2021 Compass Now

NAVIGATING TOWARD STRONGER COMMUNITIES

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How is your community faring?

La Crosse County

Acknowledgments

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List of Organizations that Participated in Community Stakeholder Meetings

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

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List of Exhibits

Introduction

Compass Now is a joint effort of Great Rivers United Way, area healthcare organizations, and county health departments to improve the quality of life for everyone in the community. This introductory section outlines the purpose and additional elements of the study framework. Section 2 of the report provides detailed analysis of community indicators and insights gathered for this study.

Purpose of the Study

This report is the latest in a series of Compass Now needs assessments and reports published since 1995. In response to these reports, Great Rivers United Way has focused its funding system to more closely reflect identified community needs. In addition, a wide array of community organizations have used report findings to shape their own priorities and support grant requests.

The purpose of this Compass Now 2021 report is to provide an updated assessment of community needs that can be used to inform community action strategies by stakeholders across the region. The Compass Now 2021 study is focused on communities within a six-county region including Buffalo, La Crosse, Monroe, Trempealeau, and Vernon counties in Wisconsin, and Houston County in Minnesota. Reports are available for the six-county region and for each county within the region. This report describes needs within La Crosse County.

2020 Population Estimate	
Buffalo	13,534
Houston	19,527
La Crosse	120,515
Monroe	46,889
Trempealeau	30,097
Vernon	31,029
Region	**261,591**

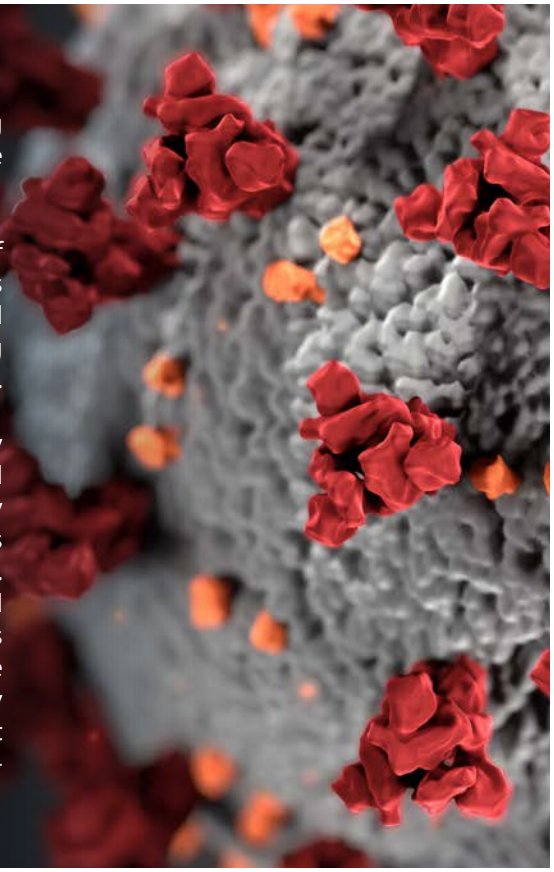
Exhibit 1.1 - The Study Region. Source: CHS analysis of population estimates published by ESRI. See Appendix A for details.

Adjusting to COVID-19

The Compass Now study described in this report was conducted during 2020, and consequently affected by disruptions caused by COVID-19. These disruptions required two primary adjustments to the study.

- One adjustment involved postponement of a planned set of community meetings. The original study plan envisioned a series of community meetings in 2020 to gather insight about needs and action ideas from local stakeholders. Because of social distancing requirements, the community meetings were postponed to 2021.

- A second adjustment involved the process for surveying community members. The original study plan was to conduct a random household survey with community members across the region, supplemented by a 'convenience survey' and set of interviews with community members who might be under-represented in the random household survey. The convenience survey and interviews would have been conducted in community settings convenient to the prospective respondents. As a result of COVID-19 restrictions, the convenience surveys had to be conducted electronically, and the group interviews with community members could not be conducted in public spaces. As a result, we expect that some community members who could have participated in a face-to-face meeting were not able to participate in an electronic format.



Study Methods and Data Sources

The 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* comprised of stakeholders from public health, health care, and other community sectors. The Steering Committee members provided guidance on the study scope and methods, including the adjustments made in response to COVID-19. The Steering Committee members also provided liaisons to engage community organizations in promoting participation in the convenience survey conducted for the study.

The study 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. The study methods are summarized below, with more details provided in Appendix A.

Community Demographics
A community demographic profile can provide insight about the size and distribution of the population in terms of health-sensitive attributes such as age, sex/gender, race, ethnicity, and income. Community demographics were analyzed and mapped using data and software from ESRI, a commercial provider of community data.

County Health Rankings
The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The goals of the program are to:

- Build awareness of the multiple factors that influence health.
- Provide a reliable, sustainable source of local data and evidence to communities to help them identify opportunities to improve their health.
- Engage and activate local leaders from many sectors in creating sustainable community change.
- Connect and empower community leaders working to improve health.

As illustrated in *Exhibit 1.2,* the County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors).

Additional Community Indicators

Indicators from the County Health Rankings are supplemented with additional indicators from sources in the local region. These supplemental indicators include:

- Leading causes of death
- Maternal and infant health indicators
- Prevalence of mental health conditions and treatment gaps
- Asset-Limited, Income-Constrained, Employed (ALICE) households
- Child services cases.

The indicators are provided in several sections of the report, along with notes on specific data sources.

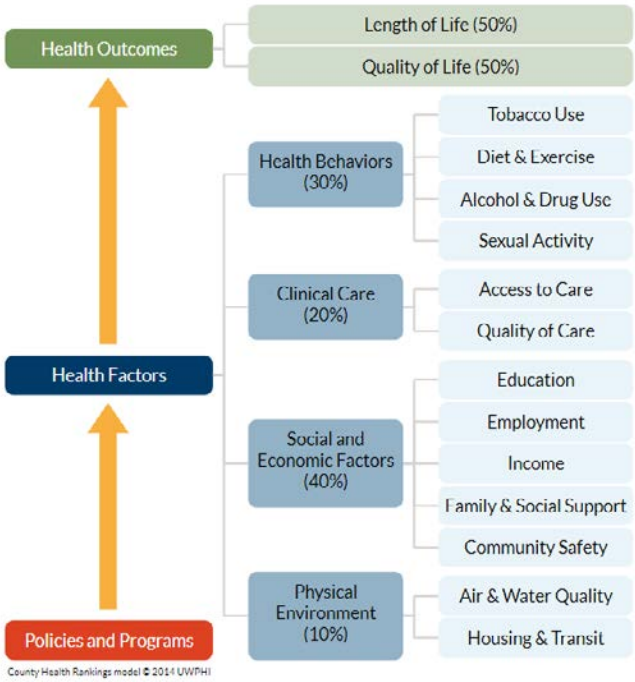


Exhibit 1.2 - The County Health Rankings Model

Source: University of Wisconsin-Madison Population Health Institute. *County Health Rankings*. Retrieved in December 2020 from http://www.countyhealthrankings.org

Random Household Survey

A random household survey (RHS) of community residents was conducted in July-September of 2020. The survey was mailed to 6,000 randomly selected households using a sampling strategy designed to produce a target number of at least 100 survey responses from each of the six counties. In addition, 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. Great Rivers United Way staff and volunteers entered the survey data into a Qualtrics survey portal provided by Community Health Solutions.

Convenience Survey

A supplemental convenience survey (CS) was conducted in October-November 2020. The purpose of the CS was to generate additional survey responses from populations that may have been under-represented in the RHS. The CS was primarily conducted using mixed methods, and respondents could either complete their survey online or submit a paper copy of their survey response. Great Rivers United Way staff and volunteers entered paper survey responses into a Qualtrics survey portal provided by Community Health Solutions.

A profile of RHS and CS respondents from La Crosse County is provided in Exhibit 1.3. As shown in the second column of the exhibit, a total of 111 RHS respondents returned their surveys, for a response rate of 11%. Compared to population estimates for La Crosse County, the RHS responses included a higher percentage of older adults than the population as a whole, and skewed toward respondents self-identifying as female and of White race. The household income profile for RHS respondents was fairly representative of the population as a whole. These differences between the RHS respondents and the overall population should be considered when evaluating the survey results presented throughout the report.

Exhibit 1.3 also provides a profile of 276 La Crosse County Residents who responded to the CS respondents. Compared to the RHS, the CS yielded higher proportional representation of adults under age 65+, females, and middle income residents. The CS results are presented alongside the RHS results throughout the report to provide a multi-method profile of survey responses. The two surveys were not combined because they are based on two fundamentally different sampling strategies.

Exhibit 1.3 Profile of Community Survey Respondents from La Crosse County

Indicator	Random Household Survey (RHS) Respondents	Convenience Survey (CS) Respondents	Regional Population Estimates
Total	111	276	95,253 (age 18+)
Age			
18-29	5%	16%	26%
30-44	19%	41%	22%
45-64	29%	36%	30%
65+	47%	8%	22%
Sex or Gender			
Female	65%	83%	51%
Male	34%	13%	49%
Self-Identified	<1%	1%	--
Prefer not to answer	1%	3%	--
Race			
American Indian	<1%	<1%	0%
Asian	3%	3%	5%
Black / African American	<1%	2%	2%
Other race	<1%	1%	0%
Pacific Islander	<1%	<1%	0%
Two or more races	1%	3%	2%
White	96%	92%	91%
Ethnicity (Residents of Hispanic and Hmong ethnicity are also counted in the Race category.)			
Hispanic, Latino, or Spanish origin	1%	1%	2%
Hmong origin	1%	3%	--
Household Income			
Less than $15,000	6%	4%	8%
$15,000 to $24,999	12%	8%	8%
$25,000 to $34,999	9%	7%	11%
$35,000 to $49,999	9%	9%	14%
$50,000 to $74,999	19%	20%	18%
$75,000 to $99,999	12%	26%	13%
$100,000 to $149,999	15%	17%	17%
$150,000 to $199,999	7%	5%	5%
$200,000 and over	10%	3%	5%
Housing Type			
Owner-occupied	85%	72%	61%
Renter	14%	24%	39%
Other arrangement	1%	4%	--

Note: The age profile is for county residents age 18+. Profiles for sex or gender, race and ethnicity, household income, and housing type are for all age groups in the county. Source: CHS analysis of population estimates published by ESRI. See Appendix A for details.

Limitations of this Report

This Compass Now 2021 report is intended to inform community action strategies by stakeholders across the region. The data presented within the report comes from multiple sources, each with its own set of limitations that should be considered when interpreting the results.

Scope of Community Indicators
Section 2 of the report provides a series of exhibits showing various community indicators along with community insights from survey responses. The report was not designed to include every possible indicator of community health and well-being, partly because some of the data sources tapped for the 2018 Compass Now report are no longer available. The report does present a core set of community indicators that can be helpful for planning community improvement strategies. We encourage readers to use this report as a starting point, and go beyond the report to seek additional data and information that can help you plan and implement effective strategies for community improvement. Some data indicators contained in prior reports were not available, updated or deemed valid for this report.

County Health Rankings
The County Health Rankings are developed from multiple data sources with varying levels of reliability, and some of these data sources are several years old. Consequently, the rankings and indicators do not provide precise and definitive evidence on where one county stands compared to another. However, in most cases the rankings and indicators are reliable enough to illustrate general community strengths and areas of concern, and they can be helpful for informing efforts to improve community health and well-being.

Random Household Survey
The RHS was randomized by mailing address in an effort to give every household in the region an equal chance of receiving and completing the survey. The survey mailout to 6,000 households was stratified by county to assure that every jurisdiction would be represented. Within each county the survey was designed to over-sample from census tracts with relatively low income so that this population could be represented as well. As outlined in *Exhibit 1.3*, the RHS responses were significantly skewed toward older residents, and skewed to a lesser extent toward whites and lower income households. Consequently, we cannot say that the survey results are exactly representative of each county and the region as a whole. As a general guide, it is reasonable to assume the percent estimates in the regional RHS results are probably accurate within a margin of error of plus or minus 5%. At the county level, it is reasonable to assume the results are probably accurate within a margin of error of plus or minus 10%.

Convenience Survey
The purpose of the CS was to generate additional survey responses from populations that may have been under-represented in the RHS. The CS was primarily conducted using mixed methods, and respondents could either complete their survey online or submit a paper copy of their survey response. Because the CS was not randomized across the region, it cannot meet the same standards of statistical significance as the RHS. In considering the CS results, it will be helpful to know the results are significantly skewed toward adults under age 45 and women, and skewed to a lesser extent toward minority populations and middle-income households. As noted earlier, the CS results are presented alongside the RHS results throughout the report to provide a multi-method profile of survey responses. The two surveys were not combined because they are based on two fundamentally different sampling strategies.

Respondent Perceptions.
Both the RHS and CS asked respondents to share their insights about a wide range of factors at the individual, household, and community level. Many of the survey questions rely on respondent perceptions of community concerns and community supports. Perceptions are subjective and based on the unique experience of each individual respondent. A respondent's perception of a community issue reflects their reality, but might not reflect the actual situation in the community.

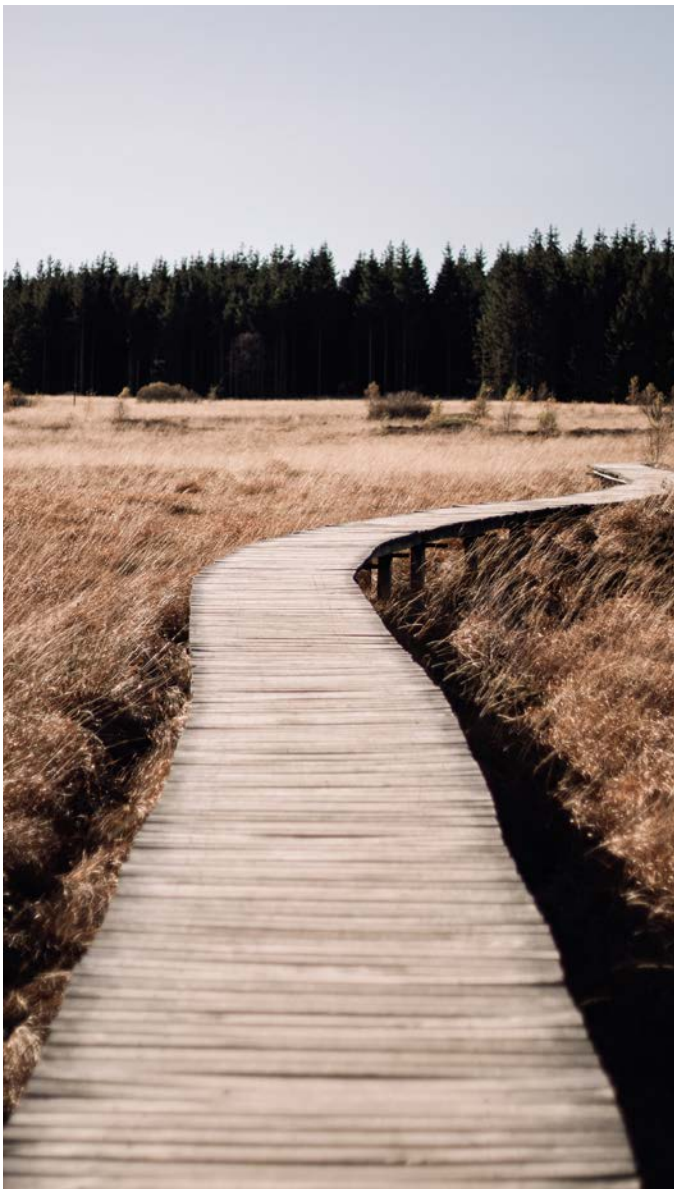
Bridging the Compass Now 2018 and 2021 Reports

The Compass Now 2021 study and report were framed and designed to provide continuity with the 2018 Compass Now Report where it was feasible and advisable to do so. For example, the main topics in Section 2 (Length and Quality of Life, Health Behaviors, etc.) reflect the main topics in the 2018 Compass Now report with a few minor exceptions. The designs for the 2020 RHS and CS were also crafted to reflect the 2018 approach, with some adjustments for sampling and refinement of survey questions. And like the 2018 report, Compass Now 2021 relies heavily on the County Health Rankings from the University of Wisconsin-Madison Population Health Institute. However, some of the community data sources used in 2018 were not available in a usable format for the 2021 report.

Although there is general continuity of structure between the 2018 and 2021 reports, caution should be used when comparing the results. One consideration is most of the community indicators in the 2021 report are several years old, and the same was true for the 2018 report. This problem of 'data lag' is a challenge not only for the Compass Now study series, but also for every community needs assessment that relies on secondary sources of data. Consequently, it is not possible to measure improvement on community indicators from 2018 to 2021 in a relevant and reliable way.

Another methodological consideration is the degree of comparability between the random household survey results from the 2018 and 2021 reports. One consideration is the 2018 and 2021 survey results were generated by two different survey populations that likely had some overlap but cannot be reliably compared. A second consideration is that much has changed in the community environment since 2018, including but not limited to the effects of the pandemic. As general guidance, it is best to view the survey results from 2018 and 2021 as two snapshots of different populations within the same communities.

As a final consideration, this report is not intended as a scorecard on the relative health and well-being of one county compared to another. Throughout the report we provide county-level indicators on a number of community issues. However, these indicators are not structured to support reliable comparisons between counties. To illustrate this point, although the County Health Rankings do provide a relative ordering of counties on various indicators, in many cases the differences in ranking are not based on statistically significant differences in the underlying data used to generate the rankings. Beyond statistics, each county has its own unique set of factors that influence the health and well-being of the population. We recommend focusing on how to sustain strengths and address challenges within each county rather than comparing counties in scorecard fashion.



How is La Crosse County Faring?

This section summarizes data on how La Crosse County region is faring today. The data include community health indicators from various sources, and community insights from the random household survey (RHS) and the convenience survey (CS).

The Six-County Region

The six-county region is diverse in terms of population size, selected demographic indicators, and overall health rankings. This section provides a demographic overview of the region and a summary of County Health Rankings for the region.

Section Outline

The Six-County Region
Demographic Profile
Summary of County Health Rankings

Length and Quality of Life
Community Indicators
Community Insights

Health Behaviors and Concerns
Community Indicators
Community Insights

Health Care
Community Indicators
Community Insights

Social and Economic Factors
Community Indicators
Community Insights

Physical Environment and Safety
Community Indicators
Community Insights

Demographic Profile

As shown in *Exhibit 2.1*, the six-county region is home to an estimated 261,591 residents. Within the La Crosse (LC) population of 120,515, an estimated 21% are children age 0-17, and an estimated 17% are adults age 65+. About nine percent of the population is classified as minority, and about 16% of households have annual income below $25,000.

Exhibit 2.1 2020 Demographic Profile of the Region

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%
Sex or Gender							
Female Population	49%	50%	51%	49%	49%	50%	50%
Male Population	51%	50%	49%	51%	51%	50%	50%
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%
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							
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 ESRI. See Appendix A for details.

Exhibit 2.2 provides a closer look at the La Crosse County population by age. Within the county population of 120,515, there are an estimated 23,734 children age 0-17, and 20,725 adults age 65+. Looking ahead to 2025, overall population growth for La Crosse County is projected to be 2%, with the most substantial growth (16%) projected for the older-adult population.

Exhibit 2.2 Population Estimates and Projections

Indicator	BU	HO	LC	MO	TR	VE	REGIONAL TOTAL
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	48,374
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. See Appendix A for details.

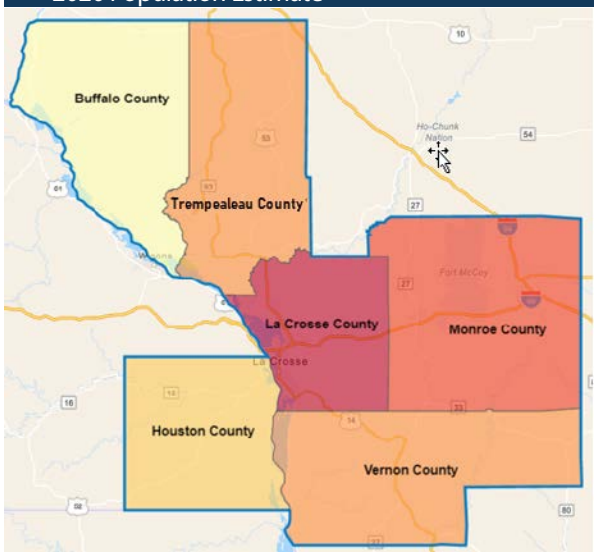
Thematic Maps

It can also be helpful to consider variations in the population profile within the region. The following thematic maps illustrate these variations.

Exhibit 2.3 Total Population by County

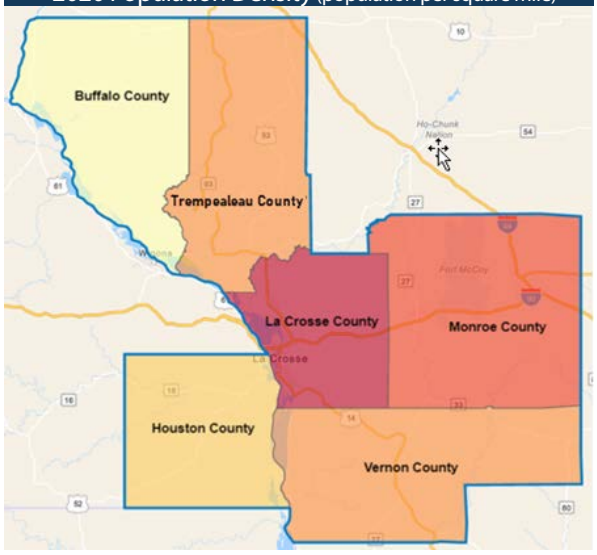
Population by County. *Exhibit 2.3* shows how the six counties vary in estimated population size from a high of 120,515 in La Crosse County, to a low of 13,534 in Buffalo County.

2020 Population Estimate



Buffalo	13,534
Houston	19,527
La Crosse	120,515
Monroe	46,889
Trempealeau	30,097
Vernon	31,029
Region	261,591

2020 Population Density (population per square mile)

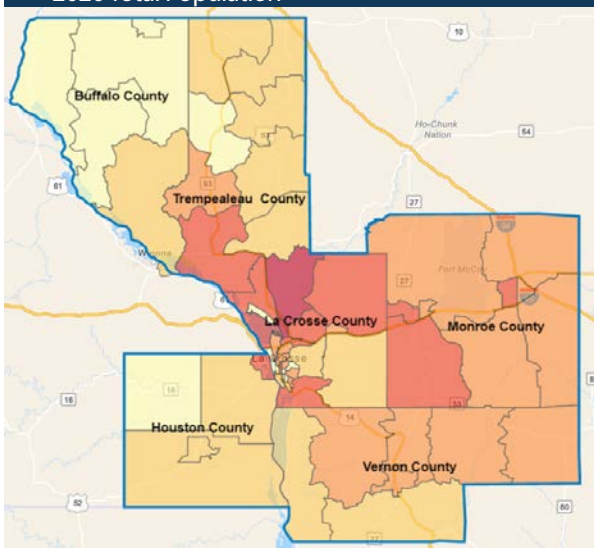


- 20.2 - 27.7
- 27.8 - 37.2
- 37.3 - 46.5
- 46.6 - 159.4
- 159.5 - 266.8

Exhibit 2.4 Total Population by Census Tract

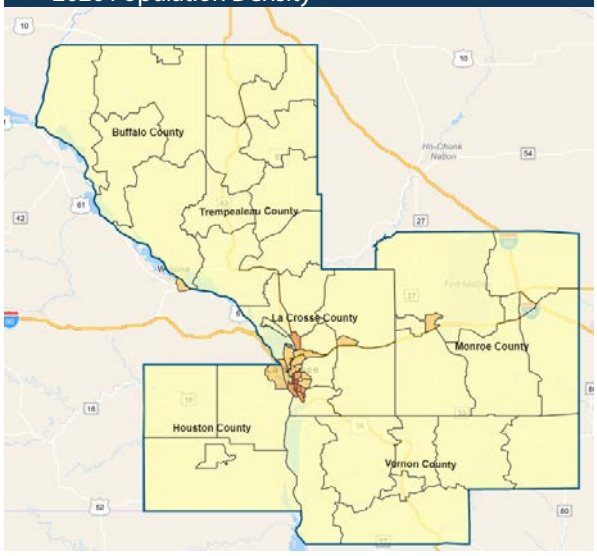
Population by Census Tract. *Exhibit 2.4* provides a closer look at the estimated population by census tract, with most of the larger census tracts located in the central part of the region.

2020 Total Population



- 1,982 - 3,065
- 3,066 - 4,181
- 4,182 - 5,384
- 5,385 - 8,728
- 8,729 - 10,598

2020 Population Density



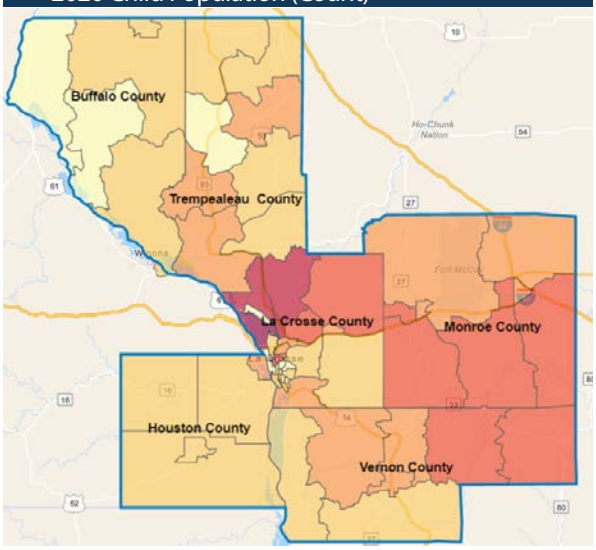
- 12.1 - 754.6
- 754.7 - 2,662.4
- 2,662.5 - 5,486.4
- 5,486.5 - 7,711.6
- 7,711.7 - 8,591.1

Source: CHS analysis of population estimates published by ESRI. See Appendix A for details.

Exhibit 2.5 Child Population by Census Tract

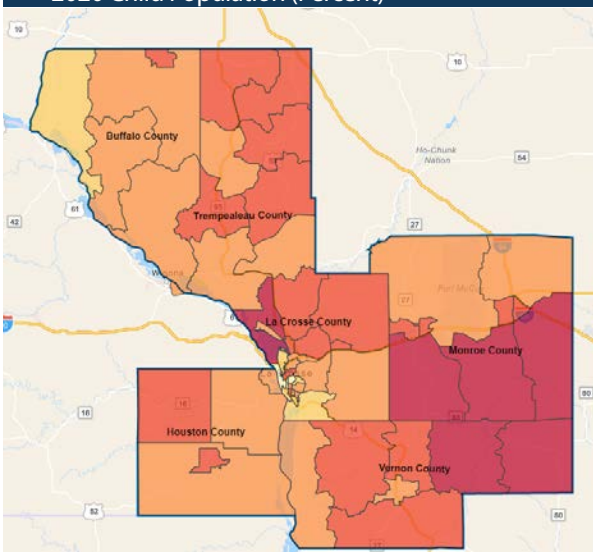
Child Population. *Exhibit 2.5* shows the estimated distribution of the child population, with higher numbers of children in census tracts located in the central and eastern part of the region.

2020 Child Population (Count)



73 - 544
545 - 889
890 - 1,207
1,208 - 1,855
1,856 - 2,656

2020 Child Population (Percent)

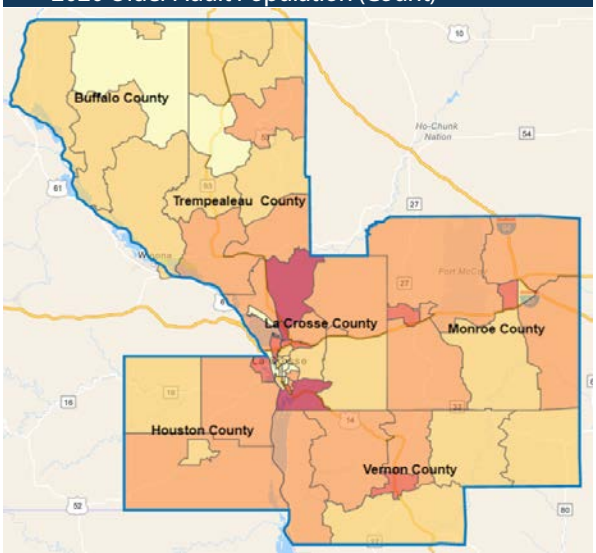


1.38% - 12.32%
12.33% - 18.11%
18.12% - 21.56%
21.57% - 26%
26.01% - 31.12%

Exhibit 2.6 Older Adult Population by Census Tract

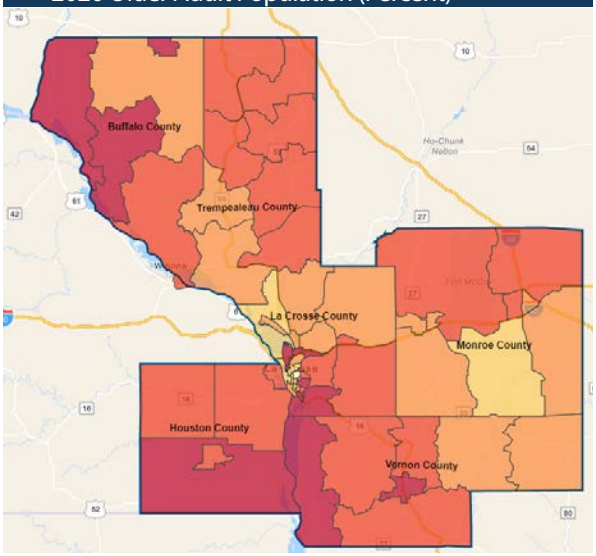
Older Adult Population. *Exhibit 2.6* shows the estimated distribution of the older adult population, with higher numbers in La Crosse County and selected census tracts in Monroe County and Vernon County.

2020 Older Adult Population (Count)



230 - 516
517 - 787
788 - 1,060
1,061 - 1,487
1,488 - 1,780

2020 Older Adult Population (Percent)



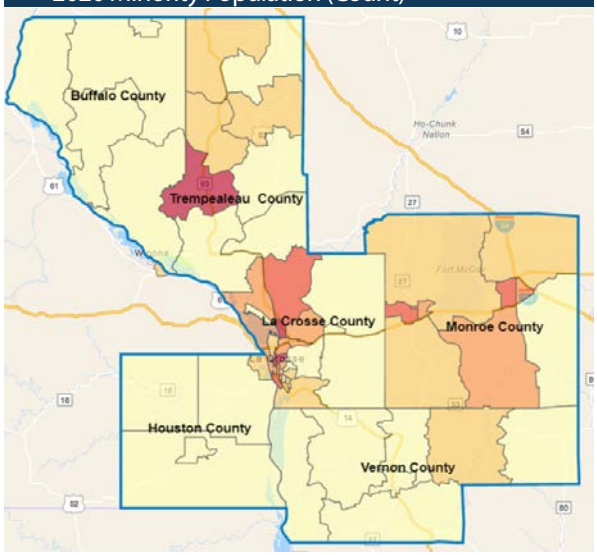
4.35% - 9.33%
9.34% - 14.61%
14.62% - 18.47%
18.48% - 22.41%
22.42% - 28.13%

Source: CHS analysis of population estimates published by ESRI. See Appendix A for details.

Exhibit 2.7 Minority Population by Census Tract

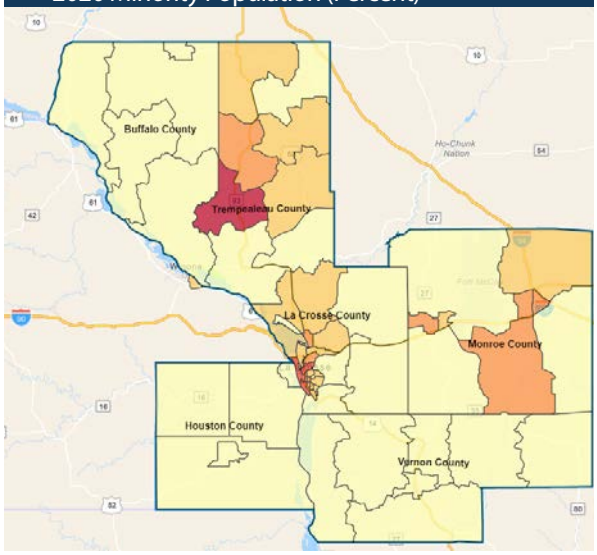
Minority Population. *Exhibit 2.7* shows the estimated distribution of the minority population, with higher numbers within census tracts located in Trempealeau County, La Crosse County, and Monroe County.

2020 Minority Population (Count)



85 - 263
264 - 475
476 - 774
775 - 1,249
1,250 - 1,751

2020 Minority Population (Percent)

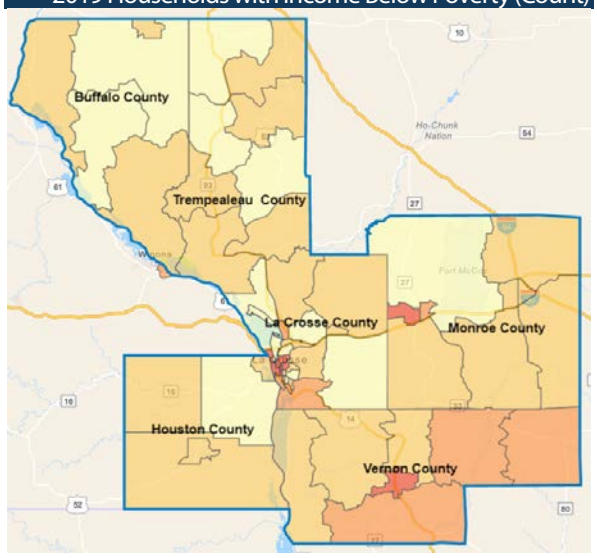


3.08% - 6.73%
6.74% - 11.49%
11.5% - 18.84%
18.85% - 33.8%
33.81% - 40.57%

Exhibit 2.8 Households with Income below Poverty by Census Tract

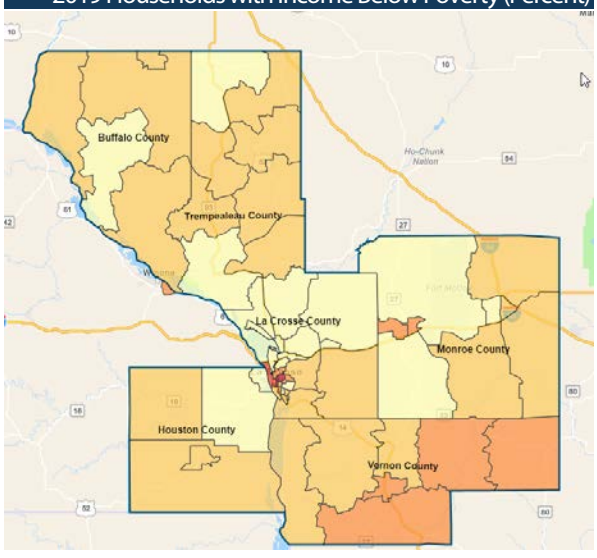
Low-Income Households. *Exhibit 2.8* shows the estimated distribution of households within poverty, with higher numbers within census tracts located in La Crosse County, Monroe County, and Vernon County.

2019 Households with Income Below Poverty (Count)



23 - 141
142 - 214
215 - 321
322 - 960
961 - 1403

2019 Households with Income Below Poverty (Percent)



1.47% - 9.14%
9.15% - 14.92%
14.93% - 28.59%
28.6% - 41.68%
41.69% - 61.27%

Source: CHS analysis of population estimates published by ESRI. See Appendix A for details.

Summary of County Health Rankings

Exhibit 2.9 provides a profile of the County Health Rankings for La Crosse County (LC) and the rest of the six-county region. Within the exhibit, the Wisconsin counties are ranked among all 72 counties in the state. The top half of the exhibit shows where each county ranks on the indicators shown. Green shading indicates a ranking in the 1st (best) quartile, with blue, yellow, and red shading indicating the 2nd, 3rd, and 4th quartile. The bottom part of the exhibit shows trends for the six counties.

As shown in the upper part of the exhibit, La Crosse County ranks in the 1st and 2nd quartile on measures of health outcomes, length of life, health factors, health behaviors, clinical care, social & economic factors and physical environment. La Crosse County ranks in the 3rd quartile on measures of quality of life. The rankings and trends are explored in more detail in the following pages.

Exhibit 2.9 County Health Rankings Summary for 2020

	BU	HO*	LC	MO	TR	VE
Health Outcomes	25	11	28	49	50	18
Length of Life	22	12	30	55	51	18
Quality of Life	32	14	38	39	45	23
Health Factors	17	14	4	39	26	49
Health Behaviors	8	8	13	62	28	34
Clinical Care	43	6	1	27	47	60
Social & Economic Factors	28	32	7	34	18	36
Physical Environment	24	70	16	53	47	61

Ranking Key: 1st (best) quartile; 2nd quartile; 3rd quartile; 4th quartile

Note: *Houston County is ranked among all Minnesota counties.

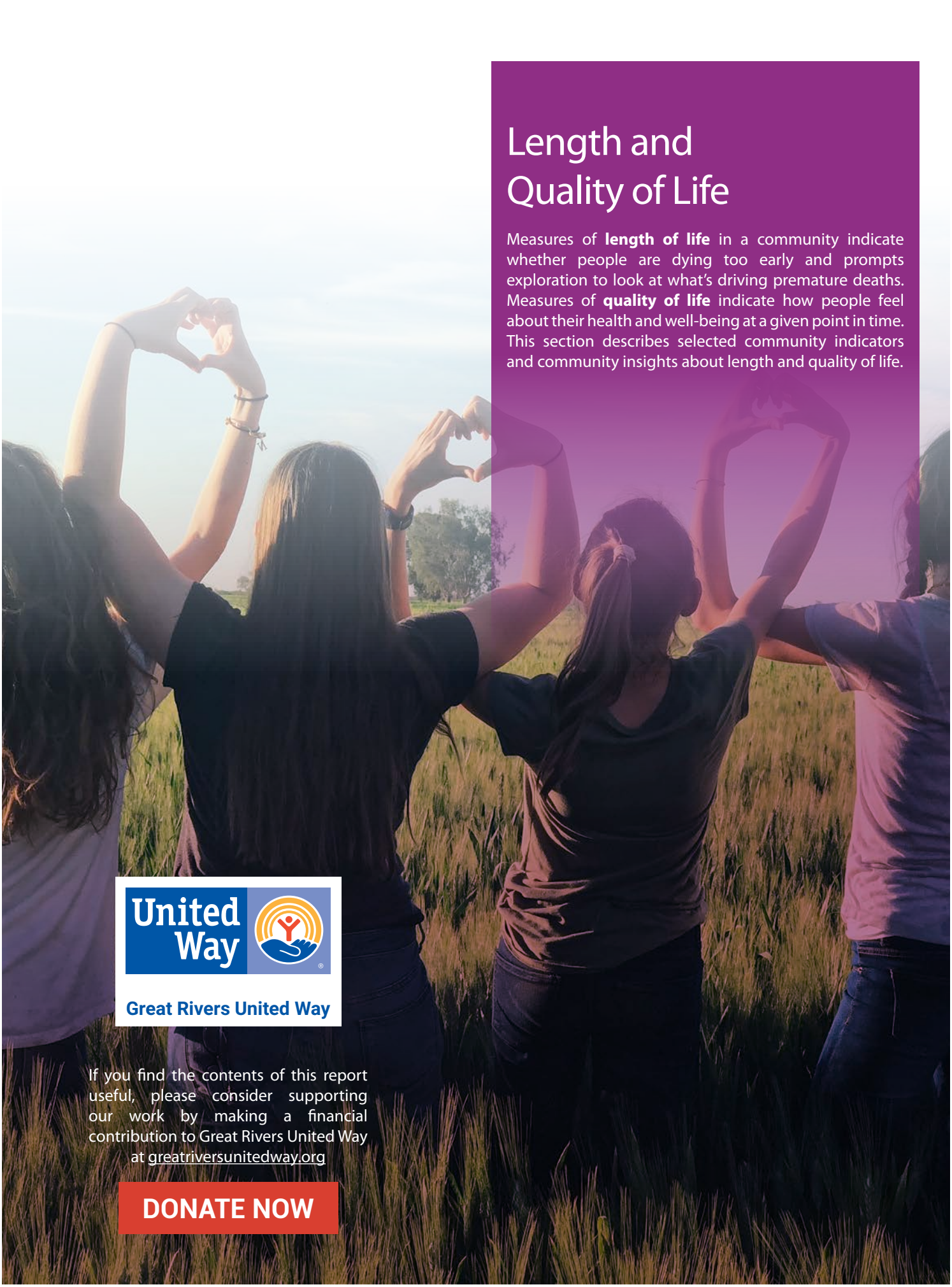
	BU	HO*	LC	MO	TR	VE
Length of Life						
Premature death	B	B	--	B	B	B
Health Behaviors						
Adult obesity	--	W	W	W	W	W
Physical inactivity	W	W	W	--	--	--
Alcohol-impaired driving deaths	--	B	--	--	W	W
Sexually transmitted infections	W	--	W	W	--	W
Clinical Care						
Uninsured	B	B	B	B	B	B
Primary care physicians	W	B	--	--	--	B
Dentists	B	B	B	B	B	B
Preventable hospital stays	--	--	--	B	B	B
Mammography screening	B	--	B	B	B	B
Flu vaccinations	--	--	--	B	B	--
Social & Economic Factors						
Unemployment	--	--	--	--	--	--
Children in poverty	W	--	--	W	W	W
Violent crime	--	--	B	--	--	--
Physical Environment						
Air pollution – particulate matter	B	B	B	B	B	B

Trend Key: B Getting better; -- No trend; W Getting worse

Source: University of Wisconsin-Madison Population Health Institute. *County Health Rankings.*
Retrieved in December 2020 from http://www.countyhealthrankings.org

Length and Quality of Life

Measures of **length of life** in a community indicate whether people are dying too early and prompts exploration to look at what's driving premature deaths. Measures of **quality of life** indicate how people feel about their health and well-being at a given point in time. This section describes selected community indicators and community insights about length and quality of life.



Community Indicators

Community indicators presented below include County Health Rankings, leading causes of death, and maternal and infant health indicators.

County Health Rankings. *Exhibit 2.10* shows the County Health Rankings for length and quality of life. As shown, La Crosse County ranks in the second quartile on the length of life measure, and the third quartile for quality of life. The length and quality of life rankings are based on the indicators shown in the exhibit.

Exhibit 2.10 County Health Rankings for Length and Quality of Life

	BU	HO*	LC	MO	TR	VE	MN*	WI
Rankings								
Length of Life Rank	22	12	30	55	51	18	--	--
Quality of Life Rank	32	14	38	39	45	23	--	--
Indicators								
Premature death** (2016-18)	5,900	4,500	6,100	6,900	6,800	5,700	5,300	6,400
Poor or fair health (2017)	13%	11%	12%	13%	13%	14%	12%	17%
Poor physical health days (2017)	3.4	3	3.4	3.4	3.3	3.7	2.9	3.9
Poor mental health days (2017)	3.6	3.1	3.6	3.6	3.6	3.8	3.1	4
Low birthweight (2012-2018)	6%	5%	7%	6%	7%	5%	7%	7%
Selected Trends								
Premature death rate	B	B	--	B	B	B	--	--

Ranking Key: 1st (best) quartile; 2nd quartile; 3rd quartile; 4th quartile

Trend Key: B Getting better; -- No trend; W Getting worse

*Note: Houston County is ranked among all Minnesota counties. Other counties are ranked among all Wisconsin counties. **Premature death is defined as years of potential life lost before age 75 per 100,000 population (age-adjusted).

Source: University of Wisconsin-Madison Population Health Institute. *County Health Rankings.*
Retrieved in December 2020 from http://www.countyhealthrankings.org

Leading Causes of Death. To further explore **mortality** in the region, *Exhibit 2.11* shows the leading causes of death as of 2018. As shown, malignant neoplasms and heart disease were the leading causes of death in La Crosse County. Other leading causes were accidents (unintentional injuries), chronic lower respiratory diseases, cerebrovascular diseases and Alzheimer's Disease.

Exhibit 2.11 2018 Leading Causes of Death in La Crosse County

	BU	HO	LC	MO	TR	VE	REGION	MN	WI
Counts-Total Deaths by All Causes									
Total Deaths	130	202	1,043	443	297	294	2,409	44,715	53,680
Counts-Total Deaths by Leading Causes									
Heart Disease	31	53	199	87	69	69	508	8,398	12,053
Malignant Neoplasms	23	44	210	100	58	64	499	9,906	11,454
Accidents (Unintentional Injuries)	9	9	85	16	17	9	145	2,786	3,776
Chronic Lower Respiratory Diseases	10	6	67	27	10	23	143	2,353	2,865
Cerebrovascular Diseases	9	10	54	25	18	21	137	2,268	2,549
Alzheimer's Disease	X	15	59	14	10	15	113	2,435	2,452
Rates-Age Adjusted Per 100,000 Population									
Total Deaths	643.1	633.3	672.2	773	744.7	668.1	N/A	647.5	727
Heart Diseases	139.7	131.5	122.9	144.8	149.3	164.1	N/A	118.1	158.6
Malignant Neoplasms	103.3	139.8	135.0	168.5	147.7	147.1	N/A	149.9	152.2
Accidents (Unintentional Injuries)	61.6	47.0	61.1	31.2	26.9	50.6	N/A	43.1	57.3
Chronic Lower Respiratory Diseases	46.8	29	43.5	45.5	49.1	24.8	N/A	36.0	38
Cerebrovascular Diseases	46	29.6	32.2	43.4	45.5	41.5	N/A	33.1	33.6
Alzheimer's Disease	X	22.3	34.7	25.1	30.6	23.4	N/A	30.5	31.8

Source: 2018 Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, https://www.dhs.wisconsin.gov/wish/index.htm, Mortality Module, accessed 12/9/2020 and 2018 Minnesota Department of Health County Health Tables accessed 12/9/2020.
Note on Cell Suppression and Cells with Counts of Zero: An "X" indicates a value that is less than 5 (but more than 0) and has been suppressed to protect confidentiality.

Maternal and Infant Health. Maternal and infant health measures can also provide insight about community quality of life. As shown in *Exhibit 2.12,* there were 1,176 births in La Crosse County in 2018. Of these, 68 (6%) were low-weight births, compared to 8% for Wisconsin as a whole. There were five infant deaths in La Crosse County during 2018; with a lower rate than Wisconsin as a whole. It is important to note that infant deaths can fluctuate significantly, and one year of data is insufficient to support definitive conclusions about infant mortality rates.

Exhibit 2.12 2018 Maternal and Infant Health in La Crosse County

	BU	HO	LC	MO	TR	VE	REGION	MN	WI
Total Births									
Total Births	136	183	1,176	608	428	401	2,932	67,341	64,143
Low Weight Births									
Total Low Weight Births	6	5	68	40	34	25	178	3,469	4,953
As pct. of Total Births	4%	3%	6%	7%	8%	6%	6%	4%	8%
Infant Deaths									
Infant Deaths	0	0	5	6	5	X	16	341	389
Infant Death Rate per 1,000 Live Births	0	0	4.3	9.9	11.7	5.5	5.5	4.7	6.1

Source: 2018 Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, https://www.dhs.wisconsin.gov/wish/index.htm, Mortality Module, accessed 12/9/2020 and 2018 Minnesota Department of Health County Health Tables accessed 12/9/2020.
Note on Cell Suppression and Cells with Counts of Zero: An "X" indicates a value that is less than 5 (but more than 0) and has been suppressed to protect confidentiality.

Community Insights

Community survey respondents were invited to rate various aspects of community life. These ratings can provide insights about the quality of community life in its various dimensions.

Ratings of Community Life. *Exhibit 2.13* shows ratings of selected aspects of community life on a scale from poor to excellent. The most positive ratings (good or excellent) were provided for La Crosse County as a place to live, and for opportunities to volunteer in the community. (As additional context, 55% of RHS respondents and 62% of CS respondents reported they or family members volunteer). The most negative ratings (poor or fair) were for the community as a place where all people are treated respectfully, and a place where people of different cultural/racial/ethnic backgrounds are included in decision making.

Exhibit 2.13 Ratings of Community Life in La Crosse County

Topic/Survey	Poor	Fair	Good	Excellent	No Opinion	Total
a. Rating of your community as a place to live						
RHS	2%	8%	50%	40%	N/A	111
CS	1%	15%	57%	28%	N/A	276
b. Your community as a place that meets your family's recreational needs (Fine arts, outdoor activities, etc.)						
RHS	0%	12%	50%	35%	4%	110
CS	4%	20%	43%	32%	1%	276
c. Opportunities for youth to explore interests and participate in positive activities.						
RHS	1%	12%	52%	26%	9%	111
CS	7%	18%	42%	24%	9%	276
d. Opportunities to volunteer in your community.						
RHS	1%	10%	45%	37%	7%	111
CS	3%	14%	45%	34%	3%	276
e. 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.						
RHS	5%	35%	43%	14%	2%	111
CS	24%	42%	25%	8%	1%	275
f. Your community as a place where people of different cultural/racial/ethnic backgrounds are included in decision-making.						
RHS	12%	32%	40%	11%	6%	111
CS	34%	35%	20%	7%	4%	276

Ratings of Educational Opportunities. *Exhibit 2.14* provides a closer view of ratings of educational opportunities. The most positive ratings (good or excellent) were for the community as a place that meets the family's educational needs, availability of early education opportunities, and the quality of K-12 education. The most negative ratings (poor or fair) were for opportunities to obtain additional knowledge or skills, and the availability of community resources to learn new skills.

Exhibit 2.14 Ratings of Educational Opportunities in La Crosse County

Topic/Survey	Poor	Fair	Good	Excellent	No Opinion	Total
a. Your community as a place that meets your family's educational needs						
RHS	4%	7%	32%	49%	9%	111
CS	1%	11%	43%	41%	4%	276
b. The availability of early education opportunities in your community (e.g., play groups, Head Start, 4 year old kindergarten)						
RHS	0%	4%	26%	35%	35%	111
CS	3%	12%	38%	28%	19%	276
c. The quality of education grades K -12 in your community						
RHS	1%	6%	39%	39%	15%	111
CS	3%	7%	44%	36%	11%	275
d. Opportunities to gain additional knowledge or skills (tuition reimbursement, conferences, skills training courses, classes)						
RHS	1%	10%	42%	28%	19%	110
CS	6%	28%	41%	17%	8%	275
e. The availability of community resources to learn new skills or hobbies (e.g., woodworking, photography, computers)						
RHS	6%	18%	39%	25%	13%	109
CS	13%	32%	39%	11%	6%	275

Concerns about Community Life. *Exhibit 2.15* shows ratings of concern about selected issues related to community life. The ratings were mixed, but substantial numbers of respondents expressed concern about racism, school bullying, cyber bullying, and discrimination.

Exhibit 2.15 Concerns about Issues Related to Community Life in La Crosse County

Topic/Survey	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion	Total
a. Racism						
RHS	17%	26%	36%	20%	1%	111
CS	6%	17%	32%	44%	1%	276
b. School bullying						
RHS	7%	22%	35%	28%	8%	111
CS	1%	16%	41%	37%	4%	276
c. Cyber bullying						
RHS	11%	17%	37%	27%	8%	111
CS	1%	20%	42%	33%	4%	276
d. Discrimination						
RHS	17%	19%	33%	25%	5%	111
CS	5%	21%	31%	42%	1%	276

Health Behaviors and Concerns

Health behaviors are actions individuals take that affect their health, such as eating well, being physically active, avoiding smoking, excessive alcohol intake, and risky sexual behavior. This section describes community indicators and community insights about health behaviors and related concerns.

Community Indicators

County Health Rankings. *Exhibit 2.16* shows the County Health Rankings related to health behaviors. As shown, La Crosse County ranked in the 1st quartile for health behaviors. Recent trends are worsening in multiple counties for obesity, physical activity, and sexually transmitted infections.

Exhibit 2.16 County Health Rankings for Health Behaviors

	BU	HO*	LC	MO	TR	VE	MN*	WI
Rankings								
Health Behaviors Rank	8	8	13	62	28	34	--	--
Indicators								
Adult smoking (2017)	16%	14%	15%	16%	15%	17%	15%	16%
Adult obesity (2016)	25%	29%	27%	38%	30%	32%	28%	31%
Food environment index (2017)	8.4	8.9	8.1	8.3	9.2	8.2	8.8	8.8
Physical inactivity (2016)	26%	24%	23%	23%	24%	18%	20%	21%
Access to exercise opportunities (2019)	67%	97%	89%	65%	82%	66%	87%	85%
Excessive drinking (2017)	24%	21%	27%	25%	26%	24%	22%	24%
Alcohol-impaired driving deaths (2014-18)	31%	0%	30%	32%	42%	50%	30%	36%
Sexually transmitted infections (2017)	265.8	225.1	414.3	271.8	332.5	208.1	422.1	478.6
Teen births (2012-2018)	10	9	8	22	22	8	14	17
Selected Trends								
Adult obesity	--	W	W	W	W	W		
Physical inactivity	W	W	W	--	--	--		
Alcohol-impaired driving deaths	--	B	--	--	W	W		
Sexually transmitted infections	W	--	W	W	--	W		

Ranking Key: 1st (best) quartile; 2nd quartile; 3rd quartile; 4th quartile

Trend Key: B Getting better; -- No trend; W Getting worse

*Note: Houston County is ranked among all Minnesota counties. Other counties are ranked among all Wisconsin counties.

Source: University of Wisconsin-Madison Population Health Institute. *County Health Rankings.*

Retrieved in December 2020 from http://www.countyhealthrankings.org

Community Insights

Community survey respondents were asked to rate their personal health and identify concerns about health issues in the community.

Ratings of Personal Health. *Exhibit 2.17* shows that among RHS respondents, 19% rated their personal health as fair or poor, 12% rated their overall mental health as fair or poor, and 19% rated their overall dental health as fair or poor. CS respondents had a notably higher percentage of fair or poor rating for mental health.

Exhibit 2.17 Ratings of Personal Health in La Crosse County

Topic/Survey	Poor	Fair	Good	Excellent	Total
a. Your overall health.					
RHS	2%	17%	55%	26%	110
CS	4%	21%	56%	19%	275
b. Your overall mental health.					
RHS	2%	10%	57%	31%	110
CS	9%	27%	52%	12%	274
c. Your overall dental health.					
RHS	3%	16%	51%	30%	110
CS	8%	16%	48%	28%	275

Concerns about Health Issues. Survey respondents were asked to rate their level of concern about selected health issues in the community. As shown in *Exhibit 2.18*, the majority of survey respondents indicated they were moderately or very concerned about mental health, mental health stigma, alcohol use, obesity, prescription drug misuse, suicide, tobacco use, e-cigarettes & vaping, and illegal drug use.

Exhibit 2.18 Concerns about Health Issues in the Community

Topic/Survey	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion	Total
a. Mental health						
RHS	14%	20%	33%	32%	2%	111
CS	1%	9%	36%	53%	1%	276
b. Mental health stigma						
RHS	16%	23%	33%	23%	5%	111
CS	4%	18%	40%	38%	1%	273
c. Alcohol use						
RHS	11%	14%	41%	34%	1%	110
CS	3%	13%	31%	53%	0%	275
d. Obesity						
RHS	11%	18%	43%	27%	1%	111
CS	5%	26%	40%	27%	1%	273
e. Prescription drug misuse						
RHS	10%	23%	29%	36%	3%	111
CS	4%	18%	39%	37%	2%	274
f. Suicide						
RHS	14%	26%	33%	25%	2%	111
CS	3%	21%	39%	35%	3%	274
g. Tobacco use						
RHS	18%	34%	27%	19%	2%	111
CS	15%	34%	36%	12%	2%	274
h. E-cigarette use/Vaping						
RHS	17%	25%	29%	26%	3%	111
CS	12%	24%	39%	24%	1%	275
i. Illegal drug use						
RHS	7%	13%	25%	54%	1%	111
CS	3%	14%	28%	54%	1%	274

Health Care

Access to affordable, quality, and timely health care can help prevent diseases and detect issues sooner, enabling individuals to live longer, healthier lives. This section describes selected community indicators and community insights about access to health care.

Community Indicators

Community indicators presented below include County Health Rankings, cancer screening rates, and indicators of mental health needs.

County Health Rankings. *Exhibit 2.19* shows the County Health Rankings for clinical care. As shown, La Crosse County ranks in the 1st quartile for clinical care. Trends indicate that La Crosse County is improving on multiple indicators of clinical care.

Exhibit 2.19 County Health Rankings for Clinical Care

	BU	HO*	LC	MO	TR	VE	MN*	WI
Rankings								
Clinical Care Rank	43	6	1	27	47	60	--	--
Indicators								
Uninsured (2017)	7%	5%	5%	8%	8%	11%	5%	6%
Primary care physicians (2017)	6,580:1	1,440:1	720:1	1,570:1	3,680:1	960:1	1,120:1	1,270:1
Dentists (2018)	820:1	2,060:1	1,080:1	1,590:1	3,270:1	2,570:1	1,390:1	1,460:1
Mental health providers (2019)	6,560:1	4,640:1	320: 1	670:1	1,960:1	700: 1	400: 1	490: 1
Preventable hospital stays (2017)	3,931	3,895	2,962	2,825	2,998	3,194	6,015	3,940
Mammography screening (2017)	54%	57%	62%	56%	54%	44%	46%	50%
Flu vaccinations (2017)	51%	57%	59%	42%	46%	35%	50%	52%
Selected Trends								
Uninsured	B	B	B	B	B	B	--	--
Primary care physicians	W	B	--	--	--	B	--	--
Dentists	B	B	B	B	B	B	--	--
Preventable hospital stays	--	--	--	B	B	B	--	--
Mammography screening	B	--	B	B	B	B	--	--
Flu vaccinations	--	--	--	B	B	--	--	--

Ranking Key: 1st (best) quartile; 2nd quartile; 3rd quartile; 4th quartile

Trend Key: B Getting better; -- No trend; W Getting worse

*Note: Houston County is ranked among all Minnesota counties. Other counties are ranked among all Wisconsin counties.

Source: University of Wisconsin-Madison Population Health Institute. *County Health Rankings.*

Retrieved in December 2020 from http://www.countyhealthrankings.org

Cancer Screening Rates. *Exhibit 2.20* shows selected cancer screening rates for each county within the region. Screening rates in La Crosse County ranged from 81%-89%. La Crosse County had higher screening rates for breast and cervical cancer than the Region Total and Wisconsin as a whole.

Screening rate definitions follow:

- Breast Cancer: The percentage of women aged 50-74, who receive primary care from a Wisconsin Collaborative for Healthcare Quality (WCHQ) member health system and had a minimum of one breast cancer screening test during the two-year measurement period.
- Cervical Cancer Measure: The percentage of adults aged 21-29 who had a minimum of one cervical cancer screening (cytology) test during the 3-year measurement period; and aged 30-64 who had a minimum of one cytology test during the 2-year measurement period or one screening cytology test and an HPV test within the last 5 years.
- Colorectal Cancer Measure: The percentage of adults aged 50-75, who receive primary care from a WCHQ member health system and received a screening for colorectal cancer. This could include a colonoscopy in the past ten years, a CT colonography or flexible sigmoidoscopy in the past five years, or a stool test within the last year.

Exhibit 2.20 2018 Cancer Screening Rates

	BU	HO	LC	MO	TR	VE	REGION	MN	WI
Rates									
Breast Cancer Screening	76%	85%	87%	82%	79%	81%	84%	N/A	79%
Cervical Cancer Screening	70%	88%	89%	82%	80%	86%	85%	N/A	80%
Colorectal Cancer Screening	69%	82%	81%	76%	73%	76%	78%	N/A	83%

Source: 2019 and 2020 Health Disparities Report. Wisconsin Collaborative for Healthcare Quality

Mental Health Care. Selected mental health indicators are shown in *Exhibit 2.21*. Focusing on estimates for adults in La Crosse County, more than 17,000 individuals experienced a mental illness in 2017. Of these, more than 8,000 received mental health services, while 9,000 (52%) did not receive services. Among youth, more than 3,600 experienced a mental illness in 2017. Of these, nearly 2,600 received treatment, but more than 1,000 (30%) did not receive services.

Exhibit 2.21 2017 Estimated Mental Health Prevalence and Treatment Gap

	BU	HO	LC	MO	TR	VE	REGION	MN	WI
Adults									
Adults 18+ with Mental Illness	2,996	N/A	17,392	6,256	4,126	4,167	34,937	N/A	828,601
Adults Served	920	N/A	8,392	2,486	1,714	1,862	15,374	N/A	434,636
Unserved Adults	2,076	N/A	9,000	3,770	2,412	2,305	19,563	N/A	393,965
% Unserved Adults	69%	N/A	52%	60%	59%	56%	56%	N/A	47%
Youth									
Youth 5-17 with Mental Illness	676	N/A	3,678	1,789	1,107	1,222	8,472	N/A	200,860
Youth Served	325	N/A	2,576	1,037	503	548	4,989	N/A	126,244
Unserved Youth	351	N/A	1,102	752	604	674	3,483	N/A	74,616
% Unserved Youth	52%	N/A	30%	42%	55%	55%	41%	N/A	37%

Source: 2019 Wisconsin Mental Health and Substance Use Needs Assessment. Wisconsin Department of Health Services-Division of Care and Treatment Services.

Community Insights

Self-Reported Health Coverage. Survey respondents were asked to provide information on health coverage for their household. As shown in *Exhibit 2.22,* more than 94% of survey respondents reported all members of their household have health coverage. Among RHS respondents, the leading types of health coverage were Medicare, employer-based insurance, and private insurance. Among CS respondents, the majority reported employer-based services, followed by Medicaid, private insurance, and Medicare.

Exhibit 2.22 Self-Reported Health Coverage in La Crosse County

Do all members of your household have health coverage?

Topic/Survey	Yes, all members have health coverage	No, one or more members do not have health coverage	Total
RHS	99%	1%	107
CS	94%	6%	274

Do any members of your household have the following types of health insurance? (check all that apply)

Type	RHS	CS
Medicaid (Badger Care/Medical Assistance)	9%	15%
Medicare	33%	12%
Private Insurance	20%	13%
Employer Based Insurance	30%	59%
Other	5%	1%
Not Applicable-No one in my household has health insurance	3%	1%

Ratings of Health Care Access and Affordability. Survey respondents were asked to rate their ability to access and afford health services including healthcare, mental health care, and dental care. As shown in *Exhibit 2.23,* the large majority of survey respondents from La Crosse County rated their access and ability to afford services as good to excellent. However, sizable percentages reported poor or fair ratings for access and affordability. Focusing on the RHS results, the percent of respondents reporting poor or fair ability to pay for services was 24% for healthcare, 34% for mental health care, and 28% for dental care. For CS respondents the percent reporting poor or fair ability to pay for services was 39% for healthcare, 47% for mental health care, and 36% for dental care.

Exhibit 2.23 Ratings of Health Care Access and Affordability in La Crosse County

Topic/Survey	Poor	Fair	Good	Excellent	Total
a. Your access to healthcare.					
RHS	0%	6%	35%	59%	109
CS	3%	10%	38%	48%	275
b. Your ability to pay for healthcare.					
RHS	5%	19%	38%	37%	110
CS	15%	24%	36%	25%	275
c. Your access to mental health care.					
RHS	6%	16%	41%	38%	109
CS	12%	27%	37%	24%	274
d. Your ability to pay for mental health care.					
RHS	10%	24%	32%	34%	109
CS	21%	26%	33%	20%	274

Exhibit 2.23 Ratings of Health Care Access and Affordability (cont.)

Topic/Survey	Poor	Fair	Good	Excellent	Total
e. Your access to dental care.					
RHS	2%	6%	37%	55%	110
CS	6%	11%	42%	41%	275
f. Your ability to pay for dental care.					
RHS	5%	23%	31%	42%	110
CS	13%	23%	37%	27%	275

Health Care Sources and Obstacles for Adults. Survey respondents were asked to identify their usual source of health care and any obstacles to receiving health care. As shown in *Exhibit 2.24,* the most commonly cited sources of care were clinics, doctor's offices, and express care in a grocery or drug store. The most common obstacles to receiving services were affordability and scheduling.

Exhibit 2.24 Health Care Sources and Obstacles for Adults in La Crosse County

Usual Source of Health Care for Adults

Provider Source	RHS	CS
Clinic	30%	27%
Doctor's Office	24%	25%
Urgent Care	21%	16%
Hospital Emergency Room	9%	7%
Express Care in a grocery or drug store	6%	10%
Internet	5%	8%
Free Clinic	3%	5%
VA Outpatient Clinic	2%	0%
VA Medical Center	1%	0%
I do not have a place that I go most often	1%	1%

Obstacles to Health Care for Adults

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? (check all that apply)	RHS	CS
Could not afford the cost	9%	18%
Could not schedule the appointment at a convenient time	9%	20%
Did not have insurance	3%	3%
Did not have transportation	2%	1%
There was a language barrier	0%	0%
I could not get childcare	0%	5%
None of the above apply to me	77%	52%

Dental Visits and Obstacles for Adults. Survey respondents were asked to identify their most recent dental appointment and any obstacles to dental care. As shown in *Exhibit 2.25*, a large majority of respondents from La Crosse said they had a dental visit within the past year. Four percent of RHS respondents and eight percent of CS respondents reported it had been five or more years since their most recent dental visit. The most commonly reported obstacles to dental care were affordability, insurance, and scheduling.

Exhibit 2.25 Dental Visits and Obstacles for Adults in La Crosse County

Most Recent Dental Visit for Adults

How long has it been since you have seen a dentist for any reason?	RHS	CS
Within the past year	75%	72%
Within the past 2 years	9%	11%
Within the past 5 years	8%	7%
5 or more years	4%	8%
Don't know	4%	1%
Total	109	275

Obstacles to Dental Care for Adults

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? (check all that apply)	RHS	CS
Could not afford the cost	14%	13%
Did not have insurance	9%	6%
Could not schedule the appointment at a convenient time	1%	9%
Did not have transportation	0%	2%
There was a language barrier	0%	0%
I could not get childcare	0%	3%
None of the above apply to me	77%	67%

Health Care and Dental Visits for Children. Survey respondents with children in the home were asked to identify a usual source of health care, along with time since the dental visit. As shown in *Exhibit 2.26,* the most commonly reported sources of health care for La Crosse County Residents were a doctor's office, clinic, or urgent care center. Focusing on dental care, 94% of RHS respondents and 90% of CS respondents reported their children had a dental visit within the past one or two years.

Exhibit 2.26 Health Care and Dental Visits for Children in La Crosse County

Usual Source of Health Care for Children

Provider Source	RHS	CS
Doctor's Office	31%	33%
Clinic	28%	28%
Urgent Care	17%	17%
Express Care in a grocery or drug store	14%	11%
Free Clinic	3%	3%
Hospital Emergency Room	3%	5%
Internet	3%	3%
We do not have a place that we go most often	3%	0%

Most Recent Dental Visit for Children

How long has it been since any minor children in the household saw a dentist for any reason?	RHS	CS
Within the past year	88%	80%
Within the past 2 years	6%	10%
Within the past 5 years	0%	3%
5 or more years	6%	1%
Don't know	0%	7%

Social and Economic Factors

Social and economic factors, such as income, education, employment, and social supports can significantly affect community health and quality of life. This section describes selected community indicators and community insights related to social and economic factors.

Community Indicators

Community indicators presented below include County Health Rankings, low-income households, and child services cases.

County Health Rankings. *Exhibit 2.27* shows the County Health Rankings for social and economic factors. As shown, La Crosse County ranks in the first quartile statewide. Focusing on selected trends, a decrease in the violent crime rate is indicated for La Crosse County. In considering these indicators it is important to note the social and economic indicators shown do not reflect the disruptions caused by COVID-19 in 2020.

Exhibit 2.27 County Health Rankings for Social and Economic Factors

	BU	HO*	LC	MO	TR	VE	MN*	WI
Rankings								
Social & Economic Factors Rank	28	32	7	34	18	36	--	--
Ranking Key:	1st (best) quartile	2nd quartile	3rd quartile	4th quartile				
Indicators								
High school graduation (years vary)	97%	96%**	93%	95%	95%	96%	83%	89%
Some college (2014-2018)	62%	73%	79%	63%	58%	56%	75%	69%
Unemployment (2018)	3.4%	2.9%	2.6%	2.7%	2.9%	2.9%	2.9%	3.0%
Children in poverty (2018)	13%	9%	9%	20%	11%	21%	12%	14%
Income inequality (2014-2018)	3.9	3.8	4	3.7	3.9	4.4	4.3	4.3
Children in single-parent households (2014-18)	23%	22%	24%	29%	27%	18%	28%	32%
Social associations (2017)	8.4	14.5	13.7	9.4	12.9	13	13	11.6
Violent crime (2014 & 2016)	55	53	138	140	61	59	236	298
Injury deaths (2014-2018)	64	76	83	62	79	58	65	80
Selected Trends								
Unemployment	--	--	--	--	--	--	--	--
Children in poverty	W	--	--	W	W	W	--	--
Violent crime	--	--	B	--	--	--	--	--
Trend Key:	B Getting better	-- No trend	W Getting worse					

*Note: Houston County is ranked among all Minnesota counties. Other counties are ranked among all Wisconsin counties.

**High school graduation rate for Houston was calculated to excluded the Minnesota Virtual Learning Academy.

Source: University of Wisconsin-Madison Population Health Institute. *County Health Rankings,* Retrieved in December 2020 from http://www.countyhealthrankings.org and Minnesota Report Card accessed March 2020.

Low-Income Households. Household income is a fundamental indicator of health opportunity. As shown in *Exhibit 2.28,* in 2018 there were an estimated 5,272 households in La Crosse County with income at or below poverty. Another important indicator is the number of ALICE households. ALICE® is an acronym for Asset Limited, Income Constrained, Employed, and provides a new way of defining and understanding the struggles of households that earn above the Federal Poverty Level, but not enough to afford basic necessities. In 2018, there were an estimated 12,460 households in the region that could be classified as meeting the ALICE criteria.

Exhibit 2.28 2018 Low-Income Households

	BU	HO	LC	MO	TR	VE	REGION	MN	WI
Total Households	5,713	8,181	47,924	17,772	11,936	12,080	103,606	2,185,117	2,359,857
Households in Poverty									
Households at or Below Poverty	571	736	5,272	1,955	1,074	1,812	11,420	218,512	259,584
Percent Households at or Below Poverty	10%	9%	11%	11%	9%	15%	11%	10%	11%
ALICE Households									
ALICE Households	1,200	1,800	12,460	3,554	2,865	2,899	24,778	546,279	542,767
Percent ALICE Households	21%	22%	26%	20%	24%	24%	24%	25%	23%

Source: United for ALICE https://www.unitedforalice.org/national-overview Accessed November 2020.

Child Services Cases. Child abuse and neglect cases are another indicator of community health and well-being. As shown in *Exhibit 2.29*, in 2019 there were 891 referrals made to Child Protective Services (CPS) in La Crosse County, with 41 confirmed child abuse cases, and 136 out-of-home placements.

Exhibit 2.29 2019 Reported Child Services Cases

	BU	HO*	LC	MO	TR	VE	REGION	MN*	WI
CPS Referrals									
CPS Referrals	160	N/A	891	710	433	284	2,478	N/A	80,709
Child Abuse Cases									
Child Abuse Victims	23	N/A	41	58	27	14	163	N/A	4,398
Child abuse rate per 1,000 children	8.6	N/A	1.8	5.0	3.6	1.7	3.1	N/A	3.5
Out of Home Placements									
Out of Home Placements	22	N/A	136	59	26	26	310	N/A	7,568

* CPS Referrals and Child Abuse Cases for Minnesota were not included in this report as definitions for cases and referrals in Minnesota may vary from Wisconsin definitions.

Source: 2019 Wisconsin Child Abuse and Neglect, and Out of Home Care Reports

Community Insights

Caring for Vulnerable Persons. Survey respondents were asked if they care for individuals who are aging or have a disability, and to share their insights about community supports for these vulnerable populations. As shown in *Exhibit 2.30*, 13% of RHS respondents from La Crosse County reported they care for an individual that is aging, and 11% reported they help care for an individual with a disability. For CS respondents, 21% help care for an individual that is aging, and 21% help care for an individual with a disability.

Exhibit 2.30 Caring for Vulnerable Persons in La Crosse County

Do you currently help care for an individual that is aging?			
Survey	**Yes**	**No**	**Total**
RHS	13%	87%	110
CS	21%	79%	273
Do you currently help care for an individual that has a disability?			
Survey	**Yes**	**No**	**Total**
RHS	11%	89%	109
CS	21%	79%	274

Concerns about Vulnerable Persons. As shown in *Exhibit 2.31*, at least 62% of survey respondents said they are moderately or very concerned about factors affecting vulnerable persons in the community, including child abuse, domestic abuse, elder abuse, and sexual abuse or violence.

Exhibit 2.31 Concerns about Vulnerable Persons in the Community

Topic/Survey	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion	Total
a. Child abuse						
RHS	7%	18%	35%	35%	5%	111
CS	3%	17%	33%	44%	4%	276
b. Domestic abuse						
RHS	9%	19%	34%	34%	4%	111
CS	3%	17%	32%	46%	3%	276
c. Elder abuse						
RHS	11%	21%	30%	32%	6%	111
CS	6%	27%	33%	31%	4%	275
d. Sexual abuse or sexual violence						
RHS	8%	18%	35%	35%	3%	110
CS	3%	19%	29%	47%	3%	273

Community Supports for Vulnerable Persons. As shown in *Exhibit 2.32*, the majority of RHS respondents from La Crosse County gave a good or excellent rating for the community as a place that meets the overall needs of children. The ratings were less favorable (fair or poor) for efforts to support elderly persons and people with disabilities, and support victims of abuse and neglect.

Exhibit 2.32 Community Supports for Vulnerable Persons in La Crosse County

Topic/Survey	Poor	Fair	Good	Excellent	Total
a. Your community as a place that meets the overall needs of children					
RHS	0%	8%	77%	14%	97
CS	4%	26%	59%	10%	258
b. Efforts to prevent abuse or neglect of children					
RHS	1%	19%	72%	8%	95
CS	9%	34%	49%	8%	242
c. Your community as a place that meets the overall needs of elderly persons (for example access to transportation, social outlets)					
RHS	3%	23%	64%	10%	97
CS	14%	36%	47%	3%	251
d. Efforts to prevent abuse or neglect of seniors.					
RHS	1%	27%	64%	8%	88
CS	10%	38%	47%	5%	209
e. The availability of resources to help persons age in place					
RHS	5%	30%	57%	7%	94
CS	15%	37%	41%	7%	223
f. Your community as a place that meets the overall needs of persons with disabilities					
RHS	4%	27%	63%	6%	96
CS	12%	35%	45%	7%	252
g. Efforts to prevent abuse or neglect of persons with disabilities					
RHS	1%	24%	68%	8%	80
CS	11%	38%	45%	6%	222
h. The availability of services that meet the overall needs of community members who are victims of abuse or neglect					
RHS	1%	26%	66%	8%	90
CS	13%	39%	44%	5%	239

Concerns about Meeting Household Needs. Survey respondents were asked to rate their concerns about meeting household needs related to food, housing, clothing, taxes, utilities, childcare, and legal assistance. As shown in *Exhibit 2.33*, the majority of respondents from La Crosse County reported no concern or little concern about meeting basic household needs. Focusing on RHS respondents, the percentage reporting being moderately or very concerned ranged from about 5% to 23% across the factors listed. The percent of CS respondents who are moderately or very concerned ranged higher, from 14% to 44% across the factors listed. The highest level of concern among CS respondents was ability to pay for education beyond high school.

Exhibit 2.33 Concerns about Meeting Household Needs in La Crosse County

Topic/Survey	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion	Total
a. Your ability to meet your household's basic needs for food, housing, clothing.						
RHS	69%	21%	6%	2%	2%	110
CS	63%	20%	14%	3%	0%	274
b. Your ability to pay for rent/ mortgage for your household						
RHS	71%	19%	6%	2%	2%	110
CS	61%	20%	12%	6%	0%	274
c. Your ability to pay for utility bills, property tax, and other housing related expenses						
RHS	66%	24%	5%	4%	2%	110
CS	58%	20%	15%	7%	0%	274
d. The availability of resources to help you budget your money						
RHS	71%	14%	5%	0%	10%	108
CS	63%	17%	10%	4%	5%	273
e. Your ability to pay for education beyond high school for you and/or your family						
RHS	49%	12%	18%	5%	17%	109
CS	31%	19%	21%	23%	6%	274
f. Your ability to pay for your own vehicle (including gas, insurance, and maintenance)						
RHS	63%	22%	7%	5%	3%	109
CS	58%	20%	14%	7%	1%	273
g. Your ability to pay for legal assistance						
RHS	50%	24%	11%	9%	6%	110
CS	38%	21%	14%	15%	11%	272
h. Your ability to pay for childcare, if needed						
RHS	48%	10%	4%	5%	33%	110
CS	38%	13%	15%	11%	23%	273
i. Your ability to access housing						
RHS	71%	11%	3%	4%	12%	110
CS	65%	14%	8%	7%	7%	273
j. Your ability to access childcare, if needed						
RHS	47%	11%	5%	5%	33%	110
CS	36%	16%	11%	12%	25%	273

Concerns about Access to Healthy Food. Survey respondents were asked to describe their access to healthy food. As shown in *Exhibit 2.34*, the large majority of respondents from La Crosse County rated their access and ability to pay for healthy food as good or excellent. Focusing on ability to pay for food, 14% of RHS respondents and 28% of CS respondents rated their ability to pay for healthy food as poor or fair. Also, 10% of RHS respondents and 22% of CS respondents reported running out of money to get more food either sometimes, occasionally, or often.

Exhibit 2.34 Concerns about Access to Healthy Food in La Crosse County

Topic/Survey	Poor	Fair	Good	Excellent	Total
a. Your access to healthy food.					
RHS	0%	5%	35%	60%	110
CS	3%	10%	43%	44%	275
b. Your ability to pay for healthy food.					
RHS	3%	11%	41%	45%	110
CS	9%	19%	38%	34%	274

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."

Topic/Survey	Often true	Occasionally true	Sometimes but infrequently true	Never true	Total
RHS	2%	3%	6%	90%	108
CS	4%	4%	14%	78%	268

Concerns about Economic Issues. Survey respondents were asked to rate their concerns about economic issues in the community. As shown in *Exhibit 2.35,* 13% or more of RHS and CS respondents reported they are moderately or very concerned about excessive personal debt, gambling, risk of job loss, risk of foreclosure and bankruptcy, poverty, hunger, and homelessness in the community.

Exhibit 2.35 Concerns about Economic Issues in the Community

Topic/Survey	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion	Total
a. Excessive personal debt						
RHS	14%	26%	34%	15%	12%	110
CS	12%	26%	33%	24%	6%	276
b. Gambling (in-person or online)						
RHS	30%	27%	22%	4%	17%	110
CS	38%	33%	11%	2%	16%	276
c. Risk of foreclosure or bankruptcy						
RHS	22%	31%	25%	11%	11%	110
CS	17%	38%	29%	8%	9%	275
d. Risk of job loss						
RHS	13%	21%	34%	25%	7%	110
CS	9%	24%	38%	27%	2%	276

Exhibit 2.35 Concerns about Economic Issues in the Community (cont.)

Topic/Survey	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion	Total
e. Poverty						
RHS	8%	23%	32%	34%	4%	110
CS	5%	20%	33%	41%	1%	275
f. Hunger						
RHS	12%	20%	36%	28%	4%	110
CS	9%	20%	34%	36%	1%	276
g. Homelessness						
RHS	11%	21%	32%	34%	3%	107
CS	6%	17%	29%	47%	1%	276

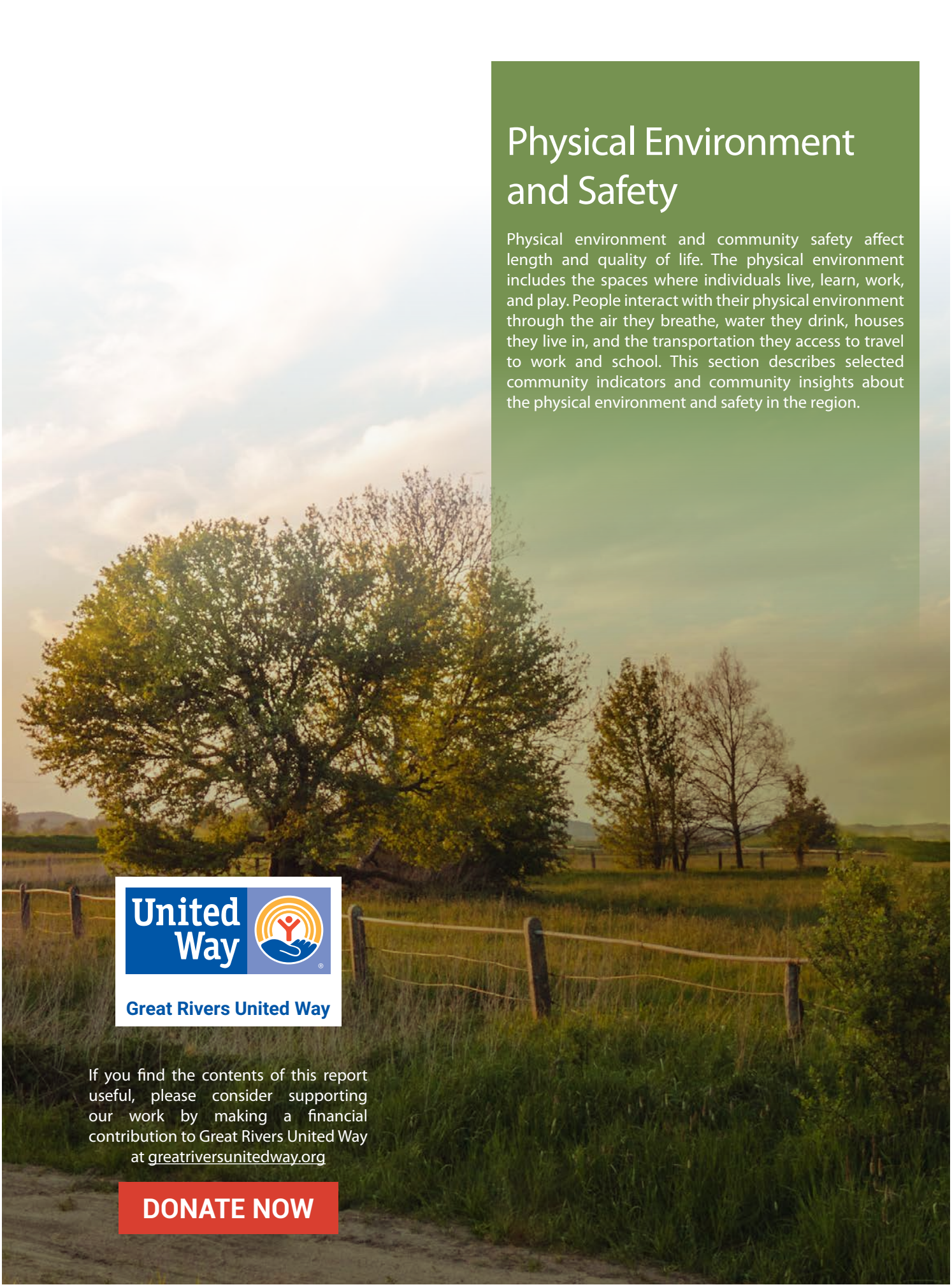
Ratings of Community Supports for Economic Stability. Survey respondents were asked to rate various community supports for economic stability. As shown in *Exhibit 2.36,* at least half of all RHS and CS survey respondents gave poor or fair ratings for availability of living wage jobs safe and affordable housing. Availability of services, convenience of transportation, and efforts reduce poverty also received poor or fair ratings from at least half of the CS respondents.

Exhibit 2.36 Ratings of Community Supports for Economic Stability

Topic/Survey	Poor	Fair	Good	Excellent	No Opinion	Total
a. The availability of jobs with wages that offer a livable wage						
RHS	14%	36%	41%	4%	6%	111
CS	26%	45%	27%	1%	1%	274
b. The availability of safe, affordable housing						
RHS	19%	35%	40%	3%	4%	111
CS	38%	41%	19%	1%	1%	274
c. The availability of services for people who may need extra help (government, nonprofit services)						
RHS	8%	26%	48%	8%	9%	110
CS	18%	36%	38%	4%	5%	274
d. The accessibility of public transportation						
RHS	5%	21%	50%	15%	8%	111
CS	13%	27%	46%	10%	4%	274
e. The convenience of public transportation						
RHS	7%	25%	48%	12%	8%	111
CS	18%	34%	35%	7%	7%	274
f. Efforts to reduce poverty in your community						
RHS	11%	33%	34%	8%	14%	111
CS	27%	35%	24%	3%	10%	274
g. Efforts to reduce hunger in your community						
RHS	5%	13%	59%	16%	7%	111
CS	10%	25%	50%	12%	3%	273

Physical Environment and Safety

Physical environment and community safety affect length and quality of life. The physical environment includes the spaces where individuals live, learn, work, and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in, and the transportation they access to travel to work and school. This section describes selected community indicators and community insights about the physical environment and safety in the region.



Community Indicators

County Health Rankings. *Exhibit 2.37* shows the County Health Rankings for the physical environment. As shown, La Crosse County ranks in the first quartile statewide on the physical environment measure. Focusing on selected trends, La Crosse County is improving on the air pollution measure.

Exhibit 2.37 County Health Rankings for the Physical Environment

	BU	HO*	LC	MO	TR	VE	MN*	WI
Rankings								
Physical Environment Rank	24	70	16	53	47	61	--	--
Indicators								
Air pollution - particulate matter (2014)	8.2	8.7	8.5	8.5	8.4	8.7	6.9	8.6
Drinking water violations (2018)	No	No	No	Yes	Yes	Yes	N/A	N/A
Severe housing problems (2012-2016)	14%	11%	13%	14%	11%	15%	13%	14%
Driving alone to work (2014-2018)	78%	81%	81%	81%	80%	79%	78%	81%
Long commute - driving alone (2014-2018)	40%	30%	16%	26%	32%	38%	31%	27%
Selected Trends								
Air pollution – particulate matter	B	B	B	B	B	B	--	--

Ranking Key: 1st (best) quartile; 2nd quartile; 3rd quartile; 4th quartile

Trend Key: B Getting better; -- No trend; W Getting worse

*Note: Houston County is ranked among all Minnesota counties. Other counties are ranked among all Wisconsin counties.

Source: University of Wisconsin-Madison Population Health Institute. *County Health Rankings.* Retrieved in December 2020 from http://www.countyhealthrankings.org

Community Insights

Survey respondents were asked to share their insights about various aspects of the physical environment and safety within their communities.

Rating of Overall Community Safety. As shown in *Exhibit 2.38,* the large majority of survey respondents from La Crosse County rated overall community safety as good or excellent. Twelve percent of RHS respondents and 23% of CS respondents rated overall community safety as poor or fair.

Exhibit 2.38 Rating of Overall Community Safety in La Crosse County

Rating of Overall Community Safety

Survey	Poor	Fair	Good	Excellent	Total
RHS	1%	11%	67%	22%	111
CS	1%	22%	64%	13%	276

Concerns about Community Safety. Survey respondents were asked to rate their level of concern about a list of community safety issues. As shown in *Exhibit 2.39,* at least half of the respondents from La Crosse County said they were moderately or very concerned about school safety, cyber security, criminal activity, and disease outbreak. A substantial percent of respondents also expressed concern about community response to flood, hazardous material incidents, terrorist activity, and water safety.

Exhibit 2.39 Concerns about Community Safety in La Crosse County

Topic/Survey	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion	Total
a. School safety						
RHS	17%	24%	38%	16%	6%	109
CS	15%	29%	28%	25%	3%	275
b. Cyber security (e.g., identity theft)						
RHS	13%	19%	40%	25%	4%	110
CS	9%	34%	34%	19%	3%	275
c. Criminal activity						
RHS	12%	17%	31%	39%	0%	109
CS	8%	29%	33%	29%	0%	276
d. Community response to flood						
RHS	35%	22%	24%	4%	16%	110
CS	39%	33%	13%	4%	11%	274
e. Disease outbreak						
RHS	20%	14%	28%	37%	1%	111
CS	8%	13%	19%	60%	0%	276
f. Hazardous materials incident						
RHS	32%	27%	25%	9%	7%	111
CS	39%	34%	12%	5%	9%	276
g. Terrorist activity						
RHS	44%	29%	16%	6%	5%	111
CS	51%	32%	8%	3%	6%	276
h. Tap water safety						
RHS	35%	32%	15%	14%	5%	111
CS	40%	24%	20%	15%	1%	275
i. Well water safety						
RHS	36%	19%	13%	14%	19%	111
CS	38%	21%	12%	13%	15%	276

Responsiveness of Public Safety Agencies. Survey respondents were asked to rate their level of concern about responsiveness of EMS, law enforcement, and the fire department. As shown in *Exhibit 2.40*, a majority of respondents from La Crosse County reported no concern or little concern about responsiveness. Between 18% and 35% reported being moderately or very concerned about responsiveness.

Exhibit 2.40 Responsiveness of Public Safety Agencies in La Crosse County

Topic/Survey	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion	Total
a. Responsiveness of Emergency Medical Services (EMS)						
RHS	55%	19%	9%	9%	7%	110
CS	56%	16%	14%	8%	7%	276
b. Responsiveness of law enforcement						
RHS	41%	25%	12%	18%	4%	110
CS	38%	25%	21%	14%	3%	276
c. Responsiveness of fire department						
RHS	50%	20%	11%	15%	5%	110
CS	51%	24%	11%	8%	5%	274

Preparedness for Emergency Events. Survey respondents were asked to share their insights about personal preparedness for emergency events. As shown in *Exhibit 2.41*, at least 39% of respondents from La Crosse County said they were not prepared or a little prepared for a household fire, flood, power outage, natural disaster, pandemic, or loss of job.

Exhibit 2.41 Preparedness for Emergency Events in La Crosse County

Topic/Survey	Not Prepared	A Little Prepared	Moderately Prepared	Very Prepared	Total
a. Household fire					
RHS	7%	32%	41%	20%	110
CS	18%	45%	29%	8%	273
b. Flood					
RHS	34%	25%	24%	17%	108
CS	47%	31%	17%	5%	272
c. Power outage longer than 24 hours					
RHS	18%	35%	34%	13%	109
CS	23%	40%	28%	9%	273
d. Natural disaster (such as ice storm, tornado, snowstorm)					
RHS	10%	38%	41%	11%	110
CS	16%	39%	38%	7%	273
e. Pandemic/epidemic					
RHS	13%	30%	44%	14%	110
CS	15%	33%	42%	10%	273
f. Loss of job					
RHS	17%	29%	27%	28%	108
CS	39%	33%	20%	8%	271

Concerns about Public Spaces. Survey respondents were asked to share their insights about factors affecting the quality of public spaces. As shown in *Exhibit 2.42,* about 6% to 42% of respondents said they were moderately concerned or very concerned about loose animals, sidewalks, crosswalks, traffic, and street lighting.

Exhibit 2.42 Concerns about Public Spaces in La Crosse County

Topic/Survey	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion	Total
a. Loose animals						
RHS	46%	26%	15%	8%	4%	110
CS	59%	33%	5%	1%	2%	276
b. Sidewalks in poor condition						
RHS	27%	42%	16%	8%	6%	110
CS	35%	36%	17%	9%	3%	276
c. Lack of sidewalks						
RHS	41%	26%	18%	9%	5%	111
CS	41%	28%	18%	11%	3%	275
d. Inadequate crosswalks						
RHS	48%	24%	16%	6%	5%	110
CS	33%	31%	21%	11%	4%	276
e. Motor vehicle traffic						
RHS	22%	33%	26%	16%	3%	111
CS	31%	36%	22%	9%	2%	276
f. Not enough traffic lights/stop signs						
RHS	49%	23%	15%	9%	4%	110
CS	53%	29%	13%	3%	2%	276
g. Street lighting						
RHS	40%	26%	24%	10%	0%	111
CS	32%	34%	20%	12%	2%	276

Community Insight on Priority Needs and Ideas for Solutions

Sections 1 and 2 of this report provide a comprehensive analysis of community needs based on community indicators and community survey responses. This section provides supplemental insight based on a meeting with community stakeholders and a follow-up survey on priority needs.

Meeting with Community Stakeholders

Great Rivers United Way collaborated with local partners to organize a series of virtual meetings with community stakeholders from each of the six counties in the study region. The purpose of the meetings was to gather additional insight about priority needs and action ideas from a local perspective.

The community stakeholder meetings with La Crosse County were held on February 12 and February 15, 2021. The invited participants included representatives from local business, education, faith, government, health and human services, nonprofit agencies. A total of 57 individuals participated in the meeting. The meeting was facilitated virtually so that participants could attend while maintaining social distancing for the pandemic.

- Prior to the meeting, each participant was provided with a draft copy of the Introduction and Sections 1 and 2 of this report.
- During the meeting, participants were invited to share their insights about pressing community needs as viewed from their perspective.
- The meeting participants were also invited to complete a post-meeting survey to prioritize among the areas of need identified at the meeting event.

The results of the meeting and follow-up survey are summarized below. In reviewing the results, please note they are only a starting point for identifying priority needs and creative solutions. In the coming months, community stakeholders from La Crosse County can continue to identify needs and develop solutions based on additional insights from community members.

Priority Needs Identified by Community Stakeholders (La Crosse County)

Exhibit 3.1 provides a summary of priority needs identified by La Crosse County Community Stakeholders. The first column shows pressing areas of need identified by the participants during the meeting event. The second column shows the priority rankings of need based on results from a follow-up survey of meeting participants.

Exhibit 3.1 Priority Needs Identified by La Crosse County Community Stakeholders

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

Source: The 57 participants in the community stakeholder meeting were invited to prioritize the areas of need identified during the meeting via a post-meeting survey. Twenty-three participants responded. Items are ranked 1-8 based on the mean priority score for each area of need.

As shown in **Exhibit 3.1**, the list includes needs related to mental health, access to health care, social and economic factors, quality of life, and physical environment and safety. These issues are reflected in the community indicators and survey results presented in **Section 2** of the report. We encourage community stakeholders to review **Section 2** for additional insight and context on the issues.

Ideas for Solutions Submitted by Community Stakeholders

As part of the follow-up survey participants were invited to share ideas for solutions to the top community needs identified at the stakeholder meeting. Nineteen participants responded with 42 ideas as listed in *Exhibit 3.2*. The results reflect the connections between access to health care, socio-economic challenges, and community development. Also, each of the ideas listed would require creative collaboration across organizations and sectors.

Exhibit 3.2 Ideas for Solutions Submitted by La Crosse County Community Stakeholders

- Incentive local businesses that pay a living wage and offer health insurance
- Support local non-profits already working in the healthcare space for the uninsured like St. Francis.
- Offer job fairs outside of working hours (evening or weekends) for those who already have jobs but find them inadequate
- Offer higher-end resume services and placement for professionals moving to the area
- Focus on meaningful diversity education programs (pairing folks from different cultures together in mutually beneficial ways to learn from one another for example)
- Focus on growing the population faster than other similar cities in the Driftless region
- Zone for and incentivize the building of affordable tiny home communities, promote and open up more
- apprenticeship type training opportunities especially for career changers (not everyone needs to take developmental math classes at the community college because they want to change careers or get laid off)
- Emergency after hours mental health care clinics that don't involve the patient committing to an overnight stay or visiting a traditional emergency room, something like the New Beginnings transitional housing being setup in the area I moved from (Northwest Arkansas) (http://uacdc.uark.edu/work/new-beginnings-homeless-community)
- Something like Albuquerque's There's a Better Way program (https://youtu.be/3CTKUVeuxx0) for panhandlers or those homeless looking for work
- Support an Increase in minimum wage and paid family medical leave.
- Continue to improve affordable housing stock.
- Rely less on tourism and hospitality industries and look for climate neutral or energy producing industries that will result in high paying jobs.
- Invest in programs that address high costs of living so that wage earners can afford a quality of life - affordable housing, free/insured healthcare, affordable childcare, reduction of utility/energy/water costs. Employers can subsidize housing, childcare,

healthcare, and other costs to make these necessities affordable for workers.

- Hospital systems should provide more accessible and affordable mental health and substance abuse treatment services, especially for children and young adults.
- Expand collaboration for the La Crosse Mental Health Coalition and look into funding sources to expand.
- Regional collaboration of healthcare facilities.
- Increase budget to accomplish more representative and diverse survey respondents.
- Look into grant funding for social, economic, and physical infrastructure and capital improvement. Expand collaboration on community gardens.
- Advocate for universal healthcare or affordable healthcare options.
- Try to expand availability of Covid-19 vaccines.
- Create educational and advocacy programs that is easy to understand at all levels.
- Create subgroups for discussions on Community Needs to expand public input.
- Economic development: new jobs and jobs that pay higher wages; aligning education with where the jobs are; reaching kids at earlier ages to consider a variety of career paths and getting them involved.
- To build a partnership with non-profits and government to tackle the highest needs then work through the list.
- Agency coordination to apply for grants - state and federal
- Less dependence on formal mental health resources and increased training of community-based mental health responders - it is unrealistic (and too costly) to place burden of responding to mental health crises solely on the health systems
- Involve the community in finding the solutions and engage philanthropy to fund the solutions.
- Getting creative especially with homelessness, focus on the family unit and education with kids by giving them the tools to succeed
- I would like to see landlords taking an active approach to help their tenants access services. The City of Atlanta had a group of landlords that hired a social worker for their tenants. The landlords agreed to rent to tenants with less than desirable rental backgrounds, if they had an improvement plan with the Social Worker. It was baby steps to get them back on the right path (credit, mental health and/or drug addiction counseling, sometimes assisting them gain employment, etc.).
- Help change WI Law so the City can reimplement the Rental Inspections Program, in hopes that the conditions of the City's rental stock would improve.
- The improvements at Hamilton School will aid in transforming the Hamilton into a Community School. I think it is important to have services that they may offer available at all times of the day to aid in accessing the services.
- Development of a community wide educational strategy to promote mental health self-care and substance use prevention. People are self-medicating to address their mental health needs. We need to promote alternative strategies to address mental health needs.
- Similar to an Alzheimer's Friendly community initiative-build our county to be a behavioral health (mental health and substance abuse) friendly with informal supports, places to go when in need instead of ER. For example, the Coulee

Note: The 57 participants in the community stakeholder meeting were invited to respond to this item in their own words. There were 19 responses with 42 ideas as listed above.

Appendix A - Data Sources

Community Demographics
Community Health Solutions analysis of demographic estimates (2020) and population projections (2025) from ESRI.

County Health Rankings
University of Wisconsin-Madison Population Health Institute. *County Health Rankings*. Retrieved in December 2020 from
http://www.countyhealthrankings.org
Full Rankings for Wisconsin
Full Rankings for Minnesota
County Health Rankings Model
Measure Definitions and Data Sources

Houston County Minnesota High School Graduation Rates were obtained from the Minnesota Report Card.

Leading Causes of Death
2018 Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, https://www.dhs.wisconsin.gov/wish/index.htm, Mortality Module, accessed 12/9/2020 and
2018 Minnesota Department of Health County Health Tables accessed 12/9/2020.

Maternal and Infant Health
2018 Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, https://www.dhs.wisconsin.gov/wish/index.htm, Low Birth Weight and Infant Mortality Modules, accessed 12/9/2020; and
2018 Minnesota Department of Health County Health Tables accessed 12/9/2020.

Cancer Screening Rates
2019 and 2020 Health Disparities Report. Wisconsin Collaborative for Healthcare Quality

Mental Health Prevalence and Treatment Gap
2019 Wisconsin Mental Health and Substance Use Needs Assessment. Wisconsin Department of Health Services-Division of Care and Treatment Services.

Low-income Households
United for ALICE https://www.unitedforalice.org/national-overview accessed November 2020.

Reported Child Services Cases
2019 Wisconsin Child Abuse and Neglect and Report
2019 Wisconsin Out-Of-Home Care Report

CPS Referrals and Child Abuse Cases for Minnesota were not included in this report as definitions for cases and referrals in Minnesota may vary from Wisconsin definitions. For more information on Minnesota Maltreatment data, visit https://mn.gov/dhs/partners-and-providers/edocs/child-protection-foster-care-adoption/

Random Household Survey
Community Health Solutions analysis of survey responses submitted by community residents in July-September 2020.

Convenience Survey
Community Health Solutions analysis of survey responses submitted by community residents in October-November 2020.

Appendix B - List of Community Indicators and Community Survey Topics

Focus	Community Indicators	Community Survey Topics
The Six-County Region	• Total population by county • Total population by census tract • Child population by census tract • Older adult population by census tract • Minority population by census tract • Households with income below poverty by census tract • County Health Rankings summary for 2020 • Trends in selected County Health Rankings measures	N/A
Length and Quality of Life	• Length of Life Rank • Quality of Life Rank • Premature death • Poor or fair health status • Poor physical health days • Poor mental health days • Low birthweight • Leading causes of death • Maternal and infant health	• Ratings of community life • Ratings of community educational opportunities • Concerns about community life • Volunteering
Health Behaviors and Concerns	• Health Behaviors Rank • Adult smoking • Adult obesity • Food environment • Physical inactivity • Access to exercise opportunities • Excessive drinking • Alcohol-impaired driving deaths • Sexually transmitted infections • Teen births	• Ratings of personal health status • Concerns about health issues in the community
Health Care	• Clinical Care Rank • Uninsured • Primary care physicians • Dentists • Mental health providers • Preventable hospital stays • Mammography screening • Flu vaccinations • Cancer screening rates • Mental health prevalence and treatment gap	• Self-reported health coverage • Health care access and affordability • Health care sources and obstacles for adults • Dental visits and obstacles for adults • Health care and dental visits for children
Social & Economic Factors	• Social & Economic Factors Rank • High school graduation rate • Adults age 25+ with some college • Unemployment • Children in poverty • Income inequality • Children in single-parent households • Social associations • Violent crime • Injury deaths • Low-income households • Child Services Cases	• Caring for vulnerable persons in the community • Concerns about vulnerable persons in the community • Community supports for vulnerable persons • Concerns about meeting household needs • Concerns about access to healthy food • Concerns about economic issues in the community • Services and supports for economic stability
Physical Environment and Safety	• Physical Environment Rank • Air pollution – particulate matter • Drinking violations • Severe housing problems • Driving alone to work • Long commute-driving alone	• Rating of overall community safety • Concerns about safety-related issues in the community • Responsiveness of public safety agencies • Level of preparedness for emergencies • Concerns about Public Spaces

2021 COMPASS NOW

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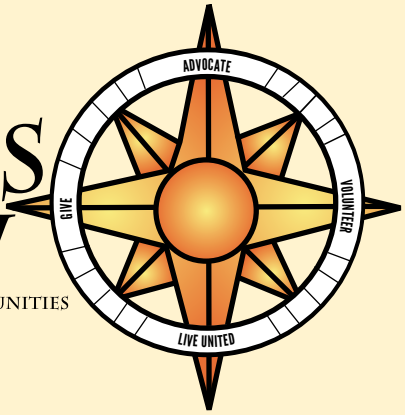

United Way

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