

ACCESS TO CARE REPORT

CHIPPEWA COUNTY | SEPTEMBER 2025



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Introduction

Ensuring access to healthcare services for all community members is an important goal for any community, reflecting a commitment to the well-being of residents. This report highlights key findings on the accessibility and affordability of healthcare services in Chippewa County, with a focus on five core areas: primary and preventive care, acute and ambulatory care, mental health care, long-term care, and specialty care.

Community Context

Chippewa County, located in Northwest Wisconsin, spans over 1,000 square miles and is home to roughly 67,000 residents as of 2024⁵. The county has experienced steady population growth, with most residents living in the southwest corner. The City of Chippewa Falls, the county seat, is the largest urban area and a key hub for commerce and healthcare services, thanks to its location along U.S. Highway 53 and State Highway 29.

The county's economy is diverse, with healthcare, manufacturing, retail, agriculture, and seasonal tourism as key sectors. Major healthcare providers, such as Marshfield Clinic Health System, Mayo Clinic Health System, and OakLeaf Clinics, play a central role in the region's economy and health services. Prominent employers, such as Hewlett Packard Enterprise, also contribute to the county's economic stability⁵. However, 10% of the population lives below the poverty line, and 31% are classified as ALICE (Asset Limited, Income Constrained, Employed), facing challenges in meeting basic living costs, which impacts access to healthcare⁶.

Chippewa County offers abundant recreational opportunities, including the Chippewa County Forest and Lake Wissota State Park, contributing to the region's quality of life. Education is supported by institutions like Chippewa Valley Technical College and Lakeland University-Chippewa Valley Center. Despite these strengths, healthcare access remains a major issue, especially in rural areas where services are more spread out.

The closure of HSHS St. Joseph's Hospital and L.E. Phillips Treatment Center has worsened this challenge, leaving gaps in emergency care, substance misuse treatment, and other services, and increased travel times for emergency care, impacting timely medical interventions.

Addressing these issues requires coordinated efforts among healthcare providers, policymakers, and community stakeholders to restore access to vital services.

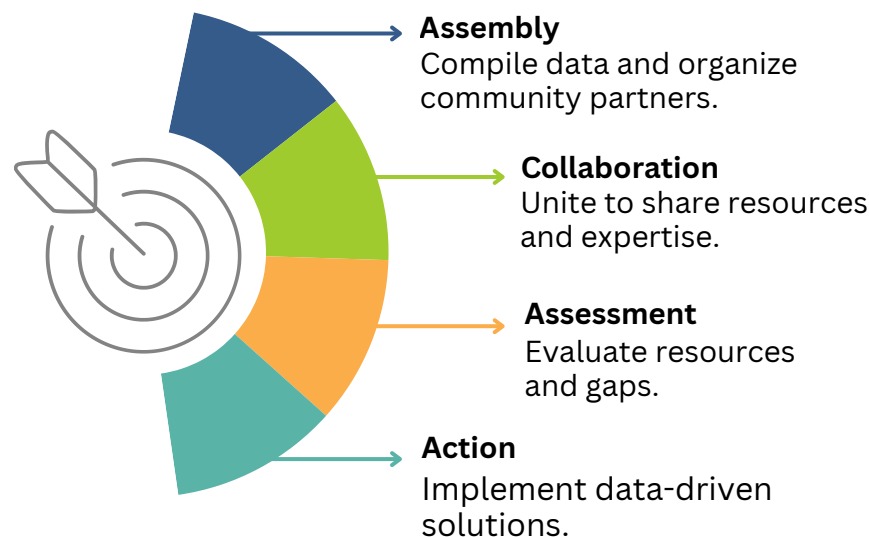
TOP FIVE ISSUES IMPACTING HEALTH ACCORDING TO THE 2024 COMMUNITY HEALTH ASSESSMENT¹

- + Alcohol misuse
- + Low-quality or lack of public transportation
- + **Health care is difficult to access**
- + Lack of access to childcare or unaffordable childcare
- + Poor mental health

Collaborative Process

Every three years, the Chippewa County Department of Public Health leads a collaborative to identify access to care issues, including un-served and underserved populations, gaps and barriers to health care service, and strategies to improve access in Chippewa County.

Leadership from the Chippewa County Department of Public Health invited members from across the county to represent non-profit organizations, health care providers, free and charitable clinics, and other members of public service on the Access to Care Collaborative. Members of the Collaborative met once monthly. By pooling resources, knowledge, and data, the Access to Care Collaborative was able to provide an analysis of the barriers to care in Chippewa County and provide recommendations.



The **goal of this collaborative** is to develop a report that includes:



An **assessment** of the geographic gaps in availability of providers and availability of health care services



Identification of causes of gaps in services and barriers to receive care



Results of data gathered concerning access



Emerging issues that may impact access to care



Documentation of strategies developed to reduce barriers to health care access



Collaborative Process

Acknowledgements

Thank you to the members of the Access to Care Collaborative for your dedicated partnership throughout this collaborative process. Your wisdom, expertise, lived experiences, and collective efforts have been invaluable in identifying barriers, exploring solutions, and advancing our shared mission to improve access to care for individuals and families in Chippewa County.

Members of the Access to Care Collaborative

- **STEPHANIE ABBE** | Nutrition/WIC Division Manager, Chippewa County Department of Public Health
- **MARYN BENGIS** | Children's Resource Center-West Program Coordinator, Chippewa County Department of Public Health
- **BROOK BERG** | Director of Community Engagement, Mayo Clinic Health System NW/WI
- **JOANNA BERNKLAU** | Planning & Promotion Specialist, Chippewa County Department of Public Health
- **SAVANNAH BERTRAND** | Children's Resource Center-West Program Specialist, Chippewa County Department of Public Health
- **TOM DIEHL** | Recovery and Wellness Consortium Manager, Chippewa County Department of Human Services
- **JOHN FERGUSON** | 911 GIS Coordinator, Chippewa County Emergency Management
- **BRITTNEY FORTUNA** | Health Officer/Director, Chippewa County Department of Public Health
- **NIKKI HOERNKE** | Planning & Strategy Division Manager, Chippewa County Department of Public Health
- **ALLIE ISAACSON** | Community Health Division Manager, Chippewa County Department of Public Health
- **DEENAH KING** | Community Health Specialist, Aspirus Health
- **BROOKE KRUMENAUER** | Medical Services Screener, Chippewa County Department of Public Health
- **SHANNON MASON-YOUNG** | Northwest Regional Literacy Consultant, Wisconsin Literacy
- **REBA RICE** | Chief Community Officer, NorthLakes Community Clinic
- **KYRA SECRAW** | Children, Youth, and Families Manager, Chippewa County Department of Human Services
- **BARB STEVENS** | President, Open Door Clinic
- **TINA THARP** | Community Wellness Supervisor, Mayo Clinic Health Systems
- **GRACE VANDERHEI** | Drug Free Communities Project Coordinator, Chippewa County Department of Public Health

Community Health Assessment

The 2024 Chippewa County Community Health Assessment (CHA) played a central role in framing the Access to Care report. The CHA was developed through extensive community engagement and data analysis to identify the top health concerns impacting residents. Among the 25 health-related issues evaluated, “Health care is difficult to access” emerged as the #3 overall priority, with several related concerns—such as cost of insurance, treatment affordability, and emergency service delays—also ranking in the top 15¹.

The CHA process included a combination of quantitative data (survey and secondary sources) and qualitative input (open-ended responses and community discussions)¹. Using thematic analysis, staff reviewed community feedback and identified two core barriers to care that shaped the structure and content of the Access to Care report:



Affordability

- The cost of care was cited frequently as a barrier¹.
 - 84% of respondents said insurance is very costly
 - 52% said cost prevents them from getting recommended care
 - Related issues ranked in CHA:
 - Health Insurance (#9)
 - Affordable Treatments (#13)



Accessibility

- Many respondents described challenges with provider availability and timely care¹.
 - 37% cited long wait times
 - 35% said mental health care is under-resourced
 - 40% reported delayed emergency response times
 - Related issues ranked in CHA:
 - Health Care Access (#3)
 - Emergency Services (#24)

To ensure consistency in measurement and communication, the Access to Care Collaborative adopted a working definition:

“Access to care refers to the affordability of health care services—including insurance coverage and out-of-pocket costs—and the accessibility of services, including wait and response times, distance to travel, and provider availability.”

This definition guided data collection, issue framing, and interpretation of findings in the report. The collaborative confirmed that the definition was culturally relevant, easy to understand, and reflective of local experience.

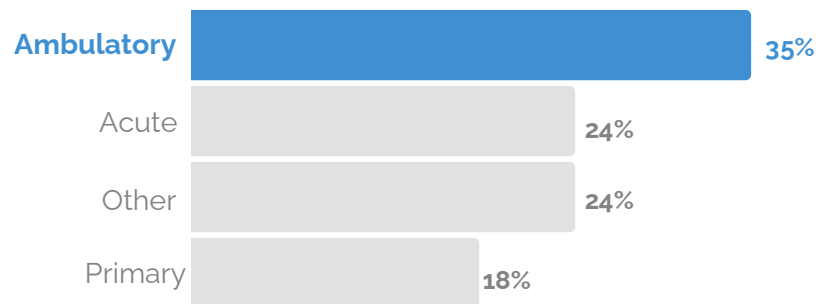
Chippewa County Voices Survey

Launched in May 2025 by the Chippewa County Department of Public Health, the *Chippewa County Voices Survey* was developed as part of the Access to Care Report to capture community perspectives through open-ended, narrative responses. The objective of the survey was to gain community insight and evaluate access to health care in the region. There were **55 total responses**⁷.

The majority of survey responses were by *someone accessing care for themselves*. Of the 55 total responses, **41** were **someone accessing care for themselves**, 14 were a parent/guardian sharing about their child(ren)'s care, and 7 were a caregiver for another adult⁷. The majority of survey responders **live in Chippewa Falls** (~57.4%). 11.2 % live in Bloomer and 7.4% live in New Auburn⁷. The remaining responders live outside of Chippewa County-- Bruce, WI and Eau Claire, WI⁷.

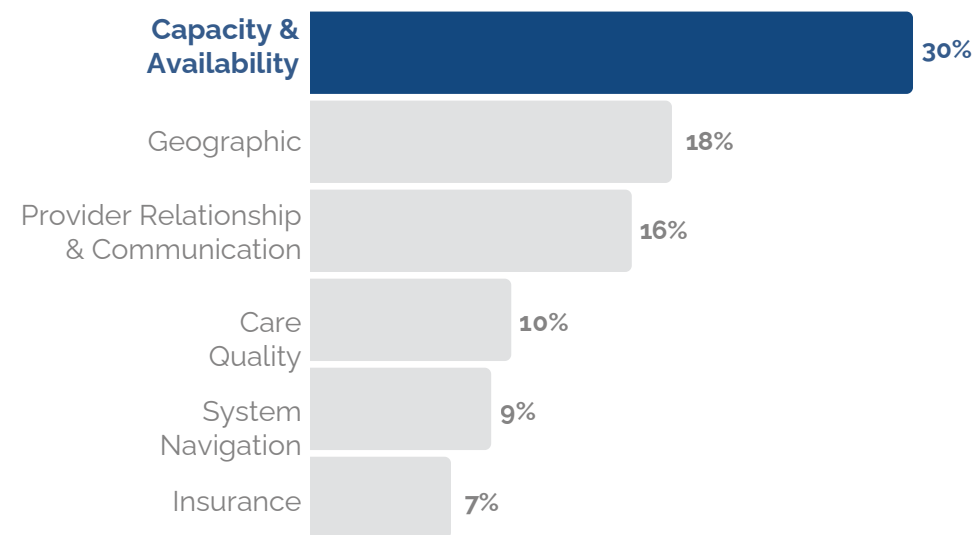
Ambulatory care, particularly urgent care, composed the largest share of affordability concerns⁷

The percentage of responses pertaining to *affordability* as a barrier to health care.



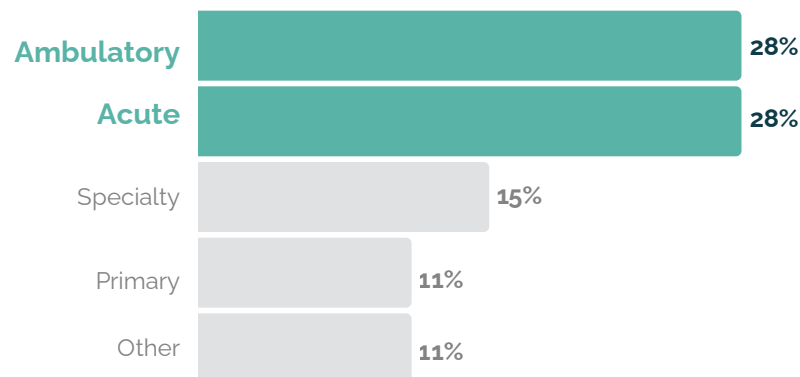
Capacity & Availability is the most frequently mentioned characteristic of care.⁷

Percentage of responses that corresponded to a particular characteristic of health care by *Chippewa County Voices* survey respondents.



Ambulatory and Acute Care composed the largest share of accessibility concerns⁷

The percentage of responses pertaining to *accessibility* as a barrier to health care.





Affordability

The Healthcare Affordability Crisis

Healthcare affordability represents a critical barrier to care in Chippewa County. With 31% of households living below the ALICE (Asset Limited, Income Constrained, Employed) threshold—meaning they earn above federal poverty level but still cannot afford basic necessities—thousands of residents face impossible choices between healthcare and other essential needs⁶.

31%

of households below
ALICE threshold⁶.

8,747

households struggling
financially⁶.

\$2,088

annual healthcare cost for
a single adult⁶.

\$7,404

annual healthcare cost for
a family of four⁶.

Key Insight: These healthcare cost estimates represent only bare-minimum basic care and do not include comprehensive coverage, prescription medications, dental care, or emergency situations. The true cost of adequate healthcare is significantly higher.

Communities with the Highest Need

The communities indicated on the right shows the percentages of households below the ALICE threshold in each major US Census Place, indicating significant financial barriers to healthcare access.

Additional data points;

- Unequal distribution/wealth of estimated median family income in Chippewa County between 2018-2022⁸
 - \$59,770 or less in Northeastern municipalities (New Auburn, Cornell, Ruby, Colburn, Stanley)
 - \$77,366 - \$124,574 for remaining areas (Central, SE, SW)
- Estimated percent of families in deep poverty is unequally distributed in Chippewa County⁹
 - 5.03% or greater in NW corner of the County
 - 2.33% - 5.02% for the majority of the County
 - 0.04 - 0.39% in NE corner of the County
 - 0.03% or less near the middle of the County

Community	Total Households	% ALICE & Poverty	Affected Households
Bloomer, City	1,500	48%	~718
Boyd, Village	237	43%	~102
Stanley, City	1,060	51%	~545
Cadott, Village	619	37%	~226
Chippewa Falls, City	6,414	41%	~2,647
New Auburn, Village	209	36%	~75
Cornell, City	556	44%	~242
Bloomer Town	441	44%	~194
Holcombe, Town	117	42%	~49
Lake Hallie, Village	3,121	22%	~695

Geographic Pattern: Both urban centers (Chippewa Falls, Bloomer, Stanley) and smaller rural communities show high rates of financial hardship, indicating that healthcare access challenges span the entire county.



Affordability: Household Impact

Spending on Healthcare

Affordability continues to shape how residents in Chippewa County interact with the healthcare system. The cost of insurance, out-of-pocket expenses, and the burden of medical debt create barriers to timely and equitable care, especially for rural populations and those with limited employer-based coverage.

Medical Debt and Financial Strain

- Medical debt in collections affects 4% of residents in Chippewa County, slightly below the state and national averages (5%)¹⁰.
- Despite this, the median medical debt in collections is highest in Chippewa County at \$1,670, compared to \$1,662 in Wisconsin and \$1,493 nationally¹⁰.
- This indicates that while fewer people may carry medical debt, those who do, face larger burdens—suggesting high out-of-pocket costs or gaps in insurance coverage.

Income Disparities by Family Type^{6,8}

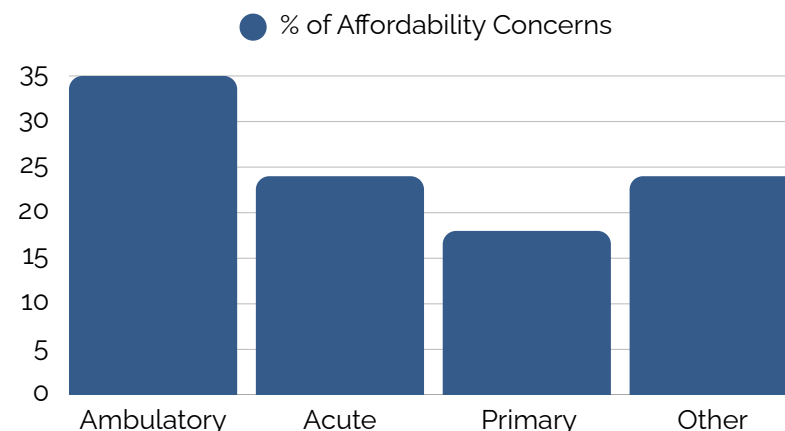
Median household income varies significantly based on family composition, affecting healthcare affordability:

Family Type	Median Household Income	Healthcare Cost Burden*
Married families	\$104,297	8.7% of income
All families	\$96,189	9.5% of income
County median (all households)	\$60,533	15.0% of income
Non-family households	\$46,162	19.7% of income

*Based on \$9,108 annual healthcare costs for family coverage; \$2,880 for single adult coverage

Findings From Chippewa County Voices Survey

- Ambulatory care emerged as the single most mentioned care-type in affordability concerns.
 - 35% of all affordability-related submissions referenced ambulatory care, more than any other type of care⁷.
- These concerns included⁷:
 - High cost of doctor visits and follow-up appointments
 - Challenges affording diagnostic testing, labs, and specialist services
 - Limited payment plan options, upfront charges for outpatient procedures, and gaps in insurance coverage.





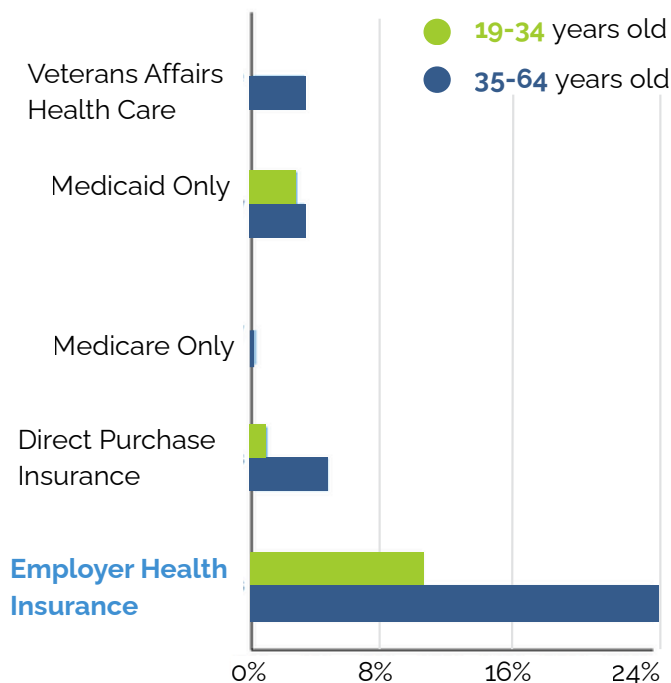
Affordability: Insurance Coverage

Health Insurance Coverage

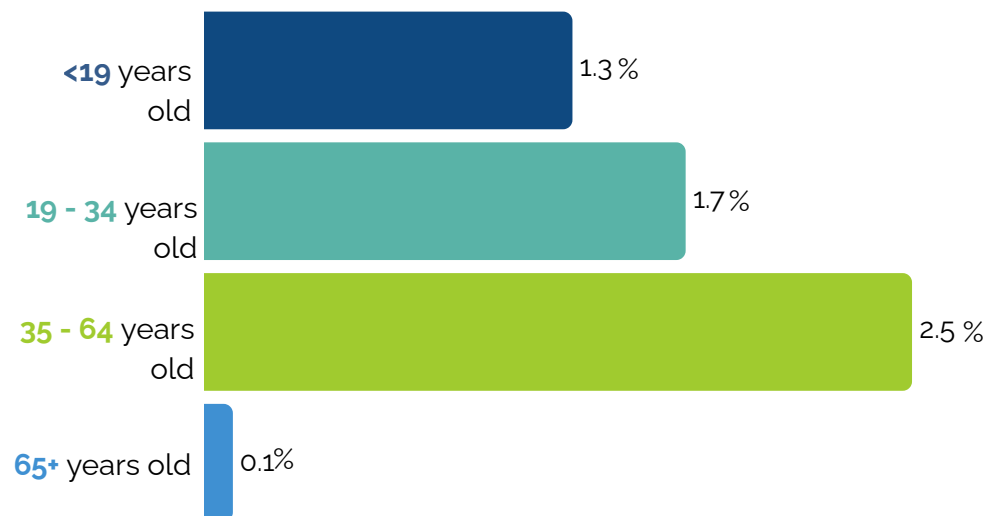
- Chippewa County has a relatively low uninsured rate at 3.5%, outperforming the statewide rate of 4.9%¹¹.
- However, insurance access is uneven. Rural municipalities such as Cadott, Boyd, Stanley, Cornell, New Auburn, and Holcombe report uninsured rates as high as 12.74%, in contrast to urban centers like Chippewa Falls, Bloomer, Lake Hallie, and Eagle Point, which report much lower rates¹².

Individuals ages **35-64 years old** with **Employer Health Insurance** spend the most on healthcare.¹¹

Highest spending healthcare percentages by age and coverage type.



Majority of people with no health insurance are between **35 and 64 years old**¹¹



Role of Employment in Coverage

- 62.4% of Chippewa County residents are employed, close to the state average of 63.4%⁵.
- The majority of workers (71.7%) are employees of private companies, with a significant number employed by nonprofits (9.6%) and government agencies (11.5%)⁵.
- Employer-based health insurance remains a key avenue for coverage, especially for private and government workers^{5,6}.
- Self-employed individuals, particularly those without incorporated businesses (5.0%), are more vulnerable to gaps in insurance coverage due to limited access to affordable plans⁵.



Accessibility: Primary & Preventative Care

Primary Care

Primary care encompasses a broad range of health services **focused on prevention, wellness, and treatment for common illnesses**, delivered by providers such as doctors, nurses, and physician assistants who often develop long-term relationships with patients and coordinate specialized care. Primary and preventative health care are critical to maintaining individual and community health. Preventative care, a key component of primary care, includes routine services like cancer screenings, immunizations, and wellness visits aimed at detecting and preventing health issues early. **Access to consistent primary care is associated with better health outcomes, including improved disease management and increased use of preventive services** like flu shots and blood pressure screenings. However, disparities in access remain, with many individuals facing obstacles that limit their ability to receive these essential services.

Primary Care Shortage Analysis for Chippewa County

Critical Shortage Indicators:

- Medical underservice score of 60.8 or greater¹³.
- Provider-to-Population Ratio: The ratio of 11 primary care providers to 66,970 residents translates to approximately 1 provider per 6,088 people¹⁴. This falls dramatically short of the recommended ratio of 1 primary care physician per 1,500-2,000 patients for adequate care access¹⁵.

Statewide Context:

- This shortage aligns with Wisconsin's broader primary care crisis. Wisconsin must add 100 new physicians per year to avoid a shortfall of 2,000 physicians by 2030, with most needed in primary care and underserved areas¹⁶.

Health Professional Shortage Area (HPSA) Designation:

- HPSAs identify communities experiencing a shortage of health care services, with higher HPSA scores generally reflecting higher levels of community need. Chippewa County's designation as a Primary Care HPSA qualifies it for federal benefits including National Health Service Corps placement sites and increased reimbursement rates¹³⁻¹⁵.

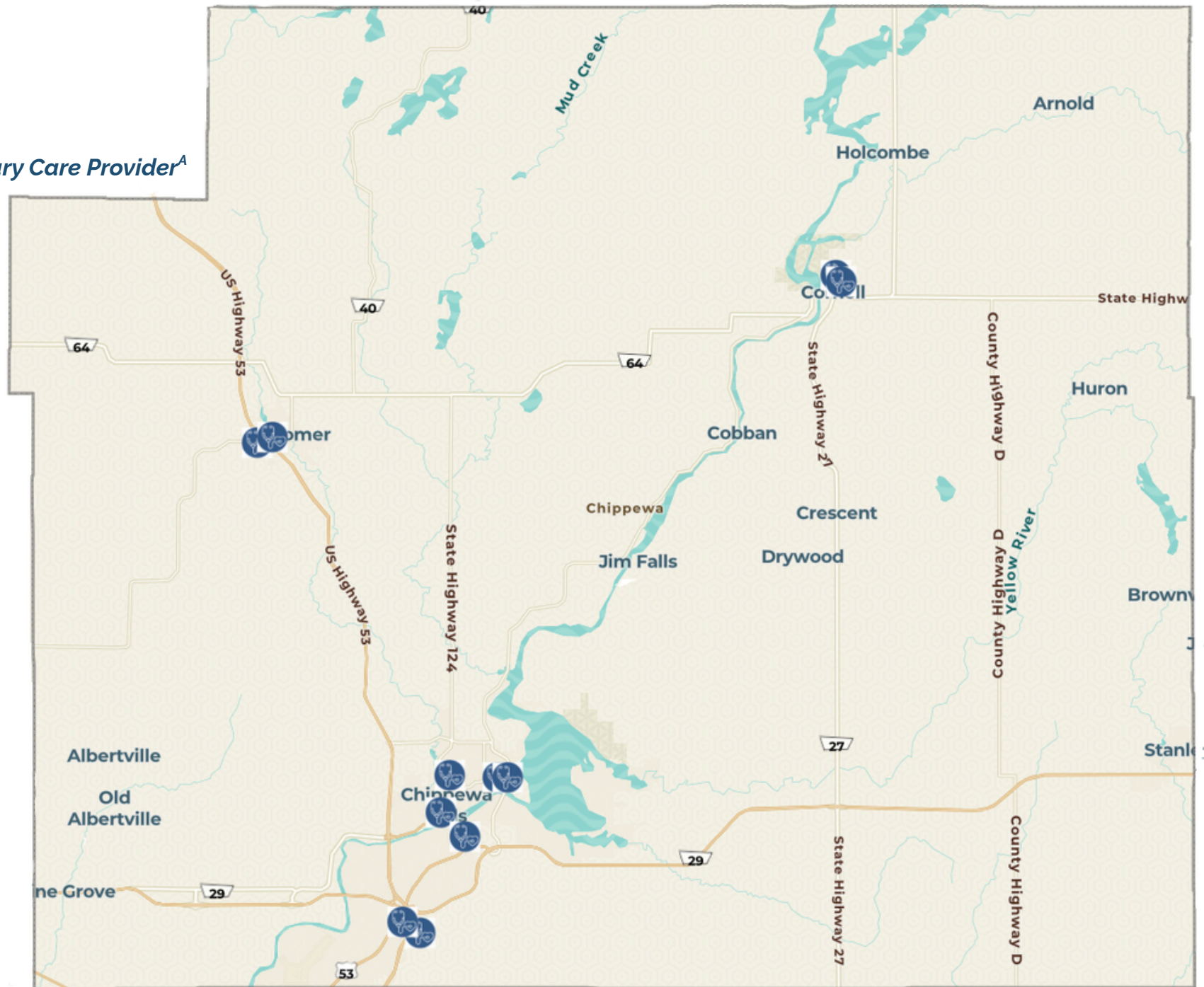
Impact on Healthcare Access:

- The severe shortage likely results in¹⁵:
 - Extended wait times for appointments
 - Patients traveling significant distances for care
 - Increased reliance on emergency departments for routine care
 - Limited preventive care services
 - Potential delays in chronic disease management



Accessibility: Primary & Preventative care

 Primary Care Provider^A





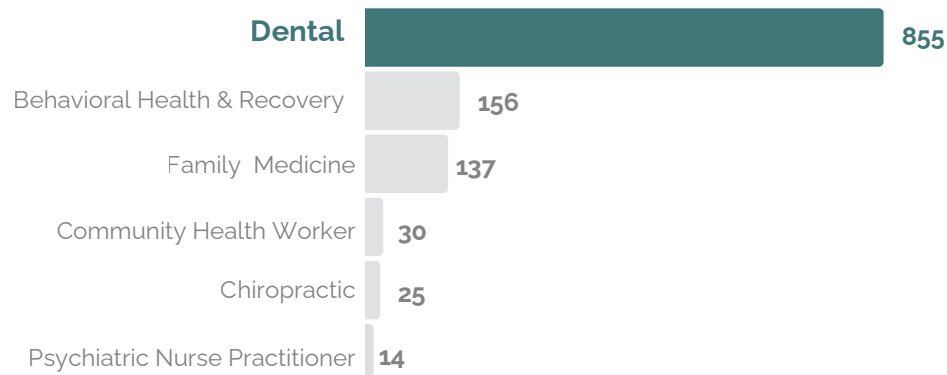
Accessibility: Community Health Center

NorthLakes Community Clinic

NorthLakes Community Clinic is a Federally Qualified Health Center that provides medical, dental, behavioral health, and recovery services to underserved populations across northern Wisconsin. While it does not have a location in Chippewa County, it expands access regionally through nearby clinics and school-based services. A total of 1,156 Chippewa County residents utilized services from NorthLakes Community Clinic¹⁷. Without a clinic location in Chippewa County, residents have traveled to other counties to receive care. Care is offered on a sliding fee scale, regardless of insurance status.

The majority of NorthLakes Community Clinic patients residing in Chippewa County, WI seek dental care¹⁷

Service lines used by Chippewa County residents at any NorthLakes Community Clinic location. Pediatric Speech Therapist, Pediatric Occupational Therapist, Pediatric Physical Therapist, Psychiatry, Massage Therapy, and Optometry services were utilized by 6 or less patients from Chippewa County¹⁷.



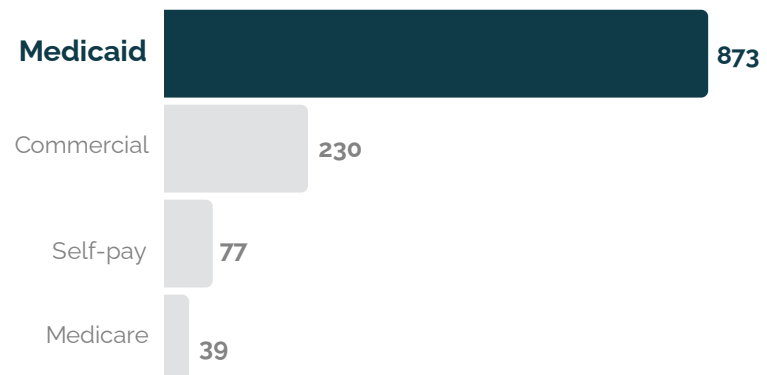
Number of patients from Chippewa County, WI who visited a NorthLakes Community Location.

Clinic Location	# of Patients
Eau Claire, WI	1,039
Turtle Lake, WI	32
Birchwood, WI	19
Hayward, WI	16
Cumberland, WI	14
Augusta, WI	11

Locations not listed in the table include Rice Lake (n=9) and Ashland (n=8). Oconto, Park Falls, Hurley, Iron River, and White Lake (n= >5)

The majority of NorthLakes Community Clinic patients who reside in Chippewa County, WI receive Medicaid¹⁷

Financial Class of all Chippewa County, WI patients pursuing care at NorthLakes Community Clinic (n=1,219)¹⁷





Accessibility: Free & Charitable Clinics

Open Door Clinic

The Open Door Clinic (ODC), Inc. is a non-profit organization that provides basic health care services and a connection to community resources to Chippewa Valley residents who are without a health care alternative. In advancing their mission, the ODC recognizes and embraces the unique diverse backgrounds, identities, and lived experiences of the volunteers and individuals they serve.

People Served¹⁸:

- Chippewa County residents 18-64 years that do not have insurance (and no Medicare or Badgercare).
- Incomes less than 200% of the federal poverty level (FPL). 200% of the FPL is \$30,120 per year for a single person and \$40,880 per year for a 2 person household.
- While many patients are making a transition to ACA insurance (Obamacare) and BadgerCare (Medicaid), we will have new patients who are losing BadgerCare, don't qualify for ACA, or opted not to enroll.

Services provided¹⁸:

- Basic primary medical care including acute illnesses & care for chronic disease.
- Some specialty care available including psychiatry, counseling, pulmonology, physical therapy, chiropractic care and diabetes education.
- Basic lab testing, pulmonary function tests, medications, & supplies such as diabetic test strips & glucometers.
- All medications ordered by our physicians are provided to the patient at no charge. We do not provide any birth control, narcotics or stimulants (Adderall, etc.).
- Referrals for dental care & eye care.
- Connection with other community resources like food pantries, housing, etc., when appropriate.

In 2023¹⁸:

Helped **71**
individual patients

30 being new patients

Over **300** total
services provided

Dispensed over **590**
prescriptions

Since Opening the Clinic¹⁸:

Helped over **3,700** different
patients

Had over **19,600** visits to
the clinic

Dispensed over **42,800**
medications

1,871 hours were donated
by volunteers



Accessibility: Acute Care

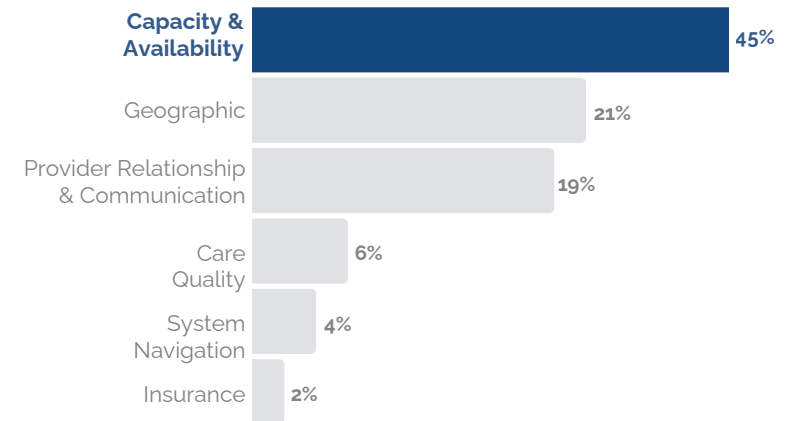
Acute Care

Acute care refers to **short-term medical treatment for severe illnesses or injuries that require immediate attention**, such as hospitalization, intensive care for critically ill patients, emergency interventions for life-threatening conditions, surgical procedures, and post-operative recovery support. The goal of acute care is to stabilize patients quickly, deliver necessary interventions, and promote swift recovery. It differs from chronic care, which focuses on long-term disease management. Acute care plays a critical role in saving lives, preventing complications, and acting as a bridge between primary, emergency, and specialized care. Timely acute care can mean the difference between full recovery and long-term disability or death. It is delivered in various settings—from hospital emergency departments and intensive care units to surgical centers and urgent care clinics—and must be accessible to individuals facing sudden illness, injury, or health emergencies. In Chippewa County, the availability of acute care depends on factors such as provider locations, workforce capacity, and wait times—all of which directly influence how quickly residents can receive life-saving treatment.

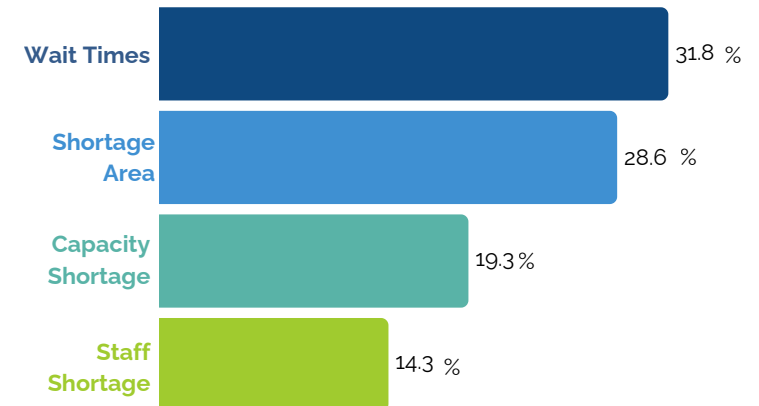
One important measure of acute care access is hospital bed availability. In 2021, Chippewa County had between 0.57 and 1.75 hospital beds per 1,000 people—a figure that included HSHS facilities, which have since closed. The current ratio is likely lower. For context, in 2019, the national average was 2.4 beds per 1,000 people, while Wisconsin's average was 2.0 beds per 1,000 people.^{19 20} This significant gap in local capacity raises concerns about the region's ability to respond quickly and effectively to acute medical needs.

Capacity & Availability is the most frequently mentioned affordability characteristic of acute care.⁷

Percentage of responses that corresponded to a particular characteristic of acute care, related to accessibility, by Chippewa County Voices survey respondents.



Among the accessibility concerns related to the capacity and availability of acute care, **long wait times** were the most frequently cited barrier.⁷





Accessibility: Acute Care



Acute Care Facility^A





Accessibility: Ambulatory Care

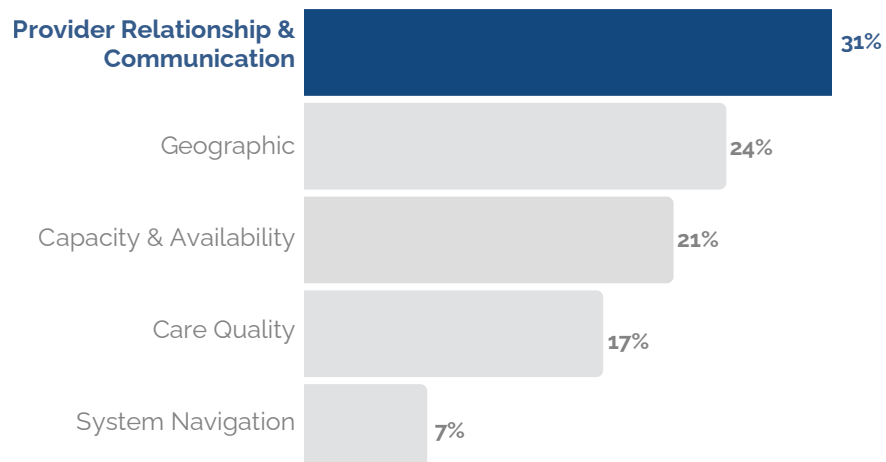
Ambulatory Care

Ambulatory care refers to medical services provided on an **outpatient basis**, where **patients receive diagnosis, treatment, or preventive care without being admitted to a hospital**. It includes routine check-ups, vaccinations, diagnostic testing, chronic disease management, minor procedures, and follow-up care. The goal of ambulatory care is to maintain health, manage conditions early, and reduce the need for hospitalization.

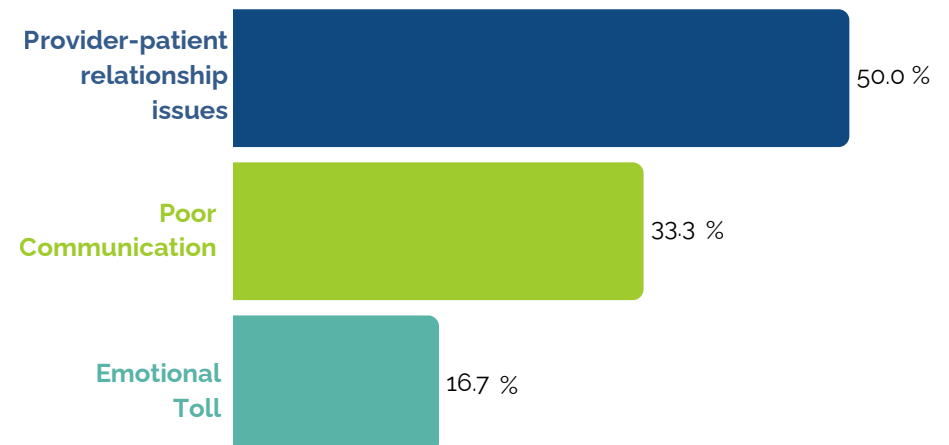
Services are delivered in a variety of settings including primary care clinics, specialty offices, urgent care centers, community health centers, and through telehealth. Unlike acute care, which addresses immediate, severe health issues, ambulatory care supports ongoing health and wellness through accessible, timely services. In Chippewa County, access to ambulatory care depends on provider locations, appointment availability, and insurance coverage—all of which impact residents' ability to get routine and preventive care close to home.

Provider Relationship & Communication is the most frequently mentioned accessibility characteristic of ambulatory care.⁷

Percentage of responses that corresponded to a particular characteristic of ambulatory care, related to accessibility, by *Chippewa County Voices* survey respondents.



Among the accessibility concerns related to the Provider Relationship & Communication of acute care, **patient-provider relationship issues** were the most frequently cited barrier.⁷

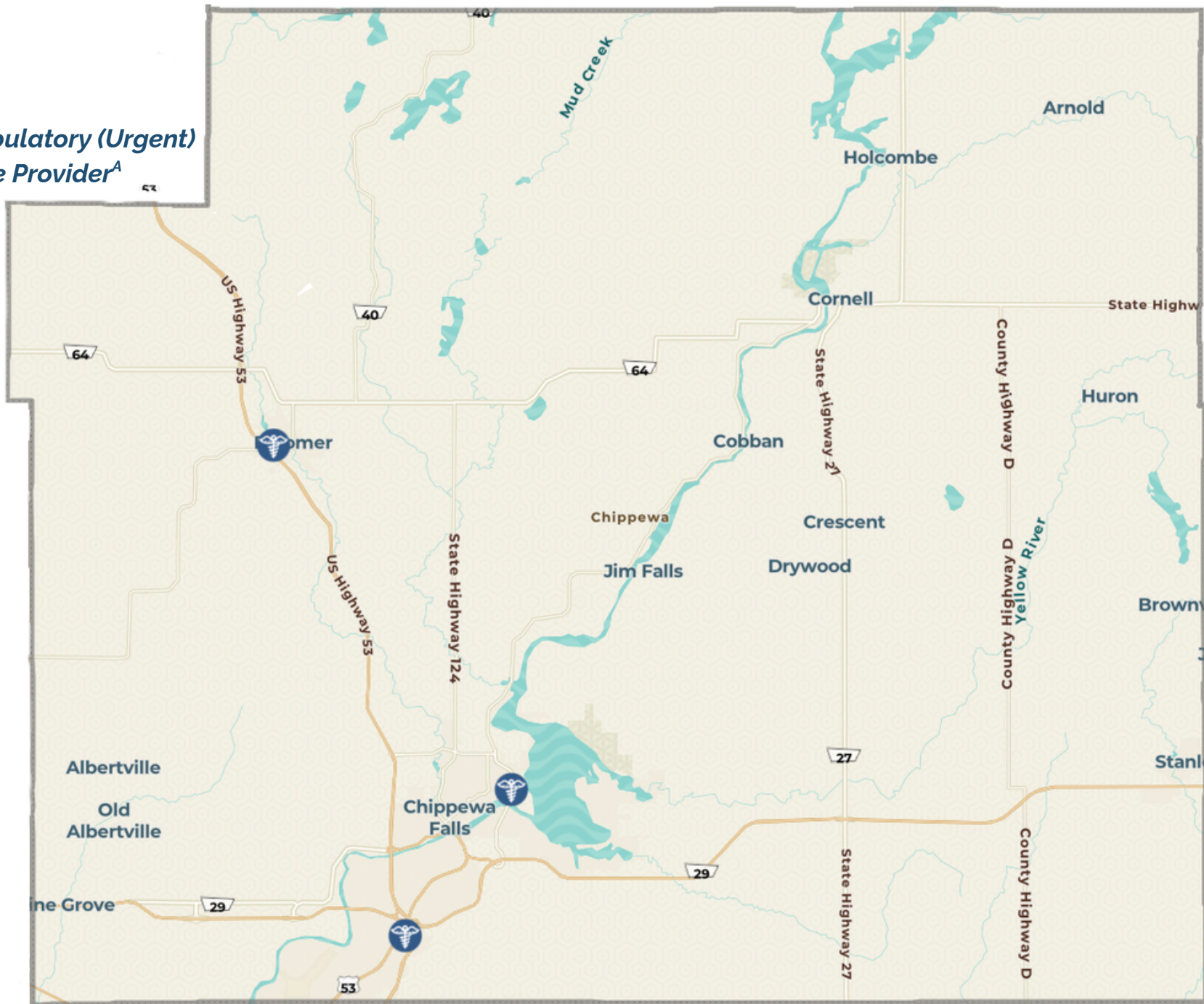




Accessibility: Ambulatory Care



**Ambulatory (Urgent)
Care Provider^A**





Accessibility: Mental Health Care

Mental Health Care

Mental health professionals offer different types of care based on their training. Psychiatrists and psychiatric nurse practitioners can prescribe medication, while psychologists, counselors, and social workers provide talk therapy. Peer specialists offer support through lived experience, and pastoral counselors provide faith-based guidance. Primary care providers and psychiatric pharmacists may also assist with mental health treatment. The right provider depends on your specific needs, such as therapy, medication, or recovery support.

Chippewa County faces a significant shortage of mental health professionals, with a Mental Health Professional Shortage Area score of 14–16, indicating substantial gaps between provider availability and population needs²¹. As of 2023, 79% to 100% of county residents are considered underserved²². The county has just one mental health provider for every 980 residents—far below the state average of 1 per 370 and the national average of 1 per 300²⁹.

REGIONAL INPATIENT CARE^A

Due to the absence of psychiatric inpatient facilities in Chippewa County, residents must travel significant distances:

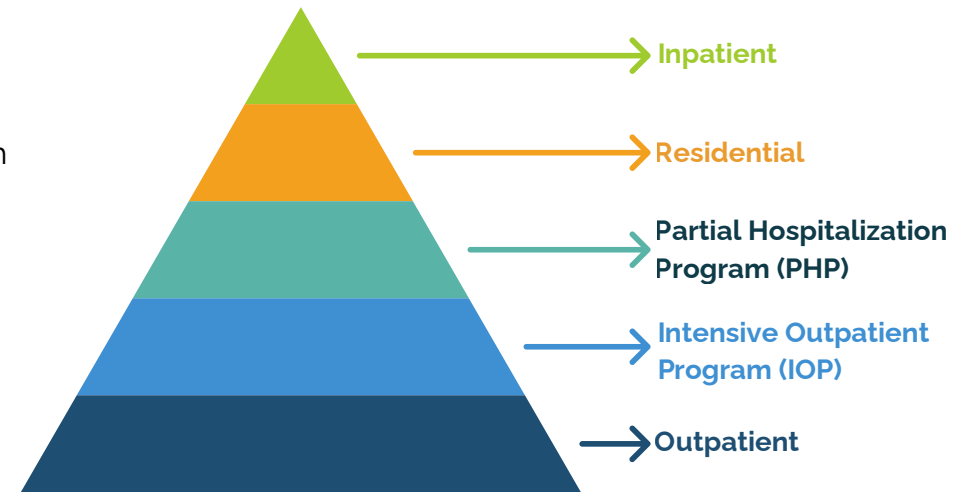
- Mayo, Eau Claire (22 psychiatric beds) - closest option
- Gundersen, La Crosse (34 beds) - regional alternative
- Winnebago Mental Health Institute, Oshkosh (184 beds) - state facility requiring extensive travel

REGIONAL RESIDENTIAL CARE^A

Like inpatient care facilities, there is a significant lack of residential care facilities in Chippewa County.

- Rogers Behavioral Health, Wausau or Greater Minneapolis area
- Lutheran Social Services of Wisconsin and Upper Michigan, Eau Claire, WI and Neillsville, WI.

Levels of Mental Healthcare



PARTIAL HOSPITALIZATION AND INTENSIVE OUTPATIENT PROGRAMS^A

Mayo Clinic Health System offers a [partial hospitalization program](#), Transitions, in Eau Claire, WI. The other closest in-state option is Rogers Behavioral Health in Wausau, WI. Both serve adults.

Two options for [intensive outpatient programs](#) exist in the state:

- Compass Health Center - Wisconsin
- Lutheran Social Services - Chippewa Area Recovery Resource

OUTPATIENT MENTAL HEALTH CARE^A

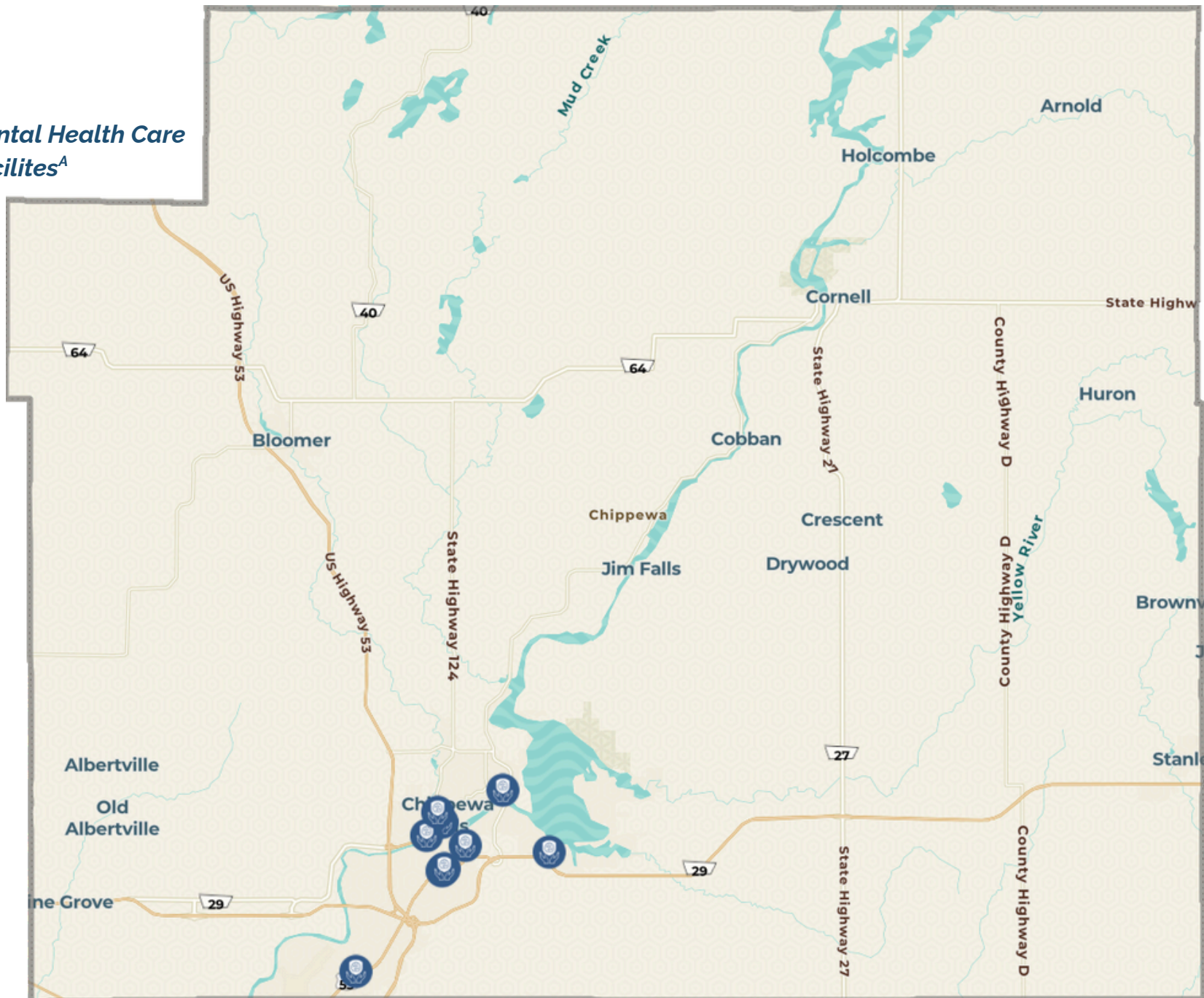
Outpatient mental health facilities, such as therapy and counseling services, medication management, and support services exist in Chippewa County, WI.



Accessibility: Mental Health Care



Mental Health Care
Facilities^A





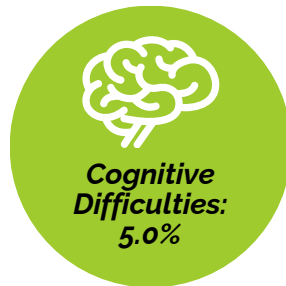
Accessibility: Long-Term Care

Long-Term Care

Long-term care supports individuals with chronic conditions, disabilities, or age-related needs by helping them manage daily living activities and maintain independence. Long-term care focuses on enhancing quality of life through personal care, non-medical assistance, and skilled medical services.

Disability

12.6% population is disabled in Chippewa County; 12.7% population disabled in WI. Types of disabilities in Chippewa County include⁵:



Aging

20.4% of the population is⁵

65+

12.1% of the population is⁵

65-74

6.3% of the population is⁵

75-84

2.0% of the population is⁵

85+

Barriers

Facility Availability

The demands of long-term care from an increasing aging population strain current availability.

Caregiver Fatigue

Family caregivers are experiencing significant stress and burnout from providing care to relatives.

Respite Care Access

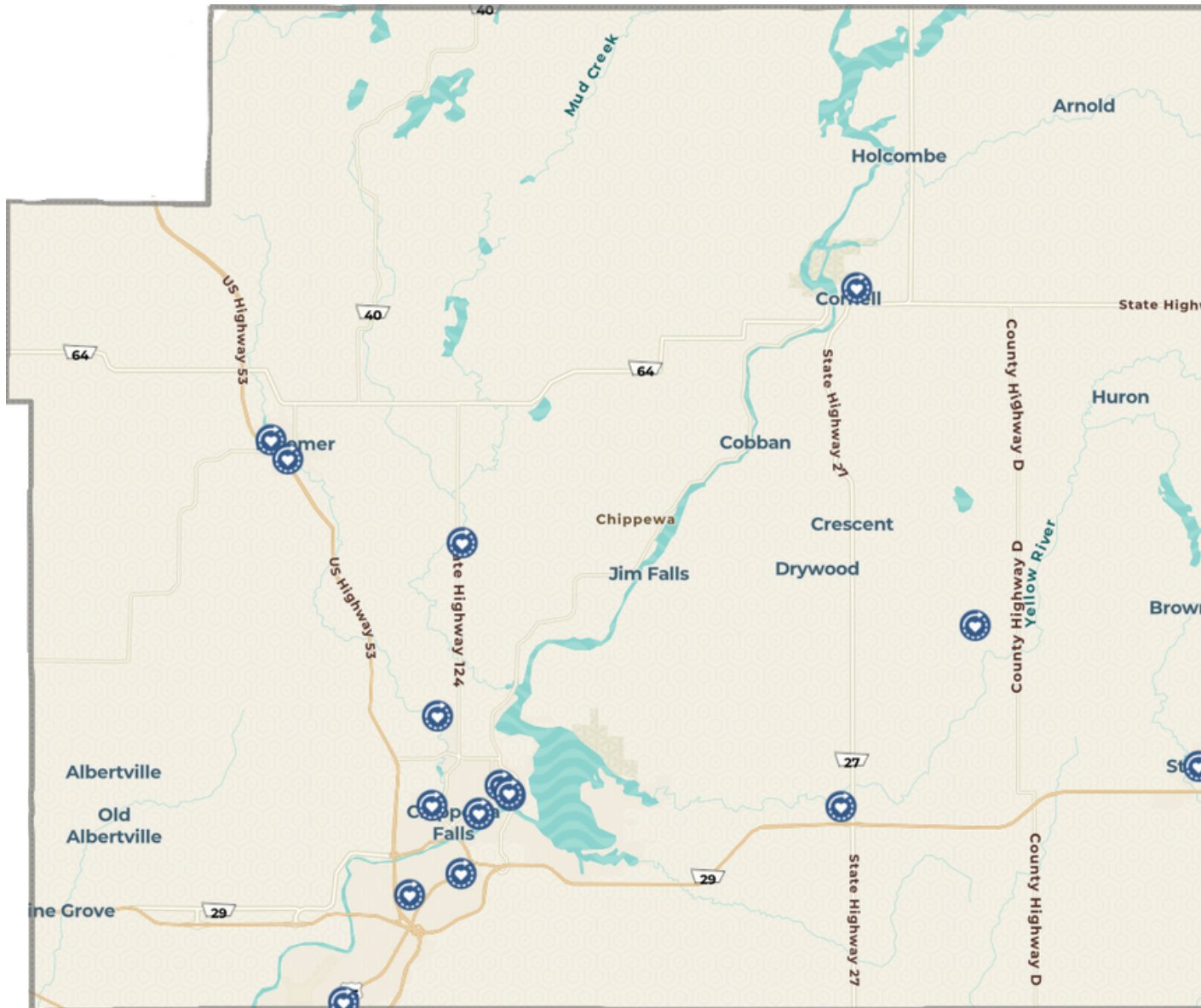
Respite care may not be accessible or worth the effort required to set it up.

Employment Support Needs

More employment support and flexibility are needed for parents using FMLA to care for children with special health needs.



Accessibility: Long-Term Care



Beds per facility in Chippewa County (05.12.2025)^A:

- Dove Healthcare- Bloomer, WI = 50 beds (For Profit)
- Meadowbrook- Bloomer, WI = 31 beds (For Profit)
- Chippewa Manner Nursing & Rehabilitation- Chippewa Falls, WI = 50 beds (For Profit)
- Dove Healthcare Vent Center- Chippewa Falls, WI = 31 beds (For Profit)
- Cornell Health Services- Cornell, WI = 50 beds (Limited Liability Company)
- WI Veterans Home- Chippewa Falls, WI = 72 beds (Government State)
 - Bed Total = 284 in the County





Accessibility: Specialty Care

Specialty Care

Specialty care refers to medical services **focused on specific areas of health, such as cardiology, oncology, orthopedics, or psychiatry**. These services are provided by specialists—doctors, nurses, or therapists with advanced training and expertise in managing particular conditions, whether chronic, acute, or preventive. Patients may be referred to specialists by primary care providers or seek care directly, depending on their needs. Specialty care is essential because it offers in-depth knowledge, advanced diagnostics, and tailored treatment plans for complex or ongoing health concerns. By addressing specific medical issues with precision, specialists can improve patient outcomes, enhance chronic disease management, and ensure more coordinated, efficient care alongside primary providers. In value-based care models, specialty care also plays a critical role in improving quality while controlling costs.

Wait Times



“

“Three times since the closing of Sacred Heart, St. Joseph's hospitals and Prevea clinics, I have been unable to receive the necessary heart rhythm procedures for at least 2 weeks or not at all.”⁷

-Chippewa County Voices Respondent

”

“

“Several months' wait to get into an appropriate caregiver for this..”⁷

-Chippewa County Voices Respondent

”



Distance to Travel



“

“[I] have to drive to MN or Madison/Milwaukee for care.”⁷

-Chippewa County Voices Respondent

”





Accessibility: Children and Youth with Special Health Care Needs

Pediatric Specialty Care Access

Children with Special Health Care Needs (CYSHCN) in Chippewa County lack local access to pediatric specialties including neurology, oncology, nephrology, cardiology, and genetic services. Families must travel to:

- Mayo Clinic – **Rochester, MN**
- Children's Minnesota – **Minneapolis, MN**
- University of Minnesota Masonic Children's Hospital – **Minneapolis, MN**
- Marshfield Clinic – **Marshfield, WI**
- Gundersen Health System – **La Crosse, WI**

This creates significant burden through appointment coordination across systems, long travel times, cross-state insurance issues (Wisconsin Medicaid limitations), and work/school disruptions. Rural families face additional transportation and financial challenges.

Autism Diagnostics and ABA Access

Approximately 1 in 31 children are diagnosed with autism. Chippewa County families face challenges accessing both diagnosis and treatment.

Diagnostic Access: Three autism clinics in Eau Claire serve young children, but access becomes limited after age 5. Older children require referral to Mayo Clinic, Marshfield Clinic, Children's Minnesota, University of Minnesota, Gundersen Health System, or Waisman Center (Madison) with 12+ month waitlists.

ABA Therapy: This evidence-based intervention requires 20-40 hours weekly and faces limited regional access:

- In-home ABA: Two providers serve elementary-aged children
- Center-based ABA: Five providers in Eau Claire (only two serve children over 5); one provider in Cameron, WI
- Additional barriers: Insurance limitations, provider capacity, travel distance, required parent participation

Outpatient Pediatric Therapy Access

Access to speech-language and occupational therapy declined significantly after Prevea's outpatient pediatric therapy services closed in 2023, creating gaps for children over age 3 who don't qualify for Birth to 3 services.

Current Access:

- Closest Medicaid-accepting pediatric therapy centers: Rice Lake and Hudson (1+ hour travel for rural families)
- Some Chippewa Valley providers don't accept Medicaid, creating cost barriers
- Service gap for children over 3 needing therapy outside school settings

Travel Burden: Weekly appointments require multiple hours of travel for rural families, compounded by work schedules, transportation limitations, and childcare needs. These barriers create inequitable access and may delay care for children with speech delays, sensory processing challenges, or motor difficulties.



Accessibility: Substance Use Treatment & Recovery Centers

Substance Use: Recovery & Support

Substance use treatment and recovery services offer a continuum of care designed to help individuals overcome substance use disorders through evidence-based, person-centered approaches. These services include a range of options—such as inpatient, residential, outpatient, and medication-assisted treatment—tailored to meet individual needs and often coordinated with mental health support and social services^{23,24}. Treatment aims to address both the physical and psychological aspects of addiction, promote abstinence or harm reduction, and support long-term recovery^{24,25}. Recovery itself is a sustained process of change supported by peer networks, recovery housing, and community-based services that foster connection, stability, and purpose^{24,26}. These supports have been shown to reduce relapse, improve quality of life, and enhance long-term outcomes²⁶. Effective substance use treatment and recovery care is grounded in timely access, culturally responsive practices, and ongoing support systems that extend beyond the clinical setting^{24,25}.

2.1.1

Great Rivers 211

"I was shocked to see the limited resources for counseling/therapy and substance treatment."
-211 Great Rivers

Substance use treatment programs include²⁷:

- Intervention & prevention efforts
- Withdrawal management centers
- Day treatment
- Inpatient and outpatient facilities
- Residential programs

In Chippewa County, WI

There is only 1 state licensed substance use treatment program in Chippewa County, WI. **Community Counseling Services** is located in Chippewa Falls, WI and offers a program for intoxicated drivers²⁸. There are no withdrawal management centers, methadone clinics, buprenorphine clinics, or suboxone clinics in Chippewa County.

Alcoholics Anonymous (AA)

3 cities in Chippewa County offer (AA) programming-- Bloomer, Chippewa Falls, and Stanley^A.

Narcotics Anonymous (NA)

Chippewa Falls is the only city in Chippewa County that offers NA programming^A.

Residential Programs

Sophie's Sober House in Bloomer is the only residential program in Chippewa County^A.

Outpatient Facilities

There are 3 substance use outpatient facilities in Chippewa County. All are in Chippewa Falls^A.

Coming Soon



Aspirus Hospital

Aspirus Health is building a new hospital in Chippewa Falls. The first phase of development will provide comprehensive healthcare services including primary care, emergency services, inpatient care with 10 beds and 10 treatment rooms, an on-site clinic with 12 treatment rooms, imaging services (X-ray, CT), laboratory services, pharmacy, and dietary offerings, along with helipad capabilities for emergency transport needs. Once fully approved, this new facility is projected to begin serving the community within 18 months, significantly enhancing local healthcare accessibility and emergency response capabilities.

Learn more: www.aspirus.org/chippewafalls

Chippewa Valley



Chippewa Valley Cooperative Hospital

The Chippewa Valley Health Cooperative has acquired the former St. Joseph's Hospital building from HSHS and will rename it Chippewa Valley Cooperative Hospital (CVCH), with operations beginning in Fall 2025 and expanding to full hospital capabilities by Summer 2026. The Chippewa Falls location will serve as an interim campus while CVCH's permanent facility in Lake Hallie is under construction, scheduled to open in early 2028. Initial services launching in Fall 2025 will include a 30-bed hospital with 5-bed ICU, 24/7 emergency department, medical-surgical services, laboratory and diagnostic services including comprehensive laboratory and radiology capabilities, while Summer 2026 will bring additional services including cancer and infusion care, advanced wound care, and specialty care services. **Learn More:**

chippewavalleyhealthcooperative.org/news/



Lutheran Social Services of Wisconsin and Upper Michigan (LSS)

The Chippewa Falls City Council has unanimously approved a special use permit for LSS to repurpose the former L.E. Phillips Libertas facility, with plans to offer services similar to other LSS facilities and formerly provided at Libertas, hoping to open in early 2026 pending financial approval. LSS is planning a 50-bed treatment center available to men needing recovery services, with women continuing to go to Eau Claire for treatment. The facility will offer daily evidence-based treatment methods and group activities designed to inform, educate, and motivate clients during their recovery and transition back to the community. **Learn more:** www.lsswis.org



Rogers Behavioral Health

The Wisconsin Joint Finance Committee approved a substantial investment for a Rogers Behavioral Health hospital to open in Chippewa Falls, WI. Rogers Behavioral Health provides crisis stabilization, residential treatment, and adult and youth outpatient services. **Learn more:** rogersbh.org

Key Findings

Overall Context

Healthcare access is a challenge in Chippewa County, intensified by the April 2024 closure of HSHS hospitals and treatment centers. Barriers include affordability, provider shortages, long travel distances, and extended wait times, all of which strain residents' health and wellbeing.

Key Barriers

- **Affordability**
 - 31% of households live below the ALICE threshold, unable to meet basic needs despite employment.
 - High out-of-pocket costs & medical debt (more burdensome than state/national averages).
 - Insurance access uneven, especially in rural communities.
- **Accessibility**
 - Primary Care: Only 1 provider per 6,088 residents (vs. 1:1,500–2,000 recommended).
 - Acute Care: Hospital bed capacity critically low after HSHS closures.
 - Ambulatory Care: High costs, poor provider-patient communication.
 - Mental Health: 1 provider per 980 residents; no local inpatient facilities.
 - Long-Term Care: Only 284 licensed beds; caregiver fatigue and limited respite support.
 - Specialty Care: Long-distance travel, long waitlists, high costs.
 - Children's Health Needs: Gaps in autism services, therapy, and pediatric specialties; families travel hours for care.
 - Substance Use Treatment: Only one licensed program; no withdrawal management or medication-assisted treatment.

Key Takeaways

- Insurance coverage is generally strong but uneven; rural residents more vulnerable.
- Employer-based insurance remains the primary pathway to coverage.
- Medical debt is less common but heavier when it occurs.
- Out-of-pocket costs remain a major strain across all income levels.

Community Voices

- Residents cite capacity/availability, affordability, and communication as top concerns (Voices Survey, 2025).
- Ambulatory care = most costly; acute care = long waits, staff shortages.

Emerging Solutions

- Aspirus Hospital (2026) – Adds ER, inpatient, and primary care capacity.
- Chippewa Valley Cooperative Hospital (2025–2026) – Restores 24/7 ER, specialty care, and cancer treatment.
- Lutheran Social Services Facility (2026) – 50-bed substance use treatment center.
- Rogers Behavioral Health – crisis stabilization, residential treatment, adult and youth outpatient services.

Next Steps + Recommendations

The Access to Care Collaborative reviewed the report findings and, through discussion, shared lived experiences, and professional expertise, identified **eight (8) key recommendations**. These recommendations are intended to guide actionable next steps and support meaningful improvements in healthcare access for residents of Chippewa County, WI.

Data Validation	Community members and health systems should work together to compare perceptions—such as challenges with scheduling timely appointments—with system-level data. This collaboration can help confirm where gaps truly exist, build mutual understanding, and identify underlying factors that shape residents' experiences with access to care.
Patient Feedback	Continuously collect patient experience feedback in a standardized way across all care settings. Design feedback methods so all patients can participate, regardless of language, literacy, or age. Be transparent about how feedback is used and ensure questions are clear and unbiased.
Dissemination of Report	The findings and recommendations from this Access to Care report should be shared with key stakeholders and community members who are directly involved in or impacted by access to care. Special attention should be given to organizations actively working on access-to-care initiatives to ensure that ongoing efforts align with the current needs of the community.
Local Considerations	Decision-making and planning should be guided by up-to-date information on community conditions and local needs. Local data should be collected and analyzed regularly to support evidence-based decisions and ensure strategies remain effective.
Awareness of Available Appointments	Providers offering same-day appointments and other services that improve access to care should actively and strategically promote these options. Information should be shared in clear, accessible formats and distributed widely to ensure all Chippewa County residents are aware of available services.
Telehealth Comfortability	Campaigns, programs, and educational initiatives should promote the use of telehealth, where appropriate, to reduce transportation and geographic barriers to care. Telehealth can also help alleviate facility capacity challenges by providing alternative access points for patients.
Health & Health System Literacy	Focused efforts should be made to improve health literacy and strengthen community members' ability to navigate the healthcare system. Education should include practical topics such as when to seek different types of care, how to advocate for oneself, and what questions to ask during appointments. These initiatives should target both individual patients and the broader community to build confidence and self-efficacy.
Intentional Collaboration & Communication	Regular collaboration and communication among all care providers serving Chippewa County should be strengthened. Establishing recurring meetings will create opportunities to share updates, discuss emerging trends, introduce new providers, highlight unique community needs, and foster collaboration to improve care coordination.

With any questions or comments on these recommendations, please contact the Chippewa County Department of Public Health:
Email: health@chippewacountywi.gov | **Phone:** 715-726-7900 | **Address:** 711 N. Bridge St., Room 121, Chippewa Falls, WI 54729

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CHIPPEWA COUNTY
Public Health

Chippewa County
Department of Public Health

715.726.7900

health@chippewacountywi.gov

711 N. Bridge St., Room 121

Chippewa Falls, WI 54729