Community Health Needs Assessment

Mayo Clinic Health System – Oakridge

September 30, 2016
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Executive Summary

Enterprise Overview:
Mayo Clinic is a not-for-profit, 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 23 hospitals located in communities throughout the United States, including Arizona, Florida, Minnesota, Wisconsin and Iowa.

Mayo Clinic’s greatest strength is translating idealism into action. It’s what our staff does every day for our patients, and it’s how we transform hope into healing.

Mayo Clinic provides a significant benefit to all communities, local to global, 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 bring this new knowledge to patient care quickly. With its expertise and mission in integrated, multidisciplinary medicine and academic activities, Mayo Clinic is uniquely positioned to advance medicine and brings discovery to practice more efficiently and effectively.

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 - Oakridge is an 18-bed critical-access hospital located in Osseo, Wis. Since 1964, the hospital has been dedicated to promoting health and meeting the health care needs of our patients. It is one of 17 hospitals within Mayo Clinic Health System. Mayo Clinic Health System - Oakridge is part of the Mayo Clinic Health System Northwest Wisconsin region, which also includes hospitals in Eau Claire, Bloomer, Barron and Menomonie. Mayo Clinic Health System - Oakridge supports the community through inpatient and outpatient services. The hospital had 402 admissions in 2015 and employs approximately 263 staff.

Mayo Clinic Health System is a family of clinics, hospitals and health care facilities serving more than 70 communities in Iowa, Wisconsin and Minnesota. It encompasses more than 900 providers and serves more than half a million patients each year. As part of Mayo Clinic, a leading caregiver with nearly 150 years of patient care, research and medical education expertise, the organization provides a full spectrum of health care options to local neighborhoods, ranging from primary to highly specialized care. Mayo Clinic Health System is recognized as one of the most successful regional health care systems in the United States.
Mayo Clinic Health System was developed to bring a new kind of health care to local communities. By putting together integrated teams of local doctors and medical experts, we’ve opened the door to information sharing in a way that allows us to keep our family, friends and neighbors healthier than ever before. Mayo Clinic Health System provides patients with access to cutting-edge research, technology and resources. Our communities have the peace of mind that their neighbors are working together around the clock on their behalf.

Created to fulfill Mayo’s commitment to bring quality health care to local communities, Mayo Clinic Health System has a long tradition of supporting community health and wellness. In 2015, Mayo Clinic Health System - Oakridge provided more than $298,152 in community benefit through uncompensated care. It also provided $6,815 through philanthropic donations to the community to support programs such as fundraising events for the American Cancer Society, as well as Junior Achievement and youth school and community organizations.

Mayo Clinic Health System - Oakridge also provides a wide range of wellness and prevention programs for the community, including free blood pressure and glucose screenings. In 2015, the hospital provided health and wellness activities for children, including classes on healthy eating and nutrition, and events to promote fitness activities.

Annually, the hospital employees provide free school supplies to local schools. In 2015 we reached approximately 1,037 residents through community support and health and wellness activities.

The Mayo Clinic Health System community health needs assessment process will advance and strengthen our commitment to community health and wellness by focusing on high-priority needs and bringing additional needs to light.

**Summary of Community Health Needs Assessment:**

The Mayo Clinic Health System - Oakridge community assessment process was led by a regional Community Health Needs Assessment Committee (CHNAC.) That committee followed a systematic process to evaluate the health needs of our communities and determine the health priorities.

The primary resource for the assessment and prioritization process was the *COMPASS NOW 2015* report. COMPASS NOW 2015 is a joint effort of Great Rivers United Way, area health care organizations and county health departments to improve the quality of life for everyone in the community.

The Wisconsin Department of Health Services recent health agenda, *Healthiest Wisconsin 2020*, as well as County Health Rankings, a joint effort of the Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute, also were taken into consideration.

Compass Now 2015 gathered data through the following:

- Random household survey
- Convenience survey
- Analysis of key socioeconomic indicators

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Community conversations with underrepresented individuals who were surveyed among the random household respondents

Overall, more than 1,700 community members contributed to this report with these data-collection methods.

After completing an extensive analysis of the COMPASS NOW report, Healthiest Wisconsin 2020 and other quantitative and qualitative data, the top community health needs identified as top priorities for Mayo Clinic Health System - Oakridge priorities were:

1. Mental health
2. Obesity
3. Chronic disease prevention and management
Our Community

Geographic Area:
Mayo Clinic Health System – Oakridge is part of the Great Rivers region located in western Wisconsin and southeastern Minnesota. The region is made up of the following counties: La Crosse, Monroe, Trempealeau, Vernon and Houston. Mayo Clinic Health System - Oakridge is in Trempealeau County, its primary service area. For the purpose of this assessment, Mayo Clinic Health System - Oakridge’s community is defined geographically as Trempealeau County.

Demographics:
Osseo has a population of 1,701; Trempealeau County has a population of 29,555. Trempealeau County is considered 100 percent rural. Most of the population growth in the county has been from natural population increase. The racial make-up is predominately white, with the largest ancestry groups in the region being German, Norwegian and Irish. The largest ethnic population is Hispanic/Latino which grew from .9 percent in the 2000 Census to 6 percent in the 2010 census.

Overall, the population of the county is aging. The 65+ age group is the fastest-growing group in the Mayo Clinic Health System - Oakridge service area. It’s estimated to grow 121 percent from 2000-2050, compared to the next fastest-growing age group, 45-64, which is estimated to grow 24 percent during the same period. Communities need to understand and prepare for the needs of an aging population, while continuing to invest in the future of our youth. (See Appendix A for more demographic detail.)

There is one other hospital in Trempealeau County, Tri-county Memorial in Whitehall. Two hospitals in neighboring Eau Claire County provide secondary- and tertiary-level care (Mayo Clinic Health System in Eau Claire and Sacred Heart Hospital), including level II trauma care (Mayo Clinic Health System-Eau Claire). As a member of Mayo Clinic Health System, Mayo Clinic Health System - Oakridge has seamless access to the care offered in Eau Claire, as well as the world-renowned Mayo Clinic in Rochester, Minn.
Another hospital affiliated with Mayo Clinic Health System is located to the south in La Crosse, as well as Gundersen Lutheran Hospital.

In addition, the residents of Trempealeau County have access to the following:

**Mental health clinics**
- Trempealeau County Healthcare Center, Whitehall
- Trempealeau County Healthcare Center, Independence

**Dental clinics**
- Baxa Dental Inc. Sc, Independence
- Brian Underwood, DDS, Strum
- Richard B. Brown, DDS, Osseo
- Blair Dental, Blair
- Galen R. Koxlien, DDS, Galesville
- V. Smith Charles, DDS, Blair
- Midwest Dental, Holmen
- River Town Dental, Holmen
- Arcadia Dental Clinic
- Sciascia Dental, Osseo
- Midwest Dental, Strum

**Nursing homes**
- Dove Health Care LLC – Osseo Pigeon Falls Health Care Center
- Arcadia Nursing Home
- Grand View Care Center, Blair
- Marinuka Manor, Galesville
- Crystal Lake Manor, Strum
- Trempealeau County Healthcare Center, Whitehall
- Tri-County Memorial, Whitehall

**Assisted-living facilities**
- Dove Health Care LLC - Osseo
- Crystal Lake Terrace-Strum
- Family Circle-Strum
- Farnam Community Living Center-Whitehall
- Clover Way RCAC-Independence
- Country Ridge-Pigeon Falls
- Sunrise Manor-Whitehall

**Drug-treatment facilities**
- West Central Wisconsin Behavioral Health, Independence
Assessing the Needs of the Community

**Overview:**
Mayo Clinic Health System – Oakridge identified and prioritized community health needs through a comprehensive process that included input from a cross section of community and organizational leadership, as well as direct input from the community. The assessment process was aimed particularly at understanding the needs of the traditionally underserved in the community.

The Mayo Clinic Health System regional CHNAC led the process of evaluating the health needs of our communities and determining our community health priorities. The committee was chaired by the regional CEO and included leadership representation from the Mayo Clinic Health System’ Northwest Wisconsin region, which is comprised of five hospitals located in Eau Claire, Barron, Bloomer, Menomonie and Osseo. Committee members were chosen for their expertise in directly providing services to meet the health needs of our communities and for their involvement in existing community programs and services. The committee was responsible for creating a thorough and organized needs assessment process, as well as developing an effective plan to meet the identified needs.

**Process and Methods:**
The assessment process began with a thorough review of the COMPASS NOW 2015 report. The COMPASS NOW 2015 partnership is made up of Great Rivers United Way, Gundersen Health System, Mayo Clinic Health System, Otto Bremer Foundation, Gundersen St. Joseph’s Hospital and Clinics, Tomah Memorial Hospital, Gundersen Tri-County Hospital and Clinics, Vernon Memorial Healthcare, La Crosse Community Foundation, La Crosse County Health Department, Monroe County Health Department, Trempealeau County Health Department, Vernon County Health Department and Houston County Health Department.

The purpose of COMPASS NOW is to assess community needs, identify community resources to address the most urgent ones and encourage action plans that solve community problems. The COMPASS NOW reports have been a resource in the Great Rivers region since the first needs assessment was conducted in 1995. The partnership creates synergy for promoting greater collaboration among those organizations working toward improving the health and well-being of the population. Membership was chosen to represent a wide cross section of community needs and expertise. (See Appendix B for complete membership information.) Click on the link to view the entire COMPASS NOW 2015 report.

The COMPASS NOW 2015 process used a variety of data collection methods to create an overall depiction of the issues facing our communities. These methods included a random household survey, convenience survey, community conversations and an extensive review of socioeconomic indicators, which provided an inventory of community resources.
**Household survey**
The COMPASS NOW 2015 community needs assessment included a random household survey to complement the socioeconomic indicators. The objective of the survey was to increase understanding of the community’s needs and its perceptions of the main challenges facing the region. Results from this survey were examined by respondent characteristics, as well as compared to the previous survey results. Of the 5,000 households that received the survey, 791 were returned and their responses analyzed. A complete description of the survey process and results can be found in the [COMPASS NOW 2015](#) report, pages 105-196.

**Community conversations**
Another way community feedback was gathered was through community conversations. These conversations were conducted in lieu of the focus groups that were conducted in the COMPASS NOW 2012 community needs assessment. These small-group gatherings were a safe space in which community members could share their thoughts and experiences about living in the Great Rivers Region.

Five community conversation sessions were held from May through October, 2015, and specifically targeted the African-American community, low-income adults, at-risk youth and the Hispanic community.

**Convenience sample**
In addition to the random household survey, the [COMPASS NOW 2015](#) community needs assessment also included a convenience sample that focused on specific subgroups in the Great Rivers Region. The objective of this sampling was to collect feedback from populations within the community that were potentially underrepresented in the 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 senior citizens. Results from this sampling were compared to the responses of the random household survey respondents in an attempt to determine any significant differences that existed between the general population and those in smaller subgroups within the community. In total, 753 community members shared feedback through the convenience sample process.

The top three health concerns identified in the [COMPASS NOW 2015](#) report were:
- Chronic disease
- Mental health
- Oral health

**Other data sources**
Along with reviewing the 2015 COMPASS NOW report, the attendees evaluated and discussed the county community health assessment, including a thorough review of primary and secondary data collected and community rankings provided by County Health Rankings. Launched in 2010, the County Health Rankings program aimed to produce rankings for all 50 states. County Health Rankings identify the multiple health factors that determine a county’s health status and indicate how health status can be affected by where we live. Factors that can determine the health status of a community include environment, education, jobs, individual behaviors, access to services and health care quality. (See
Appendix E for the 2015 Trempealeau County Health Rankings report.) Other data sources included in the Eau Claire County Community Health Assessment are the state health plan *Healthiest Wisconsin 2020*, U.S. Census, Behavioral Risk Factor Surveillance System, Youth Risk Behavior Surveillance System, Wisconsin Department of Public Health and other local and national sources.

**Prioritization process**
The CHNAC used these data sources and the *COMPASS NOW* report to compile a thorough listing of community health needs. Identified needs were evaluated using a matrix called the CHNA Process to Identify & Prioritize Needs. Each need was measured on a set of criteria, which then was given a ranking of high, medium or low for each criteria. The criteria used were: comparison to state and national goals, community impact, the organization’s ability to impact change, community readiness for change, gaps in community resources, and voice of local customer. (See Appendix D for the prioritization matrix.)
Addressing the Needs of the Community

Overview:
After completing an extensive analysis of the COMPASS NOW report, Healthiest Wisconsin 2020, County Health Rankings and other quantitative and qualitative data, the top community health needs identified as priorities for Mayo Clinic Health System – Oakridge were:

1. Mental health
2. Obesity
3. Chronic disease prevention and management

Identified Health Needs:
Mental Health
The mental health focus area refers to services and support addressing how we think, act and feel as we cope with life. Mental health is essential for personal well-being, caring family and interpersonal relationships, and meaningful contributions to society. Mental health conditions may include, but are not limited to, depression, anxiety, post-traumatic stress disorder and bipolar disorder.

Good mental health allows us to form positive relationships, use our abilities to reach our potential and deal with life’s challenges. Mental illnesses are medical conditions that impair a person’s thinking, mood, ability to relate to others and ability to cope with the daily demands of life.

Mental illnesses often are associated with physical health problems and risk factors, such as smoking, physical inactivity, obesity and substance abuse — factors that can lead to chronic disease, injury and disability. Additional information from the Healthiest Wisconsin 2020 plan can be found at https://www.dhs.wisconsin.gov/publications/p0/p00816-mental-health.pdf.

Data highlights from Community Health Assessment
Trempealeau County:
Population mental health is difficult to quantify outside of self-reported data. However, several measures can serve as proxy for mental well-being in a community, such as depression rates, provider-to-patient ratios and suicide information:

- According to the Centers for Medicare and Medicaid Services, 17.3 percent 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 percent.
- The average mental health provider-to-patient ratio for this region was 1,728 patients for every one mental health provider. This is highly disproportionate to the Wisconsin state ratio of 529:1.
- In 2014, suicide deaths in Trempealeau County were at 20.5 (per 100,000 population), which represented the highest rate of all five counties assessed for this report.
- In the last 12 months 12.2 percent of youth have considered suicide and 6.3 percent have attempted suicide.
- Of the respondents, 7 percent rated their overall mental health as “fair or poor,” 13 percent rated access to mental health care as “fair or poor,” and 39 percent rated their ability to pay for mental health care as “fair or poor”.

**Chronic disease prevention and management**

According to *Healthiest Wisconsin 2020*, the goals of chronic disease prevention and management are “to prevent disease occurrence, delay the onset of disease and disability, lessen the severity of disease, and improve the health-related quality and duration of the individual's life.”

Four health risk behaviors, which can be modified, are unhealthy diet, insufficient physical activity, tobacco use and secondhand smoke exposure, and excessive alcohol use. However, they are responsible for much of the illness, suffering and early death related to chronic diseases. Prevention is not always possible, so it is important that effective management of chronic disease be part of the health care system.

Although chronic diseases usually become clinically apparent in adulthood, the exposures and risk factors that precede disease onset occur at every stage of life. Childhood and adolescence are critical times to deliver and reinforce health education messages. (See Appendix E for the Trempealeau County Health Ranking data.)

Additional information included in the *Healthiest Wisconsin 2020 Health Focus Areas* report can be found here: [www.dhs.wisconsin.gov/hw2020/pdf/physicalactivity.pdf](http://www.dhs.wisconsin.gov/hw2020/pdf/physicalactivity.pdf)

Chronic diseases, such as heart disease, stroke, cancer, diabetes, asthma and arthritis, are among the most common and costly of all health problems in the United States. Currently, seven of the 10 leading causes of death in Wisconsin and the U.S. are due to chronic diseases, accounting for approximately two out of every three death nationwide.

*Data highlights from Community Health Assessment*

**Obesity**

Obesity is defined as the presence of excessive body fat, which can increase the risk of heart disease, high blood pressure, diabetes, cancer and other chronic diseases. A body mass index (BMI) over 30 is considered obese.

Obesity in our communities can contribute to increased medical costs and decreased productivity, resulting in significant economic impacts. The prevalence of Wisconsin adult obesity increased from 24 to 30 percent from 2004 to 2012 (Wisconsin Department of Health Services). Maintaining a healthy weight also is important for reducing the risk of developing chronic conditions that may have a major impact on quality of life. Healthy weight management promotes good mental health, better nutrition, physical activity and a longer life.

Obesity prevention focuses on increasing healthy eating habits and physical activity for our community members. However, busy lifestyles or lack of access to healthy food and recreational areas often are barriers to making healthy choices. To overcome these barriers, we must work to make the healthy...
choice the affordable and easy choice for everyone within our community. Additional information from the *Healthiest Wisconsin 2020* plan can be found at:

https://www.dhs.wisconsin.gov/publications/p0/p00816-physical-activity.pdf

and


**Data Highlights from Community Health Assessment**

Obesity is closely linked to many common chronic diseases, such as heart disease, high blood pressure and diabetes. Similar to statewide trends, obesity among adults in Trempealeau County has increased steadily over the past 10 years.

- Access to exercise opportunities: 62 percent vs. 81 percent statewide
- Adult obesity: 31 percent vs. statewide 29 percent
- Physical inactivity: 24 percent vs. 22 percent statewide
- Of the respondents, 7 percent rated their overall mental health as “fair or poor,” 13 percent rated access to mental health care as “fair or poor,” and 39 percent rated their ability to pay for mental health care as “fair or poor”.

**Health Needs Not Addressed:**

Through our assessment process, the CHNAC identified other community health needs that have not been addressed in this health improvement plan. In prioritizing needs, the CHNAC took into consideration other community organizations addressing the need in question, the core competencies of Mayo Clinic Health System and our ability to impact change, as well as the readiness of the community for interventions.

- **Access to dental care:** This is outside the expertise and resources available at the hospital.
- **Deaths caused by motor vehicle accidents:** Mayo Clinic Health System addresses this need through its bi-annual teen car-control class, however it’s most effectively addressed through other community agencies.
- **Alcohol and drug use/abuse:** Others agencies in the county are addressing these; they generally are out of scope for Mayo Clinic Health System.
- **Tobacco:** We continue to support the decrease in tobacco use through patient education.
Evaluation of Prior CHNA and Implementation Strategy

In 2013, Mayo Clinic Health System - Oakridge identified community engagement and wellness as a strategic priority, and work began to identify processes, programs, partnerships and sponsorships that would benefit our focus areas of physical activity, nutrition and chronic disease prevention and management.

Community Engagement and Wellness
A formal Community Engagement and Wellness Department (CEW) were created in 2014 with the primary focus of impacting change on the three identified health needs. The department has made significant strides in promoting capacity building, forming and growing community coalitions, building strong partnerships with local organizations and schools, increasing the number of community wellness activities for our residents and playing active roles in teams focused on improving health.

A CEW Committee, made up of organization leaders and others interested in community health, is charged with supporting the development and implementation of the organization’s community wellness and engagement strategy. Members help coordinate and implement wellness programs and work with community partners to bring programming and education to the Trempealeau County community.

A generous annual budget allows this team to provide support for existing community programs and to pay our employees to organize, implement and become trainers for evidence-based programming.

In 2015, our community health education programming reached more than 1,037 people in the community. Whether we were teaching children about healthy eating, sharing safety and chronic disease information or talking with seniors about healthy living, Mayo Clinic Health System wellness experts were out in full force.

Here is a snapshot of programs and activities created to impact our focus areas:

- Babysitter training. Youth ages 11 to 15 learn skills to be a confident baby sitter.
- Kids in the Kitchen. For children age seven and up. Children bring their parents to learn how to prepare a healthy meal from start to finish.
- Caring for My Family. For moms, dads, grandparents or child care providers to learn basic CPR, and how to administer first aid for cuts, burns, stings or bites. This class includes a discussion about symptoms of common childhood illnesses and how to manage them.
- Grocery Store Tour. Dietitians and health educators show attendees how to navigate the overwhelming aisles of food products so they can make healthy food choice and understand food labels.
- Fall Nature Tour. A guided nature hike along groomed trails to encourage outdoor activity during fall weather.
• Back to School Swim Fun. Before school is back in session, children meet their friends and enjoy free swimming and fun.
• Families Fishing for Fun. Families participate in a free fishing day, fishing education and fun.
• Train with the Merchants. Youth learn drills and interact with local baseball team.
• Winter Snowshoe Event. Families bundle up for a free winter wonderland hike and learn how to snowshoe.
• Stepping On classes. Seven-week, evidence-based prevention program works on improving balance, strength training, home environment safety and medication review.
• Living Well with Chronic Conditions. Participants learn about managing chronic conditions, such as diabetes, heart disease, arthritis to maintain an active and fulfilling life.
• Living Well with Diabetes. This seven-week workshop is for people 18 and older who have diabetes, pre-diabetes or live with someone who has diabetes. Participants learn about self-management to maintain an active and fulfilling life.

**Partnerships**

Partnerships with local organizations have only strengthened the impact of sharing healthy living messages in the community. In the past two years, relationships with the following organizations have been enhanced and/or developed:

• American Red Cross
• Hauge Memorial Library
• Heartbeat Center for Writing, Literacy and the Arts
• Mondovi School District
• Osseo-Fairchild School District
• Osseo Merchants baseball team
• Osseo Rod and Gun Club
• Trempealeau County Health Department
• Osseo Parks and Recreation
• Osseo City Hall

**Hometown Health Grant**

In 2015, we introduced a Hometown Health grant, thanks to the Mayo Clinic Health System — Eau Claire Foundation. This grant supports innovative efforts to improve nutrition, increase physical activity and reduce chronic disease in local schools, workplaces and neighborhoods. It works in partnership with community-based organizations and residents to translate their vision for healthy communities into visible, concrete changes — and ultimately a healthier hometown.

In 2015, More than $182,000 in grant money was awarded to nine nonprofit organizations in our service area. The program opened to applicants in January, and funds were awarded in June.

• City of Eau Claire: Outdoor Fitness Zone at Owen Park, $25,000
• Eau Claire YMCA: YMCA Healthy Living, $25,000
• Boys and Girls Club of Chippewa, Dunn and Eau Claire counties: Drug, Alcohol & Positive Behavior Program, $25,000
- Barron Boys & Girls Club: Healthier Out of School Time (HOST), $25,000
- Stepping Stones of Dunn County: Project Share a Meal, $25,000
- Feed My People Food Bank of western Wisconsin: Nutritious Foods for All, $20,000
- Barron County Health & Human Services: Diabetes Prevention Program, $15,000
- Junior League of Eau Claire: Kids in the Kitchen, $12,000
- Community Table of Eau Claire: Senior Meals Project, $10,634

In 2016, $200,000 in grant money was awarded to support efforts to improve nutrition, increase physical activity and reduce chronic disease.

- Aging & Disability Resource Center of Barron, Rusk and Washburn Counties: Wisconsin Music and Memory Program, $25,000
- Altoona Elementary School: Four Seasons of Fun Fitness Trail, $20,000
- Bloomer City Park: Outdoor Fitness Path and Circuit, $20,000
- Boys & Girls Club of Greater Chippewa Valley: Healthy Lifestyles – Nutrition & Physical Fitness Program, $20,000
- Chippewa Valley Free Clinic: Reducing Obesity in a High-Risk Population, $14,000
- Chippewa Valley Montessori: Outdoor Environmental Project, $13,000
- Feed My People Food Bank: Produce Initiative, $20,000
- Junior League of Eau Claire: Kids in the Kitchen, $8,000
- School District of Augusta: Food – Small Choices, Big Changes, $16,000
- School District of Menomonie: Partners for Resilience, $24,000
- Stepping Stones of Dunn County: Project Share a Meal, $20,000

We plan to offer grants yearly. We know that by investing in our community partners, we can make a bigger impact in improving the health of all in the area.

While it may be premature to measure significant behavioral change in our community, at this point, we believe these efforts have made an impact in raising awareness that health is more than the absence of illness. It includes an environment that supports the physical, emotional and social well-being of those who live, work and play here.
Appendix A: Demographic Data

Trempealeau County
Population: 28,816
Population in poverty: 11.9 percent
Unemployment rate: 5.6 percent
Uninsured ages 18-64: 12.2 percent
Uninsured under age 18: 10 percent
Adults 25+ years with a high school education or less: 55.3 percent

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

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<tr>
<th>Great Rivers Region: Demographics</th>
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<tr>
<td>County/Demographic</td>
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<tr>
<td>Total Population</td>
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<tr>
<td>Population in Poverty</td>
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<tr>
<td>Unemployment Rate</td>
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<tr>
<td>Uninsured Ages 18-64*</td>
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<tr>
<td>Uninsured Under age 18</td>
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<tr>
<td>Adults Ages 25+ with High School Education or Less</td>
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<th>Primary Language Spoken in Home</th>
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<td>English</td>
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<td>Spanish/Creole</td>
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<td>Indo-European</td>
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<tr>
<td>Asian and Pacific Island</td>
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<tr>
<td>Other Languages</td>
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Source: [factfinder.census.gov/faces/nav/jsf/pages/index.xhtml](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: [www.countyhealthrankings.org/our-approach/health-factors/access-care](http://www.countyhealthrankings.org/our-approach/health-factors/access-care)
2015 County Health Rankings

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.
Appendix B: Individuals Involved in CHNA

**COMPASS NOW chair**
Doug Mormann

**COMPASS NOW coordinator**
Aubrey Stetter-Hesselberg, Great Rivers United Way

**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 UW Extension
- Joan Mueller, Mayo Clinic Health System
- Eric Prise, Tomah Memorial Hospital
- Heather Quackenboss, La Crosse Community Foundation
- Brenda Rooney, Gundersen Health System
- Sarah Spah, Mayo Clinic Health System
- Shelly Teadt, Couleecap
- Mary Kay Wolf, Great Rivers United Way

**Community Council**
- Carol Abrahamzon, Mississippi Valley Conservancy
- Cecil Adams, African-American Mutual Assistance Network
- Valjean Adams, Clara Fields Multicultural Literacy Program
- Toni Asher, Pump House Regional Arts Center
- Kim Cable, Couleecap
- Anna Cardarella, Western Dairyland
- Fai DeMark, Consumer Credit Counseling Service of La Crosse
- Mike Desmond, Boys & Girls Clubs of Greater La Crosse
- Lori Dubczak, Independent Living Resources
- Jackie Eastwood, La Crosse County Area Planning Committee
- Tom Faella, La Crosse County Administrative Center
- Ashley Foreman, Marine Credit Union
- Charlie Handy, La Crosse County Planning/Community Development
- Mary Jacobson, Catholic Charities
- Ann Kappauf, New Horizons Shelter & Outreach Centers
- Lisa Luckey, La Crosse Area Family YMCA
- Audra Martine, Aging & Disability Resource Center of Western Wisconsin
- Julie Nelson, The Salvation Army of La Crosse
- Wes Revels, Great Rivers United Way Board of Directors
- Jamie Schloegel, Family & Children’s Center
Greg Stangl, La Crosse County Land Conservation
Joshua Walden, Crossfire
Erin Waldhart, WAFER Food Pantry
Jason Witt, La Crosse County Human Services Department
Sara Wrobel, Causeway Caregivers

Education Council
Cecil Adams, African-American Mutual Assistance Network
Valjean Adams, Clara Fields Multicultural Literacy Program
William Colclough, University of Wisconsin-La Crosse
Tracy Craker, Western Technical College
Jerilyn Dinsmoor, La Crosse Promise
John Hendricks, Sparta Area School District
Tracy Herlitzke, Cooperative Educational Service Agency (CESA) #4
Karen Joos, community volunteer
Pat Kerrigan, Viterbo University
Laura Pettersen, Scenic Bluffs Area Health Education Center
Kari Reyburn, Western Technical College
Steve Salerno, School District of La Crosse
Beth Theede, La Crescent-Hokah Public Schools
Audra Wieser, The Parenting Place

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
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Appendix C: Data Sources

http://www.countyhealthrankings.org/app/wisconsin/2015/rankings/trempealeau/county/outcomes/overall/snapshot
http://www.census.gov/quickfacts/table/PST045215/55121.00
http://www.greatriversunitedway.org/Compass2015/#p=43
## Appendix D: Prioritization Matrix

<table>
<thead>
<tr>
<th>Community Need</th>
<th>Comparison to State and National Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>How is Eau Claire County doing in comparison to Wisconsin and national performance?</td>
</tr>
<tr>
<td>Community Impact</td>
<td>How is Eau Claire County currently and in the future going to be affected by the health priority in terms of:</td>
</tr>
<tr>
<td></td>
<td>- Number of people affected</td>
</tr>
<tr>
<td></td>
<td>- Costs associated in not doing something (health care, lost work, supportive living)</td>
</tr>
<tr>
<td></td>
<td>- Severity of the condition (chronic illness, disability, death)</td>
</tr>
<tr>
<td></td>
<td>- Impact on quality of life</td>
</tr>
<tr>
<td>Ability to Impact</td>
<td>Are there know strategies to make a difference?</td>
</tr>
<tr>
<td>Are there adequate resources available in Eau Claire County to address the health priority?</td>
<td></td>
</tr>
<tr>
<td>Are there adequate internal resources available to address the health priority?</td>
<td></td>
</tr>
<tr>
<td>Community Readiness</td>
<td>Is the community ready to address the health priority in terms of:</td>
</tr>
<tr>
<td>- Stakeholders awareness of concern</td>
<td></td>
</tr>
<tr>
<td>- Community organization receptiveness to addressing the health priority</td>
<td></td>
</tr>
<tr>
<td>- Citizens being somewhat open to hearing more about the health priority</td>
<td></td>
</tr>
<tr>
<td>Gaps in Community</td>
<td>Is there a gap(s) in community efforts to address the health priority?</td>
</tr>
<tr>
<td>Voice of Local Customer</td>
<td>Did focus groups identify this as an issue?</td>
</tr>
<tr>
<td>Did survey data identify this as an issue?</td>
<td></td>
</tr>
<tr>
<td>Did conversations with people who represent the community served identify this as an issue?</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix E: County Health Rankings

<table>
<thead>
<tr>
<th></th>
<th>Trempealeau County</th>
<th>Error Margin</th>
<th>National Benchmark*</th>
<th>Wisconsin</th>
<th>Rank (of 72)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Outcomes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premature death</td>
<td>6050</td>
<td>4958-7142</td>
<td>5,200</td>
<td>5,881</td>
<td></td>
</tr>
<tr>
<td>Morbidity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>16%</td>
<td>10-24%</td>
<td>10%</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>3.8</td>
<td>2.4-5.3</td>
<td>2.5</td>
<td>3.2</td>
<td></td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>2.6</td>
<td>1.7-3.4</td>
<td>2.3</td>
<td>3.0</td>
<td></td>
</tr>
<tr>
<td>Low birth weight</td>
<td>5.8%</td>
<td>5.0-6.7%</td>
<td>5.9%</td>
<td>7.0%</td>
<td></td>
</tr>
<tr>
<td><strong>Health Factors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health behaviors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult smoking</td>
<td>19%</td>
<td>13-27%</td>
<td>14%</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Adult obesity</td>
<td>30%</td>
<td>24-37%</td>
<td>25%</td>
<td>29%</td>
<td></td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>24%</td>
<td>19-31%</td>
<td>0%</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>Excessive drinking</td>
<td>24%</td>
<td>17-33%</td>
<td>10%</td>
<td>24%</td>
<td></td>
</tr>
<tr>
<td>Motor vehicle crash death rate</td>
<td>28</td>
<td>20-35</td>
<td>12</td>
<td>15</td>
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</tr>
<tr>
<td>Sexually transmitted infections</td>
<td>212</td>
<td></td>
<td>136</td>
<td>414</td>
<td></td>
</tr>
<tr>
<td>Teen birth rate</td>
<td>30</td>
<td>26-35</td>
<td>20</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td><strong>Clinical Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td>11%</td>
<td>10-12%</td>
<td>11%</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>3255:1</td>
<td>1045:1</td>
<td>1215:1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td>59</td>
<td>51-68</td>
<td>41</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>Diabetic screening</td>
<td>92%</td>
<td>80-100%</td>
<td>90%</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>Mammography screening</td>
<td>74.1%</td>
<td>62.9-85.3%</td>
<td>70.7%</td>
<td>70.2%</td>
<td></td>
</tr>
<tr>
<td><strong>Social &amp; economic factors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school graduation</td>
<td>93%</td>
<td></td>
<td></td>
<td>88%</td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>58.7%</td>
<td>55.3-62%</td>
<td>71%</td>
<td>65.9%</td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td>5.5%</td>
<td></td>
<td>4.0%</td>
<td>6.7%</td>
<td></td>
</tr>
<tr>
<td>Children in poverty</td>
<td>15%</td>
<td>11-19%</td>
<td>13%</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Inadequate social support</td>
<td>23%</td>
<td>16-33%</td>
<td>14%</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>29%</td>
<td>25-33%</td>
<td>20%</td>
<td>31%</td>
<td></td>
</tr>
<tr>
<td>Violent crime rate</td>
<td>50</td>
<td></td>
<td>59</td>
<td>255</td>
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<tr>
<td><strong>Physical environment</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air pollution-particulate matter days</td>
<td>11.8</td>
<td></td>
<td>9.5</td>
<td>11.5</td>
<td></td>
</tr>
<tr>
<td>Air pollution-ozone days</td>
<td>0</td>
<td></td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Access to recreational facilities</td>
<td>4</td>
<td></td>
<td>16</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Limited access to healthy foods</td>
<td>0%</td>
<td></td>
<td>0%</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Fast food restaurants</td>
<td>36%</td>
<td></td>
<td>25%</td>
<td>41%</td>
<td></td>
</tr>
</tbody>
</table>

* 90th percentile, i.e., only 10% are better

Note: Blank values reflect unreliable or missing data