

Successful Children & Youth

Community Action Plan – Draft 5-27-08

INTRODUCTION



For more than 40 years, United Way of Greater Eau Claire has been mobilizing resources, to create sustainable changes in community conditions, and improve the lives of county residents.

Working with a vast array of community partners, United Way brings together people, talents, knowledge and financial resources, to impact the community's most critical issues. United Way currently invests in 56 programs at 31 health and human service organizations throughout Eau Claire County. Through these Program Partners, United Way focuses on:

- Successful children & youth,
- Strong individuals and families, and
- Total health and well-being.

Community impact is measured through “outcomes” – the benefits or changes in the lives of our residents. In order to quantify these outcomes, we track measurable characteristics, or “indicators,” to help us determine our level of achievement.

This report includes outcomes and statistical indicators, as well as strategies and resources for addressing the most pressing issues related to children. United Way of Greater Eau Claire will use this data to guide funding decisions and, when tracked over time, it will help measure the impact that service providers have on these issues.

DEVELOPMENT OF THE COMMUNITY ACTION PLAN

To oversee the development process and make key decisions, United Way invited community leaders to form an Executive Council (*see Acknowledgements for Council membership*). To guide their work, the Council used the following vision, developed by the Successful Children and Youth Task Force:

Children grow into successful, independent adults. Children and youth maximize their full potential in an environment where needs are met and abilities are continually developed.

To inform the planning process, the Council reviewed information collected from service providers, as well as the Community Assessment* (which was developed using community surveys, panels of subject experts, a community forum, and statistics collected from more than 100 sources).

While discussing each of the issues affecting Eau Claire County's children, the Council used the following criteria to help set priorities:

- Is the issue compelling?
 - Does it align with the goal of helping "children grow into successful, independent adults?"
 - Is the issue recognized and understood by the community and donors?
- What is the breadth/depth of the issue?
 - Is it a root cause of other problems?
 - Is it a serious issue for a large number of Eau Claire children?
 - Does it affect diverse populations across the county?
- Are funding and resources available?
 - Are we able to address the issue at a county level?
 - Can adequate funds and resources be leveraged to affect the issue?
 - Are community partners identifiable and willing to work on the issue?
- Can outcomes be measured?
 - Can appropriate indicators and data sources be identified?

After careful consideration, the Council prioritized the following target issues, which have also been prioritized as key issues by many other organizations and committees throughout the county:

- Mental Health
 - This issue has broad-reaching effects and impacts other health, safety and education issues. Although there are a variety of mental health issues that affect children, depression is a key issue for adolescents, and can be tied to substance abuse, as well.
- Behavioral Health (2 primary areas of concern):
 - Tobacco & Alcohol Use
 - Tobacco and alcohol are considered "gateway" substances that can lead to more serious drug abuse. Although youth tobacco use has declined slightly, in recent years, it is still a serious issue and there are concerns that it could rise again, if not continually addressed. Alcohol abuse is linked to various health issues (including mental health), and contributes to safety issues (i.e., drunk driving, aggressive behavior, violent and property crimes, etc.).
 - Nutrition & Physical Activity
 - Poor nutrition and lack of physical activity contribute to many other health issues (including diabetes and cardiovascular diseases). Also, poor childhood habits can lead to continuing problems throughout adulthood.

For each of the above target issues, the Council developed an outcome measurement system by:

- Developing outcome statements (expected results),
- Identifying outcome indicators and data sources (statistics used to measure success),
- Reviewing baseline data (current and/or historical data for Eau Claire County),
- Analyzing comparative data (for other communities, the state, or the nation), and
- Setting targets (statistical achievements for the year 2015).

* The Community Assessment is a separate document available from United Way of Greater Eau Claire.

Limitations: For some indicators, baseline data is very limited or non-existent, and targets could not be set.

The Council also identified long-term strategies for achieving each outcome, and documented key community resources for each issue area.

United Way of Greater Eau Claire will use this plan to guide its community investment process. After applications have been received, and grants have been awarded (December, 2008), this plan will be updated to include program/project information. United Way will continue to work with its Program Partners, government agencies, and the school systems to collect and monitor data, which will be reported to the community on an annual basis.

EAU CLAIRE COUNTY'S CHILD POPULATION

In 2006, the U.S. Census Bureau estimated that there were 24,916 children (ages 0-19) in Eau Claire County, representing 26.3% of the population.

Eau Claire County Population By Age & Gender¹

2000							2006 Estimates						
Age	Number			Percent			Age	Number			Percent		
	Both Sexes	Male	Female	Both Sexes	Male	Female		Both Sexes	Male	Female	Both Sexes	Male	Female
Total Pop.	93,142	45,093	48,049	100.0%	100.0%	100.0%	Total Pop.	94,741	46,559	48,182	100.0%	100.0%	99.9%
Under 5 years	5,565	2,844	2,721	6.0%	6.3%	5.7%	Under 5 years	5,684	3,073	2,650	6.0%	6.6%	5.5%
5 to 9 years	5,934	3,039	2,895	6.4%	6.7%	6.0%	5 to 9 years	5,021	2,468	2,505	5.3%	5.3%	5.2%
10 to 14 years	6,364	3,275	3,089	6.8%	7.3%	6.4%	10 to 14 years	6,063	3,073	3,035	6.4%	6.6%	6.3%
15 to 19 years	8,696	4,082	4,614	9.3%	9.1%	9.6%	15 to 19 years	8,148	3,958	4,192	8.6%	8.5%	8.7%
Total Children	26,559	13,240	13,319				Total Children	24,916	12,572	12,382			

During the 2006-2007 school year, 12.8% of Eau Claire County students were of minority race/ethnicity, and 95.9% had English proficiency. Although no race/ethnicity breakdown is readily available, total county population estimates are as follows:

Race/Ethnicity – General Population of Eau Claire County²	2006
White	94.4%
Black or African American	0.6%
American Indian & Alaska Native	0.6%
Asian	3.1%
Native Hawaiian & Other Pacific Islander	0.0%
Some other race	0.4%
Two or more races	1.0%
Hispanic or Latino origin (of any race)	1.3%

“QUALITY OF LIFE” FACTORS FOR EAU CLAIRE COUNTY CHILDREN

Below is a brief summary of the topics that affect the quality of life in Eau Claire County. More information on these subjects can be found in United Way of Greater Eau Claire’s 2007 Community Assessment.

Economic

Eau Claire County’s largest employers are in the education and health care industries, and there are a number of strong businesses that provide a great deal of community support. However, the county has a shortage of medium sized firms and relies heavily on the basic service sector for a significant share of its employment. As a result, the income distribution for the area is somewhat bi-polar. Household income trends indicate a redistribution, from the middle income ranges to the higher and lower ends of the scale. This is illustrated by the fact that, although the median household income rose from \$39,219 in 2000, to \$46,927 in 2006 (inflation adjusted dollars), during the same timeframe, the number of people living in poverty also increased from 10.9% to 13.1%.³

- In 2006, 14.2% of Eau Claire County children (under 18) were living in poverty.⁴
- In 2006, 4.43% of the population received FoodShare assistance (up from 2.03% in 2000) and 27% had children ages 5 and under.⁵
- According to the Eau Claire City-County Health Department, in 2002, 49% of Eau Claire County WIC clients reported food insecurity, and 23% reported hunger.⁶
- During the 2005-2006 school year, 178 public school students were homeless (165 Eau Claire Area, 13 Altoona), or 1.2% of the children ages 5-17.⁷

Education

Eau Claire is well-recognized for having a strong education system. The county’s elementary and secondary teachers have more education and more experience than statewide averages,⁸ and the Eau Claire Area School District ranks 7th in the nation, for schools of it’s size.⁹

The University of Wisconsin-Eau Claire has repeatedly been listed in the top five public institutions in the Midwest and is considered one of “America’s Best Value Colleges.”¹⁰ The county is also fortunate to have the Chippewa Valley Technical College, which provides a variety of educational services, and works in cooperation with other organizations. However, keeping educational pathways open for all students is a growing concern, due to economic challenges and rising costs.

Approximately 55% of the county’s children attend public schools. Testing in these schools indicates that Eau Claire County students are slightly more proficient in reading and math, than students statewide. Also, Eau Claire County experiences fewer drop-outs, and more graduates advance to technical and vocational colleges.

Educational Attainment & Advancement, for Public School Students ¹¹	Eau Claire County		Wisconsin	
	2005-06	2006-07	2005-06	2006-07
Percent of 3 rd graders at or above proficiency in reading	85.0%	83.9%	80.6%	80.9%
Percent of 8 th graders at or above proficiency in math	76.8%	80.6%	74.2%	74.9%
Percent of graduates who advance to 4-yr. or tech/voc. college)	77.4%		71.2%	
Percent of dropouts (grades 7-12)	.72%		1.6%	

Environment

The City of Eau Claire is the county's largest urban area. Located at the junction of the Chippewa and Eau Claire rivers, this city offers a unique blend of scenic and cultural opportunities. In outlying areas, farmers own almost half of the county, and approximately thirty-five percent is covered by forest land.¹² This, and the county's many lakes and rivers, are a tremendous biological and social asset. Eau Claire County's combination of urban, rural and natural areas offers children and their families a diverse range of recreational, educational and social opportunities.

Nature Preserves and Education

- Beaver Creek Reserve encompasses 360 acres of diverse habitat including upland woods, river bottom forests, wetlands, and savannah areas. Among its many amenities, it has a nature center, observatory, youth camp, field research station, charter science research school, and miles of hiking and ski trails, for year-round enjoyment.
- Augusta State Wildlife Area encompasses 2,100 acres of marsh and woodlands, offers hiking trails, cross-country skiing, and berry picking. Many schools use this area for outdoor education.

Health

In 2007, Eau Claire County was ranked as the 3rd healthiest place in the state, taking into account the "outcomes" of good general health status and low premature mortality. However, the county ranked 20th in the area of "health determinants," considering health care, behaviors, socioeconomic factors and the physical environment. This suggests that there may be future challenges in maintaining or improving health outcomes.¹³

One of the county's greatest strengths lies in its excellent health care system, however, the high cost of health insurance, and service affordability remain a challenge for many residents.

Infant & Child Health

- In 2006, 7% of mothers were under age 20.¹⁴
- In 2003, only 56% of Laotian and Hmong, and 62.5% of Hispanic mothers received first trimester prenatal care, compared with 87.9% of White mothers.¹⁵ In 2006, the percent of all mothers receiving first trimester prenatal care rose to 79.9%.¹⁶
- In 2002, at kindergarten entrance, only 68% of children had medical exams, 40% had dental exams, and 32% had vision exams.¹⁷
- In 2005, 97% of children met immunization requirements.¹⁸
- In 2007, only 0.8% of children tested positive for lead poisoning.¹⁹

Mental Health

- Mental disorders are the leading cause of hospitalization, for children ages 1-14, and the second leading cause for people from 15-44 years of age.
- Suicide is the third leading cause of death for 15-24 year olds.

Tobacco

- Eau Claire County was ranked in the bottom 30% of Wisconsin counties (52 out of 72) for reductions in smoking by pregnant women. Although Eau Claire experienced a 15% reduction between 1990-2004, that is much lower than the statewide change of 36%, and Waukesha and

Milwaukee Counties, which have set high standards of comparison with 53% and 52% change respectively.²⁰

- In 2007, 17.4% of Eau Claire County mothers still smoked.²¹ Between 1993 and 2002, 9.4% of births to mothers who smoked were <2500 grams, or “low birth weight.” For mothers who did not smoke, only 4.3% of births were <2500 grams.²²
- In 2007, 22.6% of Eau Claire County high school students reported using tobacco on a monthly basis.²³

Alcohol Use/Abuse

- In 2005, Wisconsin had the highest prevalence of alcohol use in the nation, and high school students reported the highest rate of current alcohol use among all reporting states.²⁴
- Within the state, Western Wisconsin has the highest incidence of binge drinking for ages 12-25.²⁵
- In 2007, 32% of Eau Claire high school students reported monthly use of alcohol, and 61.4% reported annual use.²⁶

Overweight/Obesity

Nationwide studies indicate that obesity is reaching epidemic proportions. Obesity is a major contributor to chronic diseases such as diabetes and cardiovascular diseases, and chronic diseases are the largest consumer of health care dollars.²⁷

Between 2000 and 2002, the Eau Claire City-County Health Department estimated that 55% of Eau Claire County adults were either overweight (32%) or obese (23%).²⁸ In 2007, the University of Wisconsin Population Health Institute report indicated that this has not changed much. The 2007 report shows 22.7% of Eau Claire County Residents as obese²⁹.

Although there is very little data available about overweight conditions in Eau Claire County’s children, we can reasonably assume that the prevalence is increasing here, just as it is nationwide.

Safety

Eau Claire County residents can be proud to say that they live in relatively safe communities. In October of 2006, the City of Eau Claire was ranked the 4th safest metropolitan area in the U.S. by Morgan Quitno Press. This report on crime statistics and rankings takes into account the violent crimes of murder, rape, robbery, aggravated assault, burglary and motor vehicle theft.³⁰

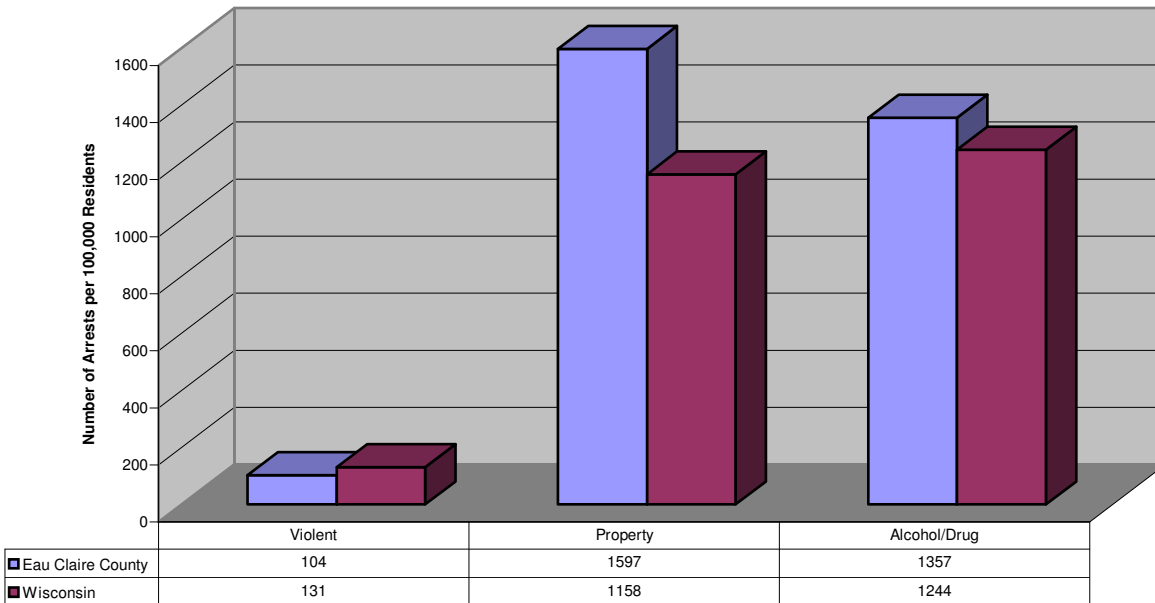
In 2006, America’s Promise Alliance named the City of Eau Claire one of the “100 Best Communities for Young People.” This competition assesses community support, resources, outcomes, innovative ideas, and historical progress related to children and youth.³¹

Although the above rankings are a wonderful testament to Eau Claire, when considering other types of crimes, such as property crimes and those related to alcohol and substance abuse, Eau Claire County shows significant problems and ranks higher than the statewide rates.

Juvenile Arrests for Violence, Property Crimes & Substance Abuse³²

Overall, juvenile arrests decreased by 11%, however, the number of juvenile arrests for alcohol- and drug-related offenses more than tripled between 2000 and 2005 (however, it dropped slightly in 2006). The largest increases were for juvenile liquor law violations (up 332%).

2006 Arrests - Eau Claire County vs. Statewide



(Jean suggested removing this—that it really wasn't necessary. What do you think?)

Arrests for Other Offenses (ages 17 and younger) ³³	Eau Claire County						
	2000	2001	2002	2003	2004	2005	2006
Negligent Manslaughter	0	1	0	0	0	0	0
Simple Assault	103	76	109	92	99	78	87
Forgery	8	7	5	11	5	5	3
Fraud	7	5	4	15	7	4	5
Embezzlement	1	1	0	0	0	0	0
Stolen Property	16	32	18	11	6	2	0
Vagrancy	-	-	-	-	1	0	0
Vandalism	102	120	183	39	65	89	86
Weapon Laws	21	26	14	13	3	4	5
Sex offenses	79	40	41	38	33	16	18
Family Offenses	1	1	0	4	2	1	2
Disorderly Conduct	327	311	291	264	289	303	306
Other	813	754	607	592	766	628	526
Curfew	0	92	86	72	87	67	36
Runaway	10	301	284	190	265	174	187

Child Abuse

In 2005, reports of child abuse and neglect were 22.3 per 1,000 children, which is lower than the statewide rate of 30.1, however, this is still of great concern to many residents.

Volunteerism, Charity & Civic Engagement

In Eau Claire County, individuals and organizations work toward improving the quality of life for themselves and others, through volunteerism, philanthropy and civic engagement. However, there are still pressing social needs, which result from inherently complex issues, and typically defy easy solutions.

Eau Claire County is fortunate to have a broad range of social services available for children and their families. These organizations are dedicated to providing positive, sustainable changes through strategic design, sound practices, and long-term investments.

OUTCOME MEASUREMENT

Notes:

- For reference purposes, the following numbering scheme and heading structures are used:
ULTIMATE OUTCOME - I (roman numerals)
Contributing Outcome - A (letters)
Indicator -1 (numbers)
 - The general use of the term “children” refers to ages 1-18, unless otherwise stated.
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GOAL ***CHILDREN GROW INTO SUCCESSFUL, INDEPENDENT ADULTS.***

Children and youth maximize their full potential in an environment where needs are met and abilities are continually developed.

ULTIMATE OUTCOME I: CHILDREN AND THEIR FAMILIES ARE ABLE TO COPE WITH, AND ADDRESS, MENTAL HEALTH ISSUES.

According to the Surgeon General, mental health is the “successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to change and to cope with adversity.” Mental disorders are “characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.”³⁴

Assessing mental health status is complicated. It can be approached through “positive” measures of well-being and resiliency, symptoms of emotional distress, formal assessment using standardized scales and psychiatric classification systems, or through receipt of mental health services.³⁵

Mental health disorders can include depression, anxiety disorders, substance abuse disorders, conduct and oppositional defiance disorders, learning disabilities, attention deficit and hyperactivity disorder (ADHD), and eating disorders.³⁶

In the U.S., one in five children suffer from mental health problems and, for adolescents, depression is the most common.³⁷ A National Health Interview Survey discovered that 11.6% of adolescents (ages 12-17) “had serious behavioral or mental health difficulties,” and low-income youth experienced more than twice the rate of those in higher-income brackets (17.9% vs. 8.0%).³⁸

Half of lifetime mental health disorders begin by age 14.³⁹ The causes of childhood mental illness are complex, and are seldom the result of a single factor. It is important for parents to recognize problems and seek appropriate treatment for these disorders to avoid anxiety, depressive episodes, and even suicide.

Contributing Outcome A: Reduce Depression & Suicide Rates

Ninety percent of people who die from suicide had a previously identifiable mental illness. Depression is the most common illness associated with suicide, and it is highly treatable—more than 70% of those who suffer depression improve with treatment.⁴⁰

Symptoms of childhood depression may include any of the following:

- changes in mood
- diminished interest in activities
- reduced pleasure
- decreased appetite
- significant weight loss
- insomnia or hypersomnia
- psychomotor agitation or retardation
- fatigue
- feelings of worthlessness
- diminished ability to think or concentrate
- indecisiveness, and/or
- recurring thoughts of death or suicide.

National

In 2003, suicide, or intentional self-harm, was the third leading cause of death for young people, ages 15-24.⁴¹ In 2004, the Substance Abuse and Mental Health Services Administration (SAMHSA) estimated that 14% of children ages 12-17 had experienced at least one major depressive episode and more than 7% had thought about killing themselves.⁴²

SAMHSA National Surveys, Wisconsin, Ages 12-17⁴³

	2004-2005
At least one major depressive episode (MDE) in the past year	9.40%
At least one MDE in their lifetime	14.0% (19.7% of females, 8.5% of males)
Planned to kill themselves during worst or most recent MDE	3.6% (5.6% of females, 1.7% of males)
Attempted suicide during worst or most recent MDE	2.9% (4.7% of females, 1.1% of males)

Wisconsin

During the 2007 Wisconsin Youth Risk Behavior Survey, one of every five high school students reported feeling sad or hopeless almost every day for two weeks or more (in a row), during the past year.⁴⁴

Between 1993 and 2007, the percentage of Wisconsin high school students who report having seriously considered suicide dropped from 27% to 15%. Unfortunately, the prevalence of suicide attempts has not decreased.⁴⁵ According to the Centers for Disease Control and Prevention, Wisconsin has the 12th highest youth suicide rate in the U.S. It is Wisconsin's second largest cause of death for children ages 10-18, and is higher than all other illnesses combined.⁴⁶

Eau Claire County

In Eau Claire County, suicide is the third leading cause of death for 15-24 year olds. Mental disorders (that do not include alcohol and other drug abuse) are the leading cause of hospitalization for children ages 1-14, and the second leading cause for people from 15-44 years of age.⁴⁷

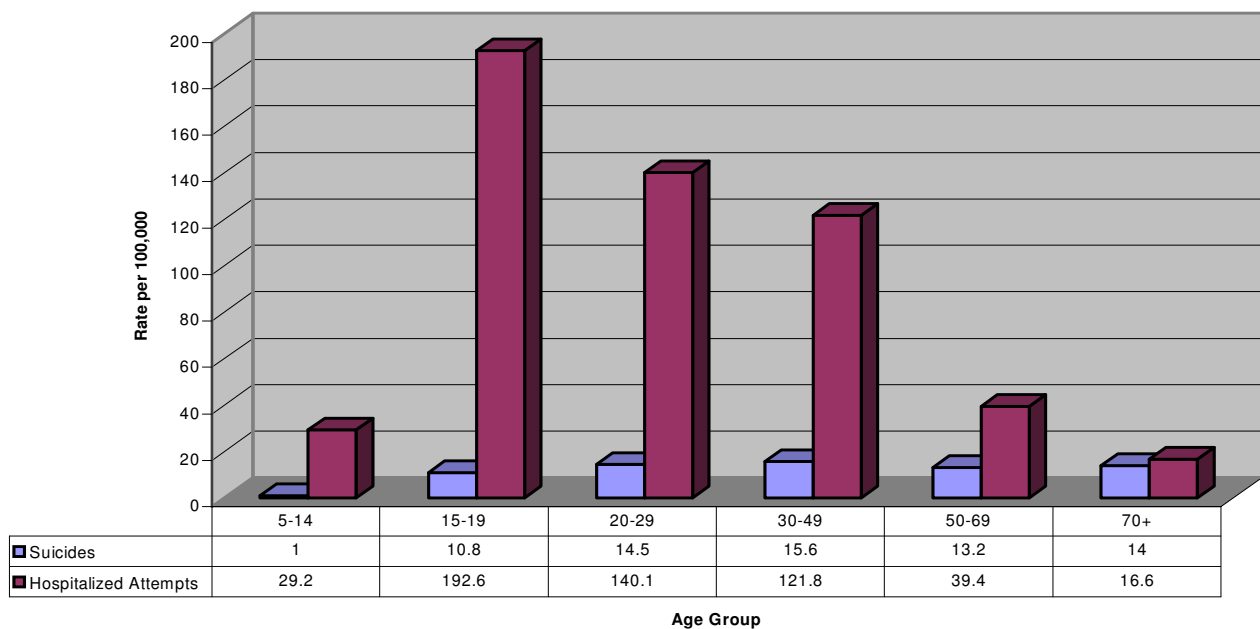
In 2000, a review of contracted mental health services reported that 14 children with serious mental illnesses were being served, the Eau Claire Area School District was serving 176 children who were diagnosed with emotional disturbances, and an estimated 988 were not being served at all.⁴⁸ In 2005, 110 children were hospitalized for mental health conditions.

According to the Eau Claire City-County Health Department, there are limited assessment and medical resources to address mental health issues in children. Children with special behavioral/mental health needs are an underserved population, and the community lacks a functioning service coordination system for these children and their families.⁴⁹ Local experts also report that mental health services have been decreased or discontinued in surrounding areas, putting more pressure on Eau Claire’s limited resources.

(Sidebar Illustration?)

In Wisconsin, poisoning is the most common cause of hospitalized suicide attempts, accounting for 77.4% of attempts. Fatalities are most often caused by firearms, accounting for 49.7% of all suicides. Suicide attempts spike dramatically between the ages of 15 and 19.⁵⁰ This illustrates the importance of screening and prevention strategies, before and during the teenage years.

Average Annual Suicides & Hospitalized Attempts in Wisconsin



Co-Occurrence of Mental Disorders with Alcohol and/or Drugs

Many adolescents who are admitted for treatment of substance abuse also have mental disorders. In a 2003 report by SAMHSA, of those admitted for treatment, 38% of females and 28% of males had these co-occurring conditions.

Although similar statistics are not available for Eau Claire County, the 2007-08 PRIDE Survey revealed that 5.2% of Eau Claire County Students reported thinking (often or a lot) about suicide and, of this group:

- 66.9% reported using alcohol;
- 46.7% reported using marijuana;
- 20.3% reported using cocaine; and
- 13.3% reported using Methamphetamine.

Strategies for Improving Mental Health

The Surgeon General recommends the following strategies in the National Action Agenda on Children's Mental Health:

- Promote public awareness of children's mental health issues and reduce stigma associated with mental illness.
- Continue to develop, disseminate, and implement scientifically-proven prevention and treatment services in the field of children's mental health.
- Improve the assessment of and recognition of mental health needs in children.
- Eliminate racial/ethnic and socioeconomic disparities in access to mental healthcare services.
- Improve the infrastructure for children's mental health services, including support for scientifically-proven interventions across professions.
- Increase access to and coordination of quality mental healthcare services.
- Train frontline providers to recognize and manage mental health issues, and educate mental healthcare providers about scientifically-proven prevention and treatment services.
- Monitor the access to and coordination of quality mental healthcare services.

Local service providers also identified the following needs:

- Advocate for legislation that ensures mental health parity in insurance coverage. Due to insurance restrictions on mental health coverage, many Wisconsin residents do not get the treatment they need. Many plans do not cover mental health at all, and those that do, often have limits that restrict the number of visits and/or financial coverage.
- To improve mental health in Eau Claire County, accurate information is needed. Due to limited availability of local data, we must improve tracking and reporting of local mental health statistics.

Healthiest Wisconsin 2010 goals/objectives:⁵¹

- Screening and referral – By 2010, 80% of state-administered employee group health plans, Medicaid-funded programs, BadgerCare and SSI managed care will, by contract, incorporate questions for mental health problems into their screening and referral processes.
- Cultural Competence – By 2010, 87% of publicly-funded mental health consumers will feel their service provider was sensitive to their culture during the treatment, planning and delivery process.

Outcome Indicators To Be Monitored Over Time

Indicator 1: Percent of students who report never or seldom talking with their parents about their problems.⁵²

	Eau Claire County		Comparisons		
	Baseline 2001	Target 2015	Wisconsin	National	Benchmark
Middle school	32%				
High school	45%				

Indicator 2: Percent of high school students who report thinking (often or a lot) about suicide.⁵³

	Eau Claire County		Comparisons		
	Baseline 2007-08	Target 2015	Wisconsin 2007 WYRBS	National 2006-07	Benchmark 2005 YRBSS
Middle school	5.2%	3%	15% (seriously considered)	5.9%	Miami-Dade Co.=11.9% (seriously considered)
High school		5%			

Indicator 3: Percent of students who report attempting suicide.⁵⁴

	Eau Claire County		Comparisons		
	Baseline	Target 2015	Wisconsin 2007 WYRBS	National	Benchmark 2005 YRBSS
High school students	N/A		WYRBS 7% 2003 DHHS, 5-14 yr-olds= 29.2/100,000 population 2003 DHHS, 15-19 yr-olds= 192.6/100,000 population		Vermont 6.2%

Indicator 4: Number of children who commit suicide (per 100,000 population).⁵⁵

	Eau Claire County		Comparisons		
	Baseline	Target 2015	Wisconsin 2003	National 2005	Benchmark
5-14 years old	N/A		1	1 to 2	
15-19 years old			10.8	11	

WYRBS=Wisconsin Youth Risk Behavior Survey
YRBSS=Youth Risk Behavior Surveillance System

Primary Resources

- Children’s Mental Health Alliance—Chippewa Valley
Promotes collaboration among service providers, schools, families, and others concerned with the mental health of children and their families. For more information: www.childrensmentalhealthalliance.org/index.htm.
- Great Rivers 2-1-1
Provides free, confidential community information, referrals and crisis line services, 24 hours a day. Dial 211, or visit www.greatrivers211.org.
- Mental Health Assistance for Teens & Children (MATCH)
Provides mental health assistance for children and their families: information, non-medical assessments, and referrals. For more information: <http://www.frcec.org/ProgramsMatch.htm>.

ULTIMATE OUTCOME II: CHILDREN LIVE TOBACCO- AND ALCOHOL-FREE LIFESTYLES.

In recent years, substance use/abuse has been identified as a priority issue by many Eau Claire County organizations including the Eau Claire City-County Health Department, Eau Claire Area School District, Consortium for Substance Abuse Prevention in Eau County, and United Way of Greater Eau Claire.

Tobacco, alcohol and marijuana are generally considered to be “gateway drugs” or, in other words, substances that can lead to “harder,” more dangerous drugs. Although marijuana use is recognized as a serious problem, local data indicates that tobacco and alcohol use are the larger issues for Eau Claire County children.

Contributing Outcome A: Reduce Tobacco Use

Tobacco use is the nation’s leading preventable cause of death, and four out of five people who use tobacco started before they reached adulthood.⁵⁶ Every day, approximately 4,000 American youth (ages 12-17) try their first cigarette.⁵⁷ If current trends continue, an estimated 6.4 million of today’s children could die prematurely from a smoking-related disease.⁵⁸

Cigarette smoking by young people leads to immediate health concerns such as respiratory problems and nicotine addiction, and smoking at an early age increases the risk of lung cancer. Smoking also causes heart disease, stroke, chronic lung disease and various other types of cancer. The use of smokeless tobacco (such as chewing tobacco, and snuff) also causes similar types of health problems.⁵⁹

Although it is illegal to sell cigarettes to anyone under 18 years of age, many retailers are not diligent about requiring proof of age, and tobacco products are still too accessible for young people.⁶⁰

The most recent Eau Claire County PRIDE Surveys report that the average age of first tobacco use is 13. According to the Surgeon General, the younger people begin smoking, the more likely they are to become strongly addicted to nicotine.⁶¹ Of all addictive behaviors, cigarette smoking is most likely to become established during adolescence.⁶²

Although national percentages of high school smokers have declined in recent years, current Eau Claire rates are still high. More than 28% of Eau Claire County 12th graders report monthly use of tobacco,⁶³ and the use of smokeless tobacco and cigars has increased.⁶⁴

Strategies to Decrease Tobacco Use by Children

- Provide tobacco-use prevention education from the time children are 4-6 years old, intensify education in the pre-teen years, and reinforce that education throughout the teen years. Education should include negative physiological and social consequences of tobacco use, social influences, peer norms, and refusal skills.
- Provide resources and encouragement in the use of cessation programs.
- Involve parents and families in education, and support of prevention and cessation programs.
- Provide training to teachers and other professionals who work with children.
- Increase school- and community-based education and interventions.
- Increase peer/youth leadership and peer coaching programs.
- Mobilize the community to restrict minors’ access to tobacco products and enforce laws.

- Increase advocacy efforts related to creation of tobacco-free social norms (i.e., raising the price of tobacco products, creating tobacco-free environments, etc.).

Outcome Indicators To Be Monitored Over Time

Indicator 1: Percent of students who report monthly use of tobacco.⁶⁵

Grade	Eau Claire County			Comparisons		
	Historical* 2004-05	Baseline* 2007-08	Target* 2015	National* 2007	Benchmark Best State 2005	Healthiest Wisconsin 2010 Goal
6 th	1.6	1.0	1.0	4.6	YTS=Utah, 2.0	22.4
8 th	6.1	3.4	2.0	12.1		
10 th	19.4	18.0	10.0	23.9	YTS=Utah, 10.3	
12 th	32.3	28.6	20.0	31.6	YRBS=Utah, 7.4	

*PRIDE Surveys

YTS=Youth Tobacco Survey; YRBS=Youth Risk Behavior Survey

Contributing Outcome B: Reduce Underage Use of Alcohol

In the U.S., approximately 5,000 youth die annually as a result of underage drinking including 1,900 deaths from vehicle accidents, 1,600 homicides, 300 suicides and hundreds of other injuries.⁶⁶ Sadly, Wisconsin has the highest prevalence of alcohol use in the nation, and the highest rate of current alcohol use by high school students.⁶⁷ Wisconsin also ranks near the top on drinking and driving.⁶⁸

Wisconsin’s alcohol use and abuse rates are very high. Childhood initiation age (24% before age 13) and high school binge drinking rates (31%) are alarming. And, in Western Wisconsin, binge drinking in the 18-25 age group is astronomical, at 60.3%.⁶⁹ This points out the importance of prevention in childhood, to reduce alcohol abuse in adulthood.

Alcohol Use in Wisconsin⁷⁰

	Wisconsin						U.S.	
	2000	2001	2002	2003	2004	2005	2005	
Prevalence of early alcohol initiation (prior to age 13) among high school students		28%		25%		24%	26%	Slightly lower than the national averages for each year.
High school binge drinking		34%		28%		31%	26%	Above national rates in 2001 & 2005. Same as national rate in 2003.
Adult current alcohol use	71%	70%	70%	71%	68%	68%	56%	Among the highest in the nation
Adult binge drinking			25%	24%	22%	22%	14% approx. median	Highest in the nation for each of these years
Adult chronic, heavy alcohol use	5%	9%	8%	9%	7%	8%	5%	Higher than the national average every year

Western Wisconsin Alcohol and Drug Abuse⁷¹

Annual averages based on 2002, 2003 and 2004 National Survey on Drug Use & Health

	Ages 12-17	Ages 18-25	Ages 26 and older
Binge alcohol use in the past month	17.79% Highest in WI	60.32% Highest in WI	29.21% Second highest in WI (Milwaukee was 31.47%)

Research has shown that many adolescents begin drinking at a very young age. In Eau Claire County, the most recent PRIDE Surveys report that the average age of first alcohol use is 13. People who begin drinking before the age of 15 are four times more likely to become alcohol dependent at some point in their lives.⁷² The younger people are when they begin using alcohol, the more likely they are to engage in behavior that is harmful to themselves or others. For example, frequent binge drinkers are more likely to use other drugs, have sex with multiple partners, and earn mostly grades of D and F in school.⁷³

Alcohol use by adolescents can affect brain development and lead to learning impairment. It is also linked to many other issues ranging from health and safety issues, to social and economic problems. These include liver disease, certain cancers, mental health issues, violent and property crimes, domestic violence, family dysfunction, delinquency, teen pregnancy, lowered academic performance and lowered occupational achievement.⁷⁴ In 2005, underage drinking cost Eau Claire County \$26.4 million related to medical care, work loss by youth and their parents, and other issues.⁷⁵

In a 2004 Eau Claire County survey, 85% of adults said that underage drinking is a serious problem, yet 37% believed that it was “acceptable for adults to provide alcohol to high school age youth on certain occasions.” The Eau Claire City-County Health Department currently estimates that 2,252 of the county’s 12-20 year-olds (15%) have a serious alcohol problem and 85% of them do not receive treatment.⁷⁶

Strategies For Reducing Underage Drinking

The following diagram was developed by the Eau Claire City-County Health Department, for the Consortium for Substance Abuse Prevention in Eau Claire County. It is a compilation of knowledge derived from multiple evidence-based resources. (Reproduced with permission from the Eau Claire City-County Health Department.)

A COMPREHENSIVE APPROACH TO REDUCE UNDERAGE DRINKING



I M P A C T

- Alcohol is more difficult for youth to get
- Fewer youth start drinking before age 15
- More youth think alcohol is harmful to health
- More parents talk with youth about alcohol

UNDERAGE DRINKING IS REDUCED

© 2007 Eau Claire City-County Health Department. Developed by Francie Pearson, Community Health Educator, for the Reality Check 21 Project of the Consortium for Substance Abuse Prevention in Eau Claire County, Wisconsin, July 2007. May be copied in its entirety for educational purposes. Diagram is not to be reproduced in other formats without prior approval of the copyright holder. Eau Claire City-County Health Department, 720 Second Avenue, Eau Claire, WI 54703, 715-839-4718.

Outcome Indicators To Be Monitored Over Time

Indicator 1: Percent of students who report monthly use of alcohol.⁷⁷

Grade	Eau Claire County			Comparisons	
	Historical* 2004-05	Baseline* 2007-08	Target* 2015	National* 2007	Benchmark Best State (age 12-17) 2004 & 2005
6 th	2.0	1.7	1.5	5.6	Utah 12.08
8 th	9.0	5.9	5.0	15.7	
10 th	28.6	25.3	20.0	32.9	
12 th	46.2	40.6	34.0	44.1	

*PRIDE Surveys

Indicator 2: Percent of students who report “binge drinking” (having five or more drinks within a few hours—sometimes, often, a lot).⁷⁸

Grade	Eau Claire County			Comparisons		
	Historical* 2004-05	Baseline* 2007-08	Target* 2015	National* 2007	Benchmark Best State (age 12-17) 2004 & 2005	Healthiest Wisconsin 2010 Goal
6 th	2.9	1.1	1.0	3.9	DC 6.79%	26.7
8 th	5.7	2.7	2.5	11.2		
10 th	24.6	21.2	15.0	26.5		
12 th	40.5	35.1	28.0	36.0		

*PRIDE Surveys

Primary Resources

- Consortium for Substance Abuse Prevention in Eau Claire County**
 The consortium is composed of community agency representatives, health care professionals, educators, businesses, public officials and concerned citizens. The consortium provides research-based programs identified by the Substance Abuse and Mental Health Services Administration (SAMHSA) as “model” programs. The Reality Check 21 Project mobilizes organizations to change alcohol use. For more information: Pamela Radcliffe 715-855-7360, www.co.eau-claire.wi.us/health/index.htm.
- Great Rivers 2-1-1**
 Provides free, confidential community information, referrals and crisis line services, 24 hours a day. Dial 211, or visit www.greatrivers211.org.
- Tobacco-Free Partnership of Eau Claire County**
 A coalition of local health care professionals, educators, community agency representatives, businesses, public officials and concerned citizens who promote healthy, tobacco-free living, and provide information about preventing tobacco use by kids, treating tobacco dependence, and promoting policies to prevent exposure to tobacco smoke. For more information: Julie Marlette, 715-839-4718, www.co.eau-claire.wi.us/health/tobacco_free.asp.

ULTIMATE OUTCOME III: CHILDREN FOLLOW PROPER NUTRITION AND PHYSICAL ACTIVITY GUIDELINES.

Contributing Outcome A: Reduce the Incidence of Overweight/Obesity

Obesity is reaching epidemic proportions in the United States. Two-thirds of adults and 17% of children are overweight or obese.⁷⁹ People who are overweight have increased risk of heart disease, stroke, diabetes, cancer, arthritis and depression.

Chronic diseases (such as diabetes and cardiovascular diseases), are the leading cause of death and disability in Wisconsin, and the largest consumer of health care dollars.⁸⁰ Physical activity and balanced nutrition promote physical and mental health, and protect against these diseases.

Studies also indicate that the prevalence of overweight conditions in children is increasing. Like adults, children who are overweight, have an increased risk of cardiovascular disease, high cholesterol, high blood pressure, and Type 2 diabetes. They are also more likely to become obese as adults. One study found that 80% of overweight children were obese at the age of 25. And, if a child is overweight before the age of eight, obesity is likely to be more severe in adulthood.⁸¹

National Percentages of Overweight Children⁸²	1976-1980	2003-2004
Ages 2-5	5.0%	13.9%
Ages 6-11	6.5%	18.8%
Ages 12-19	5.0%	17.4%

2007 Wisconsin Youth Risk Behavior Survey, Grades 9-12⁸³	Females	Males	Total
Overweight (Body Mass Index > 95%)	6%	14%	10%
Trying to lose weight	59.4%	29.6%	44.1%

*This survey also reported that one-fourth of Wisconsin's high school students are at risk of becoming overweight.

Eau Claire County

Although limited, existing data on youth and adults indicates that Eau Claire County overweight and obesity conditions are increasing, just as they are nationwide. Between 2000 and 2002, the Eau Claire City-County Health Department estimated that 55% of Eau Claire County adults were either overweight or obese.⁸⁴ Although data for Eau Claire County children is limited, the county's WIC program reports that the percentage of overweight children <5 years old has almost doubled, increasing from 6.3% in 1996 to 11.7% in 2001.⁸⁵ Each year, from 2003 to 2005, Head Start nutrition assessments showed increases in overweight children, however, the 2006/2007 data shows a decrease. Currently 29% of these children are either overweight or at risk of becoming overweight.

The following table uses terms based on CDC definitions:

- Overweight=Body Mass Index (BMI) ≥95th percentile
- "At risk" of becoming overweight=BMI between 85th and 95th percentile.

	Eau Claire County		Comparisons		
	Historical	Baseline	Wisconsin	National	Benchmarks & Other Targets
Overweight children <5 yrs. old ⁸⁶			<u>2006</u> 13%	<u>2006</u> 14.8%	<u>2006</u> Lowest=CO 9.6%
WIC Program <5 yrs. old —Overweight ⁸⁷ —At risk ⁸⁸	'96=6.3% '01=11.7%	<u>2003-05</u> 13%	<u>2004</u> 13.3% 16.3%		<u>Healthiest Wisconsin 2010</u> Target=9.4%
Head Start children ⁸⁹ —Overweight —At risk	<u>2005-06</u> 19% 20%	<u>2006-07</u> 13% 16%			
High school students —Overweight ⁹⁰ —At risk ⁹¹			<u>2005</u> 10% 14%		<u>Healthiest Wisconsin 2010</u> Target=8%

Strategies For Addressing Overweight & Obesity Conditions

- Improve eating habits, resulting in appropriate nutrition—healthy types of foods, as well as moderation in the amount consumed.
- Increase physical activity—recommendations include moderate activity (increasing breathing or heart rate) performed for at least 30 minutes, five or more times per week.
- To improve overweight and obesity conditions, accurate information is needed. Due to limitations on the availability of local data, we must improve tracking and reporting of children's weight in Eau Claire County

Outcome Indicators To Be Monitored Over Time

Indicator 1 - Percent of overweight children.

	Eau Claire County			Comparisons		
	Historical	Baseline	Target 2015	Wisconsin	National DHHS 2003-04 ⁹²	Benchmark
Ages 2-5			9.4%		13.9%	
Ages 6-11			8.6%		18.8%	
Ages 12-19			8.0%		17.4%	

Improve Eating Habits, Resulting in Appropriate & Balanced Nutrition

It is important for adults and children alike, to eat a variety of food types, and appropriate serving portions. Balanced nutrition promotes overall good health and prevents the top three causes of death—heart disease, cancer, and stroke. Balanced nutrition is particularly important for children, in order to promote optimal growth and development. Even today's well-fed families have relatively poor diets, eating too much processed food and not enough fruits, vegetables and whole grains.⁹³

Recommendations for appropriate nutrition vary, depending on a child's age, gender and exercise habits. The new U.S.D.A. guidelines are very comprehensive, and the new MyPyramid website allows people to quickly enter information and receive tailored nutritional recommendations for children. Overall, it is recommended that diets:

- Emphasize fruits, vegetables, whole grains, and fat-free or low-fat dairy products;
- Include lean meats, poultry, fish, beans, eggs, and nuts; and
- Are low in saturated fats, trans fats, cholesterol, salt, and added sugars.

2007 Wisconsin Youth Risk Behavior Survey, Grades 9-12 Eating Habits in the Past Week	Females	Males	Total
Did <u>not</u> eat breakfast at all	12.4%	13.4%	12.9%
Ate breakfast only 1-2 days during the week	20.5%	18.0%	19.2%
Ate breakfast all 7 days	33.6%	37.4%	35.5%
Did <u>not</u> eat fruit at all	10.7%	13.6%	12.2%
Ate fruit only 1-3 times during the week	35.5%	39.3%	37.4%
Ate fruit 1 or more times per day	31.6%	28.6%	30.1%
Did <u>not</u> eat green salad	33.0%	42.8%	38.0%
Ate green salad 1-3 times during the week	46.7%	38.5%	42.5%
Ate green salad 4-6 times during the week	12.7%	9.9%	11.3%
Did not drink milk at all	13.3%	9.4%	11.3%
Drank only 1-3 glasses of milk during the week	19.8%	14.2%	16.9%
Drank 1 or more glasses of milk per day	52.7%	60.1%	56.5%
Drank 3 or fewer sodas per week	65.0%	46.6%	56.0%
Drank one or more sodas per day	18.2%	31.4%	25.1%

Strategies for Ensuring Appropriate Nutrition

- Increase education regarding the importance of proper nutrition.
- Involve parents/other adults in setting good examples and providing encouragement for changing eating habits.
- Increase collaborations to provide expertise and broadly deliver education.
- To improve and monitor eating habits, accurate information is needed. Due to limitations on the availability of local data, we must improve tracking and reporting of children's eating habits in Eau Claire County.

Outcome Indicators To Be Monitored Over Time

Indicator 1: Percent of students who eat breakfast.

	Eau Claire County			Comparisons		
	Historical 2001	Baseline 2003	Target 2015	Wisconsin 2007 WYRBS	National	Healthy Communities
2 nd & 5 th graders who eat ⁹⁴ —breakfast at all	91%	86%	95%			Goal=95% eat breakfast
—balanced breakfast	33%	35%				
High school students —eat breakfast every day ⁹⁵				35.5%		

Indicator 2: Percent of students who eat five or more servings/day of fruits and vegetables.

	Eau Claire County			Comparisons		
	Historical 1999	Baseline 2005	Target 2015	Wisconsin 2007 WYRBS	National	Healthy Communities
Elementary school						
High school ⁹⁶	28%	28%		18%		Goal=40% make healthy food choices

Indicator 3: Percent of students who consume three or more servings/day of dairy products.

	Eau Claire County			Comparisons		
	Historical 1999	Baseline 2005	Target 2015	Wisconsin 2007 WYRBS	National	Healthy Communities

Elementary school					
High school ⁹⁷	46%	46%			Goal=40% make healthy food choices

Indicator 4: Percent of students who drink three or fewer servings of soda per week.

	Eau Claire County			Comparisons		
	Historical	Baseline	Target 2015	Wisconsin 2007 WYRBS	National	Healthy Communities
Elementary school						
High school				56.0%		Goal=40% make healthy food choices

Increase Physical Activity

Inactivity and lack of physical exercise increase the risk of cardiovascular disease, stroke and other risk factors such as diabetes, high blood pressure, high triglyceride levels, low levels of “good” HDL cholesterol, and obesity. Physical activity can increase life expectancy and decrease the risk of these diseases, while improving psychological health and increasing opportunities for socialization.

Studies show that inactive children are likely to become inactive adults. Good habits begin in childhood and parents should set examples by being active themselves. Today’s children spend a lot of time watching television, playing video games, and communicating via their cell-phones and the Internet. Reducing these sedentary activities and increasing physical activity is important to their physical and mental health.

Exercise builds healthy muscles, bones and joints. It also has psychological effects such as reducing anxiety and depression, improving mood, and promoting a sense of well-being. The American Heart Association recommends that all children, ages 2 and older, participate in at least 30 minutes of moderate to intense physical activity each day.⁹⁸

Wisconsin

The latest Wisconsin Youth Risk Behavior Survey states that high school students report inadequate levels of physical activity. Only 38% reported being physically active for 60 or more minutes/day on 5 or more of the past 7 days, and females were less active than males.

2007 Physical Activity of Wisconsin High School Students (WYRBS)⁹⁹		Females	Males	Total
Physical activity of at least 60 minutes/day during the past week	0 days	26%	17%	21.4%
	1-2 days	22%	17%	19.5%
	3-4 days	20%	21%	20.8%
	5 or more days	32%	45%	38.2%
Vigorous physical activity of at least 20 minutes/day during the past week	0 days	14%	10%	12.2%
	1-2 days	21%	17%	18.6%
	3 or more days	65.0%	73%	
Do not take physical education classes		36%	33%	34.4%
Watched TV for 3 or more hours on an average school day		24%	27%	25.5%
Used computer for non-school work 3 or more hours/day on average school day		15%	24%	19.8%

Eau Claire County

During the 2005-06 school year, only 36% of Eau Claire County students (grades 6-12) were involved in extra/co-curricular athletic activities, compared with 46% statewide. In recent years, the number of school athletic offerings hasn't changed much, but student participation has varied, and the greatest change has occurred in the Eau Claire Area School District.¹⁰⁰

Extra/Co-Curricular Athletic Activities, Eau Claire County & Comparisons¹⁰¹

Grades 6-12	Eau Claire County		Comparisons	
	2004-05	2005-06	Wisconsin 2005-06	Benchmark
Students participating in School Athletics ¹⁰²	35.1%	36.3%	46.2%	2005-06, 31 WI schools @ 100% 2001-02, ECASD 69.8%
Average number of offerings/school, extra/co-curricular athletic activities, grades 6-12 ¹⁰³	15.6	13.9	12.0	N/A

Extra/Co-Curricular Athletic Activities by School District, Grades 6-12¹⁰⁴

	Altoona		Augusta		Eau Claire Area		Fall Creek	
	% Students Involved	Avg. Nbr. School Offerings	% Students Involved	Avg. Nbr. School Offerings	% Students Involved	Avg. Nbr. School Offerings	% Students Involved	Avg. Nbr. School Offerings
2000-01	49.6%	11.0	48.8%	18.0	67.8%	16.6	60.2%	7.0
2001-02	58.4%	11.0	57.0%	17.0	69.8%	16.0	61.2%	6.5
2002-03	65.5%	12.0	50.9%	7.0	31.3%	15.6	53.9%	6.5
2003-04	56.7%	11.5	46.3%	22.0	34.7%	16.0	54.0%	6.5
2004-05	56.1%	12.0	54.4%	22.0	29.1%	16.0	63.1%	7.5
2005-06	49.3%	11.5	56.9%	9.7	31.4%	16.0	60.3%	7.5

Other Local Activities

	Baseline
Number of participants in Parks & Recreation activities, 2006-08 ¹⁰⁵	1440
Boys & Girls Clubs, ages 8-18, 2007*	
—Healthy Habits (nutrition)	279
—Fitness & Life Skills	395

*These figures are expected to increase dramatically, due to program expansion; increases will not necessarily represent increases in children's physical activity level.

Strategies for Increasing Physical Activity

- Increase educational efforts, communicating the importance of exercising regularly.
- Involve parents in setting good examples, and encouraging children to exercise regularly.
- Increase collaborations to provide expertise and broadly deliver education.
- Create more supportive environments for physical activity.
- Increase transportation options for youth access to activities.
- To monitor physical activity, accurate information is needed. Due to limitations on the availability of local data, we must improve tracking and reporting of children's physical activity levels, in Eau Claire County.

Outcome Indicators to be Monitored Over Time

Indicator 1: Percent of students who participate in at least 60 minutes/day of physical activity, for 5 or more days per week.

Grade	Eau Claire County		Comparisons	
	Baseline	Target 2015	Wisconsin 2007 WYRBS ¹⁰⁶	
Kindergarten- 5th 6 th – 8 th	N/A N/A		N/A N/A	
9 th 10 th 11 th 12 th	N/A		44.1% 40.6% 37.1% 30.9%	Target=37%, <u>moderate activity for 30 minutes, on 5 or more days</u>

Indicator 2: Percent of students who participate in at least 20 minutes/day of vigorous* physical activity, for 5 or more days per week.

Grade	Eau Claire County		Comparisons	
	Baseline	Target 2015	Wisconsin 2007 WYRBS ¹⁰⁷	
Kindergarten- 5th 6 th – 8 th	N/A		N/A	
9 th 10 th 11 th 12 th	N/A		57.1% 54.2% 49.8% 37.8%	Target=37%, <u>moderate activity for 30 minutes, on 5 or more days</u>

*Vigorous activity – Activity that makes you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities.

WYRBS=Wisconsin Youth Risk Behavior Survey

Primary Resources

- Eau Claire Area Childhood Nutrition Coalition**
 A collaborative effort between the Eau Claire City-County Health Department, local hospitals and clinics, the UW Extension and School of Nursing, Head Start programs, local nonprofit organizations and interested community members. The collaboration identifies needs and develops strategies for providing professional and community education, which promotes healthy nutrition and physical activity. For information: 715-839-5122 or Claudia Cater, Eau Claire City-County Health Department, (715) 839-5051.
- Energize Eau Claire County**
 A partnership of schools, business, worksites, health care providers, faith groups, community organizations and government agencies, working to improve the community's well being by supporting healthy living for people of all ages. The organization focuses on promoting regular physical activity, good nutrition & healthier weights. For information: Francie Peardon, Eau Claire City-County Health Department, 839-5091.
- Great Rivers 2-1-1**
 Provides free, confidential community information, referrals and crisis line services, 24 hours a day. Dial 211, or visit www.greatrivers211.org.

- **Healthy Communities –Infant & Child Health Action Team**
Promotes the health and well-being of Eau Claire County infants and young children through prevention programs, support to families at risk, and early intervention activities for families. For Information: Kitty Rahl, Eau Claire City-County Health Department, 839-4718.

ACKNOWLEDGEMENTS

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ENDNOTES

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