Community Health Needs Assessment

Mayo Clinic Health System – Franciscan Healthcare in La Crosse

August 4, 2016
# Table of Contents

Executive Summary ....................................................................................................................... 3  
Our Community ............................................................................................................................. 6  
Assessing the Needs of the Community ...................................................................................... 8  
Addressing the Needs of the Community .................................................................................. 10  
Evaluation of Prior CHNA and Implementation Strategy................................................................. 12  
Appendix A: 2015 COMPASS NOW – Steering Committee............................................................. 17  
Appendix B: 2015 COMPASS NOW – Health Council ................................................................. 17  
Appendix C: MCHS – Franciscan Healthcare in La Crosse Internal Review Committee.............. 18  
Appendix D: Random Household Survey Results – Aspects of Health .................................... 19  
Appendix E: Convenience Sample Results - Aspects of Health................................................ 21  
Appendix F: Convenience Sample Results.................................................................................. 23
Executive Summary

*Enterprise Overview:*

Mayo Clinic is a nonprofit, worldwide leader in patient care, research and education. Each year, Mayo Clinic serves more than 1 million patients from communities throughout the world, offering a full spectrum of care from health information, preventive and primary care to the most complex medical care possible. Mayo Clinic provides these services through many campuses and facilities, including 24 hospitals located in communities throughout the United States, including Arizona, Florida, Iowa, Minnesota and Wisconsin.

A significant benefit that Mayo Clinic provides to all communities, local to global, is through its education and research endeavors. Mayo Clinic reinvests its net operating income funds to advance breakthroughs in treatments and cures for all types of human disease, and quickly brings this new knowledge to patient care. Through its expertise and mission in integrated, multidisciplinary medicine and academic activities, Mayo Clinic is uniquely positioned to advance medicine and bring discovery to practice more efficiently and effectively.

In addition, through its Centers for the Science of Health Care Delivery and Population Health Management, Mayo Clinic explores and advances affordable, effective health care models to improve quality, efficiency and accessibility in health care delivery to people everywhere.

*Entity Overview:*

Mayo Clinic Health System (MCHS) - Franciscan Healthcare in La Crosse provides community-based care at 10 locations across southwestern Wisconsin, southeastern Minnesota and northeastern Iowa. With 3,500 employees, including 200 providers, we are the second-largest employer in La Crosse County.

**Locations**

- Wisconsin: Arcadia, Holmen, La Crosse, Onalaska, Prairie du Chien, Sparta and Tomah
- Minnesota: La Crescent and Caledonia
- Iowa: Waukon and Decorah

**Care and services**

Clinical care includes hospitals in La Crosse and Sparta, 10 community clinics and related clinical services.

The La Crosse location offers a full spectrum of health care services, including family medicine, behavioral health, emergency and urgent care, surgery, obstetrics and gynecology, neonatal intensive care, cancer treatment, medical imaging, occupational medicine, home nursing, home medical equipment, pharmacy and lab. The Sparta location is a critical access hospital offering family medicine, emergency services, general surgery and a transitional care unit.
Education affiliations

- Franciscan Healthcare School of Anesthesia (Wisconsin’s only Certified Registered Nurse Anesthetist program, in conjunction with the University of Wisconsin - La Crosse)
- La Crosse - Mayo Family Medicine Residency (family medicine training with an emphasis on community-based care)

Research

MCHS - Franciscan Healthcare in La Crosse professionals team up with scientists at Mayo Clinic and research centers across the country to evaluate new treatments and make cutting-edge technologies available to the patients we serve. A variety of clinical trials related to breast cancer, other cancers, heart disease and geriatrics are available to patients.

Provider-owned health plan

Health Tradition Health Plan is licensed in Wisconsin and offers insurance plans for individuals and businesses.

Community benefit

MCHS – Franciscan Healthcare in La Crosse participates in broader community partnerships that improve health and wellness.

- Host for the St. Clare Health Mission (La Crosse and Sparta) campus. A volunteer staff provides care for uninsured and underinsured individuals who are not eligible for government-funded medical assistance programs.
- We are a founding partner of the La Crosse Medical Health Science Consortium. Initiatives include building a strong local health care workforce, supporting healthy foods/active lifestyles, promoting mental health and well-being, preventing violence and decreasing communicable diseases.

Our approach to community wellness includes a focus on gardening and healthy foods, and includes:

- Promotion of local, sustainable food systems to address issues of obesity, chronic disease and food availability
- Donations of space for community gardens on our La Crosse and Onalaska campuses, with 10 percent of the produce donated to local food pantries
- A mobile teaching kitchen, used to engage people in easy ways to prepare delicious, healthy, fresh foods
- Collaborative partnerships with Western Technical College, University of Wisconsin – La Crosse, Viterbo University, Hillview Urban Agriculture Center, GROW La Crosse, WisCorps, Boys & Girls Club of Greater La Crosse and others
Summary of Community Health Needs Assessment:
The Community Health Needs Assessment (CHNA) was a collaborative effort undertaken as part of COMPASS NOW, a comprehensive assessment of community needs facilitated by Great Rivers United Way. The 2015 COMPASS NOW is the report's fifth iteration, with previous reports published in 1995, 2001, 2007 and 2012. COMPASS NOW assesses needs in four categories: health, community, education, and income/economic.

Partners in the CHNA included MCHS – Franciscan Healthcare in La Crosse, Great Rivers United Way, other area health care organizations and county health departments.

Under the direction of the COMPASS NOW Steering Committee (see Attachment A), a broad spectrum of community information was gathered in four ways:

- A random household survey
- A convenience survey used to reach under-represented groups
- Community conversations
- An extensive review of available health and socio-economic indicators, which provided an inventory of community resources

Widespread community involvement was integral to the COMPASS NOW needs assessment. More than 1,700 people contributed to the results of this report, by completing the household survey, participating in the convenience sampling, engaging in a community conversation, or serving as a COMPASS NOW steering committee or council member.

In the health category, COMPASS NOW 2015 identified the following top priority needs:

- Chronic disease and contributors to chronic disease
- Mental health and/or substance abuse
- Oral health

After reviewing the information and data contained within COMPASS NOW and considering the findings of the community health needs assessment, MCHS – Franciscan Healthcare in La Crosse adopted two top-priority needs of equal importance as the focus of its community health improvement plan. They are:

- Chronic disease and contributors to chronic disease
- Mental health and/or substance abuse
Our Community

**Geographic Area:**
The Mayo Clinic Health System – Franciscan Healthcare in La Crosse’s hospital is located in the southwestern corner of La Crosse County. Eighty percent of the hospital’s patients come from the five counties included in the COMPASS NOW survey: La Crosse, Monroe, Trempealeau and Vernon counties in Wisconsin and Houston County in Minnesota.

**Demographics:**

**La Crosse County, Wis.**
Population: 114,638
Population in poverty: 14.0 percent
Unemployment rate: 5.9 percent
- Uninsured, ages 18-64: 18.7 percent
- Uninsured, under age 18: 2.7 percent
Adults 25+ years with a high school education or less: 29.9 percent

**Monroe County, Wis.**
Population: 44,673
Population in poverty: 14.4 percent
Unemployment rate: 6.3 percent
Uninsured, ages 18-64: 22.3 percent
Uninsured, under age 18: 13.7 percent
Adults 25+ years with a high school education or less: 27.9 percent

**Trempealeau County, Wis.**
Population: 28,816
Population in poverty: 11.9 percent
Unemployment rate: 5.6 percent
Uninsured ages 18-64: 21.2 percent
Uninsured under age 18: 10.0 percent
Adults 25+ years with a high school education or less: 55.3 percent

**Vernon County, Wis.**
Population: 29,773
Population in poverty: 14.5 percent
Unemployment rate: 5.5 percent
Uninsured, ages 18-64: 28.3 percent
Uninsured, under age 18: 25.8 percent
Adults 25+ years with a high school education or less: 55.7 percent

**Houston County, Minn.**
Population: 19,027
Population in poverty: 10.9 percent
Unemployment rate: 5.8 percent
Uninsured, ages 18-64: 11.3 percent
Uninsured, under age 18: 3.1 percent
Adults 25+ years with a high school education or less: 39.1 percent

The racial make-up for the five-county region is predominately white, with the largest ancestry groups in the region being German, Norwegian and Irish. The two largest ethnic populations are Hispanic/Latino and Asian. According to the 2010 US Census, 5.8 percent of the population of Trempealeau County is Latino, up from only 0.9 percent a decade before. During the same period, the Hmong population increased by nearly 1,000 citizens in La Crosse County, making 4.1 percent of the total population of Hmong descent.
Assessing the Needs of the Community

Overview:
Mayo Clinic Health System - Franciscan Healthcare in La Crosse is a member of the Great Rivers United Way COMPASS NOW coalition. Coalition members included:

- Great Rivers United Way
- La Crosse Community Foundation
- Otto Bremer Foundation
- Gundersen Health System
- Gundersen St. Joseph’s Hospital and Clinics
- Gundersen Tri-County Hospital and Clinics
- Mayo Clinic Health System – Franciscan Healthcare in La Crosse
- Mayo Clinic Health System – Franciscan Healthcare in Sparta
- Tomah Memorial Hospital
- Vernon Memorial Healthcare
- Houston County Health Department
- La Crosse County Health Department
- Monroe County Health Department
- Trempealeau County Health Department
- Vernon County Health Department

The COMPASS NOW report includes needs assessments in four categories: community, education, income/economic and health (the latter also known as the CHNA). The COMPASS NOW Health Council (see Attachment B) was charged with reviewing and evaluating health data for the five-county region. The group then recommended three health needs to the COMPASS NOW steering committee as top priorities.

MCHS - Franciscan Healthcare in La Crosse also convened an internal review committee (see Attachment C) to review and consider the outcome of the CHNA. This committee included the regional CEO and leadership from the La Crosse and Sparta hospitals.

Community Input
The COMPASS NOW survey was mailed to 5,000 randomly selected households in the five-county area to ensure that every household in the region had an equal chance of being selected to receive a survey. Ninety-seven percent of the survey respondents were Caucasian compared to about 94 percent of the general population in the region that is Caucasian (see Attachment D).

In addition to the random household survey, a convenience sample was used to reach specific subgroups (see Attachment E). The overall objective of this sampling was to collect feedback from populations within the community that were potentially under-represented in the random household survey due to their small numbers. These smaller populations included, but were not limited to, African-Americans, Hispanics, LGBT youth, at-risk youth, low-income adults and seniors. Among those...
responding to the convenience survey, 74.5 percent were Caucasian, 6.5 percent Hispanic, 4.9 percent African-American, 4.4 percent Hmong and 1.2 percent Native American.

Feedback also was gathered via five separate community conversations (see Attachment F). These gatherings occurred in La Crosse County and Monroe County in order to engage their larger Hmong and Hispanic minority populations, respectively.

Process and Methods:
COMPASS NOW gathered information in multiple ways:
- A 90-item household survey mailed to 5,000 randomly selected households in the five counties
- An additional 753-participant convenience sampling, focusing on members of smaller and potentially underrepresented subgroups
- Community conversations
- COMPASS council meetings to identify priority issues and identify resources in the community

Over 1,700 community members contributed to the results of the COMPASS NOW report. The data collected guided the development of four profiles that create the building blocks to a better life: health, income, education and community.

COMPASS NOW serves as a foundation for developing action plans that solve problems, long term. Great Rivers United Way uses COMPASS NOW to guide its grant allocation process and develop its strategic plan. Health care organizations and county health departments use COMPASS NOW to develop government-mandated community health improvement plans.

The full COMPASS NOW report, including all appendices, can be viewed at:
http://www.greatriversunitedway.org/our-community/community-needs-assessment
Addressing the Needs of the Community

Overview:
COMPASS councils – comprised of local experts in the fields of education, income, health and a variety of community issues – were convened to serve as advisory groups. The Health Council, responsible for the CHNA, reviewed data, analyzed survey and community conversation results, and offered professional insights about topic-specific issues.

The Health Council identified 12 significant community health issues:

- Maternal and child health
- Communicable disease prevention and control
- Mental health
- Oral health
- Prenatal care
- Teen births
- Chronic disease
- Suicide
- Substance use
- Lifestyle factors
- Prescription and illegal drugs
- Lyme disease

Prioritization Process and Criteria
Health Council members then ranked these issues using the following criteria:

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?

Based on their rankings, the Health Council recommended three top-priority health issues for review by the COMPASS NOW steering committee.

Identified Priorities
Based on this process, the COMPASS NOW CHNA cites three top-priority health issues (in alphabetical order):

- Chronic disease and contributors to chronic disease
- Mental health and/or substance abuse
- Oral health
The MCHS - Franciscan Healthcare in La Crosse internal review committee met on June 13 to examine the health-related data and findings contained within the COMPASS NOW.

In reviewing the three top-priority health needs identified in COMPASS NOW, the internal review committee considered the La Crosse hospital's capacity to address each priority and to affect change in the community. The hospital currently does not offer oral health services, so it lacks the expertise and resources necessary to address oral health in a meaningful way. Consequently, oral health will not be included in the hospital's implementation plan; although the hospital will support community initiatives that address oral health care needs and expand access to services.

The La Crosse hospital will develop an implementation plan to address two top-priority needs, of equal importance, identified in the CHNA:

- Chronic disease and contributors to chronic disease
- Mental health and/or substance abuse

**Available Resources**

Great Rivers 2-1-1 provides a single-access point for complete and current information for more than 4,200 community and human service programs offered by a variety of organizations and agencies. Its database encompasses:

- Support groups
- In-home services
- Alcohol and drug abuse
- Suicidal thoughts and feelings
- Community/cultural events
- Landlord/tenant issues
- Relationship/family problems
- Stress
- Parenting concerns
- Depression
- Unplanned pregnancy
- Adult and child abuse
- Victim of sexual abuse
- Temporary shelter/housing
- Food resources

The resources of Great Rivers 2-1-1 can be accessed by dialing 2-1-1 or 800-362-8255 (TTY 866-884-3620. Calls are toll-free in Wisconsin, Minnesota and Iowa, and language translation is available. Resources also may be accessed by visiting: [http://www.greatrivers211.org](http://www.greatrivers211.org)
Evaluation of Prior CHNA and Implementation Strategy

MCHS - Franciscan Healthcare in La Crosse’s hospital published its first CHNA October 31, 2013. To date, no written public comments have been received regarding the report or its corresponding implementation plan.

2015 Community Health Needs Assessment Implementation Plan Report:
The La Crosse hospital works to address identified community health needs via three approaches: patient care services, community programs and community investment. This three-pronged approach allows the hospital to enhance the overall health of the community by providing high-quality health care, promoting healthy behaviors within the community, and building partnerships with like-minded organizations to address community health needs on a larger scale.

Community partnerships have proven an effective means for stretching resources and reaching more people. As a partner in efforts to address identified health needs, the La Crosse hospital may provide monetary support, in-kind support, make health care staff available, provide health care expertise, or any combination of these resources. In 2015, the La Crosse hospital logged more than $500,000 in reportable community benefit expenditures related to health, and via its own efforts and numerous partnerships, engaged more than 11,000 people in efforts to improve the overall health of the La Crosse community.

Identified Need - Alcohol Use
MCHS – Franciscan Healthcare in La Crosse continued to provide comprehensive alcohol and other drug abuse treatment and counseling services:

- Participated in the La Crosse Health Science Consortium’s Risky Drinking Behaviors Coalition, comprised of community groups, students, parents, government agencies and businesses. The coalition supports policies and practices that make it easier for those who drink to do so safely and responsibly.
- Provided in-kind contributions related to substance abuse, including a physician who serves on the board of Coulee Council on Addictions; a physician representative for the La Crosse County heroin task force; an AODA counselor to present “Family Adjustments to Living with Addiction” at Coulee Council on Addictions. In-kind contributions total $1,020.
- Designated community-investment dollars to programs that promote prevention education in schools and the community. These included Coulee Council on Addiction’s Turned Leaf Festival and Home Run 5k event; CouleeCap’s Housing First & Homeless Coalition, which identifies drug and alcohol abuse and refers participants for treatment as a requirement for participation in the program; and the “drug-free zone” at La Crosse's annual Oktoberfest. Cash contributions totaled $9,000.
• Provided primary sponsorship of Drug Abuse Resistance Education (D.A.R.E.) in La Crosse public schools and several parochial schools. The program, led by the La Crosse Police Department, is a highly acclaimed, evidence-based program that gives kids the skills they need to avoid involvement in drugs, gangs and violence. Taught by a police officer, D.A.R.E. involves a series of classroom lessons that teaches children from kindergarten through 12th grade how to resist peer pressure and live productive, drug- and violence-free lives. In 2015, more than 2,000 La Crosse students participated in D.A.R.E. Cash contribution totaled $3,000.

Identified Need - Health Care Access
MCHS – Franciscan Healthcare in La Crosse continued to operate St. Clare Health Mission, a free, primary care clinic in La Crosse that serves individuals who have no medical insurance and do not qualify for public assistance. The Mission sees patients from a five-county area and is open two evenings per week. Prescriptions written at the mission are filled at no cost to patients via an on-site pharmacy. A continuity clinic is open one day per week for individuals with unstable chronic medical conditions. Services provided at the continuity clinic include nutrition counseling, diabetes education, smoking cessation, foot care and specialty medical care.

Mission patients who require specialty procedures or surgery are referred to the MCHS – Franciscan Healthcare La Crosse hospital and receive treatment at no cost. More than 300 patients received free care and prescription medications in 2015 during approximately 1,000 patient visits.

MCHS – Franciscan Healthcare in La Crosse continued its participation in the Minnesota Breast and Cervical Cancer program, and the Wisconsin Well Woman program. These programs expand health care access for low-income, uninsured and underinsured women. Services include screenings, prevention and treatment.

We also partnered with the La Crosse YMCA, La Crosse County Health Department and Gundersen Health System to hold several "Know Your Numbers" community health screenings. Screenings included cholesterol, blood sugar, blood pressure and body mass index. Participants received counseling based on their results and information on how to access follow-up care at area medical centers and free clinics. In-kind contributions totaled $2,500. A total of 407 people participated in these and other community health screenings.

For high school juniors and seniors enrolled in the La Crosse School District’s Health Science Academy, MCHS – Franciscan Healthcare in La Crosse provides educational opportunities. Students are engaged in a rigorous curriculum as they explore a wide variety of health care careers. During 2015, 70 students were enrolled in the academy. Eight scholarships were awarded to seniors pursuing higher education to prepare for jobs in the health care field. Cash and in-kind contributions totaled $6,500.
We designated community-investment dollars to programs supporting access to care, including the Retired Senior Volunteer Program (RSVP), which provides seniors and disabled adults with rides to/from medical appointments; the La Crosse County Health Department for its annual Hmong health fair and its community-wide Human Papillomavirus (HPV) vaccination campaign; the Family & Children's Center for its Healthy Families program, which provides regular home visits to educate parents and prevent child abuse/neglect in at-risk households. Cash contributions totaled $12,000.

**Identified Need - Mental Health**

MCHS – Franciscan Healthcare in La Crosse continued to offer an array of outpatient, inpatient and residential mental-health services, including four community-based residential facilities:

- Siena Hall, serving adults with mental-health disorders
- LAAR House, serving women with substance abuse and/or co-occurring disorders
- Scarseth House, serving individuals with substance abuse and/or co-occurring disorders
- Gerard Hall, serving women who are pregnant or parenting and have mental health and/or co-occurring disorders.

In 2015, 179 people received care and support while residing in these facilities.

We also entered into a unique three-year partnership with the La Crosse Area Boys & Girls Clubs (LABGC) and Ronald McDonald House Charities (RMHC) to place a full-time behavioral health specialist at the LABGC Mathy Center. The behavioral health specialist is employed by MCHS – Franciscan Healthcare in La Crosse and is mentored/supervised by senior staff in the behavioral health department. RMHC will fund salary and benefits. Due to its recent inception, outcomes for this program are not yet available.

MCHS – Franciscan Healthcare in La Crosse provides an office and meeting space for a social worker with the La Crosse County Family Collaborative within a home it owns in La Crosse's Washburn neighborhood. Based on a successful program in Madison, Wis., the collaborative seeks to provide services for at-risk individuals and families where they reside. The social worker connects people in the neighborhood with community resources, including mental-health services.

Our Safe Path program identifies patients suffering abuse at home. Counseling and referrals are provided; financial assistance may be provided to ensure a patient's safety. MCHS – Franciscan Healthcare in La Crosse staff also consult with various community agencies providing shelter/care for victims of domestic violence. In 2015, 254 women were assisted by the Safe Path program.

We serve as a resource and supervised clinical setting for Viterbo University students working toward master’s degrees in mental-health counseling.

MCHS – Franciscan Healthcare in La Crosse participated in the “Campaign to Change Direction,” a collaborative, community-wide effort to reduce the stigma of mental illness and encourage people to seek help for themselves or loved ones. In-kind contribution totaled $316.
We designated community-investment dollars to support the annual Suicide Prevention Summit in La Crosse, an education and awareness event for behavioral health professionals and the public. In 2015, 210 people attended the summit and participated in the 11 educational sessions offered. Cash contribution totaled $2,000.

MCHS – Franciscan Healthcare in La Crosse provided a qualified board member for the Mental Health Coalition of Greater La Crosse. This broad-based mental health coalition is comprised of organizations, health care providers and citizens. Coalition projects include creating awareness that suicide is a preventable public health problem; improving outcomes when law enforcement comes in contact with individuals with mental illness; and working to ensure that discharge plans aid in making a safe transition back into the community.

Identified Need - Obesity
MCHS-La Crosse continued to offer programs on healthy eating, physical activity and stress reduction to meet the needs of its patients and the community.

- Designated community-investment dollars to community programs that promote healthy eating. Examples include funding healthy snacks for 875 children at Badger Camp; support for the Active Early Work childhood obesity program at The Parenting Place; and sponsorship of two educational presentations in the community by renowned urban agriculture guru, Will Allen. Cash contributions totaled $6,800.

- Actively promoted gardening and the consumption of fresh, healthy foods as a way to combat obesity. Numerous projects and programs were implemented or maintained in 2015, as noted below.

- Offered a robust employee health program that includes physical activities and weight management classes. Approximately 50 employees participated in a Community Supported Agriculture (CSA) program, receiving weekly boxes of fresh, locally grown produce. In a pilot program, 75 “square-foot gardening” kits were created and made available to employees, at cost, to encourage them to grow and eat fresh vegetables.

- Participated as a worksite cafeteria in the Harvest of the Month program administered by the La Crosse County Health Education Department. Harvest of the Month seeks to increase consumer’s preference for fruits and vegetables; expand access to fruits and vegetables; and connect growers to their communities. Last year 1,269 people sampled recipes and received information at Harvest of the Month events held in the La Crosse hospital cafeteria.

- Initiated an edible landscape program at the hospital and associated regional clinics to demonstrate small-space gardening techniques and engage patients, visitors and staff in conversations about growing and consuming fresh, healthy foods. Raised-bed planters at the La Crosse hospital allowed patients of all abilities to access growing plants. The raised beds also served as the setting for a cardiac rehabilitation class on cooking with herbs. Vegetables grown in the planters/beds were featured in the hospital cafeteria on several occasions.
• Worked with community partners (Washburn Neighborhood Association and the City of Onalaska Parks & Recreation Department) to provide space on MCHS property in La Crosse and Onalaska for community gardening. MCHS – Franciscan Healthcare in La Crosse provided staff and equipment to stake plots, till soil, move dirt, etc. We paid for water service at both sites and portable restrooms for the Onalaska site. In 2015, space was provided for 69 garden plots, which produced fresh produce for approximately 200 people and generated more than 200 pounds of food donations for area food pantries (10 percent of the total amount harvested). In-kind contributions totaled $7,500.

• Served as the corporate sponsor of GROW La Crosse, Inc., a nonprofit organization whose mission is “connecting children with healthy food and nature.” Partnering with GROW La Crosse, MCHS – Franciscan Healthcare in La Crosse supported elementary school gardens, classroom education, taste-testing sessions and week-long "farm camp" sessions, including scholarships for disadvantaged youth. Cash and in-kind donations totaled $14,000.

• Purchased a mobile teaching kitchen (MTK) in 2014. In 2015, the MTK was used at a variety of local events and on the MCHS – Franciscan Healthcare in La Crosse campus to demonstrate quick, tasty and healthy food preparation. The MTK appeared at the Houston County Health Department; the annual Earth Fair event in La Crosse; at the La Crosse Main Public Library in conjunction with a Hunger Task Force produce distribution event held there; at Fall Festival on the Farm, a fundraising event supporting GROW La Crosse; and at the Western Technical College Horticulture Center grand opening and open house; as well as other venues. In-kind contributions including staff time, food, supplies and transportation totaled $4,225.

• Partnered with Hillview Urban Agriculture Center and University of Wisconsin (UW)-La Crosse to support gardening and the consumption of fresh healthy foods. The group created a vermicomposting center on its La Crosse campus adjacent to the Washburn garden. Vermicomposting uses worms to turn kitchen waste into high-density nutrition for garden soil. Waste is diverted from landfills and organic fertilizer is created. UW-La Crosse donated the vermicomposting units and provided agricultural expertise and students to assist with the program.

Hillview operated the vermicomposting units and donated a portion of the resulting “VermiGold,” selling the rest at a modest cost to support its educational programming. Hillview also hosted several school visits to the Vermicomposting Center in 2015. MCHS – Franciscan Healthcare in La Crosse provided a former garage with a basement, furnace, air conditioning and water supply for the Vermicomposting Center. We also maintained the property and covered costs associated with water, electricity, gas and trash and snow removal. A carpentry shop previously located in the garage was relocated to another facility. Cash and in-kind contributions totaled $25,000.
Appendix A: 2015 COMPASS NOW-Steering Committee

Pauline Byom, Mayo Clinic Health System  
Tracy Herlitzke, Cooperative Educational Service Agency (CESA) #4  
Catherine Kolkmeier, La Crosse Medical Health Science Consortium  
Jenny Kuderer, Wisconsin Economic Development Corporation  
Jason Larsen, La Crosse Area Family Collaborative  
Mary Meehan-Strub, La Crosse County University of Wisconsin (UW)-Extension  
Eric Prise, Tomah Memorial Hospital  
Heather Quackenboss, La Crosse Community Foundation  
Brenda Rooney, Gundersen Health System  
Shelly Teadt, CouleeCap  
Mary Kay Wolf, Great Rivers United Way

Appendix B: 2015 COMPASS NOW-Health Council

Sandra Brekke, St. Clare Health Mission  
Ben Crenshaw, Mayo Clinic Health System  
Jessie Cunningham, Vernon Memorial Healthcare  
Kayleigh Day, Monroe County Health Department  
Christine Dean, Gundersen St. Joseph’s Hospital & Clinics  
Karen Ehle-Traastad, Vernon County UW-Extension  
Mari Freiberg, Scenic bluffs Community Health Centers  
Lori Freit-Hammes, Mayo Clinic Health System  
Beth Hartung, Consultant, WFPRHA  
Sarah Havens, Gundersen Health System  
Beth Johnson, Vernon County Health Department  
Betty Jorgenson, Mayo Clinic Health System  
Mary Koenig, Vernon Memorial Healthcare  
Keith Lease, Western Technical College  
Patricia Malone, Trempealeau County UW-Extension  
Mary Meehan-Strub, La Crosse County UW-Extension  
Heather Myhre, Houston County Health Department  
Sharon Nelson, Monroe County Health Department  
Eric Prise, Tomah Memorial Hospital  
Sarah Spah, Mayo Clinic Health System  
Cheryl Rhoda, Trempealeau County Health Department  
Brian Theiler, Gundersen Tri-County Hospital & Clinics
Appendix C: Mayo Clinic Health System-Franciscan Healthcare in La Crosse Internal Review Committee

Cheristi Cognetta-Rieke, RN, Administrator, Nursing
Ben Crenshaw – Operations Director, Campus
Katherine Erlandson – Operations Director, Practice Operations
Lori Freit-Hammes – Director, Health Promotion
Peter Grabow – Administrator, External Affairs and Volunteer Services
Diane Holmay, RN – Chief Nursing Officer
Tanner Holst – Vice President, Specialty Care
Peter Hughes – Vice President, Planning Services
Ajay Jayakumar – Quality Assurance
Timothy Johnson, MD – Chief Executive Officer
Joseph Kruse – Chief Administrative Officer
Diane Otte, RN – Director, Nursing
David Rushlow, MD – Chief Medical Officer
Appendix D: Random Household Survey Results- Aspects of Health

### County Comparisons

<table>
<thead>
<tr>
<th></th>
<th>La Crosse (55.4%)</th>
<th>Monroe (15.8%)</th>
<th>Trempealeau (8.8%)</th>
<th>Vernon (11.5%)</th>
<th>Houston (8.5%)</th>
<th>Difference in rating by county</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor/fair</td>
<td>7.4%</td>
<td>20.8%</td>
<td>25.4%</td>
<td>8.0%</td>
<td>9.2%</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Good</td>
<td>50.0%</td>
<td>63.3%</td>
<td>53.7%</td>
<td>61.4%</td>
<td>49.2%</td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>42.6%</td>
<td>15.8%</td>
<td>20.9%</td>
<td>30.7%</td>
<td>41.5%</td>
<td></td>
</tr>
<tr>
<td>Mean Score</td>
<td>3.35</td>
<td>2.93</td>
<td>2.88</td>
<td>3.22</td>
<td>3.32</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

Trempealeau County respondents rated their community as a place to live lower than the other communities. 25% indicated their community rated fair or poor on this.

### Aspects of Health

#### Overall Health

<table>
<thead>
<tr>
<th></th>
<th>La Crosse (55.4%)</th>
<th>Monroe (15.8%)</th>
<th>Trempealeau (8.8%)</th>
<th>Vernon (11.5%)</th>
<th>Houston (8.5%)</th>
<th>Difference in rating by county</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor/fair</td>
<td>10.9%</td>
<td>12.1%</td>
<td>19.1%</td>
<td>10.0%</td>
<td>17.9%</td>
<td>0.0008</td>
</tr>
<tr>
<td>Good</td>
<td>60.1%</td>
<td>76.6%</td>
<td>58.8%</td>
<td>71.1%</td>
<td>53.7%</td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>29.0%</td>
<td>11.3%</td>
<td>22.1%</td>
<td>18.9%</td>
<td>28.4%</td>
<td></td>
</tr>
<tr>
<td>Mean Score</td>
<td>3.18</td>
<td>2.98</td>
<td>2.99</td>
<td>3.09</td>
<td>3.09</td>
<td>0.0084</td>
</tr>
</tbody>
</table>

#### Overall Mental Health

<table>
<thead>
<tr>
<th></th>
<th>La Crosse (55.4%)</th>
<th>Monroe (15.8%)</th>
<th>Trempealeau (8.8%)</th>
<th>Vernon (11.5%)</th>
<th>Houston (8.5%)</th>
<th>Difference in rating by county</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor/fair</td>
<td>6.7%</td>
<td>6.4%</td>
<td>10.1%</td>
<td>5.6%</td>
<td>9.0%</td>
<td>0.8221</td>
</tr>
<tr>
<td>Good</td>
<td>54.0%</td>
<td>58.9%</td>
<td>52.2%</td>
<td>57.8%</td>
<td>52.2%</td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>39.3%</td>
<td>34.7%</td>
<td>37.7%</td>
<td>36.7%</td>
<td>38.8%</td>
<td></td>
</tr>
<tr>
<td>Mean Score</td>
<td>3.14</td>
<td>3.27</td>
<td>3.28</td>
<td>3.31</td>
<td>3.30</td>
<td>0.9271</td>
</tr>
</tbody>
</table>

#### Overall Dental Health

<table>
<thead>
<tr>
<th></th>
<th>La Crosse (55.4%)</th>
<th>Monroe (15.8%)</th>
<th>Trempealeau (8.8%)</th>
<th>Vernon (11.5%)</th>
<th>Houston (8.5%)</th>
<th>Difference in rating by county</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor/fair</td>
<td>13.7%</td>
<td>18.6%</td>
<td>23.2%</td>
<td>22.2%</td>
<td>16.4%</td>
<td>0.3751</td>
</tr>
<tr>
<td>Good</td>
<td>52.7%</td>
<td>52.4%</td>
<td>52.2%</td>
<td>47.8%</td>
<td>53.7%</td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>33.6%</td>
<td>29.0%</td>
<td>24.6%</td>
<td>30.0%</td>
<td>29.9%</td>
<td></td>
</tr>
<tr>
<td>Mean Score</td>
<td>3.17</td>
<td>3.06</td>
<td>2.91</td>
<td>3.00</td>
<td>3.07</td>
<td>0.0545</td>
</tr>
</tbody>
</table>

#### Access to Healthcare

<table>
<thead>
<tr>
<th></th>
<th>La Crosse (55.4%)</th>
<th>Monroe (15.8%)</th>
<th>Trempealeau (8.8%)</th>
<th>Vernon (11.5%)</th>
<th>Houston (8.5%)</th>
<th>Difference in rating by county</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor/fair</td>
<td>5.1%</td>
<td>11.4%</td>
<td>27.5%</td>
<td>9.0%</td>
<td>7.5%</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Good</td>
<td>30.6%</td>
<td>45.5%</td>
<td>31.9%</td>
<td>41.6%</td>
<td>37.3%</td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>64.4%</td>
<td>43.1%</td>
<td>40.6%</td>
<td>49.4%</td>
<td>55.2%</td>
<td></td>
</tr>
<tr>
<td>Mean Score</td>
<td>3.58</td>
<td>3.28</td>
<td>3.10</td>
<td>3.39</td>
<td>3.43</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

#### Access to Mental Health Care

<table>
<thead>
<tr>
<th></th>
<th>La Crosse (55.4%)</th>
<th>Monroe (15.8%)</th>
<th>Trempealeau (8.8%)</th>
<th>Vernon (11.5%)</th>
<th>Houston (8.5%)</th>
<th>Difference in rating by county</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor/fair</td>
<td>11.2%</td>
<td>16.0%</td>
<td>29.5%</td>
<td>16.0%</td>
<td>17.2%</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Good</td>
<td>35.3%</td>
<td>53.6%</td>
<td>32.8%</td>
<td>53.1%</td>
<td>37.5%</td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>53.5%</td>
<td>30.4%</td>
<td>37.7%</td>
<td>30.9%</td>
<td>45.3%</td>
<td></td>
</tr>
<tr>
<td>Mean Score</td>
<td>3.43</td>
<td>3.10</td>
<td>3.07</td>
<td>3.09</td>
<td>3.22</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td></td>
<td>Poor/fair</td>
<td>Good</td>
<td>Excellent</td>
<td>Poor/fair</td>
<td>Good</td>
<td>Excellent</td>
</tr>
<tr>
<td>----------------------</td>
<td>----------</td>
<td>--------</td>
<td>-----------</td>
<td>----------</td>
<td>--------</td>
<td>-----------</td>
</tr>
<tr>
<td>Access to dental care</td>
<td>6.7%</td>
<td>12.9%</td>
<td>28.9%</td>
<td>14.4%</td>
<td>6.0%</td>
<td><strong>0.0001</strong></td>
</tr>
<tr>
<td></td>
<td>31.6%</td>
<td>45.2%</td>
<td>30.4%</td>
<td>42.2%</td>
<td>38.8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>61.7%</td>
<td>41.9%</td>
<td>46.0%</td>
<td>43.3%</td>
<td>55.2%</td>
<td></td>
</tr>
<tr>
<td>Mean Score</td>
<td>3.52</td>
<td>3.23</td>
<td><strong>3.01</strong></td>
<td>3.24</td>
<td>3.46</td>
<td><strong>0.0001</strong></td>
</tr>
<tr>
<td>Access to healthy food choices</td>
<td>21.2%</td>
<td>19.4%</td>
<td>26.1%</td>
<td>15.7%</td>
<td>9.0%</td>
<td><strong>0.0001</strong></td>
</tr>
<tr>
<td></td>
<td>37.4%</td>
<td>47.6%</td>
<td>39.1%</td>
<td>37.1%</td>
<td>44.8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>55.9%</td>
<td>33.1%</td>
<td>34.8%</td>
<td>47.2%</td>
<td>46.3%</td>
<td></td>
</tr>
<tr>
<td>Mean Score</td>
<td><strong>3.48</strong></td>
<td>3.11</td>
<td><strong>3.03</strong></td>
<td>3.29</td>
<td>3.34</td>
<td><strong>0.0001</strong></td>
</tr>
<tr>
<td>Ability to pay for health care</td>
<td>34.1%</td>
<td>45.2%</td>
<td>33.9%</td>
<td>32.6%</td>
<td>34.3%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>43.2%</td>
<td>38.7%</td>
<td>45.6%</td>
<td>50.6%</td>
<td>46.3%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>22.7%</td>
<td>16.1%</td>
<td>20.6%</td>
<td>16.9%</td>
<td>19.4%</td>
<td></td>
</tr>
<tr>
<td>Mean Score</td>
<td><strong>2.80</strong></td>
<td>2.60</td>
<td><strong>2.75</strong></td>
<td>2.74</td>
<td>2.73</td>
<td><strong>0.2936</strong></td>
</tr>
<tr>
<td>Ability to pay for mental health care</td>
<td>37.0%</td>
<td>45.8%</td>
<td>37.5%</td>
<td>39.5%</td>
<td>37.9%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>42.9%</td>
<td>41.7%</td>
<td>37.5%</td>
<td>46.5%</td>
<td>45.5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20.1%</td>
<td>12.5%</td>
<td>25.0%</td>
<td>14.0%</td>
<td>16.7%</td>
<td></td>
</tr>
<tr>
<td>Mean Score</td>
<td><strong>2.74</strong></td>
<td>2.51</td>
<td><strong>2.75</strong></td>
<td>2.60</td>
<td>2.65</td>
<td><strong>0.1209</strong></td>
</tr>
<tr>
<td>Ability to pay for dental care</td>
<td>33.7%</td>
<td>40.3%</td>
<td>41.2%</td>
<td>37.8%</td>
<td>32.8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>44.9%</td>
<td>38.4%</td>
<td>38.2%</td>
<td>47.8%</td>
<td>47.8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>21.4%</td>
<td>15.3%</td>
<td>20.6%</td>
<td>14.4%</td>
<td>19.4%</td>
<td></td>
</tr>
<tr>
<td>Mean Score</td>
<td><strong>2.77</strong></td>
<td>2.60</td>
<td><strong>2.62</strong></td>
<td>2.62</td>
<td>2.70</td>
<td><strong>0.3154</strong></td>
</tr>
<tr>
<td>Ability to pay for healthy food choices</td>
<td>23.1%</td>
<td>32.3%</td>
<td>29.4%</td>
<td>23.6%</td>
<td>25.8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>50.6%</td>
<td>50.8%</td>
<td>47.1%</td>
<td>52.8%</td>
<td>45.5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>26.3%</td>
<td>16.9%</td>
<td>23.5%</td>
<td>23.6%</td>
<td>28.8%</td>
<td></td>
</tr>
<tr>
<td>Mean Score</td>
<td><strong>3.00</strong></td>
<td>2.77</td>
<td><strong>2.84</strong></td>
<td>2.93</td>
<td>2.97</td>
<td><strong>0.0652</strong></td>
</tr>
<tr>
<td>Quality of water in the rivers and lakes in your community</td>
<td>34.9%</td>
<td>31.7%</td>
<td>40.3%</td>
<td>27.8%</td>
<td>47.8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>51.5%</td>
<td>60.2%</td>
<td>44.8%</td>
<td>51.1%</td>
<td>43.3%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>13.6%</td>
<td>8.1%</td>
<td>14.9%</td>
<td>21.1%</td>
<td>9.0%</td>
<td></td>
</tr>
<tr>
<td>Mean Score</td>
<td><strong>2.73</strong></td>
<td>2.74</td>
<td><strong>2.70</strong></td>
<td>2.90</td>
<td>2.49</td>
<td><strong>0.0231</strong></td>
</tr>
<tr>
<td>Avoid seeing a doctor in past 12 months because of cost (% yes)</td>
<td>93.9%</td>
<td>92.7%</td>
<td>92.8%</td>
<td>87.6%</td>
<td>93.4%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>26.6%</td>
<td>29.0%</td>
<td>24.6%</td>
<td>29.2%</td>
<td>27.3%</td>
<td></td>
</tr>
<tr>
<td>Mean Score</td>
<td><strong>2.65</strong></td>
<td>2.65</td>
<td><strong>2.65</strong></td>
<td>2.65</td>
<td>2.65</td>
<td><strong>0.4461</strong></td>
</tr>
</tbody>
</table>
Appendix E: Convenience Sample Results – Aspects of Health

<table>
<thead>
<tr>
<th>OVERALL RATING OF COMMUNITY AS A PLACE TO LIVE</th>
<th>Random Sample</th>
<th>Convenience Sample</th>
<th>Difference between surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair/poor</td>
<td>87</td>
<td>132</td>
<td>17.5%</td>
</tr>
<tr>
<td>Good</td>
<td>414</td>
<td>404</td>
<td>53.7%</td>
</tr>
<tr>
<td>Excellent</td>
<td>271</td>
<td>196</td>
<td>26.0%</td>
</tr>
<tr>
<td>Mean Score</td>
<td>3.23</td>
<td>3.07</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASPECTS OF HEALTH</th>
<th>Random Sample</th>
<th>Convenience Sample</th>
<th>Difference between surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall health (q4a)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fair/poor</td>
<td>98</td>
<td>144</td>
<td>19.1%</td>
</tr>
<tr>
<td>Good</td>
<td>498</td>
<td>431</td>
<td>57.2%</td>
</tr>
<tr>
<td>Excellent</td>
<td>190</td>
<td>173</td>
<td>23.0%</td>
</tr>
<tr>
<td>Mean Score</td>
<td>3.11</td>
<td>3.02</td>
<td></td>
</tr>
<tr>
<td>Mental health (q4b)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fair/poor</td>
<td>56</td>
<td>147</td>
<td>19.5%</td>
</tr>
<tr>
<td>Good</td>
<td>434</td>
<td>370</td>
<td>49.1%</td>
</tr>
<tr>
<td>Excellent</td>
<td>299</td>
<td>224</td>
<td>29.7%</td>
</tr>
<tr>
<td>Mean Score</td>
<td>3.30</td>
<td>3.06</td>
<td></td>
</tr>
<tr>
<td>Dental health (q4c)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fair/poor</td>
<td>129</td>
<td>209</td>
<td>27.8%</td>
</tr>
<tr>
<td>Good</td>
<td>412</td>
<td>351</td>
<td>46.6%</td>
</tr>
<tr>
<td>Excellent</td>
<td>246</td>
<td>182</td>
<td>24.2%</td>
</tr>
<tr>
<td>Mean Score</td>
<td>3.10</td>
<td>2.88</td>
<td></td>
</tr>
<tr>
<td>Access to health care (q4d)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fair/poor</td>
<td>68</td>
<td>132</td>
<td>17.5%</td>
</tr>
<tr>
<td>Good</td>
<td>278</td>
<td>311</td>
<td>41.3%</td>
</tr>
<tr>
<td>Excellent</td>
<td>443</td>
<td>302</td>
<td>40.1%</td>
</tr>
<tr>
<td>Mean Score</td>
<td>3.46</td>
<td>3.18</td>
<td></td>
</tr>
<tr>
<td>Access to mental health care (q4e)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fair/poor</td>
<td>94</td>
<td>143</td>
<td>19.0%</td>
</tr>
<tr>
<td>Good</td>
<td>309</td>
<td>258</td>
<td>34.5%</td>
</tr>
<tr>
<td>Excellent</td>
<td>333</td>
<td>160</td>
<td>21.2%</td>
</tr>
<tr>
<td>Mean Score</td>
<td>3.29</td>
<td>2.95</td>
<td></td>
</tr>
<tr>
<td>Access to dental care (q4f)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fair/poor</td>
<td>82</td>
<td>207</td>
<td>27.5%</td>
</tr>
<tr>
<td>Good</td>
<td>281</td>
<td>281</td>
<td>37.3%</td>
</tr>
<tr>
<td>Excellent</td>
<td>425</td>
<td>253</td>
<td>33.6%</td>
</tr>
<tr>
<td>Mean Score</td>
<td>3.39</td>
<td>2.94</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fair/poor</td>
<td>Good</td>
<td>Excellent</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-----------</td>
<td>------</td>
<td>-----------</td>
</tr>
<tr>
<td><strong>Access to healthy food choices (q4g)</strong></td>
<td>91</td>
<td>313</td>
<td>380</td>
</tr>
<tr>
<td></td>
<td>11.5%</td>
<td>39.6%</td>
<td>48.0%</td>
</tr>
<tr>
<td></td>
<td>155</td>
<td>309</td>
<td>270</td>
</tr>
<tr>
<td></td>
<td>20.6%</td>
<td>41.0%</td>
<td>35.9%</td>
</tr>
<tr>
<td><strong>Ability to pay for health care (q4h)</strong></td>
<td>280</td>
<td>330</td>
<td>162</td>
</tr>
<tr>
<td></td>
<td>35.4%</td>
<td>41.7%</td>
<td>20.5%</td>
</tr>
<tr>
<td></td>
<td>341</td>
<td>260</td>
<td>119</td>
</tr>
<tr>
<td></td>
<td>45.3%</td>
<td>34.5%</td>
<td>15.8%</td>
</tr>
<tr>
<td><strong>Ability to pay for mental health care (q4i)</strong></td>
<td>298</td>
<td>351</td>
<td>141</td>
</tr>
<tr>
<td></td>
<td>37.7%</td>
<td>44.4%</td>
<td>17.8%</td>
</tr>
<tr>
<td></td>
<td>337</td>
<td>249</td>
<td>118</td>
</tr>
<tr>
<td></td>
<td>44.8%</td>
<td>33.1%</td>
<td>15.7%</td>
</tr>
<tr>
<td><strong>Ability to pay for dental care (q4j)</strong></td>
<td>281</td>
<td>393</td>
<td>152</td>
</tr>
<tr>
<td></td>
<td>35.5%</td>
<td>49.7%</td>
<td>19.2%</td>
</tr>
<tr>
<td></td>
<td>350</td>
<td>303</td>
<td>118</td>
</tr>
<tr>
<td></td>
<td>46.5%</td>
<td>40.2%</td>
<td>15.7%</td>
</tr>
<tr>
<td><strong>Ability to pay for healthy food (q4k)</strong></td>
<td>200</td>
<td>193</td>
<td></td>
</tr>
<tr>
<td></td>
<td>25.3%</td>
<td>24.4%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>267</td>
<td>150</td>
<td></td>
</tr>
<tr>
<td></td>
<td>35.5%</td>
<td>19.9%</td>
<td></td>
</tr>
<tr>
<td><strong>Quality of water in rivers and lakes (q4l)</strong></td>
<td>274</td>
<td>402</td>
<td>104</td>
</tr>
<tr>
<td></td>
<td>34.6%</td>
<td>50.8%</td>
<td>13.1%</td>
</tr>
<tr>
<td></td>
<td>298</td>
<td>329</td>
<td>107</td>
</tr>
<tr>
<td></td>
<td>39.6%</td>
<td>43.7%</td>
<td>14.2%</td>
</tr>
<tr>
<td><strong>Everyone have insurance (q20)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% no</td>
<td>54</td>
<td>402</td>
<td>104</td>
</tr>
<tr>
<td></td>
<td>6.9%</td>
<td>13.1%</td>
<td>19.5%</td>
</tr>
<tr>
<td></td>
<td>147</td>
<td>107</td>
<td></td>
</tr>
<tr>
<td></td>
<td>19.5%</td>
<td>14.2%</td>
<td></td>
</tr>
<tr>
<td><strong>Avoid care in past 12 months because of cost (q21)</strong></td>
<td>212</td>
<td>393</td>
<td>104</td>
</tr>
<tr>
<td></td>
<td>27.1%</td>
<td>49.7%</td>
<td>13.1%</td>
</tr>
<tr>
<td></td>
<td>259</td>
<td>303</td>
<td>107</td>
</tr>
<tr>
<td></td>
<td>34.4%</td>
<td>43.7%</td>
<td>14.2%</td>
</tr>
</tbody>
</table>
Appendix F: Convenience Sample Results

COMMUNITY CONVERSATION #1
Date: May 14, 2015
Time: 6:00 to 8:00 p.m.
Location: Southside Community Center, 1300 S. 6th St., La Crosse, WI 54601
Target Audience/Participant: African American Community

Identified Community Needs:
- Alcohol and drug use
- Children with no direction/guidance*
- Community Communication*
- Education*
- Racial Relations

Additional Feedback/Comments:
Participants recognized the need for more community outlets by youth and youth mentoring coming directly from positive peers within the neighborhoods vs. outsiders coming in to work with youth. Also, the group felt more faith-based, neighborhood-focused opportunities to keep youth on a positive path would be helpful.

COMMUNITY CONVERSATION #2
Date: June 26, 2015
Time: 5:30 to 7:00 p.m.
Location: Boys & Girls Clubs of Greater La Crosse, 811 8th St. S., La Crosse, WI 54601
Target Audience/Participant: Low-Income Adults

Identified Community Assets:
- Neighborhood
- Resources*
- School

Identified Community Needs:
- Bullying
- Crime
- Housing*
- Jobs*
- Parks
- Roads*
- Trains
COMMUNITY CONVERSATION #3
Date: June 26, 2015
Time: 5:30 to 7:00 p.m.
Location: Boys & Girls Clubs of Greater La Crosse, 811 8th St. S., La Crosse, WI 54601
Target Audience/Participant: Youth At-Risk
Identified Community Assets:
- Activities*
- Environment
- Friends
- Safety*
- Schools*

Identified Community Needs:
- Activities
- Schools*
- Environment*
- Friends

COMMUNITY CONVERSATION #4
Date: October 1, 2015
Time: 6:00 to 8:00 p.m.
Location: Lugar de Reunion, 201 E. Franklin St., Room B3, Sparta, WI 54656
Target Audience/Participant: Hispanic Community
Identified Community Assets:
- Healthy food choices/farmer’s market
- Clean community
- Safe community
- Good education system for children
- Having a community center for the Hispanic community

Identified Community Needs:
- Child Care
- Transportation
- Safety
- Adult Education
- Health
- Respect
- The need for more interpreters
- Access to healthy food
- The need for more recreational activities

Additional Feedback/Comments:
- Abuse
- At-risk youth
- Food availability
- Jobs with adequate income
- Poverty
- Substance use, abuse, and dependency
COMMUNITY CONVERSATION #5

Date: October 2, 2015
Time: 10:00 a.m. to 12:00 p.m.
Location: Lugar de Reunion, 201 E. Franklin St., Room B3, Sparta, WI 54656

Target Audience/Participant: Hispanic Community

Identified Community Assets:
- Support for Hispanic community
- Work opportunities
- Children’s education

Identified Community Needs:
- Child Care
- Access to driver’s license
- Training for immigrants
- Discrimination (police and in the workforce)
- Education
- The need for more bilingual people and interpreters at places of business, clinics, and hospitals
- Accessible banks

Additional Feedback/Comments:
- At-risk youth
- Availability of quality housing
- Discrimination towards Hispanics
- Drivers licensing – limit barriers to obtaining
- Food availability
- Help with housing repairs
- Jobs with adequate income
- Medical health
- Need for more personal bilingual instructors in public hospitals
- Organization that helps pay medical bills for those who cannot pay
- Poverty
- Substance use, abuse and dependency