Eau Claire Health Alliance
Creating a healthier community

2025-2027 Eau Claire County Community Health Improvement Plan

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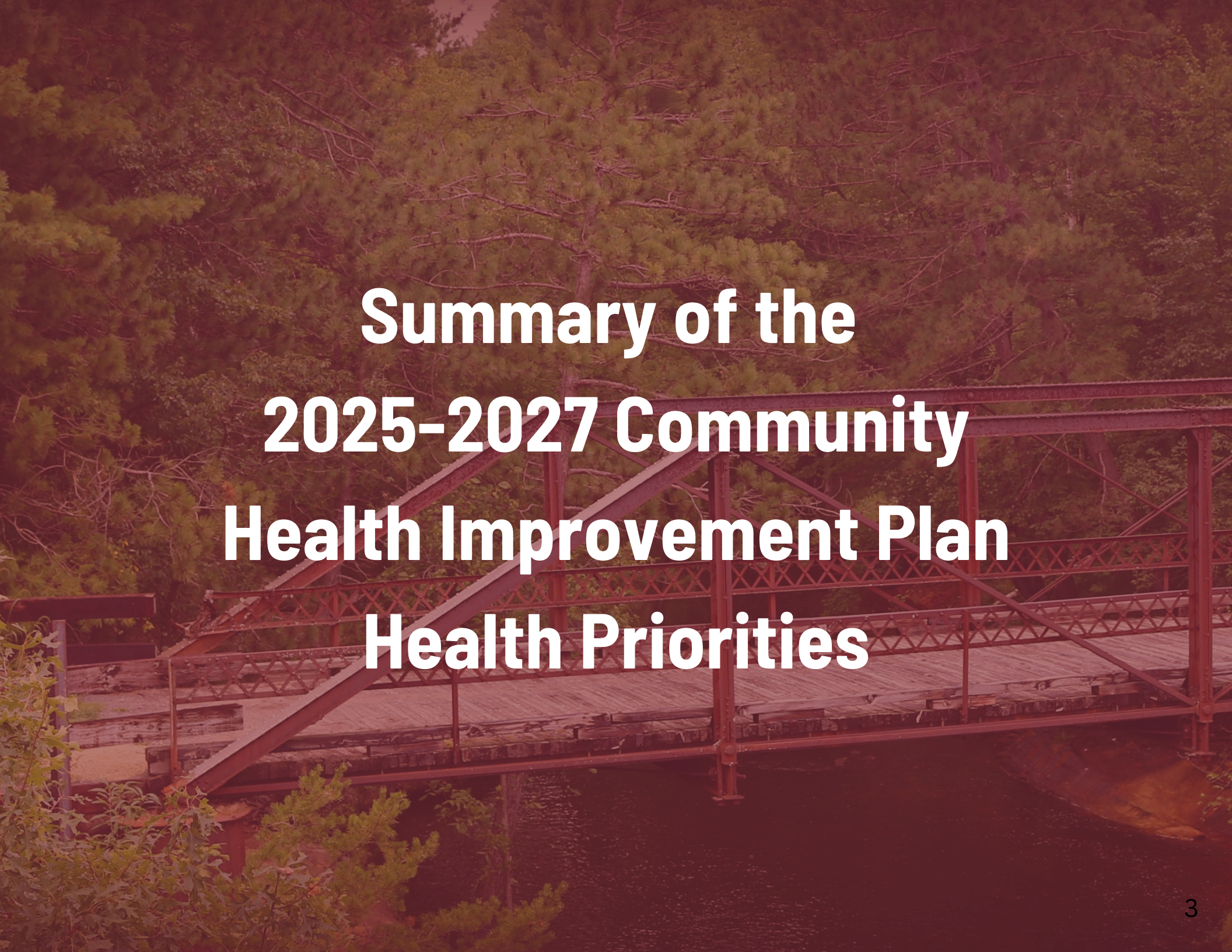


Summary of the 2025-2027 Community Health Improvement Plan Health Priorities

SUMMARY OF THE 2025-2027 COMMUNITY HEALTH IMPROVEMENT PLAN HEALTH PRIORITIES

Substance Misuse

Goal 1: Increase access to harm reduction resources and treatment resources for youth and adults

Objective 1.1 By December 2027, 1) conduct an assessment to identify barriers to accessing substance misuse resources and 2) implement two solutions to identified barriers, with input from people with lived experience.

Objective 1.2 By December 2026, use best practices to create a community awareness campaign about the benefits of harm reduction to change stigma around it, centering the voices of people with lived experience.

Goal 2: Address social norms and other risk factors with youth and families to prevent youth substance use

Objective 2.1 By December 2026, conduct quarterly education or outreach to caregivers of youth in grades K-12 about the harms of normalizing drinking.

Objective 2.2 By December 2027, implement at least four strategies to decrease youth access to and availability of alcohol and tobacco products.

Objective 2.3 By December 2027, maintain and expand partnerships to share vaping prevention and cessation resources throughout the county to youth and young adults, focusing on youth who have the highest risk.

Mental Health and Community Connectedness

Goal 3: Improve mental health by providing opportunities for community connection

Objective 3.1 By December 2026, support at least three strategies to increase community access to options for safe and sober spaces for socialization outside of work, school, and home, focusing on areas/communities with the largest gaps in access.

Objective 3.2 By December 2027, conduct an assessment to identify gaps in transportation to shared spaces and the populations most impacted by gaps; and support at least three strategies to address these gaps.

Goal 4: Support youth mental health

Objective 4.1 By December 2027, at least quarterly each year promote trainings, programs, and resources that equip families with knowledge, skills, and resources to support youth mental health focusing on youth most at risk.

Objective 4.2 By December 2026, with youth input, identify and implement at least three strategies to connect youth who are not involved in extracurricular activities to programs and resources.

Nutrition and Physical Activity

Goal 5: Implement strategies that address the connection between mental health and physical activity

Objective 5.1 By December 2027, support at least three strategies to promote existing built environment resources to increase physical activity and community connection, focusing on groups experiencing disparities.

Objective 5.2 By December 2025, identify four community plans or policies that address changes to infrastructure/built environment to promote physical activity and community connection where ECHA could participate or have an impact.

Goal 6: Increase affordability and access to healthy food

Objective 6.1 By August 2026, assess interest and opportunities for increasing access to healthy food in three Eau Claire County schools, focusing on schools with a high proportion of students experiencing food insecurity.

Objective 6.2 By December 2026, promote at least two resources that make healthy cooking an easier choice, focusing on households that are food insecure, families, and older adults.

Eau Claire Health Alliance (ECHA) members also prioritized **housing**, **childcare**, and **access to health care** in Eau Claire County. However, since several other local coalitions are already working to improve these health priorities the ECHA decided to support and link to the work already being done by these coalitions to make sure we align our efforts without being duplicative.

Executive Summary

EXECUTIVE SUMMARY

The 2025-2027 Eau Claire County Community Health Improvement Plan (CHIP) is the result of recent community health planning efforts led by the Eau Claire Health Alliance coalition. The CHIP outlines goals and objectives to guide the work to address community health priorities in Eau Claire County for the next three years. Partner organizations across multiple sectors of our community will use this community-owned plan to implement programs and policies to create a healthier Eau Claire County for all.

There are two major phases in this community health planning effort: a Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP). This two-phase process lets community members and partners review health data and give their opinions on Eau Claire County's most pressing issues that impact health (CHA). Community members and partners then review health issues and prioritize actionable steps that can lead to their improvement (CHIP).

- **Community Health Assessment:** As community members participate in a CHA, they name top health priorities and identify local assets and resources. The 2024 Eau Claire County CHA was conducted from 2023-2024 and is detailed in a separate report. This assessment had an increased focus on factors in our environment that impact our ability to be healthy. These are factors that impact the way we are born, grow, age, work, and play known as the Social Determinants of Health (SDOH). The SDOH are described further in the appendix on page 46. The report shares that community members identified alcohol misuse, poor mental health, lack of access to childcare or unaffordable childcare, substance misuse, and lack of safe or affordable housing as Eau Claire County's top five issues that impact health. The 2025-2027 CHIP will address these five issues, along with continuing efforts to promote nutrition and physical activity.
- **Community Health Improvement Plan:** Over the next three years the Eau Claire Health Alliance and community partners will implement practices and strategies guided by data and community input and will evaluate our progress toward improving our health priorities. Coalition efforts will be tracked through work plans shared on our website.

    Equity and Inclusion: All Eau Claire County community members deserve an equitable opportunity to be healthy. Health equity was central to identifying health priorities, and crafting goals and objectives throughout the CHIP development process. As the CHIP is implemented, the coalition will prioritize collaboration with populations facing the most disparities/inequities related to our health priorities. A further discussion of health disparities and inequities can be found in the appendix on page 42.

It takes all of us to improve the health of the community. The CHIP relies on the resources and collaborative efforts of a wide range of county stakeholders. It also reflects the work of many dedicated people and organizations who are working to make Eau Claire County a place where everyone can attain health.

Visit our website to view the CHA document, this CHIP document, our work plans, and find out how to get involved in coalition work.

www.echealthalliance.org

Health Priorities

HEALTH PRIORITIES

SUBSTANCE MISUSE

Goal 1: Increase access to harm reduction resources and treatment resources for youth and adults

Harm reduction recognizes that people will engage in a range of activities with various risks and works to reduce harm. Some examples of harm reduction include wearing seatbelts in cars, having a sober driver when drinking alcohol, and carrying Narcan to help reverse an opioid overdose.

Objective 1.1 By December 2027, 1) conduct an assessment to identify barriers to accessing substance misuse resources and 2) implement two solutions to identified barriers, with input from people with lived experience.

Objective 1.2 By December 2026, use best practices to create a community awareness campaign about the benefits of harm reduction to change stigma around it, centering the voices of people with lived experience.

POTENTIAL ACTIVITIES IDENTIFIED BY THE COMMUNITY

- Review existing harm reduction related policies and explore possible policy changes (e.g. Good Samaritan drug overdose laws).
- Partner with people with lived experience and local leaders/champions on these initiatives.
- Work with partners (e.g. hospital systems, other places people seek help) to identify gaps in referrals to treatment.
- Work with employers to educate about substance misuse and identify ways to address substance misuse earlier at workplaces.

ALIGNMENT WITH STATE AND NATIONAL PLANS

Healthy People 2030: Engagement in binge drinking among adults 18+ years old in past month <25.4%

WI SHIP: Physical, mental, and systemic safety: Systems, policies, and institutions create environments that ensure safety for all individuals and communities, with consideration for harms caused by historical systems, policies, and institutions.

HEALTH PRIORITIES

SUBSTANCE MISUSE

The following is a list of indicators related to health within this goal. Some indicators relate directly toward the progress of one or more of the objectives, while some are used as proxy measures to help show if the goal outcomes are improving. These are based on what data is available. These may also change as work is done to complete our objectives.

Data indicator	Eau Claire County	Wisconsin	United States
Percent of adults engaging in binge or heavy drinking in the past 30 days [1]	26%	25%	18%
Percent of motor vehicle deaths involving alcohol [1]	36%	35%	26%
Drug overdose deaths per 100,000 people [1]	16	26	27
Emergency room visits for all opioid overdoses per 100,000 people [4]	32.4	43.6	n/a

1 2024 County Health Rankings

4 2023 WI DHS

HEALTH PRIORITIES

SUBSTANCE MISUSE

Goal 2: Address social norms and other risk factors with youth and families to prevent youth substance use

Youth are influenced by their family values and family norms, which includes their perceptions of harm and acceptability of using substances. It is difficult to help youth avoid using substances if their family normalizes or even encourages use. By sharing resources and providing training to the whole family, we can create a community focused on preventing youth substance use.

Objective 2.1 By December 2026, conduct quarterly education or outreach to caregivers of youth in grades K-12 about the harms of normalizing drinking.

Objective 2.2 By December 2027, implement at least four strategies to decrease youth access to and availability of alcohol and tobacco products.

Objective 2.3 By December 2027, maintain and expand partnerships to share vaping prevention and cessation resources throughout the county to youth and young adults, focusing on youth who have the highest risk.

POTENTIAL ACTIVITIES IDENTIFIED BY THE COMMUNITY

- Promote the Wisconsin Department of Health Services "Small Talks" campaign which teaches caregivers to talk with youth about alcohol starting around age 8.
- Review and provide education to caregivers about local social host laws (i.e. don't host underage drinking at your house because "it's safer").
- Explore possible policy work: advertising restrictions, retailer density restrictions, social host laws, enforcement of laws for people who provide alcohol or tobacco products to minors.
- Share resources such as How to Quit Vaping handbook.
- Education for youth and for caregivers about vaping prevention and quitting.

ALIGNMENT WITH STATE AND NATIONAL PLANS

WI SHIP: Mental and emotional health and wellbeing: Systems and resources that support mental health and substance use prevention, treatment and recovery are accessible, affordable, cross the lifespan, and meet the unique needs of the individuals and communities they serve.

HEALTH PRIORITIES

SUBSTANCE MISUSE

The following is a list of indicators related to health within this goal. Some indicators relate directly toward the progress of one or more of the objectives, while some are used as proxy measures to help show if the goal outcomes are improving. These are based on what data is available. These may also change as work is done to complete our objectives.

Data indicator	Eau Claire County	Wisconsin
Percent of high school students who drank alcohol in the past month [2]	19%	26%
Of those high school students who ever drank alcohol, percent who had their first drink before the age of 13 years [2]	34%	n/a
Percent of high school students who used marijuana in the past month [2]	11%	16%
Percent of high school students who vaped in the past month [2]	11%	16%

2 2023 YRBS

HEALTH PRIORITIES

MENTAL HEALTH AND COMMUNITY CONNECTEDNESS

Goal 3: Improve mental health by providing opportunities for community connection

The recent Surgeon General report declared an epidemic of loneliness and social isolation, noting the negative health consequences of people not engaging with others in their community. Supporting strategies that increase opportunities for building relationships and community connections can improve mental health.

Objective 3.1 By December 2026, support at least three strategies to increase community access to options for safe and sober spaces for socialization outside of work, school, and home, focusing on areas/communities with the largest gaps in access.

Objective 3.2 By December 2027, conduct an assessment to identify gaps in transportation to shared spaces and the populations most impacted by gaps; and support at least three strategies to address these gaps.

POTENTIAL ACTIVITIES IDENTIFIED BY THE COMMUNITY

- Assess and promote existing places and resources (e.g. CV LGBTQ Community Center, Hmong Mutual, Wellness Shack, the Village online resource, home school resources).
- Support a community "Buddy program" to connect people to others to go with them to places or programs.
- Assess barriers that impact participation in programs and events, including who has the greatest barriers.
- Support and promote identified transportation programs (e.g. church share ride programs, EC transit/bus education, after school program bussing, transportation to school events for senior citizens).

ALIGNMENT WITH STATE AND NATIONAL PLANS

WI SHIP: Social connectedness and belonging: Systems support connections and relationships, social support, and community cohesion and belonging, including civic participation.

HEALTH PRIORITIES

MENTAL HEALTH AND COMMUNITY CONNECTEDNESS

The following is a list of indicators related to health within this goal. Some indicators relate directly toward the progress of one or more of the objectives, while some are used as proxy measures to help show if the goal outcomes are improving. These are based on what data is available. These may also change as work is done to complete our objectives.

Data indicator	Eau Claire County	Wisconsin	United States
Membership associations per 10,000 population [1]	12.8	11	9.1
Percent of voting age population who voted in the last general election [1]	71.3%	75.1%	67.9%
Percent of high school students who participate in school activities, teams, or clubs [2]	66%	n/a	n/a

1 2024 County Health Rankings
2 2023 YRBS

HEALTH PRIORITIES

MENTAL HEALTH AND COMMUNITY CONNECTEDNESS

Goal 4: Support youth mental health

In recent years, surveys of youth at the national, state, and local level show increasing mental health needs among youth. Many factors impact youth mental health, such as in-person and online bullying and lacking trusted adults in their lives. Helping youth build healthy relationships and coping mechanisms can lead to a lifetime of improved mental health.

Objective 4.1 By December 2027, at least quarterly each year promote trainings, programs, and resources that equip families with knowledge, skills, and resources to support youth mental health focusing on youth most at risk.

Objective 4.2 By December 2026, with youth input, identify and implement at least three strategies to connect youth who are not involved in extracurricular activities to programs and resources.

POTENTIAL ACTIVITIES IDENTIFIED BY THE COMMUNITY

- Encourage participation in programs that connect families and encourage conversation and connection (examples include family mealtime promotion, Small Talks and Real Talks state programs, Connect with Me Conversation Cards).
- Engage with youth in identifying what they need and how the community can support them (e.g. use a youth engagement method like PhotoVoice).
- Identify and promote free and low-cost programs (e.g. library, YMCA, others).
- Support and expand peer to peer programming (e.g. expand orientation programs that connect older students to younger students throughout the year, buddy system at school for trying new clubs).

ALIGNMENT WITH STATE AND NATIONAL PLANS

WI SHIP: Mental and emotional health and wellbeing: Systems and resources that support mental health and substance use prevention, treatment and recovery are accessible, affordable, cross the lifespan, and meet the unique needs of the individuals and communities they serve.

HEALTH PRIORITIES

MENTAL HEALTH AND COMMUNITY CONNECTEDNESS

The following is a list of indicators related to health within this goal. Some indicators relate directly toward the progress of one or more of the objectives, while some are used as proxy measures to help show if the goal outcomes are improving. These are based on what data is available. These may also change as work is done to complete our objectives.

Data indicator	Eau Claire County	Wisconsin
Percent of high school students who have at least one teacher or other adult at school to talk to [2]	72%	70%
Percent of high school students who have at least one supportive adult besides parent(s) [2]	83%	82%
Percent of high school students who have been bullied online [2]	16%	18%
Percent of high school students who had significant problems with feeling very anxious, nervous, tense, scared, or like something bad was going to happen [2]	49%	52%
Percent of high school students that felt so sad or hopeless almost every day for two or more weeks in a row that they stopped doing some usual activities [2]	29%	35%
Percent of high school students who participate in school activities, teams, or clubs [2]	66%	n/a

2 2023 YRBS

HEALTH PRIORITIES

NUTRITION AND PHYSICAL ACTIVITY

Goal 5: Implement strategies that address the connection between mental health and physical activity

Physical health, and a community infrastructure that supports being physically active, are important factors for supporting positive mental health. Engaging in physical activity can be a social activity, and the benefits to your body can directly improve mental health.

Objective 5.1 By December 2027, support at least three strategies to promote existing built environment resources to increase physical activity and community connection, focusing on groups experiencing disparities.

Objective 5.2 By December 2025, identify four community plans or policies that address changes to infrastructure/built environment to promote physical activity and community connection where ECHA could participate or have an impact.

POTENTIAL ACTIVITIES IDENTIFIED BY THE COMMUNITY

- Assess who is and is not connecting to existing built environment resources.
- Create tools for ECHA partner agencies and others to more easily share existing programs and resources to multiple populations (e.g. YMCA, newsletters, V1, gear share program at the library and Pinehurst, trail maps).
- Identify existing plans, committees, and groups in Eau Claire County that address infrastructure for physical activity and safe transportation (e.g. transit/transportation plans, bicycle friendly business program, Bicycle and Pedestrian Advisory Committee – City of EC, Parks and Public Spaces Plan Altoona).
- Bring coalition/health perspective to plans and groups above to support and advocate for positive changes in the county that make physical activity and community connection easier for all community members.

ALIGNMENT WITH STATE AND NATIONAL PLANS

Healthy People 2030: Percentage of adults aged 18 and over reporting no leisure-time physical activity <21.2%

WI SHIP: Person and community-centered health care: Health care and systems are accessible, affordable, and support and meet the unique needs, including social determinants of health, of individuals and communities.

HEALTH PRIORITIES

NUTRITION AND PHYSICAL ACTIVITY

The following is a list of indicators related to health within this goal. Some indicators relate directly toward the progress of one or more of the objectives, while some are used as proxy measures to help show if the goal outcomes are improving. These are based on what data is available. These may also change as work is done to complete our objectives.

Data indicator	Eau Claire County	Wisconsin	United States
Percent of high school students who are physically active 60 min/day 5+ days per week[2]	63%	n/a	n/a
Percent of adults who report no physical activity outside of work [1]	19%	19%	23%
Percent of high school students who spend 3 or more hours per day on phone, Xbox, or other device on an average school day (excluding use for school or work) [2]	78%	79%	n/a

1 2024 County Health Rankings
2 2023 YRBS

HEALTH PRIORITIES

NUTRITION AND PHYSICAL ACTIVITY

Goal 6: Increase affordability and access to healthy food

Barriers to eating healthy include the cost of healthy foods, lack of access to healthy foods, and lack of knowledge about healthy food preparation. Identifying strategies to increase access to healthy food are especially important in areas without a nearby grocery store or where a higher proportion of residents experience food insecurity.

Objective 6.1 By August 2026, assess interest and opportunities for increasing access to healthy food in three Eau Claire County schools, focusing on schools with a high proportion of students experiencing food insecurity.

Objective 6.2 By December 2026, promote at least two resources that make healthy cooking an easier choice, focusing on households that are food insecure, families, and older adults.

POTENTIAL ACTIVITIES IDENTIFIED BY THE COMMUNITY

- Conduct a survey with schools to assess current programs, interest, and ability to implement best practices to increase healthy food access.
- For interested schools, create a plan and identify resources to implement program.
- Collaborate with food pantries to create pre-packaged meal kits, recipes, and/or education.
- Expand crockpot programs (which share healthy recipes and crockpots) throughout the community.

ALIGNMENT WITH STATE AND NATIONAL PLANS

Healthy People 2030: Percentage of population who lack adequate access to food < 6%

WI SHIP: Economic well-being: Systems and policies support all communities, families, and individuals to access opportunities that ensure financial stability, create well-being, and develop a workforce that meets the community's needs.

HEALTH PRIORITIES

NUTRITION AND PHYSICAL ACTIVITY

The following is a list of indicators related to health within this goal. Some indicators relate directly toward the progress of one or more of the objectives, while some are used as proxy measures to help show if the goal outcomes are improving. These are based on what data is available. These may also change as work is done to complete our objectives.

Data indicator	Eau Claire County	Wisconsin	United States
Percent of high school students who ate fruit every day during the past 7 days [2]	46%	40%	34%
Percent of high school students who ate vegetables every day during the past 7 days [2]	44%	38%	n/a
Percent of population with limited access to healthy foods [1]	8%	5%	10%

1 2024 County Health Rankings
2 2023 YRBS

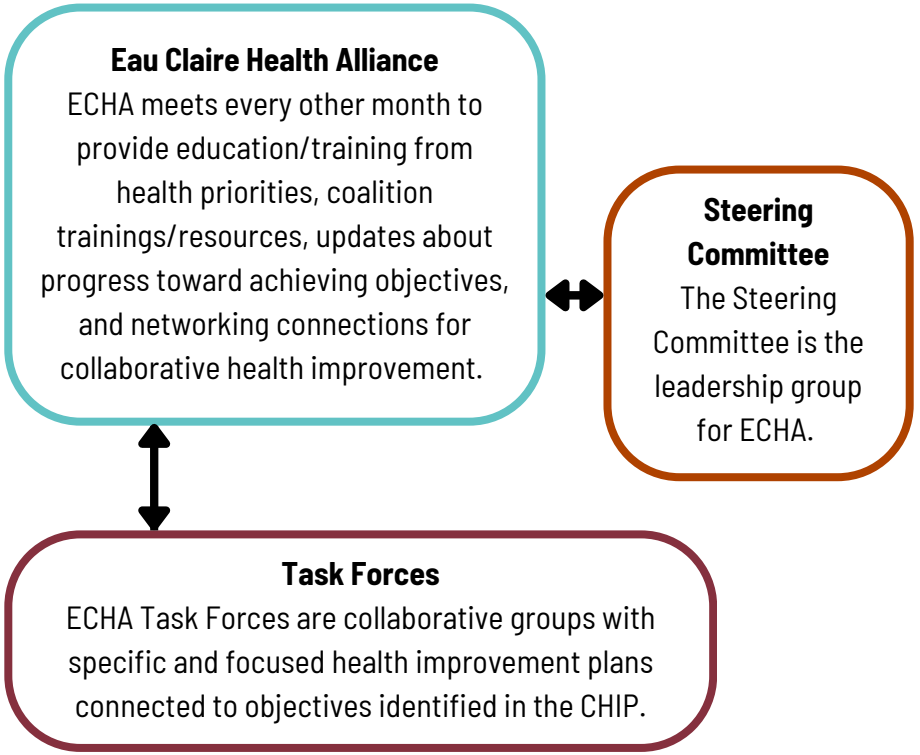
Eau Claire Health Alliance Structure

EAU CLAIRE HEALTH ALLIANCE STRUCTURE

The Eau Claire Health Alliance (ECHA), formed in 2023, is a result of merging two coalitions, Healthy Communities and the Alliance for Substance Misuse Prevention. These coalitions have been in existence for over 25 years. ECHA unites a team of people from many sectors: public health, schools, health care, non-profit, government, and many more, who work together to fulfill CHIP priorities.

The ECHA has a Steering Committee that provides leadership and oversight of the CHIP planning process, coalition operational guidelines, and the annual ECHA report. During the implementation of the 2025-2027 CHIP, the Steering Committee will include two coalition co-chairs and two co-chairs for each healthy priority area. New to the Steering Committee structure will be two chairs from the local non-profit hospitals and one Equity Diversity Inclusion (EDI) chair. Additionally, to create better linkages to other work happening around housing, childcare, and access to care the committee will include one chair representing one of the several local housing coalitions, one chair representing access to health care coalition, and one chair representing a local childcare coalition.

2025-2027 Eau Claire Health Alliance Structure



Previously, the ECHA structure included Action Teams based around the identified CHIP health priorities. For the 2021-2024 CHIP, these Action Teams included Chronic Disease Prevention, Healthy Relationship Promotion, Mental Health, and Substance Misuse. With the release of the 2025-2027 CHIP, work conducted by the ECHA will be planned and carried out by Task Forces. Each of these Task Forces will be based around the objectives identified in the CHIP. Each will have their own meeting schedules and structure based on what is needed to complete the CHIP objectives, as decided by its Task Force leaders and Task Force members.

The intent of transitioning from Action Teams to Task Forces was to focus meetings to achieving one specific objective at a time rather than a broad topic. Ideally this will create continued energy among members and allow the work of the coalition to be done more efficiently.

Community Health Improvement Plan (CHIP) Framework

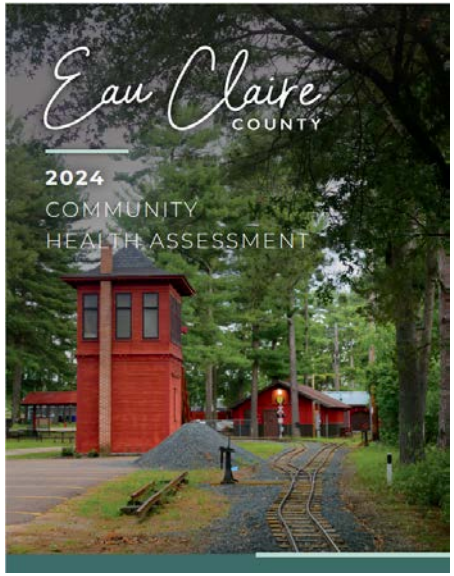
COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) FRAMEWORK

After the completion of each Community Health Assessment (CHA), which is conducted every three years, the Eau Claire Health Alliance (ECHA) examines the assessment results and goes through a facilitated process to develop the Eau Claire County Community Health Improvement Plan (CHIP). The ECHA determines goals, actionable objectives, and data indicators to evaluate efforts for health priorities. For an overview of accomplishments from the 2021-2024 CHIP, see appendix page 44.

The framework used to develop the 2025-2027 CHIP differs from prior year due to a couple changes: 1) changes to the Community Health Assessment framework, and 2) usage of the Mobilizing for Action through Planning and Partnerships (MAPP) framework. See more details below.

Changes to the 2024 Community Health Assessment framework:

- Since 2015, the CHA process has followed the guidance of the Wisconsin State Health Improvement Plan (SHIP) when determining which issues that impact health to examine as part of the CHA. Since 2015, these issues have remained mostly the same with a focus on health behaviors.
- In 2023, the SHIP changed the issues that impact health it included within its priorities. With this change came an added focus on factors in our environment that impact our ability to be healthy. These are factors that impact the way we are born, grow, age, work, and play known as the Social Determinants of Health (SDOH). The SDOH are described further in the appendix on page 46.
- For the 2024 Eau Claire County CHA, the decision was made to continue to follow the Wisconsin SHIP, thus the issues that impact health examined were changed from previous years to also include a focus on the SDOH. The full framework adapted is described in detail in the 2024 Eau Claire County Community Health Assessment.



With these new issues that impact health came new results of the CHA, the top five issues being:

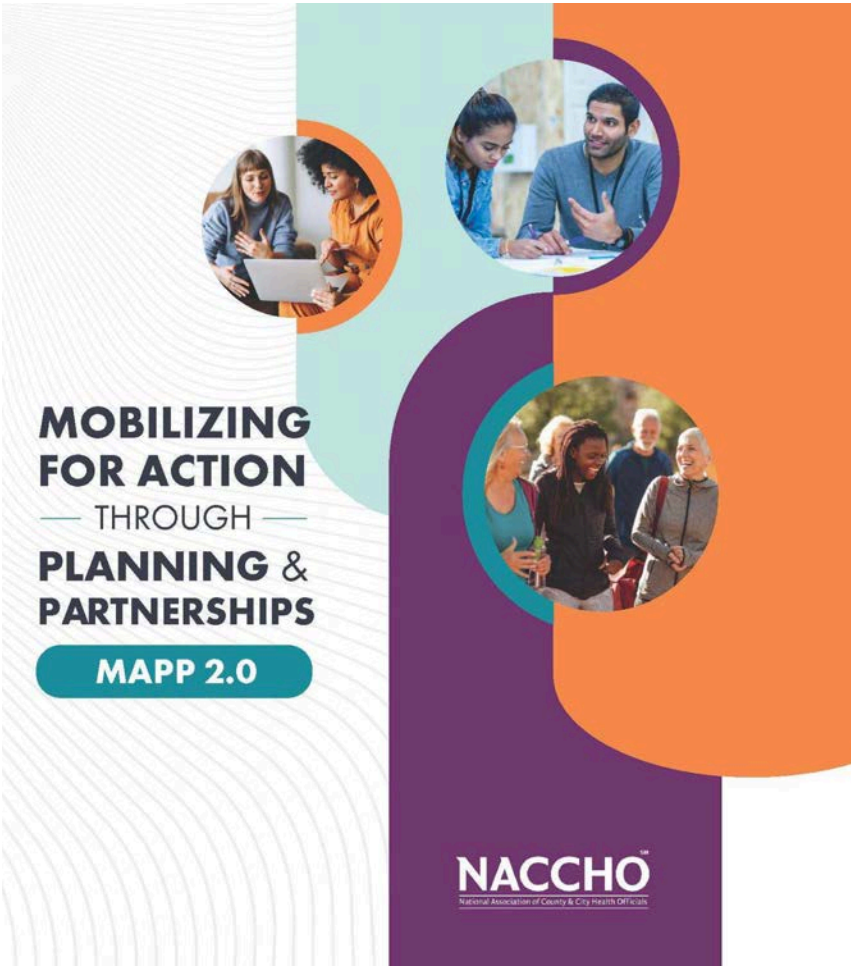
Alcohol misuse **Poor mental health**

Lack of access to childcare or unaffordabhle childcare **Substance misuse** **Lack of safe or affordable housing**

CHIP FRAMEWORK

MAPP framework:

The MAPP model, which was developed by the National Association of County and City Health Officials (NACCHO), provides direction on how to utilize community strengths and partnerships to create meaningful change. A planning support team consisting of staff from the Eau Claire City-County Health Department (described in the appendix on page 48) adapted the tools provided by this framework for use by the ECHA.



THE MAPP 2.0 STEPS INCLUDE:

- Prioritize Issues for the CHIP
- Do a Power Analysis of Each Issue
- Set up Priority Issue Subcommittees
- Develop Shared Goals and Long-Term Measures
- Develop Continuous Quality Improvement Action Planning Cycles
- Create Community Partner Profiles
- Monitor and Evaluate the CHIP

The 2025-2027 Eau Claire County CHIP planning process included a kick-off meeting to analyze the CHA report and initiate planning followed by six meetings held to develop goals and objectives for the health priorities determined from the kick-off meeting. Community organizations involved in this process are listed in the appendix on page 47. The structure of those meetings and their outcomes are discussed on the following pages.

CHIP PROCESS TIMELINE

1

Community Health Assessment (CHA)
Fall 2023 - July 2024

2

Community Health Improvement Plan (CHIP) planning kick-off workshop
July 11th, 2024

3

Goals planning meetings
September- October 2024

4

Objectives planning meetings
October - November 2024

5

Linkages to Basic Needs meeting
November 2024

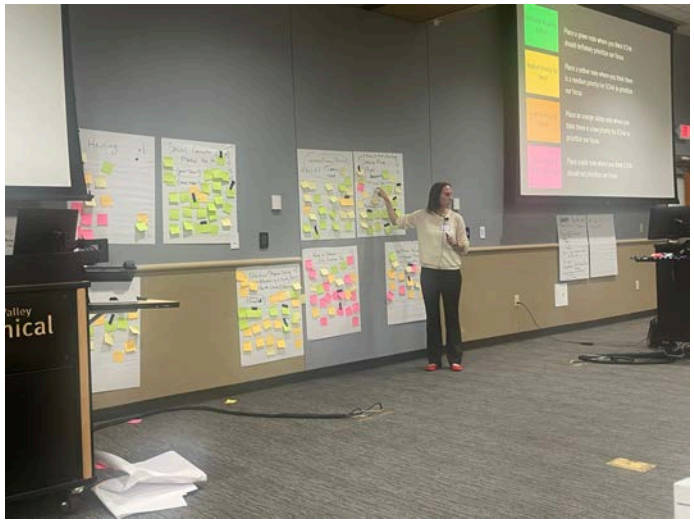
6

Voting on objectives by all ECHA members
December 2024

7

CHIP implementation
January 2025 - December 2027

CHIP PLANNING KICK-OFF WORKSHOP



To start developing the 2025-2027 CHIP, coalition members of the ECHA were invited to attend a workshop on July 11th, 2024. ECHA members were invited to attend the workshop. Additionally, outreach was made to community members with expertise in the newly identified areas of housing, childcare, and healthcare access to attend the workshop. The kick-off workshop addressed the MAPP 2.0 step 'Prioritize Issues for the CHIP'.

Workshop attendees first examined the results of the 2024 Eau Claire County CHA. This included a presentation of the data sources utilized in the CHA process for the health priorities. Next, they considered factors such as the ECHA's capacity to impact change, which issues are already being addressed by other community groups, and the extent that one issue may impact other issues within our community. They did this by filling out a prioritization worksheet provided by the event facilitator and via small group table discussions. After making these considerations, workshop attendees participated in a large group discussion to determine which overarching priority areas matched the identified needs of the community and the capacity of the ECHA. Those present voted on these possible groupings to prioritize which health priorities the ECHA would focus their efforts over the next three years.

The ECHA identified three key health priorities:

Substance Misuse

Misuse of substances like alcohol, methamphetamine, cannabis, opioids, and tobacco/vaping has negative health and social effects on the lives of individuals, their families, and the community. Health impacts of misusing substances can include injuries, poor mental health, overdose, and death. Early initiation of use, prominent availability, acceptability or social norming of use, and inadequate resources like peer support or treatment can make substance misuse more prevalent. Increasing protective factors and availability of resources is key to preventing and reducing substance misuse.

CHIP PLANNING KICK-OFF WORKSHOP

Mental Health and Community Connectedness

Mental health conditions affect all ages and influence many areas of one's mental and emotional wellbeing. Healthy social connections are a key component of good mental health. Mental health is essential to personal wellbeing, family and interpersonal relationships, and the ability to contribute to a community or society. Barriers to good mental health can include a lack of nearby and/or affordable places to socialize, a lack of mental health providers in an area, or lacking skills to cope with stressful situations.

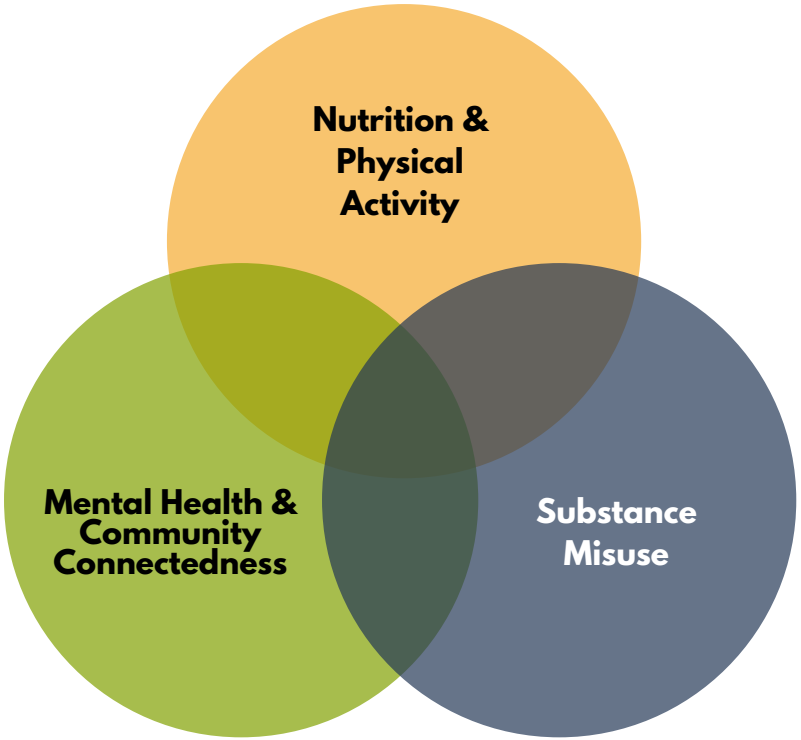
Nutrition and Physical Activity

Healthy eating and physical activity both have a positive impact on overall health across the lifespan. Regular physical activity and healthy dietary habits help lower the risk of several chronic diseases such as obesity, type 2 diabetes, cancer, heart disease, Alzheimer's disease, and stroke. Barriers to eating nutritious foods include cost, access, and availability of food, especially healthy food. Barriers to engaging in physical activity can include lacking safe and maintained areas to walk, run, etc. or not having access to places to exercise in all seasons.

During the discussions, workshop attendees also decided that the topics of **housing**, **childcare**, and **access to health care**, (grouped together as Linkages to Basic Needs) are high priorities but are already being addressed by other coalitions in Eau Claire County. Thus, the ECHA decided to support and link to the work already being done by these coalitions to make sure we align our efforts without being duplicative. During the meeting there was also much discussion about examining what disparities exist for the health priorities and choosing strategies that will help to address inequities in our community. A further discussion of health disparities and inequities can be found in the appendix on page 42.

GOALS PLANNING MEETINGS

Following the kick-off CHIP planning meeting, feedback from the event was compiled as well as other data and community conditions related to the prioritized health priorities. This included looking at the relevant sections of the CHA report, including community member comments. They also reviewed resources from national, state, and local sources of relevant data and strategies that could be implemented to improve the identified health priorities.



During the fall, the coalition held goal planning meetings for each of the following health priorities.

The MAPP 2.0 step 'Set up Priority Issue Subcommittees' was completed to gather coalition members that indicated interest in each health priority area. Additionally, they invited other individuals/organizations that work on each issue. A modified MAPP 2.0 'Goal Development Worksheet' was used as the start of the 'Develop Shared Goals and Long-Term Measures' step to compile these sources and generate possible goals for each of the health priorities.

At the end of September 2024, the first series of meetings to narrow down and vote on goals for the 2025-2027 CHIP were held. There were separate meetings for each of the health priorities (Substance Misuse; Mental Health and Community Connectedness; and Nutrition and Physical Activity). These meetings were shared with all ECHA members as well as others who attended the July planning workshop. The MAPP 2.0 step 'Do a Power Analysis of Each Issue' was followed to identify gaps among those who initially responded to attend these meetings to see which relevant sectors were not present. Intentional outreach to local partners to ensure a diversity of those who work with these health priorities were present at the meetings followed.

GOALS PLANNING MEETINGS

At the goal planning meetings, an overview of the process used to develop the 2025-2027 CHIP and the results of the July planning workshop was shared with participants. The potential goal areas were presented, which were created after reviewing national and state health plans, best practices, what other communities are doing, local data, and community feedback from a variety of sources.

The goal areas were to help narrow the scope of work included in each health priority (example: one potential focus of nutrition and physical activity is affordability and access to healthy food). Attendees were asked to review what data stood out to them, if there are groups of people more affected by certain goals, and which goals they think we should work together on and why.

Participants shared their thoughts in small groups at their tables, and then shared out to the room what their table had discussed as reasoning for why certain goals would address the needs of the community. Participants were given two votes which could either be applied to two different proposed goals or both to the same goal.

Discussion Questions

- ✓ What do you observe in the information presented? What stands out to you?
- ✓ Are there any groups of people more affected by the recommended goals above?
- ✓ Which goal areas do you think we should work on together, and why?

Criteria to consider:

- This issue has the greatest impact on health in the long-term
- There are stark inequities by race, sexual orientation, gender, and/or other factors related to this issue. Addressing this issue addresses health disparities in our community
- I feel there is community energy around the issue
- We in this room (members of ECHA) can impact this issue and should focus our efforts to address it

GOALS PLANNING MEETINGS

The results of these votes were:

Substance Misuse Meeting Results

Goal Area:	Number of votes:
Youth use	12
Harm Reduction	11
Connections and referral to treatment	8
Social norms	5

Mental Health & Community Connectedness Meeting Results

Goal Area:	Number of votes:
Community building	18
Youth mental health	12
Connections and referral to treatment	2

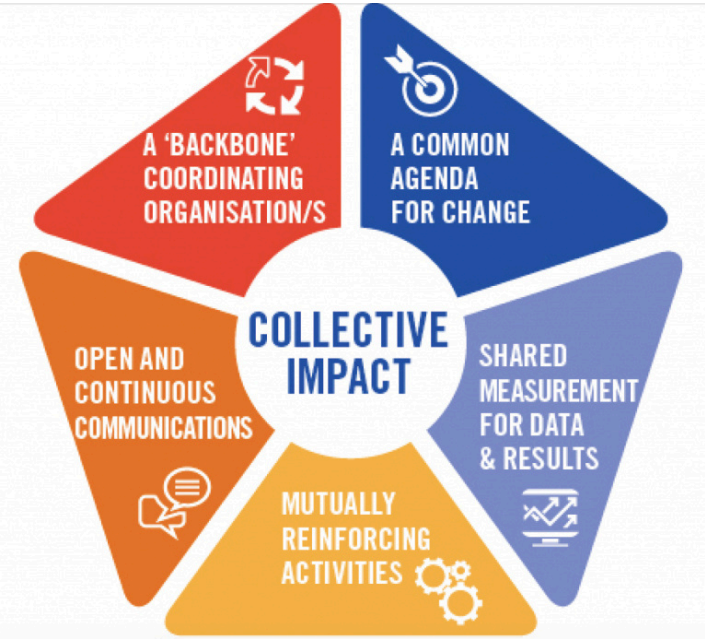
Nutrition & Physical Activity Meeting Results

Goal Area:	Number of votes:
Connection between physical activity, nutrition and mental health	9
Affordability and access to healthy food	8
Physical activity and the built environment	7

OBJECTIVES PLANNING MEETINGS

Following the goal planning meetings with each healthy priority group, possible objectives the ECHA could work to complete over the next three years were developed, initiating the 'Develop Continuous Quality Improvement Action Planning Cycles' step of MAPP 2.0. This team analyzed the results of the votes from the goal planning meetings, and the comments made during the small and large group discussions. These results were compared to strategies from the What Works for Health tool provided via the County Health Rankings and Roadmaps website and through talking with local experts about best practice. Through this process, a list of proposed objectives to bring back to the health priority groups for discussion and voting were generated.

At the end of October, a second series of meetings with each health priority group were held. At these meetings, the two voted-on goals for the relevant priority topic were presented, as well as the proposed objectives for each goal. The process used for generating these objectives were shared, along with some local data and conditions related to the proposed objectives. The Collective Impact Model (discussed in the appendix on page 50) and CADCA's 7 Strategies for Community Change (discussed in the appendix on page 51) were shared, along with how these frameworks can help produce impactful work for the coalition when creating objectives.



OBJECTIVES PLANNING MEETINGS

In each of the objective planning meetings, participants were split into two smaller groups to reflect on local data and the capabilities of the ECHA coalition. A facilitator walked them through the proposed objectives for each goal, and participants recommended changes based on what they saw best matches the local needs of Eau Claire County. Half of the room discussed goal one first, the other half discussed goal two first. The table facilitators switched, and the groups were able to discuss the alternate goal. After both groups had discussed both goals, they shared out their small group discussions to the whole room and held large group discussions.

Following the meetings, the completed worksheets and discussion notes were analyzed. These were used to update the proposed objectives to better match local needs. In mid-December another draft of objectives were emailed to ECHA members who were asked to do a ranked vote to identify the objectives of focus for the next three years. All goals and objectives were sent to all ECHA members for voting.

OBJECTIVES PLANNING MEETINGS

Below are the results of the survey sent to members in December asking them to do a ranked vote on which objectives (under the six goals) the Eau Claire Health Alliance should focus on first to complete over the next three years. A higher average rank means it got more votes.

Goal 1: Increase access to harm reduction resources and treatment resources for youth and adults

Objective	Average rank
1.3 Assess and decrease barriers to accessing substance misuse resources	2.48 out of 3
1.2 Develop a community-wide awareness campaign about harm reduction and its benefits to the community.	1.93 out of 3
1.1 Develop or promote community-wide awareness campaign to decrease stigma about substance misuse.	1.59 out of 3

Goal 2: Address social norms and other risk factors with youth and families to prevent youth substance use

Objective	Average rank
2.1 Educate parents and guardians about how normalizing alcohol use affects youth.	2.91 out of 4
2.3 Decrease access to and availability of substances for youth.	2.81 out of 4
2.4 Continue partnerships to share vaping prevention & cessation resources for youth and young adults.	2.44 out of 4
2.2 Assess community readiness to address availability and risk of hemp derived cannabis products.	1.84 out of 4

OBJECTIVES PLANNING MEETINGS

Goal 3: Improve mental health by providing opportunities for community connection

Objective	Average rank
3.1 Increase community access to options for safe and sober spaces for socialization outside of work, school, and home.	3.07 out of 4
3.2 Assess gaps in transportation to shared spaces throughout Eau Claire County.	2.72 out of 4
3.4 Support organizational policies to increase participation in programs that connect youth to mentors or mentorship programs	2.3 out of 4
3.3 Assess and promote intergenerational programming between youth and adults	1.91 out of 4

Goal 4: Support youth mental health

Objective	Average rank
4.2 Connect youth who are not involved in extracurricular activities to programs and resources	1.86 out of 2
4.1 Equip families with knowledge, skills, and resources to support youth mental health	1.14 out of 2

OBJECTIVES PLANNING MEETINGS

Goal 5: Implement strategies that address the connection between mental health and physical activity

Objective	Average rank
5.1 Promote existing built environment resources to increase physical activity and community connection, focusing on groups experiencing disparities.	2.32 out of 3
5.3 Support existing community plans and policies that address changes to infrastructure/built environment to promote physical activity and community connection.	2.22 out of 3
5.2 Conduct review of screen time programs or best practices found to impact physical activity and mental health	1.46 out of 3

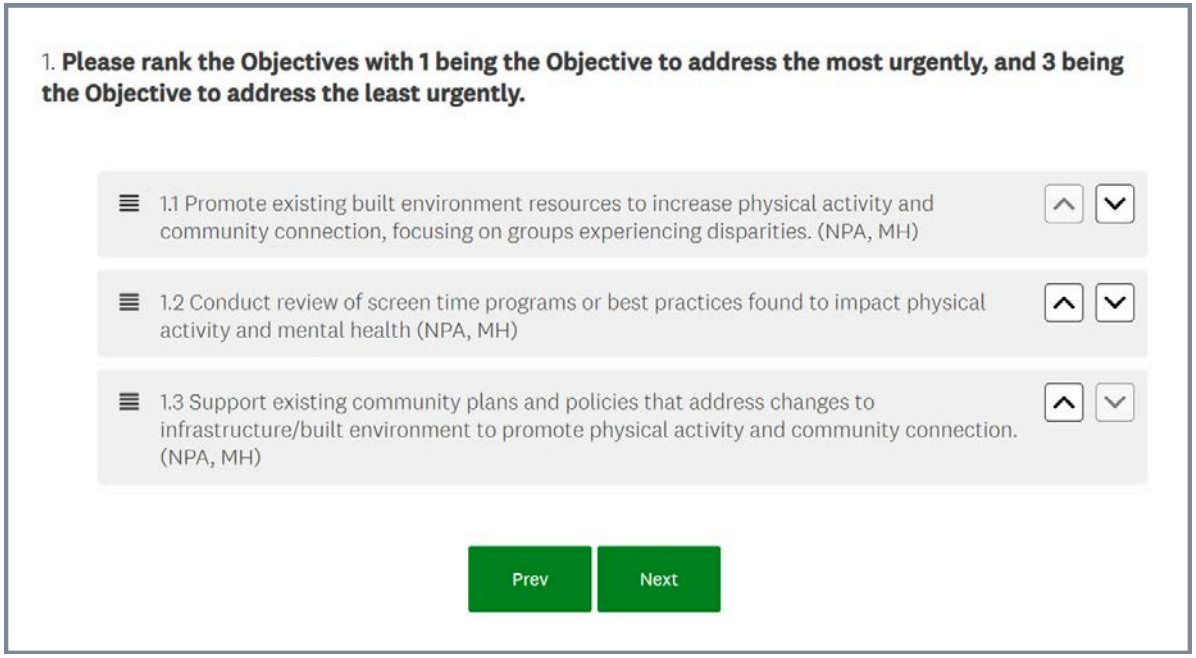
Goal 6: Increase affordability and access to healthy food

Objective	Average rank
6.1 Assess interest and opportunities for increasing access to healthy food in Eau Claire County school systems	3.13 out of 4
6.3 Promote tools and resources that make healthy cooking an easier choice, focusing on households that are food insecure, families, and older adults	2.82 out of 4
6.4 Support expansion of the Market Match program at farmers markets in Eau Claire County.	2.6 out of 4
6.2 Compile a healthy food policy guide for employers in Eau Claire County	1.45 out of 4

OBJECTIVES PLANNING MEETINGS

Voting was completed through SurveyMonkey and there was good participation, 70 ECHA members voted on objectives. The top objectives under each goal were then turned into Specific, Measurable, Achievable, Relevant, Timebound, Inclusive, and Equitable (SMARTIE) objectives. This was done using the conversations during the planning meetings and local data on disparities/inequities in each topic. The SMARTIE definitions from MAPP 2.0 were used, which can be found in the appendix on page 52, as a framework for this process. When determining the timeframe for each objective, it was taken into consideration where there is already community and coalition support in place and evaluated how long objectives would take to complete. For objectives that currently do not have groups of focus identified, the first step will be to look for disparities/inequities related to that topic. This will ensure equity is continually incorporated throughout the implementation of the CHIP.

The Steering Committee with support from the Health Department will be responsible for assessing and editing objectives as needed based on CHIP progression and community needs. The objectives that were ranked lower from the survey will also be reviewed periodically to determine if it is appropriate to add any to the active plan in the future.



Final SMARTIE Objectives for Eau Claire Health Alliance 2025-2027 CHIP

Objective 1.1 By December 2027, 1) conduct an assessment to identify barriers to accessing substance misuse resources and 2) implement two solutions to identified barriers, with input from people with lived experience.

Objective 1.2 By December 2026, use best practices to create a community awareness campaign about the benefits of harm reduction to change stigma around it, centering the voices of people with lived experience.

Objective 2.1 By December 2026, conduct quarterly education or outreach to caregivers of youth in grades K-12 about the harms of normalizing drinking.

Objective 2.2 By December 2027, implement at least four strategies to decrease youth access to and availability of alcohol and tobacco products.

Objective 2.3 By December 2027, maintain and expand partnerships to share vaping prevention and cessation resources throughout the county to youth and young adults, focusing on youth who have the highest risk.

Objective 3.1 By December 2026, support at least three strategies to increase community access to options for safe and sober spaces for socialization outside of work, school, and home, focusing on areas/communities with the largest gaps in access.

Objective 3.2 By December 2027, conduct an assessment to identify gaps in transportation to shared spaces and the populations most impacted by gaps; and support at least three strategies to address these gaps.

Objective 4.1 By December 2027, at least quarterly each year promote trainings, programs, and resources that equip families with knowledge, skills, and resources to support youth mental health focusing on youth most at risk.

Objective 4.2 By December 2026, with youth input, identify and implement at least three strategies to connect youth who are not involved in extracurricular activities to programs and resources.

Objective 5.1 By December 2027, support at least three strategies to promote existing built environment resources to increase physical activity and community connection, focusing on groups experiencing disparities.

Objective 5.2 By December 2025, identify four community plans or policies that address changes to infrastructure/built environment to promote physical activity and community connection where ECHA could participate or have an impact.

Objective 6.1 By August 2026, assess interest and opportunities for increasing access to healthy food in three Eau Claire County schools, focusing on schools with a high proportion of students experiencing food insecurity.

Objective 6.2 By December 2026, promote at least two resources that make healthy cooking an easier choice, focusing on households that are food insecure, families, and older adults.

LINKAGES TO BASIC NEEDS MEETING

In mid-November, a planning meeting was held with community members to discuss the topics grouped together as Linkages to Basic Needs. These topics included housing, childcare, and access to health care. The goal of this meeting was to better understand which other local coalitions are addressing these issues and how the ECHA can best support their efforts.

To guide this meeting, an initial partner mapping utilizing an adjusted MAPP 2.0 'Community Partner Profile' was conducted. The names, contacts, meeting schedules, mission statements, and involved sectors for known coalitions working to address housing, childcare, or access to health care in the area were compiled. An invitation was sent to ECHA members, and invitations were sent to those known to be a part of or connected with one of the existing coalitions.

During the meeting, a facilitated conversation was held to address several questions. First, the accuracy of the compiled list of coalitions was confirmed with attendees and any necessary corrections were made. Next, representatives were asked what specific needs their coalition may have or specific issues they are facing. Finally, a large group discussion was held asking what the ECHA could help do to assist the existing coalitions without taking over their work.

FROM THIS MEETING, THOSE WHO ATTENDED STATED THAT WHAT WOULD BE MOST BENEFICIAL FOR THE ECHA TO ASSIST THE OTHER COALITIONS INCLUDED:

- Compiling a handout of all existing coalitions in the area working on each topic to be a centralized referral source for resources, and share this document on the ECHA website
- Providing coordinated awareness/education of these three topics and their impacts to the wider community, demonstrating that these are not just individual issues
- Having ECHA help advertise/amplify events related to these topics including having some sort of set infrastructure for notifying when meetings/events are occurring
- Sharing coalitions working on these topics and how people can get involved.
- Having a seat at the Eau Claire Health Alliance Steering Committee for each healthy priority (childcare, health care, and housing) to keep these priorities at the forefront of our work.

The suggestions from this meeting were shared with the ECHA Steering Committee. The committee agreed that having a seat for each of the health priorities at the Steering Committee would be helpful. They also concluded that compiling a handout of all existing coalitions and posting on our website would be a good place to start.

Next Steps and Evaluation

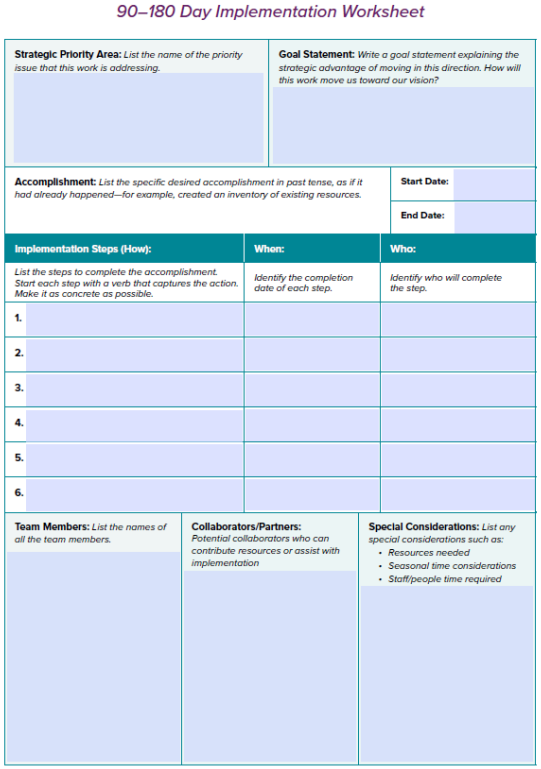
NEXT STEPS AND EVALUATION

With the goals and objectives chosen, the ECHA coalition will develop logic models and action workplans to achieve the objectives, utilizing the workplan formats provided via MAPP 2.0. These documents will be used to ensure meaningful progress is being made to reach the goals of this CHIP.

A Partner Profile survey will also be sent to ECHA members along with the final SMARTIE objectives. This will be used to determine which people and organizations should be included with the work to meet each objective. The ECHA will reach out to these individuals to invite them to be a part of developing and implementing activities. This will ensure a range of community voices continue to be involved in this work.

Objectives will be worked on by Task Forces, who will decide on specific activities that address local conditions to complete them. Each Task Force will have a Task Force lead and a Priority Area co-chair to facilitate meetings, track progress towards objective completion and share what work has occurred with the Steering Committee.

When starting work on each objective, meetings will be held with Task Force leads and interested community members to go through MAPP 2.0 '90-180 Day Implementation Worksheets'. These will be used to create the activities to reach each objective. Those present at the meetings will consider activities already identified as options (listed in the Health Priorities section beginning on page 7) and generate new ideas for activities to meet the objectives.



90–180 Day Implementation Worksheet

Strategic Priority Area: *List the name of the priority issue that this work is addressing.*	**Goal Statement:** *Write a goal statement explaining the strategic advantage of moving in this direction. How will this work move us toward our vision?*	
Accomplishment: *List the specific desired accomplishment in past tense, as if it had already happened—for example, created an inventory of existing resources.*		**Start Date:** **End Date:**

Implementation Steps (How):	**When:**	**Who:**
List the steps to complete the accomplishment. Start each step with a verb that captures the action. Make it as concrete as possible.	*Identify the completion date of each step.*	*Identify who will complete the step.*
1.		
2.		
3.		
4.		
5.		
6.		

Team Members: *List the names of all the team members.*	**Collaborators/Partners:** *Potential collaborators who can contribute resources or assist with implementation*	**Special Considerations:** *List any special considerations such as:* • *Resources needed* • *Seasonal time considerations* • *Staff/people time required*

As the Task Force writes activities for each objective, they will continue to use the SMARTIE framework. In many cases, an initial assessment will be necessary to determine what disparities/inequities exist so that activities properly address them. Additionally, objectives and activities will change as needed to respond to the most pressing needs of the community.

A dashboard will be assembled that houses the activities used and monitors the progress of action plans , following the MAPP 2.0 step 'Monitor and Evaluate the CHIP'. The dashboard will utilize both progress monitoring to ensure action plans are taking place at the expected rate, and by monitoring the trends of relevant secondary data indicators. This will help track that progress is being made towards completing the CHIP and that meaningful change is happening in the community . The dashboard will be updated regularly by the ECHA coalition, with current action plans and progress viewable on the ECHA website. Regular reports of progress made will also be distributed to coalition members at meetings.

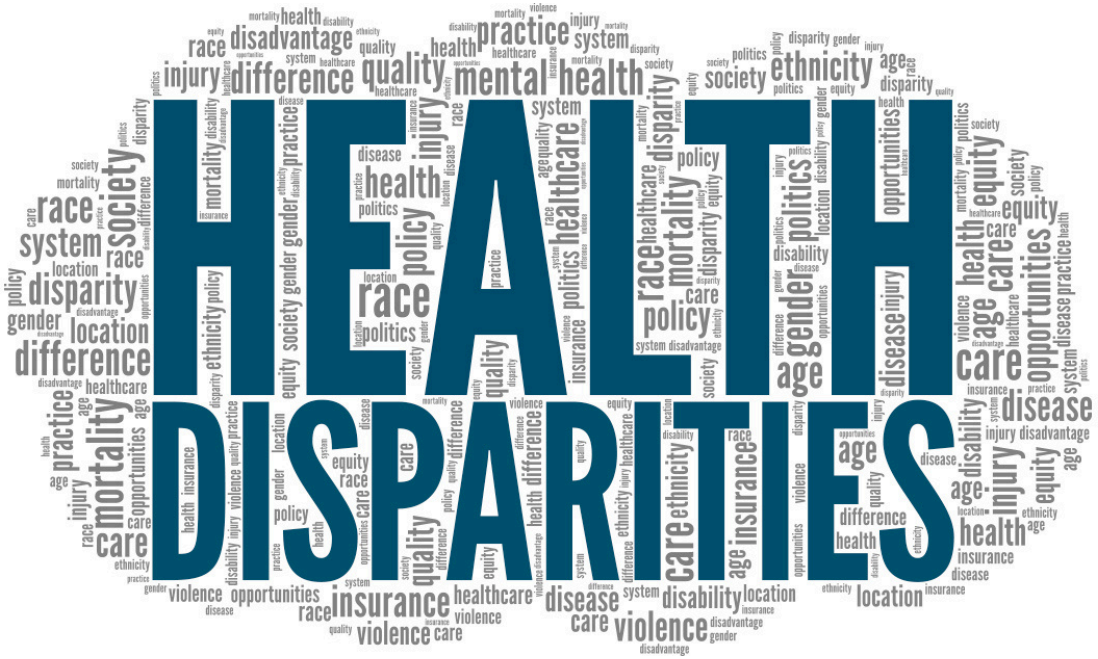
Appendix

HEALTH DISPARITIES AND INEQUITIES

Often used interchangeably, health disparities and health inequities are two different ideas.

Health disparities refer to population-based differences in health outcomes among groups of people. For example, people who have prostates are at a higher risk for developing prostate cancer compared to those who do not.

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



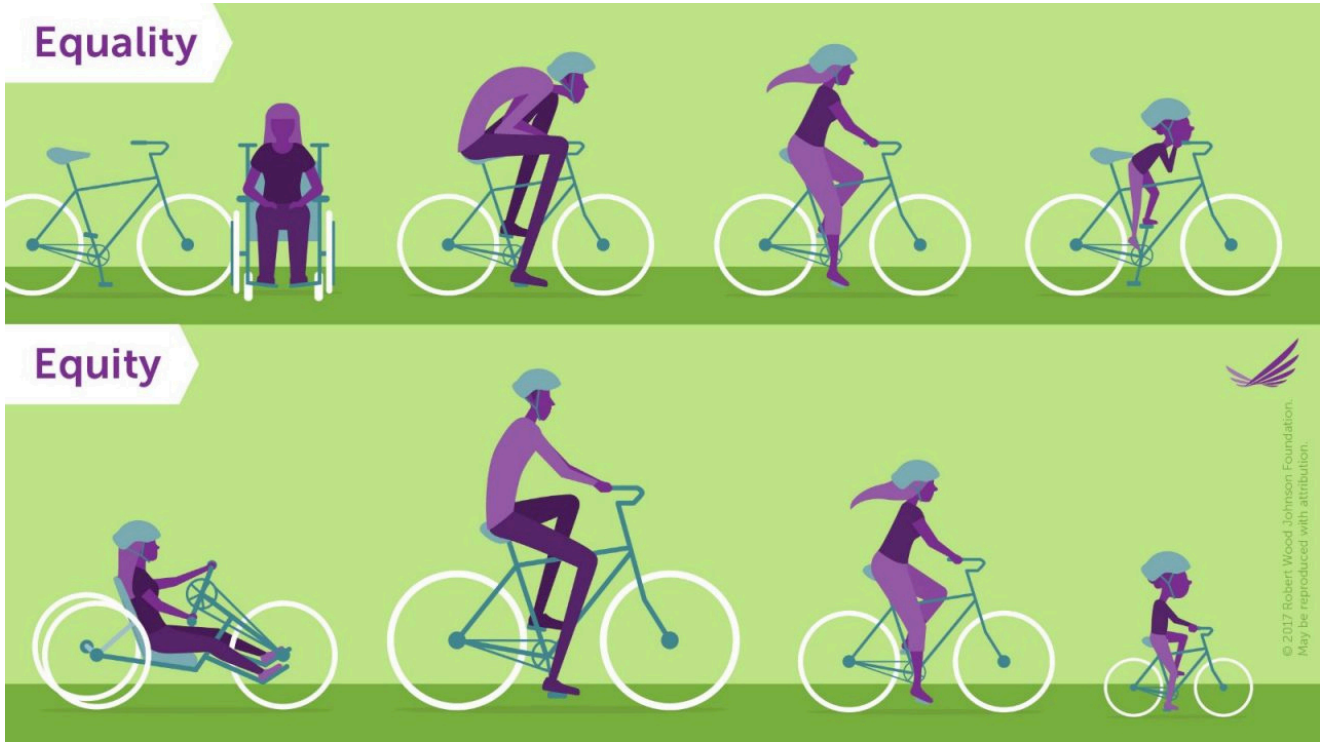
Returning to the prostate cancer example, Black/African American men “are more than twice as likely as White men to die of prostate cancer”. These represent inequities in the rates of prostate cancer mortality that have been linked to socioeconomic status and differences in health care access.

HEALTH DISPARITIES AND INEQUITIES

EQUALITY AND EQUITY

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

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



ACCOMPLISHMENTS FROM THE 2021-2024 CHIP

Below are a few accomplishments from our 2021-2024 Community Health Improvement Plan thanks to the work of the Eau Claire Health Alliance 2021-2024 Action Teams:

Eau Claire Health Alliance Action Team

Chronic Disease Prevention

- Partnered with Wintermission 2021 to promote getting outdoors and engaging in physical activities during the winter.
- In 2022 and 2023, partnered with the Hy-Vee grocery store to provide taste testing events at the 'Sounds Like Summer' summer concert series events.
- Promoted local farmers markets as part of the 2023 Eau Claire Summer Essentials tourism passport.
- Promoted evidence-based classes like Strong Bodies through the Eau Claire County ADRC and UW-Extension from 2023 to 2024.
- Wrote multiple letters of support in 2024 to promote the development of safer walking and biking infrastructure in downtown City of Eau Claire.
- In 2024, served as an Advisory Committee for grants to increase utilization of the Lake Street Farmers Market and to research nutrition security in rural Eau Claire County.

Eau Claire Health Alliance Action Team

Healthy Relationship Promotion

- Trained 522 youth throughout Eau Claire County in evidence-based programming, including Safe Dates, HIP teens, and the 3 Rs (Rights, Respect and Responsibility).
- Worked with Fall Creek School District staff and students to review and update school bullying and sexual harassment policies.
- Worked with the Life Without Limits (LWL) program to address sexual harassment in the workplace.
- Promoted awareness of community events related to sexual assault awareness month and domestic violence awareness month.
- Partnered with DHS and other ECHA action teams to create Connect with Me cards, developed to help build trusted adults for youth and to start important conversations concerning healthy relationships with youth.
- In 2024, relaunched the interactive Healthy Relationships Toolkit to assist the community in discovering trustworthy local resources related to healthy relationships.

ACCOMPLISHMENTS FROM THE 2021-2024 CHIP

Eau Claire Health Alliance Action Team

Mental Health

- Attended many events throughout Eau Claire County from 2022 to 2024 to promote social connection and to decrease mental health stigma.
- Hosted a variety of challenges each year during Mental Health Awareness Month over social media, including Chalk the Walk and Unlocking Kindness with REwired and REal.
- Distributed bar coasters in rural communities in 2023 directing people towards the 988 Suicide and Crisis Lifeline.
- Began Suicide Prevention Workgroup in collaboration with Chippewa and Dunn counties in 2023.
- Promoted ACES/resiliency video and Building Resilience workshop training from Mental Health Matters coalition.
- Worked with JONAH to promote the green bandana project in 2024, an initiative to reduce mental health stigma.

Eau Claire Health Alliance Action Team

Substance Misuse

- Hosted regular 'What Do You Know About Opioids?' trainings to community members, providing education on signs of an opioid overdose and how to administer NARCAN.
- Conducted a mini assessment to learn what current knowledge and misconceptions exist about methamphetamine among community members in 2023.
- In 2023, supported the opening of a public health vending machine in Eau Claire County Jail lobby that provides free NARCAN nasal spray kits and fentanyl test strip kits to community members.
- Hosted a variety of social media campaigns to address stigma about substance misuse.
- Released 'How to Quit Vaping' workbook in 2023 to provide evidence-based cessation techniques.
- Conducted a retail scan in 2023 and 2024 to assess alcohol, tobacco/vaping, and cannabis product availability, price, promotion, and placement at retailers throughout Eau Claire County.
- Created and released the 'Little Recovery Book' in 2024 to provide resources to those seeking recovery from substance misuse.
- Supported establishing public sharps disposal boxes in several public locations throughout Eau Claire County in 2024.

SOCIAL DETERMINANTS OF HEALTH

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

These conditions are called the Social Determinants of Health (SDOH) and are "the conditions where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks".

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

WHY FOCUS ON SOCIAL DETERMINANTS OF HEALTH?

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

By looking at the whole picture of what makes up health and thinking about upstream factors, the CHIP can have long lasting positive impacts for the community beyond this three-year plan.

ACKNOWLEDGMENTS

We could not have completed the 2025-2027 Community Health Improvement Plan without the ECHA members and other individuals who contributed during the various planning meetings or voted as a part of this process. These individuals helped drive the formation of this CHIP and provided extensive comments to guide its future implementation. Organizations represented throughout this planning process included:

Aging & Disability Resource Center of Eau Claire County
Altoona Police Department
Altoona School District
At The Roots, LLC
Augusta Area School District
Bicycle and Pedestrian Advisory Committee
Big Brothers Big Sisters of Northwestern Wisconsin
Bike Chippewa Valley
Black & Brown Womyn Power Coalition
Bolton Refuge House
C Progression
CC WE Adapt
Catholic Charities
Child Care Partnership
Chippewa Health Improvement Partnership
Chippewa County Department of Public Health
Chippewa Valley Free Clinic
Chippewa Valley LGBTQ+ Community Center
Chippewa Valley Technical College
Citizen Action of Wisconsin
City of Altoona
City of Eau Claire
City of Eau Claire Fire Department
City of Eau Claire Parks, Forestry and Cemetery Division
City of Eau Claire Police Department
Community Members
Creative Healing Mental Health Center
Dairyland Housing Coalition
Eau Claire Area Hmong Mutual Assistance Association
Eau Claire Area Early Learning Programs
Eau Claire Area School Board
Eau Claire Area School District
Eau Claire Chamber of Commerce
Eau Claire City-County Health Department
Eau Claire Comprehensive Treatment Center
Eau Claire County Department of Human Services
Eau Claire County Planning and Development Divisions
Eau Claire County Sheriff's Department
Eau Claire County Veteran Services
Eau Claire Parks and Recreation
Fall Creek School District
Family Support Center
Feed My People Food Bank
Fierce Freedom
Great Rivers 2-1-1
Group Health Cooperative of Eau Claire

ACKNOWLEDGMENTS

Hope Gospel Mission
Joining Our Neighbors Advancing Hope (JONAH)
L.E. Phillips Senior Center
Literacy Volunteers Chippewa Valley
Lutheran Social Services
Marshfield Clinic Health System
Mayo Clinic Health System
McKinley Charter School
Morning Rotary Club
National Alliance on Mental Illness (NAMI) Chippewa Valley
Neighbor to Neighbor Ministry
North Central Wisconsin Area Health Education Center
NorthLakes Community Clinic
Northwoods Coalition
Raising Wisconsin
Regis Catholic Schools
Rehabilitation Hospital of Western Wisconsin
Rewired and Real
SHIFT Cyclery & Coffee Bar
SoberStrong
Sojourner House
The Community Table
United Way of the Greater Chippewa Valley
University of Wisconsin-Eau Claire
University of Wisconsin-Eau Claire Continuing Education
University of Wisconsin-Madison, Division of Extension
University of Wisconsin-Madison, Division of Extension, Foodwise
Veterans Affairs
Visit Eau Claire
Vivent Health
West Central Wisconsin Regional Planning Commission
Western Dairyland
Western Region Division of Public Health
Wisconsin Child Psychiatry Consultation Program
YMCA of the Chippewa Valley

ACKNOWLEDGMENTS

Additionally, the ECHA Steering Committee contributed throughout the planning process, whose members include:

TJ Atkins	Coalition co-chair
Bruce King	Coalition co-chair
Janessa VandenBerge	Chronic Disease Prevention Action Team (CDPAT) co-chair
Lisa Wells	Chronic Disease Prevention Action Team (CDPAT) co-chair
Emily Carlson	Healthy Relationship Promotion Action Team (HRPAT) co-chair
Katelyn Wonderlin	Healthy Relationship Promotion Action Team (HRPAT) co-chair
Isabella Hong	Mental Health Action Team (MHAT) co-chair
Christina Lium	Mental Health Action Team (MHAT) co-chair
Lorraine Smith	Substance Misuse Action Team (SMAT) co-chair
Renee Sommer	Substance Misuse Action Team (SMAT) co-chair

The 2025-2027 Community Health Improvement Plan (CHIP) process was facilitated by a planning support team at the Health Department. This team helped develop the frameworks, set the process for developing the CHIP and drafted the CHIP report. The CHIP planning support team included:

Alex Craker	Public Health Planner
Alison Harder	Public Health Specialist
Peggy O'Halloran	Community Health Division Manager
Chelsalyn Klatt	Suicide Prevention Workgroup
Gina Schemenauer	Public Health Specialist
Cortney Sperber	Policy & Systems Division Manager

COLLECTIVE IMPACT MODEL

The ECHA uses the Collective Impact Model as a framework for their work, identified in its operational guidelines. During the CHIP planning process, meeting facilitators referenced this model and discussed how it is used when thinking about the work of the ECHA coalition and in designing SMARTIE objectives. The Collective Impact model is a framework model for running a coalition consisting of the following 5-steps:

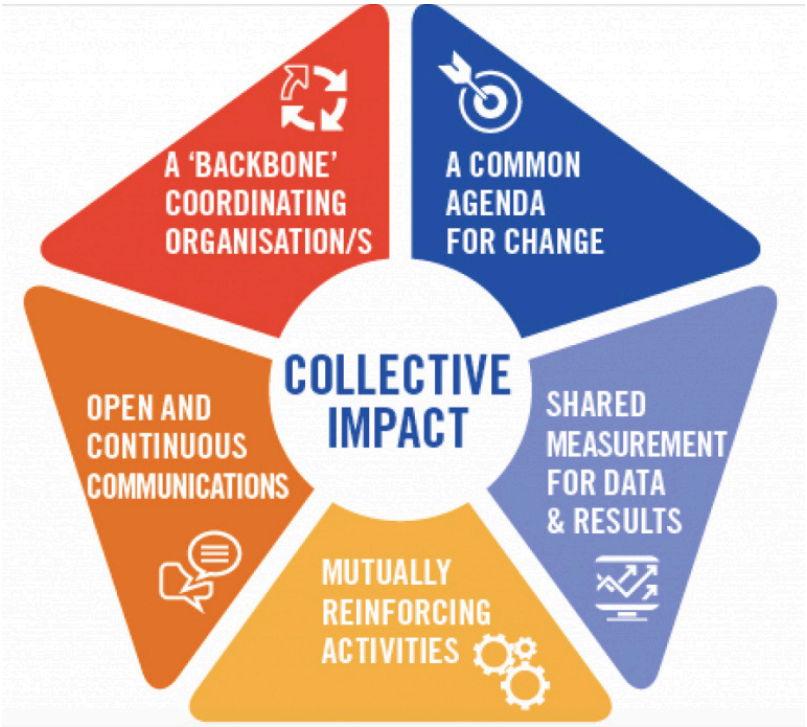
1. Common Agenda: Members have a common understanding of the problem and create a shared vision to solve it.

2. Shared Measurement: Collecting measures of success and impact for activities in a shared and consistent manner allows for tracking changes, ensures our focus is aligned and allows for accountability.

3. Mutually Reinforcing Activities: Community members and organizations have a variety of activities that work in complimentary ways to work towards agreed upon goals.

4. Continuous Communication: Consistent and open communication among coalition participants is central to building trust and working towards common goals.

5. Backbone Support: A unique trait of Collective Impact is establishing an identified backbone agency to provide a dedicated staff with a specific set of skills to support the overall initiative and its coordination.



CADCA'S 7 STRATEGIES FOR COMMUNITY CHANGE

Another framework that was utilized during the planning process was CADCA'S 7 Strategies for Community Change. This model demonstrates the spectrum of activities that coalition work can span, from providing information and education to policy work. This framework highlights the levels of impact of certain actions, highlighting the need for work to be done that focuses on both the individual and the environment.

This model was used when thinking about which goals and objectives to recommend during the meetings with coalition members. The desire was to ensure that the goals and objectives the coalition work on support the range of strategies suggested by this model.

1. Educational presentations/information (like brochures, social media)

2. Build skills (like training, technical assistance)

3. Provide discussions, counseling (support groups, mentoring, referrals)

4. Increase ease to access services (transportation and childcare, translation, cultural sensitivity)

5. Increase support and recognition for all positive behaviors and impose penalties for problem behaviors (rewards, scholarships, citations, fines)

6. Alter physical design of environment (make changes to reduce risk factors or enhance protection)

7. Promote changes or increase enforcement of laws/ordinances

SMARTIE FRAMEWORK

To increase equity through the outcomes of this CHIP, the SMARTIE structure was utilized when developing the objectives.

SMARTIE stands for:

Component	What does this component provide?	What question(s) does this component answer?
Specific	Reflects an important aspect of what your organization seeks to accomplish (programmatic or capacity-building priorities)	What goal are you trying to realize?
Measurable	Includes standards by which reasonable people can agree on whether the goal has been met (by numbers or defined qualities)	How much? How often? How many?
Achievable	Is challenging enough that achievement would mean significant progress – a “stretch” for the organization	Will we be able to accomplish this?
Relevant	Is related to achieving the overall goal	Is it relevant to the priority issue and the vision?
Timebound	Includes a clear deadline	When will it happen? What is a realistic timeframe?
Inclusive	Brings traditionally marginalized people – particularly those most impacted – into processes, activities, and decision/policymaking in a meaningful way	How will you include underrepresented voices and share power?
Equitable	Seeks to address systemic injustice, inequity, or oppression	How does it seek to address systemic injustices, inequality, or oppression?

The Eau Claire Health Alliance has a mission to promote the health and wellbeing of individuals, families and communities of Eau Claire County through collaborative and focused action.

You can view the CHIP work plans, as well as get involved in the work of the Eau Claire Health Alliance, at:

www.echealthalliance.org

SCAN ME