



# Community Health Needs Assessment



Franciscan Healthcare in La Crosse  
December 2019

**Contents**

Executive Summary ..... 3

Overview..... 7

Assessing the Needs of the Community – COMPASS Now Report ..... 8

Addressing the Needs of the Community ..... 10

Evaluation of Prior CHNA and Implementation Strategy ..... 12

Attachment A..... 14

Attachment B..... 15

## **Executive Summary**

### ***Enterprise Overview***

Mayo Clinic is a nonprofit, worldwide leader in patient care, research and medical education, with nearly 150 years of expertise. 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 at many campuses and facilities, including 20 hospitals in communities in the United States, including Arizona, Florida, Iowa, Minnesota and Wisconsin.

A significant benefit that Mayo Clinic provides to all communities, local and global, is the results of its education and research endeavors. Mayo Clinic reinvests its net operating income to advance breakthroughs in treatments and cures for all types of human disease, and quickly brings this new knowledge to patient care. With 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 models to improve quality, efficiency and accessibility in health care delivery to people everywhere.

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.

### ***Entity Overview***

Mayo Clinic Health System (MCHS) – Franciscan Healthcare provides community-based care at facilities across Southwestern Wisconsin, Southeastern Minnesota and Northeastern Iowa. Employing more than 3000 people, including 200 providers, MCHS – Franciscan Healthcare is one of the region's largest employers.

#### **Locations**

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

#### **Care and services**

Patient care and services are provided at hospitals in La Crosse and Sparta, and at nine community clinics.

The La Crosse hub offers a full spectrum of health care services, including family medicine, behavioral health, emergency and urgent care, surgery, obstetrics and gynecology, neonatal special care, cancer treatment, medical imaging, occupational medicine, home medical equipment, pharmacy and lab. The Sparta location is a critical access hospital offering family medicine, emergency services, general surgery and an inpatient 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 professionals team with scientists at Mayo Clinic and research centers across the country to evaluate new treatments and make cutting-edge technologies available to our patients. A variety of clinical trials related to breast cancer, other cancers, heart disease, geriatrics and other fields are available.

### **Community benefit**

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

Both the Sparta and La Crosse hospital campuses host free clinics, operated under the name St. Clare Health Mission. A volunteer medical staff provides care for uninsured and underinsured individuals who aren't eligible for government-funded medical assistance programs.

MCHS – Franciscan Healthcare is a founding partner of the La Crosse Medical Health Science Consortium. The Consortium works to build healthier communities through collaboration. It facilitates health care career programs, cultural competency education and significant community health improvement projects, including Better Together, an eight-year, \$1.5 million initiative to improve the mental health of La Crosse County residents by reducing the risk of depression in youth ages 12 to 18.

MCHS – Franciscan Healthcare's approach to community wellness includes a focus on healthy food and gardening programs, including:

- Promotion of local, sustainable food systems to address issues of obesity, chronic disease and food security
- Support for numerous area food pantries
- Collaborative efforts with the University of Wisconsin – La Crosse, University of Wisconsin Extension, Monroe County Health Department, La Crosse County Health Department, Hillview Urban Agriculture Center, GROW La Crosse, the Boys & Girls Clubs of Greater La Crosse and Sparta, and other organizations and agencies
- Donations of space for community gardens on the La Crosse and Onalaska campuses, with 10% of the produce donated to local food pantries
- A mobile teaching kitchen used to engage community members in easy ways to prepare fresh, tasty, inexpensive and healthy meals

Mental health and substance abuse continue to be areas of concern across Mayo Clinic Health System – Franciscan Healthcare's service area. The organization addresses these pervasive and challenging issues through program funding and partnerships with numerous agencies and

organizations. Of special note is the Alliance to HEAL, a collaborative focusing on the opioid crisis led by the La Crosse Community Foundation, Gundersen Health System, Mayo Clinic Health System, and the La Crosse County Health Department.

### ***Summary of Community Health Needs Assessment***

The triennial COMPASS Now report, a comprehensive assessment of community needs facilitated by Great Rivers United Way, serves as the basis for the Sparta hospital's Community Health Needs Assessment (CHNA). COMPASS Now 2018 is the report's sixth edition, with previous reports published in 1995, 2001, 2007 and 2012 and 2015. COMPASS Now 2018 assessed needs in a six-county area.

Production of COMPASS Now 2018 was led by Great Rivers United Way, with the support and engagement of MCHS – Franciscan Healthcare, other area health care organizations and five county health departments.

Under the direction of the COMPASS Now 2018 steering committee (see Attachment A), a broad spectrum of community information was gathered via four methods:

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

Widespread community involvement was integral to producing COMPASS NOW 2018. A broad cross-section of people contributed to the results through completion of the household survey, participation in the convenience sampling, participation in focus groups or community conversations, or serving as a COMPASS Now steering committee or council member.

In the end, COMPASS Now 2018 identified these priorities for the six-county region as well as for each county within the region:

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

**Overview**

The Mayo Clinic Health System – Franciscan Healthcare hospital in La Crosse is in the southwestern corner of La Crosse County. Eight-five percent of all hospital patients reside within the six counties assessed in COMPASS Now 2018. Slightly more than 50% of patients cared for by the hospital reside in La Crosse County, with 14% residing in Monroe County.

**Demographics**

Below are key data points for Monroe County and La Crosse County.

|   | <b>Monroe County</b> | <b>La Crosse County</b> |
|---|----------------------|-------------------------|
| Population age 25 - 64                    | 52%                  | 49%                     |
| Population non-white race                 | 5.90%                | 8.5%                    |
| Population with some college or higher    | 49%                  | 67%                     |
| Population with health insurance coverage | 89%                  | 94%                     |
| Households with children                  | 29%                  | 26%                     |
| Population living in a rural area         | 58%                  | 17%                     |
| Median household income                   | \$53,000             | \$51,400                |

La Crosse County is mostly urban, while more than half of Monroe County is rural. The median household income for both counties falls below the Wisconsin median household income of \$55,600. The racial make-up of both counties is predominantly white. In La Crosse County, people of Hmong or Asian origin comprise the second-largest group at 4.6% of the population. People of Hispanic or Latino origin comprise the second-largest group in Monroe County at 4.5% of the population.

## **Assessing the Needs of the Community – COMPASS Now Report**

The COMPASS Now report is a comprehensive community needs assessment facilitated by Great Rivers United Way and serves as the basis for the Sparta Hospital's CHNA. MCHS – Franciscan Healthcare is a member of the coalition that produces COMPASS Now. Other members are:

- 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

### **Community input**

A needs assessment is a systematic process for determining needs, or gaps, between current conditions and desired conditions. It can help identify problems, which can help people determine resources and plan and implement solutions to address the problems.

Every three years, Great Rivers United Way organizes a steering committee to help guide the COMPASS Now community needs assessment. The steering committee includes community members from the six Great Rivers Region counties (Buffalo, La Crosse, Monroe, Trempealeau and Vernon counties in Wisconsin, and Houston County in Minnesota), as well as representatives from public health departments, local hospitals and human services organizations. It's tasked with determining the details of the process. Following is an overview of the process used for the COMPASS Now 2018, based on the Wisconsin guidebook on improving the health of local communities developed by the Wisconsin Association of Local Health Departments and Boards (WALHDAB).



**COMPASS Now - Step 1: Gathering information on needs**

The needs assessment process used many sources of information to understand the region’s needs.

The key data source was the Random Household Survey (RHS). The RHS was mailed to a random selection of 5,450 households throughout the region in July and August 2016. After reviewing the demographics of the RHS, the steering committee determined whose voices were missing. A plan was developed to conduct a Convenience Survey (CS) to capture the opinions of the groups of people who did not respond to the RHS to ensure their voice was heard. These are called Convenience Surveys because they’re collected in a non-random way – surveys are given to people that are easy to reach. Due to this difference, the CS data are separate from the RHS results. Steering committee members and other community partners collected responses to the CS. The Data Workgroup oversaw analysis of the data and reviewed the results under the guidance of Dr. Laurie Miller at the University of Wisconsin-La Crosse.

| <b>Random Household Survey Response Rates by County</b> |  |   |                      |
|---|--|---|----------------------|
| <b>County</b>   | <b># of Households Received Survey</b> | <b># of Households Returned Survey*</b> | <b>Response Rate</b> |
| <b>Buffalo</b>  | 450                                    | 51                                      | 12.1%                |
| <b>La Crosse</b>  | 2,400                                  | 292                                     | 12.2%                |
| <b>Monroe</b>   | 900                                    | 86                                      | 9.6%                 |
| <b>Trempealeau</b>                                      | 600                                    | 85                                      | 14.2%                |
| <b>Vernon</b>   | 650                                    | 87                                      | 13.4%                |
| <b>Houston</b>  | 450                                    | 62                                      | 13.8%                |
| <b>No County Indicated*</b>                             | -                                      | 9                                       | -                    |
| <b>Total</b>  | 5,450                                  | 672                                     | 12.2%                |

\*Nine surveys were returned without county or ZIP code identification.

As part of the COMPASS Now 2018 process, organizations were asked to reach out to and share their expertise about populations that may be under-represented. Local organizations were asked to gather input from under-represented constituents through Convenience Survey responses, focus groups, and/or attendance at stakeholder meetings. Populations targeted included people with disabilities, seniors, people with low incomes, children-youth-families, racial and ethnic minorities, victims of domestic violence-sexual violence-trafficking, and the LGBTQ+ community.

To add to the survey data, the Data Workgroup was tasked with collecting existing data from federal, state, and local sources. These data included information about demographics, health, social factors, economic factors, and many other topics.

Because numbers-based data only tells part of a story, the needs assessment process also included holding county-based focus groups. Focus groups are usually small groups of people whose opinions are gathered through a guided discussion. Focus groups were held in all six counties and with general community members, students, family advisory councils, Latino community members, service providers, and Hmong community members. Data from all the sources discussed above is used throughout this report.

### ***COMPASS Now - Step 2: Reviewing and prioritizing needs***

The steering committee and Data Workgroup reviewed all of the data collected in Step 1 and organized it into understandable presentations that were shared at stakeholder meetings. To determine regional and county-specific needs, the needs assessment process included stakeholder meetings. The meetings presented data that had been gathered about each county and the region. Community members at the meetings generated ideas about the top needs of their community and voted to prioritize the needs based on the data presented and their personal knowledge of the community. Results were tabulated, and the top needs were identified for each county and the region; the regional priorities were determined by combining all of the county-level and regional results.

### ***COMPASS Now - Step 3: Document results***

A writer for the report was hired by the steering committee and assigned to synthesize all the data that had been gathered and document the prioritized needs.

The results of the needs assessment are used by Great Rivers United Way, health care organizations, area foundations, county health departments, and other community organizations to identify community resources and encourage action to improve the quality of life for everyone in the region.

The 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**

On May 30, 2019, the La Crosse hospital convened an internal committee (see Attachment B) to review the COMPASS Now 2018 findings for the six-county region, with additional consideration given to the data for La Crosse County where slightly more than half of the hospital's patients reside. The internal committee recommended three top priority health needs to be the focus of the hospital's 2020-2022 CHNA implementation strategy, based on their knowledge of the hospital's expertise, resources and ability to affect change. These needs, in order of priority, are:

1. Increased access to mental health care
2. Reduced drug and alcohol use and misuse
3. Increased well-being of children and youth

On December 12, 2019, the Franciscan Healthcare Medical Center Board of Directors unanimously adopted the recommended priorities and approved the 2019 La Crosse Hospital CHNA Report.

The hospital did not adopt and will not specifically address three other needs identified in the CHNA as regional and/or La Crosse County priorities, due to lack of expertise and a desire to focus its limited resources. Requests for financial support or Mayo staff engagement for community initiatives addressing these needs will be considered. The needs not adopted were:

- Lack of livable wage jobs
- Increased wrap-around supports throughout the lifespan
- Increased inclusion of socially diverse people

### **Resources available to address the identified needs**

#### *Increased access to mental health care:*

- Clinics and hospitals
- Counseling centers
- Crisis support through call-in and drop-in centers
- Peer support programs
- County health and human services departments
- Schools
- Mental health coalitions
- Trauma-informed community project

#### *Reduced drug and alcohol use and misuse:*

- Coalitions
- Health and Human Services Departments
- Coulee Council on Addictions
- Recovery centers
- Schools
- Churches/faith communities
- Prescription drug drop-offs
- Drug (treatment) courts
- Alliance to HEAL
- Police programs (such as compliance checks)
- Peer support programs
- Medical center programs
- Burden of at-risk alcohol use and abuse report

*Increased well-being of children and youth:*

- La Crosse County Human Services
- Family & Children's Center
- Higher education
- Boys & Girls Clubs
- Big Brothers Big Sisters
- Child Maltreatment Conference
- The Good Fight
- YWCA
- La Crosse Area Health Initiative
- La Crosse Area Family Collaborative
- La Crosse County Prevention Network
- Trauma-informed care training
- Community resource (police) officers
- WAFER Food Pantry
- Hunger Task Force
- Hospitals and clinics
- La Crosse Collaborative to End Homelessness
- Parks and Rec
- Peace of Mind Counseling
- Head Start
- Faith communities
- YMCA Teen Center
- The Parenting Place
- Juvenile System of Care

## **Evaluation of Prior CHNA and Implementation Strategy**

The La Crosse hospital published its 2016 CHNA report on October 31 of that year. To date, no written public comments have been received regarding the report or its corresponding implementation plan.

### **Prioritized needs & objectives identified in the hospital's 2016 CHNA:**

- *Chronic Disease & Contributing Factors\** – Reduce the incidence and impact of chronic disease through increased adoption of healthy lifestyles.
- *Mental Health and/or Substance Abuse\** – Increase community resources for individuals and families affected by mental health and/or substance abuse concerns.

*\*needs were assigned equal priority*

**Identified needs not addressed in the implementation strategy:** While identified as a priority need, oral health was not addressed by the La Crosse hospital due to lack of expertise or resources in this area. Consideration was given to initiatives seeking to address oral health needs in the community.

**Evaluation:** During the three-year span of the implementation plan, the La Crosse hospital addressed the prioritized needs via patient care services, community engagement and community investment. Through this approach the hospital contributed to the overall health of the community by delivering high-quality medical care, providing health education, promoting healthy behaviors and building partnerships with like-minded organizations to address community health needs on a larger scale.

Community partnerships proved an effective means to stretch resources and reach more people. As an active participant in numerous partnerships, the La Crosse hospital provided monetary support, health care staff to facilitate the work of partnerships, and medical expertise.

During 2018, for example, the La Crosse hospital engaged more than 150,000 people in the community and provided more than \$1.6 million in reportable community benefit to improve the overall health of people in the greater La Crosse community.

During the past three years, significant work has been done to understand the nature and scope of these needs and engage the entire community in reducing the stigma of mental illness, connecting individuals with substance abuse disorders with local resources, and preventing substance abuse disorders. The hospital will continue to devote resources and collaborate with other organizations and agencies to address these priority health needs.

The other priority identified in the 2016 CHNA, chronic disease and contributing factors, remains a community concern, but wasn't among the priority health needs identified in the 2019 CHNA.

## **Attachment A**

### **COMPASS Now 2018 steering committee**

Barb Barczak, Trempealeau County Health Department  
Pauline Byom, MCHS  
Jessie Cunningham, Vernon Memorial Healthcare  
Kayleigh Day, Monroe County Health Department  
Karen Ehle-Traastad, Vernon County UW-Extension  
Liz Evans, Great Rivers United Way  
Sarah Havens, Gundersen Health System  
Dan Howard, Gundersen St. Joseph's Hospital and Clinics  
Beth Johnson, Vernon County Health Department  
Mary Kessens, Aptiv, Inc.  
Catherine Kolkmeier, La Crosse Medical Health Science Consortium  
Joe Larson, La Crosse County Health Department  
April Loeffler, Buffalo County Health Department  
Lindsay Menard, La Crosse County Human Services  
Heather Myhre, Houston County Health Department  
Eric Prise, Tomah Memorial Hospital  
Jen Rombalski, La Crosse County Health Department  
Shelly Teadt, Couleecap  
Mary Kay Wolf, Great Rivers United Way

## **Attachment B**

### **Internal review committee**

Josh Court, operations manager, Behavioral Health  
Eric Erickson, vice chair, Primary Care  
Chrissy Feller, operations administrator, Behavioral Health  
Peter Grabow, operations administrator  
Lori Freit-Hammes, MPH, director, Health Promotion  
Tanner Holst, vice chair, Behavioral Health  
Katie McFadyen, manager, Quality Management Services  
John Merfeld, MD, director, Family Medicine Residency  
Tia Meyer, hospital operations administrator  
Paul Mueller, MD, MPH, MCHS regional vice president  
Amy Noel, hospital vice chair  
Heidi Odegaard, CHES, specialist, Community Engagement  
Ashley Santolin, specialist, Community Engagement  
Jeanine Scherbring, director, Medical Social Services  
Cindy Shireman, specialist, Community Engagement  
Sarah Trane, PhD, Child Psychology  
Teri Wildt, director, Community Engagement