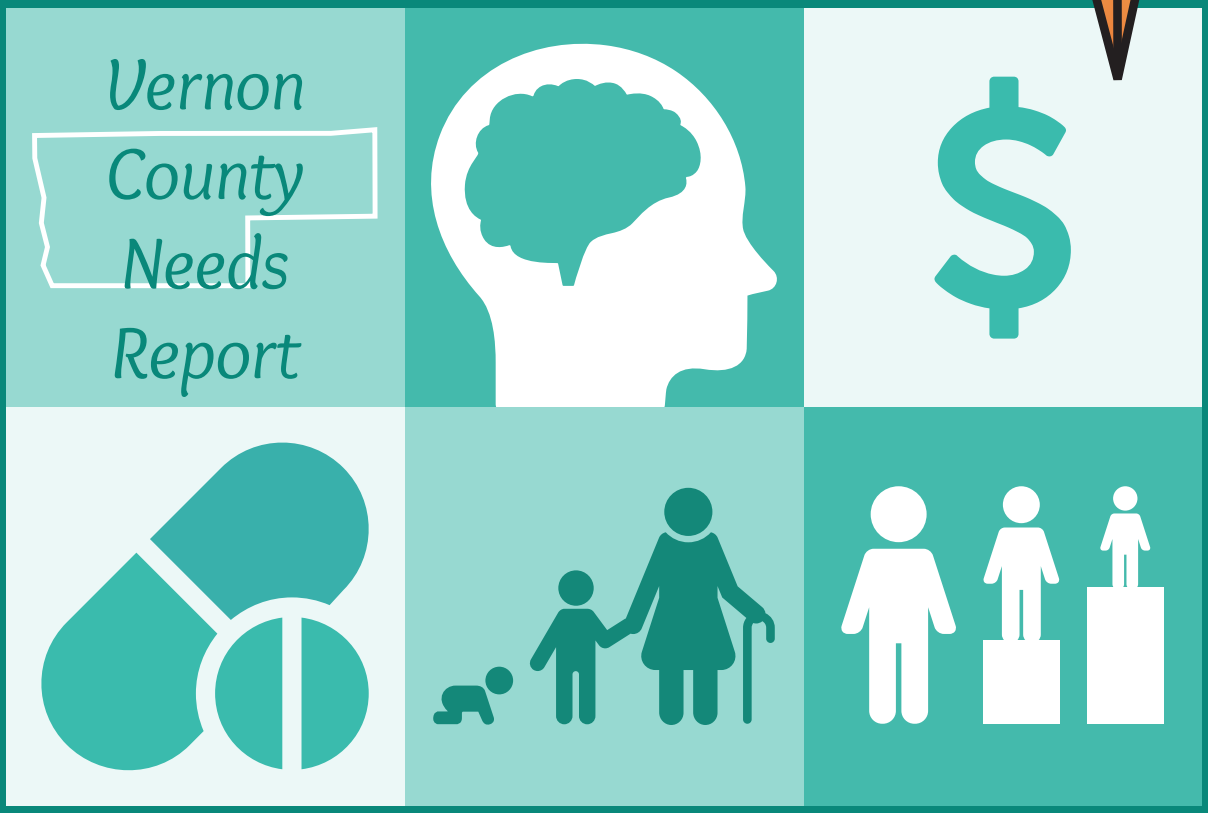
2018 COMPASS NOW

NAVIGATING TOWARD STRONGER COMMUNITIES



COMPASS Now 2018 is an assessment of needs in the Great Rivers Region. The COMPASS Now 2018 Report presents the results of data collected through a community survey, focus groups, an extensive review of health and socioeconomic indicators, and stakeholder meetings. Visit COMPASS Now online at: **www.compassnow.org**.

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Additionally, thank you to all of the focus group participants (members of the Hmong-speaking community, the general public, Spanish-speaking farmers, participants from Aptiv, Inc., public health professionals from around the region, patient advisory boards, 4-H participants, Latino/Hispanic Community members,

and retirees) for lending your thoughts and voices to an otherwise quantitative process during October and November of 2017.

Finally, thank you to everyone that was able to attend and participate in the regional and county-level Stakeholder meetings (despite the wintery weather in February and March of 2018). Your assistance in identifying the top needs of the region and counties involved in this process will help drive positive change throughout the region and assist many area residents. The following is a list of organizations that participated in the Stakeholder meetings in the region and is not inclusive of all of the representatives from the organizations that participated in this process:

7 Rivers Alliance	International Quality Homecare
Aptiv, Inc.	La Crescent-Hokah Public Schools
Big Brothers Big Sisters of the 7 Rivers Region	La Crosse Community Foundation
Bluff Country Family Resources	La Crosse County Board Member
Caledonia Argus Newspaper	La Crosse County Health Department
Caledonia Boy Scouts	La Crosse County Human Services Department
Caledonia Economic Development Authority	La Crosse Medical Health Science Consortium
Caledonia Public Schools	La Crosse Task Force to Eradicate Modern Slavery
City of Caledonia	Lifestyle Fitness
City of Houston	Mayo Clinic Health System
City of La Crosse	Neighbors in Action
Community Members	New Beginnings Christian Fellowship
Coulee Region RSVP	Onalaska Public Schools
Couleecap	Public Health Board Members
Crest Inn	Red Cross
ESB Bank	Salvation Army
Essential Health Clinic	School District of Holmen
Families First of Monroe County	Semcac
Family & Children's Center	Sheriff's Office
Gateway Area Council-Boy Scouts of America	Spring Grove Herald
Great Rivers Hub	Spring Grove Public Library
Gundersen Health System	The Parenting Place
Herman Dental	University of Wisconsin-La Crosse
Hmoob Cultural & Community Agency	UW-Extension
Houston County	Viterbo University
Houston Public Schools	WAFER
Hunger Task Force of La Crosse	WI Department of Health Services
Huston County Public Health	WKBT News 8
Immanuel Lutheran Church	Workforce Connections
Inclusa	YMCA
Independent Living Resources	

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Introduction

COMPASS Now is a joint effort of Great Rivers United Way, area healthcare organizations, and county health departments to improve the quality of life for everyone in the community. 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 the needs. The first COMPASS report and needs assessment process was conducted in 1995, and since then United Way has focused its funding system to more closely reflect those needs identified indicated by COMPASS Now; community organizations have used the report findings to shape their own priorities and support grant requests.

In order to meet the needs of each county within the service area of Great Rivers United Way (Buffalo, Trempealeau, La Crosse, Monroe, and Vernon Counties in Wisconsin and Houston County in Minnesota) a separate report was created for each county. This report focuses specifically on Vernon County data and needs. The full regional report, other county reports, and appendices are available at www.compassnow.org.

As a reader of this report you can expect to see information about how Vernon County is faring in numerous areas that affect quality of life. You can also expect to see information about the top identified needs within Vernon County and some initial ideas about resources and opportunities to address the needs. As a reader, you can use this report as guidance to build the foundation for action plans to solve community problems.

The COMPASS Now 2018 needs assessment involved three steps: (1) gathering information about needs, (2) reviewing and prioritizing needs, and (3) documenting the results.

Based on the data collected and the voices of community members, the top five needs for Vernon County in 2018 are:

- Reduced drug and alcohol misuse and abuse
- More livable wage jobs
- Increased access to mental healthcare services
- Increased inclusion of socially diverse people
- Increased access to affordable healthcare services

Overview of methods for the COMPASS Now 2018 Report

A needs assessment is a systematic process for determining needs, or gaps, between current conditions and desired conditions. A needs assessment can help identify problems, which can help people identify resources and plan and implement solutions to address the problems.

A needs assessment typically involves three steps: (1) gathering information about needs, (2) reviewing and prioritizing needs, and (3) documenting the results. Every three years, Great Rivers United Way organizes a Steering Committee to help guide the COMPASS process. The Steering Committee, which has community members from the six Great Rivers Region counties (Buffalo, La Crosse, Monroe, Trempealeau, and Vernon counties in Wisconsin and Houston County in Minnesota) including representatives from public health departments, local hospitals, and human services organizations, is tasked with determining the details of the process. Below is an overview of the process used for the 2018 needs assessment based on the Wisconsin guidebook on improving the health of local communities developed by the Wisconsin Association of Local Health Departments and Boards (WALHDAB). Additional details about the process can be found in the Appendices located on Great Rivers United Way's website.

Step 1: Gathering information on needs

The needs assessment process used many sources of information to understand the needs of the Region.

The key data source was the Random Household Survey (RHS). The Random Household Survey was mailed to a random selection of 5,450 households throughout the Region in July and August of 2016. After reviewing the demographics of the Random Household Survey, the Steering Committee determined whose voices were missing. A plan was developed to conduct a Convenience Survey (CS) to capture the opinions of the groups of people who did not respond to the Random Household Survey to ensure that their voice was heard. These are called Convenience Surveys because they are collected in a non-random way – surveys are given to people that are easy to reach. Due to this difference, the CS data are separate from the RHS results. Steering Committee Members and other community partners collected responses to the Convenience Survey. The Data Workgroup oversaw the analysis of the data and reviewed the results under the guidance of Dr. Laurie Miller at the University of Wisconsin-La Crosse.

Table 1: Random Household Survey response rates

Random Household Survey Response Rates by County			
County	**# of Households Received Survey**	**# of Households Returned Survey***	**Response Rate**
Buffalo	450	51	12.1%
La Crosse	2,400	292	12.2%
Monroe	900	86	9.6%
Trempealeau	600	85	14.2%
Vernon	650	87	13.4%
Houston	450	62	13.8%
No County Indicated*	-	9	-
Total	5,450	672	12.2%

*Nine surveys were returned without county or ZIP code identification.

To add to the survey data, the Data Workgroup was tasked with collecting existing data from federal, state, and local sources. These data included information about demographics, health, social factors, economic factors, and many other topics.

Because numbers-based data only tells part of a story, the needs assessment process also included holding county-based focus groups. Focus groups are usually small groups of people whose opinions are gathered through a guided discussion. Focus groups were held in all six counties and with general community members, students, family advisory councils, Latino community members, service providers, and Hmong community members.

Data from all the sources discussed above is used throughout this report.

Step 2: Reviewing and prioritizing needs

In Vernon County, the community stakeholders attending the focus groups generated ideas of the needs of the county, discussed the needs, and prioritized the top needs. The Vernon County workgroup determined that the community stakeholders in attendance had deep knowledge and understanding of the needs of the community. County residents had an additional opportunity to vote on the needs for the region through a regional webinar hosted by the COMPASS Data Workgroup. The regional webinar presented data that had been collected and gave participants the opportunity to vote on the highest priority needs using a web poll. Voting results were tabulated and the top needs were identified for each county and the Region; the regional priorities were determined by combining all of the county-level results and the results of the regional webinar.

Step 3: Document results

This report serves as the documentation of the Vernon County COMPASS Now Report for 2018. A writer for the report was hired by the Steering Committee and

tasked with synthesizing all the data that had been gathered and documenting the needs that had been prioritized.

Including the voice of under-represented populations

As part of the COMPASS Now 2018 process, organizations were asked to reach out to and share their expertise about populations that may be under-represented. The following organizations were asked to participate in the process by soliciting Convenience Survey responses, holding focus groups, and/or attending stakeholder meetings. This list is not exhaustive.

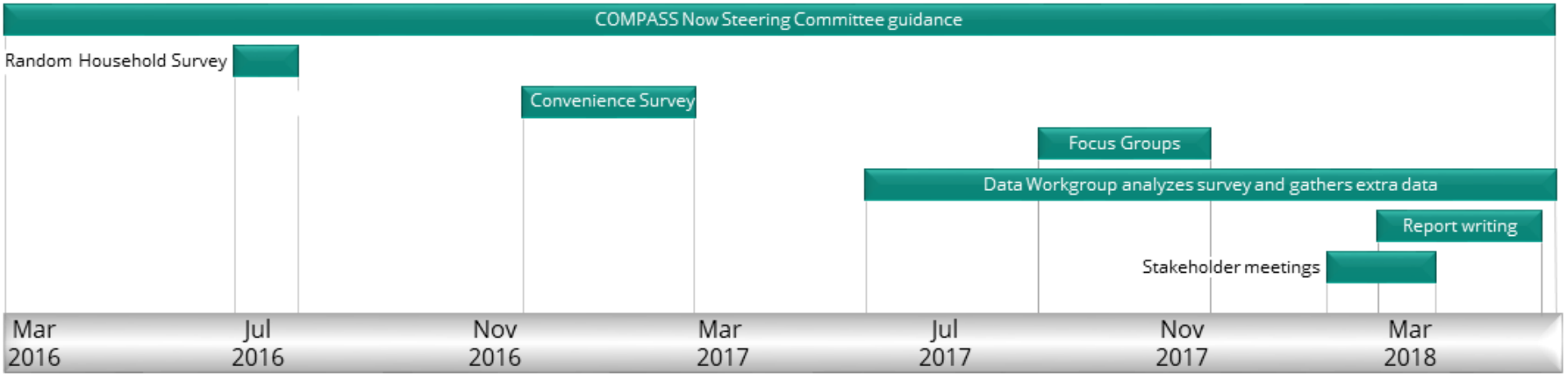
Table 2: Under-represented population outreach

Populations Represented	Organizations
People with disabilities	Aptiv, Inc. Independent Living Resources Inclusa International Quality Homecare
Aging population	Coulee Region RSVP Inclusa International Quality Homecare Neighbors in Action Senior Services, ADRC Strong Women Exercise Class
Low-income population	Coueecap, Inc. Essential Health Clinic Families First of Monroe County Great Rivers United Way Hunger Task Force of La Crosse Living Faith Food Pantry Monroe County Food Pantry Neighbor for Neighbor Food Pantry Place of Grace Salvation Army Semcac WAFER Western Dairyland Workforce Connections
Children, Youth, and Families	4H Big Brothers Big Sisters of the 7 Rivers Region Caledonia Boy Scouts Caledonia Public Schools Family and Children's Center Gateway Area Council - Boy Scouts of America Houston Public Schools La Crescent-Hokah Public Schools La Crosse Area Family Collaborative Onalaska Public Schools School District of Holmen The Parenting Place

Populations Represented	Organizations
	Monroe County WIC YWCA
Racial and Ethnic Minorities	AAMAN Hmoob Cultural & Community Agency Lugar de Reunion Monroe County WIC St. Clare Health Mission Scenic Bluffs Health Center Viterbo Diversity Committee and Student Club
Victims of domestic violence, sexual violence, trafficking	Bluff Country Family Resources La Crosse Task Force to Eradicate Modern Slavery
LGBTQ+ community	The Center

The results of the needs assessment are used by Great Rivers United Way, healthcare organizations, area foundations, county health departments, and other community organizations to identify community resources and encourage action to improve the quality of life for everyone in the Region. The results also help many organizations shape their own priorities and support grant applications.

Figure 1: Timeline of key COMPASS Now 2018 activities



Limitations to this report

In this section, several key limitations that you should keep in mind as you read this report are listed.

1. Data presented from the **Random Household (RHS) and Convenience Surveys (CS) are based on people's perceptions**.
2. The number of people that responded to the surveys was lower than the RHS done for COMPASS Now 2015. **Out of the 5,450 surveys that we mailed out, 12% came back**. **Vernon County's rate of response was similar** – of the 650 surveys that were mailed, **13% came back**.
3. There were some questions in the RHS and CS where a "Does Not Apply/Not Sure/Don't Know" option was provided, and other questions where it was not but should have been. This means that **some people may not have had an option that exactly fit their experience when answering the questions** and the results might be a little different if people had been presented with different options. Where applicable, throughout the report, RHS and CS questions with the "Does Not Apply" option had this answer removed to more accurately assess the perceptions of survey respondents.
4. There are **some topics for which data and other related information was not available**. Either the data did not exist or it was too old to be relevant. For example, the section on dental health does not include some data that was presented in past reports because it was not available. Also, there is not a lot of county-level data about persons with disabilities that is available to use in the report.
5. The key source of information about teenagers, **the Youth Risk Behavior Survey, was not available** for all counties because not enough schools administered the survey for the results to be representative of the entire Region. So, there will not be as much information about teenagers in this report as in past reports.
6. The demographics of respondents that completed the **RHS are not completely representative of the County** based on comparisons to U.S. Census data.
7. The appendices where gender-specific analyses for counties are presented do not include data on **respondents who selected "Prefer Not to Answer" or "Self-Identify" because confidentiality was a concern**.
8. The RHS and CS data **is not broken down by race because there were not enough non-White respondents** to ensure the results would be reliable.

Who is this report about?

Demographics

Demographics are data points that are used to describe a group of people. There are roughly 30,124 people living in Vernon County. Demographics are used to help you understand who has responded to this report's main data sources – the Random Household and Convenience Surveys (RHS and CS). Knowing about the people who live in the County is important because, as those characteristics change, the needs of the County may also change. It is also key to understand who responded to the surveys because not everyone's voice is represented by those responses and you should be aware of whose voices are missing. Although the Steering Committee tried to gather the voices of the people who did not respond to the survey by having focus groups and including that information in the report, these groups may have different experiences and opinions that may not be captured.

What do the data tell us about the survey respondents?

Overall, the **Random Household Survey and the Convenience Survey had different groups of people responding to them**.

Both sets of information are needed to better understand the perspectives of the people in the County. The characteristics of the people who responded to the survey are somewhat different than the characteristics of the County based on census data. Taken together, **the surveys generally do a good job of describing the views of people in the County**.

Table 3: Vernon County respondent and population characteristics

	Categories	RHS	CS	County[1]
Age of adults*	20-24	0%	8%	6%
	25-64	63%	62%	68%
	65 & older	37%	30%	26%
Gender	Female	69%	80%	50%
Race	White	99%	96%	97.3%
	Black	0%	1%	0.5%
	Native American	0%	0%	0.2%
	Hmong	0%	1%	0.5%
	Other Asian/Pacific Islander	0%	0%	
	Other	1%	2%	1.5%
Ethnicity	Hispanic, Latino, or Spanish	0%	1%	2%
Education	Less than HS	4%	3%	13%
	HS	17%	38%	38%
	Some college or vocational	28%	33%	30%
	College grad and above	51%	26%	19%
Income	<=$25,000	16%	58%	25%
	$25,001-$75,000	55%	34%	48%
	>$75,000	29%	8%	27%
Health insurance	With health insurance	95%	84%	83%
Household size	1 person	15%	23%	27%
	2 people	48%	26%	39%
	3 people	13%	12%	13%
	4 or more	24%	39%	21%
Children in household	Yes	29%	49%	27%
Home ownership	Own	93%	59%	79%

** Calculated using the total population of adults in the region age 20 and older as the denominator.*

Overall, the RHS and CS respondents tended to be younger, female, and more educated than the actual makeup of the County.

As you read the report, please keep in mind that you need to look at responses from the RHS *and* the CS to get an idea about how people view the County. Throughout the report, when the RHS and CS data is presented in a graphical format the RHS data is presented in the first bar and the CS data is presented in the second bar for each measure.

What do the data tell us about the people in the County?

There are many data points that can tell us about *who* the people in the County are. Below we show some key characteristics. We also present a few data points that could have important implications for how the County tackles the needs identified in this assessment.

Table 4: Demographics section RHS and CS data

	Sample	Yes	No
Care for someone who is aging	RHS	34%	66%
	CS	22%	78%
Care for someone with a disability	RHS	19%	81%
	CS	20%	80%
Volunteer in your community	RHS	67%	33%
	CS	54%	46%
Years living in the community	RHS	>10 = 79%	<10 = 21%
	CS	>10 =54%	<10 = 46%

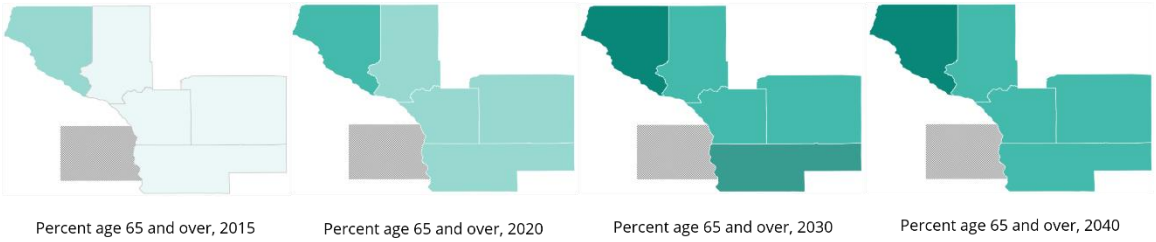
Three other data points not included above but also important to note are below.

Vernon County is primarily rural at 86%.[2] As you will see throughout the report, living in a rural area poses certain types of challenges for its residents – driving great distances to get groceries, lack of transportation options, etc.

The **median income of households in Vernon County is lower than the state median income**.[3] Although median income doesn't consider cost of living, you will see throughout the report that people's income factors into many of the decisions they make regarding healthcare, food, childcare, and even health behaviors.

A final data point to review is the **rate at which the population is aging**. Below, we show how the population is expected to age over the course of the next 25 years. The darker the color, the greater the number of people aged 65 and over. This could be important to consider as you think about the needs of the County and how to meet those needs. **By 2030, about 24% - 27% of the people in the County are estimated to be age 65 or older.**

Figure 2: Aging population projections



Percent age 65 and over, 2015 | Percent age 65 and over, 2020 | Percent age 65 and over, 2030 | Percent age 65 and over, 2040

Source: *Wisconsin Department of Health Services, Division of Long Term Care, 2015*.[4]

Table 5: Demographics section data

	Top US	WI	MN	GRR	Buffalo	La Crosse	Monroe	Trempealeau	Vernon	Houston
Population age 25-64[1]				50%	42%	49%	52%	52%	49%	52%
Population non-white race[1]				6.4%	2.5%	8.5%	5.9%	6.6%	2.7%	2.8%
Population with some college or higher[1]				58%	49%	67%	49%	49%	49%	58%
Population with health insurance coverage[1]				91%	92%	94%	89%	92%	83%	95%
Households with children[1]				27%	26%	26%	29%	29%	27%	26%
Population living in rural area[2]					100%	17%	58%	90%	86%	57%
Median income[3]	$63,300	$55,600	$63,500		$53,900	$51,400	$53,000	$53,700	$49,200	$56,300

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How is Vernon County faring?

In this section of the report, data about the wellbeing of the County from multiple sources including the Random Household Survey (RHS) and Convenience Survey (CS), focus groups, community meetings, and data from federal, state, and local government departments is presented. Where possible, this section points out how the County is doing in comparison to Wisconsin and the top U.S. performer. The top U.S. performer is any county in the U.S. that is performing in the top 10% of counties for that data point.

"Moved here from [another state recently]. Much better community than what we were in.
- Vernon County CS Respondent

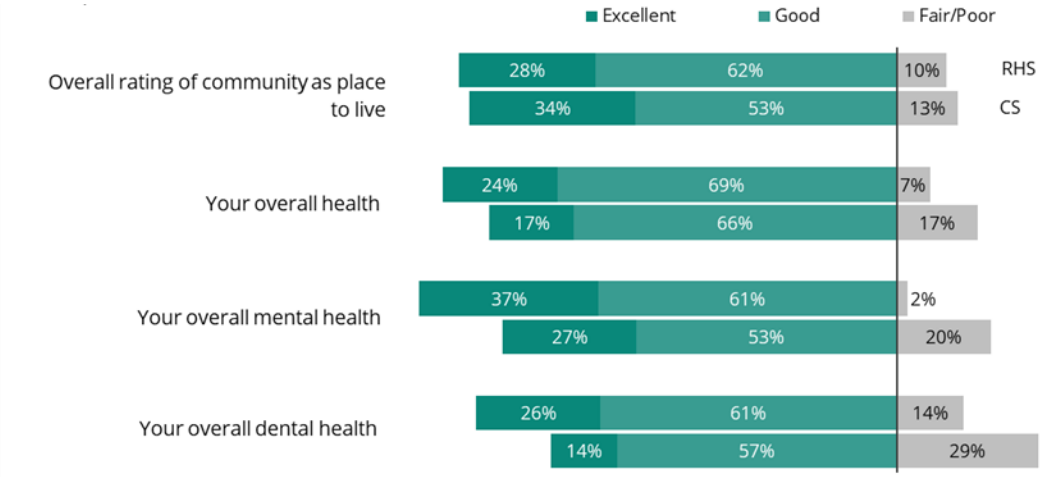
Quality and Length of Life

According to the World Health Organization, "quality of life" is a person's perception of their position in life and is affected by physical health, mental health, personal beliefs, relationships, and the physical environment.[5] Quality of life data can give an overall picture of how people are feeling about their lives. Length of life, or life expectancy, is a data point that tells us about the overall quality of people's lives using statistics, because how long people live is affected by so many things, like personal behaviors to social customs, expected length of life can give a general sense of how all those factors are influencing people. There may be specific factors that are affecting the quality of life of many of the people living here. If we identify those factors, then we can try to change them.

What do the RHS/CS survey data tell us?

People in the County view their community, overall health, mental health, and dental health as good to excellent. But there are differences between the RHS and CS respondents, especially in their view of their mental and dental health.

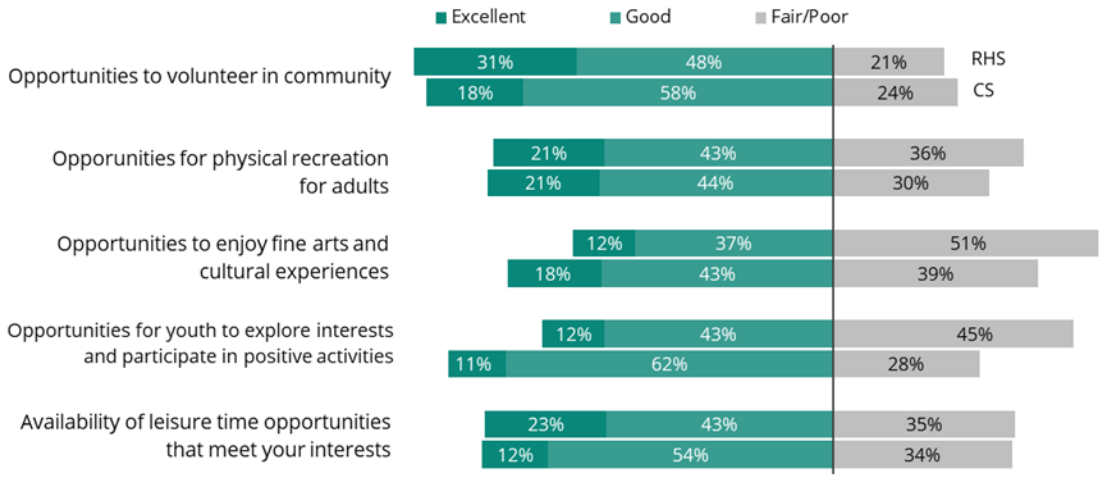
Figure 3: RHS and CS quality of life measures



Source: *COMPASS Now 2018 Random Household and Convenience Survey*

When residents of the County were asked via survey about the opportunities available to them that could increase their quality of life, **people viewed most opportunities as good, but needing improvement. Fine arts and youth opportunities were the lowest ranking**. Also, with the exception of opportunities to volunteer, CS respondents rated all opportunities higher than the RHS respondents.

Figure 4: RHS and CS quality of life opportunity measures



Source: *COMPASS Now 2018 Random Household and Convenience Survey*

What do other data tell us?

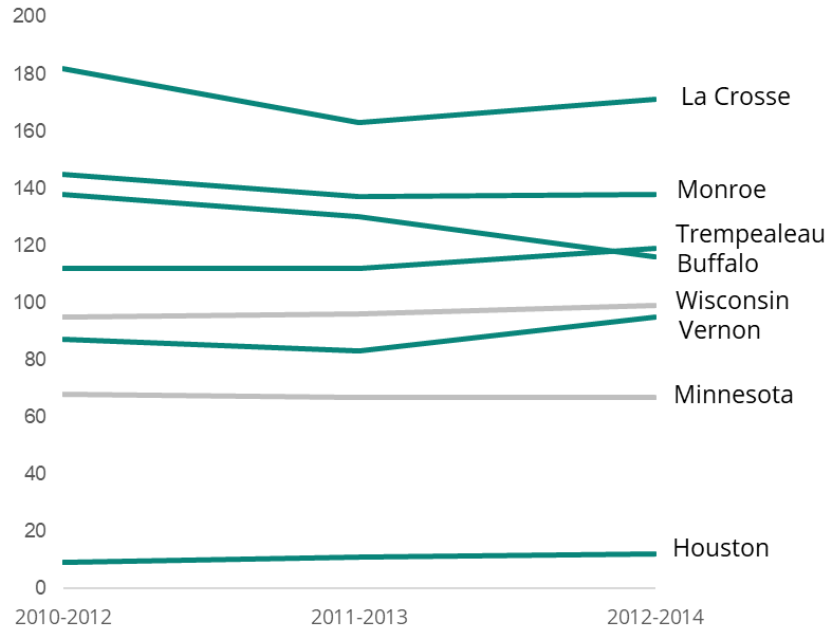
People living in the County are expected to live slightly longer than the general U.S. and Wisconsin populations (County = 80.1 years; U.S. = 79.1 years; WI = 79.8 years).[6]

When we look at data about people dying an early death, we see a slightly less positive trend to that of the County's life expectancy. **The County has a high amount of "years of potential life lost before age 75"** compared to the U.S. top performer. Years of potential life lost is an estimate of the average years a person would have been expected to live if he or she had not died prematurely. When added up for all of the people who died prematurely, it gives a sense of how much social and economic loss occurs when people die before 75. The top U.S. performer has about 5,200 years of potential life lost. In comparison, Vernon County has 6,000 years of potential life lost.[7]

According to the Wisconsin Department of Health Services, the **top causes of death have not changed much over time for the County**. Heart disease and cancer are the top leading causes of death for the County and have remained that way for the last 10 years. These causes of death are followed by unintentional injuries, lung diseases, stroke, and diabetes (see Appendices at www.compassnow.org for more information).

The **County is doing okay when you examine its rate of deaths by suicide and the rate of self-inflicted injury hospitalizations** (the closest measure we have for suicide attempts). The rate of death by suicide is 12.6 per 100,000 people.[8] **Rates of self-inflicted injury hospitalizations have not changed dramatically over time and are lower than the state rate.[9]**

Figure 5: Rate of self-inflicted hospitalizations over time



Source: *County Health Rankings, 2010-2014*[9] and Minnesota MIDAS[10].

Another measure of population health is the infant mortality rate. This is the number of deaths of children under 1 year of age per 1,000 live births. The infant

mortality rate is influenced by economics, living conditions, social wellbeing, rates of illness, and environmental factors**. The infant mortality rate for the County was 7.0 deaths per 1,000 live births, which was higher than the WI rate of 5.9 per 1,000**.[11] The percent of babies born at a low birth weight in the County is about the same as the top U.S. performer and WI at about 5%.[12]

There are a few data points that can give us a sense of the **quality of people's health**. The table below shows how Vernon County is doing compared to the Wisconsin state average. The **percent of adults who are obese is higher for the County than the top U.S. performer (26%) and slightly higher than the WI rate**[13]. All other data measures presented below are comparable to the state rates.

Table 6: Quality of health indicators

	Vernon County	WI
Adults obese[13]	33%	30%
Adults with diabetes[14]	9%	9%
Rate of new cancer diagnoses per 100,000 people[15]	426	468
Rate of heart disease hospitalizations per 1,000 people[16]	2.8	3
Rate of stroke hospitalizations per 1,000 people[17]	2.5	3

Summary

Survey respondents generally view their health as in good to excellent condition, but a greater proportion of CS respondents rated their overall mental health and dental health as fair/poor compared to RHS respondents. Data points about life expectancy, infant mortality, and others confirm that the overall health of residents is good.

Data about the quality of people's lives, based on health conditions people have, suggest that people could have improved quality of life. Many people in the County are obese, which can decrease quality of life and contribute to additional health problems.

Opportunities to increase one's quality of life are generally viewed as good. People feel they have opportunities to volunteer and for recreation. However, accessible and affordable opportunities for fine arts and for youth activities could be improved.

Table 7: Quality and Length of Life indicators

	Top US	WI	MN	GRR	Buffalo	La Crosse	Monroe	Trempealeau	Vernon	Houston
Life expectancy (years)[6]		79.8	80.9	80.2	80.2	80.3	78.7	80.3	80.0	81.8
Premature death (years of potential life lost; smaller number is better)[7]	5,200	6,000	5,100		5,100	5,000	7,000	5,000	6,000	3,100
Rate of death due to intentional self-harm (suicide) per 100,000 people[8]		13.2	12		NA	15.5	12.6	17.3	NA	
Rate of self-inflicted injury hospitalizations per 100,000 people[9-10]										
2010-2012		95	68		138	182	145	112	87	9
2011-2013		96	67		130	163	137	112	83	11
2012-2014		99	67		116	171	138	119	95	12
Infant mortality rate per 1,000 live births[11]	6.5 (US)	5.9	5.0	5.2	6.8*	3.6	8.8	1.5	7.5	NA
Low birth weight births[12]	6%	7%	6%		6%	6%	6%	6%	5%	6%
Obesity (% adults with BMI>30)[13]	26%	30%	27%		32%	28%	33%	30%	33%	26%
Adults with diagnosed diabetes[14]		9%	8%		10%	8%	9%	9%	9%	9%
Rate of new cancer diagnoses per 100,000 people[15,18]		468	459		383	471	479	457	426	429
Rate of coronary heart disease hospitalizations per 1,000 people[16]		3.0	NA		3.0	2.2	3.0	2.8	2.8	NA
Rate of cerebrovascular disease (stroke) hospitalizations per 1,000 adults[17]		3.0	NA		1.9	1.9	1.8	1.9	2.5	NA

*Due to the small number of births, this rate should be interpreted with caution

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"There is lack of physical activity opportunities in the community."
- Vernon County CS Respondent

Health Behaviors

Health behaviors include both positive and negative actions that people engage in that influence their health and wellbeing. For example, eating a lot of high fat foods can lead to obesity, and obesity can lead to heart disease and early death.[19] Yet, being physically active can lead to better health.[19] We can look at health behaviors as one area of people's lives which may benefit from improvement. If we can improve some of these health behaviors, then we may be able to improve people's quality and length of life.

What do other data tell us?

When we look at health behavior data about the people of the County, it paints a picture that shows room for improvement. Below, we look at alcohol, tobacco, and other drug use, child health activities, adult health behaviors, and reproductive health behaviors.

Alcohol, tobacco, and other drug use

Excessive drinking, which includes binge drinking (more than 4 or 5 alcoholic beverages on a single occasion) and heavy drinking (drinking more than 1 or 2 alcoholic drinks per day on average) is prevalent in the County. Excessive drinking is related to hypertension, interpersonal violence, suicide, and sexually transmitted infections.[20] **Slightly more than 1 in 5 people (21%) drink excessively**, which is more than the top U.S. performer, at 1 in 8 (12%).[21]

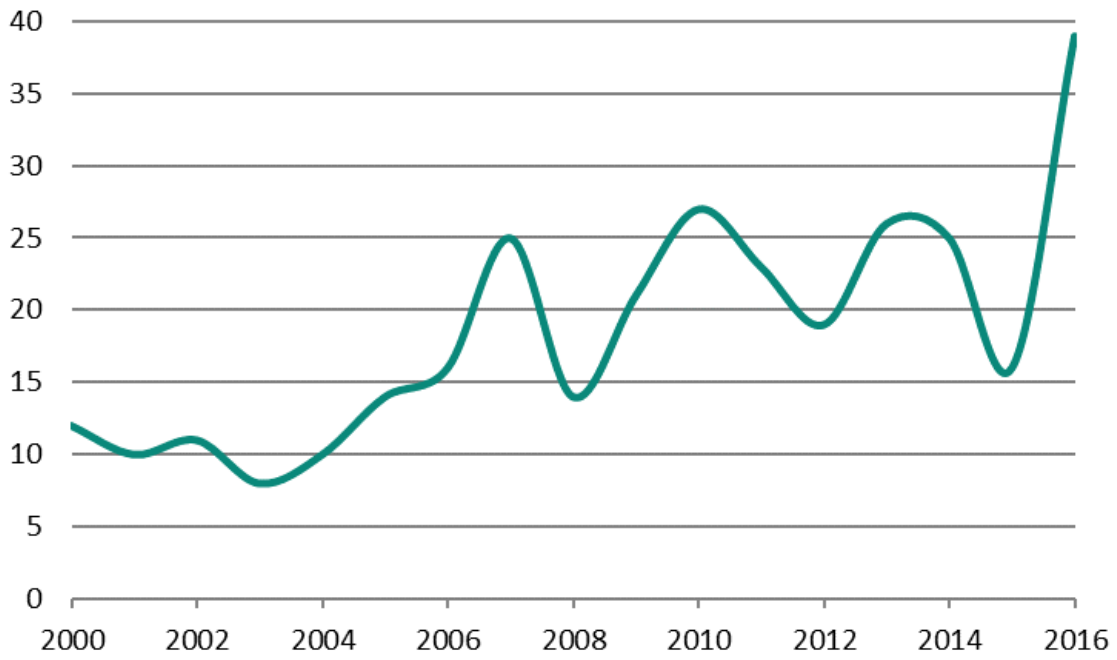
Data about alcohol-involved driving deaths shows a similar story. **About 42% of all driving deaths in the County involve alcohol**.[22] Although this is close to the WI state average (37%), it is far worse than the top U.S. performer (13%).

It's estimated that **about 9% of people in the Western Region of Wisconsin have used illegal drugs in the past month based on self-report**.[23] That is slightly higher than the Wisconsin estimate of 8%.[23]

There has been **a gradual increase in the number of drug overdose deaths in the Great Rivers Region** from 2000 to 2016, with a more noticeable increase from 2007 to 2016. In 2000 there were 12 drug overdose deaths and in 2016 there were

39 drug overdose deaths, which is a 225% increase.[24,25] In addition, **more than half of the drug poisoning deaths (62%) were unintentional** between 2000 and 2016.[24] In Vernon County from 2000-2016 there were 25 drug overdose deaths, 17 or 68% were unintentional.[24]

Figure 6: Drug overdose deaths in the Region over time



Source: *Wisconsin Department of Health Services, 2000-2016, and Minnesota Department of Health Services, 2000-2016.*

Drug arrests are another way to understand how often people are engaging in alcohol and drug-related behaviors. In 2015, there were 1,262 arrests for the sale or possession of drugs in the Wisconsin counties of the Great Rivers Region.[26] That means **there were about 5 drug arrests for every 1,000 people living in the Region**. In **Vernon County there were 8 drug arrests for every 1,000 people living in the County**.[26] These data keep hidden the many people who use drugs and are not caught by law enforcement or who are seeking treatment or have not reached a level of dependence.

We know from statewide data that opioid use and abuse has been rising in Wisconsin. Data on opioid use suggests that the Region is doing slightly better than Wisconsin. **Deaths due to opioid overdoses in the County (8.0 deaths per 100,000 people) are not as high as the WI rate (11 deaths per 100,000 people), but we know the problem is getting worse because death rates, emergency room visits, and hospital stays have been increasing over the years.**[24,25]

Smoking data tell us that there has not been much change, in the percent of current smokers and the rate remains relatively low – **about 17% of people in the County report current smoking**.[27] This is the same as the Wisconsin rate (17%), and just slightly higher than the top U.S. performer (14%).

Child health activities

People's decision to vaccinate their children varies greatly across the Great Rivers Region, and may also be affected by people's access to healthcare and their religious and cultural beliefs. **The percent of children receiving all recommended vaccinations in the County is 43%**,[28] which is much lower than the Wisconsin child vaccination rate of 71% Recommended vaccinations include DTaP, polio, MMR, Hib, hepatitis B, varicella, and Pneumococcal conjugate; these vaccines protect children from acquiring serious diseases.

Adult health behaviors

A key data point that has major effects on people's health is their amount of physical activity. In a prior section of the report, we saw that 33% of adults in the County were obese. When we look at physical activity rates, we see that **27% of people report no leisure time physical activity**.[29] The lack of leisure time physical activity may contribute to the higher rates of obesity.

Another area to consider is whether people in the County are getting recommended health screenings. Health screenings can detect disease early, and with early detection comes better treatment options. Although data is not available for Vernon County, **people in the Region are getting their health screenings as often as people in Wisconsin**.[30-32]

Reproductive health behaviors

Two data points that can give us a sense of how well the County is doing when it comes to reproductive health are sexually transmitted infection rates and teen birth rates. Rates of chlamydia can give a sense of unsafe sexual activity in the County. Sexually transmitted infections, like chlamydia, are a major cause of infertility and pelvic pain and disease.[33] Treating sexually transmitted infections is also quite costly.[34]

The chlamydia rate is low in Vernon County, and is close to the top U.S. performer.[35]

Table 8: Chlamydia and teen birth rates

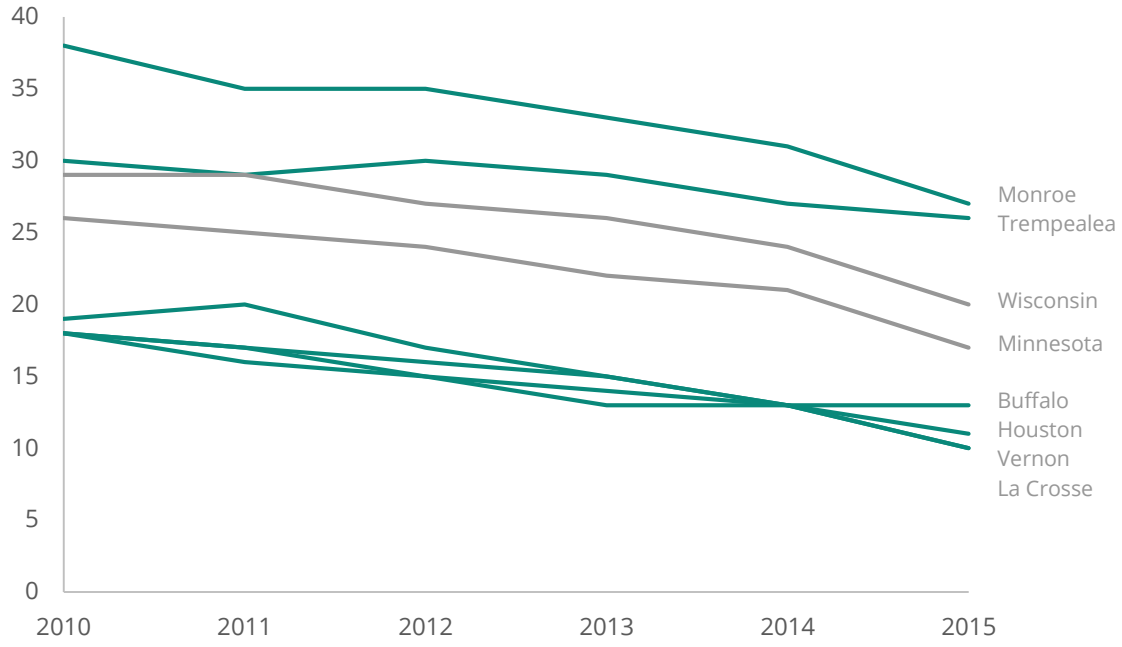
	Vernon County	WI	Top U.S. Performer
Rate of chlamydia cases per 100,000 people[35]	129	403	123
Rate of teen births per 1,000 females age 15-19[41]	10	20	15

The teen birth rate can give us a sense of the sexual health of our teenagers. We know that people who have children as teenagers are more likely to have poor birth outcomes, [36, 37] poor socioeconomic, behavioral, and mental health outcomes.[38-40]

The rate of teen births in the County (13 per 1,000) is lower than the state rate (24 per 1,000) and top U.S. performer (20 per 1,000).[41]

Teen birth rates have been trending down in all counties within the Region.[41] Buffalo, Houston, Vernon, and La Crosse counties have overlapping rates for some years of data, and for 2017, Vernon and La Crosse counties ended up with a teen birth rate of 10 births per 1,000 females aged 15-19.

Figure 7: Teen birth rates over time (7-year rates)



Source: *County Health Rankings, 2013-2018.*

Summary

Slightly more than one in five people drink excessively, which is more than the top U.S. performer, at one in eight.

Illegal drug use continues to be a top concern for the County.

Vernon County has a low rate of children are getting their recommended vaccinations.

Physical activity is low which may contribute to the obesity rate.

The rate of sexually transmitted infections is low, suggesting that safe sex practices are being used, and the County has a low rate of births among teenagers.

Table 9: Health Behaviors indicators

	Top US	WI	MN	GRR	Buffalo	La Crosse	Monroe	Trempealeau	Vernon	Houston
Adult excessive drinking (binge drinking or heavy drinking)[21]	12%	24%	21%		23%	24%	25%	23%	21%	21%
Alcohol-involved driving deaths[22]	13%	37%	31%		38%	32%	38%	32%	42%	0%
People over 12 years using illicit drugs in past month[23]	9.6% (US)	8.4%	8.3%		Western WI Region = 8.7%					Region 5 & 6 = 7.6%
Drug arrests per 1,000 people[26]				5 (WI)	1.3	7.7	4.0	1.7	1.8	NA
Rate of opioid-involved deaths per 100,000 people[24, 25]		11	12.3	7.2	3.0	8.2	7.0	6.1	8.0	5.3
Rate of opioid-related emergency department visits and hospitalizations per 100,000 people[24]		362	NA	297 (WI)	251.6	329.8	294.0	261.3	228.8	NA
Adults self-reporting smoking[27]	14%	17%	16%		16%	16%	17%	16%	17%	14%
Children aged 19-35 months who received all recommended doses of DTaP, polio, MMR, Hib, Hepatitis B, Varicella, & PCV[28]		71%	60%		63%	79%	68%	73%	43%	78%

	Top US	WI	MN	GRR	Buffalo	La Crosse	Monroe	Trempealeau	Vernon	Houston
Adults reporting no leisure time physical activity[29]	19%	20%	19%		25%	20%	24%	20%	27%	24%
Women who should have and got at least one mammogram in past 24 months[30]		79%	81%	84%						
Women who should have and got cervical cancer screening[31]		81%	81%	81%						
Men and women who should have and got colorectal cancer screening[32]		77%	72%	78%						
Rate of chlamydia cases per 100,000 people[35]	123	403	367		112	397	316	203	129	122
Rate of teen births per 1,000 females age 15-19[41]	15	20	17		13	10	27	26	10	11

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"I am a veteran. I go to the VA in Tomah. I don't use or know much of what is available for healthcare in the area. When I did have to use ER it was excellent care.."
- Vernon County CS Respondent

Clinical Care

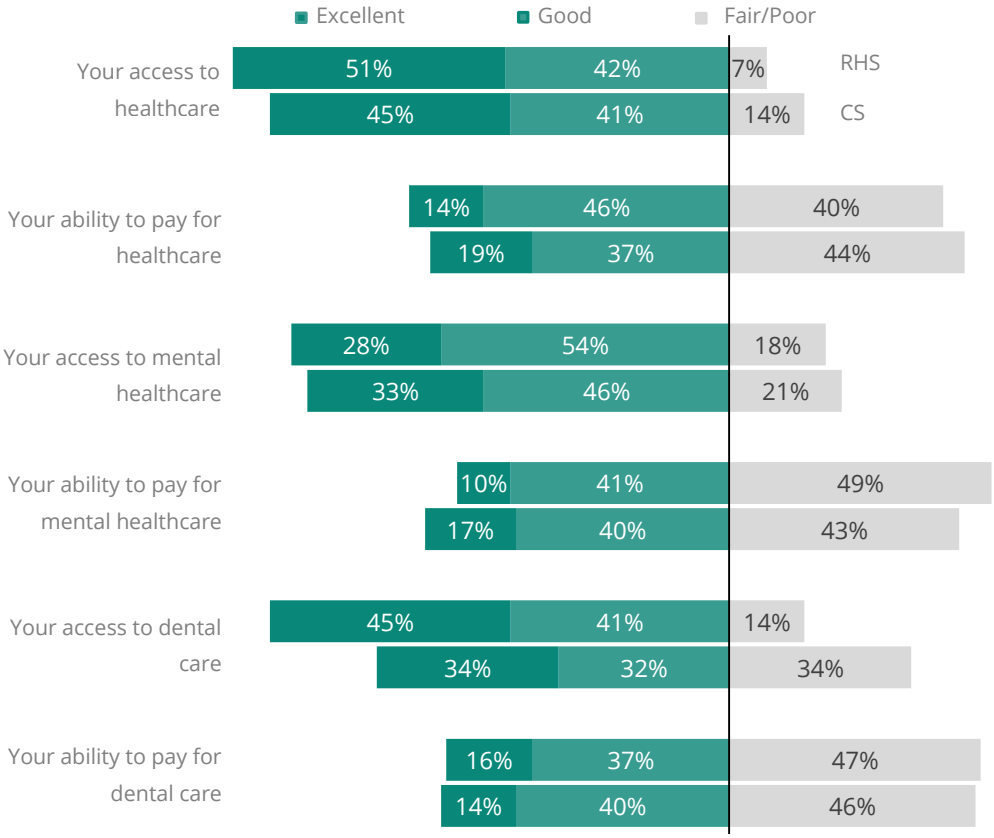
Does the type of care you need exist? How easy is it to get the care you need? When you get care, is it high quality? In this section, important data that answer these questions is shown. If the care that people need is not available, is difficult to access, or is not high quality, then people's health will suffer. If we can identify and change these things, then we may be able to increase people's quality and length of life.

What do the RHS/CS survey data tell us?

Whether you ask people about physical healthcare, mental healthcare, or dental care, people feel that they have good or excellent access if you look at the County as a whole, but that is not the whole story.

People in the County view their access to physical, mental, and dental care as good to excellent. CS respondents consistently rated access to care lower than RHS respondents. This is particularly apparent in people's access to dental care.

Figure 8: RHS and CS access to care and ability to pay for care measures



Source: *COMPASS Now, 2018 Random Household and Convenience Survey*

RHS and CS results show that far **fewer people felt that their ability to pay for healthcare, mental healthcare, and dental care were good to excellent**, compared to how they viewed their access to care. This may be due to the care being too expensive, insurance premiums or co-pays being too high, or many other factors. More than **two out of five CS respondents said they had poor to fair ability to pay for healthcare (44%)** and results for RHS respondents were similar at two out of five (40%).

Based on the RHS and CS surveys, around **27% (CS) to 33% (RHS) of people said that there was a time in the past 12 months that they needed to see a doctor but did not because of the cost**.

What do other data tell us?

Data that compare the number of people in a county to the number of providers tells a different story about the availability of doctors, mental healthcare providers, and dentists than the overall regional RHS and CS data about access to care. **The availability of mental health care and dental care providers for Vernon County**

is lower than the state average and the top U.S. performer,[42-44]meaning the ratio of population to providers is higher than the state average and U.S. top performer. Vernon County has a slightly lower population to primary care providers ratio than the state of Wisconsin, but higher than the top U.S. performer. In addition, the Health Resources and Services Administration (HRSA) has designated all of Vernon County as a medically underserved area or population.[45] These areas or populations are designated by HRSA as having too few primary care providers, high infant mortality rates, high poverty rates, or a high elderly population.

Table 10: Availability of providers

	Vernon County	WI	Top U.S. Performer
Availability of primary care providers (ratio of population to providers)[42]	1210:1	1240:1	1040:1
Availability of mental health providers (ratio of population to providers)[43]	820:1	600:1	360:1
Availability of dental care providers (ratio of population to providers)[44]	2770:1	1560:1	1320:1

Source: *County health rankings*

There are **severe mental health treatment gaps for both adults and youth** who have mental health issues in the County. The percent of adults that need treatment and are not receiving it is 58%.[46] The percent of youth that need treatment and are not receiving it is 53%.[46]

Although **87% of people in the County under age 65 have health insurance**,[47] the lack of providers combined with people's lessened ability to pay for care may decrease the chances that people try to get care when they need it.

Several clinical healthcare data points suggest that **when people receive care, it is high quality**. For example, the percent of diabetic Medicare enrollees aged 65-75 that received blood sugar monitoring is 91% and is about the same as the WI (90%) average and the same as the top U.S. performer (91%).[48] This suggests that their diabetes is well-monitored. The rate of blood sugar monitoring is important as it is a

preventive approach which indicates access to care, one's knowledge of health, and one's ability to utilize services.[49]Similarly, people with asthma seem to have their asthma well-controlled, which indicates that doctors and patients are working well together. The rate at which people are hospitalized for asthma problems (around 2.1 hospitalizations per 10,000 people) is much lower than the WI average (6.3 hospitalizations per 10,000 people).[50]

Summary

People generally view their access to healthcare, mental healthcare, and dental care as good to excellent, but metrics on how many care providers there are in the County show that there are not enough care providers to sufficiently serve all people in the County as evidenced by the mental health treatment gaps. In addition, people have difficulty paying for care, and some have not seen a provider when they needed to because of cost.

When people receive healthcare, it appears to be of high quality.

Table 11: Clinical Care indicators

	Top US	WI	MN	GRR	Buffalo	La Crosse	Monroe	Trempealeau	Vernon	Houston
Availability of primary care providers (ratio of population to providers)[42]	1040:1	1240:1	1100:1		6590:1	700:1	1820:1	2460:1	1210:1	1440:1
Availability of mental health providers (ratio of population to providers)[43]	360:1	600:1	510:1		6600:1	390:1	710:1	2270:1	820:1	4690:1
Availability of dental care providers (ratio of population to providers)[44]	1320:1	1560:1	1408:1		940:1	1140:1	1690:1	4220:1	2770:1	2090:1
Mental health treatment gap for adults[46]		54%	NA		72%	48%	57%	58%	58%	NA
Mental health treatment gap for youth[46]		54%	NA		58%	29%	45%	51%	53%	NA
Population under age 65 with no health insurance coverage[47]	8%	9%	7%		9%	7%	10%	9%	13%	6%
Diabetic Medicare enrollees 65-75 that received diabetes monitoring[48]	91%	90%	88%		90%	93%	92%	92%	91%	89%
Age-adjusted asthma hospitalization rates per 10,000[50]		6.3	NA		1.2*	2.1	1.6	2.5	2.1	NA

*Rate is based on less than 20 events and should be interpreted with caution.

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" With the wave of baby boomers coming our community needs a more proactive stance with dementia care. Education, advocacy and support will be so important in managing this"
-Vernon County RHS Respondent

Social & Cultural Factors

Social and cultural factors include social support, schools, educational opportunities, and social norms and attitudes. Social factors influence a wide range of health, functioning, and quality of life outcomes. For example, completing more education is linked with being less likely to smoke and more likely to exercise, in addition to better physical health.[51-53] Research also shows that poor family support, limited contact with other people, and limited involvement in one's community are linked to early death and poorer health.[54] Social factors are clearly important.

What do the RHS/CS survey data tell us?

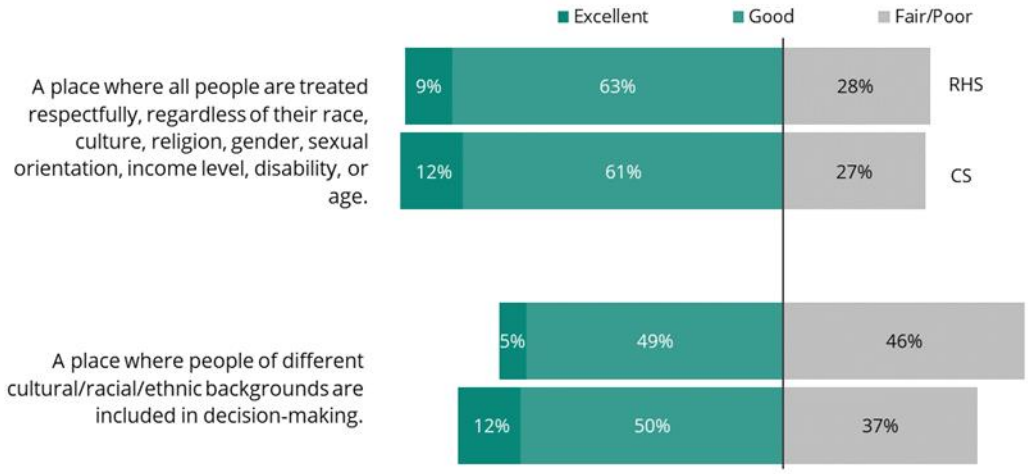
Social factors data are presented in three main areas: social diversity, care for children, the aging, and people living with disabilities, and early care/education.

Social diversity

Having respect for and an understanding of, people of different ages, genders, values, ethnicities, customs, and backgrounds than us can help everyone understand different points of view, find new solutions to old problems, increase trust, and work better together as a community.

The RHS and CS surveys ask two important questions about the County's social diversity. The results suggest that **respect for community diversity is valued but could use improvement**. In addition, **including people with different backgrounds in decision-making could use improvement**.

Figure 9: RHS and CS diversity measures



Source: *COMPASS Now 2018 Random Household and Convenience Survey*

Attention to and care for children, the aging, and people living with disabilities

An area that tells us about the support within our communities is how well we care for our children, people with disabilities, and the aging. If we are not taking care of these people as best as we can, it may suggest that those in a caregiving role may be unable to fulfill their responsibilities because of their own health, economic, or social problems. In addition, if we are not caring for these populations, their wellbeing may suffer.

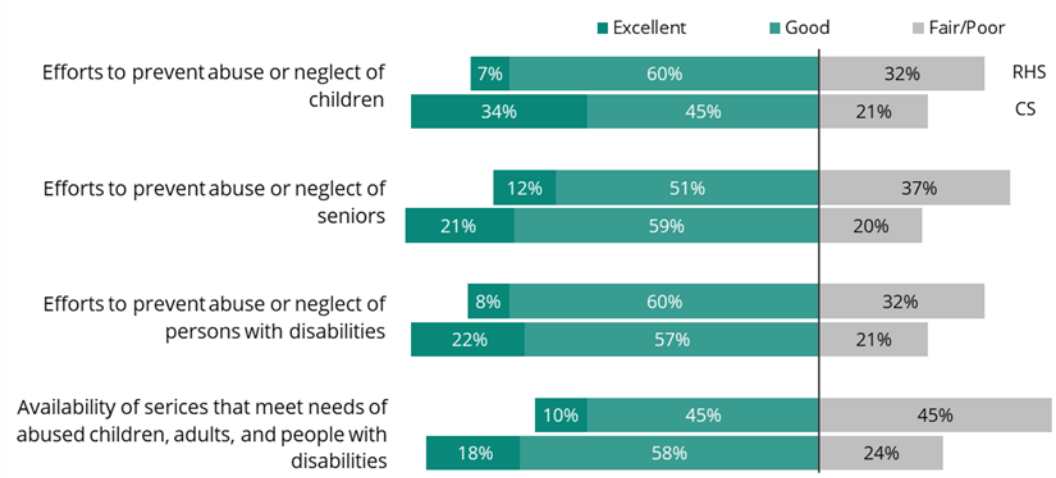
Caring for the needs of aging persons and persons with disabilities is of vital importance to the wellbeing of these populations. When people in the County were asked about how well their community meets the overall needs of the aging and persons with disabilities, results were fairly similar. **About half of people said their community was *good* at meeting the overall needs of the elderly and persons with disabilities** (elderly RHS = 50%, CS = 49%; persons with disabilities RHS = 54%, CS = 53%).

Table 12: RHS and CS meeting needs of populations measures

	Sample	Poor/Fair	Good	Excellent
Community as a place that meets needs of elderly persons	RHS	35%	50%	15%
	CS	23%	49%	28%
Community as place that meets needs of persons with disabilities	RHS	35%	54%	11%
	CS	29%	53%	18%

Half of RHS respondents believe their communities do a good job of meeting the needs of the aging and persons with disabilities. **Similarly, about two-thirds of survey respondents believe their communities are preventing abuse of the aging and persons with disabilities. Even though about half of RHS respondents stated both efforts (meeting needs and preventing abuse) are good, one-third still rated efforts as "*fair/poor*."** Additionally, two out of five RHS and one out of four CS respondents rated the availability of services that meet the need of abused children, adults, and people with disabilities as "*fair/poor*," suggesting room for improvement.

Figure 10: RHS and CS abuse prevention measures



Source: *COMPASS Now 2018 Random Household and Convenience Survey*

Early care, 4K-12, and higher education

Care and education for our children is very important if we want our communities to continue to be positive places to live and to improve in the future. There is a link between getting more education and having better health.[55] More education also tends to help a person get better-paying jobs. Below, we present data from birth to adulthood about education and education opportunities.

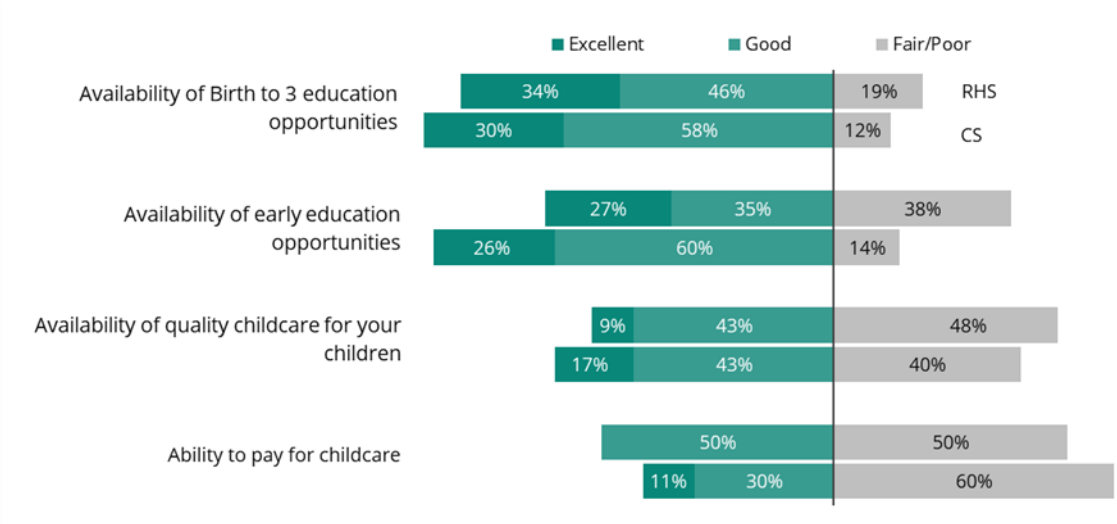
Overall, **most people feel that their community does a *good* to *excellent* job in meeting their family's education needs** (RHS = 81%; CS = 88%).

Table 13: RHS and CS educational needs measure

	Sample	Poor/Fair	Good	Excellent
Community as place that meets your educational needs	RHS	20%	46%	34%
	CS	12%	58%	30%

When people in the County were asked about the availability of Birth to 3 (a program that supports families of children with developmental delays or disabilities), childcare, and early education, the picture was not entirely positive. **People felt that early education and Birth to 3 opportunities were good to excellent, but finding and paying for high-quality childcare was difficult.**

Figure 11: RHS and CS early education and childcare measures



Source: *COMPASS Now 2018 Random Household and Convenience Survey*

Once children enter elementary, middle, and high school, the picture is more positive. People view the schooling as *good* to *excellent* quality (RHS good/excellent = 89%; CS good/excellent = 91%)

The **quality of higher education in the community and region is also viewed positively** (RHS good/excellent = 79%; CS good/excellent = 82%). However, people feel that their **ability to pay for education beyond high school for themselves or their family is *fair* to *poor* (RHS = 62%; CS = 60%)**.

Nearly 40% of people viewed opportunities in their job to gain additional knowledge or skills as *poor to fair* (RHS = 44%; CS = 32%). And about **a third viewed the availability of community resources to learn new skills as *poor to fair*** (RHS = 43%; CS = 30%).

Table 14: RHS and CS education and skills measures

	Sample	Poor/Fair	Good	Excellent
Quality of schools, grades 4K-12	RHS	11%	54%	35%
	CS	9%	50%	41%
Quality of higher education	RHS	21%	33%	46%
	CS	18%	48%	34%
Ability to pay for higher education	RHS	62%	24%	14%
	CS	60%	28%	12%
Opportunities in job to gain additional knowledge or skills	RHS	44%	42%	14%
	CS	32%	47%	21%
Availability of community resources to learn new skills	RHS	43%	35%	22%
	CS	30%	49%	21%

What do other data tell us?

An area that tells us about the support within our communities is how well we care for our children. Child maltreatment data, which includes neglect, physical abuse, and sexual abuse allegations, is an area that can tell us how well we are caring for our children. Looking at the number of juvenile arrests can tell us more about teenagers and how well we are paying attention to and providing them with positive environments and activities. Taken together, the data should give us an idea of how children fare from early childhood through adolescence.

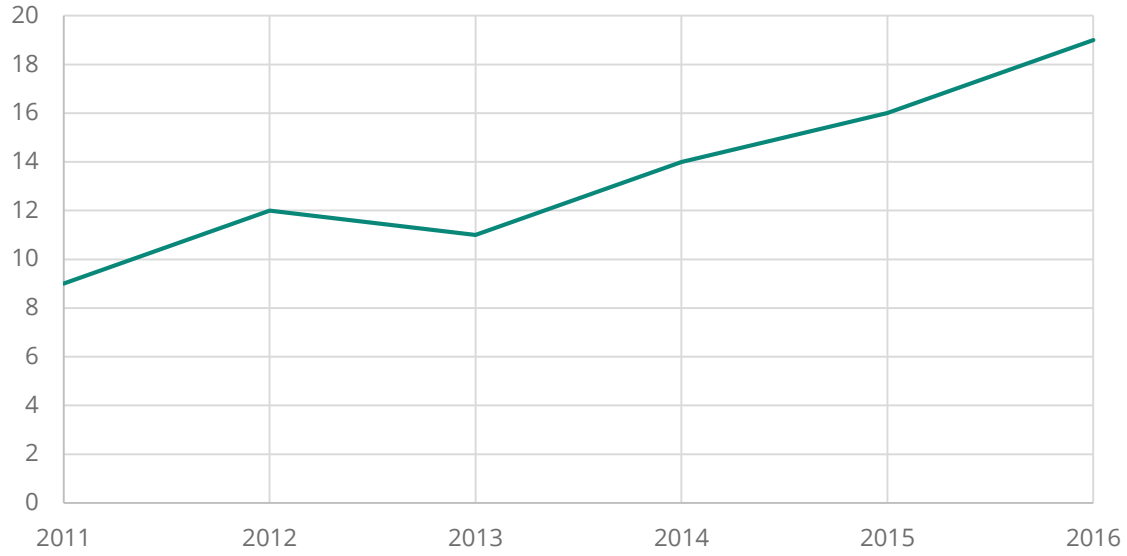
High child abuse rates,[56] increases in referrals to child protective services,[57] and increases in out-of-home placements[58] are occurring in Vernon County.

Table 15: Child abuse and neglect indicators

	Vernon County	WI
Child abuse rate per 1,000 children, 2014[56]	5.5	4.0
Percent change in number of CPS referrals 2011-2015[57]	92%	19%
Out-of-home placements 2011	9	
Out-of-home placements 2016	19	

The **number of out-of-home care placements has increased by 111% in Vernon County from 2011 to 2016**.[58]

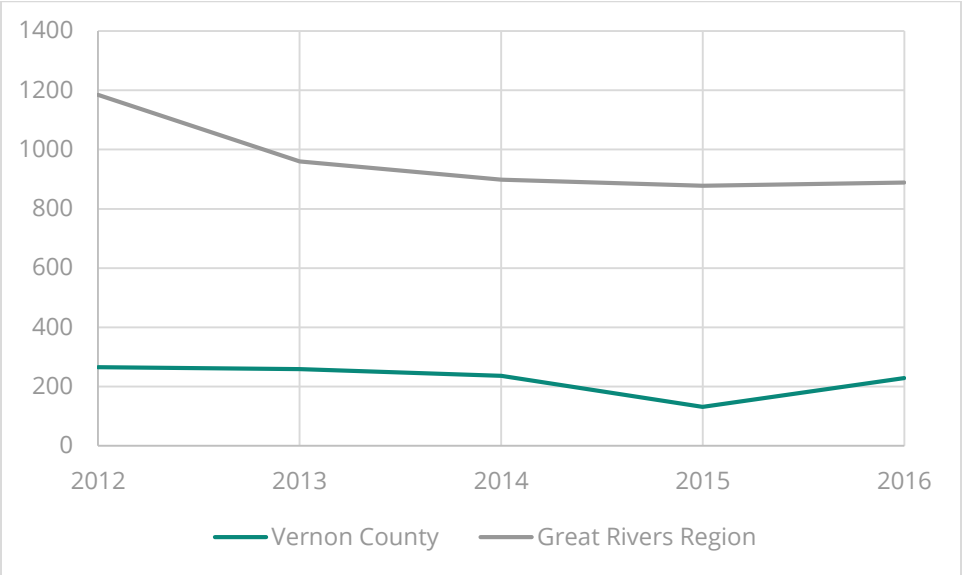
Figure 12: Number of out-of-home placements over time



Source: *Wisconsin eWisacwis Report, 2011-2016*

A positive sign is that **juvenile arrest rates have remained steady over time**.[59] Counties in the region showed an overall decrease in rates since the 2012 COMPASS report. [59, 60]

Figure 13: Juvenile arrest rates over time



Source: WI Department of Justice. *UCR Arrest Data,* 2012-2016*;* Minnesota Department of Public Safety. *Arrest Dashboards*, 2011-2015

As noted earlier, survey respondents felt positively about the quality of 4K-12 education. Other data tell a similar story. The percent of fourth-graders in the County who are proficient or advanced in reading is 53%.[61] This is just above the Wisconsin average rate of 52%. Similarly, in Vernon County the percent of ninth-graders that graduate from high school in four years (95%) is well above the Wisconsin state average (88%).[62] The percent of adults with some higher education (53%) is less than the state average (67%).[63]

Summary

Generally, social diversity is valued and acknowledged throughout the County, but more could be done to increase respect for those with different backgrounds and to include them in decision-making. There is a long-standing saying of "nothing about us without us," which means that no decision should be made by anyone without the full and direct participation of members of the group affected by the decision. The data seem to support this notion.

People view the County as doing a *good* job of meeting the needs of children, the aging, and those with disabilities. People also feel that efforts to prevent the abuse and neglect of these populations is *good*. Even though about half of RHS respondents stated both efforts (meeting needs and preventing abuse) are good, one-third still rated efforts as *fair/poor*. In addition, data on child abuse and neglect suggest that the problem is increasing, while juvenile arrest rates are staying the same.

Education, overall, is viewed as good to excellent, and data suggest that 4K-12 and higher education is of high quality. Yet, families find it difficult to pay for higher education for themselves or their family members.

Childcare is an area where people struggle to find and afford high quality care. Quality childcare impacts whether children will be school-ready, read at grade-level, and graduate from high school. If childcare is not available, employment options for parents are limited.[64]

Table 16: Social Factors indicators

	Top US	WI	MN	GRR	Buffalo	La Crosse	Monroe	Trempealeau	Vernon	Houston
Child abuse rate per 1,000 children, 2014[56]		4.0	3.5		4.3	3.3	4.9	2.5	5.5	0.9
Percent change in number of CPS referrals, 2011-2015[57]		19%	NA		27%	21%	-12%	53%	92%	NA
Percent change in number of out-of-home placements, 2011-2015[58]		11%	NA		71%	9%	141%	155%	111%	39%
Juvenile arrest rate per 10,000 youth age 10-17, 2012-2016[59, 60]		863		962	114	1589	954	190	224	180
2012		1137		1185	158	1967	1135	246	266	185
2013		926		959	68	1604	914	180	259	260
2014		785		898	148	1508	755	196	236	221
2015		754		878	79	1442	960	174	132	116
2016		712		889	118	1418	1002	157	229	115

	Top US	WI	MN	GRR	Buffalo	La Crosse	Monroe	Trempealeau	Vernon	Houston
4th grade students proficient or advanced in reading[61]		52%	59%		59%	59%	51%	51%	53%	61%
9th grade cohort that graduates in four years[62]		88%	93%		94%	93%	93%	94%	95%	96%*
Adults, 25-44, with some higher education[63]	72%	67%	74%		59%	77%	61%	60%	53%	68%

*Houston County percentage was calculated using individual schools. The county as a whole has a much lower graduation rate because the Houston School District hosts the Minnesota Virtual Academy, an online public high school that had a graduation rate of 38.8% in 2017.

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"No assistance that really helps. Poor community, beautiful area. Income severely affected by medical costs [due] to height of deductibles... Don't try asking for help, you either make too much or not enough for any program especially medical."
- Vernon County RHS Respondent

Economic Factors

Economic factors include job opportunities, living wages, exposure to and living in certain socioeconomic conditions like concentrated poverty, and resources to improve people's economic standing. Economic factors influence a wide range of health, functioning, and quality of life outcomes. Again, if we know in which areas we are not doing well, then hopefully we can find ways to improve them.

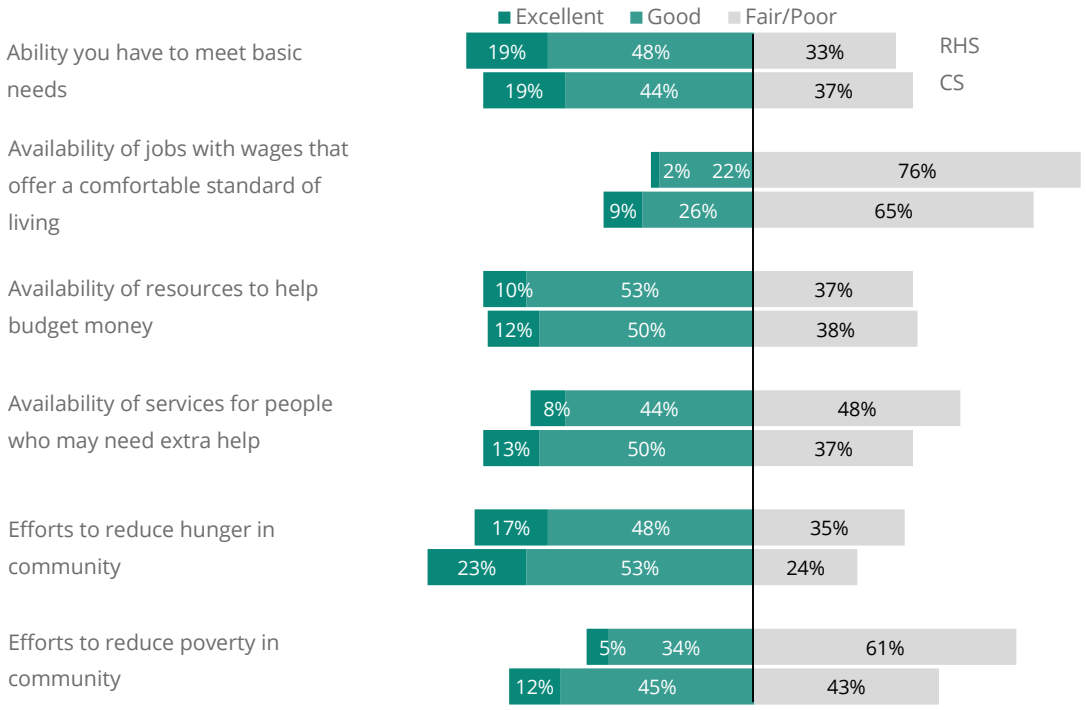
What does the RHS/CS survey data tell us?

RHS and CS respondents seem to suggest that the County could be doing better economically. **About one in three people rated their ability to meet their basic needs as poor to fair** (RHS = 33%; CS = 37%).

The **majority, 76%, of RHS respondents rated the availability of jobs with wages that offer a comfortable standard of living as poor to fair**.

Around half of survey respondents felt that the availability of services for people who may need extra help was good to excellent, but a sizeable proportion felt that it was only fair to poor.

Figure 14: RHS and CS economic measures



Source: *COMPASS Now 2018 Random Household and Convenience Survey*

When survey respondents were asked about their community's efforts to help families in need, results suggest that more could be done. **Nearly 50% of RHS and CS respondents rated efforts to reduce hunger in their community as *good***. But efforts to reduce poverty were viewed quite differently – **nearly two-thirds of RHS (61%) and two out of five CS (43%) respondents said that efforts to reduce poverty were *poor to fair***.

What does other data tell us?

Overall, **median household income in the County ($49,200) is lower than WI ($55,600) and is much lower than the top U.S. performer ($63,300)**.[65] Unemployment rates in the County (3.7%) are around the state average (WI = 4.1%).[66] The labor force participation rate (the percent of people employed and unemployed but looking for a job) for adults in their prime working years (age 20-64) for the County is 76%.[67] Although unemployment rates in the County are low and the labor force participation rate is high, median household incomes are still lower than the state and the U.S. top performers.

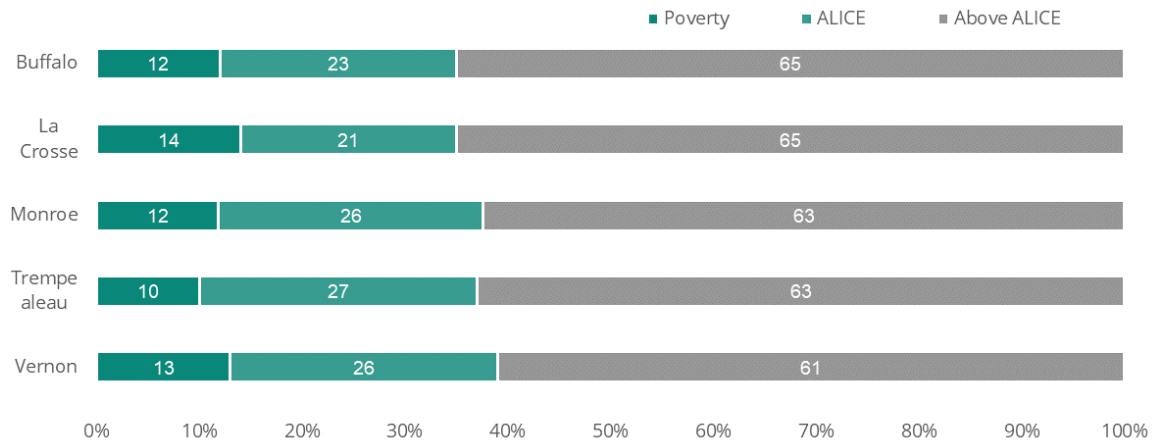
Another way to think about how people are doing financially is to look at the number of adults and children living below the federal poverty threshold. The poverty threshold is based on how much money a household in the city pays for a

certain set of goods and services, like food and beverages or medical care. In 2015, the federal poverty threshold for a household consisting of two adults and two children was $24,036. **The percent of the population in the County living below the federal poverty threshold is 15%**.[68] This rate is slightly higher than the WI rate (12%).[68] Additionally, White people in the County have the lowest percentage of people living at or below the poverty threshold at 16%, while 31% of Black people, 27% of Native American people, 16% of Asian people, and 62% of people who identify as an Other race live at or below the poverty threshold.[69] These percentages should be interpreted with caution due to the low number of non-White residents in Vernon County.

The **percent of children in the County living below the federal poverty threshold** is a bit higher than the percent of the general population living below the poverty threshold. About 26% of children in Vernon County live below the federal poverty threshold, which is much higher than WI (17%) and the top U.S. performer (12%).[70] What's more, **nearly half of children are eligible for free and reduced school lunch** in the County.[71] Eligibility for free and reduced school lunch is based on household size and household income; each year the eligibility criteria is updated to reflect changes in costs of living.

The federal poverty threshold does not account for the actual cost of living in each county; therefore, another useful data point, the ALICE (Asset Limited, Income Constrained, Employed) Threshold, is used to give an idea of the number of households that are struggling to meet basic needs because they earn more than the poverty threshold, but not enough to afford a basic household budget of housing, child care, food, transportation, and healthcare. Below, we show the proportion of households that live below the poverty threshold, live in between the federal poverty threshold and the ALICE Threshold, and live above the ALICE Threshold.[72] **About one in four households earn more than the federal poverty threshold, but less than the basic cost of living for the county**.[72] When this is added to the number of households that are living below the poverty threshold, 39% of the total population is struggling to afford basic needs.

Figure 15: ALICE threshold



Source: *WI ALICE Report, 2018.*

A resource that is available to families in need of financial assistance is Temporary Assistance for Needy Families (TANF), formerly known as Welfare. In Wisconsin the program is called Wisconsin Works W-2. It provides financial assistance to pregnant women and families with one or more children. It can be used to help pay for food, shelter, utilities, and non-medical expenses. **In the County, the percent of households receiving TANF is 1.7%.** The rate is lower than WI (2.2%).[73]

Other government assistance includes programs such as Supplemental Security Income (SSI), cash public assistance income, and FoodShare (Food Stamps/SNAP). The **percentage of households that received SSI, cash public assistance income, or FoodShare (Food Stamps/SNAP) in the past 12 months was lower for the County than the U.S. (County = 19%; U.S. = 28%)**.[74] The lower overall receipt of government assistance may be due to low need, few households applying for benefits, lack of knowledge about the programs, state-specific policies (such as the work requirement for able-bodied adults with no dependents in WI), or other factors.

Summary

Data suggest that a sizeable number of people are struggling financially. Although unemployment rates are about the same as the state rates, about two in five households are struggling to meet their basic needs.

What is more, people feel that jobs that pay livable wages are hard to come by in the County. They also feel that efforts to reduce poverty could be better and that there could be more resources to help with budgeting and finances.

Table 17: Economic Factors indicators

	Top US	WI	MN	GRR	Buffalo	La Crosse	Monroe	Trempealeau	Vernon	Houston
Median household income[65]	$63,300	$55,600	$63,500		$53,900	$51,400	$53,000	$53,700	$49,200	$56,300
Unemployment[66]		4.1%	3.9%		4.6%	3.7%	4.0%	3.8%	3.7%	4.0%
Labor force participation rate[67]		81%	84%	82%	83%	83%	80%	85%	76%	87%
People living below Federal Poverty Threshold[68]		12%	11%		10%	14%	13%	9%	15%	11%
Children living below Federal Poverty Threshold[70]	12%	17%	13%		14%	12%	20%	14%	26%	10%
Children eligible for free and reduced school lunch[71]		41%	38%		34%	37%	48%	43%	46%	27%
Households above Federal Poverty Threshold and below ALICE[72]		26%	NA		23%	21%	26%	27%	26%	NA

	Top US	WI	MN	GRR	Buffalo	La Crosse	Monroe	Trempealeau	Vernon	Houston
Households receiving Temporary Assistance for Needy Families[73]		2.2%	3.6%		2.0%	1.8%	2.6%	1.7%	1.7%	2.5%
Household receiving SSI, cash public assistance, or SNAP/Food Stamps[74]	28% (US)	19%	27%	21%	19%	21%	26%	18%	19%	19%

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"Only form of public transportation is taxi (but very limited) and SMRT (though limited routes and times). -Vernon County RHS Respondent

Physical Environment

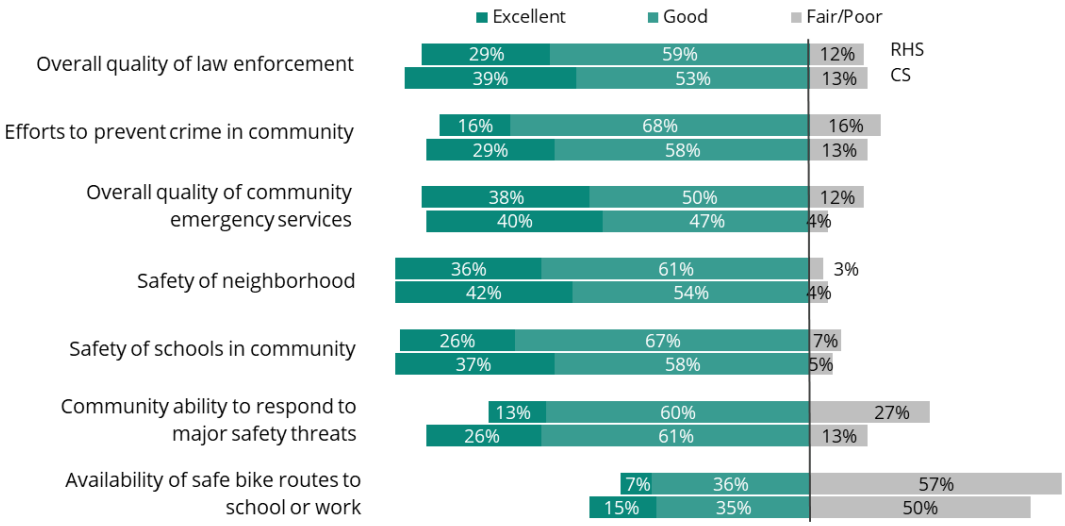
The physical environment includes the natural environment (e.g., weather, climate, rivers, bluffs), built environment (e.g., buildings, transportation, housing, neighborhoods), and even physical barriers (especially for people with disabilities). The physical environment can have wide ranging effects on people. For example, places like rural Wisconsin and Minnesota where there are sometimes no nearby supermarkets or where people must travel great distances to get food have higher rates of overweight, obesity, and early death.[75-77] Another environmental factor that has been linked to poor health outcomes is living in areas of violent crime. High levels of violent crime can decrease physical safety, mental health, and physical activity.[78] If we can identify areas where we are doing poorly, then we may be able to figure out ways to change these things and improve people's lives.

What do the RHS/CS survey data tell us?

Safety and safety services

When it comes to safety services in the County and the **general safety of the communities in which people live, residents see things positively**. However, **many people find that safe bike routes are severely lacking**.

Figure 16: RHS and CS community safety measures



Source: *COMPASS Now 2018 Random Household and Convenience Survey*

Access to healthy food

When RHS/CS survey respondents were asked about access to and ability to pay for healthy food choices, there were very small differences between the RHS and CS samples in their access to and ability to pay for healthy food. While the majority of survey respondents felt they had *good* to *excellent* access to healthy food, nearly one out of three respondents said their ability to pay for healthy food was *fair* to *poor.* This suggests that some people in the County may be going hungry or may buy unhealthy food because it is what they can afford, getting healthy food requires them to travel farther, or there may be no other options.

Figure 17: RHS and CS healthy food access measures

Source: *COMPASS Now 2018 Random Household and Convenience Survey*

Access to high-quality housing

A safe, stable place to live is one of the most basic needs that everyone has. If one or more substandard housing conditions exists, such as overcrowding, high cost, or lack of basic kitchen or plumbing features, people will be less able to hold onto a job, take care of their children, and be more stressed. When people were asked about their ability to pay for housing, there was a notable difference between the RHS and CS samples. **A greater proportion of CS respondents felt they had a fair/poor ability to pay for housing (37%) than RHS respondents (30%)**.

Access to transportation

If transportation is not easily accessible and affordable it will limit people's ability to get healthcare, healthy food, social interaction, education, and employment, among other things.

The majority of RHS respondents said that the **accessibility of public transportation was poor to fair** (65%). CS respondents viewed the accessibility of public transportation more positively with only 43% responding *fair* to *poor.*

Similarly, the majority of RHS respondents said that the **convenience of public transportation was fair to poor** (65%), and CS respondents had a more positive view with 49% rating the convenience of public transportation as *fair* to *poor*.

Yet, the majority of RHS respondents said that their **ability to pay for their own vehicle was good to excellent** (76%); results were lower for the CS respondents (67%).

Table 18: RHS and CS transportation measures

	Sample	Poor/Fair	Good	Excellent
Accessibility of public transportation	RHS	65%	27%	8%
	CS	43%	40%	17%
Convenience of public transportation	RHS	65%	29%	6%
	CS	49%	35%	16%
Ability to pay for own vehicle	RHS	24%	49%	27%
	CS	33%	46%	21%

Natural environment

A final physical environment area to consider is the natural environment. People generally viewed the quality of water in lakes and rivers as good to excellent (RHS = 73%; CS = 70%). In addition, people thought that efforts in their community to protect the natural environment were good to excellent (RHS = 78%; CS = 76%).

Table 19: RHS and CS natural environment measures

	Sample	Poor/Fair	Good	Excellent
Quality of water in rivers and lakes	RHS	27%	61%	12%
	CS	30%	60%	10%
Efforts to protect natural environment	RHS	22%	58%	20%
	CS	24%	60%	16%

What do other data tell us?

The violent crime rate (homicide, rape, physical assault, armed robbery, etc.) for the County is 69 violent crimes per 100,000 people; it is lower than the Wisconsin rate (WI = 283).[79]

The physical environment also includes people's access to healthy food. In the County, **about 17% of people have low food access (percent of people living in an area with low access to a supermarket or grocery store),** according to the USDA.[80] That means that nearly one in every five people have low food access.

According to federal data, **the number of households that have severe housing problems is 17%**.[81] A household is counted as having severe housing problems if any of four issues is present: paying more than 30% of the household's income, overcrowding, lack of complete plumbing facilities, or lack of complete kitchen facilities. The Vernon County rate is similar to WI (16%).

The **percent of people with fluoridated public water, which helps people have healthy teeth, is 0% in the County**.[82] In Vernon County approximately 86% of the population lives in rural areas where many people have private wells. Private wells may have naturally-occurring fluoride and the water can be tested to determine fluoride levels.

Lead levels are also a safety concern within homes. Older homes are more likely to have lead in paint and pipes, and if children are exposed to this lead it can lead to developmental delays. Generally, **data on elevated blood lead levels among children suggest that lead is not a concern in most homes in the County, as most children have normal ranges of lead in their blood**.[83]

Air quality is also not a problem, based on federally-collected data.[84]

Summary

Community safety and safety services are viewed as *good to excellent*. However, safe bike routes are lacking.

People generally have healthy food available in their area, but many people find it hard to pay for.

High-quality housing is hard to find and expensive for many people..

Public transportation is a major issue for many people. It is viewed as not very available and not convenient. Yet, most people felt that they had the ability to pay for their own vehicle. It is possible that vulnerable populations, like the aging and those with disabilities, and people with lower income, could benefit from improvements in public transportation.

The natural environment is viewed in a positive light. Air quality has been determined to be good based on federal testing, and the water quality in lakes and rivers and efforts to protect the natural environment are good to excellent based on RHS and CS respondents.

Table 20: Physical Environment indicators

	Top US	WI	MN	GRR	Buffalo	La Crosse	Monroe	Trempealeau	Vernon	Houston
Violent crime rate, number of reported violent crime offenses per 100,000 population[79]	62	283	231		32	140	126	61	69	86
People with low food access (live in a food desert)[80]		21%	28%	19%	23%	22%	18%	10%	17%	14%
Households with severe housing problems[81]	9%	16%	14%		14%	14%	15%	12%	17%	11%
People with access to fluoridated public water[82]		88%	99% (2014)		63%	95%	32%	62%	0%	57%
Rate of lead poisoned children (% based on children tested for lead)[83]		4.6%	0.9%		5.1%	2.3%	1.7%	1.8%	2.0%	0.9%
Average daily ambient ozone concentration[84]		38	36		38	38	39	38	39	38

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What are the needs of Vernon County?

This section contains the needs identified by community members, a review of key data points, and a brief overview of what can be done or resources that should be tapped into to meet the need.

The following needs were identified during focus group meetings involving key stakeholders in Vernon County. The needs identified in this section are based on people's perceptions and personal knowledge of their community's issues and challenges and were not informed by data collected during the COMPASS Now 2018 process. The opportunities and resources were identified by stakeholders in the community and are not an exhaustive list.

Need: Reduced drug and alcohol misuse and abuse

Drug and alcohol misuse and abuse is the use of a substance for a purpose not consistent with legal or medical guidelines.[85] It has a negative influence on health or functioning and may cause someone to experience social, psychological, physical, or legal problems related to intoxication, excessive use, or dependence.[85]

People who misuse drugs and alcohol can suffer from a range of health and social problems including overdose, HIV, depression, anxiety, relationship problems, unemployment, homelessness, and criminal activity.[85]

Why is this an identified need?

About 35% of all driving deaths in the Region have alcohol involvement, and in Vernon County it is 42% – the highest in the Region.[20] Although this is close to the WI state average (37%), it is far worse than the top U.S. performer (13%).

About 9% of people in the Western Region of Wisconsin have used illegal drugs in the past month.[21] There were about 1.8 drug arrests for every 1,000 people living in the county.[24]

The rate of deaths due to opioid overdoses in Vernon County was higher than the Region, at 8 deaths per 100,000 people.[22] Deaths due to opioid overdoses in the Region (7.2 deaths per 100,000 people) are not as bad as the WI rate (11 deaths per 100,000 people). But we know the problem is getting worse.

What resources and opportunities do we have to address the need?

During focus groups, participants identified resources and assets within the community. Below, resources are listed that were mentioned.

Table 21: Vernon – drug and alcohol opportunities and resources

Opportunities	Opportunities (cont.)
Increase access to medication drop boxes and needle exchange programs	Improve salaries for behavioral healthcare professionals
Establish sober house for detox	**Resources**
Increase access to day treatment and intensive treatment services	12 step programs such as AA and Narcotics Anonymous
Establish Sobriety Court	Veterans groups and programs
Evidence-based training within schools	Healthcare Systems
Improve family bonds and increase family supports	Law Enforcement
Reduce over-prescribing of medication	

Need: More livable wage jobs

A job with a livable wage is one that provides the minimum income necessary for a worker to meet their basic needs. These basic needs include food, housing, healthcare, other essentials like clothing, and an amount for unexpected events. If a person cannot meet their most basic needs, then their health will suffer, they will not be able to contribute to their community, and they will have a poor quality of life.

Why is this an identified need?

Overall, the median household income in the county ($49,200) is lower than WI ($55,600) and MN ($63,500) and is much lower than the top U.S. performer ($63,300).[3]

Over 1 in 4 households are earning more than the Federal Poverty Line but less than basic cost of living for the county.[72]

About one in three people rated their ability to meet their basic needs as *poor* to *fair* (RHS = 33%; CS = 37%).

Most people rated the availability of jobs with wages that offer a comfortable standard of living as *poor* to *fair* (RHS = 76%).

What resources and opportunities do we have to address the need?

During focus groups, participants identified resources and assets within the community. Below, resources are listed that were mentioned.

Table 22: Vernon – livable wage opportunities and resources

Opportunities	Resources
Share successes from one community to another	Workforce Connections
Support education for succession planning of area businesses	Couleecap
Increase affordable housing	Economic Development Programs
Align local job training/economic resources with available jobs	Western Wisconsin Technical College local campuses
Reduce regulations surrounding business creation	UW-Extension

Need: Increased access to mental healthcare services

Mental health includes our emotional, psychological, and social wellbeing. It affects how we think, feel, and act.[86] Mental health is a critical part of overall wellness. Positive mental health allows people to cope with the stresses of everyday life, work productively, and make meaningful contributions to their communities.[86] If someone is having mental health issues, being able to easily get care can help them with recovery. Mental health services can include services from doctors, hospitals, social workers, counselors, psychologist, psychiatrists, and other providers. The services they provide can include prevention, screening, diagnosis, treatment, and follow-up care.

Why is this an identified need?

The availability of mental health providers is lower than the state rate and top U.S. performer (Vernon = 820:1; WI = 600:1; top U.S. performer = 360:1).[43]

There are severe mental health treatment gaps for both adults and youth who have mental health issues. The percent of adults that need treatment and are not receiving it in Vernon County is 58%.[46] The percent of youth that need treatment and are not receiving it in Vernon County is 53%.[46]

Nearly 1 in 2 people felt their ability to pay for mental healthcare was *poor* to *fair* (RHS =49%; CS =42%).

What resources and opportunities do we have to address the need?

During focus groups, participants identified resources and assets within the community. Below, resources are listed that were mentioned.

Table 23: Vernon – mental health opportunities and resources

Opportunities	Resources
Involve service groups	School based services
Reduce stigma attached to seeking out professional help	Healthcare systems – Vernon Memorial Healthcare, Gundersen St. Joseph's Hospital and Clinics, Gundersen Health System, Mayo Clinic Health System, Scenic Bluffs Community Health Centers, Neighborhood Family Clinics, Family & Children Center
Improve family bonds and increase family supports	Great Rivers 211
Improve salaries for behavioral healthcare professionals	Department of Health Services

Need: Increased inclusion of socially diverse people

Having respect for and understanding of people with different ages, genders, values, ethnicities, customs, and backgrounds than us help everyone understand different points of view, find new solutions to old problems, increase trust, and work better together as a community.

Why is this an identified need?

Some survey respondents felt that there could be improved respect for people regardless of race, culture, religion, gender, sexual orientation, income level, disability, and age (*Poor/fair* RHS = 28%; CS = 27%). Similarly, some felt that more could be done to involve people of different backgrounds in decision-making (*Poor/fair* RHS = 28%; CS = 37%).

Tolerance and acceptance of diversity in thought was a frequent topic in focus groups.

What resources and opportunities do we have to address the need?

During focus groups, participants identified resources and assets within the community. Below, resources are listed that were mentioned.

Table 24: Vernon – inclusion opportunities and resources

Opportunities	Resources
Innovative and "outside the box" thinkers willing to develop innovative services	School systems
Highlight strengths of different communities	UW-Extension
Conduct poverty and diversity simulations	
Host events that combine music, food, and arts for everyone to share in	
Being tolerant and accepting of political, cultural, and diverse viewpoints	

Need: Increased access to affordable healthcare services

According to Healthy People 2020, "access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, and reducing premature death."[87] Access to health services include three steps: 1) gaining entry into the healthcare system usually through insurance, 2) accessing a location where healthcare services are provided, and 3) finding a health provider that the patient trusts.

Access to healthcare depends on the cost of care, the adequacy of health insurance coverage, the availability of services, and availability of culturally competent care.[87] Without access to healthcare, people will be unable to get preventive services, have unmet health needs, have delays in getting care, and may have financial burdens.

Why is this an identified need?

The availability of primary healthcare providers for Vernon County is about the same as the state average but lower than the top U.S. performer (Vernon = 1,210:1; WI = 1,240:1; top U.S. performer = 1,040:1).[42]

About two out of five RHS and CS respondents said they had poor to fair ability to pay for healthcare (RHS = 40%; CS = 44%), even though ,most survey respondents have health insurance (RHS = 95%; CS = 84%).

Based on the RHS and CS surveys, around 27% (CS) to 33% (RHS) of people said that there was a time in the past 12 months that they needed to see a doctor but did not because of the cost.

What resources and opportunities do we have to address the need?

During focus groups, participants identified resources and assets within the community. Below, resources are listed that were mentioned.

Table 25: Vernon – affordable healthcare opportunities and resources

Opportunities	Resources
Improve access to Federally Qualified Health Care Centers such as Scenic Bluffs Community Health Centers	Healthcare systems – Vernon Memorial Healthcare, Gundersen St. Joseph's Hospital and Clinics, Gundersen Health System, Mayo Clinic Health System, Scenic Bluffs Community Health Centers, Neighborhood Family Clinics
Continue to expand dental services for low income populations	Center for Special Children – a genetic testing program located within La Farge Medical Clinic
Collaborate with all health care systems	

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