Eau Claire County

2014 – 2015

Community Health Assessment
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Executive Summary

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

This assessment documents the variety of data collection methods used to discern more clearly the issues facing the community. These methods included a community health survey, three community listening sessions, and five Community Conversations, after which Eau Claire County residents identified mental health, alcohol misuse, and obesity as the top priorities out of 14 health areas. County-level quantitative data was also collected for each of the health areas and used to inform the selection of the top three priority areas. This data is included in this report and was used to compare the health of Eau Claire County residents to national benchmarks and statewide health indicators. Further community discussion occurred regarding root causes, existing resources, and gaps in services as they relate to the top three priority areas. This assessment, including qualitative and quantitative data components, will be used by the community partners, including the local health coalition Eau Claire Healthy Communities, in the upcoming formation of their Community Health Improvement Plans and action team initiatives. Each of the partners strongly believe in improving community health. All partners are not only dedicated to treatment of current health issues, but more importantly prevention of emerging and chronic health conditions, leading to a healthier Eau Claire County for all residents.
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Cover image: One-word reactions from community members at the final community health improvement event
Acknowledgements

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

- **Audrey Boerner**, Community Health Assessment Project Manager, report author
- **Rhonda Brown**, Division Director, 3D Community Health HSHS Sacred Heart and St. Joseph’s Hospitals; Director of Chippewa Health Improvement Partnership
- **Sara Carstens**, Director of Community Wellness and Engagement, Mayo Clinic Health System
- **Cortney Draxler**, Community Health Educator, Eau Claire City-County Health Department
- **Jay Edenborg**, Public Affairs Director, Mayo Clinic Health System
- **Miriam Gehler**, Administrator, Marshfield Clinic – Eau Claire Center
- **Lieske Giese**, Director/Health Officer, Eau Claire City-County Health Department
- **Michael Hoadley**, Director of Community Investment, United Way of the Greater Chippewa Valley
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- **Jen Rombalski**, Director/Health Officer, Chippewa County Department of Public Health
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- **Becky Swanson**, Division Director, Marketing Communication, HSHS Sacred Heart and St. Joseph’s Hospitals
- **Darcy Vanden Elzen**, Healthy Lifestyles Program Manager, Marshfield Clinic

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

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

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

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

<table>
<thead>
<tr>
<th>Eau Claire County Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex:</strong></td>
</tr>
<tr>
<td><strong>Median household income:</strong></td>
</tr>
<tr>
<td><strong>Percentage of population in poverty:</strong></td>
</tr>
<tr>
<td><strong>2014 average unemployment rate:</strong></td>
</tr>
<tr>
<td><strong>Population growth rate:</strong></td>
</tr>
</tbody>
</table>

Figure 1. Household income distribution in Eau Claire County (US Census, 2013 estimates)
Figure 2. Highest education level attained by Eau Claire County residents over age 25 (US Census, 2013 estimates)

- High school not completed: 7%
- High school or GED: 28%
- Some college: 23%
- Associate's degree: 12%
- Bachelor's degree: 20%
- Graduate or professional degree: 11%

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

- White: 95.2%
- African American: 1.4%
- American Indian and Alaska Native: 0.3%
- Asian: 0.9%
- Other: 0.3%
- Two or more races: 1.9%

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

- 0 - 14: 9%
- 15 - 24: 11%
- 25 - 44: 11%
- 45 - 64: 13%
- 65 - 84: 6%
- 85+: 2%
Overview

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

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

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

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

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

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

**Primary Data Collection Methods**

**Survey**

The CHA process began with a community health survey that was widely distributed throughout Eau Claire County. The objective of the survey was to better understand the community’s perception of the top health concerns in the county. The survey was hosted by Survey Monkey, an online survey development tool, and the link to the web survey was widely distributed through the networks of each of the partner organizations as well as other community organizations (e.g. public and private schools, The Salvation Army, Aging and Disability Resource Center, Boys & Girls Club of the Greater Chippewa Valley, Family Resource Center, Western Dairyland Head Start, local
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 from any one of the partner organizations listed on page 6. Survey analysis and report compilation were completed by the Mayo Clinic Health System Marketing Research Division.

### Survey Highlights:

**Top 5 areas “Needing Improvement”:**

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

### Listening Sessions

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

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

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

**Secondary Data Collection Methods**

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

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

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

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

**Community Conversation Prioritization Criteria**

1. **Which health areas have the largest community impact?**
   Consider which areas have a high number of people affected, which areas affect certain groups more than others, and how big the problem is in our community.

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

3. **Which areas is our community ready to change?**
   Will the community accept new or added programs? Are new programs wanted in certain areas? Is change on a local level reasonable?
Following group discussion, participants were asked to vote for their personal top three priority areas, with consideration of the survey and health data presented. Posters for each health area were distributed around the meeting room and each participant was able to vote by placing one of three provided ‘sticky notes’ on each of the three health areas they felt were of the highest priority. All of the votes from the five Eau Claire Community Conversations were tallied and the results are shown in Figure 5.

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

**Figure 5. Eau Claire County tally from five Community Conversations**

*Eau Claire County Prioritization Results*
Community Health Improvement Event

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

Outcomes of focus area discussion

The World Café model (small facilitated discussion groups that rotate through multiple discussion topics) was utilized to inspire creative thinking and create a comfortable atmosphere in which participants could openly share their ideas on each of the three topic areas during the facilitated discussion. During three rounds of discussion, participants were given the opportunity to provide their thoughts on the top three priority areas. Facilitators guided participants to consider root causes for each focus area, initially asking, “What are some of the reasons that lead to mental health/alcohol misuse/obesity being a problem in our community?” and encouraging critical thinking for each response from the group by asking the follow up of “why does that happen” 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 on the following page.
Mental Health Themes:

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

Linked to:
- Healthy nutrition
- Culture of drinking

Gaps in Services or Understanding
- Time, training, or treatment options for adolescents
- Healthy family relationships and support
- Treatment options are not personalized for patients

Alcohol Misuse Themes:

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

Linked to:
- Mental health (can be used to self-medicate)

Gaps in Services or Understanding
- Awareness of binge and low-risk drinking
- Activities without alcohol or during winter season
- Insurance coverage for alcohol treatment
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 ECHC were given the opportunity to leave their contact information with an ECHC representative. Participants were also asked to provide a one-word summary of their impression of the evening. A word cloud from the participant responses was created and illustrates the cover page of this report.

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

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

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

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

Importance

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

Local Data Highlights

Community Health Survey Highlights:

How serious do we think alcohol misuse is?

- 25% Major problem
- 25% Moderate problem
- 25% Slight problem
- 4% Not a problem
- 46% Not a problem

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
- Laws are not strict enough
- Lack of alcohol-free social activities
Chronic Disease Prevention and Management

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

Importance

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

Local Data Highlights

<table>
<thead>
<tr>
<th>Adults diagnosed with diabetes</th>
<th>Deaths from Alzheimer’s disease per 100,000 people</th>
<th>Cancer incidence per 100,000 people</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 in 14 Eau Claire County</td>
<td>24 in Eau Claire County</td>
<td>440 in Eau Claire County</td>
</tr>
<tr>
<td></td>
<td>27 nationally</td>
<td>536 nationally</td>
</tr>
</tbody>
</table>

Community Survey Highlights

How serious do we think chronic disease is?

- Major problem: 12%
- Moderate problem: 19%
- Slight problem: 41%
- Not a problem: 28%

Top reasons we think chronic disease is a problem:

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

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

Importance

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

Local Data Highlights

- **70%** in Eau Claire County
- **67%** nationally
- **74%** in Eau Claire County
- **90%** National goal
- **72** in Eau Claire County
- **30** in Wisconsin
- Population over age 65 that had flu shot in last 12 months
- Children that received recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella, and PCV
- Residents that contracted Lyme disease out of every 100,000 people

Community Survey Highlights

How serious do we think communicable disease is?

- 26% Major problem
- 20% Moderate problem
- 50% Slight problem
- 4% Not a problem

Top reasons we think communicable disease is a problem:

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

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

Importance

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

Local Data Highlights

| Days in 2013 that were measured as ‘good’ or ‘moderate’ air quality | 100% in Eau Claire County |
| 40% in Eau Claire County |
| Radon tests that exceeded the recommended level of 4 picocuries per liter |
| Children that tested positive for elevated blood lead |

Community Survey Highlights

How serious do we think environmental/occupational health is?

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

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

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

Importance

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

Local Data Highlights

- 5 in a class of 28 in Eau Claire County
- $10,660,000 lifetime lost wages by the 4% of students that did not graduate high school in 2013
- 5% in Eau Claire County
- 8% nationally

Community Survey Highlights

- How serious do we think healthy growth and development is?
  - 28% Major problem
  - 23% Moderate problem
  - 43% Slight problem
  - 5% Not a problem

- Top reasons we think healthy growth & development is a problem:
  - People are unable to afford health care for themselves or children
  - People cannot easily access services
  - People cannot afford health care for pregnancy
  - People are not aware of information or services to aid in healthy growth
Healthy Nutrition

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

Importance

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

Local Data Highlights

- **Infants in WIC (Women, Infants, Children) exclusively breastfed for three months**: 35% in Eau Claire County, 46% nationally
- **Restaurants that served fast food in 2012**: 54% in Eau Claire County, 41% nationally
- **Adults that report getting less than 5 servings of fruits and vegetables per day**: 35% in Eau Claire County

Community Survey Highlights

- **How serious do we think healthy nutrition is?**
  - 10% Major problem
  - 19% Moderate problem
  - 45% Slight problem
  - 26% Not a problem

- **Top reasons we think healthy nutrition is a problem:**
  - Some people can’t afford enough food or healthy food is too expensive
  - Not everyone knows how to eat healthy or has the skills to prepare healthy food
  - The healthy choice is not the easy or desirable choice
  - Not everyone has the time to prepare healthy food
**Injury and Violence Prevention**

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

**Importance**

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

**Local Data Highlights**

- **Injury hospitalizations per 100,000 people**
  - 966 in Eau Claire County
  - 832 in Wisconsin
  - 618 nationally

- **Violent crimes per 100,000 people**
  - 162 in Eau Claire County
  - 387 nationally

- **Injury deaths due to falls per 100,000 people, for adults over 65**
  - 76 in Eau Claire County
  - 54 nationally

- **387 in Eau Claire County**

**Community Survey Highlights**

- **How serious do we think injury and violence is?**
  - 45% Not a problem
  - 31% Slight problem
  - 17% Moderate problem
  - 7% Major problem

- **Top reasons we think injury and violence is a problem:**
  - People are not aware as to how to prevent violence in relationships
  - People are not aware of resources available for victims of violence
  - People are not aware of how to prevent injury or violence in the home or workplace
Mental Health

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

Importance

Good mental health allows us to form positive relationships, use our abilities to reach our potential, and deal with life’s challenges. Mental illnesses are medical conditions that impair a person’s thinking, mood, ability to relate to others and cope with the daily demands of life. Mental illnesses are also associated with physical health problems and risk factors such as smoking, physical inactivity, obesity and substance abuse: factors that can lead to chronic disease, injury, and disability.

Local Data Highlights

<table>
<thead>
<tr>
<th>Year</th>
<th>Suicide Deaths per 100,000</th>
<th>Eau Claire County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Hospitalizations for self-inflicted wounds per 100,000 people:

- Eau Claire County: 164
- Wisconsin: 763

Ratio of population to mental health providers:

- Eau Claire County: 1,024:1
- Wisconsin: 95

Community Survey Highlights

How serious do we think mental health is?

- 31% Slight problem
- 23% Moderate problem
- 9% Major problem
- 37% Not a problem

Top reasons we think mental health is a problem:

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

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

Importance:

Obesity in our communities can contribute to increased medical costs and decreased productivity, resulting in significant economic impacts. The prevalence of Wisconsin adult obesity increased from 24% to 30% from 2004 to 2012 (Wisconsin Department of Health Services). Maintaining a healthy weight is also important for reducing the risk of developing chronic conditions that may have a major impact on quality of life. Healthy weight management promotes good mental health, healthy nutrition, physical activity and a longer life.

Local Data Highlights

Adults with a body mass index over 30 (considered obese) 29% in Eau Claire County

Obesity among 2 – 5 year olds in WIC (Women, Infants, Children) 14% in Eau Claire County 10% in nationally

Children 2 – 5 years old in WIC that are overweight or obese 29% in Eau Claire County

Community Survey Highlights

How serious do we think obesity is?

- 37% Major problem
- 16% Moderate problem
- 44% Slight problem
- 3% Not a problem

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

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

Local Data Highlights

Community Survey Highlights
How serious do we think oral health is?

Top reasons we think oral health is a problem:

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

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

Importance

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

Local Data Highlights

- **22%** in Eau Claire County
- **26%** nationally
  - Adults that report no leisure time physical activity
- **4%** in Wisconsin
- **5%** in Eau Claire County
  - Workers over age 16 that bike or walk to work
- **34%** in Wisconsin
- **41%** nationally
  - Students report using a computer 3+ hours a day not for school work

Community Survey Highlights

How serious do we think physical activity is?

- **24%** Major problem
- **36%** Moderate problem
- **11%** Slight problem
- **29%** Not a problem

Top reasons we think physical activity is a problem:

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

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

Importance

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

Local Data Highlights

<table>
<thead>
<tr>
<th></th>
<th>Eau Claire County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Chlamydia tests</td>
<td>353</td>
<td>417</td>
</tr>
<tr>
<td>per 100,000 people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnant women that received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st trimester prenatal care</td>
<td>80%</td>
<td>76%</td>
</tr>
<tr>
<td>Females age 15 to 19 that gave</td>
<td></td>
<td>1 in 77</td>
</tr>
<tr>
<td>birth</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Community Survey Highlights

How serious do we think sexual health is?

- Major problem: 32%
- Moderate problem: 21%
- Slight problem: 5%
- Not a problem: 42%

Top reasons we think sexual health is a problem:

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

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

Importance

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

Local Data Highlights

- Drug-related hospitalizations per 100,000 people from 2011-2012: 410 in Eau Claire County, 269 in Wisconsin
- Deaths per 100,000 people from accidental and intentional drug poisoning: 8 in Eau Claire County, 12 in Wisconsin
- For drug possession and sales/manufacturing, driving while intoxicated, and liquor law violations: 43 arrests per month

Community Survey Highlights

How serious do we think substance use is?

- Major problem: 6%
- Moderate problem: 21%
- Slight problem: 29%
- Not a problem: 43%

Top reasons we think substance use is a problem:

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

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

Importance

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

Local Data Highlights

Community Survey Highlights

How serious do we think tobacco use is?

Top reasons we think tobacco use is a problem:

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

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

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

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

In recognition of health disparities that are faced by rural community members, special attention was paid to ensuring surveys were distributed in the rural areas by making them available at the public library in each town and advertising the survey link through all of the public school districts in the county. In addition, Community Conversations were planned and held in rural communities in Eau Claire County in addition to Community Conversations held in the city of Eau Claire. During survey distribution and Community Conversations, the CHA Committee also worked closely with organizations in Eau Claire County that serve populations that typically experience poorer health
outcomes, such as low-income and elderly residents. To this end, we advertised and made paper surveys available at organizations such as the free clinic, food pantries, Community Table, and the area senior center. Low-income and elderly populations were also the focus of the listening sessions held at The Community Table and the L.E. Phillips Senior Center.

**Community Assets Inventory**

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

2014 – 2015

Community Health Assessment

Appendix I: Listening Session Responses & Key Informant Interview
| Question 1: (What makes it hard for people to be healthy?) | Session held by: Audrey  
Date: 11/4/14  
Location: The Community Table  
Number in attendance: 11 people | Session held by: Audrey  
Date: 11/25/14  
Location: Hmong Wellness Day at Hmong Mutual Assn.  
Number in attendance: 12 | Session held by: Audrey, Lynn, Sara  
Date: 12/9/14  
Location: L.E. Phillips Senior Center  
Number in attendance: 26 |
|---|---|---|---|
| • Influence of other people  
• Ebola  
• Having enough money for good food  
• Getting money  
• Money  
• Education  
• Not having a job  
• Location of services they need  
• Lack of money/job  
• Lack of drinking fountains or water in vending machines  
• People don't reach out for assistance (i.e. energy assistance)  
• Budget  
• Jobs  
• Fear of leaving home to see what else is available, being out alone  
• Lack of help w/ exercise for those that suffer from pain (knee, leg, back, arm, chest)  
• Existing pain makes exercise difficult  
• Bad weather, snow, illness, age make exercise difficult  
• Depression, specifically when there is no one available to help you or for you to depend on, to take you around town  
• A special diet makes eating difficult  
• Cost (food, prescriptions)  
• Not enough information about health choices/programs—should have commercial, scrolling info at bottom of TV, senior center newsletter notifications  
• Mobility (no car or unable to drive to appointments, etc.)  
• Local government not accepting federal money to help the poor  
• Physical environment (icy roads, uneven stairs, cold weather)  
• Inactive/isolated people  
• Alcohol use  
• Don’t know neighbors  
• Sex trafficking  
• Accessibility to junk food  
• Too much TV  
• Poor variety in hospital food  
• False information  | | | |
| Q 2: What would help to make it easier to make healthy choices? | • Community activities, i.e. crafts, social/play time, community sledding/picnics  
• More money  
• Community Table have healthier options  
• Somewhere to live  
• More walking trails  
• More benefit runs  
• Casino is helpful to forget about depression  
• Am able to go walking in summer time  
• Having a caretaker to ease depression  
• Having someone (family) w/ ulcer knowledge [to help me manage this condition], and a | • St. Joe’s seminar on diabetes & long-term care options at 29 Pines.  
• More info needed, esp. calories & nutrition in food at restaurants in easy-to-see locations (and consideration of those w/ bad vision)  
• Lower cost housing |
| Q3: Programs/services helping now to make healthier choices | • Positive Avenue activities  
• Turkey & Chicken & garlic options at Subway  
• Good friends  
• Help for unstable housing  
• Farmer’s markets  
• Walking/bike trails  
• Human Services  
• Community Table (x2)  
• Sometimes food pantry  
• Food stamps  
• Part-time work | • Wellness Days programming helps with exercise and movement  
[In discussion w/ translator, she suggested something like IRIS would be helpful to this population] | • ADRC  
• Social Security Office  
• Selected insurance brokers  
• Nutrition Action subscription  
• E.C. Senior Center  
• Abby Van  
• Schools, churches, buses, police  
• Wellness programs, gyms, yoga  
• Hospitals & Clinics  
• Newspaper articles  
• Meals at senior center (ADRC)  
• Health clubs  
• Promoting existing programs  
• Swimming classes (cold weather deters participants)  
• Meals on Wheels |
| --- | --- | --- | --- |
| • More Farmer’s markets  
• More transportation options  
• Personally selecting the healthier option  
• Abide by laws  
• More fruits & veggies offered when free food is available  
• Less police enforcement-their presence increases blood pressure | cane for walking  
• Nutritional assistance [respondent must water-down food to make it easier to eat/digest].  
• Icy-hot, exercises to help ease pain  
• Having family close by and ability to exercise at home | • No smoking  
• No drinking  
• Friendly neighborhoods  
• Better accessibility to healthy foods  
• Encouraging family members/support network  
• Lower costs  
• Welfare-helps food access  
• Healthy restaurant offerings  
• Family meals/home-cooked meals  
• Exercise-programs that target seniors  
• Parks & Rec options for seniors (need more)  
• YMCA chair yoga (promote more) |
Q4: What does a healthy community look like?

- Clean
- Stress free
- Drama free
- Parks/playgrounds
- Well-lit streets
- Nice houses
- Fresh fruit & veggies
- Farmer's markets, trails
- Help to find stable housing
- More voters

<table>
<thead>
<tr>
<th>Clean</th>
<th>Stress free</th>
<th>Drama free</th>
<th>Parks/playgrounds</th>
<th>Well-lit streets</th>
<th>Nice houses</th>
<th>Fresh fruit &amp; veggies</th>
<th>Farmer's markets, trails</th>
<th>Help to find stable housing</th>
<th>More voters</th>
</tr>
</thead>
</table>

- Have people that help (family members, designated caretaker)
- Helping community
- Supportive community
- Programs for socialization/support among each other
- Activities for people to make friends and be more like a family
- More educated help the less educated, and wealthier help less wealthy

<table>
<thead>
<tr>
<th>Have people that help (family members, designated caretaker)</th>
<th>Helping community</th>
<th>Supportive community</th>
<th>Programs for socialization/support among each other</th>
<th>Activities for people to make friends and be more like a family</th>
<th>More educated help the less educated, and wealthier help less wealthy</th>
</tr>
</thead>
</table>

- Senior dinners
- People who are a health weight
- Many walkers, bikers, exercisers
- People planting own gardens
- Opportunities for exercise, recreation, mental stimulations, arts, physical appeal/beauty
- Supportive Community
- Eau Claire
- Green, no litter
- No ice on sidewalks
- Financial & physical volunteers
- Education, medical, police,
- Transportation, access
- People doing things like this (listening sessions)
- Building projects together
- Activities for those disabled/impaired
- Walking trails/biking trails
- Gatherings for people that don't get out much
- Medical facilities
- Hard workers
- Less packaged foods
- Wall Street Journal reported 12/9 of MDS prescribing physical activity
- Hudson Hospital-obstetrics

| Senior dinners | People who are a health weight | Many walkers, bikers, exercisers | People planting own gardens | Opportunities for exercise, recreation, mental stimulations, arts, physical appeal/beauty | Supportive Community | Eau Claire | Green, no litter | No ice on sidewalks | Financial & physical volunteers | Education, medical, police, | Transportation, access | People doing things like this (listening sessions) | Building projects together | Activities for those disabled/impaired | Walking trails/biking trails | Gatherings for people that don't get out much | Medical facilities | Hard workers | Less packaged foods | Wall Street Journal reported 12/9 of MDS prescribing physical activity | Hudson Hospital-obstetrics |
Key Informant Interview:

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

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

2014 – 2015

Community Health Assessment

Appendix II: Core Dataset
<table>
<thead>
<tr>
<th>Measure</th>
<th>Definition</th>
<th>Eau Claire County</th>
<th>Wisconsin</th>
<th>Healthy People 2020 Target</th>
<th>National Rate</th>
<th>Source (Year of Data)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Outlet Density</td>
<td>Alcohol outlet density per 500 people</td>
<td>1.2</td>
<td>1.5</td>
<td>n/a</td>
<td>n/a</td>
<td>WI Epidemiological Profile on Alcohol and Other Drug Use, 2012</td>
<td>Alcohol related hospitalization density per 1,000 population</td>
</tr>
<tr>
<td>Alcohol Use</td>
<td>Alcohol use among 18+ (At least one drink in the past 30 days)</td>
<td>62%</td>
<td>64%</td>
<td>n/a</td>
<td>n/a</td>
<td>WI Epidemiological Profile on Alcohol and Other Drug Use, 2014</td>
<td>Alcohol related hospitalization rate per 1,000 population</td>
</tr>
<tr>
<td>Alcohol-related Hospitalizations</td>
<td>Rate of alcohol-related hospitalizations per 1,000 people</td>
<td>4.3</td>
<td>2</td>
<td>n/a</td>
<td>10.3</td>
<td>County Health Rankings (WI Public Health Profiles; 2012)</td>
<td>Hospitalizations and their Co-occurring Drug-related mental health</td>
</tr>
<tr>
<td>Alcohol-related Motor Vehicle Deaths</td>
<td>Alcohol-related motor vehicle deaths per 100,000, 2012</td>
<td>2</td>
<td>4.3</td>
<td>n/a</td>
<td>4.4</td>
<td>WI Epidemiological Profile on Alcohol and Other Drug Use, 2014</td>
<td>County data 2008-2010 from Epi Profile Table 29. State &amp; National</td>
</tr>
<tr>
<td>Binge Drinking</td>
<td>Engagement in binge drinking among adults 18+ years old</td>
<td>24%</td>
<td>22%</td>
<td>24%</td>
<td>15%</td>
<td>WI Epidemiological Profile on Alcohol and Other Drug Use, 2014</td>
<td>County data 2008-2010 from Epi Profile Table 29. State &amp; National</td>
</tr>
<tr>
<td>Excessive Drinking (Binge +Heavy Drinking)</td>
<td>% of the adult population that reports either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than 1 (women) or 2 (men) drinks per day on average</td>
<td>24%</td>
<td>24%</td>
<td>25.4%</td>
<td>28.2%</td>
<td>County Health Rankings (2006-12)</td>
<td>National Survey on Drug Use and Health (2008)</td>
</tr>
<tr>
<td>Youth Drug and Alcohol Use</td>
<td>% of high school students who had at least one drink of alcohol on or more of the past 30 days</td>
<td>n/a</td>
<td>32.7%</td>
<td>n/a</td>
<td>34.9%</td>
<td>Youth Risk Behavior Surveillance System (2013)</td>
<td>Youth Risk Behavior Surveillance System (2013)</td>
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<tr>
<td>Youth Drug and Alcohol Use</td>
<td>% of high school students who had their first drink of alcohol other than a few sips before age 13</td>
<td>n/a</td>
<td>14.6%</td>
<td>n/a</td>
<td>18.6%</td>
<td>Youth Risk Behavior Surveillance System (2013)</td>
<td>Youth Risk Behavior Surveillance System (2013)</td>
</tr>
</tbody>
</table>

### Chronic Disease Prevention & Management Focus Area

<table>
<thead>
<tr>
<th>Measure</th>
<th>Definition</th>
<th>Eau Claire County</th>
<th>Wisconsin</th>
<th>Healthy People 2020 Target</th>
<th>National Rate</th>
<th>Source (Year of Data)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer’s</td>
<td>Alzheimer’s Disease deaths per 100,000 population by cancer site (age-adjusted)</td>
<td>24</td>
<td>32</td>
<td>n/a</td>
<td>27</td>
<td>HealthIndicators.gov (NVSS-M; 2011)</td>
<td>National measure reflects screening for adults 20 years old</td>
</tr>
<tr>
<td>Cancer</td>
<td>Incidence per 100,000 population by cancer site (age-adjusted)</td>
<td>440</td>
<td>471</td>
<td>n/a</td>
<td>536</td>
<td>HealthIndicators.gov (NVSS-M; 2011)</td>
<td>HealthIndicators.gov (NVSS-M; 2011)</td>
</tr>
<tr>
<td>Cancer mortality</td>
<td>Cancer death rate per 100,000</td>
<td>184</td>
<td>196</td>
<td>n/a</td>
<td>161</td>
<td>DHS WISH (2012)</td>
<td>Cancer death rate per 100,000</td>
</tr>
<tr>
<td>Cerebrovascular Disease</td>
<td>Cerebrovascular disease mortality rate per 1,000 people per 100,000</td>
<td>2.5</td>
<td>3</td>
<td>n/a</td>
<td>1.2</td>
<td>County Health Rankings (State of Wisconsin Public Health Profiles; 2012)</td>
<td>Centers for Disease Control and Prevention (2002)</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>% of women 18+ who had a pap test in past 3 years</td>
<td>80.4%</td>
<td>76.6%</td>
<td>n/a</td>
<td>n/a</td>
<td>HealthIndicators.gov (BRFSS; 2006-2012)</td>
<td>HealthIndicators.gov (BRFSS; 2006-2012)</td>
</tr>
<tr>
<td>Cholesterol Screening</td>
<td>% of adults had cholesterol checked in past 5 years</td>
<td>n/a</td>
<td>75.6%</td>
<td>82.1%</td>
<td>70%</td>
<td>NHANES (2011-2012)</td>
<td>National measure reflects screening for adults over 20 years old</td>
</tr>
<tr>
<td>Colon Cancer Screening</td>
<td>% of 50+ population who ever had a sigmoidoscopy or colonoscopy</td>
<td>71.4%</td>
<td>69.3%</td>
<td>n/a</td>
<td>n/a</td>
<td>HealthIndicators.gov (BRFSS; 2006-2012)</td>
<td>HealthIndicators.gov (BRFSS; 2006-2012)</td>
</tr>
<tr>
<td>Coronary Heart Disease Hospitalizations</td>
<td>Coronary heart disease hospitalization rate per 1,000 population</td>
<td>3</td>
<td>3</td>
<td>n/a</td>
<td>11.2</td>
<td>County Health Rankings (State of Wisconsin Public Health Profiles; 2010)</td>
<td>Heart Disease Discharges, NHDS (2010)</td>
</tr>
<tr>
<td>Measure</td>
<td>Definition</td>
<td>Eau Claire County</td>
<td>Source (Year of Data)</td>
<td>Wisconsin</td>
<td>Source (Year of Data)</td>
<td>Healthy People 2020 Target</td>
<td>National Rate</td>
</tr>
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</tr>
<tr>
<td>Diabetes</td>
<td>% of adults age 20 and above with diagnosed diabetes</td>
<td>7%</td>
<td>County Health Rankings (National Center for Chronic Disease Prevention and Health Promotion; 2010)</td>
<td>9%</td>
<td>County Health Rankings (National Center for Chronic Disease Prevention and Health Promotion; 2010)</td>
<td>n/a</td>
<td>9.30%</td>
</tr>
<tr>
<td>Diabetic Screening</td>
<td>% of diabetic Medicare enrollees that received HbA1c screening in past year</td>
<td>93%</td>
<td>County Health Rankings (Dartmouth Atlas of Health Care; 2011)</td>
<td>90%</td>
<td>County Health Rankings (Dartmouth Atlas of Health Care; 2011)</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Mammography Screening</td>
<td>% of female Medicare enrollees aged 65-69 that received mammography screening over two years</td>
<td>76%</td>
<td>County Health Rankings (Dartmouth Atlas of Health Care; 2011)</td>
<td>70%</td>
<td>County Health Rankings (Dartmouth Atlas of Health Care; 2011)</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Youth Asthma</td>
<td>% ever told by a doctor or nurse they had asthma and still have asthma</td>
<td>n/a</td>
<td>Youth Risk Behavioral Surveillance System (2007)</td>
<td>n/a</td>
<td>Youth Risk Behavioral Surveillance System (2013)</td>
<td>n/a</td>
<td>21%</td>
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</table>

**Communicable Disease & Prevention Focus Area**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Definition</th>
<th>Eau Claire County</th>
<th>Source (Year of Data)</th>
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<th>National Rate</th>
<th>Source (Year of Data)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood Immunizations</td>
<td>% of children aged 19 to 35 months who received the recommended doses of DTaP*, polio, MMR, Hib, hepatitis B, varicella, and PCV</td>
<td>74%</td>
<td>County Health Rankings (WI Immunization Registry; 2012)</td>
<td>69%</td>
<td>County Health Rankings (WI Immunization Registry; 2012)</td>
<td>90%</td>
<td>69%</td>
<td>Healthindicators.gov (NIS; 2011)</td>
<td></td>
</tr>
<tr>
<td>Communicable Diseases</td>
<td>Number of reportable cases of communicable diseases per 100,000 population</td>
<td>766</td>
<td>WI Public Health Information Network Analysis, Visualization, and Reporting (2013)</td>
<td>811</td>
<td>WI Public Health Information Network Analysis, Visualization, and Reporting (2013)</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Influenza Immunization 65+</td>
<td>% of population age 65 and older who had a flu shot in the last 12 months</td>
<td>69.7%</td>
<td>Healthindicators.gov (BRFSS; 2006-2012)</td>
<td>68.4%</td>
<td>Healthindicators.gov (BRFSS; 2010)</td>
<td>90%</td>
<td>66.6%</td>
<td>Healthpeople.gov, Indicator #ID-12.7 (NHR, CDC/NCCHS; 2008)</td>
<td></td>
</tr>
<tr>
<td>Lyme Disease</td>
<td>Rate per 100,000 population of confirmed Lyme disease cases</td>
<td>72</td>
<td>WEDSS Communicable Disease Reporting System (2013)</td>
<td>30</td>
<td>WEDSS Communicable Disease Reporting System (2013)</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
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</table>

**Environmental & Occupational Health Focus Area**

<table>
<thead>
<tr>
<th>Measure</th>
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<th>Eau Claire County</th>
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<th>Source (Year of Data)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contaminants in Municipal Water</td>
<td>Percent of the population on municipal water exposed to any maximum contaminant limit (MCL) violation in a calendar year</td>
<td>2%</td>
<td>County Health Rankings (EPA Safe Drinking Water Information System; 2012-2013)</td>
<td>6%</td>
<td>County Health Rankings (EPA Safe Drinking Water Information System; 2012-2013)</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Good or 'moderate' air quality days</td>
<td>Percentage of measured days in given year (not every day was measured in both counties) that were 'good' or 'moderate' (Air quality index from 0-100)</td>
<td>100</td>
<td>EPA Air Data Reporting Query System (2013)</td>
<td>n/a</td>
<td>EPA Air Data Reporting Query System (2013)</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Lead Poisoned Children</td>
<td>Prevalence of elevated blood lead levels among children age six and under</td>
<td>&lt;1%</td>
<td>County Health Rankings (Wisconsin Department of Health Services; 2010)</td>
<td>1%</td>
<td>County Health Rankings (Wisconsin Department of Health Services; 2010)</td>
<td>n/a</td>
<td>&lt;1%</td>
<td>NHNES (2005-2008) Age of ‘children’ not defined in NHNES survey results</td>
<td></td>
</tr>
<tr>
<td>Municipal Water</td>
<td>Estimated percent of population on municipal water (population on municipal + other than municipal, community/total county population)</td>
<td>78%</td>
<td>WI Department of Natural Resources 2014</td>
<td>n/a</td>
<td>WI Department of Natural Resources 2014</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Unhealthy air quality days</td>
<td>Percentage of measured days in given year (not every day was measured in both counties) that were “unhealthy” (Air quality index above 101)</td>
<td>0</td>
<td>EPA Air Data Reporting Query System (2013)</td>
<td>n/a</td>
<td>EPA Air Data Reporting Query System (2013)</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Year Structure Built</td>
<td>% of housing units built prior to 1950</td>
<td>25%</td>
<td>County Health Rankings (Census 2007-2011)</td>
<td>28%</td>
<td>County Health Rankings (Census 2007-2011)</td>
<td>n/a</td>
<td>20%</td>
<td>US Census Bureau (2007-2011)</td>
<td></td>
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<table>
<thead>
<tr>
<th>Measure</th>
<th>Definition</th>
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<tbody>
<tr>
<td><strong>Healthy Growth &amp; Development Focus Area</strong></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>Rate per 1,000 live births</td>
<td>4.2</td>
<td>DHS WISH (2012)</td>
<td>5.7</td>
<td>DHS WISH (2012)</td>
<td>6</td>
<td>6.1</td>
<td>HealthIndicators.gov (CDC/NCHS; 2011)</td>
<td></td>
</tr>
<tr>
<td>Illiteracy</td>
<td>% of middle school students that lack &quot;basic&quot; level reading skills</td>
<td>18%</td>
<td>DPI WI Information System for Education (2013-2014)</td>
<td>21%</td>
<td>DPI WI Information System for Education (2013-2014)</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>High School Graduation</td>
<td>% of 9th grade cohort that graduates in four years</td>
<td>87%</td>
<td>County Health Rankings (Data.gov; 2010-2011)</td>
<td>87%</td>
<td>County Health Rankings (Data.gov; 2010-2011)</td>
<td>82%</td>
<td>75%</td>
<td>Healthypeople.gov Indicator 844-5.1 (Common Core of Data; 2009-2010)</td>
<td></td>
</tr>
<tr>
<td>Lost earnings</td>
<td>Earnings lost by all high school non-completers in 2013</td>
<td>$10,660,000</td>
<td>see note</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>County graduation rates; DPI WI Information System for Education (2013). Per person earnings tool estimates from &quot;Social Costs of Inadequate Education&quot;: Columbia University</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>% of live birth weights &lt;2,500 grams</td>
<td>5.3%</td>
<td>Eau Claire County Public Health Profiles, DHS (2012)</td>
<td>7.2%</td>
<td>DHS WISH (2012)</td>
<td>7.8%</td>
<td>8.0%</td>
<td>HealthIndicators.gov (NVSS-N; 2012)</td>
<td></td>
</tr>
<tr>
<td>Single-parent Households</td>
<td>% of children that live in a household headed by a single parent</td>
<td>24%</td>
<td>County Health Rankings (Census; 2008-2012)</td>
<td>30%</td>
<td>County Health Rankings (Census; 2008-2012)</td>
<td>n/a</td>
<td>26%</td>
<td>US Census Bureau (2011)</td>
<td></td>
</tr>
<tr>
<td>Some College</td>
<td>% of adults age 25-44 with some college or associate's degree</td>
<td>72%</td>
<td>US Census Bureau (2011-2013)</td>
<td>67%</td>
<td>US Census Bureau (2011-2013)</td>
<td>n/a</td>
<td>63.5%</td>
<td>US Census Bureau (2011-2013)</td>
<td></td>
</tr>
<tr>
<td><strong>Healthy Nutrition Focus Area</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Adult Dietary Behavior</td>
<td>Adults that report fewer than 5 servings of fruits/vegetables per day</td>
<td>76%</td>
<td>HealthIndicators.gov (BRFSS 2007-2009)</td>
<td>77%</td>
<td>HealthIndicators.gov (BRFSS 2009)</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>% of infants in WIC breastfed exclusively through three months</td>
<td>35%</td>
<td>County Health Rankings (Pediatric Nutrition Surveillance System (WIC); 2011)</td>
<td>21%</td>
<td>County Health Rankings (Pediatric Nutrition Surveillance System (WIC); 2011)</td>
<td>46%</td>
<td>34%</td>
<td>Healthypeople.gov. Indicator MCH-21-A (NIS, CDC, NCIRD, NCHS; 2007-09)</td>
<td></td>
</tr>
<tr>
<td>Farmer's markets</td>
<td>Prevalence of farmer's markets per 1,000 people</td>
<td>5</td>
<td>USDA Food Environment Atlas (2013)</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Fast Food Restaurant Density</td>
<td>% of all restaurants in the county that are fast food restaurants</td>
<td>54%</td>
<td>US Census County Business Patterns (2012)</td>
<td>41%</td>
<td>US Census County Business Patterns (2012)</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>Number of fast food restaurants calculated by dividing number of limited-service restaurants by the total of &quot;limited&quot; and &quot;full-service restaurants&quot;.</td>
</tr>
<tr>
<td>Food Insecurity</td>
<td>% population without access to reliable food source</td>
<td>12%</td>
<td>County Health Rankings (Map the Meal Gap; 2011)</td>
<td>13%</td>
<td>County Health Rankings (Map the Meal Gap; 2011)</td>
<td>6%</td>
<td>15%</td>
<td>Healthypeople.gov. Indicator RWIS-13 (Census and USDA/ERS; 2008)</td>
<td></td>
</tr>
<tr>
<td>Limited Access to Healthy Foods</td>
<td>% population in poverty that also are far from a grocery store (10 miles rural/one mile urban)</td>
<td>8%</td>
<td>County Health Rankings (USDA Food Environment Atlas; 2010)</td>
<td>5%</td>
<td>County Health Rankings (USDA Food Environment Atlas; 2010)</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
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<tr>
<td>Measure</td>
<td>Definition</td>
<td>Eau Claire County</td>
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</tr>
<tr>
<td><strong>Injury &amp; Violence Focus Area</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Falls Fatalities 65+</td>
<td>Injury death due to falls for age 65 and older (per 100,000 population)</td>
<td>76</td>
<td>County Health Rankings (DHS WISH; 2009-2011)</td>
<td>111</td>
<td>County Health Rankings (DHS WISH; 2009-2011)</td>
<td>47</td>
<td>54</td>
<td>Healthypeople.gov, Indicator #IVP-11.2 (NHDS; 2011)</td>
<td>National rate calculated from reported falls and 2012 county health rankings.</td>
</tr>
<tr>
<td>Hate Crimes</td>
<td>Hate crime rate per 100,000 population</td>
<td>&lt;1</td>
<td>Wisconsin Office of Justice Assistance (2009)</td>
<td>1.1</td>
<td>Wisconsin Office of Justice Assistance (2009)</td>
<td>n/a</td>
<td>1.9</td>
<td>FBI Hate Crime Report (2012)</td>
<td>National rate includes child deaths.</td>
</tr>
<tr>
<td>Injury</td>
<td>Hospitals for injuries (age- and sex-adjusted per 100,000 population)</td>
<td>966</td>
<td>County Health Rankings (DHS WISH; 2012)</td>
<td>832</td>
<td>County Health Rankings (DHS WISH; 2012)</td>
<td>556</td>
<td>618</td>
<td>Healthypeople.gov, Indicator #IVP-11.1 (Uniform Crime Reporting; 2011)</td>
<td>National rate reflects arrests for ages 10-24</td>
</tr>
<tr>
<td>Motor vehicle crash deaths</td>
<td>Number of motor vehicle crash deaths per 100,000 population</td>
<td>10</td>
<td>County Health Rankings (National Center for Health Statistics; 2004-2010)</td>
<td>12</td>
<td>County Health Rankings (National Center for Health Statistics; 2004-2010)</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
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</tr>
<tr>
<td>Motor vehicle crash occupancy rate</td>
<td>Motor vehicle crash occupancy rate per 1,000 population (annual crash involvement, including injured and non-injured passengers)</td>
<td>50</td>
<td>Crash Outcome Data Evaluation System (2012)</td>
<td>42</td>
<td>Crash Outcome Data Evaluation System (2012)</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
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</tr>
<tr>
<td>Violent Crime</td>
<td>Violent crime rate per 100,000 population (includes offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault)</td>
<td>162</td>
<td>County Health Rankings (FBI Uniform Crime Reporting; 2005-2011)</td>
<td>248</td>
<td>County Health Rankings (FBI Uniform Crime Reporting; 2005-2011)</td>
<td>400</td>
<td>387</td>
<td>Healthypeople.gov, Indicator #AH-11.1 (Uniform Crime Reporting; 2011)</td>
<td>National rate reflects arrests for ages 10-24</td>
</tr>
<tr>
<td>Youth Injury</td>
<td>% who rarely or never wore a seat belt when riding in a car driven by someone else</td>
<td>n/a</td>
<td></td>
<td></td>
<td></td>
<td>6.3</td>
<td>7.6</td>
<td>Youth Risk Behavior Surveillance System (2013)</td>
<td>Youth Risk Behavior Surveillance System (2013)</td>
</tr>
<tr>
<td>Youth Violence</td>
<td>% of students who have been bullied on school property during the past 12 months</td>
<td>n/a</td>
<td></td>
<td></td>
<td></td>
<td>22.7</td>
<td>19.6</td>
<td>Youth Risk Behavior Surveillance System (2013)</td>
<td>Youth Risk Behavior Surveillance System (2013)</td>
</tr>
</tbody>
</table>

**Mental Health Focus Area**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Definition</th>
<th>Eau Claire County</th>
<th>Source (Year of Data)</th>
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<th>Source (Year of Data)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate Social Support</td>
<td>% adults without social/emotional support (self reported that ‘never’, ‘rarely’, or ‘sometimes’ get support they need)</td>
<td>17%</td>
<td>County Health Rankings (BRFSS; 2005-2010)</td>
<td>17%</td>
<td>County Health Rankings (BRFSS; 2005-2010)</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intentional Injury</td>
<td>Staff-inflicted hospitalization rate per 100,000 population</td>
<td>164</td>
<td>County Health Rankings (DHS WISH; 2010-2012)</td>
<td>95</td>
<td>County Health Rankings (DHS WISH; 2010-2012)</td>
<td>112</td>
<td>153</td>
<td>Healthypeople.gov, Indicator #IVP-11.1 (Uniform Crime Reporting; 2011)</td>
<td></td>
</tr>
<tr>
<td>Mental health providers</td>
<td>Ratio of population to mental health providers</td>
<td>763 to 1</td>
<td>County Health Rankings (National Center for Health Statistics; 2012)</td>
<td>1,024 to 1</td>
<td>County Health Rankings (National Center for Health Statistics; 2012)</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor Mental Health Days</td>
<td>Average number of mentally unhealthy days reported in past 30 days (age-adjusted)</td>
<td>2</td>
<td>County Health Rankings (BRFSS; 2006-2012)</td>
<td>3</td>
<td>County Health Rankings (BRFSS; 2006-2012)</td>
<td>n/a</td>
<td>3.5</td>
<td>BRFSS (2009)</td>
<td></td>
</tr>
<tr>
<td>Sad/hopeless days</td>
<td>% feeling sad/hopeless for 2+ consecutive weeks (major depressive episode)</td>
<td>n/a</td>
<td></td>
<td></td>
<td></td>
<td>24.6%</td>
<td>29.9%</td>
<td>Youth Risk Behavior Surveillance System (2013)</td>
<td>Youth Risk Behavior Surveillance System (2013)</td>
</tr>
<tr>
<td>Suicide</td>
<td>Suicide death rate per 100,000 population</td>
<td>14</td>
<td>DHS WISH (2012)</td>
<td>12.3</td>
<td>DHS WISH (2012)</td>
<td>10.2</td>
<td>12.5</td>
<td>American Foundation for Suicide Prevention (2012)</td>
<td></td>
</tr>
<tr>
<td>Youth Suicide</td>
<td>% who seriously considered attempting suicide during the 12 months before the survey</td>
<td>n/a</td>
<td></td>
<td></td>
<td></td>
<td>13.2%</td>
<td>n/a</td>
<td>Youth Risk Behavior Surveillance System (2013)</td>
<td>Youth Risk Behavior Surveillance System (2013)</td>
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<tr>
<td>Measure Focus Area</td>
<td>Definition</td>
<td>Source (Year of Data)</td>
<td>Wisconsin Source (Year of Data)</td>
<td>Healthy People 2020 Target</td>
<td>National Rate</td>
<td>Source (Year of Data)</td>
<td>Notes</td>
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<tr>
<td><strong>Obesity Focus Area</strong></td>
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<tr>
<td>Adult Obesity</td>
<td>% adults (age 20 + with BMI &gt; 30)</td>
<td>County Health Rankings (National Center for Chronic Disease Prevention and Health; 2010)</td>
<td>County Health Rankings (National Center for Chronic Disease Prevention and Health; 2010)</td>
<td>29%</td>
<td>31%</td>
<td>Healthypeople.gov Indicator #NWS-10.1 (NHES; 2009-2012)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIC obesity</td>
<td>Obesity occurrence in children 2-5 yr. from WIC</td>
<td>Eau Claire City-County Health Dept. WIC program, 2014</td>
<td>Eau Claire City-County Health Dept. WIC program, 2014</td>
<td>13.6%</td>
<td>9.4%</td>
<td>Healthypeople.gov Indicator #NWS-10.1 (NHES; 2009-2012)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>WIC overweight</td>
<td>Overweight occurrence in children 2-5 yr. from WIC</td>
<td>Eau Claire City-County Health Dept. WIC program, 2014</td>
<td>Eau Claire City-County Health Dept. WIC program, 2014</td>
<td>16.3%</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth Dietary Behavior/Overweight</td>
<td>Percentage of students overweight (&gt;= 85th percentile but &lt;95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts)</td>
<td>n/a</td>
<td>Youth Risk Behavior Surveillance System (2013)</td>
<td>13%</td>
<td>17%</td>
<td>Youth Risk Behavior Surveillance System (2013)</td>
<td></td>
<td></td>
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<tr>
<td><strong>Oral Health Focus Area</strong></td>
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</tr>
<tr>
<td>Dentists</td>
<td>Ratio of population to dentists</td>
<td>1144 to 1 County Health Rankings (Health Resources and Services Administration; 2012)</td>
<td>1660 to 1 County Health Rankings (Health Resources and Services Administration; 2012)</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>County percentage computed from total population on adjusted Fluoridation Reporting System; 2008</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluoride in Public Water Supply</td>
<td>% of public water supplies with fluoride content at 0.7 PPM or greater</td>
<td>WI Public Water Supply Fluoridation Census (2013)</td>
<td>Fluoridation Reporting System; 2008</td>
<td>90%</td>
<td>72.4%</td>
<td>Healthypeople.gov Indicator #OH-1.2 (NHANES; 2009-2010)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No recent dental visit</td>
<td>% of population age 2+ that did not have a dental visit in the past year</td>
<td>Wisconsin Family Health Survey, 2005-2011</td>
<td>Wisconsin Family Health Survey, 2005-2011</td>
<td>21%</td>
<td>49%</td>
<td>Healthypeople.gov Indicator #OH-1.2 (NHANES; 2009-2010)</td>
<td></td>
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</tr>
<tr>
<td>Oral Health of 3rd Grade Children</td>
<td>% of untreated decay in Western region</td>
<td>n/a*</td>
<td>DHS Make Your Smile Count Survey (2008)</td>
<td>20.1%*</td>
<td>57.9%</td>
<td>Healthypeople.gov Indicator #OH-1.2 (NHANES; 2009-2010)</td>
<td></td>
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<tr>
<td><strong>Physical Activity Focus Area</strong></td>
<td></td>
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</tr>
<tr>
<td>Access to exercise opportunities</td>
<td>% of population with adequate access to location for physical activity</td>
<td>County Health Rankings (GIS mapping; 2010 &amp; 2012)</td>
<td>County Health Rankings (GIS mapping; 2010 &amp; 2012)</td>
<td>68%</td>
<td>78%</td>
<td>n/a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bikewalk to work</td>
<td>% of students who used a computer not for school for 3+ hours/day</td>
<td>US Census Bureau (2011 - 2013)</td>
<td>US Census Bureau (2011 - 2013)</td>
<td>9%</td>
<td>4%</td>
<td>n/a</td>
<td></td>
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</tr>
<tr>
<td>Computer usage</td>
<td>% of working population that bike or walk to work</td>
<td>n/a</td>
<td>Youth Risk Behavior Surveillance System (2013)</td>
<td>n/a</td>
<td>34.2%</td>
<td>Youth Risk Behavior Surveillance System (2013)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Physical Education</td>
<td>% of students not attending physical education class on 1 or more days during the school week</td>
<td>n/a</td>
<td>Youth Risk Behavior Surveillance System (2013)</td>
<td>n/a</td>
<td>47.9%</td>
<td>Youth Risk Behavior Surveillance System (2013)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Physical Inactivity</td>
<td>Estimated percent of adults aged 18 and over reporting no leisure time physical activity</td>
<td>USDA Food Environment Atlas (2011)</td>
<td>USDA Food Environment Atlas (2011)</td>
<td>0.14</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
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</tr>
<tr>
<td>Television</td>
<td>% of students who watched TV 3+ hours per day</td>
<td>n/a</td>
<td>Youth Risk Behavior Surveillance System (2013)</td>
<td>22.5%</td>
<td>32.5%</td>
<td>Youth Risk Behavior Surveillance System (2013)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Youth Physical Activity</td>
<td>Percentage of students physically active at least 60 minutes per day on school days</td>
<td>n/a</td>
<td>Youth Risk Behavior Surveillance System (2013)</td>
<td>50.6%</td>
<td>52.7%</td>
<td>Youth Risk Behavior Surveillance System (2013)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measure Definition</td>
<td>Eau Claire County Source (Year of Data)</td>
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<tr>
<td><strong>Reproductive/Sexual Health Focus Area</strong></td>
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</tr>
<tr>
<td>Chlamydia Infections</td>
<td>Chlamydia cases per 100,000 population</td>
<td>Eau Claire City-County Health Dept. WEDSS (2013)</td>
<td>Eau Claire City-County Health Dept. WEDSS (2013)</td>
<td>n/a</td>
<td>453.3</td>
<td>Healthyindicators.gov (STDSS; 2012)</td>
<td></td>
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</tr>
<tr>
<td>HIV Prevalence</td>
<td>Number of persons living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population</td>
<td>County Health Rankings (National Center for HIV/AIDS; 2010)</td>
<td>County Health Rankings (National Center for HIV/AIDS; 2010)</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Prenatal Care</td>
<td>% of students who have ever had sexual intercourse</td>
<td>DHS WISH (2013)</td>
<td>DHS WISH (2013)</td>
<td>78%</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teen Birth Rate</td>
<td>Birth rate per 1,000 females age 15-19</td>
<td>Healthindicators.gov (NVSS-N; 2012)</td>
<td>Healthindicators.gov (NVSS-N; 2012)</td>
<td>n/a</td>
<td>29</td>
<td></td>
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<tr>
<td>Youth Sexual Behavior Among students who were currently sexually active, did not use a condom</td>
<td>n/a</td>
<td>Youth Risk Behavior Surveillance System (2013)</td>
<td>Youth Risk Behavior Surveillance System (2013)</td>
<td>n/a</td>
<td>40.9%</td>
<td>Youth Risk Behavior Surveillance System (2013)</td>
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</tr>
</tbody>
</table>

<p>| Substance Use Focus Area | | | | | | |
| Drug Arrests | Number of arrests for drug possession and sales/manufacturing, driving while intoxicated, liquor law violations | County Health Rankings [Wisconsin Office of Justice Assistance; 2011] | County Health Rankings [Wisconsin Office of Justice Assistance; 2011] | n/a | n/a | |
| Drug Hospitalizations | Drug-related hospitalization rate per 100,000 | WI Epidemiological Profile on Alcohol &amp; Other Drug Use 2014 (2011-2012) | WI Epidemiological Profile on Alcohol &amp; Other Drug Use 2014 (2011-2012) | n/a | n/a | |
| Marijuana | % students who recently used marijuana (w/in last 30 days) | n/a | Youth Risk Behavior Surveillance System (2013) | n/a | 23% | Youth Risk Behavioral Surveillance System (2013) |
| Prescription Abuse | Students who ever took prescription drugs w/o a prescription | n/a | Youth Risk Behavioral Surveillance System (2013) | n/a | 14.9% | Youth Risk Behavioral Surveillance System (2013) |
| Student drug suspension | Drug-related suspension &amp; expulsion in public schools per 1,000 students | WI Epidemiological Profile on Alcohol &amp; Other Drug Use 2014 (2011-2012) | WI Epidemiological Profile on Alcohol &amp; Other Drug Use 2014 (2011-2012) | n/a | n/a | Target rate represents the desired percentage of people 12+ years old who reported nonmedical use of psychotherapeutic drug. |</p>
<table>
<thead>
<tr>
<th>Measure Use &amp; Exposure Focus Area</th>
<th>Measure</th>
<th>Definition</th>
<th>Eau Claire County</th>
<th>Source (Year of Data)</th>
<th>Wisconsin</th>
<th>Source (Year of Data)</th>
<th>Healthy People 2020 Target</th>
<th>National Rate</th>
<th>Source (Year of Data)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Use &amp; Exposure Focus Area</td>
<td>Adult Smokeless Tobacco Use</td>
<td>% of persons aged 21 years who reported currently using chewing tobacco, snuff, or any other form of smokeless tobacco every day or some days</td>
<td>n/a</td>
<td>County Health Rankings (BRFSS; 2006-2012)</td>
<td>3.7%</td>
<td>County Health Rankings (BRFSS; 2006-2012)</td>
<td>0.3%</td>
<td>2.7%</td>
<td>Healthdata.gov, Indicator #TU-1.2 (NHIS, 2010)</td>
<td></td>
</tr>
<tr>
<td>Tobacco Use &amp; Exposure Focus Area</td>
<td>Adult Smoking</td>
<td>% adults who reported smoking 100 or more cigarettes in the past year</td>
<td>17%</td>
<td>County Health Rankings (BRFSS; 2006-2012)</td>
<td>18%</td>
<td>County Health Rankings (BRFSS; 2006-2012)</td>
<td>12%</td>
<td>21%</td>
<td>Healthdata.gov, Indicator #TU-1.1 (NHIS, CDC/NCHS, 2008)</td>
<td></td>
</tr>
<tr>
<td>Tobacco Use &amp; Exposure Focus Area</td>
<td>Smoking During Pregnancy</td>
<td>% of mothers who reported smoking during pregnancy</td>
<td>17%</td>
<td>County Health Rankings (DHS WIS; 2007-2010)</td>
<td>14%</td>
<td>County Health Rankings (DHS WIS; 2007-2010)</td>
<td>n/a</td>
<td>12.3%</td>
<td>CDC, Trends in Smoking among Pregnant Women, During, and After Pregnancy — Pregnancy Risk Assessment Monitoring System, United States, 40 Sites, 2000-2010</td>
<td></td>
</tr>
<tr>
<td>Tobacco Use &amp; Exposure Focus Area</td>
<td>Tobacco sales to minors (retailer violation rate)</td>
<td>% of tobacco sales to minors that are eligible for free school lunch</td>
<td>28.1%</td>
<td>Wisconsin Wins (2014)</td>
<td>12%</td>
<td>Wisconsin Wins (2014)</td>
<td>9%</td>
<td>n/a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco Use &amp; Exposure Focus Area</td>
<td>Youth Tobacco Use</td>
<td>% of students who used chewing tobacco, snuff, or dip on one or more of the past 30 days</td>
<td>n/a</td>
<td>Youth Risk Behavioral Surveillance System (2013)</td>
<td>11.8%</td>
<td>Youth Risk Behavioral Surveillance System (2013)</td>
<td>16%</td>
<td>15.7%</td>
<td>Youth Risk Behavioral Surveillance System (2013)</td>
<td></td>
</tr>
<tr>
<td>Tobacco Use &amp; Exposure Focus Area</td>
<td>Youth Tobacco Use</td>
<td>% of students who used chewing tobacco, snuff, or dip on one or more of the past 30 days</td>
<td>n/a</td>
<td>Youth Risk Behavioral Surveillance System (2013)</td>
<td>8%</td>
<td>Youth Risk Behavioral Surveillance System (2013)</td>
<td>6.9%</td>
<td>8.8%</td>
<td>Youth Risk Behavioral Surveillance System (2013)</td>
<td></td>
</tr>
</tbody>
</table>

<p>| Miscellaneous Data | 65 and Older | % of persons aged 65 and older | 13% | Wisconsin County Health Rankings (US Census; 2012) | 14% | Wisconsin County Health Rankings (US Census; 2012) | n/a | n/a |
| Miscellaneous Data | Below 18 Years | % of persons aged 18 and younger | 21% | Wisconsin County Health Rankings (US Census; 2012) | 23% | Wisconsin County Health Rankings (US Census; 2012) | n/a | n/a |
| Miscellaneous Data | Child Mortality | Number of deaths among children under age 18 per 100,000 people | 45.5 | County Health Rankings (CDC WONDER, 2007-2010) | 53.6 | County Health Rankings (CDC WONDER, 2007-2010) | n/a | n/a |
| Miscellaneous Data | Children Eligible for Free Lunch | % of children enrolled in public schools that are eligible for free school lunch | 34% | National Center for Education Statistics; 2011 | 33% | National Center for Education Statistics; 2011 | n/a | 41% | NCES (2011) |
| Miscellaneous Data | Could not see doctor due to cost | % of persons aged 18 and older who reported difficulty seeing a doctor in the past 12 months because of cost | 7% | Wisconsin County Health Rankings (BRFSS; 2006-2012) | 10% | Wisconsin County Health Rankings (BRFSS; 2006-2012) | n/a | n/a |
| Miscellaneous Data | Driving alone to work | Percentage of the workforce that drives alone to work | 80% | Wisconsin County Health Rankings (US Census Bureau; 2009-2013) | 80% | Wisconsin County Health Rankings (US Census Bureau; 2009-2013) | n/a | n/a |
| Miscellaneous Data | Health care costs | Amount of post-adjusted Medicare reimbursements per enrollee | $8,239 | Dartmouth Atlas of Health Care 2011 | $8,329 | Dartmouth Atlas of Health Care 2011 | n/a | n/a |
| Miscellaneous Data | High Housing Costs | % of households that pay 30% or more of their household income on housing costs | 26% | US Census Bureau (2011-2013) | 31% | US Census Bureau (2011-2013) | n/a | 34% | US Census Bureau (2011-2013) |
| Miscellaneous Data | Income Inequality | Ratio of household income at the 50th percentile to income at the 90th percentile | 4.6 | Wisconsin County Health Rankings (US Census Bureau; 2009-2013) | 4.3 | Wisconsin County Health Rankings (US Census Bureau; 2009-2013) | n/a | n/a |
| Miscellaneous Data | Local Health Department Staffing | Fulltime equivalents of local health department staff per 10,000 population | 4.9 | Eau Claire County Public Health Profes, DHS (2012) | 3 | County Health Rankings (Public Health Profes; 2010) | n/a | n/a |
| Miscellaneous Data | Long commute - driving alone | Among workers who commute in their car alone, the percentage that commute more than 30 minutes | 12% | Wisconsin County Health Rankings (US Census Bureau; 2008-2012) | 26% | Wisconsin County Health Rankings (US Census Bureau; 2008-2012) | n/a | n/a |</p>
<table>
<thead>
<tr>
<th>Measure</th>
<th>Definition</th>
<th>Eau Claire County</th>
<th>Source (Year of Data)</th>
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<th>Source (Year of Data)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proficient in English</td>
<td>% not proficient in English</td>
<td>1%</td>
<td>County Health Rankings (2008-2012)</td>
<td>2%</td>
<td>County Health Rankings (2008-2012)</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>U.S. Census (2008-2012)</td>
</tr>
<tr>
<td>Older Living Alone</td>
<td>% 65 years and older who live alone</td>
<td>48%</td>
<td>U.S. Census Bureau (2008-2012)</td>
<td>46%</td>
<td>U.S. Census Bureau (2008-2012)</td>
<td>n/a</td>
<td>44%</td>
<td>U.S. Census Bureau (2008-2012)</td>
<td></td>
</tr>
<tr>
<td>Poor or Fair Health</td>
<td>Average number of physically unhealthy days self-reported in adults in past 30 days (age-adjusted)</td>
<td>11%</td>
<td>County Health Rankings (2008-2012)</td>
<td>12%</td>
<td>County Health Rankings (2008-2012)</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>U.S. Census Bureau (2008-2012)</td>
</tr>
<tr>
<td>Poor Physical Health Days</td>
<td>% of adults self-reporting poor or fair health (age-adjusted)</td>
<td>3.1</td>
<td>County Health Rankings (2008-2012)</td>
<td>3</td>
<td>County Health Rankings (2008-2012)</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>U.S. Census Bureau (2008-2012)</td>
</tr>
<tr>
<td>Population Change</td>
<td>% of population that is African American, Asian, American Indian or Alaska Native, or Hispanic</td>
<td>6%</td>
<td>County Health Rankings (2012)</td>
<td>6%</td>
<td>County Health Rankings (2012)</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>Healthypeople.gov Indicator 4.1</td>
</tr>
<tr>
<td>Reading Proficiency</td>
<td>% of fourth grade students proficient or advanced in reading</td>
<td>7%</td>
<td>County Health Rankings (2012)</td>
<td>15%</td>
<td>County Health Rankings (2012)</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>County Health Rankings (2012)</td>
</tr>
<tr>
<td>Social Associations</td>
<td>Number of membership associations per 10,000 population</td>
<td>36%</td>
<td>County Health Rankings (2012)</td>
<td>33%</td>
<td>County Health Rankings (2012)</td>
<td>n/a</td>
<td>34%</td>
<td>3.3.1 (NAEP; 2011)</td>
<td></td>
</tr>
<tr>
<td>Uninsured children</td>
<td>Percentage of children under age 19 without health insurance</td>
<td>4%</td>
<td>County Health Rankings (2012)</td>
<td>4%</td>
<td>County Health Rankings (2012)</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>County Health Rankings (2012)</td>
</tr>
<tr>
<td>Uninsured under Age 65</td>
<td>% population under age 65 that has no health insurance coverage</td>
<td>12%</td>
<td>County Health Rankings (2012)</td>
<td>13%</td>
<td>County Health Rankings (2012)</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>County Health Rankings (2012)</td>
</tr>
<tr>
<td>W2 Enrollment</td>
<td>Count of Individuals enrolled in W-2 Wisconsin Works in the last working day of the month</td>
<td>39</td>
<td>County Health Rankings (2012)</td>
<td>16,461</td>
<td>County Health Rankings (2012)</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>U.S. Census Bureau (2012)</td>
</tr>
</tbody>
</table>
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**Priority Area: Alcohol Misuse**

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

- 71% of Eau Claire County residents feel alcohol misuse is a moderate or major problem in our community.

- From 2012-13 in Wisconsin, alcohol use among whites (67%) was greater than use among any other racial/ethnic group.

**Adults that engage in binge drinking**

- In 2012, the binge drinking rate in Wisconsin (25% of adults) was the highest in the nation.

- Statewide, 41% of 18-24 year olds report engaging in binge drinking.

- The average age of first alcohol use for Eau Claire County high school students is 13.

**Youth Alcohol Use**

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

**Alcohol-related hospitalizations**

- Data sources:
  - 12014 Chippewa & Eau Claire Community Health Survey;
  - 22012-2014 WI Epidemiological Profile on Alcohol & Other Drug Use;
  - 3Eau Claire County PRIDE Survey 2011-12
  - *Eau Claire County residents hospitalized in any county

- In 2011, 30% of Eau Claire County 12th grade students reported alcohol use within the past 30 days.

- From 2008-10, 62% of Eau Claire County adults had at least 1 drink in the past month. The statewide average was 67%, the national average 54%.

- From 2008-10, 35% of Eau Claire County 12th grade students report at least 1 binge drink (4+ drinks per occasion for women, 5+ drinks per occasion for men) in the past month. The statewide average was 30%, the national average 24%.
**Eau Claire County**

**Priority Area: Obesity**

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

- 81% of Eau Claire residents feel obesity is a moderate or major problem in our community.
- Heart disease is the leading cause of death in Wisconsin.

- 29% of Eau Claire County children age 2–5 in WIC are overweight or obese (compared to 31% statewide).
- 1 in 14 Eau Claire County adults have been diagnosed with diabetes.

- 3 in 4 Eau Claire County adults do not consume the recommended 5 fruits and vegetables per day.
- In 2012, 54% of Eau Claire County restaurants served ‘fast food’, compared to 41% statewide.

**Heart Disease Deaths**


**Diabetes Deaths**
**Priority Area: Mental Health**

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

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**Self-inflicted injury hospitalizations**

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

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**Suicide Deaths**

- 56% of WI residents have at least 1 of these ACEs: physical abuse, sexual abuse, psychological abuse, physical neglect, emotional neglect; parent substance abuse; parent mental illness; household crime; domestic violence; parent separation/divorce.
- 61% of those in Wisconsin with an ACE have experienced 2 or more ACEs.

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Data sources:

1. Wisconsin Interactive Statistics on Health—DHS
2. 2014 Chippewa & Eau Claire Community Health Survey
3. Eau Claire County PRIDE Survey 2011-12
4. Behavioral Risk Factor Survey 2010
5. Age-adjusted; Eau Claire County residents hospitalized in any county
## Mental Health Services

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

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Address</th>
<th>Phone Numbers</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clearwater Counseling &amp; Personal Growth Center</td>
<td>2519 N. Hillcrest Pkwy, Altoona, WI 54720</td>
<td>(715) 832-4060, <a href="http://www.clearwatercounseling.com">www.clearwatercounseling.com</a></td>
<td>Provides mental health evaluation services for anxiety disorders, depression screening and conjoint, family, and individual counseling for all counseling issues.</td>
</tr>
<tr>
<td>Eau Claire Academy - Clinicare Corporation</td>
<td>550 N. Dewey St., Eau Claire, WI 54702</td>
<td>(715) 834-6681</td>
<td>Provides group home settings for children ages 10 through 17.</td>
</tr>
<tr>
<td>Eau Claire County Department of Human Services</td>
<td>721 Oxford Ave., Eau Claire, WI 54703</td>
<td>(715) 839-2300</td>
<td>Provides counseling and telephone support and mobile (in-person) crisis intervention.</td>
</tr>
<tr>
<td>Eau Claire Healthy Communities – Mental Health Action Team</td>
<td><a href="http://www.echealthycommunities.org">www.echealthycommunities.org</a>, <a href="mailto:Healthy.Communities@co.eau-claire.wi.us">Healthy.Communities@co.eau-claire.wi.us</a></td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Eau Claire Metro Treatment Center</td>
<td>2000 Oxford Ave., Eau Claire, WI 54703</td>
<td>(715) 834-1078</td>
<td>Services include evaluation, opioid-assisted medication treatment, individual, family, couple, and group counseling; support and psychotherapy groups.</td>
</tr>
<tr>
<td>Educational Solutions</td>
<td>1802 Warden St., Eau Claire, WI 54703</td>
<td>(715) 552-1620, <a href="http://www.edso.co">www.edso.co</a></td>
<td>Provides family, group, individual and peer counseling settings with mental health evaluation services, psychological assessment and psychosocial evaluation.</td>
</tr>
<tr>
<td>Family Resource Center</td>
<td>4800 Golf Rd. Suite 450, Eau Claire, WI 54701</td>
<td>(715) 839-8070, <a href="http://www.frcec.org">www.frcec.org</a></td>
<td>Provides programs and services that build family strength through prevention, education, support and networking in collaboration with other resources in the community.</td>
</tr>
<tr>
<td>First Things First Counseling &amp; Consulting Services</td>
<td>2519 N. Hillcrest Pkwy Suite 201, Altoona, WI 54720</td>
<td>(715) 832-8432, <a href="http://www.firstthingsfirstcounseling.net">www.firstthingsfirstcounseling.net</a></td>
<td>Provides mental health/counseling services as well as anger management and domestic violence prevention education.</td>
</tr>
</tbody>
</table>
### Mental Health Services (continued)

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hmong Mutual Assistance Association</td>
<td>423 Wisconsin Street, Eau Claire, WI 54703</td>
<td>Provides support for healthy mental, emotional, and physical development for Hmong families.</td>
</tr>
<tr>
<td></td>
<td>(715) 832-8420</td>
<td></td>
</tr>
<tr>
<td>L.E. Phillips Libertas Center</td>
<td>2661 Cty Hwy I, Chippewa Falls, WI 54729</td>
<td>In-patient and outpatient mental health services.</td>
</tr>
<tr>
<td>L.E. Phillips Senior Center</td>
<td>1616 Bellinger St, Eau Claire, WI 54703</td>
<td>Services and programs to enhance physical, mental, and social wellbeing of people ages 55 and over</td>
</tr>
<tr>
<td>Lutheran Social Services / Positive Avenues</td>
<td>122 S. Barstow St, Eau Claire, WI 54701</td>
<td>Provides a mental health drop-in center offering a safe environment, mutual support, referrals, social and recreational activities</td>
</tr>
<tr>
<td>Marriage &amp; Family Health Services</td>
<td>2925 Mondovi Rd, Eau Claire, WI 54701</td>
<td>Family counseling agency providing therapy for individuals, couples, families, and peer counseling</td>
</tr>
<tr>
<td>Marshfield Clinic - Eau Claire Center</td>
<td>2102 Craig Rd, Eau Claire, WI 54701</td>
<td>Provides conjoint, family, group, and individual counseling settings offering comprehensive mental health treatments</td>
</tr>
<tr>
<td>Mayo Clinic Health System - Eau Claire</td>
<td>1221 Whipple St, Eau Claire, WI 54702</td>
<td>Behavioral health services for people of all ages.</td>
</tr>
<tr>
<td>NAMI - Chippewa Valley</td>
<td>PO Box 0984, Eau Claire, WI 54702</td>
<td>Provides open public meetings to educate the public on mental illness topics</td>
</tr>
<tr>
<td>Northwest Counseling &amp; Guidance Clinic</td>
<td>Several physical locations</td>
<td>Out-patient, on-call, and community-based mental health services provider</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.nwgc.com">www.nwgc.com</a></td>
<td></td>
</tr>
<tr>
<td>Riverside Counseling Clinic</td>
<td>130 S. Barstow St, Eau Claire, WI 54701</td>
<td>A private therapy practice offering conjoint, family, and individual counseling settings with vast mental health evaluation services</td>
</tr>
<tr>
<td></td>
<td>(715) 833-7600</td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:riversidecounselingclinic@gmail.com">riversidecounselingclinic@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>Sacred Heart Hospital</td>
<td>900 W. Clairemont Ave., Eau Claire, WI 54701</td>
<td>Provides a short-term inpatient psychiatric unit serving all ages</td>
</tr>
<tr>
<td></td>
<td>(715) 717-4272</td>
<td></td>
</tr>
<tr>
<td>The Healing Place</td>
<td>1010 Oakridge Dr, Eau Claire, WI 54701</td>
<td>Provides support services and short-term counseling, classes and workshops for people coping with life transitions</td>
</tr>
<tr>
<td></td>
<td>(715) 717-6028</td>
<td></td>
</tr>
</tbody>
</table>
## Mental Health Services (continued)

<table>
<thead>
<tr>
<th>University of Wisconsin – Eau Claire Counseling Services</th>
<th>University of WI—Eau Claire Old Library 2122 Eau Claire, WI 54702 (715) 836-5521</th>
<th>Counseling and support for UWEC students and staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vantage Point Clinic &amp; Assessment Center</td>
<td>2005 Highland Ave. Eau Claire, WI 54701 (715) 832-5454 <a href="http://www.vantagepointclinic.com">www.vantagepointclinic.com</a></td>
<td>Provides conjoint, family, group, and individual counseling for many counseling issues</td>
</tr>
<tr>
<td>Wellness Shack</td>
<td>515 S. Barstow St. Eau Claire, WI (715) 855-7705 <a href="http://www.wellnessshack.org">www.wellnessshack.org</a></td>
<td>Center for Adults in Mental Health Recovery, offering peer support and encouragement</td>
</tr>
<tr>
<td>Western WI Regional Center for Children and Youth with Special Health Care Needs</td>
<td>711 N. Bridge St. Chippewa Falls, WI 54729 (715) 726-7907</td>
<td>Supports and provides information for families through a statewide coordinated system of information, referral and follow-up, parent to parent support and service coordination</td>
</tr>
</tbody>
</table>

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

School districts, including funding opportunities for early intervention
## Alcohol Misuse Services

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

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

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

- Faith-based organizations, including churches
- School education and school counselors
- SADD
- Law enforcement
- University activities
- Tavern League
- Substance Abuse and Mental Health Services Administration
- Designated Driver program
## Obesity Services

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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Phone Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Just Local Food Cooperative</strong></td>
<td>1117 S. Farwell St. Eau Claire, WI 54701</td>
<td>(715) 552-3366</td>
<td>Full service, customer-owned grocery store featuring locally-sourced food</td>
</tr>
<tr>
<td><strong>Medifast Weight Loss Program</strong></td>
<td>4112 Oakwood Hills Pkwy. Eau Claire, WI 54701</td>
<td>(715) 514-3000</td>
<td>Provides one-on-one counseling during and after weight loss program</td>
</tr>
<tr>
<td><strong>St. Francis Food Pantry</strong></td>
<td>1221 Traux Blvd. Eau Claire, WI 54703</td>
<td>(715) 839-7706 <a href="mailto:info@stfrancisfoodpantry.org">info@stfrancisfoodpantry.org</a></td>
<td>Provides free food for individuals and families</td>
</tr>
<tr>
<td><strong>The Eau Claire Community Table</strong></td>
<td>320 Putnam St. Eau Claire, WI 54703</td>
<td>(715) 835-4977 <a href="http://www.thecommunitytable.org">www.thecommunitytable.org</a></td>
<td>Provides one free meal each day of the year to anyone in need</td>
</tr>
<tr>
<td><strong>Trinity Lutheran Church Food Pantry</strong></td>
<td>1314 E. Lexington Blvd. Eau Claire, WI 54701</td>
<td>(715) 832-6601 <a href="http://www.trinity-ec.org/foodpantry.phtml">www.trinity-ec.org/foodpantry.phtml</a></td>
<td>Food pantry that includes canned goods, produce and meat when available</td>
</tr>
<tr>
<td><strong>Western Dairyland Child Care Food Program</strong></td>
<td>418 Wisconsin St. Eau Claire, WI 54702</td>
<td>(715) 836-7511 <a href="http://www.westerndairyland.org">www.westerndairyland.org</a></td>
<td>Provides training in proper nutrition, meal planning, good eating habits, and promotes healthy attitudes about food</td>
</tr>
<tr>
<td><strong>YMCA</strong></td>
<td>700 Graham Avenue, Eau Claire, WI 54701</td>
<td>(715) 836-8470 <a href="http://www.eauclareymca.org">www.eauclareymca.org</a></td>
<td>Offers exercise equipment, training, exercise classes, and sport facilities</td>
</tr>
</tbody>
</table>
Obesity Resources from Community Health Improvement Event
(provided by community members)

Eau Claire Chamber Worksite Wellness Program
Community programs: Moms on the Run; Girls on the Run; Munch and Move
Community supported agriculture (CSAs)
Eau Claire City government; transit alliance
Farmer’s market
Insurance providers
Local grocery stores
Local gyms
Local full and limited-service restaurants
Northwest Wisconsin Breastfeeding Network
Nutrition services at local grocery stores
School and hospital cafeterias
UWEC Fitness program
Women, Infants, Children (WIC)