Marshfield Clinic Health System

Community Health Needs Assessment
Marshfield Medical Center–Eau Claire
June 2019

Dear Community Members,

Marshfield Clinic Health System's (MCHS) mission is to enrich lives; to create healthy communities through accessible, affordable, compassionate health care. We know that health is driven by much more than what happens in the doctor's office. Wherever possible, through programs, services, and public policy or other means, emphasis needs to be placed on addressing health choices before the medical need. That is why the MCHS Hospitals Board, Inc., authorized governing body, has adopted this needs assessment on June 20, 2019.

We have collaborated with community partners to assess the health and needs of the community through meetings, surveys, community conversations, key informant interviews and a variety of data sources. This document summarizes these key findings. Electronic versions of this needs assessment and companion documents can be found here.

Through these efforts, the top three priorities identified through the 2018 Community Health Needs Assessment process are:
- Alcohol and Substance Abuse
- Behavioral Health
- Chronic Disease

We hope that you find this document useful and welcome any comments and suggestions you may have for improving the health of Eau Claire County's citizens.

Yours in Health,

Dr. Susan Turney, CEO
Marshfield Clinic Health
System

Scott Polenz, CAO
Marshfield Medical Center
Eau Claire

Jay Shrader, Vice President
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Definition of Terms

- **Community Benefits Workgroup-Eau Claire (CBW-EC):** local and internal workgroup of Marshfield Medical Center in Eau Claire that contributes to the Health System's community benefits and community health initiatives. Essential functions are to monitor key policies, including financial assistance, billing, and collections, help to develop and sustain community relationships, participate in and develop the Community Health Needs Assessment and Implementation Strategy, and monitor and evaluate implementation of community benefits programs.

- **Community Health Assessment (CHA)/Community Health Needs Assessment (CHNA):** refers to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis. (Centers for Disease Control and Prevention, 2019) Health Departments are required to participate in a CHA every five years. Non-profit (tax-exempt) hospitals are required by the Affordable Care Act to conduct a CHNA once every three years. Hospitals have the option to partner with local health departments to simultaneously conduct a CHA/CHNA. (Community Catalyst, 2013)

- **Community Health Assessment Planning Partnership Committee:** also referred to as "the partnership," is a regional collaborative partnership of stakeholders to assess health in Chippewa and Eau Claire Counties. Stakeholders include Eau Claire City – County Health Department, Chippewa County Department of Public Health, United Way of the Greater Chippewa Valley, Chippewa Health Improvement Partnership, Mayo Clinic Health System, Health Sisters Health System Sacred Heart and St. Joseph's Hospital, and Marshfield Clinic Health System-Eau Claire Center.

- **Community Health Improvement Plan (CHIP):** a long-term, systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process. A CHIP is typically updated every three to five years. (Centers for Disease Control and Prevention, 2019)

- **Healthy People, Healthiest Wisconsin 2020 State Health Plan:** the public health agenda required by Wisconsin statute every 10 years, that is built upon the work of prior state health plans by identifying priority objectives for improving the health and quality of life in Wisconsin. (Division of Public Health, 2019)

- **Health Priority(ies):** the 14 health areas based on the Wisconsin Department of Health Services Health Plan, Healthiest Wisconsin 2020. Areas include: mental health, substance use, alcohol misuse, chronic disease prevention and management, obesity, physical activity, injury and violence prevention, healthy nutrition, healthy growth and development, communicable disease prevention and control, tobacco use and exposure, oral health, reproductive and sexual health, and environmental and occupational health.

- **Implementation Strategy (IS):** a written plan to address the community health needs identified through an assessment and approved by an authorized governing board.

Hospitals must use the CHNA to develop and adopt an implementation strategy. (Community Catalyst, 2013)

- **United Way ALICE report:** ALICE is an acronym that stands for Asset Limited, Income Constrained, Employed. ALICE represents the households with income above the Federal Poverty Level but below the basic cost of living. United Way's ALICE Report provides current research-based data that quantifies who in Wisconsin is living on the edge of financial insecurity. (United Way ALICE Project, 2018)

- **University of Wisconsin's Population Health Institute's County Health Rankings:** a data source ranking nearly every county in the nation to identify the multiple health factors that determine a county's health status and indicate how it can be affected by where we live. (University of Wisconsin Population Health Institute, 2019)

Executive Summary

Health System Overview

Marshfield Clinic was founded in 1916 by six physicians practicing in Marshfield, a rural central Wisconsin city. At its inception, Clinic founders saw research and education as critical to their practice of health care and that remains so today.

The Clinic became a 501(c)(3) nonprofit organization in 1992 and in 2014, Marshfield Clinic Health System, Inc., was formed. The Health System's mission is to enrich lives and create healthy communities through accessible, affordable, compassionate health care.

The Health System today is an integrated system serving Wisconsin and beyond, with more than 10,000 employees including over 1,200 providers in 86 specialties. Its entities provide service and health care to more than two million residents through over 50 clinical care centers in 34 Wisconsin communities.

The Health System includes Marshfield Clinic; Marshfield Medical Center hospitals in Marshfield including Marshfield Children's Hospital, Eau Claire, Rice Lake, Neillsville, Ladysmith, Minocqua, Beaver Dam, as well as a joint venture with Flambeau Hospital in Park Falls; Marshfield Clinic Research Institute; Security Health Plan of Wisconsin, Inc.; and Marshfield Clinic Health System Foundation.

The Clinic operates 10 dental centers in northern, central and western Wisconsin, providing general family dentistry and dental hygiene services to more than 60,000 unique patients per year. These centers were launched through a collaboration including Marshfield Clinic, Family Health Center of Marshfield, Inc., and federal and state agencies, to address the need for dental care in underserved areas. The centers serve all patients regardless of ability to pay or insurance status - uninsured/underinsured, private pay and commercial insurance.

Hospital Overview

MMC-EC is a 44-bed full-service hospital in Eau Claire, Wisconsin. It is a fully integrated medical campus that provides comprehensive inpatient and outpatient health care to residents in the Chippewa Valley and western Wisconsin.

MMC-EC, offers a wide range of advanced care services including:
- Interventional catheterization and cardiovascular surgery
- Advanced spine surgery
- Pulmonary and critical care medicine
- Comprehensive women's and infant care program
- Full scope of general and orthopedic surgery services
- 24/7 emergency department
- Comprehensive cancer care services including inpatient and outpatient care
- Inpatient and outpatient physical therapy, rehabilitation and occupational therapy

Summary of Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) process for MMC-EC was led by the Community Benefits Workgroup-Eau Claire (CBW-EC). This workgroup followed a systematic process to evaluate the health priorities of Eau Claire County.

The Chippewa and Eau Claire County Community Health Assessment[1] (CHA) process was led by the Community Health Assessment Planning Partnership Committee (The Partnership), a regional collaborative partnership of stakeholders that joined forces to assess health in Chippewa and Eau Claire Counties. This group consisted of the Eau Claire City – County Health Department, Chippewa County Department of Public Health, United Way of the Greater Chippewa Valley, Chippewa Health Improvement Partnership, Mayo Clinic Health System, 3D Community Health: Body. Mind. Spirit for Health Sisters Health System (HSHS) Sacred Heart and St. Joseph's Hospital, and Marshfield Clinic Health System-Eau Claire Center.

The 2018 Eau Claire County CHA was a primary source of input for the MMC-EC CHNA. The CHNA is completed every three years and is used as a tool to identify, evaluate, and prioritize community health concerns, and to mobilize the community to work together to address identified health priorities.

Healthy People, Healthiest Wisconsin 2020 State Health Plan, University of Wisconsin's Population Health Institute's County Health Rankings, United Way ALICE (Asset Limited, Income Constrained, Employed) report, and local stakeholders via key informant interviews were considered during the process.

Community Health Needs Assessment (CHNA) Timeline

June 2017	Began meeting bi-monthly to plan the CHNA with the Community Health Assessment Planning Partnership Committee
November 2017	Distributed the community health survey throughout the community
December 2017	Distributed paper community health surveys to underrepresented groups
January 2018	Began compiling secondary local health data
February 2018	Hosted Community Conversations to determine top health priorities
March 2018	Hosted Coalition meeting to determine top health priorities
May 2018	Completed and publicized the Eau Claire County CHA report
June 2019	Completed, approved and publicized the MMC-EC CHNA

The Partnership developed and distributed electronic and paper surveys throughout the community to gather primary data and the community's perception of health needs. A total of 1,876 Eau Claire County residents completed the survey. Respondents included a variety of residents with varied income, education, age, and household size.

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[1] The Eau Claire County and Chippewa County Community Health Assessment processes were conducted simultaneously by a single project manager. The Community Health Assessment Planning Partnership Committee oversaw assessment activities in both counties. This report highlights only data collection/analysis activities and community participation as it relates to Eau Claire County.

After completing an extensive analysis of the 2018 Eau Claire County CHA and reviewing the other aforementioned quantitative and qualitative data, the top community health priorities identified by the CBW-EC for MMC-EC are as follows:

- Alcohol and Substance Abuse
- Behavioral Health
- Chronic Disease

Our Community

MMC-EC strives toward affordable and accessible health care for all. Many patients and community members reside in rural areas of Eau Claire County and neighboring counties. The Health System focuses on serving those that are underserved and living in rural areas of the service area. MMC-EC service area is not defined by county boarders, but serves those in high need areas with limited resources. MMC-EC is focused on serving patients outside clinic and hospital walls by addressing social determinants of health. However, for the purposes of this CHNA, the community served is defined by Eau Claire County borders.

Geographic Area

Eau Claire County is located in the Chippewa Valley of west-central Wisconsin at the confluence of the Eau Claire and Chippewa Rivers. The county is comprised of three cities (Altoona, Augusta and Eau Claire), two villages (Fairchild and Fall Creek) and 13 townships with a total population of 103,671 in 2017; approximately 23% of which is rural.

The city of Eau Claire (county seat) has a total population of 68,339 and is located approximately 90 miles east of the Twin Cities in Minnesota and 90 miles north of LaCrosse, WI.

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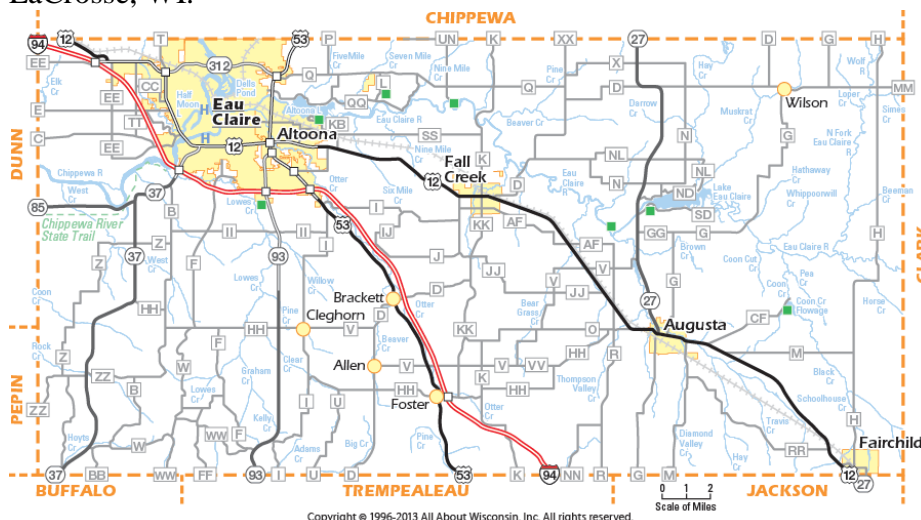
Demographics

Eau Claire County is 90% Caucasian, 4% Asian, 2% Hispanic or Latino, 2% two or more races, 1% Black or African American and 0.6% American Indian and Alaska Native. (United States Department of Commerce, 2019) The Asian population is the fastest-growing minority at this time, with total county population increasing 4.8% from 2010 to 2017. The median household income in Eau Claire County is $52,200 compared to the state average of $56,800. The number of ALICE households in Eau Claire County is higher than the state average at 28% and 25.8% comparatively with the poverty rate of 13% which is higher than the state average of 12%.

The education level of Eau Claire County residents compares well to the statewide average. According to the latest census estimates, 89% of residents have a high school diploma, compared to 88% statewide. Likewise, 73% of adults ages 25-44 have some post-secondary education, compared to 68% statewide. Approximately 47% of Eau Claire County residents have obtained a two-year college degree or higher.

Eau Claire County is home to two public higher education institutions, University of Wisconsin-Eau Claire and Chippewa Valley Technical College, which brings job opportunities, talent, and resources to the community.

Three other hospitals serve Eau Claire County and are located within the city of Eau Claire; they are HSHS Sacred Heart Hospital, Mayo Clinic Health System, and Oakleaf Surgical Hospital.

Additional demographic information is included in Appendix A.

Assessing the Needs of the Community

Overview

MMC-EC identified and prioritized community health priorities through a comprehensive process that included input from multi-sector community partners and organization leadership. Direct community input was gathered and focused on understanding the priorities of the underserved in the community.

The MMC-EC CHNA and community health prioritization process was led by the CBW-EC. The CAO of MMC-EC chaired the CBW-EC which included local leadership. All members were chosen for their commitment to guide community benefits efforts and desire to improve health in the community of Eau Claire. The CBW-EC reviewed the Eau Claire County CHA and Community Health Improvement Plan (CHIP), internal and external quantitative data, and conducted key informant interviews with local stakeholders to develop this CHNA report. The CHNA is used to develop a community Implementation Strategy (IS) plan to meet the identified health priorities.

See Appendix B for a list of those involved in the CBW-EC.

Process and Methods

The assessment process began with a thorough review of the 2017-2018 Eau Claire County CHA which was completed by the Community Health Assessment Planning Partnership Committee (including Marshfield Clinic Health System-Eau Claire Center). The purpose of the assessment was to identify the health needs of the community, prioritize top health concerns, and encourage Eau Claire County residents to engage in the improvement of the health of the community. Both primary and secondary data collection methods were utilized to connect with several different demographic groups in the community and to develop a thorough understanding of health issues facing members of the Chippewa Valley.

A complete list of partner organization representatives who participated in the health assessment process is included as Appendix B. The complete Eau Claire County CHA report is available here.

Local partners of the CHA Planning Partnership Committee include:
• Eau Claire City-County Health Department
• Eau Claire Healthy Communities
• HSHS Sacred Heart Hospital
• Marshfield Clinic Health System
• Mayo Clinic Health System
• United Way of the Greater Chippewa Valley

All partners contributed personnel and financial resources to the assessment. Representatives from the partnership met bimonthly from June 2017 through May 2018, to plan and implement the CHA. Financial resources contributed were used to fund a part-time program manager who facilitated meetings, coordinated survey distribution, data collection, and assessment activities. The shared partnership of CHA implementation reduces duplication of effort and costs, promotes coordination of resources and results in a potentially more significant impact on the health needs of the community.

The partnership utilized the County Health Rankings and Roadmaps Take Action Model (Figure A) to guide the CHA process, which outlines the steps needed for the community health improvement process: assess needs and resources of the county, focus on the top health priorities, and develop action plans with effective programs. Fourteen health priorities were evaluated based on the *Wisconsin Department of Health Services Health Plan, Healthiest Wisconsin 2020.* These priorities include: mental health, substance use, alcohol misuse, chronic disease prevention and management, obesity, physical activity, injury and violence prevention, healthy nutrition, healthy growth and development, communicable disease prevention and control, tobacco use and exposure, oral health, reproductive and sexual health, and environmental and occupational health.
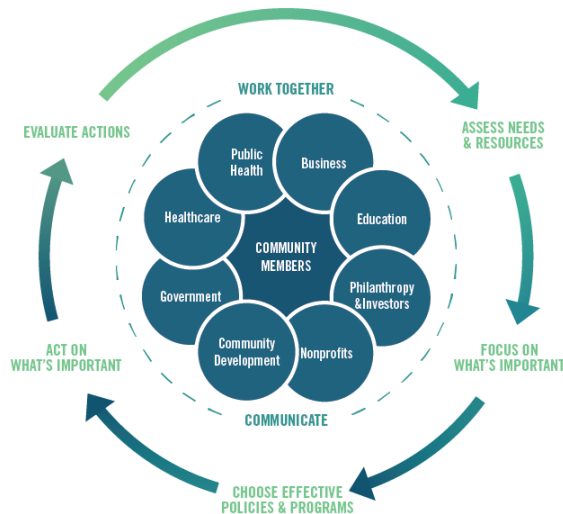
Figure A. County Health Rankings and
Roadmaps Take Action Model

Top Identified Health Priorities Identified by Various Data Collection Methods	
Survey • Electronic and Paper • Targeted Outreach	Mental Health Substance Use Obesity
Community Conversations	Mental Health Substance Use Alcohol Misuse
Coalition Meeting	Mental Health Substance Use Chronic Disease
Secondary Data	Mental Health Substance Use Alcohol Misuse

Primary Data Collection

Survey

Primary data collection began with a community health survey in November and December of 2017. An electronic survey was widely distributed by the partnership to Eau Claire County residents, within their organizations and networks. Over 70 community organizations were sent the survey which included: The Salvation Army, Aging and Disability Resource Center, Family Resource Center, Eau Claire YMCA, Eau Claire Area Hmong Mutual Assistance Center, Eau Claire Chamber of Commerce, public and private schools, and many others.

An abbreviated hardcopy version of the electronic community health survey was created for residents with limited health literacy. A translator was provided for those who do not speak English as a primary language.

After analysis of the survey demographics, targeted outreach sessions were held to address gaps in response: those over the age of 70 and community members with the highest education level designation of *some education* or *high school*. These sessions began in December 2017 and were held in various locations throughout the county to include: Chippewa Valley Correctional Treatment Facility, Eau Claire Area Hmong Mutual Assistance Association, L.E. Phillips Senior Center, The Community Table and WIC Clinic in Augusta. A key informant interview was conducted with the local Amish community by an Eau Claire City-County Health Department Public Health Nurse.

The objective of the outreach sessions was to aid in developing a clearer understanding of the top health concerns in the community. Special effort was made to ensure the survey was available to underrepresented groups who can be at the highest risk of suffering from health disparities. Additional survey outreach sessions resulted in 127 completed surveys.

A total of 1,876 Eau Claire County residents completed the survey with the results being reportable at a 95% confidence level. Survey respondents represented a wide range of residents with a variety of income and education levels, age and household size. Respondents were asked to rate each of the health priorities identified by Wisconsin State Health Plan (full list included above) on a four-point scale indicating how much of a problem they perceived each area to be for the community (1=not a problem, 4=major problem) and identify reasons why they perceived each area to be problematic.

The community health survey results identified the following health priorities: mental health, substance use and obesity.

Community Conversations
Two community conversation sessions were held in February 2018, in the cities of Eau Claire (urban) and Augusta (rural). Overall, thirty Eau Claire County residents from diverse populations participated in the community conversations. The groups were presented with primary and secondary data points and were asked to prioritize the same fourteen health priorities initially presented in the community survey.

Participants were first presented with local data including survey results, and then discussed the survey results and secondary data in small facilitated groups. Participants were able to develop a clearer picture of the health needs of the community which subsequently helped the groups choose the top three health priorities.

The community conversation sessions resulted in the following health priorities: mental health, substance use and alcohol misuse.

Coalition Meeting
A final event, a coalition meeting, was held in March 2018 to get feedback on preliminary CHA results. The goals were 1) engage coalition members in discussion related to the top five health priorities identified by the community survey and community conversations, 2) review and highlight existing initiatives of Eau Claire Healthy Communities Council, and 3) to encourage continued and ongoing commitment for local health improvement efforts through collaborative action plans. Thirty Council members participated in the Eau Claire Healthy Communities Council meeting

representing a broad cross-section of community members, leaders and organizations. Utilizing the Community Conversation Prioritization Criteria questions (Figure B), Council members participated in a facilitated small group discussion to refine the health priorities.

The coalition meeting resulted in following health priorities: mental health, substance use and chronic disease.

Figure B. Community Conversation Prioritization Criteria

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

Secondary Data Collection
Local secondary quantitative health data was compiled from a variety of sources based on the Wisconsin Association of Local Health Departments and Boards (WALHDAB) recommendations. The core dataset was modified slightly based on Eau Claire County availability and to improve representation of underrepresented health priority measures. Data sources included US Census, Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, United Way reports, Healthy People, Healthiest Wisconsin 2020 State Health Plan, and more.

The University of Wisconsin's Population Health Institute's County Health Rankings identify multiple health factors that can significantly impact a county's health status such as, the environment, education, jobs, individual behaviors, access to services and health care quality.

To determine the top health priorities for secondary data measures, national data measures were compared to Eau Claire County data measures. Each measure was given a ratio of less than 1, 1, or more than 1, based on how the county measures compare to the national standard. For example, the number of drug arrests per 100,000 people is 824 for Eau Claire County, the National rate is 490, resulting in an assigned ratio of less than 1, as the rate is higher than the national rate, therefore ranks below national standards. This was done for each of the 14 health priorities and resulted in a ranking priority score.

The secondary health data scoring resulted in following health priorities: mental health, substance use and alcohol misuse.

An Eau Claire County Health Rankings report is included as Appendix C.

Final Prioritization Process
Lastly, the partnership utilized the National Association of County and City Health Officials (NACCHO) Prioritization Matrix (Appendix D) to determine the top health priorities. During this process, the community health survey, community conversation, and coalition meeting health priority rankings, and calculated secondary data rankings were each weighted at .35, and added together to create a priority score for each of the 14 health priorities.

NACCHO Prioritization Matrix

The community health survey, community conversations and coalition meeting scores, and rankings were based on votes from the community on the 14 health priorities. These priorities were determined by participants after being asked to consider the size and seriousness of the problem, and the readiness to change. The health priorities received a ranking and score based on the number of votes each area received. This score was used to determine the priority order for the health priorities after being multiplied by the designated weight and added with other criteria.

The data collected through the community health survey, community conversations, and coalition meeting was based on the participant's perception of the problem. Secondary data provided quantitative trends and comparisons to national measures. By utilizing both, and weighting appropriately, the overall health priorities were determined.

A full list of data sources and references is included in Appendix E.

Addressing the Needs of the Community

Overview
After completing extensive review of the Eau Claire County CHA, United Way data, Healthiest Wisconsin 2020, County Health Rankings, and other quantitative and qualitative data, the top community health priorities identified by Marshfield Medical Center in Eau Claire are:

- Alcohol and Substance Abuse
- Behavioral Health
- Chronic Disease

Due to the interconnected nature of these health priorities, the CBW-EC chose to combine a number of health priorities as shown in Figure C. As these health priorities are addressed, health equity and social determinants of health needs will be incorporated throughout various initiatives.

Figure C. Top Identified Health Priorities	
Eau Claire County CHA	**MMC-EC CHNA**
Alcohol Misuse	Alcohol and Substance Abuse
Substance Abuse	
Mental Health	Behavioral Health
Healthy Growth and Development	
Obesity	Chronic Disease
Physical Activity	
Healthy Nutrition	
Tobacco Use & Exposure	
Chronic Disease	

Health Priority: Alcohol and Substance Abuse

Substance use and alcohol misuse was identified as a top health priority in the Eau Claire County CHA. Alcohol misuse is "more than 1 drink per day on average for women, and more than 2 drinks per day on average for men. Alcohol misuse is a pattern of drinking that result in harm to one's health, interpersonal relationships or ability to work." (Centers for Disease Control and Prevention, 2019) Substance abuse is "the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs" (i.e. marijuana, heroin, cocaine, and methamphetamine). (World Health Organization, 2019)

Consequences of alcohol or substance abuse is far reaching and includes motor vehicle and other injuries, fetal alcohol spectrum disorder and other childhood disorders, alcohol and/or drug dependence, liver, brain, heart, and other chronic diseases, infections, family problems, and both violent and nonviolent crimes.

MMC-EC will complement local community efforts by focusing on reducing underage alcohol consumption and access, reducing excessive alcohol consumption and reducing opioid related deaths in addition to supporting community driven efforts through a variety of methods.

Data highlights

In 2012, the estimated cost of excessive alcohol consumption was $6.8 billion to all residents in Wisconsin, in Eau Claire County the cost was $160.4 million. Wisconsin's per capita alcohol consumption rate is 1.3 times higher than the national rate, with adult binge drinking (22%) rate the third highest in the nation. (Black & Paltzer, 2013)

In Eau Claire County there have been 340 drug-related hospitalizations per 100,000 people, compared to 261 in Wisconsin. Misuse of these substances is most prevalent among young adults. In 2015, there were 140 drug-related hospitalizations for individuals ages 18-44, with an average charge of $5,716 per occurrence. (Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services, 2015)

Drug arrests per 100,000 people[1]

824 Eau Claire County
439 Wisconsin
490 U.S.

Drug-related hospitalizations per 100,000 people[2]

340 Eau Claire County
261 Wisconsin

Percent of driving deaths with alcohol involvement[1]
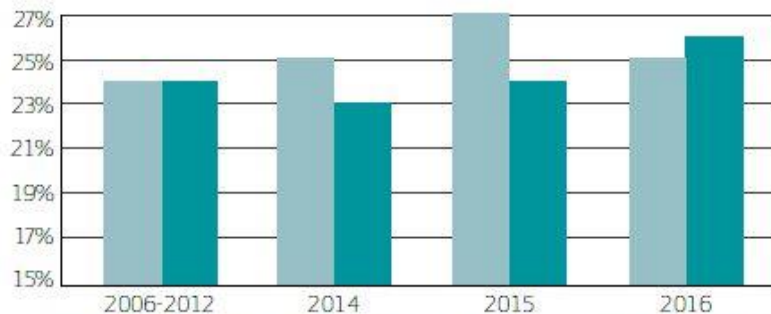
31% Eau Claire County
30% U.S.

High school students that reported consuming at least one drink in the past 30 days[2]

18% Eau Claire County
33% Wisconsin

Adults that reported engaging in excessive (binge or heavy) drinking[3]

Eau Claire County
Wisconsin

	2006-2012	2014	2015	2016
Eau Claire County	24%	25.2%	27%	25.2%
Wisconsin	24%	23%	24%	26%

Liver Cirrhosis or liver damage is the results of "heavy" drinking over a lengthy time period. Wisconsin reported 354 deaths from Alcohol-Related Liver Cirrhosis and slightly rising (Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2016).

Eau Claire County Community Health Survey, Top Reasons this is a problem in the community:

- 75% of respondents of the 2017 Community Health Survey indicated that alcohol misuse is a moderate or major problem in the community; additionally 78% indicated that substance use is a moderate or major problem in the community.
- 68% state that substances are easily available, as well as 58% state the same about alcohol.
- 72% say alcohol misuse is an accepted attitude or belief.
- 49% state that people cannot easily access services for substance use treatment.

Health Priority: Behavioral Health

Mental Health was indicated as a top health priority in the Eau Claire County CHA. Mental health is "an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood." (Centers for Disease Control and Prevention, 2019)
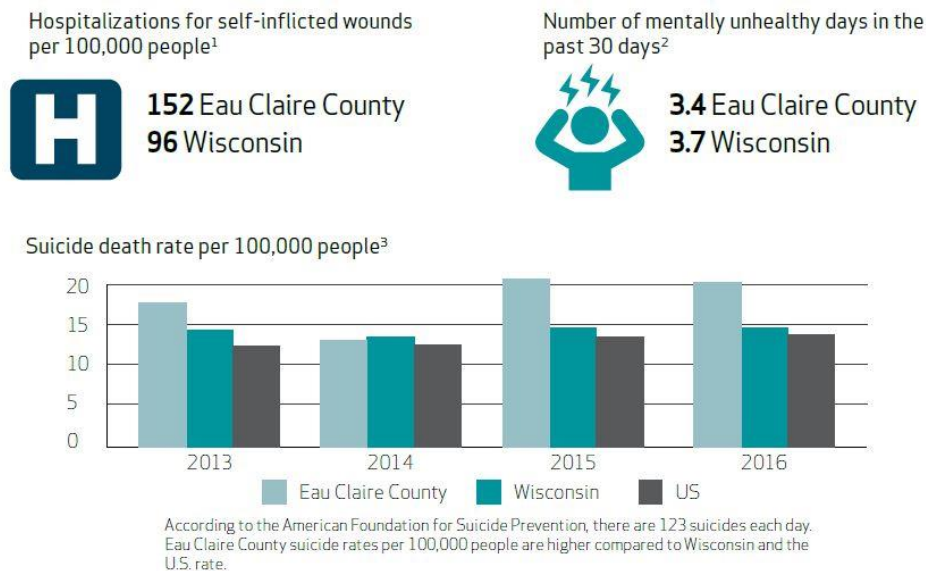
Mental illness affects all ages and influences many areas of one's well-being. Mental health plays a role in the ability to maintain good physical health, while mental health issues are commonly associated with physical health issues and increased risk factors like substance abuse and obesity.

MMC-EC will complement local community efforts by focusing on decreasing suicide rates in Eau Claire County and improving social and emotional development of children and adolescents in addition to supporting community driven efforts through a variety of methods.

Data highlights

In 2016, suicide was the 10th leading cause of death in Wisconsin, with 21 deaths by suicide in Eau Claire County in 2015. (Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services, 2015) In the United States, death by suicide is the 2nd leading cause of death for those aged 10-34 in 2017. (National Center for Injury Prevention and Control, 2017) The annual suicide rate per 100,000 in Wisconsin has risen from 11.45 in 2005, to 14.9 in 2016. (Prevent Suicide Wisconsin, 2019) The average number of poor mental health days over the past 30 days is 3.5 days, which has increased by 1.5 days over the last 10 years. (University of Wisconsin Population Health Institute, 2019)

Hospitalizations for self-inflicted wounds per 100,000 people[1]

152 Eau Claire County
96 Wisconsin

Number of mentally unhealthy days in the past 30 days[2]

3.4 Eau Claire County
3.7 Wisconsin

Suicide death rate per 100,000 people[3]

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

Eau Claire County Community Health Survey, Top Reasons this is a problem in the community:
- 83% of respondents aren't comfortable seeking mental health services.
- 76% report that affordable mental health treatment is not available.
- 73% of people responded that access to mental health services is not easily accessible.

Health Priority: Chronic Disease

Chronic Disease and obesity prevention along with increasing access to physical activity was an indicated health priority in the Eau Claire County CHA. Chronic diseases are

defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both. (Centers for Disease Control and Prevention, 2019) Obesity results from a variety of factors, including individual behavior and genetics. Behaviors can include diet, physical activity levels, or medications. Additional contributing factors in our society include the food and physical activity environment, education and skills, and food marketing and promotion. (Centers for Disease Control and Prevention, 2019)

"Chronic disease prevention and management aims to reduce overall risk in high-risk individuals and provide appropriate care by facilitating early case finding through affordable strategies and technologies, equitable and good quality health care for major chronic diseases." (World Health Organization, 2019) Increasing physical activity levels and improving access to healthy foods can reduce the risks of developing a chronic disease.

MMC-EC will complement local community efforts by placing focus on improving access to healthy foods and physical activity, improving self-management of chronic conditions and reducing tobacco use in addition to supporting community driven efforts through a variety of methods.

Data highlights

Seven out of ten leading causes of death in Wisconsin are due to chronic diseases and account for two out of every 3 deaths annually. According to the 2017 County Health Rankings, 13% of Eau Claire county residents are without access to a reliable food source.

Residents with adequate access to a physical activity location[1]

Eau Claire County - 67%

U.S. - 84%

High school students who watched television 3 or more hours/day[2]

16% Eau Claire County
17% Wisconsin
25% U.S.

Adults (20 and older) reporting no leisure physical activity[3]

- Eau Claire County
- Wisconsin
- U.S.
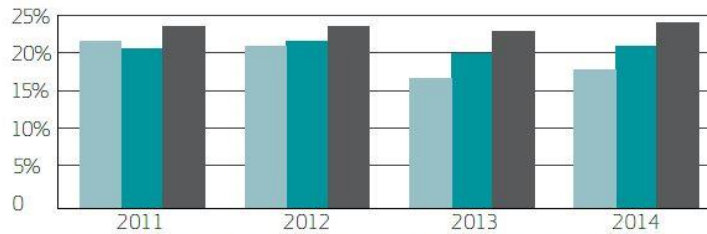
Eau Claire County is below the national and state rate for physical inactivity. Approximately 1 out of 6 report no leisure-time physical activity in the county. Inactivity leads to increased risks of hypertension, cardiovascular disease, type 2 diabetes, stroke and premature death (County Health Rankings, 2015-2018).

Adults diagnosed with diabetes[1]
1 in 13 - Eau Claire County
1 in 11 - U.S.

Cancer incidence per 100,000 people[3]
Eau Claire County - 447
U.S. - 454

Adults with a body mass index over 30[1]
29% Eau Claire County
30% Wisconsin

Children 2-5 years old in WIC (Women, Infant, and Children) that are obese[2]
13% Eau Claire County
15% Wisconsin
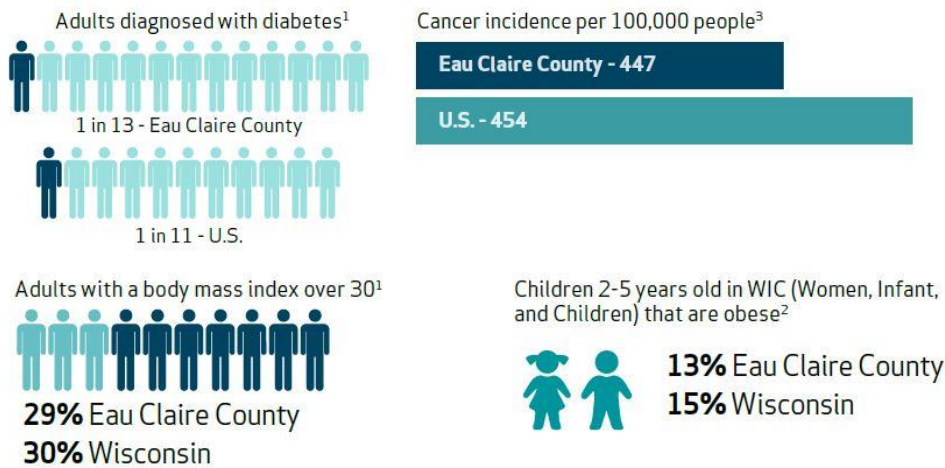
Eau Claire County Community Health Survey, Top Reasons this is a problem in the community:
- 78 % of respondents state healthy lifestyle choices and managing risk factors are not the easy or desirable option.
- 69% indicate that some people can't afford enough food.
- 59% state that physical activity choices are not affordable or lack sufficient discounts.
- 50% are not aware of the resources or services available for healthy weight management.

Health Priorities Not Addressed

Through the assessment process, the CBW-EC identified other community health priorities that have not been addressed in this plan. In prioritizing community health needs, the CBW-EC considered other organizations addressing the specific need, the ability of MMC-EC to impact change, availability of resources, as well as readiness of the community for interventions.

After consideration, the following health priorities will not be addressed by MMC-EC for reasons indicated:
- Injury & Violence Prevention: Instead of leading this charge, staff participate in a variety of community groups supporting this area including, the Eau Claire Healthy Communities-Healthy Relationship Promotion Action Team and the Eau Claire Suicide Death Review Team.
- Communicable Disease Prevention & Control: Instead of leading this charge, staff participate in the Eau Claire HAI Coalition (Healthcare-Associated Infections).
- Oral Health: Staff from MMC-EC does not provide related services, however the Family Health Center of Marshfield Dental Center, does lead these efforts locally, regionally and nationally.
- Reproductive & Sexual Health: While MMC-EC does provide this service, community lead initiatives are best lead by the City County Health Department and other agencies with expertise in the area.
- Environmental & Occupational Health: While MMC-EC does have a vibrant Occupational Health Department, the hospital will not take the lead on this area in

community outreach as this is an area the City County Health Department leads and has expertise in.

Potential Resources to Address Significant Health Priorities

Potential resources and assets in our community that will help address the identified health priorities as well as help develop the implementation plans include the following:

- Aging and Resource Disability Center of Eau Claire
- Alliance for Substance Abuse Prevention
- Eau Claire City County Health Department
- Eau Claire Healthy Communities Coalition:
  - Chronic Disease Prevention Action Team
  - Healthy Relationship Promotion Action Team
  - High-Risk Drinking Prevention Action Team
  - Mental Health Action Team
- HSHS Sacred Heart Hospital
- Marshfield Clinic Health System
- Mayo Clinic Health System
- Mental Health Matters Coalition
  - Team Education and Awareness
  - Team Mindfulness
- United Way of the Greater Chippewa Valley

Next Steps

Having identified the health priorities that will be addressed, the next steps include collaboration with community partners through a variety of community coalitions, workgroups and organizations. MMC-EC will leverage existing partnerships and community resources to coordinate strategic efforts to address identified community health priorities that can be monitored, evaluated and improved upon over time.

Over the next months, CBW-EC, a local and internal workgroup that contributes to the Health System's community benefits and community health initiatives, will develop a three-year implementation strategy plan that will integrate these health priorities into the strategic plan for resource investments and allocations. CBW-EC will implement programs that demonstrate potential to have the most impact on improving selected health priorities.

CBW-EC will evaluate implemented programs and activities and track key performance indicators during each year of the implementation plan. This analysis will be done in collaboration with respective partners with the intent to identify new and current resources that can be better integrated and deployed to maximize positive impact on population health.

This CHNA will be shared among all partners and made publicly available.

Evaluation of the Impact of the Preceding Implementation Strategy

MMC-EC first opened its door to patients in July of 2018. Therefore, there is no preceding Implementation Strategy to evaluate.

This Community Health Needs Assessment (CHNA) report was adopted by the MCHS Hospitals Board Inc. on June 20, 2019.

Appendix A: Eau Claire County Demographics

Figure 1. Household income distribution in Eau Claire County (US Census, 2016 estimates)
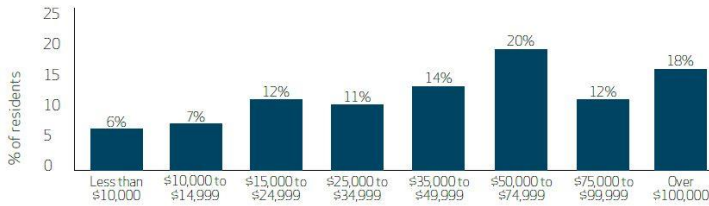
Figure 2. Highest education level attained by Eau Claire County residents over age 25 (US Census, 2016 estimates)
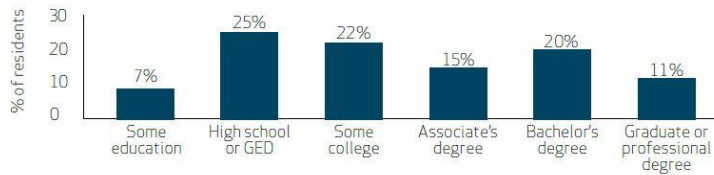
Figure 3. Age distribution of Eau Claire County residents (DHS public health profile, 2017)
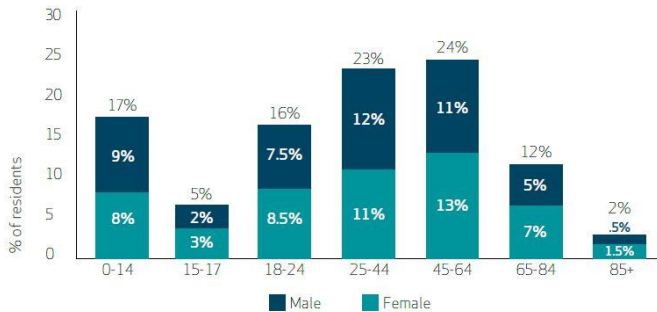
Eau Claire County Racial Distribution, U.S Census, 2016 Estimates	
White	90.4%
Asian	4.1%
Hispanic or Latino	2.3%
Two or More Races	1.8%
Black or African American	1.1%
American Indian and Alaska Native	0.6%
Eau Claire County Demographics	
Sex	51% Female, 49% Male
Median household income	$52,200
Percent of population in poverty	13%
Total population	103,671
Population growth rate	4.8% from 2010 to 2017
Percent of persons 5+ yrs. of age that speak a language other than English at home	6.5%

Appendix B: Individuals Involved in the CHNA

2017-2018 Eau Claire County Community Health Assessment Planning Partnership Committee
- **Angela Weideman,** Director/Health Officer, Chippewa County Department of Public Health
- **Cortney Draxler,** Policy and Systems Division Manager, Eau Claire City-County Health Department
- **Jan Porath,** Executive Director, United Way of the Greater Chippewa Valley
- **Jay Edenborg,** Public Affairs Director, Mayo Clinic Health System
- **Laura Baalrud,** Community Health Educator, 3D Community Health: Body. Mind. Spirit for HSHS Sacred Heart and St. Joseph's Hospital
- **Lieske Giese,** Director/Health Officer, Eau Claire City-County Health Department
- **Lynn Salter,** Public Affairs Account Coordinator, Mayo Clinic Health System
- **Miriam Gehler,** Administrator, Marshfield Medical Center
- **Nicole Clements,** Director of the Community Health Initiative, United Way of the Greater Chippewa Valley
- **Rhonda Brown,** Division Director, 3D Community Health: Body. Mind. Spirit for HSHS Sacred Heart and St. Joseph's Hospital; Director of Chippewa Health Improvement Partnership
- **Sara Carstens,** Director of Community Wellness and Engagement, Mayo Clinic Health System
- **Sarah Dillivan-Pospisil,** Community Health Assessment Project Manager, Report Author

Community Benefits Workgroup–Eau Claire
- **Scott Polenz**, Chief Administrative Officer – MMC Eau Claire
- **Dr. Humayun Khan**, Vice President of Medical Affairs, MMC Eau Claire
- **Kathy Decker**, Regional Chief Nursing Officer (West Region)
- **Miriam Gehler**, Administrator – Regional Operations & Acute Care
- **Tarese Dubiel**, Director of Finance/Market Chief Financial Officer (West Region)
- **Jay Shrader**, Vice President, Community Health and Wellness, Marshfield Clinic Health System
- **Allison Machtan**, Community Benefits Manager, Marshfield Clinic Health System
- **JoAnna Bernklau**, Community Benefits Coordinator, MMC Eau Claire

Appendix C: County Health Ranking

Eau Claire (EC)

County Demographics

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

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

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

Physical Environment					18
Air pollution - particulate matter **	9.3		6.7	9.3	
Drinking water violations	No				
Severe housing problems	15%	14-16%	9%	15%	
Driving alone to work	79%	78-81%	72%	81%	

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

Areas to Explore   Areas of Strength

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

2018

Appendix D: Prioritization Matrix

Community Need	
Comparison to State and National Goals	How is Eau Claire county doing in comparison to the State and National goals?
Community Impact	How is Eau Claire county currently and in the future going to be affected by the health priority in terms of: • Number of people affected • Costs associated in not doing something (health care, lost work, supportive living) • Severity of the condition (chronic illness, disability, death) • Impact on quality of life
Ability to Impact	Are there known strategies to make a difference? Are there adequate resources available in the county to address the health priority? Are there adequate internal resources available to address the health priority?
Community Readiness	Is the community of Eau Claire county ready to address the health priority in terms of: • Stakeholders awareness of concern • Community organizations receptiveness to addressing the health priority • Citizens being somewhat open to hearing more about the health priority
Gaps in Community	Are there gaps Eau Claire county efforts to address the health priority?
Voice of Local Customer	Did focus group identify this as an issue? Did survey data identify this as an issue? Where conversations had with people who represent the community served identify this as an issue?

Appendix E: Resources

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