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## Executive Summary

### Background

This report details the process and results of the 2014-2015 Eau Claire County community health needs assessment (CHNA). The purpose of this CHNA 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.

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA) and adopt implementation strategies to meet the needs identified through the CHNA. The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources in order to plan and act upon priority community health needs. This assessment process results in a CHNA Report which is used to plan, implement, and evaluate Community Benefit activities. Once the CHNA Report is completed, a set of implementation strategies is developed based on the evidence and assets and resources identified in the CHNA process.

Every three years, affiliates of Hospital Sisters Health System, including HSHS Sacred Heart Hospital (SHEC), are required to conduct a CHNA and to adopt an Implementation Plan by an authorized body of the hospital in the same taxable year, and make the report widely available to the public. The hospital's previous CHNA Report and Implementation Plan was conducted and adopted in FY2012. In addition, the hospital completes an IRS Schedule H (Form 990) annually to provide information on the activities and policies of, and Community Benefit provided by the hospital.

To comply with these requirements, HSHS Sacred Heart Hospital lead a collaborative approach in conducting its CHNA and adopting an Implementation Plan in FY2015 (July 1, 2014 through June 30, 2015) in partnership with representatives from the community. Partners from nine community organizations in Chippewa and Eau Claire counties collaborated to conduct the community health needs assessment. Upon completion of the CHNA, the hospital developed a set of implementation strategies and adopted an Implementation Plan to address priority community health needs. The population assessed was Eau Claire County, the primary service area of SHEC.

<b>Eau Claire County Demographics</b>	
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 2000-2010

Data collected throughout the assessment process was supplemented with data obtained through a variety of data collection methods including a voluntary community health survey, 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. Further community discussion around these top three areas also occurred to gain input from the community regarding root causes, existing resources, and gaps in services as they relate to the three priority areas. County-level quantitative data was also collected for each of the health areas and used to inform the selection of the three priority areas. This data is also included in this report and was used to compare the health of Eau Claire County residents to national benchmarks and statewide health indicators. This Assessment, including qualitative and quantitative data components, will be used by HSHS St. Sacred Heart Hospital to guide the planning, implementation and evaluation of the hospital's Community Benefit activities and community health improvement plans. The hospital's community partners, including the local health coalition, Eau Claire's Healthy Communities, will use the plan in the upcoming formation of their Community Health Improvement Plans and action team initiatives. Each of our partners strongly believes in improving community health and 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.

**Identification and Prioritization of Needs:** The CHNA process began with a **community health survey** that was widely distributed throughout Eau Claire County by HSHS Sacred Heart Hospital's Marketing and Community Benefit colleagues, Eau Claire's Healthy Communities Council, Eau Claire's Healthy Communities Council Action Team members, CHNA partners and community members. The objective of the survey was to better understand the community's perception of the top health concerns in the county. A total of 1,322 Eau Claire residents responded to the survey and the results are reportable at a 95% confidence level. Survey respondents represented a wide range of Eau Claire 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. Special effort was made to ensure the survey was available to typically underrepresented groups who can also be at the highest risk of suffering from health disparities.

The following health needs were identified based on a priority index where participants 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:

- Obesity
- Mental Health
- Alcohol Misuse
- Substance Use
- Healthy Nutrition

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 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.

Recurring themes that arose through the listening sessions were access and affordability 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.

After the survey results were analyzed, local quantitative health data was compiled from a variety of data sources based on the measures. The primary and secondary data were presented at five Community Conversations that took place throughout Eau Claire County in February 2015. 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.

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 CHNAs 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 CHNAs. Traditionally, the organizations conducting CHNAs have focused resources on a number of health areas, including some not in the “top 3”, in effort to improve all areas of community health. Each of the 14 health areas were indicated by a portion of the public as a “major” problem for the community. CHNA Planning Committee Partners decided to focus their energy and resources on the top three needs identified in the community listening sessions to best utilize limited resources to affect change in the issues that the community felt most important of attention. The following were identified as the top three priority areas:

- **Mental Health**
- **Alcohol Misuse**
- **Obesity**

## **Mental Health Themes:**

### **Root Causes:**

- Break down of family structure and lack of family support
- Low self-worth
- Excessive stress (poor wages, homelessness)
- Mental health stigma due to inability to accept changing norms and fear of acceptance
- Media fascination, presentation, and sensationalization

### **Linked to:**

- Physical health (poor physical health from malnutrition or lack of health education)
- Substance abuse through over-prescription of medications

### **Gaps in Services or Understanding**

- Providers/ service accessibility
- More services needed in schools
- Providers need incentives for work in rural areas
- Hindered personal ability to communicate makes seeking counseling difficult
- Support from family and friends
- Awareness of programs for help

## **Alcohol Misuse Themes:**

### **Root Causes:**

- Lack of positive or responsible example in families
- Permissive policies (e.g. grocery store liquor tastings)
- General lack of enforcement at various levels
- Media and culture are permissive and appear to encourage excessive alcohol use.

### **Linked to:**

- Mental Health (may serve as self-medication for untreated illness)

### **Gaps in Services or Understanding**

- Lack of affordable treatment options
- Assumptions that college students are biggest misusers
- High-risk kids are not identified
- Lack of alcohol-free opportunities.

## Obesity Themes:

### Root Causes:

- Long winter season
- Poor eating habits due to food quality, cost, time, education, serving size, and stress
- No support or safe space for age-appropriate physical activity
- Lack of skill and/or knowledge in preparing healthier foods

### Linked to:

- Mental health
- Physical activity: cultural shift toward sedentary play
- Built environment is not conducive to routine exercise
- Healthy nutrition: lack of affordability and awareness

### Gaps in Services or Understanding

- Facilities for physical activity for adults and youth
- Access to healthy foods
- Awareness of how to be healthy
- Incentives for healthy choices

At the conclusion of the event, participants interested in joining the Eau Claire Healthy Communities initiative were given the opportunity to leave their contact information with a Healthy Communities' representative.

To successfully meet the needs identified in the CHNA, HSHS Sacred Heart Hospital will be collaborating closely, as always, with many different community agencies/organizations (non-profit as well as for-profit entities), business leaders, governmental agencies, area churches, area schools, food assistance programs, law enforcement, and many others, to explore opportunities and develop meaningful action plans to meet the identified needs of our community. We will harvest input from these entities and keep them abreast of the progress that is made. We will continue to utilize the hospital's community health department, 3D Community Health: Body.Mind.Spirit as the primary vehicle for community outreach and collaboration.

**Implementation Plan Development:** As part of the engagement process with key stakeholders, attention has been given to natural partnerships and collaborations that will be used to operationalize the Implementation Plan. The Implementation Plan is considered a "living document" – a set of strategies that can be adapted to the lessons learned while implementing Community Benefit programs and services relevant to the priority needs. The broader set of community health needs will continue to be monitored for consideration as future focus areas.

## **I. Introduction**

### **Background**

HSHS Sacred Heart Hospital (SHEC) is a not for profit hospital serving Eau Claire County, Chippewa, Trempealeau, Dunn, Buffalo, Pepin, Barron, Pierce, Clark, and Rusk counties. The primary service area is Eau Claire County.

HSHS Sacred Heart Hospital (SHEC) serves as a “disproportionate share hospital,” due to the high rate of Medicaid patients served at SHEC. In fact, 65 percent of hospital patients at HSHS Sacred Heart Hospital are either Medicare or Medicaid. SHEC makes available charity care for indigent patients. It also offers discounted prices for private pay patients without insurance. SHEC provided over \$22 million in community benefit through uncompensated care, Medicare/Medicaid shortfall, and community programs during 2014.

HSHS Sacred Heart Hospital maintains its mission of service to its community with the necessary enhancements to the facility to provide optimum quality of care. The following renovations/improvements were made during Fiscal Year 2013(July 01, 2012-June 30, 2013):

- Continued progress on the \$20 million three-year ‘curtain wall’ project to replace the heating/cooling induction units and windows throughout the facility, including the completion of the north wing
- Opened the new Surgical Unit located in the North wing of 3rd floor – June 2013
- Completion of a new Healing View Garden for the Cancer Center
- A new Electrodiagnostics Department was constructed, with occupancy to occur in August 2013

The following renovations/improvements were made during Fiscal Year 2014 (July 01, 2013-June 30, 2014):

- Continued progress on the \$20 million three-year ‘curtain wall’ project to replace the heating/cooling induction units and windows throughout the facility, including the completion of the north wing
- Cafeteria remodel and facelift completed
- Began exterior and interior way-finding and signage program
- Replacement of OR booms and lights in Surgical Department for improved safety for physicians and colleagues
- Replacement of Wanderguard system for the 9<sup>th</sup> floor Rehabilitation Department
- Replacement of Telemetry monitoring equipment

## Current Services and Assets

Major Centers & Services	Statistics (As of end of FY14-June 30, 2014)	New Services & Facilities
<ul style="list-style-type: none"> <li>Behavioral Health (inpatient &amp; outpatient)</li> <li>Cancer Center</li> <li>Dialysis Center</li> <li>Emergency Trauma Center</li> <li>Family Care Clinics</li> <li>Heart &amp; Vascular Center</li> <li>Obstetrics &amp; Gynecology Clinic</li> <li>Rehabilitation Center (inpatient &amp; outpatient)</li> <li>Stroke Center</li> <li>Women and Infant Services</li> <li>Clinics in Osseo &amp; Arcadia, WI</li> </ul>	<ul style="list-style-type: none"> <li>Total Beds: 344 licensed</li> <li>Total Beds: 206 Staffed</li> <li>Total Colleagues: 1,414 (1,078 FTEs)</li> <li>Bedside RNs: 540</li> <li>Total Inpatient Admissions: 9282</li> <li>ED visits: 19,264</li> <li>Births: 901</li> <li>Inpatient surgeries: 2,846</li> <li>Outpatient surgeries: 2,328</li> <li>Case Mix Index: 1.5485</li> <li>Physicians on Medical Staff: 298</li> <li>Volunteers: 323</li> <li>Community Benefit: \$22,309,070.00</li> </ul>	<ul style="list-style-type: none"> <li>Continuing project to update the window and heating and cooling systems in all rooms to increase energy efficiency. Will be finalized in Fiscal Year 2016.</li> <li>Outpatient Rehabilitation Center located and renovated to house rehabilitation, work gardening and SPOTS (pediatric occupational therapy). Opened in December 2014.</li> <li>Hospital Cafeteria and kitchen remodeled with upgrades to equipment and technology</li> <li>Cancer Center Healing Garden established and dedicated June 2014.</li> </ul>

## Recent Awards and Recognition

<b>The Joint Commission</b> Recertified as a Primary Stroke Care Center	<b>Healthgrades Outstanding</b> Patient Experience Award	<b>Becker's Hospital Review</b> "100 Great Community Hospitals"	Awarded national "Quality Respiratory Care Recognition" for 12 <sup>th</sup> consecutive year	<b>Coverdell Award</b> for a 23 minute time from door to administration of tPA medication for patients presenting with stroke
<b>American Association of Cardiovascular &amp; Pulmonary Rehabilitation</b> Cardiac Rehab recertification	Critical Care Unit & Oncology achieved <b>zero Central Line Bloodstream Infections</b>	<b>Competency &amp; Credentialing Institute</b> CNOR Strong designation for at least 50 percent of OR nursing staff CNOR certified	<b>Greenhealth</b> "Greenhealth Partner for Change"	<b>Wisconsin Cancer Council</b> Community Service Award for "GO" Chippewa Valley campaign
<b>OnlineLPNtoRN.com</b> Recognized as a "Leading Nursing Internship & Residency Site"	Recognized as one of "50 Greenest Hospitals in America"	Volunteer Partners of SHH honored with <b>WI "Honor Points Award"</b>	Established the <b>Markin Children's Fund Endowment</b>	Held annual <b>Excellence in Ethics Symposium</b> with <b>Cardinal Sean O'Malley</b> as keynote

**For the purpose of this CHNA, HSHS Sacred Heart Hospital (SHEC) defined its primary service area and populations as Eau Claire County, Wisconsin. The hospital’s patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.**

**Demographics**

SHEC’s primary service area is Eau Claire County and is comprised of approximately 4,002 square miles with a population of approximately 247,411 and a population density of 61.83 per square mile. The service area consists of the following suburban and rural communities:

<b>Cities</b>	<b>Townships</b>			<b>Villages</b>
<ul style="list-style-type: none"> <li>• Eau Claire</li> <li>• Altoona</li> <li>• Augusta</li> </ul>	<ul style="list-style-type: none"> <li>• Bridge Creek</li> <li>• Brunswick</li> <li>• Clear Creek</li> <li>• Fairchild</li> </ul>	<ul style="list-style-type: none"> <li>• Seymour</li> <li>• Union</li> <li>• Washington</li> <li>• Wilson</li> </ul>	<ul style="list-style-type: none"> <li>• Lincoln</li> <li>• Ludington</li> <li>• Otter Creek</li> <li>• Pleasant Valley</li> </ul>	<ul style="list-style-type: none"> <li>• Fairchild</li> <li>• Fall Creek</li> </ul>

**Total Population Change, 2000 to 2010**

According to the U.S. Census data, the population in the region rose from 229,009 to 247,681 between the year 2000 and 2010, an 8.15% increase.

<b>Report Area</b>	<b>Total Population 2000 Census</b>	<b>Total Population 2010 Census</b>	<b>Total Population Change, 2000 - 2010</b>	<b>Percentage Population Change, 2000 - 2010</b>
Eau Claire County	93,142	98,736	5,594	+ 6.01%
Chippewa County	55,195	62,415	7,220	+ 13.08%
Dunn County	39,858	43,857	3,999	+ 10.03%
Trempealeau County	27,010	28,816	1,806	+ 6.69%
Buffalo County	13,804	13,857	53	+ .38%
State	5,363,675	5,686,986	323,311	+ 6.03%
Primary Service Area Total	229,009	247,681	18,672	+ 8.15%

Data Source: US Census Bureau, Decennial Census: 2000 to 2010. Source geography: Tract.

## Population by Age Groups

Population by gender was Male 50.27% and Female 49.73% and the region has the following population numbers by age groups:

Report Area	Total 2010 Population	Age 0 to 19	Age 20 to 24	Age 25 to 34	Age 35 to 44	Age 45 to 54	Age 55 to 64	Age 65+
Eau Claire County	98,736	25,515	12,373	13,131	10,881	12,918	11,483	12,435
Chippewa County	62,415	16,100	3,335	7,883	8,098	9,965	8,099	8,935
Dunn County	43,857	11,671	5,997	4,983	4,947	5,897	5,039	5,323
Trempealeau County	28,816	7,613	1,346	3,378	3,756	4,443	3,713	4,567
Buffalo County	13,857	3,326	629	1,375	1,644	1,125	1,953	2,459
State	5,686,986	1,502,196	386,552	721,694	725,666	873,753	699,811	777,314
Primary Service Area Total	247,681	64,225	23,680	30,750	29,326	38,348	30,287	33,719

Data Source: US Census Bureau, Decennial Census: 2000 to 2010. Source geography: Tract

## Population without a High School Diploma (age 25 and older)

Within the report area there are 13,780 persons aged 25 and older without a high school diploma (or equivalent) or higher. This represents 8.5% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes.

Report Area	Population Age 25+	Population Age 25+ with no HS Diploma	% Population Age 25+ with no High School Diploma
Eau Claire County	61,419	4,160	6.77%
Chippewa County	43,402	4,009	9.24%
Dunn County	26,330	2,131	8.09%

Trempealeau County	20,026	2,486	12.41%
Buffalo County	9,583	994	10.37%
State	3,827,815	366,876	9.58%
Primary Service Area Total	160,760	13,780	8.5%

Note: This indicator is compared with the state average. Data Source: US Census Bureau, American Community Survey: 2009-2013. Source geography: Tract.

### Population in Poverty (100% FPL and 200% FPL)

Poverty is considered a key driver of health status. Within the report area 32,991 or 14% of individuals are living in households with income below the Federal Poverty Level (FPL). This is 1% higher than the statewide poverty levels of 13%. This indicator is relevant because poverty creates barriers to access including health services, nutritional food and other necessities that contribute to poor health status.

Report Area	Total Population (2009-2013)	Population Below 100% FPL (2009-2013)	Population Below 200% FPL (2009-2013)
Eau Claire County	95,109	15.7% (14,928)	34.8% (33,100)
Chippewa County	60,428	11.1% (6734)	32% (19,352)
Dunn County	40,430	15.7% (6,353)	35.5% (14,337)
Trempealeau County	25,518	11.9% (3,386)	34% (8,667)
Buffalo County	13,264	12% (1,590)	31.5% (4,182)
State	5,554,556	13% (723,730)	30.6% (1,701,131)
Primary Service Area Total	234,749	14% (32,991)	1.14% (267,740)

Note: This indicator is compared with the state average. Data Source: US Census Bureau, American Community Survey: 2009-2013. Source geography: Tract.

## Poor General Health

Within the report area 11.4% of adults 18 and older report having poor or fair health in response to the question “Would you say that in general your health is excellent, very good, good, fair or poor?” The state rate is 11.8%. This indicator is relevant because it is a measure of general poor health status.

Report Area	Total Population Age 18+	Estimated Population with Poor or Fair Health	Percent Population with Poor or Fair Health (2006 - 2012)
Eau Claire County	98,736	10,663	10.8%
Chippewa County	62,415	6,865	11.0%
Dunn County	43,857	4,385	10.0%
Trempeauleau County	28,816	4,581	15.9%
Buffalo County	13,857	1,635	21.2%
State	5,686,986	671,064	11.8%
Total	247,681	28,129	11.4%

Note: This indicator is compared with the state average. Data Source for self-reported health status: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Systems 2006 to 2012. Accessed using the Health Indicators Warehouse. Source geography: County. Data Source for total population : US Census Bureau, Decennial Census: 2010. Source geography: Tract

## II. Establishing the CHNA Infrastructure and Partnerships

HSHS Sacred Heart Hospital led the planning, implementation and completion of the Community Health Needs Assessment (CHNA) in partnership with:

- 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 St. Joseph’s Hospital
- United Way of the Greater Chippewa Valley

HSHS Sacred Heart Hospital (SHEC) undertook a twelve month planning and implementation effort to develop the CHNA, identify and prioritize community health needs for its service area and formulate an implementation plan to guide ongoing population health initiatives with like-missioned partners and collaborators. These planning and development activities included the following internal and external steps:

### **Internal**

SHEC utilized the expertise of the hospital's Division Director of 3D Community Health, her team of colleagues to lead the CHNA process. One of the hospital's Marketing Specialists, participated in the planning and implementation of the CHNA from start to finish. She and the Division Director of 3D Community Health served as liaisons between the hospital, the CHNA Planning committee partners, other community members as well as the hospital's local and health system leaders. She also facilitated a large Community Health Improvement Event where community members were asked to provide feedback on preliminary CHNA results and to engage the public in detailed discussion related to the top need priority areas, highlight related initiatives of the area community health initiatives, and encourage community participation in local health improvement efforts through membership in healthy community action teams and engagement in collaborative action plans.

The Division Director of 3D Community Health and her team provided education around Community Benefit to hospital leaders and colleagues encouraging documentation of the hospital's many community benefit programs and events. An internal team was developed that included the Community Health Director (the hospital's Community Benefit lead), the hospital's Community Benefit Specialist, the hospital's Fiscal Controller, colleagues from Fiscal Services, the Director of Marketing and a Marketing Specialist who met on a quarterly basis to review and approve the hospital's Community Benefit programs/events prior to the programs/events being entered into CBISA.

The hospital's and health system's leaders and local governance were kept abreast of the hospital's community health outreach activities, Community Benefit programs/events and the CHNA process through reports to the hospital's Board of Directors.

### **External**

SHEC also leveraged existing relationships that provided diverse input for a comprehensive review and analysis of community health needs in the hospital's service area. These external components steps began with forming an external CHNA Planning Partnership committee of community partners including:

- 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 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 CHNA process. Contributions from each of the partner organizations totaled \$55,000. The Otto Bremer Foundation also awarded a \$19,000 grant to the CHNA Committee to increase outreach into rural communities during the CHNA process.

Representatives from the partner organizations met bimonthly from May 2014 through April 2015 to plan and implement the CHNA. This joint CHNA 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 assessment rather than several CHNAs conducted each year by different organizations. The CHNA 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.

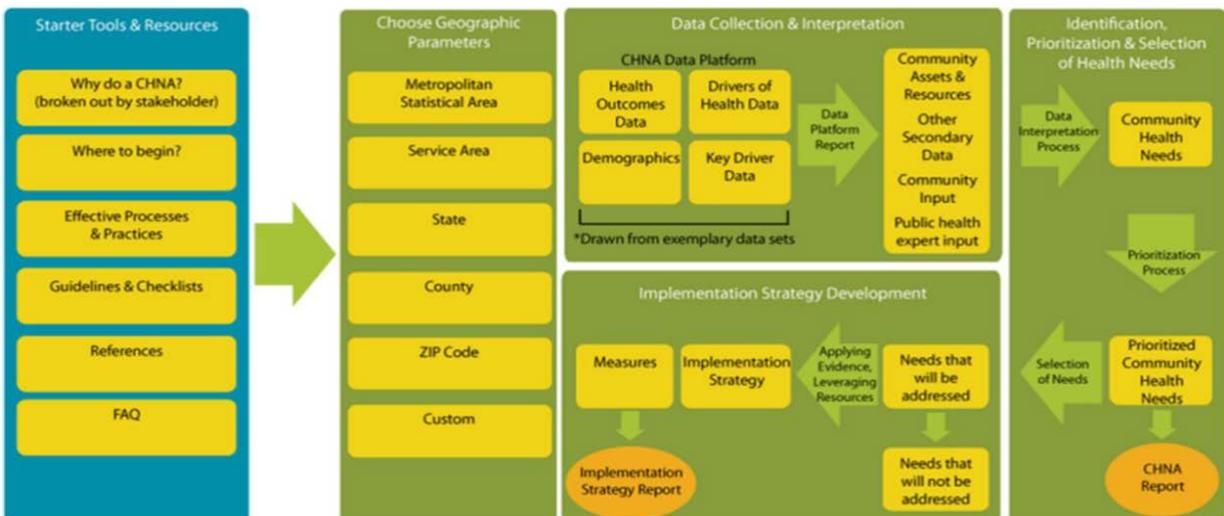
### III. Defining the Purpose and Scope

The purpose of the CHNA was to:

- 1) Evaluate current health needs of the hospital’s service area
- 2) Identify resources and assets available to support initiatives to address the health priorities identified
- 3) Develop an Implementation Plan to organize and help coordinate collaborative efforts impacting the identified health priorities
- 4) Establish a system to track, report and evaluate efforts that will impact identified population health issues on an ongoing basis

### IV. Data Collection and Analysis

The overarching framework used to guide the CHNA planning and implementation is based on the Catholic Health Association’s (CHA) Community Commons CHNA flow chart below:



## Description of Data Sources

### Quantitative

Source	Description
Behavioral Risk Factor Surveillance System	The BRFSS is the largest, continuously conducted telephone health survey in the world. It enables the Center for Disease Control and Prevention (CDC), state health departments and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death.
Youth Risk Behavior Surveillance System (YRBSS)	The YRBSS monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults.
US Census	National census data is collected by the US Census Bureau every 10 years.
Centers for Disease Control	Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the US's oldest and most successful intergovernmental public health data sharing system.
County Health Rankings	Each year the overall health of each county in all 50 states is assessed and ranked using the latest publically available data through a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.
Wisconsin Department of Health Services Statistics	WI DHS collects state statistics for a given year on a multitude of topics including AIDS/HIV; BadgerCare Plus Enrollment; Birth & Infant Deaths; Health Insurance Status; Marriage & Divorces; Population Estimates & more.
WI Epidemiological Profile on Alcohol and Other Drug Use, 2014 (2010)	Wisconsin's <i>Epidemiological Profile on Alcohol and Other Drug Use</i> , 2014 presents data on the use and abuse of alcohol and other substances in Wisconsin and the resulting consequences.
HealthIndicators.gov (NVSS-M; 2011)	Access to high quality data improves understanding of a community's health status and determinants, and facilitates the prioritization of interventions. HIW provides a single, user-friendly, source for national, state, and community health indicators.
WI Public Health Information Network Analysis, Visualization, and Reporting (2013)	The Wisconsin PHIN AVR provides the ability to integrate, analyze, display, report and map

	data as well as share data and technologies for analysis and visualization with other public health partners.
WEDSS Communicable Disease Reporting System (2013)	WEDSS is a secure, web-based system designed to facilitate reporting, investigation, and surveillance of communicable diseases in Wisconsin. It is designed for public health staff, infection control practitioners, clinical laboratories, clinics, and other disease reporters.
2013 WI Child Abuse and Neglect Report (2012)	Annual report on child abuse and neglect with information on reports of abuse, neglect, victims, and maltreatment.
DPI WI Information System for Education (2013-2014)	WISEdash is a data portal that uses “dashboards,” or visual collections of graphs and tables, to provide multi-year education data about Wisconsin schools.
Crash Outcome Data Evaluation System (2012)	Combines vehicle crash data with health outcomes data to provide more and better information than is available in crash data alone.
National Center for Chronic Disease Prevention and Health Promotion (2010)	<p>NCCDPHP supports a variety of activities that improve the nation's health by preventing chronic diseases and their risk factors.</p> <p>Program activities include: supporting states implementation of public health programs; public health surveillance; translation research; health communication; and developing tools and resources for stakeholders at the national, state, and community levels.</p>
Chippewa County DPH WIC program, 2014	The Women, Infant and Children program (WIC) provides food and nutrition information to help keep pregnant and breastfeeding women, infants and children less than five years of age healthy and strong.
Chippewa County DPH WEDSS (2013)	WEDSS is a secure, web-based system designed to facilitate reporting, investigation, and surveillance of communicable diseases in Chippewa County.
Bureau of Labor Statistics (average during 2014)	The Bureau of Labor Statistics of the U.S. Department of Labor is the principal Federal agency responsible for measuring labor market activity, working conditions, and price changes in the economy.

## Qualitative

Qualitative data was reviewed to help validate the selection of health priorities. In alignment with IRS Treasury Notice 2011-52, 2 data reviewed represented 1) the broad interests of the community, and 2) the voice of community members who were medically under-served, minorities, low-income, and/or those persons with chronic illnesses.

<b>Report Title</b>	<b>Lead Entity</b>	<b>Lead Contact</b>	<b>Area of Expertise</b>
HSHS Sacred Heart Hospital CHNA & Implementation Report (2012)	HSHS Sacred Heart Hospital	Rhonda Brown, Division Director, 3D Community Health; Director, CHIP	Community Health; Community/Coalition Building; Social Work; Program Development
HSHS St. Joseph's Hospital CHNA & Implementation Report (2015)	HSHS St. Joseph's Hospital	Rhonda Brown, Division Director, 3D Community Health; Director, CHIP	Community Health; Community/Coalition Building; Social Work; Program Development
Chippewa County CHNA (2012, 2010, 2006)	HSHS St. Joseph's Hospital	Rhonda Brown, Division Director, 3D Community Health; Director, CHIP	Community Health; Community/Coalition Building; Social Work; Program Development
Eau Claire County CHNA Report (2012)	HSHS Sacred Heart Hospital	Rhonda Brown, Division Director, 3D Community Health; Director, CHIP	Community Health; Community/Coalition Building; Social Work; Program Development
United Way of the Greater Chippewa Valley Health, Income, & Education Team Reports (2013)	United Way of the Greater Chippewa Valley	Jan Porath, Executive Director	Community/Coalition Building; Program Management & Development; Community Assessment

In addition to qualitative and quantitative data sources, the hospital took into account input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of, or expertise in public health (local, regional, state and/or tribal). Members of medically underserved, low-income and minority populations served by the hospital or individuals or organizations representing the interests of such populations also provided input. The medically underserved are members of a population who experience health disparities, are at risk of not receiving adequate medical care as a result of being uninsured or underinsured, and/or experiencing barriers to health care due to geographic, language, financial or other barriers.

Members of the CHNA Steering Committee were chosen based on their unique expertise and experience, informed perspectives and involvement with the community. The CHNA Steering Committee members included:

<b>CHNA Steering Committee Member</b>	<b>Area of Expertise</b>
Director/Health Officer, Chippewa County Department of Public Health	County Public Health, epidemiology
Director/Health Officer, Eau Claire City County Health Department	County Public Health, epidemiology
Director, Chippewa Health Improvement Partnership, HSHS St. Joseph's Hospital	Community Development/Coalition Building
Division Director, 3 D Community Health, HSHS Sacred Heart Hospital	Community Development/Coalition Building
Community Health Assessment Project Manager	Project Coordination
Director of Community Wellness and Engagement, Mayo Clinic Health Systems	Community Development/Coalition Building
Community Health Educator, Eau Claire City County Health Department	Community Health Education, Program Management
Community Health Educator, Eau Claire City County Health Department	Community Health Education, Program Management
Administration, Marshfield Clinic, Eau Claire Center	Healthcare Administration
Director of Community Investment, United Way of the Greater Chippewa Valley	Community Development/Coalition Building
Executive Director, United Way of the Greater Chippewa Valley	Program Management and Development, Community Development/Coalition Building, Community Assessment
Public Affairs Account Coordinator, Mayo Clinic Health Systems	Public Affairs, Marketing
Public Affairs Director, Mayo Clinic Health System	Public Affairs, Marketing
Division Director, Marketing, HSHS Sacred Heart Hospital	Public Affairs, Marketing, Data Analysis
Healthy Lifestyles Program Manager, Marshfield Clinic	Program Coordination, Health Program Management

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 CHNA process. Contributions from each of the partner organizations totaled \$55,000. The Otto Bremer Foundation also awarded a \$19,000 grant to the CHNA Planning Committee to increase outreach into rural communities during the CHNA process. These resources were used to fund a part-time, limited-term project manager who facilitated meetings between the CHNA Planning 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

CHNA 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 CHNA. This joint CHNA 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 assessment rather than several CHNAs conducted each year by different organizations.

## **V. Identification and Prioritization of Needs**

As part of the identification and prioritization of health needs, the CHNA Steering Committee considered the estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities; the burden, scope, severity, or urgency of the health need; the health disparities associated with the health needs; the importance the community places on addressing the health need; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health need.

### **Primary Data Collection Methods**

#### **Survey**

The CHNA 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 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.

### Community Health Assessment Timeline

**October 2014**



Distributed community health survey throughout the community

**November 2014**



Conducted listening sessions and began compiling secondary local health data

**February 2015**



Hosted Community Conversations to determine top health priorities

**March 2015**



Hosted Community Health Improvement event to discuss root causes, resources, and gaps related to top health priorities

**May 2015**



Completed and publicized Community Health Assessment report

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 upon request by emailing [info@chippewahealth.org](mailto:info@chippewahealth.org). Survey analysis and report compilation were completed by the Mayo Clinic Health System Marketing Research Division.

## **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 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.

## **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 full dataset is available upon request.

## **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 CHNA 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, 78 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?*

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.

The **top 3 health priorities** identified for during the Community Conversations in Eau Claire County were **mental health, alcohol misuse, and obesity**. These results are consistent with those of past CHNAs 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 CHNAs. Traditionally, the organizations conducting CHNAs have focused resources on a number of health areas, including some not in the “top 3”, in effort to improve all areas of community health. Though *each* of the 14

health areas were indicated by a portion of the public as a “major” problem for the community HSHS Sacred Heart Hospital (SHEC) will limit its focus primarily to the top 3 due to limited resources, time and expertise in certain areas. SHEC will support and collaborate on efforts that other community agencies and organizations lead.

### **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.

### **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 by initially asking, “What are some of the reasons that lead to mental health/alcohol misuse/substance use 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” or “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 below.

As part of the identification and prioritization of health needs, the CHNA Planning Committee considered the estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities; the burden, scope, severity, or urgency of the health need; the health disparities associated with the health needs; the importance the community places on addressing the health need; and other community assets and resources that could be leveraged through strategic collaboration in the hospital’s service area to address the health need.

Based on the CHNA planning and development process described, the following top three community health needs were identified and will be the primary focus areas for HSHS Sacred Heart Hospital:

- 1. Mental health**
- 2. Alcohol Misuse**
- 3. Obesity**

## **Mental Health Themes:**

### **Root Causes:**

- Break down of family structure and lack of family support
- Low self-worth
- Excessive stress (poor wages, homelessness)
- Mental health stigma due to inability to accept changing norms and fear of acceptance
- Media fascination, presentation, and sensationalization

### **Linked to:**

- Physical health (poor physical health from malnutrition or lack of health education)
- Substance abuse through over-prescription of medications

### **Gaps in Services or Understanding**

- Providers/ service accessibility
- More services needed in schools
- Providers need incentives for work in rural areas
- Hindered personal ability to communicate makes seeking counseling difficult
- Support from family and friends
- Awareness of programs for help

## **Alcohol Misuse Themes:**

### **Root Causes:**

- Lack of positive or responsible example in families
- Permissive policies (e.g. grocery store liquor tastings)
- General lack of enforcement at various levels
- Media and culture are permissive and appear to encourage excessive alcohol use.

### **Linked to:**

- Mental Health (may serve as self-medication for untreated illness)

### **Gaps in Services or Understanding**

- Lack of affordable treatment options
- Assumptions that college students are biggest misusers
- High-risk kids are not identified
- Lack of alcohol-free opportunities.

## Obesity Themes:

### Root Causes:

- Long winter season
- Poor eating habits due to food quality, cost, time, education, serving size, and stress
- No support or safe space for age-appropriate physical activity
- Lack of skill and/or knowledge in preparing healthier foods

### Linked to:

- Mental health
- Physical activity: cultural shift toward sedentary play
- Built environment is not conducive to routine exercise
- Healthy nutrition: lack of affordability and awareness

### Gaps in Services or Understanding

- Facilities for physical activity for adults and youth
- Access to healthy foods
- Awareness of how to be healthy
- Incentives for healthy choices

As an outcome of the prioritization process, the following community health needs were also identified and will be addressed by the hospital but will be incorporated into the action planning of one of the top three identified needs of mental health, alcohol misuse or obesity as the areas identified below are impacted by action on the top three :

- **Healthy Growth & Development:** The hospital supports the Infant Mental Health Action Team of Chippewa Health Improvement Partnership (CHIP) whose work impacts this focus area and though CHIP is a Chippewa County coalition its work can be replicated in Eau Claire.
- **Healthy Nutrition:** The hospital supports the CHIP Action Team, Challenge Chippewa, which works to impact physical fitness and overall wellbeing and though CHIP is a Chippewa County coalition its work can be replicated in Eau Claire.
- **Obesity and Physical Activity:** The hospital will be incorporating obesity into its work on mental health with attention to body image issues and the positive effect that exercise and healthy weight have on mental health.
- **Chronic Disease:** As a hospital, HSHS Sacred Heart Hospital is always concerned with the prevention and management of chronic disease and will continue to incorporate this focus area into community awareness and education events/activities even when those events/activities have a primary focus on mental health.

- **Access to Health Care:** This was not one of the 14 needs that was identified/addressed in our assessment but HSHS Sacred Heart Hospital will continue to work closely with community partners to advance community awareness around the Affordable Care Act and encourage enrollments into the Health Insurance Marketplace or other insurance assistance programs.

As an outcome of the prioritization process, the following community health needs were also identified to a lesser degree and will not be addressed directly by the hospital for the reasons indicated:

- **Adequate, appropriate and safe food and nutrition:** The hospital did not take the lead on this issue as we have done in the past. It is addressed by groups with expertise in food assistance including St. Francis Food Pantry, the Feed My People Food Bank, local school districts, and the county health departments. The hospital supports these efforts by donating community garden proceeds to the local food pantries, providing meals through the local Meals on Wheels program and volunteering at the local community meal site.
- **Injury & Violence:** The community has a well-established, well-respected community sexual assault and domestic violence agency that is the lead on this area. However, a primary focus of the community outreach efforts of the hospital will be on suicide prevention and awareness which the hospital is including in the mental health focus area.
- **Reproductive/Sexual Health:** The hospital is not taking the lead in this area as it is best served by the City County Health Department and other agencies with expertise in the area.
- **Environmental/Occupational Health:** While HSHS Sacred Heart Hospital does have a vibrant Occupational Health Department the hospital will not take the lead on this area in community outreach as this is an area that the City County Health Department leads and has expertise in.
- **Tobacco Use and Exposure:** HSHS Sacred Heart Hospital is a smoke-free campus and advocates for smoking cessation but will not lead efforts in the community as it is best addressed through the County Health Department and to community agencies with expertise in this area.

## VI. Description of Community Health Needs

### Mental Health

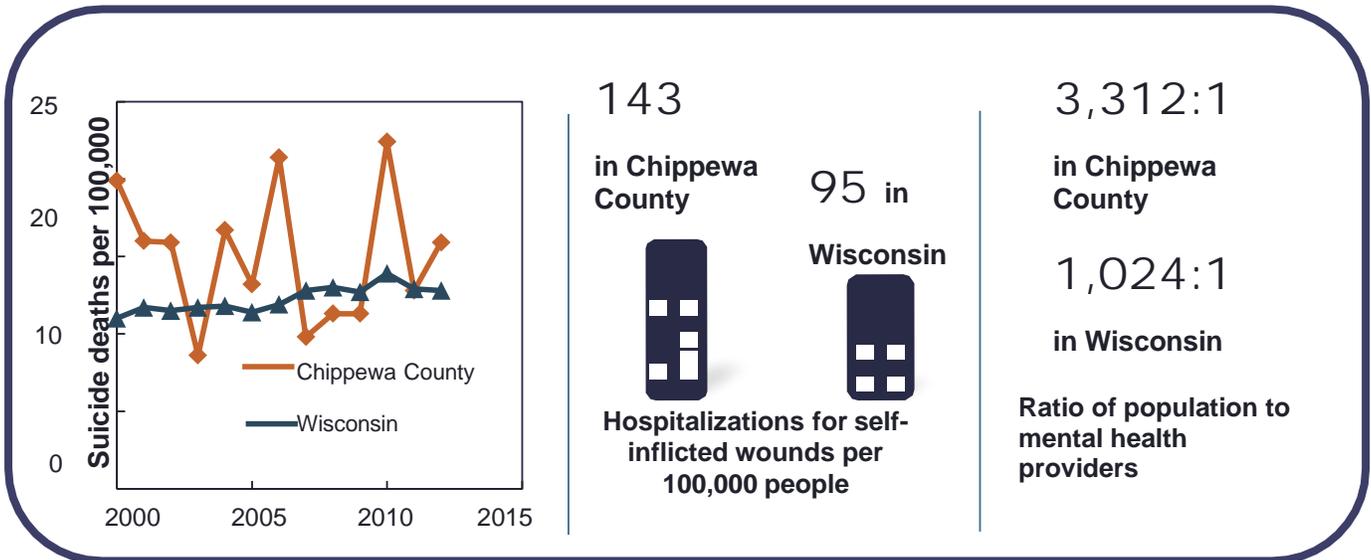
The mental health focus area refers to services and support to address how we think, act, and feel as we cope with life. Mental health is essential for personal well-being, caring family and interpersonal relationships, and meaningful contributions to society. Mental health conditions may include but 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

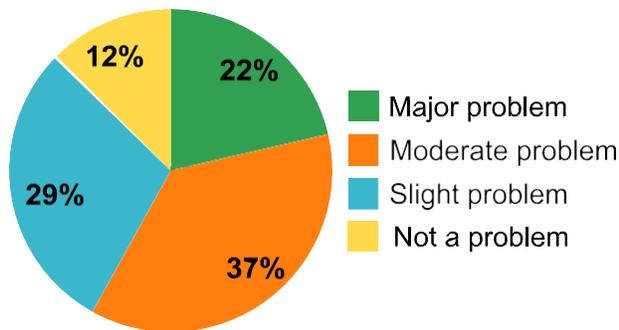
factors such as smoking, physical inactivity, obesity and substance abuse: factors that can lead to chronic disease, injury, and disability.

### Mental Health Local Data Highlights



### Community Survey Highlights

How serious do we think mental health is?



- 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
  - ✧ It is difficult to access mental health services
  - ✧ People are not aware of mental health services available

## 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

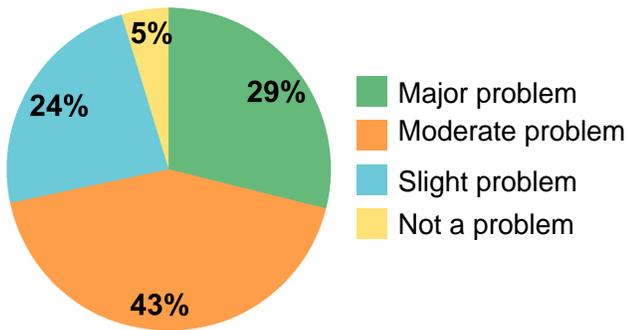
Alcohol-related deaths are the fourth leading cause of death in Wisconsin. While most people in Wisconsin drink responsibly, safely, and legally, Wisconsin ranks at or near the top among states in heavy alcohol drinking. Consequences of alcohol or drug abuse include motor vehicle and other injuries, 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

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).

### Community Health Survey Highlight

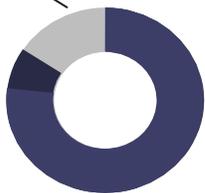
How serious do we think alcohol misuse is?



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 in the community
- ✧ Lack of alcohol-free social activities
- ✧ Laws are not strict enough

63% in Chippewa County



55% nationally

Adults that reported consuming at least one drink in the past 30 days



23%

in Chippewa County

15% nationally

Adults that reported engaging in binge drinking

5

in Chippewa County

Alcohol-related motor vehicle deaths per 100,000 people

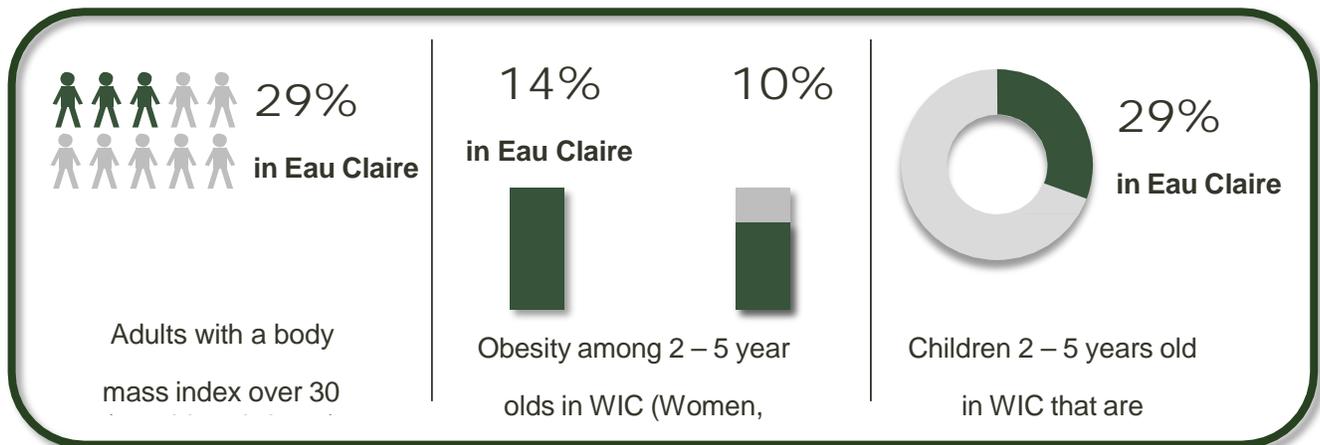
## Obesity

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

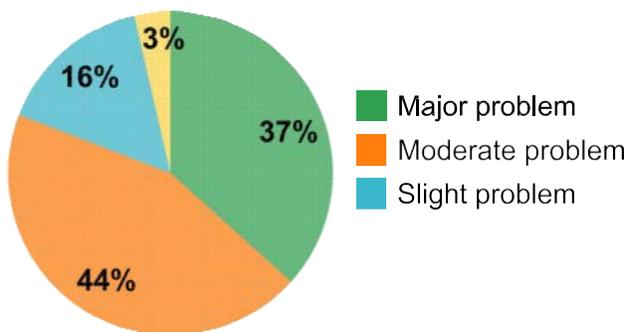
Obesity in our communities can contribute to increased medical costs and decreased productivity, resulting in significant economic impacts. The prevalence of Wisconsin adult obesity increased from 24% to 30% from 2004 to 2012 (Wisconsin Department of Health Services). Maintaining a healthy weight is 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
- ✧ Services are not easily accessible

## **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.

## **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.

## **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.

## 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 birth weight; almost 6 of every 100 infants born with low birth weight 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.

## Healthy Nutrition

Healthy nutrition refers to having enough and nutritious food for healthy eating such as 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 households were food insecure (2015 County Health Rankings).

## 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.

## 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.

## **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.

## **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 require 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 6 times greater than influenza hospitalizations.

## **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.

## 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.

## 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 birth weight** 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 CHNA 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 CHNA 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 CHNA process and using local directories and internet sources. **This listing is not intended to be exhaustive.**

**Mental Health Services**

<u>Service Name</u>	<u>Contact Information</u>	<u>Description</u>
<b>Great Rivers 2-1-1</b>	www.greatrivers211.org	Provides individuals with quick and easy access to community-based health and human services information and resources
<b>A Better Life Counseling</b>	505 S. Dewey St. Eau Claire, WI 54701 (715) 835-5110 www.ablc-eau Claire.com	A private therapy practice offering conjoint, family, group, individual, and peer counseling
<b>AIDS Resource Center of Wisconsin</b>	505 S. Dewey Street Eau Claire, WI 54701 www.arcw.org	Provides mental health services for individuals that are HIV positive or have AIDS

<b>Alzheimer's Association of Greater Wisconsin - Chippewa Valley Outreach Office</b>	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
<b>Apple Pregnancy Care Center</b>	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
<b>Bolton Refuge House</b>	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.
<b>Caillier Clinic</b>	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
<b>Children's Hospital of Wisconsin - Community Services</b>	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
<b>Chippewa Valley Family Caregiving Alliance</b>	info@chippewavalleycaregiving.org	Provides support and strengthens family caregivers of older adults through advocacy, education, and community resources
<b>Chippewa Valley Free Clinic</b>	836 Richard Dr. Eau Claire, WI 54701 (715) 839-8477 www.cvfreesclinic.org	Provides health services and assessments for patients with no healthcare alternative, including a mental health clinic weekly
<b>Clearwater Counseling &amp; Personal Growth Center</b>	2519 N. Hillcrest Pkwy Altoona, WI 54720 (715) 832-4060 www.clearwatercounseling.com	Provides mental health evaluation services for anxiety disorders, depression screening and conjoint, family, and individual counseling for all counseling issues
<b>Clinic for Christian Counseling</b>	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
<b>Dr. Stress &amp; Associates</b>	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

<b>Eau Claire Academy - Clinicare Corporation</b>	550 N. Dewey St., Eau Claire, WI 54702 (715) 834-6681	Provides group home settings for children ages 10 through 17
<b>Eau Claire County Department of Human Services</b>	721 Oxford Ave. Eau Claire, WI 54703 (715) 839-2300	Provides counseling and telephone support and mobile (in-person) crisis intervention
<b>Eau Claire Healthy Communities –Mental Health Action Team</b>	www.echealthycommunities.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.
<b>Eau Claire Metro Treatment Center</b>	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
<b>Educational Solutions</b>	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
<b>Family Resource Center</b>	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
<b>First Things First Counseling &amp; Consulting Services</b>	2519 N. Hillcrest Pkwy Suite 201, Altoona, WI 54720 (715) 832-8432 www.firstthingsfirstcounseling.net	Provides mental health/counseling services as well as anger management and domestic violence prevention education
<b>Hmong Mutual Assistance Association</b>	423 Wisconsin Street Eau Claire, WI 54703 (715) 832-8420	Provides support for healthy mental, emotional, and physical development for Hmong families.
<b>L.E. Phillips Libertas Center</b>	2661 Cty Hwy I Chippewa Falls, WI 54729 www.libertascenter.org	In-patient and outpatient mental health services.
<b>L.E. Phillips Senior Center</b>	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
<b>Lutheran Social Services / Positive Avenues</b>	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

<b>Marriage &amp; Family Health Services</b>	2925 Mondovi Rd. Eau Claire, WI 54701 (715) 832-0238 www.marriageandfamilyhealthservices.com	Family counseling agency providing therapy for individuals, couples, families, and peer counseling
<b>Marshfield Clinic - Eau Claire Center</b>	2102 Craig Rd. Eau Claire, WI 54701 (715) 858-4850	Provides conjoint, family, group, and individual counseling settings offering comprehensive mental health treatments
<b>Mayo Clinic Health System - Eau Claire</b>	1221 Whipple St., Eau Claire, WI 54702 (715) 838-3311	Behavioral health services for people of all ages.
<b>NAMI - Chippewa Valley</b>	PO Box 0984 Eau Claire, WI 54702 www.namicv.org	Provides open public meetings to educate the public on mental illness topics
<b>Northwest Counseling &amp; Guidance Clinic</b>	Several physical locations www.nwccg.com	Out-patient, on-call, and community-based mental health services provider
<b>Riverside Counseling Clinic</b>	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
<b>Sacred Heart Hospital</b>	900 W. Clairemont Ave., Eau Claire, WI 54701 (715) 717-4272	Provides a short-term inpatient psychiatric unit serving all ages
<b>The Healing Place</b>	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
<b>University of Wisconsin –Eau Claire Counseling Services</b>	University of WI—Eau Claire Old Library 2122 Eau Claire, WI 54702 (715) 836-5521	Counseling and support for UWEC students and staff
<b>Vantage Point Clinic &amp; Assessment Center</b>	2005 Highland Ave. Eau Claire, WI 54701 (715) 832-5454 www.vantagepointclinic.com	Provides conjoint, family, group, and individual counseling for many counseling issues
<b>Wellness Shack</b>	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
<b>Western WI Regional Center for Children and Youth with Special Health Care Needs</b>	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

## Alcohol Misuse Services

<b><u>Service Name</u></b>	<b><u>Contact Information</u></b>	<b><u>Description</u></b>
<b>Great Rivers 2-1-1</b>	www.greatrivers211.org	Provides individuals with quick and easy access to community-based health and human services information and resources
<b>Affinity House</b>	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
<b>AIDS Resource Center of Wisconsin</b>	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
<b>Al-Anon</b>	2926 Pomona Dr. Eau Claire, WI 54701 (715) 833-1878 www.area61afg.org	Twelve-step support group for families of alcoholics
<b>Alcoholics Anonymous</b>	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
<b>Eau Claire Academy - Clinicare Corporation</b>	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
<b>Eau Claire County - Alliance for Substance Abuse</b>	asapeauclaire@gmail.com (715) 839-4718 www.getinvolvedasap.org	Community-based coalition group that provides/develops substance abuse prevention programs and treatments
<b>Eau Claire Healthy Communities –High Risk Drinking Prevention Action Team</b>	www.echealthycommunities.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
<b>First Things First Counseling &amp; Consulting Services</b>	2519 N. Hillcrest Pkwy Altoona, WI 54720 (715) 832-8432 www.firstthingsfirstcounseling.net	Provides mental health/counseling services, addiction services, as well as anger management and domestic violence prevention classes
<b>Lutheran Social Services</b>	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.

<b>Marshfield Clinic - Eau Claire Center</b>	2102 Craig Rd. Eau Claire, WI 54701 (715) 858-4850	Provides conjoint, family, group, and individual counseling settings offering comprehensive mental health treatments
<b>Mayo Clinic Health System - Eau Claire</b>	1221 Whipple St. Eau Claire, WI 54702 (715) 838-3311	Alcohol and drug dependency counseling services for people of all ages.
<b>Omne Clinic</b>	2005 Highland Ave. Eau Claire, WI 54701 (715) 832-5454 www.omneclinic.com	Provides comprehensive AODA services for adults and adolescents
<b>Touchstone Center</b>	211 Eau Claire St. Eau Claire, WI 54701 (715) 855-1373 www.lsswis.org	Outpatient alcohol treatment program
<b>Women's Way AODA Program</b>	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

## **Obesity Services**

<b><u>Service Name</u></b>	<b><u>Contact Information</u></b>	<b><u>Description</u></b>
<b>Aging and Disability Resource Center (ADRC) - Eau Claire County</b>	721 Oxford Ave. Eau Claire, WI 54703 (715) 839-4886 adrc@co.eau-claire.wi.us	Provides weekday lunches for senior citizens
<b>Altoona Compassion Coalition</b>	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
<b>Boys and Girls Club</b>	201 East Lake St. Eau Claire, WI 54701 (715) 855-0081	Provides free summer meals and snacks for children
<b>Chippewa Valley Free Clinic</b>	836 Richard Dr. Eau Claire, WI 54701 (715) 839-8477 www.cvfreesclinic.org	Provides health services and assessments for patients with no healthcare alternative
<b>Christ Temple Church Food Pantry</b>	1719 Omaha St. Eau Claire, WI 54703 (715) 523-0670	Provides non-perishable foods, meat and cheese to those in need
<b>City of Eau Claire Parks, Recreation &amp; Forestry</b>	915 Menomonie St. Eau Claire, WI 54703 (715) 839-5032	Maintains recreational bike/walking trails, indoor/outdoor athletic facilities and other recreation opportunities

<b>Eau Claire Area Hmong Mutual Assistance Association</b>	423 Wisconsin St. Eau Claire, WI 54703 (715) 832-8420 www.eahmaa.org	Provides free bags of rice to individuals and families in need
<b>Eau Claire City - County Health Department</b>	720 Second Ave Eau Claire, WI 54703 (715) 839-4718 www.echealthdepartment.org	Provides public health services for Eau Claire city and county residents
<b>Eau Claire County - UW Extension</b>	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
<b>Eau Claire Healthy Communities – Chronic Disease Action Team</b>	www.echealthycommunities.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
<b>Immanuel Lutheran Food Pantry</b>	3214 Golf Rd. Eau Claire, WI 54701 (715) 832-7832	Provides a small food pantry with non-perishable food items
<b>Just Local Food Cooperative</b>	1117 S. Farwell St. Eau Claire, WI 54701 (715) 552-3366	Full service, customer-owned grocery store featuring locally-sourced food
<b>Medifast Weight Loss Program</b>	4112 Oakwood Hills Pkwy. Eau Claire, WI 54701 (715) 514-3000	Provides one-on-one counseling during and after weight loss program
<b>St. Francis Food Pantry</b>	1221 Traux Blvd. Eau Claire, WI 54703 (715) 839-7706 info@stfrancisfoodpantry.org	Provides free food for individuals and families
<b>The Eau Claire Community Table</b>	320 Putnam St. Eau Claire, WI 54703 (715) 835-4977 www.thecommunitytable.org	Provides one free meal each day of the year to anyone in need
<b>Trinity Lutheran Church Food Pantry</b>	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

<b>Western Dairyland Child Care Food Program</b>	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
<b>YMCA</b>	700 Graham Avenue, Eau Claire, WI 54701 (715) 836-8470 www.eauclairemca.org	Offers exercise equipment, training, exercise classes, and sport facilities

### **Hospitals and Related Medical Groups**

There are two acute-care hospitals offering tertiary level services including cardiovascular surgery, neurosurgery, oncology and trauma level II in Eau Claire: HSHS Sacred Heart (SHEC) and Mayo Clinic Health System – Eau Claire, as well as OakLeaf Surgical Hospital. The Hospital Sisters Health System and Mayo Health System have extensive penetration in Eau Claire County. Likewise, the OakLeaf Medical Network and Marshfield Clinic offer services at several sites throughout the county. Residents located on the periphery of HSHS Sacred Heart Hospital’s service area have access to equivalent and even greater levels of acute care. To the west, the Twin Cities market boasts several large community hospitals with trauma level I and an academic medical center. A comprehensive healthcare network, including two hospitals, a large multi-specialty group practice, and a regional community clinic, exists to the south in La Crosse. To the east, Ministry Healthcare, St. Joseph’s Hospital, Marshfield and the Marshfield Clinic physician group provide both acute care and primary care services. A second Hospital Sisters Health System facility, HSHS St. Joseph’s Hospital, exists just north of SHEC.

Though a seemingly an extensive network of healthcare providers are available to care for patients of western Wisconsin, there is significant variation in access to care given the rural geography of this part of the state. In addition, there is great variability between individual communities of western Wisconsin in the partnerships among community organizations, professional associations, post-secondary educational institutions, consumers and other government departments that provide additional health related services, programs and education.

### **Community Organizations and Government Agencies**

The Eau Claire County area hosts a strong, diverse group of nonprofit organizations that support programs and services as well as civic engagement aimed at enhancing the health and wellbeing of these communities. Among these organizations there exists significant stakeholder participation to address various health issues and preventative health care strategies, though collaboration and coordination of activities is always an opportunity for enhancing. Many of the nonprofit agencies, the City County Health Department, the Department of Human Services, law enforcement and SHEC and Mayo Clinic Health Systems have representatives who participate in Eau Claire’s Healthy Communities coalition which works to enhance the quality of life in Eau Claire and meet the needs of the residents of the community.

The Chippewa Valley also has strengths as a leader in education, having both the University of Wisconsin-Eau Claire and the Chippewa Valley Technical College recognized for their strong educational systems as well as the. These institutions offer great health care training and actively facilitate collaboration between local medical facilities and health departments. The largest

employers in the county include manufacturing and construction, healthcare, University of Wisconsin-Eau Claire, and computer information systems.

## **VII. Documenting and Communicating Results**

This CHNA Report and Implementation Plan are available to the community on the hospital's public website: [www.stjoeschipfalls.com](http://www.stjoeschipfalls.com). To obtain a hard copy, please contact 3D Community Health at (715) 717-7479.

The hospital will also provide in its annual IRS Schedule H (Form 990) the URL of the web page on which it has made the CHNA Report and Implementation Plan widely available to the public as well as a description of the actions taken during the taxable year to address the significant health needs identified through its most recent CHNA as well as the health indicators that it did not address and why. The report will be reviewed and utilized in goal setting and strategic planning activities throughout the next three years by the hospital and the community health initiatives. The report is available at the hospital website at [www.sacredhearteauclaire.org](http://www.sacredhearteauclaire.org).

## **VIII. Implementation Plan**

HSHS Sacred Heart Hospital will partner with HSHS St. Joseph's Hospital, the healthy communities coalitions of Chippewa Health Improvement Partnership (CHIP) and Eau Claire Healthy Communities, the Eau Claire City County Health Department and the Eau Claire County Department of Human Services, the school district and multiple other community partners to develop, implement, monitor and evaluate both new and ongoing initiatives that address the identified priority community health needs. The set of implementation strategies and interventions are contained in the Implementation Plan which was approved and adopted by an authorized body of the hospital. The implementation strategies and interventions will include, but are not limited to, the following initiatives in each of the three categories:

1. Mental Health – HSHS Sacred Heart Hospital is involved in the implementation and/or continuation of the following efforts to improve mental health services.
  - a. Suicide Prevention Initiative – HSHS Sacred Heart Hospital's 3D Community Health Department will integrate and coordinate suicide prevention activities across multiple sectors and settings in collaboration with Chippewa Health Improvement Partnership, Eau Claire Healthy Communities, and multiple other community partners to promote awareness that suicide is a public health problem that is preventable. Strategies will include community trainings of QPR (Question, Persuade & Refer) program as well as a variety of events, activities and displays pertaining to suicide prevention. Our efforts will be measured by the county suicide rate, inventory of change in community knowledge, stigma and behaviors, as well as participating in the county Suicide Death Review team to monitor for potential trends and respond accordingly.
  - b. Suicide Community Awareness Campaign - HSHS Sacred Heart Hospital's 3D Community Health Department will work to increase community awareness and knowledge of the factors that offer protection from suicidal behaviors and that

- promote wellness and recovery. Collaboration with multiple community partners will occur on an ongoing basis. An objective will be to promote effective programs and practices i.e. Adverse Childhood Experiences (ACEs) that increase protection from suicidal risk and promote connectedness among residents of Chippewa and Eau Claire counties. Success will be measured by an inventory of community attitudes and behaviors, county suicide statistics and evidence of increased community knowledge of suicide and the connection between mental and physical health and wellbeing based on survey data that the hospital will collect.
- c. Mental Health Community Awareness Campaign - HSHS Sacred Heart Hospital's 3D Community Health Department, in collaboration with the hospital's Marketing Department will implement research-informed communication efforts designed to reduce the stigma around mental illness by changing knowledge, attitudes and behaviors in defined segments of the population. We will work to increase communication efforts conducted online (utilizing social media and other mediums) that promote positive messages and promote public awareness that mental health and physical health are equal and inseparable components of overall health. Success will be measured utilizing online data collection tools, such as Google Analytics and Insights for Face Book, for increased site usage, surveys of community members' increase in knowledge, positive changes in behavior risk surveys, and others.
  - d. State Behavioral Health Alignment – HSHS St. Joseph's Hospital will continue support and participation in a collaborative effort between HSHS Western and Eastern Wisconsin to align Behavioral Health Services between the hospitals and other behavioral health partners. Alignment and coordination of services within the state will demonstrate success.
2. HSHS Sacred Heart Hospital's 3D Community Health Department will continue to work collaboratively with the hospital's Behavioral Health Department to provide community education within the community. Events/sessions will be evaluated for effectiveness and measurements of success will be developed.
  2. Alcohol Misuse – HSHS Sacred Heart Hospital is supportive of the implementation and/or continuation of the following efforts to address alcohol misuse.
    - a. L.E. Phillips Libertas Treatment Center - will continue to provide high quality assessment, intervention, and residential Alcohol and Other Drug Abuse (AODA) treatment for our community and surrounding areas.
    - b. L.E. Phillips Libertas Treatment Center- will continue to provide AODA education through Monthly Community Seminars, and a variety of other community venues.
    - c. Voices in Prevention Action Team -HSHS Sacred Heart Hospital will continue its' current support for this action team of Chippewa Health Improvement Partnership (CHIP) to further community education and awareness around as lead for this action team of Chippewa Health Improvement Partnership (CHIP) to further community education and awareness around alcohol misuse in the Eau Claire area. Evaluations of

- events/programs will be developed and used to track any changes in community knowledge and/or behaviors. County Health Rankings will be tracked as well.
3. Obesity - HSHS Sacred Heart Hospital is involved in the implementation and/or continuation of the following efforts to address obesity.
    - a. SHEC will continue community education and awareness of the potential risk factors of obesity via the use and promotion of HealthAware On-line Risk Assessment. Assessments that will be promoted include, but are not limited to, HeartAware, SleepAware, StrokeAware and ColonCancerAware. On-line data collection will be used to track number of visits to sites and other measurement tools will be developed to evaluate success. County Health Rankings will be tracked as well.
    - b. SHEC will continue to partner with HSHS St. Joseph's Hospital in the promotion of their on-line health assessment tool, "GO" Chippewa Valley. This site encourages people to move at least 15 minutes per day and provides health information, an on-line exercise and diet tracking tool called GO myway and information about upcoming classes/events that the hospital's Community Health Department coordinates/hosts. Multiple methods of evaluation will be used including Google Analytics, event program surveys, number of site visits, etc.
  4. Access to Health Care -This was not one of the 14 needs that was identified/addressed in our CHNA but HSHS Sacred Heart Hospital will continue to work closely with community partners, including the Eau Claire County Department of Human Services and the City County Health Department, Insurance agencies/brokers, Churches and many more, to advance community awareness around the Affordable Care Act (ACA) and encourage enrollments into the Health Insurance Marketplace or other insurance assistance programs. The hospital will collaborate with the other members of the Eau Claire County ACA Team that the hospital was instrumental in founding two years ago. Success will be measured by the number of individuals that are assisted through this team's work around community education and the number of Certified Application Specialists (CACs) available to assist community members. This data will be collected through a partnership with the Eau Claire County Department of Human Services.

## **Next Steps**

HSHS Sacred Heart Hospital (SHEC) will leverage existing partnerships and community resources to coordinate strategic efforts to address identified community health needs that can be monitored, evaluated and improved upon over time with lessons learned from the field and evidence-based best practices. In the next 1 to 36 months, we will review results of current efforts by SHEC and community partners, and implement the programs/projects that demonstrate the highest potential to have the most impact on improving related health indicators. We will review how our Community Benefit programs and activities are being monitored, success indicators being tracked and what accountability measures are in place. This analysis will be done in a collaborative manner with respective partners with the intent to identify new and

current resources that can be better integrated and deployed to maximize positive impact on population health.

The significant awareness generated over the last twelve months of completing the CHNA Report and Implementation Plan provides us with leads of key individuals and organizations who we can engage to refine and implement key activities related to each of the identified community health needs.

## **Approval**

HSHS Sacred Heart Hospital's is governed by a volunteer Board of Directors, which includes representatives from Eau Claire, the surrounding communities, and rural areas. The Board reviews the Community's Health Needs Assessment at least every three years, and they approve the corresponding Implementation Strategy. Also, annually, the Governing Board reviews the prior fiscal year's Community Benefit Report.

With the recent completion of the hospital's Community Health Needs Assessment, this Implementation Strategy was prepared for the May 14, 2015 meeting of the Governing Board.

HSHS Sacred Heart Hospital's Governing Board Approval:

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David Keifer, Chairman

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Date

HSHS Sacred Heart Hospital, Eau Claire, WI, Board of Directors

## **IX. References**

1. Behavioral Risk Factor Surveillance System
2. Youth Risk Behavior Surveillance System (YRBSS)
3. US Census
4. Centers for Disease Control
5. County Health Rankings
6. Wisconsin Department of Health Services Statistics
7. WI Epidemiological Profile on Alcohol and Other Drug Use, 2014 (2010)
8. HealthIndicators.gov (NVSS-M; 2011)
9. WI Public Health Information Network
10. Analysis, Visualization, and Reporting (2013)
11. WEDSS Communicable Disease Reporting System (2013)
12. 2013 WI Child Abuse and Neglect Report (2012)
13. DPI WI Information System for Education (2013-2014)
14. DPI WI Information System for Education (2013-2014)

15. Crash Outcome Data Evaluation System (2012)
16. National Center for Chronic Disease
17. Prevention and Health Promotion (2010)
18. Chippewa County DPH WIC program, 2014
19. Chippewa County DPH WEDSS (2013)
20. Bureau of Labor Statistics (average during 2014)





