

An aerial photograph of a city, likely Chattanooga, Tennessee, showing a river, a bridge, and various buildings. The image is used as a background for the report cover.

2024 Community Health Needs Assessment Executive Summary

Gundersen Lutheran Medical Center

Approved by the Board on September 28th 2024

bellinhealth + **GUNDERSEN**
HEALTH SYSTEM®

Together, we're becoming

emplify
HEALTH

Vision of Bellin and Gundersen:

Bellin and Gundersen aim to create healthy people and thriving communities, starting with their youngest patients. Bellin opened Wisconsin's first Family Integrated Neonatal Infant Care Unit (NICU) in 2022, offering a unique "couplet care" model. Bellin's 29 primary care clinics and 88 on-site employer clinics support this vision. Gundersen's 9,000 employees, including 1,000 clinicians, serve 22 counties with seven hospitals and 65 clinics, seeing over one million patient visits annually.

Commitment to the Community:

Bellin and Gundersen provide trusted care in their communities. Bellin partners with the Green Bay Packers and hosts the Bellin Run, a large 10K event. Gundersen offers inpatient mental health care in La Crosse and collaborates with local schools and officials for community development. They also host the annual Steppin' Out in Pink breast cancer walk.

New Brand - Emplify Health:

Bellin and Gundersen have united under the new brand Emplify Health, combining "empathy" and "amplify" to enhance access, empathy, and health outcomes. The transition to Emplify Health will take several years, honoring their legacy names and histories.

The full Emplify Health narrative can be found on [Page 22](#).



Our Purpose

Mission

Together, we inspire your best life by relentlessly caring, learning and innovating.



Our Aspiration

Vision

Leading with love, we courageously commit to a future of healthy people and thriving communities



Our Spirit

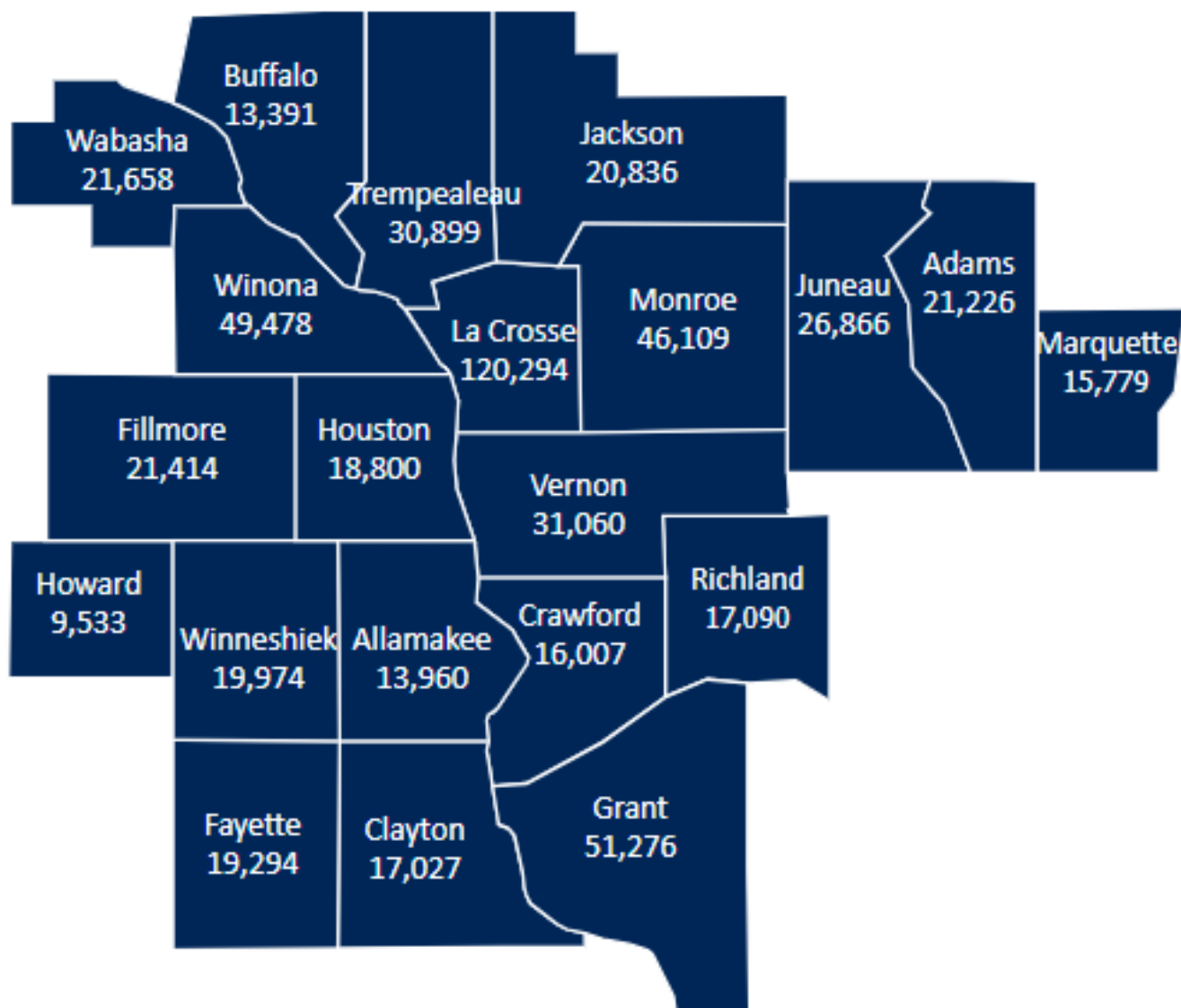
Values

Belonging, Respect, Excellence, Accountability, Teamwork, Humility

Gundersen Region Service Area

This Community Health Needs Assessment identifies the top health needs for the 21 counties in the Gundersen Lutheran Medical Center's service area. County demographic information can be found on [Page 13](#).

The Population of the Gundersen Region's 21 County Service Area is 615,362



Introduction

Background

In 2010, the Patient Protection and Affordable Care Act (PPACA or the ACA) was passed with final regulations (Internal Revenue Service code 501(r)), posted in December 2014, titled “Additional Requirements for Charitable Hospitals; Community Health Needs Assessment for Charitable Hospitals; Requirements of Section 4959 Excise Tax Return and Time for Filing of the Return”.

As part of this health care reform act, not-for-profit hospitals are required to complete a community health needs assessment.

Community health needs assessments seek to identify significant health needs for specific geographic areas and populations by focusing on the following questions:

- **Who** in the community is most vulnerable in terms of health status or access to care?
- **What** is the unique health status and/or access needs for these populations?
- **Where** do these people live in the community?
- **Why** are the problems present?

The question of **how** needs will be addressed is outlined in a separate Community Health Implementation Plan document.

Evidence of meeting these requirements is documented on a hospital’s tax Form 990, Schedule H. There is no standard format to guide hospitals in how to satisfy these requirements.

Approval & Dissemination

The 2024 Gundersen Lutheran Medical Center Community Health Needs Assessment with the 21-County Service Area Health Indicator report and 2025-2027 Implementation Plan were presented to the Board and approved on September 28th, 2024. Progress is underway to implement the plan.

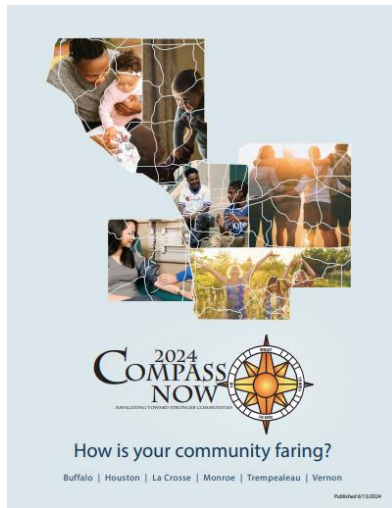
The Gundersen Community Health Needs Assessment and other related documents are posted at <https://www.gundersenhealth.org/community-assessment/>. Documents will be available to the public through the Gundersen health libraries.

Data Sources

The top health needs were identified using data and insights from the following reports:

COMPASS Now 2024

The COMPASS Now 2024 report includes 6 counties in the Gundersen Region's service area. These 6 counties represent approximately 72% of our hospital service patient population, and 43% of the overall population (266,496 of 615,362) of our 21-county service area.



Study methods for the report included 1) analysis of community indicators from various local, state, and federal sources; 2) community insights provided by respondents to a convenience survey and focus groups; 3) prioritization of the top 5 needs facilitated for the 6 County stakeholder groups.

The full COMPASS Now 2024 report can be found: <https://www.greatriversunitedway.org/our-work/community-needs-assessment/>.

Further details on the methodology and limitations can be found on [Page 18](#).

21-County Health Indicator Report

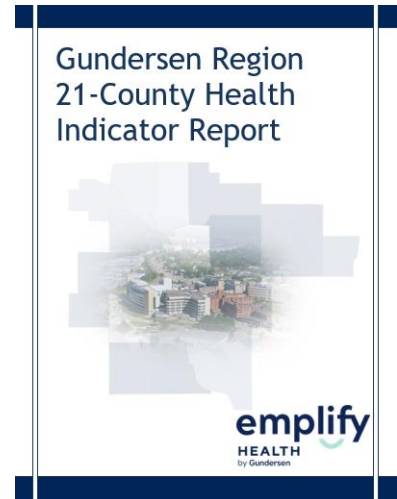
An analysis of secondary and community-level data for our entire 21-county services area was developed to assist in determining overall priority needs.

In the 21-County Health Indicator

Report, secondary data — including population demographics, mortality, morbidity, health behavior and clinical care — were used to identify and prioritize significant community health needs in each county. Population characteristics, socioeconomic, and health status data were also examined.

Community-level data were compared to the state, nation, and Healthy People 2030 benchmarks to help identify key health issues in each county. Note some data in the 21-County report may be more recent than that in the COMPASS Now report due to timing of the different data pulls.

Further details on the methodology and limitations can be found on [Page 18](#).



Top Identified Community Health Needs

The table below lists the community health needs identified as priorities in the COMPASS Now 2024 report and Gundersen Region 21-County Health Indicator Report. To see the top areas of need for each county as part of COMPASS, see [Page 17](#). The prioritized needs align with our Community Health Score strategic priorities.

 COMPASS Now 2024 Priorities	21-County Health Indicator Priorities	Population Health Priorities
<p>Mental Health including Healthcare Access</p>	<p>Poor Mental Health Status Mental Health Provider Access Suicide</p>	<p>Good Mental Health</p>
<p>Substance Use</p>	<p>Tobacco Excessive Alcohol Use Drug Overdose Death Opioid Deaths Illicit Substance Use and Abuse</p>	<p>Substance Free</p>
<p>Social & Economic Issues (esp. Healthy Food)</p>	<p>Food Security Uninsured Housing Security Financial Security – Poverty and Alice Rates Transportation Security Adverse Childhood Experiences and Toxic Stress</p>	<p>Access to Healthy Food</p>
	<p>Preventive Care Screening including Wellness Visits Dental Health Provider Access</p>	<p>Bright Beginnings</p>
	<p>Diabetes Obesity Physical Inactivity</p>	<p>Optimal Weight</p>



Mental Health including Healthcare Access

Mental health includes our emotional, psychological, and social wellbeing. It affects how we think, feel, and act (Centers for Disease Control and Prevention [CDC], 2024). Mental wellbeing is a component of overall wellness and is equally important as physical health. Healthy mental wellbeing helps one determine how to cope with stress, make healthy decisions, and foster positive social connections (CDC, 2024).

Access to affordable and quality mental health care is critical for individuals seeking treatment. Mental health services can include services from doctors, hospitals, social workers, counselors, psychologists, psychiatrists, and other providers. The services they provide can include prevention, screening, diagnosis, treatment, and follow-up care.

Furthermore, access to affordable and quality overall health care contributes to both length of life and quality of life (County Health Rankings and Roadmaps, 2024). Lack of affordable and quality access to care leads to increased risk for poorer health outcomes and premature mortality.

Why was this an identified need?

COMPASS Now 2024

Mental Health and Healthcare Access were top priorities from community stakeholder meetings.

Access to mental health care emerged as a key theme from focus groups and key stakeholder meetings.

31% of survey respondents rated their overall mental health as poor or fair.

Respondents rating their overall mental health as poor or fair has increased since 2018 (approx. 20% in 2018 to 31% in 2024).

83% of survey respondents reported they were very or moderately concerned about mental health in the community.

71% of survey respondents reported they were very or moderately concerned about mental health stigma in the community.

71% of survey respondents reported they were very or moderately concerned about suicide in the community.

21-County Health Indicator Report

Deaths by suicide are higher in rural, underserved counties such as Adams and Marquette Counties in WI and Allamakee County in IA.

Only 6 of the 21 counties had a suicide rate lower than or equal to the Healthy People 2030 goal of 14.2 per 100,000 population.

The overall average poor mental health days per month for the 21-county service area continue to increase.

Rural, underserved counties in the region have the poorest access to mental health providers. Though many counties are facing disparities in access to mental health providers, the 3 counties facing the greatest disparity are Buffalo County in WI and Allamakee and Clayton Counties in IA. Buffalo County in WI has the poorest access, 7 mental health providers per 100k population.

WI has the highest rate of uninsured persons under age 65 at 7.4% of the population, compared to IA (6.9%), and MN (6.2%). Vernon County in WI, has

41% of survey respondents reported poor or fair access to mental healthcare.

41% of survey respondents reported poor or fair ability to pay for mental healthcare.

Black, Indigenous, other people of color, and Low-income survey respondents were more likely to rate their overall mental health, access to mental health care, and ability to pay for mental health care as poor or fair.

39% of survey respondents reported one or more obstacles to getting care, such as cost, lack of health coverage, difficulty getting appointments, transportation, problems getting childcare, or language barrier.

Uninsured adults ranged between 5% and 12%.

Uninsured children ranged between 3% and 13%.

36% of survey respondents reported poor or fair ability to pay for healthcare.

According to the Youth Risk Behavior Survey 2020-21 school year, students across the COMPASS Now 6-County Region reported in the past 12 months:

- 42% to 50% experienced significant problems with anxiety.
- 28% to 33% reported prolonged and disruptive sadness.
- 20% to 23% reported intentional self-harm without intending to die.
- 15% to 18% reported seriously considering suicide.
- 10% and 15% reported making a plan for a suicide attempt.
- Between 51% and 60% reported they rarely or never get the help they need.
- Between 31% and 41% reported ever having lived with someone with a mental illness.

the highest rate of uninsured persons under age 65 (9.9%), followed by Monroe (9.5%) and Jackson (9.2%) counties in WI. Allamakee County in IA, and Fillmore County in MN also have higher rates of uninsured persons under age 65.

Substance Use

Substance use refers to the use of substances such as tobacco products, alcohol, illicit drugs, and other substances with risk of dependence, substance use disorder (SUD), and other detrimental effects (CDC, 2023). It can have a negative influence on health and may cause someone to experience psychological, physical, or legal problems related to intoxication, excessive use, or dependence (National Institute on Drug Abuse, 2023). People who misuse substances can suffer from a range of health and social problems including overdose, HIV, depression, anxiety, relationship problems, unemployment, homelessness, and criminal activity (National Institute on Drug Abuse, 2023).

Substance use becomes abuse when use begins to disrupt normal functioning in relationships or work. When dependence is developed, substance abuse graduates to a Substance Use Disorder (SUD) (U.S. Department of Health and Human Services [HHS], 2024). Implementing interventions that lead to the reduction of substance use, abuse, and SUD improves the health of our region directly, by improving the health of individuals, and indirectly, by building thriving communities that can avoid further trauma and adverse experiences of illicit drug use.

Why was this an identified need?

COMPASS Now 2024

Substance use was a top theme from community stakeholder meetings in three of the six COMPASS Now counties.

Adult smoking rates ranged between 17% and 20% in the 6-County Region which is higher than WI (16%) and MN (14%) state averages.

Over half (53%) of survey respondents reported they were very or moderately concerned about tobacco use in the community.

65% of survey respondents reported they were very or moderately concerned about e-cigarette/vaping use in the community.

21-County Health Indicator Report

Smoking rates are highest in Adams, Jackson, and Juneau counties in WI, Clayton and Fayette Counties in IA, and Fillmore County in MN. Smoking rates were lowest in La Crosse County in WI and Winneshiek County in IA.

Although smoking rates continue to decrease in the Gundersen Region 21-county service area, they remain above state averages and Healthy People 2023 objectives. The only county below their respective state average is Winneshiek County (15.1%) in IA (state average 15.5%). Clayton county in IA has the highest percentage of population who smoke (19.7%), La Crosse County has the lowest adult smoking rate at 14.7%. Although La Crosse County has the lowest smoking rate in the 21-county service area, it remains above the WI state average of 13.8% and Healthy People 2030 baseline (13.9%) and goal (5.0%).

The majority (78%) of survey respondents reported they were very or moderately concerned about alcohol use in the community.

69% of survey respondents reported they were very or moderately concerned about prescription drug misuse in the community.

The majority of survey respondents (85%) reported they were very or moderately concerned about illegal drug use in the community.

La Crosse County has a higher opioid death rate than WI overall, and La Crosse and Monroe counties have higher methamphetamine death rates than WI overall.

According to the Youth Risk Behavior Survey 2020-21 school year, students across the COMPASS Now 6-County Region reported:

- 4% to 8% used tobacco products in the past 30 days.
- 26% to 35% have ever tried e-cigarette/vaping products.
- 19% to 33% had at least one drink in the past 30 days.
- 7-14% of high school youth reported binge drinking in the past 30 days.
- 11% to 13% used marijuana in the past 30 days.
- 4% to 12% ever misused over the counter (OTC) and/or prescription drugs.

Generally, higher smoking rates are seen in the region's rural counties. These counties tend to have residents living with lower socio-economic status.

Alcohol and substance abuse are significant risk factors in the 21-county service area. Excessive alcohol use is common. Drug use, especially opioids, has become more common in the service area. Local efforts should seek better data on the extent of the problem and ways to address these issues relative to the resources available in the community.

Wisconsin counties have the highest rates of excessive drinking ranging from approximately 20.6-24.8% of the population, followed by Minnesota (18.8-20.6%) and Iowa (18.3-19.7%) counties. La Crosse County in WI has the highest rate (24.8%) while Fayette County in IA has the lowest (18.3%). All counties are below their state average.

Though county-level data is limited, opioid-related overdoses and all drug-related overdoses are persistently more prevalent in WI than in IA and MN. Adams County in WI has the highest rate of overdose of 30.8 per 100,000, exceeding the HP2030 objective of maintaining a baseline of 20.7. Some counties, such as Grant, Vernon, and Winona do meet this objective. The variance in overdose rates highlights how severe drug misuse tends to correlate to areas of the counties that also have widespread unmet social needs and highlight pockets of health disparity.

Social and Economic Issues: Access to Healthy Food

Social determinants of health are the conditions in which people are born, grow, live, work and age that impact quality of life, health, and wellbeing (Healthy People 2030, n.d.). Specific examples of social determinants of health include access to food, financial security, safe housing, and transportation (Healthy People 2030, n.d.). When someone has needs within their social, economic, or physical environment, they are at an increased risk of poor health outcomes, including chronic diseases (Healthy People 2030, n.d.). There is significant overlap in these needs. If a person has limited finances, they will likely lack safe housing, have poor access to healthy food, and lack reliable transportation. Furthermore, many of these issues are deep-rooted and generational.

Secure access to food plays a key role in health. Households are considered food insecure when individuals and families experience trouble acquiring food due to lack of money, time, disability, transportation, or other resources. Food security was increasing until the COVID-19 pandemic. Since 2020, food insecurity is on the rise, especially severe food insecurity, which is defined by going hungry (USDA, 2023). Food insecurity throughout the service area is lower than the national average, however great disparities exist across different populations (Great Rivers United Way, 2024).

Why was this an identified need?

COMPASS Now 2024

Access to healthy food was a top theme from community stakeholder meetings in three of the six COMPASS Now counties.

Black, Indigenous, other people of color, and low-income survey respondents were more likely to have higher levels of concern for their own household's ability to pay for basic needs.

Approximately half of focus group statements (51%) were related to social and economic factors.

21% of survey respondents rated their access to healthy food as poor or fair.

28% of survey respondents rated their ability to pay for healthy food as poor or fair.

18% of survey respondents were very or moderately concerned about their ability to meet their household's basic needs for food, housing, and clothing.

21-County Health Indicator Report

There is a range of food insecurity throughout the service area. In 2021, between 5.4% and 10.9% of people experienced lack of access to healthy food. Food insecurity ranges from county to county, city to city, and even between neighborhoods.

Areas of concern tend to be on the fringes of the service area in rural underserved communities such as Adams, Clayton, Juneau, and Jackson Counties where the majority (sometimes over 80%) of households are eligible for SNAP. These areas also have fewer charitable food sources.

Most counties are not meeting the HP 2030 goal to reduce food insecurity below 6%. Some counties, such as Grant, are extremely reliant upon SNAP benefits for food insecurity. In 2021, as many as 100% of residents earning less than 200% the FPL in 2021 (the SNAP cutoff line).

Food insecurity is in flux. While Houston County, MN had the lowest rate of 5.4% in 2021, the countywide rate of food insecurity nearly doubled in 2022 to 8.4%.

27% of survey respondents reported “the food we bought just didn’t last and we didn’t have money to get more” at least some of the time in the past 12 months. Of those, 61% reported having a household income less than \$35,000.

Food insecurity in Juneau and Adams County, WI are experiencing surging rates of food insecurity, up to 12.8% and 14.1% in 2022, respectively.

Food insecurity increased between 2021 and 2022. Adams, Clayton, Fayette, Grant, Houston, La Crosse, and Juneau, Counties all report 2-3% increases in food insecurity in the 2022 data. Residents in these counties also increased in income, yet still experienced much greater risk of not having enough food.

Monitoring Long Term Outcomes

An implementation plan developed in response to the community health needs assessment and identified top priorities outlines specific goals and tactics to be taken in the next three years, 2025-2027. Any additional priorities identified in the assessment are being addressed by other community partners and Gundersen Lutheran Hospital area will support their efforts to the best of our abilities. This improvement plan aligns with the Emplify Health Community Health Score. The Community Health Score was created to identify key metrics and monitor progress of our organization’s population health strategies which are the foundation of a primary Vision, *“Leading with love, we courageously commit to a future of healthy people and thriving communities”*. Common threads connect the community health needs assessment to the Community Health Score. Embedded within each metric are detailed goals, with many mirroring those of the improvement plan.

Community Health Score

Our Vision Statement: *“Leading with love, we courageously commit to a future of healthy people and thriving communities,”* is core to Emplify Health’s Community Health Score and reflects Thriving Communities. It is a population-level measure of health-related quality of life, that is self-reported by adults living in the communities within our service area, gathered and reported by the Center for Disease Control. This measure is reflective of our vision statement. We have defined a thriving community as *one where all people of all generations can achieve optimal physical, mental, and social well-being and can grow, belong, and flourish throughout their lives.*

The Thriving question is: *“Would you say that in general your health is: excellent, very good, good, fair or poor?”* Emplify Health established a 5-year goal to improve the overall percent of adults living in our communities, patients, and our employees that have “good or better” overall health.

Emplify Health will achieve this goal by working to achieve optimal physical, mental, and social well-being. Within these there are five identified bodies of work: better beginnings (healthy pregnancy & healthy children), substance free, optimal weight, good mental health, and access to healthy food.

Community Health Score:	Thriving - % of population with good or better health Current: 84.5%, 2025 Goal: 85.7%, 2028 Goal: 85.5%				
3 Drivers of Thriving:	Optimal Physical Well-Being			Optimal Mental Well-Being	Optimal Social Well-Being
Population Health Priorities:	Bright Beginnings	Substance Free	Healthy Weight	Good Mental Health	Food Secure
5 Overall Measures:	% at healthy birthweight	% smoke free	% at healthy weight	% with healthy mental health	% food secure
	Current: 93.3% 2025 Goal: 93.3% 2028 Goal: 93.5%	Current: 83.1% 2025 Goal: 84.3% 2028 Goal: 86.5%	Current: 61.8% 2025 Goal: 62.4% 2028 Goal: 61.0%	Current: 75.3% 2025 Goal: 75.0% 2028 Goal: 74.5%	Current: 92.5% 2025 Goal: 91.8% 2028 Goal: 92.4%

County Demographics

Table 1. The following table provides information for the entire 21-county service area. Additional county demographic data can be found in the 21-County Health Indicator Report. The 6 counties that were part of the 2024 COMPASS Now report are highlighted.

	% Female	% Age 65+	% Poverty	% Un-employed	% Under 65 uninsured	% Adults completed HS
Adams, WI	46.0	32.0	15.8	4.8	8.2	88.0
Buffalo, WI	49.1	23.9	9.6	3.8	7.2	92.0
Crawford, WI	47.6	25.4	11.4	3.8	6.2	92.0
Grant, WI	48.3	18.6	12.8	2.7	8.0	92.0
Jackson, WI	46.3	20.6	12.7	3.8	8.2	92.0
Juneau, WI	46.4	22.5	14.1	3.2	7.8	89.0
La Crosse, WI	50.8	18.1	11.5	2.5	5.2	96.0
Marquette, WI	48.3	26.6	11.8	3.5	7.4	92.0
Monroe, WI	49.0	18.4	13.6	2.7	9.0	91.0
Richland, WI	49.2	25.2	11.6	2.8	8.0	91.0
Trempealeau, WI	48.9	19.6	9.2	3.1	7.4	92.0
Vernon, WI	49.3	21.4	14.8	2.7	9.8	90.0
Fillmore, MN	49.3	22.2	8.1	2.6	7.8	92.0
Houston, MN	49.3	23.3	7.5	2.3	4.5	95.0
Wabasha, MN	49.8	23.8	7.5	2.6	5.0	95.0
Winona, MN	50.0	18.9	14.3	2.2	5.3	93.0
Allamakee, IA	48.6	23.6	11.6	3.8	7.6	92.0
Clayton, IA	49.1	25.0	11.5	3.8	7.4	91.0
Fayette, IA	49.2	23.0	13.0	3.1	6.0	93.0
Howard, IA	49.5	20.6	9.1	3.1	6.0	92.0
Winneshiek, IA	49.6	23.3	9.7	3.1	4.0	95.0

Data Source(s):

Gender, Age, Education, Unemployment (2022 data) -- County Health Rankings. (2024). UW Population Health Institute. www.countyhealthrankings.org

Poverty, Uninsured Rates -- U.S. Census Bureau (2024). 2018-2022 American Community Survey 5-Year Estimates

Table 2. The following table provides information for the entire 21-county service area. Additional county demographic data can be found in the 21-County Health Indicator Report. The 6 counties that were part of the 2024 COMPASS Now report are highlighted.

% of population by race

	% Non-Hispanic White	% Hispanic	% Asian	% Non-Hispanic Black	% American Indian & Alaska	% Native Hawaiian / Other Pacific Islander
Adams, WI	89.3	4.8	0.7	2.9	1.3	0.1
Buffalo, WI	94.8	2.9	0.5	0.6	0.5	0.0
Crawford, WI	94.0	1.9	0.6	1.9	0.4	0.0
Grant, WI	94.4	2.2	0.9	1.5	0.3	0.0
Jackson, WI	85.9	3.8	0.5	2.2	6.7	0.1
Juneau, WI	91.0	3.4	0.6	2.6	1.6	0.1
La Crosse, WI	88.6	2.4	4.9	1.6	0.5	0.0
Marquette, WI	92.5	4.1	0.8	0.7	1.0	0.0
Monroe, WI	89.6	5.3	1.0	1.5	1.5	0.1
Richland, WI	93.7	3.0	1.0	0.8	0.6	0.1
Trempealeau, WI	88.1	9.6	0.8	0.4	1.5	0.1
Vernon, WI	95.9	1.8	0.5	0.4	0.4	0.0
Fillmore, MN	95.5	2.0	0.7	0.7	0.3	0.0
Houston, MN	94.8	1.6	1.1	0.8	0.3	0.0
Wabasha, MN	94.0	3.4	0.7	0.7	0.4	0.1
Winona, MN	90.2	3.4	2.7	1.9	0.5	0.0
Allamakee, IA	89.0	7.8	0.6	1.6	0.7	0.3
Clayton, IA	95.3	2.4	0.3	0.8	0.3	0.1
Fayette, IA	92.5	3.2	1.2	1.4	0.4	0.1
Howard, IA	95.5	2.0	0.5	0.6	0.4	0.1
Winneshiek, IA	94.4	2.6	1.2	0.9	0.2	0.0

Data Source:

Race (2022 data) -- County Health Rankings. (2024). UW Population Health Institute. www.countyhealthrankings.org.

Table 3. The following table provides information for the entire 21-county service area. Additional county demographic data can be found in the 21-County Health Indicator Report. The 6 counties that were part of the 2024 COMPASS Now report are highlighted.

% Spoken Language at Home

	% English	% Spanish	% Other Indo-European	% Asian	% Other
Adams, WI	96.2	1.7	1.7	0.2	0.1
Buffalo, WI	97.0	1.9	1.0	0.0	0.0
Crawford, WI	96.7	0.5	2.7	0.3	0.1
Grant, WI	95.0	1.2	3.1	0.6	0.0
Jackson, WI	95.5	2.0	1.2	0.3	1.0
Juneau, WI	96.0	1.7	1.9	0.2	0.2
La Crosse, WI	94.5	1.7	0.9	2.7	0.2
Marquette, WI	97.0	1.3	1.5	0.2	0.0
Monroe, WI	91.7	3.5	4.1	0.6	0.3
Richland, WI	92.6	2.7	4.0	0.6	0.0
Trempealeau, WI	91.5	6.7	1.4	0.2	0.1
Vernon, WI	89.5	1.0	9.2	0.2	0.0
Fillmore, MN	94.2	1.2	4.1	0.3	0.2
Houston, MN	97.2	1.0	1.4	0.4	0.0
Wabasha, MN	96.9	2.2	0.4	0.3	0.2
Winona, MN	94.8	1.5	1.4	1.7	0.5
Allamakee, IA	88.5	6.4	3.4	0.2	1.6
Clayton, IA	93.2	2.7	3.3	0.4	0.4
Fayette, IA	97.2	1.6	0.7	0.4	0.0
Howard, IA	92.1	1.4	6.3	0.2	0.0
Winneshiek, IA	96.3	1.8	1.0	0.7	0.2

Data Source:

Languages - U.S. Census Bureau (2024). 2018-2022 American Community Survey 5-Year Estimates

Patients by Insurance Category

Table 4. The following table shows the percent of patients seen for any hospital-based encounter* between 2021 and 2023 by insurance payment type.

*Includes hospital inpatients, emergency patients, outpatients, and those seen for ancillary services.

	Charity Care	Commercial	Medicaid	Medicare	Other
6 Counties in 2021 COMPASS					
Now	<0.1%	47.47%	15.74%	23.07%	13.67%
Remaining 15 counties	<0.1%	38.0%	17.6%	31.5%	12.8%
Adams, WI	<0.1%	16.5%	19.9%	49.7%	13.8%
Buffalo, WI	0.0%	44.9%	13.0%	28.2%	13.9%
Crawford, WI	0.0%	33.8%	16.4%	36.4%	13.3%
Grant, WI	0.0%	28.4%	18.6%	35.7%	17.3%
Jackson, WI	<0.1%	39.1%	19.4%	26.5%	15.0%
Juneau, WI	0.0%	29.3%	19.5%	32.4%	18.7%
La Crosse, WI	<0.1%	50.1%	16.2%	21.2%	12.5%
Marquette, WI	0.0%	17.5%	26.8%	36.1%	19.6%
Monroe, WI	<0.1%	40.3%	17.8%	24.2%	17.6%
Richland, WI	0.0%	22.6%	19.6%	43.3%	14.6%
Trempealeau, WI	<0.1%	48.6%	15.3%	21.6%	14.3%
Vernon, WI	<0.1%	39.9%	13.5%	30.4%	16.2%
Fillmore, MN	0.0%	38.7%	15.2%	32.0%	14.2%
Houston, MN	0.0%	48.9%	13.5%	25.5%	12.1%
Wabasha, MN	0.0%	37.5%	12.0%	35.9%	14.6%
Winona, MN	<0.1%	44.9%	18.2%	24.9%	12.1%
Allamakee, IA	0.0%	37.9%	17.4%	33.8%	10.8%
Clayton, IA	0.0%	35.3%	17.2%	37.8%	9.7%
Fayette, IA	0.0%	37.2%	18.0%	37.9%	6.9%
Howard, IA	0.0%	33.4%	18.0%	38.5%	10.1%
Winneshiek, IA	0.0%	39.8%	12.5%	41.5%	6.2%
21-County Total	<0.1%	44.8%	16.3%	25.5%	13.4%
Outside Service Area Total	<0.1%	49.6%	13.3%	17.4%	21.2%
Grand Total	<0.1%	45.1%	16.1%	24.9%	13.9%

2024 COMPASS Now Top Areas of Needs

Table 5. As part of the 2024 COMPASS Now survey process, individual county meetings with community stakeholders were held to assist in prioritizing needs. The table below provides the top five priority needs identified during those meetings.

The first column shows pressing areas of need identified by the participants during the meeting event. The second column shows the priority rankings of need based on meeting results.

	Buffalo County	Houston County	La Crosse County	Monroe County	Trempealeau County	Vernon County	6-County Region Top 5 Needs
Areas of Need	Priority Ranking						
Mental Health	2	1	1	4	1	1	
Healthcare Access	5		3	2	3	3	
<i>Dental</i>		4			5		
Social & Economic Issues						2	
<i>Poverty</i>				5			
<i>Housing</i>			2				
<i>Childcare Access</i>	3						
<i>Nutrition: Food Access</i>			5	3	2*		
Nutrition & Physical Activity						4	
<i>Healthy Eating</i>		2			2*		
<i>Active Living</i>		3					
Substance Use			4	1	4		
Youth Dating/Sexual Violence	1						
Lyme Disease	4						
Environmental		5					
Aging & Disability						5	

* Trempealeau County Stakeholders identified nutrition/healthy eating along with food access as a priority. Shaded items were not ranked in the top five needs for this county. However, they may be included in a lower ranking. Please refer to the county level summary and report for additional details. Source: The 177 participants in community stakeholder meetings invited to share insights on priority needs in their county. Insights were collected by meeting facilitators using differing methods. Please refer to the county-level summary and report for additional details.

Source: Great Rivers United Way 2024 Compass Now Report

Methodology & Limitations

COMPASS Now 2024

The COMPASS Now assessment has been an ongoing community needs assessment in collaboration with the United Way and other community partners since 1995, with updates every three years. The purpose of COMPASS Now is to assess the needs in the community, identify community resources to address the most urgent needs, and encourage action to address identified needs. Community organizations use the findings to shape their own priorities and support grant requests. The study is guided by a COMPASS Now Steering Committee comprised of stakeholders from public health, health care including Gundersen Medical Center, and other community sectors.

The Steering Committee members provided guidance on the study scope and methods. Technical support from a contracted consultant, Community Health Solutions, was provided for 2024. Study methods included 1) analysis of community indicators from various local, state, and federal sources; 2) community insights provided by respondents to a convenience survey and key informant interviews; 3) prioritization of the top 5 needs facilitated for the 6 County stakeholder groups.

The COMPASS Now 2024 report can be found at this link: <https://www.gundersenhealth.org/community-assessment/>

Limitations

The COMPASS Now 2024 report is intended to inform community action strategies by stakeholders across the region. The data presented within the report comes from multiple sources, each with its own set of limitations that should be considered when interpreting the results.

1. **Scope of Community Indicators:** The report was not designed to include every possible indicator of community health and well-being, partly because some of the data sources tapped for the 2024 COMPASS Now report are no longer available, not updated or deemed valid.
2. **County Health Rankings:** The County Health Rankings are developed from multiple data sources with varying levels of reliability, and some of these data sources are several years old. Consequently, the indicators do not provide precise and definitive evidence on where one county stands compared to another. However, in most cases the indicators are reliable enough to illustrate general community strengths and areas of concern, and they can be helpful for informing efforts to improve community health and well-being. They are not designed or intended to monitor progress on initiatives.
3. **Convenience Survey (CS):** The purpose of the CS was to generate survey responses with a focus on reaching populations that may be typically underrepresented through a Random Household Survey (RHS). The CS was primarily conducted using mixed methods, and respondents could either complete their survey online or submit a paper copy of their survey response. Because the CS was not randomized across the region, it cannot meet the same standards of statistical significance as a RHS. Younger adults, women, minority populations and lower income households were more likely to complete the CS than an RHS.

4. Respondent Perceptions: The CS asked respondents to share their insights on the surveys in comments about a wide range of factors at the individual, household, and community level. Many of the survey questions rely on respondent perceptions of community concerns and community supports available. Perceptions are subjective and based on the unique experience of each individual respondent. A respondent's perception of a community issue reflects their reality but might not reflect the actual situation in the community.

21-County Health Indicator Report

The 21-County Report has limitations as well. This document is not meant to be an exhaustive list of metrics. In general, it follows the County Health Rankings model (see 21-County Health Indicator Report). While the quantitative analysis used the most recent data sources available as of May 1st 2024, some of these sources contain data that are several years old. The data presented in this report may not necessarily represent the current situation in each county but are the best data available the time of writing this assessment. Data sources and dates are provided. Where possible, comparisons to national data are given, but for some data sets, nationally available data is not comparable, due to differences in methodology or definitions. Many measures are also compared to a service area weighted average, based on population size of each county.

The COVID-19 pandemic has had a significant impact on the health and economic stability of the people in the 21-county service area. The impact has shown to have a disproportionate effect on some counties in the service area with the lowest socio-economic status.

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Our Emplify Health Story

For well over a century, [Bellin Health](#), headquartered in Green Bay, Wis.; and [Gundersen Health System](#), headquartered in La Crosse, Wis., have served their patients and communities with caring, expertise and a second-to-none focus on quality that make them their regions' premier health systems. In late 2022, they came together in a merger of equals, providing access to more resources and a broader network of services for the patients and communities they serve. In April 2024, Bellin and Gundersen Health System announced it is becoming [Emplify Health, a new name and brand to advance its commitment to patients and community.](#)

Both founded by community physicians, Bellin and Gundersen's respective roots run deep. Bellin was founded in 1907 by Dr. Julius Bellin and is a community-owned, not-for-profit health system that has grown from a 15-bed house to a regional healthcare leader with a footprint that extends throughout Northeast Wisconsin and into the Upper Peninsula of Michigan, serving a market of nearly 650,000 people. Its flagship campus in Green Bay, Wis. is home to Bellin Hospital, a 244-bed general medical and surgical hospital that routinely has received state and national awards for safety and quality of care. Just down the road, the 80-bed Bellin Psychiatric Center provides top-quality inpatient, outpatient, and addiction treatment services for individuals from across the region. And 30 minutes to the north, Bellin Health Oconto Hospital, a 10-bed critical care access facility, offers care close to home for patients outside the Green Bay metro area. Bellin is the area's leader in cardiac, orthopedics, sports medicine, digestive health, mental health, and primary care medicine.

Dr. Adolf Gundersen began his practice on Pearl Street in downtown La Crosse in 1891. Lutheran Hospital opened in 1902 and Dr. Gundersen was the first medical director. In 1930, Dr. Gundersen and his sons, who were also physicians, moved their clinic to a new clinic adjacent to the hospital. The Gundersen physicians had a lot of influence on Lutheran Hospital, putting their mark on the medical staff structure, the medical record keeping, and the importance of research to name a few. In 1995 Gundersen Clinic and Lutheran Hospital – La Crosse formed Gundersen Lutheran, Inc., and in 2013 they changed the name to Gundersen Health System. Along with being a regional and national leader for integrated care and population health, Gundersen is also the first U.S. health system to achieve energy independence (October 2014).

Bellin and Gundersen's Vision is that, leading with love, the health system courageously commits to a future of healthy people and thriving communities. This commitment starts with the health system's youngest patients and is underscored by efforts including the 2022 opening of Wisconsin's first Family Integrated Neonatal Infant Care Unit (NICU) at Bellin Hospital, one of just a handful in the nation that offers an innovative "couplet care" model that allows mom and baby to start together and stay together after birth. Bellin's 29 primary care physician clinics all further this vision, which also is bolstered by 88 Bellin Region on-site employer clinics that improve overall health and wellness while reducing healthcare costs for businesses. In the Gundersen Region, Bellin and Gundersen's Vision is exemplified by more than 9,000 employees, including nearly 1,000 clinicians, serving 22 counties in western Wisconsin, southeastern Minnesota, and northeast Iowa. Gundersen's seven hospitals and 65 clinics facilitate more than one million patient visits every year. Gundersen's region includes a large multi-specialty group medical practice, teaching hospital, regional community clinics and hospitals, behavioral health services, vision centers, pharmacies and air and ground ambulances. All Bellin and Gundersen locations seek to provide patients and their loved ones care in the communities they know from people they trust.

Bellin and Gundersen offers an unparalleled commitment to community. Bellin's longtime status as the official healthcare provider of the Green Bay Packers was enhanced with the 2017 opening of the Bellin Health Titledown

Sports Medicine & Orthopedics clinic in the Titledown District just west of Lambeau Field. The Packers-Bellin partnership also includes the handicap-accessible Bellin Health gate at Lambeau, the Titledown Wellness Race Series, and such initiatives as the Jordy Nelson men's health campaign, an annual training camp bike safety event and an array of charity events and initiatives held throughout the year. Bellin also hosts one of the nation's largest 10K events, the Bellin Run, which brings walkers and runners of all ages and fitness levels to the streets of Green Bay in the spirit of health, wellness, and community fun. The event, which draws more than 8,000 people a year, recently added a 5K offering and will celebrate its 49th anniversary in 2025.

Gundersen's community involvement runs deep and wide, too. It is the only provider of inpatient mental health care in the La Crosse area, meeting the top need identified in the COMPASS Now needs assessment with holistic inpatient and outpatient mental health care. Gundersen has found success pairing identified patient needs and concerns – especially substance use, financial stability, and safe, affordable housing – with community resources. Dedicated team members offer comfort and guide patients who seek support. Gundersen also has positive, productive relationships with local school districts for student mentoring programs; local and regional elected officials and municipal staff for economic development and revitalization efforts; and community organizations large and small that receive funding through Gundersen's Community Contributions program. Gundersen and the Gundersen Medical Foundation also host the annual Steppin' Out in Pink breast cancer research walk. This event draws about 4,000 participants and raises about \$300,000 every year for local breast cancer research.

From the beginning, Bellin and Gundersen knew they were stronger together — and their new name and brand, Emplify Health, only serves to underscore and advance that idea. As trusted, steady members of communities throughout Wisconsin, Northeast Iowa, Southeast Minnesota, and Northern Michigan, they are building on robust legacies with an eye toward the future.

Drawn from “empathy,” defined as “feeling aware of another's emotions” and “amplify,” which means “increase,” Emplify is a new word created to reflect a united goal of increasing access, creating a culture of empathy and enhancing population health outcomes for the patients and communities Bellin and Gundersen serves. By unifying under one brand, the health system is aligning its teams and resources to provide the best possible care and experience for its patients and communities. The full migration to Emplify Health is expected to take several years and is being thoughtfully carried out while honoring Bellin and Gundersen's legacy names and histories.