



Community Health Needs Assessment 2022

Mayo Clinic Health System in La Crosse



Table of contents

SECTION 1 - Executive Summary

- 5 Enterprise Overview
- 6 Entity Overview
- 8 Summary of Community Health Needs Assessment

SECTION 2 - Our Community

- 10 Demographic Overview

SECTION 3 - Assessing the Needs of the Community

- 16 Framework, Process, and Methodology

SECTION 4 - Addressing the Needs of the Community

- 21 Prioritization Process and Criteria
- 28 Documentation and Communication
- 29 Implementation
- 32 Evaluation

SECTION 5 - Evaluation of Prior CHNA and Implementation

- 33 Evaluation of impact since previous CHNA

APPENDICES

- 39

List of Exhibits

- 11 Exhibit 2.1 – 2020 Population by Census Tract
 - 12 Exhibit 2.2 – 2020 Demographic Profile of the Region, including Population by Age
 - 13 Exhibit 2.3 – 2020 Demographic Profile of the Region, including Sex or Gender
 - 13 Exhibit 2.4 – 2020 Demographic Profile of the Region, including Race and Ethnicity
 - 14 Exhibit 2.5 – 2020 Demographic Profile of the Region, including Household Income
 - 15 Exhibit 2.6 – 2020 Demographic Profile of the Region, including Housing Type
 - 19 Exhibit 3.1 – 2020 Demographic Profile of the Region, RHS and CS Respondents
 - 30 Exhibit 4.1 - Action Plan, Goals, and Objectives
 - 31 Exhibit 4.2 – Action Plan, Expected Impact
 - 31 Exhibit 4.3 – Action Plan, Outcomes, and Responsibilities
-

List of Appendices

- 39 Appendix A – Community Health Assessment Toolkit
 - 40 Appendix B – COMPASS Now 2021 Steering Committee
 - 41 Appendix C – COMPASS NOW 2021 Stakeholders
 - 42 Appendix D - COMPASS Now 2021 Survey
 - 55 Appendix E – Social Determinants of Health Questionnaire
 - 58 Appendix F – SWWI Priority Identification Committee
 - 59 Appendix G – SWWI Medical Board of Directors
-

Executive Summary

Enterprise Overview



MAYO CLINIC

Mayo Clinic is a not-for-profit organization with a mission to inspire hope and promote health through integrated clinical practice, education and research. Mayo Clinic serves more than 1.3 million patients annually from every U.S. state and 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 hospitals in Arizona, Florida, Minnesota and Wisconsin.

COMMITMENT TO COMMUNITY

Through its interdisciplinary expertise in medical practice, research and education, Mayo Clinic serves communities everywhere. Mayo Clinic reinvests its net operating income to advance breakthroughs in diagnoses, treatments and cures for all varieties and complexity of human disease and quickly translates this new knowledge to advance the practice of medicine. One example illuminating this is how Mayo Clinic responded to the COVID-19 pandemic, which intensified existing community health needs. Mayo Clinic's front-line and virtual teams cared for more than 160,000 patients with COVID-19 in 2021. Mayo staff tested more than 1.1 million people for COVID-19, administered more than 500,000 COVID-19 vaccinations, and provided more than 19,000 monoclonal antibody infusions. In addition to its extensive medical, public health and research response, Mayo Clinic also cared for broader aspects of community need, including assistance to local non-profits, schools and government agencies, human service collaborative efforts and small local businesses to help stabilize and sustain the economies of its local communities.

Entity Overview

MAYO CLINIC HEALTH SYSTEM

Mayo Clinic Health System (MCHS) was created to fulfill Mayo Clinic’s commitment to bring high-quality health care to local communities. MCHS is a family of clinics, hospitals and healthcare facilities serving more than 44 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 healthcare options to local neighborhoods, ranging from primary to highly specialized care. MCHS is recognized as one of the most successful regional healthcare 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, we have opened the door to information sharing in a way that allows us to keep our 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 SOUTHWEST WISCONSIN REGION

Mayo Clinic Health System-Franciscan Medical Center is the legal entity that operates in five counties of southwest Wisconsin and one county in southeast Minnesota. The entity is commonly referred to as Mayo Clinic Health System in Southwest Wisconsin (MCHS SWWI). MCHS SWWI has two hospitals, one located in the city of La Crosse (MCHS La Crosse) in La Crosse County, and one located in the city of Sparta (MCHS Sparta) in Monroe County. The purpose of the CHNA report is to specifically address the CHNA requirements for the MCHS La Crosse Hospital.

MCHS SWWI is a non-profit organization employing approximately 3,000 people including 300 medical care providers, we are an anchor organization as one of the largest employers in the region.

Wisconsin locations include Arcadia, Holmen, La Crosse, Onalaska, Prairie du Chien, Sparta, and Tomah. In addition, there is a location in Caledonia, Minnesota.

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



PRACTICE – CARE AND SERVICES

As part of a system of sites in Minnesota, Wisconsin and Iowa, [MCHS SWWI](#) serves the community through routine, preventive and specialized care services, wellness support and community engagement. Collaboration with Mayo Clinic connects the community with the most trusted, specialty care in the U.S. We bring the most recognized medical expertise close to where the patients live. Local providers can help you with seamless referrals to Mayo Clinic, if necessary.

EDUCATION – AFFILIATIONS

There are three main components of our Education Shield which includes professional programs and a Training Center. View the information below on our ongoing educational programs, as well as professional education events.

Ongoing Education Programs

- [Family Medicine Residency](#)
- [Franciscan Healthcare School of Anesthesia](#)
- [Pharmacy Residency](#)
- [Nursing and Allied Health Clinical Experiences](#)

Training Center

The MCHS Training Center is a Community Training Center affiliated with the American Heart Association. We supply a valuable service to our community by allowing our community partners the opportunity to provide training for their organizations. Our organization offers courses for Mayo staff and the public including CPR, BLS, First Aid, Pediatric Advanced Life Support, Advanced Cardiac Life Support, Pediatric Emergency Assessment, Recognition, and Stabilization.

RESEARCH

MCHS SWWI has a highly active clinical research program involving patient-focused studies that can lead to better ways to detect, prevent, control, and treat diseases and other health conditions. Research studies are currently available to eligible oncology patients including breast cancer, colon cancer, leukemia, lung cancer, lymphoma, prostate cancer, and other cancers. Thousands of patients have participated in our research studies over the years, helping to advance the science of health care while remaining close to home.

Summary of the Community Health Needs Assessment (CHNA)

BACKGROUND

The Patient Protection and Affordable Care Act (PPACA or ACA), a U.S. federal statute that was enacted on March 23, 2010, added requirements for non-profit organizations that operate hospital facilities. The healthcare reform bill requires non-profit hospitals to complete a Community Health Needs Assessment and Community Health Implementation Plan that address local, prioritized health needs.

To adhere to the requirements placed into effect by the [Internal Review Service](#) (IRS), tax-exempt hospitals must:

- Conduct a CHNA every three years
- Create and adopt an implementation strategy to meet the needs of the community identified by the assessment

The IRS requires a CHNA to:

- Define the community it serves
- Assess the health needs of that community
- Solicit and consider input received from the community including those with expertise in public health and persons from, or representing medically underserved, low-income, and minority populations
- Document the CHNA in a written report that is adopted by a hospital facility
- Make the CHNA report available to the public

PURPOSE OF THE STUDY

The purpose of this report is to supply an updated assessment of the La Crosse County population's health needs and identify priorities for the years 2023-2025. The community health needs identified will be utilized to drive and inform strategies through implementation and action plans.

MCHS is dedicated to intentional collaboration with community stakeholders to develop and implement programs, and participate in activities, to improve community health and address social determinants of health (SDoH).

STUDY METHODS AND DATA SOURCES

The study method consisted of a multifaceted systematic review of assessments and data sets from the MCHS SWWI region. The framework used to assess the needs of the community was designed utilizing the [Community Health Assessment Toolkit](#) provided by the American Hospital Association. This toolkit provides nine steps for assessing and improving the community's health.

The qualitative and quantitative information collected was used to develop an organized collection of information to begin priority setting. The reports and input examined were obtained through internal and external sources. The primary sources examined include the [2021 Compass Now Report](#), County Health Rankings and Roadmaps, and [La Crosse County Community Health Improvement Plan \(CHIP\)](#). Supplemental sources were used to provide more context to the report, including the [ALICE Report](#) and the Social Determinants of Health data from our internal electronic health record (EHR).

The assessment of the community was a collaborative effort that consisted of both private and public organizations, including governmental agencies, school districts, faith-based organizations, academic institutions, healthcare organizations and community benefit organizations (CBO).

CONCLUSION

The 2023-2025 CHNA for the La Crosse hospital will serve as a starting point for the forthcoming community health improvement plans, where we will target our resources and strategies that align with Mayo Clinic's primary value of the "needs of the patient comes first".

With a focus on the Healthy People 2030 initiative on the social determinants of health (SDoH), the La Crosse hospital identified the domain of healthcare access and quality. This domain is in direct alignment with organizational priorities. This position provides the increased ability to provide interventions, resources, and expertise within the domain. Through the assessment and analysis, the La Crosse hospital and its leaders identified the following three priorities:

1. Access to Care
2. Mental Health and/or Substance Abuse
3. Chronic Disease and Contributing Factors

The implementation planning process will begin to address the identified needs through the creation of funding strategies, resource inventories, partnership identification, community and staff involvement, key metrics, and reporting structures.

Our Community

Demographic Overview



A community demographic overview can supply insight into the size and distribution of the population in terms of health attributes such as geographic location, age, sex/gender, race, ethnicity, income, and housing. Community demographics were analyzed and mapped using data and software from the Environmental Systems Research Institute (ESRI, a commercial provider of community data).

GEOGRAPHIC LOCATION

The MCHS SWWI region serves the communities in the following six counties: La Crosse (LC), Monroe (MO), Vernon (VE), Trempealeau (TR), Houston (HO), and Buffalo (BU). Within the region, the other large health system is Gundersen Health System. Gundersen has hospitals in both La Crosse and Monroe Counties.

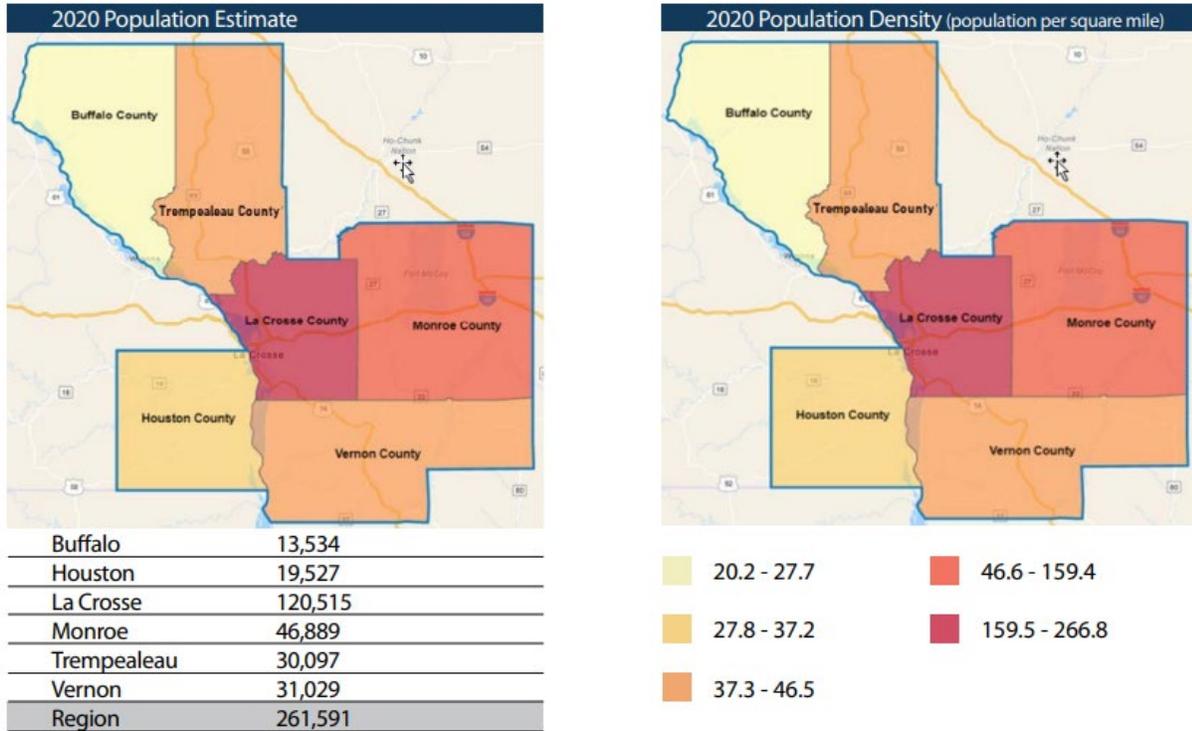
This region is home to an estimated 261,591 residents with 18% of households with an annual income below \$25,000.

An estimated 25% of the population are children aged 0-17 and 20% are adults aged 65+. Approximately 8% of the population is classified as a minority.

For the MCHS La Crosse hospital CHNA report, the focus of the forthcoming data will be concentrated on La Crosse County community data. Exhibit 2.1, represents the estimated population by census tract, broken down by the six-county region in 2020.

GEOGRAPHIC LOCATION (CONTINUED)

Exhibit 2.1 2020 Population by Census Tract



Source: CHS analysis of population estimates published by ESRI

La Crosse County is located within the U.S. state of Wisconsin. The county is made up of cities, villages, and towns. The cities include La Crosse and Onalaska. The villages include Bangor, Holmen, Rockland, and West Salem. The towns include Barre, Burns, Campbell, Farmington, Greenfield, Hamilton, Holland, Medary, Shelby and Washington. La Crosse, Wisconsin is the county seat of La Crosse County.

The MCHS La Crosse hospital is in the heart of the city in the Washburn Neighborhood physically located at 700 West Avenue South. The city is the most populous county on Wisconsin's western border.

POPULATION BY AGE

About Exhibit 2.2, the La Crosse County (LC) population of 120,515, an estimated 21% are children aged 0-17, 21% are adults aged 18-29, 17% are adults aged 30-44, 24% adults aged 45-64 and 17% are adults age 65+. The projection for population growth is 2% by 2025. The adult population aged 65+ is projected to increase by 16%.

Exhibit 2.2 2020 Demographic Profile of the Region, including Population by Age

Indicator	BU	HO	LC	MO	TR	VE	REGIONAL TOTAL
2020 Total Population	13,534	19,527	120,515	46,889	30,097	31,029	261,591
Age							
Age 0-17	19%	21%	21%	24%	22%	24%	22%
Age 18-29	12%	13%	21%	14%	13%	13%	17%
Age 30-44	16%	17%	17%	18%	18%	16%	17%
Age 45-64	29%	28%	24%	27%	28%	27%	26%
Age 65+	23%	21%	17%	18%	19%	21%	18%
Total Population Growth							
2020 Total Population	13,534	19,527	120,515	46,889	30,097	31,029	261,591
2025 Total Population	13,465	19,720	123,404	47,982	30,754	31,802	267,127
2020-2025 % Change- Total Population	-1%	1%	2%	2%	2%	2%	2%
Children Age 0-17							
2020 Population Age 0-17	2,645	4,051	23,734	11,361	6,740	7,468	55,999
2025 Population Age 0-17	2,673	4,159	24,300	11,780	6,957	7,715	57,584
2020-2025 % Change- Population Age 0-17	1%	3%	2%	4%	3%	3%	3%
Adults Age 65+							
2020 Population Age 65+	3,062	4,154	20,725	8,298	5,733	6,402	48,347
2025 Population Age 65+	3,580	4,884	24,113	9,647	6,712	7,578	56,514
2020-2025 % Change- Population Age 65+	17%	18%	16%	16%	17%	18%	17%

Source: CHS analysis of population estimates published by ESRI

SEX OR GENDER

In reference to Exhibit 2.3, the La Crosse County (LC) population of females is 51% with males making up 49%. This data is limited by the choice of male or female and excludes LGBTQ+ options.

Exhibit 2.3

2020 Demographic Profile of the Region, including Sex or Gender

Indicator	BU	HO	LC	MO	TR	VE	REGIONAL TOTAL
Sex or Gender							
Female Population	49%	50%	51%	49%	49%	50%	50%
Male Population	51%	50%	49%	51%	51%	50%	50%

Source: CHS analysis of population estimates published by ESRI

RACE/ETHNICITY

About Exhibit 2.4, the La Crosse County (LC) population is estimated to be made up of five listed races which include Asian, Black/African American, Hispanic, White and two or more races. Of those races, 2% are Hispanic, 2% are Black/African American, 5% are Asian and 91% are White.

The racial identification is primarily white. In La Crosse County, people of Hmong or Asian origin form the second-largest group at 5% of the population.

Exhibit 2.4 2020 Demographic Profile of the Region, including Race and Ethnicity

2020 Demographic Profile of the Region, including Race and Ethnicity

Indicator	BU	HO	LC	MO	TR	VE	REGIONAL TOTAL
Race							
American Indian/ Alaska Native Population	0%	0%	0%	1%	0%	0%	1%
Asian Population	1%	1%	5%	1%	1%	1%	3%
Black/African American Population	1%	1%	2%	2%	1%	1%	1%
Other Race Population	1%	0%	0%	2%	7%	1%	2%
Pacific Islander Population	0%	0%	0%	0%	0%	0%	0%
Population of Two or More Races	1%	2%	2%	2%	2%	1%	2%
White Population	96%	97%	91%	91%	90%	97%	92%
Ethnicity (Residents of Hispanic ethnicity are also counted in the Race category.)							
Hispanic Population	2%	1%	2%	5%	10%	2%	3%

Source: CHS analysis of population estimates published by ESRI

HOUSEHOLD INCOME

The median household income for both La Crosse County is below the Wisconsin median household income of \$64,168, according to the 2020 United Way of Wisconsin ALICE report.

ALICE represents households with income above the Federal Poverty Level but below the basic cost of living. The ALICE Report supplies current research-based data that quantifies who in Wisconsin is living on the edge of financial insecurity.

According to the Great Rivers United Way - ALICE Report – La Crosse County’s median income is \$60,905 annually. This is also reflected in Exhibit 2.5, as the La Crosse County (LC) household income between \$50,000-\$74,000 is at 18%.

Exhibit 2.5 2020 Demographic Profile of the Region, including Household Income

Source: CHS analysis of population estimates published by ESRI

Indicator	BU	HO	LC	MO	TR	VE	REGIONAL TOTAL
Household Income							
Household Income less than \$15,000	8%	7%	8%	9%	8%	12%	9%
Household Income \$15,000-\$24,999	10%	8%	8%	8%	9%	11%	9%
Household Income \$25,000-\$34,999	8%	8%	11%	8%	10%	9%	10%
Household Income \$35,000-\$49,999	13%	15%	14%	15%	14%	14%	14%
Household Income \$50,000-\$74,999	23%	22%	18%	20%	20%	20%	19%
Household Income \$75,000-\$99,999	15%	13%	13%	17%	15%	14%	14%
Household Income \$100,000-\$149,999	14%	17%	17%	15%	15%	14%	16%
Household Income \$150,000-\$199,999	5%	5%	5%	5%	5%	3%	5%
Household Income \$200,000 or greater	3%	3%	5%	3%	3%	4%	4%

HOUSING TYPE

Housing options and types have a direct impact on our environmental health. Housing supplies safety and stability in our built environment and is one of the largest monthly expenses for individuals and households. Additionally, neighborhood resources can directly impact and influence health behaviors.

About Exhibit 2.6, in La Crosse County (LC) 61% of the population lives in owner-occupied housing units. 39% of the population live in renter-occupied housing units. The high number of renter-occupied housing units, in comparison to the other counties, may be due to student housing of the population that attends the three post-secondary schools in La Crosse.

Exhibit 2.6 2020 Demographic Profile of the Region, including Housing Type

Indicator	BU	HO	LC	MO	TR	VE	REGIONAL TOTAL
Housing Type							
Owner Occupied Housing Units	75%	80%	61%	70%	71%	77%	68%
Renter Occupied Housing Units	25%	20%	39%	30%	29%	23%	32%

Source: CHS analysis of population estimates published by ESRII

Assessing the Needs of the Community

Framework, Process and Methodology



MCHS SWWI used a systematic process to evaluate the health needs of the individuals who live in our community and region. The methods assess the health care and public health issues and identify services that address those needs.

FRAMEWORK

The framework used to systematically assess the community is referred to as the Community Health Assessment Toolkit from the American Hospital Association (AHA) website. This framework is a web-based tool that provides a nine-step guide to help support the community engagement health assessment process.

The steps identify the full cycle of assessment through implementation with strategies for each step of the process. For the full infographic reference, Appendix A. Community input can be found in Steps 1-4.



PROCESS AND METHODOLOGY

According to the American Health Association, community engagement is defined as “the process by which individuals from the community, stakeholder organizations, and hospitals work collaboratively to identify needs most important to residents and pursue meaningful strategies to address those needs.”

The community engagement department plays a key role in the development of the MCHS SWWI CHNA reports. The report is the principal component of the community health assessment process and provides a mutually beneficial document for hospitals and communities where the hospitals reside.

Step 1 – Reflect and Strategize

The purpose of step one is to reflect on the previous initiatives, get feedback on the previous assessment, review the data sources, establish the assessment infrastructure, obtain leadership support, build the staff team, and identify and obtain resources.

This step has previously taken place internally within the community engagement department, along with MCHS SWWI leadership. The recommendation for the next iteration of the CHNA (2026-2029) is to spend more time reflecting and strategizing when beginning the process. Additionally, it is recommended that the community engagement department research best practices for this type of assessment and report. A Smartsheet project plan has been created to assist in project management and data analysis.

Step 2 – Identify and Engage Stakeholders

The purpose of step two is to develop an engagement approach, map assets that support community health improvement, identify stakeholders to participate, and form an external assessment committee. Great Rivers United Way is the external organization that maps assets and develops a steering committee to guide the COMPASS Now community needs assessment.

The steering committee includes community members from the six regional counties in Buffalo, La Crosse, Monroe, Trempealeau, and Vernon counties in Wisconsin, and Houston County in Minnesota. This committee also includes representatives from public health departments, local hospitals, and human services organizations (Appendix B).

This group is tasked with determining the details of the COMPASS Now Report. The Steering Committee members guided the study scope and methods, including the adjustments made in response to COVID-19. For this iteration, a contracted consultant, [Community Health Solutions](#), was hired to manage the assessment and publication of the report.

PROCESS AND METHODOLOGY (CONTINUED)

Step 3 – Define the Community

The purpose of step three is to describe the geographic community, identify population groups, and identify other organizations conducting health assessments.

In this step, La Crosse County was defined as the community for the MCHS La Crosse CHNA assessment. This is due to the location of the hospital in La Crosse County and that patients served by the hospital are mostly residents of La Crosse County. Secondly, the geography can be expanded to the six counties that were included in the 2021 COMPASS Now Report.

Please refer to Section 2, for more detailed information about this step.

Step 4 – Collect and Analyze Data

The purpose of step four is to consider how to collect data, apply research principles, develop a data strategy, decide what data to include in the report, collect secondary data, access electronic health record data, and collect community-engaged primary data.

A formative assessment was created from three types of primary data including the 2021 Compass Now report, County Health Rankings and Roadmaps data, and local health department community health improvement plans (CHIP). The assessment's secondary source of data was provided by the Wisconsin ALICE report and internal Social Determinant of Health (SDoH) data from the electronic health record (EHR).

COMPASS Now Report – Primary Data

The [COMPASS Now Report](#) provides valuable information and presents the results of data collected through a community survey, focus groups, an extensive review of socio-economic indicators, and an inventory of community resources. The purpose of the Compass Now Report is to serve as a reference tool and foundation for action plans that solve problems long term.

This study was conducted under the direction of Great Rivers United Way, with technical support from a contracted consultant, Community Health Solutions. The study was guided by a Compass Now Steering Committee (Appendix B) made up of stakeholders from public health, health care, and other community sectors (Appendix C). The Steering Committee members supplied guidance on the study scope and methods and provided liaisons to engage community organizations in promoting participation in the convenience survey conducted for the study.

PROCESS AND METHODOLOGY (CONTINUED)

The methods included analysis of community indicators from various sources and community insights provided by respondents to a random household survey and a supplemental convenience survey. Additionally, within each county, the mail-out was designed to over-sample from census tracts with relatively low income to help assure that lower-income community residents were represented.

The random household survey (RHS) was conducted in July-September 2020, the survey can be found in Appendix D. The survey was mailed to 6,000 randomly selected households using a sampling strategy targeting 100 responses from each of the six counties. A total of 713 random household surveys were responded to. The sampling strategy was designed to produce a target number of at least 100 survey responses from each of the six counties.

Supplementally, a convenience survey (CS) took place in October-November 2020. This survey was a way to generate added survey responses from those who were underrepresented in the random household survey. A total of 510 convenience surveys were submitted through mixed methods and respondents completed their survey online or submitted a paper copy of their survey response.

Local organizations were asked to share their expertise about populations that may be under-represented by reaching out to targeted individuals. These organizations were asked to gather input from under-represented constituents through CS responses, focus groups, and/or attendance at stakeholder meetings. Populations targeted included people with disabilities, seniors, people with low incomes, racial and ethnic minorities, victims of domestic violence, and the LGBTQ+ community.

The data is represented in Exhibit 3.1.

Exhibit 3.1 2020 Demographic Profile of the Region, RHS, and CS Respondents

Indicator	Random Household Survey (RHS) Respondents	Convenience Survey (CS) Respondents	Regional Population Estimates
Total	713	510	204,400 (age 18+)
County			
Buffalo County	143	12	10,905
Houston County	97	53	15,512
La Crosse County	111	276	95,254
Monroe County	91	87	35,648
Trempealeau County	155	25	23,444
Vernon County	116	57	23,637

Source: CHS analysis of population estimates published by ESRI

PROCESS AND METHODOLOGY (CONTINUED)

County Health Rankings and Roadmaps – Primary Data

The [County Health Rankings and Roadmaps](#) is a program of the [University of Wisconsin Population Health Institute](#). The program provides data, evidence, and guidance to support leaders in the development of the community's investment in health equity and influencing health outcomes. County Health Rankings & Roadmaps' work is "rooted in a sincere belief in health equity, the idea that everyone deserves a fair and just opportunity to be as healthy as possible."

La Crosse County Community Health Improvement Plan (CHIP) – Primary Data

The [La Crosse County Community Health Improvement Plan](#) (CHIP) is a collaborative effort used to address the health needs of the local community with the overall goal of optimal health for the community. The chip was developed by community members and partner organizations. A community conversation event was held for community members to review the Community Health Assessment and the three health priority areas.

Social Determinants of Health (SDoH) - Secondary Data

According to the CDC, data can be a catalyst for improving community health and well-being. Through Mayo Clinic's electronic health record (EHR) system, there is an Enterprise tool to capture a patient's social and environmental factors that can affect their health status. It is a required questionnaire that is distributed annually along with the Health History (Appendix E).

By tracking patients' SDOH, clinical staff can view a complete patient story to help them intervene with patients who are at risk of negative health outcomes. For example, a clinical staff might connect a patient who lacks access to food with a local food bank.

ALICE Report 2020 – Secondary Data

The [ALICE Report 2020](#) is a snapshot of the 2018 economic conditions of individuals and households who earn above federal poverty but fall within the area of being unable to make ends meet, financially. ALICE stands for Asset Limited Income Constrained Employed. This is a highly vulnerable population who are on the verge of financial hardship and poverty. This report is developed by United Way of Wisconsin.

Addressing the Needs of the Community

Prioritization Process and Criteria



This prioritization process and criteria assisted our organization in determining needs and gaps, between current conditions and desired conditions, in the MCHS SWWI region. It narrows down the current issues and prioritizes health needs which will assist in identifying resources and creating implementation plans for solution-based action items.

The AHA Community Health Assessment toolkit continues to progress through the cycle of assessment into prioritization of community health needs (Appendix A).

Distinguishing the most pressing health needs based on the data collected from the primary and secondary data sets can be found in Step 5.

Step 5 – Prioritize Community Health Issues

The purpose of step five is to identify criteria for prioritization, select community health priorities, and describe which needs were not prioritized.



PRIORITIZATION PROCESS AND CRITERIA

Identify Criteria for Prioritization

Prioritization criteria are developed to determine how to systematically prioritize needs based on the intended outcomes and impact. MCHS SWWI, on behalf of the La Crosse hospital, took into consideration community input and MCHS SWWI leadership input. The criteria used during the prioritization session included alignment with the organization existing priorities, the ability to contribute financially to address the concerns, and evidence that we can have an impact on the health concerns identified and prioritized.

This criterion was utilized during the analysis of the COMPASS Now Report, County Health Rankings, and Roadmaps, and local health department community health improvement plan (CHIP).

Selecting Community Health Priorities – Community Input

There were three types of community input sessions where priorities were discussed internally and externally. Externally, priority discussion sessions were held by the COMPASS Now stakeholder meetings. The local health departments held community input sessions for prioritization discussion. Internally, priority discussion sessions were held by the community engagement department in MCHS SWWI. All information collected was taken into consideration when developing MCHS SWWI La Crosse hospital's top priorities for 2023-2025.

COMPASS Now Virtual Stakeholder Meetings

The COMPASS Now steering committee and Community Health Solutions organized a series of virtual meetings with community stakeholders to gather more information about priorities and potential action plans. The participants included local businesses, education, faith, government, and non-profit organizations. During the community presentations, community indicators and community survey responses were shared through organized, understandable presentations focused on country-specific information.

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 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 the county-level and regional results.

Additionally, the participants were surveyed to collect priority ranking, after the stakeholder meeting.

PRIORITIZATION PROCESS AND CRITERIA (CONTINUED)

Selecting Community Health Priorities – Community Input (continued)

Fifty-seven individuals participated in the La Crosse Community Stakeholder meeting. Of the fifty-seven individuals, twenty-three participants responded. The results of the meetings for La Crosse County are summarized below (in order of importance):

1. Mental health issues, access, and affordability
2. Financial Stability - Poverty/ALICE/Living Wages
3. Safe, Affordable Housing
4. Social, Economic, and Health Disparities and Equity
5. Alcohol & Substance Use, Treatment, and Resources
6. Ability to pay for health care/uninsured/underinsured
7. Care for Vulnerable Populations - Services, COVID Impact, Supports, Perception
8. Physical Inactivity & Obesity

Health Department Community Health Improvement Planning

The La Crosse County Health Department, led by Rachel King, MPH, MCHES, held three various sessions to discuss the priorities of the Community Health Improvement Plan (CHIP). All La Crosse County community members were invited to attend these sessions. The three identified priorities for discussion included access to care, behavioral health, and a healthy environment. Below includes the details to be explored within the CHIP (in order of importance):

1. Access to Care
 - Improve the availability of health resources
 - Cost, Transportation, lack of providers, hours of operations
 - Build trust and culture
 - Historical and generational trauma, stigma, representation in the health care system, racism, and discrimination
 - Aid community with resource and system navigation
 - Collaboration, communication, coordination, triage of services
2. Behavioral Health
 - Build understanding and skill development for addressing acute and chronic mental health and substance use needs
 - Stigma, lack of understanding of mental health and substance use, lack of skills, coping, connections to services before Emergency Room use, triage of services
 - Work toward a cultural shift in substance use prevention and harm-reduction

PRIORITIZATION PROCESS AND CRITERIA (CONTINUED)

Selecting Community Health Priorities – Community Input (continued)

- Pride in drinking culture, Oktoberfest and festival cultures, strategies and policy, beliefs
- Strengthen positive childhood experiences to build community resilience
 - Cultural-related stress, ACES, trauma, social media, bullying
- 3. Healthy Environment
 - Advocate for safe and supportive housing that is accessible to all
 - Safe housing, quality homes, affordable housing, discrimination barriers, student and family housing
 - Increase access and availability of culturally proper, cost-effective, and quality foods
 - Food deserts, knowledge/skill building, chronic stress, food prep/time
 - Encourage active lifestyles, regardless of abilities
 - Connectivity and infrastructure, social norms, cost, education, remove barriers

For more information regarding the La Crosse County CHIP, please visit the [La Crosse County Health Department website](#).

Selecting Community Health Priorities – MCHS SWWI Priority Setting

On May 24, 2022, the Community Engagement Department including Heidi Odegaard, MS, CHES, Ashley Santolin, MBA, and Cindy Shireman, BS, held a virtual meeting to discuss the La Crosse and Sparta hospital priority setting for the 2023-2025 CHNA project. A group of MCHS SWWI leaders was invited to participate as a committee in the interactive presentation and discussion. A list of individuals who were invited to the session can be found in Appendix F.

The criteria for consideration discussed during the prioritization session included alignment with the organization existing priorities, the ability to contribute financially to address the concerns, and evidence that we can have an impact on the health concerns identified and prioritized. Additionally, information was provided to the local leaders that provided the outcomes of the COMPASS Now report and local health department CHIP outcomes.

The discussion was initiated with an overview of [Healthy People 2030](#), Social Determinants of Health 5 domains, which include:

Selecting Community Health Priorities – MCHS SWWI Priority Setting (continued)



With a focus on the Health Care and Quality domain, the internal committee came to a consensus to recommend three priority health needs to be the focus of the hospital's 2023-2025 CHNA implementation strategy, based on their knowledge of the hospital's expertise, resources and ability to affect change. The priorities identified included (in order of importance):

1. Access to Care
2. Mental Health and/or Substance Abuse
3. Chronic Disease and Contributing Factors

To further validate the selected priorities, beyond the internal priority-setting committee, the priorities needed to be presented and approved by the following governance bodies and committees:

- Practice Promotion – June 23, 2022
- Advancement Committee – July 14, 2022
- Southwest Wisconsin Executive Team (SWEOT) – August 25, 2022

On November 17, 2022, the Mayo Clinic Health System – Franciscan Medical Center Inc. Board of Directors approved to adopt or decline of the recommended priorities of the 2023 La Crosse Hospital CHNA Report. The list of the Medical Center Board of Directors can be found in Appendix G.

PRIORITIZATION PROCESS AND CRITERIA (CONTINUED)

Describe Needs Not Prioritized

The hospital did not prioritize needs that were identified in the CHIP reports, due to the lack of expertise and focus efforts on community issues that the MCHS SWWI can affect change. Some of these priorities include poverty and livable wage and/or safe and affordable housing.

With a narrowed vision of our local priorities our organization can focus on:

- Setting goals and measurable objectives to guide evidence-based policies, programs, and other actions to improve health and well-being
- Supply accurate, prompt, and accessible data that can drive targeted actions to address regions and populations that have poor health or are at elevated risk for poor health
- Foster impact through public and private efforts to improve health and well-being for all ages and the communities in which they live
- Share and support the implementation of evidence-based programs and policies that are replicable, scalable, and sustainable
- Stimulate research and innovation toward critical research, data, and evaluation needs

Resources for Addressing Prioritized Needs

Access to Care

According to the Healthy People 2030 initiative, many people in the United States don't get the health care they need. About 1 out of 10 people in the United States do not have health insurance. Strategies can be implemented to decrease barriers, increase health literacy, and provide prevention opportunities for community members can be placed to improve the quality of life of the La Crosse community. Below are resources that should be considered when creating the implementation plan:

- **Clinics and hospitals** (ex. Mayo Clinic, Mayo Clinic Health System sites, Gundersen, and St. Clare Health Mission)
- **Virtual care access** (ex. Patient Portal, Center for Digital Health, and partnerships with organizations like Hope Restores and the Boys & Girls Clubs of Greater La Crosse)
- **Language services** (ex. Internal departments, Mayo Clinic, La Crosse Health, and Human Services)
- **Rural services** (ex. Retirement communities/Senior Living, Area Health Education Center (AHEC), and local government entities)
- **Social Determinants of Health Resources** (ex. [Find Help](#))
- **Mobile health units** (ex. Mobile Mammography vehicle and Rotary Mobile Clinic)

PRIORITIZATION PROCESS AND CRITERIA (CONTINUED)

Resources for Addressing Prioritized Needs

- **Inclusive health** (ex. Aging and Disability Resources Center, Planned Parenthood, local health departments, Inclusa, Great Rivers United Way, and government entities)

Mental Health and Substance Abuse

The CDC defines mental health as “an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we manage stress, relate to others, and make healthy choices.” Substance abuse is defined by the CDC as, “a patterned use of a drug in which the user consumes the substance in amounts or with methods which are harmful to themselves or others and is a form of substance-related disorder.” Below are resources that should be considered when creating the implementation plan:

- **Medical center and clinic programs** (ex. Gundersen Health System and St. Clare Health Mission)
- **Crisis support through call-in and drop-in centers** (ex. 211, Great Rivers United Way, HUB, and Find Help)
- **County health and human services departments** (ex. Peer support systems and government entities)
- **Schools and surrounding care** (ex. La Crosse School District, YMCA, and Boys & Girls Club of Greater La Crosse)
- **Mental health and Substance Abuse coalitions** (ex. Mental Health Coalition of La Crosse)
- **Trauma-informed community project** (ex. Resiliency and Trauma Information Care (RTIC))
- **Recovery centers** (ex. Coulee Recovery Center)
- **Drug Courts** (ex. La Crosse County and local government representatives)
- **Police Programs** (ex. La Crosse Police Department)

Chronic Disease

According to the CDC, chronic disease is defined broadly as, “conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both. Chronic diseases such as [heart disease](#), [cancer](#), and [diabetes](#) are the leading causes of death and disability in the United States.” Below are resources that should be considered when creating the implementation plan:

- **Internal Programming** (ex. Journey to Wellness self-guided healthy living program)
- **Local Government entities** (ex. La Crosse County Health and Human Services)
- **Higher education** (ex. UWL, Western Technical College, and Viterbo)

Documentation and Communication

Information from the community health needs assessment and priority identification, needs to be documented in an intentional, systematic process, along with the sharing of documents with MCHS SWWI's internal audience, stakeholders, and local government officials. This step will create a document that can be referenced for future discussion and planning strategies to address the health needs of the SWWI region.

Sharing the results of the assessment with internal (MCHS leaders and staff) and external (ex. Governmental officials, partners, and local leaders) stakeholders with proper entities is an important aspect of the CHNA process.

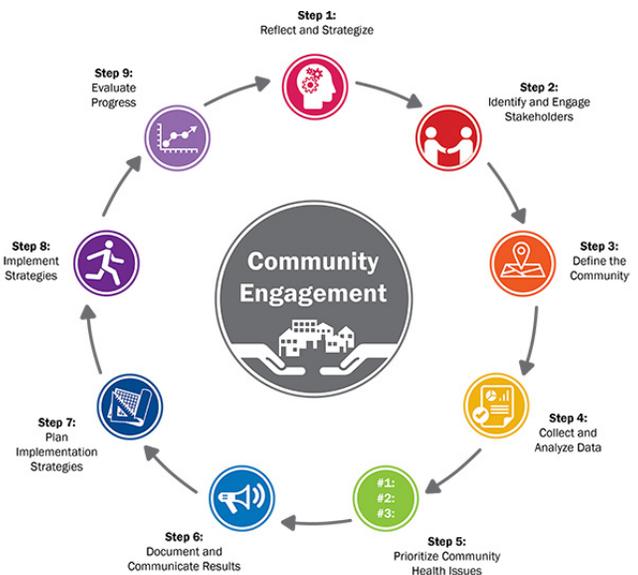
Step 6 – Document and Communicate Results

The key components of this step are to publish the process and results, present material in an accessible way, and engage the hospital and community around the results.

This document is considered a tool to communicate and present the material analyzed throughout the CHNA process. A communication plan will be created in partnership with the internal Communications Department, along with input from MCHS SWWI leadership.

Suggested channels to publicize the results include:

- Websites (hospital, partnering organizations, and stakeholders)
- Social media accounts (hospital, partnering organizations, and stakeholders)
- Press releases
- Copy distribution
- Email communications
- School District Lists
- Issue Briefs
- Local Health Departments



Implementation

The purpose of implementation planning is to create comprehensive strategies to address the needs within the SWWI community. From the implementation plan, the organization can make informed decisions on services and programs that are a top priority for the improved health outcomes of the MCHS SWWI community.

Step 7 – Plan Implementation Strategies

The key components of this step are to engage strategic partnerships (internal and external), align strategies with community stakeholders, determine community assets, identify interventions that have proven successful, and set SMART goals with a documentation plan.

Four recommendations for implementation planning include (not limited to):

1. Create corporate contribution and funding strategies that align with improving health outcomes (ex. [SDoH Accelerator Plan](#))
 - a. Accountability for measures for those who receive funding from MCHS SWWI
 - b. Preventative model for community funding
 - c. Collaborate with the Practice Promotion and Advancement Committee
2. Identify and build relationships with key stakeholders and partners to advance targeted health improvement strategies to drive impactful outcomes
 - a. Mayo Enterprise
 - b. Health Systems
 - c. Local Businesses
 - d. School Districts/Higher Education
 - e. Coalitions/Boards/Associations
 - f. Community Benefit Organizations/Non-profit Organizations (NPO)
 - g. Government Entities

** This step is where an inventory of resources will be connected to identified needs, utilizing the Find Help network that is integrated into the MCHS SWWI EHR**
3. Identify community health initiatives, boards, corporate organizations, NPOs, and volunteer opportunities to align staff engagement focused on community education and improved health outcomes
4. Collect, analyze, and report every quarter through an assessment tool (i.e., scorecard to be identified) to governance bodies, internal communication teams, government, and local community

Implementation (continued)

Step 8 – Implement Strategies

This step is to put step 7 into action to support addressing the prioritized community health needs in the SWWI region. This is where the organization will continue engaging stakeholders, develop an action plan and develop a budget (ex. Community investment and funding).

Action plans should be developed for each priority that has been identified with specific goals, objectives, tasks, roles, and timelines. This will serve as a map to implement the agreed-upon strategies. An example of an action plan documenting goals and objectives can be found in Exhibit 4.1.

[Action plan templates can be found here.](#)

Exhibit 4.1 Action Plan, Goals, and Objectives

Priority Area:						
Implementation Plan		From CHA Research			From Asset Mapping	
Goal	S.M.A.R.T. Objective	Identified Community Need	Population at Risk	Disparity & Root Causes	Existing Community Asset	Potential Partner

Source: American Hospital Association, Community Health Assessment Toolkit

Implementation (continued)

An action plan with documentation of the expected impact can be found in Exhibit 4.2:

Exhibit 4.2 Action Plan, Expected Impact

Priority Area:					
Goal:					
Objectives:	Strategy (Programs, Services, Partnerships)	Target Population	Tactic (Specific Action Step)	Anticipated Impact	Outcome Measure
Objective 1					
Objective 2					

Source: American Hospital Association, Community Health Assessment Toolkit

An action plan with documentation of responsibilities and timelines can be found in Exhibit 4.3:

Exhibit 4.3 Action Plan, Responsibilities, and Timelines

Priority Area:					
Goal:					
Objective:	Tactic (Specific Action Step)	Partner	Resources Needed	Responsible Individual(s)	Timeline
Strategy 1					
Strategy 2					

Source: American Hospital Association, Community Health Assessment Toolkit

Evaluation

According to the CDC, the evaluation process is a “systematic method for collecting, analyzing, and using data to examine the effectiveness and efficiency of programs and, as importantly, to contribute to continuous program improvement.”

The evaluation process will take place throughout the implementation of the strategies to assess the impact and progress toward the action plan goals throughout January 2023-December 2025.

Step 9 – Evaluate Progress

To begin step 9, the community engagement (CE) team in SWWI needs to find baseline data for each priority and strategy. Healthy People 2030 can be used to obtain baseline data to set and progress toward goals. The data should be high-quality, credible data to strengthen the CHNA report.

Additionally, the CE team will measure progress by embedding the [Plan-Do-Study-Act](#) (PDSA) model to ensure continual improvement. The conclusions that are agreed upon will be justified through standard analysis, interpretation, and recommendations.

Evaluation of Prior CHNA and Implementation Strategy



The La Crosse hospital published the CHNA report on December 2019. The CHNA was developed to guide strategies and decision-making beginning January 2020 through December 2022. To date, no written public comments have been received regarding the report or its corresponding implementation plan. The La Crosse hospital's prioritized needs and objectives identified included:

1. Increase Access to Mental Health
2. Reduce Drug and Alcohol Use and Misuse
3. Increased Well-being of Children and Youth

For the duration of the three years 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 mental health, alcohol use, and the well-being of children and youth, on a larger scale.

During 2021, the MCHS SWWI hospitals engaged more than 150,000 people in the community and provided more than \$1.6 million in reportable community benefits to improve the overall health of people in the greater La Crosse community. Operating under the name St. Clare Health Mission, the organization collaborates by utilizing volunteer medical staff to provide care for uninsured and underinsured individuals who are not eligible for government-funded medical assistance programs.

IMPLEMENTATION, INTENDED IMPACTS, AND EVALUATION OF EFFORTS

Increase Access to Mental Health

MCHS- La Crosse intended to reduce barriers for those seeking mental health care and increase community resources for individuals and families affected by mental illness. This was accomplished through education, financial support, community collaborations, and partnerships.

Communication and education are shared by leveraging the Mayo Clinic's expertise on mental health at no cost, including, brochures, handouts, Hometown Health Blogs, social media posts, community presentations, and media interviews. This material is provided where key populations are in attendance.

The organization additionally provided financial support for community programs seeking to raise awareness of mental illness and expand access to mental health care including suicide prevention summit, Salvation Army psychiatric services, Campaign to Change Direction, Coulee Cap SOAR Program, and Tellurian La Crosse Care Center.

MCHS SWWI engaged in community collaboration addressing mental health care needs that were expedited by the pandemic. Examples include La Crosse County Prevention Network, Alliance to Heal, La Crosse Area Suicide Prevention Initiative, La Crosse Mental Health Coalition, Great Rivers HUB, and Better Together Collaborative.

On the MCHS SWWI campus, office space is provided for two La Crosse County social workers serving the residents in the Washburn and Powell-Poage-Hamilton neighborhoods. The La Crosse Hospital continued to provide full-time behavioral health specialists for the Mathy Center and Erickson Boy & Girls Clubs. Our organization employs both specialists through wages and benefits.

Lastly, a partnership between Great Rivers United Way HUB is continuing as a collaborative evidence-based approach to community health improvement. This collaboration focuses on frequent emergency department users, including many with chronic mental health concerns. The HUB's community care workers provide one on one attention and support to individuals referred for services.

IMPLEMENTATION, INTENDED IMPACTS, AND EVALUATION OF EFFORTS (CONTINUED)

Reduce Drug and Alcohol Use and Misuse

In La Crosse, our focus is to increase community resources for the prevention of Drug and Alcohol misuse to assist individuals and families affected by drug and alcohol addiction. Substance and alcohol abuse continue to be areas of concern across Mayo Clinic Health System service area. The organization addresses these pervasive and challenging issues through education, program funding, partnerships, and collaborations with agencies and organizations.

Communication and education are shared by leveraging Mayo Clinic's expertise in reducing drug and/or alcohol use and misuse, at no cost, including, brochures, handouts, Hometown Health Blogs, social media posts, community presentations, and media interviews. This material is provided where key populations are in attendance.

The organization also provided financial support for the following programs and organizations seeking to reduce drug and alcohol use/misuse. La Crosse Police Department's DARE program (substance abuse prevention); Coulee Council on Addictions (prevention/recovery) and Tellurian La Crosse Care Center (addiction and mental health treatment).

Our collaboration efforts that focus on addressing drug and alcohol use and misuse include the Coulee Council on Addictions Board of Directors, La Crosse County Prevention Network, Great Rivers HUB committees, and the Alliance to Health Committees. The La Crosse hospital continues to provide space on the campus for the Coulee Recovery Center, charging rent at \$1.00 per year. The Coulee Recover Center provides addiction prevention and recovery services.

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.

IMPLEMENTATION, INTENDED IMPACTS, AND EVALUATION OF EFFORTS (CONTINUED)

Increased Well-being of Children and Youth

The increased well-being of children and youth in our region is a continued focus for the La Crosse hospital leadership. The intention was to increase community resources to prevent childhood trauma, reduce the impact of adverse childhood experiences and address the needs of children living in poverty. The organization addresses these important issues through education, financial support, and partnerships and collaborations.

Communication and education are shared by leveraging Mayo Clinic's expertise in the well-being of children and youth, at no cost, including, brochures, handouts, Hometown Health Blogs, social media posts, community presentations, and media interviews. This material is provided where key populations are in attendance. Additionally, three one-hour sessions presentation were offered at no cost to assist area parents with a range of topics, including Childhood in a Digital Age, Back-To-School tips for Mental Health, and Staying Sane and Emotionally Sound during COVID-19 Winter. Presenters included a family physician, child, and adolescent psychologists, and a pediatrician.

MCHS in La Crosse provided financial support for Muscles in Motion, a program of the Parenting Place. This free parent-child program supports the well-being of young children and adults who care for them. Interaction during the program (adult to adult, adult to child, and child to child) fall within the protective factor framework, a research-based approach to creating strong families that contribute to optimal child well-being while preventing child maltreatment.

Providing financial support for partners in collaboration seeking to increase the well-being of children and youth include the La Crosse Police Dare Program, Lincoln Middle School, Big Brothers Big Sister, APTIV, Family and Children Center, the Parenting Place, and the Good Fight Community Center.

Efforts continued in the partnership environment with the Great Rivers Hub, in a collaborative effort in an evidence-based approach to community health improvement. Pregnant women with one or more substance abuse disorders were the focus of a HUB pilot that continued into 2021 where community healthcare workers provided one on one attention and support to individuals referred for services. No outcome data has been shared regarding this effort, at this time.

IMPLEMENTATION, INTENDED IMPACTS, AND EVALUATION OF EFFORTS (CONTINUED)

Increased Well-being of Children and Youth (continued)

Through the ongoing Adopt-A-School partnership through the La Crosse Public Education Foundation, the organization has focused efforts on Lincoln Middle School which resides in the Washburn Neighborhood. Financial support was provided to expand opportunities for students and families. Supports included presentations, to parents and staff by Mayo experts in child psychology and pediatrics. The hospital provided a free babysitting class for students. Financial support was provided for the purchase of COVID-19 classroom sanitizing supplies. The hospital hosted a food drive and provided financial support for a school program that provides Thanksgiving meals to school families in need.

Continued collaboration took place with Hamilton Community School by providing onsite group and one on one behavioral health services for children impacted by trauma. The program was paused due to COVID-19 and school closures.

Other examples of community collaboration addressing the well-being of children and youth include, the Parenting Place, Boys & Girls Club of Greater La Crosse, Big Brothers Big Sisters of the 7 Rivers Region, Family & Children's Center, La Crosse School District, La Crosse Public Education Foundation, APTIV (disability services), Gateway Area Boys Scouts, Chileda (disability services) and RTIC (Resiliency and Trauma Informed Community).

Impact of COVID-19

In February 2020, the COVID-19 pandemic struck the United States of America, including the Southwest Wisconsin region. Mayo Clinic and the Mayo Clinic Health System sites, including La Crosse, responded to this public health crisis in a multitude of ways to protect the health of the local and regional communities, as well as contribute to the national and global response.

Rapidly, the staff of MCHS-La Crosse developed and disseminated public and consumer information regarding the COVID-19 virus, to help the public (patients, government, peer medical providers, etc.) understand the risks and actions to take to prevent and/or care for infections. Sharing knowledge and collaborating broadly with other academic health centers and businesses to expand the understanding and resources to address and contain the disease, was a new priority within the organization. Examples of this type of sharing and collaboration include using AI to model and forecast hotspots across the United States, as well as developing tools to standardize contact tracing and exposure management. These systems were shared with public health departments to information on the changing health safety policies as the pandemic evolved locally.

IMPLEMENTATION, INTENDED IMPACTS, AND EVALUATION OF EFFORTS (CONTINUED)

The organization took part in restructuring patient care services to ensure the capacity for intensive care for community needs. This resulted in a significant interruption of normal operations, as non-emergency care services were deferred to increase the COVID-19 response capacity. MCHS-La Crosse expanded virtual care capabilities to advance home care and treatment to safely improve access for the community and rural patients. Additionally, dissemination of rapid COVID-19 resources was developed to strengthen efforts of local public health and other healthcare organizations, in serving community needs.

Research efforts were refocused to bring a greater understanding, therapies, and potential vaccine solutions for the COVID-19 virus, including antibody testing capabilities, blood plasma therapies, and the effectiveness and safety of various pharmaceutical therapies.

The above COVID-19 efforts, combined with the capacity challenges of local non-profit organizations delayed efforts within the 2020 community health improvement strategies outlined in the implementation plan for addressing the prioritized needs from the 2019 CHNA.

Appendix A

Community Health Assessment Toolkit

9 steps for assessing and improving your community's health



Identify and engage stakeholders throughout the CHA process.

1: Reflect and Strategize
Reflect on past CHAs; identify what worked well, areas for improvement and whether implementation strategies had the intended impact.

2: Identify and Engage Stakeholders
Establish trust with community groups to foster inclusivity, creating a stronger sense of joint ownership of the process.

3: Define the Community
Use geographic and population data to frame the assessment scope and follow-up strategies. ZIP code, census tract and qualitative data foster understanding of what is meant by "community."

4: Collect and Analyze Data
Combine quantitative and qualitative data reflecting experiences and opinions of your community. Data should reveal overall community health and highlight needs of various populations.

5: Prioritize Health Issues
Distinguish the most pressing community health needs based on the data collected.

6: Document and Communicate Results
Share the results of your assessment with both internal and external audiences.

7: Plan Implementation Strategies
Develop comprehensive, multifaceted strategies to address the community health needs prioritized in your assessment. This is crucial to improving community health.

8: Implement Strategies
Continuously improve health by turning strategies into concrete actions.

9: Evaluate Progress
Plan evaluation throughout the CHA process to assess progress toward goals.

Now available at www.healthycommunities.org/assesstoolkit







Appendix B

COMPASS Now 2021 Steering Committee

Barb Barczak – Trempealeau County Health Department
Pauline Byom – Mayo Clinic Health System
Jessie Cunningham – Vernon Memorial Healthcare
Jacquie Cutts – La Crosse County Health Department
Kayleigh Day – Monroe County Health Department
Liz Evans – Great Rivers United Way
Danny Hale – Vernon Memorial Healthcare
Sarah Havens – Gundersen Health System
Dan Howard – Gundersen St. Joseph’s Hospital and Clinics
Nathan Hundt – APTIV, Inc.
Beth Johnson – Vernon County Health Department
Amy Kleiber – Vernon County Health Department
April Loeffler – Buffalo County Health Department
Heather Myhre – Houston County Public Health
Heidi Odegaard – Mayo Clinic Health System
Mickey Rice – Buffalo County Health Department
Jen Rombalski – La Crosse County Health Department
Cindy Shireman – Mayo Clinic Health System
Audrey Staggemeyer – Houston County Public Health
Shelly Teadt – Couleecap
Amanda Westphal – Gundersen Health System
Mary Kay Wolf – Great Rivers United Way
Susan Zimmerman – Gundersen Tri-County Hospital and Clinics

Appendix C

COMPASS Now 2021 Stakeholders

List of Organizations that Participated in Community Stakeholder Meetings

AJ Falkers Counseling and Consulting Services	La Farge School District
American Red Cross	Lifestyle Fitness
APTIV, Inc.	Lokens Sawmill Inn & Suites
Arcadia Ambulance Service	Mayo Clinic Health System
Arcadia Middle School	Mayo Clinic Health System Sparta Family Medicine Clinic
Arrow Behavioral Health	MiEnergy Cooperative
At Home Care of Western Wisconsin	Mobile Meals
Big Brothers Big Sisters of the 7 Rivers Region	Monroe County Department of Human Services
Blair-Taylor High School	Monroe County Government
Bridges Health	Monroe County Health Department
Buffalo County Health Department	Monroe County Justice Programs
Caledonia Area Public Schools	Neighbor for Neighbor
Center for Special Children-LFMC	Neighbors in Action
Children's Museum of La Crosse	Next Chapter La Crosse
Cia Siab, Inc.	Norwalk-Ontario-Wilton School District
City of Caledonia	Optum
City of Fountain City	Pilgrims Pride Arcadia Wisconsin
City of Hillsboro	Royal Bank
City of La Crosse	Royal Credit Union
Community & Economic Development Associates	Scenic Bluffs Community Health Center
Co-op Credit Union	Second Harvest Foodbank of Southern Wisconsin
Coulee Region RSVP	Semcac
Couleecap, Inc.	SmoothToe
Cross of Christ Lutheran Church	Sparta Area Chamber of Commerce
Crossing Rivers Health	Sparta Area School District
ESB Bank	Sparta Free Library
Families First of Monroe County, Inc.	Spring Grove School District
Family & Children's Center	St. John's Alma
Flocks Guardians Inc.	St. Michael's Assisted Living
Great Rivers HUB	State of Wisconsin, Department of Military Affairs
Great Rivers United Way	The Parenting Place
Gundersen Health System	The Salvation Army of La Crosse County
Gundersen Medical Foundation	Tomah Area School District
Gundersen St. Joseph's Hospital and Clinics	Tomah Chamber and Visitors Center
Gundersen Tri-County Hospital and Clinics	Tomah Health
Hale Fire/First Responders	Tomah Police Department
Hamilton Community School	Tomah VA Medical Center
Hillsboro School District	Trempealeau County
Hillsboro Sentry-Enterprise	Trempealeau County Board
Houston County	Trempealeau County Department of Human Services
Houston County Economic Development Authority	Trempealeau County Health Department
Houston County Public Health & Human Services	Tri-County Communications Cooperative
Houston Public Schools	Triple Brook Farms, Inc
Inclusa	University of Wisconsin Extension
Independence Public Library	UW-Madison
Independence School District	UW-Madison Division of Extension Monroe County
Independent Living Resources	UW-Madison Extension
Kwik Trip	VARC, Inc. Vernon Area Rehabilitation Center
La Crescent Area Chamber of Commerce & Tourism	Vernon County
La Crescent Montessori & STEM School	Vernon County Emergency Management
La Crescent-Hokah Public Schools	Vernon County Health Department
La Crosse Community Foundation	Vernon Electric Coop
La Crosse County	Vernon Memorial Healthcare
La Crosse County Health Department	Western Wisconsin Women's Business Center
La Crosse County Historical Society	Wisconsin State Legislature
La Crosse County Human Services	Workforce Connections, Inc.
La Crosse Medical Health Science Consortium	Xcel Energy
La Crosse Milling Company	YWCA La Crosse

Appendix D

COMPASS Now 2021 Survey



Dear residents of Buffalo, Houston, La Crosse, Monroe, Trempealeau, and Vernon Counties:

We are conducting a community needs assessment called Compass Now. We are asking for your input to help identify the most important issues and health needs in the community by taking the Compass Survey. Please answer all the survey questions as best as you can. The survey is anonymous and will only take about 20 minutes to complete. Part A asks what you think about community needs and resources. Part B asks about your household's needs and resources. Please note, the pages are printed on both sides.

As you consider each question in the survey, we ask you to think about community needs that existed before COVID-19, and continue to be concerns right now. This will help us develop a comprehensive view of community health needs that can be used to inform a wide range of community efforts in the coming months.

The Compass Survey is used to develop important community programs, interventions, and policies by local hospitals, health centers, and health departments. It is also used in policy and community development by state and local leaders. Your input will help determine the most important issues impacting health for leaders to address.

Thank you for taking time out of your day to share your input on our community!

Sincerely,

Compass Now Partners:

Buffalo County Health Department; Great Rivers United Way; Gundersen Health System; Gundersen St. Joseph's Hospital and Clinics; Gundersen Tri-County; Houston County Public Health; La Crosse County Health Department; Mayo Clinic Health System; Monroe County Health Department; Tomah Health; Trempealeau County Health Department; Vernon County Health Department; Vernon Memorial Healthcare

Compass Now Survey

Your Place of Residence

We ask for the following information to assure that our survey includes individuals from throughout our geographic community. Please be assured that your survey response is private, and we cannot identify your responses by name.

Q1. What is the 5-digit zip code of your residence? Please enter your zip code in the box.

Q2. What County do you live in?

- Buffalo
- Houston
- La Crosse
- Monroe
- Trempealeau
- Vernon

Part A. Community Needs and Resources *In this section we ask you to share your thoughts about needs and resources in the community where you live.*

Q3. Thinking of your community, how would you rate the area as a place to live?

- Excellent
- Good
- Fair
- Poor

Q4. How concerned are you about the following health issues in your community?

Please choose one response for each item:

	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion
a. Mental health	<input type="radio"/>				
b. Mental health stigma	<input type="radio"/>				
c. Alcohol use	<input type="radio"/>				
d. Obesity	<input type="radio"/>				
e. Prescription drug misuse	<input type="radio"/>				
f. Suicide	<input type="radio"/>				
g. Tobacco use	<input type="radio"/>				
h. E-cigarette use/Vaping	<input type="radio"/>				
i. Illegal drug use	<input type="radio"/>				

Q5. How concerned are you about the following safety-related issues in your community?

Please choose one response for each item:

	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion
a. Responsiveness of Emergency Medical Services (EMS)	<input type="radio"/>				
b. Community response to flood	<input type="radio"/>				
c. School safety	<input type="radio"/>				
d. Cyber security (e.g. identity theft)	<input type="radio"/>				
e. Responsiveness of law enforcement	<input type="radio"/>				
f. Responsiveness of fire department	<input type="radio"/>				
g. Criminal activity	<input type="radio"/>				
h. Disease outbreak	<input type="radio"/>				
i. Hazardous materials incident	<input type="radio"/>				
j. Terrorist activity	<input type="radio"/>				
k. Loose animals	<input type="radio"/>				
l. Sidewalks in poor condition	<input type="radio"/>				
m. Lack of sidewalks	<input type="radio"/>				
n. Inadequate crosswalks	<input type="radio"/>				
o. Motor vehicle traffic	<input type="radio"/>				
p. Not enough traffic lights/stop signs	<input type="radio"/>				
q. Street lighting	<input type="radio"/>				
r. Tap water safety	<input type="radio"/>				
s. Well water safety	<input type="radio"/>				

Q6. How would you rate the overall safety of your community?

- Excellent
- Good
- Fair
- Poor

Q7. Thinking about educational opportunities and lifelong learning in your community, how would you rate the following?
Please choose one response for each item:

	Poor	Fair	Good	Excellent	No Opinion
a. Your community as a place that meets your family's educational needs	<input type="radio"/>				
b. The availability of early education opportunities in your community (e.g. play groups, Head Start, 4 year old kindergarten)	<input type="radio"/>				
c. The quality of education grades K -12 in your community	<input type="radio"/>				
d. Opportunities to gain additional knowledge or skills (tuition reimbursement, conferences, skills training courses, classes)	<input type="radio"/>				
e. The availability of community resources to learn new skills or hobbies (e.g. woodworking, photography, computers)	<input type="radio"/>				

Q8. Thinking about the following aspects of life in your community how would you rate the following?
Please choose one response for each item

	Poor	Fair	Good	Excellent	No Opinion
a. Your community as a place that meets your family's recreational needs (Fine arts, outdoor activities, etc.)	<input type="radio"/>				
b. Opportunities for youth to explore interests and participate in positive activities.	<input type="radio"/>				
c. Opportunities to volunteer in your community.	<input type="radio"/>				
d. Your community as a place where all people are treated respectfully, regardless of their race, culture, religion, gender, sexual orientation, income level, disability or age.	<input type="radio"/>				
e. Your community as a place where people of different cultural/racial/ethnic backgrounds are included in decision-making.	<input type="radio"/>				

Q9. What level of concern do you have about the following issues related to community life?
Please choose one response for each item:

	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion
a. Racism	<input type="radio"/>				
b. School bullying	<input type="radio"/>				
c. Cyber bullying	<input type="radio"/>				
d. Discrimination	<input type="radio"/>				

Other _____

Q10. What level of concern do you have about the following issues related to care for vulnerable persons?
Please choose one response for each item:

	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion
a. Child abuse	<input type="radio"/>				
b. Domestic abuse	<input type="radio"/>				
c. Elder abuse	<input type="radio"/>				
e. Sexual abuse or sexual violence	<input type="radio"/>				

Q11. Thinking about the following aspects of care for vulnerable persons in your community, how would you rate the following? Please choose one response for each item:

	Poor	Fair	Good	Excellent	No Opinion
a. Your community as a place that meets the overall needs of children	<input type="radio"/>				
b. Efforts to prevent abuse or neglect of children	<input type="radio"/>				
c. Your community as a place that meets the overall needs of elderly persons (for example access to transportation, social outlets)	<input type="radio"/>				
d. Efforts to prevent abuse or neglect of seniors.	<input type="radio"/>				
e. The availability of resources to help persons age in place	<input type="radio"/>				
f. Your community as a place that meets the overall needs of persons with disabilities	<input type="radio"/>				
g. Efforts to prevent abuse or neglect of persons with disabilities	<input type="radio"/>				
h. The availability of services that meet the overall needs of community members who are victims of abuse or neglect	<input type="radio"/>				

Q12. What level of concern do you have about the following economic issues in your community? Please choose one response for each item:

	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion
a. Excessive personal debt	<input type="radio"/>				
b. Gambling (in-person or online)	<input type="radio"/>				
c. Risk of foreclosure or bankruptcy	<input type="radio"/>				
d. Risk of job loss	<input type="radio"/>				
e. Poverty	<input type="radio"/>				
f. Hunger	<input type="radio"/>				
g. Homelessness	<input type="radio"/>				

Q13. Thinking about the economic aspects of life in your community, how would you rate the following?

Please choose one response for each item:

	Poor	Fair	Good	Excellent	No Opinion
a. The availability of jobs with wages that offer a livable wage	<input type="radio"/>				
b. The availability of safe, affordable housing	<input type="radio"/>				
c. The availability of services for people who may need extra help (government, nonprofit services)	<input type="radio"/>				
d. The accessibility of public transportation	<input type="radio"/>				
e. The convenience of public transportation	<input type="radio"/>				
f. Efforts to reduce poverty in your community	<input type="radio"/>				
g. Efforts to reduce hunger in your community	<input type="radio"/>				

Part B. Household Needs and Resources

In this section we ask you to share your thoughts about needs and resources for you and members of your household. Please be assured that we cannot identify your responses by name.

Q14. What level of concern do you have about the following for your household?

Please choose one response for each item:

	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion
a. Your ability to meet your household's basic needs for food, housing, clothing.	<input type="radio"/>				
b. Your ability to pay for rent/ mortgage for your household	<input type="radio"/>				
c. Your ability to pay for utility bills, property tax, and other housing related expenses	<input type="radio"/>				
d. The availability of resources to help you budget your money	<input type="radio"/>				
e. Your ability to pay for education beyond high school for you and/or your family	<input type="radio"/>				
f. Your ability to pay for your own vehicle (including gas, insurance, and maintenance)	<input type="radio"/>				
g. Your ability to pay for legal assistance	<input type="radio"/>				
h. Your ability to pay for child care, if needed	<input type="radio"/>				
i. Your ability to access housing	<input type="radio"/>				
j. Your ability to access childcare, if needed	<input type="radio"/>				

Q15. How true is the following statement about food for your household?

“Within the past 12 months the food we bought just didn’t last and we didn’t have money to get more.”

- Often true
- Occasionally true
- Sometimes but infrequently true
- Never true

Q16. What is your level of preparedness for the following events?

Please choose one response for each item:

	Not Prepared	A Little Prepared	Moderately Prepared	Very Prepared
a. Household fire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Flood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Power outage longer than 24 hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Natural disaster (such as ice storm, tornado, snow storm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Pandemic/Epidemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Loss of job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q17. Thinking about your personal health, how would you rate the following?

Please choose one response for each item:

	Poor	Fair	Good	Excellent
a. Your overall health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Your overall mental health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Your overall dental health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Your access to healthcare.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Your access to mental health care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Your access to dental care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Your access to healthy food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Your ability to pay for healthcare.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Your ability to pay for mental health care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Your ability to pay for dental care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Your ability to pay for healthy food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about health care and health coverage for you and your household, please answer the following.

Q18. What kind of place do you go to most often if you are sick and need health care?
(Please choose all that apply)

- Doctor's Office
- Clinic
- Express Care in a grocery or drug store
- Urgent Care
- Free Clinic
- Hospital Emergency Room
- VA Medical Center
- VA Outpatient Clinic
- Internet
- I do not have a place that I go most often

Other kinds of places (please describe) _____

Q19. In the last 12 months, was there any time when you needed to see a doctor or other health care provider but did not because of any of the following reasons?
(Please choose all that apply)

- Could not afford the cost
- Did not have insurance
- Did not have transportation
- Could not schedule the appointment at a convenient time
- There was a language barrier
- I could not get childcare
- None of the above apply to me

Other reasons (please describe) _____

Q20. How long has it been since you have seen a dentist for any reason?

- Within the past year
- Within the past 2 years
- Within the past 5 years
- 5 or more years
- Don't know

Q21. In the last 12 months, was there any time when you needed to see a dentist but did not because of any of the following reasons? (Please choose all that apply)

- Could not afford the cost
- Did not have insurance
- Did not have transportation
- Could not schedule the appointment at a convenient time
- There was a language barrier
- I could not get child care
- None of the above apply to me

Other concerns (please describe): _____

Q22. Do all members of your household have health coverage? This could include private health insurance, health insurance provided by an employer, or health coverage provided by the government such as Medicaid, Medicare, or Indian Health Service.

- Yes, all members of my household have health coverage.
- No, one or more members of my household do not have health coverage.

Q23. Do any members of your household have the following types of health insurance?
(Please choose all that apply)

- Medicaid (Badger Care/Medical Assistance)
- Medicare
- Private Insurance
- Employer Based Insurance
- Other
- Not Applicable-No one in my household has health insurance

Q24. Are there any minor children (under age 19) living in your household?

- Yes
- No (skip to Q27)

Q25. What kind of place do the minor children in the household go to most often if you are sick and need health care?

- Doctor's Office
- Clinic
- Express Care in a grocery or drug store
- Urgent Care
- Free Clinic
- Hospital Emergency Room
- Internet
- We do not have a place that we go most often

Other kinds of places (please describe) _____

Q26. How long has it been since any minor children in the household saw a dentist for any reason?

- Within the past year
- Within the past 2 years
- Within the past 5 years
- 5 or more years
- Don't know

To help us better understand the results of the survey, please answer a few additional questions about you and your family.

Q27. Including yourself, how many people are living in your household?

- One
- Two
- Three
- Four
- Five
- Six
- Seven
- More than seven

<p>Q28. Do you currently help care for an individual that is aging?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Q29. Do you currently help care for an individual that has a disability?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Q30. Do you or any members of your family volunteer?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Q31. What is your age group?</p> <p><input type="radio"/> 18-29</p> <p><input type="radio"/> 30-44</p> <p><input type="radio"/> 45-64</p> <p><input type="radio"/> 65+</p> <p>Q32. What is your gender?</p> <p><input type="radio"/> Female</p> <p><input type="radio"/> Male</p> <p><input type="radio"/> Prefer not to answer</p> <p><input type="radio"/> Self-identify _____</p>	<p>Q33. What do you consider to be your race?</p> <p><input type="radio"/> American Indian</p> <p><input type="radio"/> Asian</p> <p><input type="radio"/> Black/African American</p> <p><input type="radio"/> Pacific Islander</p> <p><input type="radio"/> White</p> <p><input type="radio"/> Other race</p> <p><input type="radio"/> Two or more races</p> <p>Q34. Are you Hispanic, Latino, or of Spanish Origin?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Q35. Are you Hmong?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Q36. What is the highest level of education you have completed?</p> <p><input type="radio"/> Did not graduate from high school</p> <p><input type="radio"/> High school diploma</p> <p><input type="radio"/> Vocational school</p> <p><input type="radio"/> Some college</p> <p><input type="radio"/> College graduate</p> <p><input type="radio"/> Post-graduate/professional</p> <p>Q37. Do you own or rent your current residence?</p> <p><input type="radio"/> Own (Skip to Question #39)</p> <p><input type="radio"/> Rent (Skip to Question #39)</p> <p><input type="radio"/> Other arrangement</p>
---	--

Q38. If you answered 'Other arrangement' above, which of the following describe your current situation?
(Please choose all that apply)

- Live with others
- Live in an emergency shelter
- Live in transitional housing
- Being evicted from housing unit with no plans or means of obtaining other housing
- Leaving a domestic violence housing situation with no plans or means for other housing

Other arrangements (please describe)

Q39. Counting income from all sources (including earnings from jobs, unemployment insurance, pensions, welfare, etc.) and counting income from everyone living in your home, which of the following ranges did your household income fall into last year? (Please check one)

- Less than \$15,000
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 and over

Q40. Please provide any additional comments regarding this survey here:

Thank you for completing the Compass Now survey!

Appendix E

Social Determinants of Health Questionnaire

#	Question	Answer Selections	Branching
1	On average, how many days per week do you engage in moderate to strenuous exercise (like walking fast, running, jogging, dancing, swimming, biking, or other activities that cause a light or heavy sweat)?	0 days 1 days 2 days 3 days 4 days 5 days 6 days 7 days Decline	
2	On average, how many minutes do you engage in exercise at this level?	0 minutes 10 minutes 20 minutes 30 minutes 40 minutes 50 minutes 60 minutes 70 minutes 80 minutes 90 minutes 100 minutes 100 minutes 110 minutes 120 minutes 130 minutes 140 minutes 150 or more minutes Decline	
3	Do you feel stress – tense, restless, nervous, or anxious, or unable to sleep at night because your mind is troubled all the time – these days?	Not at all Only a little To some extent Rather much Very much Decline	
4	Do you belong to any clubs or organizations such as church groups, unions, fraternal or athletic groups, or school groups?	Yes No Decline	

5	How often do you attend meetings of the clubs or organizations you belong to?	Never 1 to 4 times per year More than 4 times per year Decline	
6	In a typical week, how many times do you talk on the telephone with family, friends, or neighbors?	Never Once a week Twice a week Three times a week More than three times a week Decline	
7	How often do you get together with friends or relatives?	Never Once a week Twice a week Three times a week More than three times a week Decline	
8	How often do you attend church or religious services?	Never 1 to 4 times per year More than 4 times per year Decline	
9	Are you now married, widowed, divorced, separated, never married or living with a partner?	Married Widowed Divorced Separated Never married Living with partner Decline	
10	Within the last year, have you been afraid of your partner or ex-partner?	No Yes Decline	
11	Within the last year, have you been humiliated or emotionally abused in other ways by your partner or ex-partner?	No Yes Decline	
12	Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner?	No Yes Decline	
13	Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?	No Yes Decline	
14	How hard is it for you to pay for the very basics like food, housing, medical care, and heating?	Not hard at all Not very hard Somewhat hard Hard Very hard Decline	

15	What is the highest level of school you have completed or the highest degree you have received?	1 st grade 2 nd grade 3 rd grade 4 th grade 5 th grade 6 th grade 7 th grade 8 th grade 9 th grade 10 th grade 11 th grade 12 th grade GED or equivalent Associate degree: occupational, technical, or vocational Associate degree: academic program Bachelor's degree (e.g., BA, AB, BS) Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA) Professional school degree (e.g., MD, DDS, DVM, JD) Doctorate Some college, no degree Never attended school Decline	
16	Within the past 12 months, you worried that your food would run out before you got money to buy more.	Never true Sometimes true Often true Decline	
17	Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	Never true Sometimes true Often true Decline	
18	On average, how many servings of fruit and/or vegetables do you eat a day (serving size is equal to 1 tennis ball)?	0-1 2-3 4-5 6-7 8 or more	
19	Do you use extra virgin oil as your main source of fat in your diet?	Yes No	
20	Do you have a regular dentist that you see at least once a year for a check-up?	Yes No	

21	<p>In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?</p> <p>National Association of Community Health Centers, Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association, and Institute for Alternative Futures. The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE). 2016. www.nachc.org/prapare</p>	<p>No Yes Decline</p>	
22	<p>In the past 12 months, has lack of transportation kept you from meetings, work, or getting things needed for daily living?</p> <p>National Association of Community Health Centers, Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association, and Institute for Alternative Futures. The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE). 2016. www.nachc.org/prapare</p>	<p>No Yes Decline</p>	
23	How often do you have a drink containing alcohol?	<p>Never Monthly or less 2-4 times a month 2-3 times a week 4 or more times a week Decline</p>	
24	How many drinks containing alcohol do you have on a typical day when you are drinking?	<p>1 or 2 3 or 4 5 or 6 7 to 9 10 or more Decline</p>	
25	How often do you have six or more drinks on one occasion?	<p>Never Less than monthly Monthly Weekly Daily or almost daily Decline</p>	
26a	Are you currently or have you ever been employed in the military or as a civilian contractor by the military?	<p>No Yes, U.S. Military Yes, Other Military Yes, Civilian Contractor</p>	<p>If No was selected, end questionnaire</p> <p>If any yes answers were selected, patient will be asked question 26b</p>
26b	What is your current status?	<p>Active Reserve Inactive Discharged</p>	<p>If Active, patient will be asked question 26c</p> <p>If Inactive or Discharged, patient will be asked question 26f</p>
26c	What was your state date?	MM/DD/YYYY	
26d	What was your separation date?	MM/DD/YYYY	
26e	Is there anything about your service history you'd like your health care provider to know?	<p>Yes (Describe) No</p>	<p>If Yes (Describe), patient will be asked question 26f</p> <p>If No, end questionnaire</p>
26f	Describe additional service history information for provider.	Free text box	

Appendix F

MCHS SWWI Priority Identification Committee

Organizer



Odegaard, Heidi L.

Attendees

✓ Yes: 18



Santolin, Ashley E.
Required



Shireman, Cinthia A.
Required



Noth, Kimberly A., M.S....
Required



Von Ruden, Gina M., M...
Required



Behn, Joseph R., M.D.
Required



Every, Amy A.
Required



Mueller, Paul S., M.D.
Required



Jimenez, Kristine K., M...
Required



Morrey, Michael A.
Required



Dutchin, Shawn R., M.A.
Required



Meyer, Tia J., M.H.A.
Required



Kronebusch, Beckie J., ...
Required



Holst, Tanner T.
Required



Barkey, Lenae M., M.B.A.
Required



Erickson, Eric B.
Required



Grabow, Peter J.
Required



Molling, Paul E., D.O.
Required



Sexton, Erin C.
Required

✓ Maybe: 2



Jensen, Jeffrey B., M.D.
Required



Archer, Lisa M., M.A., R...
Required

✓ No: 1



Krien, Joseph S., M.D., ...
Required

✓ Didn't respond: 2



Clune, Caroline G., M.D.
Required



Ale, Chelsea M., Ph.D., ...
Required

Appendix G



Mayo Clinic Health System – Franciscan Medical Center Board of Directors *(Revised 10/21/22)*



Lisa Archer, MAN, RN, NE-BC
Chief Nursing Officer
Mayo Clinic Health System
SWWI (sit-with)



Matt Binsfeld
President
J.F. Brennan Company, Inc.



Paul Borsheim
President
Borton Construction



Mark Bortnem
WI Chief Financial Officer
Mayo Clinic Health System
(sit with)



Georgia Christensen
Franciscan Sisters of
Perpetual Adoration



Dennis Costakos, MD
Neonatology
Mayo Clinic Health System
SWWI



William Cross, III, MD
Orthopedic Surgery
Mayo Clinic Rochester



Brooks Edwards, MD
Cardiovascular Disease
Mayo Clinic Rochester



Helen Elsbernd
Franciscan Sisters of
Perpetual Adoration



Christopher Hasse
Chair, Administration
Mayo Clinic Health System
(sit with)



Tanner Holst
Interim Regional Chair - Admin
Mayo Clinic Health System
SWWI



Steve Knudson
Contractor/Payor Relations
Mayo Clinic Rochester



Bradley Leibovich, MD
Urology
Mayo Clinic Rochester



Scott Mathy
President
Mathy Construction



Paul Molling, DO
Family Medicine
Mayo Clinic Health System
SWWI



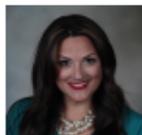
Paul Mueller, MD (Chair)
General Internal Medicine
Regional Vice President
Mayo Clinic Health System
SWWI



Sandhya Pruthi, MD
General Internal Medicine
Mayo Clinic Rochester
(MCHS President Designee)



Barb Saathoff, JD
Legal Services
Mayo Clinic Health System
(sit with)



Jennifer Thompson (Livingston)
Community Engagement
Mayo Clinic Health System
(sit with)



Julie Tydrich
Franciscan Sisters of
Perpetual Adoration



Prathibha Varkey, MBBS, MBA
President
Mayo Clinic Health System
(sit with)



Dale Walter
Market Director
Orgel Wealth Management



Mary Jo Werner
C.P.A., J.D.
Wipfli (retired)