

Gundersen Lutheran Medical Center

2015 Community Health Needs Assessment

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, “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 and a Community Health Implementation Plan that addresses the identified needs. 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.

The Gundersen Community Health Needs Assessment utilizes the COMPASS NOW collaborative assessment that includes 5 counties in our service area representing 77.6% of our hospital service patient population. 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 to five years. To expand the COMPASS Now assessment and represented population, we have also completed a community health assessment for the 19-county service area as a whole, utilizing tools generated by the Centers for Disease Control and Prevention Community Health Status Indicators- 2015 CHSI 2015 and Community Commons. The five counties represented in COMPASS reflect 42% the overall population of our 19 county service region.

The primary health needs that are indicated in COMPASS are:

- chronic disease and contributing factors,
- mental health and/or substance abuse, and
- oral health.

Reviewing the broader 19-county region needs revealed no significant differences for the top two concerns mental health and/or substance abuse (adult binge drinking, older and depression) and chronic disease and contributing factors (obesity, physical inactivity, smoking, diabetes, stroke, overall health status). The need that was identified in COMPASS not noted in our broader service region assessment is oral health and alternatively female pap tests are indicated as a need for the broader 19- county service region but not in COMPASS. Social factors and the physical environment are especially important because they represent the conditions in which people are born, work, and play. Neighborhoods with affordable healthy food, safe and accessible housing, and quality employment opportunities can positively influence behaviors and help to create healthy lifestyles. The World Health Organization and others call the living conditions that can affect health and quality of life the “social determinants of health”.

Resources available to address these identified needs vary from community to community, and county to county. As a component of our implementation plan, a goal will be to identify resources across our service area. This work will involve our network of regional partners. Gundersen Lutheran Medical Center’s 2016-2018 Implementation Plan will consider the identified needs from COMPASS and the additional issue revealed from the greater 19-county assessment.

A link to the complete COMPASS Now 2015 assessment and other related documents can be found at <http://www.gundersenhealth.org/wellness/community-support>

| | Buffalo | Crawford | Grant | Jackson | Juneau | La Crosse** | Monroe** | Richland | Trempealeau* | Vernon** | Fillmore | Houston | Wabasha | Winona | Allamakee | Clayton | Fayette | Howard | Winneshick |
|-----------------------|---------|----------|--------|---------|--------|-------------|----------|----------|--------------|----------|----------|---------|---------|--------|-----------|---------|---------|--------|------------|
| Population | 13,587 | 16,644 | 51,208 | 20,449 | 26,664 | 114,638 | 44,673 | 18,021 | 28,816 | 29,773 | 20,866 | 19,027 | 21,676 | 51,461 | 14,330 | 18,129 | 20,880 | 9,566 | 21,056 |
| %Poverty | 12% | 12.6% | 16.6% | 16.9% | 13.6% | 14.0% | 14.4% | 12.8% | 11.9% | 14.5% | 12.1% | 10.9% | 8.3% | 15.0% | 12.6% | 12.5% | 11.5% | 11.6% | 8.4% |
| Unemployed | 5.4% | 7.4% | 4.8% | 6.1% | 10.0% | 5.9% | 6.3% | 6.0% | 5.6% | 5.5% | 6.1% | 5.8% | 5.8% | 8.2% | 6.3% | 5.7% | 5.5% | 4.9% | 3.7% |
| Under 65 uninsured | 11.0% | 11.0% | 12.0% | 14.0% | 13.0% | 9.0% | 13.0% | 12.0% | 11.0% | 14.0% | 11.0% | 9.0% | 9.0% | 10.0% | 14.0% | 11.0% | 11.0% | 12.0% | 10.0% |
| Adult with HS or less | 53.6% | 53.7% | 50.4% | 56.1% | 56.5% | 35.4% | 51.5% | 52.9% | 52.9% | 50.3% | 47.9% | 43.6% | 47.0% | 41.3% | 54.7% | 54.3% | 50.8% | 59.3% | 44.0% |
| English | 97.1% | 97.1% | 95.6% | 93.0% | 95.8% | 93.7% | 91.1% | 95.0% | 92.6% | 88.6% | 94.4% | 97.8% | 97.0% | 93.8% | 92.0% | 96.6% | 97.4% | 94.0% | 96.4% |
| Spanish/Creole | 1.6% | 1.1% | .9% | 1.4% | 1.6% | 1.4% | 3.3% | 2.2% | 4.6% | 1.6% | 1.2% | .8% | 1.9% | 2.4% | 4.9% | 2.0% | 1.2% | 1.3% | 1.8% |
| Other Indo-European | 1.2% | 1.5% | 3.0% | 3.5% | 2.1% | 1.2% | 4.9% | 2.6% | 2.5% | 9.4% | 4.1% | 1.2% | .9% | 2.0% | 2.5% | 1.2% | 1.1% | 4.6% | 1.2% |
| Asian | 0% | .1% | .4% | .5% | .2% | 3.4% | .3% | .1% | .2% | .4% | .2% | 0% | .2% | 1.7% | .3% | .1% | .2% | 0% | .4% |
| Other | 0% | .2% | .1% | 1.7% | .3% | .3% | .3% | 0% | 0% | 0% | .1% | 0% | 0% | .1% | .3% | .1% | 0% | .1% | .1% |

**COMPASS NOW counties

Source: <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Population – 2010 Demographic Profile, US Census

Unemployment Status, Education, and Language Spoken-2009-2013 American Community Survey 5-Year Estimates

Uninsured rates – source: <http://www.countyhealthrankings.org/our-approach/health-factors/access-care>

2015 County Health Rankings

Percentage of Unique Patients in the 5 County Area by Insurance Category*

| Insurance Category | Charity Care | Commercial | Medicaid | Medicare | Other | Grand Total |
|--|----------------|---------------|---------------|---------------|---------------|---------------|
| 5 County Total | 22 | 25,479 | 7,671 | 15,327 | 2,981 | 51,480 |
| 19 County Primary Svc Area | 22 | 32,056 | 9,527 | 21,127 | 3,649 | 66,381 |
| Percentage of Total Unique Patients in the PSA that are in the 5 Counties | 100.00% | 79.48% | 80.52% | 72.55% | 81.69% | 77.55% |

*Count of all unique patients by county that were seen for any hospital based encounter (1/1/2014-12/31/2014). Includes hospital inpatients, emergency patients, outpatients, and those seen for ancillary services.

Unique Patient Count by County and Insurance Category*

| Insurance Category | Patient's State | Patient's County | 2014 | | | | | | | | | | |
|--------------------|-----------------|------------------|--------------|---------------|--------------|--------------|--------------|---------------|--------------|--------------|-------------|---------------|---------------|
| | | | Charity Care | %Charity Care | Commercial | % Commercial | Medicaid | %Medicaid | Medicare | %Medicare | Other | %Other | Grand Total |
| WI | La Crosse | 10 | 45.5% | 15,935 | 62.5% | 4,988 | 65.0% | 8,918 | 58.2% | 1,915 | 64.2% | 31,766 | 61.7% |
| WI | Monroe | 6 | 27.3% | 2,394 | 9.4% | 850 | 11.1% | 1,960 | 12.8% | 315 | 10.6% | 5,525 | 10.7% |
| WI | Trempealeau | 5 | 22.7% | 2,085 | 8.1% | 535 | 7.0% | 1,161 | 7.6% | 225 | 7.5% | 4,011 | 7.8% |
| WI | Vernon | 0 | 0.0% | 2,403 | 9.4% | 707 | 9.2% | 1,868 | 12.2% | 274 | 9.2% | 5,252 | 10.3% |
| MN | Houston | 1 | 4.6% | 2,662 | 10.4% | 591 | 7.7% | 1,420 | 9.3% | 252 | 8.4% | 4,926 | 9.6% |
| Grand Total | | 22 | 0.04% | 25,479 | 49.5% | 7,671 | 14.9% | 15,327 | 29.8% | 2,981 | 5.8% | 51,480 | 100.0% |

*Count of all unique patients by county that were seen for any hospital based encounter (1/1/2014-12/31/2014). Includes hospital inpatients, emergency patients, outpatients, and those seen for ancillary services.

Count of Unique Patients by County and Insurance Type*

| Insurance Category Pt State Pt County | | 2014 | | | | | | | | | | | |
|--|-------------|--------------|---------------|--------------|--------------|-------------|--------------|--------------|--------------|-------------|--------------|--------------|---------------|
| | | Charity Care | %Charity Care | Commercial | %Commercial | Medicaid | %Medicaid | Medicare | %Medicare | Other | %Other | Grand Total | %Grand Total |
| WI | Buffalo | 0 | 0.0% | 401 | 1.2% | 61 | 0.6% | 282 | 1.3% | 36 | 0.9% | 780 | 1.1% |
| WI | Crawford | 0 | 0.0% | 539 | 1.6% | 235 | 2.4% | 712 | 3.3% | 59 | 1.5% | 1545 | 2.2% |
| WI | Grant | 0 | 0.0% | 167 | 0.5% | 65 | 0.7% | 187 | 0.9% | 32 | 0.8% | 451 | 0.7% |
| WI | Jackson | 0 | 0.0% | 673 | 2.0% | 275 | 2.8% | 512 | 2.4% | 113 | 2.9% | 1573 | 2.3% |
| WI | Juneau | 0 | 0.0% | 426 | 1.3% | 184 | 1.9% | 402 | 1.9% | 44 | 1.1% | 1056 | 1.5% |
| WI | La Crosse | 10 | 45.5% | 15935 | 47.3% | 4988 | 50.9% | 8918 | 41.0% | 1915 | 48.5% | 31766 | 45.9% |
| WI | Monroe | 6 | 27.3% | 2394 | 7.1% | 850 | 8.7% | 1960 | 9.0% | 315 | 8.0% | 5525 | 8.0% |
| WI | Richland | 0 | 0.0% | 122 | 0.4% | 75 | 0.8% | 217 | 1.0% | 21 | 0.5% | 435 | 0.6% |
| WI | Trempealeau | 5 | 22.7% | 2085 | 6.2% | 535 | 5.5% | 1161 | 5.3% | 225 | 5.7% | 4011 | 5.8% |
| WI | Vernon | 0 | 0.0% | 2403 | 7.1% | 707 | 7.2% | 1868 | 8.6% | 274 | 6.9% | 5252 | 7.6% |
| MN | Fillmore | 0 | 0.0% | 494 | 1.5% | 127 | 1.3% | 493 | 2.3% | 46 | 1.2% | 1160 | 1.7% |
| MN | Houston | 1 | 4.6% | 2662 | 7.9% | 591 | 6.0% | 1420 | 6.5% | 252 | 6.4% | 4926 | 7.1% |
| MN | Wabasha | 0 | 0.0% | 26 | 0.1% | 8 | 0.1% | 27 | 0.1% | 4 | 0.1% | 65 | 0.1% |
| MN | Winona | 0 | 0.0% | 2106 | 6.3% | 485 | 5.0% | 1423 | 6.5% | 178 | 4.5% | 4192 | 6.1% |
| IA | Allamakee | 0 | 0.0% | 592 | 1.8% | 153 | 1.6% | 520 | 2.4% | 77 | 2.0% | 1342 | 1.9% |
| IA | Clayton | 0 | 0.0% | 163 | 0.5% | 36 | 0.4% | 200 | 0.9% | 18 | 0.5% | 417 | 0.6% |
| IA | Fayette | 0 | 0.0% | 230 | 0.7% | 66 | 0.7% | 240 | 1.1% | 11 | 0.3% | 547 | 0.8% |
| IA | Howard | 0 | 0.0% | 153 | 0.5% | 23 | 0.2% | 147 | 0.7% | 7 | 0.2% | 330 | 0.5% |
| IA | Winneshiek | 0 | 0.0% | 485 | 1.4% | 63 | 0.6% | 438 | 2.0% | 22 | 0.6% | 1008 | 1.5% |
| 19 County Total | | 22 | 0.03% | 32056 | 48.3% | 9527 | 14.4% | 21127 | 31.8% | 3649 | 5.5% | 66381 | 95.9% |
| All Other County Total | | 0 | 0.0% | 1616 | 57.3% | 272 | 9.6% | 636 | 22.5% | 297 | 10.5% | 2821 | 4.1% |
| Grand Total | | 22 | 0.03% | 33672 | 48.7% | 9799 | 14.2% | 21763 | 31.4% | 3946 | 5.7% | 69202 | 100.0% |

*Count of all unique patients by county that were seen for any hospital based encounter (1/1/2014-12/31/2014). Includes hospital inpatients, emergency patients, outpatients, and those seen for ancillary services.

COMPASS NOW 2015 Overview

COMPASS NOW 2015 is a joint effort of Great Rivers United Way, area healthcare organizations, area foundations, and county health departments to assess community needs, identify community resources, and encourage action to improve the quality of life for everyone in the community. The COMPASS NOW Report has been a resource in the Great Rivers Region since the first needs assessment in 1995. The United Way initiated this strategic endeavor as an agency transition from resource distribution to community solutions. This has resulted in focused United Way funding to the programs that answer the greatest needs. In addition, many community organizations use the COMPASS NOW Report findings to shape their own priorities and support grant applications.

The wide reaching efforts of the global economic crisis coupled with federal mandates to the healthcare organizations to conduct community needs assessments, was the impetus to implement COMPASS NOW in 2012. The need to keep this report current and fulfill the partners' needs have led to an ongoing 3-year process in which the Great Rivers United Way works with a committed team of area experts to complete an assessment that can be adopted by its healthcare partners. The partnership operates in synergy, promoting greater collaboration among organizations working towards improving the health and well-being of the population.

The COMPASS NOW 2015 process used a variety of data collection methods to create an overall depiction of the issues facing our communities. These methods included a random household survey, convenience survey, community conversations, and an extensive review of socio-economic indicators, which provides an inventory of community resources. The data collected during COMPASS NOW 2012 guided the development of four-pillar profiles. These are referred to as pillars because they create the building blocks for a better life. The pillars of the COMPASS NOW Report are Health, Income/Economic, Education, and Community issues. The profiles describe our community with regards to the key issues of each area. Each profile pulls key indicator data, and COMPASS survey results into a narrative format that is intended to provide a context to the data found in the indicator report, making the data easy to navigate. Additional reports on the household survey are included in the Report Appendix. The website www.compassnow.org has additional indicator reports with county level data wherever possible.

COMPASS Councils were advisory groups of local experts in the fields of education, income, health, and a variety of community issues. These members collected and reviewed data, analyzed the survey results, and offered professional insights about topic-specific issues in the Great Rivers Region. After significant review of the data and survey results, priority issues were identified by the COMPASS Councils. These issues were then ranked by Council members using the criteria below:

1. How widespread is the issue in our community?
2. How serious are the effects of the issue in our community?
3. How important is the issue to the community?

The COMPASS NOW Steering Committee then applied its own knowledge of the issues. The combination of COMPASS Council recommendations and the insights from the COMPASS NOW Steering Committee resulted in the identification of three top areas of need for each of the four Great Rivers United Way pillars.

The COMPASS NOW Report provides guidance and should provide a foundation for action plans that solve problems long-term. Great Rivers United Way uses the COMPASS NOW Report to inform their grant allocation process and develop their strategic plan. Healthcare organizations and county health departments use the COMPASS NOW Report to develop their own community health improvement plan (CHIPs).

The COMPASS NOW 2015 partnership is made up of the Great Rivers United Way, Gundersen Lutheran Medical Center, Mayo Clinic Health System-La Crosse, Mayo Clinic Health System-Sparta, Otto Bremer Foundation, Gundersen St. Joseph's Hospital, Tomah Memorial Hospital, Gundersen Tri-County Hospital, Vernon Memorial Healthcare, La Crosse Community Foundation, La Crosse County Health Department, Monroe County Health Department, Trempealeau County Health Department, Vernon County Health Department, and Houston County Health Department.

COMPASS NOW 2015 Report Summary

COMPASS NOW 2015 is a joint effort of Great Rivers United Way, area health care organizations, area foundations, and county health departments to improve the quality of life for everyone in our community.

COMPASS NOW 2015 gathered information in four ways:

- Random Household Survey
- Convenience Survey
- Analysis of key socio-economic indicators
- Community conversations with individuals who were otherwise underrepresented among the random household survey respondents

The most important element of the COMPASS NOW 2015 Needs Assessment is the widespread community involvement. More than 1,500 people contributed to the results of the Random Household and Convenience Surveys. Moreover, nearly 100 community members served on the COMPASS Councils or Steering Committee.

Great Rivers United Way: Areas of Need

The purpose of the COMPASS NOW 2015 Report is to assess the needs in our community, identify community resources to address the most urgent needs, and to encourage action plans that have the potential to solve the identified community problems.

Based on this needs assessment, Great Rivers United Way and community experts have identified the following areas of need.

The areas of need are not necessarily ranked in order of importance.

COMMUNITY

- Adverse Childhood Experiences (ACE)
- Violence
- Environment
 - Built
 - Natural

EDUCATION

- Academic Readiness and Success
 - K-12
 - Post-Secondary Education
- Youth Resilience
- Workforce Readiness

HEALTH

- Chronic Disease and Contributing Factors
- Mental Health and/or Substance Abuse
- Oral Health

INCOME/ECONOMIC

- Quality Housing
 - Affordability
 - Availability
- Poverty
- Jobs with Adequate Income

COMMUNITY

- Adverse Childhood Experiences (ACE)
- Violence
- Environment
 - Built
 - Natural

Rationale for Community Areas of Need

Adverse Childhood Experiences (ACE)

The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and wellbeing. The findings of this study suggest that certain experiences (i.e. separation of parents, abuse, mentally ill household member, etc.) are major risk factors for the leading causes of illness and death, as well as poor quality of life. Realizing these connections is likely to improve efforts towards prevention and recovery.

An ACE Score is used to assess the total amount of stress during childhood. It has been demonstrated that as the ACE score increases, the risk for the following health problems rises in a strong and graded fashion:

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease
- Liver disease
- Risk of intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Adolescent pregnancy

Many of the items on this list are common occurrences or problems in our communities. Given that there is a strong positive correlation between the above health problems and ACEs, the COMPASS NOW 2015 Steering Committee felt bringing attention to Adverse Childhood Experiences was a way to move community understanding and prevention strategies further upstream by focusing on these root causes.

Violence

According to the CDC, violence is the intentional use of physical force or power, threatened or actual, against another person or against a group or community that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation. Physical, sexual, emotional, psychological, and cultural are a few of the forms in which violence manifests itself.

The Great Rivers Region is not immune to violence. Between 2009 and 2014 New Horizons Shelter and Outreach Centers, a local organization that provides shelter for individuals and families who have experience domestic abuse, increased the number of shelter nights provided from 3,500 to 8,952. This dramatic increase of almost 156% over six years is an indicator of the growing need for such services in our community. Additionally, according to the Wisconsin Department of Justice, there were 1,014 domestic violence incidents throughout the Wisconsin counties of the Great Rivers Region in 2012. Finally, between 2009 and 2013, the number of Child Protective Services (CPS) referrals has stayed the same or increased for all Wisconsin counties within the Great Rivers Region. For these reasons violence was determined to be a priority issue.

Environment

The availability and access to the natural environment promotes overall wellbeing. The simple act of viewing the natural environment improves cognitive function and recovery from surgery and illness. Research has also shown that people living near parks and open green space are more physically active. Furthermore, trees and other natural areas strengthen a sense of community by drawing people together and enhancing social connections. The natural environment is one of the greatest assets in the Great Rivers Region. This asset attracts numerous people to the region, which contribute to the local economy and businesses. In addition, the natural environment in the Great Rivers Region supports and encourages physical recreation throughout the entire year.

The built environment also greatly impacts human welfare. How land is used often influences community attributes such as soil contamination, safety of drinking water, traffic density, as well as water, air, noise, and light pollution. Studies have shown that noise affects reading skills in children, elevates blood pressure, and increases stress hormones. In addition, people living in neighborhood where they must depend on cars for transportation have overall reduced physical activity and increased obesity rates. Since almost one-third of adults in the Great Rivers Region were determined obese and about 23% of adults self-reported being physically inactive in 2012, the built environment may be an issue to address to help combat these health issues. Through conversations and discussions among professionals serving on the Community Council, the significance of both the built and natural environment were reoccurring themes. Therefore, the council decided to include this as a top area of need in our community.

Highlights from COMPASS NOW 2015 Random Household Survey

- Overall, 35% of survey respondents rated their community as excellent as an overall place to live, however, 11% rated it “fair or poor.”
- Approximately 28% of respondents rated efforts to prevent abuse or neglect in our community as “fair or poor.”
- Nearly 43% of respondents rated the community as a place where people of different cultural/racial/ethnic backgrounds are included in decision-making as “fair or poor” while only 9% rated this as “excellent.”
- Almost 34% of respondents rated community efforts to protect the natural environment as “fair or poor,” while less than 13% rated this as “excellent.”

EDUCATION

- Academic Readiness and Success
 - K-12
 - Post-Secondary Education
- Youth Resilience
- Workforce Readiness

Rationale for Education Areas of Need

Academic Readiness and Success

One's potential for a lifetime of success depends greatly on their ability to be ready to learn. Because children have varying prekindergarten education experiences, they all enter school at different levels of preparedness. This can happen because teachers and parents often have differing expectations as to what children should know and be able to do before starting kindergarten and/or the availability of these opportunities varies because of location, cost, and parents' schedules. Nearly 38% of three- and four-year-olds were enrolled in preschool in the Great Rivers Region in 2012. This is lower than the Wisconsin average of 44.6% and the Minnesota average of 46.3%.

College readiness refers to being prepared for postsecondary education or training experiences, including the ability to succeed at either two- or four-year institutions leading to a postsecondary credential. Being ready for college means that a high school graduate has the knowledge and skills necessary to qualify for and success in entry-level, credit-bearing college courses without the need for remedial coursework. When someone is fully prepared to participate in postsecondary education, they increase their chances of success immensely. Individuals who earn a postsecondary degree are less likely to endure poverty, have an increased earning potential, increase the likelihood that their children will attend a postsecondary institution, and live longer and happier lives overall. Based on the data available and professional insights of Education Council, academic readiness was seen as a high priority issue for our community.

Youth Resilience

Research has determined that how youth respond to stressors is more vital to positive outcomes than the stressor itself. In general, youth are more likely to achieve, have healthy and favorable outcomes, and to thrive if they are resilient. Resilience is the process of managing stress and functioning well even when faced with adversity and trauma. There is increasing evidence that the effects of toxic stress can be mitigated by experiences that help to build youths' resilience. These are experiences that:

- Foster a consistent relationship with at least one safe, caring, reliable, and competent adult who promotes high expectations and encourages self-improvement
- Encourage adolescent voice, choice, and personal responsibility
- Promote the development of self-regulation, self-reflection, self-confidence, self-compassion, and character

Because many youth in the Great Rivers Region are experiencing situations in which youth resilience may be challenged (i.e. family poverty, drug use/abuse, abuse, mental health issues, etc.), as well as this being a common theme of conversation among Education Council members, youth resilience was determined to be an area of need.

Workforce Readiness

A career provides a family sustaining wage and pathways to advancement and requires postsecondary training or education. For instance, a job may be obtained with only a high school diploma but might not offer a guarantee of advancement or mobility. Being ready for a career means that a high school graduate has the knowledge and skills needed to qualify for and succeed in the postsecondary job training and/or education necessary for their chosen career (i.e., technical/vocational program, community college, apprenticeship, or significant on-the-job training). The Education Council felt this was a top area of need for our community because although post-secondary education rates for the Great Rivers Region are similar to state and national averages, there is concern that students are not always leaving these institutions prepared to be successful in the workforce.

Highlights from COMPASS NOW 2015 Random Household Survey

- All aspects of education were rated statistically higher by the current survey respondents compared with the 2011 respondents except for quality of early education opportunities. See COMPASS NOW 2015 Random Household Survey Report for further details.
- 15% of respondents rated the availability of birth to age 3 education as “fair or poor.”
- 40% of respondents rated the quality of schools grades 4K-12 as “good.”
- 34% of respondents rated the quality of higher education as “good.”

HEALTH

- Chronic Disease and Contributing Factors
- Mental Health and/or Substance Abuse
- Oral Health

Rationale for Health Areas of Need

Chronic Disease and Contributors to Chronic Disease

Chronic diseases are considered to be diseases not preventable by vaccines or that can be cured by medication, and that last three months or longer. The leading chronic diseases in the U.S. (i.e. heart disease, stroke, cancer, diabetes, and obesity) are largely preventable through lifestyle choices and behavior.

Ways in which one can minimize their risk of developing one of the top chronic diseases include engaging in regular physical activity, choosing a healthy eating plan, managing blood pressure and cholesterol levels, abstaining from tobacco products, and maintaining a healthy weight. John Hopkins University reported that nearly 75% of all healthcare spending in the U.S. is due to treating a chronic disease. Moreover, workers with chronic conditions are more likely to miss work than peers without a chronic disease. In 2010, less than 25% of adults in the Great Rivers Region reported consuming the recommended servings of fruits and vegetables. In addition, nearly 19% of Great Rivers Region community members reported smoking. This is higher than both Minnesota and Wisconsin averages. Due to the high cost of treating these chronic and preventable illnesses, the Health Council determined this was a priority issue, with special attention around

access to care and a better understanding about how disparities play a role in the prevalence of chronic disease in our community.

Mental Health and/or Substance Abuse

There are countless types of mental health issues and many of these issues have a variety of ways in which they can impact both an individual and their community. According to the Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System, 18.5% of Great Rivers Region community members 18 years or older self-reported insufficient social or emotional support most of the time over the past year. This is higher than both state averages (Wisconsin: 16.1%, Minnesota: 14.1%). Moreover, according to the 2013 Youth Risk Behavior Survey (YRBS), approximately 24% of Great Rivers Region youth reported feeling sad or hopeless almost every day for at least consecutive two weeks and did not participate in their usual activities due to these feelings.

Despite the lack of mental health data available for our community or nationally, mental health was deemed a top area of need in the Great Rivers Region. This is due to the growing awareness of the impact mental health issues have on an individual and community. In addition, there is often a strong stigma and discrimination against those with mental health issues. The Mental Health Foundation reported that nine out of ten people with mental health problems say stigma and discrimination have a negative effect on their life. Optimistically, because of the increased interest around tracking the accessibility, availability, affordability, and usage of mental health services, more of the sought after data will be available in the future.

The abuse of harmful or hazardous use of a psychoactive substance, including alcohol and illicit drugs, can result in numerous negative health outcomes for an individual and community. In 2012, there were 725 drug arrests within the Wisconsin counties of the Great Rivers Region for the possession of marijuana alone. Moreover, there were a total of 16 drug-related deaths in the Great Rivers Region. However, one of the mostly widely used and abused substances is alcohol. Approximately 24% of adults reported excessive drinking in the past 30 days.

Some people with mental illness also have ongoing substance abuse problems and many people who abuse drugs and alcohol may experience mental illness as drugs and alcohol can worsen underlying mental illnesses. This can happen both during acute intoxication (i.e. a person with depression becomes suicidal in the context of drinking alcohol) and during withdrawal from a substance. In addition, drugs and alcohol can cause a person without mental illness to experience the onset of symptoms for the first time. The theme that mental health and substance abuse are sometimes linked was often discussed on the Community Council. Therefore, both of these issues were added as top areas of need for the Great Rivers Region.

Oral Health

Oral health impacts all aspect of our lives but is often taken for granted or not considered to be as important as other health promotion practices. The mouth allows for a glimpse into one's overall health. It can show signs of nutritional deficiencies or general infection. In addition, systemic diseases (those impacting the entire body) may first become apparent because of mouth lesions or other oral problems. Some of the systematic diseases related to oral health include cardiovascular disease, low birth weight, premature birth, diabetes, osteoporosis, and Alzheimer's disease. According to the Centers for Disease Control and Prevention, approximately 30.4% of community

members in the Great Rivers Region reported not visiting a dentist, dental hygienist, or dental clinic within the past year. Moreover, on average, there are only 61.1 dentists per 100,000 population in the Great Rivers Region. This is lower than the state and national averages. Due to the lack of providers and the impact good oral hygiene has on one's life, oral health was determined to be an area of need for our community.

Highlights from COMPASS NOW 2015 Random Household Survey

- Approximately 10% of respondents rated access to dental care as “fair or poor.”
- Overall, 36% of respondents rated their ability to pay for dental care as “fair or poor.”
- 23% of respondents rated opportunities for physical activity for adults as “fair or poor.”
- 7% of respondents rated their overall mental health as “fair or poor.” Moreover, 13% rated access to mental health care as “fair or poor,” and 39% rated their ability to pay for mental health care as “fair or poor.”

INCOME/ECONOMIC

- Quality Housing
 - Affordability
 - Availability
- Poverty
- Jobs with Adequate Income

Rationale for Income/Economic Areas of Need

Quality Housing

The U.S. Department of Housing and Urban Development defines “affordable housing” as paying no more than 30% of income toward housing and housing costs. Those who pay more than this are considered cost burdened and may have difficulty paying for other necessities (i.e. food, clothing, medical care, transportation).

Having access to affordable housing is important, however, this does not necessarily mean the housing is quality. Poor housing conditions are associated with a wide range of health conditions including respiratory infections, asthma, lead poisoning, injuries and mental health issues.

Moreover, studies have shown that poor quality housing is the most consistent and strongest predictor of emotional and behavioral problems in low-income children and youth. Likewise, stress is higher for individuals living in poor housing and poverty. Through conversations and discussions among local professionals serving on the Income/Economic Council, overall quality housing was a reoccurring theme. Therefore, the council decided to include this as a top area of need in our community.

Poverty

There are numerous impacts of poverty, both on the individual and the community. Individuals living in poverty are more likely to have developmental, learning, and intellectual disabilities. In general, poverty lowers both educational attainment and overall readiness for school. In 2012, approximately 12.2% of the Great Rivers Region was living in poverty. This is equal to or higher than the Wisconsin and Minnesota averages. The median household income in the Great Rivers

Region was also below state averages. Furthermore, the U.S. Department of Education reported that 37.3% of children in the Great Rivers Region received Free and Reduced Price school lunches in 2012.

The link between individuals living in poverty and the community impact of individuals living in poverty can be clearly drawn. For example, someone living in poverty is less likely to reach the same educational attainment as someone not living in poverty. Therefore, it is more likely the person living in poverty will work a lower paying job, thus increasing the likelihood they will be on public assistance, ultimately costing the taxpayer more to support those in living in poverty. Instead, addressing root causes of poverty would ultimately decrease the financial and other costs society endures to assist those living in poverty. For these reasons, poverty was determined a priority need by the Councils.

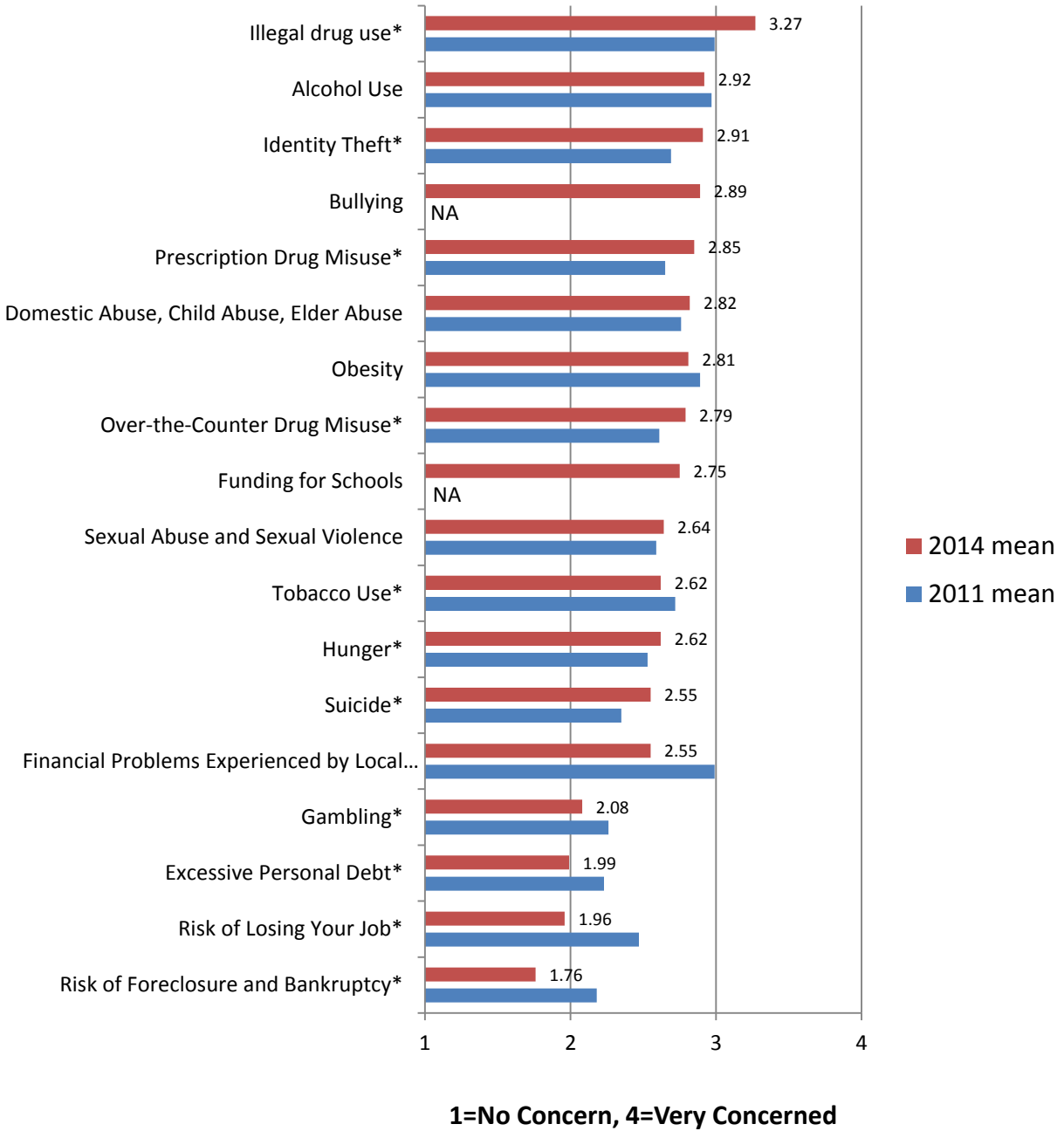
Jobs with Adequate Income

Being employed is important, however, it is not enough to simply have a job. One's job should provide an adequate income in order to provide basic necessities for themselves and their families. It is important to note that securing a minimum wage job does not equate to an adequate income. For example, the minimum wage in Wisconsin in 2015 is \$7.25 per hour. However, the Living Wage Calculator, developed by Massachusetts Institute of Technology, estimates that an individual living in La Crosse County must make at least \$9.60 per hour to meet their basic needs. Therefore, even if an individual has a full-time, minimum wage job, they will still fall short of meeting their basic financial needs. In general, the average household income in the Great Rivers Region in 2012 was approximately \$49,000, while the Wisconsin state average was \$59,126 and the Minnesota state average was \$53,046, both quite higher than in the Great Rivers Region. Because the availability of jobs with adequate income was a reoccurring theme of discussion among Income/Economic Council members, they determined this to be a top area of need in our community.

Income/Economic Highlights from COMPASS NOW 2015 Random Household Survey

- Approximately 23% of respondents rated their ability to pay for housing as “fair or poor.”
- Over 51% of respondents rated the availability of jobs with wages that offer a good standard of living as “fair or poor.”
- 53% of respondents rated the community efforts to reduce poverty as “fair or poor.”

**Concern for Issues in the Community From COMPASS Now
Random Household Survey
2014 Compared to 2011**



* indicates means between 2011 and 2014 survey were (statistically) significantly different.

19-County Primary Service Area with Health Indicators and Status

| Gundersen Primary Service Area | Well | Moderate | Needs Work |
|--|--|--|---|
| Buffalo, WI http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/WI/Buffalo/ | Adult Physical Inactivity Adult Diabetes Diabetes Deaths Male Life Expectancy Older Adult Depression | Adult Female Routine PAP tests Adult Obesity Adult Smoking Chronic Lower Respiratory Disease Deaths Female Life Expectancy Older Adults Preventable Hospitalizations Stroke Deaths | Adult Binge Drinking Adult Overall Health Status |
| Crawford, WI http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/WI/Crawford/ | Adult Overall Health Status Adult Physical Inactivity Female Life Expectancy Male Life Expectancy Older Adult Depression Older Adult Preventable Hospitalizations | Adult Binge Drinking Adult Diabetes Adult Obesity Adult Smoking Chronic Lower Respiratory Disease Deaths Diabetes Deaths Stroke Deaths | Adult Female Routine PAP Tests |
| Grant, WI http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/WI/Grant/ | Adult diabetes Adult female routine PAP tests Adult obesity Adult overall health status Adult physical inactivity Adult smoking Chronic lower respiratory disease deaths Male Life Expectancy Older adult preventable hospitalizations | Diabetes deaths Female Life Expectancy Older adult depression Stroke deaths | Adult binge drinking |

| Gundersen Primary Service Area | Well | Moderate | Needs Work |
|---|---|---|--|
| Jackson, WI http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/WI/Jackson/ | Female Life Expectancy Male Life Expectancy | Adult Diabetes Adult Female Routine PAP tests Adult Obesity Adult Overall Health Status Adult Physical Inactivity Adult Smoking Chronic Lower Respiratory Disease Deaths Diabetes Deaths Older Adult Depression Older Adult Preventable Hospitalizations | Adult Binge Drinking Stroke Deaths |
| Juneau, WI http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/WI/Juneau/ | Adult Female Routine Pap Tests | Adult Obesity Chronic Lower Respiratory Disease Deaths Male Life Expectancy Older Adult Depression Older Adult Preventable Hospitalizations Stroke Deaths | Adult Binge Drinking Adult Diabetes Adult Overall Health Status Adult Physical Inactivity Adult Smoking Diabetes Deaths Female Life Expectancy |
| La Crosse, WI http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/WI/La%20Crosse/ | Adult Diabetes Adult Female Pap Tests Adult Obesity Adult Overall Health Status Diabetes Deaths Older Adult Preventable Hospitalizations | Adult Physical Inactivity Adult Smoking Chronic Lower Respiratory Disease Deaths Female Life Expectancy Male Life Expectancy Stroke Deaths | Adult Binge Drinking Older Adult Depression |
| Monroe, WI http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/WI/Monroe/ | Adult Female Routine Pap Tests Adult Overall Health Status Stroke Deaths | Adult Diabetes Adult Obesity Adult Smoking Chronic Lower Respiratory Disease Deaths Diabetes Deaths Female Life Expectancy Male Life Expectancy Older Adult Depression Older Adult Preventable Hospitalizations | Adult Binge Drinking Adult Physical Inactivity |

| Gundersen Primary Service Area | Well | Moderate | Needs Work |
|--|--|--|---|
| Richland, WI http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/WI/Richland/ (Diabetes Deaths not available*) | Adult Physical Inactivity Adult Smoking Chronic Lower respiratory disease deaths Female Life Expectancy Male Life Expectancy | Adult Binge Drinking Adult Diabetes Adult Female Routine Pap tests Adult Obesity Adult Overall Health Status Older Adult Depression Older Adult Preventable Hospitalizations | Stroke Deaths |
| Trempealeau, WI http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/WI/Trempealeau/ | Diabetes Deaths Female Life Expectancy | Adult Diabetes Adult female Routine Pap tests Adult Obesity Adult Overall Health Status Adult Smoking Chronic Lower Respiratory Disease Deaths Male Life Expectancy Older Adult Depression Older Adult Preventable Hospitalizations Stroke Deaths | Adult Binge Drinking Adult Physical Inactivity |
| Vernon, WI http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/WI/Vernon/ | Adult Diabetes Adult Female routine Pap tests Adult Overall Health Status Chronic Lower Respiratory Disease Deaths Diabetes Deaths Female Life Expectancy Older Adult Depression Older Adult Preventable Hospitalizations | Adult Binge Drinking Adult Obesity Adult Physical Inactivity Male Life Expectancy | Adult Smoking Stroke Deaths |
| Fillmore, MN http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/MN/Fillmore/ (Adult Smoking not available *) | Adult diabetes Adult female routine PAP tests Adult overall health status Diabetes deaths Female Life Expectancy Male Life Expectancy Older adult depression Older adult preventable hospitalizations Stroke deaths | Adult binge drinking Adult physical inactivity Chronic lower respiratory disease deaths | Adult obesity |

| Gundersen Primary Service Area | Well | Moderate | Needs Work |
|---|--|---|--|
| Houston, MN http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/MN/Houston/ | Adult obesity Adult overall health status Adult physical activity Adult smoking Chronic lower respiratory disease deaths Female Life Expectancy Male Life Expectancy Older adult depression Older adult preventable hospitalizations | Adult diabetes Diabetes deaths Stroke deaths | Adult binge drinking Adult female routine PAP tests |
| Wabasha, MN http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/MN/Wabasha/ | Adult binge drinking Adult diabetes Adult female routine PAP tests Adult obesity Adult overall health status Adult physical inactivity Adult smoking Chronic lower respiratory disease deaths Diabetes deaths Female Life Expectancy Male Life Expectancy Older adult depression Older adult preventable hospitalizations Stroke deaths | | |
| Winona, MN http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/MN/Winona/ | Adult diabetes Adult overall health status Adult physical inactivity Adult smoking Chronic lower respiratory disease deaths Diabetes deaths Female Life Expectancy Male Life Expectancy Older adult preventable hospitalizations Stroke deaths | Adult binge drinking Adult female routine PAP tests Adult obesity | Older adult depression |

| Gundersen Primary Service Area | Well | Moderate | Needs Work |
|---|--|--|--|
| Allamakee, IA http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/IA/Allamakee/ | Diabetes deaths Older adult depression | Adult diabetes Adult female routine PAP tests Adult obesity Adult physical inactivity Adult smoking Chronic lower respiratory disease deaths Female Life Expectancy Male Life Expectancy Older adult preventable hospitalizations | Adult binge drinking Adult overall health status Stroke deaths |
| Clayton, IA http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/IA/Clayton/ | Adult diabetes Adult obesity Chronic lower respiratory disease deaths Female Life Expectancy | Adult overall health status Adult physical inactivity Adult smoking Diabetes deaths Male Life Expectancy Older adult depression Older adult preventable hospitalizations Stroke deaths | Adult binge drinking Adult female routine PAP tests |
| Fayette, IA http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/IA/Fayette/ | Adult diabetes Diabetes deaths Stroke deaths | Adult binge drinking Adult female routine PAP tests Adult overall health status Adult physical inactivity Chronic lower respiratory disease deaths Female Life Expectancy Male Life Expectancy Older adult depression Older adult preventable hospitalizations | Adult obesity Adult smoking |
| Howard, IA http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/IA/Howard/ (Adult Smoking and Adult Female Routine Pap Tests not available*) | Adult diabetes Adult physical inactivity Chronic lower respiratory disease deaths Female Life Expectancy Male Life Expectancy Older adult preventable hospitalizations Stroke deaths | Adult binge drinking Adult overall health status Diabetes deaths | Adult obesity Older adult depression |

| Gundersen Primary Service Area | Well | Moderate | Needs Work |
|--|--|---|----------------------|
| Winneshiek, IA http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/IA/Winneshiek/ (Diabetes Deaths not available*) | Adult female routine PAP tests Adult obesity Adult overall health status Adult physical inactivity Adult smoking Chronic lower respiratory disease deaths Female Life Expectancy Male Life Expectancy | Adult diabetes Older adult depression Older adult preventable hospitalizations Stroke deaths | Adult binge drinking |