



Chronic Disease Prevention Action Team Meeting Minutes

July 16, 2018, 8:30 – 10:00 am

Eau Claire City – County Health Department

Room 302

Present: TJ Atkins, Joanna Bernklau, Audrey Boerner, Sara Carstens, Chad Duerkop, Darryll Farmer, Mark Mernitz, Jeannie Pittenger, Barb Powers, Jamie Hoover, Kristi Herbenson, and Chris Klesmith, Gina Schemenauer

1. Introductions and agency announcements
2. Reviewed June meeting minutes and confirmed today's agenda
3. Healthy Communities Updates
 - a. healthTIDE wavemaker regional rally: Susan reported about our upcoming food environment rally that we will be hosting in August collectively with Dunn and Chippewa counties. Tentative date is August 23, 2018. It will be scheduled for a late morning time of day. The planning group is meeting and selecting the venue. They are looking for an audience size of 75 people. There will be an active component to it as well. They are drafting the guest list currently. Our food system sub team is largely working on this, but other action team members are encouraged to share with others as well. Susan will share the invite as soon as it is completed. The ask will be to share with your networks.
4. Action team workgroup reports:
 - a. Worksite Wellness-Chamber will have their Downtown walk this Wednesday. August learning circle will be Jennifer Eddy and someone from Marshfield clinic on August 16th.
 - b. Build Environment group- Jason Duba has relocated and Eric Anderson is replacing him on the CDPAT.
 - c. Food System- FNV still working on data collections. It is present in the community and now at social media and marketing level and not so much a hands on initiative. C- store grant has allowed us to work with 8 stores in the area and they will be receiving materials soon and marketing will begin.
5. Wellness Break
6. Community Health Improvement Planning (CHIP) – 60 minutes
 - a. Provide Community Health Improvement Plan (CHIP) background
 - i. Reviewed current action plan. Currently have 4 goals outlined around built environment, worksite wellness, community-clinical linkages and food system. <http://eauclaire.wi.networkofcare.org/content/client/1148/2015-2018ChronicDiseaseActionPlan.pdf>

- b. Share State and National Health Priorities
 - i. Gina shared overview of state and national health priorities. National plan has measures related to obesity, breastfeeding, food insecurity, chronic disease prevention and physical inactivity. Healthiest Wisconsin 2020 Plan was reviewed in the health equity table.
- c. Data Walk-- group broke into three groups to review and discuss data: Secondary Data, Qualitative Survey Assessment Data and Health Equity. Groups rotated so they had a chance to be at each table.
 - i. Group viewed secondary data from Community Health Assessment (CHA). They also compared the 2018 CHA data to data from the 2015 CHA. (What do you observe in the data? What surprised you? Etc.)
 - 1. Fast food incidence
 - 2. Dementia increase as crude rates
 - 3. Fast food rates
 - 4. Obesity rate is higher
 - 5. Adults reporting none leisure [activity]
 - 6. Overall death rate of chronic disease
 - 7. Dementia
 - 8. We should map restaurants and obesity rates
 - 9. Diabetes and Mammogram screening when down (Have screening guidelines changed?)
 - 10. Definition of physical activity vs. exercise
 - 11. 22% report no leisure perception of physical activity
 - 12. Chronic disease- Cancer incidence naturally much lower
 - 13. Obesity rate is higher. BMI-WIC more kids shift from obese to overweight
 - 14. Youth BMI rate from obesity map
 - ii. Group reviewed qualitative data from community health assessment survey. (What themes do you see?)
 - 1. Nutrition
 - a. Food program and junk food
 - b. School lunch options unhealthy
 - c. The time it takes to fix healthy meals
 - d. Need more support for breastfeeding
 - e. Cooking at home= Cheaper and better than eating out (Resources for home cooked meals)
 - f. Bad food is cheaper and easier to eat. (time and prep)
 - g. Wage issue to afford healthy foods
 - h. Misleading terms such as “healthy” “organic”
 - i. Increasing disparity in wealth and access to healthy foods/time.
 - j. Carbs= cheap, Protein= expensive
 - k. Positive health factors aren’t priorities “content with life as is”
 - l. Knowledge is barrier
 - m. Processed foods at food pantries
 - n. Access to affordable healthy food

- o. Education needed on how to prepare [healthy foods]
 - p. Accessibility
 - q. Education needed and baseline knowledge lacking
 - r. Cost
 - s. Need more education on healthy eating starting at a young age.
Lack of time and money
2. Chronic Disease:
- a. Cost
 - b. Insurance and care vs. services and out of pocket
 - c. Utilizing preventive recommendations most ignore them
 - d. Impact of stress
 - e. Education: questions to ask doctor, Risk and benefits of taking or not taking medications
 - f. Lack of knowledge, interest, value and motivation for preventive behaviors, food choices physical activity
 - g. Lack of understanding benefit of self-management
 - h. Lack of access to mental health services
 - i. High deductibles, cost of services, whole health care system is difficult to navigate,
 - j. Mental health providers hard to get an appointment
3. Physical activities
- a. Belief that physical activity is only associated with gyms which are expensive
 - b. People are lazy (social norm)
 - c. No opportunities for community exercise resources during the winter months
 - d. Eau Claire has great community opportunities for exercise
 - e. You have to have a gym membership to have physical activity.
 - f. Gyms are too expensive not accessible to high-risk youth or disabled people "Being healthy is expensive."
 - g. Need more family friendly unstructured physical activity option indoor for winter.
 - h. Lack of awareness of low cost or at home physical activity opportunities
4. Obesity:
- a. Community doesn't understand the problem (Stigma)
 - b. Not enough education on obesity
 - c. People are lazy. They have no desire to change. It is becoming a norm.
 - d. Education lacking. Healthy foods are expensive
 - e. Fast food restaurants with high calorie meal options
 - f. Unhealthy diet due lack of education and cost of healthy foods

- iii. Group discussed health disparities and reviewed Healthiest Wisconsin 2020 health focus areas, especially related to health disparities. (Are there groups most affected by the health issue?)
 - 1. Less access to green space and adequate nutrition in low income neighborhoods
 - 2. Inclusive of produce of all local backgrounds
 - 3. How do we engage rural communities (build environments)
 - 4. Access to safe outdoor recreation opportunities (sideways, lighting, etc.) in rural areas
 - 5. Changing culture to make activity and health the “norm” and easy choice, fun, and cool
 - 6. Inclusion and consideration of folks with physical limitations
 - 7. Sensitivity to our demographics ex. Aging Hmong Pop
 - 8. Get input from more diverse groups (Hispanics, Hmong, Religious groups, people with disabilities)
 - 9. Disabilities be inclusive of all ages
 - 10. Low income – transportation access and access to programming

- d. CHIP Next Steps- Group decided to wait on voting for 3-5 data indicators that will be the focus of our 2018-2021 Community Health Improvement Plan until the next meeting. We will review the information from today at our next meeting and vote on what area we want to take a deeper dive on as well as what current resources and assets we have available working on these issues.

7. *Next meeting date: August 20, 2018, 8:30 – 10:00 am, Room G302*

8. Adjourn

You can find all minutes and agendas on our website located at www.ehealthycommunities.org.