

Table of Contents

Glossary of Terms.....	4
List of Tables and Figures.....	6
Overview.....	8
Report Summary.....	12
Health Profile.....	19
Economic Profile.....	49
Education Profile.....	73
Community Profile.....	101
Appendix	
Random Household Survey Report.....	133
Random Household Survey Results.....	153
Focus Group Report.....	159

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Glossary of Terms

Aging of population: process in which the proportion of adults and elderly increase in a population, while the proportion of children and adolescents decrease. This process results in a rise in the median age of the population.

Baby Boom: the dramatic increase in fertility rates and in the absolute number of births in the United States, Canada, Australia, and New Zealand during the period following World War II (1947-1961).

Binge drinking: pattern of drinking usually corresponds to 5 or more drinks on a single occasion for men or 4 or more drinks on a single occasion for women, generally within about 2 hours.

Body Mass Index (BMI): is a common measure expressing the relationship (or ratio) of weight-to-height. Individuals with a BMI of 25 to 29.9 are considered overweight, while individuals with a BMI of 30 or more are considered obese. For a BMI Calculator see: <http://cdc.gov/healthyweight/assessing/bmi/>

Built environment: the human made environment including homes, schools, workplaces, highways, and other supporting infrastructure.

Chronic disease: a disease that persists over a long period of time for example heart disease, cancer, diabetes.

County Health Rankings: a website (www.countyhealthrankings.org) that provides access to 50 state reports and county level rankings according to multiple health factors and health outcomes.

Economically disadvantaged: a term used by departments of education to refer to the status of students in families who meet the income eligibility guidelines for free or reduced-price lunch under the National School Lunch Program.

Financial literacy: the ability to use knowledge and skills to manage financial resources effectively for a lifetime of financial well-being. It includes skills like long-term vision and planning for the future, and the discipline to use those skills every day.

Food desert: a low-income census tract where a substantial number of residents has low access to a supermarket or large grocery store. A low-income census tract is generally one where the poverty rate is 20 percent or higher. Low access is defined as at least 33 percent of the census tract's population residing more than one mile from a supermarket or large grocery store and 10 miles for rural census tracts.

Food insecurity: having limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire these foods in socially acceptable ways.

Infectious disease: any disease caused by the entrance, growth, and multiplication of microorganisms in the body; a germ disease. It may not be contagious.

Median age: the age that divides a population into two numerically equal groups; that is, half the people are younger than this age and half are older.

Mental illness: a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning.

Morbidity: the frequency of disease, illness, injuries, and disabilities in a population.

Mortality rate: is a measure of the number of deaths in a population, also called death rate.

Poverty threshold: dollar amounts the Census Bureau uses to determine a family's or person's poverty status.

School readiness: the concept that describes the capabilities of children, families, schools, and communities to support and promote student success in all grades.

Surface waters: water located above ground such as in lakes, ponds, reservoirs, rivers, seas, etc.

Unemployment: is the measure of persons who do not have a job, have actively looked for work in the prior 4 weeks, and are currently available for work.

Wage adequacy: the degree which a given wage is adequate to meet the basic needs of an individual or family.

Water runoff: is the water flow that occurs when soil is infiltrated to full capacity and excess water from rain, meltwater, or other sources flows over the land.

Years of Potential Life Years Lost (YPLL): is an estimate of the average years a person would have lived if he or she had not died prematurely.

Youth Risk Behavior Survey (YRBS): a national school-based survey part of the Youth Risk Behavior Surveillance System that monitors six categories of priority health-risk behaviors among youth and young adults.

List of Tables and Figures

Health Profile Tables

	page
Table 1: 2011 County Health Rankings: Health Outcomes	20
Table 2: Comparison of Maternal and Child Health Factors	22
Table 3: Top 10 causes of death by County (2009)	24
Table 4: Rates for Reportable Infectious Diseases	25
Table 5: Suicide rate for 2007-2009 (all age groups)	28
Table 6: Percent of Population exposed to Fluoridation	29
Table 7: Relationship of risk factors to chronic disease	30
Table 8: Select Health Risks by County	32
Table 9: Select Youth Risk Behaviors	35
Table 10: Ranking of Health Concerns by County out of 18 topics	37
Table 11: 2011 County Health Rankings - Quality of Clinical Care	39
Table 12: 2011 County Health Rankings - Access to Care	40
Table 13: Dental Utilization: Medicaid and BadgerCare programs	41
Table 14: Health Insurance Coverage by State, 2010	44

Health Profile Figures

Figure 1: Self-reported overall health of your community	20
Figure 2: Rate of psychiatric hospitalizations for Wisconsin	28
Figure 3: Actual Causes of Death in the United States in 2000	31
Figure 4: Rating of Community Health Concerns	37
Figure 5: Access to Health Care, Dental Care, Mental Health Care	42
Figure 6: Affordability of health, dental and mental health care	45

List of Tables and Figures

Income Profile Tables

	page
Table 1: Population Distribution	49
Table 2: Population Change 2000-2010	50
Table 3: Housing Stock	54
Table 4: Ranking of Economic Concerns	56
Table 5: Top earnings by Industry in Great Rivers Region	58
Table 6: Top Employers in the Great Rivers Region	59
Table 7: Median Household Income	61
Table 8: Percentage of the Population in Poverty	65
Table 9: % Households living at the 160% Federal poverty line	66
Table 10: % of families seeking Food Support in Houston County	66
Table 11: Basic Needs for a Family of 4	69

Income Profile Figures

Figure 1: Percentage of the Population by Age Group	51
Figure 2: Residential Building Permits	52
Figure 3: Home Sales	53
Figure 4: Rating of the availability of affordable, quality housing	53
Figure 5: Regional Foreclosures	55
Figure 6: Rating of Community Economic Concerns	55
Figure 7: Homeless Student Enrollment	57
Figure 8: Average Annual Unemployment	60
Figure 9: Rating of ability to meet basic needs	62
Figure 10: Rating of availability of jobs with wages that offer a good standard of living	62
Figure 11: Individual and Business Bankruptcies	63
Figure 12: Children in Poverty	65
Figure 13: Food Share Participation	67
Figure 14: Free and Reduced Lunches	68
Figure 15: Rating of efforts to reduce poverty in the community	68
Figure 16: Rating of efforts to reduce hunger in the community	68

List of Tables and Figures

Education Profile Tables	page
Table 1: Public and Private School Enrollment	75
Table 2: Percentage change in state aid to school districts	76
Table 3: Comparison of School Readiness Factors by County	81
Table 4: MN Kindergarten Readiness	82
Table 5: Select Youth Risk Behaviors	89
Table 6: Youth Assets YRBS Data	90
Table 7: % of students grades 6-12 in extra-curricular activities	90
Table 8: Cost comparison of higher education costs	95
Table 9: Estimated financial aid and net price for full-time degree seeking students 2009-2010	95
Education Profile Figures	
Figure 1: Rating their community as a place that meets educational needs	74
Figure 2: Public School Expenditures	77
Figure 3: Availability of preschool opportunities	79
Figure 4: 4K enrollment	79
Figure 5: Quality of K-12 schools	82
Figure 6: 3rd Grade Results - Reading	84
Figure 7: 10th Grade Results-Reading	84
Figure 8: 4th Grade Results-Math	85
Figure 9: 10th Grade Results-Math	86
Figure 10: ACT Composite Scores	88
Figure 11: Positive opportunities for youth	91
Figure 12: Educational Attainment	92
Figure 13: Rating the quality of higher education	93
Figure 14: Availability of jobs that offer enrichment and advancement opportunities	97
Figure 15: Availability of community resources to learn new skills or hobbies	97

List of Tables and Figures

Community Profile Tables	page
Table 1: Impaired Waters List in the Great Rivers Region, 2010	104
Table 2: Means of transportation to work (2000)	111
Table 3: Food environment statistics, 2005	112
Table 4: Number and rate of sex offenders in the region	119
Table 5: Ranking of Community Concerns by County	121
Table 6: Certified and Licensed Childcare Slots	124
Table 7: Avg. Weekly Cost for Licensed Center and Family Care	124
Community Profile Figures	
Figure 1: Rating the community as a place to live	102
Figure 2: Rating the community as place that respects diversity	102
Figure 3: Rating the quality of our natural environment	106
Figure 4: Rating of efforts to protect the environment	109
Figure 5: Food deserts in the Great Rivers Region	113
Figure 6: Rating the affordability and accessibility of public transportation	114
Figure 7: Rating the quality of the built environment	115
Figure 8: Property Crime Rates 2006-2009	116
Figure 9: Violent Crime Rates 2006-2009	117
Figure 10: Sexual Assault Rates 2006-2010	118
Figure 11: Traffic Crash Rates 2006-2010	120
Figure 12: Rating of Community Concerns about Safety	121
Figure 13: Rating of quality of public safety in the community	122
Figure 14: Elder Abuse Reports, 60+ years	125
Figure 15: Child Abuse and Neglect Reports	126
Figure 16: Rating of care for vulnerable populations	127
Figure 17: Rating of quality of leisure time opportunities	129

Overview

COMPASS NOW 2012 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 our community. The purpose of COMPASS NOW is to assess the needs in our community, identify community resources to address the most urgent needs and encourage action plans that solve community problems. The COMPASS NOW Report has been a resource in the Great Rivers Region since the first needs assessment was conducted in 1995. The United Way initiated this endeavor out of a strategic planning decision to transition from a distributor of resources to a solver of community problems. As a result of the first COMPASS NOW assessment, the United Way focused its funding system to more clearly reflect the needs identified in the community. In addition, many community organizations use the COMPASS NOW Report findings to shape their own priorities and support grant requests.

The wide reaching effects of the global economic crisis coupled with new mandates to healthcare organizations to conduct community needs assessments were the impetus to implement COMPASS NOW in 2012. Great Rivers United Way led the formation of a strong community partnership and worked with a committed team of area experts to complete the assessment. The partnership operated in synergy promoting greater collaboration among organizations working towards improving the health and well-being of the population.

The COMPASS NOW 2012 process included a variety of data collection methods used to create an overall description of the issues facing our communities. These methods include a random household survey, focus group discussions held with community members, an extensive review of socio-economic indicators, and an inventory of community resources. The data collected guided the development of 4 pillar profiles. We refer to them as pillars since they create the building blocks to a better life. The pillars of the COMPASS NOW Report are: Health, Income, Education, and Community. The profiles describe our community with regards to the key issues in each area. Each profile pulls key indicator data, COMPASS survey and focus group results in a narrative format that is intended to be easy to navigate. Additional reports on the household survey and focus group results are included in the Report Appendix. The website compassnow.org has additional indicator data with county level data wherever possible.

After significant review of the data, twelve issues were identified as most important to the Great Rivers Region by the COMPASS NOW Leadership Team. The criteria used to narrow down the issues were:

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

Leadership Team members also applied their own knowledge of the issues. An overall prioritization of the issues was not done. It was a challenge to narrow the list to twelve and the team decided to highlight emerging issues as well. The COMPASS NOW Report also draws attention to issues where data is limited.

The COMPASS NOW Report provides guidance and should be the foundation to action plans that solve problems long term. Great Rivers United Way utilizes the COMPASS NOW Report to inform their grant allocation process and develop their strategic plan. Healthcare organizations and county health departments will utilize COMPASS NOW results to develop their community health improvement plans.

The COMPASS NOW 2012 partnership is made up of the Great Rivers United Way, Gundersen Lutheran, Mayo Clinic Health System, St. Joseph's Health Services-Gundersen Lutheran, Tomah Memorial Hospital, Tri-County Memorial, Vernon Memorial Healthcare, La Crosse Community Foundation, and the 5 County Health Departments.