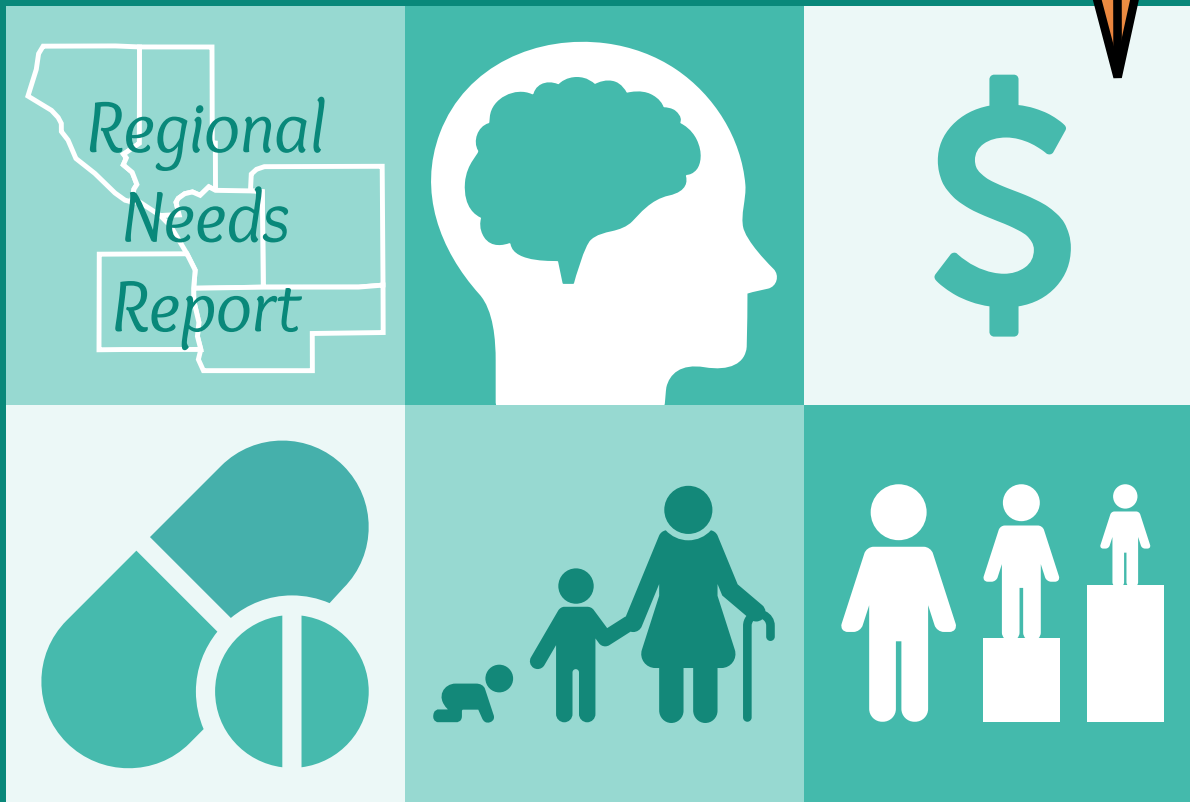


2018 COMPASS NOW

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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Author

Andrea Gromoske, MSW, PhD – Gromoske Consulting, LLC

Layout, Preproduction and Cover

Andrea Gromoske, Christian Cook, Adrienne Olson

Steering Committee

Barb Barczak – Trempealeau County Health Department

Pauline Byom – Mayo Clinic Health System

Jessie Cunningham – Vernon Memorial Healthcare

Kayleigh Day – Monroe County Health Department

Karen Ehle-Traastad – Vernon County UW-Extension

Liz Evans – Great Rivers United Way

Sarah Havens – Gundersen Health System

Dan Howard – Gundersen St. Joseph’s Hospital and Clinics
Beth Johnson – Vernon County Health Department
Mary Kessens – Aptiv, Inc.
Catherine Kolkmeier – La Crosse Medical Health Science Consortium
Joe Larson – La Crosse County Health Department
April Loeffler – Buffalo County Health Department
Lindsay Menard – La Crosse County Human Services
Heather Myhre – Houston County Health Department
Eric Prise – Tomah Memorial Hospital
Jen Rombalski – La Crosse County Health Department
Shelly Teadt – Couleecap
Mary Kay Wolf – Great Rivers United Way

Financial Contributors

Great Rivers United Way
Gundersen Health System
Gundersen St. Joseph’s Hospital and Clinics
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Tomah Memorial Hospital
Trempealeau County Health Department
Vernon County Health Department
Vernon Memorial Healthcare

Data Workgroup

Kayleigh Day – Monroe County Health Department
Liz Evans – Great Rivers United Way
Noelle Griffiths – Great Rivers United Way
Joe Larson – La Crosse County Health Department
Lindsay Menard – La Crosse County Human Services
Madison Neece – Great Rivers United Way
Jen Rombalski – La Crosse County Health Department
Shelly Teadt – Couleecap

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Editing Workgroup

Liz Evans – Great Rivers United Way
Sarah Havens – Gundersen Health System
Lindsay Menard – La Crosse County Human Services
Catherine Kolkmeier – La Crosse Medical Health Science Consortium
Sara Thompson – Mayo Clinic Health System

Focus Group and Stakeholder Meeting Workgroups

Casey Mrozek – Buffalo County Health Department
Heather Myhre – Houston County Health Department
Sarah Havens – Gundersen Health System
Joe Larson – La Crosse County Health Department
Lindsay Menard – La Crosse County Human Services
Pauline Byom – Mayo Clinic Health System
Amanda Sebal – Gundersen Health System
Shelly Teadt – Couleecap
Kayleigh Day – Monroe County Health Department
Julie Anderson – Monroe County Health Department
Barb Barczak – Trempealeau County Health Department
Pat Malone – Trempealeau County Health Department
Beth Johnson – Vernon County Health Department
Dan Howard – Gundersen St. Joseph's Hospital and Clinics
Jessie Cunningham – Vernon Memorial Healthcare
Karen Ehle-Traastad – Vernon County UW-Extension
Christine Dean – Gundersen St. Joseph's Hospital and Clinics
Madison Neece – Great Rivers United Way

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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.

As a reader of this report you can expect to see information about how the Great Rivers Region is faring in numerous areas that affect quality of life. The Region includes Buffalo, La Crosse, Monroe, Trempealeau, and Vernon counties in Wisconsin as well as Houston County in Minnesota. You can also expect to see information about the top identified needs within the Region 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. Gathering information about needs involved distributing and analyzing data from a random household and convenience survey, examining existing data from federal, state, and local sources, and conducting focus groups with community members. Reviewing and prioritizing needs included developing data-focused presentations that were shared at county and regional stakeholder meetings and then asking community members that attended the meeting to generate the needs and vote on which ones were most important. To finalize the process, this report was generated.

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

- More livable wage jobs
- Improved mental health and increased access to mental healthcare services
- Reduced drug and alcohol misuse and abuse
- Increased wraparound support throughout the lifespan
- Increased inclusion of socially diverse people

Bridging the 2015 and 2018 COMPASS Now Reports

Every three years people of the Great Rivers Region are asked in a survey to rate their concern about several **issues within their community**. This information is collected from community members before they see any data about their community and before discussing issues with other community members. Here are how the top five rated concerns have changed over time.

Table 1: Top rated concerns over time


















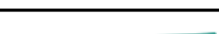

2012	2015	2018
Financial problems of local governments	Illegal drug use	Illegal drug use
Illegal drug use	Alcohol use	Funding for schools
Alcohol use	Identity theft	Prescription drug misuse
Obesity	Bullying	Obesity
Domestic abuse, child abuse, elder abuse	Prescription drug misuse	Bullying

After survey data is collected about people's perception of their community's needs, the needs assessment process presents data on the wellbeing of the community and collects information about available resources, which results in a series of identified needs. **COMPASS Now 2015 identified 12 needs for the Region** (Table 2). On Table 3, we show how key data points related to these needs have changed over time.

Table 2: COMPASS 2015 Needs

Community	Income/economic
<ul style="list-style-type: none">- Adverse Childhood Experiences (ACEs)- Violence- Environment, natural & built	<ul style="list-style-type: none">- Quality housing, affordability, and availability- Poverty- Jobs with adequate income
Education	Health
<ul style="list-style-type: none">- Academic readiness and success- Youth resilience- Workforce readiness	<ul style="list-style-type: none">- Chronic disease and contributing factors- Mental health and substance abuse- Oral health

Table 3: Indicator Dashboard

Domain	Measure		Trend		Goal	Progress
Quality of Life	Premature death (years of potential life lost)	2008-2010		2014-2016	↓	⊕
	Obesity	2009		2014	↓	⊖
Health Behaviors	No physical activity	2009		2013	↓	⊖
	Excessive alcohol use	2014		2016	↓	⊖
	Smoking	2014		2016	↓	⊖
	Opioid-overdose deaths	2008-2012		2012-2016	↓	⊖
Clinical Care	Uninsured	2010		2015	↓	⊕
	Mental health provider ratio	2013		2017	↓	⊕
	Dental care provider ratio	2012		2016	↓	⊕
Social	HS graduation rate	2010-2011		2014-2015	↑	⊖
	11th grade ACT composite score	2014-2015		2016-2017	↑	⊖
	Out of home care placements	2011		2016	↓	⊖
	Juvenile arrests	2012		2016	↓	⊕
	Domestic violence bednights	2013		2017	↓	⊖
Economic	Poverty	2012		2016	↓	⊖
	Unemployment rate	2012		2016	↓	⊕
Environment	Housing rental costs	2012		2016	↓	⊖
	Long commute - driving alone	2008-2012		2012-2016	↓	⊖
	Food insecurity	2011		2015	↓	⊖

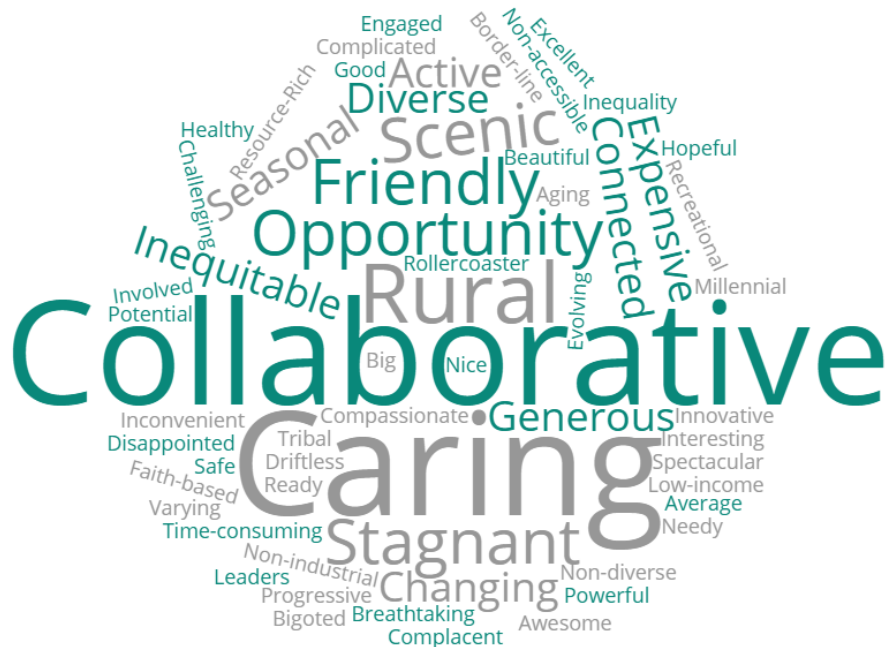
See References list at end of section for sources of data

As you can see, the data show that some needs have not changed much over time, and COMPASS Now 2018 identified some of the same needs as COMPASS Now 2015, but to give you context about how the Region arrived at those needs, the remaining sections of this report will show you:

- The **methods** used to conduct the 2018 needs assessment
- Some **limitations** you should keep in mind as you read the report
- Characteristics of the **people** who live in the Region
- **Data** from multiple sources on how the Great Rivers Region is doing
- **Identified needs** of the Region, based on community members' responses to the data that were presented and what they know about their community
- **Resources and assets** that may help the Region meet its needs
- **A summary** of the needs identified in each of the six counties served by Great Rivers United Way

As you read through the report, you will find strengths and weaknesses. Although this is a *needs* assessment and focuses on finding areas that are not going so well, there are clearly strengths, too. This is obvious when **people were asked to describe their communities in one word**. Here are the words they used (larger words indicate more people used the words).

Figure 1: Community word cloud



References

1. University of Wisconsin-Madison Population Health Institute. (2008/2010-2014/2016). *County health rankings – premature death*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/outcomes/1/data>
2. University of Wisconsin-Madison Population Health Institute. (2009-201). *County health rankings – adult obesity*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/11/data>
3. University of Wisconsin-Madison Population Health Institute. (2009-2013). *County health rankings – physical inactivity*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/70/data>
4. University of Wisconsin-Madison Population Health Institute. (2014-2016). *County health rankings – excessive drinking*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/49/data>
5. University of Wisconsin-Madison Population Health Institute. (2014-2016). *County health rankings – adult smoking*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/9/data>
6. Wisconsin Department of Health Services. (2008-2016). *Wisconsin Interactive Statistics on Health - Opioid-overdose deaths*. Retrieved from <https://www.dhs.wisconsin.gov/wish/opioid/mortality.htm>
7. Minnesota Department of Health. (2008-2016). *Drug overdose deaths among Minnesota residents: 2000-2016*. Retrieved from http://www.health.state.mn.us/divs/healthimprovement/content/documents-opioid/2016DrugOverdoseDeathReport_Final.pdf
8. University of Wisconsin-Madison Population Health Institute. (2010-2015). *County health rankings – uninsured*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/85/data>
9. University of Wisconsin-Madison Population Health Institute. (2013-2017). *County health rankings – mental health providers*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/62/data>
10. University of Wisconsin-Madison Population Health Institute. (2012-2016). *County health rankings – dentists*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/88/data>
11. University of Wisconsin-Madison Population Health Institute. (2010/2011-2014/2015). *County health rankings – high school graduation*. Retrieved from

- <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/21/data>
12. Wisconsin Department of Public Instruction. (2014-2016). *Wisconsin Information System for Education data dashboard – Wisconsin ACT statewide*. Retrieved from <http://wisedash.dpi.wi.gov/Dashboard/portalHome.jsp>
 13. Minnesota Department of Education. (2014-2016). *Data reports and analytics – ACT data*. Retrieved from <http://w20.education.state.mn.us/MDEAnalytics/DataTopic.jsp?TOPICID=87>
 14. Wisconsin Department of Children and Families. (2011-2016). *Child welfare out of home care reports*. Retrieved from <https://dcf.wisconsin.gov/reports>
 15. Minnesota Department of Human Services. (2011-2016). *Social Service Information System – Out-of-home care and permanency report*. Retrieved from http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=County_Reports
 16. Kids Count Data Center. (2012-2016). *Wisconsin juvenile arrests*. Retrieved from <https://datacenter.kidscount.org/data/tables/3481-juvenile-arrests?loc=51&loct=5&loc=51&loct=5#detailed/5/7041-7112/false/870,573,869,36,868/any/15145>
 17. Minnesota Department of Public Safety. (2012-2016). *Arrest dashboards*. Retrieved from <https://dps.mn.gov/divisions/ojp/statistical-analysis-center/Pages/arrest-dashboards.aspx>
 18. New Horizons Shelter and Outreach Centers, Inc. (2013-2017). *Domestic violence bednights: emergency shelter nights*.
 19. U.S. Census Bureau. (2012-2016). *American Community Survey 5-year estimates – poverty rate*. Retrieved from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
 20. U.S. Census Bureau. (2012-2016). *American Community Survey 5-year estimates – unemployment rate*. Retrieved from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
 21. U.S. Census Bureau. (2012-2016). *American Community Survey 5-year estimates – Housing rental costs*. Retrieved from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
 22. University of Wisconsin-Madison Population Health Institute. (2008/2012-2012/2016). *County health rankings – long commute driving alone*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/137/data>
 23. University of Wisconsin-Madison Population Health Institute. (2008/2012-2012/2016). *County health rankings – food environment index*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/133/data>

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 4: 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

The Steering Committee and Data Workgroup reviewed all of the data collected in Step 1 and organized into understandable presentations that were presented at stakeholder meetings. To determine regional and county-specific needs, the needs assessment process included stakeholder meetings. Every county held at least one county stakeholder meeting, except for Vernon County, and the Data Workgroup also hosted a regional webinar. The meetings presented data that had been gathered about each county and the Region. Community members at the meetings generated ideas of the top needs of their community and voted to prioritize the needs based on the data presented and their personal knowledge of the community. 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 COMPASS Now Report for 2018. A writer for the report was hired by the Steering Committee and was 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.

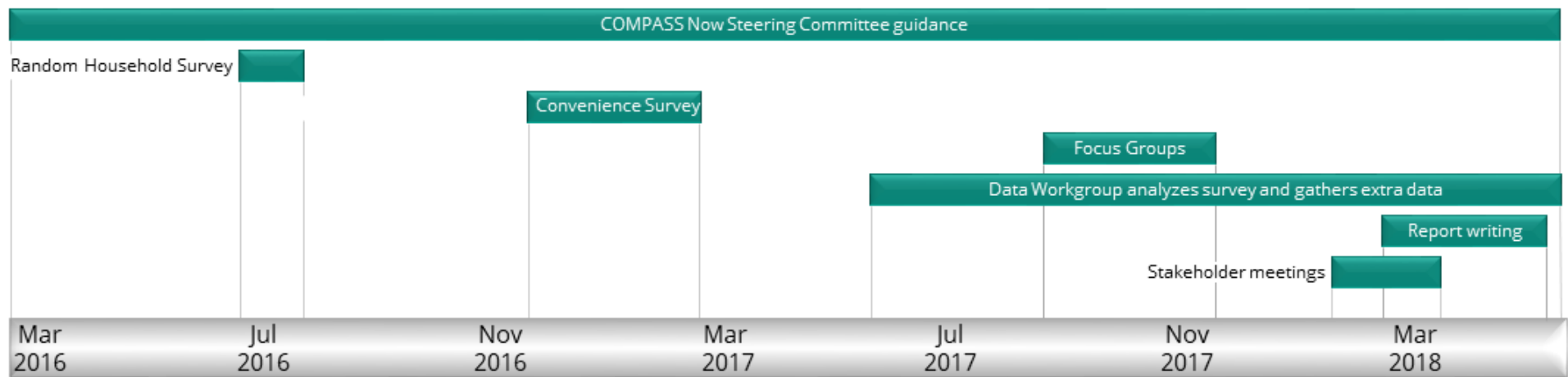
Table 5: Under-represented population outreach

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	Coueeap, 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

Populations Represented	Organizations
	La Crosse Area Family Collaborative Onalaska Public Schools School District of Holmen The Parenting Place 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 2: 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.**
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 Region** 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 254,144 people living in Great Rivers United Way's Region consisting of Buffalo, La Crosse, Monroe, Trempealeau, and Vernon counties in Wisconsin and Houston County in Minnesota. 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 Region is important because, as those characteristics change, the needs of the Region 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 Region. The characteristics of the people who responded to the survey are somewhat different than the characteristics of the Region based on census data. Taken together, **the surveys generally do a good job of describing the views of people in the Region.**

Table 6: Respondent and population characteristics

	Categories	RHS	CS	Region ²⁷
Age of adults*	20-24	2%	10%	11%
	25-64	72%	70%	68%
	65 & older	27%	18%	21%
Gender	Female	67%	80%	50%
Race	White	98%	90%	94%
	Black	0.2%	2%	1%
	Native American	0.3%	1%	0.4%
	Hmong	-	3%	2%
	Other Asian/Pacific Islander	0.6%	1%	
	Other	1%	3%	3%
Ethnicity	Hispanic, Latino, or Spanish	1%	3%	3%
Education	Less than HS	3%	6%	8%
	HS	19%	27%	33%
	Some college or vocational	28%	35%	36%
	College grad and above	50%	32%	22%
Income	<=\$25,000	15%	44%	22%
	\$25,001-\$75,000	49%	37%	47%
	>\$75,000	36%	19%	31%
Health insurance	With health insurance	96%	84%	91%
Household size	1 person	18%	21%	28%
	2 people	46%	28%	38%
	3 people	12%	14%	14%
	4 or more	24%	36%	20%
Children in household	Yes	30%	47%	27%
Home ownership	Own	88%	62%	70%

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

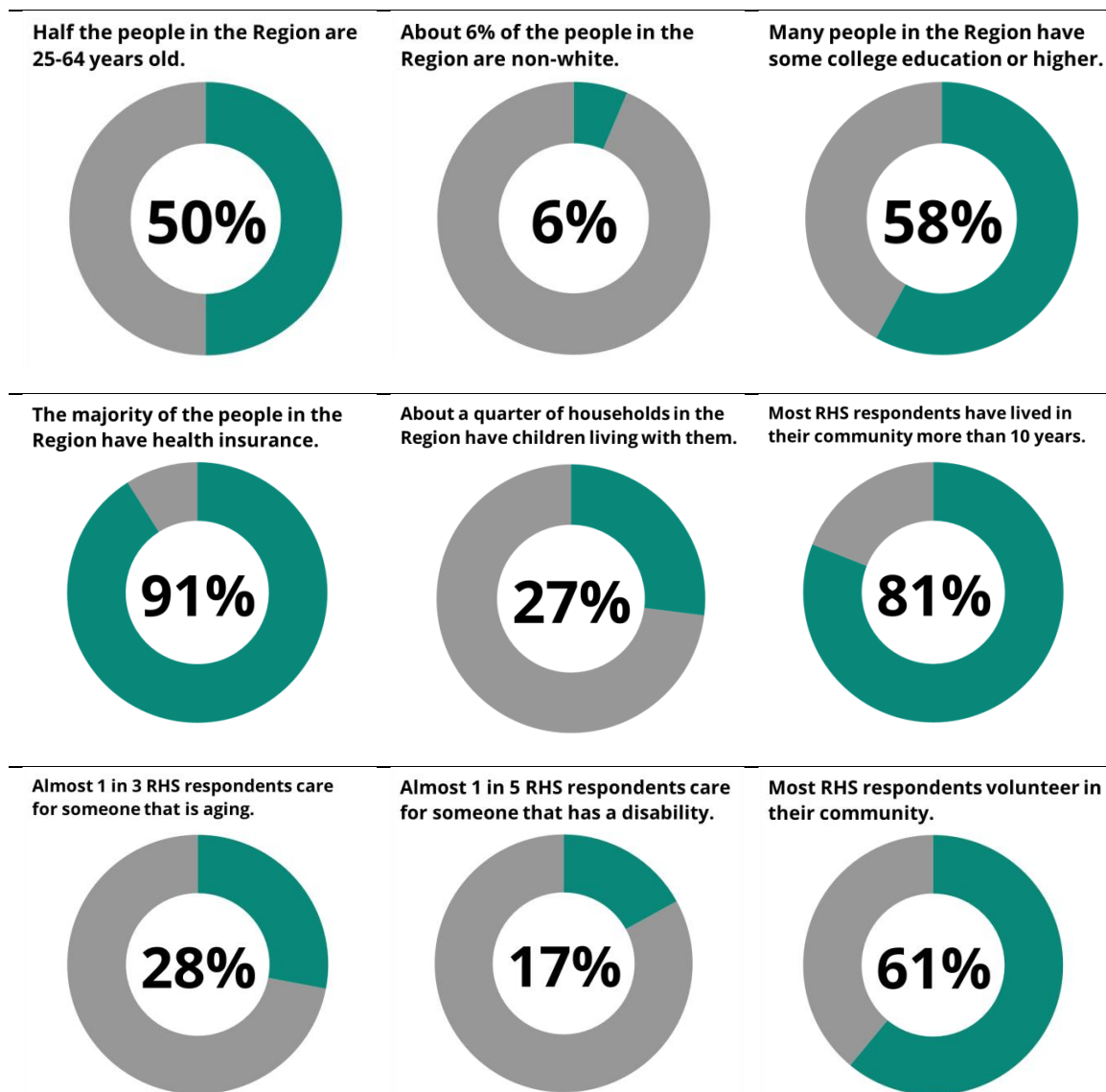
Overall, the RHS and CS respondents tended to be female, less racially diverse, more educated, have larger household sizes, and live in a household with children than the actual makeup of the Region.

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 Region. 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 Region?

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

Figure 3: Characteristics of respondents and people in the Region



Source: *American Community Survey 5-year estimates, 2015.* (For Age, race, college education, health insurance, and households with children) *All other data is from COMPASS Now 2018 Random Household Survey.*

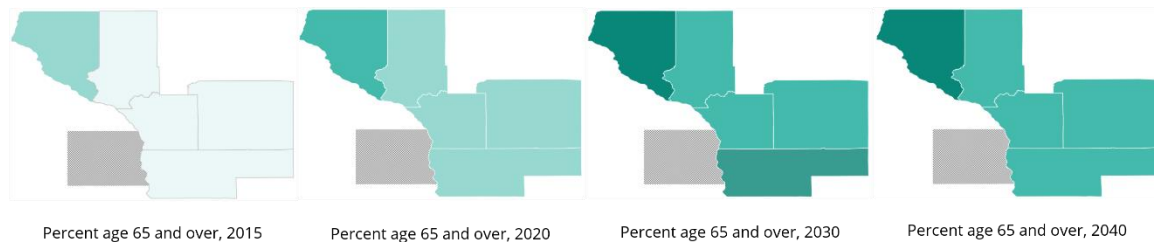
Three other data points not included above but also important to note are below.

Three out of the six counties in the Region are primarily rural.²⁴ Buffalo County is 100% rural. Trempealeau County is 90% rural, and Vernon is 86% rural. Houston and Monroe counties are about half rural, half urban. La Crosse County is only about 17% rural. 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 all of the counties in the Region is lower than the state median income.**²⁵ 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 Region and how to meet those needs. **By 2040, about 21% - 24% of the people in the Region are estimated to be age 65 or older.**

Figure 4: Aging population projections



Source: [*Wisconsin Department of Health Services, Division of Long Term Care, 2015.*](#)²⁶

Table 7: Demographics section RHS and CS data

	Sample	Yes	No
Care for someone who is aging	RHS	28%	72%
	CS	21%	79%
Care for someone with a disability	RHS	17%	83%
	CS	16%	84%
Volunteer in your community	RHS	61%	39%
	CS	55%	45%
Years living in the community	RHS	>10 = 81%	<10 = 19%
	CS	>10 = 68%	<10 = 32%

Table 8: Demographics section data

	Top US	WI	MIN	GRR	Buffalo	La Crosse	Monroe	Trempealeau	Vernon	Houston
Population age 25-64 ²⁷				50%	52%	49%	52%	52%	49%	52%
Population non-white race ²⁷				6.4%	2.5%	8.5%	5.9%	6.6%	2.7%	2.8%
Population with some college or higher ²⁷				58%	49%	67%	49%	49%	49%	58%
Population with health insurance coverage ²⁷				91%	92%	94%	89%	92%	83%	95%
Households with children ²⁷				27%	26%	26%	29%	29%	27%	26%
Population living in rural area ²⁴					100%	17%	58%	90%	86%	57%
Median income ²⁵	\$63,300	\$55,600	\$63,500		\$53,900	\$51,400	\$53,000	\$53,700	\$49,200	\$56,300

References

24. University of Wisconsin-Madison Population Health Institute. (2017). *County health rankings - % rural*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/58/data>
25. University of Wisconsin-Madison Population Health Institute. (2017). *County health rankings – median household income*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/63/data>
26. Wisconsin Department of Health Services, Division of Long Term Care. (2015). *Wisconsin's aging population – Projections for the growing 65 and older population, 2015-2040*. Retrieved from <https://www.dhs.wisconsin.gov/publications/p0/p00138.pdf>
27. U.S. Census Bureau. (2015). *American Community Survey – 5-year estimates*. Retrieved from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

How is the Great Rivers Region faring?

In this section of the report, data about the wellbeing of the Region 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 Region is doing in comparison to Wisconsin, Minnesota, 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.

"Great community to live in,
but there's always things we
can improve."
- La Crosse County RHS
Respondent

Quality and Length of Life

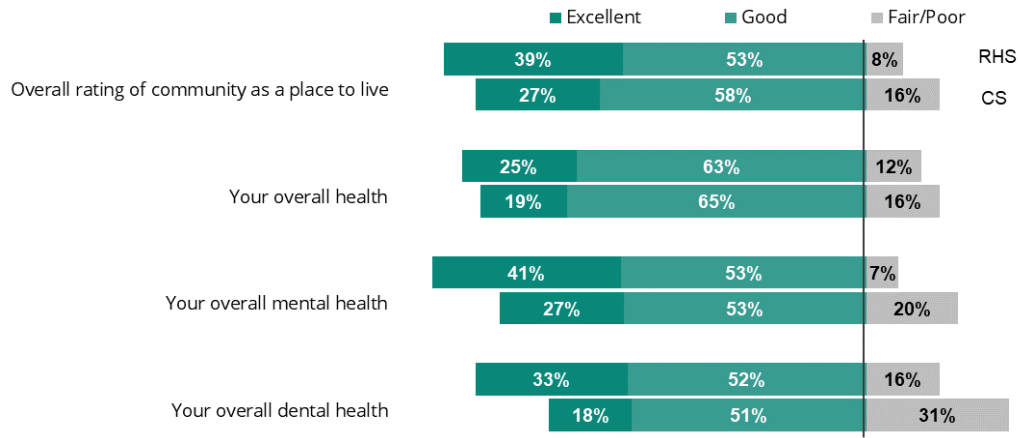
According to the World Health Organization, "quality of life" is a person's perception of their position in life and is affected by physical health, mental health, personal beliefs, relationships, and the physical environment.²⁸ Quality of life data can give an overall picture of how people are feeling 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 data tell us?

People in the Region 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. Furthermore, RHS respondents earning \$25,000 or less were slightly more likely to rate their

community as a *fair/poor* place to live compared to people who earned more money (see Appendix at www.compassnow.org).

Figure 5: RHS and CS quality of life measures



Source: COMPASS Now 2018 Random Household and Convenience Survey

People's perception has not changed, over time, for their overall health, mental health, and dental health.

Table 9: RHS overall health measures over time

	Overall health		Mental health		Dental health	
	2015	2018	2015	2018	2015	2018
Poor/fair	13%	12%	7%	6%	16%	16%
Good	63%	63%	55%	53%	52%	51%
Excellent	24%	25%	38%	41%	31%	33%

Source: Regional COMPASS Now Random Household Survey, 2015 & 2018.

People living in the Region are expected to live about as long as the general U.S., Minnesota, and Wisconsin populations (U.S. = 79.1 years; MN = 80.9 years; WI = 79.8 years).²⁹

Table 10: Life expectancy by county

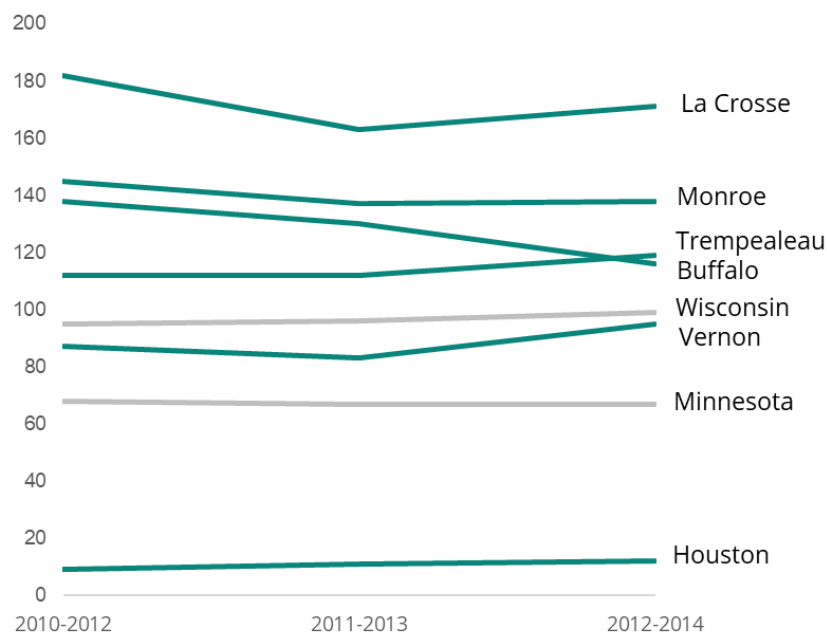
	Top US	WI	MN	GRR	Buffalo	La Crosse	Monroe	Trempealeau	Vernon	Houston
Life expectancy (years) ²⁹		79.8	80.9	80.2	80.2	80.3	78.7	80.3	80.0	81.8

When we look at data about people dying an early death, we see a similar, positive trend to that of the Region's life expectancy. **Most counties in the Region have a low amount of "years of potential life lost before age 75."** 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, Houston County has only 3,100, and on the high-end Monroe County has 7,000 years of potential life lost.³⁰

According to the Wisconsin Department of Health Services and the Minnesota Department of Health, the **top causes of death have not changed much over time for the Region.** Heart disease and cancer are the top leading causes of death for all counties in the Region 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 **Region is not doing well 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 lowest rate of death by suicide is in Monroe County at 12.6 suicide deaths per 100,000 people and the highest is in Trempealeau County at 17.3 suicide deaths per 100,000 people.³¹ La Crosse and Trempealeau counties are slightly higher than the Wisconsin state average of 13.2 suicide deaths per 100,000 people. **Rates of self-inflicted injury hospitalizations have not changed dramatically over time and are higher than the state rate for most counties.**³²

Figure 6: Rate of self-inflicted hospitalizations over time



Source: *County Health Rankings, 2010-2014*³² and [Minnesota MIDAS](#).

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 average infant mortality rate for the Wisconsin counties in the Region was 5.2 deaths per 1,000 live births, which was slightly lower than the WI rate of 5.9 per 1,000.**³³ The Wisconsin infant mortality rate for Black babies, 14.6 deaths per 1,000 live births, is much higher than both the Regional rate and the Wisconsin rate. It is possible that a similar finding may exist in the Region, but numbers are too small to know for sure and additional research is needed. The percent of babies born at a low birth weight in the Region is also about the same as the top U.S. performer, WI, and MN, at about 6%.³⁴

There are a few data points that can give us a sense of the **quality of people's health**. Below is the range of how counties are doing and how they compare to their state rate. The **percent of adults who are obese is higher for the Region than the top U.S. performer (26%) and slightly higher than the WI rate**. Also, a greater percentage of people with a disability in Wisconsin are obese than those without a disability (disability = 43%, no disability = 25%).³⁵ It is possible that a similar finding may exist in the Region, but more research is needed to be sure. All other data measures presented below are comparable to the state rates.

Table 11: Quality of health indicators

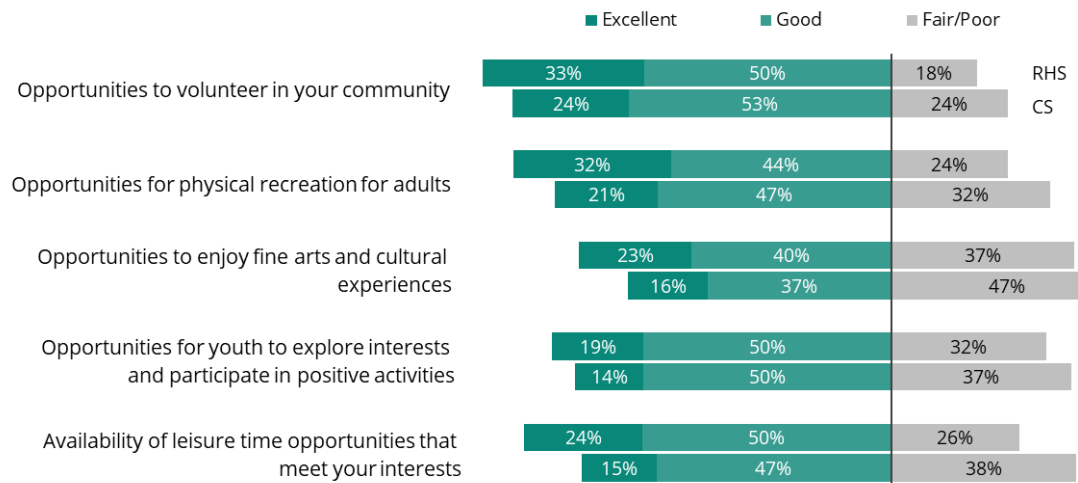
	Regional Low	Regional High	WI rate	MN rate
Adults obese ³⁶	26%	33%	30%	27%
Adults with diabetes ³⁷	8%	10%	9%	8%
Rate of new cancer diagnoses per 100,000 people ^{38, 39}	383	479	468	459
Rate of heart disease hospitalizations per 1,000 people ⁴⁰	2.2	3	3	NA
Rate of stroke hospitalizations per 1,000 people ⁴¹	1.8	2.5	3	NA

What “quality of life” opportunities do we have?

Every community has opportunities that can improve people’s quality of life. When residents of the Region were asked via survey about the opportunities available to them that could increase their quality of life, **people viewed those opportunities as good, but needing improvement. Fine arts and youth opportunities were the lowest ranking.** Also, CS respondents rated all opportunities lower than the RHS respondents, suggesting there is a need for more arts and culture experiences that are diverse and affordable to all.

“The only reason I gave high marks for arts is because of Ashley Furniture and their commitment to bringing it to the community...There are no activities available for kids beyond sports activities.”
- Trempealeau RHS Respondent

Figure 7: RHS and CS quality of life opportunity measures



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

Focus groups, write-in answers from the surveys, and community meetings revealed additional opportunities that could use improvement. Main themes included the following:

- More leisure activities for people with physical and mental disabilities
- More activities for youth
- Increased availability of community centers
- More and affordable places for physical activity
- Many libraries need improvements, like additional hours, the physical building, and a closer location

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 Region 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 12: Quality and Length of Life RHS and CS data

	Sample	Poor/Fair	Good	Excellent
Community as a place to live	RHS	8%	53%	39%
	CS	16%	58%	26%
Your overall health	RHS	12%	63%	25%
	CS	16%	65%	19%
Your overall mental health	RHS	6%	53%	41%
	CS	20%	53%	27%
Your overall dental health	RHS	15%	52%	33%
	CS	61%	51%	18%
Opportunities to volunteer	RHS	18%	50%	33%
	CS	24%	53%	23%
Opportunities for physical recreation	RHS	24%	44%	32%
	CS	32%	47%	21%
Opportunities to enjoy fine arts and other cultural experiences	RHS	37%	40%	23%
	CS	47%	37%	16%
Opportunities for youth to explore interests and participate in activities	RHS	32%	50%	18%
	CS	36%	50%	14%
Availability of leisure time opportunities that meet interests	RHS	26%	50%	24%
	CS	38%	47%	15%

Table 13: Quality and Length of Life indicators

	Top US	WI	MN	GRR	Buffalo	La Crosse	Monroe	Trempealeau	Vernon	Houston
Life expectancy (years) ²⁹		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) ³⁰	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 ³¹		13.2	12		NA	15.5	12.6	17.3	NA	
Rate of self-inflicted injury hospitalizations per 100,000 people ³² and MN MIDAS										
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 ³³	6.5 (US)	5.9	5.0	5.2	6.8	3.6	8.8	1.5	7.5	NA
Low birth weight births ³⁴	6%	7%	6%		6%	6%	6%	6%	5%	6%
Obesity (% adults with BMI>30) ³⁶	26%	30%	27%		32%	28%	33%	30%	33%	26%
Adults with diagnosed diabetes ³⁷		9%	8%		10%	8%	9%	9%	9%	9%
Rate of new cancer diagnoses per 100,000 people ^{38,39}		468	459		383	471	479	457	426	429
Rate of coronary heart disease hospitalizations per 1,000 people ⁴⁰		3.0	NA		3.0	2.2	3.0	2.8	2.8	NA
Rate of cerebrovascular disease (stroke) hospitalizations per 1,000 adults ⁴¹		3.0	NA		1.9	1.9	1.8	1.9	2.5	NA

References

28. World Health Organization. (2018). *WHOQOL: Measuring quality of life*. Retrieved from <http://www.who.int/healthinfo/survey/whoqol-qualityoflife/en/>
29. Institute for Health Metrics and Evaluation. (2015). *US County Profiles*. Retrieved from <http://www.healthdata.org/us-county-profiles>
30. University of Wisconsin-Madison Population Health Institute. (2017). *County health rankings – premature death*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/outcomes/1/data>
31. Wisconsin Department of Health Services. (2010-2014). *Community Commons – suicide rate*. Retrieved from <https://www.communitycommons.org/chna/>
32. University of Wisconsin-Madison Population Health Institute. (2010-2014). *County Health Rankings – self-inflicted injury hospitalizations*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/outcomes/105/data>
33. Wisconsin Department of Health Services. (2012-2016). *Wisconsin Interactive Statistics on Health – infant mortality module*. Retrieved from <https://www.dhs.wisconsin.gov/wish/infant-mortality/index.htm>
34. Wisconsin Department of Health Services. (2008-2014). *Wisconsin Interactive Statistics on Health – low birthweight module*. Retrieved from <https://www.dhs.wisconsin.gov/wish/lbw/index.htm>
35. Wisconsin Department of Health Services. (2015). *Healthiest Wisconsin 2020 baseline and health disparities report*. Retrieved from <https://www.dhs.wisconsin.gov/hw2020/baseline.htm>
36. University of Wisconsin-Madison Population Health Institute. (2017). *County health rankings – adult obesity*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/132/data>
37. University of Wisconsin-Madison Population Health Institute. (2017). *County health rankings – diabetes prevalence*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/outcomes/60/data>
38. University of Wisconsin-Madison Population Health Institute. (2017). *County health rankings – cancer incidence*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/outcomes/99/data>
39. Minnesota Department of Health. (2009-2013). *Minnesota cancer surveillance system – all cancer types*. Retrieved from <https://apps.health.state.mn.us/mndata/webmap/allcancer.html>
40. University of Wisconsin-Madison Population Health Institute. (2017). *County health rankings – coronary heart disease hospitalizations*. Retrieved from

<http://www.countyhealthrankings.org/app/wisconsin/2017/measure/outcomes/100/data>

41. University of Wisconsin-Madison Population Health Institute. (2017). *County health rankings - cerebrovascular disease hospitalization rate*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/outcomes/101/data>

"I feel like drug use is the biggest challenge facing our community currently. In the last year there have been two houses raided on my block by police due to drug issues."
- La Crosse County RHS 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.⁴¹ Yet, being physically active can lead to better health.⁴¹ 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.

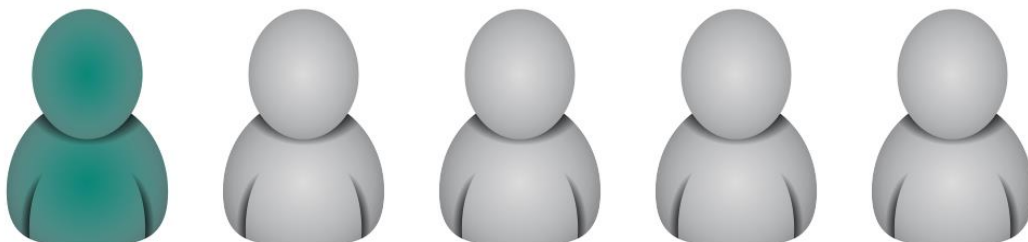
What do the data tell us?

When we look at health behavior data about the people of the Great Rivers Region, 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 Great Rivers Region. Excessive drinking is related to hypertension, interpersonal violence, suicide, and sexually transmitted infections.⁴² **Slightly more than 1 in 5 people drink excessively**, which is more than the top U.S. performer, at 1 in 8.⁴³

Figure 8: Excessive drinking



Source: University of Wisconsin-Madison Population Health Institute. (2017).

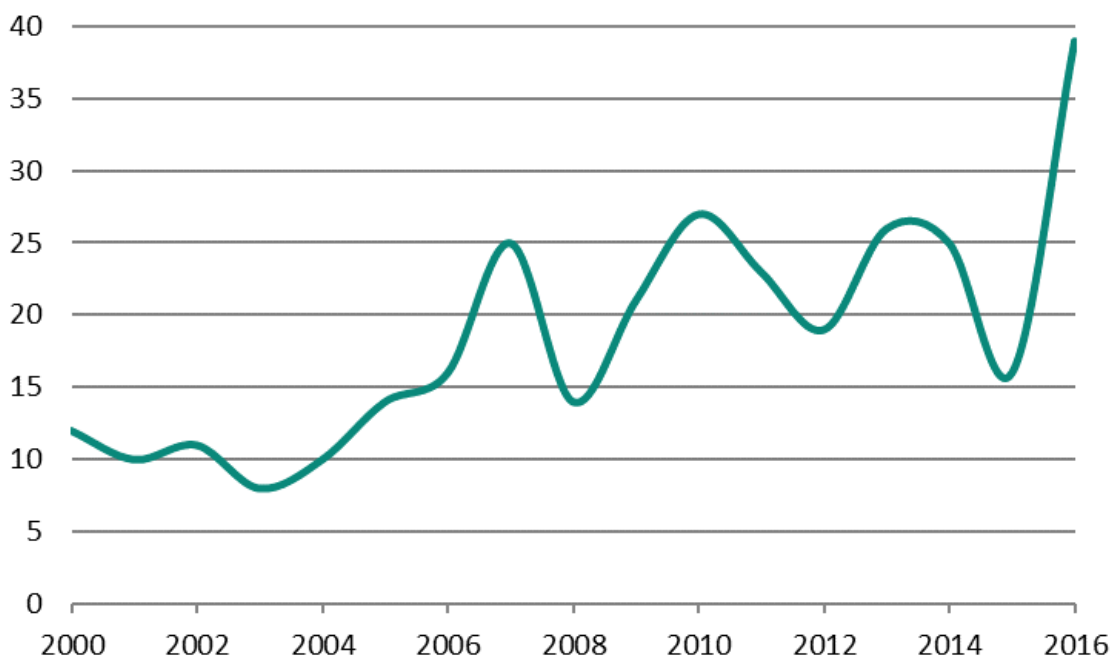
Data about alcohol-involved driving deaths shows a similar story. **About 35% of all driving deaths in the Region involve alcohol.**⁴⁴ Although this is close to the WI state average (37%), it is far worse than the top U.S. performer (13%).

“People seem to enjoy talking about drinking and focusing on drinking as a primary recreation activity.”
- La Crosse County RHS respondent

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.**⁴⁵ That is slightly higher than the Wisconsin estimate of 8%.⁴⁵ In Minnesota, the story is similar – about 8% of people in the Southeast Region have used illicit drugs in the past month and about 8% for the state.⁴⁵

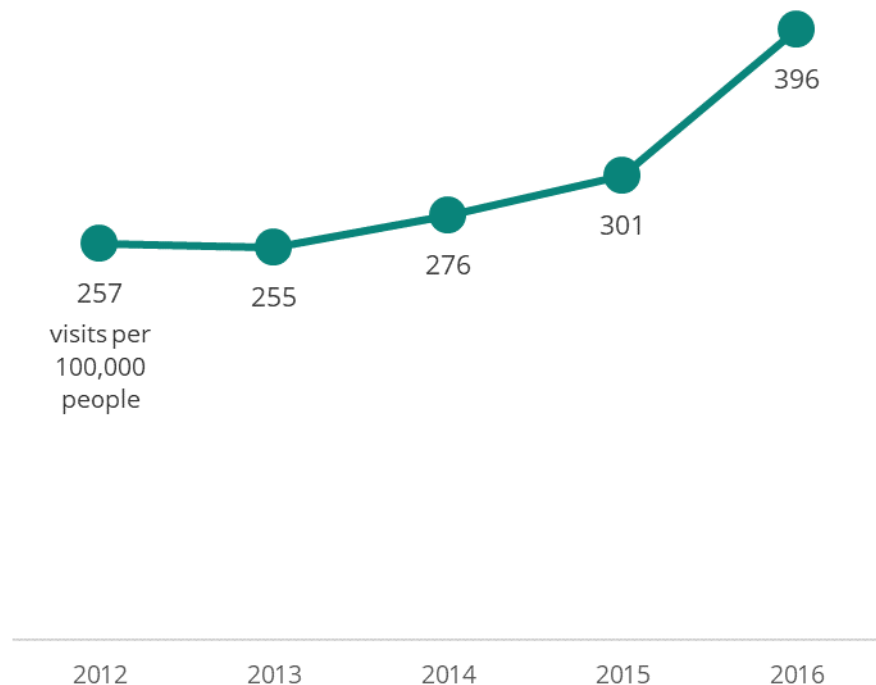
There has been **a gradual increase in the number of drug overdose deaths** from 2000 to 2018, with a more noticeable increase from 2007 to 2016. In 2000 there were 12 drug overdose deaths and in 2016 there were 39 drug overdose deaths, which is a 225% increase.^{46,47} In addition, **more than half of the drug poisoning deaths (62%) were unintentional** between 2000 and 2016.⁴⁶

Figure 9: Drug overdose deaths in the Region over time



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

Figure 11: Opioid-related hospital encounters over time



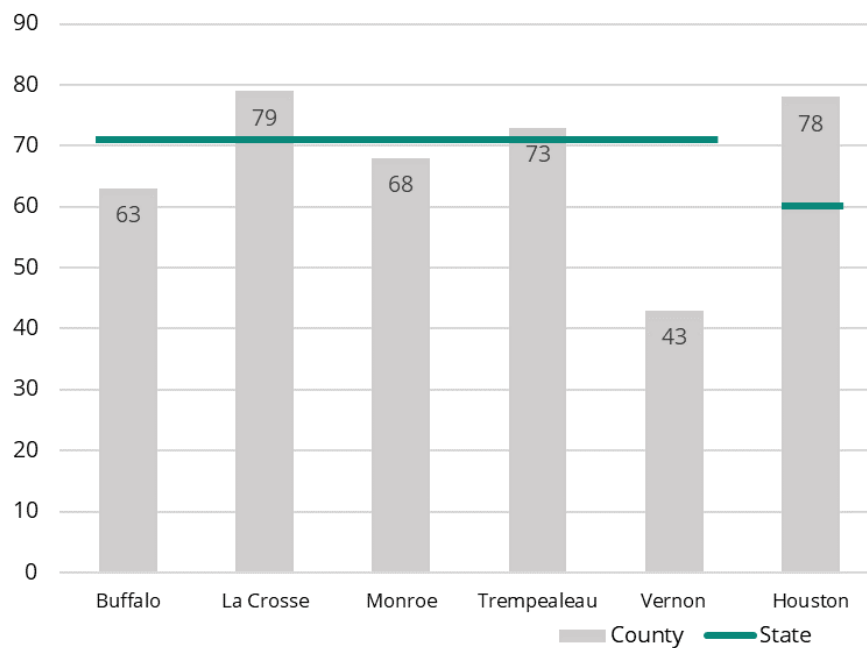
Source: *Wisconsin Interactive Statistics on Health, Opioid-related hospital encounters module, 2012-2016.*

Smoking data tell us that there has not been much change, and the rate remains relatively low – **about 16% of people in the Region report current smoking.**⁴⁹ This is the same as the Wisconsin and Minnesota rates, and just slightly higher than the top U.S. performer (14%). Nevertheless, smoking rates are higher among people with low incomes and with lower education among the Wisconsin counties in the Region.⁵⁰ And within the state of Wisconsin, people who identify as lesbian, gay, or bisexual, are African American or Native American, or have a disability are more likely to report current smoking.⁵¹ It is possible that these populations living in the Region may also be more likely to report current smoking, but more research is needed.

Child health activities

People's decision to vaccinate their children varies greatly across the 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 varies widely from county to county.**⁵² Recommended vaccinations include DTaP, polio, MMR, Hib, hepatitis B, varicella, and Pneumococcal conjugate, and protect children from acquiring serious diseases.

Figure 12: Immunization rates



Source: *County Health Rankings, 2017.*

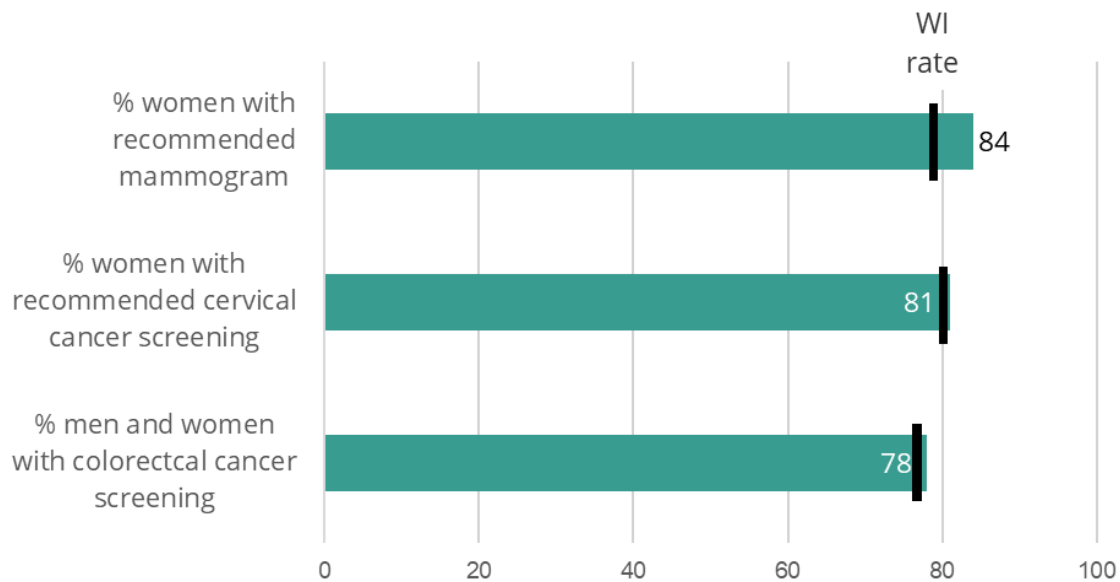
Adult health behaviors

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 many people in the Region were obese. When we look at physical activity rates, we see that **20-27% of people report no leisure time physical activity.**⁵³ Also, 26% of adults in Wisconsin living with a disability report no leisure time physical activity.⁵⁴ It is possible that persons with disabilities living in the Region may have similar rates, but more research is needed. The lack of leisure time physical activity may contribute to the higher rates of obesity.

Another area to consider is whether people in the Region are getting recommended health screenings. Health screenings can detect disease early, and with early detection comes better treatment options. **People in the Region are getting their health screenings as often as people in WI and MN.**⁵⁵⁻⁵⁷

"I have a lot of friends that use drugs and some are obese or overweight."
- Monroe County CS respondent

Figure 13: Recommended health screening rates



Source: [Wisconsin Collaborative for Healthcare Quality, 2016](#).⁵⁵⁻⁵⁷

Reproductive health behaviors

Two data points that can give us a sense of how well the Region 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 Region. Sexually transmitted infections, like chlamydia, are a major cause of infertility and pelvic pain and disease.⁵⁸ Treating sexually transmitted infections is also quite costly.⁵⁹

The chlamydia rate is quite high in many counties, and is worse than the top U.S. performer.⁶⁰ However, the entire Region is doing better than the WI and MN rates.

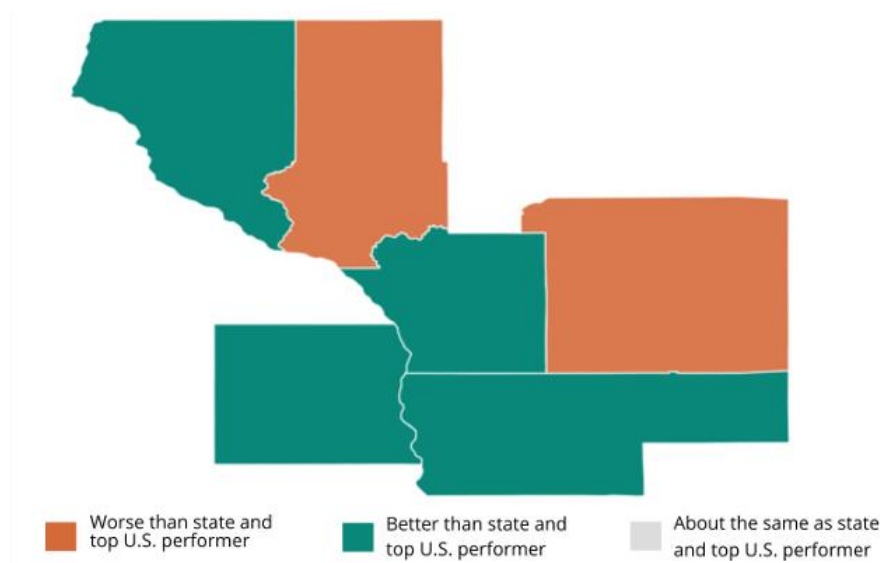
Table 14: Chlamydia rates

	Top US	WI	MN	GRR	Buffalo	La Crosse	Monroe	Trempealeau	Vernon	Houston
Rate of chlamydia cases per 100,000 people ⁵⁹	123	403	367		112	397	316	203	129	122

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,^{61, 62} poor socioeconomic, behavioral, and mental health outcomes.⁶³⁻⁶⁵

The rate of teen births is much lower than the state rate and top U.S. performer in most counties, but Monroe and Trempealeau are much higher.⁶⁶

Figure 14: Teen birth rates

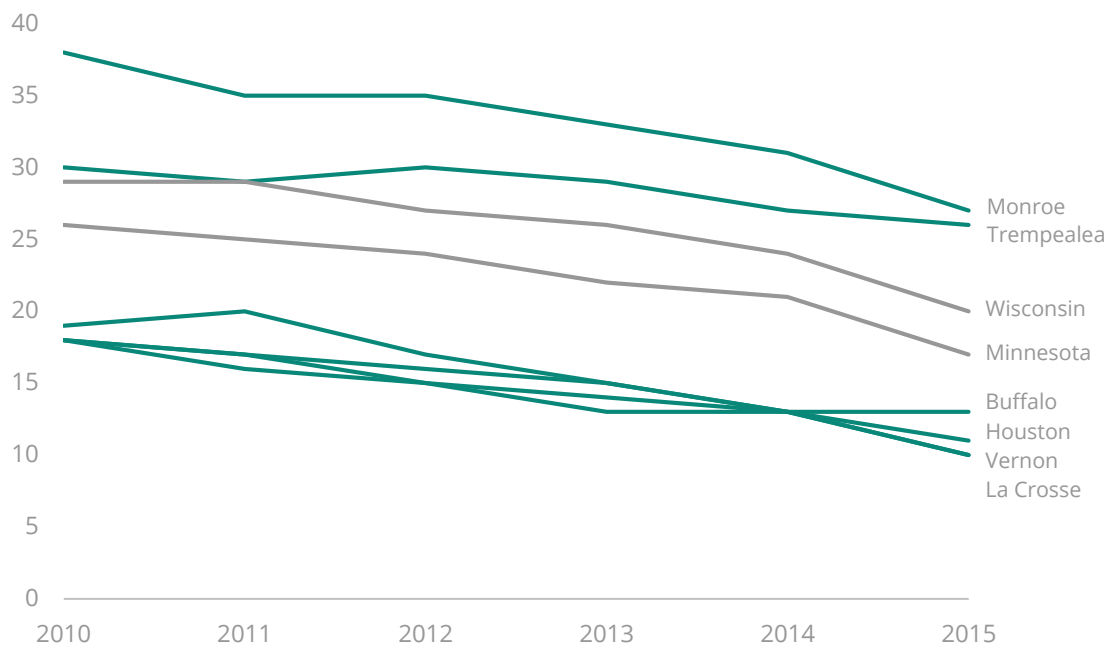


Source: County Health Rankings, 2017.

Teen birth rates have been trending down in all counties within the Region.⁶⁶

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 15: Teen birth rates over time



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 Region.

Most children are getting their recommended vaccinations, but Vernon County has a low rate.

Physical activity is low, but most people are getting their recommended health screenings.

The rate of sexually transmitted infections is high, suggesting that safe sex practices are not being used as much as they could be, but the Region has a low rate of births among teenagers.

Table 15: Health Behaviors indicators

	Top US	WI	MN	GRR	Buffalo	La Crosse	Monroe	Trempealeau	Vernon	Houston
Adult excessive drinking (binge drinking or heavy drinking) ⁴³	12%	24%	21%		23%	24%	25%	23%	21%	21%
Alcohol-involved driving deaths ⁴⁴	13%	37%	31%		38%	32%	38%	32%	42%	0%
People over 12 years using illicit drugs in past month ⁴⁵	9.6% (US)	8.4%	8.3%		Western WI Region = 8.7%					Region 5 & 6 = 7.6%
Drug arrests per 1,000 people ⁴⁸				5 (WI)	1.3	7.7	4.0	1.7	1.8	NA
Rate of opioid-involved deaths per 100,000 people ⁴⁶		11		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 ⁴⁶		362	NA	297 (WI)	251.6	329.8	294.0	261.3	228.8	NA
Adults self-reporting smoking ⁴⁹	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 ⁵²		71%	60%		63%	79%	68%	73%	43%	78%

	Top US	WI	MIN	GRR	Buffalo	La Crosse	Monroe	Trempealeau	Vernon	Houston
Adults reporting no leisure time physical activity ⁵³	19%	20%	19%		25%	20%	24%	20%	27%	24%
Women who should have and got at least one mammogram in past 24 months ⁵⁵		79%	81%	84%						
Women who should have and got cervical cancer screening ⁵⁶		81%	81%	81%						
Men and women who should have and got colorectal cancer screening ⁵⁷		77%	72%	78%						
Rate of chlamydia cases per 100,000 people ⁶⁰	123	403	367		112	397	316	203	129	122
Rate of teen births per 1,000 females age 15-19 ⁶⁶	20	24	21		13	13	31	27	13	13

References

41. Spring, B., Moller, A. C., & Coons, M. J. (2012). Multiple health behaviours: overview and implications. *Oxford Journal of Public Health*, 34(Suppl 1), i3 – i10.
42. Centers for Disease Control and Prevention. (2009). Sociodemographic differences in binge drinking among adults -14 states. *MMWR Morbidity and Mortality Weekly Report*, 58, 301-304.
43. University of Wisconsin-Madison Population Health Institute. (2017). *County health rankings – excessive drinking*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/49/data>
44. University of Wisconsin-Madison Population Health Institute. (2017). *County health rankings – alcohol-impaired driving deaths*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/134/data>
45. Substance Abuse and Mental Health Services Administration. (2012-2014). *National Survey on Drug Use and Health: Substate estimates, percentages*. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUHsubstateExcelTabs2014/NSDUHsubstateExcelTabs-2014.xlsx>
46. Wisconsin Department of Health Services. (2012-2016). *Wisconsin Interactive Statistics on Health – Opioid module*. Retrieved from <https://www.dhs.wisconsin.gov/wish/opioid/index.htm>
47. Minnesota Department of Health. (2016). *Drug overdose deaths among Minnesota residents, 2000-2016*. Retrieved from http://www.health.state.mn.us/divs/healthimprovement/content/documents-opioid/2016DrugOverdoseDeathReport_Final.pdf
48. Wisconsin Department of Justice. (2015). *UCR arrest data*. Retrieved from <https://www.doj.state.wi.us/dles/bjia/ucr-arrest-data>
49. University of Wisconsin-Madison Population Health Institute. (2011-2014). *County health rankings – adult smoking*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/9/data>
50. Wisconsin Department of Health Services. (2012-2016). *Wisconsin Interactive Statistics on Health – Behavioral Risk Factor Survey trend data – cigarette smoking*. Retrieved from <https://www.dhs.wisconsin.gov/wish/brfs/form.htm>
51. Wisconsin Department of Health Services Tobacco Control and Prevention Program. (2011-2015). *Smoking data: BRFSS 2011-2015*. Retrieved from https://view.officeapps.live.com/op/view.aspx?src=https://tobwis.org/resources/view/39/Smoking_Data_BRFSS_2011-2015.pptx
52. University of Wisconsin-Madison Population Health Institute. (2015). *County health rankings – childhood immunizations*. Retrieved from

<http://www.countyhealthrankings.org/app/wisconsin/2015/measure/factors/103/data>

53. University of Wisconsin-Madison Population Health Institute. (2017). *County health rankings – physical inactivity*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/70/data>
54. Wisconsin Department of Health Services. (2015). *Healthiest Wisconsin 2020 baseline and health disparities report*. Retrieved from <https://www.dhs.wisconsin.gov/hw2020/baseline.htm>
55. Wisconsin Collaborative for Healthcare Quality. (2015-2016). *Percent of women who should have had at least one mammogram within the previous 24 months*. Retrieved from <https://www.wchq.org/reporting/>
56. Wisconsin Collaborative for Healthcare Quality. (2014-2016). *Percent of women who should have had one or more cervical cancer screening tests during the previous 36 months or one cervical cancer screening test and a human papillomavirus test within the last 5 years*. Retrieved from <https://www.wchq.org/reporting/>
57. Wisconsin Collaborative for Healthcare Quality. (2016). *Percent of men and women who should have had a colorectal cancer screening*. Retrieved from <https://www.wchq.org/reporting/>
58. Genuis, S. J., & Genuis, S. K. (2004). Managing the sexually transmitted disease pandemic: A time for reevaluation. *American Journal of Obstetrics and Gynecology*, 191, 1103-1112.
59. Owusu-Edusei, K., Chesson, H. W., Gift, T. L., Tao, G., Mahajan, R., Ocfemia, M. C., & Kent, C. K. (2013). The estimated direct medical cost of selected sexually transmitted infections in the United States, 2008. *Sexually Transmitted Disease*, 40(3), 197-201.
60. University of Wisconsin-Madison Population Health Institute. (2017). *County health rankings – sexually transmitted infections*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/45/data>
61. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. (2011). *Child Health USA 2011*. Rockville, Maryland.
62. Ganchimeg, T., Ota, E., Morisaki, N., Laopaiboon, M., Lumbiganon, P., Zhang, J., et al., on behalf of the WHO Multicountry Survey on Maternal Newborn Health Research Network. (2014). Pregnancy and childbirth outcomes among adolescent mothers: a World Health Organization multicountry study. *British Journal of Obstetrics and Gynecology*, 121(Suppl. 1), 40-48.
63. Hoffman, S. D., & Maynard, R. A. (Eds.). (2008). *Kids having kids: economic costs and social consequences of teen pregnancy* (2nd ed.). Washington, DC: Urban Institute Press.

64. Chang, T., Choi, H., Richardson, C. R., & Davis, M. M. (2013). Implications of teen birth for overweight and obesity in adulthood. *American Journal of Obstetrics and Gynecology*, 209(2), 110-e1.
65. SmithBattle, L., & Freed, P. (2016). Teen mothers' mental health. *The American Journal of Maternal/Child Nursing*, 41(1), 31-36.
66. University of Wisconsin-Madison Population Health Institute. (2012-2018). *County health rankings – teen births*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/14/data>

"Paying for my medical bills and my daily pills are a real hardship. Social security doesn't give me much of a raise and prices are always going up. Something has to change or I won't be able to see a doctor or take my pills."

- Buffalo County RHS
Respondent

Clinical Care

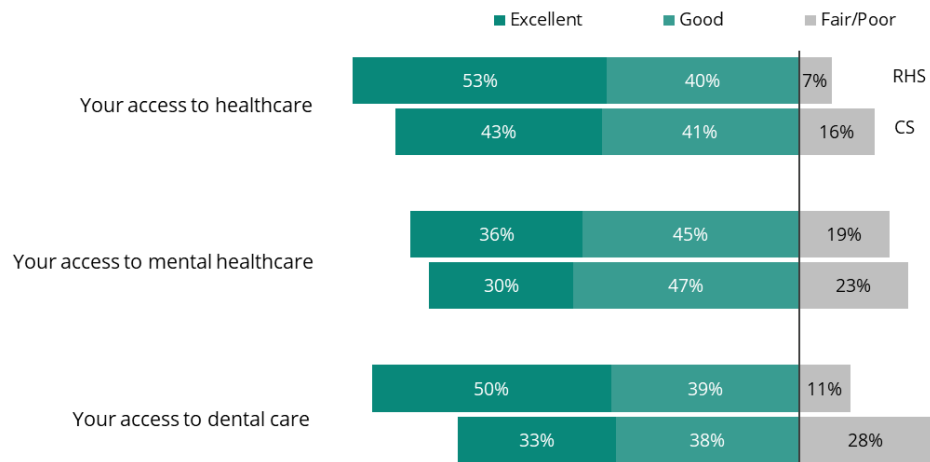
Does the type of care you need exist? How easy is it to get the care you need? When you get care, is it high quality? In this section, important data that answer these questions is shown. If the care that people need is not available, is difficult to access, or is not high quality, then people's health 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 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 Region as a whole, but that is not the whole story.

People in the Region view their access to physical, mental, and dental care as good to excellent. However, CS respondents consistently rated access to care lower than RHS respondents. This is particularly apparent in people's access to dental care. In addition, access to mental health care was rated the lowest overall. Results from the surveys also suggested that people with lower incomes felt that they had poorer access to all three types of care than people with higher incomes. Differences also appeared between counties – La Crosse County had the highest percentage of people reporting excellent access to healthcare (63%) whereas Buffalo County had the lowest (35%). This demonstrates that large disparities or differences exist across the Region.

Figure 16: RHS and CS access to care measures



Source: COMPASS Now, 2018 Random Household and Convenience Survey

Over time, people's perception of their access to care has not changed dramatically; however, it seems that there have been some improvements in in people's access to mental healthcare and dental care.

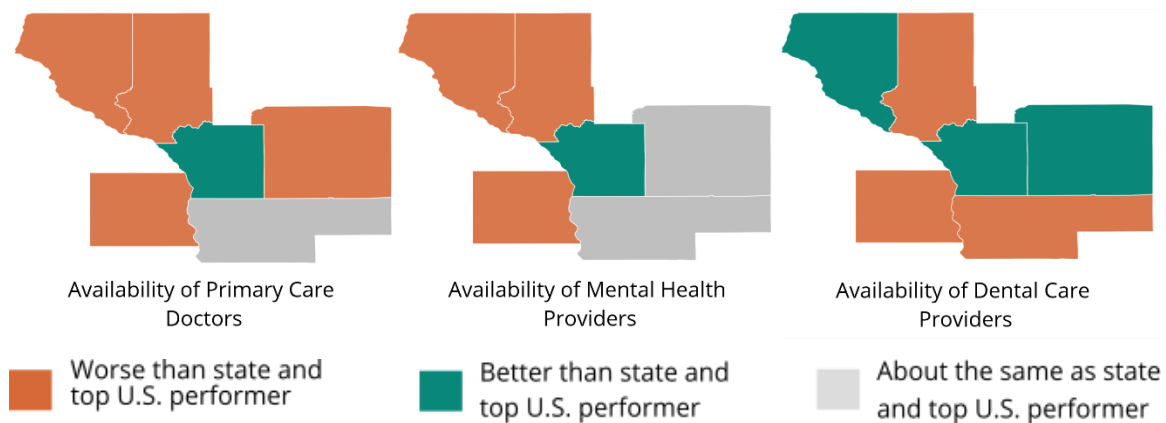
Table 16: RHS access to care over time

	Access to healthcare			Access to mental healthcare			Access to dental care		
	2012	2015	2018	2012	2015	2018	2012	2015	2018
Poor/fair	11%	9%	7%	26%	13%	19%	19%	10%	11%
Good	40%	35%	40%	48%	42%	45%	46%	36%	39%
Excellent	48%	56%	53%	18%	45%	36%	32%	54%	50%

Source: Regional COMPASS Now Random Household Survey, 2012, 2015, & 2018.

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 clinical care for most counties is lower than the state average and the top U.S. performer, except in La Crosse County, which outperforms in all categories.**⁶⁷⁻⁶⁹ In addition, the Health Resources and Services Administration (HRSA) has designated all of Houston, Monroe, and Vernon counties and portions of Buffalo and Trempealeau counties as medically underserved areas or populations.⁷⁰ 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.

Figure 17: Availability of providers



Source: *County Health Rankings, 2015*.⁶⁷⁻⁶⁹

There are **severe mental health treatment gaps for both adults and youth** who have mental health issues in the Region. The percent of adults that need treatment and are not receiving it ranges from 48% (La Crosse County) to 72% (Buffalo and Pepin counties. Only combined data is available.).⁷¹ The percent of youth that need treatment and are not receiving it ranges from 29% (La Crosse County) to 58% (Buffalo and Pepin counties. Only combined data is available.).⁷¹

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. About **two out of five CS respondents said they had poor to fair ability to pay for healthcare (44%)** and results for RHS respondents were only slightly lower at one out of three (33%).

Figure 18: CS respondent ability to pay for healthcare



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

"Limited resources for mental illness - no assistance that really helps...
Income severely affected by medical costs and high deductibles."
- Vernon County RHS Respondent

People's reported ability to pay for care has not improved since 2015.

Table 17: RHS ability to pay for care over time

	Ability to pay for healthcare		Ability to pay for mental healthcare		Ability to pay for dental care	
	2015	2018	2015	2018	2015	2018
Poor/fair	36%	33%	39%	36%	36%	35%
Good	44%	44%	43%	41%	45%	41%
Excellent	21%	23%	18%	24%	19%	24%

Source: *Regional COMPASS NOW Random Household Survey, 2015 & 2018.*

Although **87% (Vernon County) to 94% (Houston County) of people under age 65 have health insurance in the Region**,⁷² 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. Based on the RHS and CS surveys, around **25% (RHS) to 30% (CS) 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.** Many of the write-in responses for the surveys echoed these results.

"Even for insurance, I have to pay a couple \$100 out of pocket.
I forego seeing my dentist (2 years) and oncologist (1.5 years overdue).
I currently need to see a few specialists but I don't cuz I can't afford to."
- Monroe County RHS Respondent

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 ranges between 89% and 93% across the counties, with most being higher than the WI (90%) and MN averages (88%) and about the same as the top U.S. performer (91%).⁷³ 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.⁷⁴ 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 3.4 hospitalizations per 10,000 people) is much lower than the WI average (8.7 hospitalizations per 10,000 people).⁷⁵

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 Region show that there are not enough care providers to sufficiently serve all people in the Region. 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 18: RHS and CS Clinical Care measures

	Sample	Poor/Fair	Good	Excellent
Your access to healthcare	RHS	7%	39%	53%
	CS	16%	41%	43%
Your access to mental healthcare	RHS	19%	45%	36%
	CS	23%	47%	30%
Your access to dental care	RHS	11%	39%	50%
	CS	29%	38%	33%
Your ability to pay for healthcare	RHS	33%	44%	23%
	CS	43%	38%	19%
Your ability to pay for mental healthcare	RHS	35%	41%	24%
	CS	43%	39%	18%
Your ability to pay for dental care	RHS	35%	41%	24%
	CS	47%	38%	15%
Time in past 12 months you needed to see a doctor but didn't because of cost	RHS	Yes=25%		No=75%
	CS	Yes=29%		No=71%

Table 19: 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) ⁶⁷	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) ⁶⁸	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) ⁶⁹	1320:1	1560:1	1408:1		940:1	1140:1	1690:1	4220:1	2770:1	2090:1
Mental health treatment gap for adults ⁷¹		54%	NA		72%	48%	57%	58%	58%	NA
Mental health treatment gap for youth ⁷¹		54%	NA		58%	29%	45%	51%	53%	NA
Population under age 65 with no health insurance coverage ⁷²	8%	9%	7%		9%	7%	10%	9%	13%	6%
Diabetic Medicare enrollees 65-75 that received diabetes monitoring ⁷³	91%	90%	88%		90%	93%	92%	92%	91%	89%
Age-adjusted asthma hospitalization rates per 10,000 ⁷⁵		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.

References

67. University of Wisconsin-Madison Population Health Institute. (2017). *County health rankings – primary care physicians*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/4/map>
68. University of Wisconsin-Madison Population Health Institute. (2017). *County health rankings – mental health providers*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/62/data>
69. University of Wisconsin-Madison Population Health Institute. (2017). *County health rankings – dentists*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/88/data>
70. Health Resources and Services Administration. (2017). *HRSA data warehouse – shortage areas*. Retrieved from <https://datawarehouse.hrsa.gov/topics/shortageareas.aspx>
71. Wisconsin Department of Health Services. (June 2017). *Wisconsin Mental Health and Substance Abuse Needs Assessment Draft*.
72. University of Wisconsin-Madison Population Health Institute. (2017). *County health rankings – uninsured*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/85/data>
73. University of Wisconsin-Madison Population Health Institute. (2017). *County health rankings – diabetes monitoring*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/7/data>
74. Community Commons. (2017). *Diabetes monitoring*. Retrieved from <https://assessment.communitycommons.org/CHNA/>
75. Wisconsin Department of Health Services. (2017). *Age-adjusted asthma hospitalization rates for Wisconsin counties and overall state, 2014-2016*. Retrieved from <https://www.dhs.wisconsin.gov/asthma/astmahosprates.pdf>

"We need some community conversations and events. A place where you can meet your neighbors and see how alike we all are."

-Monroe County Latino/a Focus Group Attendee

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.⁷⁶⁻⁷⁸ 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.⁷⁹ Social factors are clearly important.

What do the data tell us?

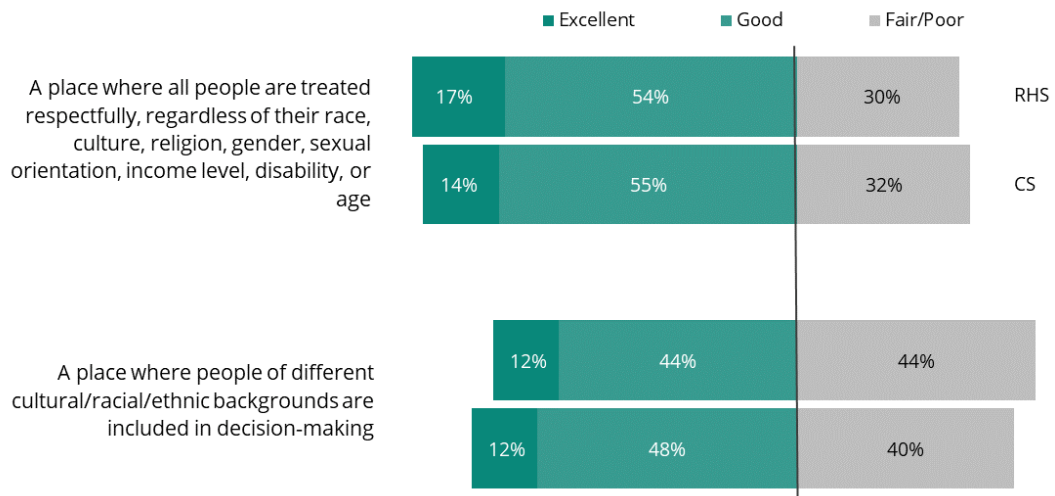
Social factors data are presented in three main areas: social diversity, care for children, the aging, and people living with disabilities, and early care/education.

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 Region'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**. When these questions were examined by respondents' age, a greater proportion of RHS respondents aged 21-50 felt that the respect for community diversity was fair/poor than respondents aged 50 and over. Yet, a greater proportion of RHS respondents aged 50 and over felt that their community was only fair/poor at involving diverse people in decision-making (see Appendices at www.compassnow.org for more information).

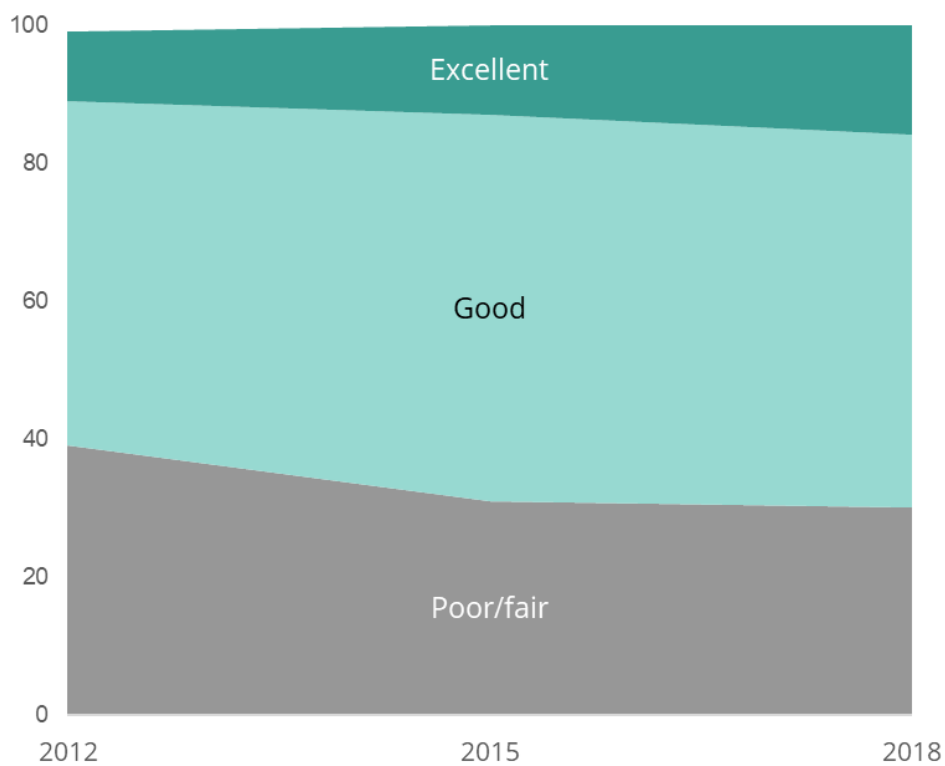
Figure 19: RHS and CS diversity measures



Source: COMPASS Now 2018 Random Household and Convenience Survey

There has been a slight improvement in these two areas over time.

Figure 20: RHS place where people are treated respectfully over time



Source: Regional COMPASS NOW Random Household Survey, 2012, 2015, & 2018

Figure 21: RHS people included in decision-making over time



Source: *Regional COMPASS NOW Random Household Survey, 2012, 2015, & 2018*

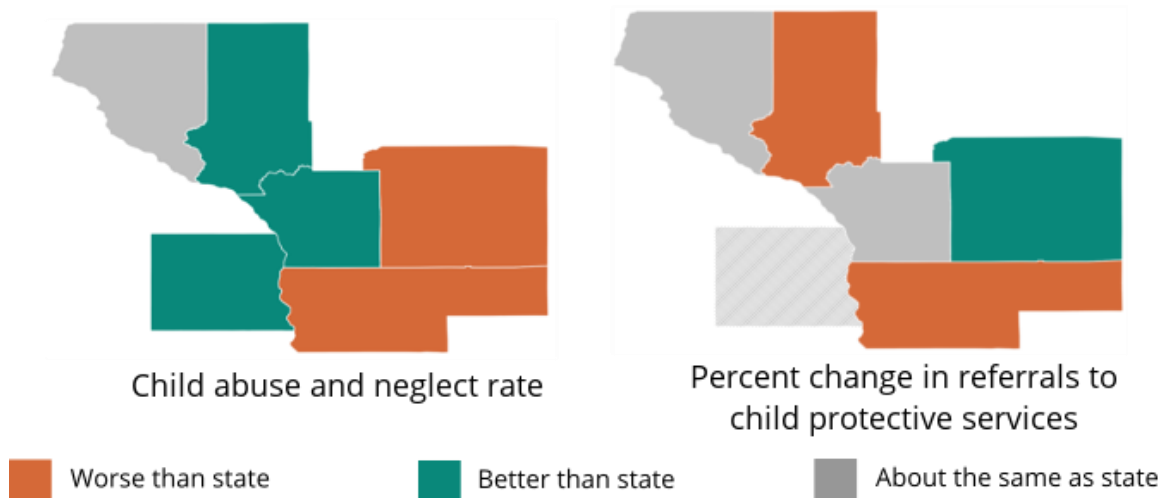
Attention to and care for children, the aging, and people living with disabilities

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.

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. Generally, younger children are more likely to be maltreated.⁸⁰ 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,⁸¹ increases in referrals to child protective services,⁸² and increases in out-of-home placements⁸³⁻⁸⁴ are occurring in many of the counties in the Region. Monroe, Vernon, and Trempealeau counties appear to have higher numbers on at least two out of the three maltreatment data points.

Figure 22: Child abuse and neglect indicators



Source: *Child abuse and neglect rate* - County Health Rankings, 2017 (data from 2014).

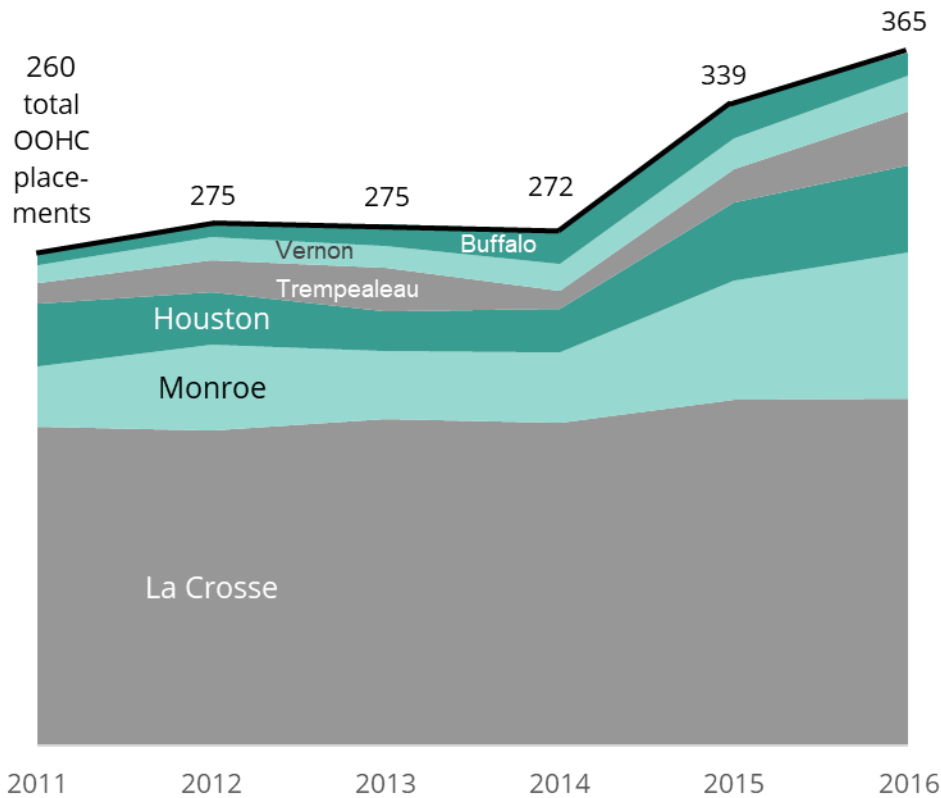
Referrals to child protective services - [eWisacwis Report](#), 2011-2015.

Table 20: Child abuse and neglect indicators

	Top US	WI	MN	GRR	Buffalo	La Crosse	Monroe	Trempealeau	Vernon	Houston
Child abuse rate per 1,000 children, 2014 ⁸¹		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 ⁸²		19%	NA		27%	21%	-12%	53%	92%	NA

The **number of out-of-home care placements has increased in all counties and the Region from 2011 to 2016.**⁸³⁻⁸⁴ The percent change in out-of-home care placements has ranged from a low of 9% in La Crosse County to a high of 155% in Trempealeau County. The average increase in out-of-home care placements for the Region was 41% from 2011 to 2016.

Figure 23: Out-of-home placements over time



Source: Wisconsin [eWisacwis Report](#), 2011-2016 and Minnesota Social Services Information System, 2011-2016.⁸³⁻⁸⁴

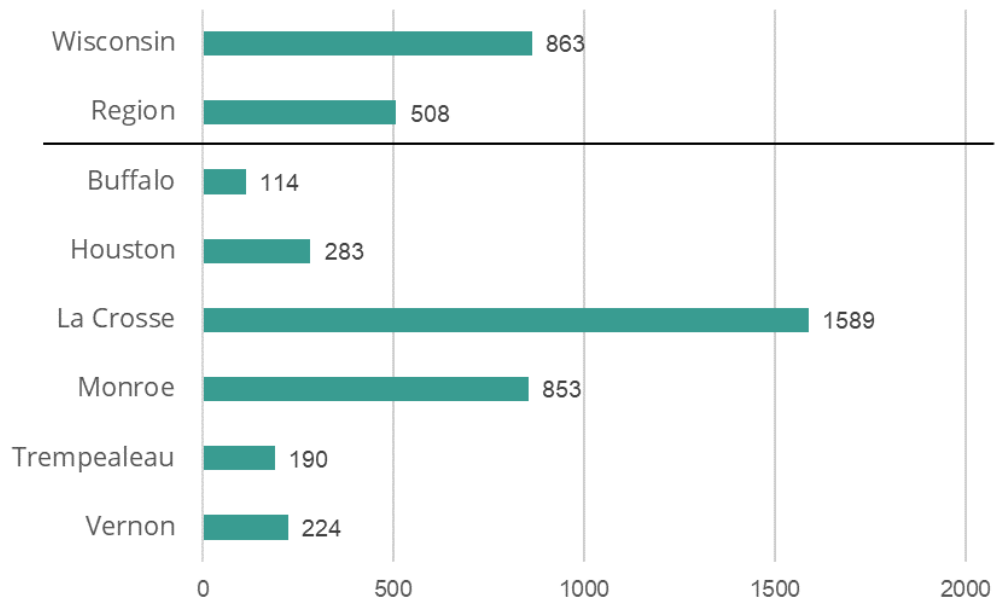
Table 21: Out-of-home placements over time

Number out-of-home-placements over time							
	2011	2012	2013	2014	2015	2016	% change 2011-2016
Buffalo	7	7	12	18	19	12	71%
Houston	33	28	21	23	41	46	39%
La Crosse	168	166	172	170	182	183	9%
Monroe	32	45	36	37	63	77	141%
Trempealeau	11	17	23	10	18	28	155%
Vernon	9	12	11	14	16	19	111%
Total	260	275	275	272	339	365	41%

Source: Wisconsin [eWisacwis Report](#), 2011-2016 and Minnesota Social Services Information System, 2011-2016.⁸³⁻⁸⁴

A positive sign is that **juvenile arrest rates have decreased slightly over time**.^{85,86} Counties showed an overall decrease in rates since the 2012 COMPASS report.^{85,86} La Crosse County (1,589 arrests per 10,000) and Monroe County (954 arrests per 10,000) have the highest 5-year rates (2012-2016) in the Region.^{85,86}

Figure 24: 5-year average rate of juvenile arrests for 10-17 year olds



Source: Wisconsin Department of Justice UCR Arrest Data, 2012-2016 and Minnesota Department of Public Safety Arrest Dashboards, 2011-2015; Regional rate is 2012-2015.^{85,86}

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 Region were asked about how well their community meets the overall needs of the aging and persons with disabilities, results were fairly similar. About **50% of people said their community was good at meeting the overall needs of the elderly and persons with disabilities** (elderly RHS = 49%, CS = 46%; persons with disabilities RHS = 51%, CS = 48%). Yet a greater proportion of aging respondents (age 51-65) rated their community as fair/poor in meeting the needs of the elderly than young respondents (age 21-36; see Appendices at www.compassnow.org for more information).

People's views of **how well the community supports the aging and persons with disabilities has not changed dramatically over time**, although there has been some improvement for persons with disabilities.

"I am an individual with some mobility issues. Frustrated with local stores that have little/no disability parking or where there are barriers (steps/no sidewalk cutouts) to access stores."
- Vernon County RHS Respondent

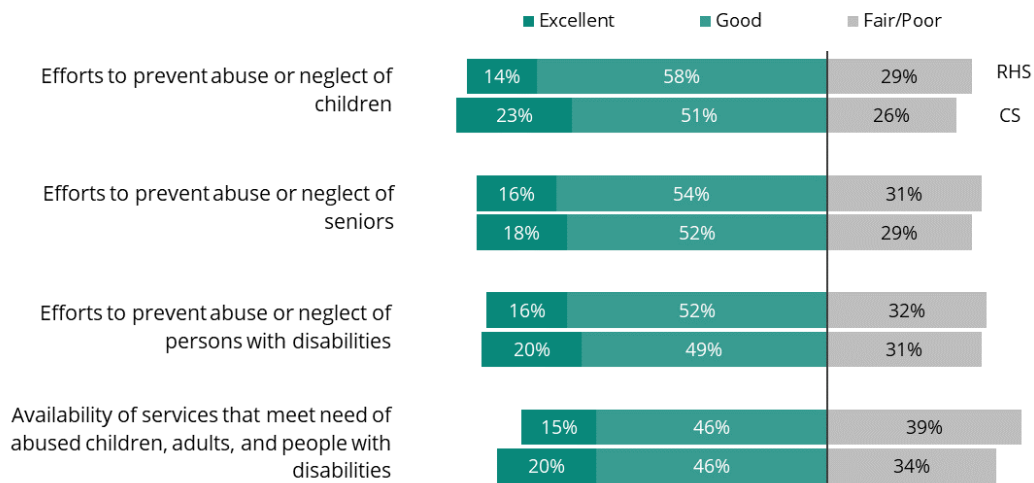
Table 22: RHS needs of elderly and people with disabilities over time

	Community as place that meets overall needs of elderly persons			Community as place that meets overall needs of persons with disabilities		
	2012	2015	2018	2012	2015	2018
Poor/fair	34%	31%	32%	41%	36%	32%
Good	52%	50%	49%	49%	49%	51%
Excellent	14%	19%	19%	10%	15%	17%

Source: *Regional COMPASS NOW Random Household Survey, 2012, 2015, & 2018.*

Half of RHS respondents believe their communities do a good job of meeting the needs of the aging and persons with disabilities. **Similarly, about half 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 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 25: RHS and CS abuse prevention measures



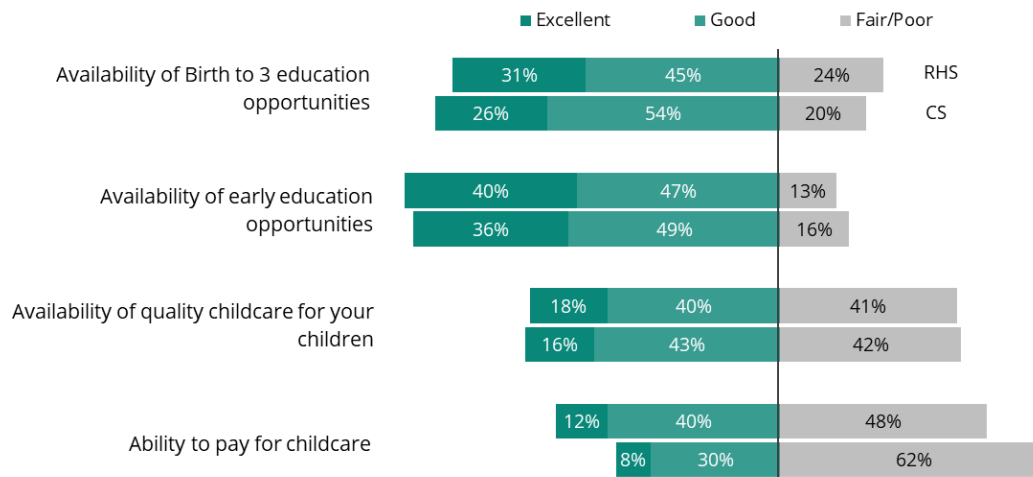
Source: COMPASS Now 2018 Random Household and Convenience Survey

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.⁸⁷ 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 = 86%; CS = 85%). When people in the Region 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 26: RHS and CS early education and childcare measures



Source: COMPASS Now 2018 Random Household and Convenience Survey

In addition, paying for high-quality childcare has remained difficult over time.

Table 23: RHS ability to pay for childcare over time

Ability to pay for childcare		
	2015	2018
Poor/fair	49%	48%
Good	39%	41%
Excellent	12%	12%

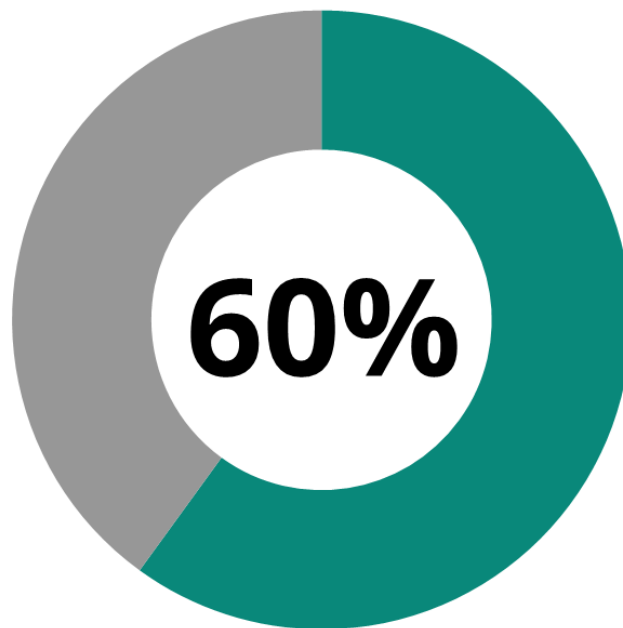
Source: Regional COMPASS NOW Random Household Survey, 2015 & 2018.

Focus groups and write-in answers from the RHS and CS surveys further supported the idea that **high-quality childcare was hard to find and difficult to pay for.**

Figure 27: Childcare word cloud

Once children enter **elementary, middle, and high school, the picture is more positive.** People view the schooling as *good to excellent* quality (RHS = 90%; CS = 88%). The percent of fourth-graders in the Region who are proficient or advanced in reading ranges from 51% in Monroe County to 61% in Houston County.⁸⁸ All counties are very close to the state averages or above them (WI = 52%; MN = 59%). Similarly, the percent of ninth-graders that graduate from high school in four years is well above the state averages (WI = 88%; MN = 93%).⁸⁹

Figure 28: CS poor ability to pay for education



Source: COMPASS Now 2018 Convenience Sample Survey

To ensure adults participating in the workforce and other community members have the skills and knowledge to adapt to changes in the workforce and in their lives, educational opportunities should be available through employers and the community. Regionally, the availability of these types of opportunities were viewed as *poor/fair* to *good*. **Nearly 40% of people viewed opportunities in their job to gain additional knowledge or skills as *poor to fair*** (RHS = 36%; CS = 38%). And about the same amount, **40%, viewed the availability of community resources to learn new skills as *poor to fair*** (RHS = 38%; CS = 40%).

"Higher education is expensive. Technical college shouldn't be viewed as a lesser option."
- Focus group participant

Summary

Generally, social diversity is valued and acknowledged throughout the Region, 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 Region as doing a *good* job of meeting the needs children, the aging, and those with disabilities, although responses varied by age. 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 decreasing; although some county's juvenile arrest rates are much higher than the state rate.

Education, overall, is viewed as good to excellent, and data suggest that 4K-12 and higher education is of high quality. Similarly, 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.⁹¹

Table 24: RHS and CS Social Factors measures

	Sample	Poor/Fair	Good	Excellent
Place where all people are treated respectfully	RHS	30%	54%	16%
	CS	31%	55%	14%
Place where people of different backgrounds included in decisions	RHS	44%	44%	12%
	CS	40%	48%	12%
Community as a place that meets needs of elderly persons	RHS	32%	49%	19%
	CS	32%	46%	22%
Community as place that meets needs of persons with disabilities	RHS	32%	51%	17%
	CS	33%	47%	20%
Efforts to prevent abuse or neglect of children	RHS	28%	58%	14%
	CS	26%	51%	23%
Efforts to prevent abuse or neglect of seniors	RHS	31%	54%	15%
	CS	30%	52%	18%
Efforts to prevent abuse or neglect of persons with disabilities	RHS	32%	52%	16%
	CS	31%	49%	20%
Availability of services that meet needs of abused children, adults, and people with disabilities	RHS	39%	46%	15%
	CS	34%	46%	20%
Community as place that meets your educational needs	RHS	14%	45%	41%
	CS	15%	55%	30%
Availability of Birth to 3 opportunities	RHS	24%	45%	31%
	CS	50%	54%	26%
Availability of early education opportunities	RHS	13%	47%	40%
	CS	16%	49%	35%
Availability of quality childcare	RHS	41%	40%	19%
	CS	41%	43%	16%
Ability to pay for childcare	RHS	48%	40%	12%
	CS	62%	30%	8%
Quality of schools, grades 4K-12	RHS	11%	49%	40%
	CS	12%	51%	37%

	Sample	Poor/Fair	Good	Excellent
Quality of higher education	RHS	10%	37%	53%
	CS	18%	44%	38%
Ability to pay for higher education	RHS	52%	29%	19%
	CS	60%	28%	12%
Opportunities in job to gain additional knowledge or skills	RHS	36%	38%	26%
	CS	38%	40%	22%
Availability of community resources to learn new skills	RHS	38%	38%	24%
	CS	40%	42%	18%

Table 25: Social Factors indicators

	Top US	WI	MN	GRR	Buffalo	La Crosse	Monroe	Trempealeau	Vernon	Houston
Child abuse rate per 1,000 children, 2014 ⁸¹		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 ⁸²		19%	NA		27%	21%	-12%	53%	92%	NA
Percent change in number of out-of-home placements, 2011-2015 ⁸³⁻⁸⁴		11%	NA		171%	8%	97%	64%	78%	NA
Juvenile arrest rate per 10,000 youth age 10-17, 2012-2016 ⁸⁵⁻⁸⁶		863		508 (2012-2015)	114	1589	954	190	224	283 (2011-2015)
2011										352
2012		1137		1185	158	1967	1135	246	266	178
2013		926		959	68	1604	914	180	259	252
2014		785		898	148	1508	755	196	236	220
2015		754		878	79	1442	960	174	132	114

	Top US	WI	MN	GRR	Buffalo	La Crosse	Monroe	Trempealeau	Vernon	Houston
2016		712			118	1418	1002	157	229	
4 th grade students proficient or advanced in reading ⁸⁸		52%	59%		59%	59%	51%	51%	53%	61%
9 th grade cohort that graduates in four years ⁸⁹		88%	93%		94%	93%	93%	94%	95%	96%*
Adults, 25-44, with some higher education ⁹⁰	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.

References

76. Heckman, J. J., Humphries, J. E., Veramendi, G., & Urzua, S. S. (2014). *Education, health and wages*. National Bureau of Economic Research. Working Paper No. 19971.
77. Zajacova, A., & Everett, B. G. (2014). The nonequivalent health of high school equivalents. *Social Science Quarterly*, 95, 221-238.
78. Ma, J., Pender, M., & Welch, M. (2016). *Education pays 2016*. The College Board.
79. House, J. S. (2001). Social isolation kills, but how and why? *Psychosomatic Medicine*, 63, 273-274.
80. Child Trends Data Bank. (2016). *Child Maltreatment: Indicators of Child and Youth Well-being*. Retrieved from <https://www.childtrends.org/indicators/child-maltreatment/>
81. University of Wisconsin-Madison Population Health Institute. (2017). *County health rankings – child abuse*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/119/data>
82. Wisconsin Department of Children and Families. (2011-2016). *eWISACWIS – Child abuse and neglect report*. Retrieved from <https://dcf.wisconsin.gov/reports>
83. Wisconsin Department of Children and Families. (2011-2016). *eWISACWIS – Child out of home care reports*. Retrieved from <https://dcf.wisconsin.gov/reports>
84. Minnesota Department of Human Services. (2011-2016). *Minnesota Social Services Information System – out of home care*. Retrieved from http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_000404
85. Wisconsin Department of Justice. (2012-2016). *UCR Arrest Data*. Retrieved from <https://www.doj.state.wi.us/dles/bjia/ucr-arrest-data>
86. Minnesota Department of Public Safety. (2011-2015). *Arrest Dashboards*. Retrieved from <https://dps.mn.gov/divisions/ojp/statistical-analysis-center/Pages/arrest-dashboards.aspx>
87. Zimmerman, E. B., Woolf, S. H., & Haley, A. (2015). *Population health: Behavioral and social science insights – understanding the relationship between education and health*. Retrieved from <https://www.ahrq.gov/professionals/education/curriculum-tools/population-health/zimmerman.html>
88. University of Wisconsin-Madison Population Health Institute. (2017). *County health rankings – reading proficiency*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/116/data>
89. University of Wisconsin-Madison Population Health Institute. (2017). *County health rankings – high school graduation*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/21/data>

90. University of Wisconsin-Madison Population Health Institute. (2017). *County health rankings – some college*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/69/map>
91. United Way. (2016). *Wisconsin ALICE – study of financial hardship*. Retrieved from <https://www.unitedwayalice.org/wisconsin>

"I feel that jobs with wages
above minimum wage
are the thing most lacking
in our area."
- Monroe 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 do the data tell us?

A data point that gives a sense of people's financial situation is their view of how well they can meet basic needs. **Between one in four and one in three people rated their ability to meet their basic needs as poor to fair** (RHS = 23%; CS = 33%).

Overall, **median household incomes in the Region (range = \$49,200 - \$56,300) are lower than WI (\$55,600) and MN (\$63,500) and are much lower than the top U.S. performer (\$63,300).**⁹² Also 44% of Wisconsin adults with disabilities earn less than \$20,000 annually, which is lower than the Regional and state rates.⁹³ Similar results may exist for those with disabilities living in the Region, but more research is needed. Unemployment rates in the Region (range = 3.7% to 4.6%) are around the state averages (WI = 4.1%; MN = 3.9%).^{94,95} 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 Region is 82% and ranges from 76% in Vernon County to 87% in Houston County.⁹⁶ Although unemployment rates in the Region are low and the labor force participation rate is high, median household incomes are still lower than the state ranges and the U.S. top performers.

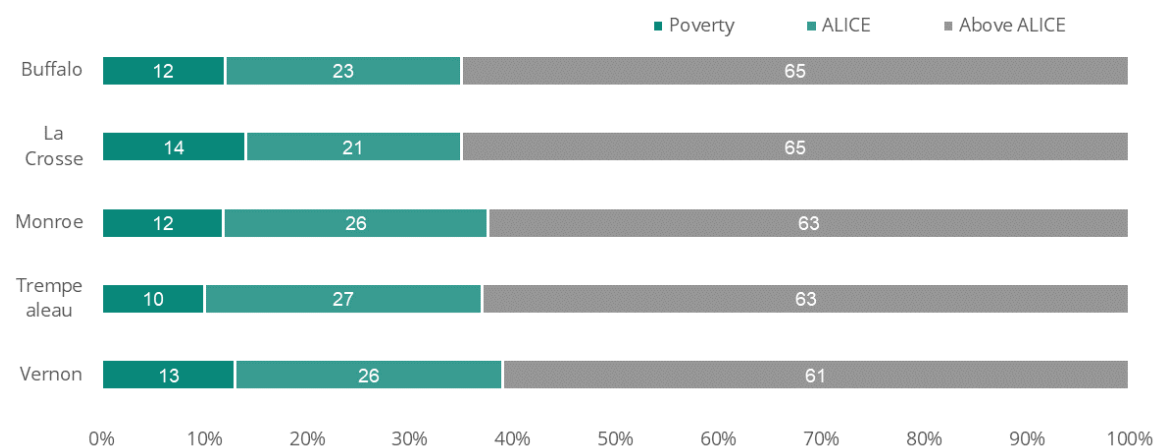
Another way to think about how people are doing financially is to look at the number of adults and children living below the federal poverty threshold. The poverty threshold is based on how much money a household in the city pays for a certain set of goods and services, like food and beverages or medical 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 Region living below the federal poverty threshold ranges from 9% in Trempealeau County to 15% in Vernon County.** These rates are similar to WI (12%) and MN (11%).⁹⁷ Additionally,

White people in the Region have the lowest percentage of people living at or below the poverty threshold at 13%, while 29% of Black people, 35% of Native American people, 22% of Asian people, and 36% of people who identify as an Other race live at or below the poverty threshold.⁹⁸

The **percent of children in the Region living below the federal poverty threshold** is a bit higher. About 10% of children in Houston County live below the federal poverty threshold, but in Monroe County it is 20% and in Vernon County it is 26%. **Monroe and Vernon counties have much higher rates** than WI (17%), MN (13%), and the top U.S. performer (12%).⁹⁹ What's more, **more than 1 in 3 children are eligible for free and reduced school lunch** in the Region.¹⁰⁰ 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.¹⁰¹ **Nearly one in four households earn more than the federal poverty threshold, but less than the basic cost of living for the county.**¹⁰¹ When this is added to the number of households that are living below the poverty threshold, nearly 40% of the total population is struggling to afford basic needs.

Figure 29: ALICE threshold



Source: WI ALICE Report, 2018.¹⁰¹

What economic opportunities and resources do we have?

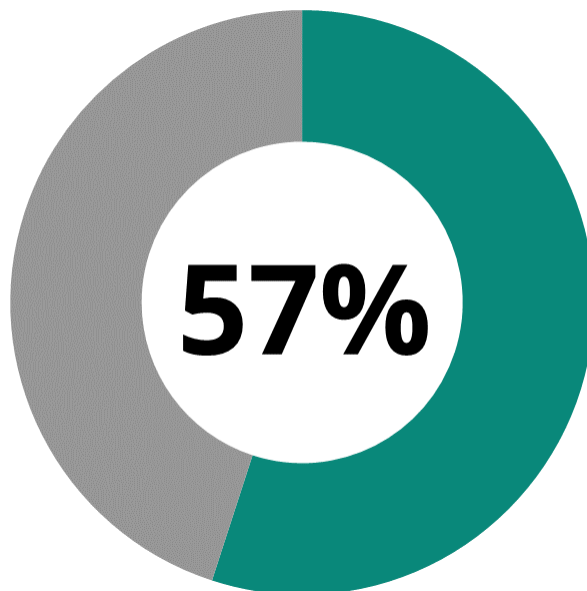
Every community wants to make sure that there are economic opportunities and supports for the people who live there. Focus group participants and survey respondents give a good sense of how people perceive the Region's economic opportunities.

"There are plenty of jobs here, but very little regulation over the pay and how people have to treat you."

- Focus Group Participant

When people were asked about their perception of the jobs in their communities, the majority agreed with focus group participants and write-in responses from the survey. The **majority, 57%, of RHS respondents rated the availability of jobs with wages that offer a comfortable standard of living as poor to fair**. In addition, more than half of all respondents earning \$75,000 or less rated the availability of jobs with a living wage as poor to fair (see Appendices at www.compassnow.org for more information). Again, unemployment is low, the labor force participation rate is high; one would expect to see positive changes in median income levels and people's perception of jobs that have wages that offer a comfortable standard of living, but the data and feedback do not support this expectation.

Figure 30: RHS availability of jobs with comfortable standard of living wage



Source: COMPASS Now Random Household Survey, 2018.

However, there has been a slight improvement over time, possibly due to economic factors rising to pre-Great Recession levels, but overall, a negative trend persists.

Table 26: RHS availability of jobs with comfortable standard of living wage over time

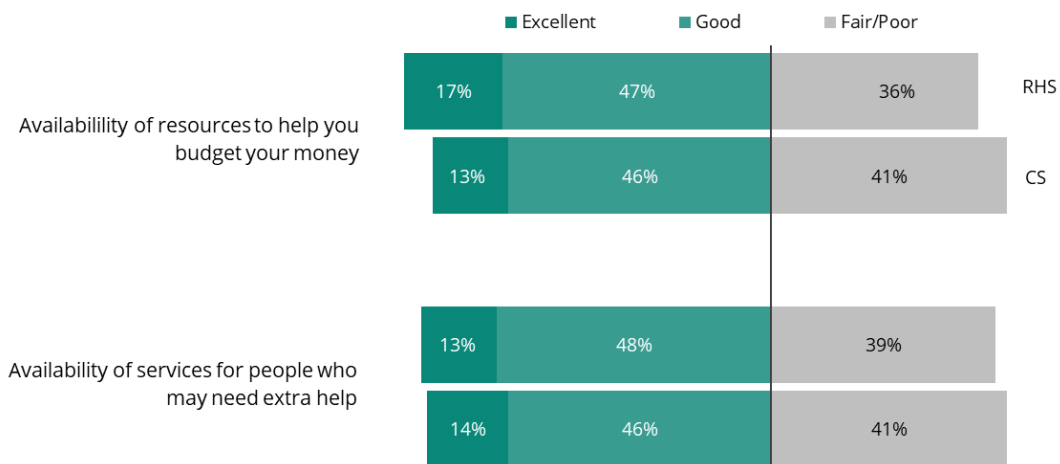
Availability of jobs with wages that offer comfortable standard of living			
	2012	2015	2018
Poor/fair	75%	59%	57%
Good	23%	34%	35%
Excellent	2%	7%	8%

Source: *Regional COMPASS NOW Random Household Survey, 2012, 2015, & 2018.*

Survey respondents were asked about the availability of other resources to help people financially. In general, it seems that more could be done in this area. **Nearly two-thirds of survey respondents felt that the availability of financial resources was good to excellent, but a sizeable proportion felt that it was only fair to poor.**

“We need better jobs with benefits that will allow people the ability to afford healthcare and home ownership.”
- La Crosse County RHS Respondent

Figure 31: RHS and CS availability of financial services measures



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

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, and in Minnesota it is called General Assistance. 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. **Within the Region, the percent of households receiving TANF ranged from 1.7% in Vernon County to 2.6% in Monroe County.** The rates are generally lower than WI (2.2%) and MN (3.6%).¹⁰²

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 Region than the U.S. (Region = 21%; U.S. = 28%).**¹⁰³ The county rates ranged from a low of 18% in Trempealeau to a high of 26% in Monroe. 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.

Aside from federal government programs to help families in financial need, many communities offer other programs like food pantries, emergency housing assistance, and job training. 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 – **just over half of RHS (55%) and CS (53%) respondents said that efforts to reduce poverty were poor to fair.**

Efforts to reduce poverty and hunger have improved slightly over time.

Table 27: RHS efforts to reduce hunger and poverty over time

	Efforts to reduce hunger			Efforts to reduce poverty		
	2012	2015	2018	2012	2015	2018
Poor/fair	40%	34%	33%	68%	57%	55%
Good	51%	51%	49%	29%	37%	37%
Excellent	9%	15%	18%	3%	6%	8%

Source: *Regional COMPASS Now Random Household Survey, 2012, 2015, & 2018.*

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 Region. They also feel that efforts to reduce poverty could be better and that there could be more resources to help with budgeting and finances.

"I stay with family. My checks are not very big. I only make \$8.00 an hour and I work all the time. I have two kids, and we have everything we need but no money left over. I get paid, pay bills, then I'm broke. At least my kids are happy."
- Vernon County CS Respondent

Table 28: RHS and CS Economic Factors measures

	Sample	Poor/Fair	Good	Excellent
Ability you have to meet basic needs	RHS	23%	49%	28%
	CS	33%	47%	20%
Availability jobs with wages that offer comfortable standard of living	RHS	57%	35%	8%
	CS	59%	33%	8%
Availability of resources to help budget money	RHS	36%	47%	17%
	CS	41%	46%	13%
Availability of services for people who may need extra help	RHS	39%	48%	13%
	CS	40%	46%	14%
Efforts to reduce hunger in community	RHS	33%	49%	18%
	CS	32%	48%	20%
Efforts to reduce poverty in community	RHS	55%	37%	8%
	CS	53%	37%	10%

Table 29: Economic Factors indicators

	Top US	WI	MN	GRR	Buffalo	La Crosse	Monroe	Trempealeau	Vernon	Houston
Median household income ⁹²	\$63,300	\$55,600	\$63,500		\$53,900	\$51,400	\$53,000	\$53,700	\$49,200	\$56,300
Unemployment ^{94,95}		4.1%	3.9%		4.6%	3.7%	4.0%	3.8%	3.7%	4.0%
Labor force participation rate ⁹⁶		81%	84%	82%	83%	83%	80%	85%	76%	87%
People living below Federal Poverty Threshold ⁹⁷		12%	11%		10%	14%	13%	9%	15%	11%
Children living below Federal Poverty Threshold ⁹⁹	12%	17%	13%		14%	12%	20%	14%	26%	10%
Children eligible for free and reduced school lunch ¹⁰⁰		41%	38%		34%	37%	48%	43%	46%	27%
Households above Federal Poverty Threshold and below ALICE ¹⁰¹		29%	NA		28%	32%	29%	27%	27%	NA

	Top US	WI	MN	GRR	Buffalo	La Crosse	Monroe	Trempealeau	Vernon	Houston
Households receiving Temporary Assistance for Needy Families ¹⁰²		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 ¹⁰³	28% (US)	19%	27%	21%	19%	21%	26%	18%	19%	19%

References

92. University of Wisconsin-Madison Population Health Institute. (2017). *County health rankings – median household income*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/63/data>
93. Wisconsin Department of Health Services. (2015). *Healthiest Wisconsin 2020 baseline and health disparities report*. Retrieved from <https://www.dhs.wisconsin.gov/hw2020/baseline.htm>
94. Wisconsin Department of Workforce Development, Bureau of Workforce Training. (2016). *Labor market information*. Retrieved from <http://WORKnet.Wisconsin.gov>
95. Minnesota Department of Employment and Economic Development. (2016). *Annual unemployment rates*. Retrieved from <https://apps.deed.state.mn.us/lmi/laus/Default.aspx>
96. U.S. Census Bureau. (2016). *American Community Survey – 5-year estimates – labor force participation rate*. Retrieved from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
97. University of Wisconsin-Madison Population Health Institute. (2017). *County health rankings – poverty*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/118/data>
98. U.S. Census Bureau. (2016). *American Community Survey – 5-year estimates – poverty by race*. Retrieved from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
99. University of Wisconsin-Madison Population Health Institute. (2017). *County health rankings – children in poverty*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/24/data>
100. University of Wisconsin-Madison Population Health Institute. (2017). *County health rankings – children eligible for free or reduced price lunch*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/65/data>
101. United Way. (2018). *The United Way ALICE Project*. Retrieved from <https://www.unitedwayalice.org/wisconsin>
102. Community Commons. (2011-2015). TANF receipt. Retrieved from <https://assessment.communitycommons.org/CHNA/>
103. US Census Bureau. (2011-2015). *American Community Survey 5-year estimates of children in households receiving SSI, cash public assistance, or Food Stamps/SNAP*. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_B09010&prodType=table

"Public transportation could
be of great service to the
community."
-Monroe County CS
Respondent

Physical Environment

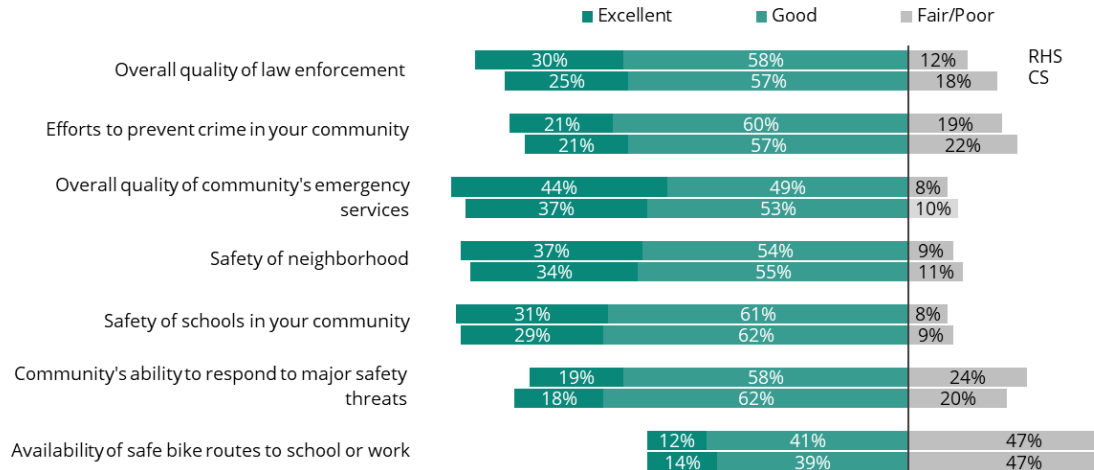
The physical environment includes the natural environment (e.g., weather, climate, rivers, bluffs), built environment (e.g., buildings, transportation, housing, neighborhoods), and even physical barriers (especially for people with disabilities). The physical environment can have wide ranging effects 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.¹⁰⁴⁻¹⁰⁶ Another 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.¹⁰⁷ 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 data tell us?

Safety and safety services

When it comes to safety services in the Region and the **general safety of the communities in which people live, residents see things positively**. The violent crime rate (homicide, rape, physical assault, armed robbery, etc.) for the Region ranges between 32 violent crimes per 100,000 people in Buffalo County to 140 violent crimes per 100,000 people in La Crosse County; it is lower than the Wisconsin and Minnesota rates (WI = 283; MN = 231).¹⁰⁸ However, a greater proportion of RHS respondents who earned less than \$25,000 rated their neighborhood safety a fair/poor than respondents earning more than \$25,000 (see Appendices at www.compassnow.org for more information). In addition, **many people find that safe bike routes are severely lacking**, and this was very prominent for RHS respondents between the age of 21 and 36; 57% rated the availability of safe bike routes as fair/poor.

Figure 32: RHS and CS community safety measures

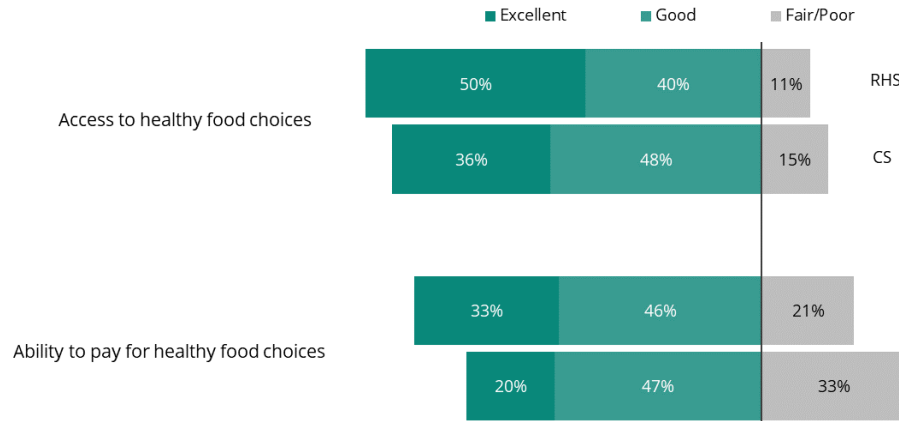


Source: COMPASS Now 2018 Random Household and Convenience Survey

Access to healthy food

The physical environment also includes people's access to healthy food. In the Region, **about 10-30% 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, with a Regional rate of approximately 19%, which is about 51,000 people.¹⁰⁹ That means that approximately one in every five people have low food access. When RHS/CS survey respondents were asked about access to and ability to pay for healthy food choices, there were sizeable differences between the RHS and CS samples in their ability to pay for healthy food. Two out of five RHS respondents said they had fair/poor ability to pay for healthy food, whereas one out of three CS respondents said they had fair/poor ability to pay for healthy food. This suggests that some people in the Region 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 33: RHS and CS healthy food access measures



Source: COMPASS Now 2018 Random Household and Convenience Survey

Access to and ability to pay for healthy food has improved slightly over time.

Table 30: RHS healthy food access measures over time

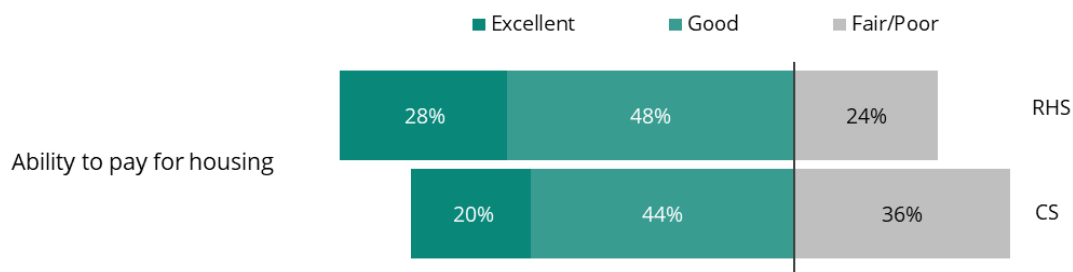
	Access to healthy food choices			Ability to pay for healthy food	
	2012	2015	2018	2015	2018
Poor/fair	15%	12%	11%	26%	21%
Good	44%	40%	40%	50%	46%
Excellent	39%	49%	50%	25%	33%

Source: Regional COMPASS Now Random Household Survey, 2012, 2015, & 2018.

Access to high-quality housing

A safe, stable place to live is one of the most basic needs that everyone has. However, during one night in July of 2017, 305 people in the Region experienced homelessness and did not have this basic need met.¹¹⁰ Additionally, 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. According to federal data, **the number of households that have severe housing problems ranges from 11% in Houston County to 17% in Vernon County.**¹¹¹ These rates are similar to WI (16%) and MN (14%). 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 than RHS respondents.** RHS respondents age 21-36 were more likely to also rate their ability to pay for housing as fair/poor compared to older respondents (see Appendices at www.compassnow.org for more information).

Figure 34: RHS and CS ability to pay for housing measure



Source: COMPASS Now 2018 Random Household and Convenience Survey

RHS respondents' ability to pay for housing has remained consistent over time.

Table 31: RHS ability to pay for housing over time

Ability to pay for housing		
	2015	2018
Poor/fair	25%	24%
Good	48%	48%
Excellent	27%	28%

Source: Regional COMPASS Now Random Household Survey, 2015 & 2018.

"There aren't enough rentals in good condition. Even fewer for Latinos. If we call to request to see a rental, speaking with a Spanish accent, the landlord hangs up. We have to start over."
-Monroe County Latino/a Focus Group Attendee

Two other data points suggest that health-related housing issues are not as much of a concern as cost. The **percent of people with fluoridated public water, which helps people have healthy teeth, ranges from 0% in Vernon County to 95% in La Crosse County.**¹¹² Rates for the other counties range between one in three households to two in three households that have fluoridated water. Although this may seem like a poor outcome, the Region is generally rural and most people will have their own private water wells. Private wells may have naturally-occurring fluoride, and the water can be tested to determine fluoride levels.

Table 32: Access to fluoridated water

	Buffalo	La Crosse	Monroe	Trempealeau	Vernon	Houston
People with access to fluoridated public water ¹¹²	63%	95%	32%	62%	0%	57%

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 Region, as most children have normal ranges of lead in their blood, except in Buffalo County**, which had the highest rate in the Region with 5.75% of children tested having elevated blood lead levels.¹¹³

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. **Public transportation is viewed unfavorably in the Region, although most people seem to be able to pay for their own vehicle.** Write-in comments from the RHS and CS surveys also suggest that public transportation is a recognized need in many communities.

"We live in a small area and have to drive very far for simple things."
-Trempealeau County CS Respondent

The majority of RHS respondents said that the **accessibility of public transportation was poor to fair** (60%), and results were similar for the CS respondents (53%). Similarly, the majority of RHS respondents said that the **convenience of public transportation was poor to fair** (64%), and results were similar for CS respondents (59%). A greater proportion of younger RHS respondents (age 21-36) rated the accessibility and convenience of public transportation as fair/poor compared to other age groups (see Appendices at www.compassnow.org for more information). Yet, the majority of RHS respondents said that their **ability to pay for their own vehicle was good to excellent** (78%); results were lower for the CS respondents (63%).

"Onalaska Public Transit provides outstanding service for elderly people in Onalaska/Holmen/West Salem and needs support! The transportation options from Onalaska to La Crosse are very limited for elderly people and need improvement."

-La Crosse County RHS Respondent

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 = 67%; CS = 65%). Air quality is also not a problem, based on federally-collected data.¹¹⁴ In addition, people thought that efforts in their community to protect the natural environment were good to excellent (RHS = 64%; CS = 63%). These findings suggest that **the natural environment is in reasonable shape in the Region.**

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. Some counties also face more difficulties than others because they live in a rural area where resources are limited and less accessible.

High-quality housing is hard to find and expensive for many people. Members of the Latino community find it especially difficult to find affordable, high-quality housing. According to focus group participants, they also face discrimination.

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.

"Buffalo County is a very poor county. It falls under the guidelines as a food desert, as the only grocery store in the county is in Mondovi, WI. The entire county has no access to public transportation."

-Buffalo County CS Respondent

Table 33: RHS and CS Physical Environment measures

	Sample	Poor/Fair	Good	Excellent
Overall quality of law enforcement	RHS	12%	58%	30%
	CS	18%	57%	25%
Efforts to prevent crime	RHS	19%	60%	21%
	CS	22%	57%	21%
Overall quality of emergency services	RHS	7%	49%	44%
	CS	10%	53%	37%
Safety of neighborhood	RHS	9%	54%	37%
	CS	11%	55%	34%
Safety of schools in community	RHS	8%	61%	31%
	CS	9%	62%	29%
Community ability to respond to major safety threats	RHS	24%	57%	19%
	CS	20%	62%	18%
Availability of safe bike routes to school or work	RHS	47%	41%	12%
	CS	47%	39%	14%
Access to healthy food choices	RHS	11%	39%	50%
	CS	15%	49%	36%
Ability to pay for healthy food choices	RHS	21%	46%	33%
	CS	33%	47%	20%
Ability to pay for housing	RHS	24%	48%	28%
	CS	36%	44%	20%
Accessibility of public transportation	RHS	60%	29%	11%
	CS	53%	31%	16%
Convenience of public transportation	RHS	64%	27%	9%
	CS	58%	28%	14%
Ability to pay for own vehicle	RHS	22%	47%	31%
	CS	37%	42%	21%
Quality of water in rivers and lakes	RHS	33%	53%	14%
	CS	35%	54%	11%
Efforts to protect natural environment	RHS	36%	50%	14%
	CS	37%	52%	11%

Table 34: Physical Environment indicators

	Top US	WI	MN	GRR	Buffalo	La Crosse	Monroe	Trempealeau	Vernon	Houston
People with low food access (live in a food desert) ¹⁰⁹		21%	28%	19%	23%	22%	18%	10%	17%	14%
Households with severe housing problems ¹¹¹	9%	16%	14%		14%	14%	15%	12%	17%	11%
People with access to fluoridated public water ¹¹²		88%	99% (2014)		63%	95%	32%	62%	0%	57%
Rate of lead poisoned children (% based on children tested for lead) ¹¹³		4.6%	0.9%		5.1%	2.3%	1.7%	1.8%	2.0%	0.9%
Average daily ambient ozone concentration ¹¹⁴		38	36		38	38	39	38	39	38

References

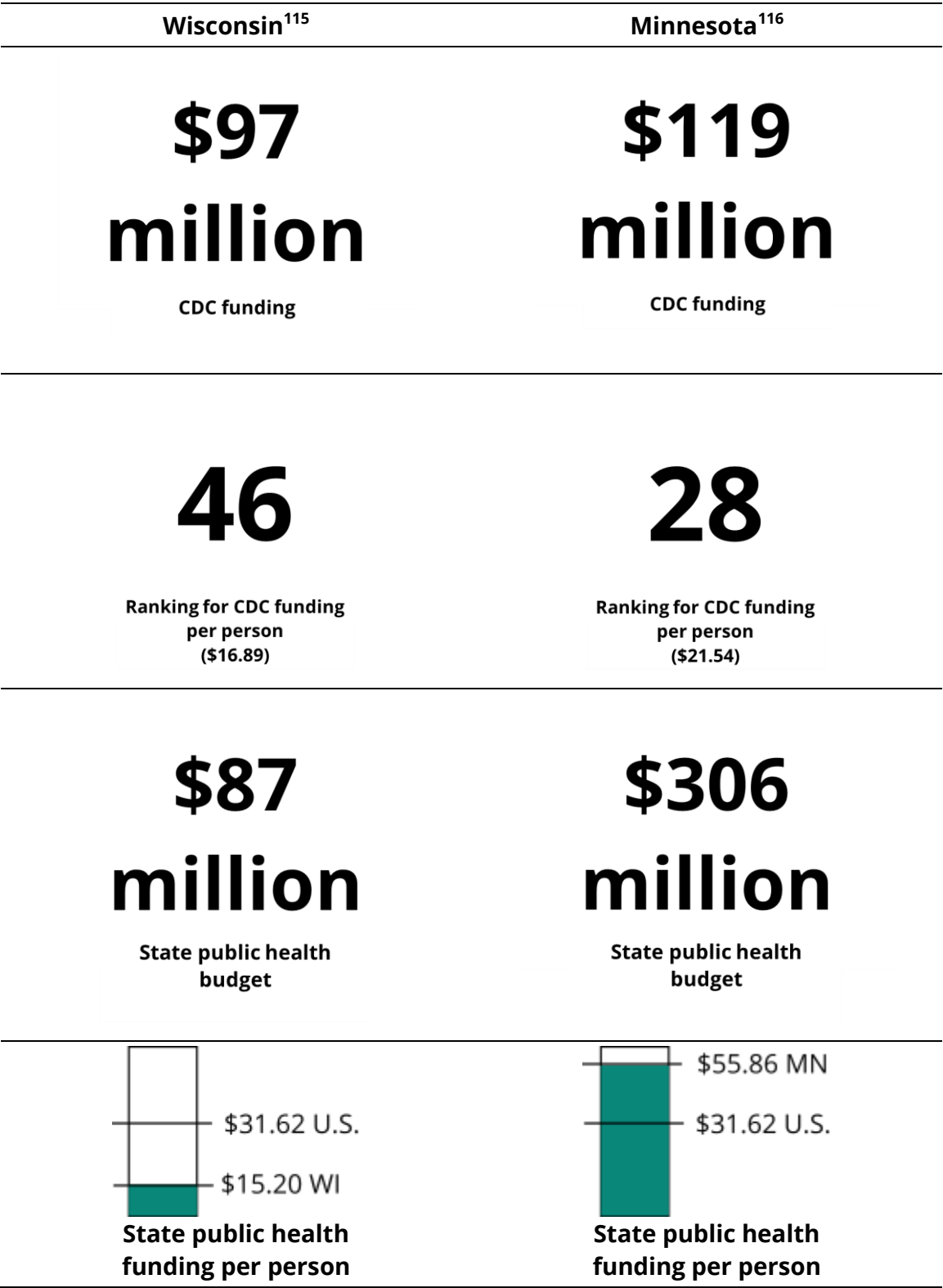
104. Ahern, M., Brown, C., & Dukas, S. (2011). A national study of the association between food environments and county-level health outcomes. *The Journal of Rural Health, 27*, 367-379.
105. Taggart, K. (2005). Fast food joints bad for the neighbourhood. *Medical Post, 41*, 21-23.
106. Schafft, K. A., Jensen, E. B., & Hinrichs, C. C. (2009). Food deserts and overweight schoolchildren: Evidence from Pennsylvania. *Rural Sociology, 74*, 153-277.
107. Ellen, I. G., Mijanovich, T., & Dillman, K. N. (2001). Neighborhood effects on health: Exploring the links and assessing the evidence. *Journal of Urban Affairs, 23*, 391-408.
108. University of Wisconsin-Madison Population Health Institute. (2017). *County health rankings – Violent crime*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/43/data>
109. Community Commons. (2015). *Food access – low food access*. Retrieved from <https://assessment.communitycommons.org/CHNA/>
110. Couleecap. (2017, July). Point in time counts of people experiencing homelessness in La Crosse, Monroe, Vernon, Buffalo and Trempealeau Counties.
111. University of Wisconsin-Madison Population Health Institute. (2017). *County health rankings – Severe housing problems*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/136/data>
112. Wisconsin Department of Health Services. (2017). *Environmental public health tracking: County environmental health profiles*. Retrieved from <https://www.dhs.wisconsin.gov/epht/profile.htm>
113. Wisconsin Department of Health Services. (2017). *2016 report on childhood lead poisoning in Wisconsin*. Retrieved from <https://www.dhs.wisconsin.gov/publications/p01202-16.pdf>
114. Community Commons. (2012). National environmental public health tracking network – high ozone days. Retrieved from <https://assessment.communitycommons.org/CHNA/>

"I think this community should
put more money [toward]
availability and access to
mental health [and] to
homeless & drug abusers."
-La Crosse County RHS
Respondent

Other Factors

In this section, we highlight two other factors that affect people's health outcomes – how much funding the states of Wisconsin and Minnesota receive from the Centers for Disease Control and Prevention (CDC) and from state public health budgets. Without these funding sources, key public health activities that ensure the health and wellbeing of everyone would not occur. In addition, lack of funding decreases the ability of public health agencies to respond to emerging issues, like the opioid epidemic.

Figure 35: WI and MN public health comparison



References

115. Trust for America's Health. (2017). Key health data about Wisconsin. Retrieved from <http://healthyamericans.org/states/?stateid=WI#section=3,year=2013,code=undefined>
116. Trust for America's Health. (2017). Key health data about Minnesota. Retrieved from <http://healthyamericans.org/states/?stateid=MN#section=3,year=2013,code=undefined>

What are the needs of the Great Rivers Region?

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.

Each county held a county stakeholder meeting, except for Vernon County, and the Data Workgroup hosted a regional webinar. The meetings presented data that had been gathered about each county and the Region. Community members at the meetings generated ideas of the top needs for their community and voted to prioritize the needs based on the data presented and their personal knowledge of the community. 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.

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.¹¹⁸ 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.¹¹⁸

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.¹¹⁸

Why was this an identified need?

About 1 in 5 people engage in excessive drinking, which is double the rate of the top U.S. performers.⁴³ About 35% of all driving deaths in the Region have alcohol involvement.⁴⁴ 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.⁴⁵ There were 5 drug arrests for every 1,000 people living in the area.⁴⁸

Deaths due to opioid overdoses in the Region (7.2 deaths per 100,000 people) are not as high as the WI rate (11 deaths per 100,000 people),⁴⁶ but we know the problem is getting worse based on an increasing rate of emergency room visits and hospital stays for opioid-related reasons.⁴⁷

Drug use was a top theme from focus groups that were held across the Region.

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

Below we list opportunities and resources that are common across the counties and can help address the need to reduce drug and alcohol use and abuse.

Table 35: Region – drug and alcohol opportunities and resources

Opportunities	Resources (continued)
Prevention and education efforts	Coalitions
Develop trauma-informed communities	Health and Human Services departments
Legislative advocacy	Coulee Council on Addictions
	Schools
	Churches/faith community
	Prescription drop off boxes
Resources	Treatment courts
Recovery centers	Heroin and Other Illicit Drug Task Force
Police programs (e.g., compliance checks)	Burden of At Risk Alcohol Use and Abuse Report
Peer support programs	Medical center programs

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 was this an identified need?

Overall, median household incomes in the Region (range = \$49,200 - \$56,300) are lower than WI (\$55,600), MN (\$63,500), and the top U.S. performer (\$63,300).²⁵

Around two in five households are earning less than the basic cost of living for the counties in the Region.¹⁰¹

Between one in four and one in three survey respondents rated their ability to meet their basic needs as *poor* to *fair* (RHS = 23%; CS = 33%).

Most survey respondents rated the availability of jobs with wages that offer a comfortable standard of living as *poor* to *fair* (RHS = 57%; CS = 59%).

More jobs with livable wages was a top theme from focus groups held across the Region.

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

Below we list opportunities and resources that are common across the counties and can help address the need for livable wage jobs.

Table 36: Region – livable wage opportunities and resources

Opportunities	Resources
ALICE advocacy & education tool	7 Rivers Alliance
Business leader & employer outreach	Schools, colleges, and universities
Additional research on regional wages	Entrepreneur programs
	Chambers of Commerce
	Economic development associations
	Division of Vocational Rehabilitation
	Workforce Connections
	Economic support within County
	Human Services agencies

Need: Increased access to mental healthcare services

Mental health includes our emotional, psychological, and social wellbeing. It affects how we think, feel, and act.¹¹⁷ 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.¹¹⁷ 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 was this an identified need?

Rates of self-inflicted injury hospitalizations (an indicator of suicide attempts) have not changed much over time.⁴⁷ In addition, mental health was a top theme from the focus groups that were held.

The availability of mental health providers in three counties is worse than the state rates and top U.S. performer in 3 counties.⁶⁸

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 ranges from 48% to 72%.⁷¹ The percent of youth that need treatment and aren't getting it ranges from 29% to 58%.⁷¹

Slightly more than 1 in 3 survey respondents felt their ability to pay for mental healthcare was *poor* to *fair* (RHS =36%; CS =44%).

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

Below we list opportunities and resources that are common across the counties and can help address the need for improving mental health and increasing access to mental healthcare services.

Table 37: Region – mental health opportunities and resources

Opportunities	Resources
Advocate for better mental health reimbursement	Clinics and hospitals
Tele-medicine	Counseling centers
Educate on the power of resilience to prevent poor mental health	Crisis support through call-in and drop-in programs
Develop trauma-informed communities	Peer support programs
	County Human Services departments
	Schools
	Mental health coalitions

Need: Increased wraparound support throughout the lifespan

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 populations 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.

Why was this an identified need?

High child abuse rates,⁸¹ increases in referrals to child protective services,⁸² and increases in out-of-home placements^{83,84} are occurring many of the counties in the Region.

People view the Region as doing a *good* job of meeting the needs of children, the aging, and persons 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*.

Survey respondents view finding and paying for high-quality childcare as difficult. The availability and high cost of childcare was a theme from many county focus groups.

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

Below we list opportunities and resources that are common across the counties and can help address the need for increased wraparound support.

Table 38: Region – wraparound support opportunities and resources

Opportunities	Resources (continued)
More research on specific populations	Victim services
Legislative advocacy	Gundersen National Child Protection Training Center
	Child abuse task forces
Resources	Churches/faith communities
Parenting Place	Aging and Disability Resource Centers
Court system	Aging in place resources
Guardian ad litem	Independent living resources
Police departments	Aptiv, Inc.
Schools	Family and Children's Center
County Health and Human Services Departments	Court Appointed Special Advocate programs
Head Start	Birth to 3 programs

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 was this an identified need?

The results from the Random Household and Convenience Surveys suggest that respect for community diversity is acknowledged and valued, but could use improvement. In addition, including people with different backgrounds in decision-making could use improvement.

Table 39: RHS and CS diversity measures

	Sample	Poor/Fair	Good	Excellent
Place where all people are treated respectfully	RHS	30%	54%	16%
	CS	31%	55%	14%
Place where people of different backgrounds included in decisions	RHS	44%	44%	12%
	CS	40%	48%	12%

Discrimination and racism was also a top theme from several county focus groups.

"There aren't enough rentals in good condition. Even fewer for Latinos. If we call to request to see a rental, speaking with a Spanish accent, the landlord hangs up. We have to start over."

-Monroe County Latino/a Focus Group Attendee

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

Below we list opportunities and resources that are common across the counties and can help address the need for including socially diverse people.

Table 40: Region – inclusion opportunities and resources

Opportunities	Resources (continued)
Training and education	La Crosse Medical Health Science Consortium
Legislative advocacy	Universities
Additional local research on gender, racial, geographic, and ethnic disparities	Local festivals, pow-wows, celebrations, opportunities to get together
	Libraries
Resources	Human resources professionals
Greater La Crosse Area Diversity Council	Service clubs
Fair housing	Churches/faith communities
Equal opportunity	Title IX

What are the needs of the counties within the Great Rivers Region?

This section contains the needs identified by community members, a review of key data points from the county-level reports, and a brief overview of things that can be done or resources that should be capitalized on to meet the need for each county within the Region. Additional county-level information is available at www.compassnow.org.

Buffalo County

Need: Improved access to public transportation

Public transportation consists of buses, light rail, van pool services, paratransit for senior citizens and people with disabilities, and many other modes of transportation. Overall, it contributes to the economy, helps the environment, and connects people to jobs, education, healthcare, and their community.

The need for rural public transportation is especially important. About 40% of all rural counties in the U.S. have essentially no public transit options at all.¹¹⁹ For low-income, rural residents the lack of transportation and long commuting times are barriers to working; in addition, limited transportation options also isolate people who are poor from government services and programs.¹¹⁹ The investment in rural transit is cost efficient – for every dollar spent on it, rural communities gain about three dollars in benefits.¹¹⁹ Rural transit connects workers to jobs, supports economic development, helps the aging access human services, and connects tourists to scenic destinations.¹¹⁹

Why was this an identified need?

The majority of survey respondents said that the accessibility of public transportation was poor to fair (RHS = 93%; CS = 96%). In addition, most people said that the convenience of public transportation was poor to fair (RHS = 94%; CS = 96%).

Improved public transportation was also a top theme from Buffalo County's focus groups.

Write-in answers from the RHS and CS surveys also showed that people were concerned about the lack of public transportation across the Region. For example: "The entire county has no access to public transportation (as a side note there is only one stoplight in entire county)." – Buffalo County CS Respondent

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

During community meetings, participants identified resources and assets to help address the identified needs. Below, resources are listed that were mentioned.

Table 41: Buffalo – public transportation resources

Resources	
MTM (BadgerCare transportation)	Home-delivered meals
Aging Unit of the (DHHS) Transportation Program	

Need: Increased access to mental healthcare services

Why was this an identified need?

The availability of mental health providers is worse than the state rates and top U.S. performer (Buffalo = 6,600:1; WI = 600:1; top U.S. performers = 360:1).⁶⁸

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 ranges from 48% (La Crosse County) to 72% (Buffalo/Pepin counties).⁷¹ The percent of youth that need treatment and are not receiving it ranges from 29% (La Crosse County) to 58% (Buffalo/Pepin counties).⁷¹

Slightly more than 2 in 5 survey respondents felt their ability to pay for mental healthcare was *poor* to *fair* (RHS =40%; CS =47%).

Mental health stigma was a top theme from Buffalo County's focus groups.

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

During community meetings, participants identified resources and assets to help address the identified needs. Below, resources are listed that were mentioned.

Table 42: Buffalo – mental health opportunities and resources

Opportunities	Resources
Resiliency program at Mondovi Schools that is possible through the Hometown Health Grant	Comprehensive Community Services (CCS)
	Question-Persuade-Refer (QPR) that is implemented in schools
	Buffalo County Partnership Council
	Northwest Connection
	The HOPELINE
	Law enforcement, EMS, and 1 st responders
	Faith-based community

Need: Increased food security

Food security is having practical access to enough quantities of nutritious and affordable food. Access to quality, nutritious food is a basic need for human existence. Food insecurity tends to have negative effects on children, including reduced learning and productivity, poorer mental health, increased risk for chronic diseases later in life, and increased risk of childhood obesity.¹²⁰

Why was this an identified need?

Although most survey respondents felt they had good access to healthy food choices, fewer people felt they had the ability to pay for it. In addition, about 23% of people in the county had low food access.¹⁰⁹

Table 43: Buffalo RHS and CS healthy food measures

	Sample	Poor/Fair	Good	Excellent
Access to healthy food choices	RHS	20%	36%	44%
	CS	27%	51%	22%
Ability to pay for healthy food choices	RHS	22%	45%	33%
	CS	43%	43%	14%

Nearly 50% of RHS (48%) and about a third of CS (36%) respondents rated efforts to reduce hunger in their community as *good*.

What's more, more than 1 in 3 children are eligible for free and reduced school lunch in the county.¹⁰⁰

Within the county, the percent of households receiving Temporary Assistance to Needy Families (TANF), formerly known as Welfare, is 2.0%. This rate is lower than WI (2.2%) and MN (3.6%).¹⁰²

The percentage of households that received SSI, cash public assistance income, or FoodShare (Food Stamps/SNAP) in the past 12 months was the same for the county as WI (County = 19%; WI = 19%).¹⁰³

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

During community meetings, participants identified resources and assets to help address the identified needs. Below, resources are listed that were mentioned.

Table 44: Buffalo – food security resources

Resources	
WIC	Kwik Trip
Back-pack programs, UW-Extension summer program, & after-school meals	Community, church, congregate, & home-delivered meals, Sunday Supper
Food pantries	Suncrest Gardens CSA
Western Dairyland Reimbursement Program for childcare	Local farmers, community gardens, & farmers' markets

Need: Reduced drug and alcohol misuse and abuse

Why was this an identified need?

About 1 in 5 people engage in excessive drinking, which is higher than the top U.S. performer.⁴³ About 38% of all driving deaths in the county have alcohol involvement.⁴⁴ Although this hovers around 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.⁴⁵ There were about 1.3 drug arrests for every 1,000 people living in the area, which is lower than the Regional rate at 5 per 1,000 people.⁴⁸

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),⁴⁶ and in Buffalo County it is lower at 3 deaths per 100,000 people.⁴⁶ We know the problem is getting worse based on an increasing rate of emergency room visits and hospital stays for opioid-related reasons in the Region.⁴⁷

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

During community meetings, participants identified resources and assets to help address the identified needs. Below, resources are listed that were mentioned.

Table 45: Buffalo – drug and alcohol resources

Resources	
Comprehensive Community Services (CCS)	Medication drop-boxes (e.g., Alma, Mondovi Police Department)
Prime for Life program	LifePoint needle exchange program
K-9 officer	UW-Extension
Buffalo County Partnership Council	Alcoholics Anonymous, Alanon
SafeRide	Law enforcement's "Hidden in Plain Sight" traveling exhibit

Need: Increased number of volunteer EMS and first-responder staff

In many rural areas, there is a low volume of emergency calls that makes it unprofitable for private companies to establish offices with full-time staff. In these towns, Emergency Medical Services (EMS) is a volunteer service provided by neighbors and community members. Without people to do this work, people's health, safety, and lives can be put at risk.

Why was this an identified need?

Although most survey respondents felt the quality of emergency services is good, fewer people felt that the community has a good ability to respond to major safety threats.

Table 46: Buffalo RHS and CS emergency response measures

	Sample	Poor/Fair	Good	Excellent
Overall quality of emergency services	RHS	18%	55%	27%
	CS	16%	54%	30%
Community ability to respond to major safety threats	RHS	36%	50%	14%
	CS	49%	46%	5%

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

During community meetings, participants identified resources and assets to help address the identified needs. Below, resources are listed that were mentioned.

Table 47: Buffalo – EMS resources

Resources	
Assistance from municipalities	Assistance from colleges
Assistance from local businesses	Assistance from Winona Ambulance

Houston County

Need: More livable wage jobs

Why was this an identified need?

Overall, median household income in the county (\$56,300) is slightly higher than WI (\$55,600) and lower than MN (\$63,500) and is much lower than the top U.S. performer (\$63,300).²⁵

About 11% of people are living below the Federal Poverty Line.⁹⁷

Between one in three and one in two survey respondents rated their ability to meet their basic needs as *poor* to *fair* (RHS = 31%; CS = 48%).

Most survey respondents rated the availability of jobs with wages that offer a comfortable standard of living as *poor* to *fair* (RHS = 64%; CS = 70%).

Jobs with livable wages was also a theme that emerged from Houston County's focus groups.

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

During community meetings, participants identified resources and assets to help address the identified needs. Below, resources are listed that were mentioned.

Table 48: Houston – livable wage opportunities and resources

Opportunities	Resources
Partnership between schools and employers to ensure young people are college and career ready after high school	Houston County Economic Development Workforce Solutions
	Schools
	Businesses

Need: Increased access to mental healthcare services

Why was this an identified need?

The availability of mental health providers is worse than the state rates and top U.S. performer (Houston = 4,690:1; MN = 510:1; top U.S. performer = 360:1).⁶⁸

More than 2 in 5 survey respondents felt their ability to pay for mental healthcare was *poor* to *fair* (RHS =42%; CS =62%).

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

During community meetings, participants identified resources and assets to help address the identified needs. Below, resources are listed that were mentioned.

Table 49: Houston – mental health opportunities and resources

Opportunities	Resources
Mental health practitioner will be hired by the Caledonia School Board	Hiawatha Valley for infant mental health
Trauma-sensitive school system and adult response in Caledonia	Houston County Human Services
	Bluff County Family Resources for children's programs and support groups

Need: Improved access to public transportation

Public transportation consists of buses, light rail, van pool services, paratransit for senior citizens and people with disabilities, and many other modes of transportation. Overall, it contributes to the economy, helps the environment, and connects people to jobs, education, healthcare, and their community.

The need for rural public transportation is especially important. About 40% of all rural counties in the U.S. have essentially no public transit options at all.¹¹⁹ For low-income, rural residents the lack of transportation and long commuting times are barriers to working; in addition, limited transportation options also isolate people who are eligible for government services and programs.¹¹⁹ The investment in rural transit is cost efficient – for every dollar spent on it, rural communities gain about three dollars in benefits.¹¹⁹ Rural transit connects workers to jobs, supports economic development, helps the elderly access human services, and connects tourists to scenic destinations.¹¹⁹

Why was this an identified need?

The majority of people said that the accessibility of public transportation was poor to fair (RHS = 65%; CS = 58%).

Most people said that the convenience of public transportation was poor to fair (RHS = 62%; CS = 63%).

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

During community meetings, participants did not identify resources and assets to help address the identified needs. Below, resources are listed that were generated by the Health Department.

Table 50: Houston – public transportation opportunities and resources

Opportunities	Resources
Legislative advocacy	SEMCAC – Rolling Hills Transportation
	Apple Express
	County veteran's services for transportation for veterans

Need: Reduced drug and alcohol misuse and abuse

Why was this an identified need?

About 1 in 5 people engage in binge drinking, which is higher than the top U.S performer.⁴³

About 7.6% of people in the Southeastern Region of MN have used illegal drugs in the past month.⁴⁵

Deaths due to opioid overdoses in the county (5.3 deaths per 100,000 people) are not as high as the rates in nearby counties (La Crosse County = 8.2 deaths per 100,000 people; Vernon County = 8.0 deaths per 100,000),⁴⁶ but we know the problem is getting worse based on an increasing rate of emergency room visits and hospital stays for opioid-related reasons in the Region.⁴⁷

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

During community meetings, participants identified resources and assets to help address the identified needs. Below, resources are listed that were mentioned.

Table 51: Houston – drug and alcohol resources

Resources	
Hiawatha Valley	Teachers
Law enforcement	Public Health
Dental offices for tobacco use	

Need: Increased access to affordable, high-quality housing

Affordable, high-quality housing is when people have access to apartments, condos, or houses that cost no more than 30% of a household's income,¹²¹ are not overcrowded, have complete plumbing, heating, and electrical systems, and are well-maintained.¹²²

Good health and wellbeing depends on having homes that protect people, and provides them with a sense of privacy, security, stability, and control.¹²³ Poor quality and inadequate housing contributes to health problems such as infection, disease, and injuries.¹²³

Why was this an identified need?

According to federal data, 11% of households in Houston County have severe housing problems (cost no more than 30% of a household's income, are not overcrowded, have complete plumbing, heating, and electrical systems, and are well-maintained).¹¹¹

Affordable housing is harder to find for CS respondents than RHS respondents – slightly more than 1 in 2 CS respondents had a poor to fair ability to pay for housing, whereas only 1 in 3 RHS respondents had a poor to fair ability to pay for housing. CS respondents in Houston County tended to have lower income, be renters, and have less education.

Data on high blood lead levels among children suggest that lead isn't a concern in most homes in the county.

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

During community meetings, participants did not identify resources and assets to help address the identified needs. Below, resources and opportunities are listed that were generated by the health department.

Table 52: Houston – housing opportunities and resources

Opportunities	Resources
Legislative advocacy	City and county planning
Coalition work	Housing authorities
	SEMCAC
	Bluff Country Housing and Redevelopment Authority
	La Crescent Area Healthy Community Partnership
	Continuum of Care

Need: Increased school and community safety

Community safety includes violent acts like homicide, but also injuries caused by accidents. Accidents and violence affect health and quality of life in the short and long-term, and living in unsafe neighborhoods can impact health in many ways.¹²⁴

Why was this an identified need?

Many of the areas of concern within the community among RHS respondents included concerns related to school and community safety, including illegal drug use, prescription drug misuse, bullying, domestic abuse/child abuse/elder abuse, and funding for local schools.

The violent crime rate for the county was 86 per 100,000, which is higher than the top U.S. performer at 62 per 100,000.¹⁰⁸

Table 53: Houston RHS and CS community safety measures

	Sample	Poor/Fair	Good	Excellent
Efforts to prevent crime	RHS	20%	67%	13%
	CS	38%	29%	33%
Safety of neighborhood	RHS	5%	61%	34%
	CS	14%	38%	48%
Safety of schools in community	RHS	13%	60%	27%
	CS	9%	43%	48%

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

During community meetings, participants did not identify resources and assets to help address the identified needs. Below, resources and opportunities are listed that were generated by the health department.

Table 54: Houston – school and community safety opportunities and resources

Opportunities	Resources
Legislative advocacy	City and county government
Local advocacy	Law enforcement
Community involvement	School districts/safety drills at schools
	Emergency services
	La Crescent Area Healthy Community Partnerships
	American Red Cross
	Service organizations

La Crosse County

Need: More livable wage jobs

Why was this an identified need?

Overall, median household income in the county (\$51,400) is lower than WI (\$55,600) and MN (\$63,500) and is much lower than the top U.S. performer (\$63,300).²⁵

About 14% of people are living below the Federal Poverty Line in the county.⁹⁷

Between one in six and one in three survey respondents rated their ability to meet their basic needs as *poor* to *fair* (RHS = 16%; CS = 30%).

Nearly half of survey respondents rated the availability of jobs with wages that offer a comfortable standard of living as *poor* to *fair* (RHS = 43%).

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

During community meetings, participants identified resources and assets to help address the identified needs. Below, resources are listed that were mentioned.

Table 55: La Crosse – livable wage opportunities and resources

Opportunities	Resources
Partnership between employers, local government, and community resources	La Crosse County Human Services Economic Support
Legislative advocacy	City and county boards, elected officials, legislators, and policy makers
Employer assisted housing programs	City Planning Departments
Mortgage assistance programs	Family Policy Board
	Family and Children's Center can help people with chronic mental health issues economically
	Aptiv can assist people with disabilities economically
	Workforce Connections
	Chambers of Commerce
	Department of Workforce Development
	7 Rivers Alliance

Need: Increased access to mental healthcare services

Why was this an identified need?

The availability of mental health providers is better than the state rates and near the top U.S. performer (La Crosse = 390:1; WI = 600:1; top U.S. performer = 360:1).⁶⁸

There are severe mental health treatment gaps for both adults and youth who have mental health issues. Forty-eight percent of adults and 29% of youth who need mental health treatment are not receiving it.⁷¹

About 1 in 3 to 1 in 2 people felt their ability to pay for mental healthcare was *poor* to *fair* (RHS =30%; CS =49%).

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

During community meetings, participants identified resources and assets to help address the identified needs. Below, resources are listed that were mentioned.

Table 56: La Crosse – mental health resources

Resources	
Better Together	Greater Rivers 211
Mental Health Coalition	Healthcare systems – Gundersen, Mayo
YMCA	Healthy Living Center
Boys & Girls Clubs	La Crosse Community Foundation
Driftless Recovery	La Crosse County Human Services
Hmoob Cultural & Community Agency	La Crosse Medical Health Science Consortium
Drop-in Center	MN & Addiction
Family & Children’s Center	Stein Counseling
MH/AODA Department at Viterbo	Recovery Avenue
Peer Mental Health Advocacy Group	Youth Peer Specialists
Mental Health First Aid	Trauma-informed Care training

Need: Increased inclusion of socially diverse people

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

Why was this an identified need?

About 1 in 3 survey respondents felt that the community is fair to poor as a place where all people are treated respectfully and as a place where people of different backgrounds are included in decision-making.

Table 57: La Crosse RHS and CS diversity measures

	Sample	Poor/Fair	Good	Excellent
Place where all people are treated respectfully	RHS	30%	51%	19%
	CS	30%	55%	15%
Place where people of different backgrounds included in decisions	RHS	41%	45%	14%
	CS	33%	53%	14%

Discrimination and racism was also a top theme from La Crosse County's focus groups. For example, "Being a minority, there is a stereotype that our group will cause more crime."

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

During community meetings, participants identified resources and assets to help address the identified needs. Below, resources are listed that were mentioned.

Table 58: La Crosse – inclusion opportunities and resources

Opportunities	Resources (continued)
Training and education	Service clubs
Legislative advocacy	Universities
Local research on gender, racial, geographic, and ethnic disparities	La Crosse Medical Health Science Consortium
	Libraries
Resources	Human resources professionals
Greater La Crosse Area Diversity Council	Local festivals, pow-wows, celebrations, opportunities to get together
Fair housing	Churches/faith communities
Equal opportunity	Title IX

Need: Reduced drug and alcohol misuse and abuse

Why was this an identified need?

About 1 in 4 people (25%) engage in excessive drinking, which is double that of the top U.S. performers (12%).⁴³ About 32% of all driving deaths in the county have alcohol involvement.⁴⁴ Although this similar 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.⁴⁵ There were about 5 drug arrests for every 1,000 people living in the area.⁴⁸

Deaths due to opioid overdoses in the county (8.2 deaths per 100,000 people) are lower than the WI rate (11 deaths per 100,000 people).⁴⁶ The average rate of emergency department and hospital visits for opioid-related reasons is 329.8 per 100,000 people, and is close to the WI rate of 362 per 100,000 people.⁴⁷ But we know the problem is getting worse based on an increasing rate of emergency room visits and hospital stays for opioid-related reasons in the Region.

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

During community meetings, participants identified resources and assets to help address the identified needs. Below, resources are listed that were mentioned.

Table 59: La Crosse – drug and alcohol resources

Resources	
Coulee Council on Addiction	La Crosse County Prevention Network
Healthcare systems – Gundersen, Mayo	Neighborhood associations
Family & Children’s Center	Tavern League
Driftless Recovery	La Crosse Community Foundation
La Crosse Medical Health Science Consortium	La Crosse Area Family Collaborative
Hmoob Cultural & Community Agency	

Need: Increased well-being of children and youth

An area that tells us about the support and unity within our communities is how well we care for our children. If we are not taking care of children as best as we can, it may suggest that people living in the county are not in a good position to care for them because of their own health, economic, or social problems. In addition, if we are not caring for our children their wellbeing will suffer.

Why was this an identified need?

High child abuse rates, increases in referrals to child protective services, and increases in out-of-home placements are affecting many of the counties in the Region.

Table 60: La Crosse child abuse indicators

	WI	La Crosse
Child abuse rate per 1,000 children ⁸¹	4.0	3.3
Percent change in number of CPS referrals, 2011-2015 ⁸²	19%	21%
Percent change in number of out-of-home placements, 2011-2015 ⁸³	11%	8%

The availability and high cost of childcare was a theme from La Crosse County's focus groups and an important takeaway from survey respondents.

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

During community meetings, participants identified resources and assets to help address the identified needs. Below, resources are listed that were mentioned.

Table 61: La Crosse – children and youth resources

Resources	
La Crosse County Human Services	Family & Children's Center
Gundersen National Child Protection Training Center	Higher ed including Western Technical College, Viterbo, and UW-La Crosse
Big Brothers Big Sisters	Mayo's Child Maltreatment Conference
Boys & Girls Clubs	The Good Fight
YWCA	La Crosse Area Health Initiative
La Crosse Area Family Collaborative	La Crosse County Prevention Network
Trauma-informed care training	Community Resource Officers
WAFER	Hunger Task Force
Healthcare systems – Gundersen and Mayo	La Crosse Collaborative to End Homelessness
Parks and Rec	Peace of Mind Counseling
Head Start	Faith communities
YMCA Teen Center	The Parenting Place

Monroe County

Need: More livable wage jobs

Why was this an identified need?

Overall, the median household income in the county (\$53,000) is lower than WI (\$55,600) and MN (\$63,500) and is much lower than the top U.S. performer (\$63,300).²⁵

About 13% of people living in the county live below the Federal Poverty Line.⁹⁷

About one in three people rated their ability to meet their basic needs as *poor* to *fair* (RHS = 29%; CS = 30%).

Most people rated the availability of jobs with wages that offer a comfortable standard of living as *poor* to *fair* (RHS = 67%).

The need for more livable wage jobs was a top theme from Monroe County's focus groups. For example, "There are plenty of jobs here but very little regulation over the pay and how people have to treat you."

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

During community meetings, participants identified resources and assets to help address the identified needs. Below, resources are listed that were mentioned.

Table 62: Monroe – livable wage resources

Resources	
Workforce Connections	Income-based housing
Couleecap	Lugar de Reunion
Economic development efforts	Go Monroe County
Families First	Food Share
Groups available for veterans to learn more about jobs	The 7 Rivers Alliance

Need: Increased access to mental healthcare services

Why was this an identified need?

The availability of mental health providers is about the same as the state rates and top U.S. performer (Monroe = 710:1; WI = 600:1; top U.S. performer = 630:1).⁶⁸

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 Monroe County is 57%.⁷¹ The percent of youth that need treatment and are not receiving it in Monroe County is 45%.⁷¹

More than 1 in 3 survey respondents felt their ability to pay for mental healthcare was *poor* to *fair* (RHS = 43%; CS = 34%).

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

During community meetings, participants identified resources and assets to help address the identified needs. Below, resources are listed that were mentioned.

Table 63: Monroe – mental health opportunities and resources

Opportunities	Resources
School efforts	Suicide hotline (TheHopeLine)
School-based mental health services	Greater Rivers 211
Good data from the Youth Risk Behavior Survey	Positive relationships between schools, police, and county CST program
Teen wellness events with mental health focus	Northwest Connections
	Law enforcement
	Department of Health and Human Services
	Mental health coalition
	National Mental Health Association
	Healthcare systems – Mayo, Gundersen, Scenic Bluffs, Neighborhood Family Clinic

Need: Increased food security

Why was this an identified need?

Although most people felt they had good access to healthy food choices (*good* RHS = 42%; *good* CS = 52%), fewer people felt they had the ability to pay for it (*good* RHS = 48%; *good* CS = 46%). In addition, about 18% of people in the county didn't have adequate access to food during the past year, which is about 8,000 people.¹⁰⁹

What's more, nearly 1 in 2 children are eligible for free and reduced school lunch in the county.¹⁰⁰

Within the county, the percent of households receiving TANF is 2.6%. This rate is higher than WI (2.2%).¹⁰²

The percentage of households that received SSI, cash public assistance income, or FoodShare (Food Stamps/SNAP) in the past 12 months for the county was close to the U.S. rate (County = 26%; U.S. = 28%).¹⁰³

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

During community meetings, participants identified resources and assets to help address the identified needs. Below, resources are listed that were mentioned.

Table 64: Monroe – food security opportunities and resources

Opportunities	Resources
UW-Extension education programs	Health educators in health systems
Nutrition Workgroup	School lunch and backpack programs
Homemaker club cooking and nutrition groups through food pantries	Second Harvest
	Summer meal programs
	UW-Extension agent
	Monroe County Health Department
	Food Pantries
	Farmer's markets

Need: Reduced drug and alcohol misuse and abuse

Why was this an identified need?

About 1 in 4 people engage in excessive, twice that of the top U.S. performer drinking.⁴³ About 38% of all driving deaths in the county have alcohol involvement.⁴⁴ Although this 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.⁴⁵ There were about 5 drug arrests for every 1,000 people living in the Region, and in Monroe County it was lower at 4 drug arrests for every 1,000 people.⁴⁸

Deaths due to opioid overdoses in the county (7.0 deaths per 100,000 people) are not as high as the WI rate (11 deaths per 100,000 people).⁴⁶ The rate of emergency department visits and hospital stays for opioid-related reasons was 294 per 100,000 people, which is somewhat lower than the WI rate (362 per 100,000).⁴⁷ But we know the problem is getting worse based on an increasing rate of emergency room visits and hospital stays for opioid-related reasons in the Region.

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

During community meetings, participants identified resources and assets to help address the identified needs. Below, resources are listed that were mentioned.

Table 65: Monroe – drug and alcohol opportunities and resources

Opportunities	Resources
Learning from what La Crosse County has done	Monroe County Safe Communities Coalition
Wake Up Call events	Healthcare systems
Prescription Drug Takeback Days	12-step programs and support groups
	Scenic Bluffs
	Monroe County Health Department
	Prescription drug drop boxes
	Law enforcement
	4H
	VA

Need: Increased access to high-quality childcare

High-quality child care is when a child care program fosters a safe, nurturing, and stimulating environment for children by having low child/teacher ratios, small group size, staff with higher education and on-going training, a director with prior experience and education, low teacher turnover, positive teacher/child interactions, age appropriate activities, good health and safety practices, and accreditation or higher than minimum licensing standards.¹²⁵

High-quality childcare benefit children by increasing the likelihood that they are better prepared for when they enter school, progress further in school, have fewer interactions with the justice system, and have higher earnings as adults.¹²⁵

Why was this an identified need?

The availability of quality childcare was seen as *poor/fair* by a large segment of survey respondents (*Poor/fair* RHS = 73%, CS = 45%). Similarly, the ability to pay for childcare was seen as generally being *poor/fair* (*Poor/fair* RHS = 65%, CS = 67%).

The need for high-quality childcare was a top theme from Monroe County's focus groups. For example, "Childcare from a trained provider might cost more, but I think it's worth it. Especially when both parents are working. A child spends many hours with a childcare provider and it gives the parents peace-of-mind knowing the kids are safe and well cared for."

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

During community meetings, participants identified resources and assets to help address the identified needs. Below, resources are listed that were mentioned.

Table 66: Monroe – childcare opportunities and resources

Opportunities	Resources (continued)
Wisconsin Early Childhood Association grant	Private daycare providers
	The Parenting Place
	Families First
Resources	Go Monroe County
Monroe County Human Services	The 7 Rivers Alliance
Boys and Girls Club	Schools

Trempealeau County

Need: More livable wage jobs

Why was this an identified need?

Overall, the median household income in the county (\$53,700) is lower than WI (\$55,600) and MN (\$63,500) and is much lower than the top U.S. performer (\$63,300).²⁵

About 9% of people live below the Federal Poverty Line.⁹⁷

Between one in five and one in three people rated their ability to meet their basic needs as *poor* to *fair* (RHS = 22%; CS = 36%).

Most people rated the availability of jobs with wages that offer a comfortable standard of living as *poor* to *fair* (RHS = 65%).

The need for more livable wage jobs was a top theme from Trempealeau County's focus groups. For example, "Businesses don't want to move here because there really isn't anywhere for the community to expand, housing-wise. Workers also don't have the right skill set. There's a lack of education, too."

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

During community meetings, participants identified resources and assets to help address the identified needs. Below, resources are listed that were mentioned.

Table 67: Trempealeau – livable wage opportunities and resources

Opportunities	Resources
New committee on economic development	Chambers of Commerce
Extension Educators building skills at early ages	Western Technical College and Programs
School partnerships with major employers	Scenic Rivers Area Health Education Center
More reporting on successes	Proximity to major universities

Need: Increased access to mental healthcare services

Why was this an identified need?

The ratio of population to mental health providers is 2,270:1 in Trempealeau County, which is worse than the state rate of 600:1 and top U.S. performer at 360:1.⁶⁸

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 Trempealeau County is 58%.⁷¹ The percent of youth that need treatment and are not receiving it in Trempealeau County is 51%.⁷¹

Between 1 in 3 and 1 in 2 people felt their ability to pay for mental healthcare was *poor* to *fair* (RHS =34%; CS =57%).

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

During community meetings, participants identified resources and assets to help address the identified needs. Below, resources are listed that were mentioned.

Table 68: Trempealeau – mental health opportunities and resources

Opportunities	Resources
Continued training for 1 st responders, EMS, and law enforcement	National Alliance on Mental Illness
Question, Persuade, Refer (QPR) intervention	School counselors and psychologists
Recovery Court as an avenue to care	Mental Health First Aid intervention
Character Strong and other school-based programs	Healthcare systems – Mayo and Gundersen
	Trempealeau County Health System

Need: Increased inclusion of socially diverse people

Why was this an identified need?

A large percentage of 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 = 36%; CS = 49%). Similarly, more could be done to involve people of different backgrounds in decision-making (*Poor/fair* RHS = 56%; CS = 69%).

Discrimination and racism was a top theme from Trempealeau County's focus groups. For example, "We could all use more education about other cultures and ways of life. Educating people will help them to be more understanding of each other."

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

During community meetings, participants identified resources and assets to help address the identified needs. Below, resources are listed that were mentioned.

Table 69: Trempealeau – inclusion opportunities and resources

Opportunities	Resources
Summer festivals	Churches
Work readiness program and youth leadership group ("SON")	Schools

Need: Reduced drug and alcohol misuse and abuse

Why was this an identified need?

About 1 in 4 people engage in excessive drinking, twice that of the top U.S. performer.⁴³ About 32% of all driving deaths in the county have alcohol involvement.⁴⁴ 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.⁴⁵ There were about 1.7 drug arrests for every 1,000 people living in the area.⁴⁸

Deaths due to opioid overdoses in the county (6.1 deaths per 100,000 people) are not as bad as the WI rate (11 deaths per 100,000 people).⁴⁶ The rate of emergency department visits and hospital stays for opioid-related reasons is 261.3, which is lower than that state average.⁴⁷ But, we know the problem is getting worse based on an increasing rate of emergency room visits and hospital stays for opioid-related reasons in the Region.

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

During community meetings, participants identified resources and assets to help address the identified needs. Below, resources are listed that were mentioned.

Table 70: Trempealeau – drug and alcohol opportunities and resources

Opportunities	Resources
County Board that allocates money to the issue	Trempealeau County Alliance for Youth
Sports and activities engage youth in out-of-school time (e.g., Boy Scouts, Girl Scouts)	Human Services Department that is proactive
	The Parenting Place
	Alcoholics Anonymous programs
	Great Rivers 211
	Recovery Court and Diversion Programs

Need: Increased high-quality opportunities for teenagers and people in their 20's

Positive youth development occurs when teenagers have positive experiences, positive relationships, and positive environments.¹²⁶ Essentially, positive youth development is a prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances young people's strengths; and promotes positive outcomes for young people.¹²⁶

Research indicates that young people who are surrounded by a variety of opportunities for positive encounters engage in less risky behavior and ultimately show evidence of higher rates of successful transitions into adulthood.¹²⁷

Why was this an identified need?

Opportunities to enjoy fine arts and cultural experiences (Fair/poor RHS = 62%; CS = 86%) and opportunities for youth to explore interests and participate in positive activities (Fair/poor RHS = 54%; CS = 64%) were seen as fair/poor by the majority of survey respondents.

A lack of job opportunities for teenagers was a top theme from Trempealeau County's focus groups.

High child abuse rates (Trempealeau = 2.5; WI = 4.0),⁸¹ increases in referrals to child protective services (Trempealeau = 53%; WI = 19%),⁸² and increases in out-of-home placements (Trempealeau = 64%; WI 11%) are affecting many of the counties in the Region.⁸³

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

During community meetings, participants identified resources and assets to help address the identified needs. Below, resources are listed that were mentioned.

Table 71: Trempealeau – teens and young adults opportunities and resources

Opportunities	Resources
Low unemployment rates for young people	Library systems
College campuses nearby	Active youth organizations like Scouts, FFA, Honors Societies
	Biking and hiking trails

Vernon County

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 perception of their community's issues and challenges.

Need: Reduced drug and alcohol misuse and abuse

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.⁴⁴ 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.⁴⁵ There were about 1.8 drug arrests for every 1,000 people living in the county.⁴⁸

The rate of deaths due to opioid overdoses in Vernon County was higher than the Region, at 8 deaths per 100,000 people.⁴⁶ 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 72: Vernon – drug and alcohol opportunities and resources

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

Need: More livable wage jobs

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).²⁵

Nearly 1 in 3 households are earning more than the Federal Poverty Line but less than basic cost of living for the county.⁹⁷

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 73: 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

Why is this an identified need?

The availability of mental health providers is about the same as the state rate and top U.S. performer (Vernon = 820:1; WI = 600:1; top U.S. performer = 360:1).⁶⁸

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%.⁷¹ The percent of youth that need treatment and are not receiving it in Vernon County is 53%.⁷¹

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 73: 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

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 745: 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.”¹²⁸ 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.¹²⁸ 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 clinical healthcare for Vernon County is about the same as the state average and the top U.S. performer (Vernon = 1,210:1; WI = 1,240:1; top U.S. performer = 1,040:1).⁶⁷

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 75: 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	

References

117. U.S. Department of Health & Human Services. (2017). *What is mental health?* Retrieved from <https://www.mentalhealth.gov/basics/what-is-mental-health>
118. National Collaborating Centre for Mental Health. (2008). *Drug misuse: Psychological interventions – introduction to drug misuse*. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0015201/>
119. National Association for State Community Services Programs. (2008). *The stranded poor: Recognizing the importance of public transportation for low-income households*. Retrieved from http://www.nascsp.org/data/files/csb_g_publications/issue_briefs/issuebrief-benefitsofruralpublictransportation.pdf
120. Ke, J., & Ford-Jones, E. L. (2015). *Food insecurity and hunger: A review of the effects on children's health and behavior*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4373582/>
121. U.S. Department of Housing and Urban Development. (2018). *Affordable housing*. Retrieved from https://www.hud.gov/program_offices/comm_planning/affordablehousing/
122. U.S. Department of Housing and Urban Development. (2017). *Worst case housing needs: 2017 report to congress*. Retrieved from <https://www.huduser.gov/portal/sites/default/files/pdf/Worst-Case-Housing-Needs.pdf>
123. University of Wisconsin Madison Population Health Institute. (2018). *Severe housing problems*. Retrieved from <http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank/health-factors/physical-environment/housing-transit/severe-housing-problems>
124. University of Wisconsin Madison Population Health Institute. (2018). *Community safety*. Retrieved from <http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank/health-factors/social-and-economic-factors/community>
125. Child Care Services Association. (2048). *Child care quality*. Retrieved from <http://www.childcareservices.org/families/fs/finding/child-care-quality/>
126. Youth.GOV. (2018). *Positive youth development*. Retrieved from <https://youth.gov/youth-topics/positive-youth-development>
127. Youth.GOV. (2018). *Effectiveness*. Retrieved from <https://youth.gov/youth-topics/effectiveness-positive-youth-development-programs>
128. Office of Disease Prevention and Health Promotion. (2018). *Access to health services*. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

Closing Thoughts

The purpose of COMPASS Now is to assess the needs in the community, identify resources to address the most urgent needs, and encourage action to address the needs. COMPASS Now 2018 involved three steps: (1) gathering information about needs, (2) reviewing and prioritizing needs, and (3) documenting the results. Gathering information involved distributing and analyzing data from the Random Household and Convenience Surveys, examining existing data, and conducting focus groups with community members. Reviewing and prioritizing needs included developing data-focused presentations that were shared at county and regional stakeholder meetings, and then asking community members that attended the meeting to generate the needs and vote on which ones were most important.

Table 76: Needs of the region and counties

	Need 1	Need 2	Need 3	Need 4	Need 5
Region	Livable wage jobs	Mental healthcare services	Drug and alcohol use	Support throughout the lifespan	Inclusion of socially diverse people
Buffalo	Access to public transport.	Mental healthcare services	Drug and alcohol use	Food security	Volunteer EMS & first-responders
Houston	Livable wage jobs; public transport.	Mental healthcare services	Drug and alcohol use	School & community safety	Affordable, high-quality housing
La Crosse	Livable wage jobs	Mental healthcare services	Drug and alcohol use	Wellbeing of children and youth	Inclusion of socially diverse people
Monroe	Livable wage jobs	Mental healthcare services	Drug and alcohol use	Food security	Access to high-quality childcare
Trempealeau	Livable wage jobs	Mental healthcare services	Drug and alcohol use	High-quality oppor. for teens and 20s	Inclusion of socially diverse people
Vernon	Drug and alcohol use	Livable wage jobs	Mental healthcare services	Access to affordable healthcare services	Inclusion of socially diverse people

Chair

Lindsay Menard, MPH

Coordination

Great Rivers United Way

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Great Rivers United Way
Gundersen Health System
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Vernon Memorial Healthcare

Author

Andrea Gromoske, MSW, PhD



Great Rivers United Way
1855 E. Main St., Ste. A
Onalaska, WI 54650
(608) 796-1400 p
(608) 796-1410 f
compass@gruw.org
www.compassnow.org