

Chippewa COUNTY

2024

COMMUNITY

HEALTH ASSESSMENT



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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:

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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 66,807¹. 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 miles¹. 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 hour². 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

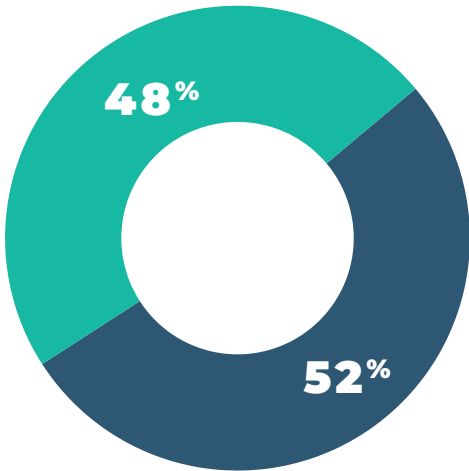
- 21.2% People Under 18
- 19.7% People 65 and Over

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%

SEX

Male Female



\$1,353

Median monthly owner housing costs with mortgage

72.7%

Owner-occupied housing units

\$889

Median monthly renter costs

\$518

Median monthly owner housing costs without mortgage

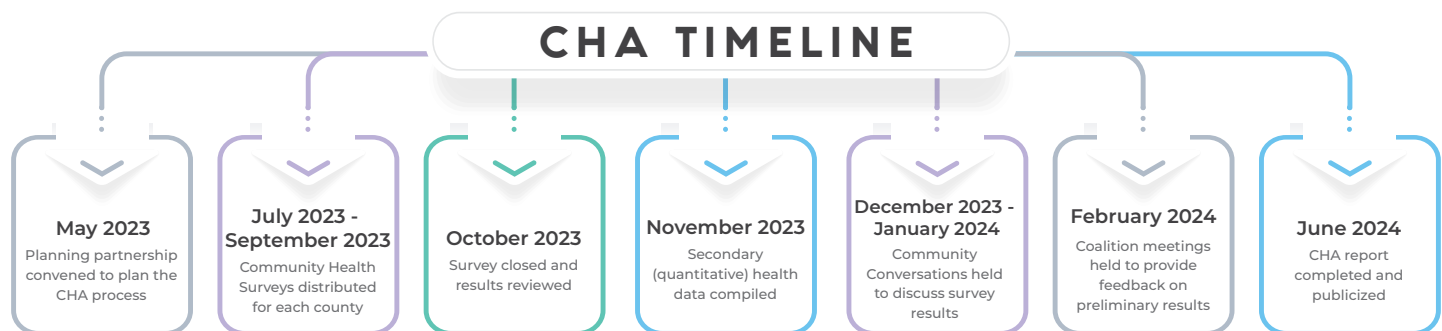
¹Source: U.S. Census Bureau, 2022 Estimates | ²Source: United Way 2023 ALICE Report

ASSESSMENT OVERVIEW

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.

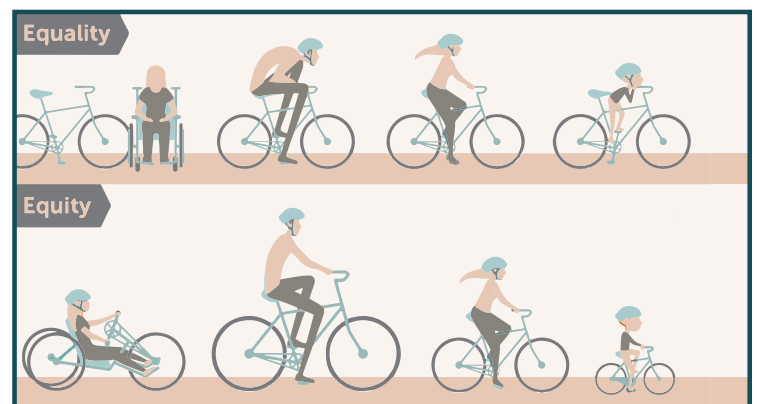
While health inequities also refer to differences in health outcomes between different groups of people, the important distinction between the two is that inequities are “*unfair, unjust, and avoidable*”. According to the WHO, “*Health inequities are differences in health status or in the distribution 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.

DATA COLLECTION METHODS

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

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**.

TOP FIVE ISSUES FOR CHIPPEWA COUNTY BASED ON SECONDARY DATA

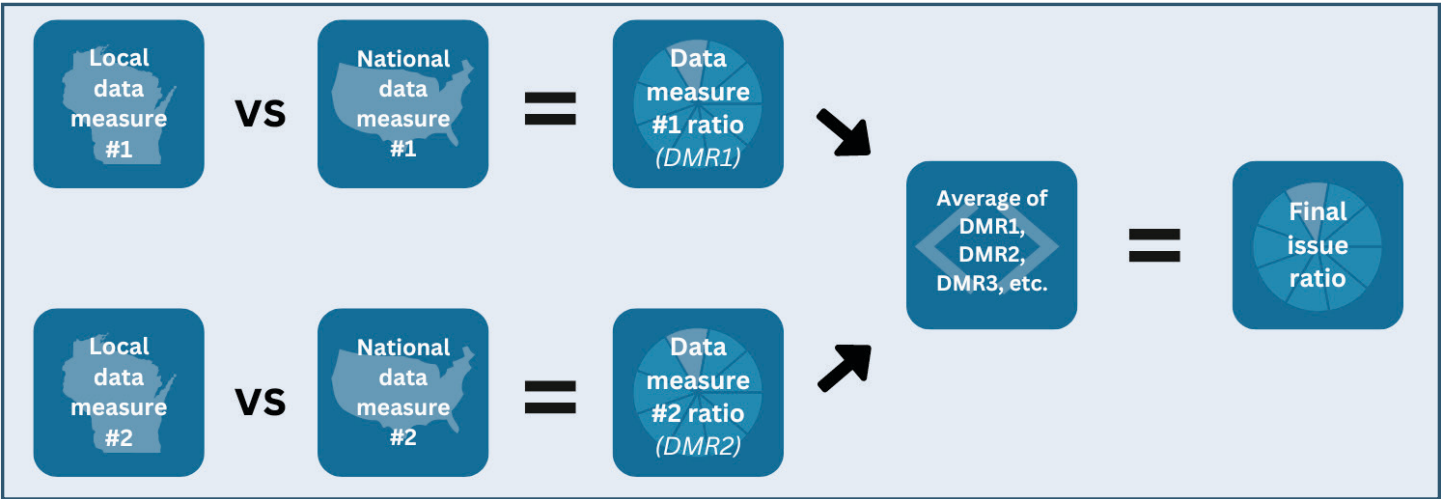
- + Low-quality or lack of public transportation
- + Not enough green space
- + Alcohol misuse
- + Health care is difficult to access
- + Environment or water pollution

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.



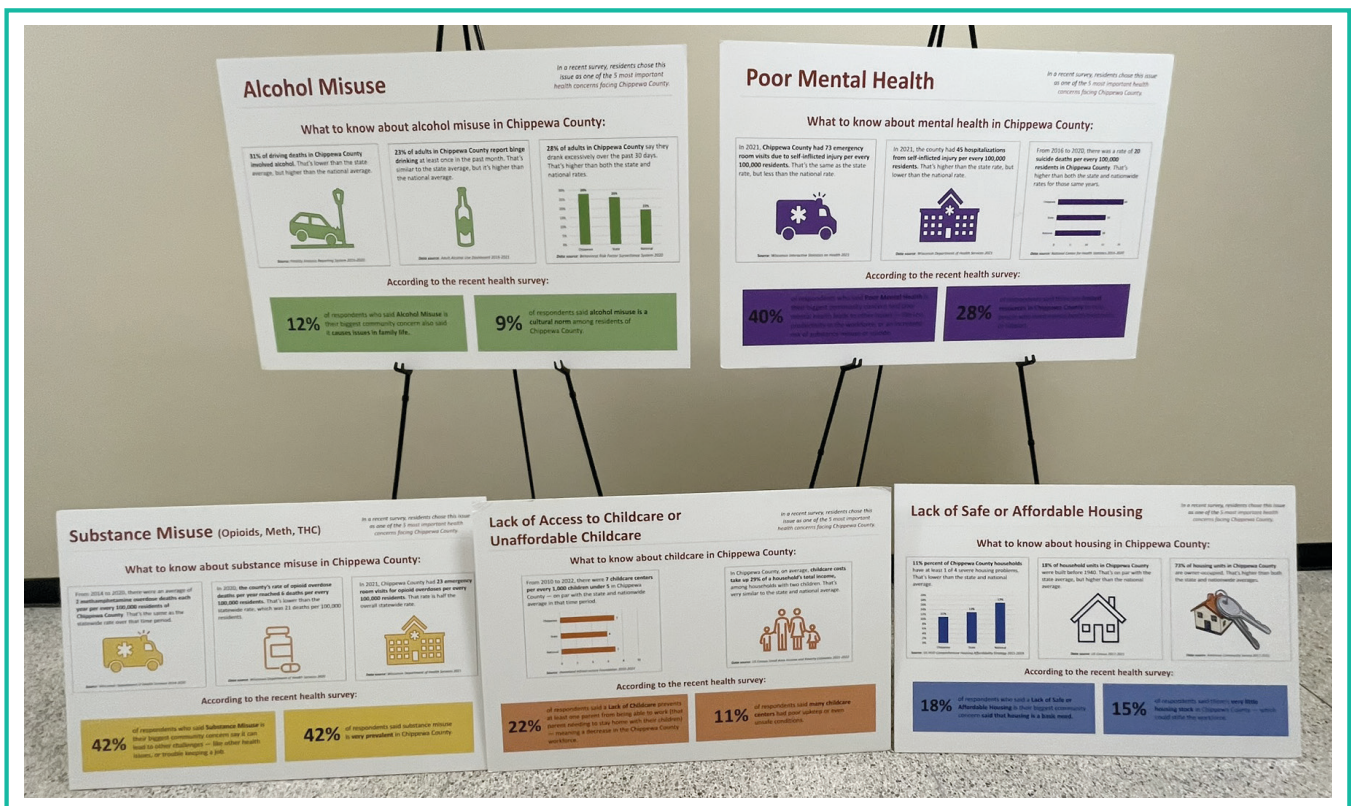
One limitation was that not all issues that impact health had secondary data measures related to them. These included 'Lack of adult education opportunities', and 'Lack of accessibility for people with disabilities'. CHA partners searched various databases but could not find relevant data measures that 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**.

<p>TOP FIVE ISSUES THAT IMPACT HEALTH ACCORDING TO PARTICIPATING CHIPPEWA COUNTY RESIDENTS</p> <ul style="list-style-type: none">+ Substance misuse+ Poor mental health+ Alcohol misuse+ Lack of safe or affordable housing+ Lack of access to childcare or unaffordable childcare	<p>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:</p> <ul style="list-style-type: none">+ 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?
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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?

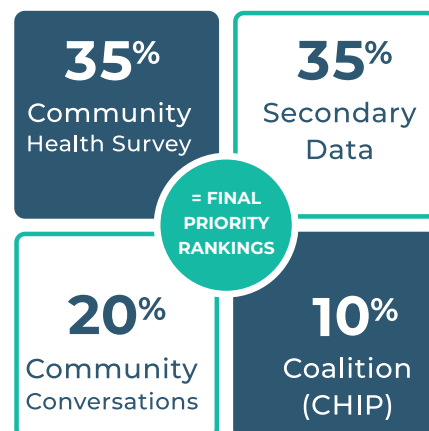
The meeting with the CHIP coalition was virtual, and only coalition members who attended the session live could cast their votes. This did cause the limitation that only CHIP members who could take time out of their workday on one specific day were able to vote during this step.

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.



Assessment component weighting to determine final rankings

FULL RANKING OF 2024 HEALTH PRIORITIES

- | | | |
|--|---|--|
| 1. Alcohol misuse | 10. Poor nutrition or unhealthy food | 18. Lack of accessibility for people with disabilities |
| 2. Low-quality or lack of public transportation | 11. Lack of jobs that can support a family/myself | 19. Lack of community connectedness |
| 3. Health care is difficult to access | 12. Healthy food is not affordable | 20. Lack of higher education opportunities |
| 4. Lack of access to childcare or unaffordable childcare | 13. Lack of affordable treatments for health conditions | 21. Low-quality early education |
| 5. Poor mental health | 14. Lack of physical activity | 22. Lack of adult education opportunities |
| 6. Lack of safe or affordable housing | 15. Environment or water pollution | 23. Racism and discrimination |
| 7. Substance misuse | 16. Lack of access to digital resources | 24. Limited emergency services nearby |
| 8. Vaping and tobacco use | 17. Not enough green space | 25. Community is not safe |
| 9. Lack of affordable or high-quality health insurance | | |

TOP 2015 HEALTH PRIORITIES

Mental Health • Obesity • Alcohol Misuse
Drug Use • Healthy Nutrition

TOP 2018 HEALTH PRIORITIES

Mental Health • Alcohol Misuse • Drug Use
Obesity • Physical Activity

TOP 2021 HEALTH PRIORITIES

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 (HSBS) 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

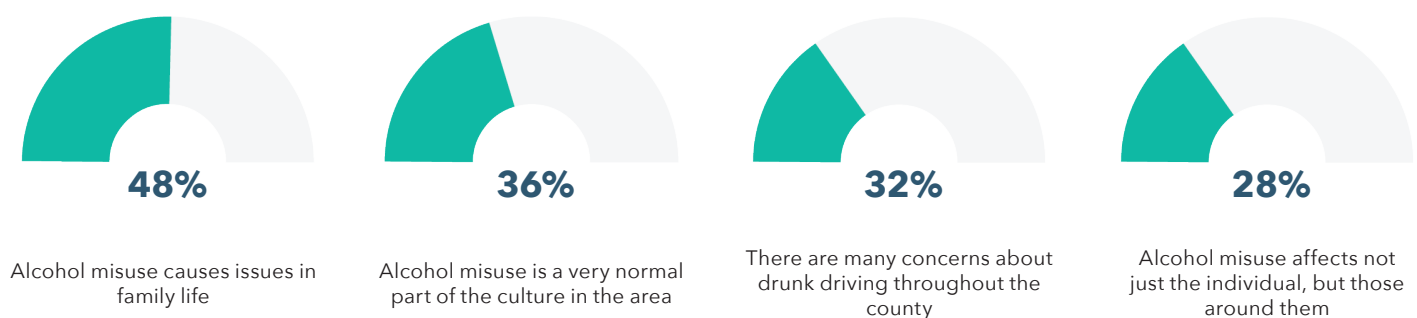
HEALTH FOCUS AREA SUMMARIES

1. ALCOHOL MISUSE

MISUSING ALCOHOL CAN CAUSE:

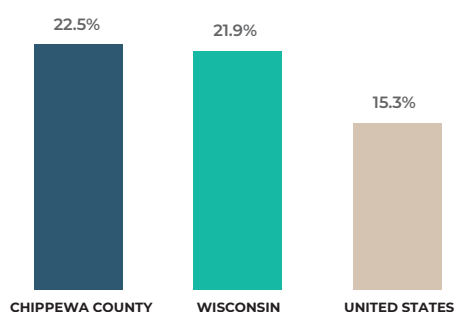
- + Family, relational, and interpersonal issues
- + Short-term and long-term health concerns
- + Community safety issues, such as drunk driving

What People Said on the Community Health Survey...

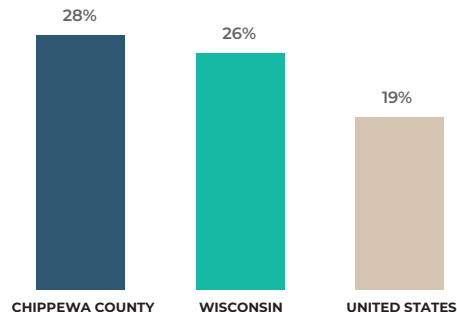


What The Data Says...

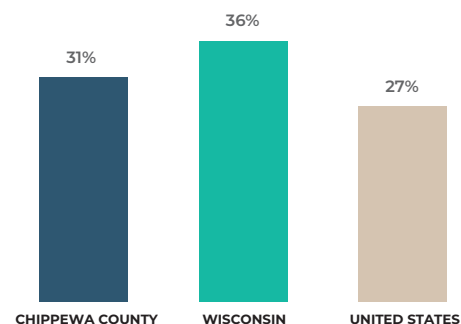
Engagement in binge drinking among adults 18 years and older in the past month²



Percent of the adult population that reports either binge drinking or drinking heavily in the past 30 days³



Percent of driving deaths with alcohol involvement¹



¹ Fatality Analysis Reporting System (2016-2020)

² Adult Alcohol Use Dashboard (2016-2021)

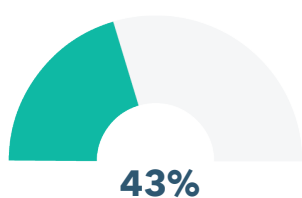
³ Behavioral Risk Factor Surveillance System (2020)

2. TRANSPORTATION

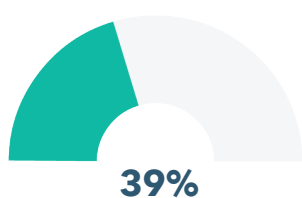
LACKING PUBLIC TRANSPORTATION CAN CAUSE:

- + 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

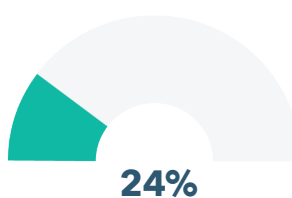
What People Said on the Community Health Survey...



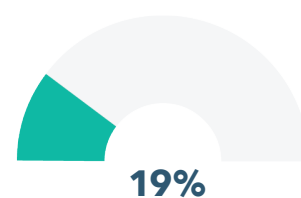
Currently you need to be able to drive, otherwise you can't get anywhere



There are limited resources available to help with transportation



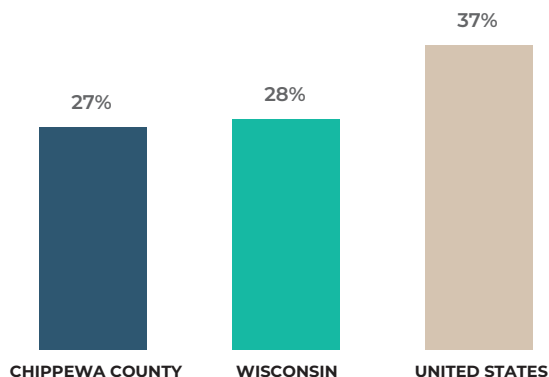
Many resources are in Eau Claire, which is a lot of travel



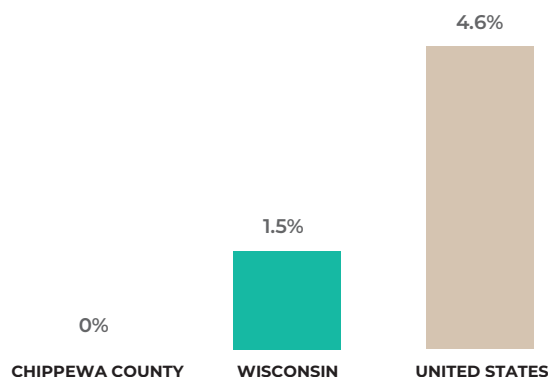
Current public transportation options are not affordable

What The Data Says...

Among workers who commute in their car alone, the percent that commute more than 30 minutes¹



Percent of workers who take public transportation (excluding cabs) to work²



¹ American Community Survey (2017-2021)

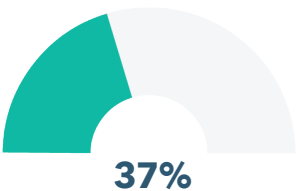
² American Community Survey 5-Year Estimates (2020)

3. HEALTH CARE ACCESS

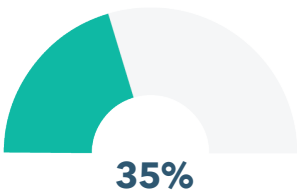
DIFFICULTY ACCESSING HEALTH CARE CAN CAUSE:

- + 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

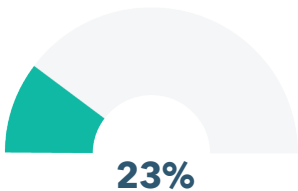
What People Said on the Community Health Survey...



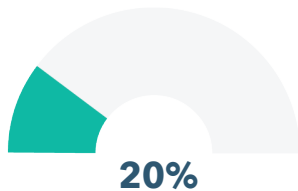
There are long wait times to receive health care



Mental health care is under-resourced



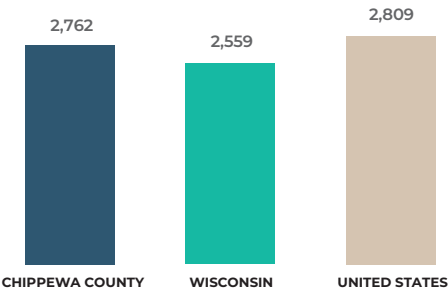
There are an insufficient number of health care workers



There is no nearby health care, you always have to travel far away to receive care

What The Data Says...

Rate of hospital stays for ambulatory care sensitive conditions per 100,000 Medicare enrollees⁴



	Ratio of population to primary care physicians ¹	Ratio of population to mental health providers ²	Ratio of population to dentists ³
Chippewa County	1320 to 1	1060 to 1	1810 to 1
Wisconsin	1240 to 1	420 to 1	1380 to 1
United States	1310 to 1	340 to 1	1380 to 1

¹ US Census Bureau's Small Area Health Insurance Estimates (2020)

² National Provider Identification file (2022)

³ National Provider Identification file (2021)

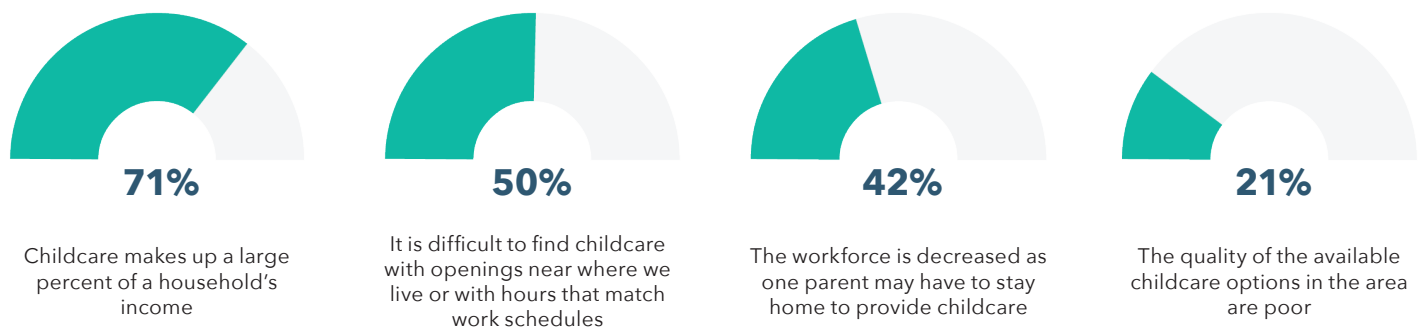
⁴ CMS Mapping Medicare Disparities Tool (2020)

4. CHILDCARE

HAVING ACCESS TO AFFORDABLE CHILDCARE PROVIDES:

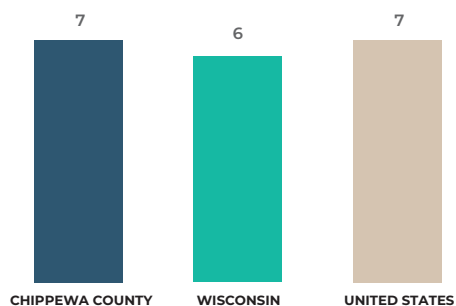
- + Child socialization and development
- + An ability for single parents to be in the workforce
- + Dual parent households to have both parents work

What People Said on the Community Health Survey...

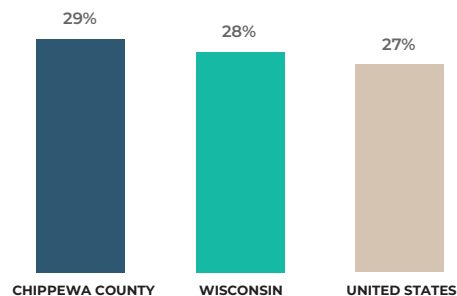


What The Data Says...

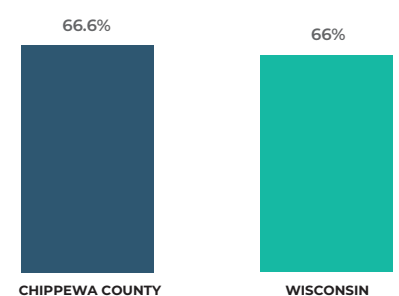
Number of childcare centers per 1000 population under 5 years old²



Childcare costs as a percent of median household income for a household with two children¹



Percent of children under 5 residing in locations with an adequate number of regulated childcare slots³



¹ US Census Small Area Income and Poverty Estimates (2021-2022)

² Homeland Infrastructure Foundation (2010-2022)

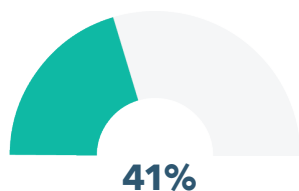
³ WI Department of Children and Families provider data (2019)

5. MENTAL HEALTH

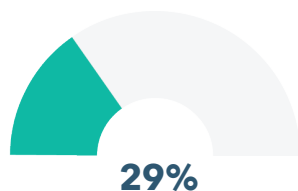
POOR MENTAL HEALTH CAN CAUSE:

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

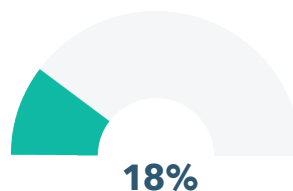
What People Said on the Community Health Survey...



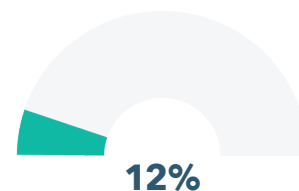
Mental health contributes to many of the other issues in the community



There are limited resources to help with all levels of mental health in the area



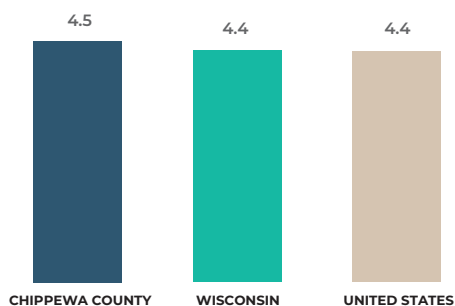
There are few mental health providers in the area



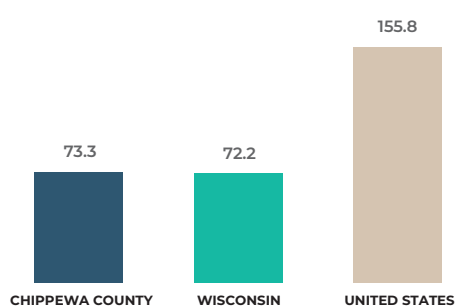
There are long wait times to get care with mental health

What The Data Says...

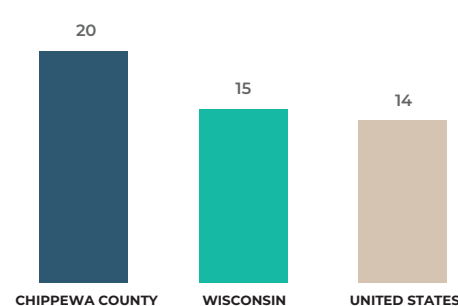
Average number of self-reported mentally unhealthy days in the past 30 days¹



Rate of self-inflicted Emergency Room visits per 100,000 population²



Number of deaths due to suicide per 100,000 population³



¹ Behavioral Risk Factor Surveillance System (2020)

² Wisconsin Interactive Statistics on Health (2021)

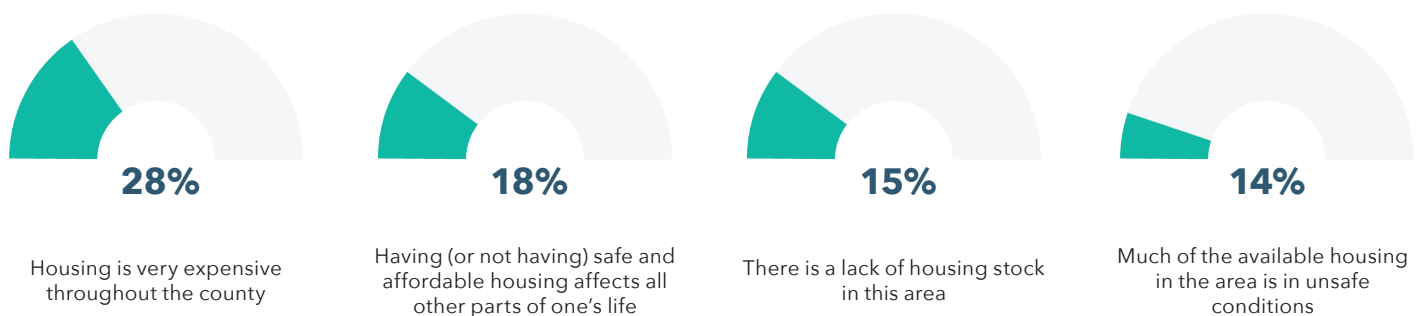
³ National Center for Health Statistics (2016-2020)

6. HOUSING

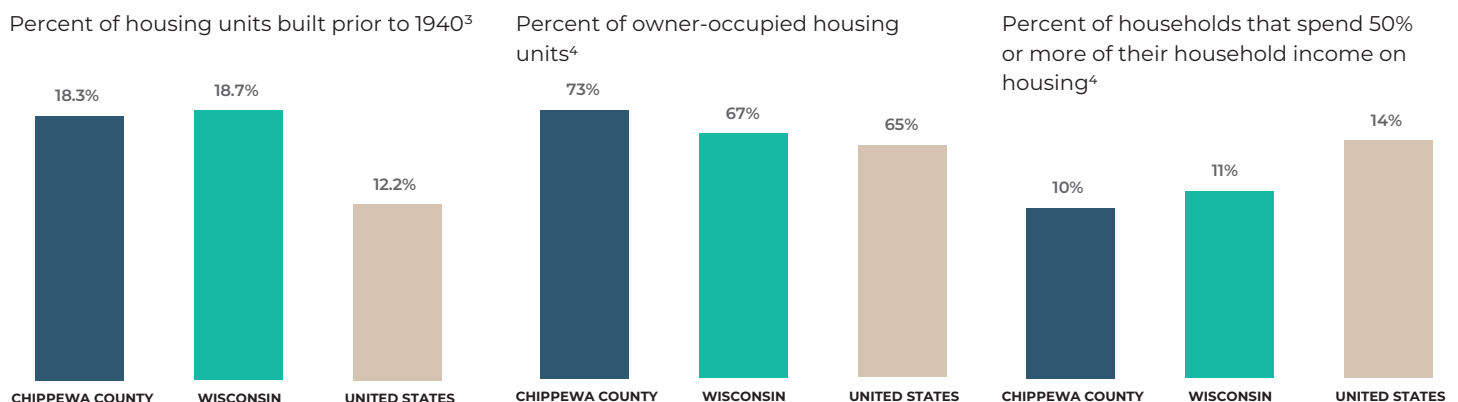
UNSAFE OR UNAFFORDABLE HOUSING CAN CAUSE:

- + 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...



² Comprehensive Housing Affordability Strategy data (2015-2019)

³ US Census (2017-2021)

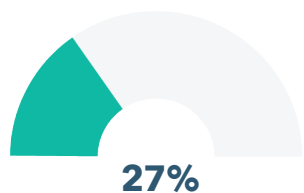
⁴ American Community Survey (2017-2021)

7. SUBSTANCE MISUSE

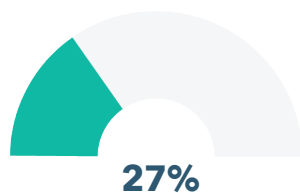
MISUSING SUBSTANCES SUCH AS METH, OPIOIDS, AND THC CAN CAUSE:

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

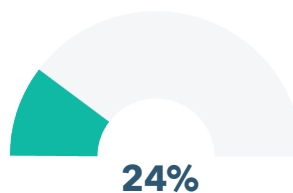
What People Said on the Community Health Survey...



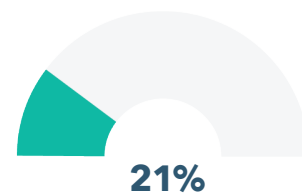
Substance misuse causes other issues, such as health issues or issues in the community



There is a lot of substance misuse that occurs in the county



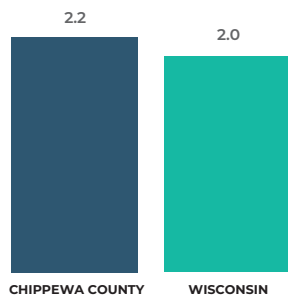
Substance misuse has many impacts to the family, and often is passed down from parent to child



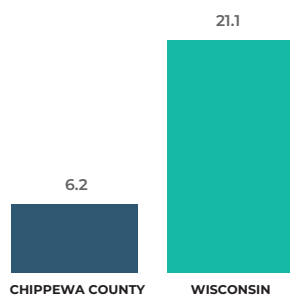
There are community safety issues, such as driving under the influence, when misusing substances

What The Data Says...

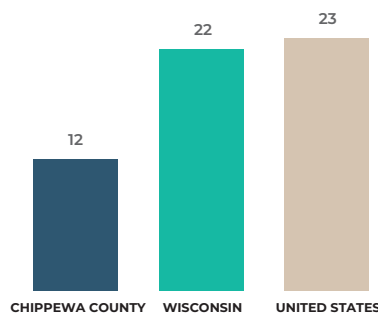
Rate of meth overdose deaths per 100,000²



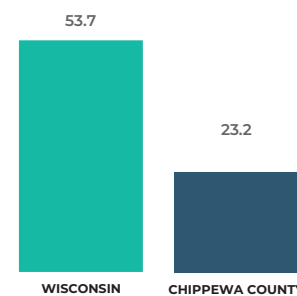
Rate of opioid overdose deaths per 100,000⁴



Number of drug poisoning deaths per 100,000 population¹



Emergency Room visits for opioid overdoses per 100,000 population³



¹ National Center for Health Statistics (2018-2020)

² Wisconsin Dept. of Health Services (2014-2020)

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

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

8. VAPING

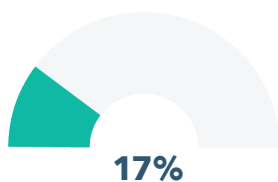
USING VAPE AND TOBACCO PRODUCTS CAN CAUSE:

- + 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

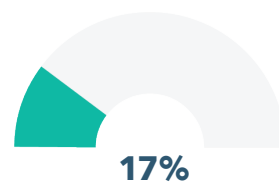
What People Said on the Community Health Survey...



There are many concerns regarding the exposure of youth to tobacco products, or youth use of products



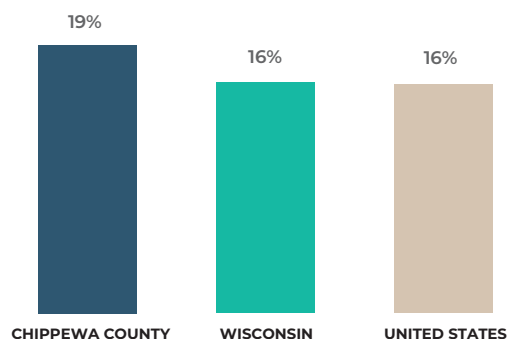
There are limited resources to help people quit using vape and tobacco products in the area



The health of the people around those who use vape and tobacco products also gets impacted

What The Data Says...

Percent of adults who are current smokers¹



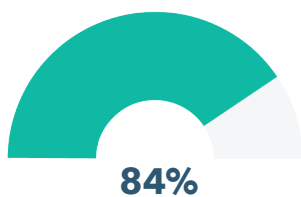
¹ Behavioral Risk Factor Surveillance System (2020)

9. HEALTH INSURANCE

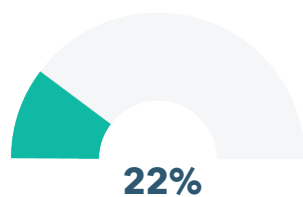
LACKING HEALTH INSURANCE CAN CAUSE:

- + 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

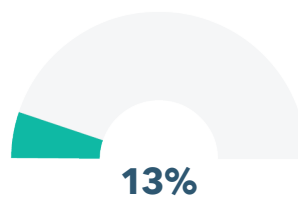
What People Said on the Community Health Survey...



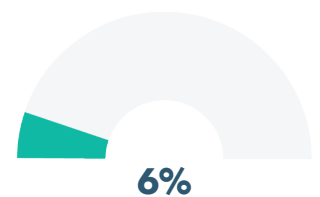
Insurance is very costly in the area



Often health care is avoided out of being unable to afford it



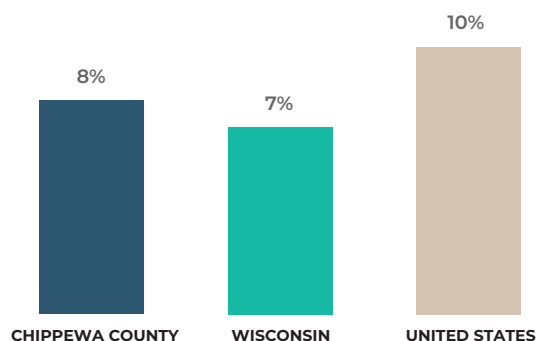
There are very few choices of insurance providers or insurance plans in the area



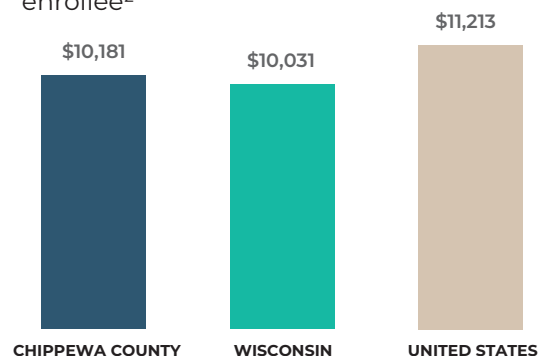
It is difficult to afford other things, such as healthy food or housing payments, due to medical expenses

What The Data Says...

Percent of population under age 65 that has no health insurance coverage¹



Amount of price-adjusted Medicare reimbursements (Parts A & B) per enrollee²



¹ US Census Bureau's Small Area Health Insurance Estimates (2020)

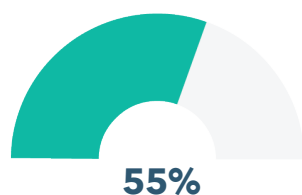
² Dartmouth Atlas of Health Care (2019)

10. POOR NUTRITION

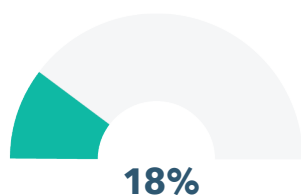
UNHEALTHY EATING HABITS CAN CAUSE:

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

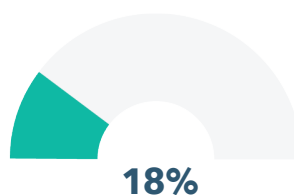
What People Said on the Community Health Survey...



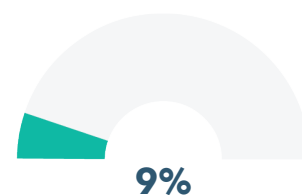
Eating unhealthily can cause chronic disease or make them worse



There is a general uncertainty over how to eat healthy



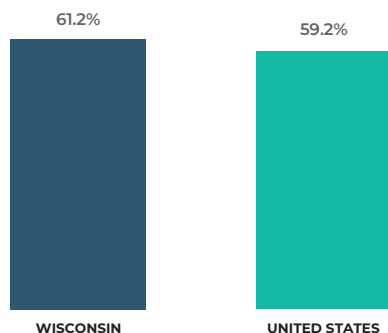
There are a lack of options for healthy food throughout the county



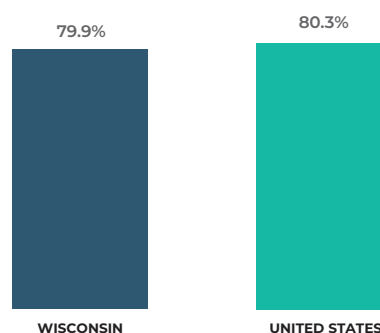
People don't want to/are unable to cook which leads to eating out or just eating pre-made meals

What The Data Says...

Percent of adults who consumed 1 or more fruits per day¹



Percent of adults who consumed 1 or more vegetables per day¹



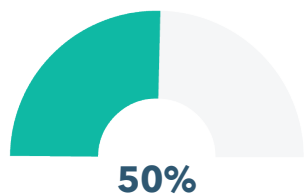
¹ State Cancer Profiles (2021)

11. JOBS

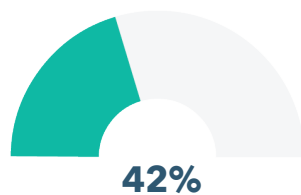
A LACK OF JOBS CAN CAUSE:

- + 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

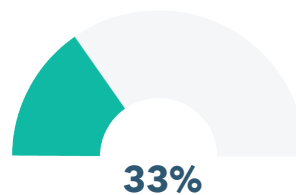
What People Said on the Community Health Survey...



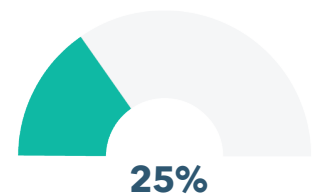
Wages are not keeping up with the current cost of living



Not having a job impacts all aspects of someone's life



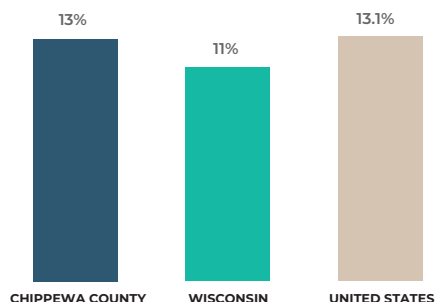
People have to settle for low-quality jobs



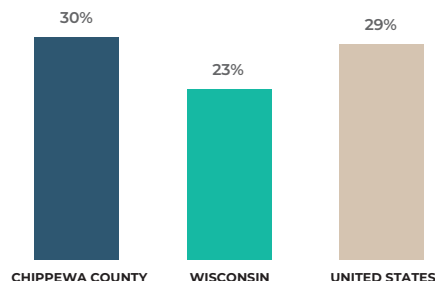
If you don't have a good job you can't afford to be healthy

What The Data Says...

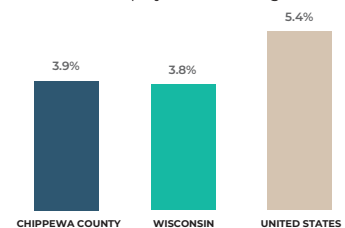
Percent of population living below the Federal Poverty Line³



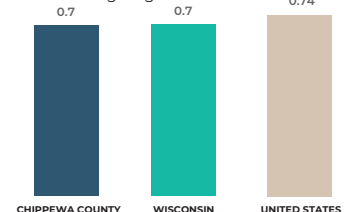
Estimated percent of households that are above the poverty level, but do not have enough to afford the basics⁵



Percent of population age 16 and over who are unemployed but seeking work⁴



Ratio of median household income to annual living wage²



² US Census (2022)

³ Small Area Income and Poverty Estimates program (2018)

⁴ Bureau of Labor Statistics (2021)

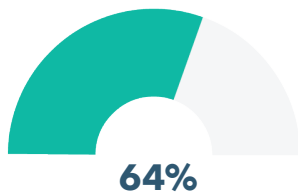
⁵ United Way 2023 ALICE Report (2021)

12. HEALTHY FOOD

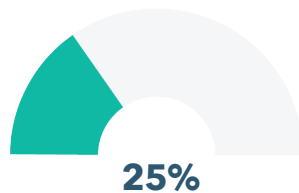
NOT BEING ABLE TO AFFORD HEALTHY FOOD CAN CAUSE:

- + 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

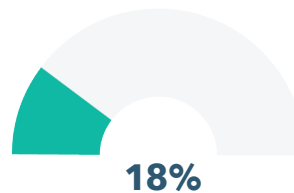
What People Said on the Community Health Survey...



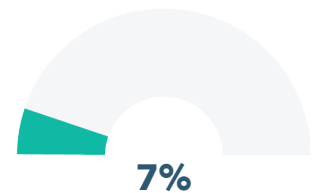
It is very expensive to eat healthy



Eating healthy impacts your whole health and ability to stay healthy



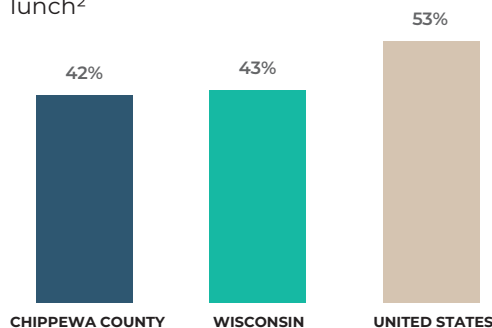
Unhealthy food options are much more convenient



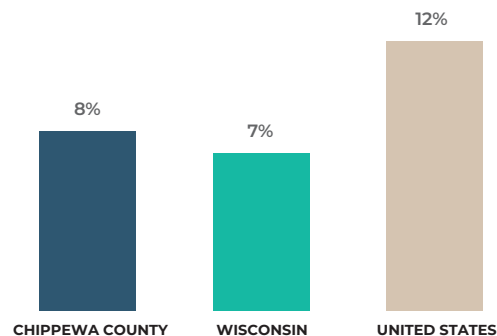
There is an issue of being "not poor enough" to qualify for food assistance programs

What The Data Says...

Percent of children enrolled in public schools that are eligible for free school lunch²



Percent of population who lack adequate access to food¹



¹ Map the Meal Gap (2020)

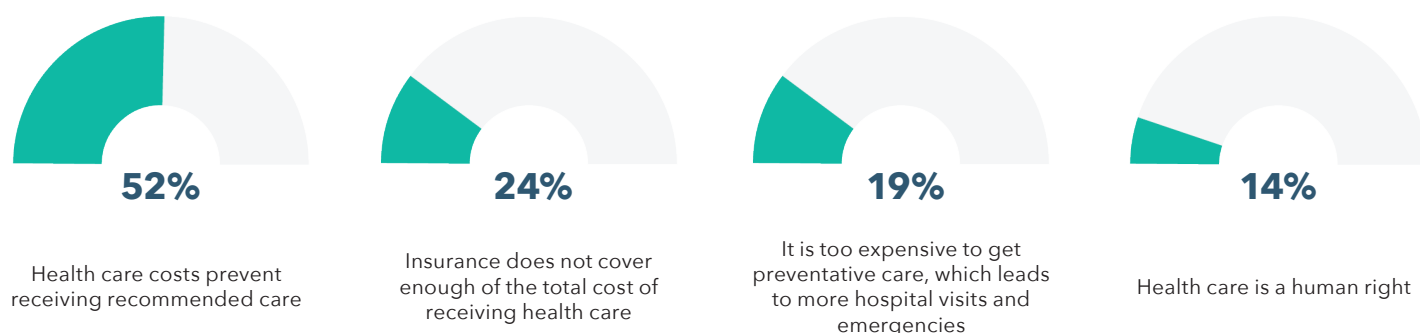
² National Center for Education Statistics (2020-2021)

13. AFFORDABLE TREATMENTS

UNAFFORDABLE TREATMENTS FOR HEALTH CONDITIONS CAN CAUSE:

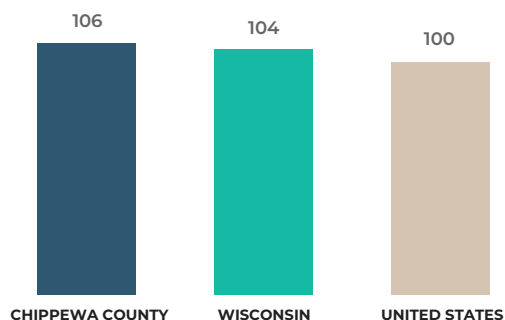
- + Overall increased financial strain
- + Avoidance of receiving recommended health care to prevent illness
- + Increased community death rates from increased untreated chronic conditions

What People Said on the Community Health Survey...

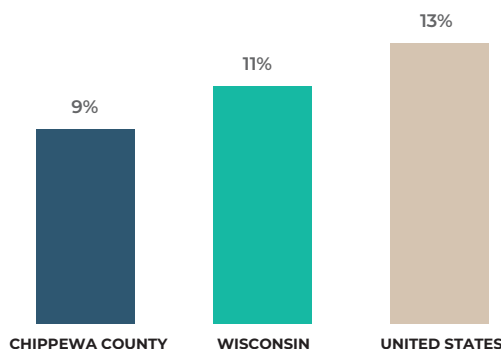


What The Data Says...

Health care costs compared to US average (values greater than 100 are more expensive than US average)¹



Estimated percent of population with medical debt in collections²



¹ Bureau of Labor Statistics (2022)

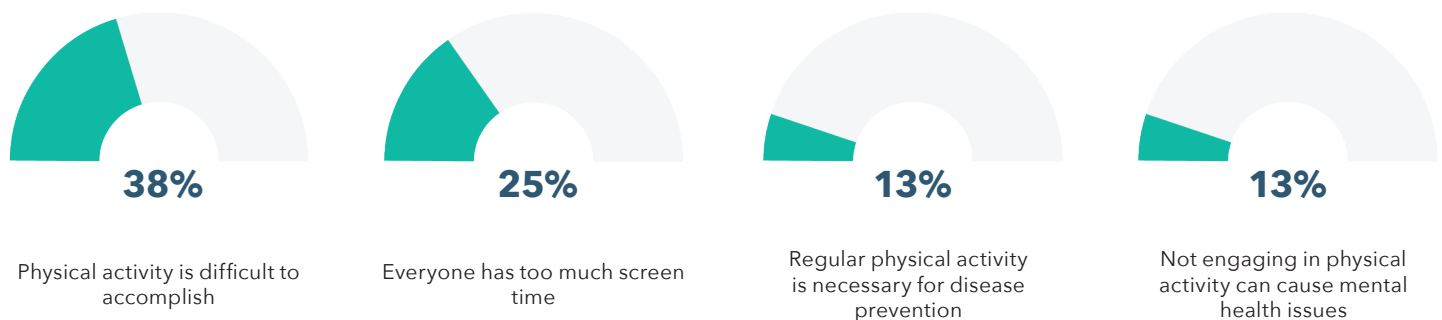
² American Community Survey (2021)

14. PHYSICAL ACTIVITY

A LACK OF PHYSICAL ACTIVITY CAN CAUSE:

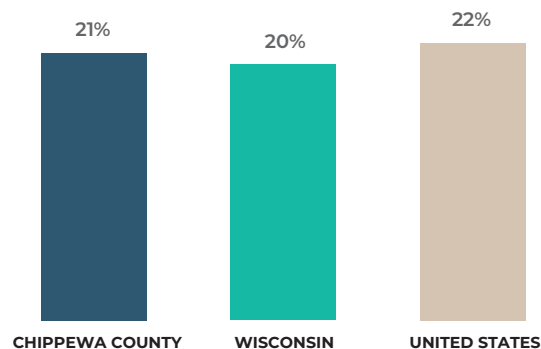
- + Increased chronic health issues from inactivity including obesity, diabetes, high blood pressure, and others

What People Said on the Community Health Survey...



What The Data Says...

Percent of adults aged 18 and over reporting no leisure-time physical activity¹



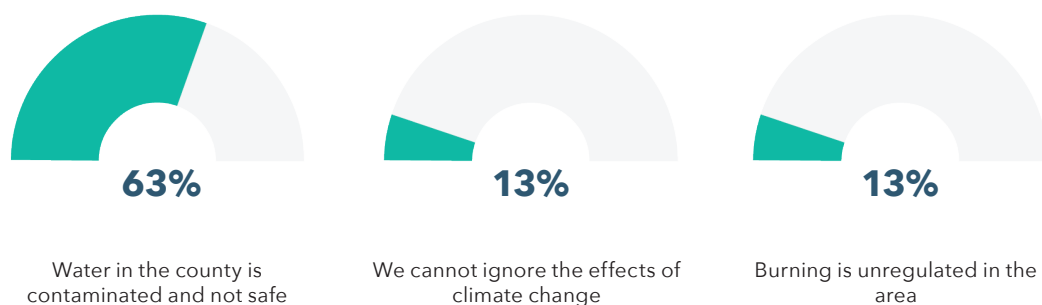
¹ Behavioral Risk Factor Surveillance System (2020)

15. POLLUTION

ENVIRONMENT OR WATER POLLUTION CAN CAUSE:

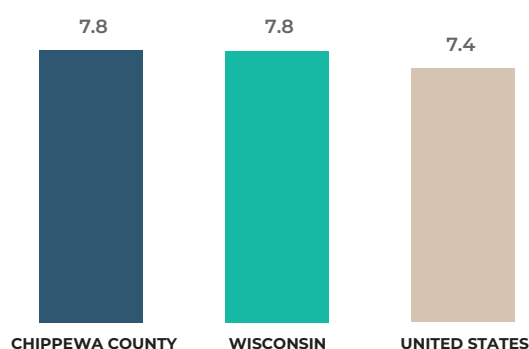
- + Increased exposure to toxins from coming into contact with contaminated areas
- + Short term and long term disease
- + Loss of use of natural resources from depletion or over-contamination

What People Said on the Community Health Survey...

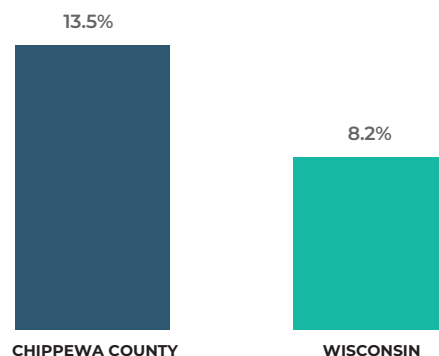


What The Data Says...

The average daily density of fine particulate matter in micrograms per cubic meter in a county¹



Percent of private wells above EPA nitrate standards²



¹ Environmental Public Health Tracking Network (2019)

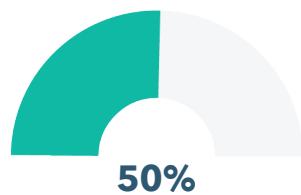
² Wisconsin Groundwater Coordinating Council Report to the Legislature (2023)

16. ACCESS TO DIGITAL

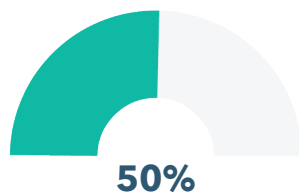
A LACK OF DIGITAL ACCESS CAN CAUSE:

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

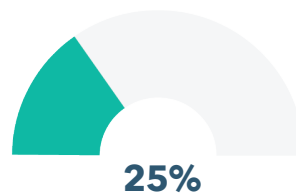
What People Said on the Community Health Survey...



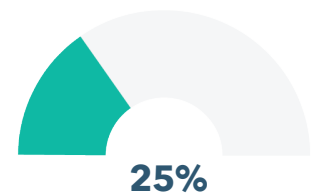
Many areas in the county have poor Internet access



Not having access to the Internet and other digital resources restricts access to other resources



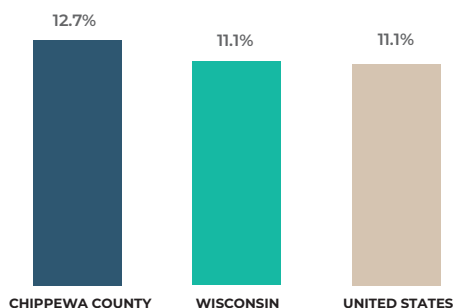
There are lots of areas in the county with poor cell phone/mobile data service



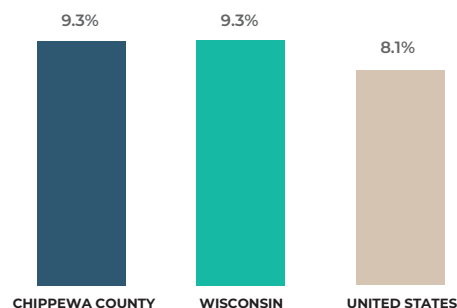
Students need the Internet for school, not having it makes learning harder

What The Data Says...

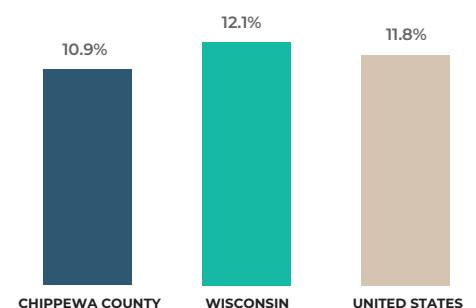
Percent of households with a cellular data plan with no other type of Internet subscription²



Percent of households without a computing device (incl. smartphone, tablet, desktop, laptop)²



Percent of households with no Internet access²



² 2020 American Community Survey 5-Year Estimates

17. GREEN SPACE

A LACK OF GREEN SPACE CAN CAUSE:

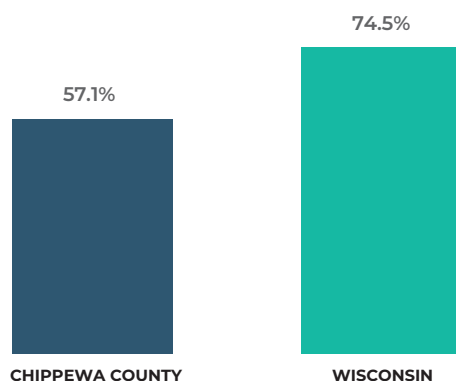
- + An increased sense of isolation or lack of outdoor escape
- + Higher local temperatures from plants not absorbing sunlight
- + Fewer recreational options

What People Said on the Community Health Survey...

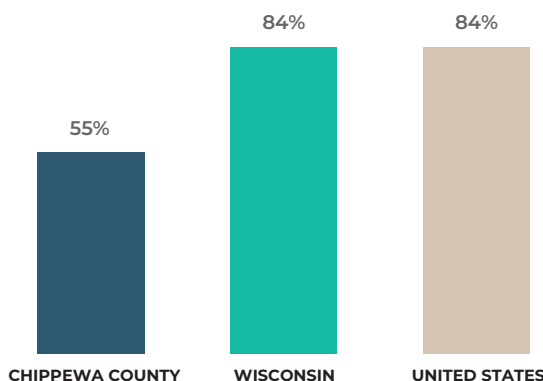
There were no Community Health Survey respondents who stated why they chose this issue in their free response answers.

What The Data Says...

Estimated percent of population that lives within a 1 mile radius of a publicly accessible park²



Percent of population with adequate access to location for physical activity¹



¹ ArcGIS (2020 & 2022)

² 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...

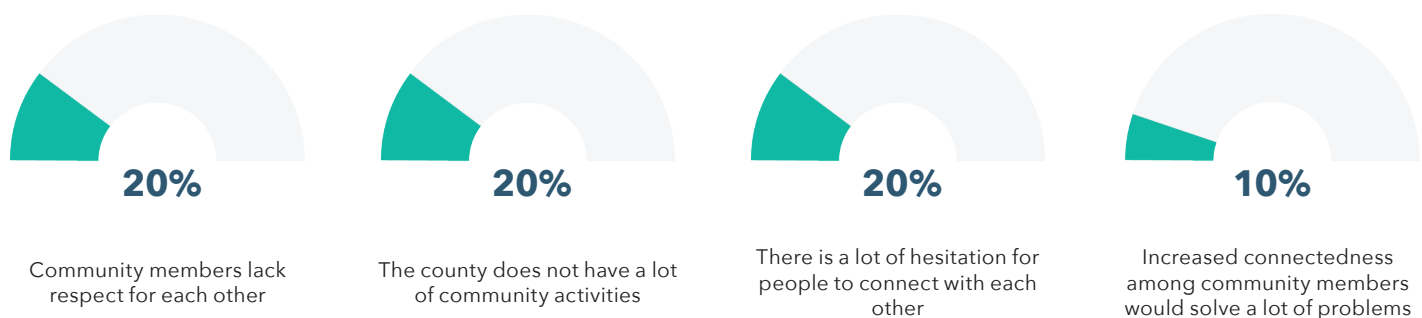
CHA partners searched a variety of databases but were unable to find relevant secondary data points that fit the assessment criteria for this health priority.

19. CONNECTEDNESS

A LACK OF CONNECTEDNESS CAN CAUSE:

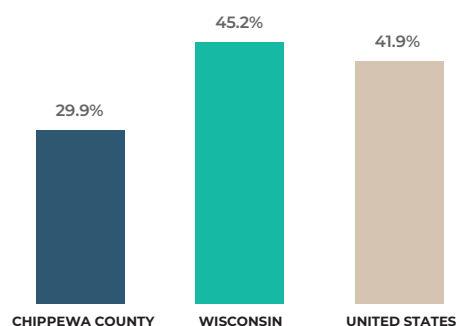
- + Social isolation
- + Neglect of community members requiring more attention
- + Increased mental health issues from prolonged loss of connection

What People Said on the Community Health Survey...

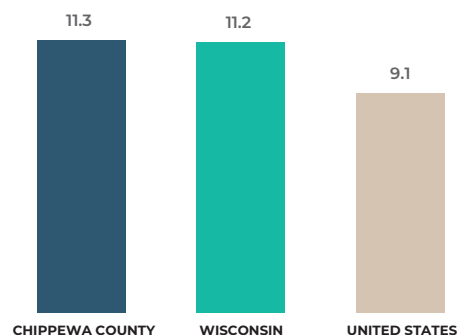


What The Data Says...

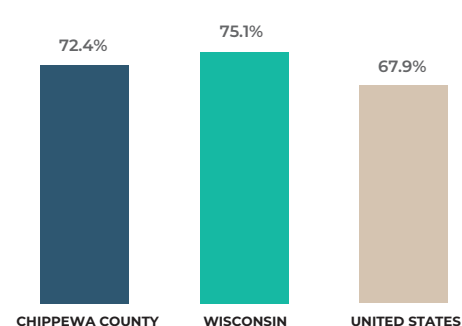
Percent of people 65 years and older who live alone¹



Number of membership associations per 10,000 population²



Percent of voting age population who voted in the last general election³



¹ American Community Survey (2021)

² County Business Patterns (2020)

³ American Community Survey (2016-2020)

20. HIGHER EDUCATION

LACK OF EDUCATION OPPORTUNITIES CAN CAUSE:

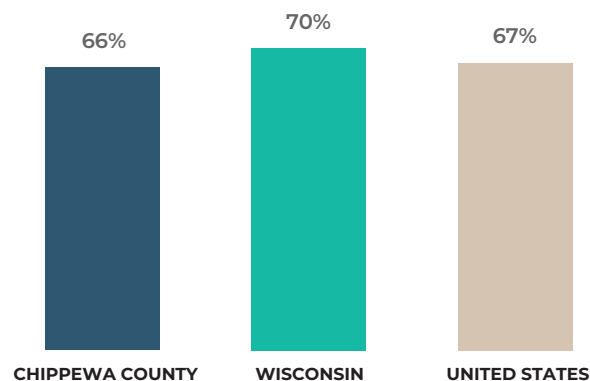
- + Decreased access to higher paying jobs
- + Lack of community economic opportunities
- + Loss of population as people move away for school

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 education¹



¹ American Community Survey (2017-2021)

21. EARLY EDUCATION

POOR EARLY EDUCATION CAN CAUSE:

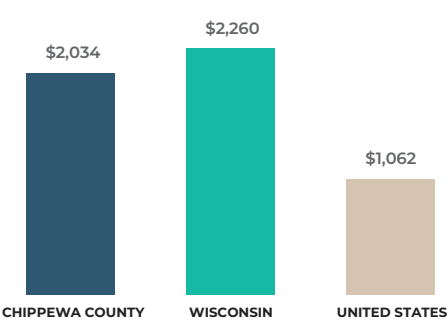
- + Child development delays
- + Lower college and university enrollment
- + Decreased access to higher paying jobs in adulthood

What People Said on the Community Health Survey...

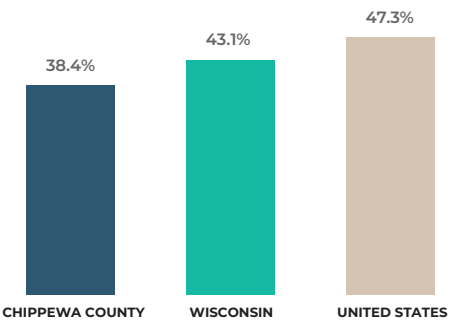


What The Data Says...

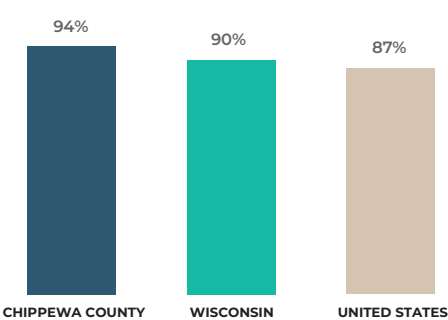
Average gap in dollars between actual and required spending per pupil among public school districts⁴



Percent of 3 to 4 year olds enrolled in preschool or nursery school⁵



Percent of 9th grade cohort that graduates in four years¹



¹ EDFacts (2019-2020)

⁴ School Finance Indicators Database (2020)

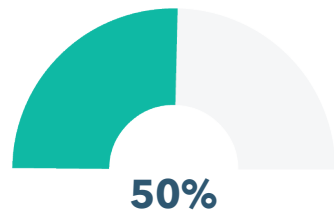
⁵ 2020 American Community Survey 5-Year Estimates

22. ADULT EDUCATION

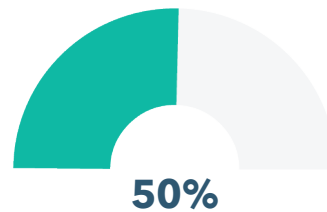
LACK OF ADULT EDUCATION CAN CAUSE:

- + 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...



The content of adult education classes is lacking



There is poor advertising locally of what options are available for adult education

What The Data Says...

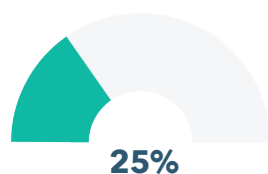
CHA partners searched a variety of databases but were unable to find relevant secondary data points that fit the assessment criteria for this health priority

23. DISCRIMINATION

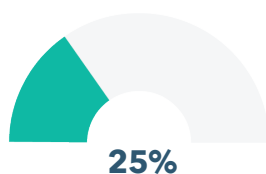
DISCRIMINATION, INCLUDING RACISM, CAN CAUSE:

- + 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

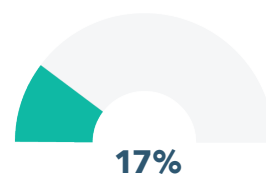
What People Said on the Community Health Survey...



There is a lot of bullying and harassment that occur in the area



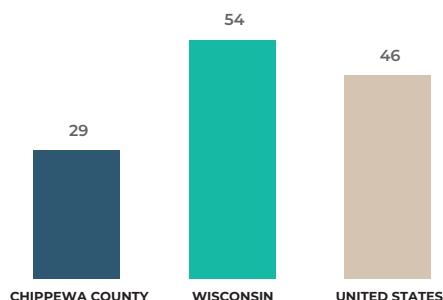
People are not given the same opportunities based on their appearance or backgrounds



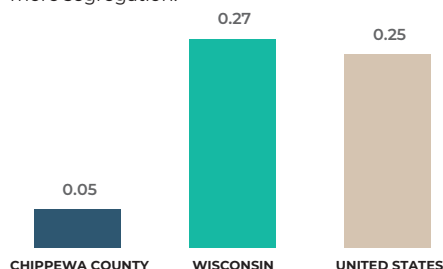
This county has a lot of “us vs them” mentality, people are not willing to try and understand differences

What The Data Says...

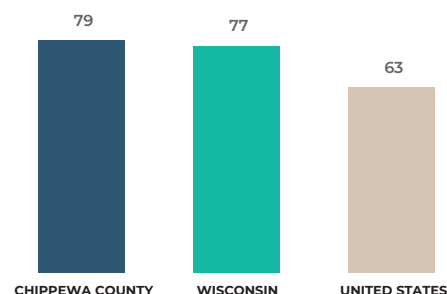
Index of dissimilarity between Non-white and White residents where a value of 100 represents complete segregation²



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. Higher values represent more segregation.³



Index of dissimilarity between Black and White residents where a value of 100 represents complete segregation¹



¹ American Community Survey (2017-2021)

² American Community Survey (2016-2020)

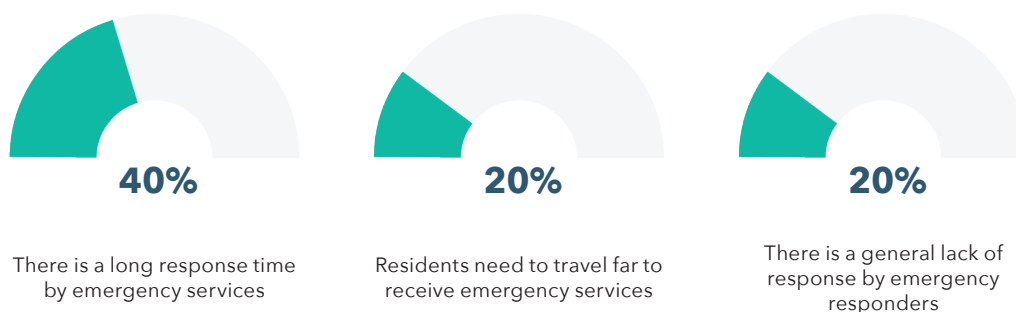
³ National Center for Education Statistics (2021-2022)

24. EMERGENCY SERVICES

NOT HAVING NEARBY EMERGENCY SERVICES CAN CAUSE:

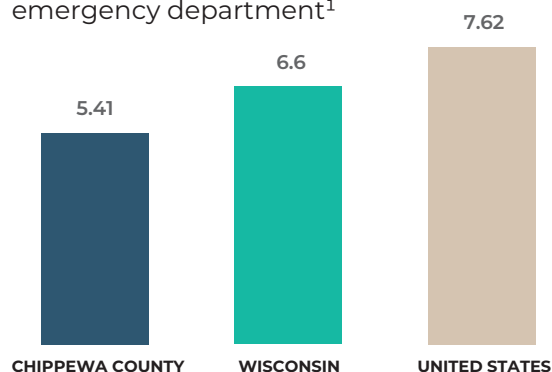
- + Delays in response by emergency personnel
- + Decreased safety from limited police or fire response
- + Increased risk of adverse outcomes from delayed arrival at Emergency Rooms

What People Said on the Community Health Survey...



What The Data Says...

Median distance in miles to nearest emergency department¹



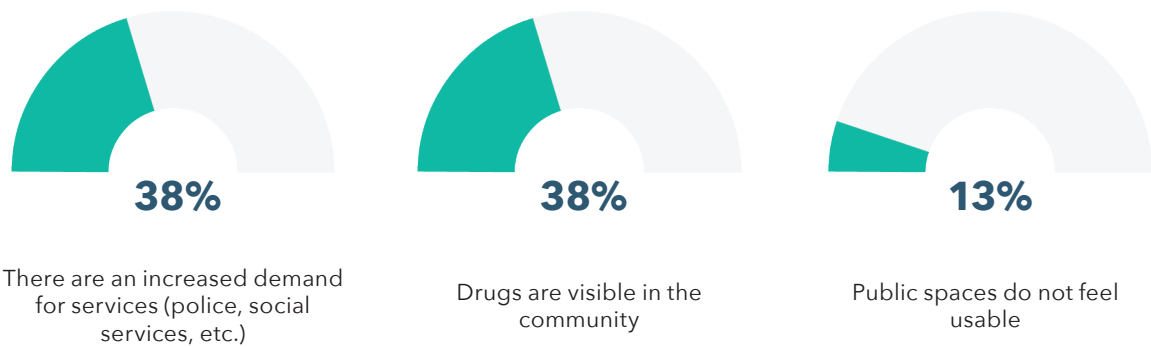
¹ Agency for Healthcare Research and Quality (2020)

25. COMMUNITY SAFETY

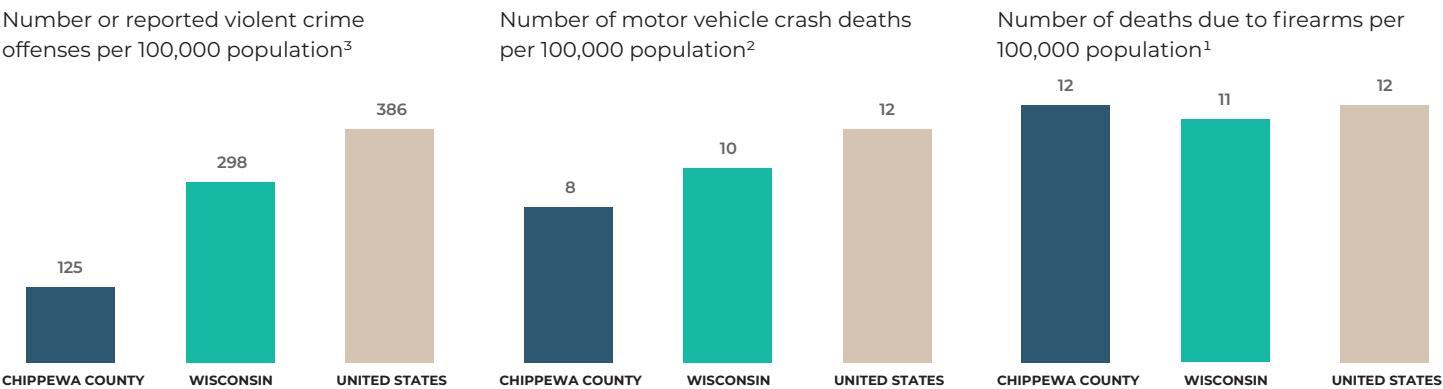
A LACK OF COMMUNITY SAFETY CAN CAUSE:

- + 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...



¹ National Center for Health Statistics (2016-2020)
² National Center for Health Statistics (2014-2020)
³ Uniform Crime Reporting- FBI (2014 & 2016)

APPENDIX I

COMMUNITY HEALTH SURVEY

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 th 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 2nd Ave., Eau Claire, WI 54703.*

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



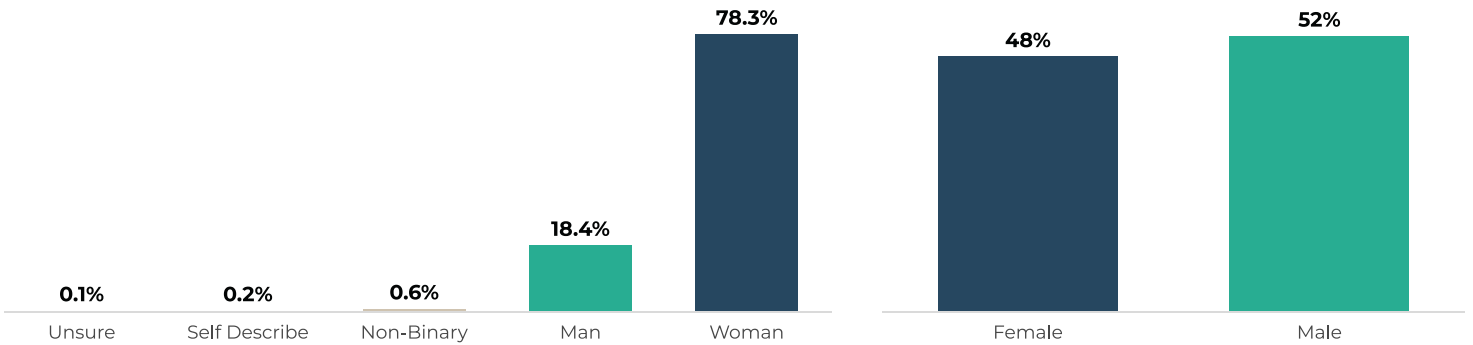
APPENDIX II

DEMOGRAPHIC PROFILES

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

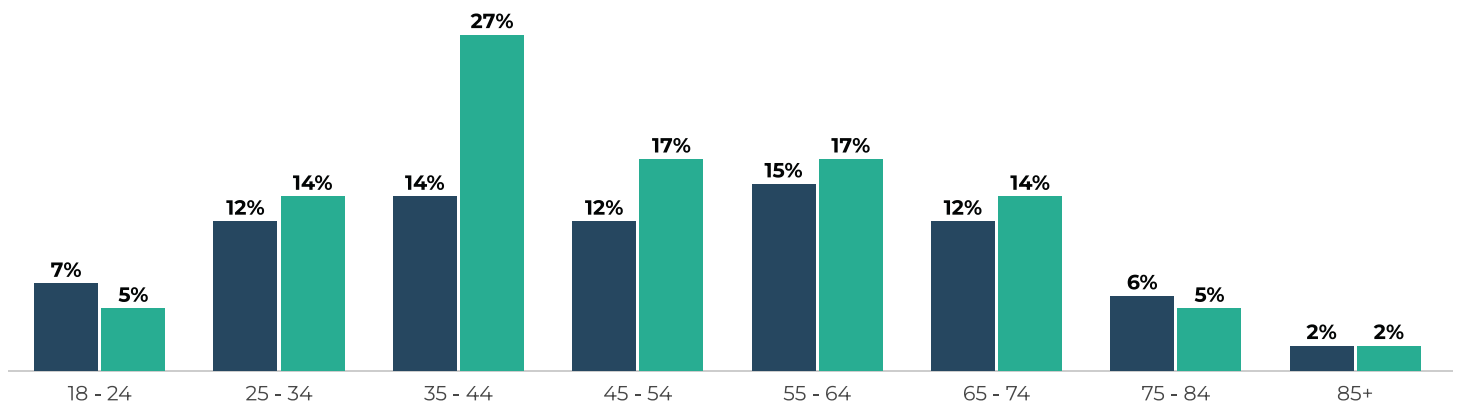
Gender Distribution of Chippewa County Residents



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.

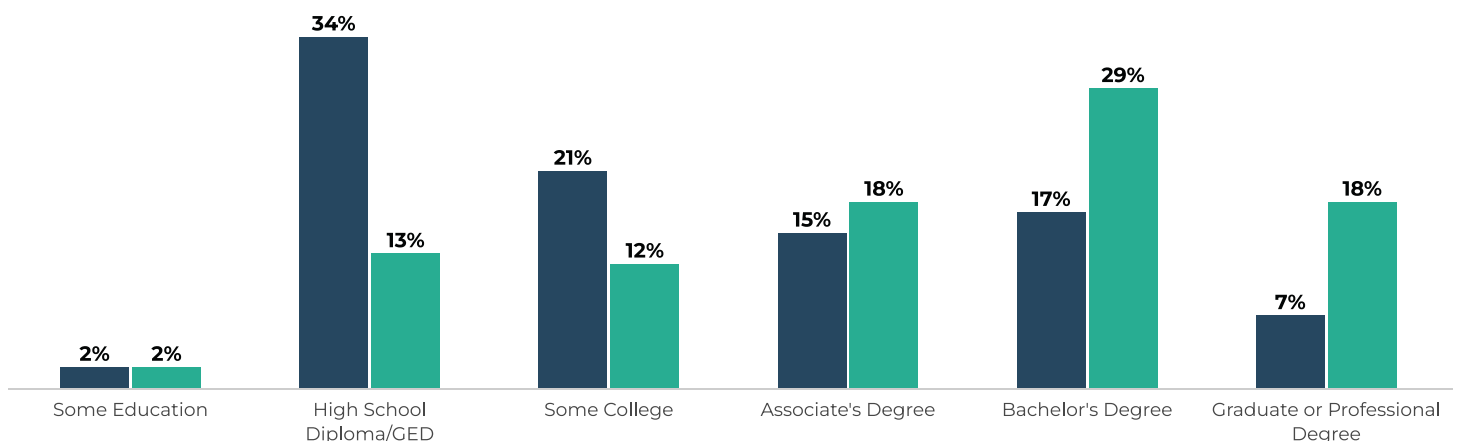
Age Distribution of Survey Respondents & Chippewa County Residents

Chippewa County Residents Survey Respondents

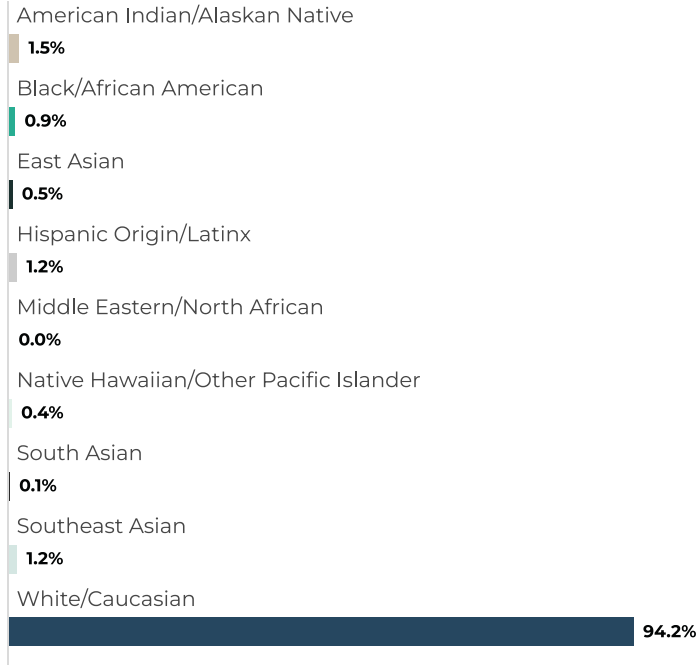


Highest Educational Attainment of Survey Respondents & Chippewa County Residents

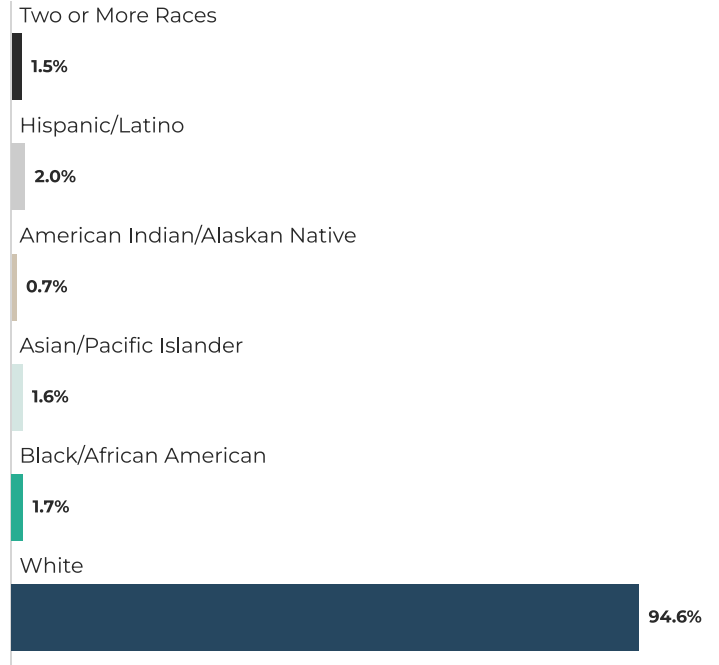
Chippewa County Residents Survey Respondents



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

■ Chippewa County ■ Survey Respondents



APPENDIX III

CORE DATA SETS

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 Expectancy	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 Association (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 environment, 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

APPENDIX IV

COMMUNITY ASSETS INVENTORY

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.area61aafg.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 Mondovi 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
Marshfield Clinic - Chippewa Falls Center	2655 County Highway I Chippewa Falls, WI 54729 (715) 726-4200	Offers Adult Primary Care, Pediatrics, Cardiology, Oncology, and other services.
Marshfield Clinic - Cornell Center	600 Woodside Drive Cornell, WI 54732 (715) 239-6344	Provides Family Medicine, including nutrition services.
Mayo Clinic Health System - Bloomer	1501 Thompson St., Bloomer, WI 54724 (715) 861-1398	Services include Family Medicine, Cardiology, Diabetes Education, and other specialties.
Mayo Clinic Health System - Chippewa Falls	611 First Ave., Chippewa Falls, WI 54729 (715) 708-6248	Services include Family Medicine, Cardiology, Diabetes Education, Rheumatology, and other specialties.
OakLeaf Clinics - Chippewa Falls	855 Lakeland Drive, Chippewa Falls, WI 54729 (715) 839-9280	Offers Family Medicine, Cardiology, Pulmonary Care, and other specialties.
Open Door Clinic	First Presbyterian Church 130 W. Central Chippewa Falls, WI 54729 (715) 720-1443 www.chippewaopendoor.org	Provides basic health care services and a connection to community resources for Chippewa County residents without a healthcare alternative.
Weight Watchers	1000 E. Grand Ave. Chippewa Falls, WI 54729 (800) 651-6000	Provides personal assessment, action plan, and support to help with weight loss.
YMCA of the Chippewa Valley	611 Jefferson Ave. Chippewa Falls, WI 54729 (715) 723-2201 www.ymca-cv.org	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
Butterfly Kisses Family Child-care	132 McKnight St. Stanley, WI 54768 (715) 313-0586	Licensed family childcare provider.
CESA 11 Cadott Head Start	463 E Mills St. Cadott, WI 54727 (715) 289-4213	Licensed group childcare provider.
Chippewa Falls CESA 11 Head Start	2820 E Park Ave. Chippewa Falls, WI 54729 (715) 723-1211	Licensed group childcare provider.
Chippewa Falls YMCA	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.
Heather's Family Child Care Center	721 Irvine St. Chippewa Falls, WI 54729 (715) 944-3731	Licensed family childcare provider.
Learning 4 Life LLC	4819 181st St. Chippewa Falls, WI 54729 (715) 721-4844	Licensed family childcare provider.
Milestones Child Care Center LLC	1300 Lowater Rd. Chippewa Falls, WI 54729 (715) 723-7444	Licensed group childcare provider.
Piglets Playpen	25135 90th St. New Auburn, WI 54757 (715) 237-2921	Licensed family childcare provider.
Stanley-Boyd Head Start	303 E Park St. Boyd, WI 54726 (715) 667-3104	Licensed group childcare provider.
Wisconsin Department of Children & Families - Licensed Child Care Directories	dcf.wisconsin.gov/cclicensing/lcc-directories	Lists licensed childcare programs and licensed exempt programs (those operated by public schools and head start programs) by county.
Wisconsin Department of Children & Families - YoungStar	childcarefinder.wisconsin.gov	Provides a search engine for childcare services in an area. Uses a 5-star rating system for providers participating in the YoungStar program.
Wisconsin Shares	1-888-283-0012 dcf.wisconsin.gov/wishares	Child Care Subsidy Program for low-income working families.

MENTAL HEALTH 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.
Alzheimer's Association of Greater Wisconsin - Chippewa Valley Outreach Office	404 1/2 N. Bridge Street Chippewa Falls, WI 54729 (715) 861-6174 www.alz.org/gwwi	Provides information, consultation, and emotional support for persons with Alzheimer's, their families, caregivers, and the general public.
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.

SERVICE NAME	CONTACT INFORMATION	DESCRIPTION
Big Brothers Big Sisters of Northwestern Wisconsin	424 Galloway Street Eau Claire, WI 54703 (715) 835-0161 https://www.bbbsnw.org/	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.
Children's Resource Center - West	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.
Chippewa Falls Area Senior Center	1000 E. Grand Ave Chippewa Falls, WI 54729	Services and programs to enhance physical, mental, and social wellbeing of people ages 55 and over.
Chippewa Valley Family Caregiving Alliance	info@chippewavalleycaregiving.org	Provides support and strengthens family caregivers of older adults through advocacy, education, and community resources.
Chippewa Valley VA Clinic	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.
Eau Claire Area Hmong Mutual Assistance Association	1320 W Clairemont Ave. Eau Claire, WI 54701 (715) 832-8420	Provides support for healthy mental, emotional, and physical development for Hmong families.
Family Support Center	403 N. High St. Chippewa Falls, WI 54729 (715) 723-1138 www.familysupportcentercf.com	Provides counseling, advocacy, and other services to victims of domestic violence and sexual assault. Also provides parenting education and community referrals.
Lutheran Social Services / Gaining Ground	122 S. Barstow St. Eau Claire, WI 54701 www.lsswis.org	Provides a mental health drop-in center offering a safe environment, mutual support, referrals, social and recreational activities, community outings, kitchen privileges, free coffee, and occasional meals.
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.
Marshfield Clinic - Chippewa Falls Center	2655 County Hwy I Chippewa Falls, WI 54729 (715) 726-4200	Multi-specialty clinic includes Primary Care and Child Psychology.
Mayo Clinic Health System - Chippewa Valley	1501 Thompson St. Bloomer, WI 54724 1-888-662-5666	Behavioral health services for people of all ages.
Mentor Chippewa	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.
National Alliance on Mental Illness - Chippewa Valley	Banbury Place Omni Office Center Building #2D, Suite 420F 800 Wisconsin St. Eau Claire, WI 54703 (715) 450-6484 www.namivc.org	Provides education, advocacy, and support to families and individuals living with a mental illness.
Northwest Connections	888-552-6642 (Crisis Line)	Provides emergency mental health services to Chippewa County residents (via contract with the Department of Human Services).
Open Door Clinic	First Presbyterian Church 130 W. Central Chippewa Falls, WI 54729 (715) 720-1443 www.chippewaopendoor.org	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.
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 mental health services for individuals who are HIV positive or have AIDS.
Wellness Shack	505 S. Dewey St. Suite 101 Eau Claire WI 54701 (715) 855-7705 www.wellnessshack.org	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.
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.

APPENDIX V

COMBINED RANKINGS

COMBINED RANKINGS

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

