



4 | EXECUTIVE SUMMARY

Photo by: Mercedes Fowler, Mackenzie Kalian & Lucas Quackenbush

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

COMPASS NOW 2015 gathered information in four ways:

- Random Household Survey
- Convenience Survey
- Analysis of key socioeconomic indicators
- Community conversations with individuals who were otherwise underrepresented among Random Household Survey respondents

The most important element of the COMPASS NOW 2015 community needs assessment is the widespread community involvement. More than 1,700 people contributed to the results of this report. Completing either the Random Household Survey or Convenience Survey, participating in community conversations, or serving as a COMPASS NOW team member were vital components to the process. This COMPASS NOW Report also would not have been possible without the financial support of many partner organizations.

The COMPASS NOW process does not end with this report. The information collected will be the foundation for action plans that not only respond to needs but help solve problems, long term. With limited resources and increasing needs, now is the time to rethink how we as a community collaborate efficiently and effectively to solve our most profound problems. Our action plans must have solutions that will have a lasting impact on our communities so all residents may reach their full potential.

Thank you to all who participated for their support and dedication to the Great Rivers Region!

The Great Rivers Region is located in western Wisconsin and southeastern Minnesota.

Great Rivers Region: Demographics					
County/Demographic	La Crosse	Monroe	Trempealeau	Vernon	Houston
Total Population	114,638	44,673	28,816	29,773	19,027
Population in Poverty	14.0%	14.4%	11.9%	14.5%	10.9%
Unemployment Rate	5.9%	6.3%	5.6%	5.5%	5.8%
Uninsured Ages 18-64*	18.7%	22.3%	21.2%	28.3%	11.3%
Uninsured Under age 18	2.7%	13.7%	10.0%	25.8%	3.1%
Adults Ages 25+ with High School Education or Less	29.9%	27.9%	55.3%	55.7%	39.1%
Primary Language Spoken in Home					
English	93.7%	91.1%	92.6%	88.6%	97.8%
Spanish/Creole	1.4%	3.3%	4.6%	1.6%	0.8%
Indo-European	1.2%	4.9%	2.5%	9.4%	1.2%
Asian and Pacific Island	3.4%	0.3%	0.2%	0.4%	0.0%
Other Languages	0.3%	0.3%	0.0%	0.0%	0.0%
<p>Source: http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml Population – 2010 Demographic Profile, U.S. Census Unemployment Status, Education, and Language Spoken-2009-2013 American Community Survey 5-Year Estimates Uninsured rates – source: http://www.countyhealthrankings.org/our-approach/health-factors/access-care 2015 County Health Rankings</p> <p>Percentages of uninsured between the ages of 18- and 64-years-old are based on the averages of those employed, unemployed, and not in the labor force.</p>					

GREAT RIVERS UNITED WAY | AREAS OF NEED

The purpose of COMPASS NOW 2015 is to assess the needs in our community, identify community resources to address the most urgent needs, and to encourage action plans that have the potential to solve the identified community problems. Based on this needs assessment, Great Rivers United Way and community experts have identified the following areas of need.

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

COMMUNITY

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

EDUCATION

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

INCOME/ECONOMIC

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

HEALTH

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

RATIONALE | COMMUNITY AREAS OF NEED

Adverse Childhood Experiences (ACEs)

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

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

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

Many of the items on this list are common occurrences or problems in our communities. With the strong correlation between the above problems and high ACEs Scores, the COMPASS NOW 2015 Steering Committee felt that attention should be given to preventing ACEs. The focus on prevention strategies will decrease adverse experiences in childhood, thereby reducing the need for intervention services in older children, adolescents, and adults.

Violence

Violence manifests itself in many forms, including physical, sexual, emotional, psychological, and cultural violence.

Between 2009 and 2014, New Horizons Shelter & Outreach Centers, a local organization that provides shelter for individuals and families who have experienced domestic abuse, increased the number of shelter nights provided from 3,500 to 8,952. This dramatic increase – almost 156% over six years – is an indicator of the growing need for such services in our community. The Wisconsin Department of Justice reported 1,104 domestic violence incidents in 2012 for Wisconsin counties in the Great Rivers Region. Based on these trends, violence was determined to be a Community issue.

Environment

Availability of and access to the natural environment promotes overall well-being, improves cognitive function, improves recovery from surgery and illness, increases physical activity, and strengthens a sense of community by drawing people together and enhancing social connections. The natural environment is one of the greatest assets in the Great Rivers Region. Because of the impact the natural environment has on the physical, mental, and economic well-being of our region, and the vulnerability of the environment to degradation through development, pollution, and natural environment was selected as a priority Community issue.

COMMUNITY

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

How land is used and developed, such as traffic density, noise pollution, light pollution, and availability of alternative transportation options, can impact the physical, mental, and social health of the population through increased activity and social connectedness. Almost one-third of adults in the Great Rivers Region were determined obese, and about 23% of adults self-reported being physically inactive in 2012. Because of this and other data, the built environment is considered a priority Community issue.

COMMUNITY HIGHLIGHTS | COMPASS NOW 2015 RANDOM HOUSEHOLD SURVEY

- Overall, 35% of survey respondents rated their community as excellent as an overall place to live; however, 11% rated it “fair or poor.”
- Approximately 40% of respondents rated efforts to prevent abuse or neglect in our community as “fair or poor.”
- Nearly 50% of respondents rated the community as a place where people of different cultural/racial/ethnic backgrounds are included in decision-making as “fair or poor,” while only 7% rated this as “excellent.”
- Almost 42% of respondents rated community efforts to protect the natural environment as “fair or poor,” while less than 11% rated this as “excellent.”

RATIONALE | EDUCATION AREAS OF NEED

Academic Readiness and Success

Participation in pre-kindergarten has been shown to strongly influence lifetime academic success. Because children have varying pre-kindergarten education experiences, they all enter school at different levels of preparedness. Approximately 38% of three- and four-year-olds were enrolled in pre-kindergarten in the Great Rivers Region in 2012, which is much lower than the Wisconsin average of 44.6% and the Minnesota average of 46.3%.

College readiness refers to being prepared for postsecondary education or training experiences, including the ability to succeed at either two- or four-year institutions without the need for remedial coursework. Individuals who earn a postsecondary degree are less likely to endure poverty, are more likely to have an increased earning potential, have a higher likelihood that their children will attend a postsecondary institution, and are more likely to live longer and happier lives overall. Based on the data available and the professional insights of the Education Council, academic readiness was seen as a high priority Education issue for our community.

Youth Resilience

Research has determined that how youth respond to stressors (resilience) matters more than the stressor itself. Resilience is the ability to manage stress and function well even when faced with adversity and trauma. There is increasing evidence that the effects of toxic stress can be mitigated by experiences that help to build youths' resilience. These are experiences that:

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

Because many youth in the Great Rivers Region are experiencing stressors that challenge their resilience (e.g., family poverty, drug use/abuse, physical abuse, mental health issues, etc.), the Education Council determined youth resilience to be a priority area of need.

Workforce Readiness

A career provides a family-sustaining wage and pathways to advancement, and often requires postsecondary training or education. Workforce readiness means that a high school graduate has the knowledge and skills needed to qualify for and succeed in postsecondary job training and/or education (e.g., technical/vocational program, community college, apprenticeship, or significant on-the-job training) necessary for their chosen career. The Education Council felt this was a priority area of need for our community because, although post-secondary graduation rates for the Great Rivers Region are similar to state and national averages, there is concern that students are not always leaving these institutions prepared to be successful in the workforce.

EDUCATION

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

EDUCATION HIGHLIGHTS | COMPASS NOW 2015 RANDOM HOUSEHOLD SURVEY

- The quality of early education opportunities was rated significantly lower in the COMPASS NOW 2015 Random Household Survey than it was in the 2011 survey.
- 27.5% of respondents rated the availability of birth-to-three education as “fair or poor.”
- 22.3% of respondents rated the quality of schools grades 4K-12 as “fair or poor.”
- 11.4% of respondents rated the quality of higher education as “fair or poor.”

RATIONALE | INCOME/ECONOMIC AREAS OF NEED

Quality Housing

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

Poor housing conditions are associated with health conditions such as respiratory infections, asthma, lead poisoning, injuries, and mental health issues. Studies have shown that poor-quality housing is the most consistent and strongest predictor of emotional and behavioral problems in low-income children and youth, and stress is higher for individuals living in poor housing and poverty. Because of local data on the quality of housing in the region, the Income/Economic Council selected quality housing as a priority area of need.

Poverty

Individuals living in poverty are more likely to have developmental, learning, and intellectual disabilities. In 2012, approximately 12.2% of the Great Rivers Region was living in poverty. This is equal to or higher than the Wisconsin and Minnesota state averages. The median household income in the Great Rivers Region was also below state averages, and 37.3% of children received Free and Reduced Price school lunches in 2012.

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

Jobs with Adequate Income

Simply having a job is not always sufficient to provide an adequate income for covering basic necessities. A minimum wage job frequently does not equate to an adequate income. Wisconsin’s minimum wage in 2015 is \$7.25 per hour, well below the \$9.60 per hour necessary for an individual living in La Crosse County to meet basic needs, as estimated by MIT’s Living Wage Calculator. The average household income in the Great Rivers Region in 2012 was approximately \$49,000, which is below the Wisconsin state average of \$59,126 and the Minnesota state average of \$53,046. Because the availability of jobs with adequate income was connected with other income and economic issues in the community, the Income/Economic Council determined this to be a priority area of need.

INCOME/ECONOMIC

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

INCOME/ECONOMIC HIGHLIGHTS | COMPASS NOW 2015 RANDOM HOUSEHOLD SURVEY

- Approximately 25% of respondents rated their ability to pay for housing as “fair or poor.”
- Over 58% of respondents rated the availability of jobs with wages that offer a good standard of living as “fair or poor.”
- 57% of respondents rated the community efforts to reduce poverty as “fair or poor.”

RATIONALE | HEALTH AREAS OF NEED

Chronic Disease and Contributors to Chronic Disease

Chronic diseases are those lasting three months or longer. Workers with chronic conditions are more likely to miss work than peers without a chronic disease. The leading chronic diseases in the U.S. (heart disease, stroke, cancer, diabetes, and obesity) are largely preventable through lifestyle choices and behavior. Trends in the Great Rivers Region show opportunities for prevention of chronic disease. For instance, in 2010, less than 25% of adults in the Great Rivers Region reported consuming the recommended servings of fruits and vegetables. In addition, nearly 19% of Great Rivers Region community members reported smoking, a rate higher than both Minnesota and Wisconsin averages. Due to the high cost of treating these chronic and preventable illnesses, the Health Council determined this was a priority issue, with special attention needed to access to care and better understanding disparities throughout our community.

Mental Health and/or Substance Abuse

Despite there being limited mental health data available for our community or nationally, mental health was deemed a priority area of need in the Great Rivers Region. This is in part due to a growing awareness of the impact mental health issues can have on individuals and their community. According to the Centers for Medicare and Medicaid Services, in 2012, 17.3% of the Great Rivers Region's Medicare fee-for-service program users lived with depression. This is higher than the Wisconsin average of 15.6% and similar to the Minnesota average of 17.7%. Also, in 2015, the average mental health provider-to-patient ratio for the Great Rivers Region was 1,728 patients for every one mental health provider. This is extremely disproportionate to the Wisconsin and Minnesota ratios of 529:1 and 623:1 patients per provider. This shortage, in part, led the Health Council to select mental health as a priority area of need.

The abuse or misuse of a psychoactive substance, including alcohol and illicit drugs, can result in negative health outcomes. In 2012, there were 725 drug arrests for the possession of marijuana within the Wisconsin counties of the Great Rivers Region and 16 drug-related deaths in the entire Great Rivers Region. One of the mostly widely used and abused substances in the region is alcohol. Approximately 24% of adults reported excessive drinking in the past 30 days.

Mental illness and misuse of drugs and alcohol frequently occur together. Drug and alcohol misuse can sometimes worsen underlying mental illnesses, both during acute intoxication and during withdrawal from a substance. The fact that mental health and substance abuse are often linked led the Health Council to select both of these issues as a single priority area of need.

Oral Health

Oral health impacts all aspect of our lives but is often taken for granted or not considered to be as important as other health promotion practices. The mouth allows for a glimpse into one's overall health. It can show signs of nutritional deficiencies or general infection. Systemic diseases (those impacting the entire body) may first become apparent because of mouth lesions or other oral problems. Poor oral health can also lead to systemic diseases, such as cardiovascular disease, low birth weight, premature birth, diabetes, osteoporosis, and Alzheimer's disease. In 2014, 26% of Wisconsin Great Rivers Region adults reported not receiving a dental visit in the past twelve months. In the COMPASS 2012 Report, oral health was seen as an emerging health issue. Due to the lack of improvements in the number of providers offering low-cost services and the impact this can have on one's life, oral health was determined to be a high priority issue.

HEALTH

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

HEALTH HIGHLIGHTS | COMPASS NOW 2015 RANDOM HOUSEHOLD SURVEY

- Approximately 14% of respondents rated access to dental care as “fair or poor.”
- Overall, 36% of respondents rated their ability to pay for dental care as “fair or poor.”
- 23% of respondents rated opportunities for physical activity for adults as “fair or poor.”
- 7% of respondents rated their overall mental health as “fair or poor,” 13% rated access to mental health care as “fair or poor,” and 39% rated their ability to pay for mental health care as “fair or poor.”