snuff, or dip on one or more of the past 30 days	n/a	Youth Risk Behavioral Surveillance System (2013)	8%	Youth Risk Behavioral Surveillance System (2013)	6.9%	8.8%	Youth Risk Behavioral Surveillance System (2013)	
Miscellaneous Dat	ta		I		I		ł		
65 and Older	% 65 and older	13%	County Health Rankings (US Census; 2012)	14%	County Health Rankings (US Census; 2012)	n/a	n/a		
Below 18 Years	% below 18 years of age	21%	County Health Rankings (US Census; 2012)	23%	County Health Rankings (US Census; 2012)	n/a	n/a		
Child Mortality	Number of deaths among children under age 18 per 100,000 people	45.5	County Health Rankings (CDC WONDER; 2007-2010)	53.6	County Health Rankings (CDC WONDER; 2007-2010)	n/a	n/a		
Children Eligible for Free Lunch	% of children enrolled in public schools that are eligible for free school lunch		County Health Rankings (National Center for Education Statistics; 2011)	33%	County Health Rankings (National Center for Education Statistics; 2011)	n/a	41%	NCES (2011)	
Children in Poverty	% of children under 18 living below the Federal Poverty Line (FPL)		County Health Rankings (US Census Small Area Income and Poverty Estimates; 2012)	18%	County Health Rankings (US Census Small Area Income and Poverty Estimates; 2012)	n/a	22%	Healthypeople.gov Indicator #SDOH-3.2 (Current Population Survey; 2010)	
Could not see doctor due to cost	Percentage of adults who could not see a doctor in the past 12 months because of cost	7%	County Health Rankings (BRFSS; 2006-2012)	10%	County Health Rankings (BRFSS; 2006-2012)	n/a	n/a		
Driving alone to work	Percentage of the workforce that drives alone to work	80%	County Health Rankings (US Census Bureau; 2009-2013)	80%	County Health Rankings (US Census Bureau; 2009-2013)	n/a	n/a		
Health care costs	Amount of price-adjusted Medicare reimbursements per enrollee	\$8,239	County Health Rankings (Dartmouth Atlas of Health Care 2011)	\$8,329	County Health Rankings (Dartmouth Atlas of Health Care 2011)	n/a	n/a		
High Housing Costs	% of households that pay 30 percent or more of their household income on housing costs	26%	US Census Bureau (2011-2013)	31%	US Census Bureau (2011-2013)	n/a	34%	US Census Bureau (2011-2013)	
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.6	County Health Rankings (US Census Bureau; 2009-2013)	4.3	County Health Rankings (US Census Bureau; 2009-2013)	n/a	n/a		
Local Health Department Staffing	Fulltime equivalents of local health department staff per 10,000 population	4.9	Eau Claire County Public Health Profile, DHS (2012)	3	County Health Rankings (Public Health Profiles; 2010)	n/a	n/a		
Long commute - driving alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes	12%	County Health Rankings (US Census Bureau; 2008-2012)	26%	County Health Rankings (US Census Bureau; 2008-2012)	n/a	n/a		
Median Household Income	Median household income (residents of a household over age 15 with income)	\$48,090	US Census Bureau (2009-2013)	\$52,413	US Census Bureau (2009-2013)	n/a	\$53,046	US Census Bureau (2009-2013)	

Measure	Definition	Eau Claire County	Source (Year of Data)	Wisconsin	Source (Year of Data)	Healthy People 2020 Target	National Rate	Source (Year of Data)	Notes
Not Proficient in English	% not proficient in English	1%	County Health Rankings (US Census; 2008-2012)	2%	County Health Rankings (US Census; 2008-2012)	n/a	n/a		
Older Living Alone	% 65 years and older who live alone	48%	US Census Bureau (2008-2012)	46%	US Census Bureau (2008-2012)	n/a	44%	US Census Bureau (2008-2012)	
Poor or Fair Health	% of adults self-reporting poor or fair health (age-adjusted)	11%	County Health Rankings (BRFSS; 2006-2012)	12%	County Health Rankings (BRFSS; 2006-2012)	n/a	n/a		
Poor Physical Health Days	Average number of physically unhealthy days self-reported in adults in past 30 days (age-adjusted)	3.1	County Health Rankings (BRFSS; 2006-2012)	3	County Health Rankings (BRFSS; 2006-2012)	n/a	n/a		
Population Change	% of change in population 2000 - 2010	6%	County Health Rankings (DHS WI Population Estimates; 2000-2010)	6%	County Health Rankings (DHS WI Population Estimates; 2000-2010)	n/a	n/a		
Poverty, All Ages	% of population living below the Federal Poverty Line (FPL)	15%	US Census Bureau (2009-2013)	13%	US Census Bureau (2009-2013)	n/a	15.4%	US Census Bureau (2009-2013)	
Premature Death	Age-adjusted mortality for under 75 years old per 100,000 population	254	County Health Rankings (CDC WONDER; 2008-2010)	302	County Health Rankings (CDC WONDER; 2008-2010)	n/a	336	CDC WONDER (2012)	
Preventable Hospital Stays	Hospitalization rate for ambulatory- care sensitive conditions per 1,000 Medicare enrollees	58	County Health Rankings (Dartmouth Atlas of Health Care 2011)	55	County Health Rankings (Dartmouth Atlas of Health Care 2011)	n/a	n/a		
Primary care physicians	Ratio of population to primary care physicians	793 to 1	County Health Rankings (Health Resources and Services Administration; 2011)	1,233 to 1	County Health Rankings (Health Resources and Services Administration; 2011)	n/a	n/a		
Race/Ethnicity	% of population that is African American, Asian, American Indian or Alaskan Native, or Hispanic	7%	County Health Rankings (US Census; 2012)	15%	County Health Rankings (US Census; 2012)	n/a	n/a		
Reading Proficiency	% of fourth grade students proficient or advanced in reading	36%	County Health Rankings (WI Dept. Public Instruction; 2012-2013)	33%	County Health Rankings (WI Dept. Public Instruction; 2012-2013)	36%	34%	Healthypeople.gov Indicator #AH- 5.3.1 (NAEP; 2011)	
Rural	% Rural living in a rural area	23%	County Health Rankings (US Census Bureau; 2012)	30%	County Health Rankings (US Census Bureau; 2012)	n/a	n/a		
problems	Percentage of households with at leas 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	15%	County Health Rankings (Comprehensive Housing Affordability Strategy; 2006-2010)	15%	County Health Rankings (Comprehensive Housing Affordability Strategy; 2006-2010)	n/a	n/a		
Social Associations	Number of membership associations per 10,000 population	12.8	County Health Rankings (County Business Patterns; 2012)	11.8	County Health Rankings (County Business Patterns; 2012)	n/a	n/a		
Unemployment	% of population age 16+ unemployed but seeking work	4.6%	Bureau of Labor Statistics (average during 2014)	5.5%	Bureau of Labor Statistics (average during 2014)	n/a	6.2%	Bureau of Labor Statistics (average during 2014)	
Uninsured children	Percentage of children under age 19 without health insurance	4%	County Health Rankings (Small Area Health Insurance Estimates; 2011)	4%	County Health Rankings (Small Area Health Insurance Estimates; 2011)	n/a	n/a		
Uninsured under Age 65	% population under age 65 that has no health insurance coverage	12%	County Health Rankings (Small Area Health Insurance Estimates; 2011)	13%	County Health Rankings (Small Area Health Insurance Estimates; 2011)	n/a	n/a		
W2 Enrollment	Count of Individuals enrolled in W-2 (Wisconsin Works) on the last working day of the month	39	County Health Rankings (WI Dept Of Children and Families; Dec. 2012)	16,461	County Health Rankings (WI Dept Of Children and Families; Dec. 2012)	n/a	n/a		

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Eau Claire County

2014 – 2015 Community Health Assessment Appendix III: Top Health Area Data Summaries

Priority Area: Alcohol Misuse

Eau Claire County **Definition:** Underage alcohol consumption, consumption during pregnancy, binge drinking (4+ drinks per occasion for women, 5+ drinks per occasion for men) and other high-risk drinking behaviors

- 71% of Eau Claire County residents feel alcohol misuse is a moderate or major problem in our community¹
- From 2012-13 in Wisconsin, alcohol use among whites (67%) was greater than use among any other racial/ ethnic group²

Adults that engage in binge drinking²



- In 2011, 30% of Eau Claire County 12th grade students reported alcohol use within the past 30 days⁴.
- From 2008-10, 62% of Eau Claire County adults had at least 1 drink in the past month. The statewide average was 67%, the national average $54\%^2$



Youth Alcohol Use

27% of Eau Claire County 10th & 12th grade students report drinking 5+ glasses of alcohol in a few hours⁴

- In 2012, the binge drinking rate in Wisconsin (25% of adults) was the highest in the nation²
- Statewide, 41% of 18-24 year olds report engaging in binge drinking²
- The average age of first alcohol use for Eau Claire County high school students is 13⁴.



Data sources:12014 Chippewa & Eau Claire Community Health Survey; 22014, 32012-2014 WI Epidemiological Profile on Alcohol & Other Drug Use; ⁴Eau Claire County PRIDE Survey 2011-12 *Eau Claire County residents hospitalized in any county

Priority Area: Obesity

Eau Claire County **Definition**: The presence of an excessive amount of body fat that can increase the risk for heart disease, high blood pressure, diabetes, or other chronic diseases





²2010 Burden of Heart Disease and Stroke in WI-DHS ³Wisconsin Interactive Statistics on Health—DHS ⁴EC Women, Infants, Children, 2014 ⁵Nat'l Center for Chronic Disease Prev. & Health Promotion 2010 ⁶BRFSS 2007-09 ⁷US Census County Business Patterns ⁸NVSS-M

Priority Area: Mental Health

Eau Claire County **Definition:** Services and support to address mental health conditions including depression, anxiety, and post traumatic stress disorder



- o 60% of Eau Claire County residents feel mental health is a moderate or major problem²
- 16% of Eau Claire County 10th & 12th grade students have considered suicide "sometimes", "often", or "a lot"



Data sources:

¹Wisconsin Interactive Statistics on Health—DHS

²2014 Chippewa & Eau Claire Community Health Survey

³Eau Claire County PRIDE Survey 2011-12

⁴Behavioral Risk Factor Survey 2010

*Age-adjusted; Eau Claire County residents hospitalized in any county



Impact of adverse childhood experiences (ACEs) on mental health⁴:

- People with a higher number of ACES have a higher diagnosis rate of anxiety, depression, and frequent mental distress
- 56% of WI residents have at least 1 of these ACEs: physical abuse, sexual abuse, psychological abuse, physical neglect, emotional neglect; parent substance abuse; parent mental illness: household crime: domestic violence; parent separation/divorce.
- 61% of those in Wisconsin with an ACE have experienced 2 or more ACEs

Eau Claire County

2014 – 2015 Community Health Assessment Appendix IV: Community Assets Inventory

Mental Health Services

Service Name	Contact Information	Description
Great Rivers 2-1-1	www.greatrivers211.org	Provides individuals with quick and easy access to community-based health and human services information and resources
A Better Life Counseling	505 S. Dewey St. Eau Claire, WI 54701 (715) 835-5110 www.ablc-eauclaire.com	A private therapy practice offering conjoint, family, group, individual, and peer counseling
Aging and Disability Resource Center (ADRC) - Eau Claire County	721 Oxford Ave. Eau Claire, WI 54703 (715) 839-4886 adrc@co.eau-claire.wi.us	Assists people age 60+, adults with disabilities, and their care givers to secure needed services or benefits
AIDS Resource Center of Wisconsin	505 S. Dewey Street Eau Claire, WI 54701 www.arcw.org	Provides mental health services for individuals that are HIV positive or have AIDS
Alzheimer's Association of Greater Wisconsin - Chippewa Valley Outreach Office	404 1/2 N. Bridge Street Chippewa Falls, WI 54729 www.alz.org/gwwi	Provides information, consultation, and emotional support for persons with Alzheimer's, their families, care-givers, and general public
Apple Pregnancy Care Center	2600 Stein Blvd. Eau Claire, WI 54701 (715) 834-7734 www.applepcc.org	Provides individual, couple, family, and peer counseling regarding teen pregnancy issues, teen pregnancy prevention
Bolton Refuge House	807 S. Farwell St. Eau Claire, WI 54701 (715) 834-9578 www.boltonrefuge.com	Provides advocacy and support services to victim of domestic violence, intimate partner violence, dating violence, sexual assault and stalking throughout the life span. All services are confidential and at no-cost to the individual.
Caillier Clinic	505 S. Dewey St. Eau Claire, WI 54701 (715) 836-0064 www.caillierclinic.com	Provides an outpatient clinic offering comprehensive mental health services for all ages
Children's Hospital of Wisconsin - Community Services	2004 Highland Ave. Eau Claire, WI 54701 (715) 835-5915 www.chw.org	Counseling for children and families with specialties in the areas of parenting issues, academic or behavior school problems, low self-esteem and others
Chippewa Valley Family Caregiving Alliance	info@chippewavalleycargiv ing.org	Provides support and strengthens family caregivers of older adults through advocacy, education, and community resources
Chippewa Valley Free Clinic	836 Richard Dr. Eau Claire, WI 54701 (715) 839-8477 www.cvfreeclinic.org	Provides health services and assessments for patients with no healthcare alternative, including a mental health clinic weekly

Clearwater Counseling & Personal Growth Center	2519 N. Hillcrest Pkwy Altoona, WI 54720 (715) 832-4060 www.clearwater counseling.com	Provides mental health evaluation services for anxiety disorders, depression screening and conjoint, family, and individual counseling for all counseling issues		
Clinic for Christian Counseling	505 S. Dewey St. Eau Claire, WI 54701 (715) 832-1678 www.cccwi.org	A private therapy practice offering faith-based conjoint, family, group, and individual counseling settings		
Dr. Stress & Associates	5840 Arndt Rd. Eau Claire, WI 54701 (715) 833-7111 www.drstressassociates. com	Provides a private therapy/family counseling practice offering conjoint, family, and individual counseling settings		
Eau Claire Academy - Clinicare Corporation550 N. Dewey St., Eau Claire, WI 54702 (715) 834-6681		Provides group home settings for children ages 10 through 17		
Eau Claire County Department of Human Services	721 Oxford Ave. Eau Claire, WI 54703 (715) 839-2300	Provides counseling and telephone support and mobile (in-person) crisis intervention		
Eau Claire Healthy Communities –Mental Health Action Team	www.echealthycommunitie s.org Healthy.Communities@co. eau-claire.wi.us	Community coalition that promotes the importance of self-care and the acceptance and understanding of those struggling with mental health difficulties and encourages a culture of compassion and support.		
Eau Claire Metro Treatment Center	2000 Oxford Ave. Eau Claire, WI 54703 (715) 834-1078	Services include evaluation, opioid-assisted medication treatment, individual, family, couple, and group counseling; support and psychotherapy groups		
Educational Solutions	1802 Warden St., Eau Claire, WI 54703 (715) 552-1620 www.edso.co	Provides family, group, individual and peer counseling settings with mental health evaluation services, psychological assessment and psychosocial evaluation		
Family Resource Center	4800 Golf Rd. Suite 450 Eau Claire, Wi 54701 (715) 839-8070 www.frcec.org	Provides programs and services that build family strength through prevention, education, support and networking in collaboration with other resources in the community		
First Things First Counseling & Consulting Services	2519 N. Hillcrest Pkwy Suite 201, Altoona, WI 54720 (715) 832-8432 www.firstthingsfirstcounsel ing.net	Provides mental health/counseling services as well as anger management and domestic violence prevention education		

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 Cty Hwy I Chippewa Falls, WI 54729 www.libertascenter.org	In-patient and outpatient mental health services.
L.E. Phillips Senior Center	1616 Bellinger St Eau Claire, WI 54703 (715) 839-4909	Services and programs to enhance physical, mental, and social wellbeing of people ages 55 and over
Lutheran Social Services / Positive Avenues	122 S. Barstow St. Eau Claire, WI 54701 www.lsswis.org	Provides a mental health drop-in center offering a safe environment, mutual support, referrals, social and recreational activities
Marriage & Family Health Services	2925 Mondovi Rd. Eau Claire, WI 54701 (715) 832-0238 www.marriageandfamilyhe althservices.com	Family counseling agency providing therapy for individuals, couples, families, and peer counseling
Marshfield Clinic - Eau Claire Center	2102 Craig Rd. Eau Claire, WI 54701 (715) 858-4850	Provides conjoint, family, group, and individual counseling settings offering comprehensive mental health treatments
Mayo Clinic Health System - Eau Claire	1221 Whipple St., Eau Claire, WI 54702 (715) 838-3311	Behavioral health services for people of all ages.
NAMI - Chippewa Valley	PO Box 0984 Eau Claire, WI 54702 www.namicv.org	Provides open public meetings to educate the public on mental illness topics
Northwest Counseling & Guidance Clinic	Several physical locations www.nwcgc.com	Out-patient, on-call, and community-based mental health services provider
Riverside Counseling Clinic	130 S. Barstow St. Eau Claire, WI 54701 (715) 833-7600 riversidecounselingclinic@ gmail.com	A private therapy practice offering conjoint, family, and individual counseling settings with vast mental health evaluation services
Sacred Heart Hospital	900 W. Clairemont Ave., Eau Claire, WI 54701 (715) 717-4272	Provides a short-term inpatient psychiatric unit serving all ages
The Healing Place	1010 Oakridge Dr. Eau Claire, WI 54701 (715) 717-6028	Provides support services and short-term counseling, classes and workshops for people coping with life transitions

Mental Health Services (continued)

Mental Health Services (continued)

University of WI—Eau Claire Old Library 2122 Eau Claire, WI 54702 (715) 836-5521	Counseling and support for UWEC students and staff
2005 Highland Ave. Eau Claire, WI 54701 (715) 832-5454 www.vantagepointclinic.com	Provides conjoint, family, group, and individual counseling for many counseling issues
515 S. Barstow St. Eau Claire, WI (715) 855-7705 www.wellnessshack.org	Center for Adults in Mental Health Recovery, offering peer support and encouragement
711 N. Bridge St. Chippewa Falls, WI 54729 (715) 726-7907	Supports and provides information for families through a statewide coordinated system of information, referral and follow-up, parent to parent support and service coordination
	Claire Old Library 2122 Eau Claire, WI 54702 (715) 836-5521 2005 Highland Ave. Eau Claire, WI 54701 (715) 832-5454 www.vantagepointclinic.com 515 S. Barstow St. Eau Claire, WI (715) 855-7705 www.wellnessshack.org 711 N. Bridge St. Chippewa Falls, WI 54729

Additional Mental Health Resources from Community Health Improvement Event (provided by community members)

School districts, including funding opportunities for early intervention

Alcohol Misuse Services

Service Name	Contact Information	Description
Great Rivers 2-1-1	www.greatrivers211.org	Provides individuals with quick and easy access to community-based health and human services information and resources
Affinity House	3042 Kilbourne Ave. Eau Claire, WI 54703 (715) 833-0436 anita.kuster@lsswis.org	Provides a residential treatment facility for adult women with a desire to live sober
Aging and Disability Resource Center (ADRC) - Eau Claire County	721 Oxford Ave. Eau Claire, WI 54703 (715) 839-4886 adrc@co.eau-claire.wi.us	Assists people age 60+, adults with disabilities, and their care givers to secure needed services or benefits
AIDS Resource Center of Wisconsin	505 Dewey Street S. Eau Claire, WI 54701 www.arcw.org	Provides alcohol and drug treatment services for individuals that are HIV positive or have AIDS
Al-Anon	2926 Pomona Dr. Eau Claire, WI 54701 (715) 833-1878 www.area61afg.org	Twelve-step support group for families of alcoholics
Alcoholics Anonymous	202 Graham Ave. Eau Claire, WI 54701 (715) 832-3234 www.aainwestwis.org	Maintain a 24-hour hotline for assistance, sponsors workshops and social gatherings for supporting individuals that abuse alcohol. Provide 12-step support groups for alcoholics
Eau Claire Academy - Clinicare Corporation	550 N. Dewey St. Eau Claire, WI 54702 (715) 834-6681	Provides therapeutic treatments for young children (ages 10 through 17), including those experiencing alcohol and drug addiction
Eau Claire County - Alliance for Substance Abuse	asapeauclaire@gmail.com (715) 839-4718 www.getinvolvedasap.org	Community-based coalition group that provides/develops substance abuse prevention programs and treatments
Eau Claire Healthy Communities –High Risk Drinking Prevention Action Team	www.echealthycommunitie s.org Healthy.Communities@co. eau-claire.wi.us	Community coalition focusing on promoting low- risk drinking behaviors and creating a positive change in the community drinking culture
First Things First Counseling & Consulting Services	2519 N. Hillcrest Pkwy Altoona, WI 54720 (715) 832-8432 www.firstthingsfirstcounsel ing.net	Provides mental health/counseling services, addiction services, as well anger management and domestic violence prevention classes
Lutheran Social Services	122 S. Barstow St. Eau Claire, WI 54701 www.lsswis.org	Provides trained personnel to meet with families concerned about a loved one's drinking, drug use, or gambling.

Alcohol Misuse Services (continued)

Marshfield Clinic - Eau Claire Center	2102 Craig Rd. Eau Claire, WI 54701 (715) 858-4850	Provides conjoint, family, group, and individual counseling settings offering comprehensive mental health treatments
Mayo Clinic Health System - Eau Claire	1221 Whipple St. Eau Claire, WI 54702 (715) 838-3311	Alcohol and drug dependency counseling services for people of all ages.
Omne Clinic	2005 Highland Ave. Eau Claire, WI 54701 (715) 832-5454 www.omneclinic.com	Provides comprehensive AODA services for adults and adolescents
Touchstone Center	211 Eau Claire St. Eau Claire, WI 54701 (715) 855-1373 www.lsswis.org	Outpatient alcohol treatment program
Women's Way AODA Program	122 S. Barstow St. Eau Claire, WI 54701 (715) 855-6181 www.lsswis.org	Provides a natural community support to assist women in achieving sobriety, self-sufficiency, and reduction in criminal involvement

Additional Alcohol Misuse Resources from Community Health Improvement Event (provided by community members)

Faith-based organizations, including churches

School education and school counselors

SADD

Law enforcement

University activities

Tavern League

Substance Abuse and Mental Health Services Administration

Designated Driver program

Obesity Services

Service Name	Contact Information	Description
Aging and Disability Resource Center (ADRC) - Eau Claire County	721 Oxford Ave. Eau Claire, WI 54703 (715) 839-4886 adrc@co.eau-claire.wi.us	Provides weekday lunches for senior citizens
Altoona Compassion Coalition	2245 Hayden Ave. Altoona, WI 54720 (715) 832-9953 www.blcaltoona.org	Provides a mobile food pantry that distributes both perishable and non-perishable food as available
Boys and Girls Club	201 East Lake St. Eau Claire, WI 54701 (715) 855-0081	Provides free summer meals and snacks for children
Chippewa Valley Free Clinic	836 Richard Dr. Eau Claire, WI 54701 (715) 839-8477 www.cvfreeclinic.org	Provides health services and assessments for patients with no healthcare alternative
Christ Temple Church Food Pantry	1719 Omaha St. Eau Claire, WI 54703 (715) 523-0670	Provides non-perishable foods, meat and cheese to those in need
City of Eau Claire Parks, Recreation & Forestry	915 Menomonie St. Eau Claire, WI 54703 (715) 839-5032	Maintains recreational bike/walking trails, indoor/outdoor athletic facilities and other recreation opportunities
Eau Claire Area Hmong Mutual Assistance Association	423 Wisconsin St. Eau Claire, WI 54703 (715) 832-8420 www.ecahmaa.org	Provides free bags of rice to individuals and families in need
Eau Claire City - County Health Department	720 Second Ave Eau Claire, WI 54703 (715) 839-4718 www.echealthdepartment. org	Provides public health services for Eau Claire city and county residents
Eau Claire County - UW Extension	227 First St. W. Altoona, WI 54720 (715) 839-4712 www.eauclaire.uwex.edu	Sponsors community gardens and education programs on healthy eating and nutrition
Eau Claire Healthy Communities – Chronic Disease Action Team	www.echealthycommunitie s.org Healthy.Communities@co. eau-claire.wi.us	Community coalition that works to prevent the onset of chronic disease by making the easy choice the healthy choice where people live, work, and play
Immanuel Lutheran Food Pantry	3214 Golf Rd. Eau Claire, WI 54701 (715) 832-7832	Provides a small food pantry with non-perishable food items

Obesity Services	s (continued)
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Just Local Food	1117 S. Farwell St.	Full service, customer-owned
Cooperative	Eau Claire, WI 54701 (715) 552-3366	grocery store featuring locally-sourced food
Medifast Weight Loss Program	4112 Oakwood Hills Pkwy. Eau Claire, WI 54701 (715) 514-3000	Provides one-on-one counseling during and after weight loss program
St. Francis Food Pantry	1221 Traux Blvd. Eau Claire, WI 54703 (715) 839-7706 info@stfrancisfoodpanty. org	Provides free food for individuals and families
The Eau Claire Community Table	320 Putnam St. Eau Claire, WI 54703 (715) 835-4977 www.thecommunitytable.o rg	Provides one free meal each day of the year to anyone in need
Trinity Lutheran Church Food Pantry	1314 E. Lexington Blvd. Eau Claire, WI 54701 (715) 832-6601 www.trinity- ec.org/foodpantry.phtml	Food pantry that includes canned goods, produce and meat when available
Western Dairyland Child Care Food Program	418 Wisconsin St. Eau Claire, WI 54702 (715) 836-7511 www.westerndairyland.org	Provides training in proper nutrition, meal planning, good eating habits, and promotes healthy attitudes about food
ΥΜϹΑ	700 Graham Avenue, Eau Claire, WI 54701 (715) 836-8470 www.eauclaireymca.org	Offers exercise equipment, training, exercise classes, and sport facilities

Obesity Resources from Community Health Improvement Event (provided by community members)

Eau Claire Chamber Worksite Wellness Program

Community programs: Moms on the Run; Girls on the Run; Munch and Move

Community supported agriculture (CSAs)

Eau Claire City government; transit alliance

Farmer's market

Insurance providers

Local grocery stores

Local gyms

Local full and limited-service restaurants

Northwest Wisconsin Breastfeeding Network

Nutrition services at local grocery stores

School and hospital cafeterias

UWEC Fitness program

Women, Infants, Children (WIC)