



# Community Health Needs Assessment



**Mayo Clinic Health System – Oakridge, Inc.**

**September 30, 2013**



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# Executive Summary

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## ***Enterprise Overview:***

Mayo Clinic is a not-for-profit, worldwide leader in patient care, research and education. Each year Mayo Clinic serves more than one million patients from communities throughout the world, offering a full spectrum of care from health information, preventive and primary care to the most complex medical care possible. Mayo Clinic provides these services through many campuses and facilities, including 23 hospitals located in communities throughout the United States, including Arizona, Florida, Georgia, Minnesota, Wisconsin and Iowa.

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

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

## ***Entity Overview:***

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

Mayo Clinic Health System – Oakridge in Osseo is one of 17 hospitals within Mayo Clinic Health System. Oakridge is part of the Northwest Wisconsin region of Mayo Clinic Health System, which also includes hospitals in Eau Claire, Bloomer, Barron and Menomonie. Mayo Clinic Health System – Oakridge in Osseo supports the community through inpatient and outpatient services. The hospital had 370 admissions in 2012 and employs 233 staff.

Mayo Clinic Health System is a family of clinics, hospitals and health care facilities serving more than 70 communities in Iowa, Georgia, Wisconsin and Minnesota. It encompasses more than 900 providers and serves more than half a million patients each year. As part of Mayo Clinic, a leading caregiver with nearly 150 years of patient care, research and medical education expertise, the organization provides a full spectrum of health care options to local neighborhoods, ranging from primary to highly specialized care. Mayo Clinic Health System is recognized as one of the most successful regional health care systems in the United States.



Through the power of collaboration, Mayo Clinic Health System provides patients with access to cutting-edge research, technology and resources that come from Mayo Clinic. Our communities have the peace of mind that their neighbors are working together on their behalf.

Mayo Clinic Health System was developed to bring a new kind of health care to local neighborhoods. By putting together integrated teams of local doctors and medical experts we've opened the door to information sharing in a way that allows us to keep our family, friends and neighbors healthier than ever before.

Mayo Clinic's greatest strength is translating idealism into action. It's what our staff does every day for our patients. It is how we transform hope into healing. We call this power "the Mayo Effect."

Mayo Clinic Health System was created to fulfill the commitment to bring Mayo Clinic quality health care to local communities. As part of this commitment, the health system has a long tradition of supporting community health and wellness. In 2012, Mayo Clinic Health System – Oakridge in Osseo provided more than \$1.8 million in community benefit through uncompensated care. It also provided \$6,650 through philanthropic donations to the community to support such programs as fundraising events for the American Cancer Society and nursing home, as well as Junior Achievement and a barrier-free playground in the community.

Mayo Clinic Health System – Oakridge in Osseo also provides a wide range of wellness and prevention programs for the community, including free blood pressure and glucose screenings. In 2012, the hospital provided health and wellness activities for children, including information on backpack safety tips and proper hand-washing techniques.

Annually, the hospital employees provide free school supplies to local schools. Physicians teach local children about health and hygiene and health careers, and staff participate in an annual clinic day for area schools. The facility also teaches free CPR courses to local volunteer firefighters. In 2012 we reached approximately 1,584 residents through community support and health and wellness activities.

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

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

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

The primary resource for the assessment and prioritization process was the COMPASS NOW 2012 Report. COMPASS NOW 2012 is a joint effort of Great Rivers United Way, area health care organizations and county health departments to improve the quality of life for everyone in the



community. The Wisconsin Department of Health Services' most recent health agenda, Healthiest Wisconsin 2020, as well as County Health Rankings completed by the Centers for Disease Control also were taken into consideration.

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

1. Chronic disease prevention and management
2. Physical activity
3. Adequate, appropriate and safe food and nutrition



# Our Community

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## **Geographic Area:**

Mayo Clinic Health System – Oakridge in Osseo is part of the Great Rivers region located in western Wisconsin and southeastern Minnesota. The region is made up of the following counties: La Crosse, Monroe, Trempealeau, Vernon and Houston. Mayo Clinic Health System – Oakridge in Osseo is in Trempealeau County, its primary service area. This report is based on the needs of the residents of Trempealeau County, who accounted for 30% of the hospital inpatient discharges in 2012.



## **Demographics:**

Osseo has a population of 1,711, and Trempealeau County has a population of 29,001. Trempealeau County is considered 100 percent rural. Most of the population growth in the county has been from natural population increase. The racial make-up is predominately white, with the largest ancestry groups in the region being German, Norwegian and Irish. The largest ethnic population is Hispanic/Latino which grew from .9 percent in the 2000 Census to 6 percent in the 2010 census.

Overall, the population of the county is aging. The 65+ age group is the fastest- growing group in the Oakridge service area. It's estimated to grow 121 percent from 2000-2050, compared to the next fastest-growing age group, 45-64, which is estimated to grow 24 percent during that same period. Communities need to understand and prepare for the needs of an aging population, while continuing to invest in the future of our youth. Additional demographic detail has been included as Appendix A.

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



Rochester, Minn. Another hospital affiliated with Mayo Clinic Health System is located to the south in La Crosse, as well as Gundersen Lutheran Hospital.

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

#### **Mental health clinics**

- Trempealeau County Healthcare Center-Whitehall
- Trempealeau County Healthcare Center -Independence

#### **Dental clinics**

- Midwest Dental-Holmen
- River Town Dental-Holmen
- Arcadia Dental Clinic
- Sciascia Dental-Osseo
- MW Dental-Strum

#### **Nursing homes**

- Mayo Clinic Health System-Oakridge in Osseo
- Pigeon Falls Health Care Center
- Arcadia Nursing Home
- Grand View Care Center-Blair
- Marinuka Manor-Galesville
- Crystal Lake Manor-Strum
- Trempealeau County Healthcare Center-Whitehall
- Tri-County Memorial-Whitehall

#### **Assisted-living facilities**

- Mayo Clinic Health System-Oakridge in Osseo
- Crystal Lake Terrace-Strum
- Family Circle-Strum
- Farnam Community Living Center-Whitehall
- Clover Way RCAC-Independence
- Country Ridge-Pigeon Falls
- Sunrise Manor-Whitehall

#### **Drug-treatment facilities**

- West Central Wisconsin Behavioral Health - Independence



# Assessing the Needs of the Community

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## **Overview:**

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

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

## **Process and Methods:**

The assessment process began with a thorough review of the COMPASS NOW 2012 report. COMPASS NOW 2012 is a joint effort of Great Rivers United Way, area health care organizations and county health departments to improve the quality of life for everyone in our community. The COMPASS NOW 2012 partnership is made up of the Great Rivers United Way, MHCS, Gundersen Lutheran, St. Joseph's Health Services, Tomah Memorial Hospital, Tri-County Memorial, Vernon Memorial Healthcare, La Crosse Community Foundation and the five county health departments, including Trempealeau County.

The purpose of COMPASS NOW is to assess the needs in our community, identify community resources to address the most urgent ones and encourage action plans that solve community problems. The COMPASS NOW Report has been a resource in the Great Rivers region since the first needs assessment was conducted in 1995. The partnership creates synergy for promoting greater collaboration among those organizations working toward improving the health and well-being of the population. Membership was chosen to represent a wide cross section of community needs and expertise. Complete membership information has been included as Appendix B. The entire COMPASS NOW 2012 Report can be found at: <http://www.greatriversunitedway.org/our-community/community-needs-assessment>

The COMPASS NOW 2012 process used a variety of data collection methods to create an overall description of the issues facing our communities. These methods included a random household survey, focus group discussions held with community members, an extensive review of socio-economic indicators and an inventory of community resources.





### ***Household survey***

The COMPASS NOW 2012 community needs assessment included a random household survey to complement the data collected via focus groups and socio-economic indicators. The objective of the survey was to increase the understanding of the community's needs and its perception of the main challenges facing the region.

The survey addressed 90 items, with questions covering major areas of community life including: health, income and the economy, public safety, care giving, education and lifelong learning, community environment, and community concerns. The majority of the survey questions asked respondents to rate certain aspects of their community on a four-level response scale: 1 = poor, 2=fair, 3=good and 4=excellent. There was no undecided, neutral middle or an "I don't know" response option.

A complete description of the survey process and results can be found at:

<http://www.greatriversunitedway.org/wp-content/uploads/2012/08/COMPASS-Survey-Report-pages-133-151.pdf>

### ***Focus group study***

The COMPASS NOW 2012 community needs assessment also included a focus group study to complement the data collected via household surveys and socio-economic indicators. The objective of the focus group study was to increase the understanding of the community's needs and its perception of the main challenges facing the region.

The methodology for the focus group study was a two-step process. The first step convened key stakeholders in each county to identify the main issues facing the region. These issues were discussed in the second step of the study, the community focus groups. The discussion data from both the key stakeholders and the focus groups was transcribed, coded and analyzed by issue and themes.

In the second step, 37 focus groups were conducted across the five counties from April to June 2011. Participants were sampled by convenience, often recruited from existing community groups, such as Rotary clubs, various councils, student groups, college classes, volunteer groups, governmental entities, social service staff and board members. Participating in the focus groups were 312 community members, varying in age, gender, occupation, ethnicity and income. The focus group size ranged from three to 10 people, with the average size group being seven. Groups were kept homogenous when possible to allow for people with similar backgrounds to feel comfortable sharing ideas.

During recruitment, the focus group team ensured that the following target groups were represented:

- Youth
- Experienced people/senior citizens
- Limited resource individuals and families
- Business and financial representatives
- Service providers
- General population
- Diverse populations



A full description of the focus group process can be found at:

<http://www.greatriversunitedway.org/wp-content/uploads/2012/08/COMPASS-Focus-Group-Report-pages-159-184.pdf>

### ***Other data sources***

After completing a review of the COMPASS NOW Report, the CHNAC thoroughly reviewed Healthiest Wisconsin 2020, the statewide public health improvement plan completed by the Wisconsin Department of Health Services. Healthiest Wisconsin is a collaborative process to tap the wisdom of Wisconsin communities. Healthiest Wisconsin 2020 contains 23 focus areas that provide a menu for action by partners from many sectors. These focus areas encompass the most important aspects of health across the life span. The focus areas and their objectives are based on science, evidence and input from Wisconsin communities.

The complete Healthiest Wisconsin 2020 plan can be found at:

<http://www.dhs.wisconsin.gov/hw2020/index.htm>

The CHNAC also reviewed a wide range of secondary data sources including health, demographic and socio-economic qualitative data. A full citation of data sources is included as Appendix C.

One of the main data sources used in the assessment was the County Health Rankings provided by the Centers for Disease Control. Launched in 2010, the County Health Rankings program aimed to produce county level health rankings for all 50 states.

The County Health Rankings identify the multiple health factors that determine a county's health status. These rankings show that our health status can be impacted by where we live. A number of factors may determine the health status of a community, including the environment, education and jobs, individual behaviors, access to services, and health care quality. A Trempealeau County Health Rankings report can be found as Appendix E.

### ***Prioritization process***

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



# Addressing the Needs of the Community

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## **Overview:**

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

1. Chronic disease prevention and management
2. Physical activity
3. Adequate, Appropriate and Safe Food and Nutrition

## **Chronic disease prevention and management**

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

Four modifiable health risk behaviors— unhealthy diet, insufficient physical activity, tobacco use and secondhand-smoke exposure, and excessive alcohol use — are responsible for much of the illness, suffering and early death related to chronic diseases. Chronic disease prevention isn't always possible, so it's important that effective management of chronic disease be part of the health care system.

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

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

## **Data highlights**

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

- Cardiovascular disease is consistently the leading cause of mortality for Wisconsin residents, accounting for more than 16,000 deaths annually, or 35 percent of all deaths
- Each year from 2002 through 2006, an annual average of 27,256 cancers were diagnosed among Wisconsin residents. The average age-adjusted incidence rate for all cancers was 470.3 per 100,000 Wisconsin residents
- From 2004 to 2007, diabetes-related hospitalizations increased nearly 11 percent, from 85,113 to 94,331. Diabetes prevalence among adults increased more than 27 percent, from 329,460 to 419,870



- In 2005, more than 5,500 Wisconsin residents were hospitalized for asthma and more than 22,000 sought emergency room care for asthma.
- More than 27 percent of Wisconsin adults aged 18 years and older (1.1 million) reported they had some form of arthritis during 2003–2007.

**Table 1: Top 10 causes of death per 100,000 lives by county**

Cause of Death	La Crosse	Monroe	Tremp.	Vernon	Houston
Cancer all types	174.4	260.3*	205.0	251.3*	235.7
Heart disease	152.4	197.0	201.4	254.7*	205.6
Stroke	60.6	65.7	39.6	75.7*	40.1
Chronic lower respiratory disease	47.7	51.6	57.5*	37.9	65.2*
Nephritis	32.1	21.1	46.7	27.5	15.0
Alzheimer's Disease	29.4	35.2	32.4	13.8	20.1
Pneumonia/ influenza	25.7	14.1	18.0	34.4*	15.0
Diabetes	17.4	21.1	21.6	13.8	40.1*
Suicide	13.8	23.5*	18.0	17.2	5.0
Motor vehicle accidents	7.3	14.1	21.6*	27.5*	15.0

Source: La Crosse Medical Health Science Consortium Scorecard. [www.communityscorecard.com](http://www.communityscorecard.com)  
 \* indicates areas of concern.

### Physical activity

Limited physical activity is closely linked to obesity (a major risk factor for cardiovascular disease, certain types of cancer, type 2 diabetes and other chronic diseases.) Obesity is defined by the Centers for Disease Control and Prevention as “a body mass index (BMI) of 30 or greater. BMI is calculated from a person's weight and height and provides a reasonable indicator of body fatness and weight categories that may lead to health problems.” U.S. and Wisconsin rates of obesity have risen steadily over the past 20 years, with a leveling off in recent years. Behavioral Risk Factor Surveillance System results for 2008 indicate that 26.7 percent of the U.S. population and 26.1 percent of the Wisconsin population were obese.

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

### Data highlights

Obesity, the second leading cause of death in the United States, has increased significantly from 2000 to 2010. This increase has occurred nationally, as well as within Minnesota, Wisconsin and within the Great Rivers region. Obesity is a significant issue in all of the counties in the region, including Trempealeau County. County Health Ranking Data for Trempealeau County has been included as Appendix E.



**Table 2: Ranking of health concerns by county (out of 18 topics)**

Concern	All counties	La Crosse	Monroe	Trempealeau	Vernon	Houston
Obesity	4	4	3	1	2	4
Physical inactivity	6	6	10	5	5	6

Source: COMPASS NOW 2012 Random Household Survey

Obesity is increasing at an alarming rate in our nation. Based on self-reported height and weight, about 10 percent of youth in the Great Rivers are obese. National studies estimate this rate to be higher in the United States; the CDC estimates the national level of childhood obesity to be about 20 percent. Survey results in the Great Rivers region indicate a low number of youth get sufficient exercise and a high number report excess screen time (television and computer use.)

**Table 3: Percent of population who are considered obese (Body Mass Index >30)**

Group	2000	2007	2010
% of adults considered obese (Ages 19 years and older)	20%	25%	15%
% of teens considered obese (Ages 15-18)	10%	13%	n/a

(Source: Wisconsin Behavioral Risk Factor Surveillance System [Wisconsin Department of Health Services; Wisconsin Youth Risk Behavior Survey, Wisconsin Department of Public Instruction])

- Levels of physical activity trends in Wisconsin have shown a slight increase since 2001. The proportion of residents meeting the minimum physical activity recommendations rose from 52 percent (2001) to 55 percent (2007.) Nearly half the population of Wisconsin does not meet the recommendations for physical activity.
- Twenty-six percent of Wisconsin adults are obese and 64 percent are overweight or obese.
- Twenty-three percent of high school students are overweight or obese.



**Table 4: Select health risks by county**

County <sup>1</sup>	Health Behavior Ranking	Adult smoking	Adult obesity	Excessive drinking	Motor vehicle crashes (per 100,000)
La Crosse	8	20%	26%	23%	9
Monroe	48	24%	28%	27%*	18
Trempealeau	63	23%	30%*	24%	28*
Vernon	32	22%	28%	24%	19
Houston	19	18%	27%	23%	20
Wisconsin		21%	28%	25%	15
Minnesota		19%	26%	20%	13

Source: County Health Rankings, Mobilizing Action Toward Community Health. <http://www.countyhealthrankings.org/>  
 \* indicates areas of concern. <sup>1</sup>Wisconsin counties' rankings are out of 72 counties. Minnesota's are out of 85 counties.

In the COMPASS NOW 2012 random household survey, residents indicated that obesity was one of their primary health concerns for the community.

**Adequate, appropriate and safe food and nutrition**

According to Healthiest Wisconsin 2020, adequate, appropriate and safe food and nutrition means the regular and sufficient consumption of nutritious foods across the life span, including breastfeeding, to support normal growth and development of children and promote physical, emotional and social well-being for all people. Good nutritional practices also can reduce the risk for a number of chronic diseases that are major public health problems, including conditions such as obesity, type 2 diabetes, cancer, heart disease and stroke.

Obesity is one of the most critical health issues of our time. Overweight and obesity describe ranges of weight for a certain height that are higher than that considered healthy. Obesity is a paramount health concern for Wisconsin and the nation because of its strong relationship to many negative health conditions and outcomes, such as type 2 diabetes, cardiovascular disease, certain cancers, arthritis, asthma, depression and negative pregnancy and birth outcomes. Obese youth are also much more likely to become obese adults, putting them at risk for having lifelong health consequences.

**Data highlights**

Poverty in Wisconsin rose substantially during the 2000s. In 2009, 12.4 percent of the state’s population was living in poverty, increasing to 13.2 percent in 2010. Trempealeau County has a poverty rate similar to that of Wisconsin with 10.7 percent living below poverty level from 2006-2010. Poverty puts households at a much greater risk of experiencing food insecurity and hunger. Households that are food insecure have uncertain access to food.

Data about the prevalence of obesity have been included under physical activity. Along with those statistics, about 14 percent of adults and 7 percent of high school students eat fruit at least twice per day and vegetables at least three times per day.



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

***Health Needs Not Addressed:***

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

*Access to dental care:* This is outside the expertise and resources available at the hospital.

*Deaths caused by motor vehicle accidents:* Mayo Clinic Health System does address this need through our bi-annual teen car-control class, however it's most effectively addressed through other community agencies.

*Alcohol and drug use /abuse:* Others agencies in the county are addressing these; they generally are out of scope for Mayo Clinic Health System.

*Tobacco:* We continue to support the decrease in tobacco use through patient education.

*Mental health:* This is a core service of Mayo Clinic Health System, which we will continue to address to meet the needs of our patients.

*Access to health care:* Mayo Clinic Health System continues to focus on increasing access to care for our patients.



# Appendix A: Demographic Data

## Trempealeau County

Population: 28,816

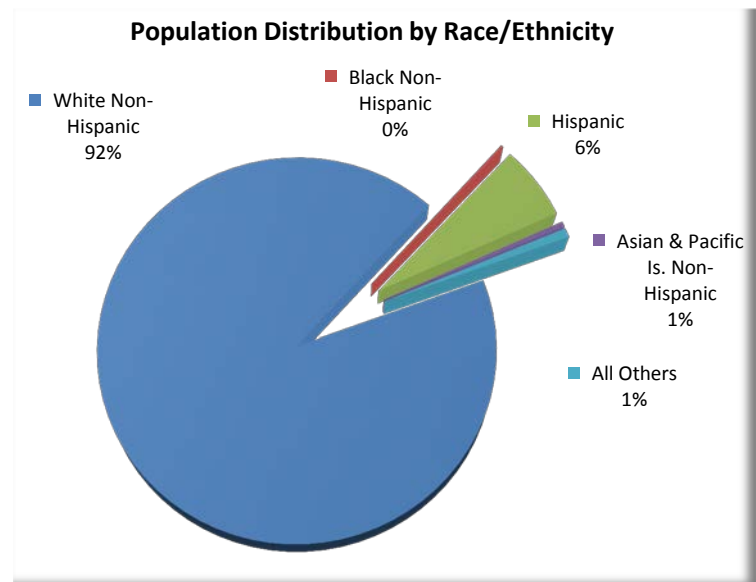
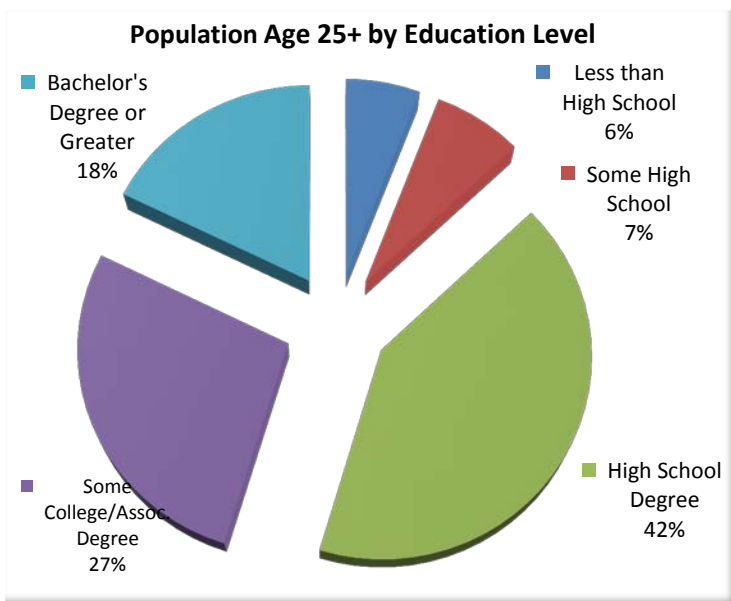
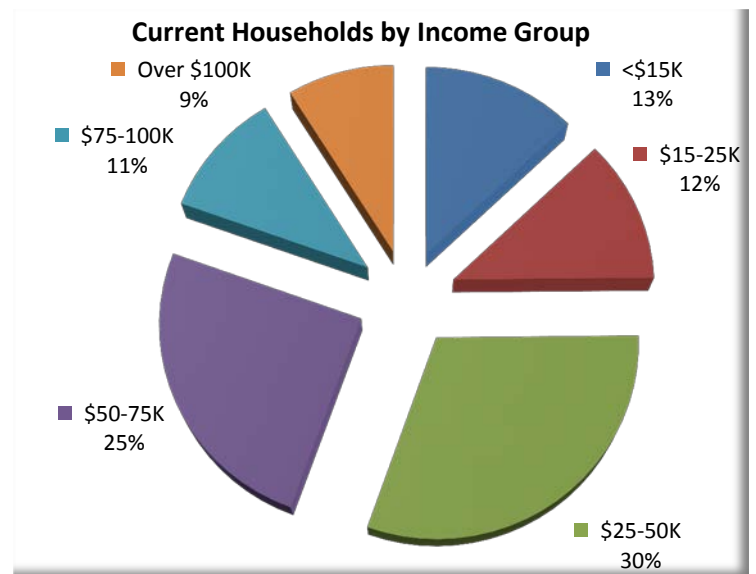
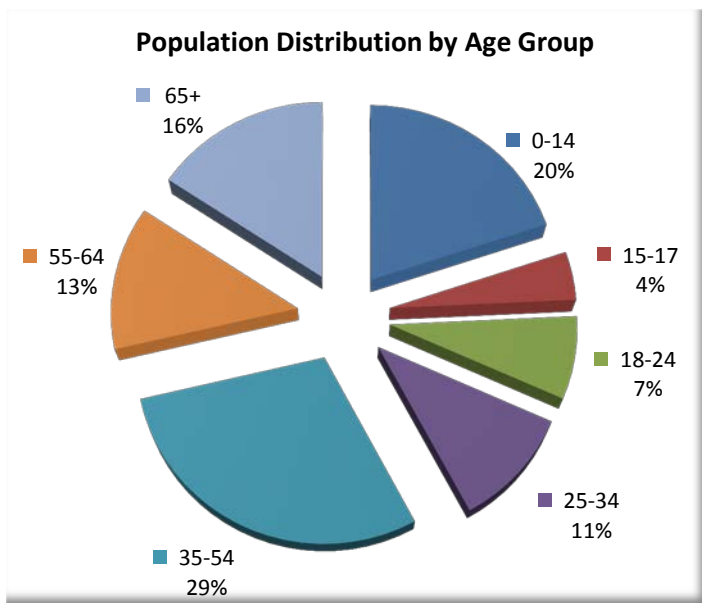
Population in poverty: 11.8%

Unemployment rate: 7%

Uninsured ages 18-64: 13.2%

Uninsured under age 19: 7.1%

Adults 25+ years with a high school education or less: 54.9%







# Appendix B: Individuals Involved in CHNA

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## **COMPASS NOW 2012 partners**

Great Rivers United Way  
Gundersen Lutheran Health System  
Mayo Clinic Health System  
St. Joseph's Health Services-Gundersen Lutheran  
Tomah Memorial Hospital  
Tri-County Memorial  
Vernon Memorial Healthcare  
La Crosse County Health Department  
Monroe County Health Department  
Trempealeau County Health Department  
Vernon County Health Department  
Houston County Public Health Department  
La Crosse Community Foundation

## **COMPASS NOW co-chairs**

Brenda Rooney, Gundersen Lutheran, representing health care consumer advocates  
James Falvey, Great Rivers United Way

## **COMPASS NOW coordinator**

Diana DiazGranados, Great Rivers United Way

## **Leadership team**

Brenda Rooney, Gundersen Lutheran  
Christine Camlek, St. Joseph's Community Health Services  
Lori Freit Hammes, Mayo Clinic Health System  
Sarah Havens, Gundersen Lutheran  
Beth Johnson, Vernon County Health Department  
Betty Jorgenson, Mayo Clinic Health System  
Mary Koenig, Vernon Memorial Healthcare  
Doug Mormann, La Crosse County Health Department  
Sharon Nelson, Monroe County Health Department, representing public health expertise  
Eric Prise, Tomah Memorial Hospital  
Cheryl Rhoda, Trempealeau County Health Department  
Deborah Rock, Houston County Public Health Department  
Brian Theiler, Tri-County Memorial  
Jill Berg, Tri-County Memorial  
Julie Steiner, Vernon Memorial Healthcare



### **Indicators team**

Tracy Herlitzke, CESA 4  
Diana DiazGranados, Great Rivers United Way  
Heather Quakenboss, La Crosse Community Foundation  
Liz Ritter, Gundersen Lutheran  
Seth Rossow, Mayo Clinic Health System  
Nick Ewald and Nicole Cronk, CESA 4 interns  
Spencer Schoonover, City of La Crosse Planning Department intern

### **Survey team**

Laurie Strangman, University of Wisconsin– La Crosse  
Brenda Rooney, Gundersen Lutheran  
Betsy Knowles, University of Wisconsin – La Crosse  
Diana DiazGranados, Great Rivers United Way

### **Marketing team**

Doug Mormann, La Crosse County Health Department  
Lori Freit-Hammes, Mayo Clinic Health System  
Jennifer Dobrunz, Great Rivers United Way  
Brian Gilberts, Gundersen Lutheran  
Rick Thiesse, Mayo Clinic Health System  
Janet Yearous, Gundersen Lutheran

### **Focus group team**

Mary Meehan-Strub, University of Wisconsin Extension–La Crosse County  
Sarah Havens, Gundersen Lutheran  
Doug Mormann, La Crosse County Health Department  
Karyn Ruhl, Great Rivers United Way  
Sharon Nelson, Monroe County Health Department  
Becky Campbell, Monroe County Health Department, representing public health expertise  
Karen Joos, University of Wisconsin Extension–Monroe County  
Beth Johnson, Vernon County Health Department  
Christine Camlek, St. Joseph’s Community Health Services  
Karen Ehle-Traastad, University of Wisconsin Extension–Vernon County  
Cindy Garness, Mayo Clinic Health System  
Cheryl Rhoda, Trempealeau County Health Department  
Patricia Malone, University of Wisconsin Extension–Trempealeau County  
Heather Myhre, Houston County Public Health Department

### **Resource development team**

Pat Kerrigan  
Tom Brock



### **Organizations and local businesses**

Couleecap  
La Crosse Community Foundation  
Crossfire Youth Center  
La Crosse Area Hmong Mutual Assistance Association  
Independent Living Resources  
Lugar de Reunion  
New Horizons Shelter and Outreach Centers  
Workforce Connections  
State Bank  
YMCA  
Rotary Club of La Crosse–After Hours  
Monroe, Trempealeau, Houston, Vernon, La Crosse County Health Departments

### **Community representation**

Sharon Nelson, Monroe County Health Department  
Becky Campbell, Monroe County Health Department  
Cheryl Rhoda, Trempealeau County Health Department  
Patricia Malone, University of Wisconsin Extension–Trempealeau County  
Heather Myhre, Houston County Public Health Department  
Beth Johnson, Vernon County Health Department  
Brenda Rooney, Gundersen Lutheran  
Christine Camlek, St. Joseph’s Community Health Services  
Lori Freit Hammes, Mayo Clinic Health System  
Sarah Havens, Gundersen Lutheran  
Beth Johnson, Vernon County Health Department  
Betty Jorgenson, Mayo Clinic Health System  
Mary Koenig, Vernon Memorial Healthcare  
Doug Mormann, La Crosse County Health Department  
Sharon Nelson, Monroe County Health Department  
Eric Prise, Tomah Memorial Hospital  
Cheryl Rhoda, Trempealeau County Health Department  
Deborah Rock, Houston County Public Health Department  
Brian Theiler, Tri-County Memorial  
Jill Berg, Tri-County Memorial  
Julie Steiner, Vernon Memorial Healthcare  
Patricia Malone, University of Wisconsin Extension-Trempealeau County  
Sharon Nelson, Monroe County Health Department  
Becky Campbell, Monroe County Health Department  
Cheryl Rhoda, Trempealeau County Health Department  
Patricia Malone, University of Wisconsin Extension–Trempealeau County  
Heather Myhre, Houston County Public Health Department  
Beth Johnson, Vernon County Health Department



### **Community expertise represented**

Persons with special knowledge and expertise in public health

- Sharon Nelson, Monroe County Health Department
- Becky Campbell, Monroe County Health Department
- Cheryl Rhoda, Trempealeau County Health Department
- Patricia Malone, University of Wisconsin Extension–Trempealeau County
- Heather Myhre, Houston County Public Health Department
- Beth Johnson, Vernon County Health Department

Government agencies with knowledge of relevant health needs of the community

- Monroe, Trempealeau, Houston, Vernon, La Crosse County Health Departments

Medically underserved representatives

- Independent Living Resources
- New Horizons Shelter and Outreach Centers
- Lugar de Reunion

Minority populations

- La Crosse Area Hmong Mutual Assistance Association
- Workforce Connections
- Crossfire Youth Center
- Lugar de Reunion

Low income representatives

- Long Term Care Council
- Arcadia Food Pantry

Health care consumer advocates

- Brenda Rooney, Gundersen Lutheran
- Christine Camlek, St. Joseph's Community Health Services
- Lori Freit Hammes, Mayo Clinic Health System
- Sarah Havens, Gundersen Lutheran
- Beth Johnson, Vernon County Health Department
- Betty Jorgenson, Mayo Clinic Health System
- Mary Koenig, Vernon Memorial Healthcare
- Doug Mormann, La Crosse County Health Department
- Sharon Nelson, Monroe County Health Department
- Eric Prise, Tomah Memorial Hospital
- Cheryl Rhoda, Trempealeau County Health Department
- Deborah Rock, Houston County Public Health Department
- Brian Theiler, Tri-County Memorial
- Jill Berg, Tri-County Memorial
- Julie Steiner, Vernon Memorial Healthcare



#### Academic experts

- Patricia Malone, University of Wisconsin Extension
- Trempealeau County Health & Human Services, aging resource
- Cyndy Jacoby, family living educator

#### Private business

- 102.3 WHTL Radio
- Matthews Dental, Whitehall

#### Health insurance

- Western Wisconsin Cares, Jan Harold
- ADRC, Kathy Gauger

#### Managed-care organizations

- Sharon Nelson, Monroe County Health Department
- Becky Campbell, Monroe County Health Department
- Cheryl Rhoda, Trempealeau County Health Department
- Patricia Malone, University of Wisconsin Extension–Trempealeau County
- Heather Myhre, Houston County Public Health Department
- Beth Johnson, Vernon County Health Department

#### **Mayo Clinic Health System Community Health Needs Assessment Committee**

- Susan Albee, RN
- Mary Bygd, assistant administrator
- Jay Edenborg, public affairs director
- Dean Eide, vice president
- Jerome Garrett, primary care support director
- Randall Linton, MD, CEO
- Andra Palmer, legal counsel
- Daniel Paulmier, CPA
- Dennis Pope, vice president
- Benjamin Rindone, corporate health services
- Lynn Salter, public affairs
- Rita Sullivan, vice president
- Edward Wittrock, vice president



## Appendix C: Data Sources

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U.S Bureau of Labor Statistics, April 2013, Sources: Market Planner Plus, Market Expert

Healthiest Wisconsin 2020 [www.dhs.wisconsin.gov/hw2020/index.htm](http://www.dhs.wisconsin.gov/hw2020/index.htm)

21st Edition of *America's Health Rankings®: A Call to Action for Individuals and Their Communities*.  
<http://www.americashealthrankings.org/>

County Health Rankings, Mobilizing Action Toward Community Health. [www.countyhealthrankings.org/](http://www.countyhealthrankings.org/)

La Crosse Medical Health Science Consortium Scorecard. [www.communityscorecard.com](http://www.communityscorecard.com)

Wisconsin Behavioral Risk Factor Surveillance System [Wisconsin Department of Health Services; Wisconsin Youth Risk Behavior Survey, Wisconsin Department of Public Instruction)

[www.cdc.gov/chronicdisease/overview/index.htm](http://www.cdc.gov/chronicdisease/overview/index.htm)

[www.cdc.gov/std/stats09/trends.htm](http://www.cdc.gov/std/stats09/trends.htm)

[www.cdc.gov/pertussis/about/causes-transmission.html](http://www.cdc.gov/pertussis/about/causes-transmission.html)

<http://www.cdc.gov/lyme/>

[www.nimh.nih.gov/statistics/1ANYDIS\\_ADULT.shtml](http://www.nimh.nih.gov/statistics/1ANYDIS_ADULT.shtml)

The Burden of Mental Illness for the La Crosse and Surrounding Area, 2011. Available at [www.LaCrosseconsortium.org](http://www.LaCrosseconsortium.org)

The Burden of Suicide in Wisconsin, 2008. Available at  
<http://www.mcw.edu/IRC/Research/BurdenofSuicideinWisconsinReport.htm>

Wisconsin Department of Health Services. 2010 Burden of Oral Disease in Wisconsin. Available at:  
<http://www.dhs.wisconsin.gov/publications/P0/P00209.pdf>

Voskuil KR, Palmersheim KA, Glysch RL, Jones NR. *Burden of Tobacco in Wisconsin: 2010 Edition*. University of Wisconsin Carbone Cancer Center. Madison, Wis.: March, 2010

Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Available at: <http://apps.nccd.cdc.gov/BRFSS/>

[www.wchq.org](http://www.wchq.org)



# Appendix D: Prioritization Matrix

## CHNA Process to Identify & Prioritize Needs August 2012

Community Need	Comparison to State and National 2010 Goals	Community Impact	Ability to Impact	Community Readiness	Gaps in Community	Voice of Local Customer
	<ul style="list-style-type: none"> <li>How is ++ County doing in comparison to the State of WI and National 2010 Goals? (Very Good/Fair/Poor)</li> </ul>	<ul style="list-style-type: none"> <li>How is ++ County currently and in the future going to be affected by the health priority in terms of:               <ul style="list-style-type: none"> <li>Number of people affected; (Many/few)</li> <li>Costs associated in not doing something (health care, lost work, supportive living); (High/low)</li> <li>Severity of the condition (chronic illness, disability, death; and (High/Medium/low)</li> <li>Impact on quality of life. (High/low)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Are there known strategies to make a difference? (Y/N/Undetermined)</li> <li>Are there adequate resources available in ++ County to address the health priority? (Y/N)</li> <li>Are there adequate internal resources available to address the health priority? (Y/N)</li> </ul>	<ul style="list-style-type: none"> <li>Is the community ready to address the health priority in terms of: (Y/N/Unknown)               <ul style="list-style-type: none"> <li>Stakeholders awareness of concern;</li> <li>Community organizations receptiveness to addressing the health priority; and</li> <li>Citizens being somewhat open to hearing more about the health priority.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Is there a gap(s) in community efforts to address the health priority? (Y/N/Unknown)</li> </ul>	<ul style="list-style-type: none"> <li>Did Focus Group identify this as an issue? (Y/N)</li> <li>Did survey data identify this as an issue? (Y/N)</li> <li>Did conversations with people who represent the community served identify this as an issue? (Y/N)</li> </ul>



# Appendix E: County Health Rankings

	Trempealeau County	Error Margin	National Benchmark*	Wisconsin	Rank (of 72)
<b>Health Outcomes</b>					<b>46</b>
Mortality					43
Premature death	6,679	5,560-7,798	5,466	6,124	
Morbidity					41
Poor or fair health	16%	11-24%	10%	12%	
Poor physical health days	4.5	2.9-6.0	2.6	3.3	
Poor mental health days	2.8	1.9-3.6	2.3	3.0	
Low birth weight	5.2%	4.3-6.0%	6.0%	6.9%	
<b>Health Factors</b>					<b>40</b>
Health behaviors					51
Adult smoking	19%	13-26%	14%	20%	
Adult obesity	33%	27-39%	25%	29%	
Physical inactivity	26%	21-32%	21%	23%	
Excessive drinking	22%	15-29%	8%	24%	
Motor vehicle crash death rate	28	20-35	12	15	
Sexually transmitted infections	220		84	372	
Teen birth rate	29	25-34	22	31	
Clinical Care					48
Uninsured	11%	10-12%	11%	11%	
Primary care physicians	1,258:1		631:1	744:1	
Preventable hospital stays	65	55-75	49	59	
Diabetic screening	91%	78-100%	89%	89%	
Mammography screening	68%	54-81%	74%	73%	
Social & economic factors					28
High school graduation	89%			86%	
Some college	54%	51-58%	68%	63%	
Unemployment	7.0%		5.4%	8.3%	
Children in poverty	19%	15-24%	13%	19%	
Inadequate social support	23%	16-33%	14%	17%	
Children in single-parent households	26%	23-30%	20%	29%	
Violent crime rate	51		73	275	
Physical environment					32
Air pollution-particulate matter days	3		0	5	
Air pollution-ozone days	0		0	1	
Access to recreational facilities	4		16	11	
Limited access to healthy foods	0%		0%	6%	
Fast food restaurants	36%		25%	41%	

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

Note: Blank values reflect unreliable or missing data