



Community Health Needs Assessment



Mayo Clinic Health System in Oakridge
November 2019

Contents

Executive Summary 3

Our Community 6

Assessing the Needs of the Community 9

Addressing the Needs of the Community 13

Evaluation of Prior CHNA and Implementation Strategy 17

References 19

Appendix A: Demographic Data 20

Appendix B: Individuals Involved 21

Appendix C: County Health Rankings 24

Appendix D: Data Sources 29

Executive Summary

Enterprise Overview

Mayo Clinic is a not-for-profit organization committed to inspiring hope and contributing to health and well-being by providing the best care to every patient through integrated practice, research and education. Mayo Clinic serves more than 1.3 million patients annually from communities around 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 located in communities throughout the United States, including Arizona, Florida, Minnesota, Wisconsin and Iowa.

A significant benefit that Mayo Clinic provides to all communities, local and 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. 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. Mayo Clinic's Center for the Science of Health Care Delivery works to innovate and validate effective, affordable and accessible health care delivery models to improve health care for people everywhere.

This Community Health Needs Assessment (CHNA) allows Mayo Clinic to better understand local health needs, informing its strategies and partnerships to benefit community health and advance its mission.

Entity Overview

Mayo Clinic Health System (MCHS) was created to fulfill Mayo Clinic's commitment to bring quality health care to local communities. MCHS is a family of clinics, hospitals and health care facilities serving more than 70 communities in Iowa, Minnesota and Wisconsin. It includes more than 900 providers serving more than half a million patients each year. As part of Mayo Clinic, MCHS provides a full spectrum of health care options to local neighborhoods, ranging from primary to highly specialized care. MCHS is recognized as one of the most successful regional health care systems in the U.S.

MCHS was developed to bring a new kind of health care to communities. By putting together integrated teams of local doctors and medical experts, the system has opened the door to information sharing in a way that allows MCHS to keep family, friends and neighbors healthier than ever before.

The system also 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.

Mayo Clinic Health System in Oakridge is an 18-bed critical-access hospital located in Osseo, Wisconsin. Since 1964, the hospital has been dedicated to promoting health and meeting the health care needs of its patients.

Osseo is part of the Northwest Wisconsin (NWWI) region of MCHS, which includes hospitals in Barron, Bloomer, Eau Claire and Menomonie. MCHS in Osseo supports the community through inpatient and outpatient services, as well as health and wellness.

In 2018, MCHS in Osseo provided \$1.3 million in charity care, more than \$930,079 million in Medicaid shortfall and more than \$1.16 million in bad debt. The hospital contributed more than \$3,800 through philanthropic donations to support programs, including the American Cancer Society, as well as Junior Achievement, schools and community events.

The organization also provides a wide range of wellness and prevention programs for the community, including free classes on CPR, suicide prevention, container gardening, family swim, cooking classes, Know Your Numbers screening, snowshoe hikes, etc. Nearly 400 residents were reached by these events in 2018.

Health education is also communicated through numerous blog postings, newsletter articles and informal presentations. Through online tracking and other measures, it was estimated MCHS reached another 700 residents by providing health information on topics affecting immediate health issues and helpful tips on general wellness in 2019.

For the past 17 years, the organization has matched families in need with interested departments that buy, wrap and deliver Christmas gifts to them. In 2018, more than 50 families were recipients of these presents.

The hospital also is a place of learning for many physicians, nurses, chaplains and pharmacists. In 2018, the cost of hosting these educational programs was valued at more than \$140,000.

The MCHS Community Health Needs Assessment (CHNA) process advances and strengthens our commitment to community health and wellness activities by focusing on high-priority community needs and bringing additional ones to light.

Summary of Community Health Needs Assessment

The MCHS in Oakridge community assessment process was led by a multisector community collaborative, *COMPASS Now 2018*. *COMPASS Now* 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 purpose of *COMPASS Now* is to assess the needs in the community, identify community resources to address the most urgent needs, and encourage action to address the needs. MCHS is an active partner in the *COMPASS Now* collaborative and harnesses findings of the *COMPASS Now 2018* report to shape its own priorities.

The primary input into the Trempealeau County assessment and prioritization process was the *COMPASS Now 2018* report, which was completed in 2018. This report was created through a joint effort of many different organizations and multiple community members working together

to address the top health priorities in the community. Led by the *COMPASS Now 2018* team, this effort began with evaluating community health in order 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, were also taken into consideration.

COMPASS Now 2018 gathered data through:

- Random household survey
- Convenience survey
- Analysis of key socioeconomic indicators
- Community conversations with underrepresented individuals who were surveyed among the random household respondents

Reviewing and prioritizing needs included developing data-focused presentations that were shared at county and regional stakeholder meetings. Then, community members who attended the meetings generated the needs and voted on the most important ones. This community engagement activity created a systematic approach for identifying the top health needs and using a prioritization process to determine the top health priorities of the greater Trempealeau County area.

Within the top-five priority areas of the assessment process, more livable wage jobs, increased inclusion of socially diverse people, and increased high-quality opportunities for teenagers and people in their 20s were also identified. MCHS believes it will have an impact in these areas as part of its strong organizational commitment to diversity and its workforce recruitment and retention strategies but won't retain these priorities as part of its community health action plan. Maintaining focus on three of the priority health areas is a more manageable scope for MCHS in achieving impact.

An extensive analysis of the *COMPASS Now 2018* report, *Healthiest Wisconsin 2020* and other quantitative and qualitative data inputs identified the priority community health focus areas for Trempealeau County and MCHS in Oakridge. Each of these areas is equally important, but they're ranked in order of priority:

1. Mental health
2. Substance abuse and alcohol misuse
3. Chronic disease and obesity

Prioritizing these focus areas complements the findings of the *COMPASS Now 2018* report, aligns with core competencies of MCHS in Oakridge and bolsters the synergy of efforts underway by MCHS across the NWWI region to achieve greater impact in the county.

MCHS in Oakridge published its 2016 CHNA report on October 31 of that year and to date, no written public comments have been received about the report or its corresponding implementation plan.

Our Community

Geographic Area

MCHS in Oakridge is part of the Great Rivers region located in western Wisconsin and southeastern Minnesota. The region is made up of La Crosse, Monroe, Trempealeau, Vernon and Houston counties. MCHS in Oakridge is in Trempealeau County, its primary service area.

For the purpose of this assessment, MCHS in Oakridge's community is defined geographically as Trempealeau County since this is where the majority of the hospital's patients reside.



Demographics

Osseo has a population of 1,701; Trempealeau County has a population of 29,442 and is considered 90% 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% in the 2000 Census to 8.4% in 2018.

Overall, the population of the county is aging. The 65+ age group is the fastest-growing group in the MCHS in Oakridge service area. It's estimated to grow 121% from 2000-2050, compared to the next fastest-growing age group, 45-64, which is estimated to grow 24% 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.)

The largest employers in Trempealeau County include manufacturing, trucking and health care facilities.

Health providers

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

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

Mental health services

- Trempealeau County Healthcare Center, Whitehall
- Trempealeau County Healthcare Center, Independence
- NAMI Trempealeau County, Whitehall
- Crisis & Human Services, Whitehall

Dental clinics

- Baxa Dental Inc., Independence
- Brian Underwood, DDS, Strum
- Richard B. Brown, DDS, Osseo
- Galen R. Koxlien, DDS, Galesville
- Midwest Dental, Holmen
- River Town Dental, Holmen
- Arcadia Dental Clinic
- Sciascia Dental, Osseo
- Midwest Dental, Strum
- Matthews Family Dental, Whitehall
- Vogel Family Dentistry, Osseo

Nursing homes

- Dove Health Care LLC, Osseo
- Pigeon Falls Health Care Center
- Benedictine Living Community of Arcadia
- 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 actively contributed to the *COMPASS Now 2018* assessment process in Trempealeau County. This comprehensive process gathered input from a cross-section of community, including direct input from community members. The assessment was aimed particularly at understanding the needs of the traditionally underserved in the community.

Process and Methods

The assessment process began with a thorough review of the *COMPASS Now* report. The *COMPASS Now 2018* partnership is made up of Great Rivers United Way, Gundersen Health System, MCHS, 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, and health departments for La Crosse, Monroe, Trempealeau, Vernon and Houston counties.

The purpose of *COMPASS Now 2018* is to assess community needs, identify community resources to address the most urgent ones and encourage action plans that solve community problems. It serves as a resource for promoting greater collaboration and synergy among organizations working to improve 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.) The complete *COMPASS Now 2018* report can be [viewed here](#).

The *Compass Now 2018* process used a variety of data collection methods to create an overall picture 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.

The random household survey was the key data source and was created to increase understanding of the community's needs and 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 5,450 households that received surveys, 672 were returned and their responses analyzed. Trempealeau County had a 14.2% response rate, so it was determined that additional voices were needed.

The *COMPASS Now 2018* community needs assessment also included a convenience sample that focused on specific subgroups in the Great Rivers Region. The objective 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 to the random household surveys to determine any significant differences that existed between the general population and those smaller subgroups within the community.

Another way community feedback was gathered was through county-based focus groups. These small-group gatherings were a safe space in which community members could share their thoughts and experiences about living in the Trempealeau County

In addition, participating organizations were asked to reach out to gather expertise and input from other underrepresented populations.

| Population Represented | Organizations |
|-------------------------------|--|
| People with disabilities | Aptiv, Inc. Independent Living Resources Inclusa International Quality Homecare |
| Aging | Coulee Region RSVP Inclusa International Quality Homecare Neighbors in Action Senior Services, ADRC Strong Women Exercise Class |
| Low-income | Couleecap, Inc. Essential Health Clinic Families First of Monroe County Great Rivers United Way Hunger Task Force of La Crosse Living Faith Food Pantry Monroe County Food Pantry Neighbor for Neighbor Food Pantry Place of Grace Salvation Army Semcac WAFER Western Dairyland Workforce Connections |
| Children, youth and families | 4H Big Brothers Big Sisters of the 7 Rivers Region Caledonia Boy Scouts Caledonia Public Schools Family and Children's Center Gateway Area Council - Boy Scouts of America Houston Public Schools La Crescent-Hokah Public Schools La Crosse Area Family Collaborative Onalaska Public Schools School District of Holmen The Parenting Place Monroe County WIC YWCA |
| Racial and ethnic minorities | AAMAN Hmoob Cultural & Community Agency |

| | |
|--|--|
| | Lugar de Reunion Monroe County WIC St. Clare Health Mission Scenic Bluffs Health Center Viterbo Diversity Committee and Student Club |
| Victims of domestic violence, sexual violence, trafficking | Bluff Country Family Resources La Crosse Task Force to Eradicate Modern Slavery |
| LGBTQ+ community | The Center |

The 2018 *COMPASS Now 2018* document presents information on how Trempealeau County is faring in numerous areas that affect quality of life (health, economic, social, etc.); findings identified these top needs. MCHS in Oakridge will focus on bullets two and four for purposes of this report:

1. More livable wage jobs
2. *Increased access to mental health care services*
3. Increased inclusion of socially diverse people
4. *Reduced drug and alcohol misuse and abuse*
5. Increased high-quality opportunities for teenagers and people in their 20s

Along with reviewing the [COMPASS Now 2018 report](#), evaluation and discussion included a thorough review of primary and secondary data collected during the year-long process, review of comments received on the 2015 community health assessment survey, as well as researching County Health Rankings.

Launched in 2010, the County Health Rankings program aimed to produce rankings for all 50 states. The rankings identify the multiple health factors that determine a county’s health status and indicate how health status includes environment, education, jobs, individual behaviors, access to services and health care quality. The 2019 Trempealeau County Health Rankings report is included in Appendix C.

Other data sources included in the CHNA are the *Healthiest Wisconsin 2020 plan*, 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 and Criteria

COMPASS Now 2018 assessment findings for Trempealeau County, including detailed community input and quantitative data, were strong inputs to the MCHS prioritization process.

The *COMPASS Now 2018* data were presented at the MCHS NWWI region board of directors meeting and MCHS in Oakridge community board meeting as part of determining the priorities for Trempealeau County. The region board of directors and the community board engaged in reviewing this data as part of the prioritization process for MCHS in Trempealeau County.

Priority focus areas for Trempealeau County were identified through review of the *COMPASS Now 2018* report, *Healthiest Wisconsin 2020*, County Health Rankings and other quantitative and qualitative data. Board members confirmed that by prioritizing health priority areas of

mental health, substance abuse and alcohol misuse, and chronic disease and obesity, Mayo MCHS in Oakridge will align with and complement other *COMPASS Now 2018* partners as they work together to have an impact on Trempealeau County's top health needs.

Addressing the Needs of the Community

Overview

An extensive analysis of the *COMPASS Now 2018* report, *Healthiest Wisconsin 2020*, County Health Rankings and other quantitative and qualitative data identified the priority community health needs for MCHS in Oakridge. Each of these areas is equally important, but they're ranked in order of priority:

1. Mental health
2. Substance abuse and alcohol misuse
3. Chronic disease and obesity

MCHS prioritized these health priorities based on its core competency in these areas. Given the interrelated nature of some of the health topics and related interventions, it was agreed to combine obesity with chronic disease and substance abuse with alcohol misuse. Board members confirmed that by prioritizing mental health, substance abuse and alcohol misuse, and chronic disease and obesity, action by MCHS in Oakridge will have a widespread impact on population health in the county.

Identified Health Needs

Mental health

This focus area refers to the services and support needed to address how we think, act and feel as we cope with life. Mental health is essential for personal well-being, caring for family and interpersonal relationships, and meaningful contributions to society. Mental health conditions may include, but are not limited to, depression, anxiety and post-traumatic stress 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.

Data highlights

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 self-inflicted injury rates, provider-to-patient ratios and suicide information. The county is not doing well on based on its rate of deaths by suicide and self-inflicted injury hospitalizations.

In Trempealeau County:

- The rate of death by suicide is 17.3 per 100,000 people.
- Rates of self-inflicted injury hospitalizations have not changed dramatically, but are higher than the state rate.
- The ratio of population to mental health providers is 2,270:1 in Trempealeau County, which is considerably higher than the state rate of 600:1 and U.S. performance of 360:1.
- The percent of adults that need mental health treatment and are not receiving it is 58%. The percent of youth needing treatment and not receiving it is 51%.
- Between one in three and one in two people felt their ability to pay for mental health care was poor to fair.

Substance use and alcohol misuse

Substance use is defined as the use of and negative effects from mood-altering substances (marijuana, heroin) or misuse of prescription drugs. Across the country and in Wisconsin, there has been a surge in the use of prescription drugs for nonmedical purposes. The misuse of these substances is most prevalent among young adults.

Alcohol misuse is defined as underage alcohol consumption, consumption during pregnancy, binge drinking (four or more drinks per occasion for women, five or more for men), and heavy drinking (one or more drinks per daily average for women, two or more for men).

Alcohol-related deaths are the fourth-leading cause of death in Wisconsin. While most people in the state drink responsibly, safely and legally, Wisconsin ranks at or near the top among states in heavy alcohol drinking. Consequences of alcohol or drug abuse include motor vehicle and other injuries; fetal alcohol spectrum disorder and other childhood disorders; alcohol- and drug-dependence; liver, brain, heart and other diseases; infections; family problems; and both nonviolent and violent crimes.

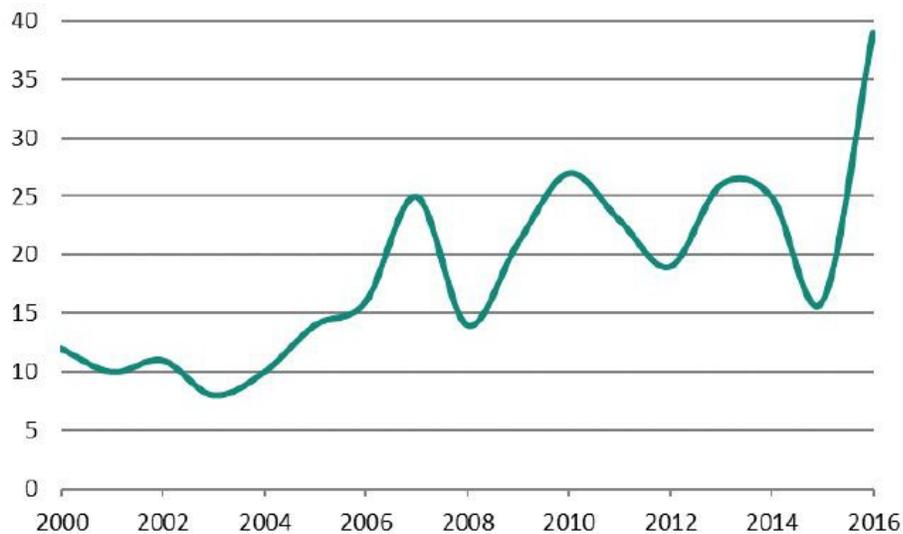
Additional information can be found in [Healthiest Wisconsin 2020](#)

Data highlights

In Trempealeau County:

- Slightly more than one in five people (23%) drink excessively, which is more than the top U.S. performer, at one in eight (12%).
- Approximately 32% of all driving deaths in the county involve alcohol.
- It's estimated that approximately 9% of people in this region have used illegal drugs in the past month. This is slightly higher than Wisconsin rate of 8%.
- Deaths due to opioid overdoses in the county are not as high as the Wisconsin rate, but the problem is getting worse as indicated by death rates, emergency room visits and hospital stays which have been increasing over the years.
- There has been a gradual increase in the number of drug-overdose deaths in this region from 2000 to 2016. In 2000 there were 12 and in 2016 there were 39, which is a 225% increase.

Drug-overdose deaths in Trempealeau County, 2000-2016



Source: Wisconsin Department of Health Services, 2000-2016, and Minnesota Department of Health Services, 2000-2016.

Chronic disease prevention & management (emphasis on obesity)

According to *Healthiest Wisconsin 2020*, the goals of chronic disease prevention and management are to prevent and manage illnesses that last a long time and usually cannot be cured (Alzheimer's, cancer, diabetes, heart disease). In many cases, obesity is a contributing factor for preventing and maintaining chronic diseases, especially heart disease and diabetes. Four modifiable health-risk behaviors — unhealthy diet, insufficient physical activity, tobacco use and second-hand smoke exposure, and excessive alcohol use — 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 is also 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.

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 U.S. Currently, chronic diseases account for seven of the 10 leading causes of death in Wisconsin and approximately two out of every three deaths nationwide. Maintaining a healthy weight 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, healthy nutrition, physical activity and a longer life.

Data highlights

According to the Wisconsin Department of Health Services, the top causes of death have not changed much over time for Trempealeau County. Heart disease and cancer are the top causes and have remained that way for the past 10 years. These causes of death are followed by unintentional injuries, lung diseases, stroke and diabetes. It's important that chronic disease be a health focus for this region.

Twenty percent of people report no leisure-time physical activity. This lack of physical activity may contribute to the rate of obesity.

This table shows how Trempealeau County is doing compared to the Wisconsin state average. The percent of adults who are obese is higher for the county than the top U.S. performer (26%) and the same as the Wisconsin rate.

| | Tremp County | WI |
|---|-----------------|-----|
| Adults obese ¹³ | 30% | 30% |
| Adults with diabetes ¹⁴ | 9% | 9% |
| Rate of new cancer diagnoses per 100,000 people ¹⁵ | 457 | 468 |
| Rate of heart disease hospitalizations per 1,000 people ¹⁶ | 2.8 | 3 |
| Rate of stroke hospitalizations per 1,000 people ¹⁷ | 1.9 | 3 |

Evaluation of Prior CHNA and Implementation Strategy

MCHS in Oakridge published its 2016 CHNA report on October 31 of that year and to date, no written public comments have been received about the report or its corresponding community health improvement implementation plan. Prioritized health needs from the prior CHNA were, in ranked order:

- Obesity
- Chronic disease
- Mental health

Below is an outline of accomplishments of the community health implementation plan for each of the priority health focus areas in Trempealeau County.

Obesity

MCHS has partnered with local efforts to promote physical activity, healthy food consumption and engage with youth and families to help prevent obesity. In many cases, connecting local community members with area nonprofits, schools and service organizations has been key to meeting people where they are in the community.

Efforts have included the following:

- The 2016 Hometown Health grant gave the School District of Augusta \$16,000 for the Food — Small Choices, Big Changes program. The project involved creating classroom gardens to teach students where food comes from, increase consumption of fruits and vegetables and provide fresh produce to the school foodservice.
- Camp Wabi, a camp for children struggling with obesity, provided care for 48 attendees in 2017. Participating families were engaged before camp, on a daily basis during camp, and afterward with activities and information to support health transformation across the family unit.
- Facebook live events demonstrated how to break into less frequently chosen fruits and vegetables with the goal of encouraging people to try new, healthy foods.
- A monthly segment on a local TV news show featured healthy foods and recipes.
- A Farmer's Market Challenge encouraged people to try new/more vegetables.
- Numerous free events promoted physical activity and healthy eating for youth and their families/caregivers, including cooking classes.

Chronic disease

Several evidence-based health promotion classes and partnering with local aging and disability resource centers, senior centers and service organizations have been a key strategy for engaging with the community. Efforts have included the following:

- The Hometown Health grant awarded the Feed My People Food Bank \$15,000 toward its Foods to Encourage Initiative. This program increases the amount of appropriate food items for low-income residents managing chronic disease, as well as educates

partner food bank programs to carry these items. The grant benefits food pantries across Trempealeau County that receives food from Feed My People Food Bank.

- MCHS in Oakridge regularly hosted American Heart Association Family and Friends CPR courses. This course is for people who want to learn CPR, but do not need a CPR course-completion card to meet a job requirement. This course benefits community groups, new parents, grandparents, babysitters and other lay people. It is free and not otherwise offered by other partners or area technical colleges.
- MCHS hosted and facilitated the *Strong Bones* program. This course is an evidence-based program aimed at increasing physical activity and improving balance for people over age 18. Classes are held regularly, are free of charge and both rural and urban areas.
- MCHS Hosted an annual *Know Your Numbers* screening, which includes blood pressure, glucose and cholesterol measures, free of charge.
- MCHS authored the Living Well with Chronic Conditions blog and column, which provides tools for people dealing with chronic conditions outside of medical care and at home, and promotes free options offered by MCHS.

Mental health

MCHS has made strong headway in the work of improving mental health. In addition to local education offerings, several partnership efforts are helping make an impact. Efforts have included the following:

- Through our Hometown Health grant in 2017, the School District of Mondovi received \$25,000 for its Focusing on Resilience program. This program fosters mental health and resilience of at-risk K-12 students. Adult teams receive special training in resiliency and champion transformations with colleagues, students, parents and community members.
- Through our Hometown Health Grant in 2018, the School District of Mondovi will be partnering with the Boyceville School District to implement the Coaching Trauma-Informed Resilience project, for which Boyceville received a \$20,000 grant. This program is based on a trauma-informed curriculum that facilitates stress resilience by incorporating mindfulness and self-regulation activities in the school. Funding will help both school districts expand the capacity of internal coaches and teachers.
- Through four mental health videos relating to anxiety, resiliency, addiction and depression learning opportunities were offered. These videos are on YouTube and are promoted through blog posts, Facebook posts and newsletter stories.

All focus areas

- Offered online and text options to register for the MCHS newsletter. This is a new/technologically current way for people to learn about the free offerings that can positively impact their health.
- Distributed the Event and Classes wellness brochure every trimester, which reaches thousands of people and provides numerous community wellness offerings.

References



[2015 Great Rivers United Way COMPASS Now](#)

[County Health Rankings](#)

[U.S. Census QuickFacts Trempealeau County, WI](#)

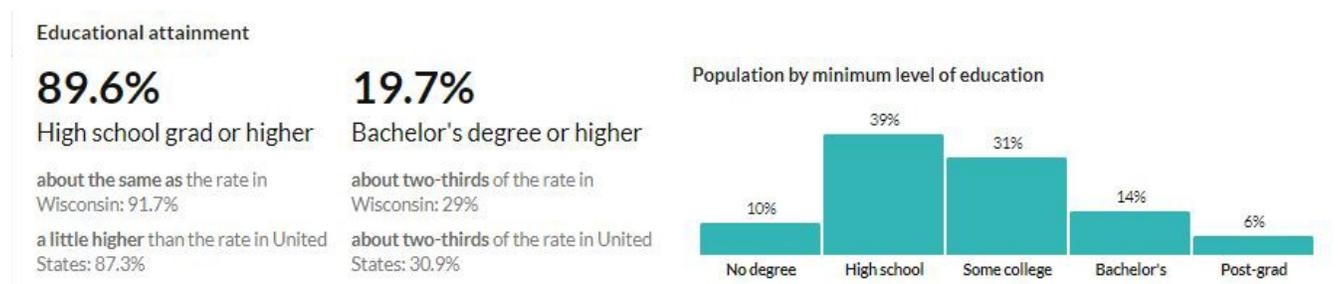
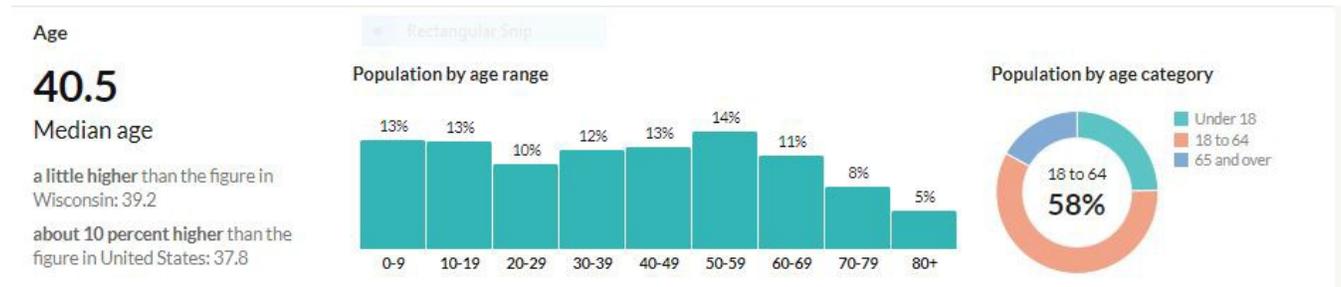
[State of Wisconsin Department of Workforce Development](#)

Appendix A: Demographic Data

Trempealeau County

| | |
|-------------------------------------|--------------------------|
| Sex | 49.3% female, 50.3% Male |
| Median household income (2017) | \$54,009 |
| Percentage of population in poverty | 11.9% |
| 2018 average unemployment rate | 5.6% |
| Population growth rate | 2% |
| Population | 29,472 |

| | |
|-----------------------------------|-------|
| White | 96.1% |
| Asian | .7% |
| Hispanic or Latino | 8.8% |
| Two or More Races | 1.2% |
| Black or African American | .6% |
| American Indian and Alaska Native | 1.3% |



Appendix B: Individuals Involved

COMPASS Now 2018 chair

- Lindsay Menard, MPH

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, Inc.
- Mary Kay Wolf, Great Rivers United Way

Data work group

- Kayleigh Day, Monroe County Health Department
- Liz Evans, Great Rivers United Way
- Noelle Griffiths, Great Rivers United Way
- Joe Larson, La Crosse County Health Department
- Lindsay Menard, La Crosse County Human Services
- Madison Neece, Great Rivers United Way
- Jen Rombalski, La Crosse County Health Department
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- Sarah Havens, Gundersen Health System
- Lindsay Menard, La Crosse County Human Services
- Catherine Kolkmeier, La Crosse Medical Health Science Consortium
- Sara Thompson, MCHS

Focus group and stakeholder meeting work groups

- Casey Mrozek, Buffalo County Health Department
- Heather Myhre, Houston County Health Department
- Sarah Havens, Gundersen Health System
- Joe Larson, La Crosse County Health Department
- Lindsay Menard, La Crosse County Human Services
- Pauline Byom, MCHS
- Amanda Sebal, Gundersen Health System
- Shelly Teadt, Couleecap, Inc.
- Kayleigh Day, Monroe County Health Department
- Julie Anderson, Monroe County Health Department
- Barb Barczak, Trempealeau County Health Department
- Pat Malone, Trempealeau County Health Department
- Beth Johnson, Vernon County Health Department
- Dan Howard, Gundersen St. Joseph's Hospital and Clinics
- Jessie Cunningham, Vernon Memorial Healthcare
- Karen Ehle-Traastad, Vernon County UW-Extension
- Christine Dean, Gundersen St. Joseph's Hospital and Clinics
- Madison Neece, Great Rivers United Way

Financial contributors

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

Publication design

- Andrea Gromoske, Christian Cook, Adrienne Olson

Data consultation

- Dr. Laurie Miller, University of Wisconsin-La Crosse

MCHS NWWI region board of directors

- Richard Helmers, MD, CEO, NWWI
- Bobbi Gostout, MD, vice chair of Operations, MCHS
- Hank Simpson, MD, chief medical officer
- Andrew Limper, MD, Practice Transformation, MCHS
- Paula Santrach, MD, Laboratory Medicine and Pathology
- Jason Craig, Administration, regional chair
- Pam White, RN, chief nursing officer
- Julie Hansen , chief financial officer
- Jose Ortiz, MD, Orthopedics
- Karen Myhre, MD, Pediatrics
- Susan Cullinan, MD, Emergency Department
- Leonard Ezenagu, MD, Women’s Health
- Richard Sampson, MD, chair of Family Medicine – Northland
- Robert Peck, MD, Psychiatry
- James Schmidt, community member
- Bud Cadman, community member
- Daniel Riebe, community member
- Greg E. LeGare, community member
- Melissa Bergeron-Bowe, community member
- Michael Perry, community member
- Rosemary Jacobson, community member

MCHS in Oakridge community board of directors

- Hank Simpson, MD, board chair, chief medical officer
- Dean Eide, vice chair, Administration
- Steve Lindberg, vice chair, Administration
- Marta Lasater, MD, Family Medicine
- Rick Stoughton, MD, Family Medicine
- Dean Boehne, community member
- Paul Franzwa, community member
- Tessa Harmon, community member
- Jon Higley, community member
- Greg LeGare, community member
- Lori Whelan, community member

Appendix C: County Health Rankings

A snapshot of the 2019 County Health Rankings for Trempealeau County can be found [here](#).

Trempealeau (TR)

Show areas to explore Show areas of strength

County Demographics +

| | Trempealeau County | Trend (Click for info) | Error Margin | Top U.S. Performers (Click for info) | Wisconsin | Rank (of 72) (Click for info) |
|--|------------------------|---|--------------|--------------------------------------|-----------|-------------------------------|
| Health Outcomes | | | | | | 35 |
| Length of Life | | | | | | 32 |
| Premature death | (Click for info) 6,100 |  | 5,100-7,200 | 5,400 | 6,300 | |
| Quality of Life | | | | | | 44 |
| Poor or fair health | (Click for info) 13% | | 13-14% | 12% | 15% | |
| Poor physical health days | (Click for info) 3.4 | | 3.2-3.6 | 3.0 | 3.6 | |
| Poor mental health days | (Click for info) 3.4 | | 3.2-3.7 | 3.1 | 3.8 | |
| Low birthweight | 7% | | 6-8% | 6% | 7% | |
| Additional Health Outcomes (not included in overall ranking) + | | | | | | |
| Health Factors | | | | | | 19 |
| Health Behaviors | | | | | | 26 |

County Demographics +

| | Trempealeau County | Trend (Click for info) | Error Margin | Top U.S. Performers (Click for info) | Wisconsin | Rank (of 72) (Click for info) |
|---|--------------------|---|--------------|--------------------------------------|-----------|-------------------------------|
| Adult smoking (Click for info) | 15% | | 14-16% | 14% | 17% | |
| Adult obesity | 31% |  | 25-38% | 26% | 31% | |
| Food environment index | 9.1 | | | 8.7 | 8.8 | |
| Physical inactivity | 20% |  | 15-25% | 19% | 20% | |
| Access to exercise opportunities | 83% | | | 91% | 86% | |
| Excessive drinking (Click for info) | 24% | | 23-25% | 13% | 26% | |
| Alcohol-impaired driving deaths | 45% |  | 35-55% | 13% | 36% | |
| Sexually transmitted infections | 348.6 |  | | 152.8 | 466.0 | |
| Teen births | 24 | | 20-28 | 14 | 18 | |
| Additional Health Behaviors (not included in overall ranking) + | | | | | | |
| Clinical Care | | | | | | 37 |
| Uninsured | 8% |  | 7-9% | 6% | 6% | |

County Demographics +

| | Trempealeau County | Trend (Click for info) | Error Margin | Top U.S. Performers (Click for info) | Wisconsin | Rank (of 72) (Click for info) |
|----------------------------|--------------------|--|--------------|--------------------------------------|-----------|-------------------------------|
| Primary care physicians | 3,290:1 |  | | 1,050:1 | 1,250:1 | |
| Dentists | 3,270:1 |  | | 1,260:1 | 1,470:1 | |
| Mental health providers | 2,270:1 | | | 310:1 | 530:1 | |
| Preventable hospital stays | 2,396 |  | | 2,765 | 3,971 | |
| Mammography screening | 58% |  | | 49% | 50% | |
| Flu vaccinations | 44% |  | | 52% | 52% | |

Additional Clinical Care (not included in overall ranking) +

Social & Economic Factors

19

| | | | | | |
|---------------------------|------------|---|---------|------|------|
| High school graduation | 95% | | | 96% | 89% |
| Some college | 60% | | 56-63% | 73% | 69% |
| Unemployment | 3.1% |  | | 2.9% | 3.3% |
| Children in poverty | 11% |  | 8-15% | 11% | 15% |
| Income inequality | 3.9 | | 3.7-4.1 | 3.7 | 4.3 |
| Children in single-parent | 30% | | 25-34% | 20% | 31% |

County Demographics +

| | Trempealeau County | Trend (Click for info) | Error Margin | Top U.S. Performers (Click for info) | Wisconsin | Rank (of 72) (Click for info) |
|--|--------------------|------------------------|--------------|--------------------------------------|-----------|-------------------------------|
| | Trempealeau County | Trend (Click for info) | Error Margin | Top U.S. Performers (Click for info) | Wisconsin | Rank (of 72) (Click for info) |

households

| | | | | | | |
|---------------------|------|---|-------|------|------|--|
| Social associations | 15.5 | | | 21.9 | 11.6 | |
| Violent crime | 61 |  | | 63 | 298 | |
| Injury deaths | 76 | | 62-90 | 57 | 77 | |

Additional Social & Economic Factors (not included in overall ranking) +

Physical Environment 17

| | | | | | | |
|---|------------|---|--------|-----|-----|--|
| Air pollution - particulate matter (Click for info) | 8.4 |  | | 6.1 | 8.6 | |
| Drinking water violations | No | | | | | |
| Severe housing problems | 12% | | 10-13% | 9% | 15% | |
| Driving alone to work | 80% | | 79-82% | 72% | 81% | |
| Long commute - driving alone | 32% | | 30-34% | 15% | 27% | |

Additional Physical Environment (not included in overall ranking) +

Note: Blank values reflect unreliable or missing data

Appendix D: Data Sources

The complete *COMPASS Now 2018* report and data sources can be at:
www.compassnow.org Scroll down page to click on the link for the information for Trempealeau County.