



# Community Health Needs Assessment 2025

Mayo Clinic Health System in Bloomer





Developed in collaboration with  
the Community Health Assessment  
Planning Partnership Committee

# Table of contents

**Section 1**

---

- 4 Mayo Clinic Overview
- 6 Mayo Clinic Health System Overview

**Section 2**

---

- 8 Summary of Community Health Needs Assessment

**Section 3**

---

- 12 Community Profile
- 14 Assessing the Needs of the Community
- 62 Available Resources within the Community  
to Address Identified Needs

**Section 4**

---

- 68 Addressing the Needs of the Community
- 74 Evaluation of Prior CHNA and Implementation  
of Strategy
- 81 Mayo Clinic Health System Individuals Involved in CHNA





# Mayo Clinic Overview

Mayo Clinic is the largest integrated, not-for-profit medical group practice in the world. With this influence, we are committed to innovating in clinical practice, education and research and providing compassion, expertise and answers to everyone who needs healing.

We are focused on building the future, one where the best possible care is available to everyone, and more people can heal at home. Through our research, we relentlessly pursue breakthroughs that yield earlier diagnoses and new cures.

In 2024, Mayo Clinic cared for patients from every state and 135 countries, covering the full spectrum of patient needs from health information and preventive services to serious and complex care. Mayo Clinic has three destination medical center campuses and several hospitals, with locations in Arizona, Florida, Minnesota and Wisconsin. Further extending our reach, Mayo Clinic provided over a million digital outpatient appointments in 2024, an increase of more than 17% from 2023.



## Innovating for new solutions

Mayo Clinic’s unwavering mission is to enhance medical care for the benefit of patients everywhere. Our experts work together to solve patients’ most challenging unmet needs, inspired by our founders’ earliest vision.

Over 150 years ago, brothers Will and Charlie Mayo pioneered an integrated, team-based approach to medicine. Today, that trailblazing spirit drives innovations like Mayo Clinic Platform — a collaborative, digital ecosystem powering new technologies to change how care is delivered everywhere. Mayo Clinic Platform expanded its scope to include data from more than 56 million patients across four continents, enabling solutions that provide earlier, more accurate diagnoses, personalized care, hospital-level care at home and enhanced access to trusted expertise.



## Top rankings for quality care

Our commitment to transforming healthcare has earned Mayo Clinic more top rankings for high-quality patient care than any other healthcare organization. This includes more No. 1 rankings than any other hospital from U.S. News & World Report.



## Building a healthier world

We think big and act boldly to improve the health of communities. We share our knowledge globally, shape policy and partner with others to create lasting — and much-needed — change for a healthier world.



# Mayo Clinic Health System Overview



**Mayo Clinic Health System (MCHS)** provides quality healthcare to local communities by bringing the Mayo Clinic Model of Care closer to home. MCHS consists of 45 clinics, 16 hospitals and other facilities across multiple communities in Minnesota and Wisconsin. MCHS providers bring the knowledge and expertise of Mayo Clinic to these communities and surrounding areas to ensure our patients receive world-class healthcare. MCHS serves more than 600,000 patients each year and is recognized as one of the most successful community healthcare systems in the U.S.

MCHS is elevating and redefining community and rural healthcare. With more than 100 clinical specialties

(medical and surgical services), patients have access to a full spectrum of healthcare options. To best meet the unique needs of the communities, patients receive quality healthcare at MCHS and have access to highly specialized care at Mayo Clinic’s campus in Rochester, Minnesota.

The Bold. Forward. strategy centers on establishing MCHS as a category-of-one community health system by 2030. This strategic approach focuses on people and communities and is supported by three key pillars: Cure, Connect, and Transform. This framework aims to reimagine care in an evolving healthcare landscape, ensuring that diverse patient needs are met through advanced in-person services and innovative digital solutions.

**Mayo Clinic Health System – Chippewa Valley in Bloomer (MCHS in Bloomer)** is a 25-bed critical access hospital in Bloomer, Wisconsin. Since 1961, the hospital has been dedicated to promoting health and meeting the healthcare needs of our patients. In 2011, the hospital became known as Mayo Clinic Health System – Chippewa Valley in Bloomer, continuing its long-standing commitment to providing personalized and compassionate care to patients in the communities it serves.

MCHS in Bloomer is part of the Northwest Wisconsin region of MCHS, which also includes hospitals in Barron, Eau Claire, Menomonie and Osseo. MCHS in Bloomer supports the community through inpatient and outpatient services. Although MCHS in Bloomer serves patients from several communities in northwestern Wisconsin, the majority are from Chippewa County. For the purposes of MCHS in Bloomer’s Community Health Needs Assessment, the community is defined as Chippewa County.

In 2024, MCHS in Bloomer provided \$888,440 in charity care and contributed \$94,000 through philanthropic donations to support programs such as the Boys and Girls Club, United Way, River Source Family Center, Chippewa Valley YMCA, public libraries, school districts and healthcare college scholarships.

Health education is also communicated through numerous blog postings, newsletter articles and informal presentations. Through online tracking and other measures, it’s estimated that we reached an additional 6,000 residents by providing health information on topics affecting immediate health issues and offering helpful tips on general wellness.

The MCHS Community Health Needs Assessment (CHNA) process advances and strengthens our commitment to community health and wellness activities by focusing on high-priority community needs and bringing additional ones to light.





# Summary of Community Health Needs Assessment

The primary input into the assessment and prioritization process was the 2024 Chippewa County Community Health Assessment (CHA), produced by the Community Health Assessment Planning Partnership Committee. The CHA was conducted collaboratively by the CHA Planning Partnership Committee (also referred to in this report as the CHA partners). This report was created through a joint effort by area healthcare organizations, the Chippewa County Health Department, United Way of the Greater Chippewa Valley and the Eau Claire Health Alliance. This partnership was established to optimize the coordination and use of resources while reducing duplicative efforts.

Although this report is specific to Chippewa County, the partners also used a parallel process to assess health needs in Dunn and Eau Claire Counties. The shared process in Chippewa, Dunn and Eau Claire counties recognizes overlapping service areas and resources in these communities. In addition, written comments related to the previous CHNA would be considered; however, no written comments were received. This effort, led by the Community Health Assessment Planning Partnership Committee, began with the goal of evaluating community health to enhance the quality of life for all community members.

The following pages from the 2024 report, produced by the Community Health Assessment Planning Partnership Committee, provide a detailed overview of the community assessment process, methods, input, and resources for the Chippewa County Community Health Needs Assessment. For this report, the community is defined as Chippewa County.





# Executive Summary

Every three years, a group of local organizations called the Community Health Assessment Planning Partnership Committee (or the CHA partners) looks at the overall health of Chippewa County. The purpose of this assessment is to identify the most important health issues that need to be addressed within the community. The group of partners includes representatives from local health departments, local nonprofit healthcare facilities, and community organizations across Chippewa, Dunn, and Eau Claire counties. This Community Health Assessment (CHA) report is specific to Chippewa County. Separate reports are available for Dunn and Eau Claire counties.

The CHA partners examined many issues that impact our health, including individual health behaviors and things that influence our ability to be healthy, such as where we live, work, and play. These issues include things that are county or system problems but can cause health issues for individuals.

The data used to identify these top issues were:

- 1. A local Community Health Survey completed by people who live and/or work in Chippewa County
- 2. Local data from state and national databases
- 3. Conversations with county groups and individuals
- 4. Meeting with the Chippewa Health Improvement Partnership (CHIP) coalition

Through this process, CHA partners learned from members of the public what they thought were the top issues impacting our community’s health.

THE TOP FIVE IDENTIFIED ISSUES THAT IMPACT HEALTH IN CHIPPEWA COUNTY

+ Alcohol misuse

+ Low-quality or lack of public transportation

+ Health care is difficult to access

+ Lack of access to childcare or unaffordable childcare

+ Poor mental health

To find a complete list of all issues that impact health that were examined with this assessment, and how they were ranked, turn to page 8.

The CHA helped county residents identify which issues that impact health need the most improvement. With the assessment complete, CHA partners and community organizations will use data to address identified issues. By working together, we can improve the overall health of Chippewa County.



# Acknowledgements

The 2023-2024 Community Health Assessment partners include representatives from eight organizations in Chippewa, Dunn, and Eau Claire counties:

## MEMBERS OF THE COMMUNITY HEALTH ASSESSMENT PLANNING PARTNERSHIP COMMITTEE

BROOK BERG	Director of Community Engagement, Mayo Clinic Health System NWWI
HAILEY BOMAR	Planning & Promotion Specialist, Chippewa County Department of Public Health
ALEX CRAKER	Public Health Planner, Eau Claire City-County Health Department, Report Author
BRITTNAY FORTUNA	Director/Health Officer, Chippewa County Department of Public Health
KT GALLAGHER	Director/Health Officer, Dunn County Health Department
MICKEY GANSCHOW	Community Benefits Coordinator, Marshfield Clinic Health System
LUISA GERASIMO	Board Member, United Way of Dunn County
LIESKE GIESE	Director/Health Officer, Eau Claire City-County Health Department
NIKKI HOERNKE	Planning & Strategy Division Manager, Chippewa County Department of Public Health
ISABELLA HONG	Community Impact Director, United Way of the Greater Chippewa Valley
KAITLIN INGLE	Public Health Educator, Dunn County Health Department
MELISSA IVES	Outreach Facilitator, Hospital Sisters Health System
RYAN LUDY	Executive Director, United Way of the Greater Chippewa Valley
KIM LUZ-MOBLEY	Community Health Director, Hospital Sisters Health System
MARIA SEIBEL	Community Engagement Specialist, Mayo Clinic Health System NWWI
CORTNEY SPERBER	Policy & Systems Division Manager, Eau Claire City-County Health Department
DARCY VANDEN ELZEN	Director of Community Health, Marshfield Clinic Health System

The Eau Claire City-County Health Department provided project management and served as the fiscal agent for the partnership.

Other organizations and individuals also helped promote, distribute, and collect the Community Health Survey and share information about the Community Conversations with county residents and stakeholders.

Finally, the assessment process could not have been completed without the participation of the people of Chippewa County – including members of the public who completed the Community Health Survey, engaged in Community Conversations, or participated in the Chippewa Health Improvement Partnership meeting.

# Community Profile

Chippewa County, located in the heart of Wisconsin, is a vibrant community known for its scenic landscapes, rich history, and thriving economy. With a strong sense of community pride, Chippewa County offers residents and visitors alike many opportunities for recreation, education, and economic growth.

The county covers more than 1,000 square miles in the Chippewa Valley of west-central Wisconsin. As of 2022, the U.S. Census Bureau estimated the county’s population to be 66,807<sup>1</sup>. The population has been steadily growing over the past five years. Most of the population resides in the southwest corner of the county, with the remainder in more rural communities. Primary languages spoken in the county include English, Spanish, Hmong, German, and French.

- CITIES
- + BLOOMER

+ CHIPPEWA FALLS

+ CORNELL

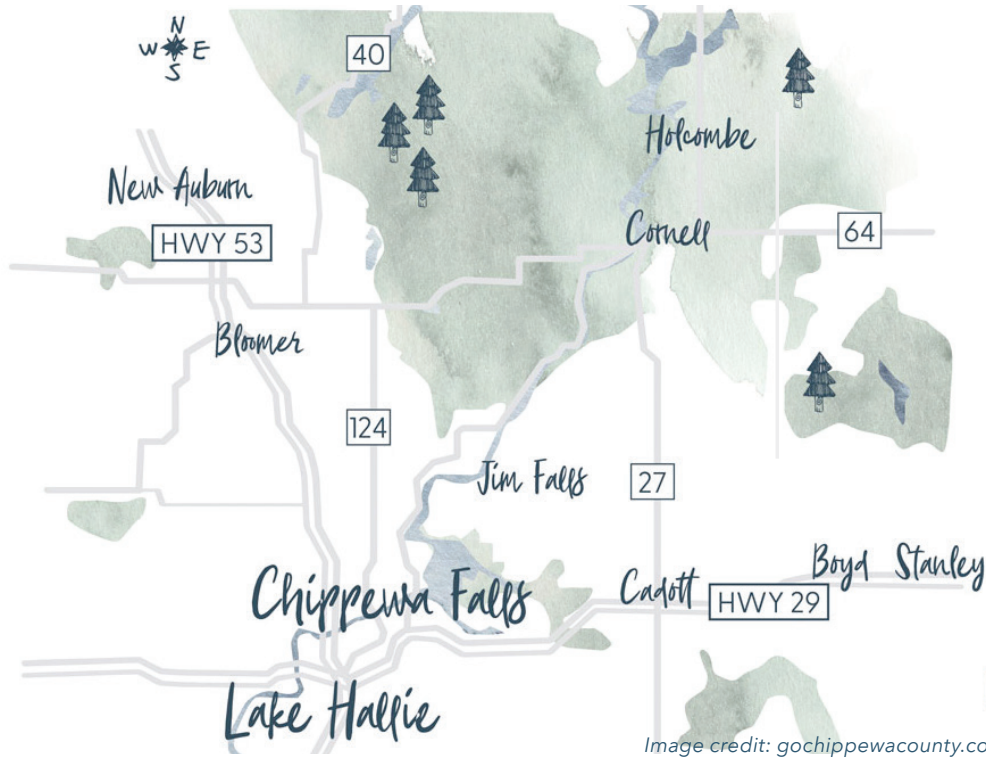
+ EAU CLAIRE

+ STANLEY
- VILLAGES
- + BOYD

+ CADOTT

+ LAKE HALLIE

+ NEW AUBURN



The county is also home to 23 townships. Bordering counties include Barron and Rusk to the north; Barron and Dunn to the west; Eau Claire to the south; and Clark and Taylor to the east.

The City of Chippewa Falls, the county seat, is home to 14,778 residents and encompasses a little more than 11 square miles<sup>1</sup>. The city lies approximately 90 miles east of Minneapolis/St. Paul (MN), 180 miles west of Green Bay, and 100 miles north of La Crosse. The main transportation corridors through the area include U.S. Highway 53 and State Highway 29.

Chippewa County’s economy is robust and diverse. Key sectors include health care, manufacturing, retail trade, production agriculture, and seasonal tourism. The county is home to a range of industries, from small family-owned businesses to large corporations, providing employment opportunities for residents at various skill levels. Marshfield Clinic Health System, Mayo Clinic Health System, and OakLeaf Clinics offer major health care resources and employment within the county. Other prominent employers include Hewlett Packard Enterprise, Leinenkugel’s, Mason Companies, and Chippewa Springs Water. Meanwhile 34,500 acres in the Chippewa County Forest, including 22 miles of Ice Age Trail, Lake Wissota State Park, and numerous other lakes, parks, and campgrounds, provide plenty of opportunities for outdoor recreation. Chippewa Valley Technical College and Lakeland University-Chippewa Valley Center serve as hubs of higher education within the county.

The median household income within the county is \$60,533, with 10% of the population estimated to be living below the federal poverty level. According to the United Way’s ALICE (Asset Limited, Income Constrained, Employed) Report, 30% of Chippewa County households in 2021 earned more than the federal poverty level but less than the basic cost of living, which in Chippewa County is approximately \$42 per hour<sup>2</sup>. In other words, about 40% of the county population struggles to afford their daily needs.

## EDUCATION

- 93% Population 25 and older with a high school diploma
- 23% Population 25 and older with a Bachelor’s degree or higher

## AGE

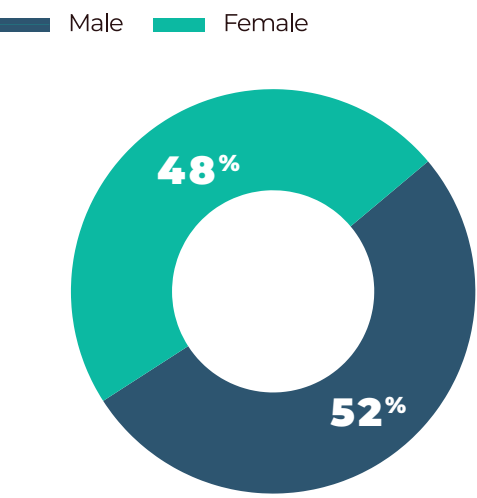
- 21.2% People Under 18
- 19.7% People 65 and Over

## RACE

- White94.6%
- Hispanic or Latino2%
- Black or African American1.7%
- Asian1.5%
- 2+ Races1.5%
- American Indian or Alaska Native0.7%
- Native Hawaiian or Other Pacific Islander0.1%

<sup>1</sup>Source: U.S. Census Bureau, 2022 Estimates | <sup>2</sup>Source: United Way 2023 ALICE Report

## SEX



\$1,353

Median monthly owner housing costs with mortgage

An icon depicting a house with a dollar sign inside, next to a document with a dollar sign, representing housing costs.

72.7%

Owner-occupied housing units

\$889

Median monthly renter costs

An icon of a house with a person silhouette inside, representing owner housing costs without mortgage.

\$518

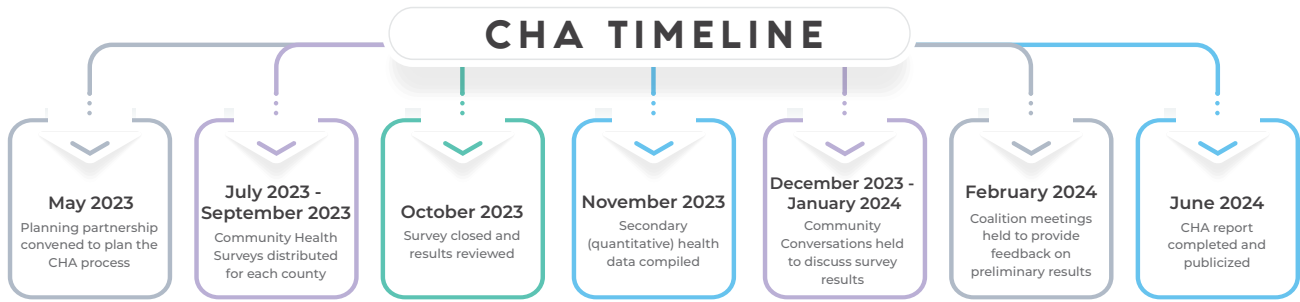
Median monthly owner housing costs without mortgage

# Assessing the Needs of the Community

The assessment’s goal is to engage the community and review existing data to understand the most pressing health needs for the county. It is a joint effort involving partners from Chippewa, Dunn, and Eau Claire counties. Combining our efforts produces a shared understanding of each county's needs, better focuses our efforts, and reduces duplication of work. While all three counties work together on this project, each one receives its own assessment specific to that county.

CHA partners started meeting in early 2023 to formalize their commitment to the process, outline financial/organizational support for the project, and begin planning the 2024 assessment process. Each organization contributed financially and gave organizational support, including staff time and expertise, to this project. The three local county health coalitions – Chippewa Health Improvement Partnership, Health Dunn Right, and Eau Claire Health Alliance – provided direct support by participating in the coalition meetings, which was the final data collection phase of the assessment. Some CHA partners are also members of these coalitions. Thus, the coalitions were indirectly represented in the planning stages.

The planning partnership officially convened in May 2023 and met twice monthly through June 2024 to plan and implement the CHA. To build a framework for the assessment, this group drew from national frameworks, previous CHA processes, expertise from their fields, and comments they received from community members who participated in the previous CHA cycle.



CHA partners used four methods to collect both qualitative and quantitative data about the 25 identified issues that impact health. These included:

- A **Community Health Survey** – the survey results were the largest source of public input on the issues that impact health for each county. It was the community’s first opportunity to vote on which issues they perceived as the biggest concern and explain why they chose the issues they did. The survey is described in more detail on page 12.
- A **Secondary Data Search** – local data from state and national sources were identified. These data sets were used to compare population-level data between Chippewa County and the state and nation. The secondary data search is described in more detail on page 13.
- A series of **Community Conversations** – these events let county residents compare the results of the Community Health Survey and the secondary data search. This was the community’s chance to provide feedback on the initial assessment results to ensure CHA partners were on track with determining the top issues that impact health for the county. The conversations are described in more detail on page 14.
- **Meeting With A Local Coalition** – health coalitions local to each county combined and examined the results from the previous data collection methods. In Chippewa County, the CHIP coalition considered the implications of developing improvement plans based on the preliminary assessment results. The coalition meeting is described in more detail on page 16.

## FRAMING THE CHA

Good health is not just related to health care or personal choices. The World Health Organization (WHO) defines health as “a state of complete physical, social, and mental wellbeing, and not merely the absence of disease or infirmity.” The factors contributing to this overall state of wellbeing are much more complex than they may seem initially. When someone hears the word “health,” they may think about going for a jog, attending doctor appointments, or eating fruits and vegetables. However, other factors also directly influence our health, such as whether we live in a house without lead paint or if we have strong social connections. We also know that some populations have different health outcomes that are not related to the choices they make, but rather the environment they live in.

To understand this full picture of health, it is important first to define a few terms, beginning with health disparities and inequities.

### HEALTH DISPARITIES AND INEQUITIES

Often used interchangeably, health disparities and health inequities are actually two different ideas. Health disparities refer to population-based differences in health outcomes among groups of people. For example, people who have prostates are at a higher risk for developing prostate cancer compared to those who do not.

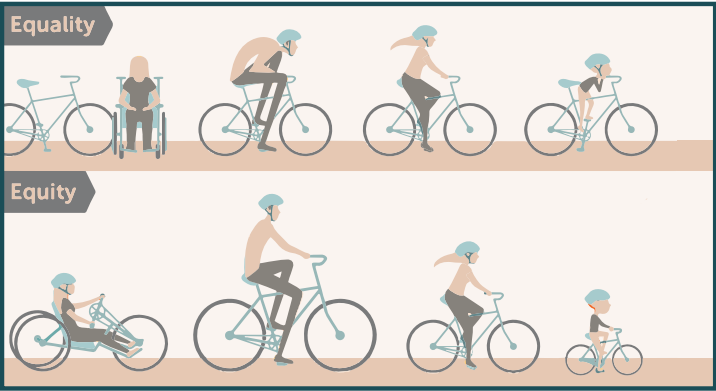
While health inequities also refer to differences in health outcomes between different groups of people, the important distinction between the two is that inequities are “unfair, unjust, and avoidable”. According to the WHO, “Health inequities are differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work, and age. Health inequities are unfair and could be reduced by the right mix of government policies.”

Returning to the prostate cancer example, Black/African American men “are more than twice as likely as White men to die of prostate cancer”. These represent inequities in the rates of prostate cancer mortality that have been linked to socioeconomic status and differences in health care access.

### EQUALITY AND EQUITY

Understanding health disparities and inequities makes it easier to understand why we need to look at this topic with an equity lens rather than an equality one. Equality assumes that giving everyone the same thing will lead to the same outcomes across the board. Looking at the prostate cancer example again, it does not make sense to give all individuals a regular prostate exam since only about half of the population has one. On the other hand, an equity lens recognizes that help must be tailored to an individual’s needs. Because people start from different places, they will benefit differently from the same inputs. In other words, equity must precede equality.

This figure from the Robert Wood Johnson Foundation is another way to visualize how crucial it is to approach interventions with an equity lens versus an equality one. By understanding each person’s starting point, we can determine what resources they need to have an equal chance of reaching the end goal. Equity is the foundation of the CHA process – its goal is to identify individual starting points and address inequities to ensure everyone can achieve optimal health.





SOCIAL DETERMINANTS OF HEALTH

There are ways to improve inequities. In their definition of health inequities, the WHO references the “social conditions in which people are born, grow, live, work, and age”.

These conditions are called the Social Determinants of Health (SDOH) and are “the conditions where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks”. The national health plan, Healthy People 2030, divides the SDOH into five separate domains as described below.

**Economic Stability** describes the connection between financial stability and health. Issues like employment, food security, housing stability, and poverty fall under this domain.

**Education Access and Quality** links education to health and wellbeing. This domain includes early childhood education, literacy, high school graduation, and higher education.

**Health Care Access and Quality** is the connection between understanding health services, accessing those services, and a person’s health. Issues like health literacy and insurance access are a part of this domain.

**Neighborhood and Built Environment** describes how a person’s housing situation, neighborhood conditions, and natural environment are linked to their health and wellbeing. Issues under this domain include air and water quality, transportation, and crime.

**Social and Community Context** represents how someone’s health and wellbeing are tied to their relationships with friends, family, coworkers, community, and neighbors. Community connection, discrimination, workplace conditions, and incarceration are important indicators within this domain.

Improving health requires addressing these root causes that influence health outcomes. Organizations can work together to impact SDOH through unified planning and policy. This requires organizations across both the public and private sectors to incorporate health considerations into all policy decisions.

WHY FOCUS ON SOCIAL DETERMINANTS OF HEALTH?

It was crucial for CHA partners to be cemented in equity and the SDOH throughout this process. The reason for this is that “Research shows that the social determinants can be more important than health care or lifestyle choices in influencing health. For example, numerous studies suggest that SDOH account for between 30-55% of health outcomes.”

At the start of the process, the CHA partners held many discussions on how to change the assessment framework to mirror the shift toward SDOH seen both statewide and nationally. CHA partners first examined recent updates to the Wisconsin State Health Improvement Plan. They also reviewed CHA reports completed by other county-level organizations that have looked at SDOH in greater detail. All aspects of the CHA process were examined to incorporate SDOH as much as possible.

The framework for this assessment was based on the Healthy People 2030 Social Determinants of Health model. CHA partners then took these large concepts and broke them down into 25 issues that impact health. Partners intentionally chose issues that covered a diverse range of topics that impact people in each county. These issues were then used to determine priorities through the rest of this assessment.



The full list of issues that impact health examined in this assessment can be seen here, grouped by the Healthy People Domain that they are related to:

EDUCATION ACCESS & QUALITY	HEALTH CARE ACCESS & QUALITY
Lack of access to childcare or Unaffordable childcare	Health care is difficult to access (Mental, physical, oral, etc.)
Low-quality early education (Prek - 12th grade)	Limited emergency services nearby
Lack of higher education opportunities	Lack of affordable or high-quality health insurance
Lack of adult education opportunities	Lack of affordable treatments for health conditions
SOCIAL & COMMUNITY CONTEXT	ECONOMIC STABILITY
Racism and discrimination	Lack of safe or affordable housing
Lack of community connectedness	Lack of access to digital resources (internet, smartphone/computer)
Lack of accessibility for people with disabilities	Healthy food is not affordable
Poor mental health	Lack of jobs that can support a family / myself
NEIGHBORHOOD & BUILT ENVIRONMENT	HEALTH BEHAVIORS
Community is not safe	Poor nutrition or unhealthy food
Low-quality or lack of public transportation	Lack of physical activity
Environment or water pollution	Alcohol misuse
Not enough green space (trees, open spaces, parks)	Substance misuse (opioids, meth, thc)
	Vaping and tobacco use

CHA partners tried to incorporate more feedback and voice from all community members and reduce possible barriers to participation in this assessment. They specifically sought input from groups of people who may face health disparities and inequities by engaging with several community organizations and agencies – including meal sites, jails, senior centers, and churches – to help distribute flyers and surveys. CHA partners also intentionally hosted the Community Conversations in locations that were more accessible to these audiences.

COMMUNITY HEALTH SURVEY

The first opportunity for community members to weigh in on the issues that impact health was a county-specific Community Health Survey. This survey asked adults 18 years and older who live or work in Chippewa County about the 25 issues that impact health. The survey asked which five issues community members felt were the biggest problems for their community. They were also asked why they chose their top issue. Respondents could also add other issues they recognized and suggest solutions to these problems. The survey was available online through SurveyMonkey and as paper copies. The survey was available in English, Hmong, and Spanish to ensure inclusivity. **Appendix I** provides the English-language version of the survey.

While promoting the survey, CHA partners took deliberate steps to ensure a diverse group of respondents. Several methods were used to reach groups underrepresented in past CHA surveys. These groups included:

Men • People Of Color • Families • People With A Lower Socioeconomic Status

To reach this goal, partners shared the online survey via their mailing lists, websites, and social media; purchased radio and newspaper ads through iHeartMedia and the Chippewa Herald; distributed flyers to local organizations; enlisted the help of community organizations like El Centro and the Eau Claire Area Hmong Mutual Assistance Association; and distributed paper surveys through the Aging and Disability Resource Center (via Meals on Wheels) and the Chippewa County Jail. A press release was also sent to local media outlets when the survey opened.

A total of 862, or 1.6% of Chippewa County residents completed the survey. Responses came from community members across Chippewa County, with various age, gender, educational, economic, and racial backgrounds. CHA partners monitored the demographics of survey respondents throughout the survey process to attempt to match the county demographics. In general survey responses captured a wide distribution of the county population, matching the county demographics as a whole. **Appendix II** compares the demographic profile of survey respondents with that of the county.

The full rankings based on the Community Health Survey can be seen in **Appendix V**. Results for why survey respondents chose their top issues are detailed further in the **Health Focus Areas** section.

TOP FIVE ISSUES FROM CHIPPEWA CHA SURVEY RESPONDENTS

- + Substance misuse
- + Lack of safe or affordable housing
- + Poor mental health
- + Alcohol misuse
- + Lack of access to childcare or unaffordable childcare

A key limitation of the Community Health Survey is that results are deeply influenced by which community members complete it and what issues are top-of-mind at the time of the survey. Despite CHA partners working to reach a diverse audience, a few groups still were more likely to answer the survey than others. These included:

- + People aged 35-44
- + Women
- + Families earning more than the Chippewa County median household income of \$60,533
- + People with a bachelor’s degree or more advanced degrees

This information provides insight into which sectors of the population did – and did not – complete the survey. CHA partners will use these insights to guide improvements for the next CHA cycle.

SECONDARY DATA

The next step in the assessment was collecting and reviewing local, state, and national data for each of the 25 issues that impact health. Many of the data sources the CHA partners used were recommended by the Wisconsin Association of Local Health Departments and Boards (WALHDAB). CHA partners modified the core set of measures based on whether they:

- + Were connected to one of the 25 chosen issues that impact health
- + Could be compared locally and nationally
- + Could be collected for all three counties
- + Had data values from the past five years

TOP FIVE ISSUES FOR CHIPPEWA COUNTY BASED ON SECONDARY DATA

- + Low-quality or lack of public transportation
- + Not enough green space
- + Alcohol misuse
- + Health care is difficult to access
- + Environment or water pollution

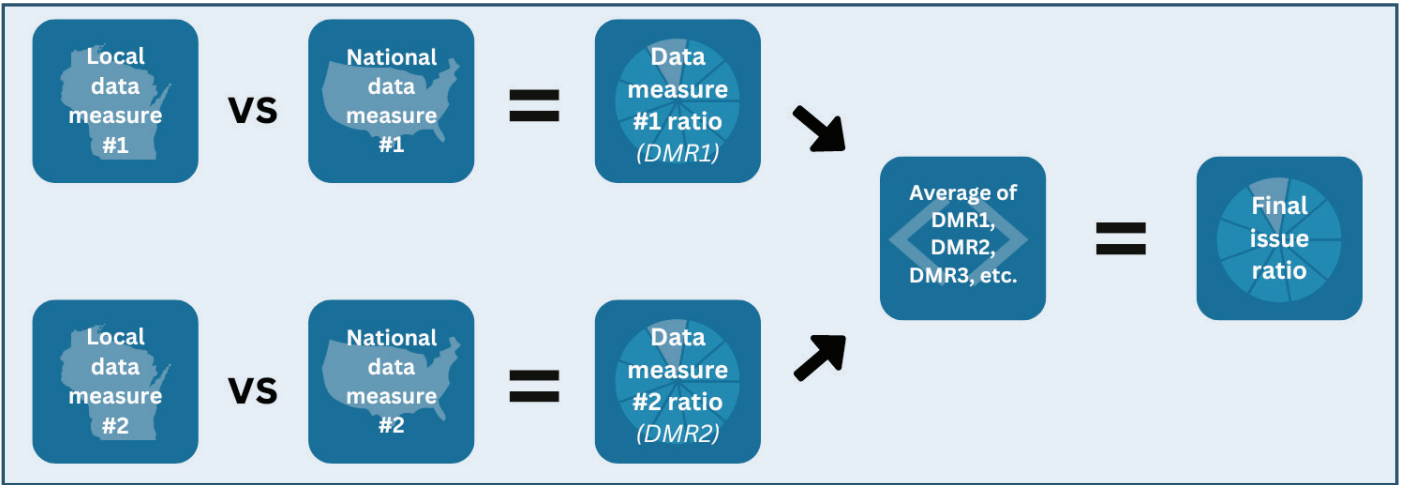
Data sources included the 2023 County Health Rankings, Centers for Disease Prevention and Control, Behavioral Risk Factor Surveillance System, Wisconsin Department of Health Services, and other public sources. The full core datasets can be found in **Appendix III**.

To rank the issues that impact health based on the secondary data, CHA partners compiled numerical data measures related to each of the issues that impact health at the local and national levels. State-level data was used if national-level data was not available. CHA partners then took a ratio of the local numerical value for a data measure and compared it against the national numerical value. A ratio value less than 1 indicated that the local value was worse than the national value. Similarly, a ratio value greater than 1 indicated that the local value was better than the national value.

Hypothetically, the issue being looked at is the number of people who make their bed each day. For this example, the local value is 50 people per every 1000 people and the national value is 100 people per every 1000 people. Taking a ratio of the local value to the national value you get 50:100 or 0.5. Since this value is less than 1, that means that locally people are not as good at making their bed each day as people are nationally.

If an issue that impacts health had more than one data measure, an average of all the ratios was taken to create a single ratio. The issues were then ranked from lowest to highest, with the lowest ratio ranked #1 and the highest ratio ranked #25. This helped gauge how the county's issues that impact health stacked up against those of the entire country.

The full rankings based on the secondary data can be seen in **Appendix V**. Select data measures are also highlighted in the **Health Focus Areas** section.





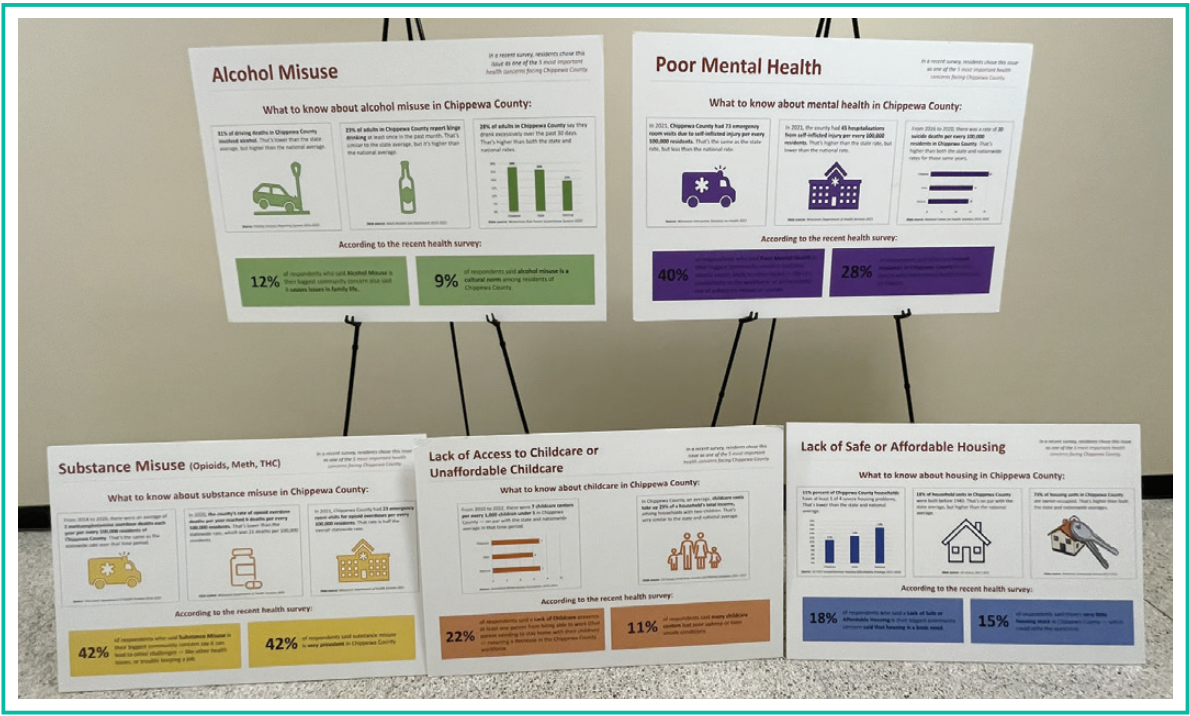
One limitation was that not all issues that impact health had secondary data measures related to them. These included ‘Lack of adult education opportunities’, and ‘Lack of accessibility for people with disabilities’. CHA partners searched various databases but could not find relevant data measures that fit the assessment criteria. Instead of using related data measures to create a ratio for the issues without secondary data available, CHA partners took an average of all the ratios for the other issues that impact health. They used that average ratio to determine the rank for these two issues that impact health.

Issues also had a varying number of available data measures. Some issues had many data measures to create their ratio while others only had one or two. Also, some data measures’ definitions did not perfectly match the local conditions of Chippewa County. For example, one of the data measures used for ‘Not enough green space’ was based on the average distance of residents to local parks. It does not consider whether someone owns a larger amount of private land and has access to green space.

A general limitation of secondary data is that it covers the entire county’s population, making it hard to apply to specific situations. Secondary data typically reflects past events and takes years to collect and update, so it doesn’t capture current happenings.

## COMMUNITY CONVERSATIONS

The second opportunity for community members to participate in the assessment was to attend events hosted by CHA partners called Community Conversations. On a series of poster boards, the identified top five issues that impact health from the Community Health Survey were presented to Chippewa County residents. These boards also displayed their related secondary data measures and showed why survey respondents chose that issue. Community members were invited to look at the poster boards at their own pace and share their thoughts with the CHA partners attending the event. They were then asked to vote for the three issues that impact health they believed remained the biggest concerns for their community after reviewing the new data.



To receive more widespread feedback, CHA partners changed the structure of these conversations from past assessments. Previously, CHA partners had hosted formal presentations at specific locations. Community members had been asked to come to these locations and discuss the presentation afterwards. For this assessment, the CHA partners instead looked for events already occurring within the community. CHA partners went to those events and invited community members already attending to look at the poster boards instead of a formal presentation.

CHA partners attended events that were held at different times of day and at various locations around the county to give county residents multiple opportunities to participate. From December 2023 through January 2024 CHA partners hosted five in-person and two online conversations.

### The in-person events took place at the following locations:

- A Strong Bodies class hosted in Bloomer
- The Irvine Park Christmas Village in Chippewa Falls
- Agnes’ Table (a county meal site) in Chippewa Falls
- High school varsity basketball games in Cornell
- High school varsity basketball games in Stanley-Boyd

The events were widely promoted via email, websites, and social media. CHA partners also collaborated with health care and other service providers, local government, libraries, senior centers, educational institutions, churches, and the Chamber of Commerce, among others, to help spread the word.

A total of 136 people, representing many sectors of the community (health care, families with children, unhoused, aging, etc.), participated in these conversations

The full rankings based on the Community Conversations can be seen in **Appendix V**.

**TOP FIVE ISSUES THAT IMPACT HEALTH  
ACCORDING TO PARTICIPATING  
CHIPPEWA COUNTY RESIDENTS**

- + Substance misuse
- + Poor mental health
- + Alcohol misuse
- + Lack of safe or affordable housing
- + Lack of access to childcare or unaffordable childcare

A limitation of the in-person events was that some were very busy, and it was difficult to host full conversations. Other times, a community member just wanted to walk through and cast their vote without discussing anything with the attending CHA partners. There was also no formal method for incorporating responses to these questions into the votes cast. This meant that not all participants at the in-person events reflected on the set of questions online participants did. These questions included:

- + Which health issues have the most serious impact?
- + Which health issues are our community ready to change?
- + How has the data changed your mind about any of these health issues?

Another limitation of these conversations was that the results may be skewed by who could attend one of the conversations. The extent of the information the community members could absorb could also skew the results, as there were many pieces of data to consider.

COALITION MEETING

The final data collection step of the CHA was meeting with members of the Chippewa Health Improvement Partnership (CHIP). This step is an important part of the process as the CHIP coalition is one of the main groups in the county that will directly use the CHA to improve the issues that impact health. Coalition members have “boots-on-the-ground” experience in addressing community-wide health issues and have a unique perspective on what is most urgent. They also understand what issues can be addressed locally.



In February 2024, the CHA project manager shared the combined results of the Community Health Survey, secondary data comparison, and the Community Conversations with CHIP coalition members. Coalition members then held discussions about the presented results. CHA partners once again facilitated discussion around a specific set of questions. Participants came from diverse backgrounds and organizations and had various health interests. Many had expertise in public health work. After the discussion, attending members were invited to vote for the three issues that impact health which they believed were the biggest concerns for Chippewa County, based on the other steps of the CHA. A total of 30 coalition members participated in this meeting.

The full rankings based on the meeting with CHIP coalition members can be seen in **Appendix V**.

TOP FIVE ISSUES THAT IMPACT HEALTH BASED ON CHIP MEMBER INPUT

+ Health care is difficult to access

+ Substance misuse

+ Alcohol misuse

+ Poor mental health

+ Lack of safe or affordable housing

Once again, there was the issue of incorporating the discussion questions used for this assessment step. While the discussion questions were asked during the meeting, there was not a formal method for tying the responses into the votes cast. For this meeting, the discussion questions were:

- + Which health issues have the most serious impact?
- + Which health issues are our community ready to change?
- + Which health issues does this coalition have the capacity to impact?
- + What health issues are not already being addressed by another group?

The meeting with the CHIP coalition was virtual, and only coalition members who attended the session live could cast their votes. This did cause the limitation that only CHIP members who could take time out of their workday on one specific day were able to vote during this step.

Additionally, a limitation to consider with the results from this meeting was that coalition members may experience bias to prioritize issues they personally work with on a regular basis. While they may have tried to be objective when casting their vote, they would have viewed certain issues as more important to address than others before the meeting even started.

Final Priorities

The final ranking of the issues that impact health was completed using a weighted prioritization matrix. The matrix was based on a prioritization technique recommended by the National Association of County and City Health Officials (NACCHO). This process has been used by the partnership since 2015.

The top five health priorities from the previous three CHA cycles are listed below, along with the full 2024 rankings of all 25 issues that impact health examined in this assessment. It is important to point out that since this cycle used a new framework and assessed different issues, we cannot directly compare the results from this assessment to results from previous assessments.



FULL RANKING OF 2024 HEALTH PRIORITIES

1. Alcohol misuse

2. Low-quality or lack of public transportation

3. Health care is difficult to access

4. Lack of access to childcare or unaffordable childcare

5. Poor mental health

6. Lack of safe or affordable housing

7. Substance misuse

8. Vaping and tobacco use

9. Lack of affordable or high-quality health insurance
10. Poor nutrition or unhealthy food

11. Lack of jobs that can support a family/myself

12. Healthy food is not affordable

13. Lack of affordable treatments for health conditions

14. Lack of physical activity

15. Environment or water pollution

16. Lack of access to digital resources

17. Not enough green space
18. Lack of accessibility for people with disabilities

19. Lack of community connectedness

20. Lack of higher education opportunities

21. Low-quality early education

22. Lack of adult education opportunities

23. Racism and discrimination

24. Limited emergency services nearby

25. Community is not safe

TOP 2015 HEALTH PRIORITIES	TOP 2018 HEALTH PRIORITIES	TOP 2021 HEALTH PRIORITIES
Mental Health · Obesity · Alcohol Misuse Drug Use · Healthy Nutrition	Mental Health · Alcohol Misuse · Drug Use Obesity · Physical Activity	Mental health · Alcohol misuse Chronic disease · Drug use · Obesity

It should be noted that a major event near the conclusion of this assessment impacted Chippewa County and the surrounding areas. In late January 2024, the Hospital Sisters Health System (HSHS) and Prevea announced that they would cease all operations in Western Wisconsin effective April 2024.

With this announcement came the closure of Sacred Heart Hospital in Eau Claire County, St. Joseph’s Hospital in Chippewa County, and all Prevea clinics within those counties and Dunn County. This resulted in a loss of around 40% of hospital beds within the three-county area. Additional losses included an inpatient substance detox center, multiple clinics that were the only sources of health care within some towns, and many other services and partnerships.

The announcement came after the Community Health Survey, secondary data collection, and Community Conversations had concluded, but just before meeting with the CHIP coalition. While the effects of this loss of health care, social and community services, and employment were not able to be captured in this CHA report, it will be an issue that Chippewa County continues to address.



Community Assets Inventory

Chippewa County is home to many providers and organizations who work to improve community health and wellbeing. Along with the assessment, CHA partners compiled the resource inventory provided in **Appendix IV** of this document. While not exhaustive, this list offers a glimpse into local assets that can be leveraged to improve community health regarding the top five issues that impact health. These assets will be used as plans are developed to address the priorities identified in the CHA moving forward.

USE OF THE CHA

Coalitions and individual organizations will use the CHA report to:

- + Prioritize funding for continued and future initiatives
- + Build on existing strengths
- + Support continuous improvement of their work
- + Address health needs and disparities
- + Engage stakeholders and policymakers to improve community health in Chippewa County

This CHA and its supporting documents will be shared with partner organizations and made publicly available on partners’ and coalitions’ websites. Printed copies of the CHA report are also available at the physical locations of CHA partner organizations.

The CHIP coalition will use this CHA report to develop a Community Health Improvement Plan, which will identify goals and evidence-based strategies to address these issues that impact health. The Community Health Improvement Plan will guide the work of CHIP’s action teams during the three years between health assessments.

Chippewa County residents frequently identified that many of these issues are interconnected. CHA partners recognize that working to improve one issue will impact other issues at the same time. By working together to improve these issues, Chippewa County residents can improve the health of everyone in their communities.

To learn more about the Chippewa Health Improvement Partnership or help address the health issues identified in this report, visit:

[www.chippewacountywi.gov/government/public-health/chippewa-health-improvement-partnership](http://www.chippewacountywi.gov/government/public-health/chippewa-health-improvement-partnership)

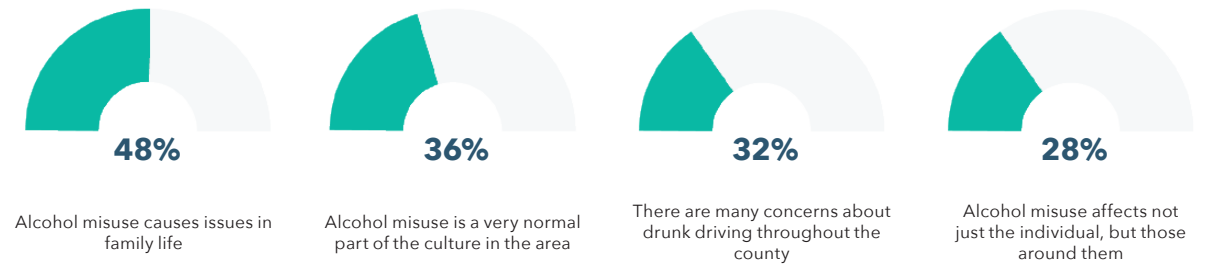
Health Focus Area Summaries

1. ALCOHOL MISUSE

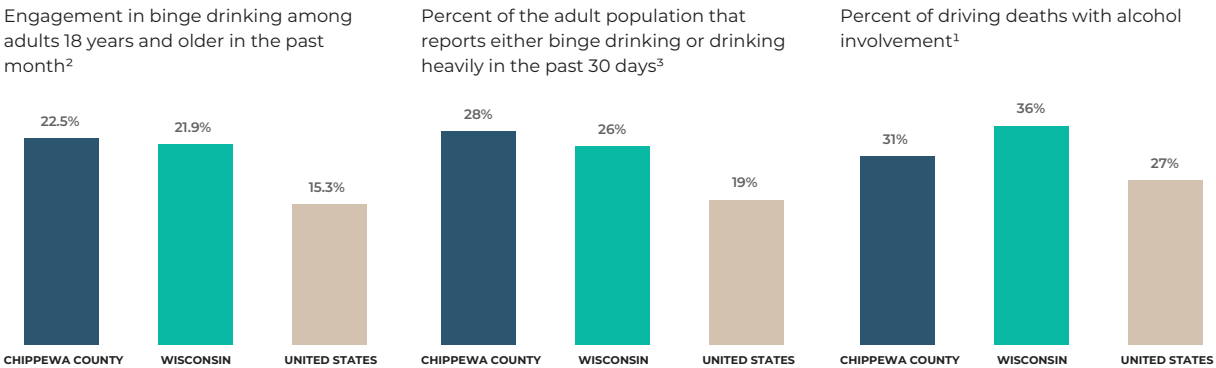
MISUSING ALCOHOL CAN CAUSE:

- + Family, relational, and interpersonal issues
- + Short-term and long-term health concerns
- + Community safety issues, such as drunk driving

What People Said on the Community Health Survey...



What The Data Says...



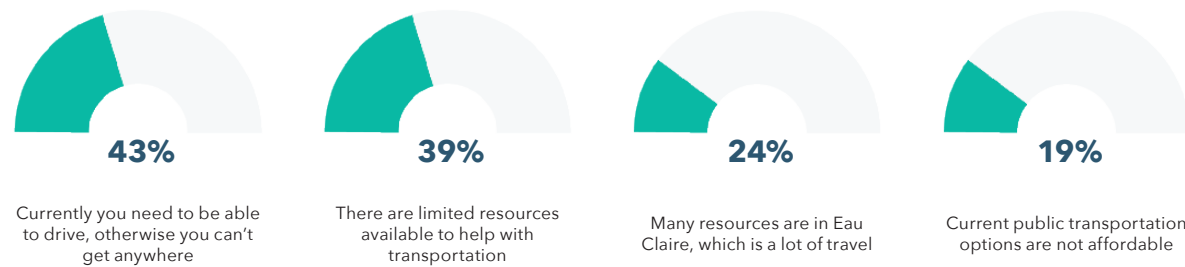
<sup>1</sup> Fatality Analysis Reporting System (2016-2020)  
<sup>2</sup> Adult Alcohol Use Dashboard (2016-2021)  
<sup>3</sup> Behavioral Risk Factor Surveillance System (2020)

## 2. TRANSPORTATION

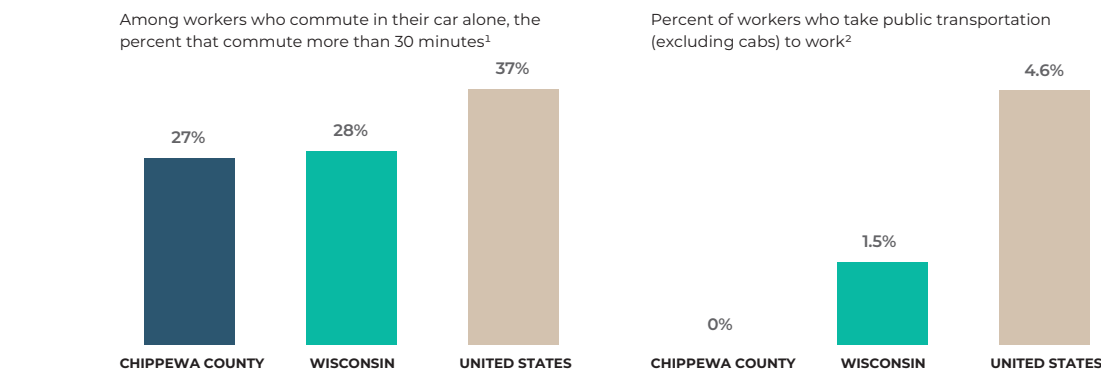
### LACKING PUBLIC TRANSPORTATION CAN CAUSE:

- + Isolation for those without personal vehicles
- + Increased expenses in traveling to areas or increased time in traveling
- + More vehicles on the road increasing road maintenance needs and use of gas

### What People Said on the Community Health Survey...



### What The Data Says...



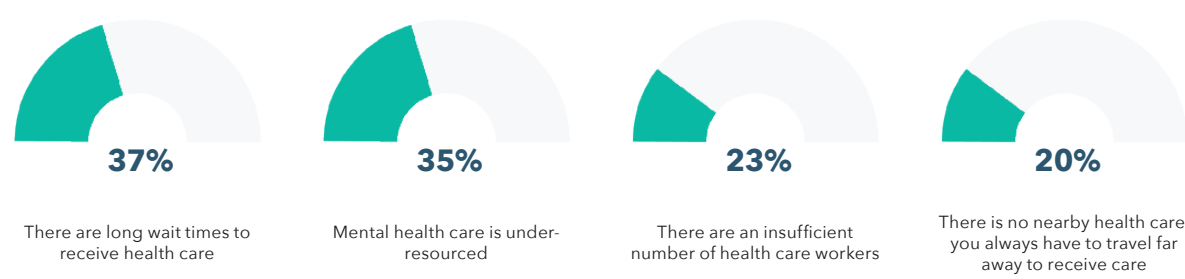
<sup>1</sup> American Community Survey (2017-2021)  
<sup>2</sup> American Community Survey 5-Year Estimates (2020)

## 3. HEALTH CARE ACCESS

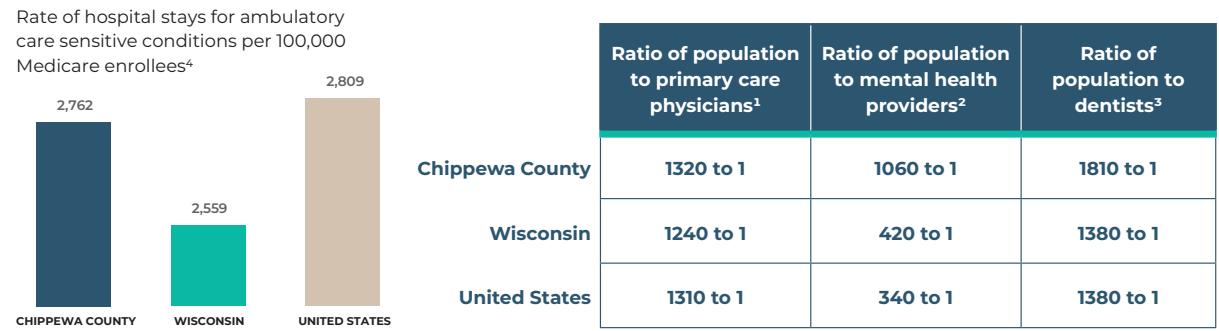
### DIFFICULTY ACCESSING HEALTH CARE CAN CAUSE:

- + Worsening of chronic conditions from delaying care
- + More expenses from traveling further to clinics
- + Increased difficulty in getting to urgent/emergent care in a timely manner

### What People Said on the Community Health Survey...



### What The Data Says...



<sup>1</sup> US Census Bureau's Small Area Health Insurance Estimates (2020)  
<sup>2</sup> National Provider Identification file (2022)  
<sup>3</sup> National Provider Identification file (2021)  
<sup>4</sup> CMS Mapping Medicare Disparities Tool (2020)

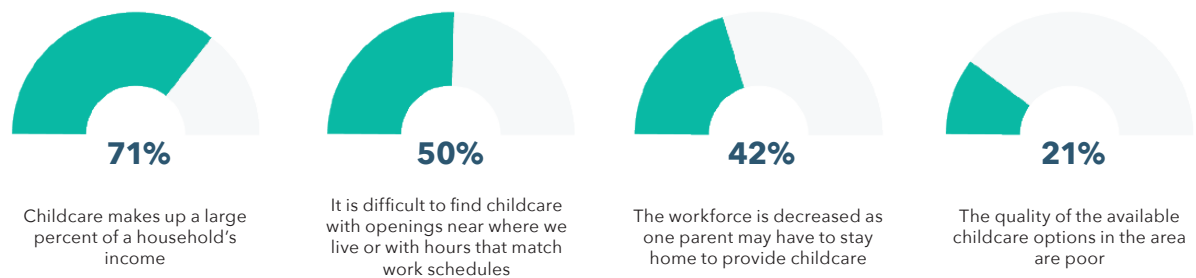


# 4. CHILDCARE

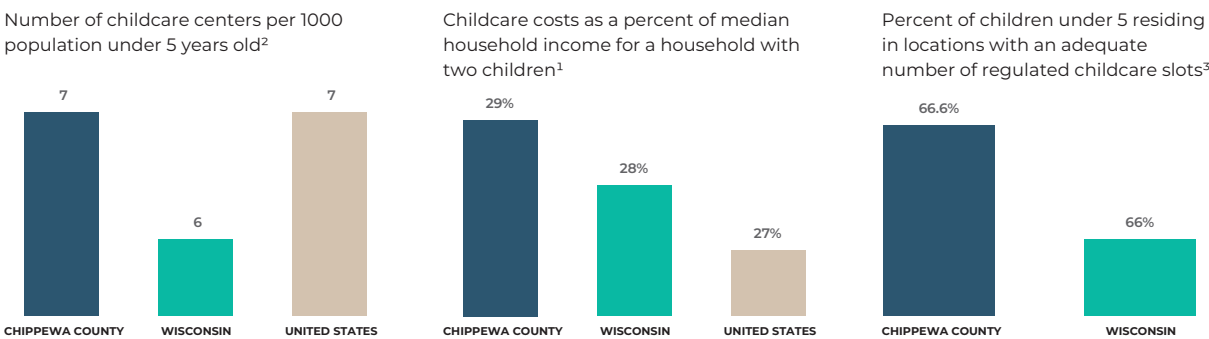
## HAVING ACCESS TO AFFORDABLE CHILDCARE PROVIDES:

- + Child socialization and development
- + An ability for single parents to be in the workforce
- + Dual parent households to have both parents work

### What People Said on the Community Health Survey...



### What The Data Says...



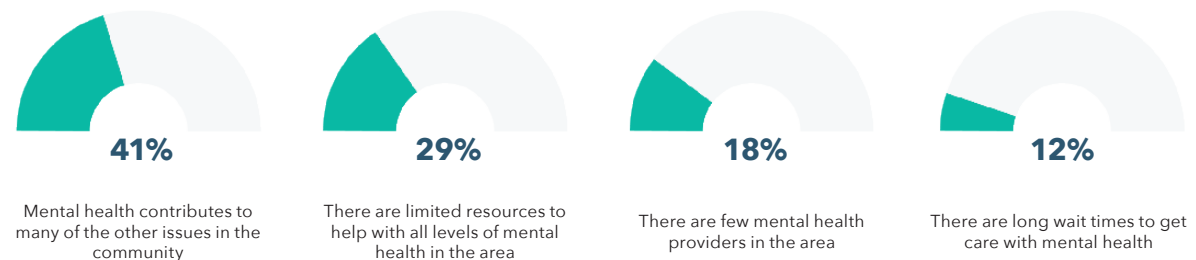
<sup>1</sup> US Census Small Area Income and Poverty Estimates (2021-2022)  
<sup>2</sup> Homeland Infrastructure Foundation (2010-2022)  
<sup>3</sup> WI Department of Children and Families provider data (2019)

# 5. MENTAL HEALTH

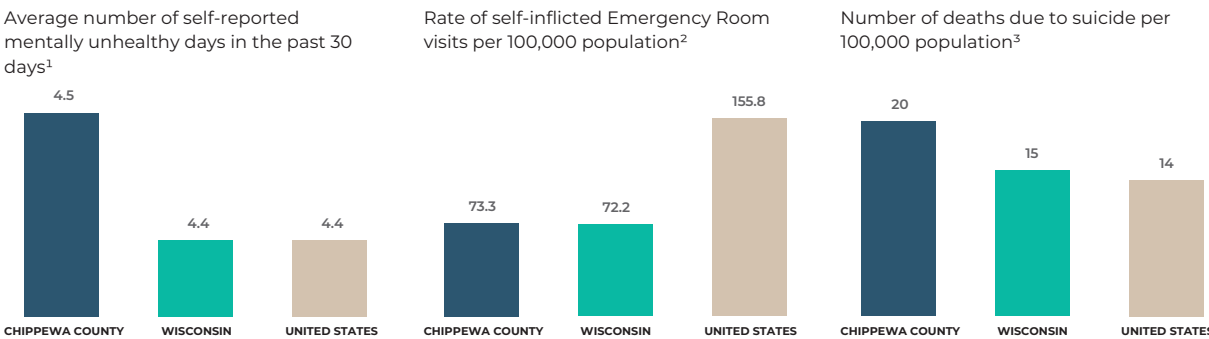
## POOR MENTAL HEALTH CAN CAUSE:

- + Worsening of other chronic conditions
- + Lower social engagement and connectedness
- + Decreased productivity

### What People Said on the Community Health Survey...



### What The Data Says...



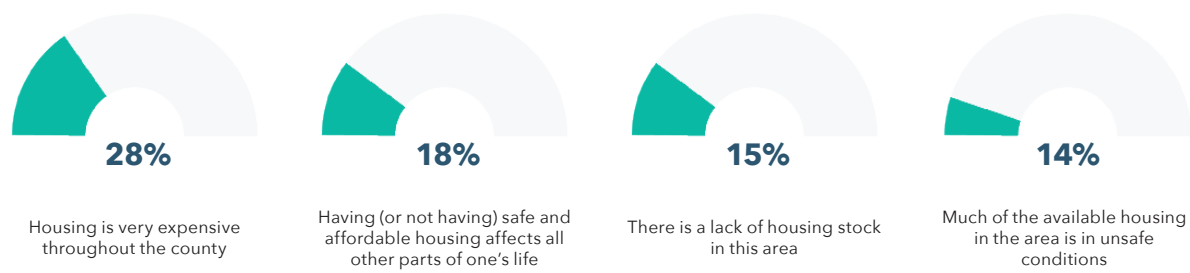
<sup>1</sup> Behavioral Risk Factor Surveillance System (2020)  
<sup>2</sup> Wisconsin Interactive Statistics on Health (2021)  
<sup>3</sup> National Center for Health Statistics (2016-2020)

# 6. HOUSING

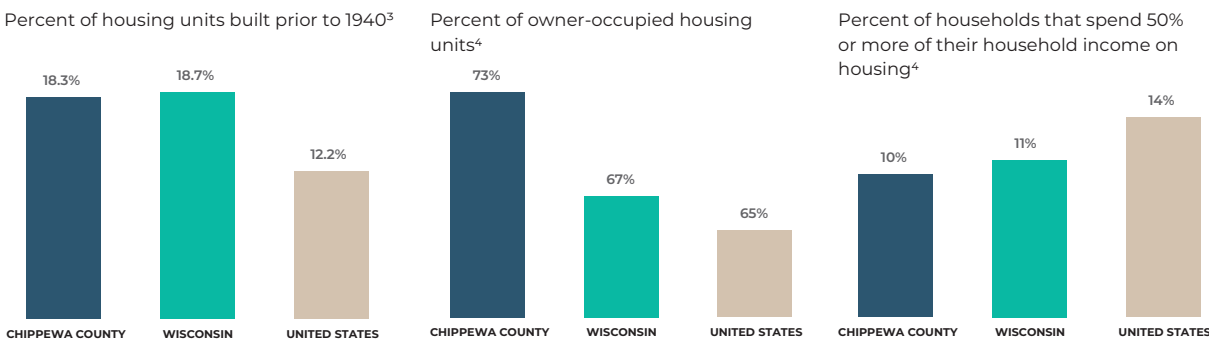
## UNSAFE OR UNAFFORDABLE HOUSING CAN CAUSE:

- + Increased illness from exposure to molds, lead, asbestos, etc.
- + General financial stress from spending more income towards housing
- + Workforce implications as people move out of the area from not finding a place to live

### What People Said on the Community Health Survey...



### What The Data Says...



<sup>2</sup> Comprehensive Housing Affordability Strategy data (2015-2019)

<sup>3</sup> US Census (2017-2021)

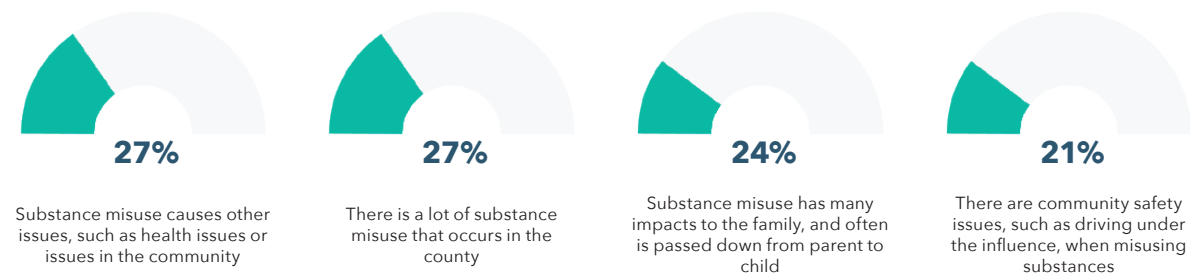
<sup>4</sup> American Community Survey (2017-2021)

# 7. SUBSTANCE MISUSE

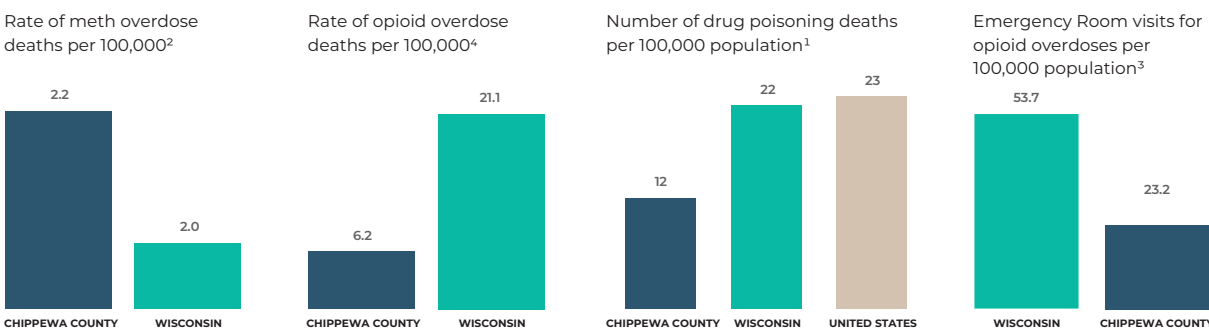
## MISUSING SUBSTANCES SUCH AS METH, OPIOIDS, AND THC CAN CAUSE:

- + Family, relational, and interpersonal issues
- + Short-term and long-term health concerns
- + Community safety issues, such as driving under the influence

### What People Said on the Community Health Survey...



### What The Data Says...



<sup>1</sup> National Center for Health Statistics (2018-2020)

<sup>2</sup> Wisconsin Dept. of Health Services (2014-2020)

<sup>3</sup> Wisconsin Dept. of Health Services Data Direct, Opioid Hospitalization Module (2021)

<sup>4</sup> Wisconsin Dept. of Health Services Data Direct, Opioid Deaths Module (2020)



# 8. VAPING

## USING VAPE AND TOBACCO PRODUCTS CAN CAUSE:

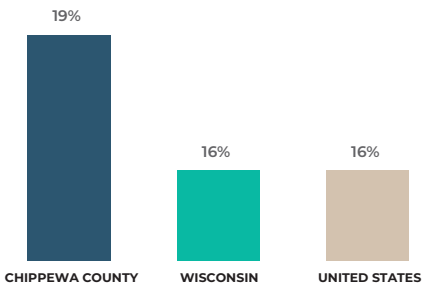
- + Developmental issues to youth exposed to secondhand smoke
- + Short-term and long-term health concerns
- + Decreased financials for those consistently paying to use vape or tobacco products

### What People Said on the Community Health Survey...



### What The Data Says...

Percent of adults who are current smokers<sup>1</sup>



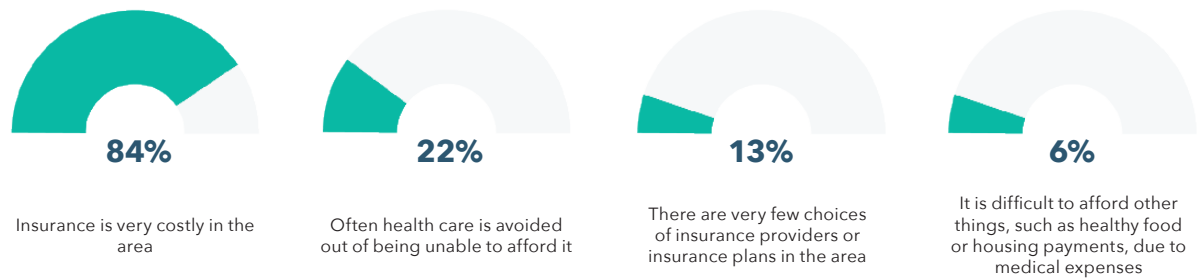
<sup>1</sup> Behavioral Risk Factor Surveillance System (2020)

# 9. HEALTH INSURANCE

## LACKING HEALTH INSURANCE CAN CAUSE:

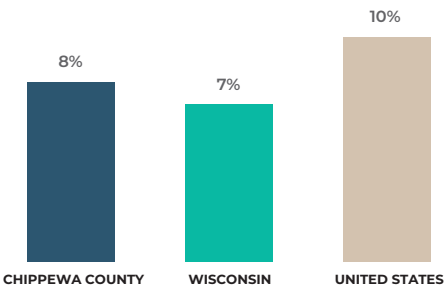
- + Increased costs for receiving medical care
- + Decreased access to services out of a lack of coverage
- + Worse care for chronic conditions out of avoiding or delaying care

### What People Said on the Community Health Survey...

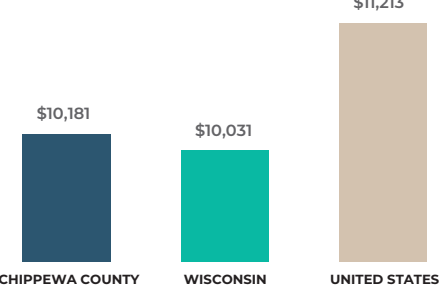


### What The Data Says...

Percent of population under age 65 that has no health insurance coverage<sup>1</sup>



Amount of price-adjusted Medicare reimbursements (Parts A & B) per enrollee<sup>2</sup>



<sup>1</sup> US Census Bureau's Small Area Health Insurance Estimates (2020)

<sup>2</sup> Dartmouth Atlas of Health Care (2019)

# 10. POOR NUTRITION

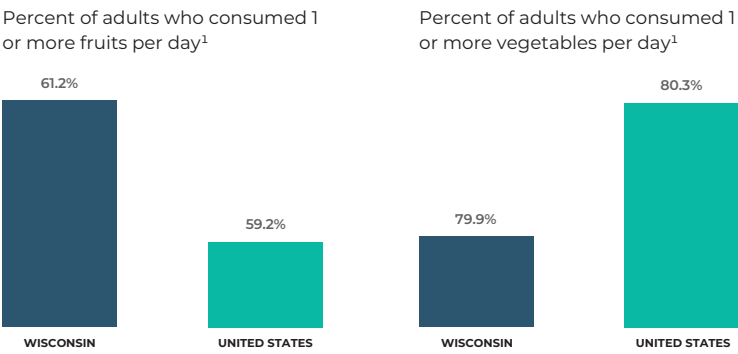
## UNHEALTHY EATING HABITS CAN CAUSE:

- + Increased chronic health issues from eating unhealthy foods including obesity, diabetes, high blood pressure, and others

### What People Said on the Community Health Survey...



### What The Data Says...



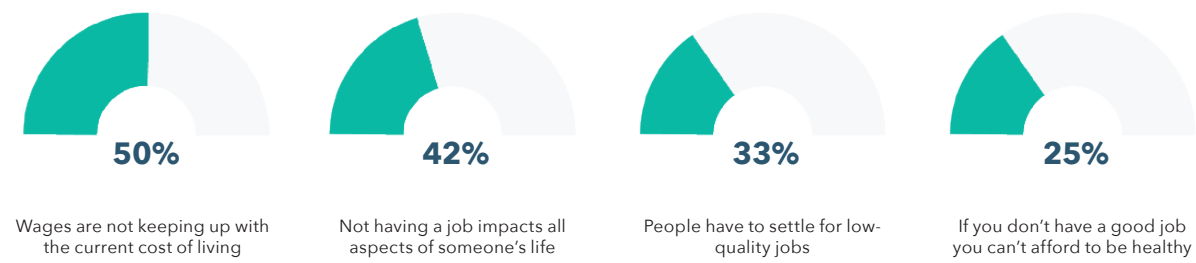
<sup>1</sup> State Cancer Profiles (2021)

# 11. JOBS

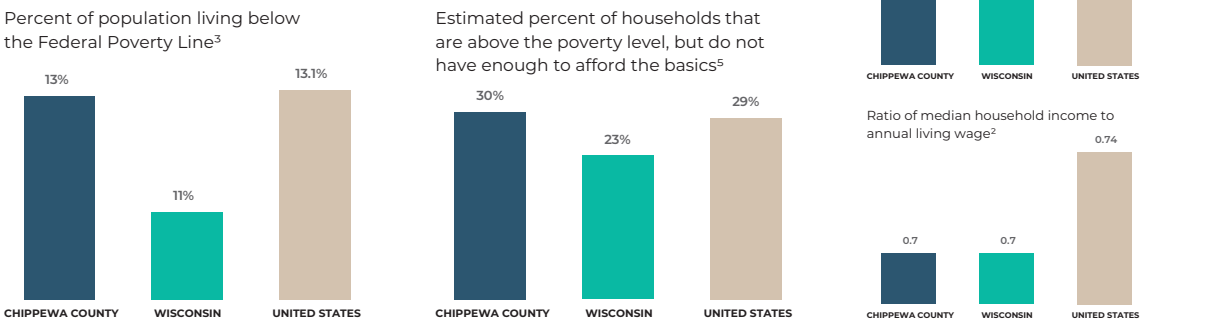
## A LACK OF JOBS CAN CAUSE:

- + Household financial hardship
- + Decreased quality of life as more time is spent working and worrying over money
- + Increased need for community assistance as people cannot live off their own means

### What People Said on the Community Health Survey...



### What The Data Says...



<sup>2</sup> US Census (2022)  
<sup>3</sup> Small Area Income and Poverty Estimates program (2018)  
<sup>4</sup> Bureau of Labor Statistics (2021)  
<sup>5</sup> United Way 2023 ALICE Report (2021)

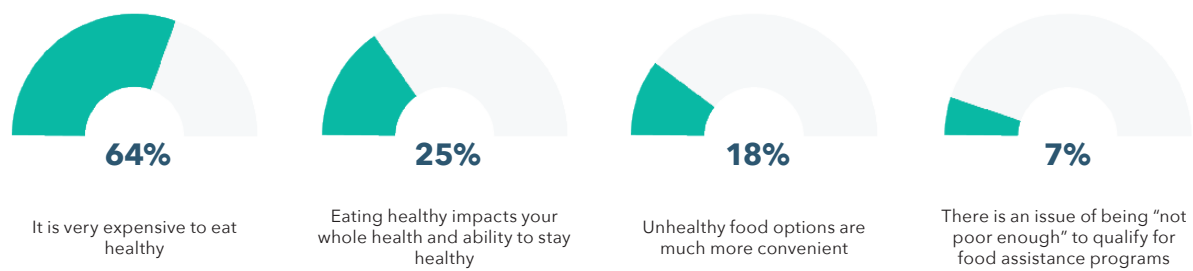


# 12. HEALTHY FOOD

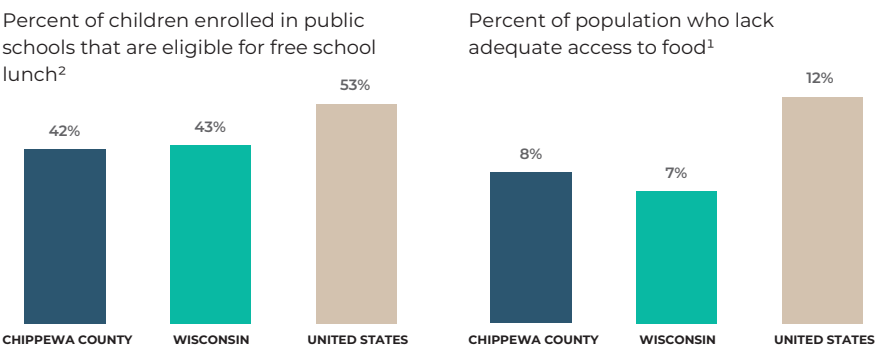
## NOT BEING ABLE TO AFFORD HEALTHY FOOD CAN CAUSE:

- + Increased chronic health issues from eating unhealthy foods including obesity, diabetes, high blood pressure, and others
- + General financial burden from spending more money on food options

### What People Said on the Community Health Survey...



### What The Data Says...



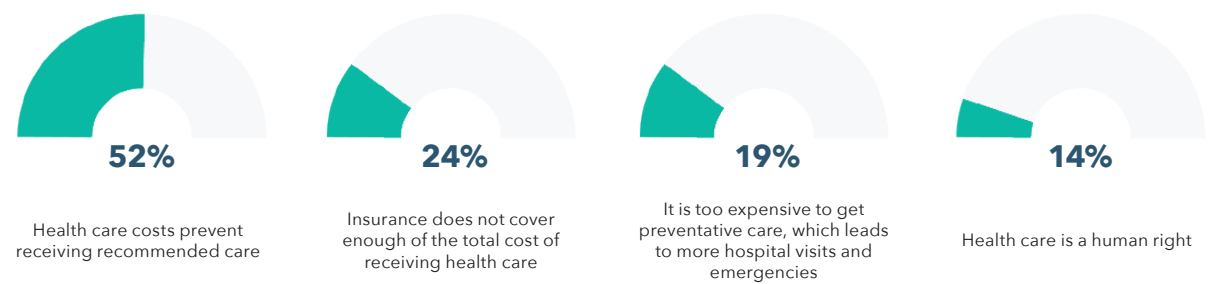
<sup>1</sup> Map the Meal Gap (2020)  
<sup>2</sup> National Center for Education Statistics (2020-2021)

# 13. AFFORDABLE TREATMENTS

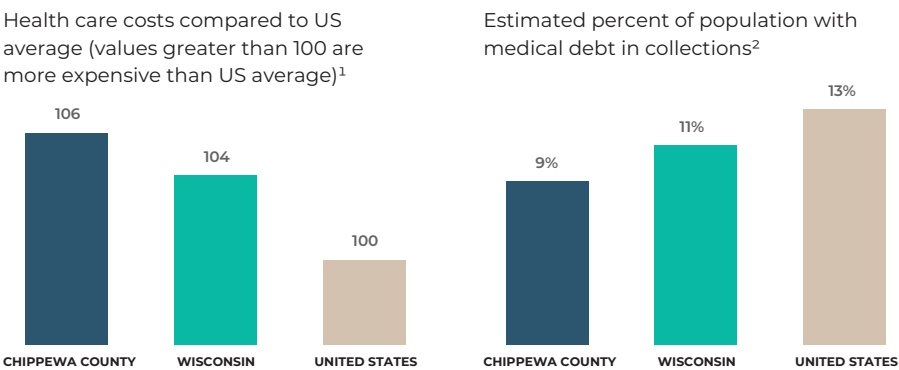
## UNAFFORDABLE TREATMENTS FOR HEALTH CONDITIONS CAN CAUSE:

- + Overall increased financial strain
- + Avoidance of receiving recommended health care to prevent illness
- + Increased community death rates from increased untreated chronic conditions

### What People Said on the Community Health Survey...



### What The Data Says...



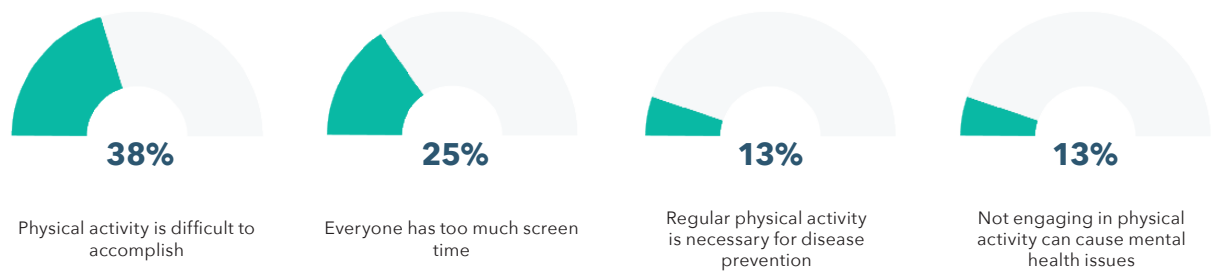
<sup>1</sup> Bureau of Labor Statistics (2022)  
<sup>2</sup> American Community Survey (2021)

# 14. PHYSICAL ACTIVITY

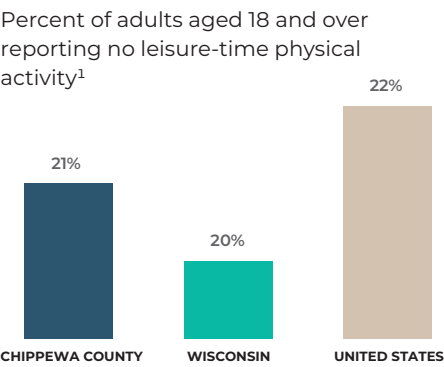
## A LACK OF PHYSICAL ACTIVITY CAN CAUSE:

- + Increased chronic health issues from inactivity including obesity, diabetes, high blood pressure, and others

### What People Said on the Community Health Survey...



### What The Data Says...



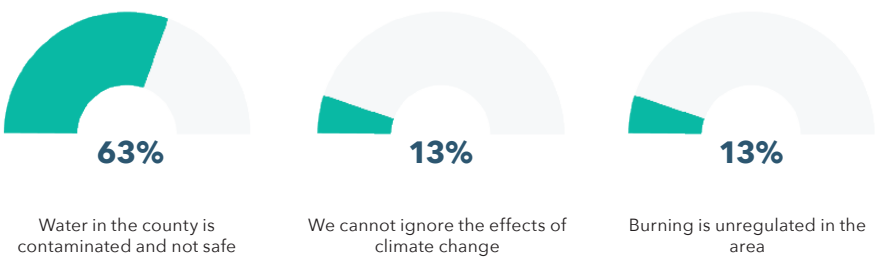
<sup>1</sup> Behavioral Risk Factor Surveillance System (2020)

# 15. POLLUTION

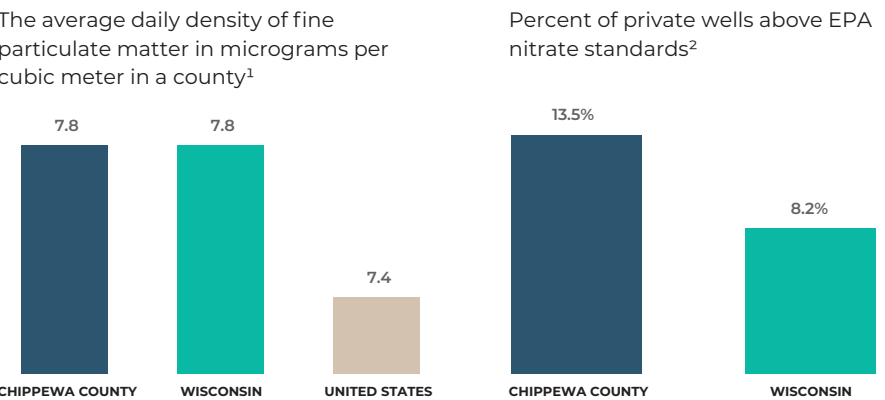
## ENVIRONMENT OR WATER POLLUTION CAN CAUSE:

- + Increased exposure to toxins from coming into contact with contaminated areas
- + Short term and long term disease
- + Loss of use of natural resources from depletion or over-contamination

### What People Said on the Community Health Survey...



### What The Data Says...



<sup>1</sup> Environmental Public Health Tracking Network (2019)

<sup>2</sup> Wisconsin Groundwater Coordinating Council Report to the Legislature (2023)

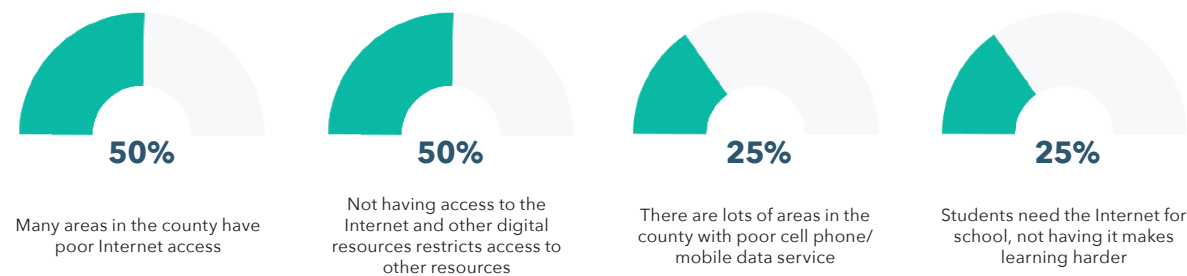


# 16. ACCESS TO DIGITAL

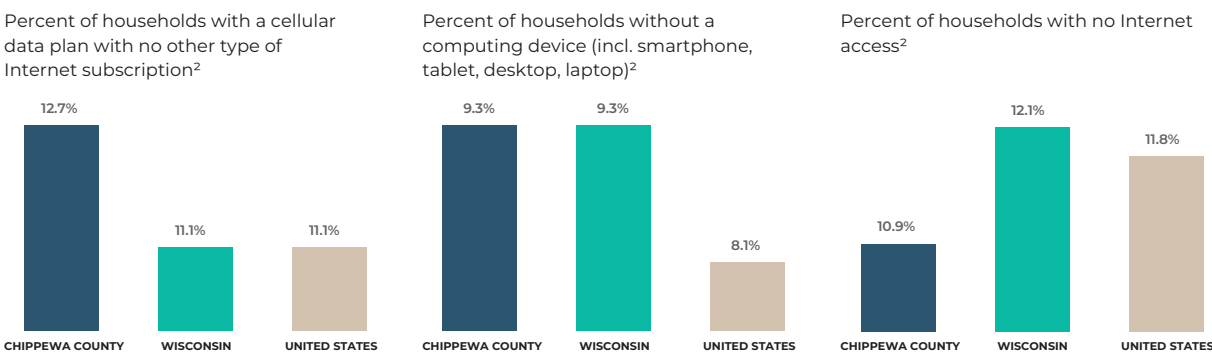
## A LACK OF DIGITAL ACCESS CAN CAUSE:

- + Limited ability to use many modern resources
- + Increased difficulty for students to utilize remote learning
- + Decreased access to remote work jobs

### What People Said on the Community Health Survey...



### What The Data Says...



<sup>2</sup> 2020 American Community Survey 5-Year Estimates

# 17. GREEN SPACE

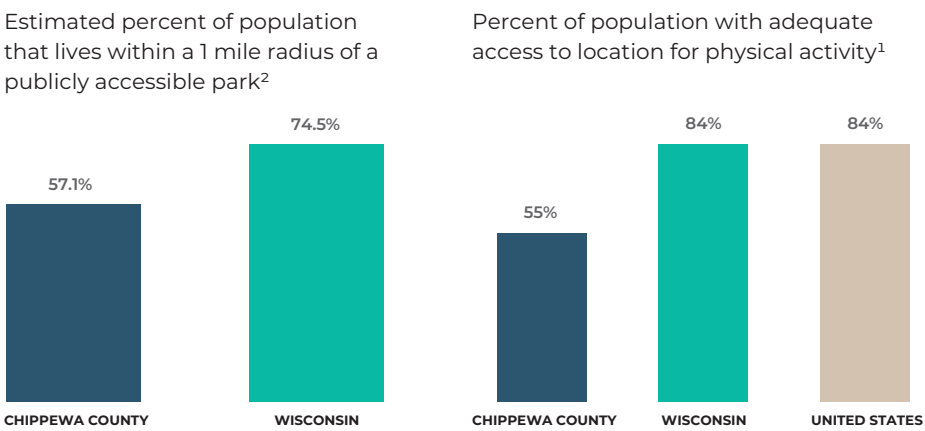
## A LACK OF GREEN SPACE CAN CAUSE:

- + An increased sense of isolation or lack of outdoor escape
- + Higher local temperatures from plants not absorbing sunlight
- + Fewer recreational options

### What People Said on the Community Health Survey...

There were no Community Health Survey respondents who stated why they chose this issue in their free response answers.

### What The Data Says...



<sup>1</sup> ArcGIS (2020 & 2022)

<sup>2</sup> CDC National Environmental Public Health Tracking Network (2020)

# 18. ACCESSIBILITY

## NOT HAVING ACCESSIBILITY CAN CAUSE:

- + Prevention of receiving care or other rights given to those without disabilities
- + Isolation from other members of the community
- + Decreased options for employment or recreation by a portion of the community

### What People Said on the Community Health Survey...

There were no Community Health Survey respondents who stated why they chose this issue in their free response answers.

### What The Data Says...

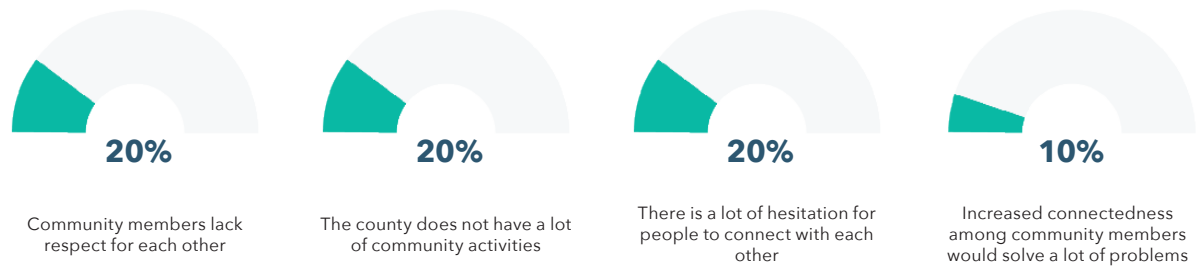
CHA partners searched a variety of databases but were unable to find relevant secondary data points that fit the assessment criteria for this health priority.

# 19. CONNECTEDNESS

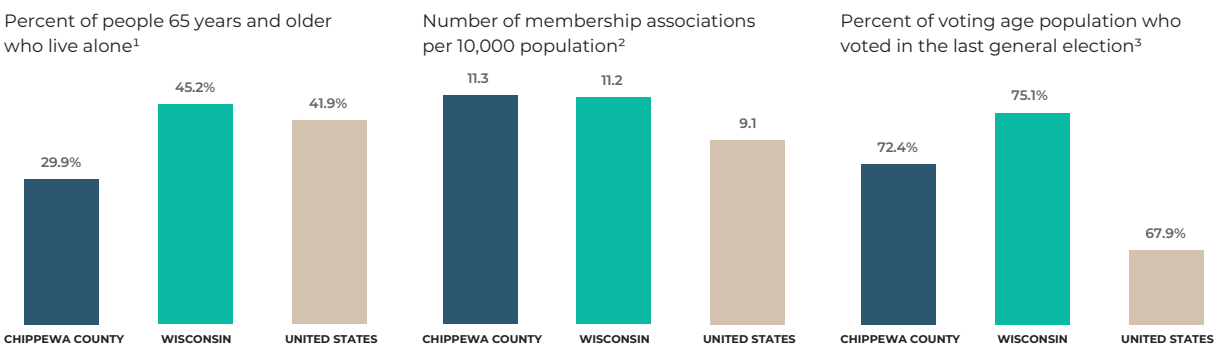
## A LACK OF CONNECTEDNESS CAN CAUSE:

- + Social isolation
- + Neglect of community members requiring more attention
- + Increased mental health issues from prolonged loss of connection

### What People Said on the Community Health Survey...



### What The Data Says...



<sup>1</sup> American Community Survey (2021)  
<sup>2</sup> County Business Patterns (2020)  
<sup>3</sup> American Community Survey (2016-2020)



# 20. HIGHER EDUCATION

## LACK OF EDUCATION OPPORTUNITIES CAN CAUSE:

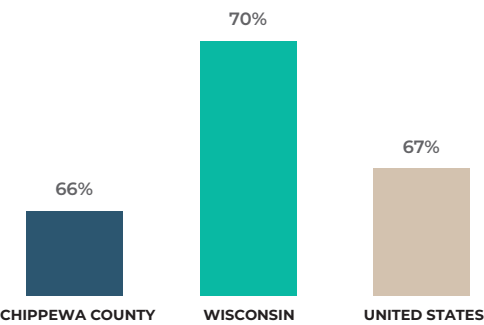
- + Decreased access to higher paying jobs
- + Lack of community economic opportunities
- + Loss of population as people move away for school

### What People Said on the Community Health Survey...

There were no Community Health Survey respondents who stated why they chose this issue in their free response answers.

### What The Data Says...

Percent of adults age 25-44 with some post-secondary education<sup>1</sup>



<sup>1</sup> American Community Survey (2017-2021)

# 21. EARLY EDUCATION

## POOR EARLY EDUCATION CAN CAUSE:

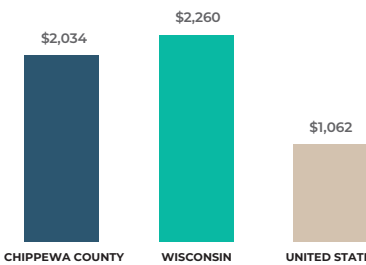
- + Child development delays
- + Lower college and university enrollment
- + Decreased access to higher paying jobs in adulthood

### What People Said on the Community Health Survey...

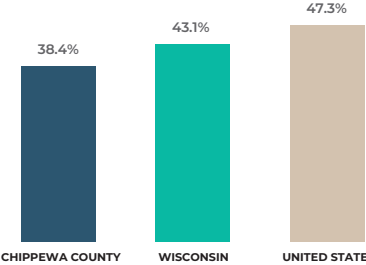


### What The Data Says...

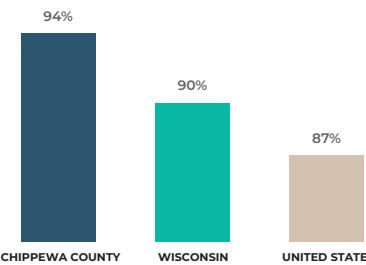
Average gap in dollars between actual and required spending per pupil among public school districts<sup>4</sup>



Percent of 3 to 4 year olds enrolled in preschool or nursery school<sup>5</sup>



Percent of 9th grade cohort that graduates in four years<sup>1</sup>



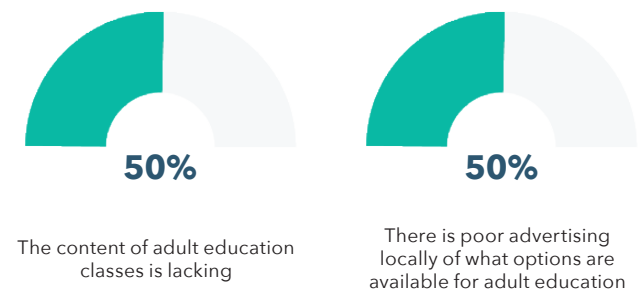
<sup>1</sup> EDFacts (2019-2020)  
<sup>4</sup> School Finance Indicators Database (2020)  
<sup>5</sup> 2020 American Community Survey 5-Year Estimates

# 22. ADULT EDUCATION

## LACK OF ADULT EDUCATION CAN CAUSE:

- + Decreased community engagement
- + Lack of opportunities for adults to learn skills in a classroom setting
- + Fewer options for life-long learners

### What People Said on the Community Health Survey...



### What The Data Says...

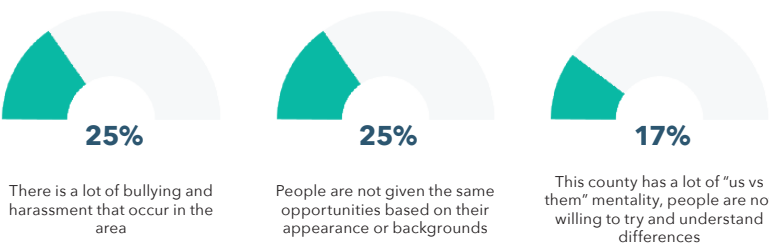
CHA partners searched a variety of databases but were unable to find relevant secondary data points that fit the assessment criteria for this health priority

# 23. DISCRIMINATION

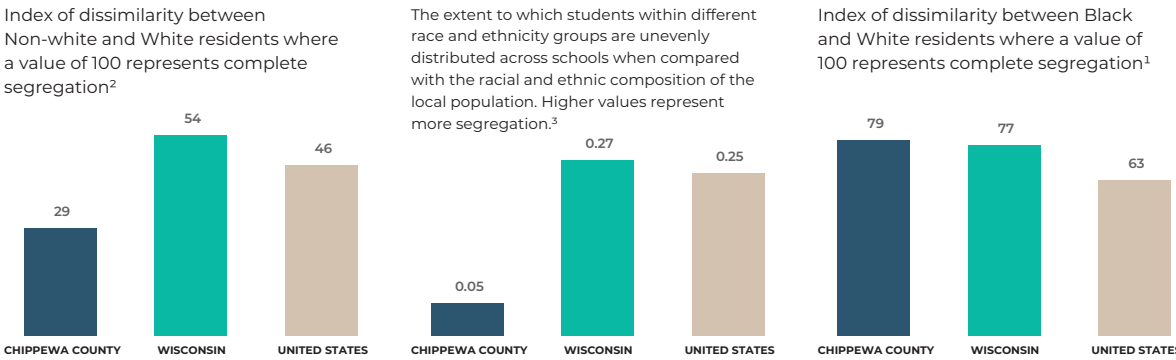
## DISCRIMINATION, INCLUDING RACISM, CAN CAUSE:

- + Lower social cohesion from “us and them” mentality
- + Portions of the population not being offered the same resources and opportunities
- + Increased stress and mental health issues from those being discriminated against

### What People Said on the Community Health Survey...



### What The Data Says...



<sup>1</sup> American Community Survey (2017-2021)  
<sup>2</sup> American Community Survey (2016-2020)  
<sup>3</sup> National Center for Education Statistics (2021-2022)

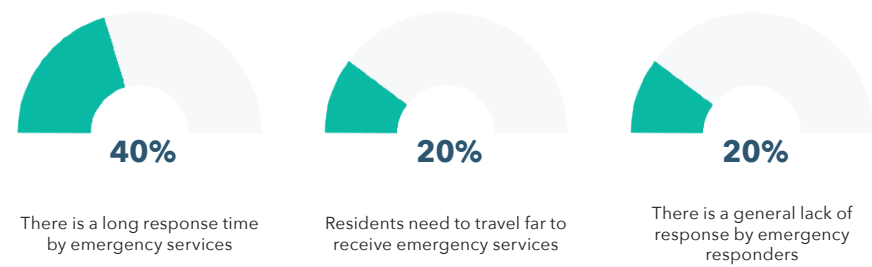


# 24. EMERGENCY SERVICES

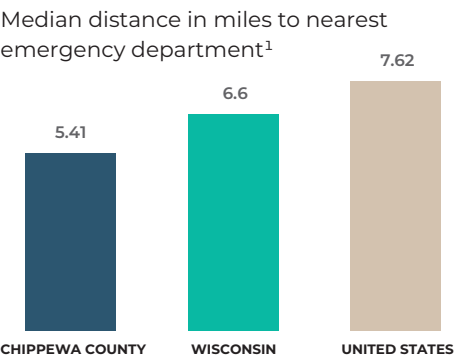
## NOT HAVING NEARBY EMERGENCY SERVICES CAN CAUSE:

- + Delays in response by emergency personnel
- + Decreased safety from limited police or fire response
- + Increased risk of adverse outcomes from delayed arrival at Emergency Rooms

### What People Said on the Community Health Survey...



### What The Data Says...



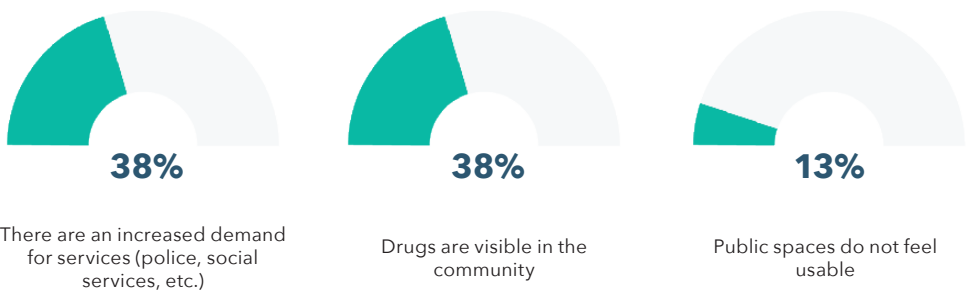
<sup>1</sup> Agency for Healthcare Research and Quality (2020)

# 25. COMMUNITY SAFETY

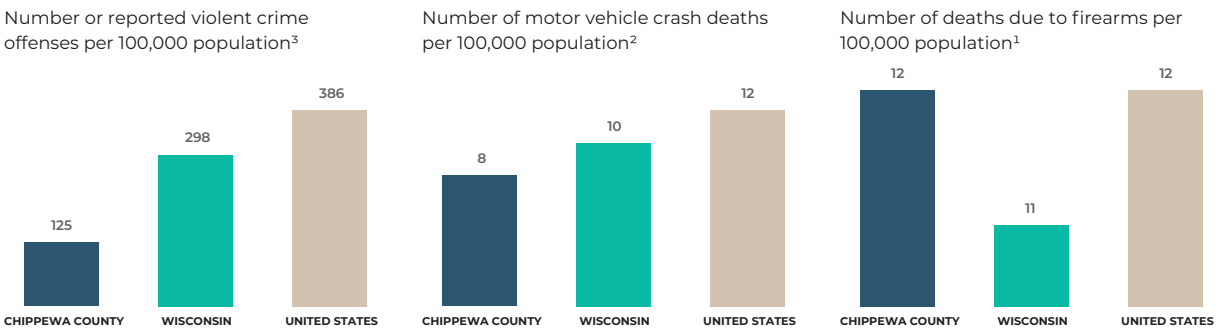
## A LACK OF COMMUNITY SAFETY CAN CAUSE:

- + People to not use public amenities
- + Individual stress to increase and stay elevated
- + A decrease in population as people leave the area

### What People Said on the Community Health Survey...



### What The Data Says...



<sup>1</sup> National Center for Health Statistics (2016-2020)

<sup>2</sup> National Center for Health Statistics (2014-2020)

<sup>3</sup> Uniform Crime Reporting- FBI (2014 & 2016)

Community Health Survey for Chippewa, Dunn, and Eau Claire Counties

*This survey is being conducted to better understand the Community Conditions that impact the health of Chippewa, Dunn, and Eau Claire counties. What we learn will be used to address and prevent potential issues.*

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

*Please note that this survey is intended to be completed by adults who either live or work in Chippewa, Dunn, or Eau Claire county only. The deadline for submission is **September 24, 2023**.*

COMMUNITY CONDITIONS	
Lack of access to childcare or unaffordable childcare	Low-quality early education (PreK- 12 <sup>th</sup> grade)
Lack of higher education opportunities	Lack of adult education opportunities
Health care is difficult to access(mental, physical, oral, etc.)	Limited emergency services nearby
Lack of affordable or highquality health insurance	Lack of affordable treatments for health conditions
Community is not safe	Low-quality or lack of public transportation
Environment or water pollution	Not enough green space (trees, open spaces, parks)
Racism and discrimination	Lack of community connectedness
Lack of accessibility for people with disabilities	Poor mental health
Lack of safe or affordable housing	Lack of access to digital resources (Internet, smartphone/computer)
Healthy food is not affordable	Lack of jobs that can support a family/myself
Poor nutrition or unhealthy food	Lack of physical activity
Alcohol misuse	Substance misuse (opioids, meth, THC)
Vaping and tobacco use	Other(please specify):_____
Other(please specify):_____	Other(please specify):_____

Community Health Survey for Chippewa, Dunn, and Eau Claire Counties

Choose up to 5 areas from the list on Page 1 that you think are the biggest problems in your community that we need to work on addressing. Think about what impacts the health of you personally, and what impacts those around you.

Community Problem 1: \_\_\_\_\_

Community Problem 2: \_\_\_\_\_

Community Problem 3: \_\_\_\_\_

Community Problem 4: \_\_\_\_\_

Community Problem 5: \_\_\_\_\_

**Of the 5 areas that you listed as the biggest problems in your community, now please choose what you think is the top priority to be addressed and please comment on why.**

Top Community Health Problem: \_\_\_\_\_

This is a problem for: ☐ Me/my family ☐ My community ☐ Both me and my community

**Optional: Please also share your ideas about services and programs that would help prevent this problem or improve this problem, if you have any.**

Community Health Survey for Chippewa, Dunn, and Eau Claire Counties

Please take the last few moments to complete a few demographic questions. As a reminder, all of your responses are confidential and will not be linked back to you.

ZIP Code of where you live (if within one of the 3 counties):

County where you work (if one of the 3 counties):

Age (in years):

Number of people in household:

Number of children under 18 in household:

Primary language spoken at home:

Secondary language spoken at home:

Which best describes your Gender?:

- ☐ Man
- ☐ Non-Binary
- ☐ Woman
- ☐ Prefer to self-describe:

- ☐ Unsure
- ☐ Prefer not to say

Which best describes your Sexual Orientation?:

- ☐ Asexual
- ☐ Bisexual
- ☐ Lesbian or Gay
- ☐ Straight
- ☐ Prefer to self-describe:

- ☐ Unsure
- ☐ Prefer not to say

Which category best describes you? (choose all that apply):

- ☐ American Indian/Alaskan Native (ex. Ho-Chunk, Ojibwe, Sioux, etc.)
- ☐ Black/African American
- ☐ East Asian (ex. Chinese, Japanese, Korean, etc.)
- ☐ Hispanic origin/Latinx (ex. Colombian, Mexican, Puerto Rican, etc.)
- ☐ Middle Eastern/North African (ex. Egyptian, Iranian, Syrian, etc.)
- ☐ Native Hawaiian/Other Pacific Islander (ex. Filipino, Guamanian, Samoan, etc.)
- ☐ South Asian (ex. Asian Indian, Pakistani, Nepalese, etc.)
- ☐ Southeast Asian (ex. Cambodian, Hmong, Vietnamese, etc.)
- ☐ White/Caucasian
- ☐ A race/ethnicity/origin not listed (please specify):

Estimated Household Income (combined money all adult household members earn):

- |  |  |
|--|--|
| <input type="checkbox"/> Less than \$10,000  | <input type="checkbox"/> \$50,000 - \$74,999   |
| <input type="checkbox"/> \$10,000 - \$14,999 | <input type="checkbox"/> \$75,000 - \$99,999   |
| <input type="checkbox"/> \$15,000 - \$24,999 | <input type="checkbox"/> \$100,000 - \$149,999 |
| <input type="checkbox"/> \$25,000 - \$34,999 | <input type="checkbox"/> \$150,000 - \$199,999 |
| <input type="checkbox"/> \$35,000 - \$49,999 | <input type="checkbox"/> \$200,000 or more     |

Highest Level of Education:

- |  |   |
|--|---|
| <input type="checkbox"/> Less than a high school diploma or equivalent | <input type="checkbox"/> Associate degree                 |
| <input type="checkbox"/> High school diploma or equivalent             | <input type="checkbox"/> Bachelor's degree                |
| <input type="checkbox"/> Some college, no degree                       | <input type="checkbox"/> Master's degree                  |
| <input type="checkbox"/> Trade degree/certificate                      | <input type="checkbox"/> Doctorate or Professional degree |

Community Health Survey for Chippewa, Dunn, and Eau Claire Counties

Please use this space to share anything else you want us to know

about the health of your community:

Thank you for completing this survey!

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

This survey is conducted by the Chippewa, Dunn, and Eau Claire counties  
Community Health Assessment Planning Partnership Committee



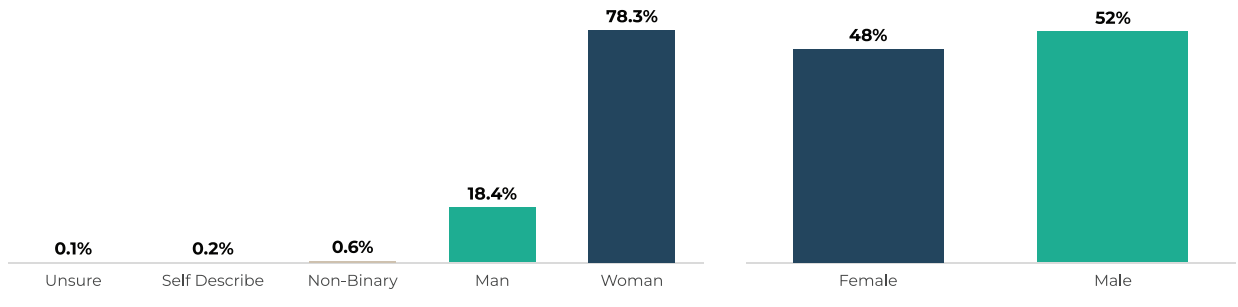


Demographic Profiles

APPENDIX II

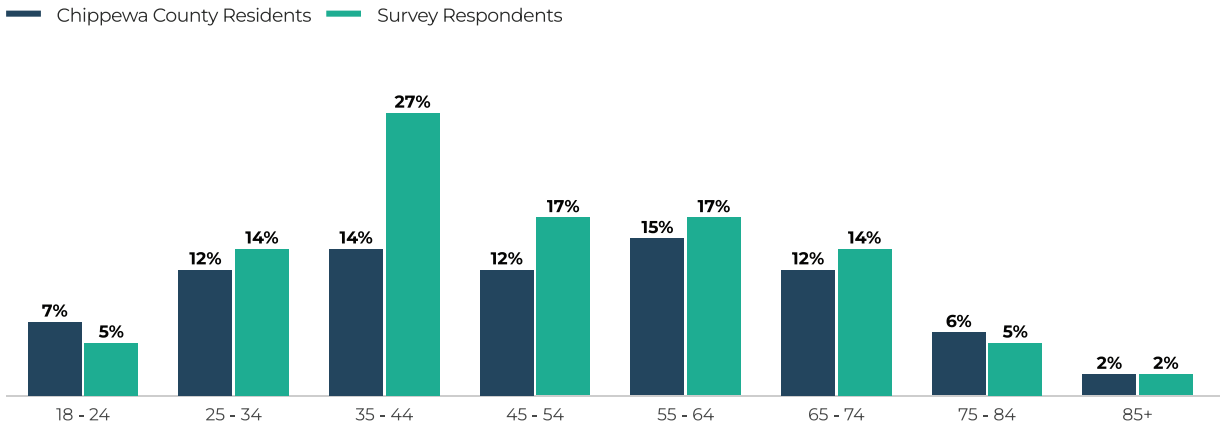
The following pages compare the demographic profiles of the Community Health Survey respondents against the county. These results help compare how closely survey respondents matched the distribution of the county as a whole.

Gender Distribution of Survey Respondents

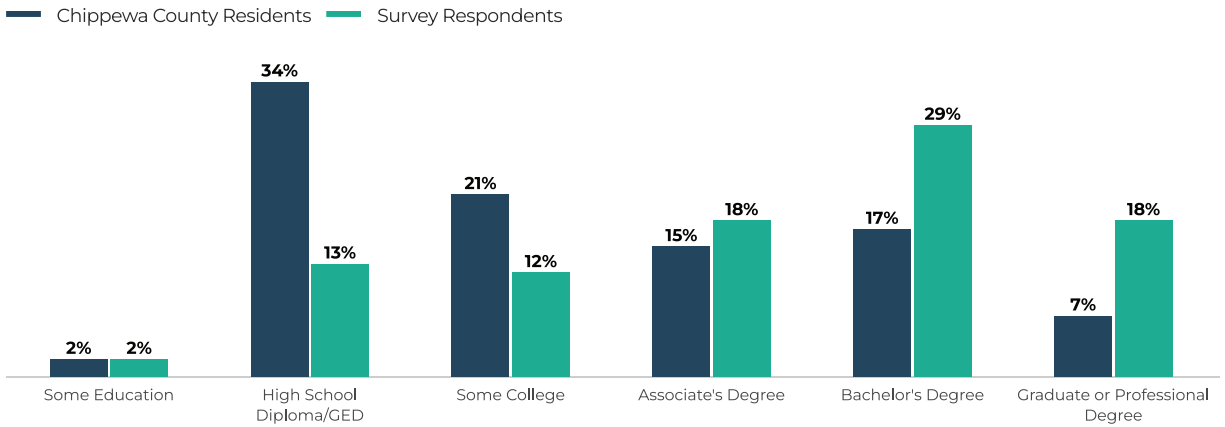


The 2023 Chippewa County Community Health Survey asked respondents to select the option that best described their gender identity. This is being compared to data from the 2020 Census which only asked respondents to report their sex and did not offer options other than male and female.

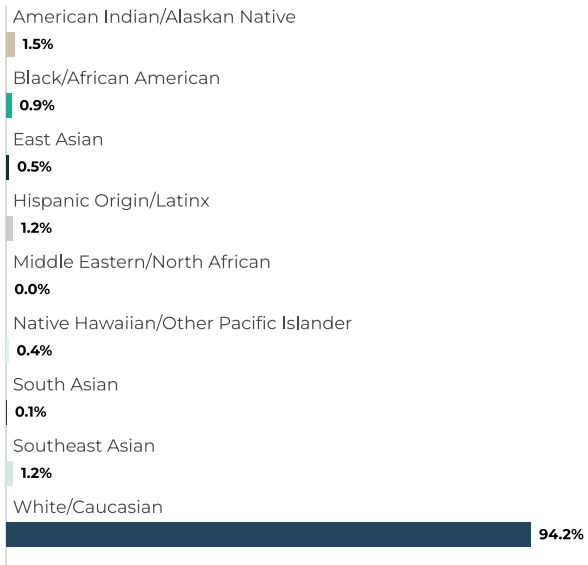
Age Distribution of Survey Respondents & Chippewa County Residents



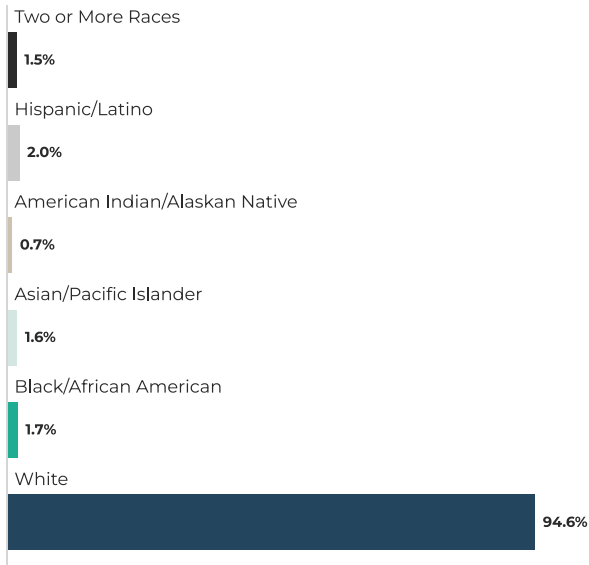
Highest Educational Attainment of Survey Respondents & Chippewa County Residents



Origin Distribution of Survey Respondents



Origin Distribution of Chippewa County Residents



The 2023 Chippewa County Community Health Survey had nine different categories for origin and a respondent could choose all that applied to them. This is being compared to data from the 2020 Census which had separate questions for race and ethnicity.

Household Income Distribution of Survey Respondents & Chippewa County Residents



Core Data Sets

APPENDIX III

MEASURE	DEFINITION	CWA COUNTY	SOURCE (YEAR OF DATA)	WI	SOURCE (YEAR OF DATA)	NAT'L RATE	SOURCE (YEAR OF DATA)	HEALTHY PPL 2030 TARGET
LACK OF ACCESS TO CHILDCARE OR UNAFFORDABLE CHILDCARE								
Child Care Cost Burden	Child care costs for a household with two children as a percent of median household income	29%	2023 County Health Rankings (US Census Small Area Income and Poverty Estimates; 2021-2022)	28%	2023 County Health Rankings (US Census Small Area Income and Poverty Estimates; 2021-2022)	27%	2023 County Health Rankings (US Census Small Area Income and Poverty Estimates; 2021-2022)	n/a
Childcare centers	Number of child care centers per 1,000 population under 5 years old	7	2023 County Health Rankings (Homeland Infrastructure Foundation; 2010-2022)	6	2023 County Health Rankings (Homeland Infrastructure Foundation; 2010-2022)	6	2023 County Health Rankings (Homeland Infrastructure Foundation; 2010-2022)	
Adequate childcare slots	Percent of children under 5 residing in locations with an adequate number of regulated childcare slots. Adequate childcare access is defined as at least one regulated childcare slot for every 3 children under the age of 5 within a 20 minute drive	66.6%	WI Department of Children and Families provider data, 2019	66.0%	WI Department of Children and Families provider data, 2019	n/a	2023 County Health Rankings (Homeland Infrastructure Foundation; 2010-2022)	
LOW-QUALITY EARLY EDUCATION (PREK - 12TH GRADE)								
High School Graduation	Percentage of 9th grade cohort that graduates in four years	94%	2023 County Health Rankings (EDFacts; 2019-2020)	90%	2023 County Health Rankings (EDFacts; 2019-2020)	87%	2023 County Health Rankings (EDFacts; 2019-2020)	90.7%
High School Completion	Percentage of adults age 25 and over with a high school diploma or equivalent	93%	2023 County Health Rankings (American Community Survey; 2017-2021)	93%	2023 County Health Rankings (American Community Survey; 2017-2021)	89%	2023 County Health Rankings (American Community Survey; 2017-2021)	n/a
Reading Scores	Average grade level performance for 3rd graders on English Language Arts standardized tests (a score of 3.0 indicates students performed at grade-level)	3.1	2023 County Health Rankings (Stanford Education Data; 2018)	3.0	2023 County Health Rankings (Stanford Education Data; 2018)	3.1	2023 County Health Rankings (Stanford Education Data; 2018)	n/a
Math Scores	Average grade level performance for 3rd graders on math standardized tests (a score of 3.0 indicates students performed at grade-level)	3.2	2023 County Health Rankings (Stanford Education Data; 2018)	3.0	2023 County Health Rankings (Stanford Education Data; 2018)	3.0	2023 County Health Rankings (Stanford Education Data; 2018)	n/a
School Funding Adequacy	The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.	\$2,034	2023 County Health Rankings (School Finance Indicators Database; 2020)	\$2,260	2023 County Health Rankings (School Finance Indicators Database; 2020)	\$1,062	2023 County Health Rankings (School Finance Indicators Database; 2020)	
Preschool enrollment	Percentage of 3 to 4 year olds enrolled in preschool or nursery school	38.4%	2020 American Community Survey 5-Year Estimates	43.1%	2020 American Community Survey 5-Year Estimates	47.3%	2020 American Community Survey 5-Year Estimates	
LACK OF HIGHER EDUCATION OPPORTUNITIES								
Some College	Percentage of adults age 25-44 with some post-secondary education	66%	2023 County Health Rankings (American Community Survey; 2017-2021)	70%	2023 County Health Rankings (American Community Survey; 2017-2021)	67%	2023 County Health Rankings (American Community Survey; 2017-2021)	n/a
LACK OF ADULT EDUCATION OPPORTUNITIES								
No measures								
HEALTH CARE IS DIFFICULT TO ACCESS								
Preventable Hospital Stays	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	2,762	2023 County Health Rankings (CMS Mapping Medicare Disparities Tool; 2020)	2,559	2023 County Health Rankings (CMS Mapping Medicare Disparities Tool; 2020)	2,809	2023 County Health Rankings (CMS Mapping Medicare Disparities Tool; 2020)	n/a
Primary care physicians	Ratio of population to primary care physicians	1320 to 1	2023 County Health Rankings (US Census Bureau's Small Area Health Insurance Estimates; 2020)	1,240 to 1	2023 County Health Rankings (US Census Bureau's Small Area Health Insurance Estimates; 2020)	1,310 to 1	2023 County Health Rankings (US Census Bureau's Small Area Health Insurance Estimates; 2020)	n/a
Mental Health Providers	Ratio of population to mental health providers	1060 to 1	2023 County Health Rankings (CMS, National Provider Identification file, 2022)	420 to 1	2023 County Health Rankings (CMS, National Provider Identification file, 2022)	340 to 1	2023 County Health Rankings (CMS, National Provider Identification file, 2022)	n/a
Dentists	Ratio Of Population To Dentists	1,810 To 1	2023 County Health Rankings (Area Health Resource File/National Provider Identification File; 2021)	1,380 To 1	2023 County Health Rankings (Area Health Resource File/National Provider Identification File; 2021)	1,380 To 1	2023 County Health Rankings (Area Health Resource File/National Provider Identification File; 2021)	n/a
NO EMERGENCY SERVICES NEARBY								
Distance to Emergency Department	Median distance in miles to nearest emergency department (State and National numbers are the average of the county medians within their respective jurisdictions)	5.41	Agency for Healthcare Research and Quality (2020)	6.60	Agency for Healthcare Research and Quality (2020)	7.62	Agency for Healthcare Research and Quality (2020)	n/a
LACK OF AFFORDABLE OR HIGH-QUALITY HEALTH INSURANCE								
Health Care Costs	Amount of price-adjusted Medicare reimbursements (Parts A & B) per enrollee	\$10,181	Dartmouth Atlas of Health Care (2019)	\$10,031	Dartmouth Atlas of Health Care (2019)	\$11,213	Dartmouth Atlas of Health Care (2019)	n/a
Uninsured under Age 65	Percentage of population under age 65 that has no health insurance coverage	8%	2023 County Health Rankings (US Census Bureau's Small Area Health Insurance Estimates; 2020)	7%	2023 County Health Rankings (US Census Bureau's Small Area Health Insurance Estimates; 2020)	10%	2023 County Health Rankings (US Census Bureau's Small Area Health Insurance Estimates; 2020)	7.9%

MEASURE	DEFINITION	CWA COUNTY	SOURCE (YEAR OF DATA)	WI	SOURCE (YEAR OF DATA)	NAT'L RATE	SOURCE (YEAR OF DATA)	HEALTHY PPL 2030 TARGET
LACK OF AFFORDABLE TREATMENTS FOR HEALTH CONDITIONS								
Health Care Cost of Living Index	Health care costs compared to US average. US average is 100, values greater than 100 are more expensive than US average	106	Bureau of Labor Statistics (2022)	104	Bureau of Labor Statistics (2022)	100	Bureau of Labor Statistics (2022)	n/a
Medical Debt	Estimated percent of population with medical debt in collections	9%	American Community Survey (2021)	11%	American Community Survey (2021)	13%	American Community Survey (2021)	n/a
COMMUNITY IS NOT SAFE								
Firearm Fatalities	Number of deaths due to firearms per 100,000 population	12	2023 County Health Rankings (National Center for Health Statistics; 2016-2020)	11	2023 County Health Rankings (National Center for Health Statistics; 2016-2020)	12	2023 County Health Rankings (National Center for Health Statistics; 2016-2020)	10.7
Motor Vehicle Crash Deaths	Number of motor vehicle crash deaths per 100,000 population	8	2023 County Health Rankings (National Center for Health Statistics; 2014-2020)	10	2023 County Health Rankings (National Center for Health Statistics; 2014-2020)	12	2023 County Health Rankings (National Center for Health Statistics; 2014-2020)	10.1
Violent Crime	Number of reported violent crime offenses per 100,000 population (includes offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault)	125	2022 County Health Rankings (Uniform Crime Reporting- FBI; 2014 & 2016)	298	2022 County Health Rankings (Uniform Crime Reporting- FBI; 2014 & 2016)	386	2022 County Health Rankings (Uniform Crime Reporting- FBI; 2014 & 2016)	n/a
LOW-QUALITY OR LACK OF PUBLIC TRANSPORTATION								
Driving Alone - Long Commute	Among workers who commute in their car alone, the percentage that commute more than 30 minutes	27%	2023 County Health Rankings (American Community Survey; 2017-2021)	28%	2023 County Health Rankings (American Community Survey; 2017-2021)	37%	2023 County Health Rankings (American Community Survey; 2017-2021)	n/a
Public Transportation to Work	Percent of workers who take public transportation (excluding cab) to work	0.0%	2020 American Community Survey 5-Year Estimates	1.5%	2020 American Community Survey 5-Year Estimates	4.6%	2020 American Community Survey 5-Year Estimates	n/a
ENVIRONMENT OR WATER POLLUTION								
Air Pollution -- Particulate Matter	The average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	7.8	2023 County Health Rankings (Environmental Public Health Tracking Network; 2019)	7.8	2023 County Health Rankings (Environmental Public Health Tracking Network; 2019)	7.4	2023 County Health Rankings (Environmental Public Health Tracking Network; 2019)	n/a
Contaminants in Private Wells	Percent of private wells above EPA Nitrate standards	13.5%	Wisconsin Groundwater Coordinating Council Report to the Legislature (2023)	8.2%	Wisconsin Groundwater Coordinating Council Report to the Legislature (2023)			n/a
NOT ENOUGH GREEN SPACE (TREES, OPEN SPACES, PARKS)								
Access to Exercise Opportunities	Percentage of population with adequate access to location for physical activity	55%	2023 County Health Rankings (ArcGIS; 2020 & 2022)	84%	2023 County Health Rankings (ArcGIS; 2020 & 2022)	84%	2023 County Health Rankings (ArcGIS; 2020 & 2022)	n/a
Park Access	Estimated percent of population that lives within a 1 mile radius of a publicly accessible park (determined at the census-tract level)	57.1%	CDC National Environmental Public Health Tracking Network (2020)	74.5%	CDC National Environmental Public Health Tracking Network (2020)	n/a	CDC National Environmental Public Health Tracking Network (2020)	n/a
RACISM AND DISCRIMINATION								
Residential Segregation - Black/ White	Index of dissimilarity between Black and White residents where a value of 100 represents complete segregation	79	2023 County Health Rankings (American Community Survey; 2017-2021)	77	2023 County Health Rankings (American Community Survey; 2017-2021)	63	2023 County Health Rankings (American Community Survey; 2017-2021)	n/a
Residential Segregation - Non-white/White	Index of dissimilarity between Non-white and White residents where a value of 100 represents complete segregation	29	2022 County Health Rankings (American Community Survey; 2016-2020)	54	2022 County Health Rankings (American Community Survey; 2016-2020)	46	2022 County Health Rankings (American Community Survey; 2016-2020)	n/a
School Segregation	The extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation.	0.05	2023 County Health Rankings (National Center for Education Statistics; 2021-2022)	0.27	2023 County Health Rankings (National Center for Education Statistics; 2021-2022)	0.25	2023 County Health Rankings (National Center for Education Statistics; 2021-2022)	n/a
LACK OF COMMUNITY CONNECTEDNESS								
Older Living Alone	Percentage of people 65 years and older who live alone	29.9%	American Community Survey; 2021)	45.2%	American Community Survey; 2021)	41.9%	American Community Survey; 2021)	n/a
Social Associations	Number of membership associations per 10,000 population	11.3	2023 County Health Rankings (County Business Patterns; 2020)	11.2	2023 County Health Rankings (County Business Patterns; 2020)	9.1	2023 County Health Rankings (County Business Patterns; 2020)	n/a
Voter Turnout	Percent of voting age population who voted in the last general election	72.4%	2023 County Health Rankings (American Community Survey; 2016-2020)	75.1%	2023 County Health Rankings (American Community Survey; 2016-2020)	67.9%	2023 County Health Rankings (American Community Survey; 2016-2020)	n/a

MEASURE	DEFINITION	CWA COUNTY	SOURCE (YEAR OF DATA)	WI	SOURCE (YEAR OF DATA)	NAT'L RATE	SOURCE (YEAR OF DATA)	HEALTHY PPL 2030 TARGET
LACK OF ACCESSIBILITY FOR PEOPLE WITH DISABILITIES								
No measures								
POOR MENTAL HEALTH								
Poor Mental Health Days	Average number of mentally unhealthy days self-reported in past 30 days (age-adjusted)	4.5	2023 County Health Rankings (BRFSS; 2020)	4.4	2023 County Health Rankings (BRFSS; 2020)	4.4	2023 County Health Rankings (BRFSS; 2020)	n/a
Intentional Injury Emergency Room Visits	Rate of self-inflicted Emergency Room visits per 100,000 population (age-adjusted)	73.3	Wisconsin Interactive Statistics on Health (2021)	72.2	Wisconsin Interactive Statistics on Health (2021)	155.8	CDC WISQARS (2020)	117.9
Suicide	Numer of deaths due to suicide per 100,000 population (age-adjusted)	20	2023 County Health Rankings (National Center for Health Statistics; 2016-2020)	15	2023 County Health Rankings (National Center for Health Statistics; 2016-2020)	14	2023 County Health Rankings (National Center for Health Statistics; 2016-2020)	12.8
LACK OF SAFE OR AFFORDABLE HOUSING								
Lead Poisoned Children	Percentage of children birth to <6 years with blood lead level of >=5µg/dL	3.01%	DHS (Wisconsin Environmental Public Health Tracking; 2021)	2.77%	DHS (Wisconsin Environmental Public Health Tracking; 2021)	2.6%	CDC (National Surveillance Data; 2018)	n/a
Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities	11%	2023 County Health Rankings (Comprehensive Housing Affordability Strategy data; 2015-2019)	13%	2023 County Health Rankings (Comprehensive Housing Affordability Strategy data; 2015-2019)	17%	2023 County Health Rankings (Comprehensive Housing Affordability Strategy data; 2015-2019)	n/a
Year Structure Built	Percentage of housing units built prior to 1940	18.3%	US Census (2017-2021)	18.7%	US Census (2017-2021)	12.2%	US Census (2017-2021)	n/a
Severe Housing Cost Burden	Percentage of households that spend 50% or more of their household income on housing	10%	2023 County Health Rankings (American Community Survey; 2017-2021)	11%	2023 County Health Rankings (American Community Survey; 2017-2021)	14%	2023 County Health Rankings (American Community Survey; 2017-2021)	n/a
Homeownership	Percentage of owner-occupied housing units	73%	2023 County Health Rankings (American Community Survey; 2017-2021)	67%	2023 County Health Rankings (American Community Survey; 2017-2021)	65%	2023 County Health Rankings (American Community Survey; 2017-2021)	n/a
Median Gross Rent	Median gross rent	\$844	2020 American Community Survey 5-Year Estimates	\$872	2020 American Community Survey 5-Year Estimates	\$1,096	2020 American Community Survey 5-Year Estimates	n/a
Overcrowded Housing	Percent of households that are defined as overcrowded by the US Census (1.01 or more persons per room, excluding bathrooms)	1.3%	2020 American Community Survey 5-Year Estimates	1.6%	2020 American Community Survey 5-Year Estimates	3.3%	2020 American Community Survey 5-Year Estimates	n/a
LACK OF ACCESS TO DIGITAL RESOURCES (INTERNET, SMARTPHONE/COMPUTER)								
Broadband Access	Percentage of households with broadband Internet connection	87%	2023 County Health Rankings (American Community Survey; 2017-2021)	86%	2023 County Health Rankings (American Community Survey; 2017-2021)	87%	2023 County Health Rankings (American Community Survey; 2017-2021)	n/a
No Internet Access	Percentage of households with no internet access	10.9%	2020 American Community Survey 5-Year Estimates	12.1%	2020 American Community Survey 5-Year Estimates	11.8%	2020 American Community Survey 5-Year Estimates	n/a
Cellular Data Only	Percentage of households with a cellular data plan with no other type of internet subscription	12.7%	2020 American Community Survey 5-Year Estimates	11.1%	2020 American Community Survey 5-Year Estimates	11.1%	2020 American Community Survey 5-Year Estimates	n/a
No Computer Access	Percentage of households without a computing device (no smartphone, tablet, desktop, laptop, or other computer)	9.3%	2020 American Community Survey 5-Year Estimates	9.3%	2020 American Community Survey 5-Year Estimates	8.1%	2020 American Community Survey 5-Year Estimates	n/a
HEALTHY FOOD IS NOT AFFORDABLE								
Food Insecurity	Percentage population who lack adequate access to food	8%	2023 County Health Rankings (Map the Meal Gap; 2020)	7%	2023 County Health Rankings (Map the Meal Gap; 2020)	12%	2023 County Health Rankings (Map the Meal Gap; 2020)	6.0%
Children Eligible for Free Lunch	Percentage of children enrolled in public schools that are eligible for free school lunch	42%	2023 County Health Rankings (National Center for Education Statistics; 2020-2021)	43%	2023 County Health Rankings (National Center for Education Statistics; 2020-2021)	53%	2023 County Health Rankings (National Center for Education Statistics; 2020-2021)	n/a
LACK OF JOBS THAT CAN SUPPORT A FAMILY/MYSELF								
Children in Poverty	Percentage of children under 18 living in poverty	13%	2023 County Health Rankings (US Census Small Area Income and Poverty Estimates; 2021)	14%	2023 County Health Rankings (US Census Small Area Income and Poverty Estimates; 2021)	17%	2023 County Health Rankings (US Census Small Area Income and Poverty Estimates; 2021)	n/a
Median Household Income/Living Wage Ratio	Ratio of median household income to annual living wage (assuming working 40 hours/wk and 52 wk/year)	1.43		1.43		1.34		
Poverty, All Ages	Percentage of population living below the Federal Poverty Line	13%	2020 County Health Rankings (Small Area Income and Poverty Estimates program; 2018)	11%	2020 County Health Rankings (Small Area Income and Poverty Estimates program; 2018)	13.1%	Small Area Income and Poverty Estimates (2018)	n/a
Unemployment	Percentage of population age 16+ unemployed but seeking work	3.9%	2023 County Health Rankings (Bureau of Labor Statistics; 2021)	3.8%	2023 County Health Rankings (Bureau of Labor Statistics; 2021)	5.4%	2023 County Health Rankings (Bureau of Labor Statistics; 2021)	n/a

MEASURE	DEFINITION	CWA COUNTY	SOURCE (YEAR OF DATA)	WI	SOURCE (YEAR OF DATA)	NAT'L RATE	SOURCE (YEAR OF DATA)	HEALTHY PPL 2030 TARGET
ALICE Households	Estimated percent of households that are below the Asset Limited Income Constrained Employed (ALICE) threshold. ALICE represents the proportion of households that are above the poverty level, but do not have enough to afford the basics.	40%	2021 United Way ALICE Report	34%	2021 United Way ALICE Report	41%	2021 United Way ALICE Report	n/a
POOR NUTRITION OR UNHEALTHY FOOD								
Adult Dietary Behavior	Percentage of adults who consumed 1 or more fruits per day			61.2%	State Cancer Profiles (2021)	59.2%	State Cancer Profiles (2021)	n/a
Adult Dietary Behavior	Percentage of adults who consumed 1 or more vegetables per day			79.9%	State Cancer Profiles (2021)	80.3%	State Cancer Profiles (2021)	n/a
Youth Dietary Behavior	Ratio of youth in Chippewa and Eau Claire County who consumed 1 or more fruits per day compared to the state	1.06	YRBS (2021)					n/a
Youth Dietary Behavior	Ratio of youth in Chippewa and Eau Claire County who consumed 1 or more vegetables per day compared to the state	1.14	YRBS (2021)					n/a
LACK OF PHYSICAL ACTIVITY								
Physical Inactivity	Percentage of adults aged 18 and over reporting no leisure-time physical activity	21%	2023 County Health Rankings (2020)	20%	2023 County Health Rankings (2020)	22%	2023 County Health Rankings (2020)	21.2%
ALCOHOL MISUSE								
Alcohol-Impaired Driving Deaths	Percentage of driving deaths with alcohol involvement	31%	2023 County Health Rankings (Fatality Analysis Reporting System; 2016-2020)	36%	2023 County Health Rankings (Fatality Analysis Reporting System; 2016-2020)	27%	2023 County Health Rankings (Fatality Analysis Reporting System; 2016-2020)	n/a
Binge Drinking	Engagement in binge drinking among adults 18+ years old in past month	22.5%	WI Department of Health Services (Adult Alcohol Use Dashboard, 2016-2021)	21.9%	WI Department of Health Services (Adult Alcohol Use Dashboard, 2016-2021)	15.3%	WI Department of Health Services (Adult Alcohol Use Dashboard, 2016-2021)	25.4% (Ages 21+)
Excessive Drinking (Binge + Heavy Drinking)	Percentage of the adult population that reports either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than 1 (women) or 2 (men) drinks per day on average	28%	2023 County Health Rankings (Behavioral Risk Factor Surveillance System; 2020)	26%	2023 County Health Rankings (Behavioral Risk Factor Surveillance System; 2020)	19%	2023 County Health Rankings (Behavioral Risk Factor Surveillance System; 2020)	n/a (HP2020 = 25%)
SUBSTANCE MISUSE (OPIOIDS, METH, THC)								
Drug Overdose Deaths	Number of drug poisoning deaths per 100,000 population	12	2023 County Health Rankings (National Center for Health Statistics; 2018-2020)	22	2023 County Health Rankings (National Center for Health Statistics; 2018-2020)	23	2023 County Health Rankings (National Center for Health Statistics; 2018-2020)	n/a
Meth Overdose Deaths	Rate of meth overdose deaths per 100,000	2.2	Wisconsin Dept. of Health Services (2014-2020)	2.0	Wisconsin Dept. of Health Services (2014-2020)			n/a
Opioid-related Hospitalizations	Emergency Room visits for opioid overdoses per 100,000 population	23.2	Wisconsin Dept. of Health Services (Data Direct, Opioid Hospitalization Module; 2021)	53.7	Wisconsin Dept. of Health Services (Data Direct, Opioid Hospitalization Module; 2021)			n/a
Opioid Overdose Deaths	Rate of opioid overdose deaths per 100,000	6.2	Wisconsin Dept. of Health Services (Data Direct, Opioid Deaths Module; 2020)	21.1	Wisconsin Dept. of Health Services (Data Direct, Opioid Deaths Module; 2020)			n/a
VAPING AND TOBACCO USE								
Adult Smoking	Percentage of adults who are current smokers	19%	2023 County Health Rankings (BRFSS; 2020)	16%	2023 County Health Rankings (BRFSS; 2020)	16%	2023 County Health Rankings (BRFSS; 2020)	5%
DEMOGRAPHICS								
Population	Number of people living in an area	66,297	U.S. Census; 2020	5,832,655	U.S. Census; 2020	329.5 m	U.S. Census; 2020	n/a
Population Change	Percentage change in population since last decennial U.S. Census	6.2%	U.S. Census; 2010 - 2020	3.6%	U.S. Census; 2010 - 2020	7.4%	U.S. Census; 2010 - 2020	n/a
Rural	Percentage of population living in a rural area	46.1%	2020 County Health Rankings (US Census Bureau Population Estimates Program; 2010)	29.8%	2020 County Health Rankings (US Census Bureau Population Estimates Program; 2010)	19.3%	2020 County Health Rankings (US Census Bureau estimates; 2010)	n/a
Female	Percentage of the population identifying as Female	48.2%	2022 County Health Rankings (U.S. Census; 2020)	50.2%	2022 County Health Rankings (U.S. Census; 2020)	50.5%	U.S. Census; 2020	n/a
Male	Percentage of the population identifying as Male	51.8%	2022 County Health Rankings (U.S. Census; 2020)	49.8%	2022 County Health Rankings (U.S. Census; 2020)	49.5%	U.S. Census; 2020	n/a
Below 18 Years	Percentage of the population below 18 years of age	22.1%	2022 County Health Rankings (U.S. Census; 2020)	21.6%	2022 County Health Rankings (U.S. Census; 2020)	22.10%	American Community Survey; 2021)	n/a
65 and Older	Percentage of the population 65 years and older	17.8%	2022 County Health Rankings (U.S. Census; 2020)	18.0%	2022 County Health Rankings (U.S. Census; 2020)	16.8%	American Community Survey; 2021)	n/a



MEASURE	DEFINITION	CWA COUNTY	SOURCE (YEAR OF DATA)	WI	SOURCE (YEAR OF DATA)	NAT'L RATE	SOURCE (YEAR OF DATA)	HEALTHY PPL 2030 TARGET
Race/Ethnicity	Percentage of population that is African American, Asian, American Indian or Alaskan Native, or Hispanic	6.4%	2022 County Health Rankings (U.S. Census; 2020)	19.5%	2022 County Health Rankings (U.S. Census; 2020)	41.9%	American Community Survey; 2021)	n/a
Not Proficient in English	Percentage of population that speaks a language other than English at home, and speaks English less than "very well"	1.0%	American Community Survey; 2021)	3.0%	American Community Survey; 2021)	8.3%	American Community Survey; 2021)	n/a
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.2	2023 County Health Rankings (American Community Survey; 2017-2021)	4.2	2023 County Health Rankings (American Community Survey; 2017-2021)	4.9	2023 County Health Rankings (American Community Survey; 2017-2021)	n/a
Gender Pay Gap	Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar"	0.76	2023 County Health Rankings (American Community Survey; 2017-2021)	0.80	2023 County Health Rankings (American Community Survey; 2017-2021)	0.81	2023 County Health Rankings (American Community Survey; 2017-2021)	n/a
Median Household Income	The income where half of households in a county earn more, and half of households earn less.	\$62,300	2023 County Health Rankings (Small Area Income and Poverty Estimates program; 2021)	\$67,200	2023 County Health Rankings (Small Area Income and Poverty Estimates program; 2021)	\$69,700	2023 County Health Rankings (Small Area Income and Poverty Estimates program; 2021)	n/a
Living Wage	The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children	\$42.77	2023 County Health Rankings (The Living Wage Calculator; 2022)	\$46.29	2023 County Health Rankings (The Living Wage Calculator; 2022)	\$45.00	2023 County Health Rankings (The Living Wage Calculator; 2022)	n/a
MORBIDITY AND MORTALITY								
Life Expentancy	Average number of years a person can expect to live	79.2	2022 County Health Rankings (National Center for Health Statistics; 2018-2020)	78.9	2022 County Health Rankings (National Center for Health Statistics; 2018-2020)	78.5	2022 County Health Rankings (National Center for Health Statistics; 2018-2020)	
Alzheimer's	Alzheimer's Disease deaths per 100,000	57.2	WI DHS WISH (2020)	44.5	WI DHS WISH (2020)	37.0	Alzheimer's Associaton (Alzheimer's Disease Facts and Figures; 2019)	n/a
Cancer Incidence	Number of new cancer diagnoses per 100,000 population (age-adjusted)	459.6	Centers for Disease Control and Prevention (2016-2020)	465.5	Centers for Disease Control and Prevention (2016-2020)	442	Centers for Disease Control and Prevention (2016-2020)	n/a
Cancer Mortality	Cancer Mortality Rate per 100,000 population (age-adjusted)	153.8	Centers for Disease Control and Prevention (2016-2020)	153	Centers for Disease Control and Prevention (2016-2020)	149	Centers for Disease Control and Prevention (2016-2020)	122.7
Stroke Hospitalizations	Stroke hospitalization rate per 1,000 Medicare Beneficiaries, 65+	10.0	CDC (Interactive Atlas of Heart Disease and Stroke; 2018-2020)	9.8	CDC (Interactive Atlas of Heart Disease and Stroke; 2018-2020)	11.2	CDC (Interactive Atlas of Heart Disease and Stroke; 2018-2020)	n/a
Coronary Heart Disease Hospitalizations	Coronary heart disease hospitalization rate per 1,000 Medicare Beneficiaries, 65+	10.9	CDC (Interactive Atlas of Heart Disease and Stroke; 2018-2020)	9.7	CDC (Interactive Atlas of Heart Disease and Stroke; 2018-2020)	10.4	CDC (Interactive Atlas of Heart Disease and Stroke; 2018-2020)	n/a
Diabetes Prevalence	Percentage of adults age 20+ with diagnosed diabetes	8%	2023 County Health Rankings (United States Diabetes Surveillance System; 2020)	8%	2023 County Health Rankings (United States Diabetes Surveillance System; 2020)	9%	2023 County Health Rankings (United States Diabetes Surveillance System; 2020)	n/a
Adult Obesity	Percentage of the adult population (age 18 and older) that reports a BMI greater than or equal to 30 kg/m2	36%	2023 County Health Rankings (2020)	33%	2023 County Health Rankings (2020)	32%	2023 County Health Rankings (2020)	36.0%
Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	5,900	2022 County Health Rankings (National Center for Health Statistics; Compressed Mortality File; 2018-2020)	6,600	2022 County Health Rankings (National Center for Health Statistics; Compressed Mortality File; 2018-2020)	7,300	2022 County Health Rankings (National Center for Health Statistics; Compressed Mortality File; 2018-2020)	n/a
COVID-19 Immunization	Percentage of total population that has completed their primary COVID-19 vaccination series.	61.8%	DHS COVID-19 Vaccine Data (2022)	61.8%	DHS COVID-19 Vaccine Data (2022)	68.2%	CDC COVID Data Tracker (2022)	n/a
Influenza Immunization	Percentage of total population that received an annual flu vaccination.	11.9%	DHS Influenza Vaccine Data (2022)	14.4%	DHS Influenza Vaccine Data (2022)	5%	CDC Flu Vaccination Dashboard (2022)	n/a
Child Mortality	Number of deaths among children under age 18 per 100,000 people	40	2022 County Health Rankings (National Center for Health Statistics; 2017-2020)	50	2022 County Health Rankings (National Center for Health Statistics; 2017-2020)	50	2022 County Health Rankings (National Center for Health Statistics; 2017-2020)	n/a
Infant Mortality	Number of infant deaths (<365 days) per 1,000 live births	6	2022 County Health Rankings (National Center for Health Statistics; 2014-2020)	6	2022 County Health Rankings (National Center for Health Statistics; 2014-2020)	6	2022 County Health Rankings (National Center for Health Statistics; 2014-2020)	5.0
Low Birthweight	Percentage of live birth with low birthweight <2,500 grams	6%	2022 County Health Rankings (National Vital Statistics System; 2014-2020)	8%	2022 County Health Rankings (National Vital Statistics System; 2014-2020)	8%	2022 County Health Rankings (National Vital Statistics System; 2014-2020)	n/a
Preterm Births	Percentage of births < 37 weeks gestation	8.0%	DHS WISH (2020)	9.9%	DHS WISH (2020)	10.49%	National Vital Statistics System (2021)	9.4%
Poor or Fair Health	Percentage of adults self-reporting poor or fair health (age-adjusted)	12%	2023 County Health Rankings (BRFSS; 2020)	12%	2023 County Health Rankings (BRFSS; 2020)	12%	2023 County Health Rankings (BRFSS; 2020)	n/a
Poor Physical Health Days	Average number of physically unhealthy days self-reported in adults in past 30 days (age-adjusted)	3.2	2023 County Health Rankings (BRFSS; 2020)	3.2	2023 County Health Rankings (BRFSS; 2020)	3	2023 County Health Rankings (BRFSS; 2020)	n/a

MEASURE	DEFINITION	CWA COUNTY	SOURCE (YEAR OF DATA)	WI	SOURCE (YEAR OF DATA)	NAT'L RATE	SOURCE (YEAR OF DATA)	HEALTHY PPL 2030 TARGET
MISCELLANEOUS DATA								
Literacy	Estimated percent of adults (ages 16 to 74 years old) with literacy scores of less than 3. Those with level 1 literacy are at risk for facing difficulties using or comprehending print material Those with level 2 literacy can be considered nearing proficiency but may still struggle to perform complex inferencing and evaluation tasks Those with level 3 or higher are considered to be proficient with working with information and ideas in text	52%	Program for the International Assessment of Adult Competencies Skills Map (PIAAC 2012-2017 survey; ACS 2013-2017 5-Year estimate)	49%	Program for the International Assessment of Adult Competencies Skills Map (PIAAC 2012-2017 survey; ACS 2013-2017 5-Year estimate)	54%	Program for the International Assessment of Adult Competencies Skills Map (PIAAC 2012-2017 survey; ACS 2013-2017 5-Year estimate)	
Untreated Tooth Decay	Percentage of third graders with untreated tooth decay	18% (Western Region)	WI DHS (Healthy Smiles/Healthy Growth; 2017-2018)	18%	WI DHS (Healthy Smiles/Healthy Growth; 2017-2018)	13% (ages 2-19)	Office of Disease Prevention and Health Promotion (NHANES; 2015-2016)	10.2% (ages 3-19)
Prenatal Care	Percentage of births to mothers who received 1st trimester prenatal care	76.6%	DHS WISH (2020)	76.7%	DHS WISH (2020)	77.6%	DHS WISH (2019)	n/a
Alcohol Outlet Density	Alcohol outlet density per 500 people	1.72	Wisconsin Environmental Public Health Tracking Program (2020-2021)	1.45	Wisconsin Environmental Public Health Tracking Program (2020-2021)			n/a
Tobacco Sales to Minors	Percentage of illegal tobacco sales to minors (retailer violation rate)	0.0%	Wisconsin Wins (2019)	7.1%	Substance Abuse and Mental Health Services Administration (Annual Synar Reports; 2018)	9.6%	Substance Abuse and Mental Health Services Administration (Annual Synar Reports; 2018)	n/a
Food Environment Index	Index of factors that contribute to a healthy food enviornment, 0 (worst) to 10 (best)	8.5	2023 County Health Rankings (USDA; 2019 & 2020)	8.8	2023 County Health Rankings (USDA; 2019 & 2020)	7	2023 County Health Rankings (USDA; 2019 & 2020)	n/a
Limited Access to Healthy Foods	Percentage population who are low-income and do not live close to a grocery store	6%	2023 County Health Rankings (USDA; 2019)	5%	2023 County Health Rankings (USDA; 2019)	6%	2023 County Health Rankings (USDA; 2019)	n/a
Injury Deaths	Number of deaths due to injury per 100,000 population	74	2023 County Health Rankings (National Center for Health Statistics; 2016-2020)	89	2023 County Health Rankings (National Center for Health Statistics; 2016-2020)	76	2023 County Health Rankings (National Center for Health Statistics; 2016-2020)	63.1
Children in Single-parent Households	Percentage of children that live in a household headed by a single parent	16%	2023 County Health Rankings (American Community Survey; 2017-2021)	23%	2023 County Health Rankings (American Community Survey; 2017-2021)	25%	2023 County Health Rankings (American Community Survey; 2017-2021)	n/a
Juvenile Arrests	Rate of delinquency cases per 1,000 juveniles	14	2023 County Health Rankings (Easy Access to State and County Juvenile Court Case Counts; 2019)	n/a	2023 County Health Rankings (Easy Access to State and County Juvenile Court Case Counts; 2019)	24	2023 County Health Rankings (Easy Access to State and County Juvenile Court Case Counts; 2019)	n/a
Disconnected Youth	Percentage of teens and young adults (16-19) who are neither working nor in school	4%	2023 County Health Rankings (American Community Survey; 2017-2021)	5%	2023 County Health Rankings (American Community Survey; 2017-2021)	7%	2023 County Health Rankings (American Community Survey; 2017-2021)	n/a
Student Debt	Estimated percent of population with student debt in collections	5%	American Community Survey (2021)	6%	American Community Survey (2021)	8%	American Community Survey (2021)	n/a
Breastfeeding	Percentage of infants in WIC breastfed exclusively through six months	24.1%	Chippewa County WIC Composite Report (2022)	11.9%	Chippewa County WIC Composite Report (2022)	n/a		n/a
Chlamydia Infections	Number of newly diagnosed chlamydia cases per 100,000 population	267.6	2023 County Health Rankings (NCHHSTP; 2020)	456.2	2023 County Health Rankings (NCHHSTP; 2020)	481.3	2023 County Health Rankings (NCHHSTP; 2020)	n/a
HIV Prevalence	Number of people aged 13 years and older living with a diagnosis of HIV infection per 100,000 population	53	2023 County Health Rankings (NCHHSTP; 2020)	134	2023 County Health Rankings (NCHHSTP; 2020)	380	2023 County Health Rankings (NCHHSTP; 2020)	n/a
Teen Birth Rate	Birth rate per 1,000 females age 15-19	12	2023 County Health Rankings (NVSS; 2014-2020)	14	2023 County Health Rankings (NVSS; 2014-2020)	19	2023 County Health Rankings (NVSS; 2014-2020)	n/a

# Available Resources within the Community to Address Identified Needs

## APPENDIX IV

Resource Directories		
Service Name	Contact Information	Description
Findhelp	www.findhelp.org	A free and easy-to-use resource that helps connect individuals in the community to free and reduced-cost programs and services. Search by zip code to find local resources.
Great Rivers 2-1-1	(800) 362-8255 www.greatrivers211.org	Provides free, confidential community information and referrals 24 hours/day. Also offers a 24/7 Crisis Hotline.
Well Badger	(800) 624-7837 www.wellbadger.org	Resource for community, health, government and social services.
Crisis and Support Lines		
Service Name	Contact Information	Description
HOPELINE	Text the word HOPELINE to 741741	24 hours a day, 7 days a week, free text-in emotional support service providing hope, help, and support when it's needed most.
Northwest Connections	(888) 552-6642	County Mental Health Crisis line available 24 hours a day, 7 days a week.
PRISM (Peer Recovery in Supportive Mutuality) Program	(414) 336-7974 www.mhawisconsin.org/prism	Connects LGBTQ+ youth (16-26 years old) in Wisconsin with trained peer-specialists who can provide mental and emotional support and mentorship.
Project Resiliency Hmong Warmline	(800) 293-7080 Monday-Friday 9am-5pm	Peer-lead warmline offering services in Hmong, Thai, Lao, and English. This warmline provides a safe space for community members to share without judgement and receive peer support.
SAMHSA Helpline	1-800-662-HELP 1-800-662-4357	Free confidential information services (in English or Spanish), open 24 hours a day, 7 days a week for individuals and family members facing mental health or substance use disorders
Suicide Prevention Lifeline	988 www.suicidepreventionlifeline.org	National network of local crisis centers that provide free and confidential emotional support to people in a suicidal crisis or emotional distress 24 hours a day, 7 days a week.
Trans Lifeline	1-877-565-8860	24 hours a day, 7 days a week peer support phone service. Whether in crisis or not and if they are trans, questioning, or family and friends who are supporting trans loved ones and.
Trevor Project Lifeline	1-866-488-7386 Text the word START to 678678 www.thetrevorproject.org	Trained counselors available to call 24 hours a day 7 days a week for young people in crisis, feeling suicidal or in need of a safe and judgement-free place to talk.
Veterans Crisis Line	Call 988 Text 838255	Confidential, 24 hours a day, 7 days a week support from a trained responder. For all veterans, all service members, national guard and reserve and their family and friends.

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

Alcohol Misuse Services		
Service Name	Contact Information	Description
Aging and Disability Resource Center (ADRC)	711 N. Bridge Street Chippewa Falls, WI 54729 (715) 726-7777	Provides services, information, referrals, and advocacy to older adults, adults with mental health or substance abuse disorders, and their families and caregivers.
Al-Anon	Chippewa Falls, WI 54729 www.area61afig.org	Twelve-step support group for families of alcoholics.
Alano Club 76	76 East Central St. Chippewa Falls, WI 54729 (715) 723-7626	A place for people in recovery and their families to enjoy fellowship and fun events. Twelve-step meetings held regularly.
Alcoholics Anonymous - Chippewa Valley Intergroup	(715) 835-5543 chair@chippewavalleyintergroup.org	Maintains a 24-hour hotline for assistance and sponsors workshops and social gatherings for supporting individuals who abuse alcohol. Provides 12-step support groups for alcoholics.
Aurora Community Counseling and Employee Support Services	345 Frenette Drive, Ste #3 Chippewa Falls, WI 54729 (888) 261-5585 www.auroraservices.com	Counseling services address addictions, mood disorders, eating disorders, grief and loss, and marital issues.
Chippewa Health Improvement Partnership - Voices in Prevention Action Team	www.chippewahealth.org (715) 717-7647 info@chippewahealth.org	Community coalition coordinating comprehensive community awareness campaign on current drug trends including prescription drug abuse, alcohol misuse, heroin, and other illegal drug use.
Community Counseling Services	16947 Cty Hwy X Chippewa Falls, WI 54729 (715) 723-1221 communitycounselingservices@gmail.com	Provides educational program for individuals with legal or personal problems related to the misuse of alcohol or other drugs.

SERVICE NAME	CONTACT INFORMATION	DESCRIPTION
Hope Gospel Mission	2650 Mercantile Dr. Eau Claire, WI (715) 552-5566 https://www.hopegospelmission.org/	Faith-based organization that serves the lost, homeless, hungry, hurting, abused, and addicted men and women of western Wisconsin. Home to the Hope Renewal Center for Women and Children program.
Lutheran Social Services - Chippewa Area Recovery Resource	Chippewa, WI (715) 726-9023	Addiction treatment program provides evidence-based substance abuse treatment services. Includes assessments, intensive outpatient treatment, continuing care services, and trauma treatment.
Lutheran Social Services - Fahrman Center	3136 Craig Rd. Eau Claire, WI 54701 (715) 835-9110	Provides residential and transitional (halfway house) services to adults with substance use disorders.
Marriage and Family Health Services	405 Island Street Chippewa Falls, WI 54729 (715) 832-0238 www.marriageandfamilyhealthservices.com	Offers a full range of assessments and therapeutic services for children, teens, adults, couples, and families. Includes addiction services.
Mayo Clinic Health System - Chippewa Valley	1501 Thompson St. Bloomer, WI 54724 (888) 662-5666	Alcohol and drug dependency counseling services for people of all ages.
Vantage Point Clinic & Assessment Center	2005 Highland Ave. Eau Claire, WI 54701 (715) 832-5454 www.vantagepointclinic.com	Provides counseling services to children, adolescents, adults, couples, and families with behavioral health concerns.
Vivent Health	505 S. Dewey Street Eau Claire, WI 54701 (715) 836-7710 https://viventhealth.org/locations/eau-claire/	Provides alcohol and drug treatment services for individuals who are HIV positive or have AIDS.
Western Region Recovery and Wellness Consortium (Chippewa County)	711 N. Bridge St. Room 118 Chippewa Falls, WI 54729 (715) 726-7788	Regional consortium provides services to individuals with mental health and substance use disorders. Eligibility is based on functional and financial criteria.

Public Transportation Services		
Service Name	Contact Information	Description
Aging and Disability Resource Center	711 N. Bridge Street Chippewa Falls, WI 54729 (715) 726-7777	Provides services, information, referrals, and advocacy related to aging and/or living with a disability.
Chippewa Valley Taxi	1106 Mondavi Rd. Eau Claire, WI 54701 (715) 530-4131	Taxi service for Eau Claire and nearby areas.
Medical Transportation Management, Inc.	(866) 907-1493 https://mtm.mtmlink.net	Provides transportation to and from medical appointments. May be covered for those with the appropriate Forward Health (Medicaid) Medical Assistance coverage.
Patient's Express	17009 Co Hwy J Chippewa Falls, WI 54729 (715) 726-1100	Handicapped transportation service in the Lake Wissota area.
Ready Ride	215 N Culver St. Chippewa Falls, WI 54729 (715) 864-2409	Taxi service in Chippewa Falls, Wisconsin.

Health Care Access Services		
Service Name	Contact Information	Description
Aging and Disability Resource Center	711 N. Bridge Street Chippewa Falls, WI 54729 (715) 726-7777	Provides services, information, referrals, and advocacy related to aging and/or living with a disability. Offers a Dementia Care Specialist.
Ascension Our Lady of Victory	1120 Pine St. Stanley, WI 54768 (715) 644-5530	Offers Family Medicine.
Chippewa County Department of Public Health	711 N. Bridge St. Room 121 Chippewa Falls, WI 54729 (715) 726-7900	Promotes community health by providing information, health clinics, and other services to Chippewa County residents.
Marshfield Clinic - Bloomer Center	1711 York St Bloomer, WI 54724 (715) 568-6220	Offers Family Medicine services.
Marshfield Clinic - Cadott Center	305 S Highway 27 Cadott, WI 54727 (715) 289-3102	Offers Family Medicine services.

SERVICE NAME	CONTACT INFORMATION	DESCRIPTION
<b>Marshfield Clinic - Chippewa Falls Center</b>	2655 County Highway I Chippewa Falls, WI 54729 (715) 726-4200	Offers Adult Primary Care, Pediatrics, Cardiology, Oncology, and other services.
<b>Marshfield Clinic - Cornell Center</b>	600 Woodside Drive Cornell, WI 54732 (715) 239-6344	Provides Family Medicine, including nutrition services.
<b>Mayo Clinic Health System - Bloomer</b>	1501 Thompson St., Bloomer, WI 54724 (715) 861-1398	Services include Family Medicine, Cardiology, Diabetes Education, and other specialties.
<b>Mayo Clinic Health System - Chippewa Falls</b>	611 First Ave., Chippewa Falls, WI 54729 (715) 708-6248	Services include Family Medicine, Cardiology, Diabetes Education, Rheumatology, and other specialties.
<b>OakLeaf Clinics - Chippewa Falls</b>	855 Lakeland Drive, Chippewa Falls, WI 54729 (715) 839-9280	Offers Family Medicine, Cardiology, Pulmonary Care, and other specialties.
<b>Open Door Clinic</b>	First Presbyterian Church 130 W. Central Chippewa Falls, WI 54729 (715) 720-1443   <a href="http://www.chippewaopendoor.org">www.chippewaopendoor.org</a>	Provides basic health care services and a connection to community resources for Chippewa County residents without a healthcare alternative.
<b>Weight Watchers</b>	1000 E. Grand Ave. Chippewa Falls, WI 54729 (800) 651-6000	Provides personal assessment, action plan, and support to help with weight loss.
<b>YMCA of the Chippewa Valley</b>	611 Jefferson Ave. Chippewa Falls, WI 54729 (715) 723-2201   <a href="http://www.ymca-cv.org">www.ymca-cv.org</a>	Offers Evidence-based Health Intervention programs targeted toward specific conditions and wellness needs, including arthritis, Alzheimer's, diabetes prevention, and cancer.

## CHILDCARE SERVICES

SERVICE NAME	CONTACT INFORMATION	DESCRIPTION
<b>Butterfly Kisses Family Child-care</b>	132 McKnight St. Stanley, WI 54768 (715) 313-0586	Licensed family childcare provider.
<b>CESA 11 Cadott Head Start</b>	463 E Mills St. Cadott, WI 54727 (715) 289-4213	Licensed group childcare provider.
<b>Chippewa Falls CESA 11 Head Start</b>	2820 E Park Ave. Chippewa Falls, WI 54729 (715) 723-1211	Licensed group childcare provider.
<b>Chippewa Falls YMCA</b>	611 Jefferson Ave. Chippewa Falls, WI 54729 (715) 723-2201	Licensed group childcare provider. Also offers before & after school programs, school's out day care, and summer day camps.
<b>Heather's Family Child Care Center</b>	721 Irvine St. Chippewa Falls, WI 54729 (715) 944-3731	Licensed family childcare provider.
<b>Learning 4 Life LLC</b>	4819 181st St. Chippewa Falls, WI 54729 (715) 721-4844	Licensed family childcare provider.
<b>Milestones Child Care Center LLC</b>	1300 Lowater Rd. Chippewa Falls, WI 54729 (715) 723-7444	Licensed group childcare provider.
<b>Piglets Playpen</b>	25135 90th St. New Auburn, WI 54757 (715) 237-2921	Licensed family childcare provider.
<b>Stanley-Boyd Head Start</b>	303 E Park St. Boyd, WI 54726 (715) 667-3104	Licensed group childcare provider.
<b>Wisconsin Department of Children &amp; Families - Licensed Child Care Directories</b>	<a href="http://dcf.wisconsin.gov/cclicensing/lcc-directories">dcf.wisconsin.gov/cclicensing/lcc-directories</a>	Lists licensed childcare programs and licensed exempt programs (those operated by public schools and head start programs) by county.
<b>Wisconsin Department of Children &amp; Families - YoungStar</b>	<a href="http://childcarefinder.wisconsin.gov">childcarefinder.wisconsin.gov</a>	Provides a search engine for childcare services in an area. Uses a 5-star rating system for providers participating in the YoungStar program.
<b>Wisconsin Shares</b>	1-888-283-0012 <a href="http://dcf.wisconsin.gov/wishares">dcf.wisconsin.gov/wishares</a>	Child Care Subsidy Program for low-income working families.

## MENTAL HEALTH SERVICES

SERVICE NAME	CONTACT INFORMATION	DESCRIPTION
<b>Aging and Disability Resource Center (ADRC)</b>	711 N. Bridge Street Chippewa Falls, WI 54729 (715) 726-7777	Provides services, information, referrals, and advocacy to older adults, adults with mental health or substance abuse disorders, and their families and caregivers.
<b>Alzheimer's Association of Greater Wisconsin - Chippewa Valley Outreach Office</b>	404 1/2 N. Bridge Street Chippewa Falls, WI 54729 (715) 861-6174   <a href="http://www.alz.org/gwwi">www.alz.org/gwwi</a>	Provides information, consultation, and emotional support for persons with Alzheimer's, their families, caregivers, and the general public.
<b>Aurora Community Counseling and Employee Support Services</b>	345 Frenette Drive, Ste #3 Chippewa Falls, WI 54729 (888) 261-5585   <a href="http://www.auroraservices.com">www.auroraservices.com</a>	Counseling services address addictions, mood disorders, eating disorders, grief and loss, and marital issues.

SERVICE NAME	CONTACT INFORMATION	DESCRIPTION
<b>Big Brothers Big Sisters of Northwestern Wisconsin</b>	424 Galloway Street Eau Claire, WI 54703 (715) 835-0161 <a href="https://www.bbbsnw.org/">https://www.bbbsnw.org/</a>	Creates and supports one-on-one mentoring relationships for youth facing adversity, including those living in single parent homes, growing up in poverty, and coping with parental incarceration.
<b>Children's Resource Center - West</b>	711 N. Bridge St. Room 121 Chippewa Falls, WI 54729 (715) 726-7907	Supports and provides information for families through a statewide coordinated system of information, referral and follow-up, parent to parent support and service coordination.
<b>Chippewa Falls Area Senior Center</b>	1000 E. Grand Ave Chippewa Falls, WI 54729	Services and programs to enhance physical, mental, and social wellbeing of people ages 55 and over.
<b>Chippewa Valley Family Caregiving Alliance</b>	<a href="mailto:info@chippewavalleycaregiving.org">info@chippewavalleycaregiving.org</a>	Provides support and strengthens family caregivers of older adults through advocacy, education, and community resources.
<b>Chippewa Valley VA Clinic</b>	475 Chippewa Mall Drive, Suite 418 Chippewa Falls, WI 54729 (715) 720-3780	Provides mental health services with on-site staff and telemedicine capability linked to providers in Minneapolis. Must be enrolled in the Minneapolis VA Health Care System to receive treatment at this clinic.
<b>Eau Claire Area Hmong Mutual Assistance Association</b>	1320 W Clairemont Ave. Eau Claire, WI 54701 (715) 832-8420	Provides support for healthy mental, emotional, and physical development for Hmong families.
<b>Family Support Center</b>	403 N. High St. Chippewa Falls, WI 54729 (715) 723-1138 <a href="http://www.familysupportcentercf.com">www.familysupportcentercf.com</a>	Provides counseling, advocacy, and other services to victims of domestic violence and sexual assault. Also provides parenting education and community referrals.
<b>Lutheran Social Services / Gaining Ground</b>	122 S. Barstow St. Eau Claire, WI 54701 <a href="http://www.lsswis.org">www.lsswis.org</a>	Provides a mental health drop-in center offering a safe environment, mutual support, referrals, social and recreational activities, community outings, kitchen privileges, free coffee, and occasional meals.
<b>Marriage and Family Health Services</b>	405 Island Street Chippewa Falls, WI 54729 (715) 832-0238 <a href="http://www.marriageandfamilyhealthservices.com">www.marriageandfamilyhealthservices.com</a>	Offers a full range of assessments and therapeutic services for children, teens, adults, couples, and families.
<b>Marshfield Clinic - Chippewa Falls Center</b>	2655 County Hwy I Chippewa Falls, WI 54729 (715) 726-4200	Multi-specialty clinic includes Primary Care and Child Psychology.
<b>Mayo Clinic Health System - Chippewa Valley</b>	1501 Thompson St. Bloomer, WI 54724 1-888-662-5666	Behavioral health services for people of all ages.
<b>Mentor Chippewa</b>	705 Bay St. Suite 2A Chippewa Falls, WI 54729 (715) 726-2400	Provides weekly mentoring services to students in Kindergarten through 12th grade in the Chippewa Falls Area Unified School District and McDonnell Area Catholic Schools.
<b>National Alliance on Mental Illness - Chippewa Valley</b>	Banbury Place Omni Office Center Building #2D, Suite 420F 800 Wisconsin St. Eau Claire, WI 54703 (715) 450-6484   <a href="http://www.namiv.org">www.namiv.org</a>	Provides education, advocacy, and support to families and individuals living with a mental illness.
<b>Northwest Connections</b>	888-552-6642 (Crisis Line)	Provides emergency mental health services to Chippewa County residents (via contract with the Department of Human Services).
<b>Open Door Clinic</b>	First Presbyterian Church 130 W. Central Chippewa Falls, WI 54729 (715) 720-1443 <a href="http://www.chippewaopendoor.org">www.chippewaopendoor.org</a>	Provides basic health care services and a connection to community resources for Chippewa County residents without a healthcare alternative. Includes mental health services via telehealth.
<b>Vantage Point Clinic &amp; Assessment Center</b>	2005 Highland Ave. Eau Claire, WI 54701 (715) 832-5454 <a href="http://www.vantagepointclinic.com">www.vantagepointclinic.com</a>	Provides counseling services to children, adolescents, adults, couples, and families with behavioral health concerns.
<b>Vivent Health</b>	505 S. Dewey Street Eau Claire, WI 54701 (715) 836-7710 <a href="https://viventhealth.org/locations/eau-claire/">https://viventhealth.org/locations/eau-claire/</a>	Provides mental health services for individuals who are HIV positive or have AIDS.
<b>Wellness Shack</b>	505 S. Dewey St. Suite 101 Eau Claire WI 54701 (715) 855-7705 <a href="http://www.wellnesshack.org">www.wellnesshack.org</a>	Peer-run mental health recovery center for people who live with severe or persistent mental health disorders. Offers individual and group peer support, education, advocacy, and socialization.
<b>Western Region Recovery and Wellness Consortium (Chippewa County)</b>	711 N. Bridge St. Room 118 Chippewa Falls, WI 54729 (715) 726-7788	Regional consortium provides services to individuals with mental health and substance use disorders. Eligibility is based on functional and financial criteria.



Combined Rankings

APPENDIX V

Rankings for each data collection method of the Chippewa County 2024 Community Health Assessment

	35% COMMUNITY SURVEY	35% SECONDARY DATA	20% COMMUNITY CONVERSATIONS	10% COALITION MEETINGS	FINAL RANKINGS
#1	Substance Misuse (51%)	Transportation	Substance Misuse (50%)	Health Care Access (57%)	1. ALCOHOL MISUSE
#2	Housing (39%)	Green Space	Mental Health (50%)	Substance Misuse (47%)	2. TRANSPORTATION
#3	Mental Health (37%)	Alcohol Misuse	Alcohol Misuse (36%)	Alcohol Misuse (43%)	3. HEALTH CARE ACCESS
#4	Alcohol Misuse (30%)	Health Care Access	Housing (33%)	Mental Health (40%)	4. CHILDCARE
#5	Childcare (30%)	Pollution	Childcare (19%)	Housing (23%)	5. MENTAL HEALTH
#6	Healthy Food (28%)	Vaping	Healthy Food (16%)	Poor Nutrition (23%)	6. HOUSING
#7	Health Care Access (28%)	Access To Digital	Health Insurance (12%)	Childcare (20%)	7. SUBSTANCE MISUSE
#8	Health Insurance (25%)	Higher Education	Vaping (10%)	Affordable Treatments (17%)	8. VAPING
#9	Transportation (23%)	Childcare	Jobs (9%)	Transportation (10%)	9. HEALTH INSURANCE
#10	Affordable Treatments (22%)	Physical Activity	Transportation (9%)	Vaping (7%)	10. POOR NUTRITION
#11	Jobs (18%)	Poor Nutrition	Affordable Treatments (8%)	Accessibility (7%)	11. JOBS
#12	Poor Nutrition (13%)	Jobs	Poor Nutrition (7%)	Healthy Food (3%)	12. HEALTHY FOOD
#13	Vaping (11%)	Early Education	Health Care Access (7%)	Green Space (3%)	13. AFFORDABLE TREATMENTS
#14	Physical Activity (11%)	Health Insurance	Physical Activity (4%)	Health Insurance (0%)	14. PHYSICAL ACTIVITY
#15	Discrimination (10%)	Accessibility	Accessibility (4%)	Jobs (0%)	15. POLLUTION
#16	Pollution (8%)	Adult Education	Connectedness (4%)	Physical Activity (0%)	16. ACCESS TO DIGITAL
#17	Access To Digital (8%)	Affordable Treatments	Adult Education (2%)	Discrimination (0%)	17. GREEN SPACE
#18	Emergency Services (7%)	Connectedness	Access To Digital (1%)	Pollution (0%)	18. ACCESSIBILITY
#19	Connectedness (7%)	Mental Health	Discrimination (1%)	Access To Digital (0%)	19. CONNECTEDNESS
#20	Accessibility (6%)	Housing	Early Education (1%)	Emergency Services (0%)	20. HIGHER EDUCATION
#21	Adult Education (5%)	Healthy Food	Higher Education (1%)	Connectedness (0%)	21. EARLY EDUCATION
#22	Early Education (4%)	Emergency Services	Emergency Services (1%)	Adult Education (0%)	22. ADULT EDUCATION
#23	Green Space (3%)	Community Safety	Pollution (1%)	Early Education (0%)	23. DISCRIMINATION
#24	Community Safety (2%)	Substance Misuse	Green Space (1%)	Community Safety (0%)	24. EMERGENCY SERVICES
#25	Higher Education (2%)	Discrimination	Community Safety (0%)	Higher Education (0%)	25. COMMUNITY SAFETY



# Addressing the Needs of the Community

After completing an extensive analysis of the Chippewa County Community Health Assessment data and County Health Rankings—and in alignment with our expertise and resource capacity—Mayo Clinic Health System has identified three top health priorities for strategic action. These priorities emerged from a detailed analysis of Community Health Needs Assessments conducted across our Northwest Wisconsin service area, which also includes Barron, Dunn, Eau Claire, and Trempealeau counties.

These top three health priorities are:

- 1. Mental Health
- 2. Substance Misuse
- 3. Access to
  - Healthcare
  - Food
  - Housing





Identified Health Needs

The MCHS Community Health Needs Assessment Committee emphasized the importance of addressing these key priorities, affirming that MCHS has a responsibility to act. Recognizing the overlap between certain health issues and their interventions, the committee decided to merge alcohol and substance abuse into a single focus area. By concentrating efforts on these three core areas, the committee believes MCHS can make a broad and meaningful impact on population health.

The assessments incorporated quantitative data from sources such as the Wisconsin Department of Health Services, County Health Rankings, as well as qualitative input from community surveys, stakeholder interviews, and focus groups. Common themes consistently surfaced across all five counties, including high rates of substance use disorders, increasing mental health concerns, and barriers to accessing basic needs.

Due to the significant overlap in health challenges and the interconnected nature of contributing factors—such as socioeconomic disparities, rural healthcare access limitations, and behavioral health trends—we consolidated the findings into a single, unified list of priorities. This integrated approach enables us to allocate resources more efficiently, implement region-wide interventions, and track outcomes with greater consistency, ultimately enhancing our ability to improve community health across Northwest Wisconsin.

MENTAL HEALTH

This focus area encompasses the services and support required to manage our thoughts, actions, and emotions as we navigate life. Mental health is crucial for personal well-being, nurturing family and interpersonal relationships, and making meaningful contributions to society. Conditions affecting mental health include, but are not limited to, depression, anxiety, and post-traumatic stress disorder.

Maintaining good mental health enables us to build positive relationships, use our abilities to achieve our potential, and handle life’s challenges. Mental illnesses are medical conditions that disrupt a person’s thinking, mood, ability to connect with others, and capacity to cope with daily life demands.

Mental illnesses are often linked to physical health issues and risk factors such as smoking, physical inactivity, obesity, and substance abuse, which can lead to chronic diseases, injuries, and disabilities.

SUBSTANCE MISUSE

Substance misuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. It involves using these substances in a way that negatively impacts one’s health, well-being, or daily functioning. Substance misuse can lead to addiction, health problems, and other serious issues.

Substance misuse is a critical community issue due to its extensive impact on public health, the economy, and social well-being. It leads to severe health problems, including addiction and mental health disorders, and imposes significant healthcare costs. Economically, it reduces productivity and increases absenteeism. Socially, it strains families, increases crime rates, and diminishes the overall quality of life.

In Chippewa County

41%



of CHA survey respondents reported that mental health contributes to many of the other issues in the community

29%



of CHA survey respondents said there are limited resources to help with all levels of mental health in the area

Per the National Center for Health Statistics, **20 out of 100,000** deaths in Chippewa County are due to suicide, compared to the state rate of 15 per 100,000

The ratio of population to mental **health providers is 1060 to 1** compared to the state ratio of 420 to 1, according to the 2023 County Health Rankings

In Chippewa County

48%



of CHA Survey responders agreed that alcohol misuse causes issues in family life

36%



of CHA survey responders agreed that alcohol misuse is a very normal part of the culture in Chippewa County

28%



According to the 2023 County Health Rankings, 28% of Chippewa County adult residents reported that they have either engaged in binge drinking or drank heavily in the past 30 days

19%



of adults are current smokers according to the 2023 County Health Rankings, compared with the state and national rate of 16%



ACCESS TO HEALTHCARE, FOOD, AND HOUSING

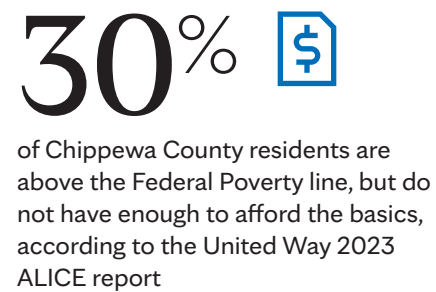
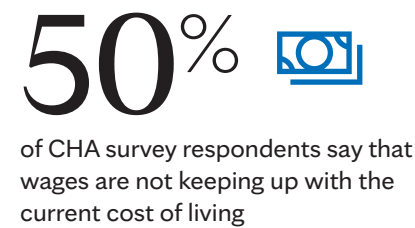
Equitable access to basic needs such as healthcare, food, and housing is crucial for a community’s overall well-being and development. It ensures that all members can receive preventive care, treatment for illnesses, and support for mental health, leading to a healthier population and improved quality of life. Access to these basic needs also promotes economic stability, ensuring people can work, children can attend school, and families can thrive, contributing to economic growth.

Providing everyone with access to basic needs also promotes social equity by reducing inequalities within the community. It fosters fairness and social justice, ensuring that no one is left behind due to their socioeconomic status. Adequate nutrition and stable

housing are essential for children’s development and learning, resulting to improved long-term outcomes and educational success.

Moreover, a community with access to basic needs is more resilient in the face of crises, such as natural disasters, economic downturns, or public health emergencies. Access to stable housing, nutritious food, and healthcare significantly impacts mental health, reducing stressors and lowering the incidence of mental health issues. Meeting these needs can also reduce crime rates, as people are less likely to engage in criminal activities out of desperation. Prioritizing these fundamental needs creates a stronger, healthier, and more cohesive community where everyone can thrive.

In Chippewa County



# Evaluation of Prior CHNA and Implementation Strategy

Impact of 2022-2024





## Prioritized Health Needs

Mayo Clinic Health System Northwest Wisconsin in Eau Claire, Barron, Bloomer, Menomonie, and Osseo are closely affiliated hospital entities in Eau Claire, Chippewa, Barron, Dunn, and Trempealeau counties. Their role in implementing the strategies outlined in their joint implementation plan is to work collectively to execute those strategies. The five hospitals in 2022-2024 participated directly or indirectly in the activities undertaken to address the identified needs; Mental Health, Substance Use, Alcohol Misuse, and Chronic Disease and Obesity topped the list of health areas most in need of improvement.

Mayo Clinic Health System is proud to partner with organizations across the region to address local community needs. We collaborate with community partners and local officials, including chambers of commerce, free clinics, homeless shelters, local public health agencies, Project SEARCH, school districts, United Way, universities and technical colleges, youth-serving agencies, and a variety of community benefit organizations to develop and implement programs and participate in activities that improve community health and address social determinants of health.

Outlined below on the following pages are the various engagements, collaborations and resources that were implemented to address the prioritized health needs from the 2022 Community Health Needs Assessment (Mental Health, Substance Use and Alcohol Misuse, and Chronic Disease and Obesity).

Through these efforts, MCHS in Bloomer has helped implement and advance programs that:

- Increased access to healthcare and preventive services related to these priorities
- Promote public health awareness, education and outreach for these priorities
- Strengthened local capacity to address health-related challenges for these priorities

**MENTAL HEALTH** - Improve mental health with an emphasis on strengthening community mental health services, suicide prevention, and supporting resiliency across the lifespan.

Mayo Clinic Health System participated in community coalitions to address mental health needs and provided financial support to organizations offering services and programs to improve mental health.

**Monetary sponsorships provided to the following organizations:**

**In 2022**

- Hope Village – \$5,000 (Community building)
- Chippewa Falls Library – \$2,000 (Senior Crafty Creations)
- School District of Bloomer – \$2,000 (Mindfulness sessions for middle schoolers)
- Chippewa Falls YMCA – \$3,000 (2022 YMCA Strong Kids/Annual Campaign)

**In 2023**

- Chippewa County Dept. Public Health – \$1,500 (Chippewa Strong Resiliency Series)
- Chippewa Valley Cultural Association – \$2,500 (Celebrating Artists with Disabilities)
- Cardinal Community Learning Center – \$2,000 (Senior Learning Day event)
- Hearts in Harmony – \$650 (Summer camp)
- Center for Independent Living for Western WI – \$500 (Fishing event)
- YMCA of Chippewa Falls – \$3,000 (Healthy Kids Day/Fishing events)

**In 2024**

- Bloomer Community Clothes Closet – \$2,000 (Free clothes for people in need)
- Bloomer Civic Center – \$4,000 (Senior meal program)
- River Source Family Center – \$400 (Parent Café workshop)
- Center for Independent Living – \$2,000 (Fishing Has No Boundaries Chippewa Valley)
- Cardinal Community Learning Center – \$500 (Age Your Way event)
- Bloomer Veterans – \$1,000 (Building capital campaign)
- YMCA of the Chippewa Valley – \$5,000 (Chippewa Falls Healthy Kids Day and Farmers Market)

Hometown Health and Community Giving Grants were awarded to organizations within the community that promote mental wellness. Grants work in partnership with community-based organizations on projects that receive higher levels of financial support.

**Grants included:**

**In 2022**

- \$65,000 Hometown Health Grant to Hope Village (Capital campaign) to assist with tiny homes for the unhoused

**In 2023**

- \$130,000 Community Giving Grant to Hope Village (Capital campaign) to build affordable/workforce housing

**In 2024**

- \$10,000 Hometown Health Grant to L.E. Phillips Career Development Outreach Office for emergency housing needs
- \$15,000 Hometown Health Grant to River Source Family Center/Family Support Center for programming needs

Community outreach engagements were held to address mental health concerns by connecting with the community through presentations, blogs, virtual challenges, community events, and coalition involvement.

**Engagements included:**

**In 2022**

- Strengthening Youth Mental Health (Presentation)
- Kickstart Kindness (Virtual challenge)
- Chippewa Valley Child Advocacy Center Multi-Disciplinary Team (Committee member)
- Chippewa Valley Free Clinic (Provide services for support)
- Sleep in Heavenly Peace (Bed building day and volunteering) – \$3,500

**In 2023**

- Bereavement Service Presentation (Senior Learning Day event)
- Chippewa Strong Community Resiliency Event (Chippewa Falls)
- Journey to Wellness (12-month self-led virtual program)
- Raising WI Children’s Conference (Yoga and meditation)

**In 2024**

- Stepping On class (Chippewa Falls and Bloomer)
- Strong Bodies class (Bloomer Civic Center)
- Journey to Wellness (12-month self-led virtual program)
- Farm Technology Days (Stop the Bleed/Stroke education)

Support is provided to area school districts, with a focus on mental health programs and activities.

**Projects included:**

**In 2022**

- Halmstad Elementary – \$5,000 (Self-management/mental health mindfulness)

**In 2023**

- Bloomer School District – \$4,000 (Mental health and wellness initiative)
- Cadott Community Schools – \$4,000 (Social-emotional learning program)
- Chippewa Falls School District – \$5,000 (Student Connections support group)
- Stanley-Boyd School District – \$2,000 (After-school program Oriole Wellness)

**In 2024**

- Bloomer School District – \$3,000 (Mental health and wellness initiative)
- Cardinal Community Learning Center – \$5,000 (Student Connections support group and after-school programming)
- Cornell Community Schools – \$4,000 (Behavior reward system)
- Chippewa Falls School District – \$2,000 (Student field trip experiences)
- New Auburn School District – \$5,000 (Student wellness conference)

**SUBSTANCE USE AND ALCOHOL MISUSE** - Prevent alcohol misuse and substance abuse with an emphasis on youth.

Mayo Clinic Health System participated in community coalitions that address substance abuse and alcohol misuse, and financial support was contributed to organizations that offer community services and programs that promote education and advocacy around substance use and alcohol misuse.

**Monetary sponsorships provided to the following organizations:**

**In 2023**

- Chippewa Health Improvement Partnership – \$1,500 (Educational materials)

Hometown Health and Community Giving Grants were awarded to organizations within the community that address substance abuse, alcohol misuse, and related health concerns. Grants work in partnership with community-based organizations on projects that receive higher levels of financial support.

**Grants included:**

**In 2022**

- \$15,000 Hometown Health Grant to River Source Family Center/Family Support Center (Parenting support)
- \$10,000 Hometown Health Grant to Chippewa Falls Area United School District (Strengthening Families Program)

Community outreach engagements were held to address substance use and alcohol misuse. Also connected with community members through webinars, presentations, blogs, virtual challenges, and community events.

**Examples of engagements:**

**In 2022**

- Chi-Hi Post Prom Trauma (Event)
- Drug and Alcohol Impact on Youth (Webinar)
- YMCA Healthy Kids Day (Event)

**In 2023**

- Raising WI Children’s Conference (Alcohol, Drugs and the Brain: Teenage Use)
- Lake Holcombe High School (Prom trauma simulation to stop students from drinking and driving)
- Risks of Vaping Presentation (Cornell School District)
- Chippewa Strong Community Resiliency Event (Chippewa Falls)
- National Night Out Event (Cornell)

**In 2024**

- Bloomer High School (Prom trauma simulation to stop students from drinking and driving)
- Cadott High School (Prom trauma simulation to stop students from drinking and driving)
- Chippewa Falls High School (Prom trauma simulation to stop students from drinking and driving)
- Drug Take Back Day (Chippewa Falls Police Department)
- One Pill Can Kill Presentation (Partnership with Voices in Prevention)
- National Prevention Week Booth (Chippewa Falls School District)
- National Night Out Event (Cornell)
- Free vaping posters to Lake Holcombe School District
- Vaping and lung display (New Auburn School)

**CHRONIC DISEASE AND OBESITY** - Prevent obesity and reduce chronic disease with a focus on nutrition, reducing food insecurity, and increasing public access to physical activity.

Mayo Clinic Health System participated with community coalitions to impact chronic disease and obesity and financial support was provided to organizations that offer community services and programs that promote health and wellness lifestyle choices.

**Monetary sponsorships provided to the following organizations:**

**In 2022**

- Notre Dame – \$3,000 (Food is Medicine program)
- Girls on the Run – \$500 (Program and 5K)
- Chippewa Health Improvement Partnership – \$2,500 (Chronic disease prevention)
- GE Bleskacek Family Memorial Library – \$1,200 (After-school food and activity)
- Bloomer Area Aquatic and Recreation Center, Inc. – \$1,500 (Kids’ after-school program)

**In 2023**

- United Way of the Greater Chippewa Valley – \$3,500 (Programming and learning trail)
- Legacy Community Center – \$3,000 (Agnes Table/Food Pantry)
- Bloomer Aquatic & Recreation Center – \$2,000 (Swimming lessons)
- Bloomer Public Library – \$2,500 (After-school programming/healthy snacks)
- Bloomer Chamber of Commerce – \$1,000 (Rope Jump sponsor)
- Chippewa Falls YMCA – \$1,000 (Farmers Market EBT match)

**In 2024**

- Girls on the Run Chippewa Valley – \$1,000 (Sponsorship)
- United Way of the Greater Chippewa Valley – \$3,500 (Programming and learning trail)
- The Open-Door Clinic, Chippewa Falls – \$500 (Event sponsorship)
- Chippewa County UW Extension – \$300 (Gardening workshops)
- Bloomer/New Auburn Food Pantry – \$2,000 (Backpack program)
- Chippewa Falls Presbyterian Church – \$1,000 (Food pantry)

Hometown Health and Community Giving Grants were awarded to organizations within the community that address obesity prevention and reduce chronic disease with a focus on nutrition, food insecurity, and increasing public access to physical activity. Grants work in partnership with community-based organizations on projects that receive higher levels of financial support.

**Grants included:**

**In 2022**

- \$15,000 Hometown Health Grant to Bloomer/New Auburn Food Pantry (Expansion of weekend meal program for kids)

**In 2024**

- \$10,000 Hometown Health Grant to Agnes Table (Food and meal distribution site)
- \$25,000 Hometown Health Grant to Curtie Cares, Inc. (Transportation needs to healthcare appointments)
- \$20,000 Hometown Health Grant to Open Door Clinic, Chippewa Falls (Free clinic)

Community outreach engagements were held to address obesity prevention and reduce chronic disease with a focus on nutrition, food insecurity, and access to physical activity. Connected with community members through webinars, presentations, blogs, virtual challenges, and community events.



Examples of engagements:

In 2022

- Disease Fighting Foods That Prevent Cancer (Webinar)
- Bloomer Community Garden (Providing space at hospital grounds for a community garden)
- 7 Tips to Keeping Your Family Healthy (Webinar)

In 2023

- Strong Bodies class (Bloomer Library)
- Yoga class (Bloomer Library)
- Stepping On class (YMCA and Senior Center, Chippewa Falls)
- YMCA Healthy Kids’ Day event
- After-school program (Bloomer Library)
- Food is Medicine program (St. Francesca’s Resource Center)
- Snowshoe and winter hike (Irvine Park, Chippewa Falls)
- Open Door Clinic, Chippewa Falls (Board membership)
- Journey to Wellness (12-month self-led virtual program)
- Raising WI Children’s Conference (Yoga and meditation)

In 2024

- Strong Bodies class (Bloomer Civic Center)
- Stepping On class (Bloomer and Chippewa Falls)
- YMCA Healthy Kids’ Day event
- After-school program (Bloomer Library)
- Health Fair booth (Chippewa Falls)
- The Open-Door Clinic, Chippewa Falls – Provide services for support
- Journey to Wellness (12-month self-led virtual program)
- Gardening workshop in partnership with UW Extension (Bloomer)
- Community garden (Bloomer)

Support was provided to area school districts that focused on programs and activities to reduce chronic disease and obesity, with a focus on nutrition, food insecurity, and access to physical activity.

Projects included:

In 2022

- Stillson Elementary School – \$2,500 (Purchase of grow towers)
- Cadott Elementary School – \$5,000 (Enhancing and engaging in physical activity)

In 2023

- St. Paul’s Catholic School – \$2,000 (Outdoor learning garden)
- McDonell Area Catholic Schools – \$2,000 (Natural Play Healthy Childhood Project)

In 2024

- Bloomer School District – \$5,000 (Climbing wall for elementary school gym)

# Mayo Clinic Health System Individuals Involved in CHNA

Community Health Needs Assessment Committee:

- Ken Ackerman, Administrative Chair, MCHS Wisconsin
- Brook Berg, Community Engagement Director
- Kelly Buchholtz, M.S.N., MBA/HCM, R.N., Regional Chief Nursing Officer, MCHS Wisconsin
- Richard Helmers, MD, Vice President, MCHS Wisconsin
- Jenny Jorgenson, Community Engagement Specialist
- Maria Seibel, Community Engagement Specialist
- Tina Tharp, Community Engagement Specialist



Imagery is copyright Mayo Clinic, Getty Images, Shutterstock, or approved for use.

[mayoclinic.org](https://www.mayoclinic.org)

©2025 Mayo Foundation for Medical Education and Research. All rights reserved. MAYO, MAYO CLINIC and the triple-shield Mayo logo are trademarks and service marks of MFMER.

[Learn more online at mayoclinic.org](https://www.mayoclinic.org)

MC4776-13