PROMOTING HEALTHY LIFESTYLES & BEHAVIORS

Introducing the Health Initiative

United Way of the Greater Chippewa Valley

HEALTH INITIATIVE
Promoting Healthy Lifestyles and Behaviors

Mental Health Prevention • Mental Health Intervention

Presented by the United Way
Health Advisory Council

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United Way of the
Greater Chippewa Valley

INTRODUCTION*

Focus Area: Health
Plan Development Process
Health Advisory Council

*Current document contains data from original publication

Everyone deserves opportunities to have a good life: a quality education that leads to a stable job, enough income to support a family through retirement, and good health. That's why United Way's work is focused on the building blocks for a good life: Education, Income and Health.

United Way of the Greater Chippewa Valley is working to advance the common good and strengthen systems that result in long-lasting changes in the following ways:

- Education – Helping children enter school ready to succeed
- Income – Improving financial literacy and career opportunities
- Health – Improving access to mental health services, decreasing alcohol misuse, preventing injuries and violence, and reducing chronic disease.

We are all connected and interdependent. We all win when a child succeeds in school, when families are financially stable, and when people are healthy. To "Live United" means being a part of the change. It takes everyone in the community working together to create a brighter future.

FOCUS AREA: HEALTH

Promoting healthy lifestyles and behaviors

This report focuses on the topic of "Health" by looking at what constitutes a healthy lifestyle, what kinds of risky behaviors can be detrimental to a person's health, and what can be done to improve the overall health and well-being of a community. The primary focus is on advocating an approach of prevention and self-responsibility, with an understanding that intervention and treatment are important options for some individuals to address the issues challenging their personal health. This plan also outlines key issues and barriers, target populations, outcomes, strategies, and indicators to help measure success.

PLAN DEVELOPMENT PROCESS

This plan was developed by United Way's Health Advisory Council (HAC) during 2013, using input from community residents, service providers, community leaders, and experts in health-related fields. Meetings were held twice a month and special tasks were assigned to designated workgroups as needed. The HAC evaluated health issues, established priorities, and guided the planning process.

As part of the decision-making process, the HAC reviewed a broad range of statistical data from community needs assessments that had been completed by hospitals and health departments in the Chippewa Valley, as well as online sources. In addition, the Council also solicited presentations from local service providers to learn more about existing programs and the needs of specific populations living in Eau Claire and Chippewa counties.

A series of prioritization activities were conducted utilizing quantitative and qualitative measures. In 2013, the following four priorities were determined for the Chippewa Valley: mental health, alcohol use, injury and violence, and chronic disease. In 2017, the health advisory council further focused the vision of the health plan on mental health as the major health area of concern that United Way of the Greater Chippewa Valley has elected to prioritize.

2023-2024 HEALTH ADVISORY COUNCIL

Members:

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Eau Claire City-County Health Department

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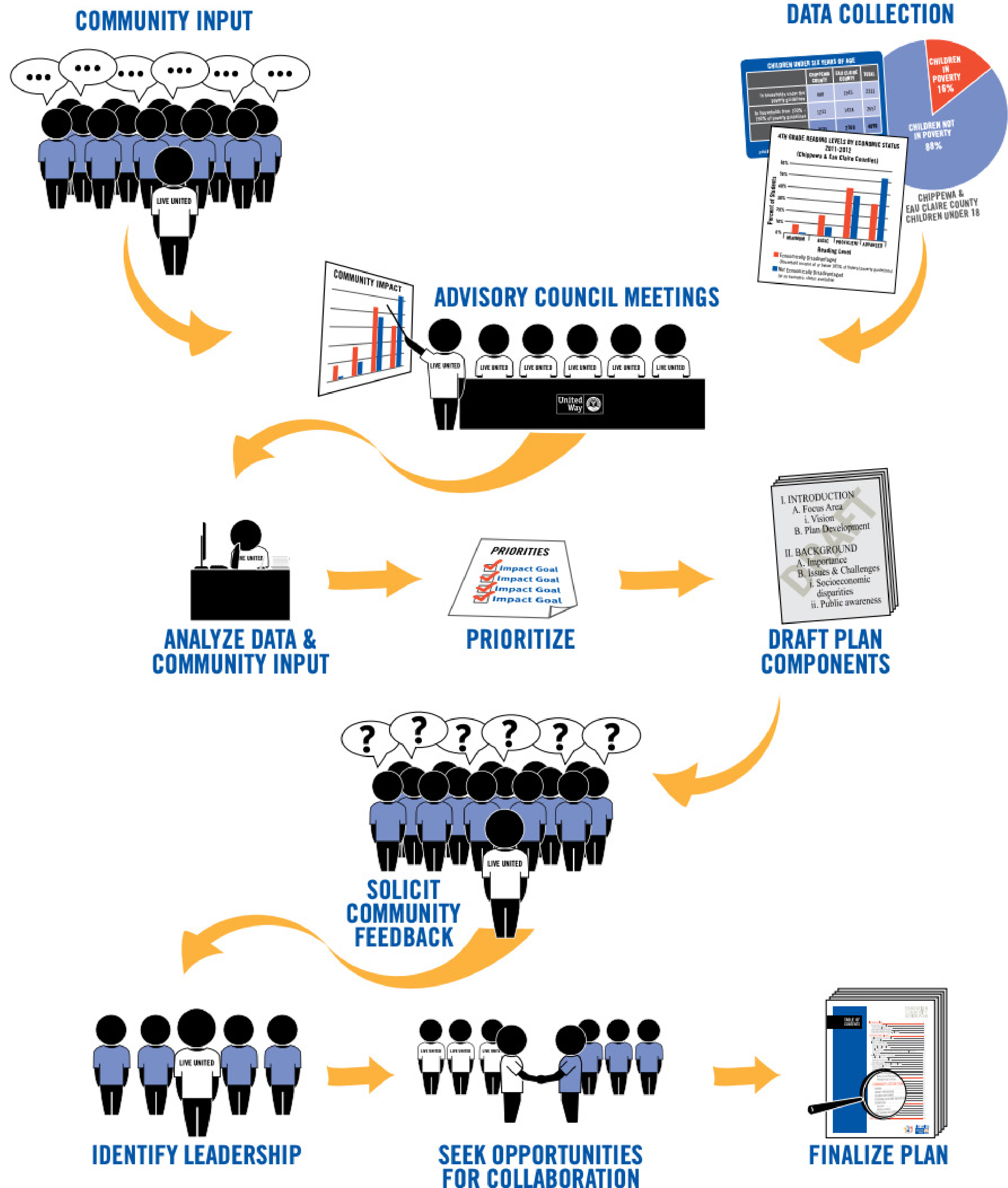
Plan Development Process - Diagram



BACKGROUND & ISSUES*

Issues Affecting Public Health
Health Status of the Nation
Health Status of the State
Health Status of the Chippewa Valley

*Current document contains data from original publication

ISSUES AFFECTING PUBLIC HEALTH

Health is "A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity," as defined by the World Health Organization.[1] Good health comes from many things—some that are changeable and some that are not. Being healthy is the result of many factors experienced during a lifelong process and refers to the overall condition of a person's body at any point in time.

According to the Centers for Disease Control and Prevention and the U.S. Department of Health Services, health equity is when everyone has the opportunity to "attain their full health potential" and no one is "disadvantaged from achieving this potential because of their social position or other socially determined circumstance."[2] The public health perspective assumes that everyone should have the opportunity to be healthy, but that is not always possible. The reality is that differences in the incidence and prevalence of health conditions and health status do exist in our society. As a result, those disparities can have a significant impact on the health of an individual, a community, or other-defined groups.

Social determinants play a key role in determining health status, including length and quality of life. Examples include basic needs relative to food, housing, clothing, and health care, as well as factors related to education, transportation, employment, the law, and the justice system. Another key element is a person's social position within a society or culture. The challenge is to eliminate or reduce as many of the inequalities as possible so people have the opportunity to achieve their potential. If that can be done and community resources are available and accessible, then the likelihood of achieving positive health outcomes is dramatically improved.

A growing concern is the inability of the health system to effectively address the health needs of this country. The current medical care model has been developed to care for acute illnesses, rather than help patients prevent and manage their chronic conditions which account for about 70% of all direct medical costs.[3] That model becomes very disturbing and potentially problematic since it is estimated that 1 in 6 Americans over the age of 65 will be suffering from a chronic disease by the year 2020, with many having multiple conditions that limit their health.[4]

Another issue is that the poor, underserved, and minority patients in this country experience significantly worse health conditions. Data show that the poor are nearly three times more likely to have health problems due to chronic illness and disease than their counterparts.[4] Part of that discrepancy could be due to unhealthy living conditions, deprivation of resources because of limited employment opportunities, and higher risk behaviors. Research also reveals that the combination of poverty and psychological stress from being disassociated or excluded from society increases the risks of developing a chronic disease. With or without insurance coverage, underserved patients do not receive adequate or consistent levels of needed care due to lack of access or availability of services. All of these factors contribute significantly to the inequalities and disparities existing in this country when it comes to personal health and access to medical care and related services.

Another variable that deserves further attention is Adverse Child Experiences (ACEs). A study conducted from 1995 to 1997 by the Centers for Disease Control and Prevention with more than 17,000 adult patients from the Kaiser Permanente Health Appraisal Clinic in San Diego showed a correlation between ACEs and negative adult health outcomes.[5] Looking

at eight types of potentially traumatic childhood experiences, the ACE study showed that positive experiences often result in healthy and productive lives as adults. The study also pointed out that negative experiences can lead to problems related to mental and physical health, lack of success in school and at work, and lower socioeconomic status in adulthood. One major conclusion drawn from that study was that ACEs are strong predictors of adult risk behaviors and disease; another conclusion was that those childhood experiences have a cumulative effect on an individual over time. The study has been replicated in other states, including Wisconsin, with the results consistently supporting the relationship between ACEs and the ten leading causes of death in this country.

HEALTH STATUS OF THE NATION

Most people living in the United States have access to a lot of information about health, but that knowledge is not always transformed into positive and healthy behaviors. Advertisements for programs, television commercials and infomercials about various products and promotions on the Internet are just a few examples of how individuals are inundated everyday with new ways to improve their health. Unfortunately, the messages can contain misinformation, as well as being confusing or even conflicting at times, so the results are not always positive or even realistic.

Even though there are some differences due to gender, income or race, the good news is that people in the United States are living longer with more options for staying healthy. National health data collected and/or analyzed by the Centers for Disease Control revealed the following highlights and concerns in recent years:[6]

Between 2000 and 2009

- Life expectancy at birth increased 2.1 years for males and 1.7 years for females;
- Infant mortality rate decreased 11% from 6.91 to 6.15 deaths per 1,000 live births;
- Age-adjusted heart disease death rate decreased 30%, from 257.6 to 179.1 deaths per 100,000 population;
- Age-adjusted cancer death rate decreased 13%, from 119.6 to 172.8 deaths per 100,000 population;

> The relationship between poverty and health is an increasing concern in this country. Adult Americans living in poverty are more likely to suffer from a variety of psychological and physical chronic conditions.
> *Source: 2011 Gallup-Healthways Well-Being Index*

- Percentage of adults aged 18-64 reported not receiving, or delaying, needed medical care in the past 12 months due to cost increased from 10% to 14%;
- 62% of children aged 6-11 years old did not get daily vigorous physical activity; and
- 49% of the population had taken at least one prescription drug during the past 30 days

Between 2010 and 2011

- Falls were the most common reason for injury-related visits to emergency departments;
- Heart disease accounted for 24% of all deaths;
- Cancer accounted for 23% of all deaths;
- Average per capita expenditure on health care was $8,400 in 2010;
- 20% of persons reported at least one emergency department visit;
- 48% of adults aged 18 and over did not meet the federal physical activity guidelines, accounting for 36% of 18-24 year old adults and 68% of adults 75 years of age and older;
- 19% of adults were current cigarette smokers;
- 22% of adults aged 18 and over reported drinking five or more drinks in one day, with the largest age group of 18-44 year olds at 32%;
- 6% of school children aged 5-17 years had serious emotional or behavioral difficulties;
- 81% of children aged 2-17 years, 62% of adults aged 18-64, and 61% of adults aged 65 years and older had seen a dentist in the past year;
- 35% of adults aged 18-64 who were uninsured did not get, or delayed, needed medical care due in the past 12 months due to cost;
- National health care expenditures totaled $2.6 trillion, a 4% increase;

Data provided by the World Health Organization for 2010 indicated that the United States ranked 37th out of 192 countries in terms of life expectancy, as part of its overall health profile.[7] The impact of health disparities contribute greatly to that ranking. Data also show that a lot of work still needs to be done by individuals living in this country to take more responsibility for their health, with a balanced approach complemented by actions of the community, family, employers, public health professionals, health advocate groups, medical care providers, and policymakers.

2011 GALLUP-HEALTHWAYS WELL-BEING INDEX

CHRONIC HEALTH PROBLEMS	IN POVERTY	NOT IN POVERTY	DIFFERENCE
Depression	30.9%	15.8%	15.1%
Asthma	17.1%	11.0%	6.1%
Obesity	31.8%	26.0%	5.8%
Diabetes	14.8%	10.1%	4.7%
High blood pressure	31.8%	29.1%	2.7%
Heart attack	5.8%	3.8%	2.0%
Cancer	6.3%	7.1%	-0.8%
High cholesterol	25.0%	26.0%	-1.0%

Source: Kurtzleben, D., *Americans in Poverty at Greater Risk for Chronic Health Problems*, October 30, 2012.

The relationship between poverty and health is increasing in this country. Results from the 2011 Gallup-Healthways Well-Being Index indicate that adult Americans living in poverty are more likely to suffer from a variety of psychological and physical chronic conditions.[8] As noted in the table, depression accounts for the largest disparity, with the rate being nearly twice as high for those in poverty compared to those not in poverty. Prevalence of chronic health problems for those living in poverty was also higher for asthma, obesity, diabetes, high blood pressure, and heart attack. Although cancer and high cholesterol were reported lower for those in poverty, those numbers could reflect the fact that individuals in poverty tend to have fewer health care options, including regular screening tests.

This study of more than 288,000 adults living in the United States also points out that higher levels of chronic disease among those in poverty may be explained by several other factors.[8] One variable could be poorer health habits for those in poverty. Smoking is the most significant behavior, with 1 in 3 (33%) people in poverty being smokers compared to about 1 in 5 (19.9%) of those not living in poverty. Less exercise and not eating five or more servings of fruits and vegetables every day are two other concerns, with finding a safe place to exercise and having access to affordable fruits and vegetables often cited as reasons.

The study noted that access to health care is another area of concern for people in poverty.[8] About 4 out of 10 Americans (38.1%) in poverty do not have health insurance, compared to 1 out of 7 (14.3%) who are not living in poverty. Similarly, 37.8% of those in poverty indicated that during the past 12 months they could not afford to pay for health care or medicine, as compared to 16.5% of American not living in poverty. As might be expected, having a personal doctor is less likely for those living in poverty.

Healthy People 2020 is a comprehensive plan for addressing the health needs of Americans over a 10-year period.[9] Progress is being made in reaching the national goals and objectives targeted for the 42 topic areas, but challenges remain to overcome existing health disparities. The following leading health indicators have been identified to provide a focus for the United States and to help individuals determine effective, preventive means to improve their overall health.

LEADING HEALTH INDICATORS IN THE UNITED STATES

Leading Health Indicator	Reason or Concern
Access to health services	• Approximately 1 out 4 people do not have a primary care provider or access to a health facility for regular medical services • About 1 out of 5 adults and children do not have medical insurance
Clinical preventive services	• Millions of people choose not to engage in preventive practices for cancer, heart disease and stroke, immunizations and infectious disease, and diabetes that could reduce risk and possibly treat symptoms before they get worse
Environmental quality	• About 40% of the U.S. population lives in counties where the air quality is worse than the national standards • 88 million nonsmokers are exposed to second hand smoke each year
Injury and violence	• Injuries are the leading cause of death for people between 1 and 44 years of age
Maternal, infant, and child health	• Rate of preterm births increased 20% between 1995 and 2006 • Infant death rate for U.S. in 2011 was higher than 46 other countries
Mental health	• Suicide is the second leading cause of death for individuals aged 25 to 34 and 11th for all groups • 1 in 4 adults and 1 in 5 children have a mental disorder
Nutrition, physical activity, and obesity	• 1 in 3 adults eat the recommended number of fruits and vegetables each day (and an even lower percentage of adolescents) • Over 80% of adults and children do not get the recommended level of physical activity each day • Approximately 1 out of 3 adults and 1 out of 6 children and adolescents are considered obese
Oral health	• Dental caries (cavities), gum disease, and oral cancers affect millions of adults and children each year, with consequences extending to chronic diseases
Reproductive and sexual health	• About half of the 19 million new cases of sexually transmitted diseases affect the 15 to 24 year age group • About 1 out of 5 people with HIV do not know they have the virus
Social determinants	• A person's home, school, workplace, neighborhood, and community place a significant role in determining a person's overall health
Substance abuse	• Alcohol and drug use affect a person's health, but are also associated with a range of social destructive behaviors
Tobacco	• Over 20% of adults (18 years of age and older) smoke, even though it is the single most preventable cause of death • Tobacco use has a major impact on the economy and the medical system

Source: U.S. Department of Health and Human Services, www.healthypeople.gov/2020, 2013

HEALTH STATUS OF WISCONSIN

The goal of every state is to be recognized as the healthiest state in this country. Unfortunately, that is challenging for Wisconsin, especially since it currently ranks 50th in terms of public health funding with $40 per capita. For comparison, the national average of public health funding is $95 per capita, with Hawaii leading all states with $244 per capita.[10]

Several business and research groups have looked at health-related data sources and have devised systems for ranking the states according to different criteria. For example, United Health Foundation currently ranks Wisconsin as 16th overall, a drop from its best ranking of 7th in 1990 and more recently at 12th in 2011.[11] On a scale where 1st is best and 50th is worst, current rankings for Wisconsin on selected health issues are shown on page 11.

Another system called the Gallup-Healthways Well-Being Index utilizes daily assessments in six categories to

WISCONSIN RANKING FOR SELECTED HEALTH ISSUES

Issue	State Ranking
Binge drinking	50th
health status	39th
Obesity	24th
Cholesterol check	24th
Cancer deaths	23rd
Suicide	22nd
Smoking	22nd
Cardiovascular deaths	21st
Primary care physicians	18th
Stroke	15th
Preventable hospitalizations	13th
Physical inactivity	12th
High blood pressure	10th

Source: United Health Foundation, www.americashealthrankings.org/Rankings, 2013

currently rank Wisconsin at 20th overall.[12] These measures are just two examples which provide an opportunity for states to evaluate success and concern in various health areas, as well as compare their ranking to other states.

The Report on the Health Status of Wisconsin (2010), published by the Department of Health Services, provides an overview of key health-related issues facing the residents of this state.[13] The document also highlights 20 health status measures and what would be done to address those issues in the categories of health care access and quality, underlying factors, and health outcomes. Some examples of what the state is working on and hopes to accomplish are as follows:

- Reduce adult and youth smoking prevalence;
- Reduce the percent of adults and children who are obese;
- Reduce alcohol abuse by adults and youth;
- Reduce deaths and emergency department (ED) visits due to falls among the elderly;
- Reduce the percent of Wisconsin households that are food insecure;
- Reduce the percent of adults experiencing serious psychological distress; and
- Increase the percent of Wisconsin children with access to dental care.

As part of its ongoing commitment to implement an agenda for statewide health improvement planning, Healthiest Wisconsin 2020: Everyone Living Better, Longer (2010) is updated every 10 years by the Division of Public Health.[14] Rather than promote treatment approaches, the plan focuses on prevention. Currently in its third edition, the goals remain the same for improving health access across the lifespan, eliminating health disparities, and achieving health equity. Those goals include outcomes related to reducing disease, injury, and adverse health conditions due to risky behaviors, reducing preventable illness and disability, and reducing preventable death.

The 12 identified health priority areas for Healthiest Wisconsin 2020 are as follows:[14]

- Adequate, Appropriate, and Safe Food & Nutrition
- Alcohol & Other Drug Use
- Chronic Disease Prevention & Management
- Communicable Disease Prevention & Control
- Environmental & Occupational Health
- Healthy Growth & Development
- Injury & Violence
- Mental Health
- Oral Health
- Physical Activity
- Reproductive & Sexual Health
- Tobacco Use & Exposure

Of course, funding and other resources are needed to address these issues effectively over a sustained period of time. The report notes that another critical component is collaboration among individuals, groups, agencies, organizations, and communities.

As part of the 2010 Wisconsin Behavioral Risk Factor Survey (BRFS), more than 4,000 adults were asked questions about Adverse Childhood Experiences (ACEs) they had before the age of 18.[15] Similar to the original ACE study, the following factors were investigated as part of the study:

- Recurrent physical abuse
- Emotional abuse
- Sexual abuse
- An alcohol and/or drug abuser in the household
- An incarcerated household member

- A household member who was chronically depressed, mentally ill, institutionalized, or suicidal
- Violence between adults in the home
- Parental separation or divorce

Results showed that 56% of the Wisconsin respondents had experienced at least one ACE and 14% experienced four or more ACEs.[15] Those figures are comparable to results from the original ACE study at 64% and 12%, respectively. In Wisconsin, emotional abuse by a parent or other household member is the most prevalent ACE (29%), followed by substance abuse in the household (27%). Rates for the eight predictors are fairly consistent for men and women, except in the case of sexual abuse where 7% of men and 16% of women reported experiencing sexual abuse during their childhood.

Similar to results reported by other states, the relationship between ACEs and poor mental, social, and physical outcomes are well-documented.

ACE SCORES AMONG WISCONSIN ADULTS IN 2010

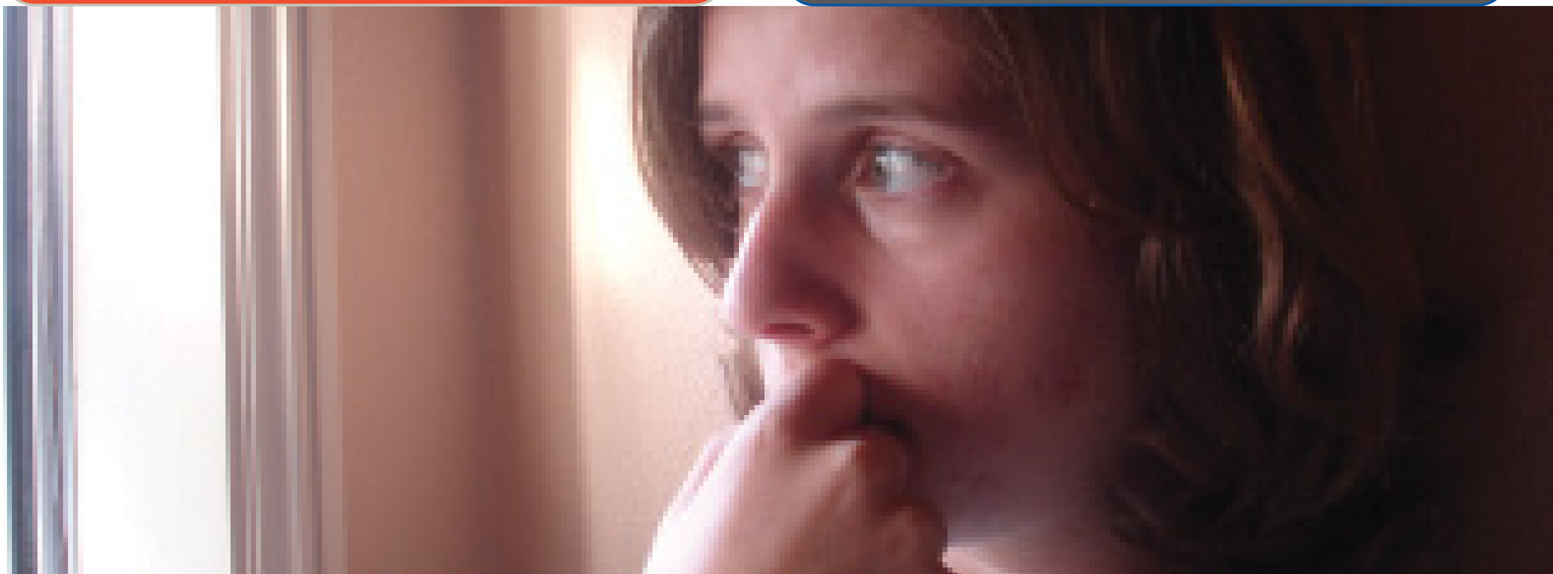
	0	1	2, 3	4
All Wisconsin Adults	44%	22%	20%	14%
AGE GROUP				
18 to 34 year olds	34%	24%	23%	19%
35 to 49 year olds	43%	20%	30%	17%
50 to 64 year olds	47%	22%	18%	12%
65 +	59%	21%	15%	5%
GENDER				
Male	45%	24%	19%	12%
Female	43%	20%	20%	17%

Source: Wisconsin Children's Trust Fund and Child Abuse Prevention Fund of Children's Hospital & Health, *Adverse Childhood Experiences in Wisconsin: Findings from the 2010 Behavioral Risk Factor Survey*, 2012.

PREVALENCE OF INDIVIDUAL ACES IN WISCONSIN

Issue	Percent of Responses
Emotional abuse	29%
Substance abuse in household	27%
Separation/divorce	21%
Physical abuse	17%
Violence between adults	16%
Mental illness in household	16%
Sexual abuse	11%
Incarcerated household member	6%

Source: Wisconsin Children's Trust Fund and Child Abuse Prevention Fund of Children's Hospital & Health, *Adverse Childhood Experiences in Wisconsin: Findings from the 2010 Behavioral Risk Factor Survey*, 2012.



Unless they are addressed, ACEs have been referred to as a toxic stress in the life of a child that has the potential to disrupt brain development.[15] Increasing concern also centers around the fact that ACEs tend to occur in clusters and that their impact can be even more devastating due to other variables in a child's life and home situation.

HEALTH STATUS OF THE CHIPPEWA VALLEY

There are many groups, agencies, and organizations in Chippewa and Eau Claire counties that are working on health-related issues. The Community Health Needs Assessment (CHNA), conducted by hospitals every three years and the local health departments every five years, is a primary source of health data. Those assessments gather direct input from residents and service providers, with the intent to gain insights into community issues for future planning.

The most recent community health needs assessments for the two counties provided feedback from more than 2,000 residents and providers. Results of those assessments identified the following priority issues:

St. Joseph's Hospital, CHIP & Chippewa County Department of Public Health[16]

1. Adequate, Appropriate and Safe Food & Nutrition
2. Mental/Behavioral Health
3. Alcohol & Other Drug Use
4. Chronic Disease Prevention & Management

Sacred Heart Hospital[17]

1. Mental Health
2. Chronic Disease Prevention & Management
3. Alcohol & Other Drug Use

Mayo Clinic Health System[18]

1. Chronic Disease Prevention & Management
2. Physical Activity
3. Adequate, Appropriate and Safe Food & Nutrition

Eau Claire Healthy Communities & Eau Claire City-County Health Department[19]

1. Mental Health
2. Alcohol & Other Drug Use
3. Chronic Disease & Prevention

United Way also conducted Community Conversations in the summer of 2012 at 13 locations in various communities throughout Eau Claire and Chippewa counties.[20] Representatives from Clear Vision Eau Claire and Vision 2020 Chippewa Falls served as facilitators for the sessions. Individuals not able to attend could submit their responses online. Results identified the following primary health concerns and issues: access to and cost of health care (medical and dental), mental health services, alcohol use and abuse, and obesity/overweight. Lack of transportation options was also consistently identified as a significant barrier for some people seeking help.

Information and related statistical data are also available online from the County Health Rankings & Roadmaps.[21] After looking at strategies that work and learning from the experiences of various communities, the intent is to promote change that can have a lasting impact. To do so, the model identifies four health factors that can be modified to affect outcomes. The breakdown is 40% for social and economic influences, 30% for health behaviors, 20% for clinical care, and 10% for the physical environment. Each factor is further subdivided into specific areas with weighted designations. Based upon existing data, a health ranking score is calculated for variables in each of the categories and then combined to determine an overall ranking score.

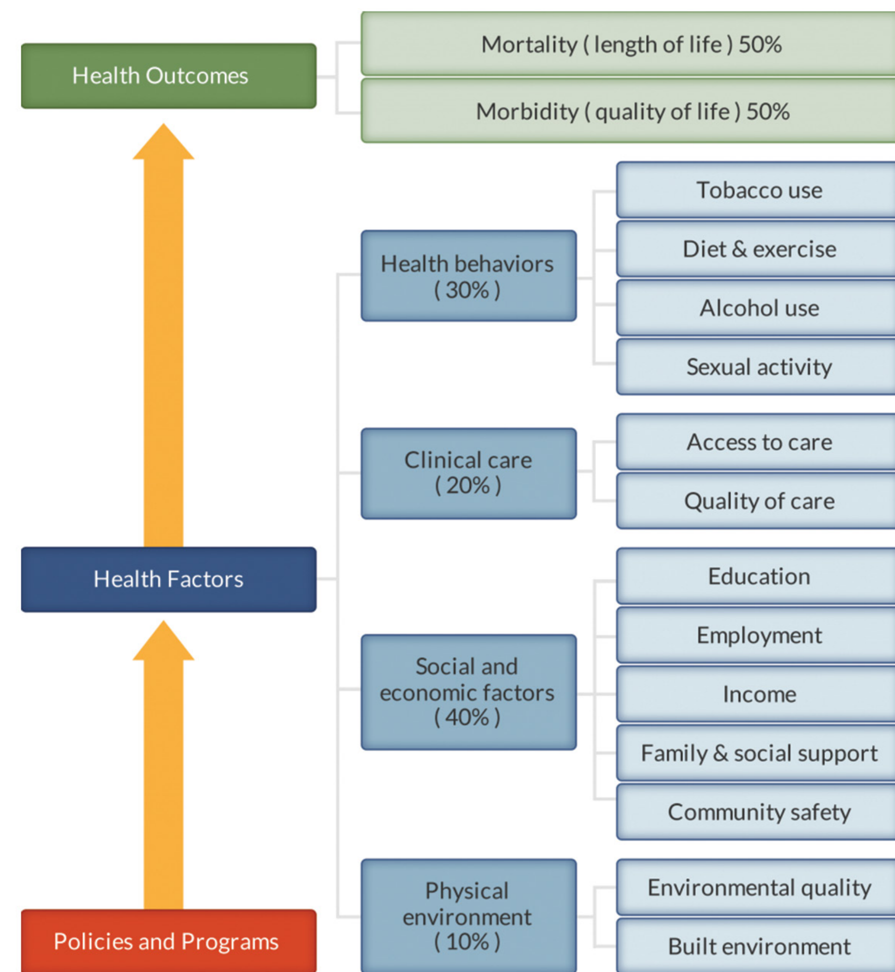
The county health rankings in 2013 were 23rd for Chippewa County and 17th for Eau Claire County.[21] Those overall rankings provide valuable insights into health-related outcomes and risk factors affecting people living in the Chippewa Valley. Results can also be compared to all 72 counties in Wisconsin and in relationship to national benchmarks. A snapshot of some of those results is shown on page 15.

All of these sources of information are being utilized by Eau Claire County partners in development of their Community Health Improvement Plan for Eau Claire County. In cooperation with the Eau Claire Healthy Communities Council, action teams involving community members have been established to address various health topics. The health department has also partnered with Marshfield Clinic, Mayo Clinic Health System, Sacred Heart Hospital, and United Way of the Greater Chippewa Valley to establish a data portal website (http://echealthycommunities.org/). Its purpose is to make national, state, and local

health data and related information readily available and accessible to the public, agencies, and organizations in the county.

Similarly, the Chippewa County Department of Public Health has a long-standing collaboration with St. Joseph's Hospital and Chippewa Health Improvement Partnership (CHIP) to survey county residents about health-related issues. As evident on the CHIP website (http://www.chippewahealth.org/), extensive partnerships have been developed between medical institutions, health care organizations, governmental agencies, local clergy, schools, organizations for seniors, service providers and the general public. Local and state resources have also been used to identify county health needs and then set priorities for addressing those issues. Multiple action teams have been created and are working hard to meet the identified needs throughout Chippewa County and the surrounding area.

In the future, it would be logical if the health departments, hospitals, and United Way could collaborate in the development and implementation of a "shared" health needs assessment. That questionnaire would avoid duplication of effort and reduce costs, while still gathering the information needed by the each organization. Such an initiative would further demonstrate the spirit of cooperation of groups working together, while simultaneously establishing a baseline of data that would serve the entire population to effectively address health issues in the Chippewa Valley.



County Health Rankings model ©2012 UWPHI

COUNTY HEALTH RANKINGS SNAPSHOT	CHIPPEWA COUNTY (Overall rank: 26 of 72)	EAU CLAIRE COUNTY (Overall rank: 17 of 72)	WISCONSIN	NATIONAL BENCH-MARK*
Poor or fair health	12%	9%	12%	10%
Adult smoking	24%	18%	19%	13%
Adult obesity	32%	28%	29%	25%
Physical inactivity	18%	23%	23%	21%
Excessive drinking	22%	26%	24%	7%
Diabetes	9%	7%	8%	Not available
Injury hospitalizations (per 100,000 population)	925	911	852	Not available
Fall fatalities age 65 and older	151	86	108	Not available
Violent crime rate (per 100,000)	103	138	261	66
Limited access to healthy foods	5%	8%	5%	1%
Uninsured (percent of population under age 65 without health insurance)	10%	10%	11%	11%
Mental health providers	6,947:1	3,296:1	2,714:1	Not available

* 90th percentile, i.e., only 10% are better.
Source: Robert Wood Johnson Foundation, www.countyhealthrankings.org

MENTAL HEALTH*

Overview Issues and Challenges

*Current document contains data from original publication

OVERVIEW OF MENTAL HEALTH

The World Health Organization defines mental health as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."[22] Worldwide, nearly half of all mental disorders begin before the age of 14, with various activities and experiences directly or indirectly impacting a person's state of mental and emotional well-being.

The number of people worldwide diagnosed with mental illness has been increasing during the past decade. In the United States, somewhere between 20% and 25% of adults experience some kind of mental health disorder each year.[23] Data also reveal that 1 in 17 adults live with some kind of serious disorder, like schizophrenia, major depression, or bipolar disorder. Further concern was provided by the American Association for Marriage and Family Therapy at the White House Mental Health Conference, where it was reported that 45 million people in this country suffer from depression, anxiety, schizophrenia, and Post-Traumatic Stress Disorder (PTSD), with 22 deaths of veterans recorded each day due to suicide.[24] Of course, mental illness is not restricted to adults, as evidenced by the fact that 1 in 10 children in this country also live with a serious mental or emotional disorder.

In most countries, mental health services tend to focus on treatment. The United States is a good case in study, where recent reports show that more than $113 billion was spent on mental health treatment alone, mostly for prescription drugs and outpatient treatment services.[25] The result has been under-funded prevention resources for mental health as part of primary health care.

According to the National Alliance on Mental Illness (NAMI), it is estimated that 188,000 adults and 60,000 children living in Wisconsin have some kind of mental health condition.[26] Unfortunately, the public health system only treats 22% of the adults in this state that suffer from serious mental illness.[27] Similarly, 20% of the children in Wisconsin have been diagnosed with a mental, emotional, or behavioral disorder and up to 10% suffer from a serious emotional disturbance. Unfortunately, data reveal that 70% of diagnosed children do not receive mental health services.[28]

Financial information shows that only $108 per capita was spent in 2006 for mental health agency services in Wisconsin, which was less than two percent of the state budget.[26] Breakdown of revenues and expenditures for state mental health agencies is also available for comparative purposes.[29] According to a report by NAMI, state mental health expenditures for Wisconsin did improve slightly between FY2009 and FY2011, but it only amounted to an increase of 1.2% in the state budget.[30] Inadequate funding has continued to contribute to the shortage of mental health providers in this state, as illustrated below: [31]

MENTAL HEALTH PROVIDERS
(Ratio of population to mental health providers)

CHIPPEWA COUNTY	EAU CLAIRE COUNTY	WISCONSIN
6,947:1	3,296:1	2,714:1

Source: Robert Wood Johnson Foundation, www.countyhealthrankings.org

When mental health care budgets get cut, education and health promotion programs are typically the first to be reduced or eliminated. Cuts in mental health services also tend to result in increases for other health care costs, many of which may be unnecessary or inappropriate. A good example is the 4.2 million emergency department visits in 2006 that were needed to care for clients with mental health disorders in this country.[32]

Recent findings report that 33.6% of people living in Wisconsin report poor mental health, which included 28.9% of the male respondents and 38.2% of the female respondents participating in the study.[33] As illustrated in the following table, people living in Wisconsin also have a higher average for experiencing poor mental health days when compared to the national average:[31]

POOR MENTAL HEALTH DAYS
(average number of mentally unhealthy days reported in the past 30 days, age-adjusted)

CHIPPEWA COUNTY	EAU CLAIRE COUNTY	WISCONSIN	NATIONAL BENCHMARK
2.9	2.6	3.0	2.3

Source: Robert Wood Johnson Foundation, www.countyhealthrankings.org

Poor mental health days can lead to a number of health-related issues, including depression, which is the most common mental health disorder and the leading cause of disability worldwide.[22] It is estimated that 10% of adults in the United States suffer from depression, but that figure is probably low since many people do not actively seek help.[34] Sustained sadness and loss of interest characterize a person experiencing a depressed state of living, along with other physical, behavioral, and psychological symptoms. Many people do not realize they are struggling with depression and fail to seek medical assistance for a number of reasons, including lack of knowledge about mental health disorders, cost, and the stigma commonly associated with mental illness.

Another leading concern among mental health disorders is suicide, an action with effects that extend beyond the individual. For the first time in 2009, the number of suicide deaths in the United States was greater than the number of fatalities associated with motor vehicle crashes.[35] By 2011, suicide was the third leading cause of death in this country for individuals in the 15-24 age group and second for people 25-34 years of age. National data show that men are four times more likely than women to die from suicides, but women are more likely to have suicidal thoughts. Results from national studies also indicate that nearly 16% of high school students surveyed had seriously considered suicide in the previous 12 months.[36] In Wisconsin, suicide was the second leading cause of death in 2011 for the 15-24 age group and the overall state rate for suicide was higher than the national and regional levels.[37]

Issues and Challenges Related to Mental Health

Mental health disorders and illnesses are a growing concern in the United States and worldwide. Many people do not realize or want to admit they may have a problem. But for those who feel something needs to change in their lives to improve their mental health condition and want to seek help, the current barriers and obstacles need to be removed.

One major concern is the stigma associated with mental illness. Out of embarrassment or shame, individuals with a mental illness sometimes try to conceal their condition. Those who seek help sometimes feel they are being judged by others unfairly. Stigma can also result in fear, mistrust, and violence against people who have a mental illness. Society needs to become more knowledgeable about what is happening, what can be done, and how to be supportive. Understanding how mental illness can start early and continue throughout a person's lifetime is equally important to promote any change. Education and awareness can help relieve or reduce some of those negative attitudes and misperceptions, but it takes time.

A second concern is the cost for services from mental health providers. More funding is needed to help increase the number of mental health care providers in a given area, as well as reduce overall costs for clients. This is a problem for society as a whole, but especially those who are uninsured or underinsured. Complicating the situation is the fact that there is a shortage of mental health specialists throughout the United States, but especially in rural and non-urban areas.

Related to the need for more access to mental health services, it is becoming increasingly evident that the coordination of mental health care programs and services must be addressed. Many people who seek help have expressed frustration with the current system that is in place. Part of the confusion can be attributed to questions about whether or not mental health care is part of the traditional medical care model currently in place. Not only do potential patients need to be knowledgeable consumers about mental health disorders and their effects, but they need to feel comfortable about when to seek assistance, why to ask for certain kinds of help, and how to navigate successfully through the network of services available from providers. Collaboration between the medical community, government agencies, community organizations, and trained mental health professionals is essential in establishing a comprehensive model that promotes integration of counseling, treatment, and health care.

HEALTH INITIATIVE

Bold Goal
Target Population
Shared Outcomes
Outcome Indicators
Strategies
Methodology

Amended July, 2017
Amended May, 2021
Amended May, 2024

BOLD GOAL: Improve the mental health of Chippewa Valley residents.

TARGET POPULATION: Individuals and families with emphasis on households at or below the ALICE threshold.

OUTCOME:
Increase positive supports to effectively promote and achieve mental wellbeing.

OUTCOME INDICATORS - Programs must measure at least three of the five indicators.

- Indicator 1: # and % of individuals who engage in at least one healthy supportive relationship
- Indicator 2: # and % of individuals who actively utilize at least one healthy coping skill
- Indicator 3: # and % of individuals will increase knowledge and/or skills to decrease/abstain from risky behaviors
- Indicator 4: # and % of individuals who increased knowledge or ability to access services
- Indicator 5: # of impacted systems and policies implemented and/or modified to enhance mental health

STRATEGIES:
United Way believes communities need a variety of strategies to achieve positive well-being through prevention and intervention.

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Board of Directors
Health Advisory Council
Staff

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