BUFFALO COUNTY, WI

COMMUNITY HEALTH IMPROVEMENT PLAN

2021–2025

Report Contents

Section 1: Acknowledgements
Section 2: Definitions
Section 3: Purpose
Section 4: Community
Section 5: Timeline
Section 6: Background
Section 7: Community Data
Section 8: Community Health Priority Goals and Objectives
Section 9: Next Steps
Section 10: References

BUFFALO COUNTY
Wisconsin

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The Health Department acknowledges and extends sincere appreciation to the following community partners and Health Department staff for their contributions to the Buffalo County Community Health Improvement Plan (CHIP) process.

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DEFINITIONS

Priority: highest level thinking about what needs to be accomplished, core themes

Goal: broad, major initiatives that need to be undertaken to address a priority area

Objective: interim steps that address a goal; should be SMART

SMART Goal: Specific, Measurable, Achievable, Relevant, and Time-Bound.

Action Steps: specific steps that need to be taken to meet the objective

Timeline: time frame within which the objectives will take place

Responsible Party: the person or entity responsible for ensuring an objective is met.

CHA: Community Health Assessment.

CHIP: Community Health Improvement Plan.

Purpose

The purpose of the Community Health Improvement Plan is to mobilize Buffalo County Residents, organizations, and stakeholders to collaboratively address issues that impact health.

Our Community

Buffalo County includes 4 cities, 17 towns and 2 villages. The population of Buffalo County is 13.5K. 22.7% of the population is 65 and older, and 19.6% of the population is 0–17 years old. Buffalo County has 4 school districts with kindergarten through 12th grade and one private grade school. The median household income is $57,829. The main industry in Buffalo County is manufacturing.

Buffalo County Public Health professionals monitor the health of the community and promote healthy practices and behaviors through a variety of programs including communicable disease prevention, environmental health, and Maternal and Child Health.

Buffalo County Public Health

The mission of Buffalo County Public Health is to empower communities to live better longer by preventing disease, protecting health and assuring safety.

TIMELINE

Fall 2020	Surveys distributed, CHA data collected
Spring 2021	CHA Stakeholder meeting
Summer 2021	CHA data review and CHIP planning
Fall 2021	Stakeholder Meetings
Winter 2021	Finalize 2021-2025 CHIP

Section 6

Background

The Buffalo County Health Department, in collaboration with Great Rivers United Way began the process of conducting a new Community Health Needs Assessment in early 2020. The assessment gathers information from community members about various aspects of life in our county and determines ways to address those identified needs. The Community Health Needs Assessment is sent out every 3 years and surveys Buffalo County residents on various aspects of life including; health, income, education, public safety, quality of life and community.

The comprehensive data review, in combination with the results from the random survey, resulted in identifying top health focus areas for Buffalo County. A public community meeting was held on September 29, 2021. Participants focused on review and discussion of compiled data on the current health status of Buffalo County citizens. After reviewing the data, attendees voted to prioritize the top health focus area for Buffalo County. The top health priority for Buffalo County that was identified was mental health.

Community Data

Mental Health and Youth

- 27.3% felt hopeless almost every day for 2 weeks in a row.
- 19.5% seriously considered suicide in the last 12 months.
- 11.7% made a plan for how they would attempt suicide in the past 12 months.
- 10.2% did attempt suicide in the past 12 months.

YRBS 2017

Mental Health Access & Treatment: Patient to provider ratio

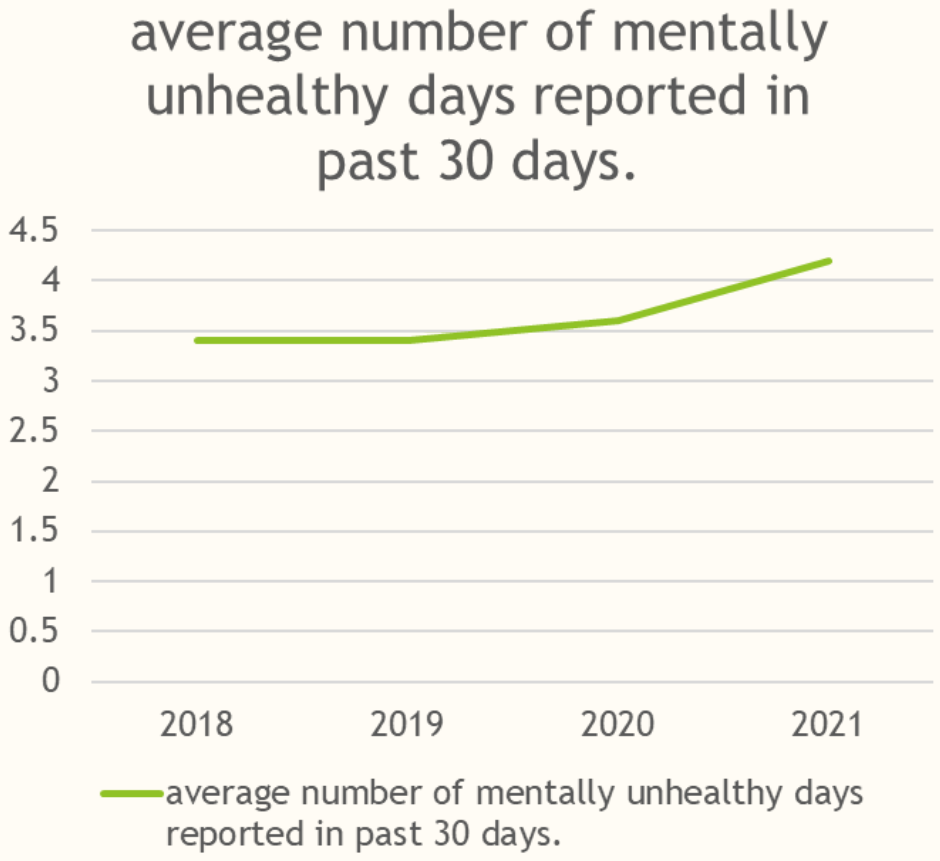
- Buffalo County Patient to Provider Ratio (2020) 13,030:1
- State of Wisconsin Patient to Provider Ratio (2020) 470:1

2017 Estimated Mental Health Treatment Gap

- 69% of adults (age 18+) with a mental illness went unserved.
- 52% of youth (0-17) with a mental illness went unserved.
- 67.95% of Buffalo County Residents with a mental illness went unserved.

Community Data Continued

- 32 Self-Inflicted Injuries resulting in hospitalization in 2020
- In 2018, 2019, & 2020 11% of adults in Buffalo County reported "frequent mental distress"
    - Frequent Mental Distress is the percentage of adults who reported 14 or more days in response to the question, "Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?



Priority: Mental Health

Goal 1: By January 2025, the gap between mental health prevalence and mental health treatment will decrease by 2% for Buffalo County Residents by increasing access to mental health resources and services. (Compare 2020 CHA data (67.95%) to 2024 CHA data)

Objective 1A: By December 2024, Buffalo County Health and Human Services and partners will create two partnerships with mental health service providers.

Objective 1B: By December 2024, funding sources for mental health services will be identified, and applications will be completed.

Objective 1C: By December 2024, Buffalo County and Community Partners will have developed and maintained a guide of mental health resources.

Priority: Mental Health

Goal 2: By January 2025, Buffalo County Health and Human Services and community partners will identify three priority populations and deliver mental health education and promotion tailored for those priority populations.

Objective 2A: By December 2022, three priority populations will be identified and selected.

Objective 2B: By December 2023, Buffalo County Health and Human Services and community partners will engage priority populations in mental health education and promotion planning efforts.

Objective 2C: By December 31st, 2024, health education and promotion will be delivered to priority populations.

Priority: Mental Health

Goal 3: By January 2025, Buffalo County Health and Human services and partners will create a campaign that promotes acceptance, educates, reduces stigma, and engages buffalo county community members.

Objective 3A: By December 2024, Buffalo County Health and Human Services, along with community partners, will host one community event a year.

Objective 3B: By December 2024, Buffalo County Health and human services, along with community partners, will partner with AODA to build a mental health component into school training for Buffalo County students.

Objective 3C: By December 2024, Buffalo County Health and Human Services, along with community partners, will work with employers to create mental health professional development.

Objective 4D: By December 2024, Buffalo County Health and human services, along with community partners, will create or adopt a mental health social media campaign that any Buffalo County community partner can use.

Next Steps

a. How can community members get involved in the initiatives?
Community members may contact Buffalo County Public Health if they wish to get involved in any of the initiatives, all community health improvement plan meetings are open to the public.

b. Who should be contacted for more information?
Mickey Ganschow: 608-418-0850
mickey.ganschow@co.buffalo.wi.us

C. What happens next?
The Buffalo County Health and Human Services staff and community partners will document their progress and share accomplishments with the community twice a year. The community health assessment and community health improvement plan will be reevaluated and updated in 2025. Updates can be found on the Buffalo County website http://www.buffalocounty.com/331/Public-Health.

References

Section 10

https://www.countyhealthrankings.org/app/wisconsin/2020/rankings/buffalo/county/outcomes/overall/snapshot

https://www.countyhealthrankings.org/app/wisconsin/2021/measure/factors/62/description?sort=sc-0
Source: 2019 Wisconsin Mental Health and Substance Use Needs Assessment. Wisconsin Department of Health Services-Division of Care and Treatment Services.

https://www.greatriversunitedway.org/wp-content/uploads/2021/06/2021-compass-now-report_final-web.pdf

https://www.greatriversunitedway.org/wp-content/uploads/2021/11/compass-2021_white-paper_mental-health-111021.pdf

2017 Youth Risk Behavior Survey, Buffalo County

Special thank you to Great Rivers United Way for your help and support

2021 COMPASS NOW

NAVIGATING TOWARD STRONGER COMMUNITIES

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How is your community faring?

Buffalo County

Forward

Introduction

2020 was a year with a significant number of defining events such as a global pandemic, which changed the way we lived, worked, and interacted with friends and family. COVID-19 took place against a backdrop of increasing political, racial, and social tension.

Due to these significant events, we feel it is necessary to provide some additional commentary on how these may have affected responses to our survey and impacted our approach.

2020's effect on the development of the report

With social-distancing measures in place, and many staff and committee members responding to the COVID-19 pandemic, some initiatives to improve the content of the report were scaled back or abandoned altogether. These initiatives included tailored approaches to gathering feedback from identified and historically under-represented racial, ethnic, and social communities found within the Great Rivers region through in-person measures. These tailored approaches including having a presence at local non-profits, businesses, and public areas such as libraries that serve these under-represented groups. As a result, this is one of the shortcomings of this report.

How 2020 may have affected survey responses:

Mental health

The pandemic brought about many changes in the way we live our lives. Social distancing prevented family and friends from connecting in person, children were not able to play with their friends, families were not able to visit with elderly relatives, and celebrations were cancelled, and social interactions at work and school were lost. Amidst the social isolation, many found creative ways to maintain a social connection using virtual means. However, many community members could not afford the technology to participate. Previous avenues used to connect these individuals, such as libraries or other access to online services were no longer accessible. Some areas of Buffalo County also lack access to the high-speed internet needed to make these virtual connections.

Losing a social support structure can have many negative effects on an individual's mental health. Concern about the mental health impacts of the pandemic had been raised throughout the year. This is well-documented and mental health needs ranked highly in our findings.

In conclusion

It is important to note that while 2020 was a highly polarizing year, the Buffalo County Health Department was given the opportunity to connect with stakeholders in our community we did not previously work closely with. This has given us an opportunity to have conversations and receive feedback from our community we may not have received in previous years. Our social media also gained many active followers, giving us a larger audience to share information and data with, including information about how to take the COMPASS NOW survey and join the Buffalo County stakeholder meeting to discuss and prioritize COMPASS NOW findings.

The COMPASS NOW 2021 committee acknowledges that 2020 will have a resounding effect in the coming years and looks forward to continuing to monitor future public health metrics to learn about the effects of this milestone year.

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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

Table of Contents

Section 1: Introduction

Purpose of the Study 1
Adjusting to COVID-19 2
Study Methods and Data Sources 2
Limitations of this Report 5
Bridging the Compass Now 2018 and 2021 Reports 6

Section 2: Study Results: How is Buffalo County Faring?

The Six-County Region 7
Demographic Profile 8
Summary of County Health Rankings 13

Length and Quality of Life 14
Community Indicators 15
Community Insights 17

Health Behaviors and Concerns 19
Community Indicators 20
Community Insights 21

Health Care 23
Community Indicators 24
Community Insights 26

Social and Economic Factors 30
Community Indicators 31
Community Insights 33

Physical Environment and Safety 38
Community Indicators 39
Community Insights 39

Section 3: Community Insight on Priority Needs and Ideas for Solutions

Meeting with Community Stakeholders from Buffalo County 43
Priority Needs 44
Ideas for Solutions 44

Appendix

Appendix A. Data Sources 45
Appendix B. List of Community Indicators and Community Survey Topics 46

List of Exhibits

Introduction

Exhibit 1.1 - The Study Region
Exhibit 1.2 - The County Health Rankings Model
Exhibit 1.3 - Profile of Community Survey Respondents from Buffalo County

Study Results: How is Buffalo County Faring?

The Six-County Region

Exhibit 2.1 - 2020 Demographic Profile of the Region
Exhibit 2.2 - Population Estimates and Projections
Exhibit 2.3 - Total Population by County
Exhibit 2.4 - Total Population by Census Tract
Exhibit 2.5 - Child Population by Census Tract
Exhibit 2.6 - Older Adult Population by Census Tract
Exhibit 2.7 - Minority Population by Census Tract
Exhibit 2.8 - Households with Income below Poverty by Census Tract
Exhibit 2.9 - County Health Rankings Summary for 2020

Length & Quality of Life

Exhibit 2.10 - County Health Rankings for Length and Quality of Life
Exhibit 2.11 - 2018 Leading Causes of Death
Exhibit 2.12 - 2018 Maternal and Infant Health
Exhibit 2.13 - Ratings of Community Life in Buffalo County
Exhibit 2.14 - Ratings of Educational Opportunities in Buffalo County
Exhibit 2.15 - Concerns about Issues Related to Community Life

Health Behaviors & Concerns

Exhibit 2.16 - County Health Rankings for Health Behaviors
Exhibit 2.17 - Ratings of Personal Health in Buffalo County
Exhibit 2.18 - Concerns about Health Issues in Buffalo County

Health Care

Exhibit 2.19 - County Health Rankings for Clinical Care
Exhibit 2.20 - 2018 Cancer Screening Rates
Exhibit 2.21 - 2017 Estimated Mental Health Prevalence and Treatment Gap
Exhibit 2.22 - Self-Reported Health Coverage in Buffalo County
Exhibit 2.23 - Ratings of Health Care Access and Affordability in Buffalo County
Exhibit 2.24 - Health Care Sources and Obstacles for Adults in Buffalo County
Exhibit 2.25 - Dental Visits and Obstacles for Adults in Buffalo County
Exhibit 2.26 - Health Care and Dental Visits for Children in Buffalo County

Social & Economic Factors

Exhibit 2.27 - County Health Rankings for Social and Economic Factors
Exhibit 2.28 - 2018 Low-Income Households
Exhibit 2.29 - Reported Child Services Cases
Exhibit 2.30 - Caring for Vulnerable Persons in Buffalo County
Exhibit 2.31 - Concerns about Vulnerable Persons in the Community
Exhibit 2.32 - Community Supports for Vulnerable Persons
Exhibit 2.33 - Concerns about Meeting Household Needs
Exhibit 2.34 - Concerns about Access to Healthy Food
Exhibit 2.35 - Concerns about Economic Issues in the Community
Exhibit 2.36 - Ratings of Community Supports for Economic Stability

Physical Environment & Safety

Exhibit 2.37 - County Health Rankings for the Physical Environment
Exhibit 2.38 - Rating of Overall Community Safety in Buffalo County
Exhibit 2.39 - Concerns about Community Safety in Buffalo County
Exhibit 2.40 - Responsiveness of Public Safety Agencies in Buffalo County
Exhibit 2.41 - Preparedness for Emergency Events in Buffalo County
Exhibit 2.42 - Concerns about Public Spaces in Buffalo County

Community Insight on Priority Needs and Ideas for Solutions

Exhibit 3.1 - Priority Needs Identified by Buffalo County Community Stakeholders

Exhibit 3.2 - Ideas for Solutions Submitted by Buffalo County Community Stakeholders

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 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**

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

United Way
Great Rivers United Way

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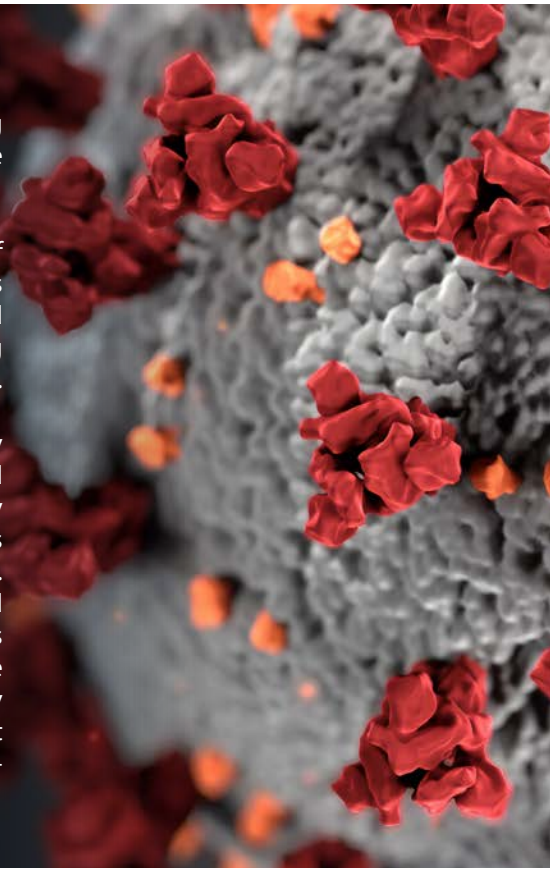
Adjusting to COVID-19

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.

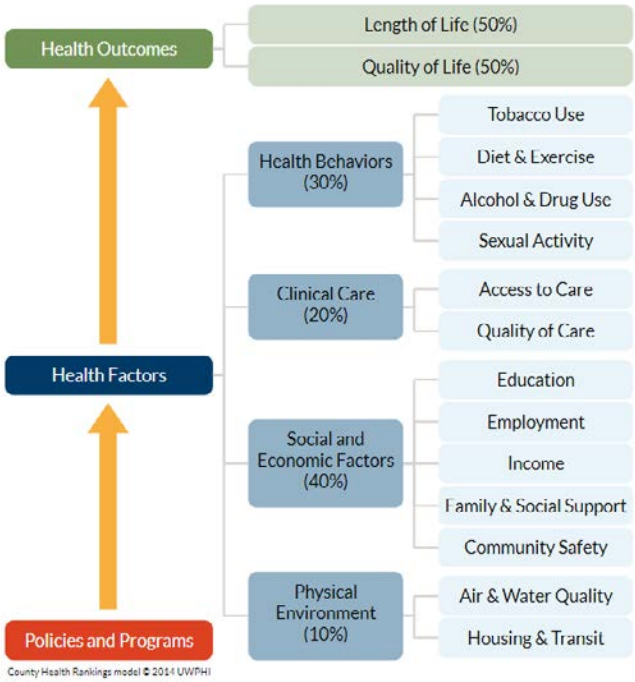


Exhibit 1.2 - The County Health Rankings Model

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 Buffalo County is provided in Exhibit 1.3. As shown in the second column of the exhibit, a total of 143 RHS respondents returned their surveys, for a response rate of 14%. Compared to population estimates for Buffalo 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, with slightly more representation at the $25,000 to $49,999 income levels. 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 12 Buffalo County residents who responded to the CS respondents. A summary of CS survey results is provided below; however, these data should be interpreted with caution given the small number of responses. Compared to the RHS, the CS yielded higher proportional representation of adults under age 65+, minorities, and lower 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 Buffalo County

Indicator	Random Household Survey (RHS) Respondents	Convenience Survey (CS) Respondents	Regional Population Estimates
Total	143	12	10,905 (age 18+)
Age			
18-29	4%	33%	16%
30-44	14%	42%	20%
45-64	36%	25%	36%
65+	46%	<1%	28%
Sex or Gender			
Female	64%	67%	49%
Male	35%	33%	51%
Self-Identified	1%	<1%	--
Prefer not to answer	<1%	<1%	--
Race			
American Indian	1%	<1%	0%
Asian	<1%	<1%	1%
Black / African American	<1%	<1%	1%
Other race	1%	20%	1%
Pacific Islander	<1%	<1%	0%
Two or more races	1%	10%	1%
White	97%	70%	96%
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%	<1%	--
Household Income			
Less than $15,000	6%	<1%	8%
$15,000 to $24,999	6%	9%	10%
$25,000 to $34,999	11%	18%	8%
$35,000 to $49,999	26%	27%	13%
$50,000 to $74,999	16%	27%	23%
$75,000 to $99,999	24%	18%	15%
$100,000 to $149,999	8%	<1%	14%
$150,000 to $199,999	4%	<1%	5%
$200,000 and over	1%	<1%	3%
Housing Type			
Owner-occupied	86%	50%	75%
Renter	9%	33%	25%
Other arrangement	5%	17%	--

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.

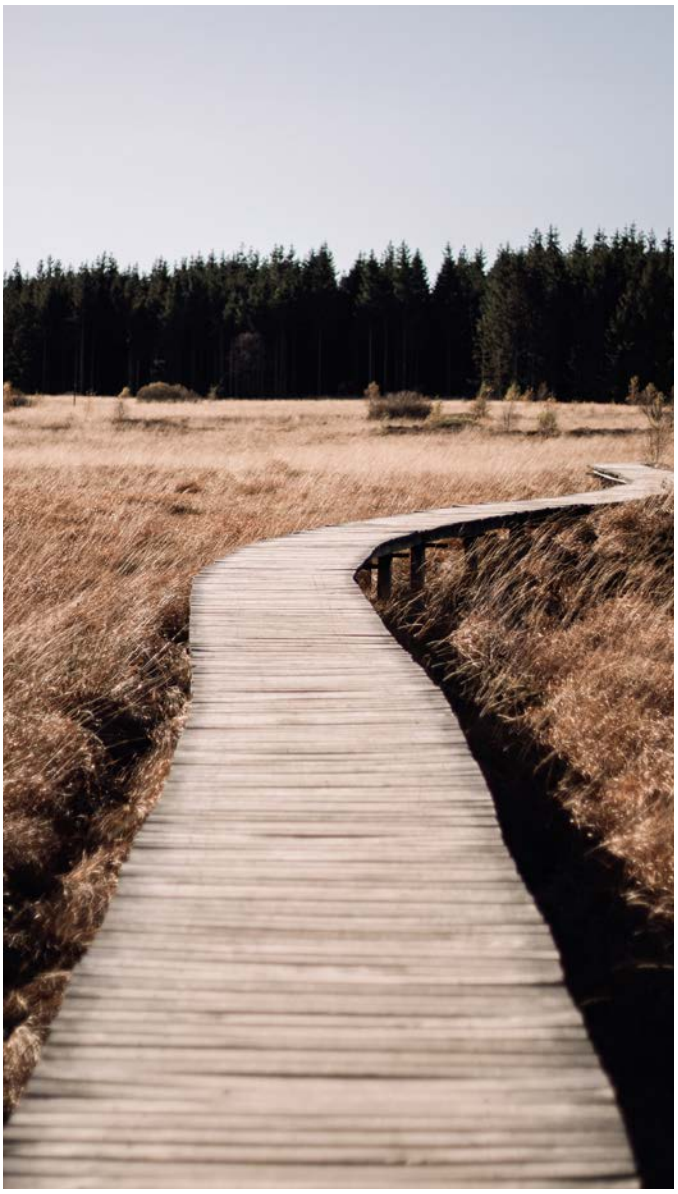
Bridging the Compass Now 2018 and 2021 Reports

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 Buffalo County Faring?

This section summarizes data on how Buffalo 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 Buffalo County (BU) population of 13,534, an estimated 19% are children age 0-17, and an estimated 23% are adults age 65+. About four percent of the population is classified as minority, and about 18% 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 Buffalo County population by age. Within the county population of 13,534 there are an estimated 2,645 children age 0-17, and 3,062 adults age 65+. Looking ahead to 2025, the Buffalo County total population is projected to decline slightly (-1%); however, substantial growth (17%) is 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	48,347
2025 Population Age 65+	3,580	4,884	24,113	9,647	6,712	7,578	56,514
2020-2025 % Change- Population Age 65+	17%	18%	16%	16%	17%	18%	17%

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

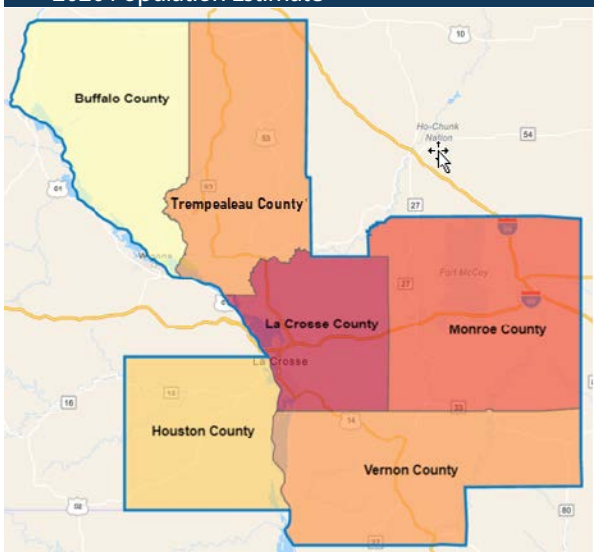
Thematic Maps

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

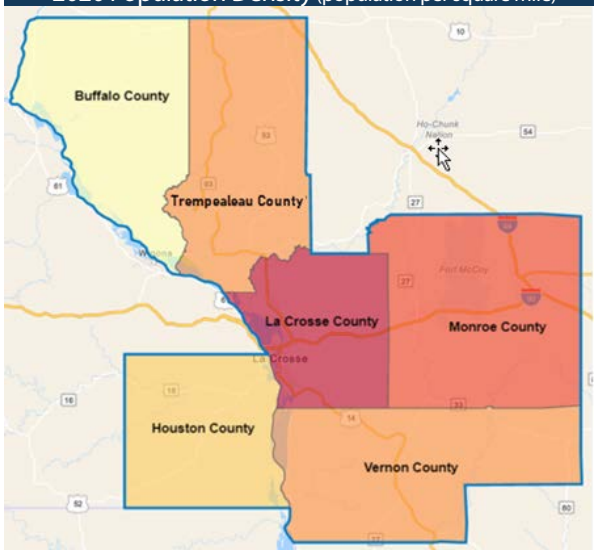
Population by County. *Exhibit 2.3* shows how the six counties vary in estimated population size from a high of 120,515 in La Crosse County, to a low of 13,534 in Buffalo County.

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)

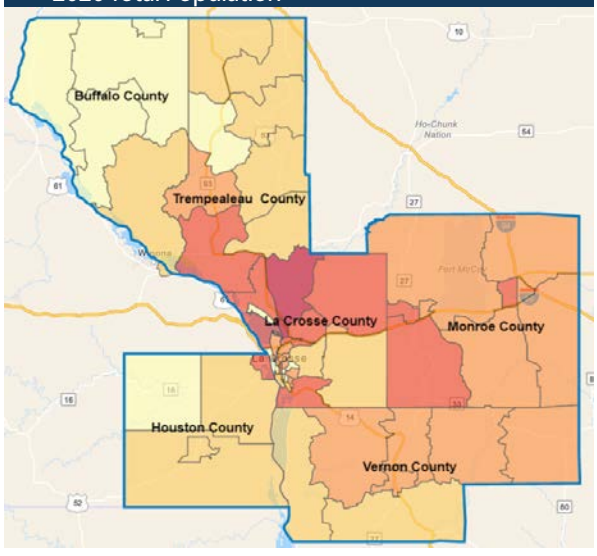


- 20.2 - 27.7
- 27.8 - 37.2
- 37.3 - 46.5
- 46.6 - 159.4
- 159.5 - 266.8

Exhibit 2.4 Total Population by Census Tract

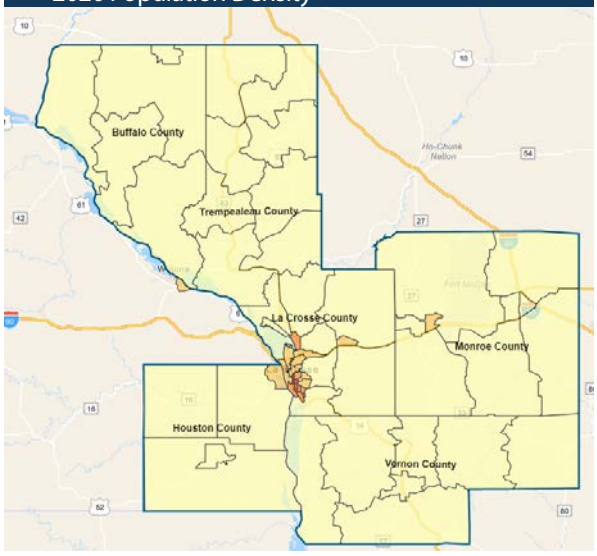
Population by Census Tract. *Exhibit 2.4* provides a closer look at the estimated population by census tract, with most of the larger census tracts located in the central part of the region.

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



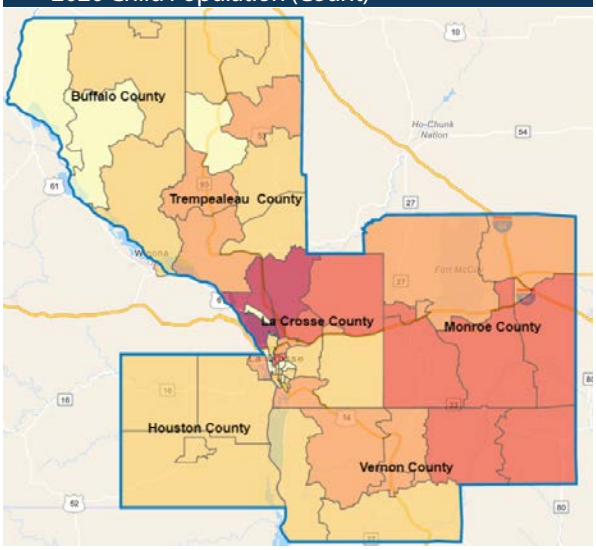
- 12.1 - 754.6
- 754.7 - 2,662.4
- 2,662.5 - 5,486.4
- 5,486.5 - 7,711.6
- 7,711.7 - 8,591.1

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

Exhibit 2.5 Child Population by Census Tract

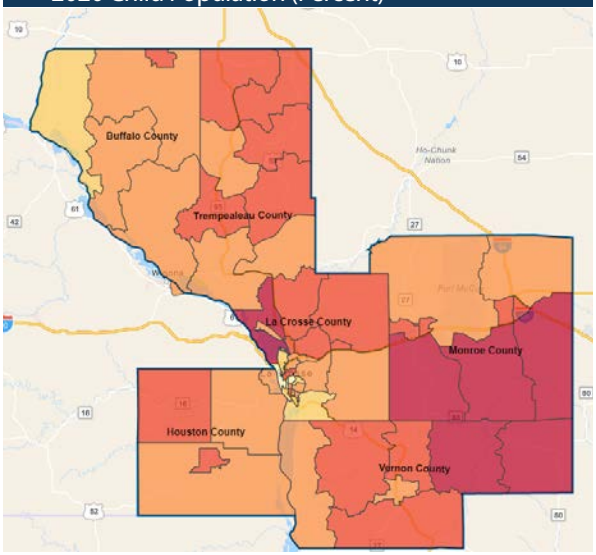
Child Population. *Exhibit 2.5* shows the estimated distribution of the child population, with higher numbers of children in census tracts located in the central and eastern part of the region.

2020 Child Population (Count)



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

2020 Child Population (Percent)

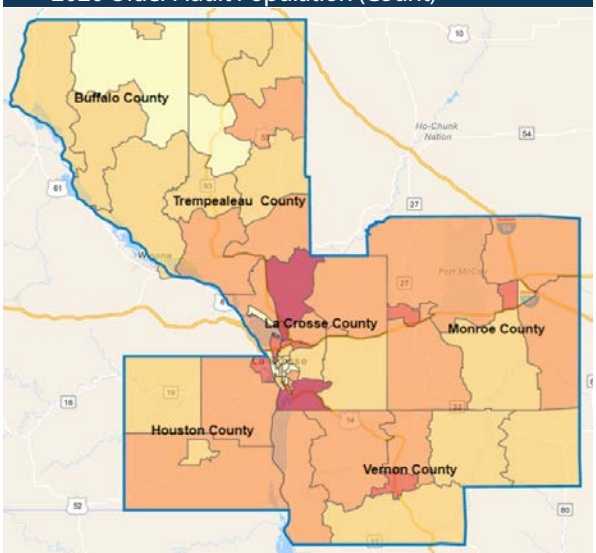


- 1.38% - 12.32%
- 12.33% - 18.11%
- 18.12% - 21.56%
- 21.57% - 26%
- 26.01% - 31.12%

Exhibit 2.6 Older Adult Population by Census Tract

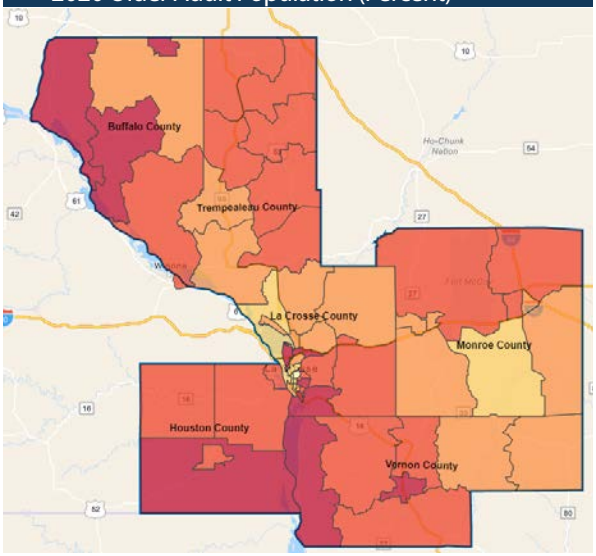
Older Adult Population. *Exhibit 2.6* shows the estimated distribution of the older adult population, with higher numbers in La Crosse County and selected census tracts in Monroe County and Vernon County.

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)



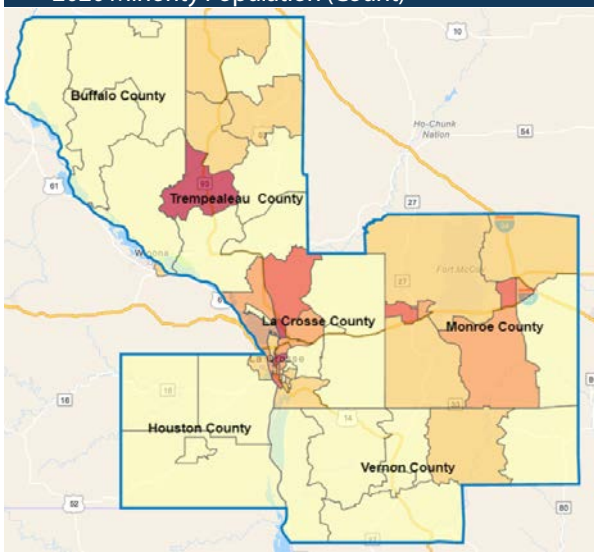
- 4.35% - 9.33%
- 9.34% - 14.61%
- 14.62% - 18.47%
- 18.48% - 22.41%
- 22.42% - 28.13%

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

Exhibit 2.7 Minority Population by Census Tract

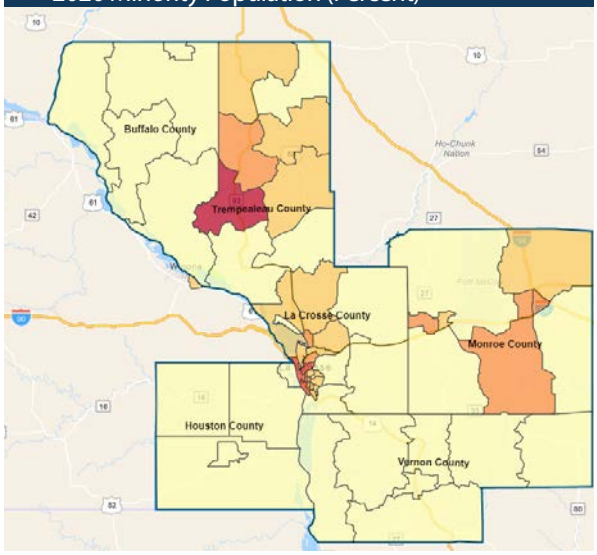
Minority Population. *Exhibit 2.7* shows the estimated distribution of the minority population, with higher numbers within census tracts located in Trempealeau County, La Crosse County, and Monroe County.

2020 Minority Population (Count)



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

2020 Minority Population (Percent)

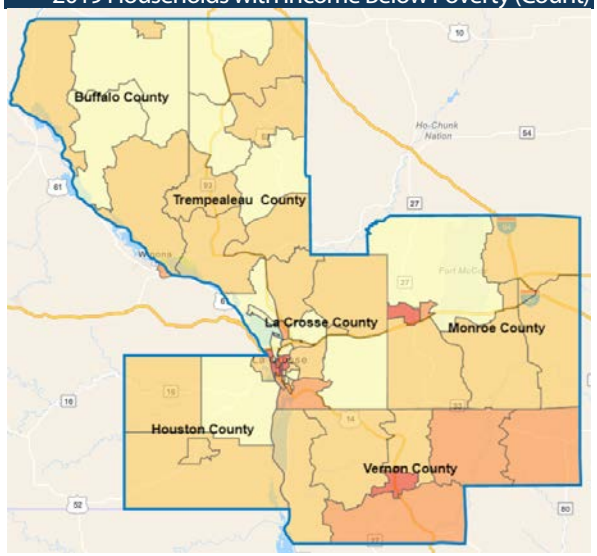


3.08% - 6.73%
6.74% - 11.49%
11.5% - 18.84%
18.85% - 33.8%
33.81% - 40.57%

Exhibit 2.8 Households with Income below Poverty by Census Tract

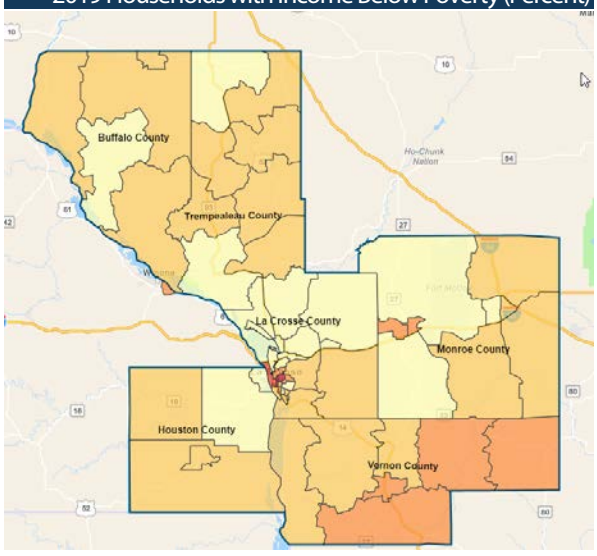
Low-Income Households. *Exhibit 2.8* shows the estimated distribution of households within poverty, with higher numbers within census tracts located in La Crosse County, Monroe County, and Vernon County.

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 Buffalo County (BU) 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, Buffalo County ranks in the 1st and 2nd quartile on measures of health outcomes, length of life, quality of life, health factors, health behaviors, social & economic factor, and physical environment. Buffalo County ranks in the 3rd quartile on measures of clinical care. 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.

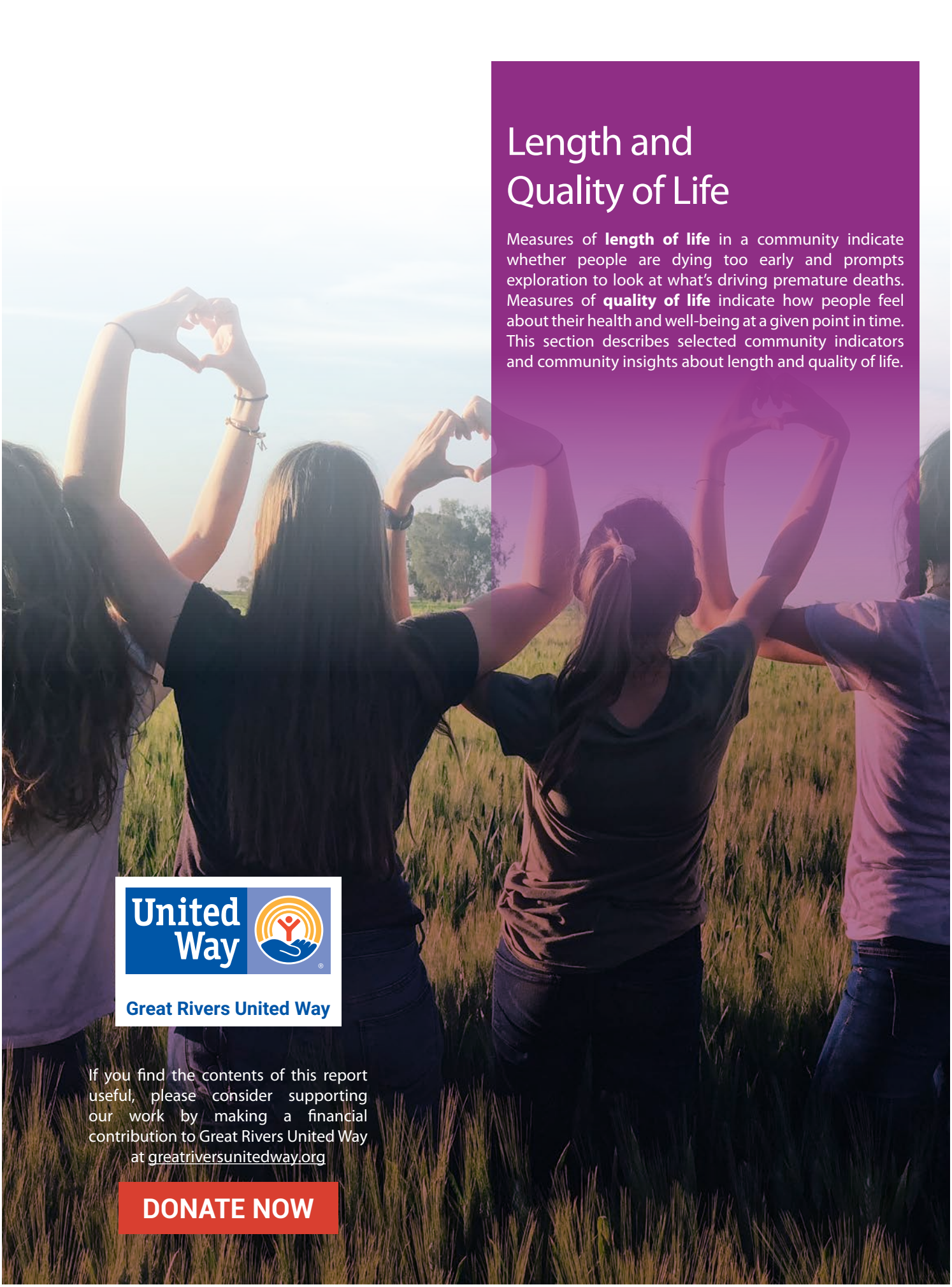
Length of Life						
Premature death	B	B	--	B	B	B
Health Behaviors						
Adult obesity	--	W	W	W	W	W
Physical inactivity	W	W	W	--	--	--
Alcohol-impaired driving deaths	--	B	--	--	W	W
Sexually transmitted infections	W	--	W	W	--	W
Clinical Care						
Uninsured	B	B	B	B	B	B
Primary care physicians	W	B	--	--	--	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.



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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, Buffalo County ranks in the first quartile on the length of life and quality of life measures. The length and quality of life rankings are based on the indicators shown in the exhibit. Focusing on trends, Buffalo County is improving on the premature death measure.

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, heart disease and malignant neoplasms were the leading causes of death in Buffalo County. Other leading causes were chronic lower respiratory diseases, accidents (unintentional injuries), and cerebrovascular diseases.

Exhibit 2.11 2018 Leading Causes of Death in Buffalo 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 136 births in Buffalo County in 2018. Of these, six (4%) were low-weight births, compared to 8% for Wisconsin as a whole. There were no infant deaths in Buffalo County during 2018. 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 Buffalo 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 Buffalo County as a place to live. The most negative ratings (poor or fair) were for opportunities for youth to explore interests/participate in positive activities, 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. Half of the CS respondents gave a negative rating to opportunities to volunteer. As additional context, 53% of RHS respondents and 33% of CS respondents reported they or family members volunteer.

Exhibit 2.13 Ratings of Community Life in Buffalo County

Topic/Survey	Poor	Fair	Good	Excellent	No Opinion	Total
a. Rating of your community as a place to live						
RHS	0%	3%	63%	34%	N/A	143
CS	0%	8%	58%	33%	N/A	12
b. Your community as a place that meets your family's recreational needs (Fine arts, outdoor activities, etc.)						
RHS	11%	37%	37%	11%	4%	141
CS	17%	25%	17%	17%	25%	12
c. Opportunities for youth to explore interests and participate in positive activities.						
RHS	14%	38%	36%	7%	5%	141
CS	33%	17%	17%	8%	25%	12
d. Opportunities to volunteer in your community.						
RHS	6%	29%	47%	15%	2%	140
CS	25%	25%	8%	0%	42%	12
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	12%	28%	46%	11%	3%	141
CS	0%	42%	25%	17%	17%	12
f. Your community as a place where people of different cultural/racial/ethnic backgrounds are included in decision-making.						
RHS	20%	28%	35%	6%	12%	139
CS	25%	25%	8%	8%	33%	12

CS survey results should be interpreted with caution given the small number of responses.

Ratings of Educational Opportunities. *Exhibit 2.14* provides a closer view of ratings of educational opportunities. The most positive rating (good or excellent) for both RHS and CS respondents was the availability of early education opportunities. 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 or hobbies.

Exhibit 2.14 Ratings of Educational Opportunities in Buffalo County

Topic/Survey	Poor	Fair	Good	Excellent	No Opinion	Total
a. Your community as a place that meets your family's educational needs						
RHS	3%	15%	57%	13%	11%	142
CS	17%	33%	8%	25%	17%	12
b. The availability of early education opportunities in your community (e.g., play groups, Head Start, 4 year old kindergarten)						
RHS	3%	15%	49%	18%	15%	142
CS	0%	42%	17%	25%	17%	12
c. The quality of education grades K -12 in your community						
RHS	2%	14%	47%	26%	11%	140
CS	8%	42%	17%	17%	17%	12
d. Opportunities to gain additional knowledge or skills (tuition reimbursement, conferences, skills training courses, classes)						
RHS	14%	26%	39%	6%	16%	140
CS	42%	8%	17%	8%	25%	12
e. The availability of community resources to learn new skills or hobbies (e.g., woodworking, photography, computers)						
RHS	29%	32%	25%	3%	11%	142
CS	42%	33%	0%	0%	25%	12

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 Buffalo County respondents expressed concern about racism, school bullying, cyber bullying, and discrimination.

Exhibit 2.15 Concerns about Issues Related to Community Life in Buffalo County

Topic/Survey	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion	Total
a. Racism						
RHS	26%	34%	21%	17%	2%	141
CS	27%	27%	18%	9%	18%	11
b. School bullying						
RHS	6%	22%	36%	29%	7%	140
CS	9%	9%	18%	27%	36%	11
c. Cyber bullying						
RHS	10%	23%	32%	28%	8%	141
CS	9%	27%	36%	0%	27%	11
d. Discrimination						
RHS	20%	32%	26%	18%	4%	141
CS	27%	27%	27%	0%	18%	11

CS survey results should be interpreted with caution given the small number of responses.

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.

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Community Indicators

County Health Rankings. *Exhibit 2.16* shows the County Health Rankings related to health behaviors. As shown, Buffalo County ranked in the 1st quartile for health behaviors. Recent trends are worsening for Buffalo County on 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 from Buffalo County, 17% rated their personal health as fair or poor, 10% rated their overall mental health as fair or poor, and 18% rated their overall dental health as fair or poor. CS respondents had a notably higher percentage of fair or poor ratings for mental health and dental health.

Exhibit 2.17 Ratings of Personal Health in Buffalo County

Topic/Survey	Poor	Fair	Good	Excellent	Total
a. Your overall health.					
RHS	1%	16%	66%	17%	142
CS	0%	9%	45%	45%	11
b. Your overall mental health.					
RHS	1%	9%	67%	23%	142
CS	9%	27%	27%	36%	11
c. Your overall dental health.					
RHS	6%	12%	58%	23%	142
CS	18%	27%	36%	18%	11

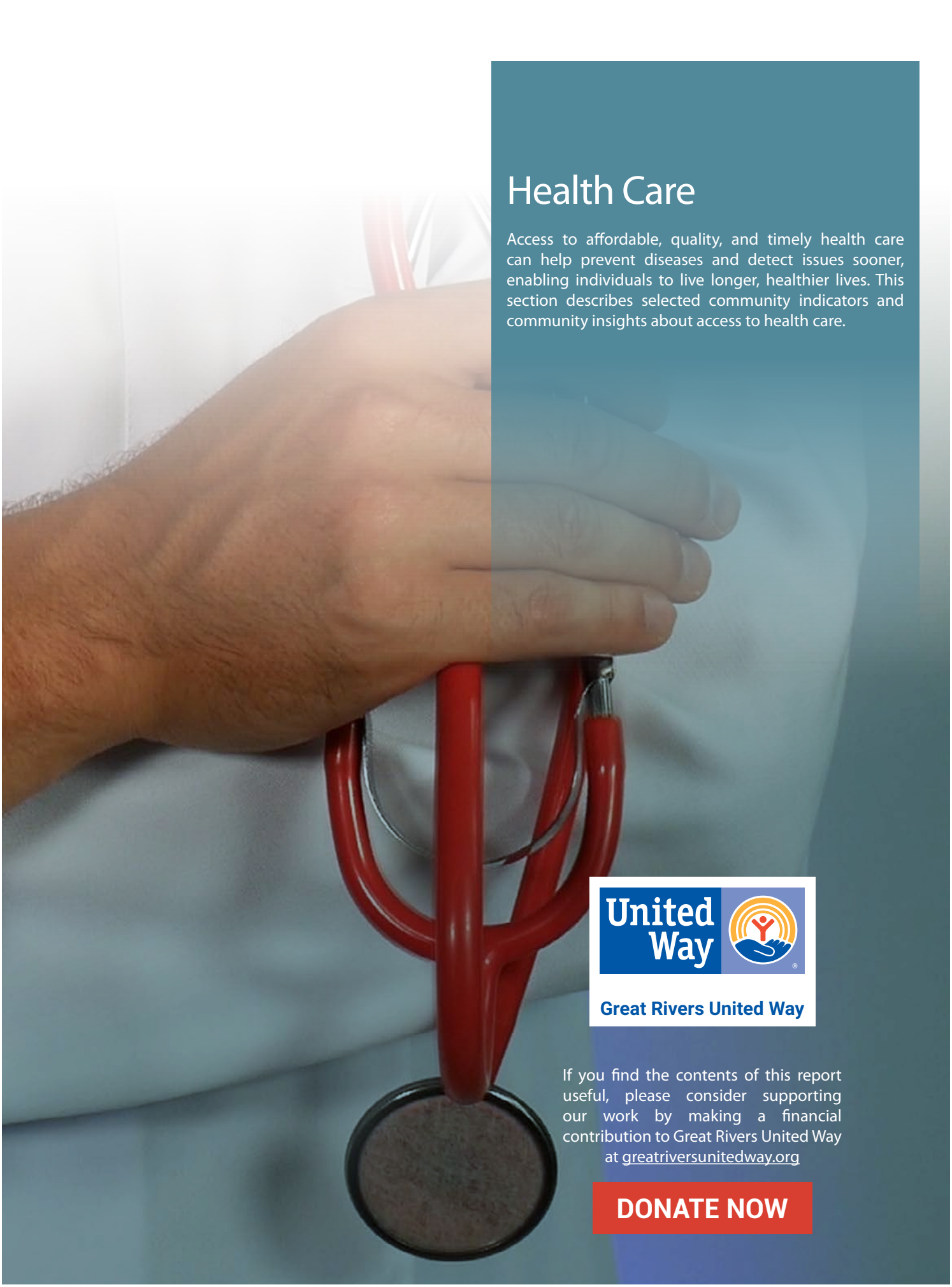
CS survey results should be interpreted with caution given the small number of responses.

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 from Buffalo County indicated they were moderately or very concerned about mental health, mental health stigma, alcohol use, obesity, 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	20%	28%	32%	17%	4%	141
CS	17%	17%	17%	33%	17%	12
b. Mental health stigma						
RHS	21%	28%	29%	16%	6%	141
CS	25%	8%	25%	17%	25%	12
c. Alcohol use						
RHS	16%	18%	36%	27%	3%	142
CS	8%	8%	8%	42%	33%	12
d. Obesity						
RHS	13%	22%	38%	25%	2%	142
CS	8%	33%	17%	17%	25%	12
e. Prescription drug misuse						
RHS	18%	25%	29%	21%	6%	140
CS	8%	25%	25%	0%	42%	12
f. Suicide						
RHS	15%	35%	33%	13%	4%	141
CS	8%	17%	42%	0%	33%	12
g. Tobacco use						
RHS	18%	27%	36%	15%	4%	142
CS	33%	17%	8%	17%	25%	12
h. E-cigarette use/Vaping						
RHS	18%	23%	30%	23%	6%	142
CS	33%	25%	0%	17%	25%	12
i. Illegal drug use						
RHS	11%	15%	26%	45%	3%	142
CS	17%	17%	17%	25%	25%	12

CS survey results should be interpreted with caution given the small number of responses.



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.

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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, Buffalo County ranks in the 3rd quartile on this measure. Trends indicate that Buffalo County is improving on multiple indicators of clinical care; however, it is declining on the availability of primary care physicians.

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 Buffalo County ranged from 69%-76%. Buffalo County had a lower cancer screening rates 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 Buffalo County, more than 2,996 individuals experienced a mental illness in 2017. Of these, 920 received mental health services, while more than 2,076 (69%) did not receive services. Among children and youth in Buffalo County, 676 experienced a mental illness in 2017. Of these, nearly 325 received treatment, but 351 (52%) 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.

CS survey results should be interpreted with caution given the small number of responses.

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 75% of survey respondents from Buffalo County 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 Medicaid, employer-based insurance, and private insurance.

Exhibit 2.22 Self-Reported Health Coverage in Buffalo 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	96%	4%	141
CS	75%	25%	12

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

Type	RHS	CS
Medicare	33%	13%
Employer Based Insurance	28%	27%
Private Insurance	25%	20%
Medicaid (Badger Care/Medical Assistance)	7%	33%
Other	5%	7%
Not Applicable-No one in my household has health insurance	2%	0%

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 majority of RHS survey respondents from Buffalo County rated their access and ability to afford services as good to excellent. The percent of RHS respondents reporting poor or fair ability to pay for services was 24% for healthcare, 30% for mental health care, and 27% for dental care. However, sizable percentages of CS respondents reported poor or fair ratings for access and affordability. CS respondents reporting poor or fair ability to pay for services was 54% for healthcare and mental health care, and 58% for dental care.

Exhibit 2.23 Ratings of Health Care Access and Affordability in Buffalo County

Topic/Survey	Poor	Fair	Good	Excellent	Total
a. Your access to healthcare.					
RHS	1%	8%	55%	36%	141
CS	18%	9%	27%	45%	11
b. Your ability to pay for healthcare.					
RHS	6%	18%	50%	26%	141
CS	18%	36%	27%	18%	11
c. Your access to mental health care.					
RHS	5%	20%	51%	24%	140
CS	9%	9%	36%	45%	11
d. Your ability to pay for mental health care.					
RHS	8%	22%	46%	24%	141
CS	36%	18%	18%	27%	11

CS survey results should be interpreted with caution given the small number of responses.

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	4%	6%	54%	37%	142
CS	25%	8%	42%	25%	12
f. Your ability to pay for dental care.					
RHS	7%	20%	46%	27%	142
CS	25%	33%	25%	17%	12

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 Buffalo County

Usual Source of Health Care for Adults

Provider Source	RHS	CS
Clinic	38%	25%
Doctor's Office	25%	35%
Express Care in a grocery or drug store	8%	0%
Free Clinic	4%	5%
Hospital Emergency Room	2%	5%
VA Medical Center	2%	0%
VA Outpatient Clinic	2%	0%
Urgent Care	1%	5%
Internet	0%	0%
I do not have a place that I go most often	18%	25%

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	7%	19%
Could not schedule the appointment at a convenient time	7%	13%
Did not have insurance	4%	19%
Could not get childcare	1%	25%
Did not have transportation	0%	6%
There was a language barrier	0%	0%
None of the above	80%	19%

CS survey results should be interpreted with caution given the small number of responses.

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*, there was a substantial difference in the RHS and CS respondents who said they had a dental visit within the past year (76% versus 33%; RHS and CS, respectively). The most commonly reported obstacles to dental care were affordability, insurance and scheduling.

Exhibit 2.25 Dental Visits and Obstacles for Adults in Buffalo 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	76%	33%
Within the past 2 years	8%	33%
Within the past 5 years	6%	17%
5 or more years	6%	0%
Don't know	4%	17%
Total	142	12

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	11%	25%
Did not have insurance	10%	25%
Could not schedule the appointment at a convenient time	5%	19%
Did not have transportation	0%	0%
There was a language barrier	0%	0%
I could not get childcare	0%	13%
None of the above apply to me	74%	19%

CS survey results should be interpreted with caution given the small number of responses.

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 Buffalo County residents were a clinic, doctor's office, or urgent care center. Focusing on dental care, 93% of RHS respondents and 50% 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 Buffalo County

Usual Source of Health Care for Children

Provider Source	RHS	CS
Doctor's Office	33%	18%
Clinic	33%	45%
Urgent Care	22%	27%
Hospital Emergency Room	9%	0%
Internet	4%	0%
Free Clinic	0%	9%
Express Care in a grocery or drug store	0%	0%
We do not have a place that we go most often	0%	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	93%	50%
Within the past 2 years	0%	0%
Within the past 5 years	0%	13%
5 or more years	0%	0%
Don't know	7%	38%
Total	27	8

CS survey results should be interpreted with caution given the small number of responses.

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.

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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, Buffalo County ranks in the second quartile statewide. Focusing on selected trends, an increase in the child poverty rate is indicated for Buffalo 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 571 households in Buffalo 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 1,200 households in Buffalo County 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 160 referrals made to Child Protective Services (CPS) in Buffalo County, with 23 confirmed child abuse cases, and 22 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*, 17% of RHS respondents from Buffalo County reported they care for an individual that is aging, and eight percent reported they help care for an individual with a disability. For CS respondents, 17% help care for an individual that is aging, and 0% help care for an individual with a disability.

Exhibit 2.30 Caring for Vulnerable Persons in Buffalo County

Do you currently help care for an individual that is aging?			
Survey	**Yes**	**No**	**Total**
RHS	17%	83%	141
CS	17%	83%	12

Do you currently help care for an individual that has a disability?			
Survey	**Yes**	**No**	**Total**
RHS	8%	92%	140
CS	0%	100%	12

Concerns about Vulnerable Persons. As shown in *Exhibit 2.31*, over one-third 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	11%	29%	33%	21%	6%	141
CS	9%	27%	27%	9%	27%	11
b. Domestic abuse						
RHS	8%	31%	34%	19%	7%	140
CS	9%	27%	18%	18%	27%	11
c. Elder abuse						
RHS	12%	36%	24%	21%	7%	140
CS	9%	27%	36%	0%	27%	11
d. Sexual abuse or sexual violence						
RHS	10%	35%	26%	22%	8%	141
CS	9%	27%	27%	9%	27%	11

CS survey results should be interpreted with caution given the small number of responses.

Community Supports for Vulnerable Persons. As shown in *Exhibit 2.32*, the majority of RHS respondents from Buffalo County gave good or excellent ratings for the community as a place that meets the overall needs of children, resources to age in place, plus efforts to prevent abuse and neglect of children, seniors and persons with disabilities. The CS respondent ratings were less favorable (fair or poor) for all supports for vulnerable persons.

Exhibit 2.32 Community Supports for Vulnerable Persons in Buffalo County

Topic/Survey	Poor	Fair	Good	Excellent	Total
a. Your community as a place that meets the overall needs of children					
RHS	4%	25%	61%	10%	128
CS	11%	56%	11%	22%	9
b. Efforts to prevent abuse or neglect of children					
RHS	4%	31%	57%	8%	115
CS	11%	56%	33%	0%	9
c. Your community as a place that meets the overall needs of elderly persons (for example access to transportation, social outlets)					
RHS	15%	38%	39%	8%	130
CS	33%	44%	11%	11%	9
d. Efforts to prevent abuse or neglect of seniors.					
RHS	7%	35%	47%	11%	117
CS	22%	56%	22%	0%	9
e. The availability of resources to help persons age in place					
RHS	19%	28%	47%	6%	118
CS	13%	75%	13%	0%	8
f. Your community as a place that meets the overall needs of persons with disabilities					
RHS	10%	44%	39%	7%	124
CS	22%	56%	11%	11%	9
g. Efforts to prevent abuse or neglect of persons with disabilities					
RHS	6%	34%	53%	7%	114
CS	13%	75%	13%	0%	8
h. The availability of services that meet the overall needs of community members who are victims of abuse or neglect					
RHS	14%	38%	46%	2%	111
CS	13%	75%	13%	0%	8

CS survey results should be interpreted with caution given the small number of responses.

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 Buffalo County reported no concern or little concern about meeting most household needs. Focusing on RHS respondents, the percentage reporting being moderately or very concerned ranged from about 9% to 19% across the factors listed. The percent of CS respondents who are moderately or very concerned ranged lower across most factors listed. The highest level of concern among CS respondents was access to, and the ability to pay for, childcare.

Exhibit 2.33 Concerns about Meeting Household Needs in Buffalo 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	64%	19%	12%	4%	1%	142
CS	91%	0%	0%	0%	9%	11
b. Your ability to pay for rent/ mortgage for your household						
RHS	70%	16%	6%	5%	2%	141
CS	82%	9%	0%	0%	9%	11
c. Your ability to pay for utility bills, property tax, and other housing related expenses						
RHS	54%	26%	9%	9%	1%	142
CS	82%	0%	0%	0%	18%	11
d. The availability of resources to help you budget your money						
RHS	65%	19%	7%	2%	7%	141
CS	73%	9%	0%	0%	18%	11
e. Your ability to pay for education beyond high school for you and/or your family						
RHS	49%	11%	13%	6%	20%	140
CS	55%	18%	9%	0%	18%	11
f. Your ability to pay for your own vehicle (including gas, insurance, and maintenance)						
RHS	63%	22%	7%	7%	1%	142
CS	64%	18%	0%	0%	18%	11
g. Your ability to pay for legal assistance						
RHS	48%	27%	10%	9%	6%	141
CS	64%	9%	9%	0%	18%	11
h. Your ability to pay for childcare, if needed						
RHS	53%	4%	6%	3%	34%	141
CS	27%	18%	18%	18%	18%	11
i. Your ability to access housing						
RHS	64%	15%	6%	4%	11%	140
CS	73%	0%	9%	0%	18%	11
j. Your ability to access childcare, if needed						
RHS	47%	11%	6%	3%	32%	140
CS	18%	9%	27%	18%	27%	11

CS survey results should be interpreted with caution given the small number of responses.

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 Buffalo County rated their access and ability to pay for healthy food as good or excellent. Focusing on ability to pay for food, 16% of RHS respondents and 18% of CS respondents rated their ability to pay for healthy food as poor or fair. Also, 13% of RHS respondents and 34% 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 Buffalo County

Topic/Survey	Poor	Fair	Good	Excellent	Total
a. Your access to healthy food.					
RHS	1%	5%	50%	44%	141
CS	9%	9%	36%	45%	11
b. Your ability to pay for healthy food.					
RHS	2%	14%	49%	35%	142
CS	0%	18%	55%	27%	11

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	1%	3%	9%	87%	142
CS	17%	0%	17%	67%	12

Concerns about Economic Issues. Survey respondents were asked to rate their concerns about economic issues in the community. As shown in *Exhibit 2.35,* 30% or more of RHS and CS respondents reported they are moderately or very concerned about excessive personal debt, risk of job loss, poverty, and hunger 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	20%	32%	24%	9%	14%	140
CS	30%	20%	20%	10%	20%	10
b. Gambling (in-person or online)						
RHS	33%	32%	14%	4%	16%	140
CS	40%	40%	0%	0%	20%	10
c. Risk of foreclosure or bankruptcy						
RHS	25%	36%	18%	6%	14%	140
CS	40%	30%	10%	0%	20%	10
d. Risk of job loss						
RHS	17%	31%	31%	14%	7%	140
CS	20%	30%	20%	20%	10%	10

CS survey results should be interpreted with caution given the small number of responses.

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	12%	40%	29%	15%	4%	140
CS	30%	10%	30%	20%	10%	10
f. Hunger						
RHS	24%	27%	28%	14%	6%	139
CS	30%	10%	40%	10%	10%	10
g. Homelessness						
RHS	27%	39%	16%	10%	8%	140
CS	30%	20%	40%	0%	10%	10

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,* the majority of survey respondents gave poor or fair ratings for availability of living wage jobs, safe and affordable housing, accessibility and convenience of public transportation, and efforts to reduce poverty. The availability of services for people who may need extra help and efforts to reduce hunger received poor or fair ratings from most CS respondents.

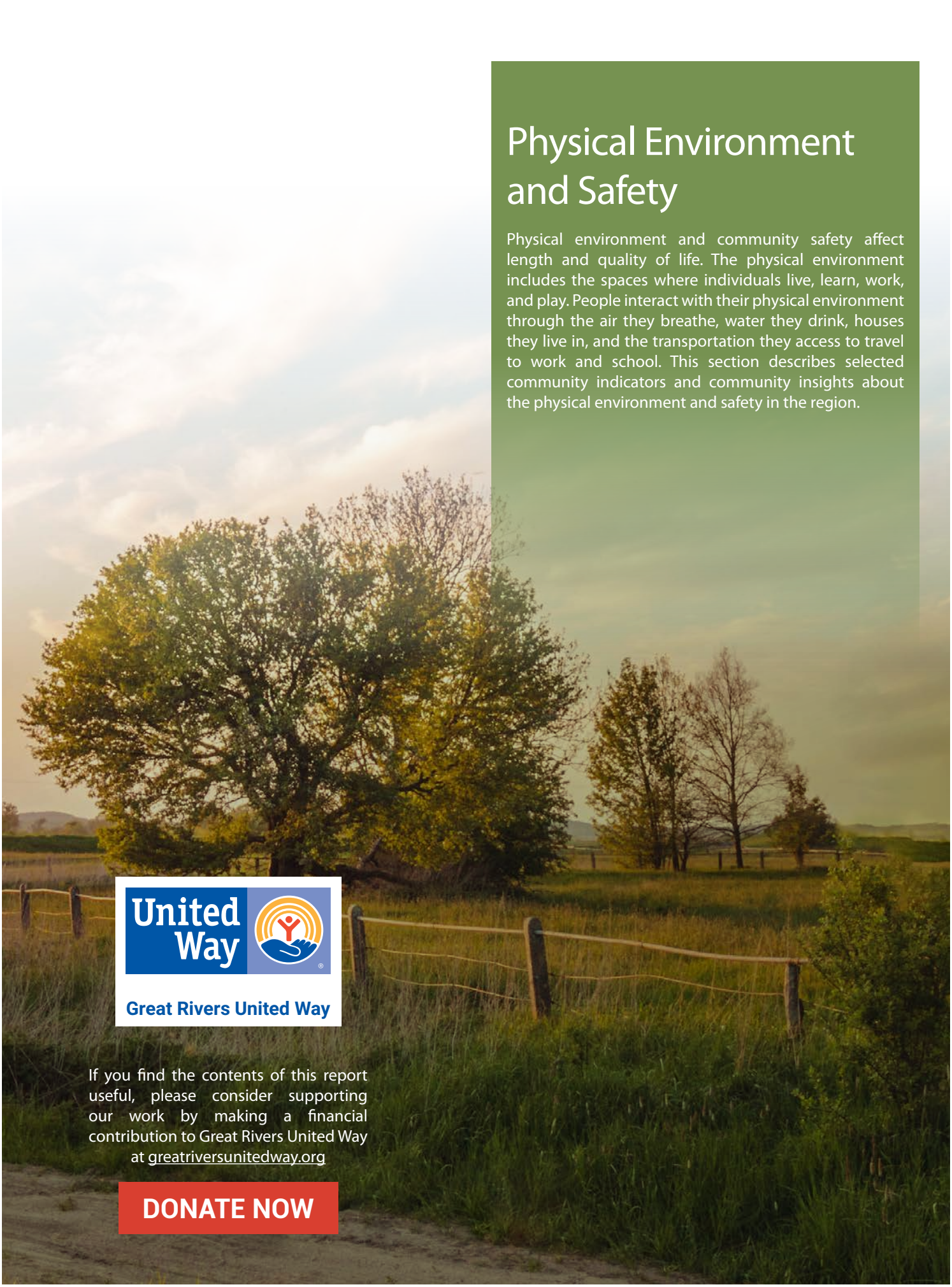
Exhibit 2.36 Ratings of Community Supports for Economic Stability

Topic/Survey	Poor	Fair	Good	Excellent	No Opinion	Total
a. The availability of jobs with wages that offer a livable wage						
RHS	24%	49%	22%	4%	1%	140
CS	36%	36%	18%	0%	9%	11
b. The availability of safe, affordable housing						
RHS	10%	41%	41%	6%	2%	140
CS	36%	45%	9%	0%	9%	11
c. The availability of services for people who may need extra help (government, nonprofit services)						
RHS	6%	37%	45%	4%	8%	139
CS	27%	36%	9%	9%	18%	11
d. The accessibility of public transportation						
RHS	61%	21%	7%	1%	11%	140
CS	73%	9%	0%	0%	18%	11
e. The convenience of public transportation						
RHS	61%	19%	6%	1%	12%	140
CS	64%	18%	0%	0%	18%	11
f. Efforts to reduce poverty in your community						
RHS	20%	42%	17%	3%	18%	140
CS	45%	36%	9%	0%	9%	11
g. Efforts to reduce hunger in your community						
RHS	7%	33%	44%	6%	10%	140
CS	18%	36%	27%	0%	18%	11

CS survey results should be interpreted with caution given the small number of responses.

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.



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Community Indicators

County Health Rankings. *Exhibit 2.37* shows the County Health Rankings for the physical environment. As shown, Buffalo County ranks in the second quartile statewide on the physical environment measure. Focusing on selected trends, Buffalo 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	--	--
Ranking Key:	1st (best) quartile	2nd quartile	3rd quartile	4th quartile				
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	--	--
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 Buffalo County rated overall community safety as good or excellent. Four percent of RHS respondents and 18% of CS respondents rated overall community safety as poor or fair.

Exhibit 2.38 Rating of Overall Community Safety in Buffalo County

Rating of Overall Community Safety					
Survey	**Poor**	**Fair**	**Good**	**Excellent**	**Total**
RHS	0%	4%	71%	26%	139
CS	0%	18%	64%	18%	11

CS survey results should be interpreted with caution given the small number of responses.

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,* results were mixed for most factors. Focusing on RHS respondents, the percentage reporting being moderately or very concerned ranged from about 20% to 56% across the factors listed. Most CS respondents reported no or little concern among the factors listed.

Exhibit 2.39 Concerns about Community Safety in Buffalo County

Topic/Survey	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion	Total
a. School safety						
RHS	22%	29%	27%	21%	1%	142
CS	42%	17%	25%	0%	17%	12
b. Cyber security (e.g., identity theft)						
RHS	15%	26%	28%	28%	2%	141
CS	25%	50%	0%	8%	17%	12
c. Criminal activity						
RHS	18%	38%	29%	15%	0%	141
CS	25%	25%	25%	0%	25%	12
d. Community response to flood						
RHS	48%	25%	15%	8%	4%	142
CS	8%	25%	0%	17%	50%	12
e. Disease outbreak						
RHS	18%	27%	30%	24%	1%	142
CS	33%	17%	8%	25%	17%	12
f. Hazardous materials incident						
RHS	39%	29%	19%	11%	2%	140
CS	58%	17%	0%	0%	25%	12
g. Terrorist activity						
RHS	52%	27%	12%	8%	1%	141
CS	67%	0%	0%	0%	33%	12
h. Tap water safety						
RHS	36%	23%	20%	11%	10%	141
CS	42%	33%	8%	0%	17%	12
i. Well water safety						
RHS	37%	23%	21%	15%	5%	142
CS	42%	33%	8%	0%	17%	12

CS survey results should be interpreted with caution given the small number of responses.

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*, between 24% and 50% reported being moderately or very concerned about responsiveness.

Exhibit 2.40 Responsiveness of Public Safety Agencies in Buffalo County

Topic/Survey	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion	Total
a. Responsiveness of Emergency Medical Services (EMS)						
RHS	27%	21%	30%	20%	1%	140
CS	25%	8%	17%	25%	25%	12
b. Responsiveness of law enforcement						
RHS	32%	27%	23%	17%	1%	141
CS	25%	8%	17%	25%	25%	12
c. Responsiveness of fire department						
RHS	43%	22%	23%	12%	1%	141
CS	33%	17%	17%	8%	25%	12

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 Buffalo 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 Buffalo County

Topic/Survey	Not Prepared	A Little Prepared	Moderately Prepared	Very Prepared	Total
a. Household fire					
RHS	12%	27%	45%	16%	140
CS	42%	17%	25%	17%	12
b. Flood					
RHS	24%	31%	26%	18%	140
CS	58%	8%	25%	8%	12
c. Power outage longer than 24 hours					
RHS	25%	28%	32%	15%	142
CS	50%	17%	25%	8%	12
d. Natural disaster (such as ice storm, tornado, snowstorm)					
RHS	16%	30%	44%	11%	142
CS	50%	17%	25%	8%	12
e. Pandemic/epidemic					
RHS	18%	29%	39%	14%	142
CS	33%	25%	33%	8%	12
f. Loss of job					
RHS	23%	33%	26%	18%	137
CS	50%	17%	25%	8%	12

CS survey results should be interpreted with caution given the small number of responses.

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,* 8% to 34% 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 Buffalo County

Topic/Survey	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion	Total
a. Loose animals						
RHS	55%	28%	9%	5%	2%	141
CS	42%	25%	8%	0%	25%	12
b. Sidewalks in poor condition						
RHS	43%	27%	17%	4%	9%	141
CS	33%	8%	8%	17%	33%	12
c. Lack of sidewalks						
RHS	45%	27%	11%	6%	11%	141
CS	17%	17%	17%	17%	33%	12
d. Inadequate crosswalks						
RHS	52%	20%	11%	6%	12%	141
CS	42%	8%	0%	17%	33%	12
e. Motor vehicle traffic						
RHS	42%	32%	17%	6%	3%	141
CS	42%	8%	17%	0%	33%	12
f. Not enough traffic lights/stop signs						
RHS	66%	15%	9%	2%	8%	140
CS	50%	17%	8%	0%	25%	12
g. Street lighting						
RHS	52%	23%	13%	4%	7%	138
CS	50%	17%	0%	8%	25%	12

CS survey results should be interpreted with caution given the small number of responses.

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 meeting with Buffalo County was held on February 16, 2021. The invited participants included representatives from local businesses, education, health and human services, and nonprofit agencies. A total of seven 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 Buffalo County can continue to identify needs and develop solutions based on additional insights from community members.

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Priority Needs Identified by Community Stakeholders (Buffalo County)

Exhibit 3.1 provides a summary of priority needs identified by Buffalo 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 Buffalo County Community Stakeholders

1. Substance Use
2. Mental Health – treatment and resources
3. Emergency Response - Volunteer Fire and EMS
4. Poverty and Hunger
5. Healthcare Access
6. Alcohol impaired driving
7. Transportation
8. Safe, Affordable Housing

Source: The seven participants in the community stakeholder meeting were invited to prioritize the areas of need identified during the meeting via a post-meeting survey. Four 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. Three participants responded with nine 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 Buffalo County Community Stakeholders

- I think awareness of these issues are important. We need to make the community aware of the needs as it takes a village!
- It was suggested to re-open the clinic in Alma.
- More education and services around illegal drug use and STDs.
- Need to energize the economy of the county. Fully employed people tend to have the means to address some of the issues on the list.
- We also need to find a way to increase socialization outside of the taverns.

Note: The seven participants in the community stakeholder meeting were invited to respond to this item in their own words. There were three responses with five 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

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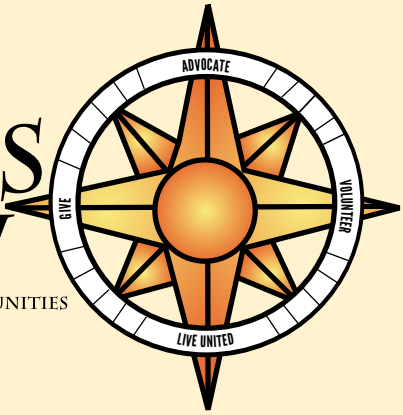

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List of Organizations that Participated in Community Stakeholder Meetings

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

Table of Contents

Section 1: Introduction

Purpose of the Study 1
Adjusting to COVID-19 2
Study Methods and Data Sources 2
Limitations of this Report 5
Bridging the Compass Now 2018 and 2021 Reports 6

Section 2: Study Results: How is the Great Rivers Region Faring?

The Six-County Region 7
Demographic Profile 8
Summary of County Health Rankings 13

Length and Quality of Life 14
Community Indicators 15
Community Insights 17

Health Behaviors and Concerns 19
Community Indicators 20
Community Insights 21

Health Care 23
Community Indicators 24
Community Insights 26

Social and Economic Factors 30
Community Indicators 31
Community Insights 33

Physical Environment and Safety 38
Community Indicators 39
Community Insights 39

Section 3: Community Insight on Priority Needs and Ideas for Solutions

Meeting with Community Stakeholders from Regional Overview 43
Priority Needs 44
Ideas for Solutions 44

Appendix

Appendix A. Data Sources 45
Appendix B. List of Community Indicators and Community Survey Topics 46
Appendix C. County-Level Priority Needs and Ideas for Solutions 47

List of Exhibits

Introduction

Exhibit 1.1 - The Study Region
Exhibit 1.2 - The County Health Rankings Model
Exhibit 1.3 - Profile of Community Survey Respondents

Study Results: How is the Great Rivers Region Faring?

The Six-County Region

Exhibit 2.1 - 2020 Demographic Profile of the Region
Exhibit 2.2 - Population Estimates and Projections
Exhibit 2.3 - Total Population by County
Exhibit 2.4 - Total Population by Census Tract
Exhibit 2.5 - Child Population by Census Tract
Exhibit 2.6 - Older Adult Population by Census Tract
Exhibit 2.7 - Minority Population by Census Tract
Exhibit 2.8 - Households with Income below Poverty by Census Tract
Exhibit 2.9 - County Health Rankings Summary for 2020

Length & Quality of Life

Exhibit 2.10 - County Health Rankings for Length and Quality of Life
Exhibit 2.11 - 2018 Leading Causes of Death
Exhibit 2.12 - 2018 Maternal and Infant Health
Exhibit 2.13 - Ratings of Community Life
Exhibit 2.14 - Ratings of Educational Opportunities
Exhibit 2.15 - Concerns about Issues Related to Community Life

Health Behaviors & Concerns

Exhibit 2.16 - County Health Rankings for Health Behaviors
Exhibit 2.17 - Ratings of Personal Health
Exhibit 2.18 - Concerns about Health Issues in the Community

Health Care

Exhibit 2.19 - County Health Rankings for Clinical Care
Exhibit 2.20 - 2018 Cancer Screening Rates
Exhibit 2.21 - 2017 Estimated Mental Health Prevalence and Treatment Gap
Exhibit 2.22 - Self-Reported Health Coverage
Exhibit 2.23 - Ratings of Health Care Access and Affordability
Exhibit 2.24 - Health Care Sources and Obstacles for Adults
Exhibit 2.25 - Dental Visits and Obstacles for Adults
Exhibit 2.26 - Health Care and Dental Visits for Children

Social & Economic Factors

Exhibit 2.27 - County Health Rankings for Social and Economic Factors
Exhibit 2.28 - 2018 Low-Income Households
Exhibit 2.29 - Reported Child Services Cases
Exhibit 2.30 - Caring for Vulnerable Persons
Exhibit 2.31 - Concerns about Vulnerable Persons in the Community
Exhibit 2.32 - Community Supports for Vulnerable Persons
Exhibit 2.33 - Concerns about Meeting Household Needs
Exhibit 2.34 - Concerns about Access to Healthy Food
Exhibit 2.35 - Concerns about Economic Issues in the Community
Exhibit 2.36 - Ratings of Community Supports for Economic Stability

Physical Environment & Safety

Exhibit 2.37 - County Health Rankings for the Physical Environment
Exhibit 2.38 - Rating of Overall Community Safety
Exhibit 2.39 - Concerns about Community Safety
Exhibit 2.40 - Responsiveness of Public Safety Agencies
Exhibit 2.41 - Preparedness for Emergency Events
Exhibit 2.42 - Concerns about Public Spaces

Community Insight on Priority Needs and Ideas for Solutions

Exhibit 3.1 - Priority Needs Identified by Community Stakeholders

County-Level Priority Needs and Ideas for Solutions

Buffalo County
Exhibit C.1 - Priority Needs Identified by Community Stakeholders
Exhibit C.2 - Ideas for Solutions Submitted by Community Stakeholders

Houston County
Exhibit C.3 - Priority Needs Identified by Community Stakeholders
Exhibit C.4 - Ideas for Solutions Submitted by Community Stakeholders

La Crosse County
Exhibit C.5 - Priority Needs Identified by Community Stakeholders
Exhibit C.6 - Ideas for Solutions Submitted by Community Stakeholders

Monroe County
Exhibit C.7 - Priority Needs Identified by Community Stakeholders
Exhibit C.8 - Ideas for Solutions Submitted by Community Stakeholders

Trempealeau County
Exhibit C.9 - Priority Needs Identified by Community Stakeholders
Exhibit C.10 - Ideas for Solutions Submitted by Community Stakeholders

Vernon County
Exhibit C.11 - Priority Needs Identified by Community Stakeholders
Exhibit C.12 - Ideas for Solutions Submitted by Community Stakeholders

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. This report describes needs within the six-county region. A set of supplemental reports providing more detailed insight about each county is available from the Great Rivers United Way website.

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.

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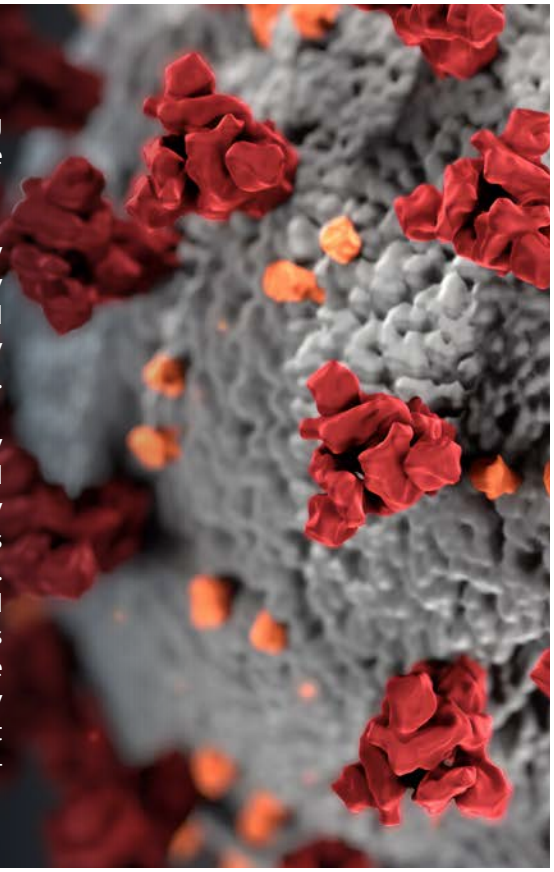
Adjusting to COVID-19

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 and held on a virtual meeting platform.

- 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 would 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.

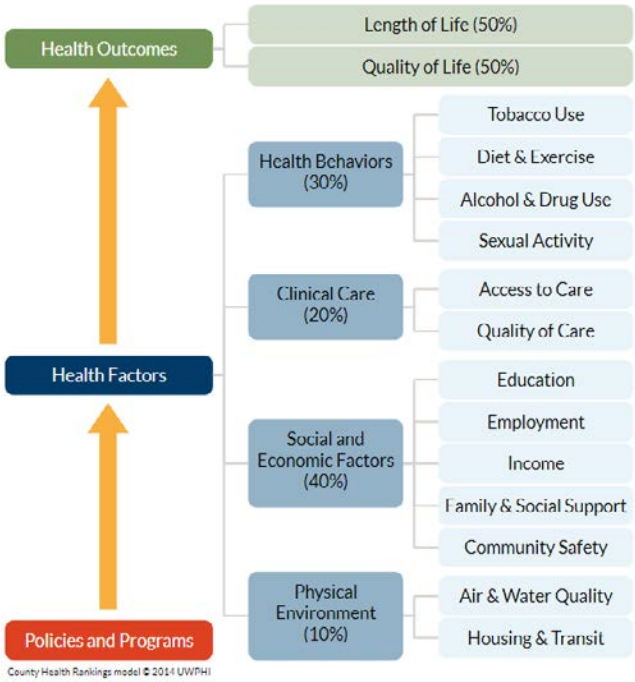


Exhibit 1.2 - The County Health Rankings Model

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 is provided in *Exhibit 1.3*. As shown in the second column of the exhibit, a total of 713 RHS respondents returned their surveys, for a response rate of 12%. Focusing on responses by county, at least 91 surveys were returned for each jurisdiction. Compared to population estimates for the region as a whole, 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, with slightly more representation at lower income levels. 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 CS respondents. A total of 510 CS responses were received, with more than half coming from La Crosse County. Compared to the RHS, the CS yielded higher representation of adults under age 45, women, minority populations, and middle-income households. 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

Indicator	Random Household Survey (RHS) Respondents	Convenience Survey (CS) Respondents	Regional Population Estimates
Total	713	510	204,400 (age 18+)
County			
Buffalo County	143	12	10,905
Houston County	97	53	15,512
La Crosse County	111	276	95,254
Monroe County	91	87	35,648
Trempealeau County	155	25	23,444
Vernon County	116	57	23,637
Age			
18-29	3%	12%	21%
30-44	13%	40%	22%
45-64	32%	39%	34%
65+	50%	9%	24%
Sex or Gender			
Female	69%	82%	50%
Male	30%	14%	50%
Self-Identified	<1%	1%	--
Prefer not to answer	1%	3%	--
Race			
American Indian	<1%	1%	1%
Asian	<1%	2%	3%
Black / African American	<1%	2%	1%
Other race	1%	1%	2%
Pacific Islander	<1%	<1%	0%
Two or more races	1%	3%	2%
White	98%	91%	92%
Ethnicity (Residents of Hispanic and Hmong ethnicity are also counted in the Race category.)			
Hispanic, Latino, or Spanish origin	1%	4%	3%
Hmong origin	<1%	1%	--
Household Income			
Less than $15,000	7%	5%	9%
$15,000 to $24,999	11%	10%	9%
$25,000 to $34,999	12%	7%	10%
$35,000 to $49,999	18%	10%	14%
$50,000 to $74,999	19%	19%	19%
$75,000 to $99,999	17%	23%	14%
$100,000 to $149,999	11%	16%	16%
$150,000 to $199,999	3%	7%	5%
$200,000 and over	3%	3%	4%
Housing Type			
Owner-occupied	86%	75%	68%
Renter	11%	21%	32%
Other arrangement	3%	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.

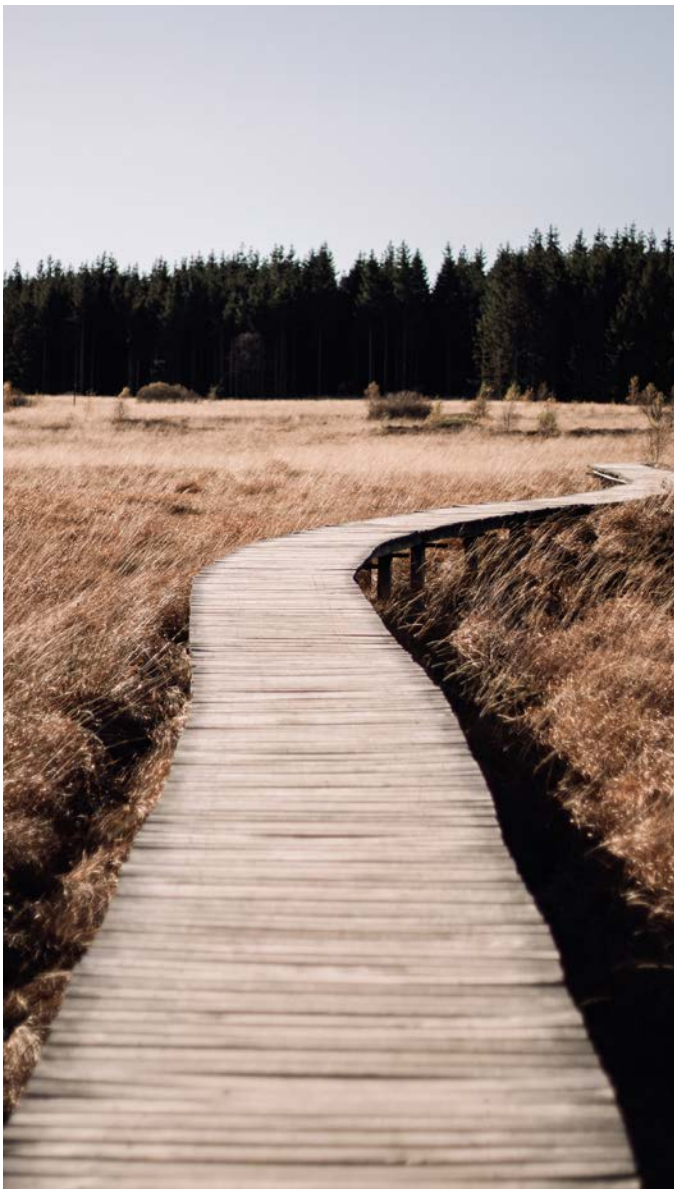
Bridging the Compass Now 2018 and 2021 Reports

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 the Great Rivers Region Faring?

This section summarizes data on how the Great Rivers 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 population an estimated 25% are children age 0-17, and an estimated 20% are adults age 65+. About 8% of the population is classified as minority, and about 18% 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 population by age. Within the population there are an estimated 55,999 children age 0-17, and 48,374 adults age 65+. Looking ahead to 2025, overall population growth for the counties is projected to range from -1% to +2%. Within all counties, the most substantial growth is 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	48,347
2025 Population Age 65+	3,580	4,884	24,113	9,647	6,712	7,578	56,514
2020-2025 % Change- Population Age 65+	17%	18%	16%	16%	17%	18%	17%

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

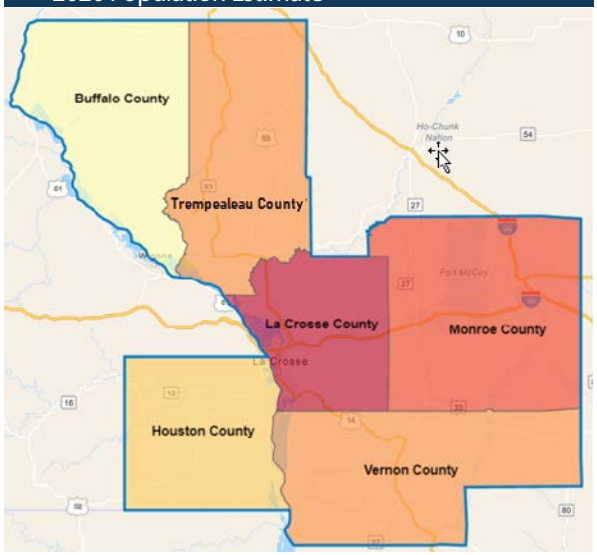
Thematic Maps

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

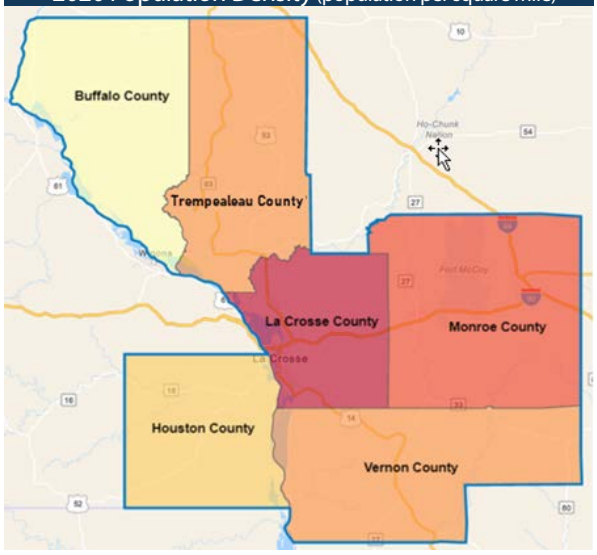
Population by County. *Exhibit 2.3* shows how the six counties vary in estimated population size from a high of 120,515 in La Crosse County, to a low of 13,534 in Buffalo County.

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)

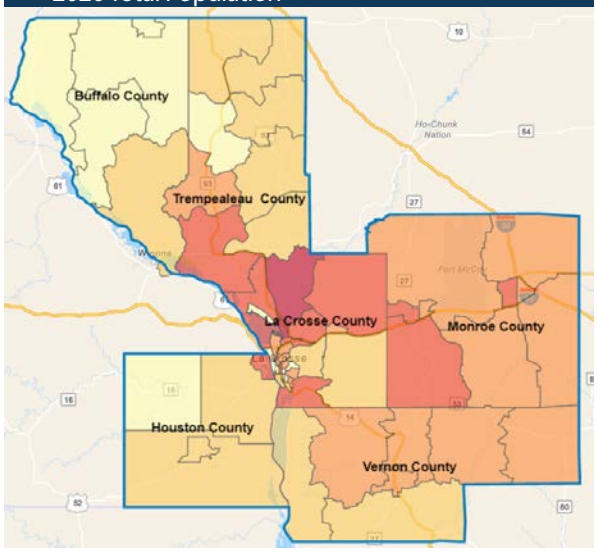


- 20.2 - 27.7
- 27.8 - 37.2
- 37.3 - 46.5
- 46.6 - 159.4
- 159.5 - 266.8

Exhibit 2.4 Total Population by Census Tract

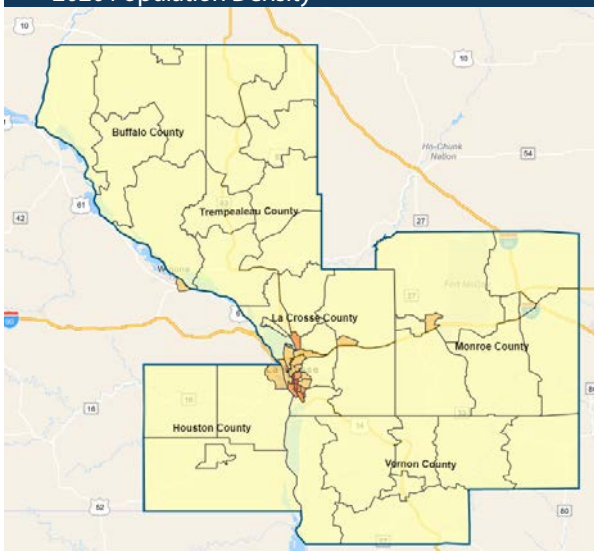
Population by Census Tract. *Exhibit 2.4* provides a closer look at the estimated population by census tract, with most of the larger census tracts located in the central part of the region.

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



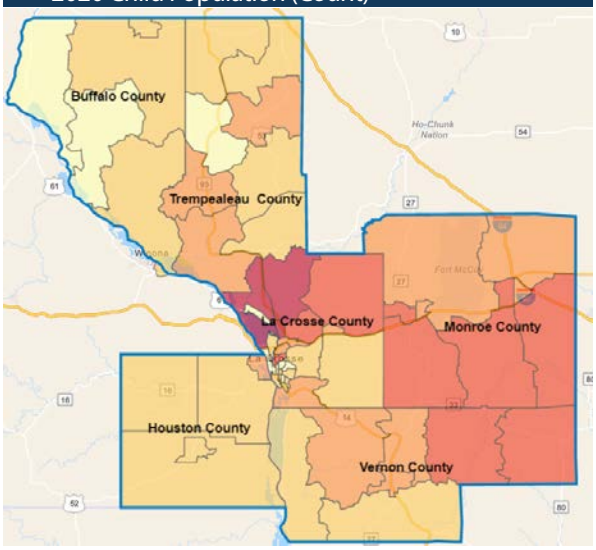
- 12.1 - 754.6
- 754.7 - 2,662.4
- 2,662.5 - 5,486.4
- 5,486.5 - 7,711.6
- 7,711.7 - 8,591.1

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

Exhibit 2.5 Child Population by Census Tract

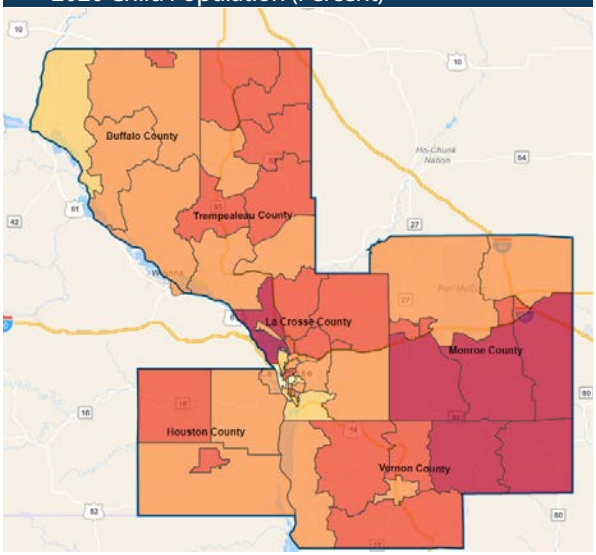
Child Population. *Exhibit 2.5* shows the estimated distribution of the child population, with higher numbers of children in census tracts located in the central and eastern part of the region.

2020 Child Population (Count)



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

2020 Child Population (Percent)

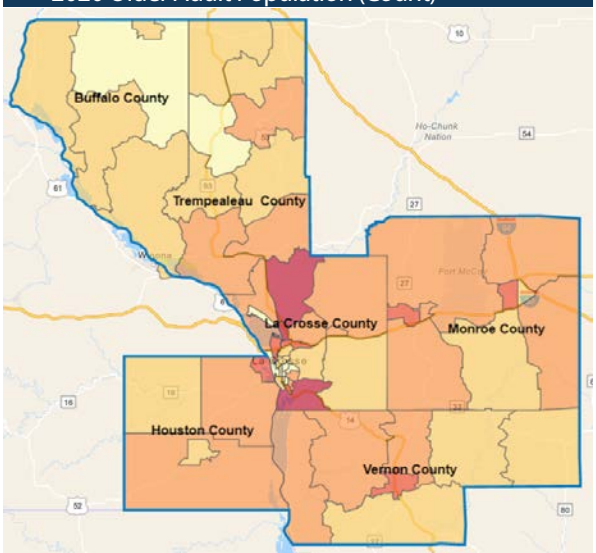


1.38% - 12.32%
12.33% - 18.11%
18.12% - 21.56%
21.57% - 26%
26.01% - 31.12%

Exhibit 2.6 Older Adult Population by Census Tract

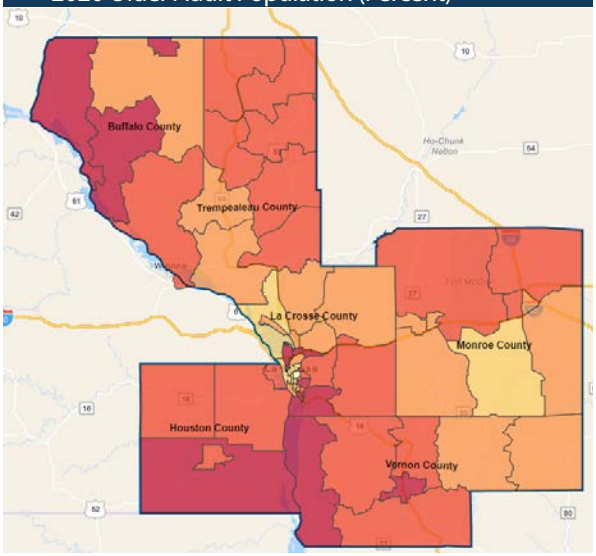
Older Adult Population. *Exhibit 2.6* shows the estimated distribution of the older adult population, with higher numbers in La Crosse County and selected census tracts in Monroe County and Vernon County.

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)



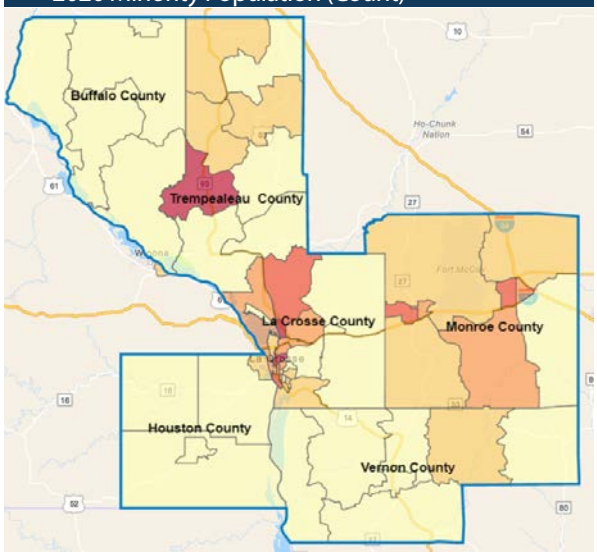
4.35% - 9.33%
9.34% - 14.61%
14.62% - 18.47%
18.48% - 22.41%
22.42% - 28.13%

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

Exhibit 2.7 Minority Population by Census Tract

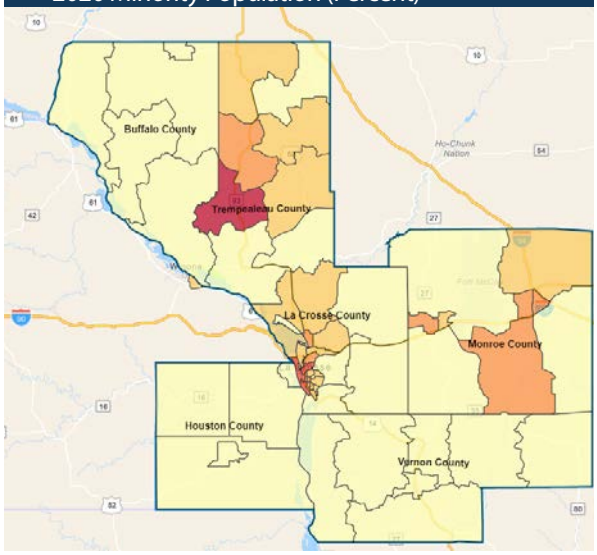
Minority Population. *Exhibit 2.7* shows the estimated distribution of the minority population, with higher numbers within census tracts located in Trempealeau County, La Crosse County, and Monroe County.

2020 Minority Population (Count)



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

2020 Minority Population (Percent)

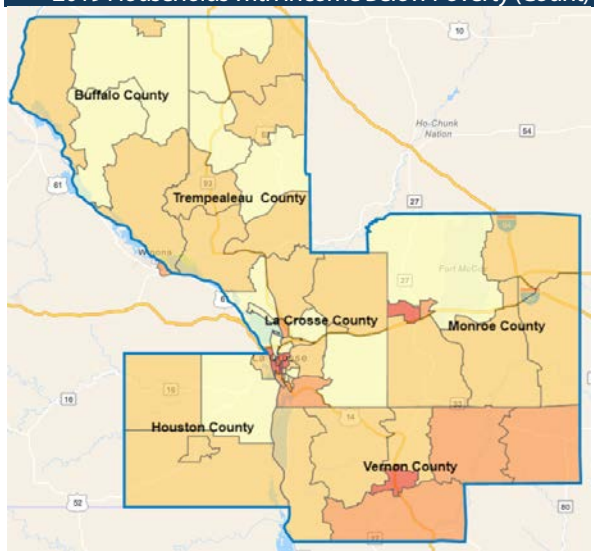


3.08% - 6.73%	18.85% - 33.8%
6.74% - 11.49%	33.81% - 40.57%
11.5% - 18.84%	

Exhibit 2.8 Households with Income below Poverty by Census Tract

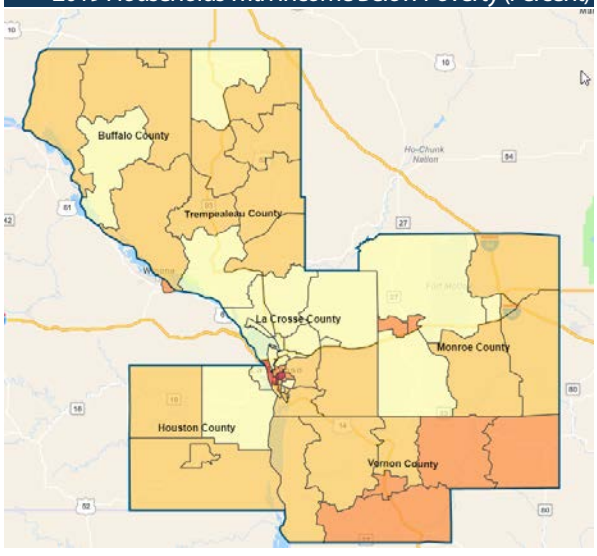
Low-Income Households. *Exhibit 2.8* shows the estimated distribution of households within poverty, with higher numbers within census tracts located in La Crosse County, Monroe County, and Vernon County.

2019 Households with Income Below Poverty (Count)



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

2019 Households with Income Below Poverty (Percent)



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

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 the six-county region. Within the exhibit, Houston County is ranked against other counties in Minnesota, and 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, gold, and red shading indicating the 2nd, 3rd, and 4th quartile. The bottom part of the exhibit shows trends for the six counties. 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.

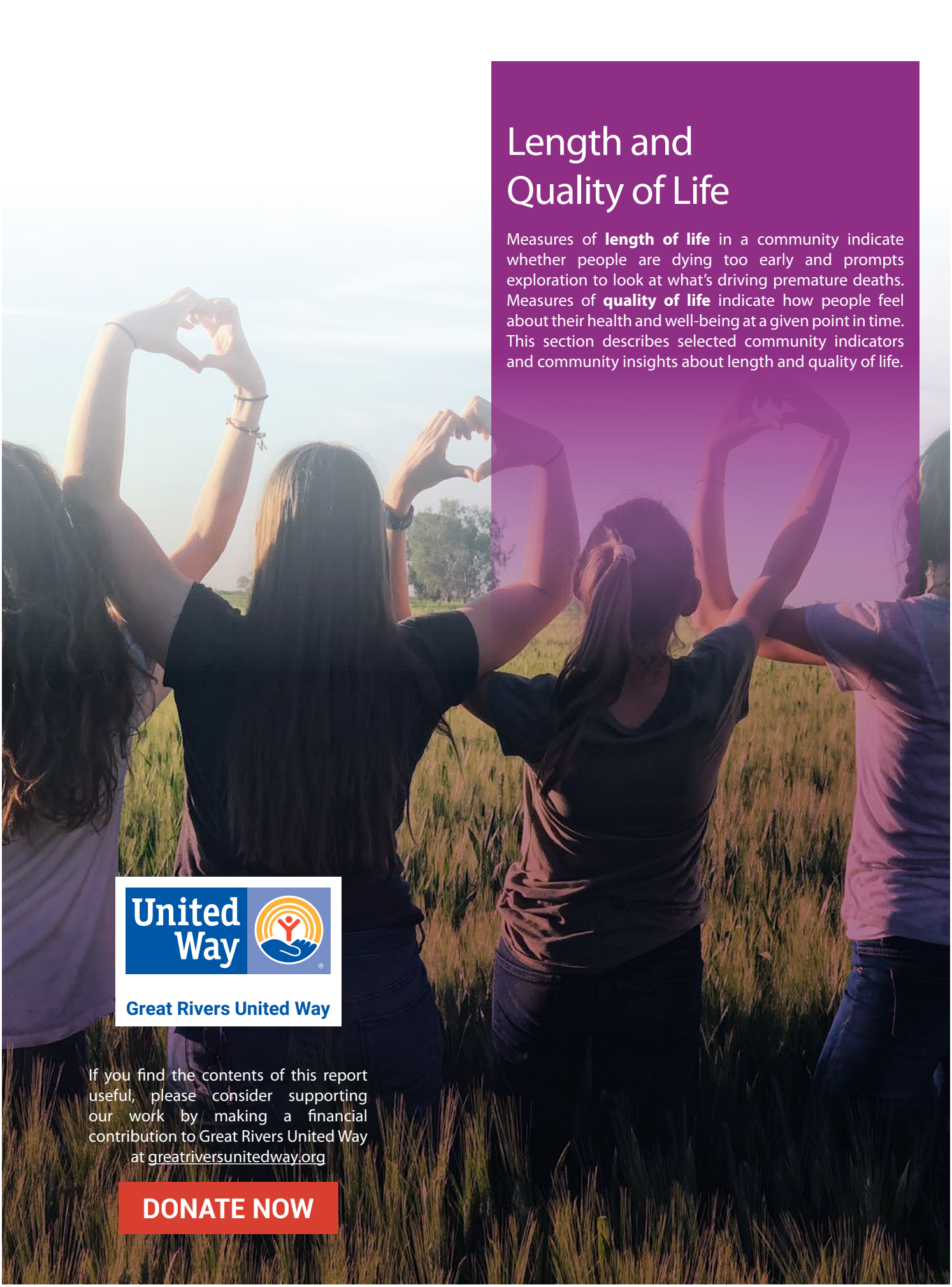
	BU	HO*	LC	MO	TR	VE
Length of Life						
Premature death	B	B	--	B	B	B
Health Behaviors						
Adult obesity	--	W	W	W	W	W
Physical inactivity	W	W	W	--	--	--
Alcohol-impaired driving deaths	--	B	--	--	W	W
Sexually transmitted infections	W	--	W	W	--	W
Clinical Care						
Uninsured	B	B	B	B	B	B
Primary care 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.



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Great Rivers United Way

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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, Monroe County and Trempealeau County rank in the third or fourth quartile on the length of life measure, and La Crosse, Monroe, and Trempealeau rank in the third quartile for quality of life. The length and quality of life rankings are based on the indicators shown in the exhibit. Five of the six counties are improving on their premature death trend.

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, diseases of the heart and malignant neoplasms were the leading causes of death in the six counties and the state of Wisconsin. Other leading causes were chronic lower respiratory diseases, accidents (unintentional injuries), cerebrovascular diseases, and Alzheimer's Disease.

Exhibit 2.11 2018 Leading Causes of Death

	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 2,932 births in the region in 2018. Of these, 178 (6%) were low-weight births, compared to 8% for Wisconsin as a whole. There were sixteen infant deaths in the region during 2018, with higher rates in Monroe and Trempealeau. 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

	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 the community as an overall place to live, and for opportunities to volunteer in the community. (As additional context, 53% of RHS respondents and 62% of CS respondents reported they or a family member volunteer.). The most negative ratings (poor or fair) were for the community as a place that meets family recreational needs, opportunities for youth, 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

Topic/Survey	Poor	Fair	Good	Excellent	No Opinion	Total
a. Rating of your community as a place to live						
RHS	1%	11%	55%	33%	N/A	710
CS	1%	17%	58%	25%	N/A	510
b. Your community as a place that meets your family's recreational needs (Fine arts, outdoor activities, etc.)						
RHS	7%	28%	45%	16%	5%	695
CS	8%	27%	40%	23%	1%	508
c. Opportunities for youth to explore interests and participate in positive activities.						
RHS	9%	30%	40%	11%	10%	698
CS	14%	26%	36%	16%	8%	508
d. Opportunities to volunteer in your community.						
RHS	5%	20%	48%	21%	6%	696
CS	5%	22%	43%	25%	4%	508
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	10%	28%	45%	13%	4%	700
CS	25%	39%	25%	9%	1%	507
f. Your community as a place where people of different cultural/racial/ethnic backgrounds are included in decision-making.						
RHS	15%	30%	33%	8%	14%	697
CS	36%	34%	20%	6%	5%	507

We have lots of trails and lots of open space and people can play outside. But again, I think it depends on your family, it depends on your ability to drive, or whatever, but I think just as far as not living in the city and being able to go outside anytime and just play outside is a great advantage.

-Interpreter for Hispanic Farm Workers

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

Topic/Survey	Poor	Fair	Good	Excellent	No Opinion	Total
a. Your community as a place that meets your family's educational needs						
RHS	2%	13%	46%	23%	15%	700
CS	3%	17%	45%	30%	6%	508
b. The availability of early education opportunities in your community (e.g., play groups, Head Start, 4 year old kindergarten)						
RHS	3%	11%	40%	24%	22%	700
CS	4%	17%	38%	24%	17%	508
c. The quality of education grades K -12 in your community						
RHS	2%	11%	46%	26%	15%	696
CS	4%	12%	44%	30%	10%	507
d. Opportunities to gain additional knowledge or skills (tuition reimbursement, conferences, skills training courses, classes)						
RHS	9%	23%	35%	12%	21%	697
CS	15%	33%	32%	11%	9%	506
e. The availability of community resources to learn new skills or hobbies (e.g., woodworking, photography, computers)						
RHS	17%	28%	31%	10%	14%	698
CS	22%	34%	31%	8%	5%	506

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

Topic/Survey	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion	Total
a. Racism						
RHS	27%	29%	24%	16%	3%	700
CS	11%	19%	28%	40%	1%	506
b. School bullying						
RHS	8%	20%	33%	32%	8%	699
CS	3%	17%	40%	35%	5%	506
c. Cyber bullying						
RHS	11%	20%	30%	29%	11%	699
CS	4%	23%	37%	31%	5%	505
d. Discrimination						
RHS	21%	26%	28%	19%	6%	699
CS	9%	24%	28%	38%	1%	506

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.

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Community Indicators

County Health Rankings. *Exhibit 2.16* shows the County Health Rankings related to health behaviors. As shown, Monroe County ranked in the 4th quartile for health behaviors, with the other counties ranked in the 1st or 2nd quartile. Recent trends are worsening in multiple counties for obesity, physical activity, alcohol-impaired driving, 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	--	--
Ranking Key:	1st (best) quartile		2nd quartile		3rd quartile		4th quartile	
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		
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, 22% rated their personal health as fair or poor, 12% rated their overall mental health as fair or poor, and 21% 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

Topic/Survey	Poor	Fair	Good	Excellent	Total
a. Your overall health.					
RHS	2%	20%	60%	18%	704
CS	4%	21%	57%	18%	503
b. Your overall mental health.					
RHS	1%	11%	65%	23%	702
CS	8%	28%	51%	13%	502
c. Your overall dental health.					
RHS	5%	16%	54%	24%	701
CS	8%	18%	50%	25%	502

Mental health is a big, big concern for me when it comes to my veterans as well as homelessness, substance abuse, is a pretty big thing when it comes to self-medicating because they don't want to talk to somebody about it because they don't want to appear weak.

-Veterans Services Officer

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, 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	18%	21%	35%	22%	4%	703
CS	4%	13%	33%	49%	1%	508
b. Mental health stigma						
RHS	20%	21%	31%	20%	8%	703
CS	6%	17%	36%	40%	1%	503
c. Alcohol use						
RHS	15%	18%	33%	31%	3%	706
CS	7%	13%	30%	48%	2%	509
d. Obesity						
RHS	13%	20%	37%	27%	3%	704
CS	6%	25%	40%	27%	2%	504
e. Prescription drug misuse						
RHS	16%	22%	29%	28%	6%	702
CS	8%	21%	34%	33%	4%	508
f. Suicide						
RHS	17%	26%	32%	21%	5%	699
CS	6%	22%	37%	32%	3%	506
g. Tobacco use						
RHS	20%	27%	29%	20%	4%	703
CS	16%	32%	32%	16%	3%	507
h. E-cigarette use/Vaping						
RHS	18%	22%	27%	27%	6%	703
CS	12%	26%	36%	22%	3%	507
i. Illegal drug use						
RHS	8%	14%	24%	51%	3%	707
CS	4%	13%	31%	49%	2%	507

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.

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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, Houston, La Crosse, and Monroe, rank in the 1st or 2nd quartile. Buffalo, Trempealeau, and Vernon rank in the 3rd or 4th quartile. Trends indicate that all of the counties are 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	670:01	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

Very limited access to dental services for those on badger care. Most providers do not accept this level of coverage. Those that do have long waiting lists and/or are far away.

- CS Respondent

Cancer Screening Rates. *Exhibit 2.20* shows selected cancer screening rates for each county within the region. The colorectal cancer screening rate was lower than 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, more than 34,000 individuals experienced a mental illness in 2017. Of these, more than 15,000 received mental health services, while more than 19,500 (56%) did not receive services. Among youth, more than 8,400 experienced a mental illness in 2017. Of these, nearly 5,000 received treatment, but more than 3,400 (41%) 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 90% 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 insurance, followed by Medicaid, Medicare, and private insurance.

Exhibit 2.22 Self-Reported Health Coverage

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	96%	4%	697
CS	92%	8%	504

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)	8%	15%
Medicare	37%	14%
Private Insurance	23%	14%
Employer Based Insurance	27%	53%
Other	5%	3%
Not Applicable-No one in my household has health insurance	2%	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 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 25% for healthcare, 33% for mental health care, and 28% for dental care. For CS respondents the percent reporting poor or fair ability to pay for services was 37% for healthcare, 45% for mental health care, and 37% for dental care.

Exhibit 2.23 Ratings of Health Care Access and Affordability

Topic/Survey	Poor	Fair	Good	Excellent	Total
a. Your access to healthcare.					
RHS	2%	7%	47%	44%	701
CS	3%	10%	41%	46%	503
b. Your ability to pay for healthcare.					
RHS	7%	18%	43%	31%	699
CS	14%	23%	39%	25%	503
c. Your access to mental health care.					
RHS	5%	16%	51%	28%	691
CS	12%	25%	39%	24%	501
d. Your ability to pay for mental health care.					
RHS	10%	23%	40%	27%	692
CS	19%	26%	35%	21%	501

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	4%	8%	48%	40%	702
CS	8%	12%	41%	39%	503
f. Your ability to pay for dental care.					
RHS	8%	20%	40%	31%	702
CS	15%	22%	38%	25%	504

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 urgent care centers. The most common obstacles to receiving services were scheduling and affordability.

Exhibit 2.24 Health Care Sources and Obstacles for Adults

Usual Source of Health Care for Adults

Provider Source	RHS	CS
Clinic	36%	29%
Doctor's Office	26%	25%
Urgent Care	17%	17%
Hospital Emergency Room	10%	7%
Internet	3%	8%
Express Care in a grocery or drug store	2%	7%
I do not have a place that I go most often	2%	2%
VA Medical Center	2%	1%
Free Clinic	1%	3%
VA Outpatient Clinic	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 schedule the appointment at a convenient time	9%	20%
Could not afford the cost	7%	17%
Did not have insurance	2%	5%
Did not have transportation	2%	2%
There was a language barrier	0%	0%
Could not get childcare	0%	4%
None of the above	80%	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 said they had a dental visit within the past year, and about 18% said it has been 2 years or longer since they had a dental visit. The most commonly reported obstacles to dental care were affordability and scheduling.

Exhibit 2.25 Dental Visits and Obstacles for Adults

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	73%	69%
Within the past 2 years	9%	14%
Within the past 5 years	7%	6%
5 or more years	6%	10%
Don't know	5%	2%
Total	700	505

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	11%	15%
Did not have insurance	8%	7%
Could not schedule the appointment at a convenient time	5%	11%
Did not have transportation	1%	2%
There was a language barrier	0%	0%
I could not get childcare	0%	3%
None of the above apply to me	75%	63%

Although I have insurance (health and dental) the deductible costs are prohibitive and often end up in collections as the minimal monthly payments are not affordable.

- CS Respondent

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 were doctor's offices, clinics, and urgent care. The large majority reported their children had a dental visit within the past year, with less than 10% reporting two or more years since the last dental visit.

Exhibit 2.26 Health Care and Dental Visits for Children

Usual Source of Health Care for Children

Provider Source	RHS	CS
Clinic	33%	30%
Doctor's Office	32%	32%
Urgent Care	17%	19%
Hospital Emergency Room	6%	6%
Express Care in a grocery or drug store	5%	8%
We do not have a place that we go most often	3%	1%
Internet	2%	3%
Free Clinic	1%	2%
Total	225	542

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	80%	76%
Within the past 2 years	8%	12%
Within the past 5 years	2%	5%
5 or more years	2%	2%
Don't know	7%	6%
Total	123	259

One of the biggest things we see is just being able to afford healthcare and it's been a real struggle for transportation so just getting to a healthcare facility I think our providers tend to when they're in an appointment with individuals they actually learn more of some of the disparities that they're facing. A lot of times we see them with food disparities, housing disparity issues and things like that but I know historically we have seen in all of our clinic sites in the rural areas was the ability to actually get to a clinic to receive services

-Healthcare Provider

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.

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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, all of the six counties are ranked in the 1st or 2nd quartile within their states. Focusing on selected trends, an increase in the child poverty rate is indicated for Buffalo, Monroe, Trempealeau, and Vernon. 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.

my landlord is selling the house I'm renting and its really hard to find a new place that's affordable. I was able to recently find a new daycare for my youngest son, but if that closes I don't know what I would do.

- CS Respondent

Low-Income Households. Household income is a fundamental indicator of health opportunity. As shown in *Exhibit 2.28,* in 2018 there were an estimated 11,420 households in the region 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 24,778 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 160 referrals made to Child Protective Services (CPS) in Buffalo County, with 23 confirmed child abuse cases, and 22 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*, 18% of RHS respondents reported they care for an individual that is aging, and 12% reported they help care for an individual with a disability. For CS respondents, 20% help care for an individual that is aging, and 20% help care for an individual with a disability.

Exhibit 2.30 Caring for Vulnerable Persons

Do you currently help care for an individual that is aging?			
Survey	**Yes**	**No**	**Total**
RHS	18%	82%	696
CS	20%	80%	505
Do you currently help care for an individual that has a disability?			
Survey	**Yes**	**No**	**Total**
RHS	12%	88%	691
CS	20%	80%	504

Concerns about Vulnerable Persons. As shown in *Exhibit 2.31*, well over 50% 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	10%	23%	31%	31%	5%	699
CS	6%	22%	32%	36%	4%	505
b. Domestic abuse						
RHS	10%	23%	31%	31%	5%	697
CS	6%	22%	32%	36%	4%	505
c. Elder abuse						
RHS	14%	27%	26%	27%	6%	698
CS	9%	29%	34%	24%	4%	505
d. Sexual abuse or sexual violence						
RHS	11%	25%	30%	29%	6%	697
CS	5%	24%	31%	36%	4%	500

Community Supports for Vulnerable Persons. As shown in *Exhibit 2.32*, while the majority of survey respondents rated community supports for vulnerable persons as good or excellent, a substantial percentage rated community supports as poor or fair.

Exhibit 2.32 Community Supports for Vulnerable Persons

Topic/Survey	Poor	Fair	Good	Excellent	Total
a. Your community as a place that meets the overall needs of children					
RHS	4%	22%	64%	11%	641
CS	5%	30%	56%	9%	471
b. Efforts to prevent abuse or neglect of children					
RHS	5%	32%	55%	7%	593
CS	11%	37%	47%	5%	444
c. Your community as a place that meets the overall needs of elderly persons (for example access to transportation, social outlets)					
RHS	11%	31%	48%	10%	650
CS	15%	41%	41%	3%	464
d. Efforts to prevent abuse or neglect of seniors.					
RHS	6%	33%	53%	9%	573
CS	12%	41%	44%	3%	399
e. The availability of resources to help persons age in place					
RHS	12%	33%	48%	7%	611
CS	17%	45%	33%	5%	422
f. Your community as a place that meets the overall needs of persons with disabilities					
RHS	8%	37%	47%	8%	612
CS	15%	42%	37%	6%	460
g. Efforts to prevent abuse or neglect of persons with disabilities					
RHS	7%	32%	53%	8%	548
CS	13%	43%	40%	4%	407
h. The availability of services that meet the overall needs of community members who are victims of abuse or neglect					
RHS	9%	38%	47%	6%	547
CS	15%	44%	38%	3%	432

I lost my job and insurance because of COVID and my family is really struggling to pay our bills.

- CS Respondent

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 large majority of respondents 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 9% to 20% across the factors listed. The percent of CS respondents who are moderately or very concerned ranged higher, from about 15% to 40% 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

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	66%	19%	9%	4%	1%	701
CS	63%	21%	12%	5%	0%	502
b. Your ability to pay for rent/ mortgage for your household						
RHS	66%	19%	9%	4%	1%	701
CS	63%	21%	12%	5%	0%	502
c. Your ability to pay for utility bills, property tax, and other housing related expenses						
RHS	61%	23%	8%	7%	2%	700
CS	59%	19%	14%	8%	0%	502
d. The availability of resources to help you budget your money						
RHS	65%	16%	6%	3%	10%	693
CS	62%	19%	9%	5%	5%	501
e. Your ability to pay for education beyond high school for you and/or your family						
RHS	47%	12%	12%	8%	22%	696
CS	36%	17%	19%	21%	7%	502
f. Your ability to pay for your own vehicle (including gas, insurance, and maintenance)						
RHS	63%	21%	7%	6%	3%	700
CS	58%	19%	14%	8%	1%	500
g. Your ability to pay for legal assistance						
RHS	48%	25%	10%	9%	8%	698
CS	40%	21%	16%	13%	10%	499
h. Your ability to pay for childcare, if needed						
RHS	50%	6%	4%	5%	35%	694
CS	41%	12%	13%	10%	24%	500
i. Your ability to access housing						
RHS	62%	13%	5%	4%	15%	696
CS	64%	15%	7%	7%	7%	500
j. Your ability to access childcare, if needed						
RHS	48%	9%	5%	5%	33%	693
CS	36%	16%	12%	10%	25%	500

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 rated their access and ability to pay for healthy food as good or excellent. Focusing on ability to pay for food, 17% of RHS respondents and 27% of CS respondents rated their ability to pay for healthy food as poor or fair. Also, 14% 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

Topic/Survey	Poor	Fair	Good	Excellent	Total
a. Your access to healthy food.					
RHS	1%	7%	45%	47%	701
CS	3%	12%	44%	42%	505
b. Your ability to pay for healthy food.					
RHS	3%	14%	46%	38%	702
CS	7%	20%	40%	33%	504

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	1%	5%	8%	86%	700
CS	4%	4%	14%	78%	497

Concerns about Economic Issues. Survey respondents were asked to rate their concerns about economic issues in the community. As shown in *Exhibit 2.35,* 30% or more of RHS and CS respondents reported they are moderately or very concerned about excessive personal debt, 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	19%	27%	26%	13%	15%	696
CS	13%	26%	34%	20%	6%	503
b. Gambling (in-person or online)						
RHS	34%	27%	15%	5%	20%	698
CS	39%	30%	12%	4%	15%	503
c. Risk of foreclosure or bankruptcy						
RHS	25%	30%	21%	10%	14%	698
CS	19%	37%	27%	8%	9%	502
d. Risk of job loss						
RHS	17%	24%	31%	20%	8%	698
CS	9%	27%	35%	27%	3%	503

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	14%	30%	29%	23%	5%	698
CS	8%	20%	35%	36%	1%	502
f. Hunger						
RHS	18%	28%	29%	20%	5%	697
CS	11%	22%	35%	31%	1%	503
g. Homelessness						
RHS	26%	28%	21%	19%	6%	696
CS	11%	25%	29%	34%	1%	502

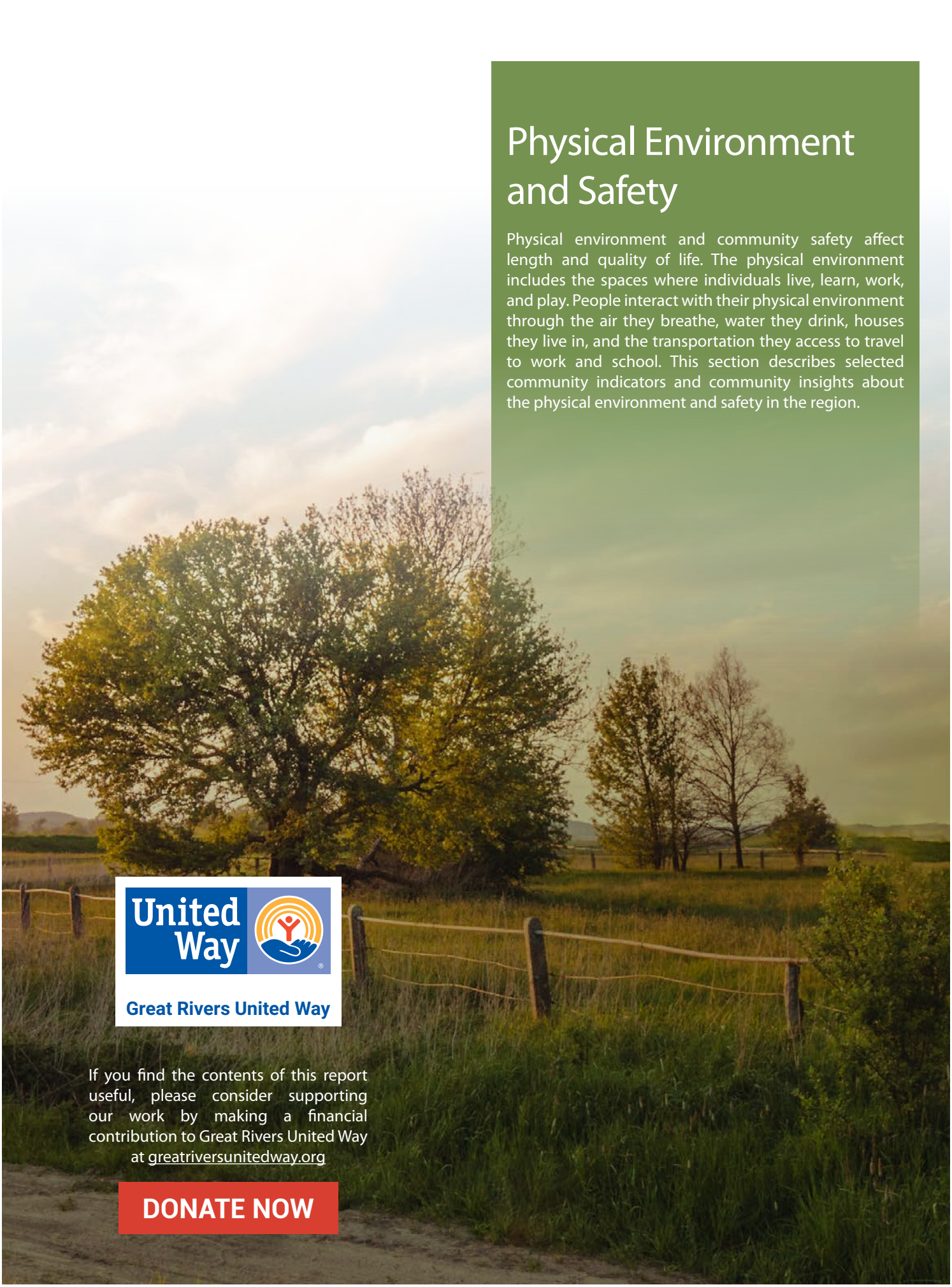
Ratings of Community Supports for Economic Stability. Survey respondents were asked to rate various community supports for economic stability. As shown in *Exhibit 2.36,* 33-40% or more of survey respondents gave poor or fair ratings for availability of living wage jobs, safe and affordable housing, services for people who need extra help, accessibility and convenience of public transportation, efforts to reduce poverty, and efforts to reduce hunger.

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	22%	41%	30%	4%	3%	699
CS	29%	44%	23%	2%	2%	500
b. The availability of safe, affordable housing						
RHS	15%	38%	39%	4%	4%	699
CS	35%	42%	19%	1%	3%	500
c. The availability of services for people who may need extra help (government, nonprofit services)						
RHS	9%	33%	42%	6%	10%	694
CS	18%	40%	32%	3%	7%	500
d. The accessibility of public transportation						
RHS	39%	25%	23%	6%	8%	697
CS	34%	26%	29%	6%	5%	500
e. The convenience of public transportation						
RHS	41%	24%	20%	5%	10%	698
CS	38%	28%	23%	4%	6%	500
f. Efforts to reduce poverty in your community						
RHS	19%	36%	23%	4%	17%	697
CS	31%	39%	19%	2%	10%	500
g. Efforts to reduce hunger in your community						
RHS	6%	27%	48%	11%	7%	700
CS	9%	34%	45%	9%	4%	498

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.



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Community Indicators

County Health Rankings. *Exhibit 2.37* shows the County Health Rankings for the physical environment. As shown, Buffalo and La Crosse rank in the 1st and 2nd quartile. Houston, Monroe, Trempealeau, and Vernon rank in the 3rd or 4th quartile. Focusing on selected trends, all six counties are getting better 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	--	--
Ranking Key:	1st (best) quartile	2nd quartile	3rd quartile	4th quartile				
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	--	--
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 rated overall community safety as good or excellent. 10% of RHS respondents and 20% of CS respondents rated overall community safety as poor or fair.

Exhibit 2.38 Rating of Overall Community Safety

Rating of Overall Community Safety					
Survey	**Poor**	**Fair**	**Good**	**Excellent**	**Total**
RHS	0%	10%	66%	23%	699
CS	1%	19%	65%	15%	507

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,* 49% or more of survey respondents said they were moderately or very concerned about school safety, cyber security, criminal activity, and disease outbreak.

Exhibit 2.39 Concerns about Community Safety

Topic/Survey	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion	Total
a. School safety						
RHS	22%	26%	28%	21%	2%	707
CS	18%	30%	28%	21%	4%	509
b. Cyber security (e.g., identity theft)						
RHS	14%	24%	31%	26%	4%	704
CS	12%	34%	32%	19%	3%	509
c. Criminal activity						
RHS	16%	31%	30%	22%	1%	704
CS	11%	34%	31%	23%	1%	509
d. Community response to flood						
RHS	41%	25%	18%	9%	6%	707
CS	36%	34%	15%	5%	10%	508
e. Disease outbreak						
RHS	20%	24%	29%	25%	2%	709
CS	11%	16%	21%	51%	1%	509
f. Hazardous materials incident						
RHS	41%	29%	16%	8%	5%	706
CS	43%	32%	13%	4%	7%	509
g. Terrorist activity						
RHS	54%	24%	10%	7%	5%	708
CS	54%	30%	8%	3%	5%	509
h. Tap water safety						
RHS	38%	22%	18%	14%	7%	705
CS	39%	25%	18%	14%	4%	506
i. Well water safety						
RHS	37%	20%	18%	16%	10%	708
CS	36%	21%	14%	15%	13%	508

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 reported no concern or little concern about responsiveness. Between 25% and 37% reported being moderately or very concerned about responsiveness.

Exhibit 2.40 Responsiveness of Public Safety Agencies

Topic/Survey	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion	Total
a. Responsiveness of Emergency Medical Services (EMS)						
RHS	43%	21%	18%	15%	3%	700
CS	49%	20%	16%	9%	5%	510
b. Responsiveness of law enforcement						
RHS	37%	24%	20%	17%	2%	706
CS	38%	26%	21%	12%	3%	509
c. Responsiveness of fire department						
RHS	48%	20%	16%	13%	2%	707
CS	51%	24%	13%	8%	4%	508

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 40% of respondents 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

Topic/Survey	Not Prepared	A Little Prepared	Moderately Prepared	Very Prepared	Total
a. Household fire					
RHS	9%	31%	43%	16%	699
CS	18%	44%	29%	9%	504
b. Flood					
RHS	30%	25%	27%	18%	693
CS	44%	29%	20%	7%	501
c. Power outage longer than 24 hours					
RHS	20%	28%	34%	18%	696
CS	22%	39%	29%	10%	502
d. Natural disaster (such as ice storm, tornado, snowstorm)					
RHS	12%	31%	43%	13%	701
CS	16%	38%	36%	10%	503
e. Pandemic/epidemic					
RHS	15%	30%	43%	12%	698
CS	15%	33%	41%	11%	504
f. Loss of job					
RHS	25%	27%	24%	24%	661
CS	38%	32%	19%	11%	502

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 20% to 30% 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

Topic/Survey	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion	Total
a. Loose animals						
RHS	49%	28%	12%	8%	3%	706
CS	55%	33%	6%	3%	3%	510
b. Sidewalks in poor condition						
RHS	38%	29%	16%	8%	9%	705
CS	37%	33%	16%	8%	5%	510
c. Lack of sidewalks						
RHS	45%	24%	13%	8%	10%	705
CS	40%	25%	20%	10%	5%	509
d. Inadequate crosswalks						
RHS	50%	21%	11%	8%	9%	705
CS	39%	26%	21%	10%	5%	508
e. Motor vehicle traffic						
RHS	37%	29%	20%	11%	3%	707
CS	37%	32%	20%	9%	2%	507
f. Not enough traffic lights/stop signs						
RHS	58%	18%	12%	7%	6%	702
CS	56%	25%	12%	5%	3%	507
g. Street lighting						
RHS	51%	21%	15%	6%	6%	703
CS	38%	31%	18%	10%	3%	508

I am happy to live in this rural, small-town community with access to excellent healthcare & other amenities in nearby larger community of La Crosse

- RHS Respondent

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 for each county.

Meeting with Community Stakeholders (Regional Overview)

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 invited participants included representatives from local businesses, education, faith, government, health and human services, and nonprofit agencies. A total of 191 individuals participated in the various county meetings. The meetings were facilitated virtually so that participants could attend while maintaining social distancing for the pandemic. Prior to the meetings, each participant was provided with a draft copy of the Introduction and Sections 1 and 2 of this report.

- During the meetings, 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 meetings 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 each county can continue to identify needs and develop solutions based on additional insights from community members.

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Priority Needs Identified by Community Stakeholders (Regional Overview)

Exhibit 3.1 provides a regional summary of the top five priority needs identified by Community Stakeholders from the six counties. 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 Top Five Priority Needs Identified by Community Stakeholders

	BU	HO	LC	MO	TR	VE
Areas of Need Identified in the Community Stakeholder Meeting	Priority Ranking Based on Post-Meeting Survey Results					
Mental Health	2	1	1	2	1	1
Substance Use	1	5	5	4	2	*
Healthy Lifestyle Behaviors	*	*	*	*	3	*
Safe, Affordable Housing	*	2	3	3	4	4
Equity	*	*	4	*	5	*
Poverty/Financial Stability	4	3	2	1	*	2
Childcare	*	*	*	*	*	3
Transportation	*	*	*	*	*	5
Healthcare Access	5	4	*	5	*	*
Emergency Room Response - Volunteer Fire and EMS	3	*	*	*	*	*

* This item was not ranked in the top five needs for this county. However, it may be included in a lower ranking. Please refer to the county level summary and report for additional details. Source: The 191 participants in the community stakeholder meeting were invited to prioritize the areas of need identified during the meeting via a post-meeting survey. Eighty-one participants responded. Items are ranked 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.

County-level tables are provided in Appendix C. Details can be found in the individual county reports at compassnow.org.

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. Sixty-five participants responded with 140 ideas as listed in the county-level tables provided in Appendix C. 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.

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

Appendix C - County-Level Priority Needs and Ideas for Solutions

Community stakeholder meeting participants were invited to complete a post-meeting survey to prioritize areas of need identified at the meeting, and solutions to meet the needs. This appendix provides county-level tables for the following:

1. Priority Needs Identified by Community Stakeholders
2. Ideas for Solutions Submitted by Community Stakeholders

Buffalo County

Exhibit C.1 Priority Needs Identified by Buffalo County Community Stakeholders

1. Substance Use
2. Mental Health – treatment and resources
3. Emergency Response - Volunteer Fire and EMS
4. Poverty and Hunger
5. Healthcare Access
6. Alcohol impaired driving
7. Transportation
8. Safe, Affordable Housing

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

Exhibit C.2 Ideas for Solutions Submitted by Buffalo County Community Stakeholders

What are your ideas for solutions to the top community needs identified at the stakeholder meeting?

- I think awareness of these issues are important. We need to make the community aware of the needs as it takes a village!
- It was suggested to re-open the clinic in Alma.
- More education and services around illegal drug use and STDs.
- Need to energize the economy of the county. Fully employed people tend to have the means to address some of the issues on the list.
- We also need to find a way to increase socialization outside of the taverns.

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

Houston County

Exhibit C.3 Priority Needs Identified by Houston County Community Stakeholders

1. Mental Health - Access, Stigma, Providers, School Supports
2. Safe, Affordable Housing
3. Access to Well-Paying Jobs
4. Cost of Healthcare - Physical, Mental, and Dental
5. Substance Use
6. Childcare Availability and Affordability
7. Economic Growth, Development, and Worker Shortage

Source: The 34 participants in the community stakeholder meeting were invited to prioritize the areas of need identified during the meeting via a post-meeting survey. Fifteen participants responded. Items are ranked 1-7 based on the mean priority score for each area of need.

Exhibit C.4 Ideas for Solutions Submitted by Houston County Community Stakeholders

What are your ideas for solutions to the top community needs identified at the stakeholder meeting?

- Mental health would be improved if our state and local leaders considered the full ramifications of their policy decisions and made decisions based on science and comprehensive health rather than politics.
- Mental health would be improved if we encouraged people to stop treating words as if they're acts of violence.
- Stop focusing on race, gender, sexual orientation, religion, etc. Constantly labeling people is destructive and counterproductive, and I say this as a person who falls into one of those minority groups.
- I think we need to talk about mental health more in our community.
- More prevention in schools and support for people using in our community.
- Events and locations that promote physical activity and belonging.
- Mental health promotional information.
- Education is a key component for any solution. It is a community effort for all fronts.
- Invite the state to a meeting - how to increase support for local mental health providers; create process to promote already existing resources for mental health
- The mental health and substance abuse really go hand in hand. If we establish a county-based mental health hotline or teletherapy service, we might be able to make a dent in both. If a person is cited for substance abuse, the mental health treatment would be part of the ticket, so to speak.
- Identify affordable programs that provide mental health services, and share with the community through schools, churches, and other organizations.
- More programs to help certify and ENCOURAGE childcare providers. Ways to supplement childcare (in addition to what's already there) and the providers to make the job a well-paying job that may draw more quality candidates
- Consider a housing & development component to address rental/housing inspections.
- Mental health is such an issue, but a tough one to address; likely needs a comprehensive plan that encompasses school and community.
- Pursuing grant options from SAMHSA (or State) and partner with other neighboring communities/counties to create a community pilot project of traveling case workers, social workers, behavior technicians for short term support. This navigation program will help link families to County resources, health care/mental health care, substance treatment etc. they would go into schools to help provide support, resources/bridge the gaps. Follow a wraparound model including team meetings. Work with parents on resources for job skills and other like supports. Work with the City to develop more affordable housing (LaCrescent has many community goals including affordable housing - $350,000 is not affordable!) Developing a healthy community will draw in more families and individuals who might be willing to open licensed childcare options.
- Big Brother/Big Sister or mentor program for youth

Note: The 34 participants in the community stakeholder meeting were invited to respond to this item in their own words. There were twelve responses with sixteen ideas as listed above.

La Crosse County

Exhibit C.5 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.

Exhibit C.6 Ideas for Solutions Submitted by La Crosse County Community Stakeholders

What are your ideas for solutions to the top community needs identified at the stakeholder meeting?

- 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

Exhibit C.6 Ideas for Solutions Submitted by La Crosse County Community Stakeholders (cont.)

What are your ideas for solutions to the top community needs identified at the stakeholder meeting?

Recovery Center has a coffee house in their new center which offers a place to gather, talk to others, internet and other resources.

- What about prevention efforts? Patient navigators to help those in need of care to navigate the system which is intimidating. For example, my 32 year old daughter earns $17/hour. She fell and hurt her back. It was suggested that she get an MRI. She has delayed care because she doesn't know the cost, if her insurance covers, how much of a deductible. If she has to take off work, can she afford to do so? But more importantly, she didn't know who to turn to for answers which is delaying treatment and further deteriorating mental health.
- Have we looked at density and of alcohol, tobacco retailers in proximity to each other, to youth, in certain neighborhoods? GIS mapping available for community use to determine if there is an association between poverty and race and behavioral health, safe housing, supports for vulnerable populations, so that we know where to focus supports and evaluate whether those supports are targeted to make the greatest impact.
- A place for tiny homes to get people back on their feet for a year or two, so that they can learn the skills needed to get jobs and access the resources they need (mental health, finances, healthcare, etc.)
- Mental health issues and addiction are so intertwined they should be a combined goal. With all the formal supports for mental health. Mayo/Gundersen/Lax County, the Mental Health Coalition has identified the greatest gap in mental health support are the "informal supports" for families attacking the issues of navigating the system, loneliness and lack of connectedness, education, and non-stigmatized emotional support. In addition, mental health issues seem to be connected to a variety of other big issues as well, the criminal justice system and homelessness to identify a couple.
- Living wage job in our region as a standard, shifting towards increased benefits for employees in our region to include paid parental leave and community support such as expanded access to affordable childcare.
- Keep allowing partner agencies to do their best work by ensuring their financial stability!
- Develop partnerships with local health care providers to increase the availability for mental health and substance use treatment.
- Work with community to develop affordable housing options.
- Having written policies passed at the state and local level. System-change initiatives that actually change the system and not put a band aid on the situation at hand.

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.

Monroe County

Exhibit C.7 Priority Needs Identified by Monroe County Community Stakeholders

1. Poverty and Livable Wages
2. Mental Health - Access to Treatment, Stigma, Suicide
3. Safe, Affordable Housing
4. Culture of Drug & Alcohol Use and Related Crime
5. Obstacles to receiving healthcare - appointment time, childcare, transportation
6. Physical Inactivity & Obesity
7. Insurance Access & Education on Resources to Help Pay for Care

Source: The 40 participants in the community stakeholder meeting were invited to prioritize the areas of need identified during the meeting via a post-meeting survey. Nineteen participants responded. Items are ranked 1-7 based on the mean priority score for each area of need.

Exhibit C.8 Ideas for Solutions Submitted by Monroe County Community Stakeholders

What are your ideas for solutions to the top community needs identified at the stakeholder meeting?

- Increasing the number of mental health providers in our area.
- Increase affordable access to transportation to get to mental health providers and jobs.
- County based help with finding jobs for our youth with poor job history, no job history etc.
- Increase safe, low-income housing.
- Using RTIC to help address drug abuse and alcohol use
- Developing youth-driven initiatives to reduce alcohol and drug use (focus on prevention vs. treatment)
- Partner with developers to bring more safe/affordable housing to the county - especially Sparta and Tomah
- Educate employers on the importance of paying livable wages with benefits
- Provide funding to pay for school/training of low wage earners
- Provide transportation/gas vouchers to households to get to/from medical appts and expand hours of availability for appts
- To increase awareness of programs and services that are available to help people who are struggling.
- Increase the public's awareness of these issues and have community meetings to work on strategies to address them.
- Increase funding for food shelf and public housing
- Increase awareness of resources that exist
- Community leaders, legislators, public, and any others related to the "need" participate in a town hall type meeting to brainstorm.
- Though I ranked it as 7, having better bike paths through Sparta and Tomah would not only help with physical activity but might also offer a transportation option for both youth and adults (more of them, bike lanes on the main streets, helping navigate to farther locations, signage).
- Also need to raise minimum wage in Monroe and surrounding counties (since so many work outside of the county) to address the issues around poverty.
- Cap the rental costs in Monroe county.
- Better transportation between clinics in the County and in La Crosse for care provided by the health systems for those not on Medicaid (Medicaid participants do have access to MTM).
- Collaborating with regional counties to support a local detox or inpatient treatment facility.
- Education--a lot of resources available in the community but a lack of understanding "navigating the system." Having mentors in the community that can help people navigate some of the requirements of a lot of the resources in the community.
- Area hotels to house people in need of safe housing.
- Social work support to help with finding work, medical care, and basic needs such as food and clothing
- Community care coordination for families at high risk, create a framework or use an existing model for community partner collaboration (how to work better together)
- Education on mental health, reduction, of stigma, attract providers to the area Give community incentives to builders who build mixed income housing. Educate the citizens on support groups and treatment options for substance use.
- Expanded benefits/eligibility for ALICE population to promote job retention/self-sufficiency.
- Increased minimum wage to ensure employed persons are able to meet their basic needs.
- Increased access to mental health treatment/care.
- Increased public awareness of access options.
- Normalize treatment/experience of MH issues to work towards eliminating past stigmas surrounding these issues.
- Increased local housing options (increased Section 8 vouchers, income-based housing).
- Expanded program/policy to allow a broadened category of recipients for those with in need of emergency assistance.
- Need to have a triage approach to social services. If that is not feasible, we need to have consistent training on available resources.
- We need to make a focus on early intervention. During the breakout sessions, my team identified many issues that could be more easily resolved if more early intervention were taking place.

Note: The 40 participants in the community stakeholder meeting were invited to respond to this item in their own words. There were 15 responses with 34 ideas as listed above.

Trempealeau County

Exhibit C.9 Priority Needs Identified by Trempealeau County Community Stakeholders

1. Mental Health - Isolation, Stigma, Providers, Access to Care
2. Addiction and Lack of Treatment Options
3. Preventable Behaviors - inactivity, obesity
4. Safe, Affordable Housing
5. Representing Minorities
6. Access to Childcare
7. Financial Stability - Poverty/ALICE/Weathering Job Loss
8. EMS and Police Patrol Coverage of the Whole County
9. Food Desert/Food Insecurity/Food Access

Source: The 28 participants in the community stakeholder meeting were invited to prioritize the areas of need identified during the meeting via a post-meeting survey. Eleven participants responded. Items are ranked 1-9 based on the mean priority score for each area of need.

Exhibit C.10 Ideas for Solutions Submitted by Trempealeau County Community Stakeholders

What are your ideas for solutions to the top community needs identified at the stakeholder meeting?

- Education about preventable behaviors.
- Identification of people with housing and food needs.
- Affordable housing and food programs.
- There has to be some incentives or funding to provide mental health services.
- As far as preventable behaviors, we have a beautiful county that should lend itself to more outdoor activities.
- Family oriented outdoor activities could establish life-long habits.
- Mental Health:
- Free group sessions at various community centers in Trempealeau County
- More support groups
- Free opportunities to connect with others outside of bars/etc.
- Representing minorities:
- Extend further information to the Spanish-speaking community about opportunities to get involved in community projects
- Incentivize Spanish-language training for local police and first responder
- Representing minorities: Spanish-language education on how local governments work in this area
- Childcare:
- Host free trainings for people interested in starting an in-home childcare business
- Provide grants/scholarships to help people set up new childcare businesses in Trempealeau County
- Food Desert/Insecurity:
- Funding for advertising local food pantries/programs, plant edible plants/fruit/veggies as much as possible in public parks/spaces
- Set up donation procedures for local stores/restaurants to minimize food waste
- Preventable Behaviors:
- Provide funding for local organizations to develop community-wide fitness programs
- Encourage town festivals/local events to include healthier food options available
- Make sure populated areas have walkable sidewalks
- Create more outdoor areas that encourage movement (like a fitness walk or simple obstacle course)
- Education about preventable behaviors.
- Identification of people with housing and food needs.
- Affordable housing and food programs.
- Coordination of current medical facilities to address mental health.
- Public awareness campaign to reduce the stigma of having an mental illness.
- Start talking about mental health, normalize it so people don't have stigma against them
- Supporting any efforts to develop in-county chemical dependency treatment programs and providing greater access to out-of-county chemical dependency treatment programs, particularly residential, in-patient treatment. It is recognized that such programs are expensive, but the frequent use of EMS, law enforcement, and medical resources to manage problems created by chemical dependency, not to mention the family, social and economic costs of chemical dependency need to be considered as the cost of NOT having such programs.
- More funding for local programs
- Need more community involvement in recruiting and highlighting EMS importance in the community; get people talking!

Exhibit C.10 Ideas for Solutions Submitted by Trempealeau County Community Stakeholders (cont.)

What are your ideas for solutions to the top community needs identified at the stakeholder meeting?

- We need more help and initiatives to break the stigma of mental illness. I am not sure how, if county has resources/grants?
- Education around fitness and activity will help prevent obesity, improve mental health, and may reduce addiction. Increasing the number of fitness activities for a community such as walks, runs and races will help get people moving.

Note: The 28 participants in the community stakeholder meeting were invited to respond to this item in their own words. There were nine responses with 32 ideas as listed above.

Vernon County

Exhibit C.11 Priority Needs Identified by Vernon County Community Stakeholders

1. Mental Health
2. Poverty / Livable Wages / Socioeconomic Disparities
3. Childcare
4. Safe & Affordable Housing
5. Mobility & Transportation Access
6. Overall Ability to Pay for Care
7. Health Information Education
8. Overall Access to Care
9. Emergency Response
10. Vaccine Hesitancy
11. Safe Drinking Water
12. Civil Unrest

Source: The 25 participants in the community stakeholder meeting were invited to prioritize the areas of need identified during the meeting via a post-meeting survey. Nine participants responded. Items are ranked 1-12 based on the mean priority score for each area of need.

Exhibit C.12 Ideas for Solutions Submitted by Vernon County Community Stakeholders

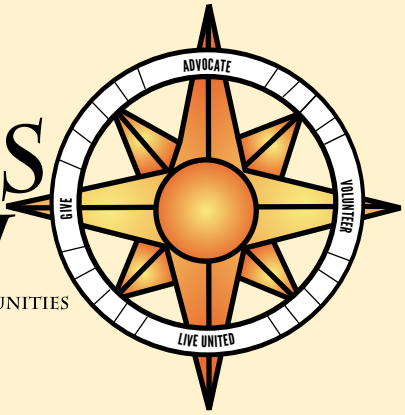
What are your ideas for solutions to the top community needs identified at the stakeholder meeting?

- Increased access/providers for Behavioral Health.
- Education on reducing the stigma of receiving Behavioral Health services.
- Find ways to bring mental health providers to our community who are willing to accept patients with Badger Care or Medicaid.
- Are villages/towns able to offer some start up assistance for daycare centers or offer grants or support for those running in home daycares to enhance their opportunities?
- Also encourage and support the development of mixed income housing development.
- Advocate for livable wages.
- I feel that at the heart of everything we struggle with is the family unit. There are families that are flourishing and there are families who are struggling. The families who are struggling have a lower socio-economic status, lower paying jobs, struggling with understanding how to manage life, debt, healthcare, childcare, money, etc.
- County, cities, villages to make it easier for business to come to Vernon County. Available jobs will help deal with some of the other issues.
- Attract and retain new business to bring more jobs to the rural regions of the county.
- Strong Local Economic Development Programs and Initiatives.
- Partnerships with local stakeholders.

Note: The 25 participants in the community stakeholder meeting were invited to respond to this item in their own words. There were seven responses with eleven ideas as listed above.

2021 COMPASS NOW

NAVIGATING TOWARD STRONGER COMMUNITIES



United Way

Great Rivers United Way

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