Eau Claire City-County
Health Department

720 Second Ave, Eau Claire, WI 54703
www.echealthdepartment.org
P: 715-839-4718
F: 715-839-1674

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F: 715-839-1674

Section 1:
What is Public Health?

APPENDIX B

KEY ELEMENTS OF WISCONSIN'S PUBLIC HEALTH SYSTEM

Everyone Living Better, Longer

Healthiest Wisconsin 2020

Manual created November 2013, reviewed December 2016

APPENDIX B

KEY ELEMENTS OF WISCONSIN'S PUBLIC HEALTH SYSTEM

Core Functions and 10 Essential Services of Public Health

State and local health departments in Wisconsin are required by law to make certain that three core public health functions and 10 essential public health services are available to all people in Wisconsin. These functions and services represent the spectrum of activities and responsibilities that are shared among public health system partners. No one sector can do this alone, but together, the partners in a public health system can.

Wisconsin's public health system refers to coordinated working relationships between government, private, public, and voluntary agencies, organizations, sectors, and communities to achieve public health goals through shared responsibility to carry out the three core functions and 10 essential services in order to align policies and systems to assure conditions in which people can be healthy and part of healthy, safe, and resilient families and communities.

By statute, Wisconsin's public health system is organized around three core functions and 10 essential services.

Core Function: Assessment

Assessment means all activities involved in community diagnosis such as disease surveillance, identifying current and emerging needs, analyzing the underlying causes of problems, collecting and interpreting data, case finding, monitoring and forecasting trends, research and evaluation of outcomes.

Essential public health services that relate to this core function

1. *Monitor the health status of populations to identify and solve community health problems.* This means monitoring and assessing the community's health status and identifying the community's strengths (assets) and challenges (threats) and determining current and emerging health needs of all.

2. *Investigate and diagnose community health problems and health hazards.* This means using health laboratories and other resources to investigate disease outbreaks and patterns of environmental health hazards, chronic disease, and injury. It also includes identifying relationships between environmental conditions and the public's health and developing and implementing prevention and intervention strategies.

Core Function: Policy Development

Policy development means the process by which communities make decisions about problems, choose goals and proper means to reach them, handle conflicting views about what should be done, and allocate resources.

Essential public health services that relate to this core function

1. *Inform and educate individuals about health issues.* This means promoting and engaging in healthy behavior and lifestyles by making health information available in a variety of formats, styles, languages, and reading levels so it can be effectively communicated to the diverse people of Wisconsin. It also means regularly sharing and discussing current and emerging health information, statistics, and issues with communities, policy-makers, and decision-makers.

2. *Mobilize public and private sector collaboration and action to identify and solve health problems.* This means collaborating with community groups and individuals to identify and address local and statewide health and environmental issues using the underlying determinants of health. It also includes providing needed infrastructure support to build, support, and maintain inclusive partnerships to improve and protect the public's health. Finally, it includes developing strategies for inviting and engaging the full range of human capital, social networks, and community assets to improve health for all.

3. *Develop policies, plans, and programs that support individual and community health efforts.* This means providing leadership to drive the development of community health improvement processes, plans, and policies that are consistent throughout the state but address local needs and conditions.

Core Function: Assurance

Assurance means to make certain that necessary services for a community are provided to reach agreed-upon goals, either by encouraging public, private, non-profit, civic, and voluntary sector action, by requiring it, or by providing services directly.

Essential public health services that relate to this core function

1. *Enforce statutes and rules that protect health and ensure safety.* This means the efficient and effective enforcement of state and local laws and regulations that protect and promote the public's health.

2. *Link individuals to needed personal health services.* This means providing education, outreach, case-finding, referral, care coordination, navigation, and other services that help individuals and families access high-quality health and public health services.

3. *Assure a competent public health workforce.* This means leading and supporting efforts to improve the quality, quantity, and diversity of the public health workforce. This includes promoting the development of professional education strategies and programs that address state and local health needs.

4. *Evaluate effectiveness, accessibility, and quality of personal and population-based health services.* This means regularly evaluating the public health system's performance to include programs, processes, results, and outcomes. It includes providing information necessary to define accountability, allocate resources, reshape policies, and redesign services. It includes aligning policies and systems to improve productivity, prosperity, participation, and well-being of the people of Wisconsin.

5. *Provide research to develop insights into and innovative solutions for health problems.* This means developing partnerships with institutions, colleges, vocational and technical colleges, and universities to broaden the range of public health research to eliminate health disparities, and testing innovative approaches to what works to improve and protect the health of the public. This includes conducting timely scientific analysis of current and emerging public health issues.

Healthiest Wisconsin 2020
Focus Areas and Objectives

Crosscutting
Two Focus Areas and Objectives

Eliminate Health Disparities
- Develop comprehensive data to track disparities
- Align resources to eliminate health disparities

Socioeconomic and Educational Determinants
- Develop and promote policies to reduce discrimination and increase social cohesion
- Support and develop policies to reduce poverty
- Support and develop policies to improve education

Other Crosscutting Objectives
- Improve and connect health service systems
- Prepare youth and families to protect their health and the health of their communities
- Promote environments that foster health and social networks
- Evaluate the effectiveness and impact of health policies and programs
- Establish resources for governmental infrastructure

Health
Twelve Focus Areas and Objectives

Alcohol and Drug Use
- Change underlying attitudes, knowledge and policies
- Improve access to services for vulnerable people
- Reduce risky and unhealthy alcohol and drug use

Chronic Disease Prevention and Management
- Promote sustainable chronic disease programs
- Improve equitable access to chronic disease management
- Reduce chronic disease health disparities

Communicable Diseases
- Immunize
- Prevent disease in high-risk populations

Environmental and Occupational Health
- Improve the quality and safety of the food supply and natural, built and work environments
- Promote safe and healthy homes in all communities

P-00323 (04/12)

Healthiest Wisconsin 2020
Focus Areas and Objectives

Healthy Growth and Development
- Assure children receive periodic developmental screening
- Improve women's health for healthy babies
- Reduce disparities in health outcomes

Injury and Violence Prevention
- Create safe environments and practices through policies and programs
- Improve systems to increase access to injury care and prevention services
- Reduce disparities in injury and violence

Mental Health
- Reduce smoking and obesity among people with mental disorders
- Reduce disparities in suicide and mental disorders
- Reduce depression, anxiety and emotional problems

Nutrition and Healthy Foods
- Increase access to healthy foods and support breastfeeding
- Make healthy foods available for all
- Target obesity efforts to address health disparities

Oral Health
- Assure access for better oral health
- Assure access to services for all population groups

Physical Activity
- Design communities to encourage activity
- Provide opportunities to become physically active
- Provide opportunities in all neighborhoods to reduce health disparities

Reproductive and Sexual Health
- Establish a norm of sexual and reproductive health across the life span
- Establish social, economic and health policies to improve equity in sexual health and reproductive justice
- Reduce disparities in sexual and reproductive health

Tobacco Use and Exposure
- Reduce use and exposure among youth
- Reduce use and exposure among adults
- Decrease disparities among vulnerable groups

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Healthiest Wisconsin 2020
Focus Areas and Objectives

Infrastructure
Nine Focus Areas and Objectives

Access to High-Quality Health Services
- Assure access to high-quality health services
- Assure patient-centered health services for all

Collaborative Partnerships
- Identify resources to support partnerships
- Build effective partnerships resulting from respect and empowerment

Emergency Preparedness, Response, Recovery
- Increase integration and partner collaboration
- Increase community engagement

Funding
- Establish stable revenue sources to support health departments
- Effectively use funds available to support health departments

Health Literacy
- Increase awareness of literacy's effects on health outcomes
- Strengthen communication for effective health action

Improve Data to Advance Health
- Exchange data
- Make data accessible
- Use data standards to measure health

Public Health Capacity and Quality
- Strengthen quality in practice
- Achieve public health standards

Public Health Research and Evaluation
- Forge new paths to a healthy Wisconsin
- Take actions that are proven to work
- Target research to reduce health disparities

Workforce that Promotes and Protects Health
- Assure the workforce is prepared to practice in evolving delivery systems
- Establish systems to analyze workforce sufficiency, competency and diversity

It takes the work of many to improve the health of all.

P-00323 (04/12)

Healthiest Wisconsin 2020
Division of Public Health
Wisconsin Department of Health Services
Madison, Wisconsin

Web Link:
http://dhs.wisconsin.gov/hw2020/

***HW2020* Mailbox:**
DHSHW2020@dhs.wisconsin.gov

Manual created November 2013, reviewed December 2016

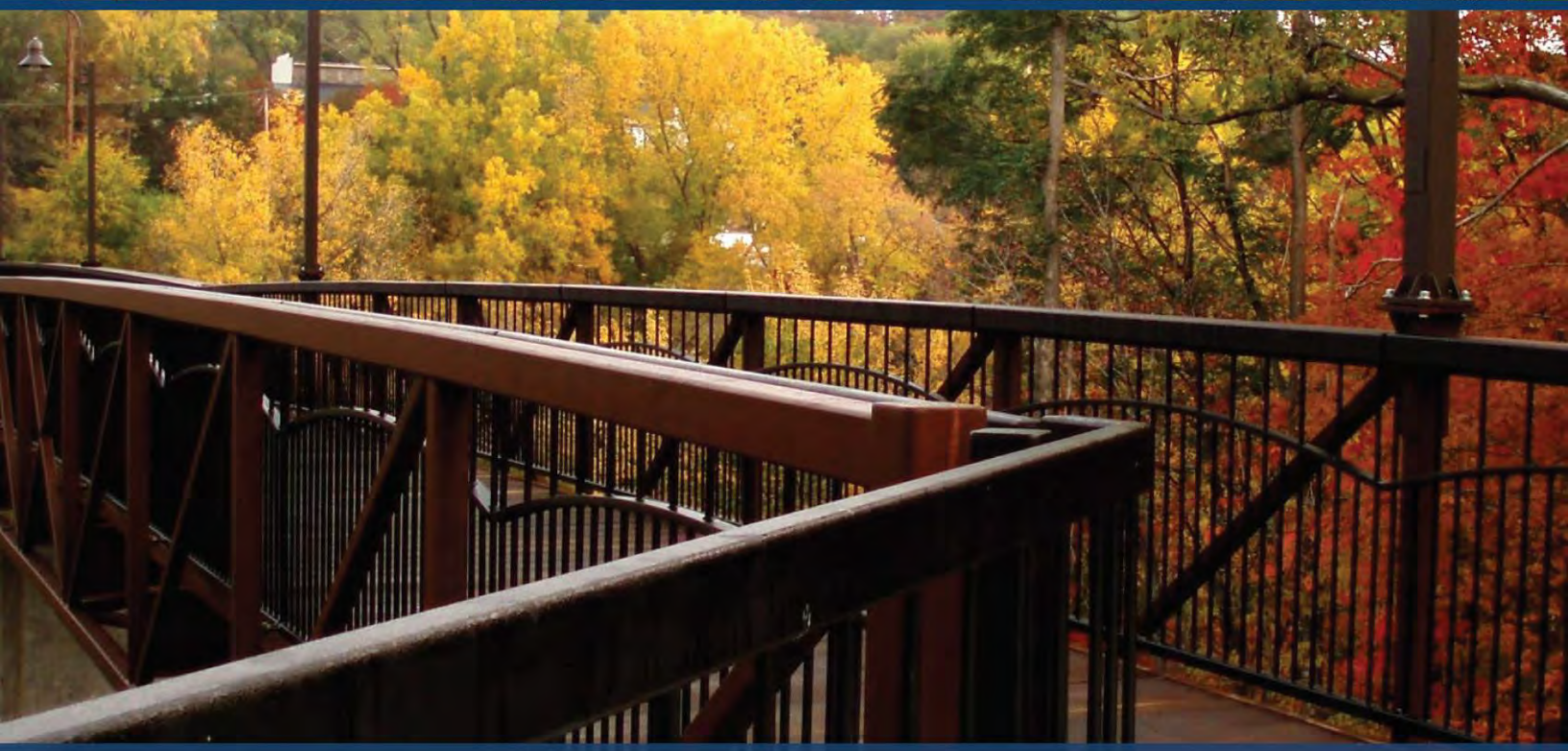
HEALTHIEST WISCONSIN 2020

Focus Areas and Objectives 2010 – 2020

Getting Started / Making a Difference
The *Healthiest Wisconsin 2020* Action Model

- Assess strengths, needs and resources with your community partners.
- Select priorities and align to *HW2020* using the *HW2020* Endorsement Form.
- Find and use programs and policies that work.
- Implement strategies with your partners and the community.
- Evaluate efforts and report results.

Eau Claire
Healthy Communities
Everyone Living Better, Longer



2018–2021 Eau Claire County Community Health Improvement Plan

Chronic Disease Prevention • Healthy Relationship Promotion • High-Risk Drinking Prevention
Mental Health • Oral Health • Substance Abuse Prevention

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An Invitation to the Community

Eau Claire Healthy Communities strives to make Eau Claire County a healthy place to live, work, learn, and play. We know that a single person or organization cannot do this on its own and that is why we are thankful for the collaboration of individuals, agencies, and organizations dedicated to the improvement of the health of Eau Claire County. Many of you have helped ensure the success of the *2018 Community Health Assessment* and the creation of this *2018–2021 Community Health Improvement Plan*.

This Community Health Improvement Plan highlights the past accomplishments of and the new goals and objectives for our five Action Teams. The work of Eau Claire Healthy Communities is made possible by partnerships and shared community assets. Each partner strongly believes in improving the health of all people in the community with a focus on identifying health disparities, gaps, and barriers. Health disparities are population-based differences in health outcomes that are linked with social, economic, and/or environmental disadvantage. Eau Claire Healthy Communities strives to work toward high quality of health for all. We look forward to the continued work we do together to achieve our vision for Eau Claire – "Everyone Living Better, Longer."

Please join us in promoting the health and well-being of individuals, families and the communities of Eau Claire County. What can you do to help create a healthier Eau Claire County? There are many ways to get involved! Learn more at www.echealthycommunities.org.

Sincerely,

Sarah Driever and *Mark Gideonsen*

Eau Claire Healthy Communities Council Co-Chairs

2018–2021 Eau Claire County CHIP Executive Summary

The *2018-2021 Eau Claire County Community Health Improvement Plan* details the recent comprehensive community health planning effort by Eau Claire Healthy Communities. Eau Claire Healthy Communities is a coalition that promotes the health of individuals, families, and communities.

The community health planning effort includes two major phases: a community health assessment (CHA) and a community health improvement plan (CHIP).

- A variety of community engagement methods were used to collect quantitative and qualitative data for the *2018 Eau Claire County Community Health Assessment (CHA*). This data was used to identify the top health priorities for our community. Through this extensive CHA process, residents prioritized mental health, substance use, and alcohol misuse as the top three health issues. Eau Claire Healthy Communities, a long-standing coalition, has been working on the identified CHA priorities over the past few years. The coalition is committed to continue efforts through existing Action Teams that address chronic disease, mental health, alcohol misuse, healthy relationships and oral health. To increase capacity and avoid duplication around the priority of substance abuse, Healthy Communities is strengthening its partnership with the Alliance for Substance Abuse Prevention.
- The CHIP provides the community with a plan and goals for improving the health of Eau Claire County over the next three years in the priority health issues identified by Eau Claire Healthy Communities. It reflects the collective work of many dedicated individuals and organizations who are working to improve health in our county for groups facing health disparities as well as the population as a whole.
- Over the next three years, Healthy Communities' Action Teams will continue evaluation and implementation of evidence-based practices and policies in order to reach their goals. Efforts will be updated to align with community resources and needs as necessary. The CHA, CHIP and Action Team work plans are available at www.echealthycommunities.org.

Community Health Improvement Plan Overview

Eau Claire Healthy Communities utilized the *County Health Ranking and Roadmaps Take Action Cycle* to guide the community health improvement process. This included:

- Review of key findings from the *2018 CHA,* including qualitative data from surveys, listening sessions and community health improvement events, as well as quantitative data from local, state, and national indicators.
- Review of evidence-based practices through "What Works for Health," state and national plan strategies, and additional resources.
- Identification of strategies based on evidence, community input, and community assets. Strategies were also chosen to align with state and national health plans.
- Consideration of populations with disparate health outcomes when selecting strategies.
- Development of a detailed work plan to track progress and share outcomes with community.

Summary of 2018–2021 Community Health Improvement Plan Goals

Chronic Disease Prevention Action Team
Work addresses chronic disease prevention, obesity, nutrition & physical activity

Goals:

- To increase Eau Claire County residents' access to healthy foods and beverages through education, outreach, collaboration and policy.
- To increase physical activity of Eau Claire County residents through education, outreach, collaboration, and policy.

Healthy Relationship Promotion Action Team
Work addresses healthy growth & development, reproductive & sexual health, injury & violence prevention

Goals:

- To promote healthy relationships in Eau Claire County by educating community members about protective factors and risk factors.
- To promote a culture of healthy social connections among Eau Claire County residents through increased messaging, outreach, and programming.

High Risk Drinking Prevention Action Team
Work addresses alcohol misuse

Goals:

- To increase Eau Claire County residents' knowledge through messaging, education, and outreach on low-risk alcohol consumption.
- To decrease high-risk drinking behaviors in Eau Claire County through awareness, education, collaboration, and policy.

Mental Health Action Team
Work addresses mental health

Goal:

- To increase strong, healthy social connections among Eau Claire County residents across all life stages to promote mental wellness through education, programming, outreach, and policies.

Oral Health Promotion Action Team
Work addresses oral health

Goals:

- To improve oral health outcomes for the prenatal and early childhood populations in Eau Claire County through education and outreach.
- To increase community awareness and knowledge of the connection of oral health behaviors on overall health through increased education and outreach.

Alliance for Substance Abuse Prevention
Work addresses substance use, tobacco products use & underage alcohol use

Goals:

- To reduce youth substance use (alcohol, marijuana, and prescription drug misuse) in Eau Claire County.
- To increase collaboration and capacity of partners working to prevent youth substance use in Eau Claire County.

About Eau Claire Healthy Communities

Eau Claire
Healthy Communities

VISION: Everyone Living Better, Longer

MISSION: Promote the health and well-being of individuals, families and communities of Eau Claire County through collaborative and focused action.

Eau Claire Healthy Communities provides a "table" where stakeholders collaborate to understand current and future health needs of Eau Claire County through a process of assessing, prioritizing, and addressing health needs. Our coalition is committed to using health data and best practices to inform our decision-making process. Over the past **20+** years, Eau Claire Healthy Communities has been vital to bringing several successful programs to our community. See page 31 for highlights of the coalition's accomplishments over the past years.

PARTNERS: Over **250** diverse partners from across the county participate in Eau Claire Healthy Communities, a community-based coalition developed to create and maintain healthy communities. Together they work to better align efforts among community partners and create a strategic framework for collaborative local health improvement activities.

STRUCTURE: Eau Claire Healthy Communities consists of a broad-based Council and Action Teams that are all working to promote the health and well-being of individuals, families, and communities of Eau Claire County.

Chronic Disease Prevention Action Team

works to prevent the onset of chronic disease by making the easy choice the healthy choice where people live, work and play.

Healthy Relationship Promotion Action Team

works to promote a culture of healthy social connections in order to create safer and healthier relationships for all.

Oral Health Promotion Action Team

works to increase community awareness about the importance of oral health care and the effects on "whole body" health.

High Risk Drinking Prevention Action Team

works to create a positive change around the culture of drinking in our community.

Mental Health Action Team

works to increase strong, healthy social connections across all life stages to promote mental wellness.

Healthy Eau Claire Legislative Task Force

works with the Eau Claire City-County Board of Health to strengthen relationships with legislators to improve community health.

Assessment/Planning Task Force

observes health data in order to identify, prioritize, and decide how best to assess health problems in the community.

VISIT US ONLINE AT WWW.ECHEALTHYCOMMUNITIES.ORG

About CHA/CHIP

The comprehensive community health improvement process includes two major phases: a community health assessment (CHA) and a community health improvement plan (CHIP). Assessing needs and planning collaboratively helps solve complex health issues. The goals of a CHA and a CHIP are to work with the community to address priority health issues.

Community Health Assessment (CHA) is a process that engages community members and partners to collect and analyze data and information from a variety of sources to assess the health needs and strengths of the community. Together, the community identifies top health concerns. The findings of a CHA can inform community decision-making, the prioritization of health concerns, and the development and implementation of the community health improvement plan. It is known that health is greatly influenced by where people live, how they work, the safety of their surroundings, and the strength and connectivity of families and communities. The assessment provides a greater understanding of these *social determinants of health*, which is critical when developing best practices to improve identified health priorities and is a first step to eliminating health disparities.

Eau Claire Healthy Communities recently adopted the 2018 CHA and has committed to working on the health priorities of mental health, substance use, alcohol misuse, chronic disease, healthy relationship promotion, and oral health promotion.

Community Health Improvement Plan (CHIP) is a roadmap developed by community stakeholders that will guide the work on health priorities for community health improvement. The CHIP provides overarching goals, specific objectives, and evidence-based strategies. As an action-oriented plan, it guides partner collaboration toward policy, system and environmental strategies to produce better health outcomes in the areas of concern identified in the CHA and by Eau Claire Healthy Communities. Specific activities will be developed over time with input from community.

Eau Claire Healthy Communities utilized the *County Health Rankings and Roadmaps Take Action Cycle* to guide its CHIP process. Improving community health requires people from multiple sectors to work collaboratively on a variety of activities and the Take Action Cycle guides communities on how to move diverse stakeholders forward to action.

Source: County Health Rankings & Roadmaps

2018 Community Health Assessment Process

To combine efforts and resources and better serve the community, Eau Claire Healthy Communities collaborated with local non-profits, healthcare systems, and health departments to conduct a two-county community health assessment in 2018. The prior Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) process for Eau Claire Healthy Communities took place in 2015. The health priorities from the 2015 CHA and CHIP (obesity, mental health, and alcohol misuse) were like those identified in 2018 (mental health, substance use, and alcohol misuse).

The *2018 Community Health Assessment* was completed through a collaborative partnership between nine partner organizations in Eau Claire and Chippewa Counties to jointly assess the health needs and assets of the community, as well as identify the top health concerns and mobilize the community in working toward prevention for these areas of concern.

The following partners engaged a broad cross section of the community to develop the *2018 Community Health Assessment*:

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

Timeline for Community Health Assessment Process

Jun 2017

- Collaborative partners decided the "frame" for the community health assessment would use the health improvement priorities from both national and state health improvement priorities.
- The 14 identified health focus areas to be assessed were: alcohol misuse, chronic disease prevention & management, communicable disease prevention & control, environmental & occupational health, healthy growth & development, healthy nutrition, injury & violence, mental health, obesity, oral health, physical activity, reproductive & sexual health, substance use, and tobacco use & exposure.
- Collaborative partners decided the assessment process would include a survey, community conversations and looking at existing data for the county, state, and nation.

Nov 2017

- Distribution of the community health survey to residents throughout Eau Claire County in November and December. The objective of the survey was to better understand the community's perception of the top health concerns in the county.
- Targeted health survey sessions were held throughout the county to increase survey response rate from populations with the likelihood to suffer from disparate health outcomes.

Dec 2017

- An abbreviated hardcopy survey was created for residents with limited health literacy. A translator was present during survey outreach sessions to provide assistance to community residents facing a language barrier.
- 1,876 Eau Claire County residents completed the community health survey that was distributed widely throughout the community. Survey respondents were asked to rate each of the health focus areas on a four-point scale indicating how much of a problem they felt each area to be for the community (1=not a problem, 4= major problem) and identify reasons they felt the area was a problem.

Jan 2018

- Available county and state population health data related to each of the 14 health priority areas were compiled to develop a secondary data summary.

Feb 2018

- Partners hosted Community Conversations in Eau Claire and Augusta to engage the community and receive input during facilitated group discussions on how to prioritize the 14 health focus areas. Mental health, substance use, and alcohol misuse were identified as top health priorites.

Mar 2018

- Partners hosted a coalition meeting to obtain feedback on the preliminary CHA results and to enhance the focus and understanding of the top five priority areas of **mental health, substance use, obesity, alcohol misuse,** and **healthy nutrition**. Council attendees participated in facilitated small-group discussion on the preliminary results and to enhance focus and understanding of the top priorities.

May 2018

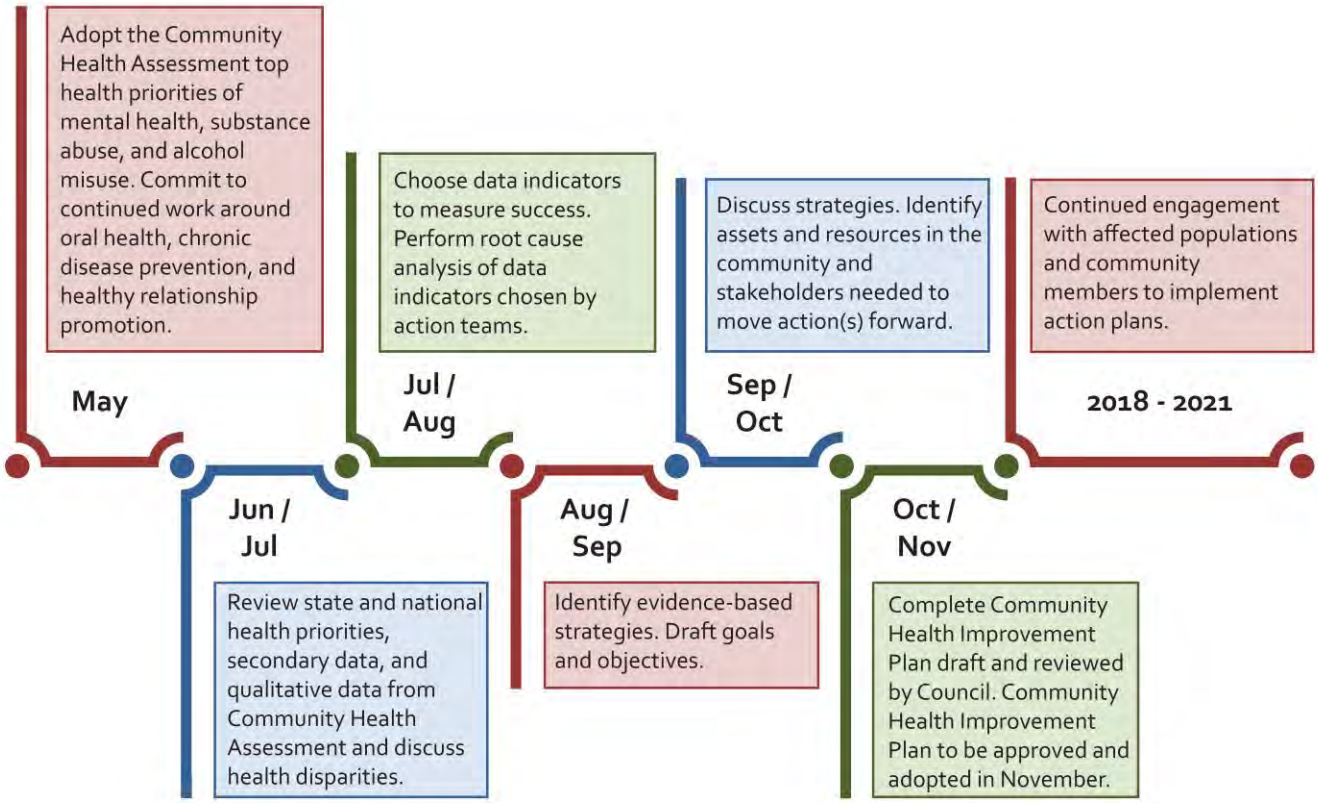
- Eau Claire Healthy Communities approved and adopted the 2018 Community Health Assessment.

2018–2021 Community Health Improvement Plan

PROCESS FOR DEVELOPING THE COMMUNITY HEALTH IMPROVEMENT PLAN: Eau Claire Healthy Communities follows the *County Health Ranking & Roadmaps Take Action Cycle*. Each step of the action cycle is a critical piece toward improving community health for all. The steps are detailed in the following pages according to the steps in the *Take Action cycle.*

Within the structure of Action Teams and the Council, Eau Claire Healthy Communities has over 250 diverse stakeholders that collaboratively work on identified health issues. Each month, Healthy Communities' Action Teams meet and work together to plan, implement and evaluate its goals/objectives/strategies. Every other month, the Healthy Communities Council meets to review all action team progress as well as to continue to support broad collaborative action.

TIMELINE FOR THE COMMUNITY HEALTH IMPROVEMENT PLANNING PROCESS: Over the course of four meetings from June–November 2018, each action team followed the same process to assess needs and resources, help them focus on what's important, and to choose effective policies and programs that fit the needs of Eau Claire County. Timeline and details are provided below.



Take Action Cycle:

Assess Needs & Resources

Eau Claire Healthy Communities explored the community's needs, resources, strengths, gaps, and assets.

May 2018: After approval of the 2018 Community Health Assessment, Healthy Communities adopted the following health priorities for its 2018–2021 Community Health Improvement Plan:

Existing Eau Claire Healthy Communities Action Teams adopted the identified health priorities of mental health, alcohol misuse and chronic disease/obesity.			*Eau Claire Healthy Communities committed to continue work through existing Action Teams that address healthy relationship promotion and oral health promotion.*		*Eau Claire Healthy Communities is strengthening its partnership with the Alliance to increase capacity and avoid duplication around the priority of substance abuse.*
Mental Health Action Team	High-Risk Drinking Prevention Action Team	Chronic Disease Prevention Action Team	Healthy Relationship Promotion Action Team	Oral Health Promotion Action Team	Alliance for Substance Abuse Prevention (Alliance) **Local coalition in partnership with Eau Claire Healthy Communities*

INTERCONNECTEDNESS BETWEEN HEALTH PRIORITIES: The Action Teams understand that even though they may focus on a single priority, each of the health priorities are related and interconnected. See page 15 for more information.

June/July 2018 Action Team Meetings

- **Review 2015–2018 Goals:** Action Teams reviewed their respective goals and objectives from the *2015 CHIP* and discussed successes/challenges to guide the future focus and direction of the Action Teams.
- **Discuss State & National Health Plan Alignment:** Action Teams reviewed Healthy People 2020, Healthy Wisconsin 2020, and Healthiest Wisconsin 2020 plans and discuss goals, objectives, and data indictors selected at the state and national levels to address our health priorities. Healthiest Wisconsin (HW2020) provides a broad overview of Wisconsin health issues and focus areas for improvement over the next ten years. Healthy Wisconsin 2020 provides a way to "dig deeper" into the HW2020 focus areas by prioritizing the top health areas of improvement by identifying goals and objectives to work towards. All the plans helped provide a strong framework for discussion around data indicators, goals and objectives to address locally.
- **Identify Assets/Resources:** Members of the Chronic Disease Prevention, Mental Health, and High-Risk Drinking Prevention Action Teams utilized the existing assets and resources page from the *2018 Community Health Assessment* to identify local assets and resources. The Healthy Relationship Promotion Action Team and Oral Health Promotion Action Team went through brainstorming activities throughout the summer of 2018 to identify existing assets and resources in the community.
- **Determine Guiding Questions:** Members discussed the questions: *What is the "low-hanging" fruit? Where we can have the greatest impact on health in the long term? What is the change community members most want to see? How can we most efficiently use our resources? How can disparate outcomes impact certain populations?* These questions helped Action Teams move towards selecting priorities.
- **Review & Analyze Data/Health Equity:** Using secondary data and qualitative survey data from the CHA, Action Teams discussed the implications for the community and any themes or trends that

emerged. Action Teams were particularly attentive to the issue of health disparities and health equity in the community.

Eau Claire Healthy Communities Work towards Advancing Health Equity in our Community

Training:

- Additional health equity training was provided to members at the annual Healthy Communities celebration in April 2018.
- At the July 2018 Council meeting, a speaker from the local Hmong Mutual Association agency engaged the Council in a discussion about cultural competency.

Data Discussion:

- Council and Action Teams had deliberate converations around health equity when the annual County Health Rankings report was released (www.countyhealthrankings.org) in April 2018 with more specific health equity data for our community.
- Using the secondary data and qualitative survey data from the Community Health Assessment, Action Teams identified themes and trends in our community. To ensure that equity is considered in the Community Health Improvement Plan, Action Teams gave special consideration to groups in the community who are disproportionately burdened by health issues and made a plan to engage these populations as we move toward selecting and implementing strategies.

CHIP strategies:

- Action Teams identified specific strategies for prioritized populations. For example, Oral Health Promotion Action Team identified a need in the Amish community for oral health information and services. As a new objective, they will collaborate with community partners to implement a system and/or environmental change to encourage positive oral health behaviors. One strategy may be to work with a traveling dental clinic to provide on-site dental clinics within the Amish community. Another example is the Chronic Disease Prevention focusing on strategies within the rural community to increase physical activity and access to healthy food and beverages, as obesity rates are found to be up to 10% higher in zip codes located outside the City of Eau Claire limits.[1]

Focus on What's Important

Eau Claire Healthy Communities determined the most important issues to address to achieve the greatest impact on the identified health priorities.

July/August 2018 Action Team Meetings

- **Vote on data indicators:** Based on the data and discussions at the June/July 2018 Action Team meetings, members voted on health data indicators to narrow the focus for the 2018–2021 CHIP. These data indicators were used as the basis for the root cause analysis and will be used to show how strategies are making a difference. Each action team chose 3-6 data indicators to guide its work.
- **Analyze root causes:** In this meeting, action team members participated in a root cause analysis process using the selected data indicators as the basis for the process. Root cause analysis provides an understanding of the causes of a health issue to identify effective solutions. Groups discussed many factors (social, cultural, economic) that contribute to making the health priority an issue.

Root Cause Analysis Themes from July-August Action Team Meetings

Chronic Disease Prevention	**Root Causes:** • Culture of a fast pace life, no family meal times • Sedentary lifestyles • Limited self-care (not enough sleep, limited down time, high stress with limited coping skills) • Food marketing and affordability of unhealthy foods • Lack of skill and/or knowledge in preparing healthier foods • Insufficient physical activity • Poverty • Lack of knowledge, interest, motivation, access to preventative behaviors • Availability of food sources (locations of markets, transportation to stores) • Too much screen time for kids and adults (adult modeling for children/cultural norm)	**Linked to:** • Increased physical activity boosts mental health/social connectedness • Sugar-sweetened beverages correlate with obesity, chronic diseases, and oral health issues • Increased screen time impacts mental health/ability to relate face-to-face with others **Gaps in Services or Understanding:** • Built environment is not conducive to routine exercise • High access to fast food and sugar-sweetened beverages • High cost of healthy foods • Lack of knowledge (what is healthy food, how to prep, community resources and programs) • Knowledge of activities to stay fit in winter
Healthy Relationship Promotion	**Root Causes:** • Healthy relationships are not considered a public issue • Adverse childhood experiences (ACEs) • Lack of resiliency • How relationships are portrayed in media/social media • Relational bullying, normalized violence, screen time • Teen dating culture, peer pressure, and social media • Lack of skills to build healthy relationships, or awareness that it takes intentional effort • Stigma of recognizing problem and seeking assistance • Negative family dynamics or relationship modeling	**Linked to:** • Mental health and AODA (alcohol and other drug use) impacts • Domestic violence / relational violence/ neglect **Gaps in Services or Understanding** • Need to shift the conversation from treatment of issues to prevention • Lack of community mental health, and AODA resources • Lack of integration of systems • Unhealthy behaviors are difficult to recognize
High Risk Drinking	**Root Causes:** • Social norm/drinking culture—perception that alcohol misuse is accepted in community • Laws are permissive of drinking culture • High alcohol outlet density • Higher accessibility to alcohol at many community events, sporting events, and benefits • Lack of knowledge of typical drink size • Stigma associated with no drinking • Family history or relationship modeling	**Linked to:** • Mental health • Social connectedness – culture of alcohol use • Oral Health • Results in younger people coming in with permanent liver damage due to heavy/chronic drinking **Gaps in Services or Understanding:** • Alcohol-free activities • Other: Lack of consistent definition for designated driver, lack of late-night transportation, and overnight parking

Mental Health	**Root Causes:** • Loss of social connections due to social media/technology (too much screen time) • Limited strong community/social connections • Stigma associated with mental afflictions and asking for/getting help • Peer/societal pressures, bullying • Lack of positive family involvement/connection • Financial stress and/or anxiety and limited down time • Adverse childhood experiences (ACEs) • Lack of coping strategies for those who are struggling • Limited access to mental health services • Lack of experience navigating the mental health system • Knowledge of how to handle emotions, especially males	**Linked to:** • Poor mental health can be linked to poor nutrition • Culture of drinking/Alcohol and drug use • Increased screen time interferes with sleep, physical activity, connectedness to others **Gaps in Services or Understanding:** • Lack of services/providers/support (especially for adolescents), or finances to receive services • Lack of parent/peer modeling of healthy screen time • Lack of knowledge of mental health services • More promotion of mental wellness • Shortage of psych beds/services and long waits • Focus on reactive treatment (with medications) rather than prevention
Oral Health	**Root Causes:** • Cost of dental care • Parents lack of education on importance of baby teeth or on products that impact tooth decay, like sugar • Transportation (bigger issues to consider, such as homelessness) • Time (off from work, long waiting times/periods) • Lack of insurance • Little medical assistance (MA) acceptance • Language barriers/Culture around oral health care • Parent fear of dentist (cost/past experiences) • Misinformation of [young] child dental care, no referral, not many dental providers that see children • Marketing of sugar-sweetened beverages	**Linked to:** • Diet/nutrition linked to chronic disease • Alcohol and other drugs have an impact on oral health (don't see/know about oral health impacts of meth use until after recovery) **Gaps in Services or Understanding:** • Lack of education • Referrals and providers that see children/accept MA, reimbursement for MA patients is low • Lack of dental insurance • Sugar sweetened beverages are widely available and affordable • Referral system between dental and medical providers • Knowledge of how beverages impact teeth • Knowledge that a dental visit can happen prior to age 2

Choose Effective Policies & Programs

Eau Claire Healthy Communities chose effective strategies to align with goals and objectives based on evidence, community input, community assets and resources, health disparities, and community readiness. Strategies were also chosen to align with state and national health plan goals.

- **Explore evidence-based strategies:** Health Department provided support to research evidence-based interventions at all levels to effectively address root causes of the identified health priorities utilizing information from the root cause analysis.
    - Evidence-based strategies were gathered from "What Works for Health" and additional resources about evidence-based practice resources from the state and national health plans.
    - Strategies were placed in an intervention planning matrix to help teams visualize strategies from several approaches (programs, systems change, environmental change, policy) that can influence different spheres of influence (individuals, families, and social networks; organizations & institutions; and community). Action Teams' strategies are more heavily focusing on policy, systems and environmental change to modify the environment to make healthy choices practical and available to all community members. By changing policies, systems and/or environments, teams can better tackle the complex health issues identified by the community.
    - They also researched strategies used in other communities. Learning what worked in other communities helped Action Teams prioritize the most effective approach for Healthy Communities. Community health problems are complex and require a systems perspective as well as multi-faceted approaches.
    - Additional policies and programs were discussed at meetings based on member feedback.

August/September 2018 Action Team Meetings

- **Review goals:** Members reviewed draft goals and objectives and provided feedback for finalization.
- **Consider the impact:** Action Teams discussed how interventions would affect disparate populations in our community: Hmong, elderly, rural, underinsured or uninsured, low-income residents and additional populations affected unequally by identified health priorities. Action teams will continue to engage with affected populations and those who serve these populations as strategies are selected and implemented through the three-year plan.
- **Consider the community:** Action Teams assessed the community's level of readiness through discussion of local efforts and their effectiveness, the extent to which appointed leaders and influential community members are supportive of the issue, community climate toward the issue, community knowledge about the issue, and resources available to support prevention efforts.
- **Consider the stakeholders:** Action Teams continued to discuss assets/gaps and how they could partner with organizations to either fill a gap or add additional capacity to community efforts.
- **Select the best strategy:** Action Team members identified evidence-based strategies based on the *2018 CHA* secondary and community survey data, root cause analysis themes, and community assets and resources discussions had in previous meetings.

Act on What's Important

Eau Claire Healthy Communities' Action Teams defined what they want to achieve with each program or policy, and how they will achieve it.

September/October Action Team 2018 Meetings

- **Develop work plan:** A work plan template was created to track progress on goals and objectives and show responsibility for implementing strategies outlined in the CHIP. Each Healthy Communities Action Team used the finalized work plan template to show how they will achieve its goals and objectives through clearly identified activities and action steps.
    - Each Action Team work plan includes community health priority goals, measurable objectives, improvement strategies and activities, time frame, status of the effort, person(s) responsible, indicators, strength of evidence, and a place for results/notes. These work plans will be used throughout the CHIP timeline to track and share progress with the Council and community at-large. Progress will be reflected on these work plans as strategies are completed or new strategies are added over the three-year period.

Work Together

Everyone has a role to play in improving the health of communities. To move from data to action, Eau Claire Healthy Communities engaged diverse stakeholders from multiple sectors.

- **Build relationships:** After strategies had been selected in September/October 2018 meetings, action teams used the *County Health Ranking & Roadmaps Take Action Cycle* to identify stakeholder groups that could be at the "table" for each Action Team to help carry out their new goals in their identified health priorities. Action Teams review their membership list regularly to ensure that a diverse set of stakeholders are invited to join the team and help them accomplish their goals and objectives. As strategies are chosen and implemented throughout the three-year plan, efforts will be made to gain input from and engage affected populations and/or those that serve affected populations.

Communicate

Communication is an ongoing step in the Take Action Cycle. In addition to regular meetings, Eau Claire Healthy Communities strives to have high levels of communication with members and partners.

October 2018:

- The draft CHIP was shared at the Steering Committee meeting. Revisions were made to the CHIP based on Action Team Co-Chair feedback.

November 2018:

- The updated CHIP was shared at the Healthy Communities Council meeting. The Council voted to approve and adopt the *2018-2021 Community Health Improvement Plan*. The CHIP is available online at www.echealthycommunities.org and has been shared with community partners and the community-at-large through social media, emails, and a press release.

Evaluate Actions

Eau Claire Healthy Communities Action Teams identified measures available to monitor Action Teams' progress over time.

- **Prepare to evaluate:** As Action Teams continue to work together, they will use evaluation tools to assess community readiness for implementation of policies/program, monitor results of implemented policies/programs, and evaluate policy/program outcomes.
- **Share evaluation results:** The work plans are evolving documents and will be publicly accessible through the Eau Claire Healthy Communities website so that partners, community organizations, and community members can track progress and provide input into areas of improvement. Healthy Communities will document when the work plan has been reviewed and revised. The information from the work plan will be shared in an annual report on the progress Healthy Communities has made in implementing strategies in the CHIP.
- **Review evaluation results:** Healthy Communities will review, and update work plans online at least quarterly to help the community monitor the Action Teams' progress toward achieving the goals and objectives that they have identified in the CHIP.

Sample Action Team Work Plan

Chronic Disease Prevention Action Team Action Plan

Date last updated: December 2016

Goal 2: To increase education and awareness of how the worksite wellness setting can be used to impact health behaviors that may contribute to obesity and chronic disease

Data indicator(s): % of adults that report having been diagnosed as having diabetes and % of adults 18 years and over that report BMI >= 30 (Behavioral Risk Factor Surveillance System (BRFSS))

SAMPLE

Subteam	Action/activities	Start date	Progress	Date completed	Notes	Person responsible	Indicators	Results	Evidence
	Objective 1: By 2018, continue to assist and support Eau Claire Area Chamber of Commerce Health & Wellness Committee by providing evidence-based research and helping initiate at least 3 worksite wellness programs in Eau Claire County.								
	a. Develop Worksite wellness Learning Circle Network to provide education and networking for local employers with wellness programs.	Jan-16	Mostly met	Ongoing	Topics for learning circles are based on an evidence-based criteria for worksite wellness, developed by WELCOA. This is an ongoing project.	Chamber Health & Wellness Committee/ Worksite Wellness Committee		circles; 2017: 4 learning circles; 2018: 4 learning circles planned- 32 attended session in	
	b. Build process for recognition for those that attend worksite wellness circles.	Jan-16	Mostly met	Ongoing	Topic is discussed at monthly chamber meetings.	Chamber Health & Wellness Committee/ Worksite Wellness Committee		Process is put into place. Developed new ideas for current	Some Evidence

Visit us online at www.echealthycommunities.org to see current action plans and stay up-to-date with our progress!

Health Priority Areas

In the 2018–2021 Community Health Improvement Plan, Action Teams address the following health areas: high risk drinking prevention, mental health, chronic disease prevention, healthy relationship promotion, oral health promotion and substance misuse. For each of these areas prioritized by Eau Claire Healthy Communities and the Alliance, the following pages summarize: the impact each health area has on the community, the importance of prevention, 2018–2021 Action Team goals, measures for Action Team success, current stakeholders, and strategies considered by Action Teams.

All these issues are complex to solve, as each health priority is interconnected with other priorities. The strategies selected by Action Teams in the following pages show the collaborative approach being taken to help make an impact in our community. Below is a graphic that shows a few examples of the many ways the health priority areas are interconnected.

Interconnectedness Between Health Priorities

Chronic Disease Prevention

Chronic Disease Prevention is a health priority in Eau Claire County because 7 out of 10 leading causes of death in Wisconsin are due to chronic diseases, accounting for two out of every three deaths annually.[2] (And 80% of chronic diseases are preventable![3]) Obesity is also linked to chronic diseases. Between 40%-53% of Eau Claire County residents who visited a healthcare provider in 2015/2016 are obese.[4] Obesity rates in rural zip codes were found to be up to 10% higher than rates in zip codes located within the city of Eau Claire.[5]

Prevention of chronic disease is important to Eau Claire County. People need to eat healthy food, be active, and limit screen time to stay healthy throughout their life. Healthy eating and physical activity can reduce the risk for several chronic diseases such as type 2 diabetes, cancer, heart disease, stroke, and obesity. Maintaining a healthy weight is important for reducing the risk of developing these chronic conditions. If the obesity rate continues to rise at its current rate, more than half of Wisconsin adults will be obese by 2030.[6] Multiple studies have also found a positive relationship between the amount of television viewed and obesity in children and adults.[7] Chronic diseases are among the most common and costly of health problems, are rarely cured, and often get worse over time, resulting in disability later in life.

Action Team Goals: Members of the Chronic Disease Prevention Action Team identified the following goals and objectives based on root cause, evidence, community input, assets (located in the appendix of the CHA), alignment with state and national plans, and community readiness.

Goal 1:
Increase Eau Claire County residents' access to healthy foods and beverages through education, outreach, collaboration, and policy.

- **Objective 1:** By 2021, implement at least three strategies to increase community *access to healthy foods and beverages*.
- **Objective 2**: By 2021, complete at least two collaborative efforts with Healthy Communities Action Teams and other organization to increase education, outreach, and/or policies that provide *access to healthy food and beverages.*

Goal 2:
Increase physical activity of Eau Claire County residents through education, outreach, collaboration, and policy.

- **Objective 1**: By 2021, support, expand, or implement three initiatives or policies designed to engage, improve, and *strengthen community connectedness,* and/or *improve physical environments*.
- **Objective 2**: By 2021, complete at least two collaborative efforts with Healthy Communities Action Teams and other organizations to increase education, outreach, and/or policies that encourage *screen time reduction and increase physical activity.*

How we know we are making a difference: Action Team chose data indicators that will measure success over time. **Key:** ✓ or ✗ = Indicates whether Eau Claire County did better or worse compared to Wisconsin or National

DATA INDICATOR	County	Wisconsin	National
Food environment index[8]	7.9	8.8 ✗	—
Percent of adults (20+) with body mass index of 30 or greater[9]	28%	31% ✓	—
Obesity occurrence in WIC-enrolled children 2 to 5 years old[10]	13%	15% ✓	15% ✓
Percent of high school students who played video games or used a computer for non-school purposes for 3 or more hours per day[11]	39%	40% ✓	43% ✓

Current stakeholders: Stakeholders involved in Action Team work.

- Aging and Disability Resource Center of Eau Claire County
- City of Eau Claire
- Chippewa Valley Pickleball Association
- Community Representatives
- Eau Claire City-County Health Department
- Eau Claire City Council
- Eau Claire Parks, Forestry, & Recreation Department
- Eau Claire YMCA
- Group Health Cooperative of Eau Claire
- HSHS Sacred Heart Hospital
- Marshfield Clinic Health System
- Mayo Clinic Health System
- Spectrum Insurance Group
- University of Wisconsin-Eau Claire
- University of Wisconsin-Extension (Chippewa, Dunn, and Eau Claire Counties)
- West Central Wisconsin Regional Planning

Strategies: Practices and policies considered by Action Team to encourage obesity prevention. *(*=evidence-informed strategies)*

- Environmental and policy approaches designed to provide opportunities, support, and cues to help people develop healthier behaviors*: make water available/promote consumption*; increase availability of fruits and vegetables*; set nutritional standards in schools*
- Provide point of decision prompts* for physical activity; community directory of free/low-cost activities
- Walkability-Safe routes to school* and other strategies
- Healthy kids' meals in restaurants
- Screen time interventions for children*
- Built environment approaches combining transportation system interventions with land use and environmental design*

Healthy Relationship Promotion

Healthy Relationship Promotion is a health priority in Eau Claire County because a lifetime of healthy, positive relationships leads to more engaged citizens and safer communities. Top reasons why Eau Claire County residents feel injury and violence prevention is a problem are because people are not aware how to prevent violence in relationships (59%), not aware of resources available for victims of violence (56%), and not aware of how to prevent injury or violence in the home or workplace (42%).[12]

Healthy Relationship Promotion is important to Eau Claire County. Healthy parent-child relationships, positive family dynamics, and supportive communities provide a strong foundation for children. A growing number of studies suggest that enhancing protective factors, like positive engagement with school or good peer relationships, helps children and adolescents avoid multiple behaviors that place them at risk for adverse health outcomes. Additionally, a strong sense of belonging and social connections is associated with physical and mental well-being. Enhancing protective factors also might buffer children and adolescents from the potentially harmful effects of negative situations and events, such as exposure to violence.[13] Among Eau Claire County middle school students, 83% agree teachers care about them and give a lot of encouragement and 94% agree their family loves them and gives them help and support when they need it.[14] Meanwhile, people in unhealthy relationships are at a higher risk for substance abuse, eating disorders, risky sexual behavior that can lead to pregnancy or sexually transmitted infections, and dating violence. Positive, healthy teen dating and peer relationships have many benefits for youth; and healthy adult relationships benefit entire communities. Healthy relationships positively impact everyone.

Action Team Goals: Members of the Healthy Relationship Promotion Action Team identified the following goals and objectives based on root cause, evidence, community input, assets, alignment with state and national plans, and community readiness.

Goal 1:
To promote healthy relationships in Eau Claire County by educating community members about protective factors and risk factors.

- **Objective 1:** By 2020, distribute resource toolkit to at least 10 agencies to increase knowledge of community resources.
- **Objective 2:** By 2021, implement and/or support at least two evidence-based youth programming that teach skills to *build safe and healthy relationships*.

Goal 2:
To promote a culture of healthy social connections among Eau Claire County residents through increased messaging, outreach and programming

- **Objective 1:** By 2021, develop at least four media messages annually around health awareness observances that relate to healthy relationships.
- **Objective 2:** By 2021, incorporate youth voice into at least three strategies to increase *social connectedness*.

How we know we are making a difference: Action Team chose data indicators that will measure success over time. **Key:** ✓ or ✗ = Indicates whether Eau Claire County did better or worse compared to Wisconsin or National.

DATA INDICATOR	COUNTY	WISCONSIN	NATIONAL
Percent of high school students who have had sexual intercourse[15]	29%	34% ✓	40% ✓
Percent of sexually active students who used condoms the last time they had intercourse[16]	61%	63% ✓	54% ✗
Percent of students who have been electronically bullied in the past 12 months[17]	19%	18%	15% ✗
Percent of high school students who agree that they feel like they belong at school[18]	62% HS	71% HS ✗	—

Current stakeholders: Stakeholders involved in Action Team work.

- Anu Family Services
- Bolton Refuge House
- Community Representatives
- Eau Claire Area Hmong Mutual Assistance Association
- Eau Claire City-County Health Department
- Eau Claire County Restorative Justice
- Family Support Center
- Lutheran Social Services
- Marshfield Clinic Health System
- United Way of the Greater Chippewa Valley

Strategies: Practices and policies considered by Action Team to encourage a culture of healthy social connections. *(*=evidence-informed strategies*)

- Extracurricular activities for social engagement*
- Resource toolkit for youth and youth-serving professionals
- Community awareness campaigns related to promotion of healthy relationships
- Youth activisms around healthy relationships
- Intergenerational mentoring*
- Youth leadership programs*
- Safe Dates program and other evidence-based healthy relationship promotion programs*
- Screen time interventions*

High–Risk Drinking Prevention

High-risk drinking is a health priority in Eau Claire County because Wisconsin and Eau Claire County have some of the highest rates of binge drinking in the nation. Underage alcohol consumption, consumption during pregnancy, and binge drinking (4+ drinks per occasion for women, 5+ drinks per occasion for men) are all examples of high-risk alcohol use. Consequences of high-risk drinking include, but are not limited to, motor vehicle and other injuries, fetal and childhood disorders, alcohol/drug dependence, a variety of diseases, and both violent and nonviolent crimes.[19]

Prevention of high-risk drinking is important to Eau Claire County. 75% of surveyed Eau Claire County residents feel alcohol misuse is a moderate to major problem in the community.[20] High-risk drinking results in significant consequences and costs. Incidents, injuries, and deaths related to high-risk drinking are daily occurrences in Eau Claire County and cost every county resident $1,624 each year.[21] Binge drinking, heavy drinking, underage drinking, and drinking during pregnancy are all considered high-risk uses of alcohol. In 2015, high-risk drinking contributed to at least 18 alcohol-related deaths and 322 alcohol-related hospitalizations with an average medical charge of $10,244 between diagnostic and discharge.[22]

Action Team Goals: Members of the High-Risk Drinking Prevention Action Team identified the following goals and objectives based on root cause, evidence, community input, assets (located in the appendix of the CHA), alignment with state and national plans, and community readiness.

Goal 1:
To increase Eau Claire County Residents' knowledge through messaging, education, and outreach on low-risk consumption.

- **Objective 1:** By 2021, incorporate at least two *media campaigns* annually around health observances that relate to alcohol use.
- **Objective 2:** By 2021, collaborate with at least two local organizations to collect *high-risk drinking behavior data*.

Goal 2:
To decrease high-risk drinking behaviors in Eau Claire County through awareness, education, collaboration, and policy.

- **Objective 1:** By 2021, complete at least two collaborative efforts with other local organizations and Eau Claire Healthy Communities Action Teams to increase *awareness of the connection between alcohol use, chronic disease and mental health*.
- **Objective 2:** By 2021, implement at least two best practices in the community that promote *safe alcohol use*.

How we know we are making a difference: Action Team chose data indicators that will measure success over time. **Key**: ✓ or ✗ = Indicates whether Eau Claire County did better or worse compared to Wisconsin or National.

DATA INDICATOR	COUNTY	WISCONSIN	NATIONAL
Percent of adults (18+) engaging in binge or heavy drinking in the past 30 days[23]	25%[1]	26%[1] ✓	17% [2] ✗
Percent of individuals reporting there are too few alcohol-free activities[24]	37%[3]	—	—

Current stakeholders: Stakeholders involved in Action Team work.

- Alliance for Substance Abuse Prevention
- Community Representatives
- Eau Claire City-County Health Department
- Eau Claire Department of Human Services
- Eau Claire Police Department
- HSHS Sacred Heart Hospital
- Lutheran Social Services
- Marshfield Clinic Health System
- University of Wisconsin–Eau Claire

Strategies: Practices and policies considered by Action Team to discourage unhealthy use of alcohol. *(*=evidence-informed strategies*)

- Responsible beverage service*
- Sober server polices
- Alcohol tax increase*
- Drink special (e.g., all-you-can-drink) restrictions
- Temporary alcohol license requirements to include conditions such as sober servers, fenced areas, etc.*

Mental Health

Mental health is a health priority in Eau Claire County because it is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental well-being is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Even though mental health was the top identified community need[6], there is still a stigma around addressing mental health. 83% of community health survey respondents identified the top reason why mental health is a problem in Eau Claire County is because people don't feel comfortable seeking services.[25] Over the past 10 years, the average number of mentally unhealthy days have increased 1.5 days for Eau Claire County residents.[26] Self-inflicted injury rate has continued to decrease for Eau Claire County. However, the county still has reported on average 60 more hospitalizations per year than the state average since 2010.[27] In 2016, there were 21 suicides in Eau Claire County.[28]

Prevention of mental health issues is important to Eau Claire County. Mental illnesses affect all ages and influence many areas of one's well-being. Mental health plays a major role in people's ability to maintain good physical health. Mental health issues are commonly associated with physical health problems and increased risk factors like substance abuse, smoking, physical inactivity, and obesity. These risk factors can lead to chronic disease, injury, and disability, which can decrease overall quality of life. Increasing protective factors, such as nurturing and positive relationships, social connections and resiliency, will provide support and coping strategies.

Action Team Goals: Members of the Mental Health Action Team identified the following goals and objectives based on root cause, evidence, community input, assets (located in the appendix of the CHA), alignment with state and national plans, and community readiness.

Goal 1:
To increase strong, healthy social connections among Eau Claire County residents across all life stages to promote mental wellness through education, programming, outreach, and policies.

- **Objective 1:** By 2021, implement at least three strategies to *build resilience* and expand mental health support for youth and adults.
- **Objective 2:** By 2021, at least three new or existing strategies around *stigma* will be implemented, strengthened, or expanded to *improve mental well-being*.
- **Objective 3:** By 2021, complete at least three collaborative efforts with Healthy Communities Action Teams and other organizations to strengthen partnerships.

How we know we are making a difference: Action Team chose data indicators that will measure success over time. **Key:** ✓ or ✗ = Indicates whether Eau Claire County did better or worse compared to Wisconsin or National.

DATA INDICATOR	COUNTY	WISCONSIN	NATIONAL
Percent of high school students in the past year feeling sad and/or hopeless almost every day for two weeks or more[29]	29%	27% ✗	32% ✓
Percent of high school students in the past year with significant problems feeling very anxious, nervous, tense, scared, or like "something bad was going to happen[30]	48%	40% ✗	—
Suicide deaths (rate per 100,000)[31]	20.7	14.9 ✗	13 ✗

Current stakeholders: Stakeholders involved in Action Team work.

- Anthem Blue Cross Blue Shield
- Aging and Disability Resource Center of Eau Claire County
- Children's Hospital of Wisconsin
- Community Members
- Chippewa Valley Technical College
- Eau Claire Area School District
- Eau Claire City- County Health Department
- Eau Claire County Department of Human Services
- Group Health Cooperative
- HSHS Sacred Heart Hospital
- Lutheran Social Services
- Marshfield Clinic Health System
- Mayo Clinic Health System
- Mosaic Counseling Group
- National Alliance on Mental Illness (NAMI) – Chippewa Valley
- United Healthcare
- United Way of The Greater Chippewa Valley
- University of Wisconsin-Eau Claire
- University of Wisconsin-Extension
- Wellness Shack

Strategies: Practices and policies considered by Action Team to increase awareness of mental health and encourage coordination of mental health care. *(*=evidence-informed strategies*)

- Question, Persuade, Refer (QPR) Suicide Prevention Training for youth and adults*
- Screen time interventions for children*
- Increase awareness of link between adverse childhood experiences (ACEs) and mental well-being
- Promote mental health policies and programs that reduce obesity, increase physical activity and nutrition, promote water consumption*
- Promote activities that increase connectedness between individuals, family, and organizations

Oral Health Promotion

Oral Health Promotion is a health priority in Eau Claire County because oral health is essential to the general health and well-being of people and can be achieved by everyone. Oral health is integral to general health, and people cannot be healthy without good oral health. Many systemic diseases may initially start with and be identified through oral symptoms. Top reasons why Eau Claire County residents feel oral health is a problem are because people are not aware of the importance of quality dental care (50%), that dental services are not easily accessible (54%), dental clinics accepting BadgerCare are limited (67%), and good dental care or personal dental practices are not affordable (78%).[32] In Eau Claire County, 28% of residents (age 2+) have not had a dental visit in the past year.[33] This is slightly higher than the state percentage.

Oral Health Promotion is important to Eau Claire County. Early intervention with primary preventive measures (tooth brushing, flossing, good nutritional and infant feeding practices) begins during the preconception and prenatal periods. Research suggests an association between gum and tissue disease and diabetes, heart disease, stroke and adverse pregnancy outcomes.[34] Tooth decay can also develop any time after the first tooth comes in, starting around six months old. Good oral health habits should begin even earlier. Tooth decay, if left untreated even in the earliest stages of life, can have a serious impact on a child's health causing problems that often last into adulthood. In Western Wisconsin, 17% of 3rd graders have untreated dental decay.[35] Eating a healthier diet and limiting sugar-sweetened beverages will positively impact oral health.

Action Team Goals: Members of the Oral Health Action Team identified the following goals and objectives based on root cause, evidence, community input, assets, alignment with state and national plans, and community readiness.

Goal 1:
To improve oral health outcomes for the prenatal and early childhood populations in Eau Clarie County through education and outreach.

- **Objective 1:** By 2021, Implement at least three strategies to increase community awareness and knowledge of the importance of *early dental visits for children.*
- **Objective 2:** By 2021, implement at least two strategies to increase awareness, knowledge and perception about the importance of *accessing dental services throughtout pregnancy.*
- **Objective 3:** By 2021, coordinate with local organizations to develop at least two policies and/or practices to *provide children and women better access to oral health services.*

Goal 2:
To increase community awareness and knowledge of the connection of oral health behaviors on overall health through increased education and outreach.

- **Objective # 1:** By 2021, implement at least two community awareness campaigns to increase the awareness of *oral health's impact on overall health* throughout the lifespan.
- **Objective 2:** By 2021, collaborate with community partners to implement at least one system and/or environmental change to encourage *positive oral health behaviors.*

How we know we are making a difference: Action team chose data indicators that will measure success over time. **Key:** ✓ or ✗ = Indicates whether Eau Claire County did better or worse compared to Wisconsin or National.

DATA INDICATOR	COUNTY	WISCONSIN	NATIONAL
Percent of 3rd graders with untreated dental decay[36]	17% Western Region	18% ✓	—
Percent of residents (age 2+) that did not have a dental visit in the past year[37]	28%	26% ✗	—

Current stakeholders: Stakeholders involved in Action Team work.

- Bright Smiles WI
- Children's Health Alliance of Wisconsin
- Chippewa Valley Technical College Dental Hygiene Program
- Eau Claire City-County Health Department
- Marshfield Clinic Health System
- Northlakes Community Clinic
- Northwest District Dental Health Society
- Smiles for Eau Claire County

Strategies: Practices & policies considered by Action Team to increase community awareness of the importance of oral health and the effects on "whole body" health. *(*=evidence-informed strategies)*

- Dental caries (cavities): school-based dental sealant delivery programs*
- Dental caries (cavities): community water fluoridation*
- Improve access to care: passage of the Dental Hygiene Practice Act allows dental hygienists to practice in many more settings independent of a dentist*
- Promote dental home by age one campaign
- Promote healthy smiles for mom and baby campaign
- Promote programs and policies that limit sugar-sweetened beverages and encourage water consumption*

Substance Use

Substance use is a health priority in Eau Claire County because of the devastating effects that substances like methamphetamine ("meth") or

heroin and the misuse of prescription drugs have on the lives of individuals and their families. 78% of county residents surveyed in the community health assessment believe that substance use is a major or moderate problem, and many (65%) reported concern that substances are easily available in the community.[38]

Prevention of substance use is important to Eau Claire County. Substance use is a disorder that is among the top conditions that cause disability and carry a high burden of disease in the United States. This results in[b] significant costs to families, employers, and publicly funded health systems. According to the Substance Abuse Mental Health Services Administration, by 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide.[39] In addition, drug and alcohol use can lead to other chronic diseases such as diabetes and heart disease.

Preventing mental and/or substance use disorders and related problems in children, adolescents, and young adults is critical to Americans' behavioral and physical health. Thus, it is important to look at the impact of substance use at the local level and identify prevention efforts to effect change towards a healthier community.

Alliance Goals: Members of the Alliance for Substance Abuse Prevention identified the following goals and objectives based on root cause, evidence, community input, assets (located in the appendix of the CHA), alignment with state and national plans, and community readiness.
See www.getinvolved.asap.com for more information.

Goal 1:
To reduce youth substance use (alcohol, marijuana, and prescription misuse) through strategies that increase awareness and address access, acceptance and low-perceived risk.

- **Objective 1:** By 9/29/2019, provide knowledge and skill building opportunities for student leaders and staff advisors to raise awareness about drug and alcohol abuse with their peers.
- **Objective 2:** By 9/29/2019, support youth campaigns/activisms that focus on the risks and harm of substance abuse.
- **Objective 3:** By 9/29/2019, increase proper disposal of unused and expired prescription drugs and awareness of risk or prescription drug use by promoting use of permanent disposal sites and implementing a county-wide Prescription Drug Take-Back event.

Goal 2:
To increase collaboration and capacity of partners working to prevent youth substance use in the county.

- **Objective 1:** By 9/29/2019, implement at least two strategies to increase collaboration and communication with other community coalitions in Eau Claire County that address substance abuse.
- **Objective 2:** By 9/29/2019, participation of Alliance members and other community partners in at least two trainings on substance abuse prevention topics.

How we know we are making a difference: The Alliance chose data indicators that will measure success over time. **Key:** ✓ or ✗ = Indicates whether Eau Claire County did better or worse compared to Wisconsin or National.

DATA INDICATOR	COUNTY	WISCONSIN	NATIONAL
Percent of high school students who used prescription drugs in the past 30 days[40]	6%	11% ✓	14% ✓
Percent of high school students who used marijuana in the past 30 days[41]	14%	16% ✓	20% ✓
Percent of high school students who believe there is moderate or great risk to using marijuana[42]	53%	—	53%
Percent of high school students who believe there is moderate or great risk: prescription drug without a doctor's prescription[43]	88%	—	83% ✓

Current stakeholders: Stakeholders involved in Alliance work.

- REALTORS® Association of Northwestern WI
- EC Morning Rotary Club
- UW-Health
- Marshfield Clinic Health System
- Eau Claire County Sheriff's Office
- Eau Claire Police Department
- Lutheran Social Services
- Healthy Communities
- Cohen Law Office
- Eau Claire Area School District
- Eau Claire Board of Education
- WI Department of Health Services
- Eau Claire City-County Health Department
- Eau Claire City-County Human Services
- Youth Advisory Board
- Students Against Destructive Decisions
- Big Brothers and Big Sisters
- Boys and Girls Club
- Eau Claire YMCA

Strategies: Policies & practices considered by the Alliance to increase awareness and reduce substance use in the community. *(*evidence-informed strategies)*

- Implement effective school and community-based prevention programs*
- Increase access to culturally competent services *
- What Works for Health*
- Improve access for medication disposal*

Alignment with State & National Plans

Eau Claire Healthy Communities Action Teams and the Alliance for Substance Abuse Prevention reviewed our state and national plans throughout the planning process for data on health priorities, to help form goals and objectives, and for ideas of strategies that align with the vision of the state and nation and consider disparate populations. Listed below are the specific goals/objectives that align with the action team scope of work for the 2018–2021 community health improvement plan.

Healthiest Wisconsin 2020: https://www.dhs.wisconsin.gov/hw2020

Healthy Wisconsin 2020: https://healthy.wisconsin.gov/

Healthy People 2020: https://www.healthypeople.gov/

*Note: National and State Health Plans will be updated in 2020 thus goals and objectives might change.

Chronic Disease	***Healthiest Wisconsin 2020:*** • Increase access to high-quality, culturally competent, individualized chronic disease management among disparity affected populations of differing races, ethnicities, sexual identities & orientations, gender identities, educational or economic status. • People in Wisconsin will eat more nutritious foods and drink more nutritious beverages through increased access to fruits and vegetables, decreased access to sugar-sweetened beverages and other less nutritious foods, and supported, sustained breastfeeding. • All people in Wisconsin will have ready access to sufficient nutritious, high-quality, affordable foods and beverages. • Increase physical activity for all through changes in facilities, community design, and policies. • Every Wisconsin community will provide safe, affordable and culturally appropriate environments to promote increased physical activity.
	***Healthy WI 2020 Goal*: Eat healthier and move more.** • *Objective*: Increase consumption of healthy foods and beverages and increase physical activity.
	Healthy People 2020: • *Healthier food access:* (NWS-2) Increase the proportion of schools that offer nutritious foods and beverages outside of school meals. • *Weight Status:* (NWS-8) Increase the proportion of adults who are at a healthy weight, (NWS-9) Reduce the proportion of adults who are obese, (NWS-10) Reduce the proportion of children and adolescents who are considered obese, (NWS-11) Prevent inappropriate weight gain in youth and adults. • *Food insecurity:* (NWS-12) Eliminate very low food security among children, (NWS-13) Reduce household food insecurity and in doing so reduce hunger. • *Food & Nutrient consumption:* (NWS-14) Increase the contribution of fruits to the diets of the population aged 2 years & older; (NWS-15) Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older. (NWS-17) Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older. • *Physical Activity*: (PA-1) Reduce the proportion of adults who engage in no leisure-time physical activity, (PA-8) Increase the proportion of children and adolescents who do not exceed recommended limits for screen time (A-15) Increase legislative policies for the built environment that enhance access to & availability of physical activity opportunities.
Healthy Relationships	***Healthiest Wisconsin 2020:*** • Reduce disparities injury & violence among populations of differing races, ethnicities, sexual identities & orientations, gender identities, educational or economic status. • Establish a norm of sexual health & reproductive justice across the life span as fundamental to the health of the public. • Establish social, economic and health policies that improve equity in sexual health & reproductive justice.
	Healthy People 2020: (AH-3) Increase the proportion of adolescents who are connected to a parent or other positive adult caregiver. (PA-8) Increase the proportion of children and adolescents who do not exceed recommended limits for screen time.

High Risk Drinking	***Healthiest Wisconsin 2020 Objectives:*** • Reduce unhealthy and risky alcohol and other drug use by changing attitudes, knowledge, and policies, and by supporting services for prevention, screening, intervention, treatment & recovery. • Assure access to culturally appropriate and comprehensive prevention, intervention, treatment, recovery support and ancillary services for underserved and socially disadvantaged populations who are at higher risk for unhealthy and risky alcohol and other drug use.
	Healthy WI 2020 Goal: **Prevent and reduce underage and excessive alcohol consumption.** • *Objectives:* Reduce heavy and binge drinking among adults 18 years and older and reduce alcohol-related deaths.
	Healthy People 2020 Objectives: (SA-1) Reduce the proportion of adolescents who report they rode, during the past 30 days, with a driver who had been drinking alcohol. (SA-14) Reduce the proportion of persons engaging in binge drinking of alcoholic beverages. (SA-15) Reduce the proportion of adults who drank excessively in the previous 30 days. (SA-16) Reduce average annual alcohol consumption. (SA-17) Decrease the rate of alcohol-impaired driving (.08+ blood alcohol content [BAC]) fatalities.
Mental Health	***Healthiest Wisconsin 2020 Objectives:*** • Reduce disparities in suicide and mental health disorders for disproportionately affected populations, including those of differing races, ethnicities, sexual identified & orientations, gender identities, educational or economic status. • Reduce the rate of depression, anxiety & emotional problems among children with special health care needs.
	Healthy WI 2020 Goal: **Prevent suicide**. • *Objectives:* Reduce suicide rate, reduce suicide attempts, and increase and enhance protective factors.
	Healthy People 2020 Objectives: (MHMD-1) Reduce the suicide rate. (MHMD-2) Reduce suicide attempts by adolescents.
Oral Health	***Healthiest Wisconsin 2020 Objectives:*** • Assure access to ongoing oral health education and comprehensive prevention, screening and early intervention, and treatment of dental disease in order to promote healthy behaviors and improve and maintain oral health. • Assure appropriate access to effective and adequate oral health delivery systems, utilizing a diverse and adequate workforce, for populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status and those with disabilities.
	Healthy People 2020 Objectives: *Oral Health of Children & Adolescents:* (OH-1) Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth. (OH-2) Reduce the proportion of children and adolescents with untreated dental decay. *Access to preventable services:* (OH-7) Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year.
Substance Abuse	***Healthiest Wisconsin 2020 Objectives:*** • Reduce unhealthy and risky alcohol and other drug use by changing attitudes, knowledge, and policies, and by supporting services for prevention, screening, intervention, treatment and recovery. • Assure access to culturally appropriate and comprehensive prevention, intervention, treatment, recovery support and ancillary services for underserved and socially disadvantaged populations who are at higher risk for unhealthy and risky alcohol and other drug use. • Reduce tobacco use and exposure among youth and young adults by 50 percent.
	Healthy WI 2020 Goal: **Prevent and reduce smoking and use of other tobacco products.** • *Objective:* Reduce use of other tobacco products by youth.
	Healthy People 2020 Objectives: (SA-1) Reduce the proportion of adolescents who report they rode, during the previous 30 days, with a driver who had been drinking alcohol. (SA-2) Increase the proportion of adolescents never using substances. (SA-3) Increase the proportion of adolescents who disapprove of substance abuse. (SA-4) Increase the proportion of adolescents who perceive great risk associated with substance abuse. (SA-14) Reduce the proportion of persons engaging in binge drinking of alcoholic beverages. (SA-19) Reduce the past-year nonmedical use of prescription drugs.

Acknowledgements

Thanks to all the individuals & organizations for help developing and approving the CHIP and for their dedication of time & expertise to implement goals and objectives listed in the plan!

- AIDS Resource Center of WI- Eau Claire
- Aging & Disability Resource Center of Eau Claire Co
- Alliance for Substance Abuse Prevention
- Anu Family Services
- Altoona School District
- Anthem Blue Cross Blue Shield
- Augusta School District
- Bicycle/Pedestrian Advisory Committee
- Bolton Refuge House
- Boys & Girls Club of the Greater Chippewa Valley
- Bright Smiles of Wisconsin
- Children's Health Alliance of Wisconsin
- Children's Hospital of Wisconsin
- Children's Mental Health Alliance
- Chippewa County
- Chippewa County Department of Public Health
- Chippewa Valley Free Clinic
- Chippewa Valley Pickleball Association
- Chippewa Valley Technical College
- City of Altoona
- City of Eau Claire
- City of Eau Claire Police Department
- Clear Vision- Poverty Summit
- Community Members
- Department of Human Services
- Eau Claire Area Hmong Mutual Assistance Assoc.
- Eau Claire Area School District, School Board and Early Learning Programs
- Eau Claire City Council
- Eau Claire City-County Health Department
- Eau Claire City-County Board of Health
- Eau Claire Chamber
- Eau Claire Coalition for Youth
- Eau Claire County Board
- Eau Claire County Department of Human Services
- Eau Claire County District Attorney
- Eau Claire County Juvenile Detention Center
- Eau Claire County Planning & Development
- Eau Claire County Restorative Justice
- Eau Claire County Sheriff's Department
- Eau Claire Parks, Recreation & Forestry Dept.
- Eau Claire Police Department
- Eau Claire YMCA
- Fall Creek School District
- Family Resource Center for Eau Claire County
- Family Support Center
- Group Health Cooperative of Eau Claire
- Historic Randall Park Neighborhood Assoc.
- Hunger Prevention Coalition
- HSHS Sacred Heart & St. Joseph's Hospital
- Joining our Neighbors Advancing Hope (JONAH)
- Juvenile Detention Center
- Lake Street Methodist Church
- LE Phillips Senior Center
- Lutheran Social Services
- Marshfield Clinic Health System
- Mayo Clinic Health System
- Mosaic Counseling Group
- NAMI Chippewa Valley
- Northlakes Clinic
- Northwest Wisconsin Dental Hygienists Assoc.
- Family Health Center of Marshfield
- Prevea Health
- Security Health Plan
- Smiles for Eau Claire County LLC
- Spectrum Insurance Group
- The Community Table
- United Healthcare
- United Way of the Greater Chippewa Valley
- University of Wisconsin Eau Claire
- University of Wisconsin-Extension
- University of Wisconsin- Stout
- Wisconsin Department of Natural Resources
- Wellness Shack
- West Central Wisconsin Regional Planning Commission
- Western Regional Oral Health Workforce
- Western Region Division of Public Health
- Youth Advocates
- **And Many More!!**

Special thanks to the Co-Chairs of the Eau Claire Healthy Communities Council and Action Teams who helped create our community health improvement plan.

- Brook Berg
- Sara Carstens
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- Abby Hinz
- Mel Kantor
- Barb Powers
- Sarah Pedersen
- Libby Richter
- Katie Wilson

Accomplishments (2015–2018)

Eau Claire Healthy Communities has contributed to the state vision of *everyone living better, longer*. Since the *2015 Community Health Improvement Plan*, it has implemented many diverse initiatives that have impacted policies, systems, and the environment. Listed below are a few accomplishments of the *2015–2018 Community Healthy Improvement Plan (CHIP)* that Eau Claire Healthy Communities has successfully achieved. Successes and lessons learned from the *2015–2018 CHIP* influenced the goal, objectives and strategies selected by the Action Teams for the *2018-2021 CHIP*.

Chronic Disease Prevention

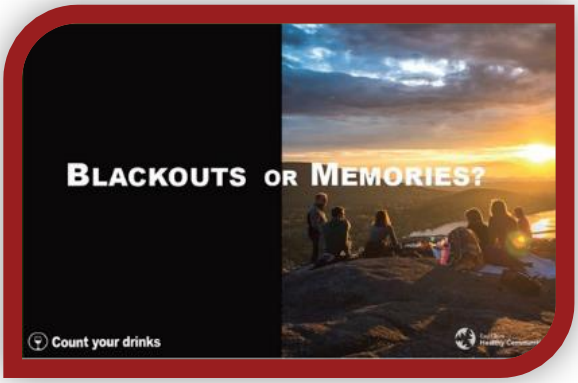
- Participated in the FNV (Fruits and Veggies) campaign with Chippewa and Dunn County coalitions and implemented a Healthy Corner Stores Project at nine convenience or small grocery stores across the 3 counties.
- Partnered with Chamber of Commerce to offer four Workplace Wellness Learning Circles each year to Eau Claire Chamber members with over 100 participants.
- Assisted in completion of the Cannery District Health Impact Assessment to understand how to best incorporate health into the process for developing and planning the spaces where we live, work, and play.
- Hosted the annual BE (Built Environment) Fit Forum in 2014 and 2015 to build awareness on how places can positively influence healthy choices and health outcomes.
- Hosted the Chippewa Valley Wavemaker Rally, an event supported by the statewide coalition, HealthTIDE, to build relationships and accelerate action around food environment. Over **60** attendees from Chippewa, Dunn and Eau Claire counties attended.

Healthy Relationship Promotion

- Developed a resource toolkit for youth-serving professionals and parents that directs them to reputable information about healthy relationships for teens, and to local resources in the Chippewa Valley.
- Launched *Safe Dates* program in Eau Claire County in 2016. *Safe Dates* is an evidence-based program that teaches teens how to prevent or intervene in teen dating abuse. Since fall of 2016, over 244 youth have received at least one session of Safe Dates. Over 75% of youth stated they learned about positive, healthy relationships from the program.
- Participated in the Healthy Wisconsin Leadership Institute's Community Teams Program to increase and develop collaborative

leadership skills, which led to the development of a video to increase awareness of healthy relationship promotion.

High-Risk Drinking Prevention



- Organized a campaign, "The Cost of Alcohol," to raise awareness about how personal behaviors affect individual and community health.
- Hosted an event in partnership with local Kubb leagues to promote use of the "Hello Sunday Morning" app, an initiative to encourage people to evaluate their relationship with alcohol by taking a break from drinking or simply cutting back.
- Reviewed social host, sober server, alcohol licensing, and public impairment policies/ordinances to assess the capacity, the need for, and the community's readiness for implementation of one of these policies/ordinances.
- Provided presentations on what high-risk drinking is, as well as costs and consequences, to **12** groups, reaching **343** people in 2014 and 2015.
- **Over 915 people** completed a confidential self-assessment about their alcohol use. After taking the assessment, they received feedback tailored to their assessment. This team also held focus groups with **45 high-risk drinkers**. Data collected provided evidence to utilize *Hello Sunday Morning,* a motivational app and social media website that allows people to reflect on their personal relationship with alcohol.

Mental Health

- Participated in #BeThe1To campaign with a YouTube video that featured people within in the community of differing backgrounds telling how they will #BeThe1To start conversations to help someone who may be contemplating suicide. On Facebook the video reached over 5,000 people, had nearly 2,000 views, 85 "likes", 34 "loves", 15 comments, and 43 shares. Watch at https://www.youtube.com/watch?v=EHDjSNtGY8Y&feature=youtu.be
- Partnered with the Eau Claire County BRAIN Team and Eau Claire Coalition for Youth to host the Spotlight on Children & Adolescents Mental Health Summit in Fall 2016. This summit focused on children's mental health and gave many community partners the opportunity to discuss how they can work together to set up our children for a lifetime of mental wellness. Over 150 participants attended the summit from a variety of sectors.
- Collaborated with multiple organizations to offer QPR (Question, Persuade, Refer) suicide prevention trainings to **over 700 community members** (since May 2015) to reduce stigma around mental health and to increase knowledge of suicide warning signs.
- Developed a mental health guide to help people looking to access mental health services in the community as well as an English-Hmong Mental Health glossary to develop a uniform translation of mental health terminology in the Hmong language.

Oral Health Promotion

- Discussed standards of oral healthcare during pregnancy with local dentists and dental hygiene students, which led to an increase in knowledge of oral healthcare during pregnancy as well as the creation of a referral list of dental clinics that accept and treat pregnant women according to standards and of clinics that accept medical assistance (MA).
- Hosted two interprofessional events with primary care providers, pediatricians, and dentists.
- Partnered with the Alliance for Substance Abuse Prevention to host a *Dose of Reality* event at Chippewa Valley Technical College.
- Partnered with WIC and local Amish community to develop and distribute an educational packet and books that provide information about the importance of oral healthcare for young children. Since 2017, we have distributed books and information to over 140 families and around 20 Amish families.

Get Involved!

-Fill out a "Get Involved" form on our website (www.echealthycommunities.org) to join an Action Team or the Council.

-Action Teams meet monthly to move forward with health priorities.

-Council meets bi-monthly to provide Action Team support, networking, leadership/training opportunities, community updates and much more!

-Many community organizations & individuals serve on an Action Team and/or serve on the

View the calendar on our website to find more details about a meeting or event.

Read our Council and Action Team meeting minutes to see what's going on. Find them on our website.

-Take action to improve health!

-Write a letter to the editor.

-Contact your policy maker.

-Think about how your organization could be involved with Healthy Communities.

Not sure how to be involved?

Contact us at healthy.communities@co.eau-claire.wi.us or 715-839-2869!

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720 Second Ave, Eau Claire, WI 54703
www.echealthdepartment.org
P: 715-839-4718
F: 715-839-1674

Section 2:
Board of Health (BOH)

The Governance Functions

NALBOH is the national voice for the boards that govern health departments and shape public health policy. Since its inception, NALBOH has connected with board of health members and elected officials from across the country to inform, guide, and help them fulfill their public health responsibilities in their states and communities. Driven by a mission to strengthen and improve public health governance, NALBOH worked with CDC and other national partners to identify, review, and develop the following model of six functions of public health governance.

Policy development: Lead and contribute to the development of policies that protect, promote, and improve public health while ensuring that the agency and its components remain consistent with the laws and rules (local, state, and federal) to which it is subject. These may include, but are not limited to:

- Developing internal and external policies that support public health agency goals and utilize the best available evidence;
- Adopting and ensuring enforcement of regulations that protect the health of the community;
- Developing and regularly updating vision, mission, goals, measurable outcomes, and values statements;
- Setting short- and long-term priorities and strategic plans;
- Ensuring that necessary policies exist, new policies are proposed/implemented where needed, and existing policies reflect evidence-based public health practices; and
- Evaluating existing policies on a regular basis to ensure that they are based on the best available evidence for public health practice.

Resource stewardship: Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform essential public health services. These may include, but are not limited to:

- Ensuring adequate facilities and legal resources;
- Developing agreements to streamline cross-jurisdictional sharing of resources with neighboring governing entities;
- Developing or approving a budget that is aligned with identified agency needs;
- Engaging in sound long-range fiscal planning as part of strategic planning efforts;
- Exercising fiduciary care of the funds entrusted to the agency for its use; and
- Advocating for necessary funding to sustain public health agency activities, when appropriate, from approving/appropriating authorities.

Legal authority: Exercise legal authority as applicable by law and understand the roles, responsibilities, obligations, and functions of the governing body, health officer, and agency staff. These may include, but are not limited to:

- Ensuring that the governing body and its agency act ethically within the laws and rules (local, state, and federal) to which it is subject;
- Providing or arranging for the provision of quality core services to the population as mandated by law, through the public health agency or other implementing body; and
- Engaging legal counsel when appropriate.

Partner engagement: Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community's health. These may include, but are not limited to:

- Representing a broad cross-section of the community;
- Leading and fully participating in open, constructive dialogue with a broad cross-section of members of the community regarding public health issues;
- Serving as a strong link between the public health agency, the community, and other stakeholder organizations; and
- Building linkages between the public and partners that can mitigate negative impacts and emphasize positive impacts of current health trends.

Continuous improvement: Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency's/governing body's own ability to meet its responsibilities. These may include, but are not limited to:

- Assessing the health status of the community and achievement of the public health agency's mission, including setting targets for quality and performance improvement;
- Supporting a culture of quality improvement within the governing body and at the public health agency;
- Holding governing body members and the health director/health officer to high performance standards and evaluating their effectiveness;
- Examining structure, compensation, and core functions and roles of the governing body and the public health agency on a regular basis; and
- Providing orientation and ongoing professional development for governing body members.

Oversight: Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance in order to support the public health agency in achieving measurable outcomes. These may include, but are not limited to:

- Assuming individual responsibility, as members of the governing body, for actively participating in governing entity activities to fulfill the core functions;
- Evaluating professional competencies and job descriptions of the health director/health officer to ensure that mandates are being met and quality services are being provided for fair compensation;
- Maintaining a good relationship with health director/health officer in a culture of mutual trust to ensure that public health rules are administered/enforced appropriately;
- Hiring and regularly evaluating the performance of the health director; and
- Acting as a go-between for the public health agency and elected officials when appropriate.

All public health governing entities are responsible for some aspects of each function. No one function is more important than another. For more information about the six governance functions, please visit www.nalboh.org.

Approved by the NALBOH Board of Directors – November 2012

Manual created November 2013, reviewed December 2016

Eau Claire City-County
Health Department

720 Second Ave, Eau Claire, WI 54703
www.echealthdepartment.org
P: 715-839-4718
F: 715-839-1674

Eau Claire City-County Board of Health as of January 2019

Term: 5 Years

Name	Term	Occupation
Terry Miskulin, DDS County Appointment	11/01/2019-12/31/2024	Dentist
Donald Bodeau, MD County Appointment	Term: 1/1/2009-12/31/2013 Second Term: 1/1/2014-12/31/2018 Third Term: 1/1/2019-12/31/2023	Physician
Kari Stroede County Appointment	Original Term: 2/23/2017-12/31/2021 (took over previous members spot-Kari' began 10/2018)	Director, Successful Children's Network United Way of the Greater Chippewa Valley
Jennifer Eddy, MD City Appointment	Term: 1/1/2014-12/31/2018 Second Term: 1/1/2019-12/31/2023	Physician
Emily Berge, MS, LPC City Council Member	Term 4/2018-Expires at end of elected City Council (City Council)members committee appointments are announced annually in April)	City Council Member
Merey Price, RN Joint City-County Appointment **President – 1/1/2019**	Term:1/1/2011-12/31/2015 Second Term: 1/1/2016-12/31/2020	Registered Nurse
Martha Nieman, CNM County Board Member	Term 4/2018-Expires at end of elected County Board term (County Board members committee appointments are announced annually in April)	County Board Member
Elizabeth Spencer, RD City Appointment, Community Representative **Vice President 1/1/19**	Term: 1/1/2011-12/31/2015 Second Term: 1/1/2016-12/31/2020	Registered Dietitian

Who is Responsible?

AREA	BOARD OF HEALTH (Policy)	DIRECTOR/HEALTH OFFICER (Operations)
Long-term goals (taking more than one year)	Approves	Recommends and provides input
Short-term goals (taking one year or less)	Monitors	Establishes and carries out
Annual report and plan	Approves	Assesses, develops, and carries out
News media releases	Adopts policy; support public health position	Approves all media releases
Day-to-day operations	No role	Makes all management decisions
Budget	Approves	Develops and recommends
Capital purchases	Approves	Prepares requests
Decisions on building renovation, leasing, expansion, etc.	Make decisions; assumes responsibility	Recommends; signs contracts after board approval
Purchases of supplies	Establishes policy and budget for supplies	Purchases according to board policy; maintains an adequate audit trail
Major repairs	Approves	Obtains estimates and prepares recommendations
Minor repairs	Establishes policy, including amount that can be spent without board approval	Authorizes repairs up to predetermined amount

AREA	BOARD OF HEALTH (Policy)	DIRECTOR/HEALTH OFFICER (Operations)
Emergency repairs	Works with administrator	Notifies board chairperson and acts with concurrence from chair
Cleaning and maintenance	No role (oversight only)	Sets up schedule
Fees	Adopts policy	Develops and sets fee schedules
Billing, credit, and collections	Adopts policy	Proposes policy and implements
Hiring of staff	Hires administrator only	Approves hiring of all subordinate staff
Staff development and assignment	No role	Establishes
Firing of staff	Fires administrator only	Approves firing of all subordinate staff
Staff grievances	Establishes a grievance committee	Follows grievance procedures
Personnel policies	Adopts	Recommends and administers
Staff salaries	Allocates budget line item for salaries; approves yearly percentage increase	Approves salaries with recommendations from supervisory staff
Staff evaluations	Evaluates administrator only	Evaluates supervisory staff

Wisconsin Division of Health 2009

Eau Claire City-County Health Department
Board of Health Meeting Basics

The Eau Claire City-County Board of Health meets monthly. The meetings are typically on the 4th Wednesday of each month, however they may be scheduled on alternate dates due to scheduling conflicts. Additional meetings may be scheduled at the Board's discretion. The meetings are held at the Health Department in the Eau Claire County Courthouse from 5:15-7:00 p.m. We follow Robert's Rules of Order.

The Board must have a quorum (5 of 8 members) present to conduct Board business. If you are unable to attend, please call the Board President or the Health Department Director. If a quorum will not be present, the meeting will be rescheduled.

The Board meetings follow Wisconsin open meeting law and notice is provided to the media 24 hours before the meeting. In order to comply with the open meetings law, we cannot have a gathering of 3 or more Board members outside our regularly scheduled and posted meetings. Three or more Board members having a conversation is considered a "meeting" and is a violation of the open meeting law. A "walking quorum" is also a violation of the open meeting law and is defined as a *series* of meetings, phone calls, or emails between members to discuss Board business.

We also have closed meetings to consider personnel and certain other issues defined in the open meeting law. Refer to the summary of Wisconsin's Open Meeting Law in your orientation information or view the full text of the compliance guide at www.doj.state.wi.us.

Note: All Board members receive a complimentary membership in the National Association of Local Boards of Health (NALBOH), which includes member access to a website of very useful resources and a quarterly journal.

Created: 10.15.2013
Updated: 1/24/2017

Wisconsin Open Meetings Law – Summary

I. Policy of the Open Meetings Law

- Importance of having a public informed about governmental affairs.
- Importance of vigilant application of the law.
- DOJ will provide legal advice to government agencies regarding open meetings.
- Most violations occur by mistake.
- Open meetings law require all meetings of all state and local governmental bodies be publicly held in places reasonably accessible to members of the public and open to all citizens at all times unless otherwise expressly provided by law.

II. Open Meetings Law Applies to Every Meeting of a Governmental Body

- Entities that are governmental bodies:
  - State or local agency, board, commission, committee, council, department or public body corporate and politic created by constitution, statute, ordinance, rule, or order. Includes advisory entities.
  - A formally constituted subunit of a governmental body is a governmental body. A subunit is a separate, smaller body created by a parent body and composed exclusively of members of the parent body.

- Entities that are <u>not</u> governmental bodies
  - Ad hoc gatherings/committees – as not created by law.
  - Government agency staff – doesn't satisfy definition (staff is individual subordinates within agency).
  - Government department with only a single member.
  - Bodies that are formed for or meeting for the purpose of collective bargaining with municipal or state employees.
  - Bodies created by the Court.

- A meeting is defined as the convening of members of a governmental body for the purpose of exercising the responsibilities, authority, power or duties delegated to or vested in the body.
  - Definition of a meeting applies whenever a convening of members of a governmental body satisfies two requirements:
  - There is a purpose to engage in governmental business – formal or informal action including discussion, decision or informational gathering on matters within the governmental body's realm of authority.
  - The number of members present is sufficient to determine the governmental body's course of action on the business under consideration.
  - Typically, governmental bodies operate under a simple majority rule in which a margin of one vote is necessary for the body to pass a proposal. Under simple majority rule, open meetings law applies whenever one-half or more of the governmental body members gather to discuss or act on matters within the body's realm of authority.

- A meeting is not limited to all members being in same place – meetings by telephone or video conferencing qualifies as a convening of members if for the purpose of conducting governmental business and involves a sufficient number of members of the body to determine the body's course of action on the business under consideration.

- Written communication transmitted by electronic means such as email or instant messaging may constitute a convening of members but due to the complexity of determining the communication to be a conversation or meeting, it is recommended to proceed with caution or avoid electronic communication in conducting governmental body business.

- When a quorum of the members of one government body attend a meeting of another governmental body to engage in governmental business regarding a subject they have decision-making responsibility, it is considered two separate meetings and notice must be given of both meetings, although a single notice can be used if that notice clearly indicates that a joint meeting will be held and gives the names of each governmental body involved and published in each place where notices are published for the bodies.

- A social occasion is not a place to conduct government business and it is strongly recommended to not talk about government body business at a social gathering.

III. Two Basic Requirements of Open Meetings Law – Advance Public Meeting Notice and Conducting Business in Open Session

Public Meeting Notice Requirements

- The chief presiding officer of a governmental body or the officer's designee is responsible for public meeting notification.

- Notice of each meeting must be given to the public, any members of the news media requesting it, and the official newspaper designated as the primary news source for the area.
    - Meeting notice to be posted in one or more places likely to be seen by the general public – advise posting at three different locations within jurisdiction that governmental body services or with a paid notice within jurisdiction. Nothing in the open meetings law prevents a governmental body from determining that multiple notice methods are necessary to provide adequate public notice of the body's meetings.

- Every meeting public notice must give the time, date, place, and subject matter of the meeting, including that intended for consideration at any contemplated closed session, in such form as is reasonably likely to apprise members of the public and news media thereof.
    - Information in the notice must be sufficient to alert the public to the importance of the meeting, so that they can make an informed decision whether to attend – generic designations are not sufficient.
    - If closed session, the notice must contain the subject matter to be considered in closed session.

- Every public meeting notice must be given at least 24 hours in advance of the meeting, unless "for good cause" exists. Then notice should be given ASAP and must be given at least two hours in advance.

- A governmental body, when conducting a meeting, is free to discuss any aspect of any subject identified in the public notice of that meeting, as well as issues reasonably related to that subject, but may not address any topics that are not reasonably related to the information in the notice.
    - There is no requirement that a governmental body must follow the agenda in the order listed on the meeting notice unless an agenda item has been notices for a specific time.

Open Session Requirements

- All meetings shall be publicly held in places reasonably accessible to members of the public and shall be open to all citizens at all times.
    - The policy of openness and accessibility favors governmental bodies holding meetings in public places rather than private premises. Generally speaking, places such as a private room in a restaurant are not considered reasonably accessible. A governmental body should meet on private premises only in exceptional cases where the body has a specific reason for doing so that does not compromise the public's right to information about governmental affairs.
    - The policy of openness and accessibility also requires the governmental bodies hold meetings at locations near to the public they serve.
    - The law also requires that the meeting location also be accessible for those with disabilities. The Americans with Disabilities Act and other federal laws may also require governmental bodies to meet accessibility that exceed the requirements imposed by Wisconsin's open meetings law.

- All meetings must be initially convened in open session. All business of any kind, formal or informal, must be initiated, discussed, and acted upon in open session, unless one of the exemptions set forth in Wisconsin statute applies.
- The open meetings law grants citizens the right to attend and observe meetings of governmental bodies that are held in open session. It also grants citizens the right to tape record or videotape open session meetings as long as doing so does not disrupt the meeting.
    - The law does not permit recording of an authorized closed session.
- The open meetings law grants citizens the right to attend and observe meetings of governmental bodies that are held in open session but does not require a governmental body to allow members of the public to speak or actively participate in the body's meeting.
    - Unless a statute specifically applies, a governmental body is free to determine for itself whether and to what extent it will allow citizen participation at its meeting.
    - There are some other state statutes that require governmental bodies to hold public hearings on specified matters.
    - Although not required, the open meetings law does permit a governmental body to set aside a portion of an open meeting as a public comment period.
        - Such a period must be included on the meeting notice.
        - During this period, the body may receive information from the public and may discuss any matter raised by the public.
        - If a member raises a subject that is not on the agenda, it is advisable to limit the discussion of that subject and to defer any extensive deliberation to a later meeting so that more specific notice can be given.
        - The body also may not take formal action on a subject raised in the public comment period unless that subject is also identified in the meeting notice.
- No secret ballots may be used to determine any election or decision of a governmental body, except the election of officers of a body.
    - If a member of a governmental body requests that the vote of each member be recorded on a particular matter, a voice vote or a vote by a show of hands is not permissible unless the vote is unanimous and the minutes reflect who is present for the vote.
- The open meetings law requires a governmental body to create and preserve a record of all motions and roll-call votes at its meetings. This requirement applies to both open and closed sessions.
    - As long as the body creates and preserves a record of all motions and roll-call votes, it is not required by the open meetings law to take more formal or detailed minutes of other aspects of the meeting.
    - Other statutes outside the open meetings law may prescribe particular minute-taking requirements for certain governmental bodies and officials that go beyond what is required by the open meetings law.
    - The general legislative policy of the open meetings law is that the public is entitled to the fullest and most complete information regarding the affairs of government as is compatible with the conduct of governmental business – provide public with a reasonably intelligible description of the essential substantive elements of every motion made, who initiated and seconded the motion, the outcome of any vote on the motion, and if a roll-call vote, how each member voted.
    - Nothing in the open meetings law prohibits a body from making decisions by general consent, without a formal vote. Whether a decision is made by consensus or other method, Wisconsin statute requires the body to create and preserve a meaningful record of that decision.
- All meeting records, open and closed, must be open to public inspection to the extent prescribed in the state public records law unless the particular record at issue is subject to a specific statutory exemption or the custodian concludes that the harm to the public from its release outweighs the benefit to the public.

- As long as the reasons for convening in closed sessions continue to exist, the custodian may be able to justify not disclosing any information that requires confidentiality and would separate information that can be made public from that which cannot, and disclose the former. Once the underlying purpose for the closed session ceases to exist, all records of the session must then be provided to any person requesting them.

IV. Closed Session Requirements

- If closed session contemplated at the time public notice is given, the notice must contain the subject matter of the closed session.
  - If closed session not contemplated at time of public notice, that does not foreclose a government body from going into closed session to discuss an item contained in the notice.
  - In both situations, a governmental body must follow the procedure set forth in Wisconsin statute before going into closed session.

Procedure for Convening in Closed Sessions

- Meeting must initially be convened in open session.
- Governmental body must pass a motion, by recorded majority vote to convene in closed session.
  - If unanimous motion, no requirement to record votes individually.
  - Before governmental body votes on the motion, the chief presiding officer must announce and record in open session the nature of the business to be discussed and the specific statutory exemption that is claimed to authorize the closed session.
  - If several exemptions are relied on to authorize a closed discussion of several subject, the motion should make it clear which exemptions correspond to which subjects.
- The governmental body must limit its discussion in closed session to the business specified in the announcement.
- Wisconsin Statute contains 13 exemptions to the open session requirement that permit, but do not require a governmental body to convene in closed session.
  - See Wisconsin Open Meetings Law Compliance Guideline for detailed information on the exemptions.
- The open meetings law gives wide discretion to a governmental body to admit into a closed session anyone whose presence the body determines is necessary for the consideration of the matter that is the subject of the meeting.
- A governmental body vote should occur in open session unless the vote is clearly an integral part of deliberations authorized to be conducted in closed sessions under Wisconsin statutes (should vote in open session unless doing so would compromise the need for the closed session).
- A governmental body many not commence a meeting, convene in closed session, and subsequently reconvene in open session within 12 hours after completion of a closed session unless public notice of the subsequent open session is given “at the same time and in the same manner” as the public notice of the prior open session.

V. Open Meetings Law Enforcement and Penalties

Enforcement

- Both the Attorney General and the district attorneys have authority to enforce the open meetings law.
- A district attorney has authority to enforce the open meetings law only after an individual files a verified meetings law complaint with the district attorney.
  - The verified complaint must be signed by the individual and notarized and should include available information that will be helpful to investigators:
    - Identifying the governmental body and any members thereof alleged to have violated the law.

    - Describing the factual circumstances of the alleged violations.
    - Identifying witnesses with relevant evidence.
    - Identifying any relevant documentary evidence.

- An enforcement action brought by a district attorney or by the Attorney General must be commenced with six years after the cause of action accrues or be barred.
- Proceedings to enforce the open meetings law are civil actions subject to the rules of civil procedure, rather than criminal procedure, and governed by the ordinary civil standard of proof.
    - Open meetings law enforcement action is commenced like any civil action by filing and serving a summons and complaint.
    - Open meetings law cannot be enforced by the issuance of a citation because citation procedures are inconsistent with the statutorily-mandated verified complaint procedure.
- If the district attorney refuses to commence an open meetings law enforcement action or otherwise fails to act within 20 days of receiving a complaint, the individual who filed the complaint has a right to bring an action, in the name of the state, to enforce the open meetings law.
- Although an individual may not bring a private enforcement action prior to the expiration of the district attorney's 21 day review period, the district attorney may still commence an action even through more than 20 days have passed. It is not uncommon for the review and investigation of open meetings complaints to take longer than 20 days.
- Court proceedings brought by private relators to enforce the open meetings law must be commenced within two years after the cause of action accrues or the proceedings will be barred.

Penalties

- Any member of a governmental body who knowingly attends a meeting held in violation of the open meetings law, or otherwise violates the law, is subject to a forfeiture of between $25 and $300 for each violation.
    - The Wisconsin Supreme Court has defined knowingly as not only positive knowledge of the illegality of a meeting, but also awareness of the high probability of the meeting's illegality or conscious avoidance of awareness of the illegality.
- A member of a governmental body who is charged with knowingly attending a meeting held in violation of the law may raise one of two defenses:
    - That the member made or voted in favor of a motion to prevent the violation.
    - That the member's votes on all relevant motions prior to the violation were inconsistent with the cause of the violation.
    - A member who is charged with a violation other than knowingly attending a meeting held in violation of the law may be permitted to raise the additional statutory defense that the member did not act in his or her official capacity.
    - A member of the body can avoid liability if he or she can factually prove that he or she relied, in good faith and in an open and unconcealed manner, on the advice of counsel whose statutory duties include the rendering of legal opinions as to the actions of the body.
- A governmental body may not reimburse a member for a forfeiture incurred as a result of a violation of the law, unless the enforcement action involved a real issue as to the constitutionality of the open meetings law.
- In addition to the forfeiture penalty, Wisconsin Statute provides that a court may void any action taken at a meeting held in violation of the open meetings law if the court finds that the interest in enforcing the law outweighs any interest in maintaining the validity of the action.

Committee Code of Conduct

Over 150 volunteer citizens serve the City on Boards, Commissions and Committees. These groups of volunteers advise the City Council in many various important areas. Participation is greatly appreciated by Council members, City staff, and the community at large.

The City of Eau Claire Committee Code of Conduct is outlined below. Committee members shall

A. Support the Vision, Mission, and Value Statements of the City of Eau Claire.

B. Act in a manner as to support the orderly, efficient operation of Committee meetings.

C. Commit to attending all meetings to the best of their ability. While occasionally schedules and other priorities will prevent attendance, it is expected that regular attendance will occur. In the event that three consecutive meetings are missed without notifying the staff, the Committee Chair will contact the member to discuss attendance. If necessary the Chair will contact the Advisory Committee on Appointments who may review the reasons for the absences.

D. While in attendance
   1. Conduct themselves in a manner that will bring credit to themselves and to the City.
   2. Obey all applicable Federal and State laws and City of Eau Claire ordinances.
   3. Not participate in the business of the committee while impaired by any substance.

E. Respect the lawful authority vested in them by virtue of their position as a Committee Member.

F. Not use his or her committee membership to obtain financial gain or anything of substantial value for his or her personal benefit, for the benefit of his or her immediate family, or for an organization with which he or she is associated.

G. Not use confidential information for actual or anticipated personal gain, or for the actual or anticipated personal gain of any other person.

H. Conduct the business of the City in a respectful and professional manner.

I. Show respect for each other and officials of the City of Eau Claire.

In the event that violations of this code occur, the Committee Chair may report to the Advisory Committee on Appointments, who will review the report and may recommend to the City Council replacement of the member on the respective committee.

Eau Claire City-County
Health Department

720 Second Ave, Eau Claire, WI 54703
www.echealthdepartment.org
P: 715-839-4718
F: 715-839-1674

2019 Board of Health Calendar –
Showing typical suggested monthly topics
Subject to change

January 23

- Distribute final 2019Board of Health calendar
- Approve continuing grant for DNR Transient Non-community Water Systems
- Eau Claire Healthy Communities update
- Director Performance review mid-point update
- Strategic Plan Update
- Follow up from November work session

February 27

- Performance Management Update
- Draft Report Ag Ordinance Review

March 27

- Close out 2018 budget
- Board evaluation

April 24

- Initial input from the Board of Health for the proposed 2020 budget, including discussion of salary and health insurance for employees for 2020
- Summary of 2018 financial
- Discuss 2018 Annual Report
- EC Healthy Communities update
- Question development and approval for Director performance review survey
- Strategic Plan update
- Workforce Development Update
- Quality Improvement Plan Update

May 15 (one week early similar to 2018 due to Public Health Conference)

- Review budget development process

June 26

- Department Director performance review (Closed session)
- Fee discussion

July 24

- Develop Department Director Performance expectations
- Annual review of Account Allocations/Fund Balance
- Approve draft of 2020 Health Department budget
- Strategic Plan Update
- Eau Claire Healthy Communities Update
- Adopt Department budget/pay schedule for 2020
- Review and Approve Employee Handbook-personnel policies updated

August 28

- Adjust 2020 Budget proposal if needed (after the Joint Budget Team meeting)
- Review and approve/adopt 2020 Health Department fees, and fee related regulation and resolution changes
- Performance Management Update

September 25

October 16 (one week early due to Nov. meeting being early)

- Adjust 2020 Department budget by Board, if needed
- EC Healthy Communities update
- Strategic Plan Update
- Workforce Development Update
- Quality Improvement Plan Update

November 6

- BOH work session

December 11

(Normally 2nd Wednesday)

- Election of President and Vice-President for next calendar year
- Approve final 2020 Budget
- Review a draft of the 2020 Board of Health calendar
- Approve 2019 contracts with State Division of Public Health
- Board photo for the annual report

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BOARD OF HEALTH AGENDA

Date of Meeting 5:15 PM
County Courthouse, Room 302 (Ground Floor)

Board Of Health 2015-2020 Goals:

Focus on long term fiscal planning

Support Health Department in development of agency and facility long term planning

Health Department Mission:

Promoting health and safety for all Eau Claire communities

Health Department Vision:

ECCCHD will be a leader in assuring healthy people in healthy communities

1. Call to Order. Welcome Guests. Order of the Agenda. Request to pull items from Consent Agenda – *5 minutes*
1. Public Comment-*The Board of Health and Eau Claire City-County Health Department welcome you. Statements pertinent to agenda items may be made by attendees during the public comment section. We do ask that statements are limited to three minutes per person. Written comments may also be provided*. -5 minutes
2. Consent Agenda (Action Required-approved for full content)-*5 minutes*
    a. Approval of minutes from April 25, 2018meeting –
3. Business Item (Action Required)-*20 minutes*
    a. Receive Monthly Financial Update-
4. Other information items from staff for the Board-*35 minutes*
    a. Director/Health Officer Report –
    b. Correspondence/Media –
5. Board member informational items-*35 minutes*
    a. Public Health Policy/Advocacy-
6. Requests from Board members for future agenda items to be given consideration-*5 minutes*
7. Next business meeting date
8. Adjourn

PLEASE NOTE: Due to requirements contained in the Wisconsin Open Meetings Law, only those matters placed on this agenda may be considered by the Board of Health at this meeting. If any member of the public desires that the Board of Health consider a matter not included on this agenda, he or she should contact a Board of Health Member or the Health Department Director to have the matter considered for placement on a future Board of Health agenda. Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request the service, contact the County ADA Coordinator at 839-4710, (FAX) 839-4854, (TDD) 839-4735 or by writing to the ADA Coordinator, Personnel Department, Eau Claire County Courthouse, 721 Oxford Avenue, Eau Claire, WI 54703.

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Section 3:
Eau Claire City-County Health Department

EAU CLAIRE CITY-COUNTY HEALTH DEPARTMENT
2017-2021
STRATEGIC PLAN

Eau Claire City-County Health Department

Manual created November 2013, reviewed December 2016

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Dear Health Department Colleagues, Board of Health members and Community Partners,

I am pleased to present our Eau Claire City-County Health Department strategic plan for 2017-2021. This plan is the result of considerable staff and Board of Health work to determine the direction for our department for the next 5 years. Our commitment to collaborative and evidence-based action to improve priority health issues, as a local health department, is reflected in the strategies identified throughout our goals. Equally shown is our focus on health equity and the work we need to do to make health a possibility for everyone in our community.

The development of this plan has reinforced our belief in the strength each employee brings to the Eau Claire City-County Health Department and the importance of partnership and collaboration. We could not do the work of public health without the staff, the Board of Health and the community ALL being committed to improving health. Strong and productive relationships – both internal and external - are critical. I feel fortunate to live in a community, and work in a department, that has the passion and commitment to make this plan actionable.

This strategic plan provides a broad roadmap for the health department and is intended to be a dynamic plan. The four overarching goals provide a framework for what needs to be accomplished to reach our vision and carry out our mission. Each health department employee plays a role in the success of this plan. Over the next 5 years we will engage all staff in developing and implementing actions on these goals which will additionally help accomplish identified goals in our quality improvement plan, performance measures, workforce development plan and our community health assessment and plan.

We believe we are up to the challenge of carrying out this ambitious Strategic Plan and look forward to the hard but rewarding work on our path to achievement!

Warm Regards,

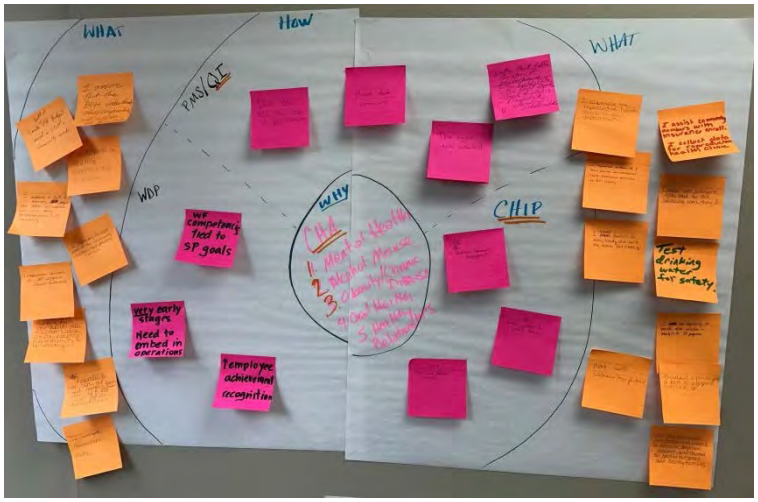
Elizabeth (Lieske) Giese, RN, MSPH
Director/Health Officer
Eau Claire City-County Health Department

Strategic Planning Process

The Health Department engaged in a six-month process to develop the 2017-2021 Eau Claire City-County Health Department Strategic Plan. The Public Health Foundation was contracted to provide guidance and facilitation during the process. The Strategic Plan was approved at the December 2016 Board of Health meeting. The process included the following steps.

Laying the Groundwork:

The Strategic Planning process began with extensive background work to assure that a strong foundation was laid and that all requirements for national accreditation were met. This stage involved reviewing the existing Strategic Plan and gathering core documents such as the Quality Improvement (QI) plan, the Performance Management Plan, the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), and national and state reference documents.



Strategic Planning Core Team review of connections between Strategic Plan, CHA, CHIP, PM/QI Plan and Workforce Development Plan.

During July and August 2016, planning and coordination phone meetings were held with the Health Department Director, Health Education Supervisor, Manager of Internal Operations and the Public Health Foundation facilitator.

On August 11, 2016 at an All-Staff Meeting, Division of Public Health Regional Office representatives reviewed the Strategic Planning process and facilitated a work session with all health department employees to gather their thoughts and ideas on the future direction of the health department. At this same time the Strategic Planning Core Team was developed. This team included the Health Department Director, Supervisors and Staff from each division, and Board of Health members. This representative group was charged with reviewing core internal and external core documents (see list on 12) and drafting the goals for the plan.

Assessment and Analyzing Results:

A broad assessment was done in order to gather information that was used to develop the strategic plan priorities. In September 2016, surveys were sent to all health department staff, Board of Health members and community stakeholders to provide feedback on health department strengths and opportunities and give feedback on existing priorities. This data was compiled and shared with the Strategic Planning Core Team.

On September 9, 2016, the Public Health Foundation hosted a one-hour webinar for all Core Team members and began preparing materials for an in-person workshop.

On September 23, 2016 a full day workshop was facilitated by the Public Health Foundation for all Core Team members to complete a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis, review mission, vision and guiding principles and to draft strategic plan goals and strategies. This full day workshop incorporated data from the staff and community survey, quality improvement plan, Eau Claire Community Health Assessment/Plan and Performance Management Plan. The Core Team also examined the links between our new Strategic Plan and information management, health department communication/branding and financial sustainability. During this process, five strategic priority areas were identified.

Strategic Priority Areas

- **Data/Information management**
- **Infrastructure**
- **Fiscal sustainability**
- **Community collaboration**
- **Health equity**

Developing the Strategic Plan

The five key priorities areas identified were used by the Core Team and health department leadership to develop draft goals and strategies. On October 24, 2016, a survey requesting feedback on the draft goals, strategies and proposed revisions to the mission, vision, and guiding principles was sent to all health department staff and Board of Health members. A final draft of the strategic plan goals was developed using the results of the survey and was reviewed by the Board of Health for feedback at their November 2016 work session. A complete review of the PHAB Standards and Measures 1.5 related to Strategic Planning was also completed to ensure compliance for accreditation.

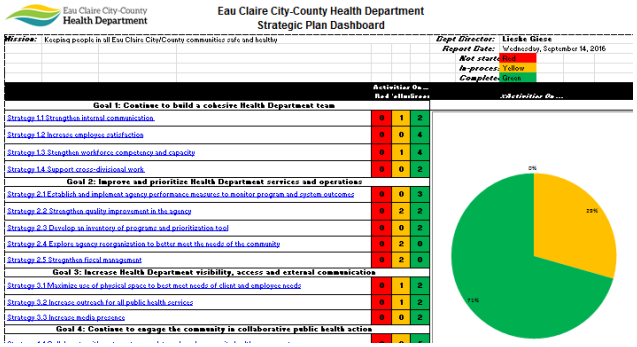
The key strategic priority of Health Equity was determined to be an overarching goal and so was built into each of the four final developed goals rather than standing alone.

Staff at September 23rd Work Day

In December 2016 the complete 2017-2021 Strategic Plan was drafted and reviewed by management, WI Division of Public Health Regional Office, all staff, and the Board of Health. On December 14, 2016 the 2017-2021 Strategic Plan was approved by the Board of Health.

Ongoing Implementation, Monitoring and Revisions

The goals and strategies of the 2017-2021 will be operationalized by staff at all levels of the department through workgroups assigned to each strategy. These goals, strategies and activities will be monitored quarterly by staff and reported to the Board of Health for progress through a tracking dashboard. Internal processes and templates will reflect the strategic plan goals as well as the organization's mission; this includes building our meeting agendas and minutes using the goals as a guideline. Revisions will be made to strategic plan strategies and activities as necessary.



Eau Claire City-County Health Department
Eau Claire City-County Health Department
Strategic Plan Dashboard

Mission: Keeping people in all Eau Claire City/County communities safe and healthy

Dept Director: Lieske Giese
Report Date: Wednesday, September 14, 2016
Not started: Red
In-process: Yellow
Complete: Green

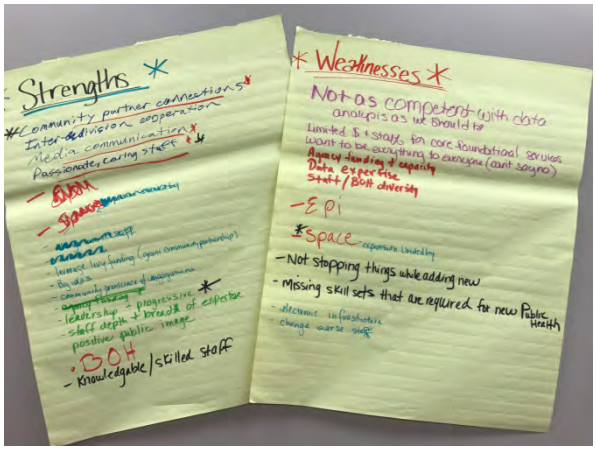
	Activities On... Red	Yellow	Green
Goal 1: Continue to build a cohesive Health Department team			
Strategy 1.1 Strengthen internal communication	0	1	2
Strategy 1.2 Increase employee satisfaction	0	0	4
Strategy 1.3 Strengthen workforce competency and capacity	0	1	4
Strategy 1.4 Support cross-divisional work	0	0	2
Goal 2: Improve and prioritize Health Department services and operations			
Strategy 2.1 Establish and implement agency performance measures to monitor program and system outcomes	0	0	3
Strategy 2.2 Strengthen quality improvement in the agency	0	2	2
Strategy 2.3 Develop an inventory of programs and prioritization tool	0	0	2
Strategy 2.4 Explore agency reorganization to better meet the needs of the community	0	2	0
Strategy 2.5 Strengthen fiscal management	0	2	0
Goal 3: Increase Health Department visibility, access and external communication			
Strategy 3.1 Maximize use of physical space to best meet needs of client and employee needs	0	1	2
Strategy 3.2 Increase outreach for all public health services	0	1	2
Strategy 3.3 Increase media presence	0	0	2
Goal 4: Continue to engage the community in collaborative public health action			

Health department Strategic Plan dashboard template

Strengths, Weaknesses, Opportunities and Threats

We conducted our Strengths, Weakness, Opportunities and Threats (SWOT) analysis using survey feedback from staff and community partners and during our Core Team workshop to ensure our plan included strategies and objectives addressing both internal and external factors that may affect the future of the department.

Activities addressing internal factors (strengths and weaknesses) direct us in improving operations and using resources efficiently. Focused efforts in these areas will allow us to reduce waste, increase revenue and improve delivery of programs and services. Activities addressing external factors (opportunities and threats) direct us toward growth opportunities and risk management. Focused efforts in these areas assist us in reaching a broader population, developing new interventions and identifying changes to avoid negative impact from outside forces.



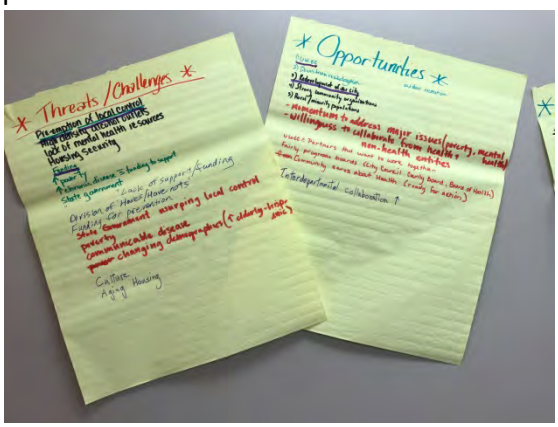
Strengths identified include:

- Employees – scope of expertise, service-orientation and high quality service
- Community Collaboration – continuing leadership in developing partnerships
- Leadership/Government Connections – strong working relationships with leadership and County and City partners providing flexibility to meet the needs of the community
- Flexibility – an engaged staff willing to take risks, make changes and try new ideas

Weaknesses identified include:

- Space/Capacity – continued growth means our department must meet increased needs for physical space and skill sets
- Data – identifying and accessing appropriate data to make informed decisions and managing information
- Marketing – the general public and policy-makers need to be kept informed about the value of prevention programs, including health department branding
- Turnover/Retention – competition from the private market

Opportunities identified include:



- Alcohol and Other Drug Abuse Outreach – also identified as a priority area for the community
- Disparate Populations – importance of creating opportunities for minorities, low-income and rural populations
- New Technologies – capitalizing on emerging systems to save time and improve service
- Social Determinants – addressing poverty, housing, nutrition and mental health impacts on public health

Threats identified include:

- Access to Care – both current and related to future policy changes
- Changing Public Health Environment – public health is a rapidly changing field; we need to keep up-to-date and prepared for those changes
- Funding – a significant amount of time and energy is spent seeking out sources of funding to continue the levels of service we provide
- Local Demographics – increases in poverty, aging population, increase and rapid transmission of communicable disease

Mission, Vision and Guiding Principles

Mission

Promoting health and safety for all Eau Claire communities

Vision

Eau Claire City-County Health Department will be a leader in assuring healthy people in healthy communities

Guiding Principles

The Health Department's work is guided by seven overarching principles:

Prevention - Promotion of health and prevention of disease, injury and disability is critical in saving lives and money
Health Equity - Everyone should have equal opportunity to be healthy
Collaboration - People working together provide the best solutions
Quality - Efficiency and effectiveness is critical in programs and services
Data Informed - Collection and analysis of data guides decisions
Evidence Based - Building and utilizing evidence and promising practices in programs and services
Ethical Practice - Acting with the highest standards of professional practice

Goals and Strategies

The 2017-2021 Strategic Plan identifies four goals with actionable strategies that will be used to support the agency in moving toward the vision. Action in these four goals will be undertaken across the department. Specific measurable objectives and work plans are identified for each strategy in a separate dashboard.

Goal 1:

Increase utilization of program and population data

Rationale – Accurate, timely and relevant data has been consistently identified as crucial to planning, decision-making and effective communication. Considerable work has been done to identify areas to improve information management and identify data to support our performance management system, our community partners and coalitions, and future priorities and planning.

Strategy 1.1 **Clearly define the appropriate data for population health surveillance and community health improvement**

(External focus) Public Health is changing and we need to be looking for and tracking relevant data to make informed decisions to influence our program activities and community needs identified in our CHA and CHIP. Duplication of collection/surveillance efforts should be eliminated where possible.

Strategy 1.2 **Improve population health data access and sharing among community partners**

(External focus) All partner health organizations should have access to the information needed to make evidence-based decisions on health practice.

Strategy 1.3 **Improve systems for data management**

(Internal focus) We need to ensure that our data is in usable, compatible and distributable formats. All employees should be able to efficiently access and report from our data banks.

Strategy 1.4 **Strengthen process for data analysis and evaluation**

(Internal focus) This strategy may be addressed by building evaluation of data into all programs and grants, developing our GIS capabilities and staffing decisions.

Strategy 1.5 **Assess barriers to health equity and address gaps affecting disparate populations**

(Health Equity) Using data to identify barriers and gaps will be critical to informing programs and practices that can lead to building of health equity by the health department and community partners. This includes getting a real perspective from those most impacted.

Strategy 1.6 **Turn health data into meaningful messages for policy makers and the public**

Educating Eau Claire communities, policy makers and media in a timely manner on public health related issues is vital to mobilizing the community around health action items.

Goal 2:

Invest in a strong workforce and infrastructure

Rationale – Our workforce is our greatest asset. We are committed to retaining and recruiting an expert team and providing them with the necessary tools and environment to provide service and program excellence. We will strategically prioritize resources to meet our current and future needs for training, professional development and working conditions.

Strategy 2.1 Develop recruitment strategies to promote a diverse workforce

A qualified, diverse workforce can drive innovation and performance in the workplace. We will be fostering relationships with universities and community groups to find and recruit qualified candidates to fill department gaps.

Strategy 2.2 Create professional development opportunities for individual and organizational growth

A solid training plan connects the strategic plan priorities and workforce development plan. We use annual workforce assessments, identified departmental core competency gaps and individual growth opportunities to support all employees in their professional growth. There will be a specific focus on building competency in data, financing, health equity and CHA priorities.

Strategy 2.3 Build cultural humility into department practice and programs

(Health Equity) Building cultural competency and an organizational focus on cultural humility and health equity is essential for health department staff and programs.

Strategy 2.4 Create an organizational environment promoting employee and department success

Personnel policies, technology, space and structure are critical to efficient and effective operations.

Strategy 2.5 Promote strong working relationships

Employees are the most important resource at the health department. Strong teams will build a stronger department.

Goal 3:

Engage the community in collaborative efforts to improve health and safety

Rationale – In order to address challenging community health issues we need to provide a community leadership role in mobilizing community action, particularly in priorities identified by Eau Claire Community Health Assessment. These community partnerships are critical in identifying and addressing complex health issues and building shared priorities. We will continue our existing work, along with exploring new and innovative ways, to engage with the community and policy makers to address health priorities and social determinants of health. We will specifically focus on the need to strategically address health equity concerns in our community.

Strategy 3.1 Work with policy makers to build health in all policies

Engagement with policy makers and partners at all levels is vital for promoting the consideration of health in policy decisions. We will continue our work building relationships and pursuing opportunities for health input in policy.

Strategy 3.2 Strengthen linkages between clinical care and public health

(Health Equity) Opportunities to strengthen the understanding of population health priorities and social determinants of health in primary care settings for clinical decision making are critical. Access to health care, particularly for those populations that have unequal health outcomes, is also a priority health equity issue.

Strategy 3.3 Engage impacted populations in decision making through authentic connections

(Health Equity) Developing connections and encouraging active participation by those with direct experience is critical to setting the right goals and finding the best solutions. We need to assure that programs and services provided by the department and community partners are reaching diverse and disparately impacted populations.

Strategy 3.4 Utilize broad media formats to inform community on priority health issues

Media presence and brand recognition is important for reporting on health issues, providing updates on programs and services, highlighting best practice, soliciting public input, and supporting emergency response. We have developed strong partnerships and will continue seeking out new and emerging media outlets while continuing to maximize traditional sources, enhancing our website and streamlining media alerts/contacts.

Goal 4:

Develop long-term fiscal and operational strategies supporting innovation and sustainability

Rationale – In order to reach our vision and to be mission-focused in our work, we need a department that has a strong operational infrastructure. Both short and long-range fiscal and organizational planning are vital to maintaining the necessary levels of programs and services. Innovation and improvement in our internal operations (Department policies and practices) and external operations (how we provide our programs and services) will assure a strategic and strong foundation for the future. We will strive to create an environment where staff at all levels are encouraged to find creative opportunities for the department to grow.

Strategy 4.1 Explore and implement innovative solutions and best-practices

(Health Equity) Evaluating new technologies, creative financial opportunities and programmatic best practices is necessary to improve and sustain our programs and services. We will build a culture in which new ideas and collaborative thinking are encouraged among all employees to improve all aspects of operations, including health equity considerations.

Strategy 4.2 Prioritize and improve our work utilizing our performance management system

Continuous improvement is made by regularly measuring success toward goals. Our performance management system provides us measures to which we are accountable and assists us in prioritizing our operations. Our quality improvement plan provides tools to evaluate, prioritize and implement changes in areas where we are not meeting performance expectations.

Strategy 4.3 Strengthen the grant process to ensure success

Grant funding is increasingly important for department program growth and sustainability, particularly related to the need for addressing community health priorities. Additional improvement is needed to build efficiency and effectiveness in grant writing processes, reporting and sustainability.

2017-2021 Strategic Planning Committee Members

Cortney Draxler, Health Education Supervisor
ElizaBeth Draeger, Public Health Nutrition Supervisor
Jennifer Eddy, Board of Health Member
Kelli Engen, Public Health Emergency Preparedness Specialist
KT Gallagher, Environmental Health Supervisor
Elizabeth Giese, Director/Health Officer
Allison Gosbin, Public Health Nurse
Gina Holt, Office Associate
Theodore Johnson, Chemist
Ruth Kilness, Public Health Dietician
Andrea Kubarek, Public Health Nurse
Paulette Magur, Public Health Nursing Supervisor
Rachael Manning, Community Health Educator
Merey Price, Board of Health President
Valerie Reiter, Environmental Health Specialist
Tegan Ruland, Manager of Internal Operations
Shane Sanderson, Director of Environmental Health
Denise Wirth, Public Health Nursing Supervisor
Nicholas Zupan, UW-Population Health Fellow

Facilitation Assistance Provided By

Sonja Armbruster, Public Health Foundation
Sara Baars, Public Health Nurse, DPH Western Regional Office
Christa Cupp, Public Health Educator, DPH Western Regional Office

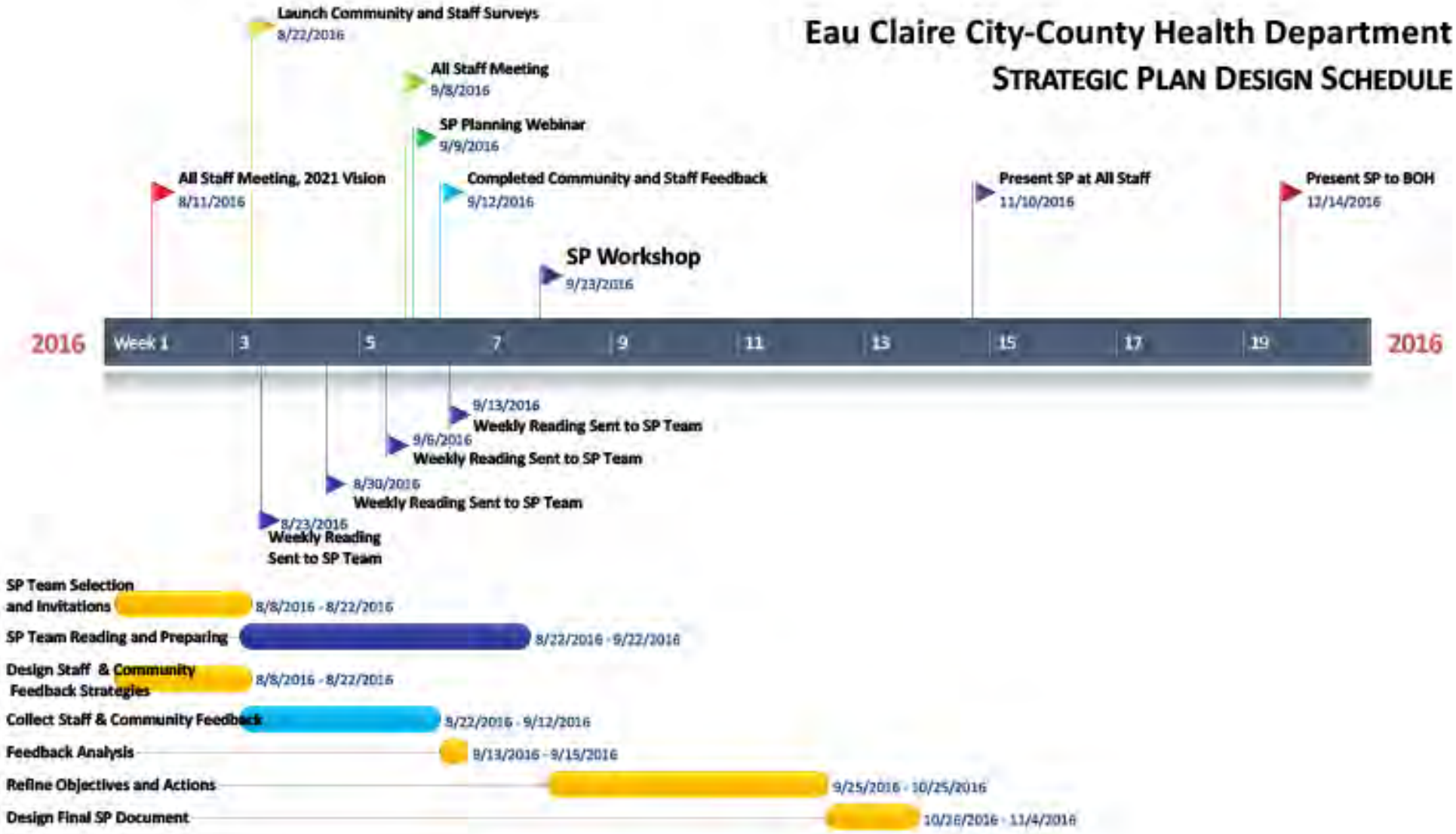
Strategic Planning Resources

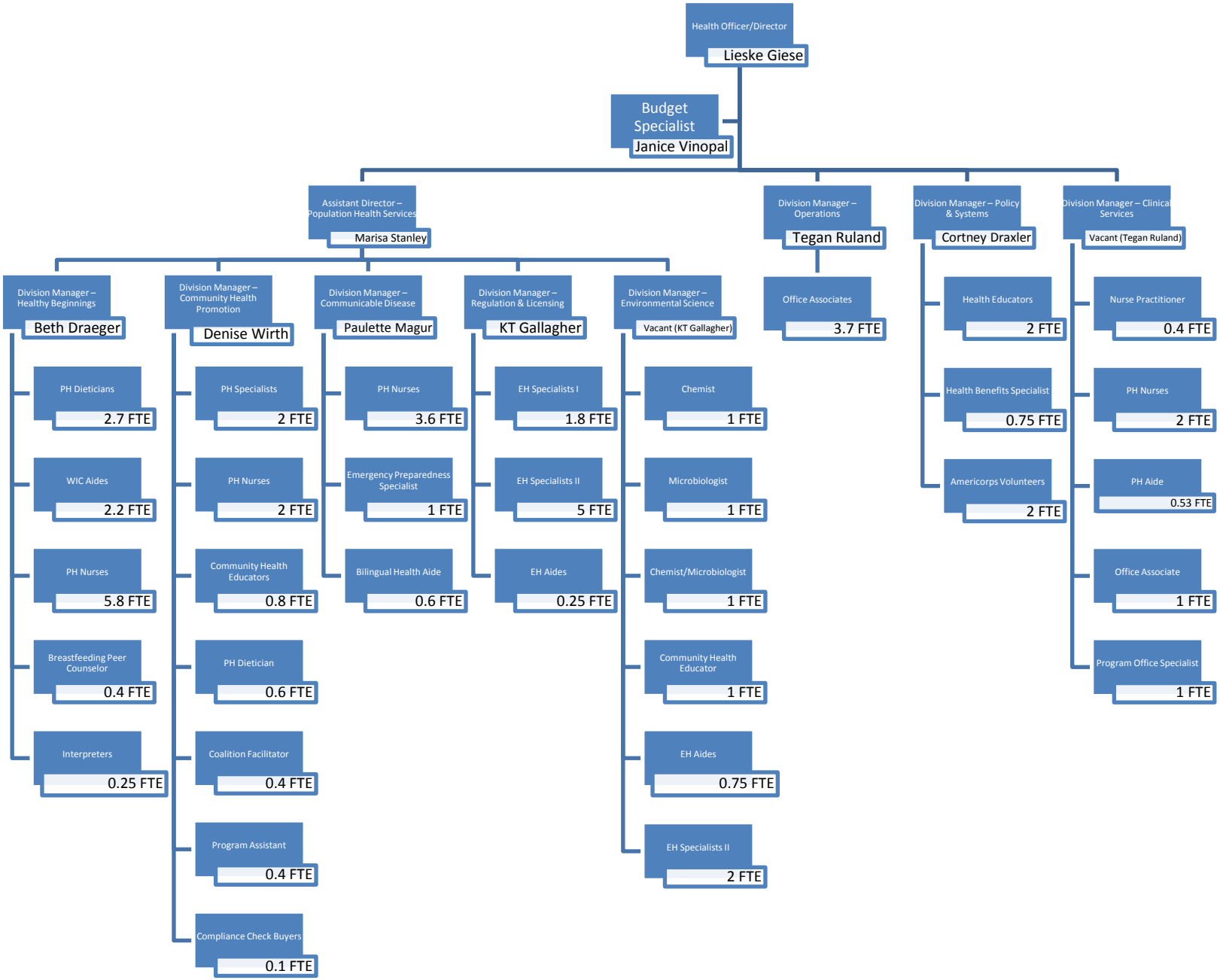
Resources Reviewed by Core Team

- DeSalvo et al. "Public Health 3.0: Time for an Upgrade." *American Journal of Public Health* April 2016 Volume 106 Number 4 (2016): 621-622. Print
- Public Health national Center for Innovations Factsheet
- The High Achieving Governmental Health Department in 2020 http://www.resolv.org/site-healthleadershipforum/files/2014/05/The-High-Achieving-Governmental-Health-Department-as-the-Chief-Health-Strategist-by-2020-Final1.pdf
- Eau Claire County Community Health Assessment
- Eau Claire County Community Health Improvement Plan
- Eau Claire City-County Health Department Quality Improvement Plan
- Eau Claire City-County Health Department Workforce Development Plan
- Eau Claire City-County Health Department Performance Measures
- Eau Claire City-County Health Department 2012-2016 Strategic Plan
- Eau Claire City-County Health Department 2012-2016 Strategic Plan Dashboard

Eau Claire City-County Health Department

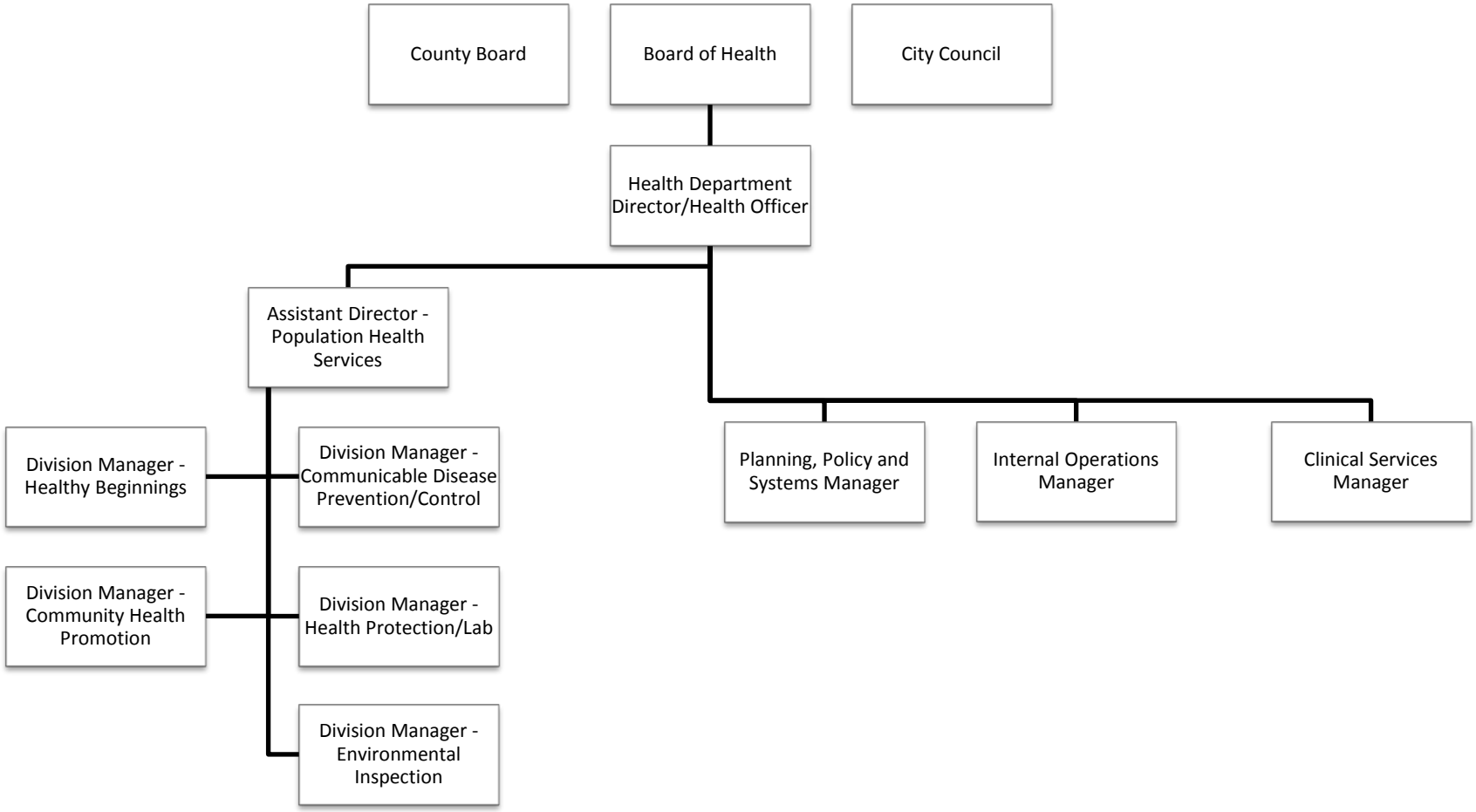
STRATEGIC PLAN DESIGN SCHEDULE




Health Officer/Director
Lieske Giese
Budget Specialist
Janice Vinopal
Assistant Director – Population Health Services
Marisa Stanley
Division Manager – Operations
Tegan Ruland
Division Manager – Policy & Systems
Cortney Draxler
Division Manager – Clinical Services
Vacant (Tegan Ruland)
Division Manager – Healthy Beginnings
Beth Draeger
PH Dieticians
2.7 FTE
WIC Aides
2.2 FTE
PH Nurses
5.8 FTE
Breastfeeding Peer Counselor
0.4 FTE
Interpreters
0.25 FTE
Division Manager – Community Health Promotion
Denise Wirth
PH Specialists
2 FTE
PH Nurses
2 FTE
Community Health Educators
0.8 FTE
PH Dietician
0.6 FTE
Coalition Facilitator
0.4 FTE
Program Assistant
0.4 FTE
Compliance Check Buyers
0.1 FTE
Division Manager – Communicable Disease
Paulette Magur
PH Nurses
3.6 FTE
Emergency Preparedness Specialist
1 FTE
Bilingual Health Aide
0.6 FTE
Division Manager – Regulation & Licensing
KT Gallagher
EH Specialists I
1.8 FTE
EH Specialists II
5 FTE
EH Aides
0.25 FTE
Division Manager – Environmental Science
Vacant (KT Gallagher)
Chemist
1 FTE
Microbiologist
1 FTE
Chemist/Microbiologist
1 FTE
Community Health Educator
1 FTE
EH Aides
0.75 FTE
EH Specialists II
2 FTE
Office Associates
3.7 FTE
Health Educators
2 FTE
Health Benefits Specialist
0.75 FTE
Americorps Volunteers
2 FTE
Nurse Practitioner
0.4 FTE
PH Nurses
2 FTE
PH Aide
0.53 FTE
Office Associate
1 FTE
Program Office Specialist
1 FTE

Eau Claire City-County
Health Department

720 Second Ave, Eau Claire, WI 54703
www.echealthdepartment.org
P: 715-839-4718
F: 715-838-2643



Eau Claire City-County Health Department

Programs & Services' Goals/Purpose

Public Health Emergency Preparedness

Provide a public health system and workforce that:

- are capable of delivering essential public health services during routine and emergency operations.
- provide rapid communication, analysis and interpretation of health data, and timely access to accurate public health information.
- monitor health events to identify changes or patterns and to investigate underlying causes and factors to help detect and respond to public health threats and emergencies.

Communicable Disease Prevention and Control

- Prevent and control transmission of communicable diseases.
- Provide education and consultation to medical providers, schools, child care providers and the general public regarding risks, prevention and control of communicable diseases.

Alcohol/Tobacco Prevention and Control

- Prevention of alcohol, tobacco and other drug use among youth.
- Improve health through tobacco-free living.

Food Protection

- Assure the public is adequately provided with food that is safe, clean, wholesome and sanitary.
- Assure the public is protected from the spread of communicable diseases through food.

Housing Maintenance and Hygiene

- Assure the public is provided housing that is safe and adequate for the protection of the public's health, safety and general welfare.

Drinking Water Protection

- Assure the public is provided a safe water supply that is protected from physical, chemical and microbiological contamination.

Private Onsite Waste Water Disposal

- Assure the proper treatment and disposal of wastewater from residences or buildings that require private onsite waste disposal.
- Prevent human health hazards, water pollution, drinking water contamination and the spread of communicable diseases.

Environmental Sanitation

- Assure that the public is adequately protected from injury and the spread of disease when using or occupying facilities such as schools, beaches, pools, body art facilities, campgrounds, lodging facilities, massage therapy facilities and mobile home parks.
- Assure that the public is adequately protected from hazardous or toxic substances found in natural and man-made environments.

Garbage and Solid Waste

- Assure that solid waste is stored, collected, transported and disposed in a manner which does not create health, safety or aesthetic problems.

Rodent, Insect, Rabies and Vector Control

- Assure the public is protected from the spread of vector-borne diseases.
- Assure that rabies does not occur in humans, dogs or cats within Eau Claire County.

Air Pollution-Indoor and Ambient

- Reduce the incidence of illness and death from diseases related to or aggravated by exposure to air contaminants.
- Assure air quality is aesthetically acceptable and enjoyable in Eau Claire.

Radon

- Prevent exposure to radon from naturally occurring sources.

Childhood Lead Poisoning Prevention

- Protect children from lead poisoning.

Maternal and Child Health Services

- Assure early entrance into prenatal care to enhance pregnancy outcomes.
- Assure access to continuous health care services for children.
- Reduce the percentage of low and very low birth weight among all deliveries. .
- Improve health outcomes of infants and their mothers by increasing the incidence of breastfeeding and healthful nutrition.
- Increase parenting skills, especially targeting families at risk for child abuse and neglect.

- Assure a community-based system of care for children with special health care needs.

Reproductive Health/Family Planning

- Promote pre-pregnancy health.
- Facilitate safe, effective and successful contraception.
- Maintain reproductive health.
- Protect fertility and reduce risks to future pregnancy.
- Promote early pregnancy confirmation and early identification of pregnancy-related risks.
- Encourage early pregnancy-related care.

Women, Infant and Children Nutrition (WIC)

- Promote and maintain the health and well-being of nutritionally at-risk pregnant, breastfeeding and postpartum women, infants and children.

Adult Health

- Prevent and control chronic disease.
- Improve access to health care, including dental and mental health care, for under-served groups in the community.
- Address health issues of populations with special cultural and ethnic needs.
- Prevent injury.
- Promote population health through education about optimum self-care such as preventive health care, healthy lifestyle choices, etc.

School Health

- In partnership with school districts, establish and maintain school health programs and healthful school environments to promote children's health, development and well-being.
- Provide training and consultation for school staff members who care for students' health, illness and emergency health needs in the school setting.
- Prevent, remove and/or reduce health-related barriers to children's development and learning.

Public Health Nutrition Program

- Address the unmet needs and opportunities for community nutrition education.
- Provide nutrition consultations for families receiving public health nursing services.
- Provide telephone consultation and nutrition presentations to citizen groups and community organizations.
- Quarterly community newsletters and professional news briefs.
- Provide effective nutrition intervention for children enrolled in Head Start.

Eau Claire City-County Board of Health
Resolution 16-08
Supporting the adoption of the Principles of the Ethical Practice of Public Health

WHEREAS, the Institute of Medicine defines public health as "what we, as a society, do collectively to assure the conditions in which people can be healthy", and;

WHEREAS, the *Eau-Claire City-County Health Department* has as its mission "Keeping people in all Eau Claire City/County communities safe and healthy", and;

WHEREAS, the Eau Claire City-County Health Department staff make decisions and determine operational policy to protect and promote the community's health, and;

WHEREAS, ethical considerations in public health include producing benefits; avoiding, preventing, and removing harms; producing the maximal balance of benefits over harms and other costs (utility); distributing benefits and burdens fairly; respecting autonomous choices and actions including liberty of action; protecting privacy and confidentiality; keeping promises and commitments; disclosing information as well as speaking honestly and truthfully; and building and maintaining trust, and;

WHEREAS, the "Principles of the Ethical Practice of Public Health" is a set of 12 principles developed by the Public Health Leadership Society to provide a frame for the public health practitioners to utilize in making ethical decisions and determining ethical policies, and;

WHEREAS, the Public Health Accreditation Board recommends that a "Public Health Code of Ethics" be adopted by health departments to help ensure ethical issues are identified and ethical decisions made in a consistent and transparent way, and;

NOW, THEREFORE, BE IT RESOLVED, that the *Board of Health* approves and adopts the Principles of the Ethical Practice of Public Health as a framework for public health decision making.

Approved by the Board of Health this 14th day of December, 2016.

EAU CLAIRE CITY-COUNTY BOARD OF HEALTH

Elizabeth Spencer
Kathleen M. Mitchell
Donald Shum MD
Mary Price
John F Haldar
Gerald "Jerry" Wilkie
MD MD

Eau Claire City-County
Health Department

720 Second Ave, Eau Claire, WI 54703-5497
www.echealthdepartment.org
P: 715-839-4718
F: 715-839-1674

Category: Departmental

Subject: Ethics Policy and Procedure

Date: January 11, 2017
Revised February 13, 2017

Purpose:
The mission of the Eau Claire City-County Health Department (ECCCHD) is promoting health and safety for all Eau Claire communities. In undertaking this mission, there are inevitably questions about cost/benefit or right/wrong related to programs, policies, actions, or interventions that impact people in this community. The ECCCHD supports the explicit attention to ethical issues and decisions. The Ethics policy and procedure supports a systematic way to identify and resolve public health ethical issues that arise from program, policies, actions, or interventions related to staff, clients, or the general population. This policy and procedure supports the ECCCHD Strategic Plan activities and supports the carrying out of the identified guiding principles of: Prevention, Health Equity, Collaboration, Quality, Data Informed, Evidence Based, and Ethical Practice.

Policy Statement:
ECCCHD will use an open, transparent, inclusive, and consistent process for ethical decision making that incorporates the national Principles of Ethical Practice of Public Health.

Scope:
The ECCCHD will use this framework to guide ethical analyses and decision making of public health issues based on the Public Health Code of Ethics adopted by the Board of Health on 12/14/2016. This will provide a consistent method to integrate ethics into our daily public health activities. An ethical analysis is an approach to decision-making that will help foster the development of ethical justifications for public health actions and decisions. It will involve listening, understanding others' perspectives, and expressing and challenging each other's reasons. The Ethics Committee will act with transparency and accountability to ensure a fair process. Topics addressed by the Ethics Committee will be brought forward by any member of the health department staff or Board of Health for consideration. Criteria for consideration by the Committee will include:

- Issues that have a complicated combination of risks, harms, and benefits
- Issues that have clear stakeholder perspectives that are conflicting
- Issues that are precedent setting and raise considerable staff or community concern
- Other issues at the discretion of the committee chair including community identified issues

The Ethics Committee Chair will utilize the Procedural Flow Chart in determining appropriate process. This procedure does not assume that all challenging topics will come before the Ethics Committee and does assume that management continues to make decisions outside of this framework. The Committee will focus on policies, systems, and operations. Personnel performance issues are to be referred outside of the Committee.

Appendices:

A. Principles of the Ethical Practice of Public Health
B. Guide For Conducting Ethical Analysis

C. Procedural Flow Chart
D. Ethics Worksheet
E. Training materials CDC https://www.cdc.gov/od/science/integrity/phethics/trainingmaterials.htm

References:

A. Principles of the Ethical Practice of Public Health, Public Health Leadership Society, 2002.
B. Building an Ethics Infrastructure in Local Health Departments, NACCHO, 2015
C. Establishing an Ethics Committee, NACCHO, website accessed 2016
D. A Framework for Ethical Decision Making, www.scu.edu/ethics-resources accessed 2016
E. Good Decision Making in Real Time: Public Health Ethics Training for Local Health Departments, CDC, 2012
F. Public Health Accreditation Board Standards and Measures v.1.5
G. Kass, N. An Ethics Framework for Public Health, American Journal of Public Health, 2001

Key Definitions:

A. Ethics – the study of or deliberation about 1) what choices should we make and why, and 2) what moral norms should guide our actions
B. Ethics Committee Chair – The director/health officer shall serve in this role with the programmatic leader serving as a back-up.
C. Human resource/Personnel issue – issue related to individual performance
D. Legal claim – action is clearly defined by ordinance, statute, or rule.
E. Morality – refers to moral norms about right and wrong that are stable and widely shared.
F. Moral claims - the perceived rights or expectations of a stakeholder based on moral norms
G. Moral norms – guide our behavior; not absolute
H. Public health action – refers to an action initiated or implemented by ECCCHD

Process Overview:

A. The ECCCHD Ethics Committee will:
    1. Provide guidance to staff, management, and community partners on ethical issues;
    2. Encourage/support an institutional culture of ethical awareness and high standards;
    3. Provide a process of open and transparent decision making;
    4. Assure continuing education and training on public health ethics for all ECCCHD staff and for the Ethics Committee members;
    5. Review suggested ethical dilemmas and determine if they are appropriate for analysis;
    6. Analyze ethical dilemmas using the Principles of Ethical Practice of Public Health;
    7. Prepare reports describing analyses outcomes and recommendations (reports will include all perspectives from the analysis);
    8. Coordinate communication of ethical analyses, recommendations, and results back to participants and leadership.

B. Ethical issues identified by ECCCHD staff and/or BOH will be documented via email and submitted to the Ethics Committee Chair with the Subject Heading: Ethics Issue. These issues will be reviewed by the Chair utilizing the Procedural Flow Chart and a response will be provided to the submitter related to next steps.

C. All ECCCHD documents including policy/procedure, training materials and Issue worksheets related to the Ethics Committee will be available in the health department shared drive K:Administration/Ethics

D. Once an ethical analysis is complete, the Committee will submit a recommended course of action. The Health Department Director will work with the impacted manager to make final

determination based on the work of the Committee. The Committee recommendation will be supported with the results of the analysis and, therefore, will carry a high level of influence. However, it is ultimately the responsibility of ECCCHD management to make the final policy decision and determine how to implement their decision(s). Management action related to recommendation will be communicated to members of the Ethics Committee and involved stakeholders, and clearly documented. Ethics Committee will discuss all final decisions that are different than recommendation provided in order to understand implications for future.

E. Committee work will be documented with support from Administrative staff. An Ethics Committee Worksheet will be prepared to record deliberation and decision for future reference.

F. Committee decisions and processes will be reviewed annually by the Ethics Committee, BOH, and Management Team to identify areas of improvement.

G. In the event that an issue is deemed to be one of regional importance, the Ethics Committee Chair will contact the DPH Regional Office Director to request regional review.

Committee Overview:

A. The Ethics Committee will have a core 3-member committee made up of:
   - the Health Department Director
   - the Manger of Internal Operations, and
   - one staff member – 2 year term with option of renewal

   This group will determine additional members necessary for decision-making based on topic/issue. Minimally a content area expert and Manager involved in issue would be included. This committee is responsible for Ethical Process identified in A1-8.

B. Other additional members may include: Board of Health member, external Ethics consultant from UW-Eau Claire, WI Division of Public Health Regional Office staff, content experts from staff and community, stakeholders, and others appropriate to topic or issue. An attorney from the City or County Attorney's Office will also participate as a legal consultant.

C. The Ethics Committee Chair will be the health officer/director. The chair's responsibilities include initial review of ethical issues to be considered utilizing the Procedural Flow Chart as well as scheduling, organizing, and facilitating meetings.

D. The Ethics Committee will use the Principles of Ethical Practice of Public Health (Appendix A) and the Guide for Conducting Ethical Analysis (Appendix B) as a framework for conducting analyses.

Training Overview:

A. Ethics Committee members will receive training in roles/responsibilities. The 3-member core team will receive initial CDC Ethics training and all members added will be trained as identified for specific committee role. All ECCCHD staff will receive basic training on the Ethics committee and Ethics procedures and have the responsibility of bringing ethical issues to the Committee. ECCCHD leadership (Management Team) will also receive basic CDC Ethics training as part of their role in assuring buy-in across the department.

Policy and Procedure Review. This policy and procedure will be reviewed annually by the Ethics Committee and revised on an as needed basis by the Health Department Director.

Principles of the Ethical Practice of Public Health

1. Public health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes.

2. Public health should achieve community health in a way that respects the rights of individuals in the community.

3. Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members.

4. Public health should advocate and work for the empowerment of disenfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all.

5. Public health should seek the information needed to implement effective policies and programs that protect and promote health.

6. Public health institutions should provide communities with the information they have that is needed for decisions on policies or programs and should obtain the community's consent for their implementation.

7. Public health institutions should act in a timely manner on the information they have within the resources and the mandate given to them by the public.

8. Public health programs and policies should incorporate a variety of approaches that anticipate and respect diverse values, beliefs, and cultures in the community.

9. Public health programs and policies should be implemented in a manner that most enhances the physical and social environment.

10. Public health institutions should protect the confidentiality of information that can bring harm to an individual or community if made public. Exceptions must be justified on the basis of the high likelihood of significant harm to the individual or others.

11. Public health institutions should ensure the professional competence of their employees.

12. Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public's trust and the institution's effectiveness.

Principles of the Ethical Practice of Public Health, Version 2.2
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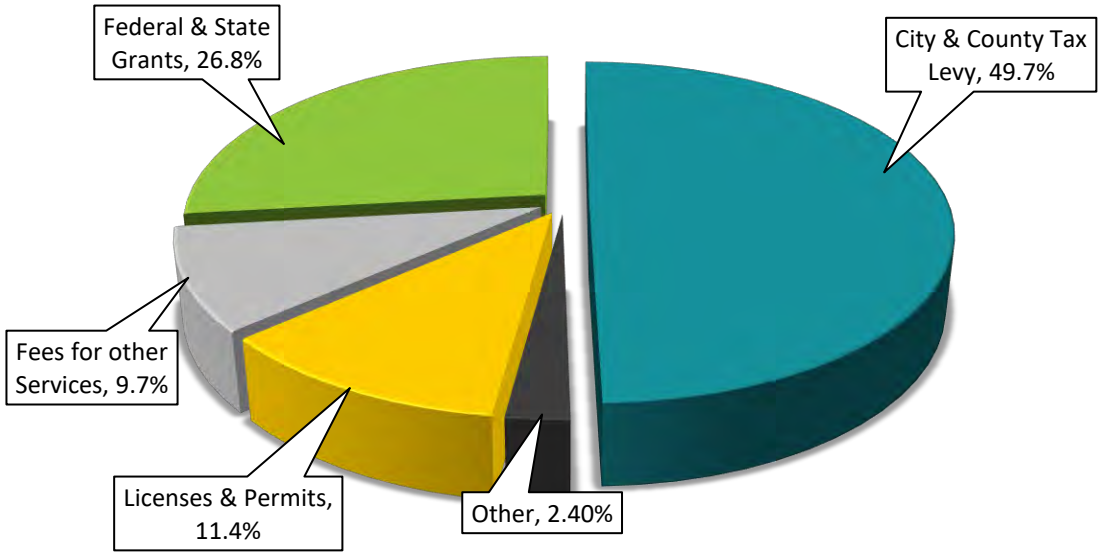
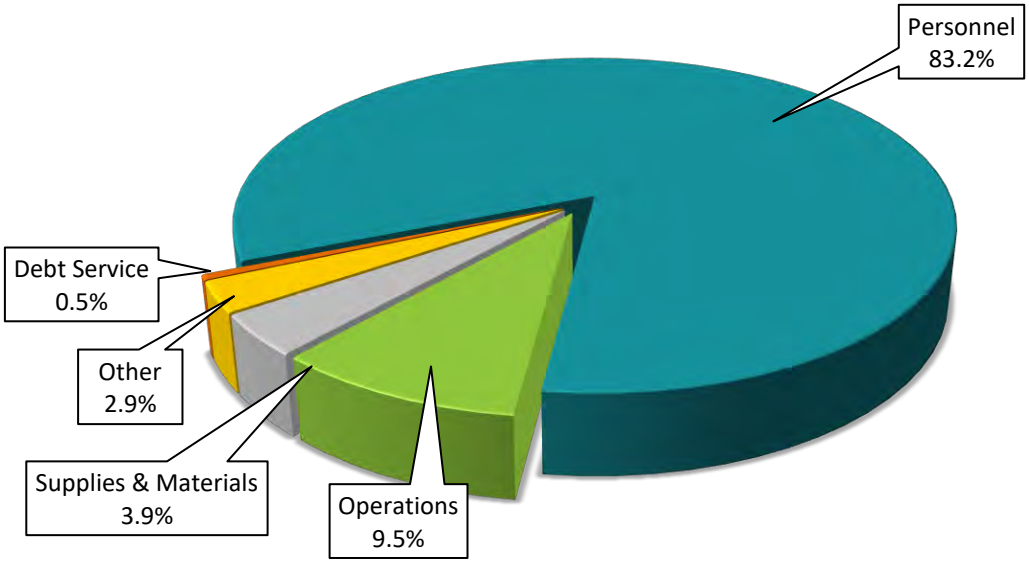
2018 Estimated Revenues



2018 Estimated Expenses



EAU CLAIRE CITY-COUNTY HEALTH DEPARTMENT

REVENUE

	2017 ACTUAL	2018 ORIG BUD	2019 Prelim	2018-2019 Change	2018-2019% % Change	% of Budget
Tax Levy City	$ 1,785,700	$ 1,824,900	$ 1,887,100	$ 62,200	3.4%	30.4%
Tax Levy County	$ 1,157,115	$ 1,200,500	$ 1,214,200	$ 13,700	1.1%	19.6%
Unfunded Pension City	$ 18,300	$ 17,900	$ 17,400	$ (500)	-2.8%	0.3%
Unfunded Pension County	$ 11,170	$ 10,900	$ 10,600	$ (300)	-2.8%	0.2%
Total Taxes	**$ 2,972,285**	**$ 3,054,200**	**$ 3,129,300**	**$ 75,100**	**2.5%**	**50.5%**
Intergovernmental Revenue	$ 1,334,986	$ 1,122,700	$ 1,074,000	$ (48,700)	-4.3%	17.3%
Licenses and Permits	$ 662,942	$ 695,400	$ 717,900	$ 22,500	3.2%	11.6%
Charges for Services	$ 128,916	$ 265,000	$ 213,100	$ (51,900)	-19.6%	3.4%
Charges for Services Intergovernmental	$ 515,565	$ 496,400	$ 439,200	$ (57,200)	-11.5%	7.1%
Misc Revenue	$ 478,664	$ 201,600	$ 311,600	$ 110,000	54.6%	5.0%
Use of Fund Balance	$ (382,543)	$ 191,600	$ 312,500	$ 120,900	63.1%	5.0%
TOTAL REVENUE	**$ 5,710,815**	**$ 6,026,900**	**$ 6,197,600**	**$ 170,700**	**2.8%**	**100.0%**

EXPENSE

Personnel	$ 4,814,771	$ 5,271,400	$ 5,442,300	$ 170,900	3.2%	87.8%
Contractual	$ 507,286	$ 430,400	$ 436,700	$ 6,300	1.5%	7.0%
Utilities	$ 37,037	$ 31,300	$ 38,400	$ 7,100	22.7%	0.6%
Fixed Charges	$ 15,148	$ 20,300	$ 15,900	$ (4,400)	-21.7%	0.3%
Supplies	$ 251,728	$ 184,700	$ 186,400	$ 1,700	0.9%	3.0%
Capital Purchases	$ 55,342	$ 60,000	$ 50,000	$ (10,000)	-16.7%	0.8%
Debt Service	$ 29,503	$ 28,800	$ 27,900	$ (900)	-3.1%	0.5%
TOTAL EXPENSE	**$ 5,710,815**	**$ 6,026,900**	**$ 6,197,600**	**$ 170,700**	**2.8%**	**100.0%**

Eau Claire City-County Health Department
Balance Sheet
As of December 31, 2018

			Changes			
			Change from Prior Month		Change from Prior Yr	
Assets						
Cash and Investments	$	1,397,842	$	(335,497)	$	(3,352)
Accounts Receivables	$	56,983	$	18,687	$	(7,577)
Due from other governments	$	94,802	$	(1,767)	$	(269,269)
Taxes Receivable	$	32,410	$	860	$	28,810
Prepayments	$	89,739	$	(89,207)	$	6,637
Inventories	$	1,051	$	(2,720)	$	(262)
L-T Receivables	$	(4,927)	$	(4,927)	$	(4,927)
Total Assets	**$**	**1,667,900**	**$**	**(414,571)**	**$**	**(249,940)**
Liabilities						
Accounts Payable	$	229,745	$	31,019	$	41,960
Accrued Liabilities	$	80,692	$	80,692	$	1,408
Deposits	$	-	$	-	$	-
Due to other governments	$	28,963	$	(2,154)	$	10,456
Deferred Inflows	$	179,258	$	12,844	$	(17,006)
Total Liabilities	**$**	**518,658**	**$**	**122,401**	**$**	**36,818**
Fund Balances						
Fund Balance	$	1,436,000	$	-	$	-
Control Accounts	$	(286,758)	$	(536,972)	$	(286,758)
Total Fund Balances	**$**	**1,149,242**	**$**	**(536,972)**	**$**	**(286,758)**
Total Liabilities and Fund Balances	**$**	**1,667,900**	**$**	**(414,571)**	**$**	**(249,940)**

		12/31/2017
Non-Spendable Pre Payment	*$*	*83,102*
Non-Spendable Inventory	*$*	*1,313*
Restricted to Particular Projects	*$*	*21,828*
Restricted - Capital Purchases	*$*	*364,291*
Restrcited - Working Capital	*$*	*955,466*
Restricted - Special Projects	*$*	*10,000*
Fund Balance at 12/31/17	***$***	***1,436,000***

720 Second Ave, Eau Claire, WI 54703
www.echealthdepartment.org
P: 715-839-4718
F: 715-839-1674

Section 4:
Board of Health Resources

PUBLIC HEALTH WEBSITE REFERENCES

Eau Claire City-County Health Department
www.ci.eau-claire.wi.us/departments/health-department

American Public Health Association
www.apha.org

Wisconsin Public Health Association
www.wpha.org

Centers for Disease Control and Prevention
www.cdc.gov

Wisconsin Department of Health Services
www.dhs.wisconsin.gov

National Association of Local Boards of Health
www.nalboh.org

Wisconsin Association of Local Health Departments and Boards
www.walhdab.org

National Association of County and City Health Officials
www.naccho.org

Wisconsin Statute, Chapter 251 Local Health Officials
http://docs.legis.wisconsin.gov/statutes/statutes/251.pdf

Eau Claire Healthy Communities
http://www.echealthycommunities.org/

PUBLIC HEALTH ACRONYM LIST	
ACA	Affordable Care Act
ADA	Americans with Disabilities Act
AIDS	Acquired Immunodeficiency Syndrome
APHA	American Public Health Association
APHL	Association of Public Health Laboratories
ASTHO	Association of State and Territorial Health Officers
BHIP	Bureau of Health Information and Policy
BT	Bioterrorism
CD	Communicable Disease/Chronic Disease
CDC	Centers for Disease Control and Prevention
CHA	Community Health Assessment
CHIP	Community Health Improvement Plan
COP	Community of Practice
CQI	Continuous Quality Improvement
DATCP	Department of Agriculture, Trade and Consumer Protection
DHHS	US Department of Health and Human Services
DHS	Wisconsin Department of Health Services
DPH	DHS Division of Public Health
EPA	US Environmental Protection Agency
EPSDT	Early Periodic Screening Diagnosis and Treatment
FDA	Food and Drug Administration
GPR	General Purpose Revenues
HHA	Home Health Agency
HHS	US Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act of 1996
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
HW2020	Healthiest Wisconsin 2020, State Health Plan
ICS	Incident Command System
IWHI	Institute for Wisconsin's Health Inc.
LHD	Local Health Department
LHO	Local Health Officer
LPHA	Local Public Health Agency
LTC	Long-term care
MA	Medical Assistance, also known as Medicaid
MCH	Maternal and Child Health (Title V) program
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
NACCHO	National Association of County and City Health Officials
NALBOH	National Association of Local Boards of Health
NCI	National Cancer Institute
NEHA	National Environmental Health Association
NIH	National Institutes of Health
OPPA	DPH Office of Policy and Practice Alignment

OSHA	Occupational Safety and Health Administration
PH	Public Health
PHAB	Public Health Accreditation Board
PHEP	Public Health Emergency Preparedness
PHF	Public Health Foundation
PHLI	Public Health Leadership Institute
PHP	Public Health Preparedness
PM	Performance Management
PR	Program Revenue
QI	Quality Improvement
RADAR	DPH Regional Assessment, policy Development, Assurance and Response Team
RO	Regional Office
RWJF	Robert Wood Johnson Foundation
SP	Strategic Plan
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
WALHDAB	Wisconsin Association of Local Health Departments and Boards
WEDSS	Wisconsin Electronic Disease Surveillance System
WEHA	Wisconsin Environmental Health Association
WEM	Wisconsin Emergency Management
WIC	Special Supplemental Nutrition Program for Women, Infants and Children
WIR	Wisconsin Immunization Registry
WPHA	Wisconsin Public Health Association
WPHCA	Wisconsin Primary Health Care Association
WWWP	Wisconsin Well Women Program

CHAPTER 251

LOCAL HEALTH OFFICIALS

251.001 Legislative findings.
251.01 Definitions.
251.02 Local health department; establishment.
251.03 Local board of health; members.
251.04 Local board of health; powers and duties.
251.05 Local health department; levels of service; duties.
251.06 Local health officer; qualifications; duties.
251.07 Certain physicians; state agency status.
251.08 Jurisdiction of local health department.
251.09 Joint services.
251.10 County health department, how financed.
251.11 City−county health department and multiple county health department, how financed.
251.12 City health department, how financed.
251.125 Village health department, how financed.
251.127 Town health department, how financed.
251.13 City−county health department and multiple county health department, joint funds.
251.135 Publication and effective date of orders and regulations.
251.14 Gifts.
251.15 Withdrawal of counties, cities, villages, or towns.
251.16 Local health department; evidence.
251.20 Rule making.

Cross−reference: See definitions in s. 250.01.

251.001 Legislative findings. The legislature finds that the provision of public health services in this state is a matter of statewide concern.

History: 1993 a. 27.

251.01 Definitions. In this chapter:

(1g) "City−county board of health" means a board of health for a city−county health department.

(1r) "County board of health" means a board of health for a single county health department or for a multiple county health department.

(3) "County health officer" means the position of a local health officer in a single county health department or in a multiple county health department.

(7m) "Represented employee" means an employee in a collective bargaining unit for which a representative is recognized or certified under subch. IV of ch. 111.

(8) "Sanitarian" means a sanitarian, as defined in s. 440.98 (1) (b), who is registered under s. 440.98 (5).

History: 1993 a. 27 ss. 196, 197, 460; 2001 a. 16; 2007 a. 130.

251.02 Local health department; establishment. (1) In counties with a population of less than 500,000, unless a county board establishes a city−county health department under sub. (1m) jointly with the governing body of a city or establishes a multiple county health department under sub. (3) in conjunction with another county, the county board shall establish a single county health department, which shall meet the requirements of this chapter. The county health department shall serve all areas of the county that are not served by a city health department that was established prior to January 1, 1994, by a town or village health department established under sub. (3m), or by a multiple municipal local health department established under sub. (3r) or by a city−city health department established under sub. (3t). No governing body of a city may establish a city health department after January 1, 1994.

(1m) Subject to sub. (1r), in counties with a population of less than 500,000, the county board and the governing body of a city that has a city health department may jointly establish a city−county health department, which shall meet the requirements of this chapter. A city−county health department shall serve all areas of the county that are not served by a city health department that was established prior to January 1, 1994, by a town or village health department established under sub. (3m), or by a multiple municipal local health department established under sub. (3r). A city−county health department established under this subsection after September 1, 2001, is subject to the control of the city and county acting jointly under an agreement entered into under s. 66.0301 that specifies, in conformity with this chapter, all of the following:

(a) The powers and duties of the city−county health department.

(b) The powers and duties of the city−county board of health for the city−county health department.

(c) The relative powers and duties of the city and county with respect to governance of the city−county health department and the city−county board of health.

(1r) If a city that assigns represented employees to its city health department and if a county that assigns represented employees to its county health department jointly establish a city−county health department under an agreement specified under sub. (1m), all of the following shall apply, but only if the represented employees at the city health department and at the county health department who perform similar functions are included in collective bargaining units that are represented by the same representative:

(a) The city−county health department shall offer employment to all city and county employees who are represented employees and who perform functions for the city and county that are transferred to the city−county health department in the agreement under sub. (1m).

(b) Notwithstanding s. 111.70 (4) (d), if, in any collective bargaining unit that is initially created at the city−county health department, all of the former city and county employees were represented by the same representative when they were employed by the city or county, that representative shall become the initial representative of the employees in the collective bargaining unit without the necessity of filing a petition or conducting an election.

(c) Unless otherwise prohibited by law, with respect to city−county health department employees who were formerly represented employees at the city or county, the city−county health department shall adhere to the terms of the collective bargaining agreements that covered these employees while they were employed by the city or county until such time that the city−county health department and the representative of the employees have entered into a collective bargaining agreement.

(2) (a) Except as provided in par. (b), in a county with a population of 500,000 or more, the governing body of each city or village shall do one of the following:

1. Establish a local health department that meets the requirements of this chapter.

2. Contract with the local health department of another city or village in the county to have that local health department provide services in the city or village.

(b) In a county with a population of 500,000 or more, the governing body of a city or village may establish, jointly with the gov-

erning body of another city or village, a multiple municipal local health department that meets the requirements of this chapter.

(3) A county board may, in conjunction with the county board of one or more other counties, establish a multiple county health department, which shall meet the requirements of this chapter. A multiple county health department shall serve all areas of the respective counties that are not served by a city health department that was established prior to January 1, 1994, by a town or village health department established under sub. (3m), or by a multiple municipal local health department established under sub. (3r).

(3m) If a county has a population of at least 100,000 but less than 500,000 and the county board of that county has, by July 1, 1985, abolished a county health commission or committee established under s. 141.10, 1991 stats., a village board in that county may continue and establish as a local board of health a village board of health that was established prior to January 1, 1994, and a town board in that county may continue and establish as a local board of health a town board of health that was established prior to January 1, 1994. A village or town that does so shall establish a local health department and elect a local health officer consistent with this chapter.

(3r) In a county described in sub. (3m), in addition to the local health department required to be established under sub. (3m), the governing body of a city, village or town in that county may, in concert with the governing body of another city, village or town in that county, establish a multiple municipal local health department and elect a local health officer consistent with this chapter.

(3t) The governing body of a city with a city health department, as specified in s. 250.01 (4) (a) 3., may, in concert with the governing body of another city with a city health department, as specified in s. 250.01 (4) (a) 3., in the same county, establish a city−city health department and elect a local health officer consistent with this chapter.

(4) No governing body of a county, city, village or town is required to use the term "local health department" to refer to a local health department that is established under this section.

History: 1993 a. 27; 1999 a. 9, 185; 2001 a. 16; 2003 a. 158; 2011 a. 32.

251.03 Local board of health; members. (1) A local board of health shall consist of not more than 9 members. At least 3 of these members shall be persons who are not elected officials or employees of the governing body that establishes the local health department and who have a demonstrated interest or competence in the field of public health or community health. In appointing the members who are not elected officials or employees, a good faith effort shall be made to appoint a registered nurse and a physician. Members of the local board of health shall reflect the diversity of the community. A county human services board under s. 46.23 (4) may act as a county board of health if the membership of the county human services board meets the qualifications specified in this subsection and if the county human services board is authorized to act in that capacity by the county board of supervisors. If a county human services board acts in this capacity, it shall use the word "health" in its title.

(2) The chief executive officer of a city or a village shall appoint members of a local board of health, subject to confirmation by the governing body. In a county with a county executive, the county executive shall appoint members of the county board of health, subject to confirmation by the county board of supervisors. In a county without a county executive, members of the county board of health shall be appointed by the chairperson of the county board of supervisors, subject to confirmation by the county board of supervisors. The person who appoints members of the local board of health may designate certain members to be nonvoting members of the board.

(3) In establishing a city−county or multiple county health department, the relevant governing bodies shall agree on how many members of the local board of health are appointed by each governing body and how many of each governing body's appointees shall be members who are not elected officials or employees of the governing body. The members shall be appointed as specified in sub. (2).

(4) Governing bodies of counties, cities or villages that appoint local boards of health shall specify the lengths of terms of members and shall provide for staggered terms.

(4m) Subsections (1) to (4) do not apply to a village or town that establishes a local health department under s. 251.02 (3m). In a village or town that does so, the village board or town board shall establish itself as a local board of health or appoint either wholly or partially from its own members a local board of health that consists of a suitable number of competent persons. A local board of health under this subsection shall elect a chairperson and clerk.

(4r) Subsections (1) to (4m) do not apply to a city, village or town that establishes a multiple municipal local health department under s. 251.02 (2) (b) or (3r), or to cities that establish a city−city local health department under s. 251.02 (3t). In establishing a multiple municipal local health department as described under s. 251.02 (2) (b) or (3r), the relevant governing bodies shall agree on how many members of the local board of health are appointed by each governing body and how many of each governing body's appointees shall be members who are not elected officials or employees of the governing body. The members shall be appointed by the relevant governing bodies. A local board of health under this subsection shall elect a chairperson and clerk.

(5) No governing body of a county, city, village or town is required to use the term "local board of health" to refer to a local board of health that is established under this section.

History: 1993 a. 27; 1999 a. 9; 2003 a. 158.

251.04 Local board of health; powers and duties. (1) Except as authorized in s. 251.02 (2) (b), (3m), (3r), and (3t), a city board of health shall govern a city health department, a county board of health shall govern a county health department or multiple county health department, and a city−county board of health shall govern a city−county health department. A city board of health, a county board of health, a city−county board of health, or a board of health for a local health department as authorized in s. 251.02 (2) (b), (3m), (3r), or (3t) shall assure the enforcement of state public health statutes and public health rules of the department as prescribed for a Level I local health department. A local board of health may contract or subcontract with a public or private entity to provide public health services. The contractor's staff shall meet the appropriate qualifications for positions in a Level I local health department.

(2) A city or county board of health or a board of health for a local health department as authorized in s. 251.02 (2) (b), (3m), (3r), or (3t) shall assure that its local health department is a Level I, Level II, or Level III local health department, as specified in s. 251.05 (1).

(3) A city or county board of health or a board of health for a local health department as authorized in s. 251.02 (2) (b), (3m), (3r), or (3t) may adopt those regulations, for its own guidance and for the governance of the local health department, that it considers necessary to protect and improve public health. The regulations may be no less stringent than, and may not conflict with, state statutes and rules of the department.

(4) A local board of health shall report to the department as required by rule.

(5) A local board of health shall meet at least quarterly.

(6) A local board of health shall:

(a) Assess public health needs and advocate for the provision of reasonable and necessary public health services.

(b) Develop policy and provide leadership that fosters local involvement and commitment, that emphasizes public health needs and that advocates for equitable distribution of public health

resources and complementary private activities commensurate with public health needs.

(7) A local board of health shall assure that measures are taken to provide an environment in which individuals can be healthy.

(8) Unless the manner of employment is otherwise provided for by ordinance, a local board of health shall employ qualified public health professionals, including a public health nurse to conduct general public health nursing programs under the direction of the local board of health and in cooperation with the department, and may employ one or more sanitarians to conduct environmental programs and other public health programs not specifically designated by statute as functions of the public health nurse. The local board of health shall coordinate the activities of any sanitarian employed by the governing body of the jurisdiction that the local board of health serves. The local board of health is not required to employ different persons to perform these functions.

(9) In counties with a single county health department and either a county executive or a county administrator, the county executive or county administrator may assume the powers and duties of a local board of health under this section. If a county executive or a county administrator elects to assume those powers and duties, the local board of health shall be only a policy−making body determining the broad outlines and principles governing the administration of the county health department.

History: 1993 a. 27 ss. 261, 264, 463; 1997 a. 114; 1999 a. 9, 185; 2001 a. 16; 2003 a. 158.

251.05 Local health department; levels of service; duties. (1) A local health department shall meet the following requirements specified in par. (a) and may, unless sub. (6) applies, meet the following requirements specified in par. (b) or (c):

(a) As a Level I local health department, at least the level of services specified in sub. (2) (a) with a local health officer who at least meets the qualifications specified in s. 251.06 (1) (a).

(b) As a Level II local health department, at least the level of services specified in sub. (2) (b) with a local health officer who at least meets the qualifications specified in s. 251.06 (1) (b).

(c) As a Level III local health department, at least the level of services specified in sub. (2) (c) with a local health officer who at least meets the qualifications specified in s. 251.06 (1) (c).

(2) The services to be provided by the 3 levels of local health departments are as follows:

(a) A Level I local health department shall provide at least surveillance, investigation, control and prevention of communicable diseases, other disease prevention, health promotion and human health hazard control.

(b) A Level II local health department shall provide at least the services under par. (a) and additional services specified by the department by rule under s. 251.20 (3).

(c) A Level III local health department shall provide at least the services under par. (a) and additional services specified by the department by rule under s. 251.20 (3).

(3) A local health department shall:

(a) Regularly and systematically collect, assemble, analyze and make available information on the health of the community, including statistics on health status, community health needs and epidemiologic and other studies of health problems.

(b) Develop public health policies and procedures for the community.

(c) Involve key policymakers and the general public in determining and developing a community health improvement plan that includes actions to implement the services and functions specified under s. 250.03 (1) (L).

(d) Submit data, as requested, to the local public health data system established by the department.

(e) Act as agent of the department, if designated by the secretary under s. 250.042 (1).

(4) Except as provided in sub. (6), a local health department is not required to provide the level of services that is specified in sub. (1) (b) or (c) or to have a local health officer who meets the qualifications specified in sub. (1) (b) or (c).

(5) Except as provided in sub. (6), the department may not require a local health department to provide the level of services that is specified in sub. (1) (b) or (c) or to have a local health officer who meets the qualifications specified in sub. (1) (b) or (c).

(6) A local health department may be required to provide the level of services that is specified in sub. (1) (b) or (c) if and only to the extent that these services and qualifications are funded from state and federal funds that are available and are additional to any funding available on January 1, 1994.

History: 1993 a. 27; 2001 a. 109; 2005 a. 198; 2007 a. 130.

Cross−reference: See also ch. DHS 140, Wis. adm. code.

251.06 Local health officer; qualifications; duties. (1) (a) 1. Except as provided in subd. 2. or 3., a local health officer of a Level I local health department shall have at least a bachelor's degree from a nursing program accredited by the national professional nursing education accrediting organization or from a nursing program accredited by the board of nursing.

2. A local health officer of a village or town health department established under s. 251.02 (3m) or of a multiple municipal local health department established under s. 251.02 (3r) shall be either a physician or a registered nurse. The local health officer shall be a voting member of the local board of health and shall take an oath of office. With respect to the levels of services of a Level I local health department, as specified in s. 251.05 (2) (a), the local health officer shall be authorized to act by and be directed by the county health officer of the county specified under s. 251.02 (3m).

3. If there is more than one full−time employee of a Level I local health department, including a full−time public health nurse who meets the qualifications specified under s. 250.06, the local health officer may meet the qualifications of a Level II or Level III local health officer.

(b) A local health officer of a Level II local health department shall have at least 3 years of experience in a full−time position with a public health agency, including responsibility for a communicable disease prevention and control program, preferably in a supervisory or other administrative position, and at least one of the following:

1. A bachelor's degree from a nursing program accredited by the national professional nursing education accrediting organization or from a nursing program accredited by the board of nursing, either of which shall include preparation in public health nursing.

2. A bachelor's degree in public health, environmental health, the physical or biological sciences or a similar field.

(c) A local health officer of a Level III local health department shall have at least one of the following:

1. A master's degree in public health, public administration, health administration or, as defined in rules promulgated by the department, a similar field and 3 years of experience in a full−time administrative position in either a public health agency or public health work.

2. A bachelor's degree and 16 graduate semester credits towards a master's degree in public health, public administration, health administration or, as defined in rules promulgated by the department, a similar field and 5 years of experience in a full−time administrative position in either a public health agency or public health work.

3. A license to practice medicine and surgery under ch. 448 and at least one of the following:

a. Three years of experience in a full−time administrative position in either a public health agency or public health work.

b. Eligibility for certification by the American board of preventive medicine in public health or general preventive medicine.

c. A master's degree in public health, public administration, health administration or, as defined in rules promulgated by the department, a similar field.

(d) Notwithstanding pars. (a) to (c), relevant education, training, instruction, or other experience that an applicant obtained in connection with military service, as defined in s. 111.32 (12g), counts toward satisfying the requirements for education, training, instruction, or other experience to qualify as a public health officer if the applicant demonstrates to the satisfaction of the department that the education, training, instruction, or other experience that the applicant obtained in connection with his or her military service is substantially equivalent to the education, training, instruction, or other experience that is required to qualify as a public health officer.

(2) (a) Except as provided in pars. (b) and (c), a local health officer shall be a full−time employee of a local health department.

(b) A local health officer of a county health department in a county under s. 251.02 (3m) shall be a full−time employee of the county who meets the qualifications of a local health officer of a Level I local health department.

(c) A local health officer of a local health department of a village or town established under s. 251.02 (3m) or a local health officer of a multiple municipal local health department established under s. 251.02 (3r) shall be one of the following:

1. An employee of the local health department of the village or town or an employee of the multiple municipal local health department.

2. A full−time employee of a local health department other than that specified in subd. 1.

3. The local health officer under par. (b).

4. The employee of a hospital, who provides, on a full−time basis, the services under s. 251.05 (2) (a), (b) or (c).

(3) A local health officer shall:

(a) Administer the local health department in accordance with state statutes and rules.

(b) Enforce state public health statutes and rules.

(c) Enforce any regulations that the local board of health adopts and any ordinances that the relevant governing body enacts, if those regulations and ordinances are consistent with state public health statutes and rules.

(d) Administer all funds received by the local health department for public health programs.

(e) Appoint all necessary subordinate personnel, assure that they meet appropriate qualifications and have supervisory power over all subordinate personnel. Any public health nurses and sanitarians hired for the local health department shall meet any qualification requirements established in rules promulgated by the department. "Subordinate personnel" under this paragraph may include any of the following:

1. A public health educator who meets qualifications that the department shall specify by rule.

2. A public health nutritionist, who is a certified dietitian, as defined in s. 448.70 (1m), is credentialed as a registered dietitian by the Commission on Dietetic Registration, and meets qualifications that the department shall specify by rule.

3. A public health dental hygienist, who is licensed as a dental hygienist under s. 447.04 (2) (a) or (b), and who meets qualifications that the department shall specify by rule.

(f) Investigate and supervise the sanitary conditions of all premises within the jurisdictional area of the local health department.

(g) Have access to vital records and vital statistics from the register of deeds, as specified in ch. 69.

(h) Have charge of the local health department and perform the duties prescribed by the local board of health. The local health officer shall submit an annual report of the administration of the local health department to the local board of health.

(i) Promote the spread of information as to the causes, nature and prevention of prevalent diseases, and the preservation and improvement of health.

(4) (a) Except as provided in pars. (b) and (c), a local health officer shall be appointed in the same manner as are members of a local board of health under s. 251.03 (2).

(b) In any county with a county executive that has a single county health department, the county executive shall appoint and supervise the county health officer. The appointment is subject to confirmation by the county board unless the county board, by ordinance, elects to waive confirmation or unless the appointment is made under a civil service system competitive examination procedure established under s. 59.52 (8) or ch. 63. The county health officer appointed under this paragraph is subject only to the supervision of the county executive. In a county with such a county health officer, the local board of health shall be only a policy−making body determining the broad outlines and principles governing the administration of the county health department.

(c) A local health officer of a village or town health department established under s. 251.02 (3m), of a multiple municipal local health department established under s. 251.02 (2) (b) or (3r), or of a city−city local health department established under s. 251.02 (3t) shall be appointed by the local board of health.

History: 1993 a. 27 ss. 203, 209, 266, 465; 1993 a. 106; 1995 a. 201; 1997 a. 114; 1999 a. 9; 2003 a. 158; 2007 a. 130; 2011 a. 120.

Cross−reference: See also ch. DHS 139, Wis. adm. code.

This section does not require that a county create a stand−alone county health department and does not preclude the county human services director from exercising any managerial authority over the county health officer with respect to the operation of county health department programs. Because the transfer of the functions of a county health department to the county human services department is expressly authorized under s. 46.23 (3) (b) 1. bm. and c., a county that has a county executive is not required to create a stand−alone county health department. OAG 7−08.

251.07 Certain physicians; state agency status. A physician who is not an employee of the local health department and who provides services, without compensation, for those programs and services provided by a local health department that require medical oversight is, for the provision of the services he or she provides, a state agent of the department of health services for the purposes of ss. 165.25 (6), 893.82 (3), and 895.46.

History: 2007 a. 20 s. 9121 (6) (a); 2007 a. 130; 2009 a. 276.

251.08 Jurisdiction of local health department. The jurisdiction of the local health department shall extend to the entire area represented by the governing body of the county, city, village or town that established the local health department, except that the jurisdiction of a single or multiple county health department or of a city−county health department does not extend to cities, villages and towns that have local health departments. Cities, towns and villages having local health departments may by vote of their local boards of health determine to come under the jurisdiction of the county health department. No part of any expense incurred under this section by a county health department may be levied against any property within any city, village or town that has a local health department and that has not determined to come under the jurisdiction of the county health department.

History: 1993 a. 27 s. 213; 2001 a. 16.

251.09 Joint services. Local health departments jointly may provide health services as agreed upon under s. 66.0301, unless, notwithstanding s. 66.0301, the agreement conflicts with a provision of this chapter.

History: 1993 a. 27 s. 271; Stats. 1993 s. 251.09; 1999 a. 150 s. 672.

251.10 County health department, how financed. The county board shall appropriate funds for the operation of a single county health department that is established under s. 251.02 (1) and determine compensation of county health department employees. The local board of health shall annually prepare a budget of the proposed expenditures of the county health department for the ensuing fiscal year.

History: 1993 a. 27.

251.11 City−county health department and multiple county health department, how financed. (1) The local board of health of every multiple county health department established under s. 251.02 (3) and of every city−county health department established under s. 251.02 (1m) shall annually prepare a budget of its proposed expenditures for the ensuing fiscal year and determine the proportionate cost to each participating county and city on the basis of equalized valuation. A certified copy of the budget, which shall include a statement of the amount required from each county and city, shall be delivered to the county board of each participating county and to the mayor or city manager of each participating city. The appropriation to be made by each participating county and city shall be determined by the governing body of the county and city. No part of the cost apportioned to the county shall be levied against any property within the city.

(2) The local board of health of a multiple county health department established under s. 251.02 (3) shall, under this section, determine the compensation for the employees of the multiple county health department. The local board of health of a city−county health department established under s. 251.02 (1m) shall, under this section, determine the compensation for the employees of the city−county health department.

History: 1993 a. 27 ss. 207, 216, 217; 2001 a. 16, 104.

251.12 City health department, how financed. The common council shall appropriate funds for the operation of all of the following:

(1) A city health department that is established as specified in s. 251.02 (1) and (2) (a).

(2) A multiple municipal local health department that is established as specified in s. 251.02 (3r).

(3) A multiple municipal local health department that is established as specified in s. 251.02 (2) (b).

(4) A city−city local health department that is established as specified in s. 251.02 (3t).

History: 1993 a. 27; 1999 a. 9; 2003 a. 158, 326.

251.125 Village health department, how financed. If a village health department is established under s. 251.02 (2) (a) or (3m), if a multiple municipal local health department is established as specified in s. 251.02 (3r), or if a multiple municipal local health department is established as specified in s. 251.02 (2) (b), the village board shall appropriate funds for the operation of the department.

History: 1993 a. 27; 1999 a. 9, 185; 2003 a. 158.

251.127 Town health department, how financed. If a town health department is established under s. 251.02 (3m) or if a multiple municipal local health department is established under s. 251.02 (3r) by the governing body of a town in concert with the governing body of another town or a city or village, the town board shall appropriate funds for the operation of the department.

History: 1993 a. 27; 1999 a. 9.

251.13 City−county health department and multiple county health department, joint funds. For each multiple county or city−county health department, a joint health department fund shall be created either in the treasurer's office where the principal office of the health department is located or in the office of the city treasurer of a city within the health department's jurisdiction, as determined by the local board of health. The treasurer of each county and city participating in the health department shall annually pay or cause to be paid into the fund the share of the county or city. This fund shall be expended by the treasurer in whose office the fund is kept in the manner prescribed by the local board of health pursuant to properly authenticated vouchers of the health department signed by the local health officer.

History: 1993 a. 27 s. 218.

251.135 Publication and effective date of orders and regulations. The orders and regulations of a local board of health shall be published as a class 1 notice, under ch. 985, and shall take effect immediately after publication. No local board of health is required to use the term "regulation" to refer to a regulation that is published under this section.

History: 1993 a. 27 s. 211; Stats. 1993 s. 251.135.

251.14 Gifts. A local board of health may receive gifts and donations for the purpose of carrying out the provisions of this chapter.

History: 1993 a. 27 s. 215.

251.15 Withdrawal of counties, cities, villages, or towns. (1) After establishing a multiple county health department under s. 251.02 (3), any participating county board may withdraw by giving written notice to its county board of health and the county boards of all other participating counties.

(2) A city that had established a local health department prior to deciding to participate in a city−county health department established under s. 251.02 (1m) may withdraw from the city−county health department if the common council of the city gives written notice to the county board of the participating county.

(2m) After establishing a multiple municipal local health department under s. 251.02 (2) (b) or (3r) or a city−city local health department under s. 251.02 (3t), the governing body of any participating city, village, or town participating may withdraw by giving written notice to the local board of health and to the governing bodies of all other participating cities, villages, and towns.

(3) The notice under sub. (1), (2), or (2m) shall be given at least one year prior to commencement of the fiscal year at which the withdrawal takes effect. Whenever the withdrawal takes effect, all relevant provisions of law relating to local boards of health and local health officers shall immediately become applicable within the withdrawing county, city, village, or town.

History: 1993 a. 27 s. 220; 2001 a. 16; 2003 a. 158.

251.16 Local health department; evidence. The reports and employees of a local health department are subject to s. 970.03 (12) (b).

History: 1979 c. 221; 1985 a. 267 s. 3; 1993 a. 27 s. 221; Stats. 1993 s. 251.16.

251.20 Rule making. The department shall promulgate rules that specify all of the following:

(1) Required services for each of Levels I, II and III local health departments under s. 251.05 (2).

(3) Additional required services for Level II and Level III local health departments under s. 251.05 (2) (b) and (c), including services that the department of health services determines appropriately address objectives or services specified in the most recent public health agenda under s. 250.07 (1) (a).

History: 1993 a. 27; 2005 a. 198; 2009 a. 180.

Cross−reference: See also ch. DHS 140, Wis. adm. code.

Wisconsin Division of Public Health
Six Required Services of All LHDs
Local Health Departments: Levels I, II, III

Six Required Services of all LHDs:

1. Communicable disease surveillance, prevention and control
2. Generalized public health nursing program
3. Services to promote health
4. Services to prevent other diseases
5. Abatement or removal of human health hazards
6. Services to prevent the future incidence of occupational disease, environmental disease and human health hazard exposure

Plus: Full-time health officer
Board of Health

Level I Local Health Department Rule Requirements for Services:

1. Provide (or arrange for) all six basic public health services to the community
   - Communicable disease surveillance, prevention and control
   - Generalized public health nursing (PHN) program
   - Health promotion
   - Disease prevention
   - Human health hazard prevention and control
   - Occupational and environmental disease and exposure prevention
2. Voluntarily adhere to the framework for the generalized PHN program
3. Reports:
   - Submit annual report for the preceding calendar year if required by the local governing body
   - Submit annual survey of data that responds to the format as prescribed in the public health data system
   - Submit report of activities of the LHD for the preceding year that describes progress and performance toward achieving the objectives that the LHD has identified as part of its community assessment process.
4. Optional Services:
   - May provide any services of a Level II or Level III LHD (e.g., agent status)

Level II Local Health Department Rule Requirements for Services:

1. Provide (or arrange for) all six basic public health services to the community
   - Communicable disease surveillance, prevention and control
   - Generalized public health nursing program
   - Health promotion
   - Disease prevention
   - Human health hazard prevention and control
   - Occupational and environmental disease and exposure prevention
2. As required under DHS 140.05(1)(b), a Level II local health department shall provide or arrange for **at least 7 programs or services that address at least 5 health priorities in the current state health plan** (*Healthiest Wisconsin 2020*) and show evidence for all of the following:
   - Each objective is selected through a process based on assessed need, community involvement and participation; the process results in formal recognition that the objective is a public health priority for the community.
   - The LHD identifies resources or services it will commit to achieving the objectives.

- Contemporary public health practices of proven merit are being used to provide services to the community to achieve the objectives.
- The LHD has established a process whereby it will evaluate and report to the community on progress and performance toward achieving the objectives.

3. Voluntarily adhere to the framework for the generalized PHN program.
4. Reports:
   - Submit annual report for the preceding calendar year if required by the local governing body
   - Submit annual survey of data that responds to the format as prescribed in the public health data system
   - Submit a report, in a format prescribed by the DHS, on activities of the LHD for the preceding calendar year, including a narrative that describes the progress and performance toward achieving the objectives identified as part of its community health assessment and that are linked to the current state health plan.
5. Optional Services:
   - May provide any services of a Level III LHD (e.g., agent status)

Level III Local Health Department Rule Requirements for Services:

1. Provide (or arrange for) all six basic public health services to the community
   - Communicable disease surveillance, prevention and control
   - Generalized public health nursing program
   - Health promotion
   - Disease prevention
   - Human health hazard prevention and control
   - Occupational and environmental disease and exposure prevention

2. In addition, as required under DHS 140.06 (1)(b), a Level III local health department shall provide or arrange for **at least 14 programs and services that address at least 7 health priorities in the current state health plan** *(Healthiest Wisconsin 2020*) and show evidence for all of the following:
   - Each objective is selected through a process based on assessed need, community involvement and participation; the process results in formal recognition that the objective is a public health priority for the community.
   - The LHD identifies resources or services it will commit to achieving the objectives.
   - Contemporary public health practices of proven merit are being used to provide services to the community to achieve the objectives.
   - The LHD has established a process whereby it will evaluate and report to the community on progress and performance toward achieving the objectives.
3. Voluntarily adhere to the framework for the generalized PHN program.
4. Voluntarily adhere to the framework for an environmental health program.
5. Reports:
   - Submit annual report for the preceding calendar year if required by the local governing body
   - Submit annual survey of data that responds to the format as prescribed in the public health data system
   - Submit a report, in a format prescribed by the DHS, on activities of the LHD for the preceding calendar year, including a narrative that describes the progress and performance toward achieving the objectives identified as part of its community health assessment and that are linked to the current state health plan.

Special Note: Designation of Local Health Departments DHS 140.07
This section requires the Department to formally review the operations of all local health departments in a county or municipality at least every five years. The review shall result in a written finding as to whether the requirements for a Level I, II,III local health department have been met. These written findings shall

address recommendations regarding staffing, functions, and practices. It also should address the timeframe for correction (not to exceed one year), technical resources to assist the LHD, and formal re-review to assure that deficiencies have been corrected.

Chapter 2.52

BOARD OF HEALTH

Sections:

2.52.010	Definitions
2.52.020	Health department established
2.52.030	Board of health
2.52.040	Powers and duties
2.52.050	Regulations
2.52.060	Director
2.52.070	Budget; Appropriation; Fund

2.52.010 Definitions. In this chapter, the following words and terms shall have the following meanings, unless the context clearly requires otherwise:

A. "Board of health" means the board of health established under 2.52.030.

B. "City" means the city of Eau Claire.

C. "City council" means the city council of the city of Eau Claire.

D. "County" means Eau Claire County.

E. "County board" means the Eau Claire County Board.

F. "DHFS" means the State of Wisconsin Department of Health and Family Services.

G. "Health department" means the Eau Claire city-county health department established under 2.52.020. (Ord. 137-104, 1994).

2.52.020 Health department established. A city-county health department is hereby established as required under Wis. Stat. § 251.020(1m), to have jurisdiction within the city and county. (Ord. 147-103, Sec. 14, 2004; Ord. 137-104, 1994).

2.52.030 Board of health.

A. The health department shall be managed by a board of health. The board of health shall have complete and exclusive control over the management and operations of the health department. The board of health shall consist of 8 members. The members shall reflect the diversity of the community. At least 3 of the members who are not elected officials or employees of the city or county shall have a demonstrated interest or competence in the field of public health or community health. The members shall be qualified and appointed as follows:

1. One member of the city council, appointed by the city council.

2. One member of the county board, appointed by the chair of the county board with the approval of the county board.

3. Two physicians practicing in the county. Such physicians shall be selected from a list provided by the Eau Claire County Medical Society, where practical and desirable. One physician shall be appointed by the chair of the county board with the approval of the board. The other physician shall be appointed by the city council.

4. One dentist practicing in the county. Such dentist shall be selected from a list provided by the Eau Claire County Dental Society, where practical and desirable. Such dentist shall be appointed by the chair of the county board with the approval of the board.

5. One registered nurse with experience in community health practice. Such nurse shall be jointly appointed by the city and the county.

6. Two members of ability and known to have a board social viewpoint and a serious interest in the protection of health of the community. One member shall be appointed by the chair of the county board with the approval of the board. The other member shall be appointed by the city council.

B. The term of office of the members shall be 5 years.

C. Public notice shall be given of the annual vacancies occurring on the board of health.

D. Members of the board of health shall be residents of the city or county.

E. If any member of the board of health no longer meets the qualifications for appointment as set forth in 2.52.030, the position held by such member shall be vacated.

F. Any vacancy occurring on the board of health shall be filled in the same manner as the original appointment.

G. The board of health shall elect one member as president and one member as vice-president. An accurate record shall be kept of all board of health meetings. (Ord. 137-104, 1994).

2.52.040 Powers and duties. The board of health shall:

A. Govern the health department and assure the enforcement of state public health statutes and public health rules of the state.

B. Assure that the health department is a Level I, Level II or Level III local health department as specified in Wis. Stat. § 251.05(1).

C. Report to the DHFS as required by rule.

D. Meet at least quarterly.

E. Assess public health needs and advocate for the provision of reasonable and necessary public health services.

F. Develop policy and provide leadership that fosters local involvement and commitment, that emphasizes public health needs, and that advocates for equitable distribution of public health resources and complementary private activities commensurate with public health needs.

G. Assure that measures are taken to provide an environment in which individuals can be healthy.

H. Employ qualified public health professionals, such other staff as are necessary to carry out the mission of the health department, and a public health nurse to conduct general public health nursing programs under the direction of the board of health and in cooperation with the DHFS. The board of health may employ environmental health specialists, known as sanitarians, to conduct environmental programs and other public health programs not specifically designated by statute as functions of the public health nurse.

I. Appoint the director of the health department.

J. Determine the compensation for the director and employees of the health department. (Ord. 137-104, 1994).

2.52.050 Regulations. The board of health may adopt regulations that it considers necessary to protect and improve public health. The regulations shall be no less stringent than, and shall not conflict with, state statutes and rules and regulations of DHFS. Such regulations shall be published as a class 1 notice under Wis. Stat. ch. 985, and, unless otherwise specifically provided, shall take effect immediately following publication. Such regulations shall be incorporated by reference as if fully set forth herein. (Ord. 137-104, 1994).

2.52.060 Director. The director of the health department shall serve as the local health officer. The director shall be a full-time employee of the health department, as required by Wis. Stat. § 251.06(2)(a). The director shall maintain the qualifications required under Wis. Stat. § 251.06. (Ord. 137-104, 1994).

2.52.070 Budget; Appropriation; Fund.

A. The board of health shall annually prepare a budget of its proposed expenditures for the ensuing fiscal year and determine the proportionate cost to the county and the city on the basis of equalized valuation. A certified copy of the proposed budget, which shall include a statement of the amount required from the city and the county, shall be delivered to the county administrator and to the city manager. The proposed budget shall be reviewed by a joint budget review team of county staff members selected by the county administrator and city staff members selected by the city manager.

B. The appropriation to be made by the county and the city shall be determined by the county board and the city council, respectively. No part of the cost apportioned to the county shall be levied against any property in the city.

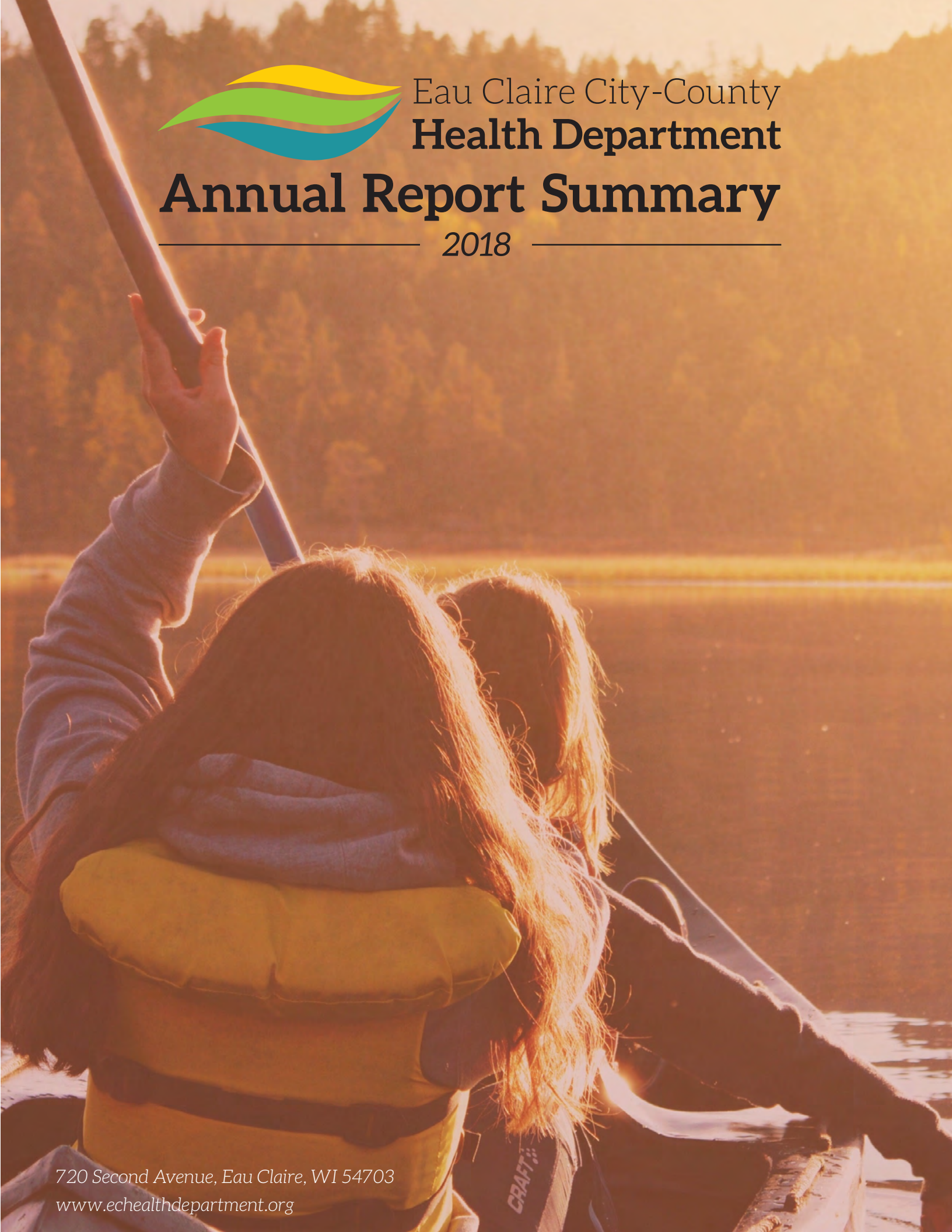
C. A city-county health department fund shall be established and maintained in the office of the treasurer of the city, as determined by the board of health. The county and the city shall each make an annual payment into said fund, the share of the county and the city as determined and appropriated by the city and the county. (Ord.141-92 Sec.38, 1998; Ord.137-104, 1994).

Source: Eau Claire County Code, Eau Claire City Code of Ordinances
Accessed 10/16/2013

Eau Claire City-County
Health Department

Annual Report Summary

2018



720 Second Avenue, Eau Claire, WI 54703
www.echealthdepartment.org

Message from the Health Officer

I am pleased to share the 2018 Eau Claire City-County Health Department Annual Report Summary – 2018 was an exciting and challenging year.

This year the health department went through a reorganization designed to assure that the health department is structured to be as efficient and effective as possible now, as well as prepared for the future roles and responsibilities of local public health. Our new structure focuses on more efficient and connected population health services that have a common purpose and shared outcomes. We are focusing on outcomes so that we can make this a healthy place for everyone.

We are excited to share that in 2018 the health department met the National Public Health Accreditation standards – a rigorous peer-review process that resulted in the awarding of national accreditation status. We are one of only 15 departments in Wisconsin that have achieved this status. We could not have done that without the strong partners we have.

We also focused on a broad range of emerging and challenging public health issues in 2018. These included:

- Safe and affordable housing for all community members
- Homelessness
- Drug misuse including opioids, meth, and alcohol
- Safe water

None of these topics are easy to solve and they all take a strong collaborative approach. We anticipate that all will continue to be a focus of the work of the department along with the many other core services we provide related to maternal child health, environmental health sciences, regulation and licensing, reproductive health, community health promotion, and communicable disease. We will continue to strive to meet the needs of all that live, work, learn, vacation, play, and spend time here.

Thank you for your continued support of the work we do to promote health and safety for all communities in Eau Claire County. Let me know how we can continue to improve the work we do at the Health Department.

Please contact me at (715) 839-4721 or Elizabeth.Giese@co.eau-claire.wi.us

Respectfully,

Health Department Overview

Mission

Promoting health and safety for all Eau Claire communities

Vision

Eau Claire City-County Health Department will be a leader in assuring healthy people in healthy communities

Guiding Principles

Seven overarching principles guide the work of the Eau Claire City-County Health Department:

Prevention

Promotion of health and prevention of disease, injury, and disability is critical in saving lives and money

Health Equity

Everyone should have equal opportunity to be healthy

Collaboration

People working together to provide the best solutions

Quality

Efficiency and effectiveness are critical in programs and services

Data-Informed

Collection and analysis of data guides decisions

Evidence-Based

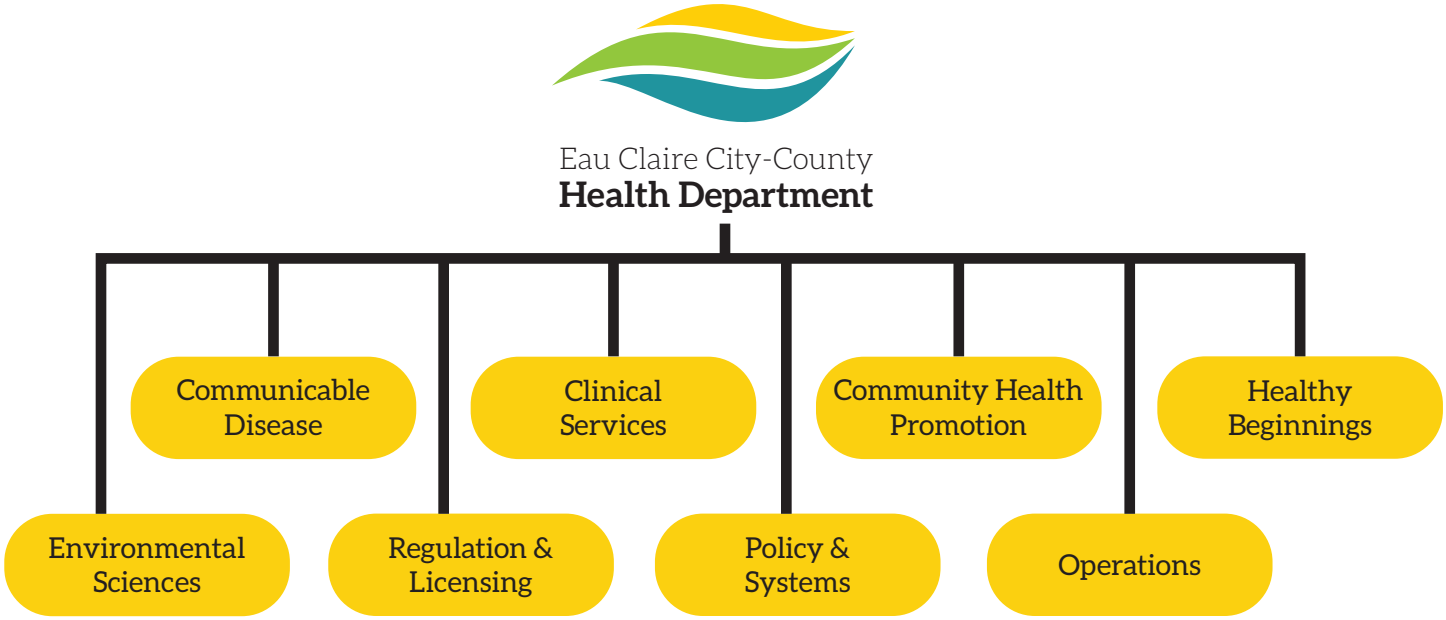
Building and utilizing evidence and promising practices in programs and services

Ethical Practice

Acting with the highest standards of professional practice

Health Department Structure

The Eau Claire City-County Health Department was restructured in 2018 to meet the needs of our community now and in the future. The efficiency of the department will be improved by narrowing the focus of each division and developing strong collaborative efforts within the department and the community.



Eau Claire City-County Board of Health

The Eau Claire City-County Board of Health (BOH) is an eight-member board appointed by the County Board and City Council. The BOH advocates for reasonable and necessary public health services. They also provide leadership that fosters local involvement and commitment. The BOH is made up of: a City Council member, a County Board member, two practicing physicians, one practicing dentist, one registered nurse, and two community representatives.

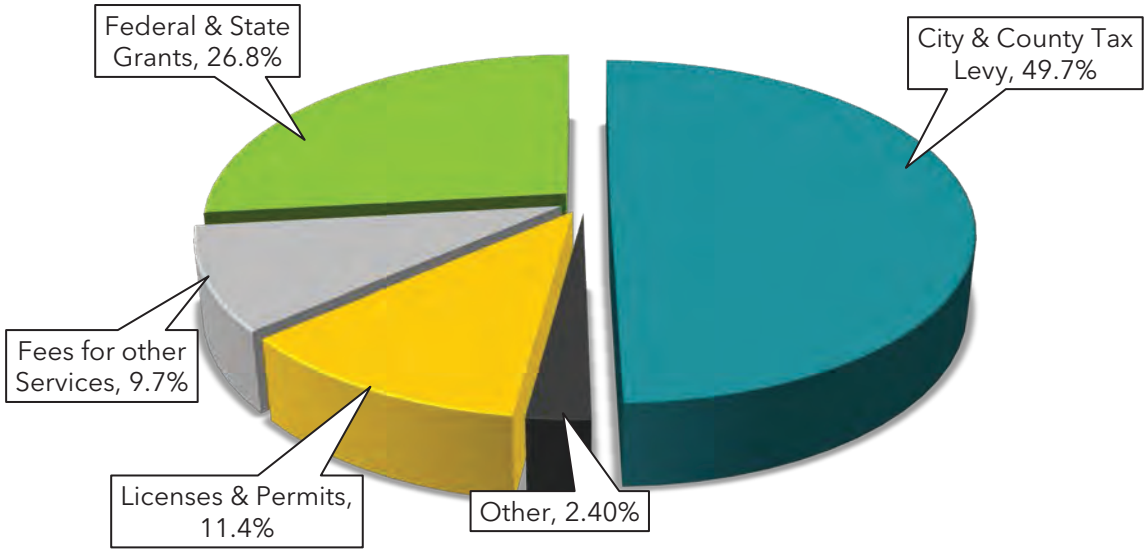
Current members:

Emily Berge
Donald Bodeau, MD
Jennifer Eddy, MD
Blair T. Johnson, DDS
Martha Nieman
Merey Price
Elizabeth Spencer
Kari Stroede

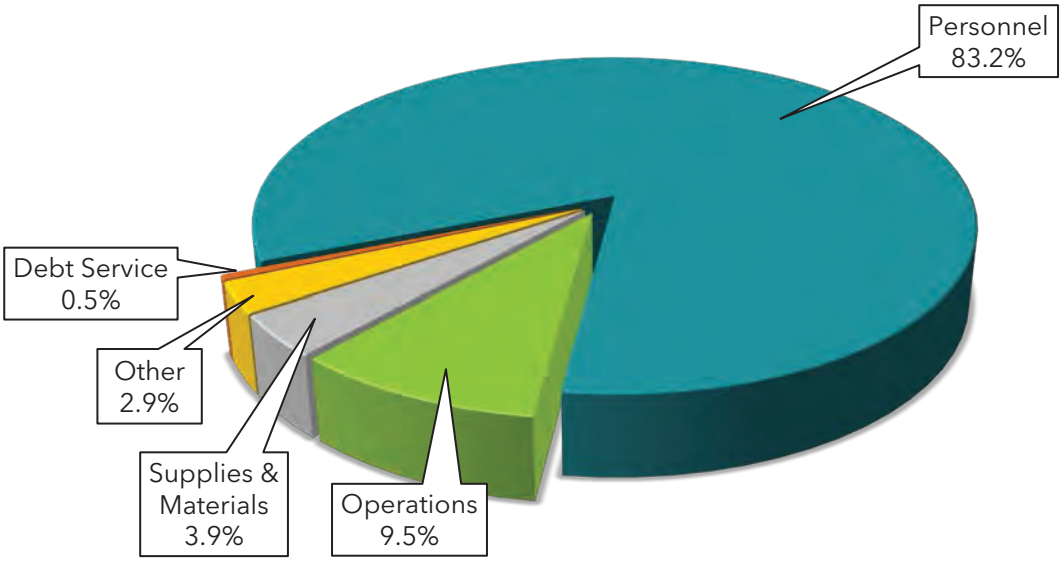
2018 Budget

Below is an overview of the 2018 Eau Claire City-County Health Department budget. The work we do in this department depends on our amazing staff. You will see that staff are the largest and most critical expenses we have. Our department works hard to have diverse funding in order to do our work. This includes tax levy, grant funding, and fees for services.

2018 Estimated Revenues



2018 Estimated Expenses



Local Health Data

Data provides an overview of the health of our community and can show how health is influenced by many factors. This includes our everyday surroundings - where we live, learn, work, and play. Accurate data helps us to:

- *Identify and understand current and potential health problems or environmental hazards*
- *Provide reliable health information to people in the community*
- *Evaluate if our programs, policy changes, and environmental changes are making a difference*

EAU CLAIRE COUNTY BY THE NUMBERS

102,965
EAU CLAIRE COUNTY POPULATION

23%
EAU CLAIRE COUNTY RESIDENTS LIVING IN RURAL AREAS

8.1%
POPULATION THAT IS AFRICAN AMERICAN, ASIAN, AMERICAN INDIAN OR ALASKAN NATIVE, OR HISPANIC

$52,200
MEDIAN HOUSEHOLD INCOME

2 IN 5
CHILDREN IN PUBLIC SCHOOLS ELIGIBLE FOR FREE/REDUCED LUNCH

13%
RESIDENTS LIVING BELOW THE FEDERAL POVERTY LEVEL

33% of Eau Claire County residents are vaccinated for the flu

*LEARN HOW WE ARE INCREASING THE FLU VACCINATION RATE ON **PAGE 6***

55% increase in chlamydia cases since 2012

*LEARN HOW WE ARE INCREASING AWARENESS OF SEXUALLY TRANSMITTED INFECTIONS ON **PAGE 7***

47.6% of high school students had significant problems with feeling anxious, nervous, tense, scared, or like something bad was going to happen.

*LEARN HOW WE ARE USING MINDFULNESS TO IMPROVE OUR YOUTH'S MENTAL AND OVERALL HEALTH ON **PAGE 8***

15% of households in Eau Claire County face severe housing problems

*LEARN HOW WE ARE HELPING IMPROVE HOUSING CONDITIONS ON **PAGE 11***

Communicable Disease Division

Provides essential services to prevent and control communicable disease outbreaks, prepares for public health emergencies, and responds to them.

Immunization & Emergency Preparedness

The 2017-2018 influenza (flu) season was particularly severe, resulting in 143 influenza hospitalizations of Eau Claire County residents, the highest on record. Nationwide, there was a record number of child deaths due to influenza. The severity of such flu seasons highlights the need for emergency preparedness. To increase vaccination rates and exercise our ability to respond to public health emergencies, several mass flu clinics were held this flu season.

The Eau Claire City-County Health Department offered several opportunities for families to get flu vaccines together. While there was a cost for adults, flu vaccines were free to children. Mass flu shot clinics were held at six middle schools in the county and at the Eau Claire Indoor Sports Center (ISC). Holding a mass flu clinic at the ISC, an emergency clinic location, gave staff an opportunity to trial the location for emergency response. Increased attendance at the mass flu clinics resulted in 315 more flu vaccinations than last flu season, a 37% increase.

COMMUNICABLE DISEASE BY THE NUMBERS

1,389

REPORTABLE COMMUNICABLE DISEASE FOLLOW-UPS

33%

OF EAU CLAIRE COUNTY VACCINATED FOR THE FLU

13

OUTBREAK INVESTIGATIONS

1,950

VACCINATIONS GIVEN TO INFANTS, CHILDRENS, AND ADULTS

490

TUBERCULOSIS SKIN TESTS GIVEN

Clinical Services Division

Provides quality reproductive health services, including testing and treatment of diseases, and education to raise community awareness of and encourage less risky sexual behaviors.

CLINICAL SERVICES BY THE NUMBERS

Cases of Chlamydia in Eau Claire County

2012:	*2018:*
332	**513**

Cases of Gonorrhea in Eau Claire County

2012:	*2018:*
16	**169**

Cases of Syphilis in Eau Claire County

2006:	*2018:*
0	**8**

1,055
PATIENT VISITS

850
STI SCREENINGS

16
COLPOSCOPY SERVICES

Reproductive Health

In 2018, Eau Claire County saw a drastic rise in the number of reported sexually transmitted infections (STI's). This county data reflects the upward trend in STI's that is happening nationally.

Family Planning Clinic (FPC) staff were asked to present at the Wisconsin Sexually Transmitted Disease Summit in the fall of 2018. They shared creative ways a community can educate the public about STI's and encourage STI testing with limited funding for outreach. Strong partnerships with many organizations and service providers were key to moving many of these efforts forward.

Efforts to increase public knowledge and awareness of STI's in 2018 included:

- Collaborating with local youth-serving organizations to provide evidence-based programs geared toward relationship abuse prevention and sexual risk reduction.
- Educating freshman health classes at some of the Eau Claire Area High Schools about FPC services and how to access them.
- Partnering with UWEC Women's, Gender, and Sexuality Studies capstone students to successfully host a sexual health trivia night, "Knockin' Boots Trivial Pursuits."
- Providing risk reduction education and no cost HIV testing to eligible individuals at Scooters Bar with the AIDS Resource Center of Wisconsin for National HIV Testing Day and World AIDS Day. Hepatis C and Syphilis testing were also offered based on risk factors.
- Creating Safer Sex Kits, equipped with condoms and information about STI prevention. UWEC students, along with the AIDS Resource Center of WI, handed them out at the bars on Water Street before St. Patrick's Day to encourage safe sex and inform this population of clinic services.

Community Health Promotion Division

Works closely with community partners to collaboratively identify and address those things that can improve our health where we live, work, and play.

Mental Health Matters

Mindfulness practice is a strategy being used more often in schools due to emerging research linking it to many positive outcomes for staff and students, including: decreased depression, anxiety, emotional reactivity, and psychological stress as well as improved focus, memory, and general well-being. The Mental Health Matters coalition supported two schools in receiving mindfulness training during the 2018-2019 academic year. Mental Health Matters provides community support to help youth build resilience, or the ability to bounce back after setbacks.

Staff from Cadott Jr. and Sr. High Schools participated in a six-session mindfulness course in the Fall of 2018. Staff noted they were highly satisfied with the training and improved their mindfulness skills and knowledge. "I can tell that I am much calmer...with all students and I continue to try to make sure that I am more aware of my students and their experiences as well," said one teacher.

Signs of Drug Use

In the Fall 2017 Youth Risk Behavior Survey, youth reported that use of e-cigarettes in a 30-day period in Eau Claire County (23.4%) nearly doubled compared to e-cigarrete use in 2015 (12.7%). This is also double that of the State of Wisconsin in 2017 (11.6%). While some claim that e-cigarettes are safe, e-cigarettes are associated with many negative health consequences. Many of those using drugs report experimenting with substances before the age of 13. The Alliance for Substance Abuse Prevention is collaborating with community partners and organizations to address this issue in Eau Claire County. One strategy that is used to help educate the community regarding e-cigarettes, vaping, and other substances of abuse is the "mock bedroom."

A mock bedroom is a model of a teenager's bedroom with signs of abuse, or "red flags," in it. The goal of this program is to educate parents, grandparents, teachers, caregivers and anyone who works with teens. By the end of this program, participants report knowing more about substance use indicators. Participants also learn about drug slang, current drug trends, and signs and symptoms of substance abuse. The mock bedroom is seldom presented to adolescents to avoid providing them with a plan to deceive parents and other adults.

COMMUNITY HEALTH PROMOTION BY THE NUMBERS

4,823

EAU CLAIRE COUNTY CHILDREN RECEIVED HEARING OR VISION SCREENINGS

1,132

INDIVIDUALS TRAINED IN QUESTION, PERSUADE, REFER SUICIDE PREVENTION

249

ADOLESCENTS TRAINED THROUGH EVIDENCED-BASED DEVELOPMENT PROGRAMS

125

TOBACCO AND ALCOHOL COMPLIANCE CHECKS COMPLETED

373

PROFESSIONALS RECEIVED ADVERSE CHILDHOOD EXPERIENCE & RESILIENCY TRAINING

Healthy Beginnings Division

Provides a wide variety of individual and family services that positively impact the health of our community, specifically the maternal and child health population.

HEALTHY BEGINNINGS BY THE NUMBERS

838

WIC PARTICIPANTS ASSESSED BY A REGISTERED DENTAL HYGIENIST

89%

OF NFP PARTICIPANTS STARTED BREASTFEEDING

91

WOMEN RECEIVED NFP PROGRAM SERVICES

1,859

HOME VISITS TO NFP AND MATERNAL & CHILD FAMILIES

261

WOMEN SUPPORTED BY WIC BREASTFEEDING PEER COUNSELOR

Oral Health & Women, Infants, and Children (WIC)

Tooth decay can lead to other serious health concerns, and good oral health during pregnancy can lower chances of preterm birth, low birthweight, and tooth decay in young children. Fluoride varnishes are an effective way to help prevent, slow, and stop tooth decay.

To increase referrals to dental care providers and the number of children receiving fluoride varnishes, three dental hygienists from NorthLakes Clinic visit the WIC clinic several times per month. While at the WIC clinic, they provide fluoride varnishes, additional oral health information, and referrals for pregnant women and their families to dental care providers. WIC staff collected data that helped determine barriers for families to receive dental care and what methods worked to increase the number of children and pregnant women receiving varnish and referrals. This partnership continues into 2019 with the goal of continuing to increase varnish and referral rates.

Finding Community through the Nurse-Family Partnership Program (NFP)

Public Health Nurses in the NFP program support first time mothers in their goals of parenting. The success of the program is driven by nurses building trusted relationships with clients and understanding their desires as parents. NFP nurses connect families to community agencies that can provide them further support as they grow in their journey of parenting. One client in particular recognized the value of community connection.

After being introduced to the Children's Museum of Eau Claire by her nurse, she was able to strengthen her confidence and self-efficacy as a parent. She and her son have recently been featured in a video produced by the Children's Museum which highlights how play and positive interactions helped her build attachment with her son.

Environmental Sciences Division

Provides programs and services to better understand, enhance, and protect environmental quality. Our division increases awareness of how environmental conditions influence the health and welfare of communities.

City and County Animal Ordinances

Environmental Sciences plays an important role in overseeing several city and county animal ordinances. We make our environment safer by assisting with ordinance drafting, inspecting operations, and responding to public complaints and other health concerns. In accordance with state and local regulations, laboratory staff also respond to potentially harmful interactions between humans, pets, and wild animals to prevent effects of harmful disease such as rabies.

In 2018, the City of Eau Claire passed an ordinance that allows the keeping of poultry in select residential zoning districts. The Health Department inspects coops, responds to complaints, and provides education to lower the risk of exposure to salmonella and other harmful bacteria. The Health Department is also responsible for approving the siting and management of beekeeping operations within the city and select zoning districts in the county to reduce the risk of exposure to members of the public with severe allergies.

Groundwater Protection

Groundwater is one of the most import resources that exists in the state of Wisconsin, and a quarter of Eau Claire County obtains groundwater from private wells. The Health Department partners with the Wisconsin DNR (WDNR) to carry out three aspects of the WDNR's County Well Delegation program: private well location permitting, inspections of existing well systems, and well and drillhole abandonment. By performing these three duties, the department seeks to ensure that around 9,000 private wells are safe for use. The Health Department also houses a certified public health laboratory, which residents can use to test private wells for potential contaminants. Private well testing is recommended to occur *at least* once a year *and* any time a change is observed in the look, taste, or smell of the water. Laboratory staff often help homeowners determine when to test their wells, what to test for, and to explain test results.

ENVIRONMENTAL SCIENCES BY THE NUMBERS

143

ANIMAL BITE/EXPOSURE FOLLOW-UPS

122

SAMPLING EVENTS FOR WEST NILE AND LYME DISEASE RESEARCH

151

PERMITS ISSUED FOR WELL INSTALLATION, REPLACEMENT, AND RECONNECTION

3,466

UNIQUE DRINKING WATER TESTS COMPLETED

30

WELLS SAFELY ABANDONED

459

LOCAL BEACH SAMPLES COLLECTED & ANALYZED

Regulation & Licensing Division

Inspects housing and any facility that provides necessities, such as food and water, to the public. This division also inspects recreational facilities and temporary event spaces.

REGULATION & LICENSING BY THE NUMBERS

492
ACTIVE RESTAURANT & RETAIL LICENSES

NEARLY
900
RESTAURANT & RETAIL FACILITY INSPECTIONS

57
POOL INSPECTIONS COMPLETED

1,548
PROPERTY INSPECTIONS (INCLUDING COMPLAINTS AND RE-INSPECTIONS)

3,443
RENTAL PROPERTIES REGISTERED

9,521
RENTAL UNITS REGISTERED

Inspection & Licensing

Enjoy dining in restaurants without having to worry about getting sick? The Health Department has a team of environmental health specialists that inspect and license all facilities in Eau Claire County that sell or serve food to the public, as well as a variety of recreational facilities. This includes everything from restaurants, convenience stores, and vending machines to campgrounds and hotels. They perform these inspections to reduce the risk of foodborne illness and ensure safe and healthy practices are used in public facilities. They also inspect temporary services or special event venues like food trucks and festival grounds to ensure all health and safety standards are met.

Housing

Good health depends on the availability of safe and healthy housing, and the Health Department wants to make sure you have one to live in. Housing inspectors continue to perform housing code inspections and compliance checks for rental and owner-occupied housing. The Health Department implemented a new requirement in 2018 that rental properties be registered as a step towards ensuring that all housing units meet safety standards.

Policy & Systems Division

Works closely with partners to collectively identify and communicate the importance of including health in policy, system and environmental changes across the department and community.

Community Health Assessment (CHA)

Many community partners came together to complete the CHA process this spring. The CHA includes a survey and community conversations where residents shared what they felt are the top health priorities in our community. As part of the process, additional data was pulled to see how our community compares to the state and nation. Together, this data was used to determine the top health priorities in our county.

Eau Claire Healthy Communities, a long-standing coalition, uses CHA data to determine which health priorities they will work towards improving in our county. In 2018, Eau Claire Healthy Communities committed to utilize existing action teams to address the priorities of mental health, chronic disease/obesity, high-risk alcohol use, oral health and healthy relationship promotion. With substance abuse rising as a new health priority in 2018, Eau Claire Healthy Communities formalized their partnership with the Alliance for Substance Abuse Prevention so they can make bigger strides forward in this area for our community.

TOP HEALTH PRIORITIES IN 2018

MENTAL HEALTH
SUBSTANCE USE
ALCOHOL MISUSE
CHRONIC DISEASE
OBESITY

2018-2021 Community Health Improvement Plan (CHIP)

After health priorities are identified, the community creates a three-year plan (CHIP) that shares how they will make improvements in each health priority area. As part of the CHIP process, Eau Claire Healthy Communities updated their action team goals. Based on what they heard from the community and from health data used in the CHA, action teams identified strategies to improve health outcomes. Many strategies they chose built upon their work started in previous years, others are new and exciting! All this information is located in the new 2018-2021 Community Health Improvement Plan (https://echealthycommunities.org/health-action-plan/).

We're anxious to see the changes that happen in our community from the new 2018-2021 Community Health Improvement Plan. Thank you to all the wonderful community members and partners who participate in Eau Claire Healthy Communities! Stay tuned to their activities by visiting their site, www.echealthycommunities.org.

POLICY & SYSTEMS BY THE NUMBERS

1,876
RESIDENTS COMPLETED THE CHA SURVEY

78%
SURVEY RESPONDENTS IDENTIFIED SUBSTANCE USE AS A PROBLEM

> $16,000
VALUE OF VOLUNTEER TIME INVESTMENT

250+
COMMUNITY PARTNERS IMPROVING THE HEALTH OF EAU CLAIRE

Staff

We are committed to creating a safe and healthy community for all the citizens of Eau Claire County. We are proud to share some of the progress that our county has made in 2018. Thank you for taking the time to read about the empowering and neccessary work that our dedicated staff devote their time to each and every day.

Eau Claire City-County
Health Department

720 Second Avenue
Eau Claire, WI 54703
www.echealthdepartment.org
(715) 839-4718

Full Annual Report and Annual Report Summary available at www.echealthdepartment.org

2018
Eau Claire County Community Health Assessment

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Cover image. The High Bridge. (2018), by Jason Connelly.

EXECUTIVE SUMMARY

This 2018 Eau Claire County Community Health Assessment was conducted by the Community Health Assessment Planning Partnership Committee. The Community Health Assessment Planning Partnership Committee is a collaborative venture involving county health departments, local health care facilities, and nonprofit organizations. This group strategically joined efforts to assess health in Chippewa and Eau Claire Counties. The purpose of the assessment is to evaluate and prioritize the health concerns in the county and mobilize the community in working towards health outcomes. As a result of the assessment process, collaborative interventions can be implemented to align with the identified health priorities.

NACCHO Prioritization Matrix

The partnership used a variety of methods to collect quantitative and qualitative data to identify the top health priorities in the community. These methods included a community health survey, community conversations, coalition meetings, and comprehensive secondary data collection. The Prioritization Matrix, guided by the National Association of County and City Health Officials, was utilized to provide a technique to arrange each of the 14 health focus areas into order by priority. Eau Claire County identified **mental health**, **substance use**, **alcohol misuse**, **chronic disease**, and **obesity** as the top five health priorities.

Improving the health of the community takes the efforts of many and the Community Health Assessment Planning Partnership Committee strongly believes in effectively improving community health through focused action. Community health assessments are commonly the first phase of the community health planning efforts. This assessment of qualitative and quantitative data will be utilized by the partnership, including the local health coalition members of Eau Claire Healthy Communities. Many community partners, including those who are part of the planning partnership committee, will utilize the assessment to create action-oriented plans for their organizations and coalitions including the county-wide Community Health Improvement Plan. The Community Health Improvement Plan is a three-year action plan to address the health priorities based on the results from the CHA with special attention addressing disparities to improve the health of the community.

Community members learning about the top five health priorities.

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ACKNOWLEDGMENTS

The 2017-2018 Community Health Assessment Planning Partnership Committee comprises nine community organizations in Chippewa and Eau Claire counties. The committee is working together, to share financial support, resources, and commitment to leverage health improvements, thereby reducing duplication of public and private sector efforts in both counties.

Members of the Community Health Assessment Planning Partnership Committee include:

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

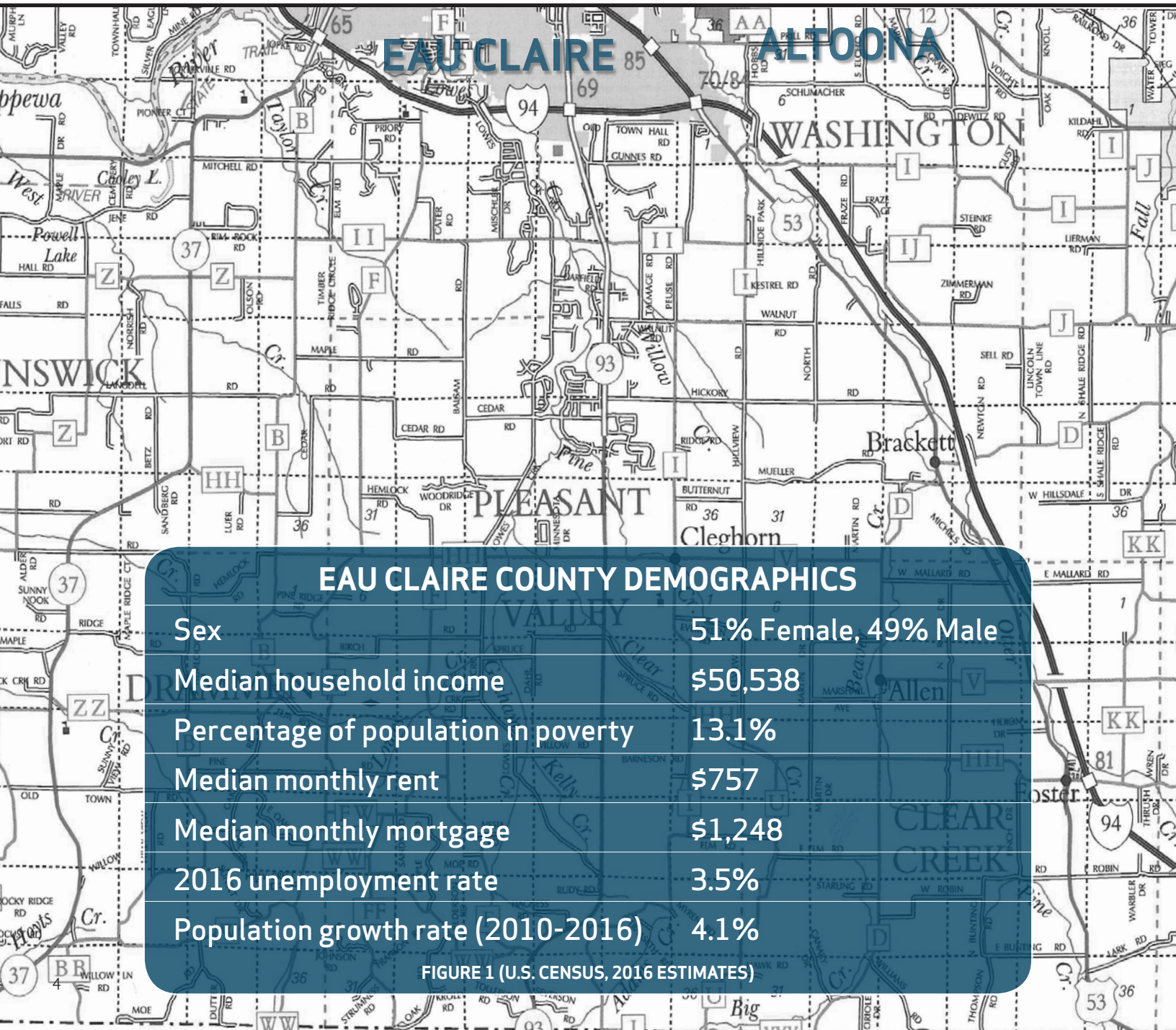
The committee could not have completed the assessment process without the active engagement and commitment of the community. The completion of the survey and participation in the community conversations provided results that indicated priority areas where resources should be directed to improve residents' health and well-being. A special thanks to the many community members and organizations whose contributions were invaluable to the completion of the 2018 Chippewa and Eau Claire community health assessment, including:

- Chippewa Health Improvement Partnership Steering Committee
- Eau Claire Healthy Communities Council
- Michele Paquette, Marketing Manager, HSHS Sacred Heart and St. Joseph's hospital
- Peggy O'Halloran, Evaluator, Eau Claire City-County Health Department
- Volunteer assistants for survey distribution, collection, and recording

2018 Community Health Assessment Planning Partnership Committee.
Not pictured Jay Edenborg, Lynn Salter, and Lieske Giese

COMMUNITY PROFILE | **EAU CLAIRE COUNTY**

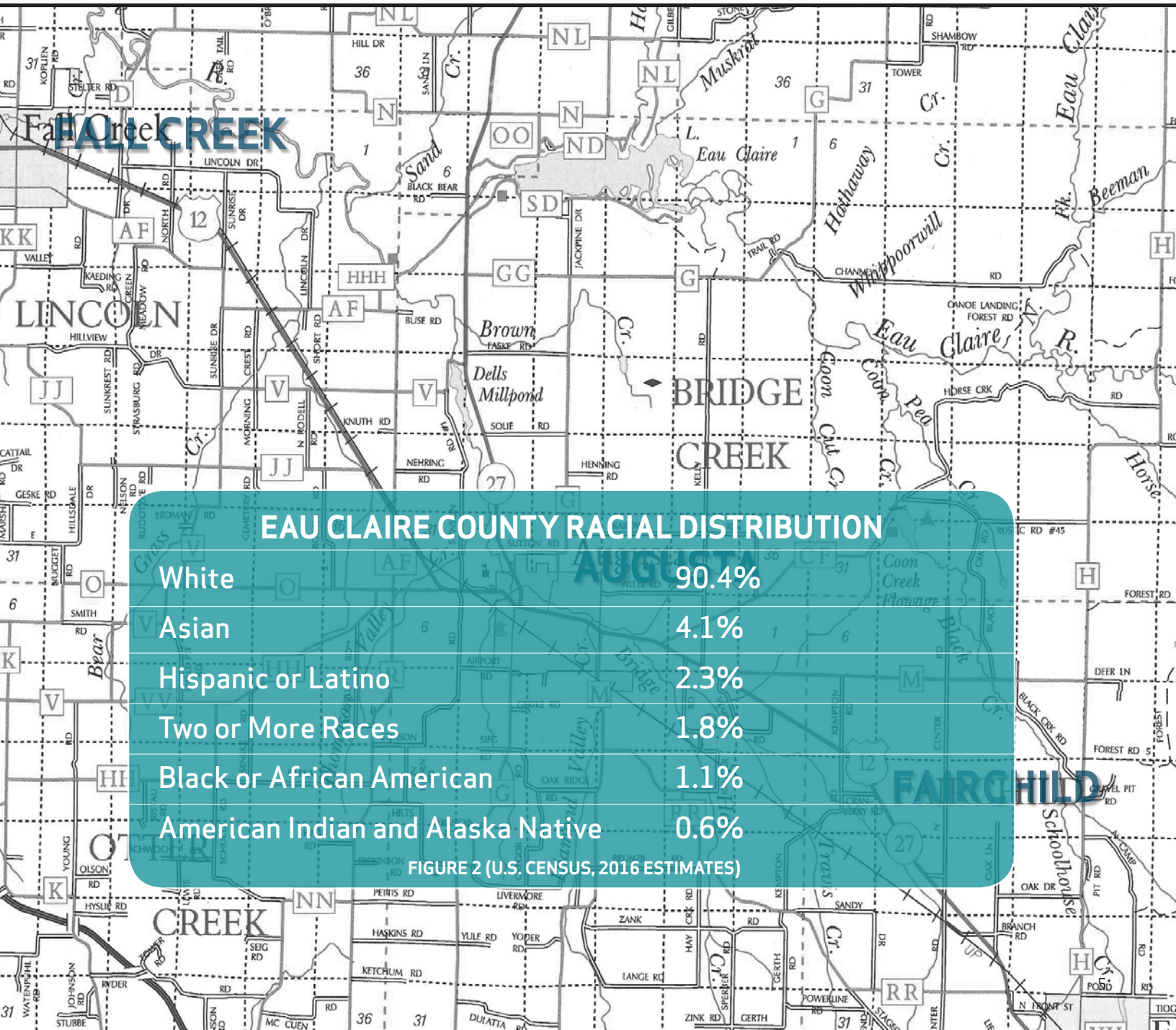
Eau Claire County is located in the Chippewa Valley of west-central Wisconsin and comprises of three cities (Altoona, Augusta, Eau Claire), two villages (Fairchild and Fall Creek), and 13 townships. The county is bordered by Chippewa County to the north, Clark County to the east, Buffalo, Trempealeau, and Jackson counties to the south, and Dunn and Pepin Counties to the west. In 2016, the county population was 102,965, approximately 23% of which is rural. Twenty percent of Eau Claire County household income was between $50,000 and $74,999. The largest age distribution (24%) was 45-64 years. One quarter of the county received a high school diploma or GED, and 22% of residents over age 25 years attained some college education. Reference page 38 for additional demographics.



EAU CLAIRE COUNTY DEMOGRAPHICS	
Sex	51% Female, 49% Male
Median household income	$50,538
Percentage of population in poverty	13.1%
Median monthly rent	$757
Median monthly mortgage	$1,248
2016 unemployment rate	3.5%
Population growth rate (2010-2016)	4.1%

FIGURE 1 (U.S. CENSUS, 2016 ESTIMATES)

The county seat is located in the city of Eau Claire, which has a population of 68,339. The city is approximately 90 miles east of the Twin Cities and 90 miles north of La Crosse, WI. The largest employers in the county include manufacturing and construction, healthcare, education, and computer information systems. Four hospitals serve Eau Claire County and are located in the city of Eau Claire: HSHS Sacred Heart Hospital, Marshfield Clinic Health System, Mayo Clinic Health System, and Oakleaf Surgical Hospital.



EAU CLAIRE COUNTY RACIAL DISTRIBUTION	
White	90.4%
Asian	4.1%
Hispanic or Latino	2.3%
Two or More Races	1.8%
Black or African American	1.1%
American Indian and Alaska Native	0.6%

FIGURE 2 (U.S. CENSUS, 2016 ESTIMATES)

OVERVIEW

The 2018 Chippewa and Eau Claire Counties' Community Health Assessment (CHA) process is described in this report. The purpose of the CHA was to identify the health needs in the community, prioritize the top health concerns, and engage the residents in developing a shared sense of purpose towards health improvement in each county. This process was undertaken jointly by partners in both Chippewa and Eau Claire Counties. The Community Health Assessment Planning Partnership Committee includes:

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

What makes our community healthy?

The partnership signed a Memorandum of Understanding (MOU) to set forth the roles and responsibilities as they combined resources to assess the health needs in the communities they serve. The Chippewa County and Eau Claire City-County Health Departments have a long-standing statutory responsibility to conduct periodic community health needs assessments to assess the health priorities of citizens in their jurisdictions. Hospitals also have tax exemption obligations under the Internal Revenue Code relevant to community health needs assessments and setting strategic and operational plans designed to improve health needs for the communities they serve. The partnership has a strong history of collaborating on Community Health Assessment and Community Health Improvement Plan processes, most recently on the CHA process completed in 2015.

The Eau Claire City-County Health Department served as the fiscal agent for the partnership, with each organization contributing finances, plus in-kind services. These resources were used to fund a part-time Project Manager who facilitated meetings for the CHA Committee, coordinated survey distribution and secondary data collection for both counties, planned public meetings, and produced the Chippewa and Eau Claire CHA reports. In addition, advertising, meeting supplies, graphic design, and printing were supported by the contributed funds.

Representatives from the partnership met bi-monthly from June 2017 through May 2018 to plan and implement the CHA. The collaboration also allowed the community to participate in one comprehensive assessment rather than several CHAs conducted each year by different organizations. The shared CHA reduces duplication of efforts and costs, promotes a greater coordination of resources, and results in a potentially more significant impact on the health needs of the communities.

The partnership utilized the County Health Rankings and Roadmaps Take Action Model (FIGURE 3) to guide the CHA process. The model outlines the steps needed for the community health improvement process by assessing needs and resources of the county, focusing on the top health priorities, and developing action plans with effective programs. Community health priorities were determined during the CHA process through critical evaluation of 14 health focus areas based on the Wisconsin Department of Health Services health plan (Healthiest Wisconsin 2020). Local data and community health survey results around each of these 14 health focus areas are detailed in the Health Focus Area Summaries section of this report. The CHA process included a variety of data collection methods to connect with several different demographic groups in the community and to develop a thorough understanding of health issues facing the Chippewa Valley. These methods included primary qualitative data collection through an online and hardcopy community health survey, survey outreach with underrepresented demographics groups, community conversations (to prioritize health focus areas), and coalition meetings (to further evaluate the top five health focus areas). Secondary, quantitative community health data was collected based on the measures recommended in the Wisconsin Association of Local Health Departments and Boards (WALHDAB) core dataset and the State Health Plan. This full range of data is detailed in this report and will also be utilized by the local health coalitions—Chippewa Health Improvement Partnership (CHIP) and Eau Claire Healthy Communities (ECHC)— in order to develop initiatives that are relevant to the unique priority health concerns of both Chippewa and Eau Claire Counties.

FIGURE 3. Take Action Systems Model

Specifically, this report details the CHA process and results as it relates to Eau Claire County. The 2018 Chippewa County Community Health Assessment is available from any of the Chippewa County-based partner organizations listed on page 6 or the Chippewa Health Improvement Partnership website.

Eau Claire Healthy Communities Council members discussing the top health priorities.

DATA COLLECTION METHODS

Survey

Partners distributed the community health survey to residents throughout Eau Claire County in November and December 2017. The objective of the survey was to better understand the community's perception of the top health concerns in the county. The survey was hosted by the same online development tool, SurveyMonkey, as in 2015 to compare survey results. An abbreviated hardcopy survey was created for residents with limited health literacy (Appendix I). A translator was present during survey outreach sessions to provide assistance to community residents facing a language barrier. The link to the web survey was widely distributed through the networks of each of the partner organizations, as well as over 70 community organizations. Community organizations included The Salvation Army, Aging and Disability Resource Center, Boys & Girls Club of the Greater Chippewa Valley, Family Resource Center, Western Dairyland Head Start, local churches and food pantries, University of Wisconsin—Extension, Eau Claire Area Hmong Mutual Assistance Association, Family Promise of the Chippewa Valley, Eau Claire YMCA, Eau Claire Chamber of Commerce, Catholic Charities, Bolton Refuge House, Hope Gospel Mission, public and private schools, and others. The survey launch was announced by a press release and was widely advertised in local newspapers, television media outlets, social media, and flyers throughout the county. Special effort was made to ensure the survey was available to underrepresented groups who can be at the highest risk of suffering from health disparities (more information on page 14). Hardcopy surveys were also made available throughout the county by request from the Project Manager. Additional information about how the survey was distributed is presented in the Survey Outreach Section.

Community Health Assessment (CHA) Timeline

June 2017	The partnership began meeting bi-monthly to plan the CHA
November 2017	Distributed community health survey throughout the community
December 2017	Distributed paper copy health surveys to underrepresented groups
January 2018	Began compiling secondary local health data
February 2018	Hosted Community Conversations to determine top health priorities
March 2018	Hosted Coalition meetings to determine top health priorities
May 2018	Completed and publicized CHA report

A total of 1,876 Eau Claire County residents completed the survey, and results are reportable at a 95% confidence level. Survey respondents represented a wide range of county residents, including a variety of income and educational levels, age, and household size. Twenty-five percent of respondents identified as healthcare providers and 5% Emergency Services personnel, indicating many residents not employed in a healthcare related field also participated in the survey. Demographics of Eau Claire County residents who completed the survey are available in Appendix II.

The survey focus areas were framed by the Wisconsin State Health Plan: alcohol misuse, chronic disease prevention & management, communicable disease prevention & control, environmental & occupational health, healthy growth & development, healthy nutrition, injury & violence, mental health, obesity, oral health, physical activity, reproductive & sexual health, substance use, and tobacco use & exposure. Survey respondents were asked to rate each of the health focus areas on a four-point scale indicating how much of a problem they perceived each area to be for the community (1=not a problem, 4= major problem) and identify reasons they felt the area was problematic. At the end of the survey, respondents identified the community's top three health areas in need of improvement.

Do you see this health focus area as a problem in your community?

1. Not a problem 2. Slight problem 3. Moderate problem 4. Major problem

Why is this health focus area a problem in your community?

Survey Outreach Sessions

Analysis of the survey demographics in Eau Claire County indicated that a low number of responses were received from the over 70 age group, as well as from community members with highest education level designation of some education or high school (available in Appendix II). Therefore, targeted sessions were held to engage these two groups and gather information on barriers and resources needed for making healthy choices in the community. These sessions were held in December 2017 throughout the county: Chippewa Valley Correctional Treatment Facility, Eau Claire Area Hmong Mutual Assistance Association, L.E. Phillips Senior Center, Agnes Table, The Community Table, and WIC Clinic in Augusta. A key informant session was also held with an Eau Claire City-County Health Department public health nurse who serves the Eau Claire County Amish population. Each session was conducted by at least one CHA partner organization representative. Session participants had the choice to complete the community health survey online or hardcopy. An abbreviated assessment (available in Appendix I) was offered as an option during the outreach. Overall, 127 surveys were completed through the targeted outreach sessions.

SECONDARY DATA COLLECTION

COMMUNITY HEALTH SURVEY
Top Health Priorities
1. Mental health
2. Substance use
3. Obesity

After the survey results were analyzed, local quantitative health data was compiled from a variety of data sources based on the measures recommended by Wisconsin Association of Local Health Departments and Boards. The core dataset was modified slightly based on the availability of Eau Claire County-specific data and to improve representation of health focus areas that are underrepresented in the measures. Data sources included County Health Rankings, US Census, government reports, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, Youth Risk Behavior Surveillance System, health department reports, Wisconsin Department of Health Services statistics, schools, and other publicly available sources.

County-specific data was compared to state, national rates, and Healthy People 2020 target rates when available. The data points are summarized in the Health Focus Area Summaries section of this report. The full core dataset is presented in Appendix III.

COMMUNITY CONVERSATIONS

The primary and secondary data points were presented at two community conversations that took place February 2018 in the cities of Eau Claire and Augusta. Data points are available in the Health Focus Area Summaries section. The purpose of these sessions was to allow the public to prioritize the 14 health focus areas that were initially presented in the community health survey. Identical to the survey, the community conversations were widely publicized through local print, broadcast, and social media as well as through the professional networks of each of the CHA partner organizations and the community organizations that assisted in survey distribution.

Community conversations were held week nights and in a public location (e.g. local public library or community center). Overall, 30 residents attended the Community Conversations in Eau Claire County. Community representation was diverse—attendees represented healthcare, public schools, university students and faculty, local government, and the general public. Each Community Conversation consisted of a data presentation that highlighted survey results and local health data for each of the 14 health focus areas (data fact sheets presented to the community are available in the Health Focus Area Summaries section). Next, participants discussed the survey results and secondary data points in small groups guided by the Community Conversation Prioritization Criteria handout. Criteria in the handout are listed below.

COMMUNITY CONVERSATION

Top Health Priorities

1. Mental health
2. Substance use
3. Alcohol misuse

These facilitated group discussions allowed the public to analyze data from multiple sources. Participants were able to develop a more complete portrait of health by considering both the public perception of health and the secondary data collected by local and national agencies. Data was presented orally and on clear, concise fact sheets to aid in thorough understanding of the data sources during group discussion.

COMMUNITY CONVERSATION PRIORITIZATION CRITERIA

1. Which health areas have the largest community impact?
   Consider which areas have a high number of people affected, which areas affect certain groups more than others, and how big the problem is in our community.
2. Which health areas have the most serious impact?
   Which areas result in disability, death, have long-term effects, or need action right now? Is the problem getting worse? Will the problem get worse if no action is taken?
3. Which areas is our community ready to change?
   Will the community accept new or added programs? Are new programs wanted in certain areas? Is change on a local level reasonable?

Following group discussion, participants were asked to choose their top three health priority areas. Fourteen posters, one for each health area, were distributed around the meeting room. Each participant was able to vote by placing one of three provided 'post-it notes' on each of the three health areas they felt were of the highest priority in the community.

The top three health priorities identified during the Community Conversations in Eau Claire County were **mental health**, **substance use**, and **alcohol misuse**. In addition, other areas of high concern for Eau Claire County residents included chronic disease, injury and violence, healthy nutrition, and reproductive and sexual health. At the end of the Community Conversation, participants interested in joining Eau Claire Healthy Communities Action Teams were given the opportunity to complete a *Be Part of Healthy Change* worksheet, to get involved.

Participants voting for mental health as a top health priority

COALITION MEETING

Following the Community Conversations, one final event was held in March 2018 to get feedback on the preliminary CHA results, and to enhance the focus and understanding of the top priorities. The goal of the Coalition Meeting was to: engage coalition members in discussion related to the top five health priorities determined by the community health survey, highlight related initiatives of Eau Claire Healthy Communities, and encourage ongoing commitment for local health improvement efforts through collaborative action plans. A total of 30 council members, representing a broad cross-section of local leaders, organizations, and dedicated community members, were present during the Eau Claire Healthy Communities Council Meeting. The structure included a presentation of the top five health focus areas based on survey responses, as well as additional quantitative health data related to the five health focus areas. Participants utilized the Community Conversation Prioritization Criteria questions (page 10) in facilitated small-group discussion. The council members then were asked to vote on the top three health priorities. Data fact sheets similar to those that were presented at the Coalition Meeting are available in the Heath Focus Areas Summaries section.

COALITION MEETING

Top Health Priorities

1. Mental health
2. Substance use
3. Chronic disease

FINAL PRIORITIZATION PROCESS

The partnership used the Prioritization Matrix, guided by the National Association of County and City Health Officials. Data included in the matrix consisted of the health focus area rankings for the community health survey, community conversations, a coalition meeting, and a calculated secondary data score based on comparison to national measures.

In this process, all four of these criteria of data were scored and weighted for each health priority and then added together to determine the relative ranking of the 14 health priorities (see chart on page 13). The goal of utilizing this method was to account for all the data types and feedback groups. The assigned weights and ranking process allowed the partnership to have higher confidence in the data process by adjusting for nonresponse bias and accounting for the importance of both community perception and quantitative data input.

NACCHO Prioritization Matrix

To score and rank secondary health data, local measures were compared to national measures. A ratio was calculated for each measure: a ratio of less than 1 indicates that the county is not doing as well as the nation as a whole, a ratio of 1 or close to 1 means the county and national measure are the same or about the same, and a ratio of greater than 1 means the county is doing better than the nation for that measure. Next, an average ratio and rank was calculated for each of the 14 health focus areas. Each rank was given a weight of .35 and added with the other 3 criteria to arrive at a priority score for each health focus area.

- **<1** Below national standard.
- **1** At national standard.
- **>1** Above national standard.

The community health survey, community conversations and coalition meeting scores, and rankings were based on votes from community members on the 14 health focus areas. These priorities were determined by participants after being prompted to consider the size and seriousness of the problem and the readiness to change. Each health focus area received a ranking and score based on the number of votes received during the CHA process. Health focus areas with more votes received a lower score compared to those with the least amount of votes. Each rank was multiplied by the designated weight and added with the other criteria.

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

HEALTH RANKING + WEIGHTED SCORE = PRIORITY ORDER

HOW DATA WILL BE USED

The 2018 top five health priorities mirrored similar results from the 2015 Community Health Survey. Obesity, mental health, alcohol misuse, substance use, and healthy nutrition were selected as top priorities in Eau Claire County from the 2015 assessment (see chart on page 13).

Eau Claire County has several collaborative partnerships that include a wealth of community support and sustainable resources to improve programs and policies. The Community Health Assessment data and information will be used by organizations and coalitions to prioritize funding applications, build on existing assets, support continuous quality improvement initiatives, address health disparities, and engage stakeholder and policy makers in system-level change to create a larger impact on the community. This CHA and supporting information will be shared among all partners and made publicly available on partner and coalition websites.

Data will be used to assess needs and plan collaborative efforts to help solve complex health issues with the development of the Community Health Improvement Plan. The Community Health Improvement Plan provides a roadmap to guide the work of goals, specific objectives, and evidence-based strategies as they relate to the health priority focus area.

COMMUNITY HEALTH ASSESSMENT

TOP 2015 HEALTH PRIORITIES	TOP 2018 HEALTH PRIORITIES
Obesity	Mental Health
Mental Health	Substance Use
Alcohol Misuse	Alcohol Misuse
Substance Use	Chronic Disease
Healthy Nutrition	Obesity

Additional 2018 Health Priorities

- Physical Activity
- Injury and Violence Prevention
- Healthy Nutrition
- Healthy Growth and Development
- Communicable Disease Prevention and Control
- Tobacco Use and Exposure
- Oral Health
- Reproductive and Sexual Health
- Environmental and Occupational Health

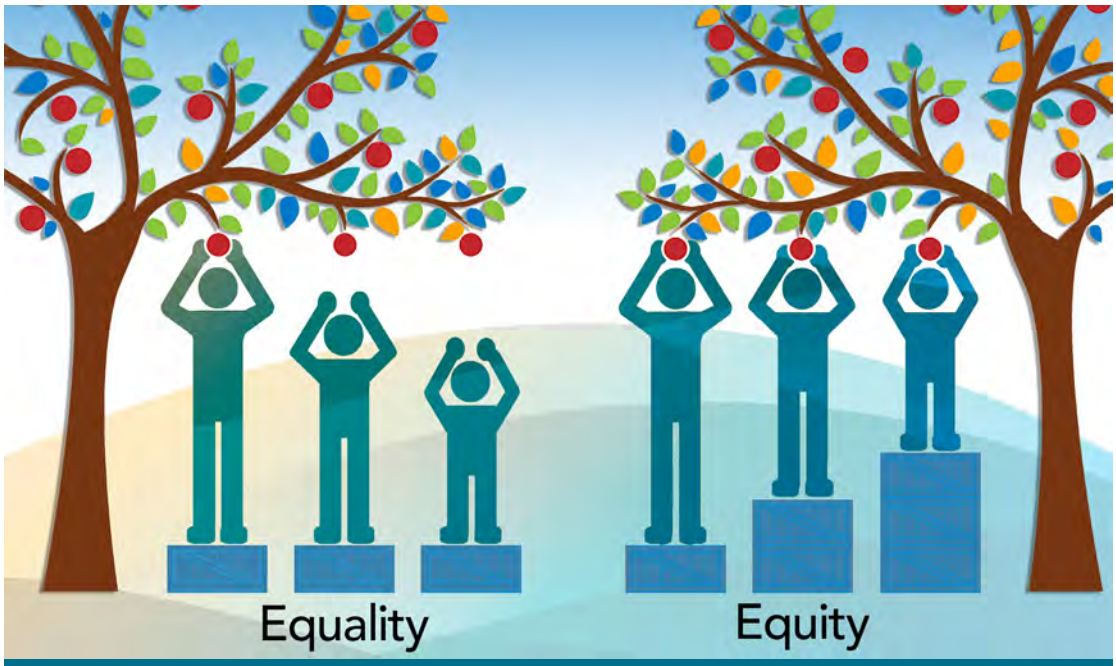
HEALTH NEEDS AND DISPARITIES

Each partner strongly believes in improving the health of all people in the community with focus on identifying health disparities, gaps, and barriers. Health disparities are population-based differences in health outcomes that are linked with social, economic, and/or environmental disadvantage.

While county-level data on health disparities is limited the partners specifically worked to get input through survey outreach. As the partnership builds and strengthens strategies on improving health priorities in the community, health disparities and/or inequities will be identified to foster community health initiatives. Secondary data gathered throughout the CHA process, insight from the community, and coalition conversations provided additional perspective on the disparities among populations within Eau Claire County.

According to the 2017 Community Health Survey, 61% of survey respondents felt healthy nutrition was a problem in Eau Claire County and indicated the top reasons to be "some people don't have enough food" or "can't afford enough food." The percentage of Eau Claire County residents with food insecurity and limited access to healthy foods is higher than the state.

Approximately, 25% of the residents in the county are living in a rural location compared to the state rate of 29.8%. Rural populations suffer from health inequities regarding access to food and physical activity locations. Rural residents have less access to fresh and healthy food, as convenience stores and fast food restaurants are often more common in villages than grocery stores. Nineteen percent of the residents do not have adequate access to locations for physical activity. Improper access can deter county residents from pursuing healthy behaviors, such as exercising outdoors.



Health Equity - Attainment of the highest level of health for all people.
US Department of Health and Human Services, 2011

Eau Claire County has 13% (12,630 residents) who lack adequate access to food within the community, which is higher than the state percent. Low-income residents that do not live close (rural areas are defined as less than ten miles from a grocery store; nonrural, less than one mile) to a grocery store in the county is 7,713, three percent higher than the Wisconsin percent. The percentage of children in the county who attend a public school and are eligible for free or reduced price lunch has continued to increase. Currently 41% of children are eligible.

Uninsured or underinsured residents suffer from health disparities regarding access to care. Ten percent of adults and four percent of children in the county do not have insurance. In the last year, 30% of residents did not get the recommended dental or medical care, which is higher than the Wisconsin rate. An area of high concern is the lack of health care providers who accept BadgerCare, the healthcare coverage program for low-income Wisconsin residents. According to the 2017 Community Health Survey, 73% of survey respondents felt "good dental care" or "personal dental care practices are not affordable" in Eau Claire County and 64% indicated one of the top reasons to be "lack of dental providers that accept BadgerCare."

The 2016-2017 Access to Care Assessment Report provides Eau Claire Healthy Communities discussion on how the community should move forward to address these disparities such as increasing availability of interpreters, determining which providers accept Medicaid, and collaborating with other coalitions to pool resources for a greater impact.

In recognition of disparities that are faced by rural community members, special attention was paid to ensuring surveys were distributed in the rural areas. Surveys were made available in each town and the survey link was shared through all of the public school districts in the county. In addition, Community Conversations were planned and held in rural communities in Eau Claire County as well as the city of Eau Claire. During survey distribution and Community Conversations, the CHA Committee also worked closely with organizations in Eau Claire County that serve populations who typically experience poorer health outcomes such as low-income and elderly residents. To this end, the partnership advertised and made hardcopy surveys available at organizations such as the free clinic, meal sites, and the area senior centers.

HEALTH:
The state of complete physical, social, and mental well-being, and not merely the absence of disease or infirmity.
World health Organization, 1948

HEALTH INEQUITIES:
Health disparities based on unfair, socially-determined circumstances. Because health inequities are socially determined, change is possible.
Minnesota Department of Health, 2015

COMMUNITY ASSETS INVENTORY

Eau Claire County has many organizations that are committed to improving community health and well-being. The CHA Committee assembled an inventory of community assets and resources that can be mobilized to address the top three health priorities in the community. The inventory was created using data collected from partnership connections, local directories, and internet sources. This listing is not intended to be exhaustive. Refer to Appendix V for the inventory list.

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Health Focus Area Summaries

MENTAL HEALTH

HEALTH PRIORITY #1

Defined as: Services and support to address mental health conditions including depression, anxiety, and post traumatic stress disorder

LOCAL DATA

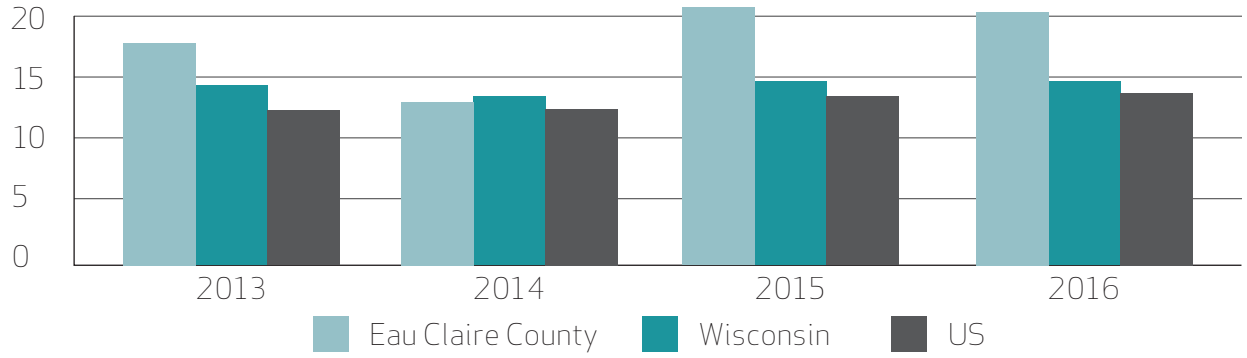
Hospitalizations for self-inflicted wounds per 100,000 people[1]

152 Eau Claire County
96 Wisconsin

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

3.4 Eau Claire County
3.7 Wisconsin

Suicide death rate per 100,000 people[3]



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

COMMUNITY HEALTH SURVEY[4]

Top reasons this is a problem in our community:

People don't feel comfortable seeking mental health services	**83%**
Affordable mental health treatment is not available	**76%**
People cannot easily access services for mental health treatment	**73%**

How serious is this health topic?

Major problem	**45%**
Moderate problem	**32%**
Slight problem	**17%**
Not a problem	**6%**

[1]2017 County Health Rankings (DHS-Wisconsin Interactive Statistics on Health, 2012-2014)
[2]2017 County Health Rankings (Behavioral Risk Factor Surveillance System, 2015)
[3]American Foundation for Suicide Prevention/Eau Claire County Department of Public Health (2017)
[4]2017 Eau Claire County Community Health Survey

SUBSTANCE USE

HEALTH PRIORITY #2

Defined as: Use of and negative impacts from mood altering substances (marijuana, heroin) or misuse of prescription drugs

LOCAL DATA

Drug arrests per 100,000 people[1]

824 Eau Claire County

439 Wisconsin

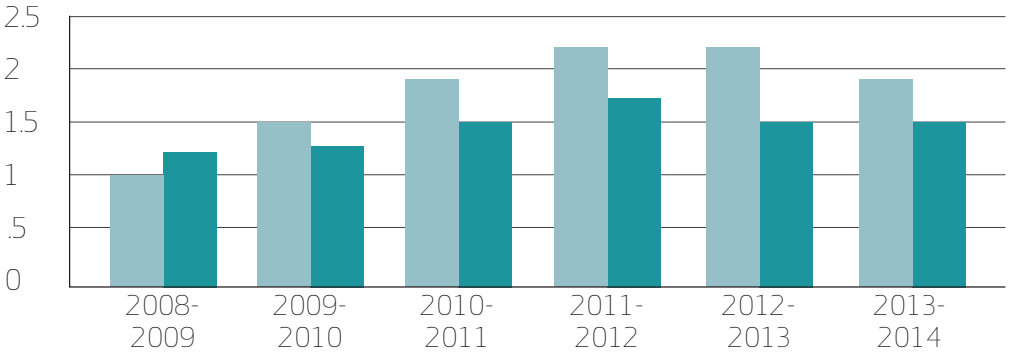
490 U.S.

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

340 Eau Claire County

261 Wisconsin

Opioid-related hospitalization per 1,000 people[3]



In Wisconsin, between 2012-2014, forty percent of counties experienced an increase in opioid-related hospitalizations (Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2016).

COMMUNITY HEALTH SURVEY[4]

Top reasons this is a problem in our community:

Substances are easily available	**68%**
Treatment is too expensive	**51%**
People cannot easily access services for substance use treatment	**49%**

How serious is this health topic?

Major problem	**46%**
Moderate problem	**32%**
Slight problem	**17%**
Not a problem	**5%**

[1]2016 WI Epidemiological Profile on Alc. & Other Drug Use (2013-2014)
[2]2016 WI Epidemiological Profile on Alc. & Other Drug Use (2014)
[3]2016 WI Epidemiological Profile on Alc. & Other Drug Use (2013-2014)
[4]2017 Eau Claire County Community Health Survey

ALCOHOL MISUSE

HEALTH PRIORITY #3

Defined as: Underage alcohol consumption, consumption during pregnancy, binge drinking (4+ drinks per occasion for women, 5+ drinks per occasion for men), and heavy drinking (1+ drinks per daily average for women, 2+ drinks per men on daily average)

LOCAL DATA

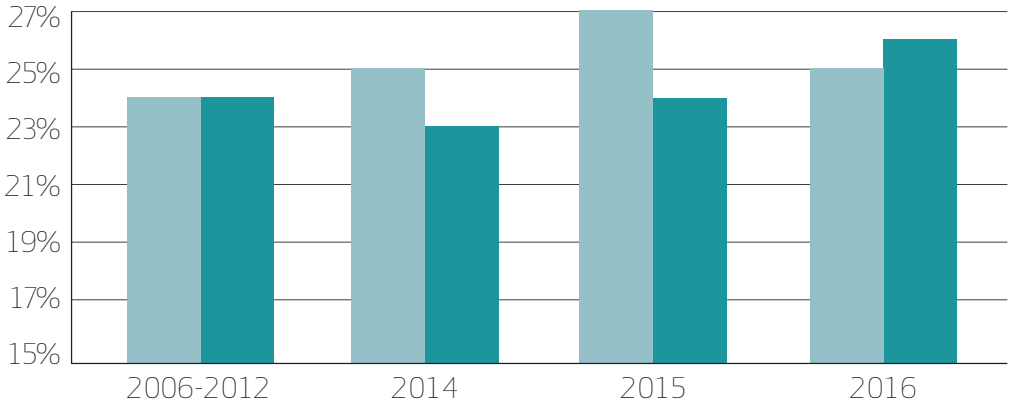
Percent of driving deaths with alcohol involvement[1]

31% Eau Claire County
30% U.S.

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

18% Eau Claire County
33% Wisconsin

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



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

COMMUNITY HEALTH SURVEY[4]

Top reasons this is a problem in our community:

Alcohol misuse is an accepted attitude or belief	**72%**
Alcohol is easily available in the community	**59%**
There are too few alcohol-free social activities	**37%**

How serious is this health topic?

Major problem	**31%**
Moderate problem	**44%**
Slight problem	**20%**
Not a problem	**5%**

[1]2017 County Health Rankings (Fatality Analysis Reporting System, 2011-2015)
[2]Eau Claire Pride Survey (2015)
[3]2016 WI Epidemiological Profile on Alcohol & Other Drug Use (2012-2014)
[4]2017 Eau Claire County Community Health Survey

CHRONIC DISEASE PREVENTION AND MANAGEMENT

HEALTH PRIORITY #4

Defined as: Preventing and managing illnesses that last a long time and usually cannot be cured (i.e. Alzheimer's, cancer, diabetes, heart disease)

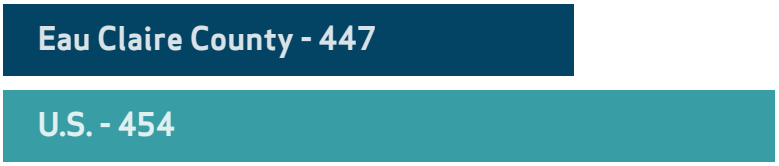
LOCAL DATA

Adults diagnosed with diabetes[1]

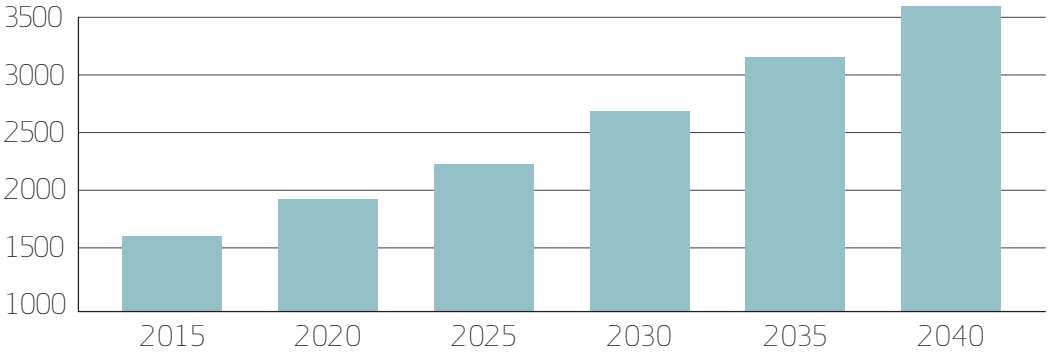
1 in 13 - Eau Claire County

1 in 11 - U.S.

Cancer incidence per 100,000 people[3]



Estimated and Projected Dementia in Eau Claire County, Ages 65 and older[3]



In the United States, every 67 seconds, someone develops Alzheimer's. Wisconsin is projected to have an 18.2% increase in Alzheimer's incidence between 2015-2025; Eau Claire County 25.7% (Wisconsin Department of Health Services, 2015).

COMMUNITY HEALTH SURVEY[4]

Top reasons this is a problem in our community:

Healthy lifestyle choices and managing risk factors are not the easy or desirable option	**78%**
People lack insurance coverage or the ability to pay for managing existing conditions	**70%**
People cannot easily access services for chronic disease prevention or management	**50%**

How serious is this health topic?

Major problem	**18%**
Moderate problem	**37%**
Slight problem	**30%**
Not a problem	**15%**

[1]2017 County Health Rankings (The National Diabetes Surveillance System, 2013)/CDC (2014)
[2]2017 County Health Rankings (Wisconsin Cancer Reporting System, 2009-2013)
[3]2017 Alzheimer's Disease Facts and Figures (2014)
[4]2017 Eau Claire County Community Health Survey

OBESITY

HEALTH PRIORITY #5

Defined as: Presence of excessive body fat that can increase risk of heart disease, high blood pressure, or diabetes

LOCAL DATA

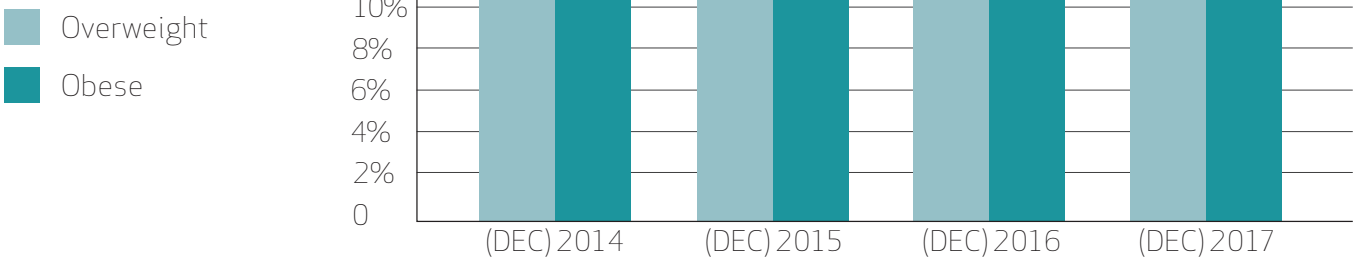
Adults with a body mass index over 30[1]

29% Eau Claire County
30% Wisconsin

Children 2-5 years old in WIC (Women, Infant, and Children) that are obese[2]

13% Eau Claire County
15% Wisconsin

Body Mass Index trends for Eau Claire City - County WIC Program participants (ages 2-5)[3]



In 2017, Women, Infant and Children Program participants through Eau Claire City-County has increased in the overweight category and decreased in obesity. These rates are slightly higher compared to the Wisconsin rates (Wisconsin WIC Program BMI Trend Report, 2014-2017).

COMMUNITY HEALTH SURVEY[4]

Top reasons this is a problem in our community:

Health care or personal practices for healthy weight management are not the easy or desirable option	**78%**
Healthy weight support groups or treatment services are not affordable	**52%**
People are not aware of the resources or services available for healthy weight management	**50%**

How serious is this health topic?

Major problem	**37%**
Moderate problem	**41%**
Slight problem	**18%**
Not a problem	**5%**

[1]2017 County Health Rankings (CDC Diabetes Interactive, 2013)
[2]Eau Claire City-County Health Department (Wisconsin WIC Program, 2017)
[3]Eau Claire City-County Health Department (Wisconsin WIC Program, 2017)
[4]2017 Eau Claire County Community Health Survey

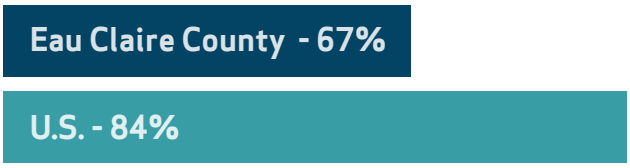
PHYSICAL ACTIVITY

HEALTH PRIORITY #6

Defined as: Staying active to improve overall health, including walking, biking, swimming, team sports, or weight lifting

LOCAL DATA

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



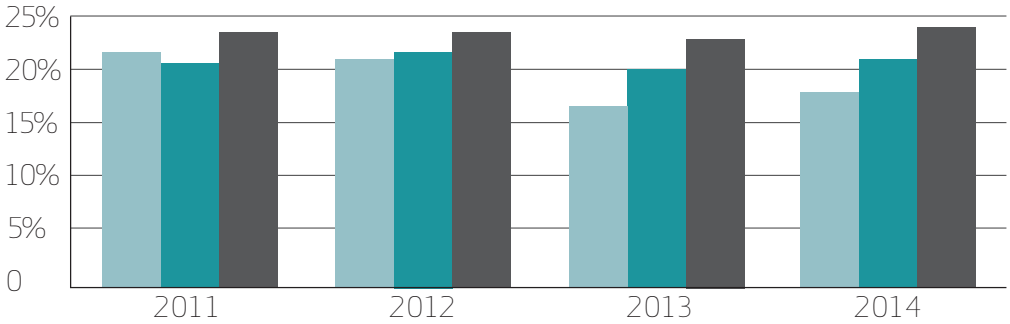
High school students who watched television 3 or more hours/day[2]

16% Eau Claire County

17% Wisconsin

25% U.S.

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



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

COMMUNITY HEALTH SURVEY[4]

Top reasons this is a problem in our community:

Being physically active is not the easy or desirable choice	**77%**
Physical activity choices are not affordable or lack sufficient discounts	**59%**
People do not have the time to be physically active	**57%**

How serious is this health topic?

Major problem	**10%**
Moderate problem	**29%**
Slight problem	**32%**
Not a problem	**29%**

[1]2017 County Health Rankings (ArcGIS, 2014)
[2]Youth Risk Behavioral Surveillance System (2015)
[3]2017 County Health Rankings (The National Diabetes Surveillance System, 2013)
[4]2017 Eau Claire County Community Health Survey

INJURY AND VIOLENCE PREVENTION

HEALTH PRIORITY #7

Defined as: Preventing injury from accidents or violence (i.e. falls, car crashes, abuse, assault)

LOCAL DATA

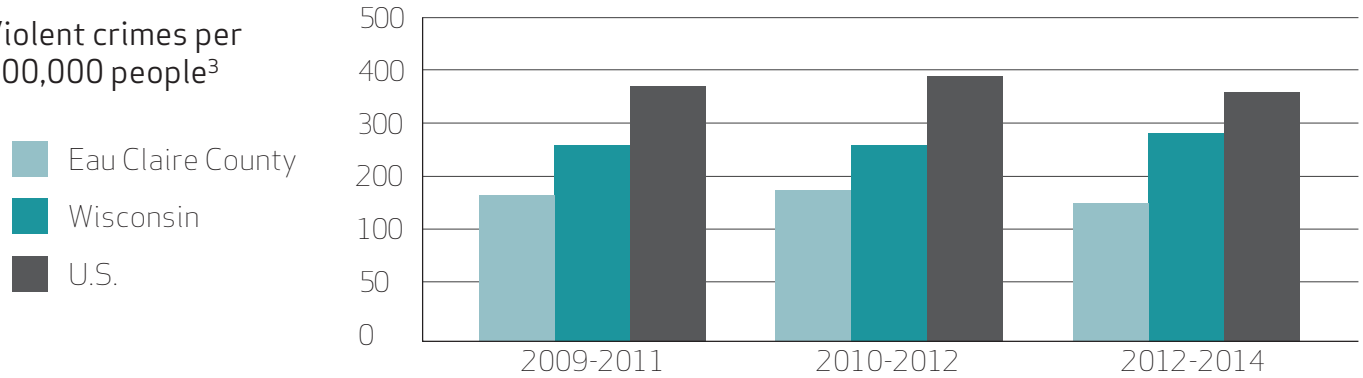
Injury hospitalizations per 100,000 people[1]

802 Eau Claire County
830 Wisconsin
599 U.S.

Injury deaths due to falls per 100,000 people, for adults over 65[2]

113 Eau Claire County
127 U.S.

Violent crimes per 100,000 people[3]



A community with higher rates of reported violent crimes (homicide, rape, robbery, and aggravated assault) leads to decreased outdoor healthy behaviors. Eau Claire County reported 146 violent crimes from 2012 to 2014 (County Health Rankings, 2014-2017).

COMMUNITY HEALTH SURVEY[4]

Top reasons this is a problem in our community:

People are not aware as to how to prevent violence in relationships	**59%**
People aren't aware of resources available for victims of violence (counseling, safe housing)	**56%**
Safe neighborhoods are not the affordable or easy option	**41%**

How serious is this health topic?

Major problem	**10%**
Moderate problem	**28%**
Slight problem	**44%**
Not a problem	**19%**

[1]DHS Wisconsin Interactive Statistics on Health (2014)
[2]DHS Wisconsin Interactive Statistics on Heath (2012-2014)
[3]2017 County Health Rankings (FBI-Uniform Crime Reporting, 2012-2014)
[4]2017 Eau Claire County Community Health Survey

HEALTHY NUTRITION

HEALTH PRIORITY #8

Defined as: Having enough and nutritious food for healthy eating (i.e. balanced meals, breastfeeding infants, fruits & vegetables)

LOCAL DATA

Infants in WIC (Women, Infants, Children) exclusively breastfed for three months[1]

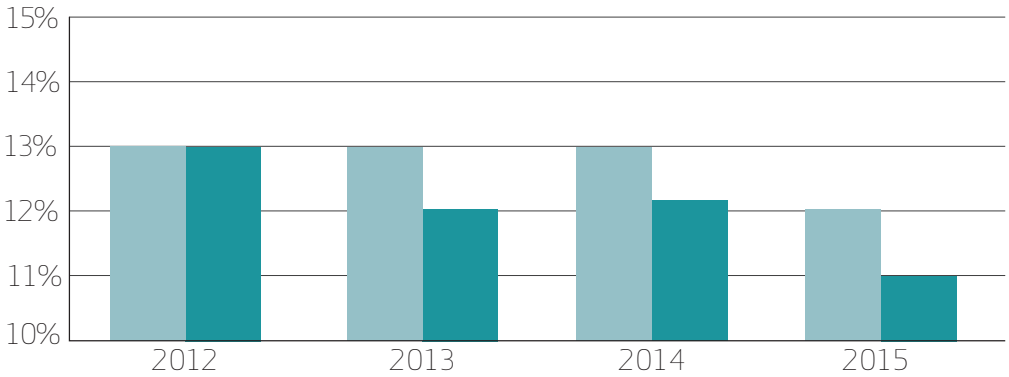
37% Eau Claire County
28% Wisconsin

Percent of adults that consume vegetables less than one time per day[2]

24% Wisconsin
22% U.S.

91% of Eau Claire County high school students reported consuming 1+ vegetables in the past 7 days (Youth Risk Behavior Survey, 2017).

Percentage that lack adequate access to a reliable food source[3]



In 2015, food insecurity affected 12,490 Eau Claire County residents (County Health Rankings, 2015-2018).

COMMUNITY HEALTH SURVEY[4]

Top reasons this is a problem in our community:

Some people can't afford enough food	**69%**
Not everyone knows how to eat healthy or has the skills to prepare healthy food	**64%**
Some people don't have enough food	**57%**

How serious is this health topic?

Major problem	**18%**
Moderate problem	**43%**
Slight problem	**29%**
Not a problem	**11%**

[1]Breastfeeding Composite Report (2017)
[2]CDC (Winnable Battles,2015)
[3]2017 County Health Rankings (Map the Meal Gap, 2014)
[4]2017 Eau Claire County Community Health Survey

HEALTHY GROWTH & DEVELOPMENT

HEALTH PRIORITY #9

Defined as: Care and support for best possible physical, social & emotional health and development (i.e. prenatal care, regular check-ups, child & elderly care)

LOCAL DATA

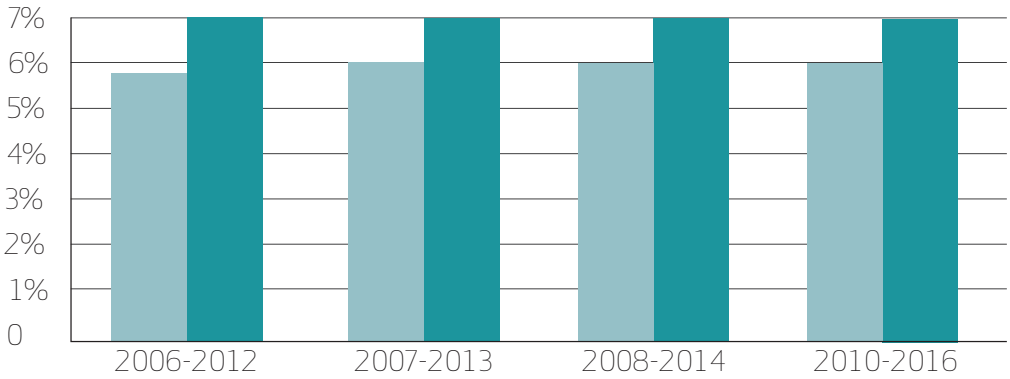
Fourth grade students proficient or advanced in reading[1]

57% Eau Claire County
52% Wisconsin

Adults 25-44 with some college or associate's degree[2]

73% Eau Claire County
57% U.S.

Percentage of live births with low birthweights (<2500 grams)[3]



Low birthweight (LBW) contributes to multiple risk factors, mortality risk, morbidity, and health behaviors. Eau Claire County has remained stable at 6% equating to 495 LBW live births (County Health Rankings, 2015-2018).

COMMUNITY HEALTH SURVEY[4]

Top reasons this is a problem in our community:

People are unable to afford health care for themselves or their children	**75%**
People cannot easily access services for healthy growth and development	**55%**
People are unable to afford health care for pregnancy	**54%**

How serious is this health topic?

Major problem	**6%**
Moderate problem	**21%**
Slight problem	**42%**
Not a problem	**31%**

[1]2017 County Health Rankings (American Community Survey, 2011-2015)
[2]2017 County Health Rankings (National Vital System, 2008-2014)
[3]2017 County Health Rankings (American Community Survey, 2011-2015)
[4]2017 Eau Claire County Community Health Survey

COMMUNICABLE DISEASE PREVENTION & CONTROL

HEALTH PRIORITY #10

Defined as: Illnesses caused by bacteria, viruses, parasites (i.e. Lyme disease, influenza, whooping cough)

LOCAL DATA

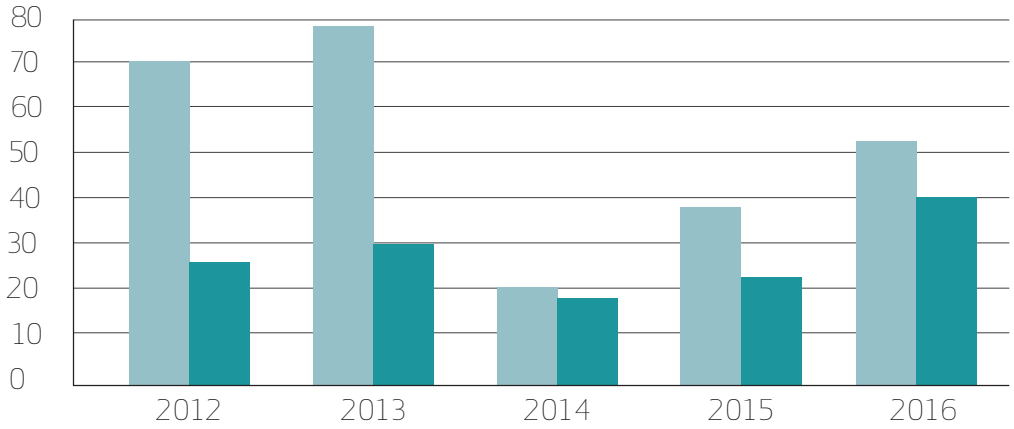
Population over age 65 that had flu shot in last 12 months[1]

64% Eau Claire County
90% National benchmark

Children that received recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella, and pneumococcal[2]

74% Eau Claire County
71% Wisconsin

Lyme disease incidence per 100,000 people[3]



The western and northern regions in Wisconsin have the highest prevalence of Lyme disease. Now, the central and eastern regions of Wisconsin have witnessed an increase (Wisconsin Department of Health Services, 2017).

COMMUNITY HEALTH SURVEY[4]

Top reasons this is a problem in our community:

Communicable disease control practices are not the easy or desirable option	**60%**
Prevention methods are not the easy or desirable option	**45%**
Prevention or control methods are not affordable or covered by insurance	**35%**

How serious is this health topic?

Major problem	**3%**
Moderate problem	**19%**
Slight problem	**48%**
Not a problem	**29%**

[1]DHS (Wisconsin Immunization Registry, 2015-2016)
[2]2017 County Health Rankings (Wisconsin Immunization Registry, 2015)
[3]Environmental Public Health Data Track (2016)
[4]2017 Eau Claire County Community Health Survey

TOBACCO USE & EXPOSURE

HEALTH PRIORITY #11

Defined as: Preventing tobacco use, providing treatment to stop smoking, protection from second-hand smoke

LOCAL DATA

Adults report smoking most days or everyday[1]

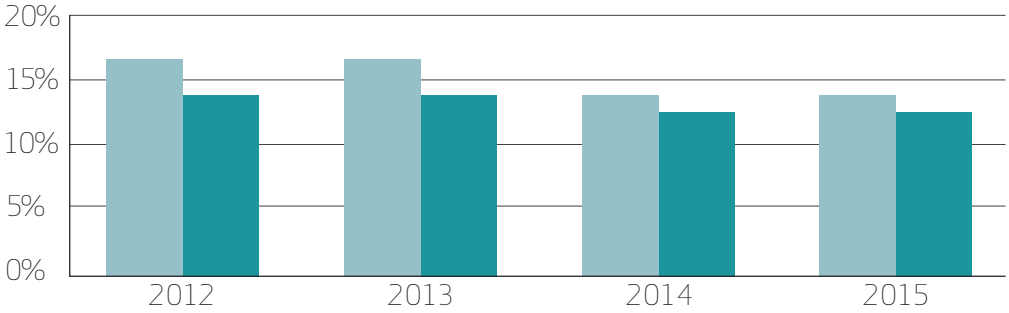
18% Eau Claire County
17% Wisconsin
16% U.S.

Tobacco sales to minors[2]

6.5% Eau Claire County
9.8% U.S.

Wisconsin Wins campaign designed to reduce illegal tobacco sales to minors. Eau Claire County had 62 inspections in 2017 with 4 sales.

Mothers reported smoking during pregnancy[3]



Nationally, 10% of women reported smoking during the last three months of pregnancy. Eau Claire County, had a decrease of mothers who reported smoking; difference of 62 mothers (County Health Rankings, 2015-2018).

COMMUNITY HEALTH SURVEY[4]

Top reasons this is a problem in our community:

Tobacco products are easily available	**57%**
Tobacco use is an accepted practice	**56%**
There are not more incentives, such as lower insurance premiums, for non-smokers	**46%**

How serious is this health topic?

Major problem	**10%**
Moderate problem	**36%**
Slight problem	**41%**
Not a problem	**13%**

[1]2017 County Health Rankings (Behavioral Risk Factor Surveillance System, 2015)
[2]Wisconsin WINS (2017)
[3]2017 County Health Rankings (DHS Wisconsin Interactive Statistics on Health, 2012-2014)
[4]2017 Eau Claire County Community Health Survey

ORAL HEALTH

HEALTH PRIORITY #12

Defined as: Keeping teeth, gums, and mouth healthy to prevent mouth pain, tooth decay, tooth loss, mouth sores

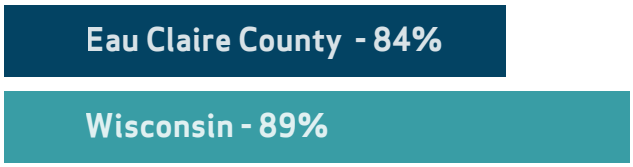
LOCAL DATA

3rd graders with untreated dental decay[1]

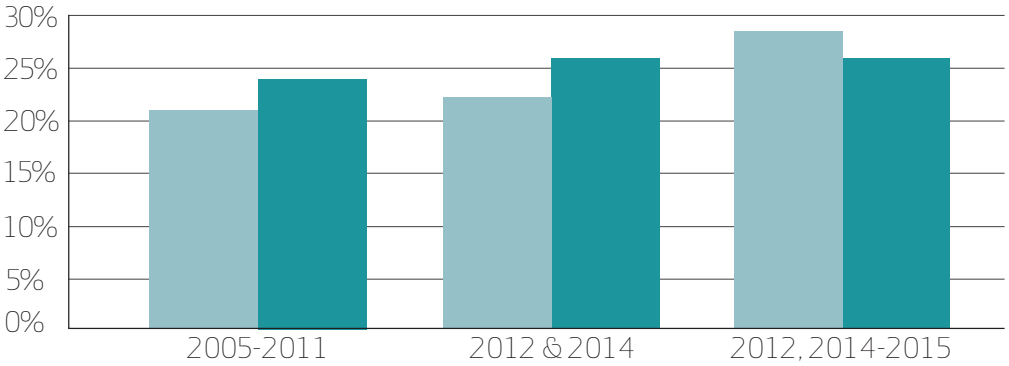
17% Western Wisconsin

18% Wisconsin

Residents on municipal water with fluoride content at the recommended level[2]



Residents (age 2+) that did not have a dental visit in the past year[3]



Maintaining proper oral health is not only good for a healthy smile, but prevents certain oral diseases (gum disease) and chronic diseases (heart disease) associated with improper dental hygiene (County Health Rankings, 2015-2017).

COMMUNITY HEALTH SURVEY[4]

Top reasons this is a problem in our community:

Good dental care or personal dental care practices are not affordable	**73%**
Dental clinics that accept BadgerCare are limited	**64%**
People cannot easily access services for dental care	**51%**

How serious is this health topic?

Major problem	**9%**
Moderate problem	**25%**
Slight problem	**38%**
Not a problem	**28%**

[1]DHS-Health Smiles/Healthy Growth Wisconsin's Third Grade Children (2013)
[2]Environmental Public Health Tracker (2015)
[3]2017 County Health Rankings (DHS – Wisconsin Family Health Survey, 2012, 2014, 2015)
[4]2017 Eau Claire County Community Health Survey

REPRODUCTIVE & SEXUAL HEALTH

HEALTH PRIORITY #13

Defined as: Education and health care to maintain sexual health, prevent unintended pregnancy and sexually transmitted infections

LOCAL DATA

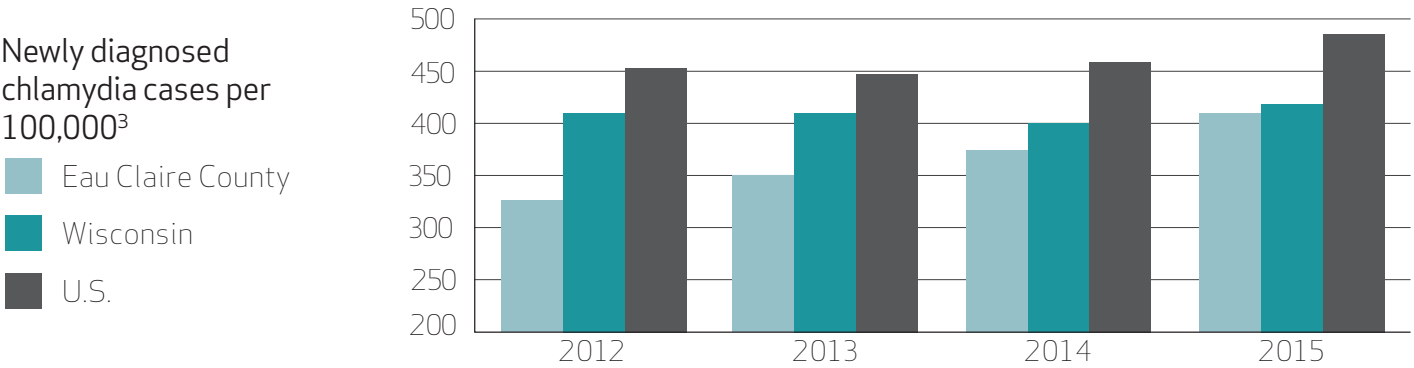
Females age 15 to 19 that gave birth per 1,000 people[1]

14 Eau Claire County
24 Wisconsin
32 U.S.

Pregnant women that received 1st trimester prenatal care[2]

75% Eau Claire County
76% Wisconsin
77% U.S.

Newly diagnosed chlamydia cases per 100,000[3]



Chlamydia cases have increased by ninety cases since 2012 equating to 419 newly diagnosed in 2015 within Eau Claire County (County Health Rankings, 2015-2018).

COMMUNITY HEALTH SURVEY[4]

Top reasons this is a problem in our community:

People do not feel comfortable seeking services	**72%**
Sexual health care or personal practices are not the easy or desirable choice	**53%**
People are not aware of where to receive sexual health supplies or care	**46%**

How serious is this health topic?

Major problem	**6%**
Moderate problem	**18%**
Slight problem	**40%**
Not a problem	**36%**

[1]2017 County Health Rankings (National Vital Statistics System (2008-2015)
[2]DHS- Wisconsin Interactive Statistics on Health (2015)
[3]2017 County Health Rankings (National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2014)
[4]2017 Eau Claire County Community Health Survey

ENVIRONMENTAL & OCCUPATIONAL HEALTH

HEALTH PRIORITY #14

Defined as: Illnesses and injuries from indoor and outdoor hazards, such as chemicals, contaminated food/water, polluted air, or work hazards

LOCAL DATA

Average radon level in the lowest lived-in floors of homes[1]

2.0 pCi/L Eau Claire County
1.8 pCi/L Wisconsin
1.3 pCi/L U.S.

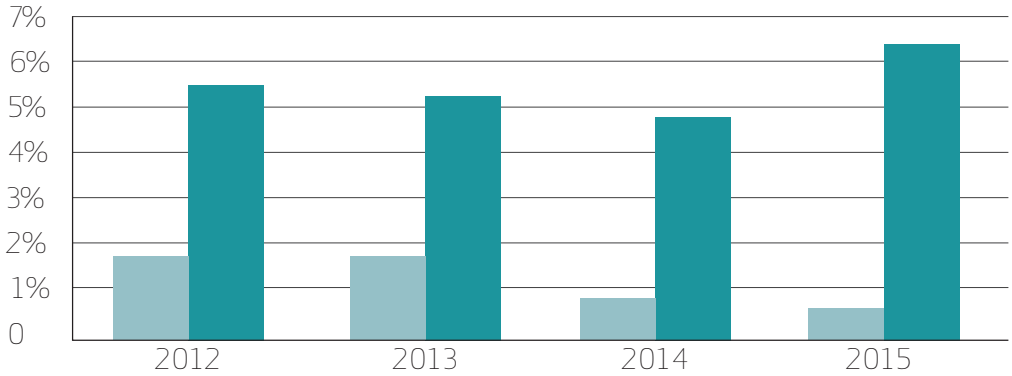
Radon test results of over 1200 homes in the Eau Claire area, tested between 2014 and 2017 have found that 39% have radon levels that exceed the United States Environmental Protection Administration safety standard of 4 picocuries per liter.

Percent of housing units built before 1950s[2]

24% Eau Claire County
26% Wisconsin

This measure is tracked due to older houses that are susceptible to lead or asbestos poisoning.

Children (birth to < 6 years) lead poisoning with blood lead levels of 5- <10 µg/dl[3]



Lead poisoning is defined at or above 5 micrograms per deciliter by the Centers for Disease Control and Prevention (Environmental Public Health Data Tracker, 2015).

COMMUNITY HEALTH SURVEY[4]

Top reasons this is a problem in our community:

Home improvement measures are not affordable	**65%**
People are not aware of common home hazards, or how to decrease them	**59%**
Safe neighborhoods, residences, or work areas are not always the easy option	**50%**

How serious is this health topic?

Major problem	**3%**
Moderate problem	**12%**
Slight problem	**39%**
Not a problem	**46%**

[1]2017 Eau Claire County Department of Public Health (2014-2017)
[2]2017 County Health Rankings (American Community Survey, 2011-2015)
[3]2015 Environmental Health Profile (2014)
[4]2017 Eau Claire County Community Health Survey

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Appendix I:
Community Health Survey

Community Health Survey for Chippewa and Eau Claire Counties

This survey is being conducted to better understand the health issues in Chippewa and Eau Claire counties and how to address them.

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 community.

The questions in this survey are based on the Health Areas of the Wisconsin State Health Plan. For each health area, please indicate if you feel the area is a problem in the Chippewa and Eau Claire County community and share your ideas about services and programs that would help improve community health. Thank you for contributing to the Community Health Survey for Chippewa and Eau Claire counties!

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1. Do you live within Chippewa or Eau Claire County?

- ❍ Yes-Chippewa County
- ❍ Yes-Eau Claire County
- ❍ No

2. For each health area listed below, please indicate if you feel it is a problem in your community (Chippewa or Eau Claire County).

	Not a problem	Slight problem	Moderate problem	Major problem
Healthy Nutrition	☐	☐	☐	☐
Alcohol Misuse	☐	☐	☐	☐
Tobacco Use and Exposure	☐	☐	☐	☐
Substance Use	☐	☐	☐	☐
Chronic Disease Prevention and Management	☐	☐	☐	☐
Communicable Disease Prevention and Control	☐	☐	☐	☐
Environmental and Occupational Health	☐	☐	☐	☐
Healthy Growth and Development	☐	☐	☐	☐
Injury and Violence	☐	☐	☐	☐
Mental Health	☐	☐	☐	☐
Oral Health	☐	☐	☐	☐
Physical Activity	☐	☐	☐	☐
Reproductive and Sexual Health	☐	☐	☐	☐
Obesity	☐	☐	☐	☐

Abbreviated Community Health Survey created for outreach sessions

Choose 3 areas from the list on page 1 that you think are the biggest problem in your community and please comment on why.

Health area 1: _____ is a problem in your community because…

Health area 2: _____ is a problem in your community because…

Health area 3: _____ is a problem in your community because…

Age: _____ **years**

Gender: _____

Race/Ethnicity:

- ☐ Asian/Pacific Islander
- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ Native American
- ☐ White
- ☐ Other, please specify: _____

Thank you for completing this survey!

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Appendix II:
Eau Claire County Profile

Eau Claire County Demographics

Figure 1. Household income distribution in Eau Claire County (US Census, 2016 estimates)

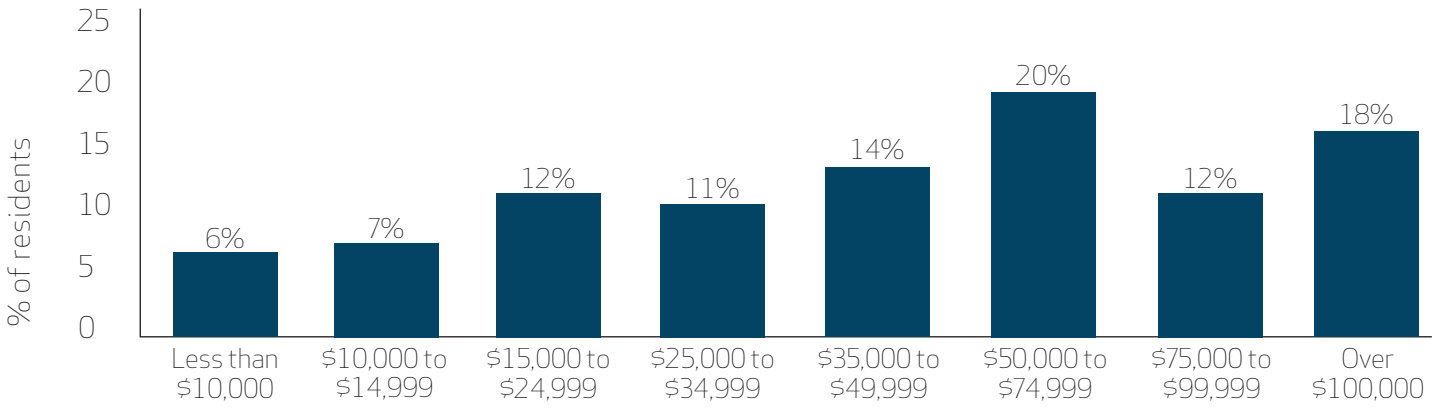


Figure 2. Highest education level attained by Eau Claire County residents over age 25 (US Census, 2016 estimates)

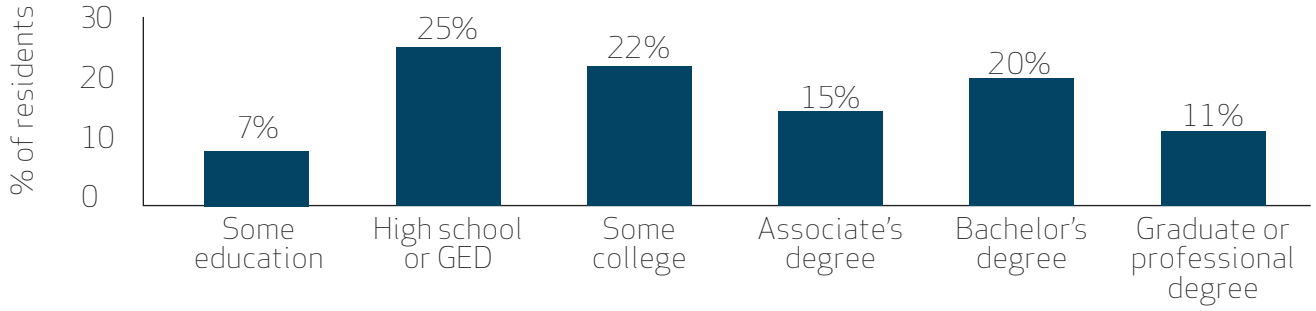
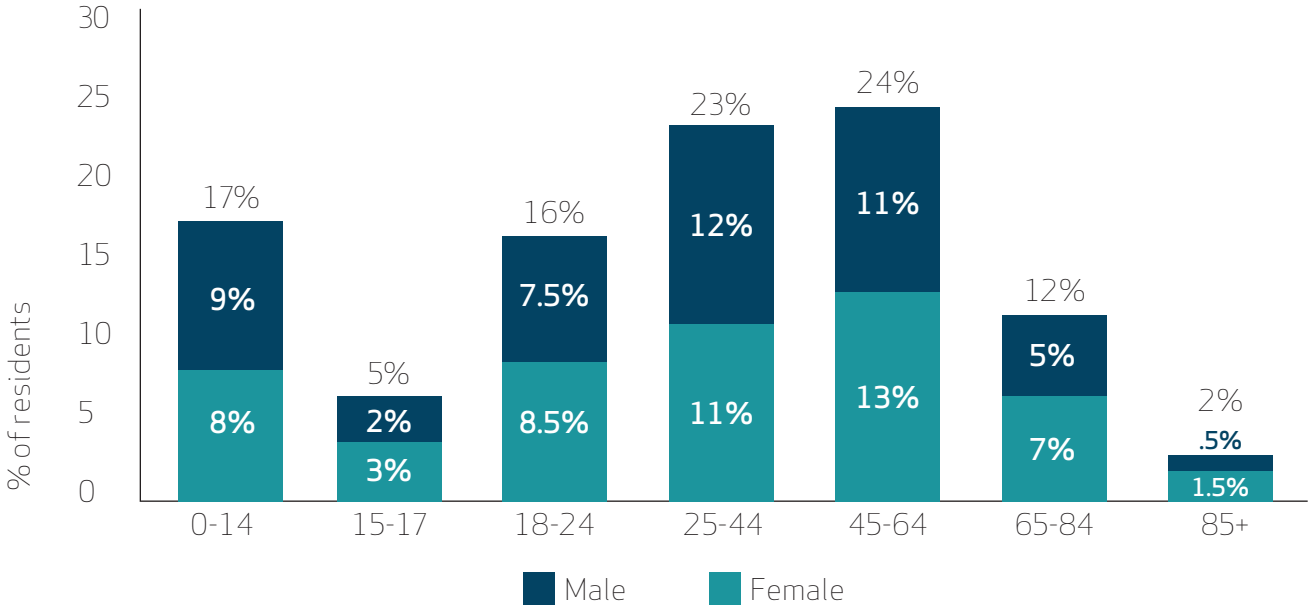


Figure 3. Age distribution of Eau Claire County residents (DHS public health profile, 2017)



Community Health Survey Demographics

Figure 1. Household income distribution in Eau Claire County who completed the Community Health Survey

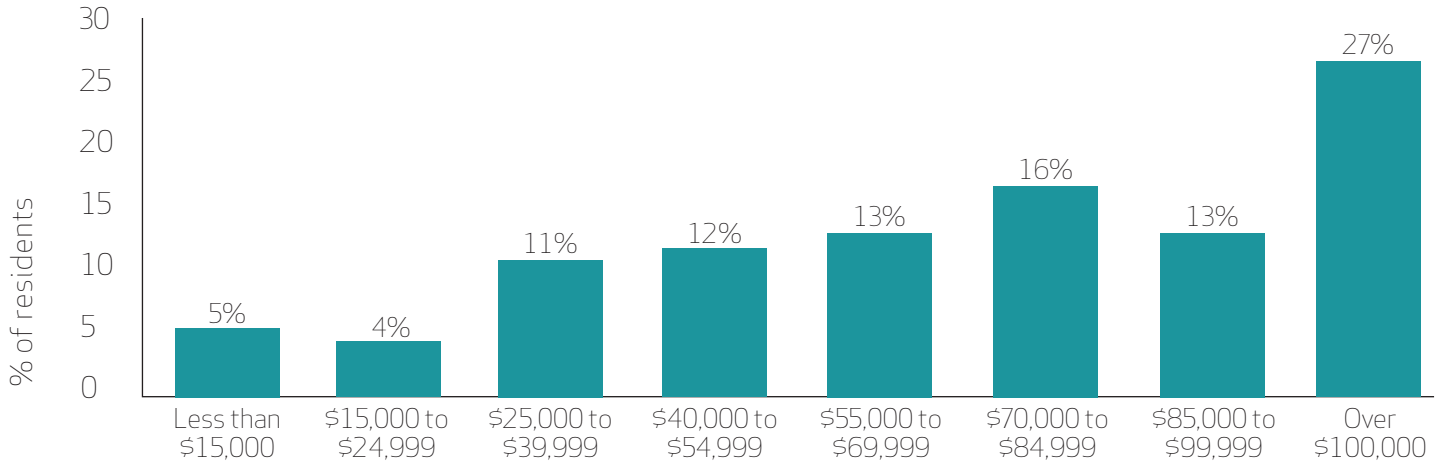


Figure 2. Highest education level attained by Eau Claire County residents over age 25 who completed the Community Health Survey.

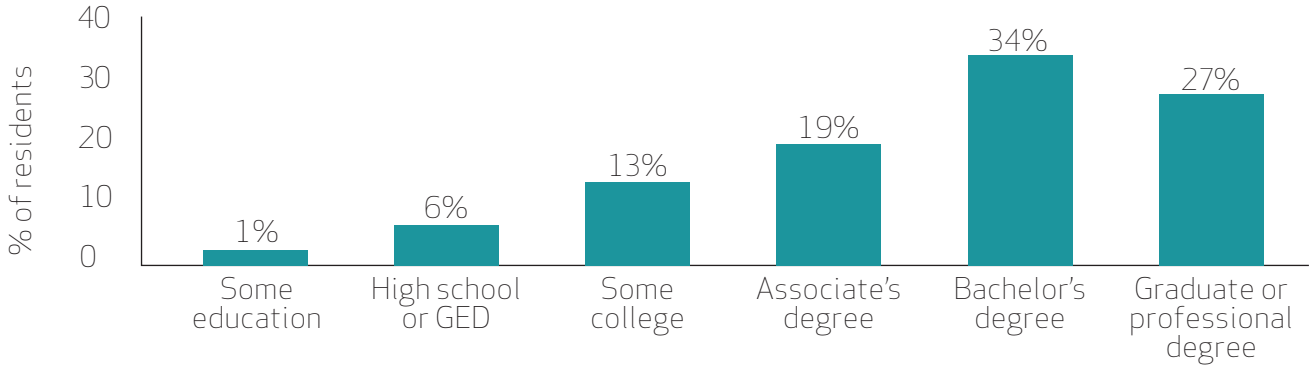
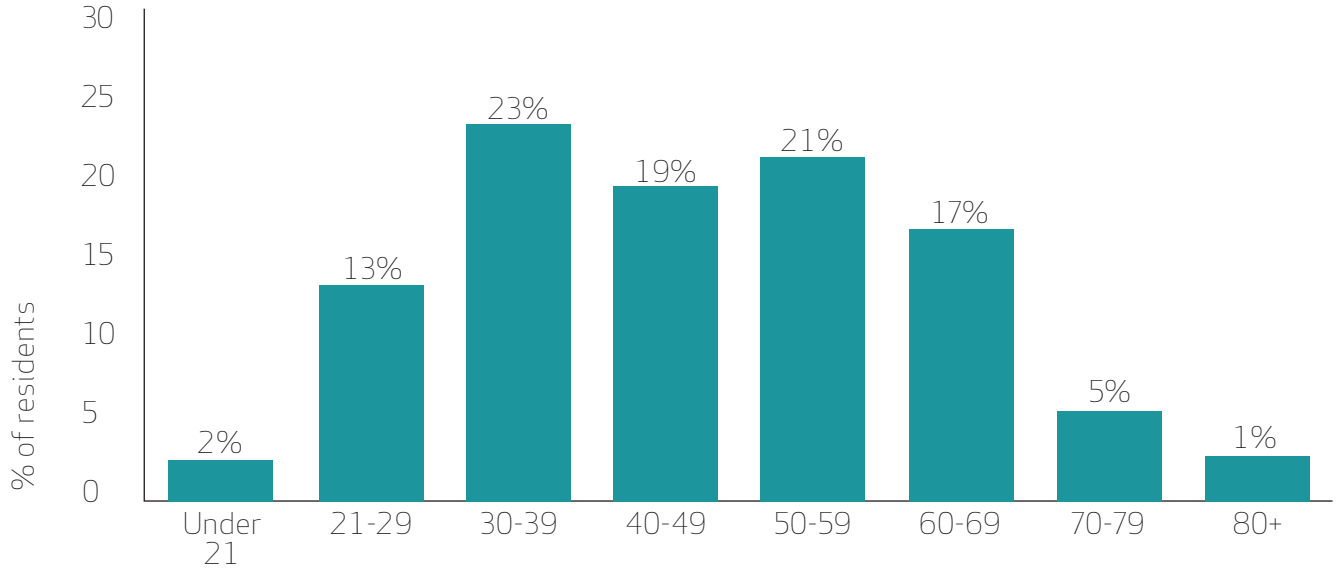


Figure 3. Age distribution of Eau Claire County residents who completed the Community Health Survey



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Appendix III:
Core Dataset

Measure	Definition	Eau Claire County	Source (Year of Data)	Wisconsin	Source (Year of Data)	Healthy People 2020 Target	National Rate	Source (Year of Data)
Alcohol Misuse Focus Area								
Alcohol Outlet Density	Alcohol outlet density per 500 people	**1.2**	Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016 (2014-2015)	**1.5**	Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016 (2014-2015)	n/a	n/a	
Alcohol Use	Alcohol use among 18+ (At least one drink in the past 30 days)	**65%**	Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016 (2012-2014)	**63%**	Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016 (2014)	n/a	**53%**	Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016 (2014)
Alcohol-related Hospitalizations	Rate of alcohol-related hospitalizations per 1,000 population	**3.1**	2017 County Health Rankings (WI Public Health Profiles; 2014)	**2**	2017 County Health Rankings (WI Public Health Profiles; 2014)	n/a	n/a	
Alcohol-related vehicle deaths	Percentage of driving deaths with alcohol involvement	**31%**	2017 County Health Rankings (Fatality Analysis Reporting System; 2011-2015)	**37%**	2017 County Health Rankings (Fatality Analysis Reporting System; 2011-2015)	n/a	**30%**	2017 County Health Rankings (Fatality Analysis Reporting System; 2011-2015)
Binge drinking	Engagement in binge drinking among adults 18+ years old	**27%**	Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016 (2012-2014)	**22%**	Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016 (2014)	**24.2%**	**16%**	Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016 (2014)
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	**27%**	2017 County Health Rankings (Behavioral Risk Factor Surveillance System; 2015)	**24%**	2017 County Health Rankings (Behavioral Risk Factor Surveillance System; 2015)	**25.4%**	**18%**	2017 County Health Rankings (Behavioral Risk Factor Surveillance System; 2015)
Liquor law arrests	Violations of state or local laws or ordinances	**939**	Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016 (2014)	**300**	Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016 (2014)	n/a	**101**	Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016 (2014)
Student Alcohol Use	Percentage of high school students who had at least one drink of alcohol on one or more of the past 30 days	**17.9%**	Eau Claire County Pride Surveys (2015-2016)	**33%**	Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016 (2013)	n/a	**35%**	Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016 (2013)
Student Alcohol Use	Percentage of high school students who had their first drink of alcohol other than a few sips before age 13	n/a		**15%**	Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016 (2013)	n/a	**19%**	Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016 (2013)
Chronic Disease Prevention & Management Focus Area								
Alzheimer's	Alzheimer's Disease deaths per 100,000	n/a		**36.2**	Alzheimer's Association (Alzheimer's Disease Facts and Figures; 2015)	n/a	**34.4**	Alzheimer's Association (Alzheimer's Disease Facts and Figures; 2015)
Cancer	Incidence per 100,000 population by cancer site (age-adjusted)	**447.2**	2017 County Health Rankings (Wisconsin Cancer Reporting System; 2009-2013)	**468**	2017 County Health Rankings (Wisconsin Cancer Reporting System; 2009-2013)	n/a	**436.6**	Centers for Disease Control and Prevention (2014)
Cancer mortality	Cancer Mortality Crude Rates per 100,000 population	**191**	Wisconsin Interactive Statistics on Health (2015)	**197.9**	Wisconsin Interactive Statistics on Health (2015)	**161.4**	**158.5**	National Vital Statistics System-Mortality (2015)
Cerebrovascular Disease Hospitalizations	Cerebrovascular disease hospitalization rate per 1,000 people	**2.3**	2017 Wisconsin Public Health Profiles (State of Wisconsin Public Health Profiles; 2015)	**2.5**	2017 Wisconsin Public Health Profiles (State of Wisconsin Public Health Profiles; 2015)	n/a	n/a	
Cervical Cancer Screening	Percentage of women (21-65) who had a pap test in last 3 years	n/a		**83.9%**	CDC (BRFSS; 2016)	**93%**	**79.7%**	CDC (BRFSS; 2016)
Cholesterol Screening	Percentage of adults had cholesterol checked in past 5 years	n/a		**77.5%**	CDC (BRFSS; 2015)	**82.1%**	**77.7%**	CDC (BRFSS; 2015)
Colorectal Cancer Screening	Percentage of adults (50-75) received screening based on most recent guidelines (FOBT, CT, sigmoidoscopy or colonoscopy)	n/a		**73.7%**	CDC (BRFSS; 2016)	**70.5%**	**67.1%**	CDC (BRFSS; 2016)

Measure	Definition	Eau Claire County	Source (Year of Data)	Wisconsin	Source (Year of Data)	Healthy People 2020 Target	National Rate	Source (Year of Data)
Coronary Heart Disease Hospitalizations	Coronary heart disease hospitalization rate per 1,000 population	**2.5**	2017 Wisconsin Public Health Profiles (Wisconsin Hospital Association Information Center; 2015)	**2.8**	2017 Wisconsin Public Health Profiles (Wisconsin Hospital Association Information Center; 2015)	n/a	**3.6**	CDC (National Center for Health Statistics; 2014)
Diabetes	Percentage of adults age 20 and above with diagnosed diabetes	**8%**	2017 County Health Rankings (CDC Diabetes Interactive Atlas; 2013)	**9%**	2017 County Health Rankings (CDC Diabetes Interactive Atlas; 2013)	n/a	**9.10%**	CDC (U.S. Diabetes Surveillance System; 2015)
Diabetic Screening	Percentage of diabetic Medicare enrollees that received HbA1c screening in past year	**91%**	2017 County Health Rankings (Dartmouth Atlas of Health Care; 2014)	**90%**	2017 County Health Rankings (Dartmouth Atlas of Health Care; 2014)	n/a	**85%**	2017 County Health Rankings (Dartmouth Atlas of Health Care; 2014)
Mammography Screening	Percentage of female Medicare enrollees aged 67-69 that received mammography screening over two years	**75.6%**	2017 County Health Rankings (Dartmouth Atlas of Health Care; 2014)	**72%**	2017 County Health Rankings (Dartmouth Atlas of Health Care; 2014)	n/a	63%	2017 County Health Rankings (Dartmouth Atlas of Health Care; 2014)
Youth Asthma	Percentage of children who currently have asthma	n/a		**10.2%**	CDC, National Environmental Public Health Tracking Network (2014)	n/a	**8.3%**	CDC, National Environmental Public Health Tracking Network (2014)
Communicable Disease & Prevention Focus Area								
Childhood Immunizations	Percentage of children aged 19 to 35 months who received the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella, and PCV	**73.9%**	2017 County Health Rankings (WI Immunization Registry; 2015)	**71%**	2017 County Health Rankings (WI Immunization Registry; 2015)	**80%**	**72.2%**	CDC (National Immunization Survey; 2015)
Communicable Diseases	Number of reportable cases of communicable diseases per 100,000 population	**774.7**	2017 County Health Rankings (WI Public Health Information Network Analysis, Visualization, and Reporting; 2015)	**839**	2017 County Health Rankings (WI Public Health Information Network Analysis, Visualization, and Reporting; 2015)	n/a	n/a	
Influenza Immunization 65+	Percentage of population age 65 and older who had a flu shot in the last 12 months	**64%**	DHS (Wisconsin Immunization Registry; 2015-2016)	**62.2%**	DHS (Wisconsin Immunization Registry; 2016-2017)	**90%**	**63.6%**	CDC (National Health Interview Survey; 2015)
Lyme Disease	Rate per 100,000 population of confirmed Lyme disease cases	**52.9**	DHS (Environmental Public Health Data Tracker; 2015-2016)	**39.7**	DHS (Environmental Public Health Data Tracker; 2016)	n/a	8	CDC (Lyme disease data tables; 2016)
Environmental & Occupational Health Focus Area								
Contaminants in Municipal Water	Average concentration of Arsenic in public water (µg/L)	**0.4**	2017 Environmental Health Profile (Wisconsin Environmental Public Health Tracking; 2013-2015)	**1.4**	2017 Environmental Health Profile (Wisconsin Environmental Public Health Tracking; 2013-2015)	n/a	2.2	CDC (National Environmental Public Health Tracking Network; 2016)
Contaminants in Municipal Water	Average concentration of Nitrate in public water (mg/L)	**2.3**	2017 Environmental Health Profile (Wisconsin Environmental Public Health Tracking; 2013-2015)	**1.5**	2017 Environmental Health Profile (Wisconsin Environmental Public Health Tracking; 2013-2015)	n/a	1.2	CDC (National Environmental Public Health Tracking Network; 2016)
Good' or 'moderate' air quality days	Percentage of measured days in given year (not every day was measured) that were 'good' or moderate' (Air quality index from 0-100)	**100%**	U.S. Environmental Protection Agency (Air Data Reporting QuerySystem; 2017)	99.3	U.S. Environmental Protection Agency (Air Data Reporting QuerySystem; 2017)	n/a	98.30%	U.S. Environmental Protection Agency (Air Data Reporting QuerySystem; 2017)
Lead Poisoned Children	Percent of childhood lead poisoning with blood lead ≥5µg/dL	**0.7%**	2017 Environmental Health Profile (Wisconsin Environmental Public Health Tracking; 2015)	**6.4%**	2017 Environmental Health Profile (Wisconsin Environmental Public Health Tracking; 2015)	n/a	**2.8%**	CDC (National Surveillance Data; 2015)
Carbon Monoxide Poisoning	Rate of emergency room visits related to Carbon Monoxide poisoning per 100,000 people	**5.4**	2017 Environmental Health Profile (Wisconsin Environmental Public Health Tracking; 2010-2014)	**7.9**	2017 Environmental Health Profile (Wisconsin Environmental Public Health Tracking; 2010-2014)	n/a	**6.6%**	CDC (National Environmental Public Health Tracking Network; 2014)
Unhealthy air quality days	Number of measured days in given year (not every day was measured in both counties) that were "unhealthy" (Air quality index above 101	**0**	U.S. Environmental Protection Agency (Air Data Reporting QuerySystem; 2017)	0	U.S. Environmental Protection Agency (Air Data Reporting QuerySystem; 2017)	n/a	0.4	U.S. Environmental Protection Agency (Air Data Reporting QuerySystem; 2017)
Year Structure Built	Percentage of housing units built prior to 1950	**24%**	2017 County Health Ranking (American Community Survey; 2011-2015)	**26%**	2017 County Health Ranking (American Community Survey; 2011-2015)	n/a	**29.2%**	American Community Survey (2011-2015)

Measure	Definition	Eau Claire County	Source (Year of Data)	Wisconsin	Source (Year of Data)	Healthy People 2020 Target	National Rate	Source (Year of Data)
Healthy Growth & Development Focus Area								
Infant Mortality	Rate per 1,000 live births	**5.7**	Wisconsin Dept. of Health Services, Wisconsin Interactive Statistics on Health (2016)	**6.2**	Wisconsin Dept. of Health Services, Wisconsin Interactive Statistics on Health (2016)	**6**	**5.9**	Wisconsin Dept. of Health Services, Wisconsin Interactive Statistics on Health (2015)
Reading Proficiency	Percentage of fourth grade students proficient or advanced in reading	**57%**	2017 County Health Rankings (Department of Education; 2014-2015)	**52%**	2017 County Health Rankings (Department of Education; 2014-2015)	n/a	n/a	
High School Graduation	Percentage of 9th grade cohort that graduates in four years	**89%**	2017 County Health Rankings (EDFacts; 2014-2015)	**88%**	2017 County Health Rankings (EDFacts; 2014-2015)	**87%**	**83%**	2017 County Health Rankings (EDFacts; 2014-2015)
Low Birth Weight	Percentage of live birth weights <2,500 grams	**6.0%**	2017 County Health Rankings (National Vital Statistics System; 2008-2014)	**7.0%**	2017 County Health Rankings (National Vital Statistics System; 2008-2014)	**7.8%**	**8.0%**	2017 County Health Rankings (National Vital Statistics System; 2008-2014)
Single-parent Households	Percentage of children that live in a household headed by a single parent	**26%**	2017 County Health Rankings (American Community Survey; 2011-2015)	**31%**	2017 County Health Rankings (American Community Survey; 2011-2015)	n/a	**34%**	2017 County Health Rankings (American Community Survey; 2011-2015)
Some College	Percentage of adults age 25-44 with some college or associate's degree	**72.8%**	2017 County Health Rankings (American Community Survey; 2011-2015)	**67%**	2017 County Health Rankings (American Community Survey; 2011-2015)	n/a	**64%**	2017 County Health Rankings (American Community Survey; 2011-2015)
Healthy Nutrition Focus Area								
Adult Dietary Behavior	Adults that consumed 1 or more fruits per day	n/a		**62.1%**	State Cancer Profiles (2015)	n/a	59.7	State Cancer Profiles (2015)
Adult Dietary Behavior	Adults that consumed 1 or more vegetables per day	n/a		**76%**	State Cancer Profiles (2015)	n/a	77.9	State Cancer Profiles (2015)
Breastfeeding	Percentage of infants in WIC breastfed exclusively through three months	**36.8%**	Eau Claire City-County Health Dept. Composite Report (2017)	**27.6%**	Eau Claire City-County Health Dept. Composite Report (2017)	n/a	**13.2%**	USDA (WIC Breastfeeding Data Local Agency Report; 2016)
Food Environment Index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	**7.5**	2017 County Health Rankings (USDA; 2010 & 2014)	**8**	2017 County Health Rankings (USDA; 2010 & 2014)	n/a	**7.3**	2017 County Health Rankings (USDA; 2010 & 2014)
Food Insecurity	Percentage population without access to reliable food source	**13%**	2017 County Health Rankings (Map the Meal Gap; 2014)	**12%**	2017 County Health Rankings (Map the Meal Gap; 2014)	**6%**	**12.7%**	Current Population Survey-Food Security Supplement (CPS-FSS) and U.S. Census Bureau and Department of Agriculture (2015)
Injury & Violence Focus Area								
Child Abuse	Rate of allegations of maltreatment is substantiated to child victims per 1,000 population	**3.7**	2017 County Health Rankings (Wisconsin Department of Children and Families; 2014)	**4**	2017 County Health Rankings (Wisconsin Department of Children and Families; 2014)	**8.5**	**9.1**	National Child Abuse and Neglect Data System (2015)
Falls Fatalities 65+	Injury deaths due to falls for age 65 and older (per 100,000 population)	**112.8**	2017 County Health Rankings (Wisconsin Interactive Statistics on Health; 2012-2014)	**123**	2017 County Health Rankings (Wisconsin Interactive Statistics on Health; 2012-2014)	**47**	**61**	National Vital Statistics System-Mortality (2015)
Hate Crimes	Hate crime rate per 100,000 population	**2**	2017 County Health Rankings (Uniform Crime Reporting; 2014)	**1**	2017 County Health Rankings (Uniform Crime Reporting; 2014)	n/a	**1.9**	Uniform Crime Report (2016)
Injury deaths	Number of deaths due to injury per 100,000 population	**58**	2017 County Health Rankings (CDC, Wonder Mortality data; 2011-2015)	**69**	2017 County Health Rankings (CDC, Wonder Mortality data; 2011-2015)	n/a	**62**	2017 County Health Rankings (CDC, Wonder Mortality data; 2011-2015)
Injury Hospitalizations	Hospitalizations for injuries (age-adjusted per 100,000 population)	**802**	2017 County Health Rankings (Wisconsin Interactive Statistics on Health; 2014)	**806**	2017 County Health Rankings (Wisconsin Interactive Statistics on Health; 2014)	**555.8**	**598.6**	National Hospital Discharge Survey (2010)
Motor vehicle crash deaths	Number of motor vehicle crash deaths per 100,000 population	**8**	2017 County Health Rankings (CDC, Compressed Mortality File; 2009-2015)	**10**	2017 County Health Rankings (CDC, Compressed Mortality File; 2009-2015)	**12.4**	10.9	National Vital Statistics System-Mortality (2015)
Motor vehicle crash occupancy rate	Motor vehicle crash occupancy rate per 100,000 population (annual crash involvement, including injured and uninjured passengers)	**43**	2017 County Health Rankings (Crash Outcome Data Evaluation System; 2012-2014)	**40**	2017 County Health Rankings (Crash Outcome Data Evaluation System; 2012-2014)	n/a	n/a	

Measure	Definition	Eau Claire County	Source (Year of Data)	Wisconsin	Source (Year of Data)	Healthy People 2020 Target	National Rate	Source (Year of Data)
Violent Crime	Violent crime rate per 100,000 population (includes offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault)	**145**	2017 County Health Rankings (Uniform Crime Reporting- FBI; 2012-2014)	**283**	2017 County Health Rankings (Uniform Crime Reporting- FBI; 2012-2014)	n/a	**380**	2017 County Health Rankings (Uniform Crime Reporting- FBI; 2012-2014)
Youth Injury	Percentage who rarely or never wore a seat belt when riding in a car driven by someone else	n/a		**5.9%**	Youth Risk Behavior Surveillance System (2017)	**8%**	**10%**	National Occupant Protection Use Survey (2016)
Youth Violence	Percentage of students who have been bullied on school property during the past 12 months	n/a		**24.2**	Youth Risk Behavior Surveillance System (2017)	17.9%	**20.2**	Youth Risk Behavior Surveillance System (2015)
Mental Health Focus Area								
Disconnected Youth	Percentage of teens and young adults (16-24) who are neither working nor in school	**6%**	2018 County Health Rankings (American Community Survey; 2010-2014)	**11%**	2018 County Health Rankings (American Community Survey; 2010-2014)	n/a	n/a	
Intentional Injury Hospitalizations	Self-inflicted hospitalization rate per 100,000 population	**152**	2017 County Health Rankings (Wisconsin Interactive Statistics on Health; 2012-2014)	**99**	2017 County Health Rankings (Wisconsin Interactive Statistics on Health; 2012-2014)	**112.4**	**162.4**	National Electronic Injury Surveillance System-All Injury Program (2015)
Mental health providers	Ratio of population to mental health providers	**387 to 1**	2017 County Health Rankings (CMS, National Provider Identification file, 2016)	**600 to 1**	2017 County Health Rankings (CMS, National Provider Identification file, 2016)	n/a	**500 to 1**	2017 County Health Rankings (CMS, National Provider Identification file, 2016)
Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	**3.4**	2017 County Health Rankings (BRFSS; 2015)	**3.7**	2017 County Health Rankings (BRFSS; 2015)	n/a	**3.7**	2017 County Health Rankings (BRFSS; 2015)
Suicide	Suicide death rate per 100,000	**20.7**	DHS WISH (2016)	**14**	DHS WISH (2016)	**10.2**	**13.3**	National Vital Statistics System-Mortality (2015)
Youth Suicide	Suicide attempts by adolescents (grades 9-12) that required medical attention	n/a		**2.5%**	Youth Risk Behavior Surveillance System (2013)	**1.7%**	**2.8%**	Youth Risk Behavior Surveillance System (2015)
Obesity Focus Area								
Adult Obesity	Percentage adults (age 20 +)with BMI > 30 (obese)	**29%**	2017 County Health Rankings (CDC Diabetes Interactive Atlas; 2013)	**30.7%**	The State of Obesity (Wisconsin; 2016)	**30.5%**	**38%**	The State of Obesity (NHANES; 2013-2014)
WIC obesity	Obesity occurrence in children 2-5 yr. enrolled in WIC	**13.0%**	Eau Claire City-County Health Dept. WIC program (2017)	**15.0%**	Eau Claire City-County Health Dept. WIC program (2017)	**9.4%**	**14.5%**	CDC (Division of Nutrition, Physical Activity, and Obesity; 2014)
WIC overweight	Overweight occurrence in children 2-5 yr. enrolled in WIC	**18.3%**	Eau Claire City-County Health Dept. WIC program (2017)	**15.9%**	Eau Claire City-County Health Dept. WIC program (2017)	n/a	n/a	
Youth obesity	Percentage of obesity (BMI or above the 95th percentile) rates of children (ages 2 to 19)	n/a		**18.5%**	National Health and Nutrition Examination Survey (2015-2016)	**14.5%**	**17%**	National Health and Nutrition Examination Survey (2011-2014)
Oral Health Focus Area								
Dentists	Ratio of population to dentists	**1122 to 1**	2017 County Health Rankings (Area Health Resource File/National Provider Identification file; 2015)	**1,560 to 1**	2017 County Health Rankings (Area Health Resource File/National Provider Identification file; 2015)	n/a	**1,320 to 1**	2017 County Health Rankings (Area Health Resource File/National Provider Identification file; 2015)
Fluoride in Public Water Supply	Percentage of public water supplies with fluoride content at 0.7 PPM or greater	**83.7%**	2017 Eau Claire County Environmental Health Profile (Wisconsin Oral Health Program, DHS; 2015)	**88.9%**	CDC (Water Fluoridation Reporting System; 2014)	n/a	**74.4%**	CDC (Water Fluoridation Reporting System; 2014)
No recent dental visit	Percentage of population age 2+ that did not have a dental visit in the past year	**28%**	2017 County Health Rankings (Wisconsin Family Health Survey; 2002, 2014 & 2015)	**26%**	2017 County Health Rankings (Wisconsin Family Health Survey; 2002, 2014 & 2015)	**51%**	**56.8%**	Office of Disease Prevention and Health Promotion (Medical Expenditure Panel Survey; 2014)
Oral Health of 3rd Grade Children	Percentage of untreated decay in Western region	17%	2013 Healthy Smiles/Healthy Growth Wisconsin's Third Grade Children (DHS; 2012-2013)	**18%**	2013 Healthy Smiles/Healthy Growth Wisconsin's Third Grade Children (DHS; 2012-2013)	**25.9%**	**16.2%**	Office of Disease Prevention and Health Promotion (NHANES; 2013-2014)

Measure	Definition	Eau Claire County	Source (Year of Data)	Wisconsin	Source (Year of Data)	Healthy People 2020 Target	National Rate	Source (Year of Data)
Physical Activity Focus Area								
Access to exercise opportunities	Percentage of population with adequate access to location for physical activity	**67%**	2017 County Health Rankings (ArcGIS; 2014)	**81%**	2017 County Health Rankings (ArcGIS; 2014)	n/a	**84%**	2017 County Health Rankings (ArcGIS; 2014)
Computer usage	Percentage of students who played video games used a computer not for school for 3+ hours/day	n/a		**40.3%**	Youth Risk Behavior Surveillance System (2017)	n/a	**41.7%**	Youth Risk Behavior Surveillance System (2015)
Physical Education	Percentage of students **not** attending physical education class on 1 or more days during the school week	n/a		**49.2%**	Youth Risk Behavior Surveillance System (2017)	n/a	**48.4%**	Youth Risk Behavior Surveillance System (2015)
Physical Inactivity	Percentage of adults aged 20 and over reporting no leisure time physical activity	**17%**	2017 County Health Rankings (CDC Diabetes Interactive Atlas; 2013)	**20%**	2017 County Health Rankings (CDC Diabetes Interactive Atlas; 2013)	**32.6%**	**22.0%**	2017 County Health Rankings (CDC Diabetes Interactive Atlas; 2013)
Television	Percentage of students who watched TV 3+ hours per day	n/a		**16.7%**	Youth Risk Behavior Surveillance System (2017)	n/a	**24.7%**	Youth Risk Behavior Surveillance System (2015)
Youth Physical Activity	Percentage of students physically active at least 60 minutes per day on less than 5 days	n/a		**48.7%**	Youth Risk Behavior Surveillance System (2017)	n/a	**48.6%**	Youth Risk Behavior Surveillance System (2015)
Reproductive/Sexual Health Focus Area								
Chlamydia Infections	Chlamydia incidence per 100,000 population	**379**	2017 County Health Rankings (NCHHSTP; 2014)	**403.2**	2017 County Health Rankings (NCHHSTP; 2014)	n/a	**456.1**	2017 County Health Rankings (NCHHSTP; 2014)
HIV Prevalence	Number of persons living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population	**46**	2017 County Health Rankings (National Center for HIV/AIDS; 2013)	**115**	2017 County Health Rankings (National Center for HIV/AIDS; 2013)	n/a	362.3	CDC (Atlas Plus; 2015)
Prenatal Care	Pregnant women who received 1st trimester prenatal care	**75%**	DHS WISH (2016)	**76.4%**	DHS Wish (2016)	**77.9%**	**77.1%**	DHS Wish (2016)
Preterm births	Percentage of births < 37 weeks gestation during 2013	**9.6%**	DHS WISH (2016)	**9.6%**	DHS WISH (2016)	**9.4%**	**9.6%**	National Vital Statistics System-Natality (2015)
Teen Birth Rate	Birth rate per 1,000 females age 15-19	**14**	2017 County Health Rankings (NVSS; 2008-2014)	**24**	2017 County Health Rankings (NVSS; 2008-2014)	n/a	**32**	2017 County Health Rankings (NVSS; 2008-2014)
Youth Sexual Behavior	Percentage of students who have ever had sexual intercourse	n/a		**33.6%**	Youth Risk Behavior Surveillance System (2017)	n/a	**30.1%**	Youth Risk Behavior Surveillance System (2015)
Youth Sexual Behavior	Among students who were currently sexually active, did **not** use a condom	n/a		**37.2%**	Youth Risk Behavior Surveillance System (2017)	n/a	**43.1%**	Youth Risk Behavior Surveillance System (2015)
Substance Use Focus Area								
Drug Arrests	Violation of laws prohibiting the production, distribution, possession, or transportation per 100,000 population	**824**	Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016 (2014)	**439**	Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016 (2014)	n/a	490	Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016 (2014)
Drug hospitalizations	Drug-related hospitalization rate per 100,000	**340**	Wisconsin Epidemiological Profile on Alcohol and Other Drugs 2016 (2013-2014)	**261**	Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016 (2013-2014)	n/a	n/a	
Opioid-related hospitalizations	Opioid-related hospitalizations per 1,000 population	**1.9**	Wisconsin Epidemiological Profile on Alcohol and Other Drugs 2016 (2013-2014)	**1.5**	Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016 (2013-2014)	n/a	n/a	
Methamphetamines	percentage of high students who used methamphetamines one or more times during their life	**1.8%**	Eau Claire County Pride Surveys (2015)	**2.0%**	Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016 (2011)	n/a	**3.0%**	Youth Risk Behavioral Surveillance System (2015)
Marijuana	Percentage of high school students who recently used marijuana (w/in last 30 days)	**10.4%**	Eau Claire County Pride Surveys (2015)	**16%**	Youth Risk Behavior Surveillance System (2017)	n/a	**18.4%**	Youth Risk Behavioral Surveillance System (2015)
Prescription Abuse	Percentage of high school students recently abused prescription drugs	**4.5%**	Eau Claire County Pride Surveys (2015)	**16.8%**	Youth Risk Behavioral Surveillance System (2015)	**5.5%**	**5.6%**	National Survey on Drug use and Health (2014)
Student drug suspension	Drug-related suspension & expulsion in public schools per 1,000 students	**3.4**	Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016 (2013-2014)	**3.2**	Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016 (2013-2014)	n/a	n/a	

Measure	Definition	Eau Claire County	Source (Year of Data)	Wisconsin	Source (Year of Data)	Healthy People 2020 Target	National Rate	Source (Year of Data)
Tobacco Use & Exposure Focus Area								
Adult Smokeless Tobacco Use	Percentage of persons aged ≥18 years who reported currently using chewing tobacco, snuff, or snus (a small pouch of smokeless tobacco) every day or some days	n/a		**4.0%**	CDC (BRFSS; 2011)	**0.2%**	**2.2%**	CDC (National Health Interview Survey; 2015)
Adult Smoking	Percentage of adults self-reporting smoking > 100 cigarettes in their lifetime and currently smoking (every day or most days)	**18%**	2017 County Health Rankings (BRFSS; 20015)	**17%**	2017 County Health Rankings (BRFSS; 20015)	**12%**	**18%**	2017 County Health Rankings (BRFSS; 20015)
Smoking During Pregnancy	Percentage of mothers who report smoking during pregnancy	**14%**	2017 County Health Rankings (Wisconsin Interactive Statistics on Health; 2012-2015)	**13%**	2017 County Health Rankings (Wisconsin Interactive Statistics on Health; 2012-2015)	n/a	**10%**	CDC (Pregnancy Risk Assessment and Monitoring System; 2011)
Tobacco Sales to Minors	Percentage of illegal tobacco sales to minors (retailer violation rate)	**6.5%**	Wisconsin Wins (2017)	**11.8%**	Wisconsin Wins (2017)	**5%**	**9.8%**	Substance Abuse and Mental Health Services Administration (Annual Synar Reports; 2014)
Student Tobacco Use	Percentage of high school students who smoked cigarettes on one or more of the past 30 days	6.5	Eau Claire County Pride Surveys (2015)	**8.1%**	Wisconsin Department of Health Services (Youth Tobacco Survey 2016)	**16%**	**10.8%**	Youth Risk Behavioral Surveillance System (2015)
Youth Tobacco Use	Percentage of students who used chewing tobacco, snuff, or dip on one or more of the past 30 days	n/a	Youth Risk Behavioral Surveillance System (2013)	**5.9%**	Youth Risk Behavioral Surveillance System (2017)	**6.9%**	**7.3%**	Youth Risk Behavioral Surveillance System (2015)
Miscellaneous Data								
65 and Older	Percentage of the population 65 and older	**14.4%**	2017 County Health Rankings (US Census; 2015)	**15.6%**	2017 County Health Rankings (US Census; 2015)	n/a	14.5%	American Community Survey; 2012-2016)
Below 18 Years	Percentage of the population below 18	**20.5%**	2017 County Health Rankings (US Census; 2015)	**22.4%**	2017 County Health Rankings (US Census; 2015)	n/a	n/a	
Child Mortality	Number of deaths among children under age 18 per 100,000 people	**50.0**	2017 County Health Rankings (CDC Compressed Mortality File; 2012-2015)	**50.0**	2017 County Health Rankings (CDC Compressed Mortality File; 2012-2015)	n/a	n/a	
Children Eligible for Free Lunch	Percentage of children enrolled in public schools that are eligible for free school lunch	**41%**	2017 County Health Rankings (National Center for Education Statistics; 2014-2015)	**41%**	2017 County Health Rankings (National Center for Education Statistics; 2014-2015)	n/a	**51.8%**	National Center for Education Statistics; 2014-2015
Children in Poverty	Percentage of children under 18 living below the Federal Poverty Line (FPL)	**16%**	2017 County Health Rankings (US Census Small Area Income and Poverty Estimates; 2015)	**17%**	2017 County Health Rankings (US Census Small Area Income and Poverty Estimates; 2015)	n/a	**22%**	2017 County Health Rankings (US Census Small Area Income and Poverty Estimates; 2015)
Health Care	Percentage of population that did not receive needed health care in the past year	**2%**	2017 County Health Rankings (Family Health Survey; 2012, 2014 & 2015)	**2%**	2017 County Health Rankings (Family Health Survey; 2012, 2014 & 2015)	n/a	n/a	
Driving alone to work	Percentage of the workforce that drives alone to work	**79%**	2017 County Health Rankings (American Community Survey; 2011-2015)	**81%**	2017 County Health Rankings (American Community Survey; 2011-2015)	n/a	76%	2017 County Health Rankings (American Community Survey; 2011-2015)
Health care costs	Amount of price-adjusted Medicare reimbursements per enrollee	**$8,430**	2017 County Health Rankings (Dartmouth Atlas of Health Care 2014)	**$8,412**	2017 County Health Rankings (Dartmouth Atlas of Health Care 2014)	n/a	$9,589	2017 County Health Rankings (Dartmouth Atlas of Health Care 2014)
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	**4.7**	2017 County Health Rankings (American Community Survey; 2011-2015)	4.3	2017 County Health Rankings (American Community Survey; 2011-2015)	n/a	5.0	2017 County Health Rankings (American Community Survey; 2011-2015)
Local Health Department Staffing	Fulltime equivalents of local health department staff per 10,000 population	**5.5**	Eau Claire County Public Health Profile, DHS (2016)	**3**	2017 County Health Rankings (Public Health Profiles; 2014)	n/a	n/a	
Long commute - driving alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes	**13%**	2017 County Health Rankings (American Community Survey; 2011-2015)	**26%**	2017 County Health Rankings (American Community Survey; 2011-2015)	n/a	34%	2017 County Health Rankings (American Community Survey; 2011-2015)
Median Household Income	Median household income	**$51,937**	2017 County Health Rankings (Small Area Income and Poverty Estimates program; 2015)	**$55,600**	2017 County Health Rankings (Small Area Income and Poverty Estimates program; 2015)	n/a	**$55,322**	US Census Bureau (American Community Survey 5-year Estimates; 2012-2016)

Measure	Definition	Eau Claire County	Source (Year of Data)	Wisconsin	Source (Year of Data)	Healthy People 2020 Target	National Rate	Source (Year of Data)
Not Proficient in English	Percentage of population that is not proficient in English	**0.9%**	2017 County Health Rankings (American Community Survey; 2011-2015)	**2%**	2017 County Health Rankings (American Community Survey; 2011-2015)	n/a	n/a	
Older Living Alone	Percentage of 65 years and older who live alone	**33.2%**	2017 County Health Rankings (American Community Survey; 2011-2015)	**29%**	2017 County Health Rankings (American Community Survey; 2011-2015)	n/a	**30.4%**	American Community Survey; 2012-2016)
Poor or Fair Health	Percentage of adults self-reporting poor or fair health (age-adjusted)	**14%**	2017 County Health Rankings (BRFSS; 20015)	**14%**	2017 County Health Rankings (BRFSS; 20015)	n/a	**15%**	2017 County Health Rankings (BRFSS; 20015)
Poor Physical Health Days	Average number of physically unhealthy days self-reported in adults in past 30 days (age-adjusted)	**3.3**	2017 County Health Rankings (BRFSS; 2015)	**3.4**	2017 County Health Rankings (BRFSS; 2015)	n/a	**3.6**	2017 County Health Rankings (BRFSS; 2015)
Population Change	Percentage change in population 2010 - 2013	**2%**	2017 County Health Rankings (DHS WI Population Estimates; 2016)	**1%**	2017 County Health Rankings (DHS WI Population Estimates; 2016)	n/a	n/a	
Poverty, All Ages	Percentage of population living below the Federal Poverty Line	**13.6%**	2017 County Health Rankings (Small Area Income and Poverty Estimates program; 2015)	**12%**	2017 County Health Rankings (Small Area Income and Poverty Estimates program; 2015)	n/a	**12.7%**	US Census Bureau (2016)
Premature Death	Age-adjusted mortality for under 75 years old per 100,000 population	**290**	2018 County Health Rankings (Compressed Mortality File; 2014-2016)	**300**	2018 County Health Rankings (Compressed Mortality File; 2014-2016)	n/a	**341**	CDC WONDER (1999-2016)
Preventable Hospital Stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	**50**	County Health Rankings (Dartmouth Atlas of Health Care 2014)	**45**	County Health Rankings (Dartmouth Atlas of Health Care 2014)	n/a	50	County Health Rankings (Dartmouth Atlas of Health Care 2014)
Primary care physicians	Ratio of population to primary care physicians	**769 to 1**	2017 County Health Rankings (Area Health Resource File/American Medical Association; 2014)	**1,240 to 1**	2017 County Health Rankings (Area Health Resource File/American Medical Association; 2014)	n/a	**1,040 to 1**	2017 County Health Rankings (Area Health Resource File/American Medical Association; 2014)
Race/Ethnicity	Percentage of population that is African American, Asian, American Indian or Alaskan Native, or Hispanic	**8%**	2017 County Health Rankings (Census Bureau's Populations Estimates Program; 2015)	**16.9%**	2017 County Health Rankings (Census Bureau's Populations Estimates Program; 2015)	n/a	n/a	
Reading Proficiency	Percentage of fourth grade students proficient or advanced in reading	**57%**	2017 County Health Rankings (WI Dept. Public Instruction; 2014-2015)	**52%**	2017 County Health Rankings (WI Dept. Public Instruction; 2014-2015)	**36%**	**36%**	U.S. Department of Education, National Center for Education Statistics, National Assessment of Education Progress (2015)
Rural	Percentage of population living in a rural area	**23%**	2017 County Health Rankings (US Census Bureau estimates; 2010)	**29.8%**	2017 County Health Rankings (US Census Bureau estimates; 2010)	n/a	**19.3%**	2017 County Health Rankings (US Census Bureau estimates; 2010)
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	**16%**	2017 County Health Rankings (Comprehensive Housing Affordability Strategy data; 2009-2013)	**16%**	2017 County Health Rankings (Comprehensive Housing Affordability Strategy data; 2009-2013)	n/a	**19%**	2017 County Health Rankings (Comprehensive Housing Affordability Strategy data; 2009-2013)
Social Associations	Number of membership associations per 10,000 population	**12.5**	2017 County Health Rankings (County Business Patterns; 2014)	**11.7**	2017 County Health Rankings (County Business Patterns; 2014)	n/a	**9**	2017 County Health Rankings (County Business Patterns; 2014)
Unemployment	% of population age 16+ unemployed but seeking work	**3.9%**	2017 County Health Rankings (Local Area Unemployment Statistics program; 2015)	**4.6%**	2017 County Health Rankings (Local Area Unemployment Statistics program; 2015)	n/a	**5.3%**	Bureau of Labor Statistics (2015)
Uninsured children	Percentage of children under age 19 without health insurance	**4%**	2017 County Health Rankings (US Census Bureau's Small Area Health Insurance Estimates; 2014)	**5%**	2017 County Health Rankings (US Census Bureau's Small Area Health Insurance Estimates; 2014)	n/a	n/a	
W2 Enrollment	Count of Individuals enrolled in W-2 (Wisconsin Works) on the last working day of the month	**168**	2017 County Health Rankings (WI Department Of Children and Families; Dec. 2015)	**14,439**	2017 County Health Rankings (WI Department Of Children and Families; Dec. 2015)	n/a	n/a	

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Appendix IV:
Top Health Area Data Summaries

PRIORITY AREA: **MENTAL HEALTH**

Definition: Services and support to address mental health conditions including depression, anxiety, and post-traumatic stress disorder (PTSD)

2017 Community Health Survey:

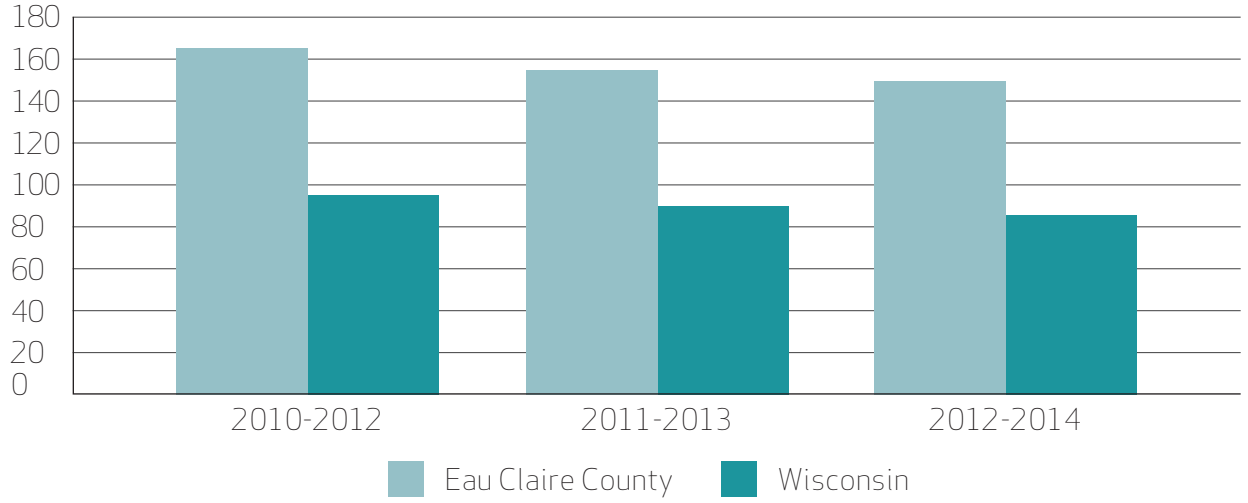
- 77% feel mental health is a moderate or major problem in the community
- 83% people don't feel comfortable seeking mental health services
- 76% feel affordable mental health treatment is not available
- 73% people cannot easily access services for mental health treatment

Wisconsin Suicide Prevention:

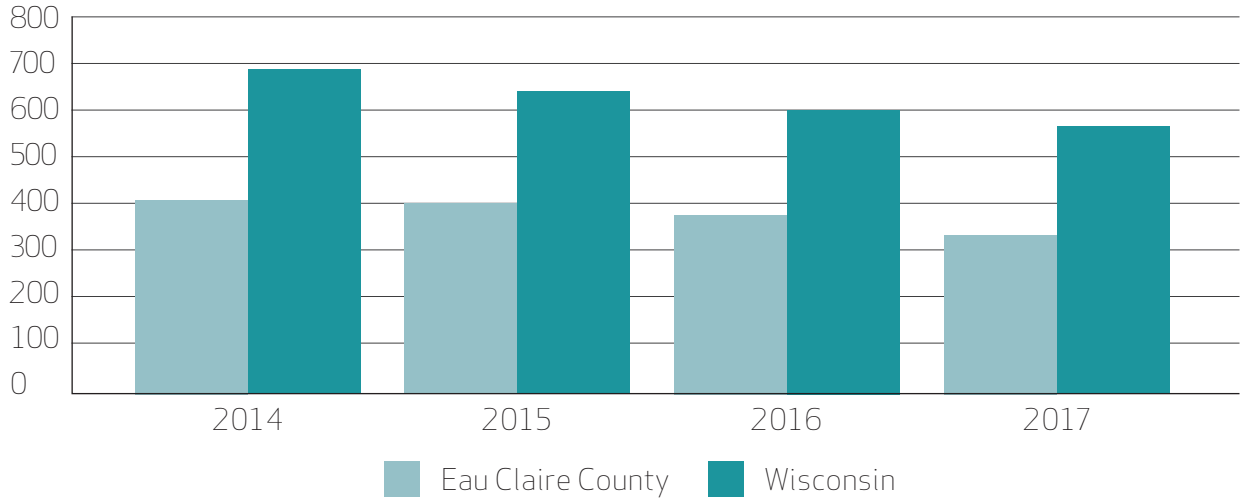
- 700 Wisconsin residents die by suicide each year
- 50% have at least one reported mental health problem
- Caucasians experience highest suicide rates

Self-inflicted Hospitalizations, per 100,000:

Self-inflicted injury rate has continued to decrease for Eau Claire County and the state. The county has reported on average 60 more hospitalizations than the state



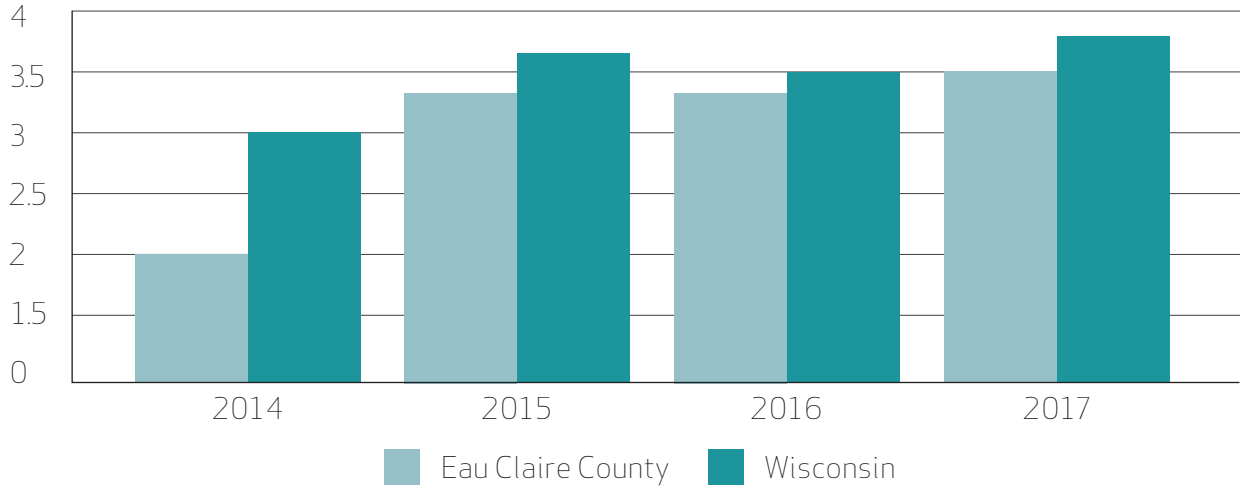
Mental Health Providers (Ratio of Population to Mental Health Providers):
In 2017, the mental health provider ratio (370 to 1) continues to decrease with the added 32 providers in Eau Claire County.



2016 Suicide Statistics:

- 2nd leading cause of death in the U.S. for age groups 10-14, 15-24 and 25-34
- 18,420 years of potential life lost before age 65 due to suicide in Wisconsin
- 21 suicides in Eau Claire County

Poor Mental Health Days in 30 Day Period (Age Adjusted):
Average number of mentally unhealthy days have increased 1.5 days over the last 10 years



2017 County Health Rankings
Wisconsin Department of Health Services/WISH, 2013-2016
Wisconsin Department of Health Services/Wisconsin Suicide Prevention, 2017

PRIORITY AREA: **SUBSTANCE USE**

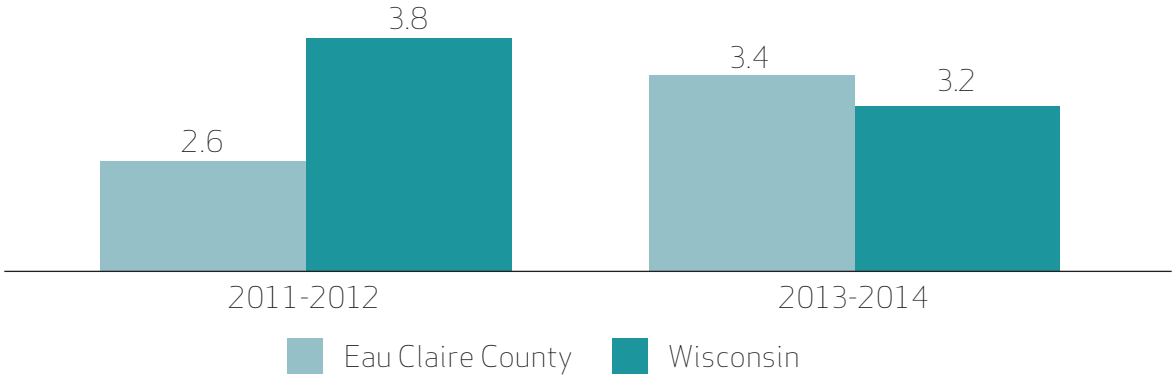
Definition: Use of and negative impacts from mood altering substances (i.e. marijuana, heroin, cocaine, methamphetamine) or misuse of prescription drugs

2017 Community Health Survey:

- 78% feel substance use is a moderate or major problem in the community
- 68% believe substances are easily available
- 51% stated treatment is too expensive
- 49% feel people cannot easily access services for substance use treatment
- 48% indicated more substance use prevention education is needed

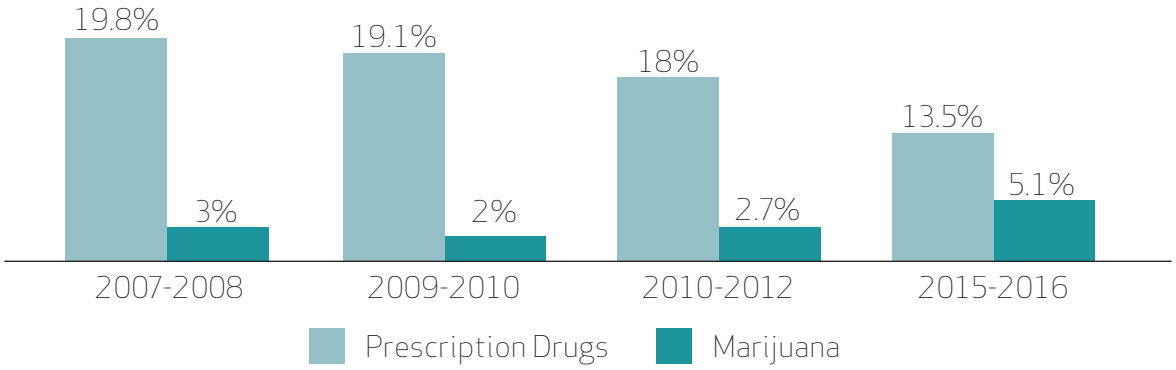
Drug-related suspensions and expulsions, per 1,000 students

Drug-related suspensions and expulsions have increased by 12 incidences between the two school years; 48 cases during 2013-2014



Monthly substance abuse

Marijuana use among 12th grade students has decreased from 19.8% to 13.5% in Eau Claire County. Prescription drug misuse has slightly increased for 12th grade students from 3% to 5.1% over the past eight years.

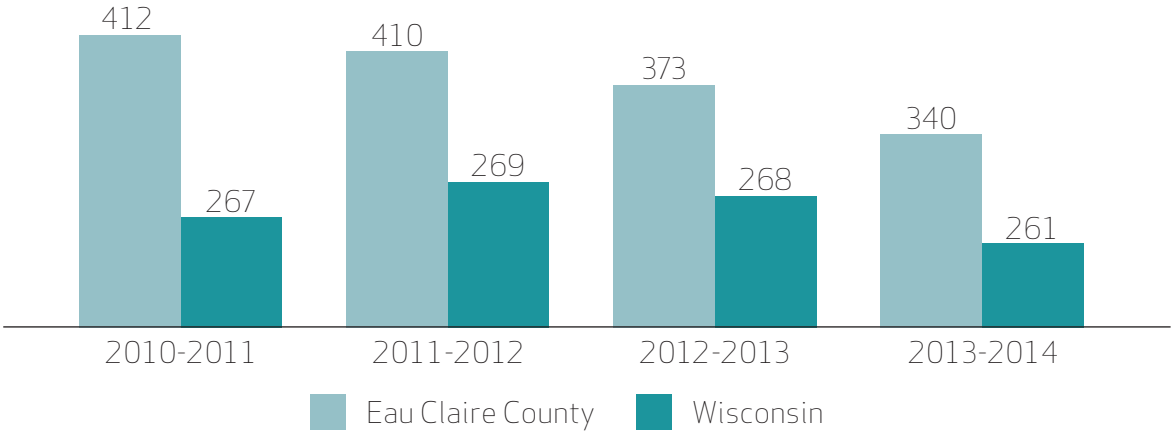


2015 Eau Claire County Pride Survey :

- The average age of first prescription drug misuse for Eau Claire County students is 13.5 years
- 12.6% of Eau Claire County high school students reported monthly use of an illicit drug
- 2.4% of 12th grade students in Eau Claire County reported monthly use of meth

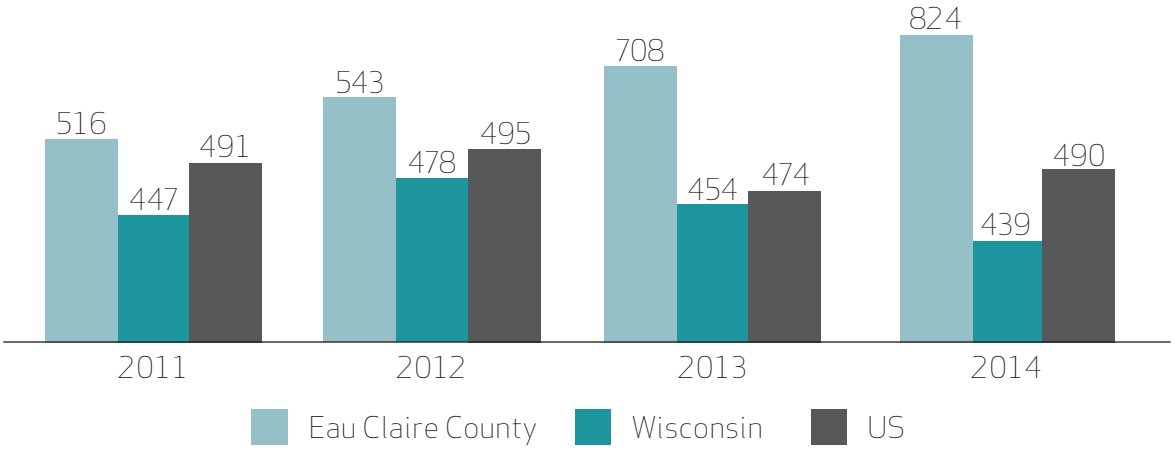
Drug-related hospitalizations, per 100,000

In 2014, 14,710 drug-related hospitalizations were recorded in Wisconsin and 348 hospitalizations in Eau Claire County. The county rate (340), per 100,000 population, is higher compared to the state rate (261).



Drug Law Arrests, per 100,000

In 2014, drug law arrests in Eau Claire County (824), were almost double to Wisconsin (439)



2017 Profile for Eau Claire County (2015)
2015 Eau Claire County Pride data
2017 Community Health Survey
2016 WI Epidemiological Profile on Alcohol & Other Drug Use

PRIORITY AREA: **ALCOHOL MISUSE**

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

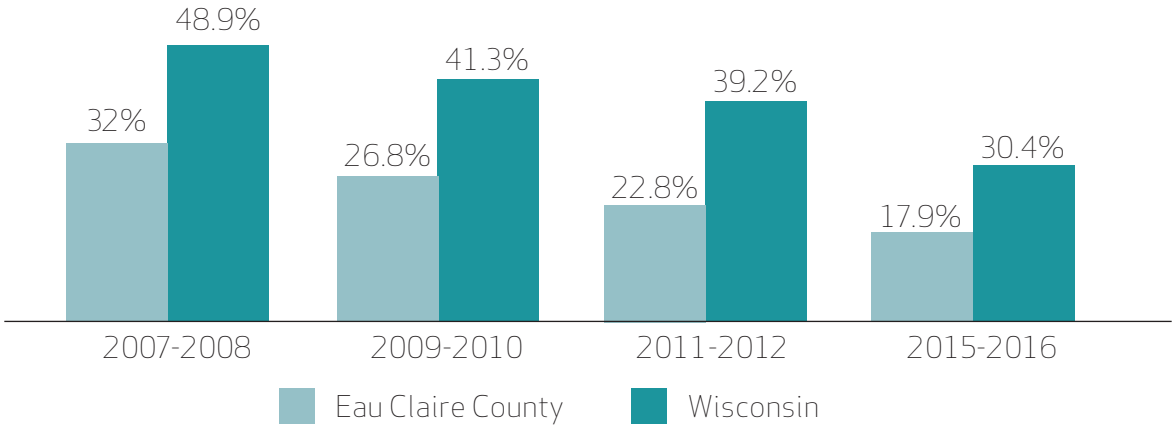
2017 Community Health Survey:

- 75% feel alcohol misuse is a moderate or major problem in the community
- 72% believe alcohol misuse is an accepted attitude or belief
- 59% say alcohol is easily available

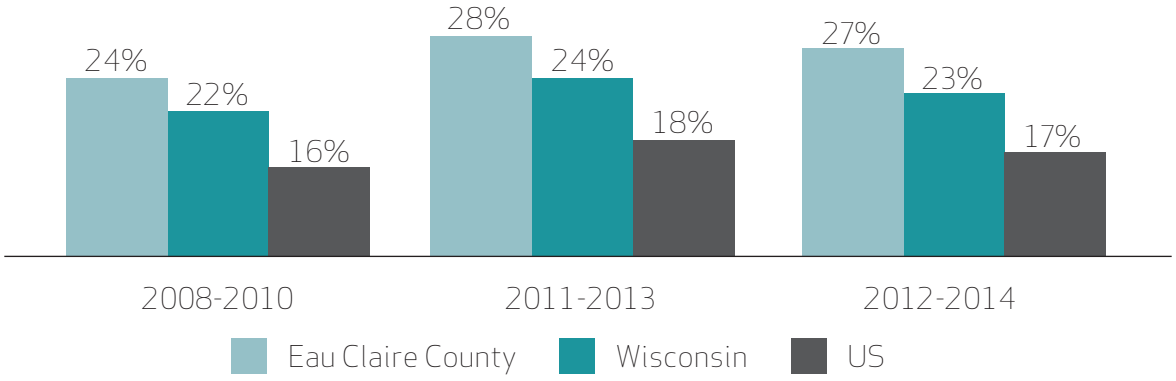
2017 Profile for Eau Claire County:

- Alcohol abuse as underlying or contributing cause of death to 18 residents in the county
- 322 Alcohol-related hospitalizations with average charge $10,244 per occurrence

Percentage of High School Students Reporting Monthly Use of Alcohol:
From 2001-2015, reported monthly alcohol use for high school students decreased by 20.3%



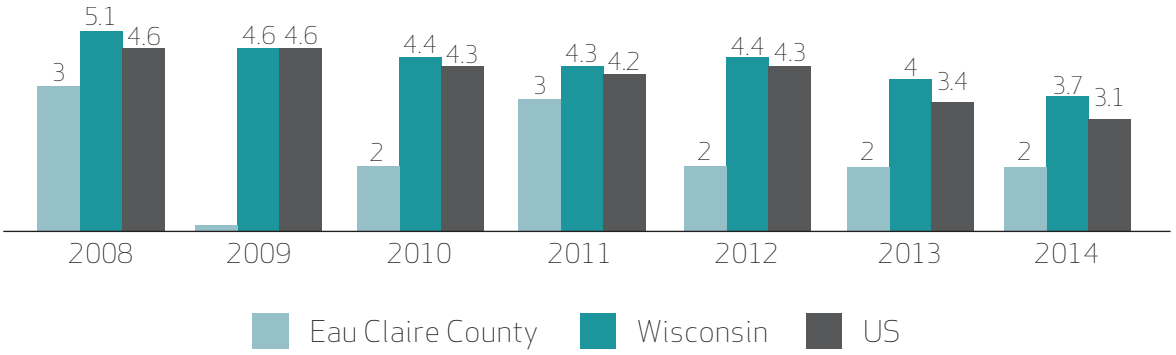
Binge Drinking (age 18 and older):
From 2012-2014, binge drinking was 10% higher in Eau Claire County compared to the U.S.



2015 Pride Survey

- The average age of first alcohol use for Eau Claire County high school students is 13.3 years
- 52.7% of Eau Claire County high school students reported fairly easy/very easy to get alcohol

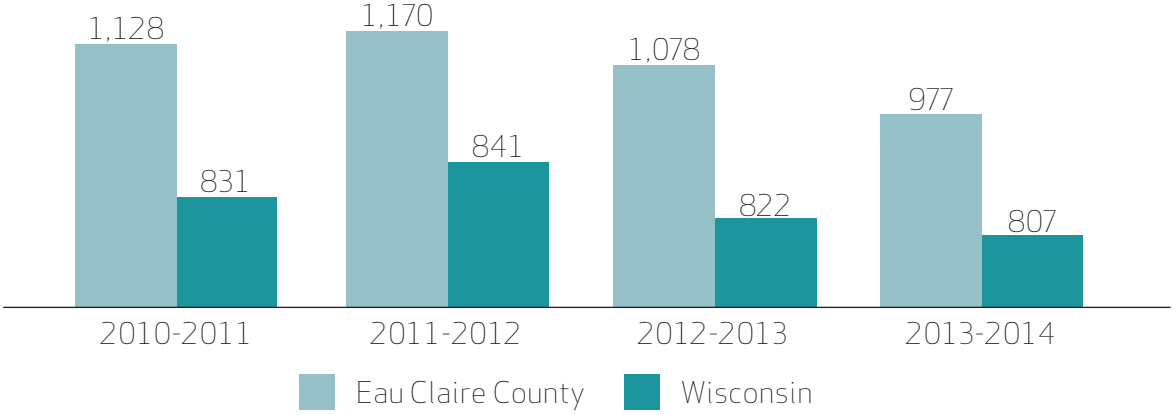
Alcohol-Related Motor Vehicle Deaths, per 100,000:
42% of traffic fatalities in Wisconsin (2014) were alcohol-related



51,251 deaths occurred in Wisconsin (2015), approximately 4% (or 2,008) were attributed to excessive alcohol use.

Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2016

Alcohol-related hospitalizations, per 100,000:
In 2014, Eau Claire County reported 1,021 alcohol-related hospitalizations. The county rate (977), per 100,000 population, is higher compared to the state rate (807).



2017 Profile for Eau Claire County (2015)
2015 Eau Claire County Pride data
2017 Community Health Survey
2016 WI Epidemiological Profile on Alcohol & Other Drug Use

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Appendix V:
Community Assets Inventory

Mental Health Services

Service Name	Contact Information	Description
A Better Life Counseling	1101 W. Clairemont Ave. Eau Claire, WI 54701 (715) 835-5100	A private therapy practice offering, family, group, individual, and peer counseling
AIDS Resource Center of Wisconsin	505 S. Dewey St. Eau Claire, WI 54701 (715) 836-7710 www.arcw.org	Provides mental health services for individuals that are HIV positive or have AIDS
Alzheimer's Association of Greater Wisconsin Chippewa Valley Outreach Office	404 1/2 N. Bridge St. Chippewa Falls, WI 54729 (715) 720-7611 www.alz.org/gwwi	Provides information, consultation, and emotional support for persons with Alzheimer's, their families, care-givers, and general public
Bolton Refuge House	807 S. Farwell St. Eau Claire, WI 54701 (715) 834-9578 www.boltonrefuge.com	Provides advocacy and support services to victim of domestic violence, intimate partner violence, dating violence, sexual assault and stalking throughout the life span, and to any gender. All services are confidential and at no-cost to the individual
Caillier Clinic	505 S. Dewey St. Eau Claire, WI 54701 (715) 836-0064 www.caillierclinic.com	Provides an outpatient clinic offering comprehensive mental health services for all ages
Children's Hospital of Wisconsin - Community Services	2004 Highland Ave. Eau Claire, WI 54701 (715) 835-5915 www.chw.org	Individual and family counseling for children and adolescents who needs help with traumatic experience, family changes, mood management, behaviors at home or school, or difficulty experiencing success in school
Chippewa Valley Free Clinic	816 Porter Ave. Eau Claire, WI 54701 (715) 839-8477 www.cvfreeclinic.org	Provides health services and assessments for patients with no healthcare alternative, including a mental health clinic weekly
Clearwater Counseling & Personal Growth Center	4330 Golf Terrace Eau Claire, WI 54720 (715) 832-4060	Provides mental health evaluation services for anxiety disorder, depression screening and family and individual counseling Visit: www.clearwatercounseling.com
Clinic for Christian Counseling	505 S. Dewey St. Eau Claire, WI 54701 (715) 832-1678 www.cccwi.org	A private therapy practice offering faith-based, family, group, and individual counseling settings
Dr. Stress & Associates	5840 Arndt Rd. Eau Claire, WI 54701 (715) 833-7111	Provides private therapy practice offering family and individual counseling Visit: www.drstressassociates.com

Mental Health Services

Service Name	Contact Information	Description
Eau Claire Academy	550 N. Dewey St. Eau Claire, WI 54702 (715) 834-6681	Provides therapeutic treatment for children ages 10 through 17 to overcome physical, emotional, psychological, mental or behavioral challenges
Eau Claire Area Hmong Mutual Assistance Association, Inc.	423 Wisconsin St. Eau Claire, WI 54703 (715) 832-8420	Provides Hmong culturally and linguistically specific prevention and advocacy services to victims of crimes, victims and survivors of domestic violence and sexual assault and their children
Eau Claire County Aging and Disability Resource Center (ADRC)	721 Oxford Ave. Eau Claire, WI 54703 (715) 839-4735 adrc@co.eau-claire.wi.us	Assists people age 60+, adults with disabilities, and their care givers to secure needed services or benefits
Eau Claire Healthy Communities –Mental Health Action Team	(715) 839-2869	Community coalition that promotes the importance of self-care and the acceptance and understanding of those struggling with mental health difficulties and encourages a culture of compassion and support Visit: www.echealthycommunities.org
Family Resource Center	4800 Golf Rd. Suite 450 Eau Claire, Wi 54701 (715) 833-1735 www.frcec.org	Provides programs and services that build family strength through prevention, education, support and networking in collaboration with other resources in the community
First Things First Counseling & Consulting Services	2519 N. Hillcrest Pkwy. Altoona, WI 54720 (715) 832-8432	Provides mental health/counseling services as well as anger management and domestic violence prevention education Visit: www.firstthingsfirstcounseling.net
Great Rivers 2-1-1	www.greatrivers211.org Dial 2-1-1	Provides individuals with quick and easy access to community-based health and human services information and resources
HSHS Sacred Heart	900 W. Clairemont Ave. Eau Claire, WI 54701 (715) 717-4272	Provides a short-term inpatient psychiatric unit serving all ages
L.E. Phillips Libertas Treatment Center	2661 Cty Hwy I Chippewa Falls, WI 54729 (715) 723-5585 www.libertascenter.org	Mental health therapists help individuals and families through life's struggles and crises to a point of healing and wholeness
L.E. Phillips Senior Center	1616 Bellinger St. Eau Claire, WI 54703 (715) 839-4909	Services and programs to enhance physical, mental, and social wellbeing for senior citizens, 55 and better
Marriage & Family Health Services	2925 Mondovi Rd. Eau Claire, WI 54701 (715) 832-0238	Family counseling agency providing therapy for individuals, couples, families, and peer counseling Visit: www.marriageandfamilyhealthservices.com

Mental Health Services

Service Name	Contact Information	Description
Marshfield Clinic Health System - Eau Claire Center	2116 Craig Rd. Eau Claire, WI 54701 (715) 858-4850	Provides family, group, and individual counseling settings offering comprehensive mental health treatments
Mayo Clinic Health System - Eau Claire	1221 Whipple St. Eau Claire, WI 54702 (715) 838-3311	Behavioral health services for people of all ages
National Alliance on Mental Illness	www.namicv.org	Provides support groups for family, adolescents, and adults
Mosaic Counseling Group, LLC	3430 Oakwood Mall Dr #200, Eau Claire, WI 54701 (715) 514-0455	Offers a variety of counseling services including individual, couples, family, and group
Riverside Counseling Clinic	130 S. Barstow St. Eau Claire, WI 54701 (715) 833-7600	A private therapy practice offering family, and individual counseling settings with vast mental health evaluation services Email: riversidecounselingclinic@gmail.com
Positive Avenues	320 Putnam St. Eau Claire, WI 54703 (715) 838-2409	Provides a daytime resource center open to those experiencing mental health concerns or homelessness (must be 18 years old and an Eau Claire County resident)
The Wellness Shack, Inc.	505 S Dewey St. Eau Claire, WI 54701 (715) 855-7705 www.wellnessshack.org	Provides a sanctuary environment with individual and group peer support, education, advocacy, and socialization for adults living with mental health disorders
The Healing Place	1010 Oakridge Dr. Eau Claire, WI 54701 (715) 717-6028	Provides support services and short-term counseling, classes and workshops for people coping with life transitions
University of Wisconsin –Eau Claire Counseling Services	University of WI-Eau Claire Old Library 2122 Eau Claire, WI 54702 (715) 836-5521	Counseling and support for UWEC students and staff Visit: www.uwec.edu/counsel
Vantage Point Clinic & Assessment Center	2005 Highland Ave. Eau Claire, WI 54701 (715) 832-5454 www.vantagepointclinic.com	Provides behavioral health and AODA therapy services for both adolescents and adults
Western WI Regional Center for Children and Youth with Special Health Care Needs	711 N. Bridge St. Chippewa Falls, WI 54729 (715) 726-7900 (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

Substance Use Services

Service Name	Contact Information	Description
AIDS Resource Center of Wisconsin	505 S. Dewey St. Eau Claire, WI 54701 www.arcw.org	Provides alcohol and drug treatment services for individuals that are HIV positive or have AIDS
Alliance for Substance Abuse Prevention	(715) 839-4718 www.GetInvolvedASAP.org	The Alliance brings community volunteers and other groups together, helping to coordinate and support county-wide efforts, all working toward the common goal of substance abuse prevention and treatment in our community
Arbor Place	4076 Kothlow Ave. Menomonie, WI 54751 (715) 235-4537	Treatment center providing various levels of care - residential, day treatment, outpatient with the goal to help people learn the skills needed to live a life in recovery
Caillier Clinic	2620 Stein Blvd. Eau Claire, WI 54701 (715) 836-0064	Offers a variety of services relating to alcohol and drug abuse - outpatient evaluation, interventions, education, group and one-on-one counseling
Community Counseling Services	16947 Cty Hwy X Chippewa Falls, WI 54729	Provides educational program for individuals with legal or personal problems related to the misuse of alcohol or other drugs
Eau Claire County Department of Human Services	721 Oxford Ave. Eau Claire, WI 54702 (715) 839-2300 humanservices@co.eau-claire.wi.us	Substance abuse services provided for individuals who have an inability to pay for services elsewhere or are referred by DHS staff
Eau Claire Metro Treatment Center	2000 Oxford Ave. Eau Claire, WI 54703 (715) 834-1078	Services include evaluation, opioid-assisted medication treatment, individual, family, couple, and group counseling; support and psychotherapy groups
Great Rivers 2-1-1	www.greatrivers211.org Dial 2-1-1	Provides individuals with quick and easy access to community-based health and human services information and resources
L.E. Phillips Libertas Center	2661 Cty Hwy I Chippewa Falls, WI 54729 www.libertascenter.org	Outpatient substance abuse services including alcoholism and drug abuse assessment, counseling, and relapse prevention

Substance Use Services

Service Name	Contact Information	Description
Lutheran Social Services of Wisconsin and Upper Michigan	www.lsswis.org	Provides addiction treatment services specifically designed to help people experience lasting recovery and a newly improved life
Mayo Clinic Health System - Chippewa Valley	1501 Thompson St. Bloomer, WI 54724 1-888-662-5666	Alcohol and drug dependency counseling services for people of all ages
Narcotics Anonymous Chippewa Valley Wisconsin	www.chippewavalleyna.org	Twelve-step program of recovery from drug addiction, fellowship or society of men and women for whom drugs had become a major problem
North West Wisconsin Comprehensive Treatment Center	3440 Oakwood Hills Pkwy. Eau Claire, WI 54701 (715) 214-2525 www.eauclairectc.com	Provides medically supervised methadone and buprenorphine treatment to individuals who attempting to overcome an addiction to opioids
Vantage Point Clinic Assessment Center	(715) 832-5454 www.vantagepointclinic.com	Provides comprehensive AODA services for adults and adolescents. Various assessment and treatment programs are provided by experienced certified counselors

Alcohol Misuse Services

Service Name	Contact Information	Description
Affinity House	3042 Kilbourne Ave. Eau Claire, WI 54703 (715) 833-0436	Provides an 18-bed residential treatment facility for adult women with a length of 60-180 days. Client must have an addiction diagnosis, desire to live sober, and be employable or willing to volunteer
AIDS Resource Center of Wisconsin	505 Dewey Street S. Eau Claire, WI 54701 www.arcw.org	Provides alcohol and drug treatment services for individuals that are HIV positive or have AIDS
Alcoholics Anonymous	www.district05.org	Provides a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism
Alliance for Substance Abuse Prevention	(715) 839-4718 www.GetInvolvedASAP.org	The Alliance brings community volunteers and other groups together, helping to coordinate and support county-wide efforts, all working toward the common goal of substance abuse prevention and treatment in our community
Eau Claire Academy - Clinicare Corporation	550 N. Dewey St. Eau Claire, WI 54702 (715) 834-6681	Provides therapeutic treatments for young children (ages 10 through 17), including those experiencing alcohol and drug addiction
Eau Claire County Department of Human Services	721 Oxford Ave. Eau Claire, WI 54702 (715) 839-2300 humanservices@co.eau-claire.wi.us	Substance abuse services provided for individuals who have an inability to pay for services elsewhere or are referred by DHS staff
Eau Claire Healthy Communities –High Risk Drinking Prevention Action Team	715-839-2869	Community coalition focusing on promoting low-risk drinking behaviors and creating a positive change in the community drinking culture. Visit: www.echealthycommunities.org
First Things First Counseling & Consulting Services	2519 N. Hillcrest Pkwy Altoona, WI 54720 (715) 832-8432	Consultants provide individual, group, couples, and family counseling with focus on addiction and recovery, conflict solution, depression and anxiety Visit: www.firstthingsfirstcounseling.net
Great Rivers 2-1-1	www.greatrivers211.org Dial 2-1-1	Provides individuals with quick and easy access to community-based health and human services information and resources
L.E. Phillips Libertas Center	2661 Cty Hwy I Chippewa Falls, WI 54729 www.libertascenter.org	Outpatient substance abuse services including alcoholism and drug abuse assessment, counseling, and relapse prevention

Alcohol Misuse Services

Service Name	Contact Information	Description
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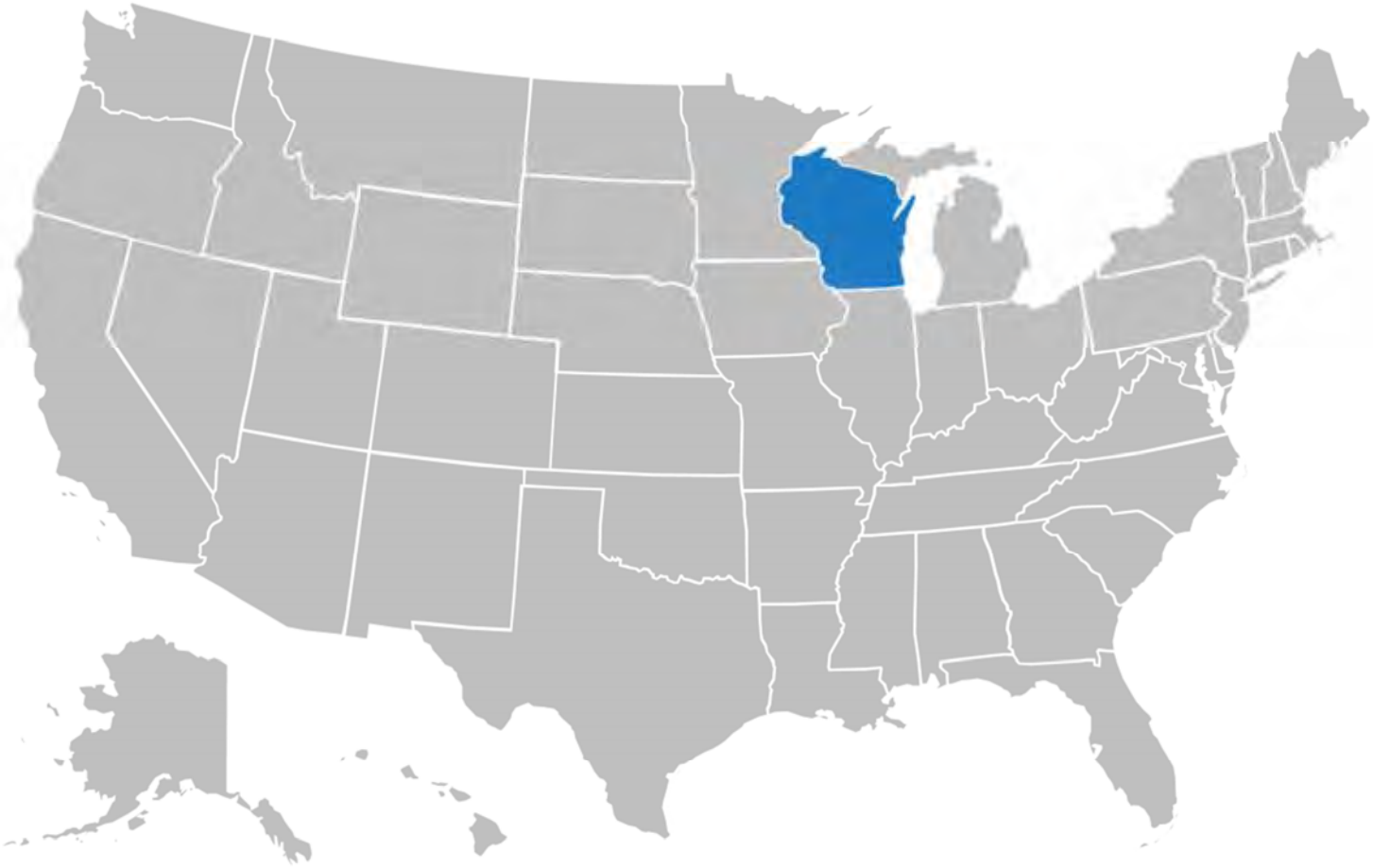
Marshfield Clinic Health System - Eau Claire Center	2116 Craig Rd. Eau Claire, WI 54701 (715) 858-4850	Provides family, group, and individual counseling settings offering comprehensive mental health treatments
Mayo Clinic Health System - Eau Claire	1221 Whipple St. Eau Claire, WI 54702 (715) 838-3311	Alcohol and drug dependency counseling services for people of all ages.
University of Wisconsin –Eau Claire Counseling Services	University of WI-Eau Claire Old Library 2122 Eau Claire, WI 54702 (715) 836-5521	Counseling and support for UWEC students and staff Visit: www.uwec.edu/counsel
Vantage Point Clinic and Assessment Center	2005 Highland Ave. Eau Claire, WI 54701 (715) 832-5454 www.vantagepointclinic.com	Provides comprehensive AODA services for adults and adolescents
Women's Way AODA Program	505 South Dewey St. Eau Claire, WI 54701 (715) 855-6181 www.lsswis.org	Provides comprehensive case management services exclusively to women struggling with addiction and those involved in restorative justice programs

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

Wisconsin



2019 County Health Rankings Report

A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

University of Wisconsin Population Health Institute
SCHOOL OF MEDICINE AND PUBLIC HEALTH

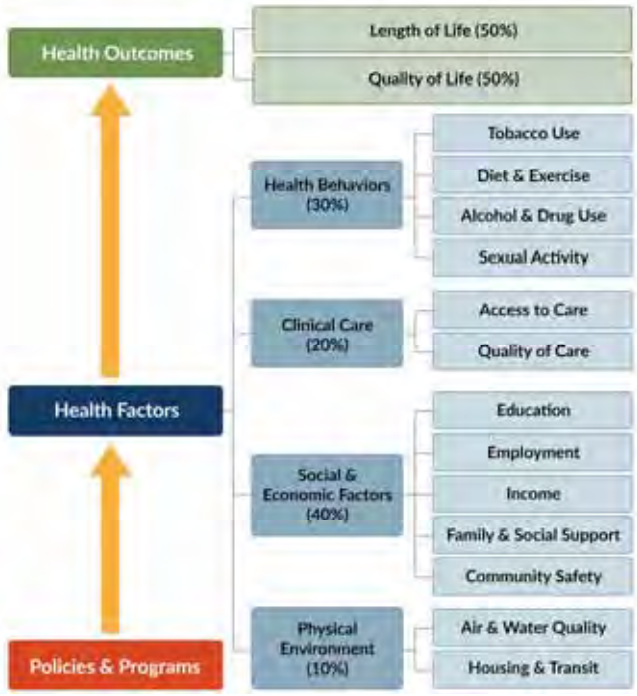
Support provided by
Robert Wood Johnson Foundation

The County Health Rankings & Roadmaps (CHR&R) brings actionable data, evidence, guidance, and stories to communities to make it easier for people to be healthy in their neighborhoods, schools, and workplaces. Ranking the health of nearly every county in the nation (based on the model below), CHR&R illustrates what we know when it comes to what is keeping people healthy or making them sick and shows what we can do to create healthier places to live, learn, work, and play.

What are the County Health Rankings?

Published online at countyhealthrankings.org, the Rankings help counties understand what influences how healthy residents are and how long they will live. The Rankings are unique in their ability to measure the current overall health of each county in all 50 states. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births.

Communities use the Rankings to garner support for local health improvement initiatives among government agencies, health care providers, community organizations, business leaders, policymakers, and the public.



Moving with Data to Action

The Take Action to Improve Health section of our website, countyhealthrankings.org, helps communities join together to look at the many factors influencing health, select strategies that work, and make changes that will have a lasting impact. Take Action to Improve Health is a hub of information to help any community member or leader who wants to improve their community's health and equity. You will find:

- What Works for Health, a searchable menu of evidence-informed policies and programs that can make a difference locally;
- The Action Center, your home for step-by-step guidance and tools to help you move with data to action;
- Action Learning Guides, self-directed learning on specific topics with a blend of guidance, tools, and hands-on practice and reflection activities;
- The Partner Center, information to help you identify the right partners and explore tips to engage them;
- Peer Learning, a virtual, interactive place to learn with and from others about what works in communities; and
- Action Learning Coaches, located across the nation, who are available to provide real-time guidance to local communities interested in learning how to accelerate their efforts to improve health and advance equity.

The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this program to cities, counties, and states across the nation.

Opportunities for Health Vary by Place and Race

Our country has achieved significant health improvements over the past century. We have benefited from progress in automobile safety, better workplace standards, good schools and medical clinics, and reductions in smoking and infectious diseases. But when you look closer, there are significant differences in health outcomes according to where we live, how much money we make, or how we are treated. The data show that, in counties everywhere, not everyone has benefited in the same way from these health improvements. There are fewer opportunities and resources for better health among groups that have been historically marginalized, including people of color, people living in poverty, people with physical or mental disabilities, LGBTQ persons, and women.

Differences in Opportunity Have Been Created, and Can Be Undone

Differences in opportunity do not arise on their own or because of the actions of individuals alone. Often, they are the result of policies and practices at many levels that have created deep-rooted barriers to good health, such as unfair bank lending practices, school funding based on local property taxes, and discriminatory policing and prison sentencing. The collective effect is that a fair and just opportunity to live a long and healthy life does not exist for everyone. Now is the time to change how things are done.

Measure What Matters

Achieving health equity means reducing and ultimately eliminating unjust and avoidable differences in health and in the conditions and resources needed for optimal health. This report provides data on differences in health and opportunities in Wisconsin that can help identify where action is needed to achieve greater equity and offers information on how to move with data to action.

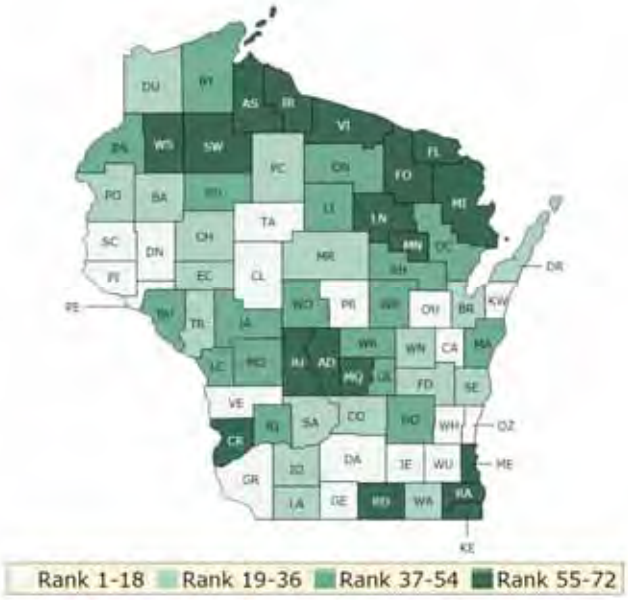
Specifically, this report will help illuminate:

1. Differences in health outcomes within the state by place and racial/ethnic groups
2. Differences in health factors within the state by place and racial/ethnic groups
3. What communities can do to create opportunity and health for all

Differences in Health Outcomes within States by Place and Racial/Ethnic Groups

How Do Counties Rank for Health Outcomes?

Health outcomes in the County Health Rankings represent measures of how long people live and how healthy people feel. Length of life is measured by premature death (years of potential life lost before age 75) and quality of life is measured by self-reported health status (percent of people reporting poor or fair health and the number of physically and mentally unhealthy days within the last 30 days) and the % of low birth weight newborns. Detailed information on the underlying measures is available at **countyhealthrankings.org**



The green map above shows the distribution of Wisconsin's **health outcomes**, based on an equal weighting of length and quality of life. The map is divided into four quartiles with less color intensity indicating better performance in the respective summary rankings. Specific county ranks can be found in the table on page 10 at the end of this report.

How Do Health Outcomes Vary by Race/Ethnicity?

Length and quality of life vary not only based on where we live, but also by our racial/ethnic background. In Wisconsin, there are differences by race/ethnicity in length and quality of life that are masked when we only look at differences by place. The table below presents the five underlying measures that make up the Health Outcomes rank. Explore the table to see how health differs between the healthiest and the least healthy counties in Wisconsin, and among racial/ethnic groups.

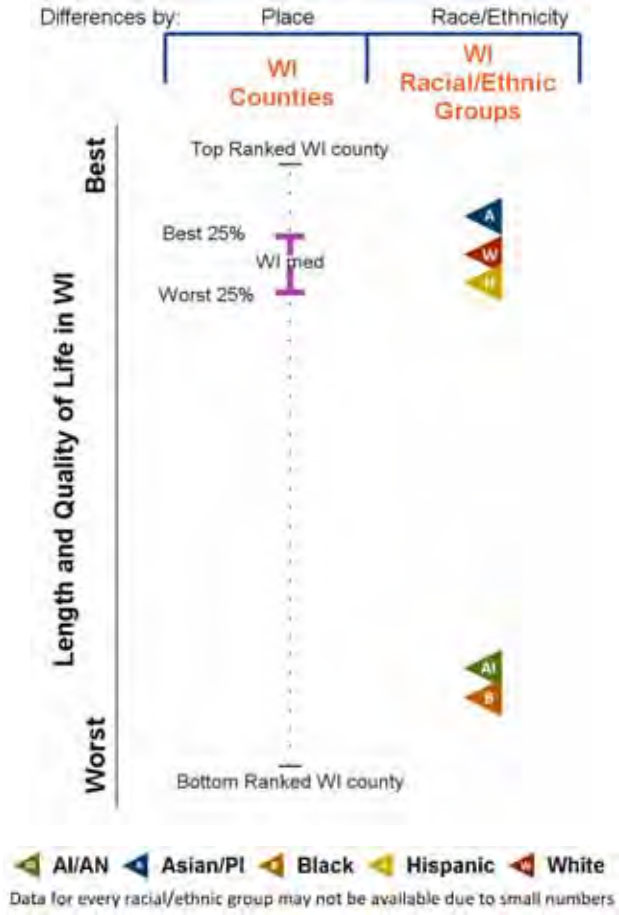
Differences in Health Outcome Measures among Counties and for Racial/Ethnic Groups in Wisconsin

	Healthiest WI County	Least Healthy WI County	AI/AN	Asian/PI	Black	Hispanic	White
Premature Death (years lost/100,000)	4,300	16,300	13,200	4,100	13,200	4,600	5,800
Poor or Fair Health (%)	11%	32%	21%	9%	27%	21%	14%
Poor Physical Health Days (avg)	2.8	6.3	4.8	4.6	4.2	4.0	3.5
Poor Mental Health Days (avg)	3.1	5.8	8.7	2.6	3.8	4.3	3.7
Low Birthweight (%)	6%	8%	7%	8%	14%	7%	6%

American Indian/Alaskan Native (AI/AN), Asian/Pacific Islander (Asian/PI)

N/A = Not available. Data for all racial/ethnic groups may not be available due to small numbers

Health Outcomes in Wisconsin



AI/AN -American Indian/Alaskan Native/Native American
Asian/PI - Asian/Pacific Islander

The graphic to the left compares measures of length and quality of life by place (Health Outcomes ranks) and by race/ethnicity. To learn more about this composite measure, see the technical notes on page 14.

Taken as a whole, measures of length and quality of life in Wisconsin indicate:

- American Indians/Alaskan Natives are most similar in health to those living in the least healthy quartile of counties.
- Asians/Pacific Islanders are most similar in health to those living in the healthiest quartile of counties.
- Blacks are most similar in health to those living in the least healthy quartile of counties.
- Hispanics are most similar in health to those living in the middle 50% of counties.
- Whites are most similar in health to those living in the middle 50% of counties.

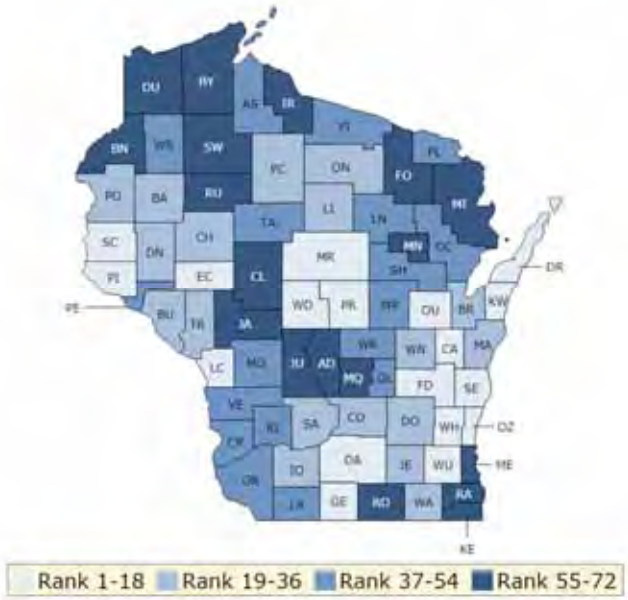
(Quartiles refer to the map on page 4.)

Across the US, values for measures of length and quality of life for Native American, Black, and Hispanic residents are regularly worse than for Whites and Asians. For example, even in the healthiest counties in the US, Black and American Indian premature death rates are about 1.4 times higher than White rates. Not only are these differences unjust and avoidable, they will also negatively impact our changing nation's future prosperity.

Differences in Health Factors within States by Place and Racial/Ethnic Groups

How Do Counties Rank for Health Factors?

Health factors in the County Health Rankings represent the focus areas that drive how long and how well we live, including health behaviors (tobacco use, diet & exercise, alcohol & drug use, sexual activity), clinical care (access to care, quality of care), social and economic factors (education, employment, income, family & social support, community safety), and the physical environment (air & water quality, housing & transit).



The blue map above shows the distribution of Wisconsin's **health factors** based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment. Detailed information on the underlying measures is available at **countyhealthrankings.org.** The map is divided into four quartiles with less color intensity indicating better performance in the respective summary rankings. Specific county ranks can be found in the table on page 10.

What are the Factors That Drive Health and Health Equity and How Does Housing Play a Role?

Health is influenced by a range of factors. Social and economic factors, like connected and supportive communities, good schools, stable jobs, and safe neighborhoods, are foundational to achieving long and healthy lives. These social and economic factors also interact with other important drivers of health and health equity. For example, housing that is unaffordable or unstable can either result from poverty or exacerbate it. When our homes are near high performing schools and good jobs, it's easier to get a quality education and earn a living wage. When people live near grocery stores where fresh food is available or close to green spaces and parks, eating healthy and being active is easier. When things like lead, mold, smoke, and other toxins are inside our homes, they can make us sick. And when so much of a paycheck goes toward the rent or mortgage, it makes it hard to afford to go to the doctor, cover the utility bills, or maintain reliable transportation to work or school.

How Do Opportunities for Stable and Affordable Housing Vary in Wisconsin?

Housing is central to people's opportunities for living long and well. Nationwide, housing costs far exceed affordability given local incomes in many communities. As a result, people have no choice but to spend too much on housing, leaving little left for other necessities. Here, we focus on stable and affordable housing as an essential element of healthy communities. We also explore the connection between housing and children in poverty to illuminate the fact that these issues are made even more difficult when family budgets are the tightest.

What can work to create and preserve stable and affordable housing that can improve economic and social well-being and connect residents to opportunity?

A comprehensive, strategic approach that looks across a community and multiple sectors is needed to create and preserve stable, affordable housing in our communities. The way forward requires policies, programs, and systems changes that respond to the specific needs of each community, promote inclusive and connected neighborhoods, reduce displacement, and enable opportunity for better health for all people. This includes efforts to:

Make communities more inclusive and connected, such as:

- Inclusive zoning
- Civic engagement in public governance and in community development decisions
- Fair housing laws and enforcement
- Youth leadership programs
- Access to living wage jobs, quality health care, grocery stores, green spaces and parks, and public transportation systems

For more information about evidence-informed strategies that can address priorities in your community, visit What Works for Health at countyhealthrankings.org/whatworks

Facilitate access to resources needed to secure affordable housing, particularly for low- to middle-income families, such as:

- Housing choice vouchers for low- and very low-income households
- Housing trust funds

Address capital resources needed to create and preserve affordable housing, particularly for low- to middle-income families, such as:

- Acquisition, management, and financing of land for affordable housing, like land banks or land trusts
- Tax credits, block grants, and other government subsidies or revenues to advance affordable housing development
- Zoning changes that reduce the cost of housing production

This report explores statewide data. To dive deeper into your county data, visit Use the Data at countyhealthrankings.org

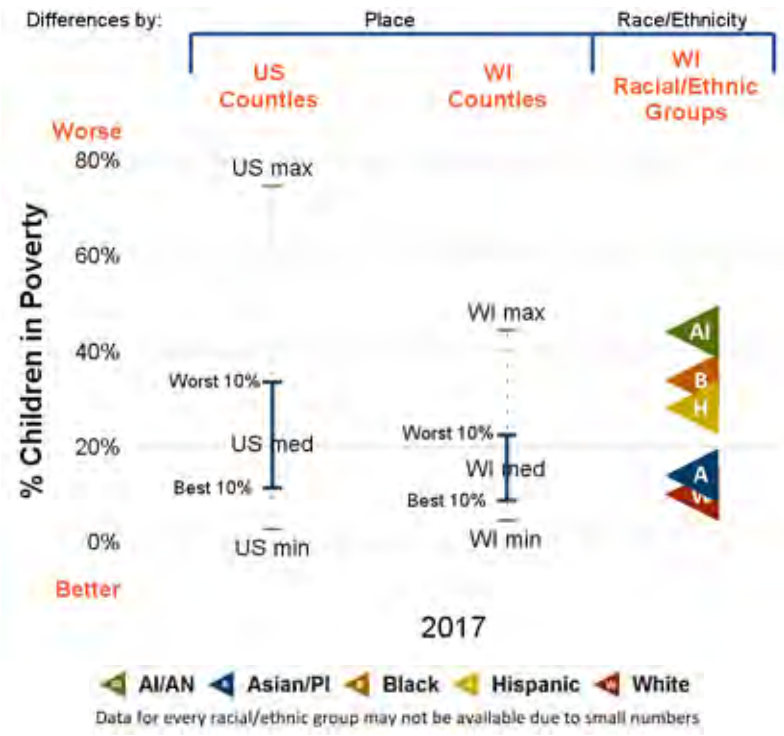
Consider these questions as you look at the data graphics throughout this report:

- What differences do you see among counties in your state?
- What differences do you see by racial/ethnic groups in your state?
- How do counties in your state compare to all U.S. counties?
- What patterns do you see? For example, do some racial/ethnic groups fare better or worse across measures?

Children in Poverty

Poverty limits opportunities for quality housing, safe neighborhoods, healthy food, living wage jobs, and quality education. As poverty and related stress increase, health worsens.

- In Wisconsin, 15% of children are living in poverty.
- Children in poverty among Wisconsin counties range from 5% to 44%.
- Child poverty rates among racial/ethnic groups in Wisconsin range from 10% to 44%.



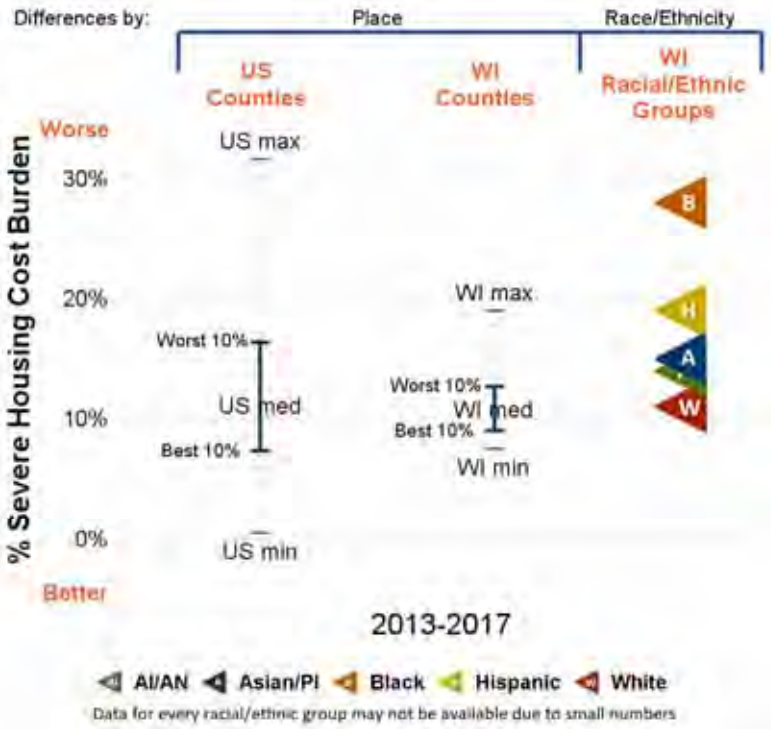
US and state values and the state minimum and maximum can be found in the table on page 12

American Indian/Alaskan Native/Native American (AI/AN) Asian/Pacific Islander (Asian/PI)

Severe Housing Cost Burden

There is a strong and growing evidence base linking stable and affordable housing to health. As housing costs have outpaced local incomes, households not only struggle to acquire and maintain adequate shelter, but also face difficult trade-offs in meeting other basic needs.

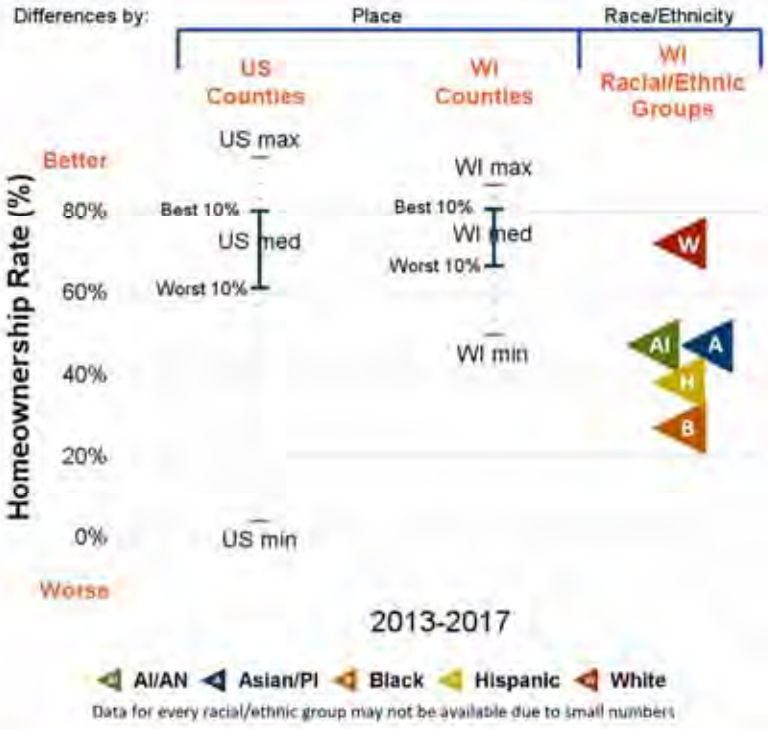
- In Wisconsin, 13% of households spend more than half of their income on housing costs.
- Across Wisconsin counties, severe housing cost burden ranges from 7% to 19% of households.
- Severe housing cost burden ranges from 11% to 28% among households headed by different racial/ethnic groups in Wisconsin.



Homeownership

Homeownership has historically been a springboard for families to enter the middle class. Owning a home over time can help build savings for education or for other opportunities important to health and future family wealth. High levels of homeownership are associated with more stable housing and more tightly knit communities.

- In Wisconsin, 67% of households own their home.
- Homeownership rates among Wisconsin counties range from 50% to 87% of households.
- Homeownership rates among racial/ethnic groups in Wisconsin range from 27% to 72%.



2019 County Health Rankings for the 72 Ranked Counties in Wisconsin

County	Health Outcomes	Health Factors
Adams	67	70
Ashland	64	51
Barron	21	24
Bayfield	49	55
Brown	31	36
Buffalo	40	29
Burnett	47	67
Calumet	5	5
Chippewa	22	23
Clark	18	61
Columbia	28	32
Crawford	56	50
Dane	12	3
Dodge	37	34
Door	20	9
Douglas	26	57
Dunn	17	28
Eau Claire	33	13
Florence	66	44
Fond du Lac	29	15
Forest	69	69
Grant	14	46
Green	10	12
Green Lake	53	47
Iowa	25	20
Iron	62	56
Jackson	54	59
Jefferson	15	22
Juneau	58	65
Kenosha	60	66
Kewaunee	11	11
La Crosse	38	6
Lafayette	32	37
Langlade	63	54
Lincoln	51	33
Manitowoc	43	27
Marathon	19	14
Marinette	55	58
Marquette	61	62
Menominee	72	72
Milwaukee	71	71
Monroe	48	41
Oconto	52	49
Oneida	39	21
Outagamie	16	8
Ozaukee	1	1
Pepin	7	43
Pierce	8	16
Polk	34	26
Portage	9	17
Price	30	35
Racine	65	63
Richland	42	45
Rock	59	64
Rusk	44	60
Sauk	24	31
Sawyer	70	68
Shawano	41	40
Sheboygan	27	10
St. Croix	3	7
Taylor	6	42
Trempealeau	35	19
Vernon	13	48
Vilas	68	52
Walworth	36	25
Washburn	57	39
Washington	2	4
Waukesha	4	2
Waupaca	50	38
Waushara	46	53
Winnebago	23	30
Wood	45	18

Stay Up-To-Date with County Health Rankings & Roadmaps

For the latest updates on our Rankings, community support, RWJF Culture of Health Prize communities, and more visit countyhealthrankings.org/news. You can see what we're featuring on our webinar series, what communities are doing to improve health, and how you can get involved!

2019 County Health Rankings for Wisconsin: Measures and National/State Results

Measure	Description	US	WI	WI Minimum	WI Maximum
HEALTH OUTCOMES					
Premature death	Years of potential life lost before age 75 per 100,000 population	6900	6,300	4,100	16,300
Poor or fair health	% of adults reporting fair or poor health	16%	15%	10%	32%
Poor physical health days	Average # of physically unhealthy days reported in past 30 days	3.7	3.6	2.8	6.3
Poor mental health days	Average # of mentally unhealthy days reported in past 30 days	3.8	3.8	3.1	5.8
Low birthweight	% of live births with low birthweight (< 2500 grams)	8%	7%	4%	10%
HEALTH FACTORS					
HEALTH BEHAVIORS					
Adult smoking	% of adults who are current smokers	17%	17%	12%	33%
Adult obesity	% of adults that report a BMI ≥ 30	29%	31%	24%	38%
Food environment index	Index of factors that contribute to a healthy food environment, (0-10)	7.7	8.8	6.6	9.2
Physical inactivity	% of adults aged 20 and over reporting no leisure-time physical activity	22%	20%	15%	28%
Access to exercise opportunities	% of population with adequate access to locations for physical activity	84%	86%	11%	98%
Excessive drinking	% of adults reporting binge or heavy drinking	18%	26%	20%	29%
Alcohol-impaired driving deaths	% of driving deaths with alcohol involvement	29%	36%	11%	67%
Sexually transmitted infections	# of newly diagnosed chlamydia cases per 100,000 population	497.3	466.0	89.6	1,122.5
Teen births	# of births per 1,000 female population ages 15-19	25	18	4	64
CLINICAL CARE					
Uninsured	% of population under age 65 without health insurance	10%	6%	4%	18%
Primary care physicians	Ratio of population to primary care physicians	1,330:1	1,250:1	10,030:1	600:1
Dentists	Ratio of population to dentists	1,460:1	1,470:1	9,990:1	580:1
Mental health providers	Ratio of population to mental health providers	440:1	530:1	6,580:1	260:1
Preventable hospital stays	# of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	4,520	3,971	1,892	6,381
Mammography screening	% of female Medicare enrollees ages 65-74 that receive mammography screening	41%	50%	33%	62%
Flu vaccinations	% of Medicare enrollees who receive an influenza vaccination	45%	52%	25%	63%
SOCIAL AND ECONOMIC FACTORS					
High school graduation	% of ninth-grade cohort that graduates in four years	85%	89%	77%	98%
Some college	% of adults ages 25-44 with some post-secondary education	65%	69%	42%	84%
Unemployment	% of population aged 16 and older unemployed but seeking work	4.4%	3.3%	2.4%	6.2%
Children in poverty	% of children under age 18 in poverty	18%	15%	5%	44%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.9	4.3	3.5	5.7
Children in single-parent households	% of children that live in a household headed by a single parent	33%	31%	18%	68%
Social associations	# of membership associations per 10,000 population	9.3	11.6	7.7	21.7
Violent crime	# of reported violent crime offenses per 100,000 population	386	298	0	1,020
Injury deaths	# of deaths due to injury per 100,000 population	67	77	47	151
PHYSICAL ENVIRONMENT					
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	8.6	8.6	6.2	11.7
Drinking water violations	Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation.	N/A	N/A	No	Yes
Severe housing problems	% of households with overcrowding, high housing costs, or lack of kitchen or plumbing facilities	18%	15%	10%	22%
Driving alone to work	% of workforce that drives alone to work	76%	81%	73%	91%
Long commute – driving alone	Among workers who commute in their car alone, % commuting > 30 minutes	35%	27%	13%	44%

2019 County Health Rankings: Ranked Measure Sources and Years of Data

	Measure	Source	Years of Data
HEALTH OUTCOMES			
Length of Life	Premature death	National Center for Health Statistics – Mortality files	2015-2017
Quality of Life	Poor or fair health	Behavioral Risk Factor Surveillance System	2016
	Poor physical health days	Behavioral Risk Factor Surveillance System	2016
	Poor mental health days	Behavioral Risk Factor Surveillance System	2016
	Low birthweight	National Center for Health Statistics – Natality files	2011-2017
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2016
Diet and Exercise	Adult obesity	CDC Diabetes Interactive Atlas	2015
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap	2015 & 2016
	Physical inactivity	CDC Diabetes Interactive Atlas	2015
	Access to exercise opportunities	Business Analyst, Delorme map data, ESRI, & U.S. Census Files	2010 & 2018
Alcohol and Drug Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2016
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2013-2017
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB	2016
	Teen births	National Center for Health Statistics – Natality files	2011-2017
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2016
	Primary care physicians	Area Health Resource File/American Medical Association	2016
	Dentists	Area Health Resource File/National Provider Identification file	2017
	Mental health providers	CMS, National Provider Identification file	2018
Quality of Care	Preventable hospital stays	Mapping Medicare Disparities Tool	2016
	Mammography screening	Mapping Medicare Disparities Tool	2016
	Flu vaccinations	Mapping Medicare Disparities Tool	2016
SOCIAL AND ECONOMIC FACTORS			
Education	High school graduation	State-specific sources & EDFacts	Varies
	Some college	American Community Survey	2013-2017
Employment	Unemployment	Bureau of Labor Statistics	2017
Income	Children in poverty	Small Area Income and Poverty Estimates	2017
	Income inequality	American Community Survey	2013-2017
Family and Social Support	Children in single-parent households	American Community Survey	2013-2017
	Social associations	County Business Patterns	2016
Community Safety	Violent crime	Uniform Crime Reporting – FBI	2014 & 2016
	Injury deaths	CDC WONDER mortality data	2013-2017
PHYSICAL ENVIRONMENT			
Air and Water Quality	Air pollution – particulate matter*	Environmental Public Health Tracking Network	2014
	Drinking water violations	Safe Drinking Water Information System	2017
Housing and Transit	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2011-2015
	Driving alone to work	American Community Survey	2013-2017
	Long commute – driving alone	American Community Survey	2013-2017

*Not available for AK and HI.

2019 County Health Rankings: Additional Measure Sources and Years of Data

	Measure	Source	Years of Data
HEALTH OUTCOMES			
Length of Life	Life expectancy	National Center for Health Statistics - Mortality Files	2015-2017
	Premature age-adjusted mortality	CDC WONDER mortality data	2015-2017
	Child mortality	CDC WONDER mortality data	2014-2017
	Infant mortality	CDC WONDER mortality data	2011-2017
Quality of Life	Frequent physical distress	Behavioral Risk Factor Surveillance System	2016
	Frequent mental distress	Behavioral Risk Factor Surveillance System	2016
	Diabetes prevalence	CDC Diabetes Interactive Atlas	2015
	HIV prevalence	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2015
HEALTH FACTORS			
HEALTH BEHAVIORS			
Diet and Exercise	Food insecurity	Map the Meal Gap	2016
	Limited access to healthy foods	USDA Food Environment Atlas	2015
Alcohol and Drug Use	Drug overdose deaths	CDC WONDER mortality data	2015-2017
	Motor vehicle crash deaths	CDC WONDER mortality data	2011-2017
Other Health Behaviors	Insufficient sleep	Behavioral Risk Factor Surveillance System	2016
CLINICAL CARE			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates	2016
	Uninsured children	Small Area Health Insurance Estimates	2016
	Other primary care providers	CMS, National Provider Identification File	2018
SOCIAL & ECONOMIC FACTORS			
Education	Disconnected youth	American Community Survey	2013-2017
Income	Median household income	Small Area Income and Poverty Estimates	2017
	Children eligible for free or reduced price lunch	National Center for Education Statistics	2016-2017
Family and Social Support	Residential segregation - black/white	American Community Survey	2013-2017
	Residential segregation - non-white/white	American Community Survey	2013-2017
Community Safety	Homicides	CDC WONDER mortality data	2011-2017
	Firearm fatalities	CDC WONDER mortality data	2013-2017
PHYSICAL ENVIRONMENT			
Housing and Transit	Homeownership	American Community Survey	2013-2017
	Severe housing cost burden	American Community Survey	2013-2017
DEMOGRAPHICS			
All	Population	Census Population Estimates	2017
	% below 18 years of age	Census Population Estimates	2017
	% 65 and older	Census Population Estimates	2017
	% Non-Hispanic African American	Census Population Estimates	2017
	% American Indian and Alaskan Native	Census Population Estimates	2017
	% Asian	Census Population Estimates	2017
	% Native Hawaiian/Other Pacific Islander	Census Population Estimates	2017
	% Hispanic	Census Population Estimates	2017
	% Non-Hispanic white	Census Population Estimates	2017
	% not proficient in English	American Community Survey	2013-2017
	% Females	Census Population Estimates	2017
	% Rural	Census Population Estimates	2010

Technical Notes and Glossary of Terms

What is health equity? What are health disparities? And how do they relate?

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty and discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Health disparities are differences in health or in the key determinants of health such as education, safe housing, and discrimination, which adversely affect marginalized or excluded groups.

Health equity and health disparities are closely related to each other. Health equity is the ethical and human rights principle or value that motivates us to eliminate health disparities. Reducing and ultimately eliminating disparities in health and its determinants of health is how we measure progress toward health equity.

Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What is Health Equity? And What Difference Does a Definition Make? Robert Wood Johnson Foundation. May 2017

How do we define racial/ethnic groups?

In our analyses by race/ethnicity we define each category as follows:

- Hispanic includes those who identify themselves as Mexican, Puerto Rican, Cuban, Central or South American, other Hispanic, or Hispanic of unknown origin.
- American Indian/Alaskan Native includes people who identify themselves as American Indian or Alaskan Native and do not identify as Hispanic. This group is sometimes referred to as Native American in the report.
- Asian/Pacific Islander includes people who identify themselves as Asian or Pacific Islander and do not identify as Hispanic.
- Black includes people who identify themselves as black/African American and do not identify as Hispanic.
- White includes people who identify themselves as white and do not identify as Hispanic.

All racial/ethnic categories are exclusive so that one person fits into only one category. Our analyses do not include people reporting more than one race, as this category was not measured uniformly across our data sources.

We recognize that “race” is a social category, meaning the way society may identify individuals based on their cultural ancestry, not a way of characterizing individuals based on biology or genetics. A strong and growing body of empirical research provides support for the notion that genetic factors are not responsible for racial differences in health factors and very rarely for health outcomes.

How did we compare county ranks and racial/ethnic groups for length and quality of life?

Data are from the same data sources and years listed in the table on page 14. The mean and standard deviation for each health outcome measure (premature death, poor or fair health, poor physical health days, poor mental health days, and low birthweight) are calculated for all ranked counties within a state. This mean and standard deviation are then used as the metrics to calculate z-scores, a way to put all measures on the same scale, for values by race/ethnicity within the state. The z-scores are weighted using CHR&R measure weights for health outcomes to calculate a health outcomes z-score for each race/ethnicity. This z-score is then compared to the health outcome z-scores for all ranked counties within a state; the identified-score calculated for the racial/ethnic groups is compared to the quartile cut-off values for counties with states. You can learn more about calculating z-scores on our website under Rankings Methods.

How did we select evidence-informed approaches?

Evidence-informed approaches included in this report represent those backed by strategies that have demonstrated consistently favorable results in robust studies or reflect recommendations by experts based on early research. To learn more about evidence analysis methods and evidence-informed strategies that can make a difference to improving health and decreasing disparities, visit What Works for Health.

Technical Notes:

- In this report, we use the terms disparities, differences, and gaps interchangeably.
- We follow basic design principles for cartography in displaying color spectrums with less intensity for lower values and increasing color intensity for higher values. We do not intend to elicit implicit biases that “darker is bad”.
- In our graphics of state and U.S. counties we report the median of county values, our preferred measure of central tendency for counties. This value can differ from the state or U.S. overall values.

Report Authors

University of Wisconsin-Madison
School of Medicine and Public Health
Department of Population Health Sciences
Population Health Institute

Marjory Givens, PhD, MSPH
Amanda Jovaag, MS
Anne Roubal, PhD, MS

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Research Assistance:
Courtney Blomme, RD
Keith Gennuso, PhD
Elizabeth Pollock, PhD
Joanna Reale
Matthew Rodock, MPH

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County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

Framework of the Standards

- 12 Domains
  (10 Essential PH Services plus administration & governance)
  - Standards
    - Measures
      - Documentation

1

Twelve Domains

1. Conduct assessments focused on population health status and health issues facing the community
2. Investigate health problems and environmental public health hazards to protect the community
3. Inform and educate about public health issues and functions
4. Engage with the community to identify and solve health problems
5. Develop public health policies and plans
6. Enforce public health laws and regulations

2

Twelve Domains (cont'd)

7. Promote strategies to improve access to healthcare services
8. Maintain a competent public health workforce
9. Evaluate and continuously improve processes, programs, and interventions
10. Contribute to and apply the evidence base of public health
11. Maintain administrative and management capacity
12. Build a strong and effective relationship with governing entity

3

STANDARD 1.1: Participate in or lead a collaborative process resulting in a comprehensive community health assessment.

MEASURE	PURPOSE	SIGNIFICANCE
Measure 1.1.1 S A state partnership that develops a comprehensive state community health assessment of the population of the state	The purpose of this measure is to assess the state health department's collaborative process for sharing and analyzing data and information concerning state health, state health challenges, and state resources to develop a state level community health assessment.	The development of a state community health assessment requires partnerships with other organizations in order to access data, provide various perspectives in the analysis of data and determination of contributing factors that impact health outcomes, present data and findings, and share a commitment for using the assessment. Assets and resources in the state must be addressed in the assessment, as well as health challenges. Data are not limited to traditional public health data but may include information, for example, quality of life, attitudes about health behavior, socioeconomic factors, environmental factors (including the built environment), and social determinants of health. Data are provided from a variety of sources and through various methods of data collection.

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. Participation of representatives from a variety of state sectors	**1. The state health department must document that the process for the development of a state level community health assessment includes participation of partners outside of the health department that represent state populations and state health challenges.** The collaboration must include various sectors of the state, as appropriate for the state: for example, state government (for example, community development, education, aging, etc.), for-profits (for example, businesses, industries, and major employers in the state), statewide not-for -profits (for example, hospital association, Kids Count, Childhood and Women's Death Review organizations, Cancer Society, public health institutes, environmental public health groups, groups that represent minority health, etc.), voluntary organizations, health care representatives (for example, hospital associations or primary care associations), academia, military installations in the state, and representatives of local or regional health departments in the state and of Tribal health departments in the state.	1	**5 years** Documentation must include the month and year.

15 PUBLIC HEALTH ACCREDITATION BOARD *Standards & Measures* VERSION 1.5 APPROVED DECEMBER 2013

DOMAIN 1

Manual created November 2013, reviewed December 2016

Public Health Accreditation Board

STANDARDS: AN OVERVIEW

ASSESS

DOMAIN 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

Standard 1.1: Participate in or Lead a Collaborative Process Resulting in a Comprehensive Community Health Assessment

Standard 1.2: Collect and Maintain Reliable, Comparable, and Valid Data that Provide Information on Conditions of Public Health Importance and On the Health Status of the Population

Standard 1.3: Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health

Standard 1.4: Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

INVESTIGATE

DOMAIN 2: Investigate health problems and environmental public health hazards to protect the community

Standard 2.1: Conduct Timely Investigations of Health Problems and Environmental Public Health Hazards

Standard 2.2: Contain/Mitigate Health Problems and Environmental Public Health Hazards

Standard 2.3: Ensure Access to Laboratory and Epidemiologic/Environmental Public Health Expertise and Capacity to Investigate and Contain/Mitigate Public Health Problems and Environmental Public Health Hazards

Standard 2.4: Maintain a Plan with Policies and Procedures for Urgent and Non-Urgent Communications

INFORM & EDUCATE

DOMAIN 3: Inform and educate about public health issues and functions

Standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness

Standard 3.2: Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences

COMMUNITY ENGAGEMENT

DOMAIN 4: Engage with the community to identify and address health problems

Standard 4.1: Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes

Standard 4.2: Promote the Community's Understanding of and Support for Policies and Strategies that will Improve the Public's Health

POLICIES & PLANS

DOMAIN 5: Develop public health policies and plans

Standard 5.1: Serve as a Primary and Expert Resource for Establishing and Maintaining Public Health Policies, Practices, and Capacity

Standard 5.2: Conduct a Comprehensive Planning Process Resulting in a Tribal/State/Community Health Improvement Plan

Standard 5.3: Develop and Implement a Health Department Organizational Strategic Plan

Standard 5.4: Maintain an All Hazards Emergency Operations Plan

PUBLIC HEALTH LAWS

DOMAIN 6: Enforce public health laws

Standard 6.1: Review Existing Laws and Work with Governing Entities and Elected/Appointed Officials to Update as Needed

Standard 6.2: Educate Individuals and Organizations on the Meaning, Purpose, and Benefit of Public Health Laws and How to Comply

Standard 6.3: Conduct and Monitor Public Health Enforcement Activities and Coordinate Notification of Violations among Appropriate Agencies

Manual created November 2013, reviewed December 2016

VERSION 1.5

ACCESS TO CARE

DOMAIN 7: Promote strategies to improve access to health care

Standard 7.1: Assess Health Care Service Capacity and Access to Health Care Services

Standard 7.2: Identify and Implement Strategies to Improve Access to Health Care Services

WORKFORCE

DOMAIN 8: Maintain a competent public health workforce

Standard 8.1: Encourage the Development of a Sufficient Number of Qualified Public Health Workers

Standard 8.2: Ensure a Competent Workforce through Assessment of Staff Competencies, the Provision of Individual Training and Professional Development, and the Provision of a Supportive Work Environment

QUALITY IMPROVMENT

DOMAIN 9: Evaluate and continuously improve processes, programs, and interventions

Standard 9.1: Use a Performance Management System to Monitor Achievement of Organizational Objectives

Standard 9.2: Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions

EVIDENCE-BASED PRACTICES

DOMAIN 10: Contribute to and apply the evidence base of public health

Standard 10.1: Identify and Use the Best Available Evidence for Making Informed Public Health Practice Decisions

Standard 10.2: Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences

ADMINSTRATION & MANAGEMENT

DOMAIN 11: Maintain administrative and management capacity

Standard 11.1: Develop and Maintain an Operational Infrastructure to Support the Performance of Public Health Functions

Standard 11.2: Establish Effective Financial Management Systems

GOVERNANCE

DOMAIN 12: Maintain capacity to engage the public health governing entity

Standard 12.1: Maintain Current Operational Definitions and Statements of the Public Health Roles, Responsibilities, and Authorities

Standard 12.2: Provide Information to the Governing Entity Regarding Public Health and the Official Responsibilities of the Health Department and of the Governing Entity

Standard 12.3: Encourage the Governing Entity's Engagement In the Public Health Department's Overall Obligations and Responsibilities

PHAB

Advancing public health performance

The **PHAB STANDARDS** apply to all health departments—Tribal, state, local, and territorial. Standards are the required level of achievement that a health department is expected to meet. Domains are groups of standards that pertain to a broad group of public health services. The focus of the PHAB standards is "what" the health department provides in services and activities, irrespective of "how" they are provided or through what organizational structure. Please refer to the **PHAB Standards and Measures** Version 1.5 document, available at **www.phaboard.org**, for the full official standards, measures, required documentation, and guidance.

Manual created November 2013, reviewed December 2016

Seven Steps to Accreditation	Activity	PHAB Timeframe	ECCCHD timeline
1. Preparation	**Health department prepares and assesses readiness for application for accreditation, and completes Online Orientation.**		
2. Registration and Application	**Informs PHAB of its intent to apply.** The health department must submit an SOI to inform PHAB of the department's intention to apply for public health department accreditation. The SOI is non-binding and does not commit a health department to submit an application. To submit an SOI, the health department must register on e-PHAB.	**Once we begin the Registration we have 90 days to complete it.**	Registration complete May 2016
	Health department submits application and fee, and completes applicant training The application is formal notification to PHAB of a health department's official commitment to initiate the public health department accreditation process. The application is an agreement that the applicant will abide by the current and future rules of PHAB's accreditation process to achieve and maintain accreditation status for the five-year accreditation period. During this step the Health Department must state they have a: • Community Health Assessment • Community Health Improvement Plan • Strategic Plan **AND** that there is a current or near complete: • Workforce Development Plan • Public Health Emergency Operations Plan • Quality Improvement Plan • Performance Management Policy/System • Branding Plan	**Once our SOI is accepted we have 6 months to complete the application.**	Application submitted June 2016 Accreditation Coordinator Training August 2016
3. Documentation Selection and Submission	**Applicant selects documentation for each measure, uploads it to e-PHAB, and submits it to PHAB** The process of identifying and uploading documents that	Applicants must submit their documentation to PHAB within 12 months	March 2017

	demonstrate the health department's conformity with the standards and measures is one of the most important components of the accreditation process. The documentation submitted by the health department is what the site visit team will review and use to determine the health department's conformity with the standards and measures	of the date that PHAB provides access to the module of the electronic system for submission of documentation.	
4. Site Visit	**Site visit of the health department is conducted by PHAB-trained site visitors and a site visit report is developed** Site visits will be conducted by a peer team of three to four PHAB-trained site visitors. The visit serves several purposes: verify the accuracy of documentation submitted by the health department, seek answers to questions regarding conformity with the standards and measures, and provide opportunity for discussion and further explanation. Site visits will typically last two to three days, depending upon the complexity of the application.		Spring 2017
5. Accreditation Decision	**PHAB Accreditation Committee will review the site visit report and determine accreditation status of the health department**		
6. Annual Reports	**If accredited, the health department submits annual reports**	Annually	
7. Reaccreditation	**As accreditation status nears expiration, the health department applies for reaccreditation**	5 years after accreditation	

Boards of Health and Public Health Accreditation

NOVEMBER 2014

Boards of Health are Governing Entities

PHAB uses the phrase governing entity to describe those bodies or individuals who have the legal authority for public health functions in the jurisdiction served by the health department. Governing entities perform critical roles and are important to the effective functioning of a health department. The governing entity is accountable for the health department's achievement of its mission, goals, and objectives. Health department governing entities across the country differ in their structure, definition, roles, and responsibilities. Governing entities may be boards of health.

Public Health Accreditation

Public health accreditation establishes that the health department has the capacity, structure, and processes in place to implement its responsibility to protect and preserve the health of the population within its jurisdiction. Meeting PHAB standards and measures through public health accreditation assures that the health department has the capacity to perform the ten Essential Public Health Services.

Boards of Health Support for Accreditation

A board of health plays a key role in its health department seeking public health accreditation. The board of health can provide leadership through the process. Their written support is required for a PHAB accreditation application. PHAB site visitors will ask to meet with representatives of the board of health.

Maintaining Accreditation

Accreditation drives public health departments to continuously improve the quality of the services they deliver to their community. Accredited health departments report to PHAB annually on their continuous quality improvements.

Roles of a Health Department Board of Health

- Provide the point of accountability for the health department.
- Directly and indirectly influence the direction of the health department.
- Advise, advocate, or consult in policy making, priority setting, resource allocation, collaboration, quality improvement, and/or governing.
- Maintain a working knowledge of roles and responsibilities of the health department.
- Maintain a working knowledge of the roles and responsibilities of the governing entity and its working relationship with the health department.
- Play a key role in the health department's accreditation efforts.

Resources for Boards of Health to Learn About Public Health Accreditation:

- Review the overview of accreditation on the PHAB or NALBOH websites.
- Complete the PHAB Online Orientation (http://www.phaboard.org/education-center/phab-online-orientation/).
- Watch other support videos on PHAB's website and download PHAB materials.
- Review the PHAB **Standards and Measures, Version 1.5**, especially Domain 12, that addresses the engagement of the governing entity/board of health in the work of the health department.
- Meet with your health department's Director and Accreditation Coordinator to learn about the health department's accreditation efforts.

Roles of the Board of Health in Seeking Accreditation:

- Make accreditation a standing agenda item at your regular meetings.
- Provide the letter of support that is required for the PHAB accreditation application.
- Participate in your health department's accreditation site visit. Meet with the PHAB site visitors.
- Celebrate the success of achieving accreditation.

Roles of the Board of Health in Maintaining Accreditation:

- Read the Site Visit Report that outlines areas of excellence and opportunities for improvement.
- Assist the health department director and staff engage in continuous quality improvement.
- Make continuous quality improvement a standing agenda item at your regular meetings.

Evaluating the Impact of National Public Health Department Accreditation — United States, 2016

Jessica Kronstadt, MPP[1]; Michael Meit, MPH[2]; Alexa Siegfried, MPH[2]; Teddi Nicolaus[1]; Kaye Bender, PhD[1]; Liza Corso, MPA[3]

In 2011, the nonprofit Public Health Accreditation Board (PHAB) launched the national, voluntary public health accreditation program for state, tribal, local, and territorial public health departments. As of May 2016, 134 health departments have achieved 5-year accreditation through PHAB and 176 more have begun the formal process of pursuing accreditation. In addition, Florida, a centralized state in which the employees of all 67 local health departments are employees of the state, achieved accreditation for the entire integrated local public health department system in the state. PHAB-accredited health departments range in size from a small Indiana health department that serves approximately 17,000 persons to the much larger California Department of Public Health, which serves approximately 38 million persons. Collectively, approximately half the U.S. population, or nearly 167 million persons, is covered by an accredited health department. Forty-two states and the District of Columbia now have at least one nationally accredited health department. In a survey conducted through a contract with a social science research organization during 2013–2016, >90% of health departments that had been accredited for 1 year reported that accreditation has stimulated quality improvement and performance improvement opportunities, increased accountability and transparency, and improved management processes.

In 2003, the Institute of Medicine published a report on the future of the public's health in the 21st century. The report discussed the need to strengthen public health infrastructure, and recommended accreditation as a potential strategy (*1*). With support from CDC and the Robert Wood Johnson Foundation, and participation by hundreds of public health practitioners and other technical experts, the first national accreditation program for health departments was developed (*2*). PHAB was incorporated in 2007. Its mission is to improve and protect the health of the public by advancing and transforming the quality and performance of governmental public health departments,* of which there are approximately 2,500 in the United States. Drawing on existing public health standards, and using a consensus process (*3*), PHAB developed and tested a set of standards and measures organized around the 10 Essential Public Health Services.† Health departments are encouraged to assess themselves against the standards and measures to identify and fill gaps before applying. The amount of time health departments spend in preparation for accreditation will vary based on their readiness. Once they determine they are ready, they submit an application, pay a fee based on the size of the population of the jurisdiction they serve, and provide documentation for each measure, including a community health assessment, a community health improvement plan, and an organizational strategic plan. Volunteer peer site visitors review the documentation and assess its conformity with the measures. The PHAB Accreditation Committee reviews the site visit report and determines whether the applicant will be accredited at that time or be required to develop and implement an action plan (*4*). Using this process, health departments in 45 states and the District of Columbia have applied for accreditation. (Figure). Working with CDC and other national partners, PHAB is widely disseminating the benefits of accreditation to health departments and the communities they serve, and working to raise awareness about technical assistance and other resources to support the pursuit of accreditation.

To identify opportunities to improve the accreditation process and to understand the impact of accreditation, in 2013, PHAB contracted with a social science research organization, NORC at the University of Chicago,§ to conduct an evaluation. Among other data collection and analysis strategies, NORC surveys health departments 1 year after they have been accredited. Most survey questions ask respondents to indicate whether they "strongly agree," "agree," "disagree," or "strongly disagree" with (or "don't know" about) a series of

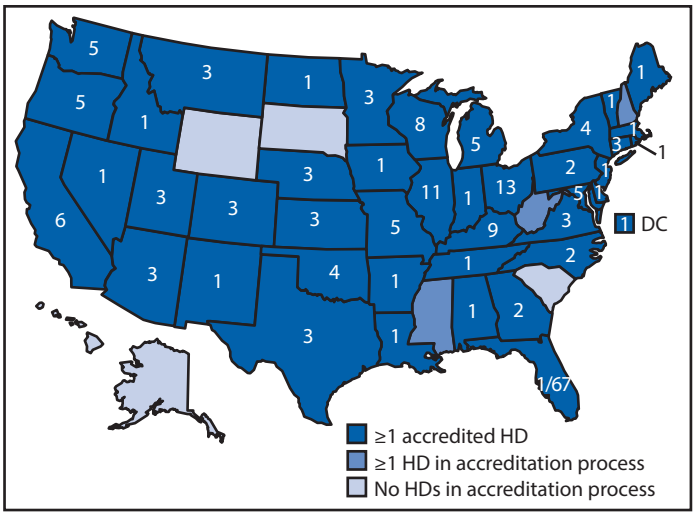
* http://www.phaboard.org.

† The 10 Essential Public Health Services are to 1) monitor health status to identify and solve community health problems; 2) diagnose and investigate health problems and health hazards in the community; 3) inform, educate, and empower persons about health issues; 4) mobilize community partnerships to identify and solve health problems; 5) develop policies and plans that support individual and community health efforts; 6) enforce laws and regulations that protect health and ensure safety; 7) link persons to needed personal health services and assure the provision of health care when otherwise unavailable; 8) assure competent public and personal health care workforce; 9) evaluate effectiveness, accessibility, and quality of personal and population-based health services; and 10) research for new insights and innovative solutions to health problems. http://www.cdc.gov/nphpsp/essentialservices.html.

§ http://www.norc.org.

Manual created November 2013, reviewed December 2016

FIGURE. Number *,† of Public Health Accreditation Board–accredited health departments (HDs) — United States, May 2016



* Number indicates the total number of accredited HDs in that state.
† Accreditation of Florida's local public health department system, made up of 67 HDs.

accreditation-related statements. Data in this report were obtained from surveys sent to health departments quarterly throughout October 2013–January 2016. During this time, the survey was sent to 60 health departments, 52 (87%) of which responded. In addition to this survey, NORC conducted three focus groups and 18 interviews with health department personnel and stakeholders to gain additional insights about health departments' experiences with accreditation and its perceived impact.

The overwhelming majority of survey respondents agreed or strongly agreed that accreditation stimulated quality and performance improvement opportunities within the health department (98%), allowed the health department to better identify strengths and weaknesses (96%), helped the health department document capacity to deliver the three core functions of public health (i.e., assessment, policy development, and assurance) and the 10 Essential Public Health Services (94%), stimulated greater accountability and transparency within the health department (92%), and improved the management processes used by the leadership team in the health department (90%) (Table). Most respondents also agreed or strongly agreed that accreditation improved the health department's accountability to external stakeholders (83%) and allowed the health department to communicate better with the board of health or governing entity (67%). Other accreditation benefits reported by accredited health departments that participated in focus groups and interviews include improved visibility, credibility, and reputation among their community partners, board of health, and public health peers within the state and nationally; improved identification and use of evidence-based programs and metrics; and increased cross-department collaboration.

Because quality improvement is an important focus of the accreditation process, the evaluation gathered additional information about health departments' engagement in quality improvement. Among health departments that had been accredited for 1 year, 98% of survey respondents agreed or strongly agreed that, as a consequence of the accreditation process, the health department had used information from quality improvement processes to inform decisions. In addition, 92% of survey respondents agreed or strongly agreed that because of accreditation, the health department had a strong quality improvement culture (Table). In a focus group discussion with 12 accredited local health departments, participants described how accreditation provided an opportunity for their health department to evolve from one that only periodically used quality improvement to an organization that viewed improvement and data-driven performance management as part of standard operations.

TABLE. Impacts of public health accreditation and the accreditation process reported by health departments accredited by the Public Health Accreditation Board for 1 year (n = 52), 2014–2016

Impact of accreditation	Strongly agree (%)	Agree (%)	Disagree (%)	Strongly disagree (%)	Don't know (%)
Stimulated quality and performance improvement opportunities within the health department	31 (60)	20 (38)	1 (2)	0 (0)	0 (0)
Allowed the health department to better identify strengths and weaknesses	33 (63)	17 (33)	2 (4)	0 (0)	0 (0)
Helped the health department document the capacity to deliver the three core functions of public health and Ten Essential Public Health Services	25 (48)	24 (46)	2 (4)	0 (0)	1 (2)
Stimulated greater accountability and transparency within the health department	22 (42)	26 (50)	3 (6)	0 (0)	1 (2)
Improved the management processes used by the leadership team in the health department	16 (32)	29 (58)	3 (6)	0 (0)	2 (4)
Improved the health department's accountability to external stakeholders	17 (33)	26 (50)	7 (13)	0 (0)	2 (4)
Allowed the health department to better communicate with the board of health or governing entity	10 (19)	25 (48)	12 (23)	1 (2)	4 (8)
Improved the health department's competitiveness for funding opportunities	11 (21)	15 (29)	13 (25)	3 (6)	10 (19)
Quality improvement					
Health department has used information from the quality improvement processes to inform decisions	27 (53)	23 (45)	1 (2)	0 (0)	0 (0)
Health department has a strong culture of quality improvement	17 (33)	30 (59)	3 (6)	0 (0)	1 (2)

Manual created November 2013, reviewed December 2016

Summary

What is already known about this topic?

In 2011, the Public Health Accreditation Board launched the national, voluntary public health accreditation program as a strategy to advance the quality and performance of governmental public health departments. As of May 2016, 134 state and local health departments have been accredited. In addition, Florida, in which employees of all 67 local health departments are employees of the state, achieved accreditation for the entire integrated local public health department system in the state. Collectively, nearly 167 million persons, approximately half the U.S. population, are covered by an accredited health department.

What is added by this report?

A survey of health departments that had been accredited for one year indicates that >90% report experiencing benefits such as stimulation of quality improvement and performance improvement opportunities; increased accountability and transparency; and improved management processes.

What are the implications for public health practice?

As governmental public health departments work to promote and protect the public's health, it is critical that they have a strong infrastructure. Accreditation has the potential to strengthen health departments' cross-cutting capacities and infrastructure by fostering their engagement in quality improvement, strengthening management processes, and improving accountability.

Discussion

Health departments undergoing the accreditation process report multiple benefits, including increased transparency, strengthened management processes, and improved ability to identify organizational weaknesses. One of the foremost reported benefits is the increased use of quality improvement information in decision- making and in supporting a stronger culture of quality improvement. A report on a series of studies examining the response of public health decision-makers to accreditation, quality improvement, and public reporting initiatives suggests that quality improvement can strengthen implementation of evidence-based strategies and enhance the efficiency and effectiveness of public health programs (*5*). Health departments also report that as a result of accreditation they communicate better with their governing entities. Although this benefit is reported less frequently than some of the others, in response to an open-ended question, several health departments indicated that they might not have agreed that accreditation caused a specific change if the question related to an area in which they were already strong before applying.

This evaluation is the first to examine the impacts of the national public health accreditation program on quality improvement, management processes, and accountability. However, the findings are consistent with an earlier evaluation of PHAB's pilot test in 30 health departments (*6*) and with evaluation findings from a state-based public health accreditation program (*7*). Those studies found that health departments participating in accreditation activities experienced benefits related to quality improvement and collaboration. In addition, a series of case studies by applicant health departments highlights many of the same findings from the current evaluation, particularly the connection between accreditation and advancements in quality improvement (*8*).

The findings in this report are subject to at least three limitations. First, all survey data are self-reported and have not been verified independently. Social desirability bias could result in respondents overreporting their quality improvement activities. Second, survey respondents are among the early adopters of accreditation. Although the health departments included in this study were diverse in size, geographic location, and structure, they might not be representative of all health departments. Finally, because accreditation is a voluntary program, selection bias might apply. For example, health departments are required to provide examples of quality improvement activities to demonstrate conformity with the PHAB standards. Therefore, health departments that were already active in this area might be more likely to apply, particularly in the first few years of the accreditation program. As a growing number of health departments are accredited, future studies can use other quantitative techniques to study the effects of accreditation.

The 2003 Institute of Medicine report that recommended that the public health field explore accreditation also described the need for governmental public health agencies to have strong organizational capabilities. Strengthening health departments' cross-cutting capacities and infrastructure (*9*) might allow health departments to partner more effectively with community organizations, health care organizations, and other stakeholders to improve the public's health. The initial evaluation findings reported in this study suggest that health departments that have participated in the accreditation process have experienced these intended benefits.

[1]Public Health Accreditation Board, Alexandria, Virginia; [2]NORC at the University of Chicago, Bethesda, Maryland; [3]Division of Public Health Performance Improvement, Office for State, Tribal, Local and Territorial Support, CDC.

Corresponding author: Jessica Kronstadt, jkronstadt@phaboard.org, 703-778-4549.

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ALICE: A STUDY OF FINANCIAL HARDSHIP IN WISCONSIN

LIVE UNITED®

2018 REPORT

ALICE® is an acronym for Asset Limited, Income Constrained, Employed.

The United Way *ALICE Project* is a collaboration of United Ways in Connecticut, Florida, Hawai'i, Idaho, Indiana, Iowa, Louisiana, Maryland, Michigan, New Jersey, New York, Ohio, Oregon, Texas, Virginia, Washington, and Wisconsin.

United Way

EXECUTIVE SUMMARY

In 2016, 872,561 households in Wisconsin — 37.5 percent — could not afford basic needs such as housing, child care, food, transportation, and health care.

This United Way ALICE Report for Wisconsin provides the most comprehensive look at the population called **ALICE** — an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed. ALICE households have incomes above the Federal Poverty Level (FPL) but struggle to afford basic household necessities. Since it is well established that economic conditions worsened during the Great Recession, this Report focuses on the recovery that started in 2010 and looks at how households have fared since.

Despite recent reports of overall improvement in employment and gains in median incomes, the economic recovery in Wisconsin has been uneven. Many families continue to face challenges from low wages, depleted savings, and the increasing cost of basic household goods. The total number of Wisconsin households that cannot afford basic needs increased 5 percent between 2010 and 2016.

This Report also shows what has changed in Wisconsin since the first United Way ALICE Report for Wisconsin was published two years ago. It updates the cost of basic needs in the **Household Survival Budget** for each county in Wisconsin, and the number of households earning below the amount needed to afford that budget (**the ALICE Threshold**). The Report delves deeper into county and municipal data and looks at the demographics of ALICE and poverty-level households by race/ethnicity, age, and household type to reveal variations in hardship that are often masked by state averages. Finally, the Report highlights emerging trends that will affect ALICE households in the future.

For the period of 2010 to 2016, the data reveals an ongoing struggle for ALICE households and a range of obstacles to achieving financial stability:

- **The extent of hardship:** Of Wisconsin's 2,326,846 households, 11.7 percent lived in poverty in 2016 and another 25.8 percent were ALICE households. Combined, 37.5 percent (872,561 households) had income below the ALICE Threshold, an increase of 5 percent since 2010.

- **The basic cost of living:** The cost of basic household expenses in Wisconsin increased steadily to $61,620 for a family of four (two adults with one infant and one preschooler) and $19,848 for a single adult — significantly higher than the FPL of $24,300 for a family of four and $11,880 for a single adult. The cost of the family budget increased by 18 percent from 2010 to 2016 — higher than the national rate of inflation of 9 percent during those years.

- **Jobs:** Low-wage jobs continued to dominate the employment landscape in Wisconsin, with 62 percent of all jobs paying less than $20 per hour. Although unemployment rates fell, wages remained low for many occupations. With more contract work and on-demand jobs, job instability also increased, making it difficult for ALICE workers to meet regular monthly expenses or to save.

- **The role of public assistance:** Public and private assistance continued to provide support to many living in poverty or earning slightly above the FPL, but it provided less support to ALICE households whose income is above eligibility levels. Spending on health care and health insurance outpaced spending in other budget areas; there remained large gaps in assistance, especially in housing and child care.

- **Emerging trends:** Going forward, several trends could change the economic landscape for ALICE families:

- *The Changing American Household* — Shifting demographics, including the rise of the millennials, the aging of the baby boomers, and domestic and foreign migration patterns, are having an impact on who is living together in households and where and how people work. These changes, in turn, influence the demand for goods and services, ranging from the location of housing to the provision of caregiving.

- *Market Instability* — Within a global economy, economic disruptions, natural disasters, and technological advances in other parts of the world trigger rapid change across U.S. industries and cause shifts in supply and demand. This will increasingly destabilize employment opportunities for ALICE workers.

- *Growing Health Inequality* — With the cost of health care outpacing the ability of many households to afford it, there will be increasing disparities in health according to income. The societal costs of having large numbers of U.S. residents in poor health will also grow.

Using the best available information on those who are struggling, this Report offers an enhanced set of tools for stakeholders to measure the real challenges ALICE households face in trying to make ends meet. The FPL gives an outdated calculation of the number of people struggling; that in turn distorts the identification of problems related to poverty, misguides policy solutions, and raises questions of equity, transparency, and fairness in the allocation of resources. The United Way *ALICE Project* has developed new resources in order to move beyond stereotypes and judgments of "the poor," and to instead encourage the use of more accurate data to inform programmatic and policy solutions for these households and their communities.

GLOSSARY

ALICE is an acronym that stands for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed — households with income above the Federal Poverty Level but below the basic cost of living. A household consists of all the people who occupy a housing unit. In this report, households do not include those living in group quarters such as a dorm, nursing home, or prison.

The Household Survival Budget calculates the actual costs of basic necessities (housing, child care, food, transportation, health care, and a smartphone) in Wisconsin, adjusted for different counties and household types.

The ALICE Threshold is the average income that a household needs to afford the basic necessities defined by the Household Survival Budget for each county in Wisconsin. (Unless otherwise noted in this Report, households earning below the ALICE Threshold include both ALICE and poverty-level households.)

The Household Stability Budget is greater than the basic Household Survival Budget and reflects the cost for household necessities at a modest but sustainable level. It adds a savings category and an expanded technology category (smartphone and basic home internet), and it is adjusted for different counties and household types.

The ALICE Income Assessment is the calculation of all sources of income, resources, and assistance for ALICE and poverty-level households. Even with assistance, the Assessment reveals a shortfall, or Unfilled Gap, between what these households bring in and what is needed for them to reach the ALICE Threshold.

DATA & METHODOLOGY

WHAT'S NEW

Every two years, the United Way *ALICE Project* engages a national Research Advisory Committee of external experts to scrutinize the ALICE methodology and sources and ensure that the best local data is presented. The focus remains on the county level because state averages mask significant differences between counties. For example, the percent of households below the ALICE Threshold in Wisconsin ranges from 27 percent in Ozaukee County to 62 percent in Menominee County.

This rigorous process results in enhancements to the methodology and new ideas for how to more accurately measure and present data on financial hardship. While these changes impact specific calculations, the overall trends have remained the same: ALICE represents a large percentage of our population, and these households are struggling to meet their basic needs. To ensure consistency and accuracy in change-over-time comparisons in this Report, data has been recalculated for previous years (2010–2014).

For a more detailed description of the methodology and sources, see the Methodology Overview on our website, UnitedWayALICE.org.

For this Report, the following improvements have been incorporated:

The cost of a smartphone has been added to the Household Survival Budget: Technology is increasingly essential to live and work in the modern economy, and smartphone use in particular has become an expectation for employment in many contexts. Therefore, the cost of a basic smartphone plan for each adult in the household has been added to the Household Survival Budget. The Household Stability Budget, which already included the cost of a smartphone for each adult in the family, now includes basic home internet service as well.

The source for state taxes has been updated: In order to provide greater consistency across states and reduce the complexity of calculations while maintaining accuracy, the Tax Foundation's individual income tax rates and deductions for each state are used instead of state-level tax sources. Each state treasury's *1040: Individual Income Tax, Forms and Instructions* is still used to confirm state tax deductions and exemptions, such as the Personal Tax Credit and Renter's Credit.

Change-over-time ranges have shifted: The first United Way ALICE Reports measured change before and after the Great Recession, in 2007 and 2010. This update focuses on the recovery, measuring change from the baseline of 2010 followed by the even years since — 2012, 2014, and 2016 — and highlighting trends since the end of the Recession. The 2016 results will also serve as an important baseline from which to measure the effects of the rollout of the Affordable Care Act (ACA) in 2014, as well as new policies implemented under the Trump administration.

Additional detail is provided at the sub-county level: With the development of our website, there is more ALICE data available at the local or sub-county level, including, place, zip code, Public Use Microdata Area (PUMA), and Congressional District.

What remains the same: This Report examines issues surrounding ALICE households from different angles to draw the clearest picture with the range of data available. Sources include the American Community Survey, the U.S. Department of Housing and Urban Development, the U.S. Department of Agriculture, the Bureau of Labor Statistics at the U.S. Department of Labor, the Internal Revenue Service, the Tax Foundation, and these agencies' Wisconsin state counterparts, as well as Supporting Families Together Association (the state's umbrella organization for child care resource and referral agencies) and the Wisconsin Department of Children and Families. State, county, and municipal data is used to provide different lenses on ALICE households. The data are estimates; some are geographic averages, others are one- or five-year averages depending on population size. In this Report, many percentages are rounded to whole numbers for ease of reading. In some cases, this may result in percentages totaling 99 or 101 percent instead of 100 percent.

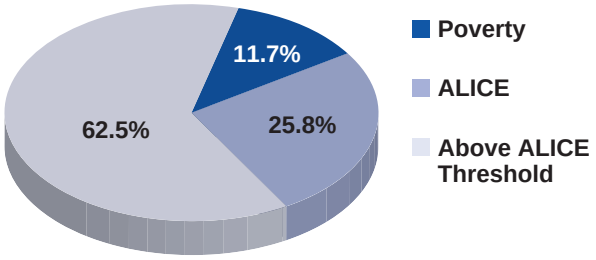
AT-A-GLANCE: WISCONSIN

2016 Point-in-Time Data

Population: 5,778,709 | **Number of Counties:** 72 | **Number of Households:** 2,326,846

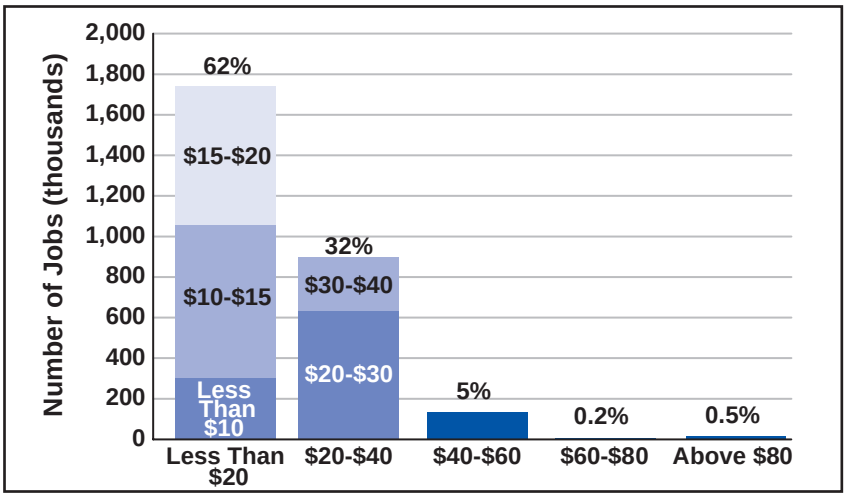
How many households are struggling?

ALICE, an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed, are households that earn more than the Federal Poverty Level (FPL), but less than the basic cost of living for the state (the ALICE Threshold). Of Wisconsin's 2,326,846 households, 271,935 earn below the FPL (11.7 percent) and another 600,626 (25.8 percent) are ALICE households.



How much does ALICE earn?

In Wisconsin, 62 percent of jobs pay less than $20 per hour, with more than half of those paying less than $15 per hour. Another 32 percent of jobs pay between $20 and $40 per hour. Less than 6 percent of jobs pay more than $40 per hour.



What does it cost to afford the basic necessities?

Despite low national inflation during the recovery (9 percent from 2010 to 2016), the bare-minimum Household Survival Budget increased by 18 percent for a family and 24 percent for a single adult. Affording only a very modest living, this budget is still significantly more than the Federal Poverty Level of $11,880 for a single adult and $24,300 for a family of four.

Household Survival Budget, Wisconsin Average, 2016

	SINGLE ADULT	2 ADULTS, 1 INFANT, 1 PRESCHOOLER
Monthly Costs		
Housing	$492	$735
Child Care	$–	$1,231
Food	$158	$525
Transportation	$349	$698
Health Care	$215	$802
Technology*	$55	$75
Miscellaneous	$150	$467
Taxes	$235	$602
Monthly Total	$1,654	$5,135
ANNUAL TOTAL	$19,848	$61,620
Hourly Wage*	*$9.92*	*$30.81*

**New to budget in 2016*

***Full-time wage required to support this budget*

AT-A-GLANCE: WISCONSIN

Wisconsin Counties, 2016		
COUNTY	TOTAL HOUSEHOLDS	% ALICE & POVERTY
Adams	7,950	45%
Ashland	6,670	46%
Barron	19,017	43%
Bayfield	6,798	37%
Brown	104,804	34%
Buffalo	5,707	35%
Burnett	7,308	42%
Calumet	18,839	29%
Chippewa	24,973	36%
Clark	12,732	42%
Columbia	23,019	30%
Crawford	6,652	42%
Dane	217,506	31%
Dodge	34,648	39%
Door	13,023	32%
Douglas	18,538	43%
Dunn	16,445	42%
Eau Claire	41,312	42%
Florence	1,958	38%
Fond du Lac	40,815	31%
Forest	3,940	43%
Grant	19,353	43%
Green	14,772	34%
Green Lake	7,939	41%
Iowa	9,692	34%
Iron	2,954	41%
Jackson	8,066	42%
Jefferson	32,378	37%
Juneau	9,978	45%
Kenosha	64,386	38%
Kewaunee	8,211	32%
La Crosse	47,086	35%
Lafayette	6,692	37%
Langlade	8,521	42%
Lincoln	12,546	34%
Manitowoc	34,234	34%
Marathon	55,147	35%
Marinette	18,380	41%

Wisconsin Counties, 2016		
COUNTY	TOTAL HOUSEHOLDS	% ALICE & POVERTY
Marquette	6,328	38%
Menominee	1,215	62%
Milwaukee	381,318	48%
Monroe	17,813	38%
Oconto	15,440	36%
Oneida	14,965	41%
Outagamie	72,994	30%
Ozaukee	35,417	27%
Pepin	2,948	40%
Pierce	15,101	42%
Polk	18,188	34%
Portage	28,009	34%
Price	6,676	36%
Racine	75,921	40%
Richland	7,506	38%
Rock	63,222	42%
Rusk	6,245	45%
Sauk	25,293	42%
Sawyer	7,488	42%
Shawano	16,940	40%
Sheboygan	47,652	34%
St. Croix	33,460	31%
Taylor	8,751	38%
Trempealeau	11,840	37%
Vernon	11,843	39%
Vilas	10,648	39%
Walworth	40,039	39%
Washburn	7,151	39%
Washington	53,090	29%
Waukesha	156,503	31%
Waupaca	21,412	36%
Waushara	9,749	41%
Winnebago	69,943	32%
Wood	32,749	34%

Sources: Point-in-Time Data: *American Community Survey, 2016.* ***ALICE Demographics:*** *American Community Survey and the ALICE Threshold, 2016.* ***Wages:*** *Bureau of Labor Statistics, 2016.* ***Budget:*** *U.S. Department of Housing and Urban Development; U.S. Department of Agriculture; Bureau of Labor Statistics; Internal Revenue Service; Tax Foundation; and Wisconsin Department of Children and Families, 2016.*

ALICE IN EAU CLAIRE COUNTY

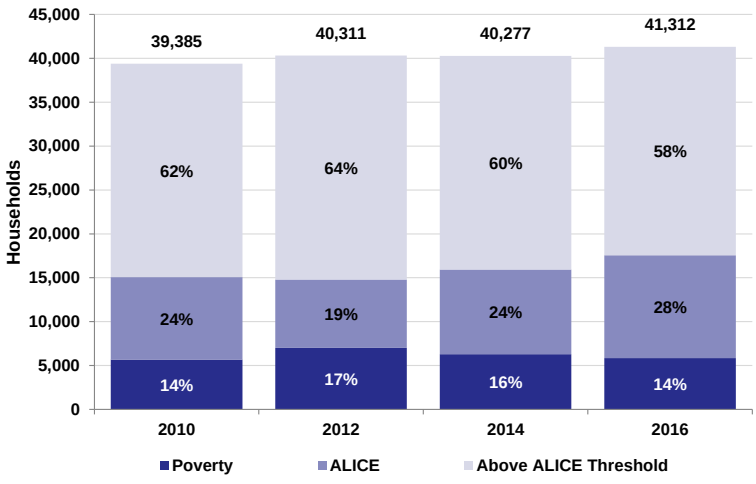
2016 Point-in-Time Data

Population: 102,965 • **Number of Households:** 41,312
Median Household Income: $49,821 (state average: $56,811)
Unemployment Rate: 4% (state average: 4.1%)
ALICE Households: 28% (state average: 25.8%) • **Households in Poverty:** 14% (state average: 11.7%)

How has the number of ALICE households changed over time?

ALICE is an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed – households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county (the ALICE Threshold). Combined, the number of ALICE and poverty-level households equals the total population struggling to afford basic needs. The number of households below the ALICE Threshold changes over time; households move in and out of poverty and ALICE status as their circumstances improve or worsen. The recovery, which started in 2010, has been uneven across the state. Conditions have improved for some families, but with rising costs, many still find themselves struggling.

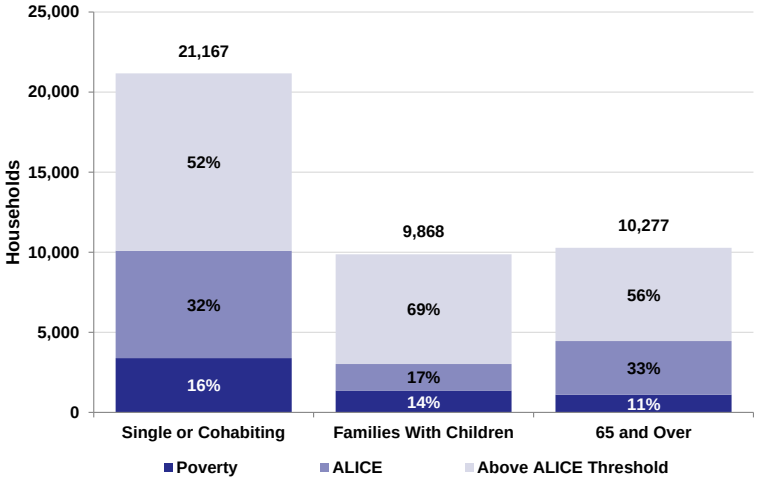
Households by Income, 2010 to 2016



What types of households are struggling?

The way Americans live is changing. There are more different family and living combinations than ever before, including more adults living alone, with roommates, or with their parents. Families with children are changing: There are more non-married cohabiting parents, same-sex parents, and blended families with remarried parents. The number of senior households is also increasing. Yet all types of households continue to struggle: ALICE and poverty-level households exist across all of these living arrangements.

Household Types by Income, 2016



Why do so many households struggle?

The cost of living continues to increase…

The Household Survival Budget reflects the bare minimum that a household needs to live and work today. It does not include savings for emergencies or future goals like college. In 2016, costs were well above the Federal Poverty Level of $11,880 for a single adult and $24,300 for a family of four. Family costs increased by 18 percent statewide from 2010 to 2016, compared to 9 percent inflation nationally.

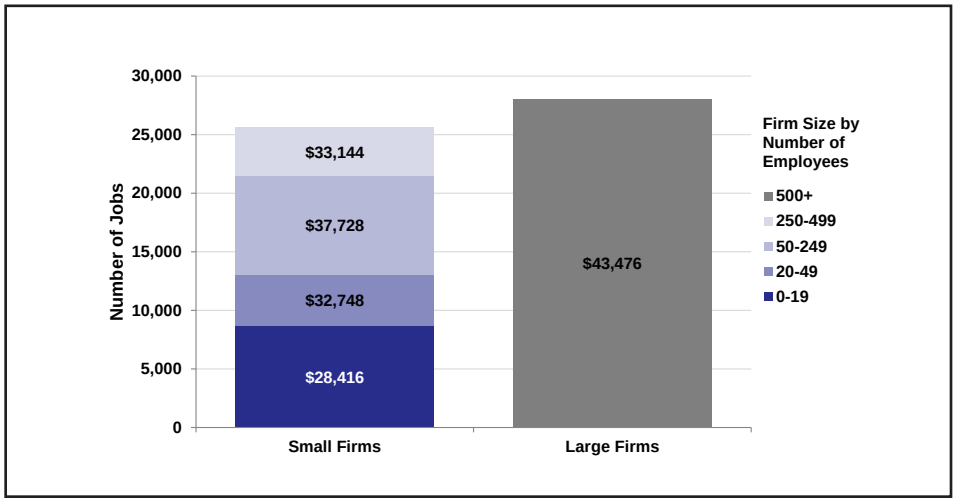
Household Survival Budget, Eau Claire County

	SINGLE ADULT	2 ADULTS, 1 INFANT, 1 PRESCHOOLER
Monthly Costs		
Housing	$466	$735
Child Care	$–	$1,294
Food	$158	$525
Transportation	$349	$697
Health Care	$214	$800
Technology	$55	$75
Miscellaneous	$147	$475
Taxes	$225	$627
Monthly Total	$1,614	$5,228
ANNUAL TOTAL	$19,368	$62,736
Hourly Wage	*$9.68*	*$31.37*

…and wages lag behind

Employment and wages vary by location; firms generally pay higher wages in areas with a higher cost of living, although those wages still do not always cover basic needs. Employment and wages also vary by firm size: Large firms tend to offer higher wages and more job stability; smaller businesses can account for more jobs overall, especially in rural areas, but may pay less and offer less stability. Medium-size firms pay more but typically employ the fewest workers.

Private-Sector Employment by Firm Size With Average Annual Wages, 2016



*Sources: **2016 Point-in-Time Data**: American Community Survey. **ALICE Demographics:** American Community Survey; the ALICE Threshold. **Budget:** U.S. Department of Housing and Urban Development; U.S. Department of Agriculture; Bureau of Labor Statistics; Internal Revenue Service; Tax Foundation; and Wisconsin Department of Children and Families, 2016.*

Eau Claire County, 2016

Town	Total HH	% ALICE & Poverty
Altoona city	2,876	36%
Augusta city	602	45%
Bridge Creek	572	44%
Brunswick	632	28%
Clear Creek	291	20%
Drammen	296	29%
Eau Claire city	26,501	46%
Fairchild	131	36%
Fairchild village	251	67%
Fall Creek village	560	44%
Lincoln	389	25%
Ludington	416	24%
Otter Creek	170	26%
Pleasant Valley	1,063	18%
Seymour	1,252	29%
Union	1,021	31%
Washington	3,005	29%
Wilson	174	40%

Note: Municipal-level data on this page is 5-year averages for Census Places and County Subdivisions. Totals will not always match county-level numbers because some county-level data is 1-year estimates.

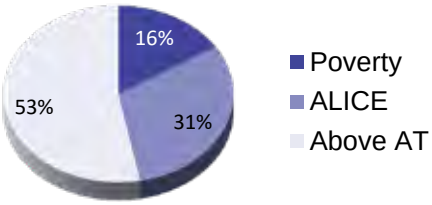
ALICE IN EAU CLAIRE COUNTY

2014 Point-in-Time Data

Population: 101,564 | **Number of Households:** 40,277
Median Household Income: $47,043 (state average: $52,622)
Unemployment Rate: 3.8% (state average: 5.3%)
Gini Coefficient (zero = equality; one = inequality): 0.46 (state average: 0.44)

How many households are struggling?

ALICE, an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed, are households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county (the ALICE Threshold). Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.



What are the economic conditions?

The **Economic Viability Dashboard** evaluates community conditions for ALICE in three core areas. Each is an index with a scale of 1 (worst) to 100 (best).

Housing Affordability	Job Opportunities	Community Resources
poor (22)	fair (54)	poor (47)

What does it cost to afford the basic necessities?

This bare-minimum budget does not allow for any savings, leaving a household vulnerable to unexpected expenses. Affording only a very modest living in each community, this budget is still significantly more than the Federal Poverty Level of $11,670 for a single adult and $23,850 for a family of four.

Household Survival Budget, Eau Claire County

	SINGLE ADULT	2 ADULTS, 1 INFANT, 1 PRESCHOOLER
Housing	$497	$740
Child Care	$–	$1,185
Food	$176	$533
Transportation	$351	$702
Health Care	$147	$587
Miscellaneous	$186	$432
Taxes	$685	$576
Monthly Total	$2,042	$4,755
ANNUAL TOTAL	$24,504	$57,060
Hourly Wage	*$12.25*	*$28.53*

Source: U.S. Department of Housing and Urban Development (HUD), U.S. Department of Agriculture (USDA), Bureau of Labor Statistics (BLS), Internal Revenue Service (IRS), Wisconsin Department of Revenue, and Wisconsin Department of Children and Families, 2014; American Community Survey, 2014.

Eau Claire County, 2014

Town	Total HH	% ALICE & Poverty
Altoona	2,905	44%
Augusta	644	59%
Bridge Creek	615	54%
Brunswick	642	32%
Clear Creek	297	29%
Drammen	313	36%
Eau Claire	26,494	51%
Fairchild	207	68%
Fairchild Town	139	45%
Fall Creek	537	41%
Lincoln	370	31%
Ludington	404	30%
Otter Creek	175	28%
Pleasant Valley	1,033	16%
Seymour	1,207	32%
Union	941	28%
Washington	2,961	37%
Wilson	188	45%

Note: Municipal-level data on this page is for Census county subdivisions. Totals will not match county-level data; municipal-level data often relies on 5-year averages and is not available for the smallest towns that do not report income.

Manual created November 2013, reviewed December 2016