

2022-2024

COMMUNITY HEALTH IMPROVEMENT PLAN



LA CROSSE COUNTY
Health Department
Nationally Accredited

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Thank you to the many partners, community members, and staff for your dedication and support during the development of the La Crosse County Community Health Improvement Plan (CHIP).

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LA CROSSE COUNTY COMMUNITY PROFILE

La Crosse County is located in the Driftless Region of Wisconsin which boasts of beautiful bluffs, deep coulees, and three rivers—Mississippi, Black, and La Crosse—that meet near the downtown area of the City of La Crosse. La Crosse County is home to over 120,000 community members that live in the southwest area of Wisconsin.¹ The majority of jobs in the area are education and health services. The local economy is also supported through trade, transportation, utilities, government, and manufacturing.² La Crosse County is made up of 18 different city, village, and town governments.

120,784

La Crosse County
Population

The La Crosse County Health Department respectfully acknowledges that La Crosse County resides on the ancestral territories of the Ho-Chunk Nation.



La Crosse County Health Department (LCHD) is comprised of 5 sections: Administration, Family Health, Environmental Health & Lab, Chronic Disease & Injury Prevention, and Access to Care & Communicable Disease. The LCHD collaborates with many local institutions, including several health care, post-secondary education, local public and private schools, and business sector partners.

Race or Ethnicity

0.5% American Indian or Alaska Native
4.7% Asian
1.6% Black or African American
2.1% Hispanic or Latino
1.9% Two or More Races
89.5% White, non-Hispanic

*All racial and ethnic categories are self-identified.

\$57,882

Median Household
Income



11.8%

People Living in
Poverty

COMMUNITY PARTICIPATION

At the beginning of 2022, the La Crosse County Health Department invited community members and partner organizations to join the Community Health Improvement Plan (CHIP) Steering Committee. To seek community input, a Community Conversation event was hosted for any community member to attend and learn more about the Community Health Assessment and Improvement Plan. The Community Health Assessment (CHA) report was reviewed along with the three health priority areas that are the focus of the 2022-2024 CHIP. During the event, residents were asked to discuss the root cause for each health priority area based on their own lived experience or knowledge. All interested community members were invited to participate in the entire CHIP process.

Over 150 partner organizations and community members were invited to participate in the CHIP launch event. This event sought to include health agencies, community organizations, and members of underserved groups that experience health inequities. Overall, there were around 35 organizations and community members that joined the CHIP Steering Committee. A full list of committee members is included on page 2.

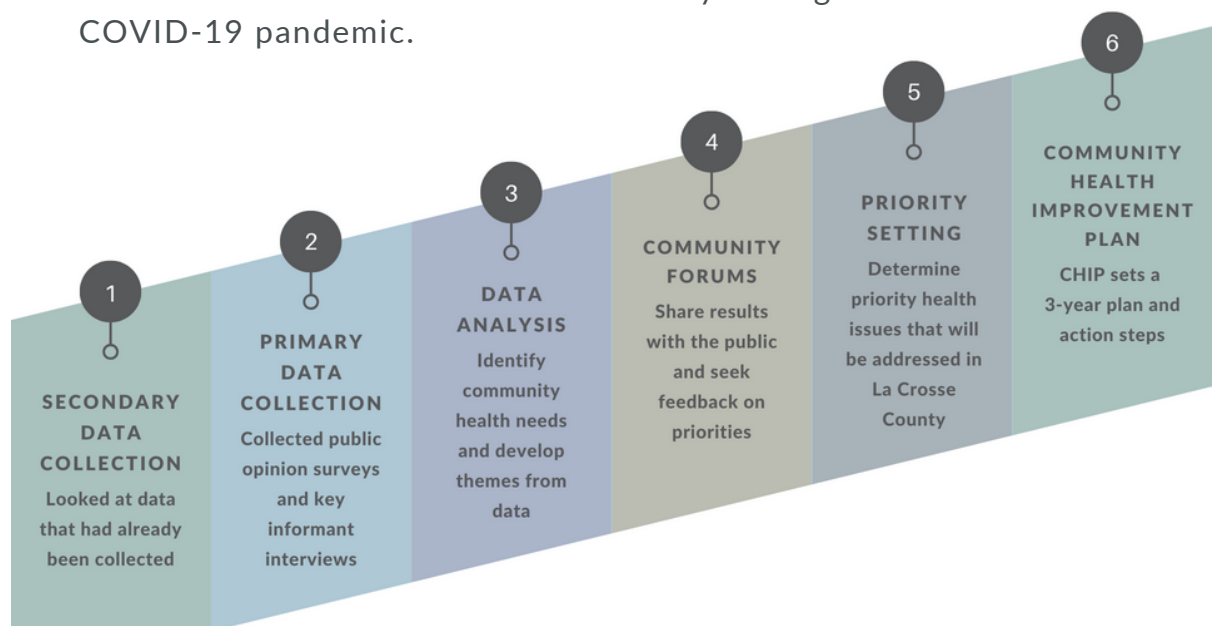
CHIP Steering Committee members were included at all stages of the CHIP process and will continue to be engaged during implementation of the plan.



STRATEGIC PLANNING PROCESS

The Community Health Assessment and Improvement Plan utilized a community-driven strategic planning process called MAPP (Mobilizing for Action through Planning and Partnerships).³ This planning model was developed by the National Association of County and City Health Officials (NACCHO) as a way to encourage communities to apply strategic thinking when prioritizing public health issues. The CHA process worked through steps 1-5 as seen in the image below.

The MAPP planning process was adapted to work within a shortened timeframe and with flexibility throughout the COVID-19 pandemic.



*Please note: LCHD has shifted to a 3-year vs. a 5-year CHIP plan during this planning process.

The final step in the planning process is solely focused on finding strategies to address the health priority areas identified in the CHA and summarized on the following pages:

- Behavioral Health (mental health and substance use)
- Healthy Environment for Safe Housing, Food, and Physical Activity
- Access to Care

HEALTH PRIORITY AREA: BEHAVIORAL HEALTH

WHAT ARE THE CHALLENGES?

The average number of mentally unhealthy days reported in the past 30 days for La Crosse County residents is trending up and continuing to climb over the last 6 years.

In La Crosse County, youth of color, LGBT+ youth, and youth living in low-income families are more likely to experience mental health challenges, such as anxiety, depression, and self-harm behaviors.

3.3

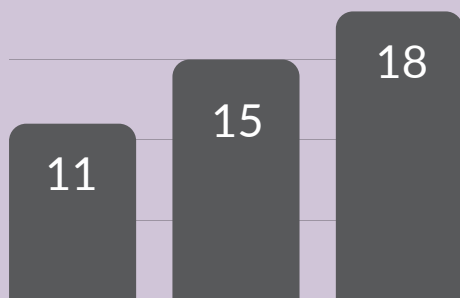
2016

VS.

4.3

2022

of mentally unhealthy days in the last 30 days⁴



U.S. Wisconsin La Crosse County

*All rates are per 100,000

La Crosse County has a higher suicide death rate than Wisconsin and the U.S. overall.⁴

Tobacco, alcohol, and drug use are a large concern for La Crosse County residents.

26% of adults in La Crosse County **drink excessively** through binge drinking or heavy drinking⁵



28% of cancer deaths are **connected to tobacco use**⁶



64.9 per 100,000 ER visits for **opioid overdose**⁷



HEALTH PRIORITY AREA: HEALTHY ENVIRONMENT

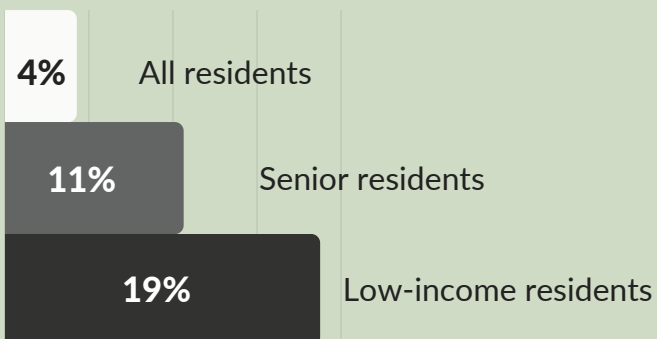
WHAT ARE THE CHALLENGES?

La Crosse County residents experience severe housing cost burdens. "When the majority of a paycheck goes toward the rent or mortgage, it makes it hard to afford doctor visits, healthy foods, utility bills, and reliable transportation to work or school. This can, in turn, lead to increased stress levels and emotional strain."⁴ The constant strain on finances, due to housing, can lead to food insecurity and other hardships that can last for years.



of La Crosse County residents are impacted by severe housing cost burden.⁴

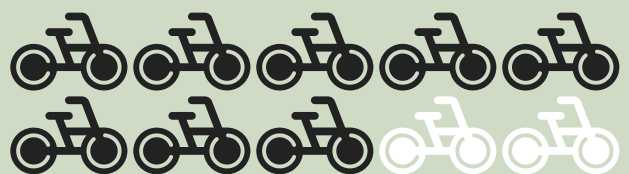
Residents with Low Access to Healthy Foods



Some La Crosse County residents have low access to healthy foods. Low-income and senior residents are more likely to have less access to healthy foods.⁸

Almost one-quarter of La Crosse County residents report low or no physical activity.

Connectivity of accessible pedestrian and bicycle routes can increase physical activity and improve access from where people live to food, jobs, healthcare, and other resources.



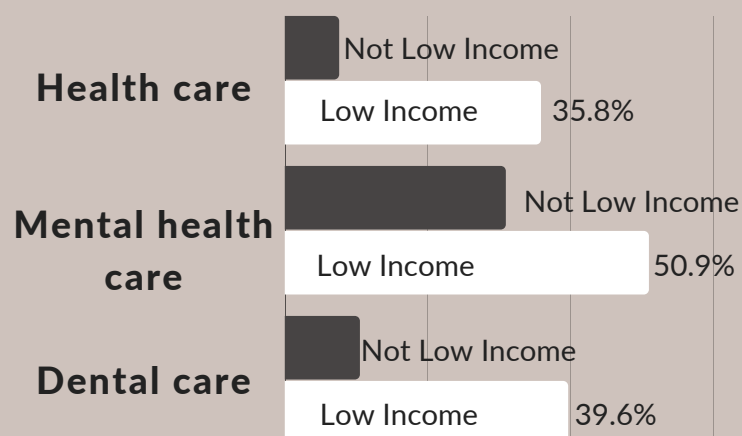
22% of La Crosse County adults (18+) report no leisure time physical activity.⁴

HEALTH PRIORITY AREA: ACCESS TO CARE

WHAT ARE THE CHALLENGES?

La Crosse County residents with low-income report less access to general health, mental health, and dental health care services.⁹

Residents that report poor access to care



34%

of residents report **COST** for dental care as a barrier for seeking care

Low-income residents report **COST** as a barrier **MORE** than most residents

64%

La Crosse County residents voiced access to care issues linked to cost, a lack of representation in the healthcare service agencies, and timeliness of services.⁹

Mental health, treatment for substance use, and dental health services have a treatment gap in La Crosse County.¹⁰

Treatment Gaps



5 of every 10 adults living with a mental illness are not accessing services



3 of every 10 youth living with a mental illness are not accessing services



7 of every 10 adults with substance use disorders are unable to access treatment services

CHIP PROCESS

STAGE 1: ROOT CAUSE ANALYSIS

The root cause analysis was conducted at the beginning of March 2022 with all CHIP Steering Committee members. During the meeting, Steering Committee members discussed each health priority area and the root causes that drive the health issue. To facilitate the discussion, the group was presented with a problem statement and then asked to answer the question “Why?”

The responses from this question were analyzed and sorted into themes. These themes were presented to the group followed by the question “Why here in La Crosse County?” This process allowed the group to identify root causes that underlie the overall health priority areas.

HOW DOES THIS WORK?

The Problem Statement:

La Crosse County residents have low access to healthy foods.

Why?

Some neighborhoods do not have local grocery stores. Convenience stores and gas stations are located in these neighborhoods. Convenience stores carry less healthy foods.

Why here?

La Crosse County has 2 food deserts—areas that lack access to foods within 1-mile of a neighborhood. Cost of transportation (time and \$) and cost of healthy foods in convenience stores are barriers for those living in a food desert.



THEMES FROM THE ROOT CAUSE ANALYSIS

What are the underlying conditions that link to each health priority?

Behavioral Health

- ACES and Trauma are a main driver of mental health and substance use issues
- Community culture creates the social norms linked to substance use and mental health
- Access to care and system navigation are an ongoing barrier for behavioral health
- Social conditions impact overall behavioral health and current health needs

Healthy Environment

- Cost of healthy food, physical activity, and rent/mortgages are barriers
- Availability of resources is lacking for culturally appropriate foods and affordable/quality homes
- Lack of access to healthy foods that continues to create food insecurity issues
- Lack of connectivity and built infrastructure that supports active transportation and physical activity
- Discrimination, systemic barriers, and other challenges make accessing rental properties and owning a home harder to do
- Social norms that promote drinking and substance use competes with health and wellness
- Safety concerns exist that decreases physical activity in the built environment

Access to Care

- Availability of care services (time of day, lack of providers that serve Medicaid/Medicare clients)
- Cost of services
- Institutions and structures are difficult to navigate, understand, and lack connection to other systems
- Lack of representation for underserved peoples within care systems
- Care services do not match the cultural needs of marginalized populations
- Stigma around seeking mental health and substance use support services
- Transportation limitations create a barrier for underserved peoples
- Historical trauma and lack of trust create access issues

STAGE 2: VISION AND GOAL DEVELOPMENT

Using the themes found during the Root Cause Analysis, the CHIP Steering Committee came together in three work group meetings to discuss the three strategic issues related to each health priority area. During the April work group meetings, Steering Committee members provided input on the strategic issues and walked through a brainstorming session using the following questions:

1. What has been done in the past to address the issue? What current work is focused on the issue, if any?
2. What resources are currently available to address the issue, if any?
3. Who in the community would support work on this issue? What is their level of support?
4. What potential barriers are there to addressing this issue? Consider barriers in the following categories: Community, Policy/Legal, Technical, Financial, Other ³

This brainstorming session provided a list of gaps and barriers that exist in La Crosse County. With the Steering Committee's input, three specific gaps were established for each health priority area to address in the CHIP. The strategic issues and gaps are found on the following pages:

BEHAVIORAL HEALTH

STRATEGIC ISSUES

- Build understanding and skill development for addressing acute and chronic mental health and substance use needs.
- Work toward a cultural shift in substance use prevention and harm-reduction.
- Strengthen positive childhood experiences to build community resilience.

GAPS THAT NEED TO BE ADDRESSED:

- Early Intervention/Prevention Strategies related to Birth-3, youth, and adults that will impact positive childhood experiences
- Build up treatment interventions for substance use and mental health needs
- Change culture/norms to provide a supportive community and sustain positive health changes

HEALTHY ENVIRONMENT

STRATEGIC ISSUES

- Advocate for safe and supportive housing that is accessible to all.
- Increase access and availability for culturally appropriate, cost-effective, and quality foods.
- Encourage active lifestyles for all individuals, regardless of ability.

GAPS THAT NEED TO BE ADDRESSED:

- Collaborative advocacy for housing (ie. Renter's associations, policy changes, etc.)
- Access to year-round healthy, affordable, and culturally-appropriate foods for all neighborhoods
- Connectivity between the built environment and modes of transportation

ACCESS TO CARE

STRATEGIC ISSUES

- Improve availability of health resources.
- Build trust and cultural safety for underserved peoples.
- Assist community with resource and system navigation.

GAPS THAT NEED TO BE ADDRESSED:

- Build relationships and support representation for underserved peoples to achieve quality care
- Improve health literacy and system navigation
- Provide care to underserved people where they live, learn, work, and play

STAGE 3: STRATEGY DEVELOPMENT

The last step of the CHIP process was to determine actionable strategies that could address the gaps in each health priority. The Steering Committee discussed strategies, programs, and policy and systems changes that are evidence-based approaches. All strategies were talked through to understand potential benefits as well as local support for each idea.

The Social-Ecological Model (see image below) was used to encourage focus across all levels of community impact. Some strategies impact the community at the individual level and can improve knowledge, attitudes, and skills. The outermost circle of the model has the most potential for community-wide impact. A change at the policy, environmental, or systems level can impact an entire community or organization through changes that make healthy choices easier to make.

SOCIAL-ECOLOGICAL MODEL



ALIGNMENT

All strategies were compiled and reviewed by the CHIP team and La Crosse County Health Department leadership using the PEARL test. This review used a set of questions to assist with prioritization of strategies and alignment with public health practice.

PEARL Test

- Propriety: Is the strategy consistent with the essential services and public health principles?
- Economics: Is the strategy financially feasible? Does it make economic sense to apply this strategy?
- Acceptability: Will the stakeholders and the community accept the strategy?
- Resources: Is funding likely to be available to apply this strategy? Are organizations able to offer personnel, time, and expertise or space needed to implement this strategy?
- Legality: Do current laws allow the strategy to be implemented?³



COLLECTIVE OWNERSHIP

THREE HEALTH PRIORITY AREAS

The work from the CHIP Steering Committee led to a list of finalized strategies and the development of a logic model to implement for the next 3 years (2022-2024). Each health priority area has a plan that outlines the overall vision, alignment to state and federal plans, and short- and long-term outcomes tied to a list of possible strategies to implement. Evaluation metrics are listed as potential data points for tracking progress.

HEALTH EQUITY LENS

Health equity is a fundamental aspect of public health work. It is the goal and responsibility of the La Crosse County Health Department to foster an environment where health equity is the focal lens for the work that will be done in each health priority area. More importantly, this work will strive for collaborative solutions that are found with community members. Community-driven solutions will focus on areas of greatest need to enhance health equity for all and take into account the cultural and societal needs for those that are most impacted in each health priority area.



BEHAVIORAL HEALTH

Strategies Related to: Mental Health,
Substance Use, and Suicide

HEALTHY WISCONSIN ALIGNMENT ¹¹

Alcohol Objectives:

- Reduce underage drinking
- Reduce heavy and binge drinking among adults aged 18 and older

Opioid Objectives:

- Prevent initiation of opioid misuse
- Reduce death and harm due to non-medical and illicit opioid use
- Increase access to a full continuum of family-centered treatment services throughout Wisconsin, including in rural areas and underserved populations.

Suicide Objectives:

- Prevent suicide.
- Reduce suicide attempts.
- Increase and enhance protective factors.

Tobacco Objectives:

- Reduce adult smoking rate
- Reduce use of other tobacco products by adults
- Reduce use of other tobacco products by youth

*Objectives from Wisconsin State Health Improvement Plan 2019 Annual Report

HEALTHY PEOPLE 2030 ALIGNMENT ¹²

Mental Health

- Increase the proportion of people with substance use and mental health disorders who get treatment for both. (MHMD-07)

Drug and Alcohol Use

- Reduce the proportion of people aged 21 years and over who engaged in binge drinking in the past month. (SU-10)
- Reduce the proportion of adolescents who drank alcohol in the past month (SU-04)
- Reduce the proportion of adolescents who used drugs in the past month (SU-05)
- Reduce drug overdose deaths (SU-03)

Tobacco Use

- Reduce current tobacco use in adults and adolescents. (TU-01 and TU-04)
- Reduce current e-cigarette use in adolescents. (TU-05)
- Increase the number of states, territories, and DC that raise the minimum age for tobacco sales to 21 years. (TU-23)

Behavioral Health

Vision: Build a community that prioritizes protective factors for positive childhood experiences and resilient communities.

Inputs

- Coalition members and Team Lead
- Community partners
- Residents
- LCHD Staff
- Time for research
- Grant Funding

Activities

Quality childcare options

Group-based parenting programs

Opioid harm-reduction strategies

Mental health stigma to address inequities

Tobacco, alcohol, and marijuana culture change and social norms strategies

Outputs (short-term)

Determine effective childcare model

Educate parents and develop parenting skills

- Distribute and educate about Narcan
- Provide medicated assisted treatment
- Provide fentanyl test strips
- Collect used needles

Develop relationships with underserved groups

- Develop social norms campaign
- Advocate for T21 and smoke-free policies
- Research substance use outlet density issues

Outcomes (mid- & long-term)

- Reduced underage drinking and alcohol purchases
- Increased knowledge of mental health
- Reduced excessive drinking
- Reduced suicide and isolation
- Reduced tobacco use (adults and youth)
- Improved social emotional skills
- Improved family functioning & parenting
- Improved mental health
- Reduced overdose deaths

Evaluation Metrics

- Baseline: # of children on waiting list for daycare
- # of parents receiving parent education program
- % of kids with social emotional skills entering school
- # that receive Medicated-Assisted Treatment
- # of fentanyl test strips distributed
- # of needles collected
- # of mentally unhealthy days
- % of individuals that access mental health services
- # of underage alcohol, tobacco, and vape purchases
- % of adults that binge drink
- # of suicides

HEALTHY ENVIRONMENT

Strategies Related to: Safe Housing, Food, and
Physical Activity

HEALTHY WISCONSIN ALIGNMENT ¹¹

Environmental and Occupational Health

Objective 2: By 2020*, increase the percentage of homes with healthy, safe environments in all communities.

Adequate, Appropriate, and Safe Food and Nutrition

Objective 2: By 2020*, all people in Wisconsin will have ready access to sufficient nutritious, high-quality, affordable foods and beverages.

Physical Activity

Objective 1: By 2020*, increase physical activity for all through changes in facilities, community design, and policies.

HEALTHY PEOPLE 2030 ALIGNMENT

Housing and Homes

- Reduce the proportion of families that spend more than 30 percent of income on housing. (DOH-04)

Nutrition and Healthy Eating

- Reduce household food insecurity and hunger. (NWS-01)
- Eliminate very low food security in children. (NWS-02)

Physical Activity

- Reduce the proportion of adults who do no physical activity in their free time. (PA-01)
- Increase the proportion of adults and adolescents who walk or bike to get places. (PA-10 and PA-11)
- Increase the proportion of older adults with physical or cognitive health problems who get physical activity. (OA-01)

*Wisconsin's State Health Improvement Plan is currently in development. Healthiest Wisconsin 2020 was used for comparison. The new plan will be reviewed for continued alignment as it becomes available.

Healthy Environment

Vision: Collaborate for solutions that build healthier and more accessible neighborhoods where people are connected to what they need where they live

Inputs

- Coalition members and Team Lead
- Community partners
- Residents
- LCHD Staff
- Time for research
- Advocates
- Grant Funding

Activities

Rental property inspection advocacy

Food insecurity strategies

Safe Routes to School (SRTS) and Walking School Bus (WSB)

Complete Streets

Outputs (short-term)

- Establish need for inspection program
- Educate local legislators
- Collaborate with local partners and residents from areas with a food desert
- Identify resources for year-round healthy food
- Schools coordinate WSB's
- Schools implement 6 E's of SRTS program
- Educate youth about pedestrian and bicycle safety
- Municipalities adopt Complete Streets policy
- New and existing construction will incorporate bike/ped accommodations

Outcomes (mid- & long-term)

- Municipalities adopt Complete Streets policy
- New and existing construction will incorporate bike/ped accommodations
- Increased mental health and social connectedness
- Increased healthy foods in food deserts
- Increased food security
- Increased quality and safety of homes and rental properties

Evaluation Metrics

- Baseline: # of rental inspections (2021-present)
- # of policies changed
- # of legislators receiving education
- # of residents and local partners involved in collaboration
- % of low-income and seniors with access to healthy foods
- # of youth using active transportation to and from school
- # of bike/pedestrian injuries
- % of adults being physically active during leisure time
- # of municipalities using Complete Streets policy

ACCESS TO CARE

Strategies Related to: Representation, Cost,
and Timeliness

HEALTHY WISCONSIN ALIGNMENT ¹¹

Access to High-Quality Health Services

Objective 1: By 2020*, assure all residents have affordable access to comprehensive, patient-centered health services that are safe, effective, affordable, timely, coordinated, and navigable.

Oral Health

Objective 1: By 2020*, assure access to ongoing oral health education and comprehensive prevention, screening and early intervention, and treatment of dental disease in order to promote healthy behaviors and improve and maintain oral health.

HEALTHY PEOPLE 2030 ALIGNMENT

Health Care Access and Quality

- Increase the number of community organizations that provide prevention services. (ECBP-D07)
- Reduce the proportion of people who can't get medical care when they need it. (AHS-04)
- Increase the ability of primary care and behavioral health professionals to provide more high-quality care to patients who need it. (AHS-R01)
- Reduce the proportion of people who can't get the dental care they need when they need it. (AHS-05)
- Increase the proportion of low-income youth who have a preventive dental visit. (OH-09)

*Wisconsin's State Health Improvement Plan is currently in development. Healthiest Wisconsin 2020 was used for comparison. The new plan will be reviewed for continued alignment as it becomes available.

Access to Care

Vision: Grow a system of care that represents and supports underserved peoples to get the right care at the right time.

Inputs

- Coalition members and Team Lead
- Community partners
- Residents
- LCHD Staff
- DEI consultant
- Time for material development and revision

Activities

Culturally adapted health services and relationship building

Health literacy interventions

Social service integration

Outputs (short-term)

- Collaborate with DEI consultant
- Review internal policies/procedures
- Assess work environment
- Develop relationships with underserved populations
- Build power with community
- Engage with community stakeholders
- Review materials: online, print, & forms
- Educate staff and community
- Provide services in community settings
- Outreach to underserved populations

Outcomes (mid- & long-term)

- Improved access to social services
- Improved health-related knowledge
- Increased healthy behaviors
- Improved client-staff communication and client satisfaction
- Improved health outcomes
- Increased access to care
- Improved mental health

Evaluation Metrics

- # of policies revised
- # of materials available in a language other than English
- # of businesses that adapt policies/work environment
- # of relationships developed
- Baseline: Community Engagement survey results
- # of documents revised
- # of staff competent in health literacy
- # of businesses that complete trainings
- # of services provided in the community

ACTION PLANS

The CHIP Health Priority work groups will use the logic models present in this plan to craft actionable steps during the implementation phase. As the teams begin the next phase of this process, the logic models will be a guiding post that links program activities with big picture outcomes and data that will assess progress.

To move forward with clear purpose, all CHIP Health Priority work groups will develop a yearly Action Plan. The CHIP teams will use the Action Plan template developed for the *Wisconsin Guidebook on Improving the Health of Local Communities* (template available at [WALHDAB's website](#)).¹³ Evaluation metrics will be determined along with action plan development. Action plans will be reviewed throughout the year to ensure alignment with the CHIP. An annual report will be provided to track progress, discuss challenges, and identify areas for improvement.



REFERENCES

1. United States Census Bureau. (2021, July 1). Quick facts La Crosse County, Wisconsin. Retrieved from <https://www.census.gov/quickfacts/lacrossecountywisconsin>
2. U.S. Bureau of Labor Statistics. (2022, January 4). Economy at a glance: La Crosse, WI-MN. Retrieved from Data Tools: https://www.bls.gov/eag/eag.wi_lacrosse_msa.htm
3. National Association of County and City Health Officials. (2021). Mobilizing for action through planning and partnerships (MAPP). Retrieved from <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp>
4. County Health Rankings. (2021). Wisconsin rankings. Retrieved from County Health Rankings & Roadmaps: <https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/lacrosse/county/outcomes/overall/snapshot>
5. University of Wisconsin Population Health Institute. (2019). The burden of binge drinking in Wisconsin. Wisconsin Department of Health Services.
6. Wisconsin Department of Health Services. (2019, October 5). WISH (Wisconsin interactive statistics on health) query system. Retrieved from <https://www.dhs.wisconsin.gov/wish/index.htm>
7. Wisconsin Department of Health Services. (2021, October 28). Opioids: Hospital visit dashboard. Retrieved from <https://www.dhs.wisconsin.gov/opioids/hospitalizations-county.htm>
8. U.S. Department of Agriculture. (2021, April 27). Food access research atlas. Retrieved from <https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas/>
9. Great Rivers United Way. (2021). 2021 Compass now La Crosse County report.
10. Division of Care and Treatment Services. (2019). Wisconsin mental health and substance use needs assessment 2019. Wisconsin Department of Health Services.
11. Wisconsin Department of Health Services. Healthiest Wisconsin 2020: Everyone living better, longer. A state health plan to improve health across the life span, and eliminate health disparities and achieve health equity. P-00187. July 2010.
12. U.S. Department of Health and Human Services. (2021, August 2). Healthy People 2030. Retrieved from <https://health.gov/healthypeople>
13. WALHDAB (2015, February). Table of resources. Retrieved from <https://www.walhdab.org/page/customsitetable>

2021

COMMUNITY HEALTH ASSESSMENT



LA CROSSE COUNTY
Health Department
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EXECUTIVE SUMMARY

The mission of the La Crosse County Health Department (LCHD) is working collaboratively as a trusted leader and partner, preventing illness and injury, promoting health and well-being to protect and improve our community where we live, work, learn, and play. To create this vision, our department completes a Community Health Assessment and Improvement Plan every 5 years. The health assessment identifies the most pressing health concerns in La Crosse County by looking at data and listening to our residents. The improvement plan puts together action steps to address those health concerns.

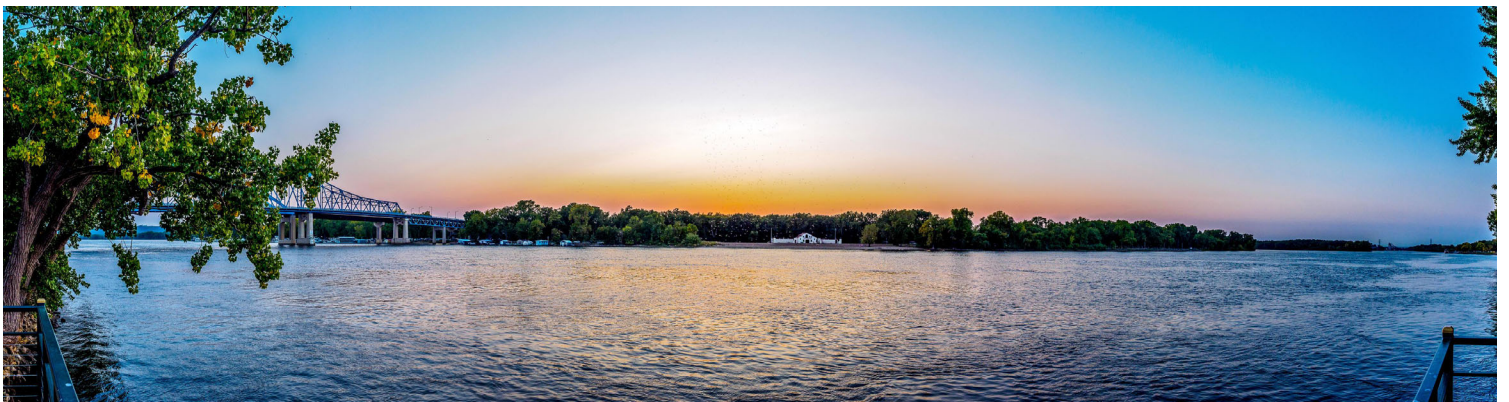
As part of the Community Health Assessment (CHA) process, our team chose to focus our work with a health equity lens. La Crosse County residents face disparities and health inequities that lead to differences in how health is experienced by many. These differences can and do lead to serious health outcomes. Health equity means increasing opportunities for everyone to live the healthiest life possible. Differences in health equity are experienced by residents due to race, ethnicity, geographic location, national origin, economic status, education status, sexual orientation, sex, gender, ability, age, and any other characteristic that is linked to discrimination or exclusion. To improve health equity, we must remove the obstacles to good health and pay attention to the discrimination, disparities, and diversity that exist in our community.

The CHA process used a community-driven strategic planning model. La Crosse County residents and community partners were asked to participate throughout the assessment through key informant interviews, forums, and a community-wide survey. These community conversations shed light on health equity issues and framed the story that highlights the lived experience of our residents.

Over 300 residents completed the CHA survey and helped our team determine the top priority health concerns. The LCHD will focus our time and efforts on the top 3 health concerns:

- *Behavioral Health: Mental Health, Substance Use, and Suicide*
- *Access to Care*
- *Healthy Environment for Safe Housing, Food, and Physical Activity*

Our work on these three priority areas will look to create positive community-wide change that enhances health for all residents.



DEFINITIONS

Chronic Condition - an illness which lasts for longer than one year and requires ongoing medical care and management by the person with the condition. Examples of chronic conditions include: heart disease, cancer, chronic obstructive pulmonary disease (COPD), chronic migraines, fibromyalgia, and HIV. (Adapted from: Centers for Disease Control and Prevention (CDC) and the World Health Organization)

Community Health Assessment or CHA - an assessment that identifies key health needs and issues through a comprehensive data collection and analysis. (Source: CDC)

Disparity - a noticeable and usually significant difference. Inequality is a similar term. (Source: Merriam Webster)

Health - health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (Source: WHO)

Health Equity - the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities. (Source: CDC)

LGBTQIA2+ or LGBTQ+ - this acronym refers to people who are gender and/or sexually-diverse. From left to right, the letters stand for: Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, and Two Spirit (a term commonly used by Queer Indigenous people). The + symbol is representative of other people who fit under the umbrella of people who are gender and/or sexually-diverse. (Adapted from: GLAAD)

Physical Environment - 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. (Source: County Health Rankings)

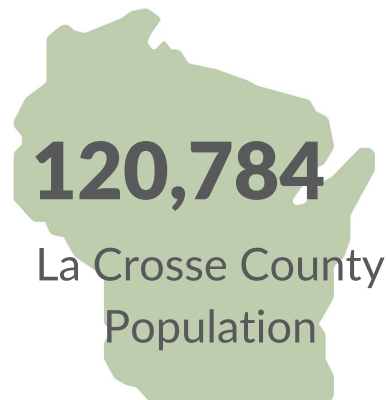
Primary Data - data collected via original research through surveys, interviews, and experiments, and is specially designed for understanding and solving the research problem at hand. (Adapted from: Benedictine University)

Secondary Data - previously collected data that is made available to other organizations for use in their own work. Examples of secondary data collected for the Community Health Assessment include data from the Youth Risk Behavior Survey and the Behavioral Risk Factor Surveillance System. (Adapted from: Benedictine University)

LA CROSSE COUNTY COMMUNITY PROFILE

Geography

La Crosse County is located in the Driftless Region of Wisconsin which boasts of beautiful bluffs, deep coulees, and three rivers—Mississippi, Black, and La Crosse—that meet near the downtown area of the City of La Crosse. La Crosse County is home to over 120,000 community members that live in the southwest area of Wisconsin.¹ The majority of jobs in the area are education and health services. The local economy is also supported through trade, transportation, utilities, government, and manufacturing.² La Crosse County is made up of the following cities, villages, and towns:



City

- La Crosse
- Onalaska

Village

- Bangor
- Holmen
- Rockland
- West Salem

Town

- Bangor
- Barre
- Burns
- Campbell
- Farmington
- Greenfield
- Hamilton
- Holland
- Medary
- Onalaska
- Shelby
- Washington

The La Crosse County Health Department respectfully acknowledges that La Crosse County resides on the ancestral territories of the Ho-Chunk Nation.

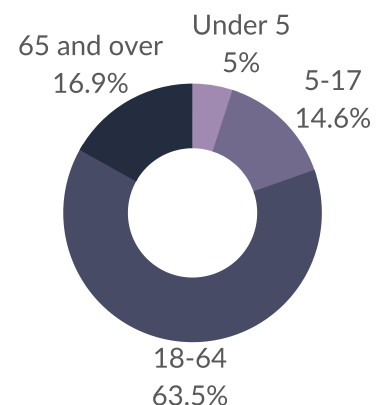


Race or Ethnicity

0.5% American Indian or Alaska Native
4.7% Asian
1.6% Black or African American
2.1% Hispanic or Latino
1.9% Two or More Races
89.5% White, non-Hispanic

*All racial and ethnic categories are self-identified.

Age



\$57,882
Median Household
Income



11.8%
People Living in
Poverty

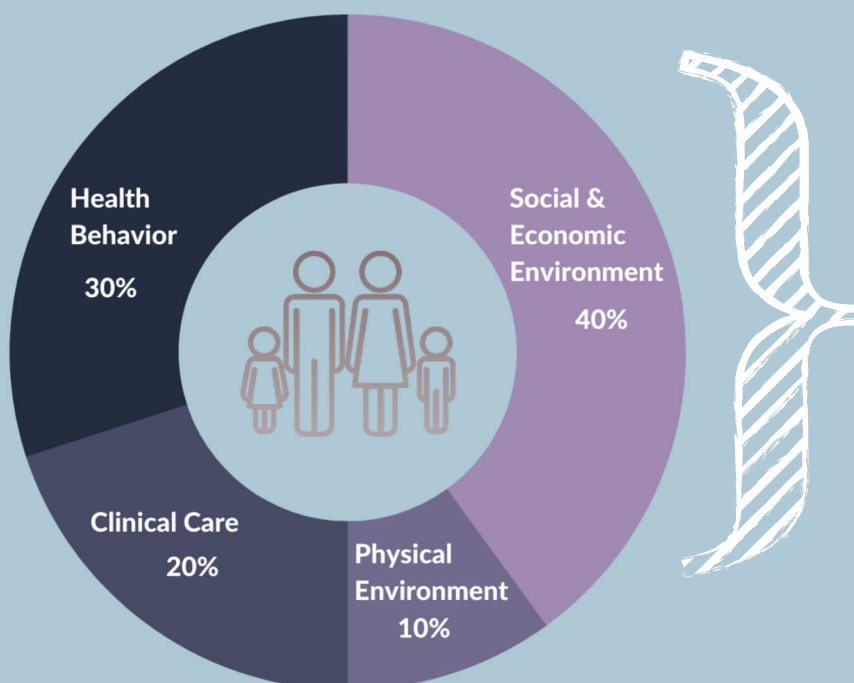
HEALTH EQUITY

Social Determinants of Health

The social determinants of health are the “conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”³ Social determinants play a large role in shaping a community’s overall health as well as determining an individual’s health. Examples of social determinants of health include: education, access to healthy foods, access to physical activity, clean air and water, racism, violence, safe housing, safe neighborhoods, and access to quality health care.

According to the County Health Rankings model, social and economic factors also play the largest part in determining health outcomes.⁴ For example, people who have low income are faced with tough decisions, such as accessing health care or providing food for their family. With a lower income, a family is less able to afford all basic needs and is more likely to choose between the most important ones. This type of balancing basic needs can lead to delayed health care, less nutritious and more cost-effective food purchases, less time for physical activity, or a home that provides shelter but has environmental hazards. Social and economic factors play a large role in determining future health conditions.

THE DRIVERS OF HEALTH



40% of health outcomes are determined by social and economic factors

Health Equity

Social determinants of health widen the disparities and health inequities that La Crosse County residents are already facing. The differences in how health is experienced by many populations can and does lead to serious health outcomes. Health equity differs based on race, ethnicity, geographic location, income status, education status, sexual orientation, gender, ability, age, and any other characteristic that is linked to discrimination or exclusion. The differences at a population level are most often the result of systemic barriers, not due to the choices or behaviors of individual people.

Achieving the necessary conditions for optimal health for all people requires change in the current system. In order to address health inequities, a community should “value all individuals and populations equally, recognize and rectify historical injustices, and provide resources according to need.”⁵ Cultivating health equity involves the removal of obstacles and paying attention to the differences that exist in the community.

To understand this concept, see the image below from the Robert Wood Johnson Foundation.⁶ Equality is when every person receives the same bike regardless of their personal need. Equity is when every person receives a bike that fits their personal need. Each person receives a bike in both scenarios, but when resources are provided equitably, every person receives what they need. The same concept can be applied to health and the services that are offered to improve overall community health. Individual needs should be considered in order to provide an equitable service for everyone in the community.

EQUALITY VS. EQUITY

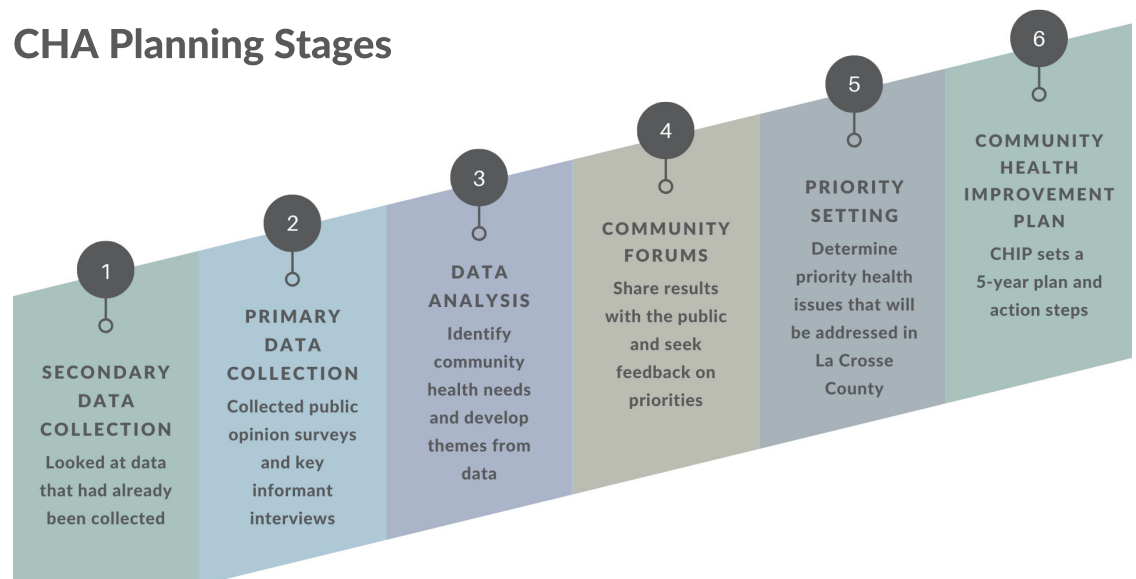


COMMUNITY HEALTH ASSESSMENT PROCESS

Every five years, the La Crosse County Health Department (LCHD) completes a Community Health Assessment (CHA). The purpose of the CHA is to identify the most pressing health concerns in the county through primary and secondary data sources and through conversation with La Crosse County residents. The results of the health assessment led to priority setting and the development of the Community Health Improvement Plan (CHIP).

The CHA Team utilized a community-driven strategic planning process called MAPP (Mobilizing for Action through Planning and Partnerships) as the framework for the project. This planning model was developed by the National Association of County and City Health Officials (NACCHO) as a way to encourage communities to apply strategic thinking when prioritizing public health issues.⁷ The MAPP planning process was adapted to work within a shortened timeframe and with flexibility throughout the COVID-19 pandemic. The process is shown below.

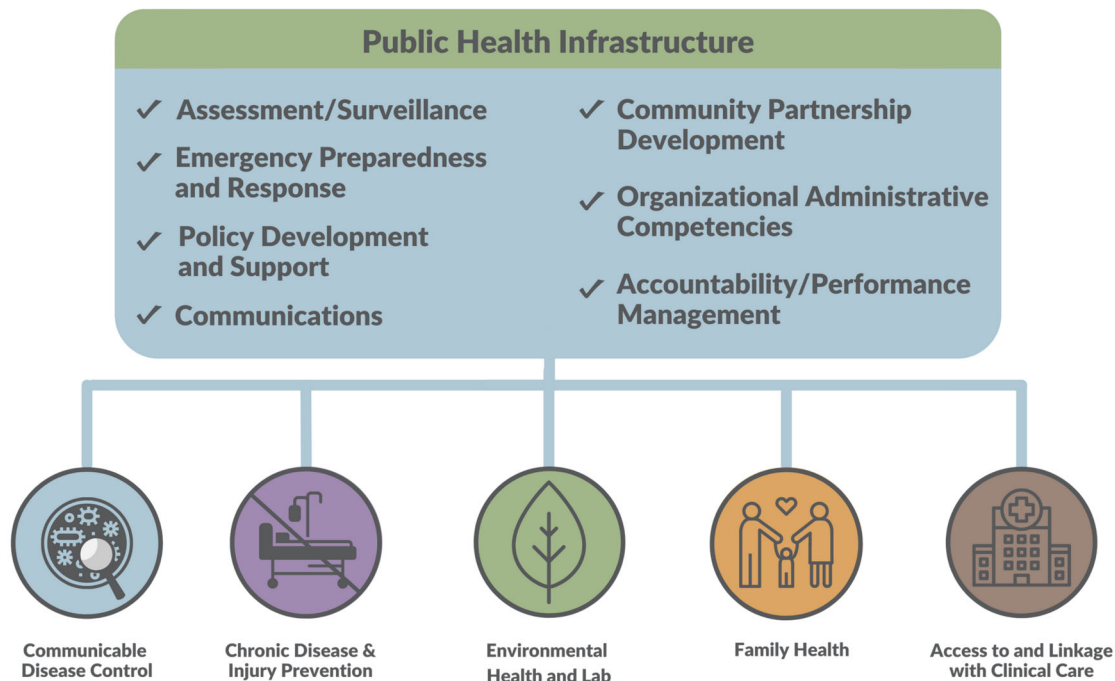
CHA Planning Stages



Methods

The CHA process began with the collection of primary and secondary data in collaboration with the Great Rivers United Way 2021 Compass Now project.⁸ Additionally, the La Crosse County Health Department continued researching data indicators to provide a more comprehensive picture into all facets of community health.

Data collection in the CHA process was organized around the Foundational Public Health Services Model. In 2021, the La Crosse County Health Department was in the planning stages for reorganization following the Foundational Public Health Services Model.⁹ This model was used throughout the CHA process to match the data being collected with the organizational model for the Health Department. The LCHD adapted the original model and is seen below.



Phase 1: Secondary Data Collection

The CHA process began with data assessments to inform the process. The La Crosse County Health Department participates in the Compass Now community needs review organized by the Great Rivers United Way. The Compass Now reviews community data for 6 counties surrounding and including La Crosse County. This review is used as a starting point for the La Crosse County Health Department's CHA. The main data sources for the Compass Now are health indicators from the County Health Rankings and Roadmaps model. The summary of this data can be found in the 2021 La Crosse County Compass Now Report.

Additionally, secondary data specific to La Crosse County was gathered from a variety of local, state, and national data sources. A full listing of secondary data sources is found in Appendix A. Data was collected from a broad variety of health-related topics to include all areas of the Foundational Public Health Services model. To understand the impact of the social determinants of health, data related to health equity and disparity concerns were gathered when it was available.

The La Crosse County Health Department acknowledges that the categories currently used in race data in the CHA are inadequate. As secondary data is already gathered by reputable organizations and made available to others for use, the racial categorizations do not always reflect the full racial diversity of La Crosse County residents. It is important to note that without properly diverse racial distinction data to draw from, information is lost and cannot provide a full picture of our community.

Phase 2: Primary Data Collection

The first primary data collection in La Crosse County started with the Compass Now project. This project collected community opinion through a random household survey, a convenience survey, and focus groups.⁸ Primary data that is gathered through community conversation and key informant interviews can provide context and a story that explains the basic numbers found in many secondary data sources.

Community conversations can shed light on health equity issues and frame a story that highlights the lived experience of our community members. To that end, the CHA team collected stories and perspective from over 25 key informant interviews. The key informants were experts in the field, community residents with lived experience, or a combination of both. Key informants that were interviewed were chosen as a way for the CHA process to hear from residents that have been historically underserved and have experienced disparity in health outcomes. Community members and subject matter experts from communities that represent people of color, the unsheltered, LGBTQ+ people, older adults, people with mental and behavioral health conditions, youth, individuals living with low income, individuals with special needs, individuals living in incarceration, and representatives from emergency services were invited to participate. Engaging in conversation brought greater focus to the health issues that La Crosse County is facing. These conversations provided insight into the lived experiences of La Crosse community members.

Participation in the key informant interviews was entirely voluntary and confidential. All responses from the interviews were compiled into one summary so the information could be analyzed to understand overall themes. Interview questions were based on the subject areas included in the Foundational Public Health Services Model with an emphasis on health equity, the social determinants of health, and discrimination.

All members of the CHA team received training before any key informant interviews were conducted to ensure that all interviews were completed in the same way each time. Each CHA team member received two copies of the informed consent document, an interview script, and an interview summary sheet for each interview (available in Appendix B). One informed consent document was provided to the participant, reviewed prior to the interview, and signed by both parties. The interview script was used throughout each interview. The interviewer was asked to complete an interview summary sheet after each interview to gather initial thoughts from the conversation. To complete each interview process, the interviewer transcribed the recordings or hand-written notes to be used for data analysis. Overall themes from the key informant interviews are described below.

What is important to La Crosse County residents?

Themes found from conversations with La Crosse County residents

- Health Equity
 - Focus on discrimination, disparities, and diversity
- Access to Care
 - Affordable care from trusted and culturally appropriate providers
- Basic Needs
 - Includes transportation, food, housing, and accessibility of physical environment
- Behavioral Health
 - Mental health and substance use disorder
- Resources
 - Organizations that communicate, collaborate, and coordinate throughout the community
- Youth and Resilience

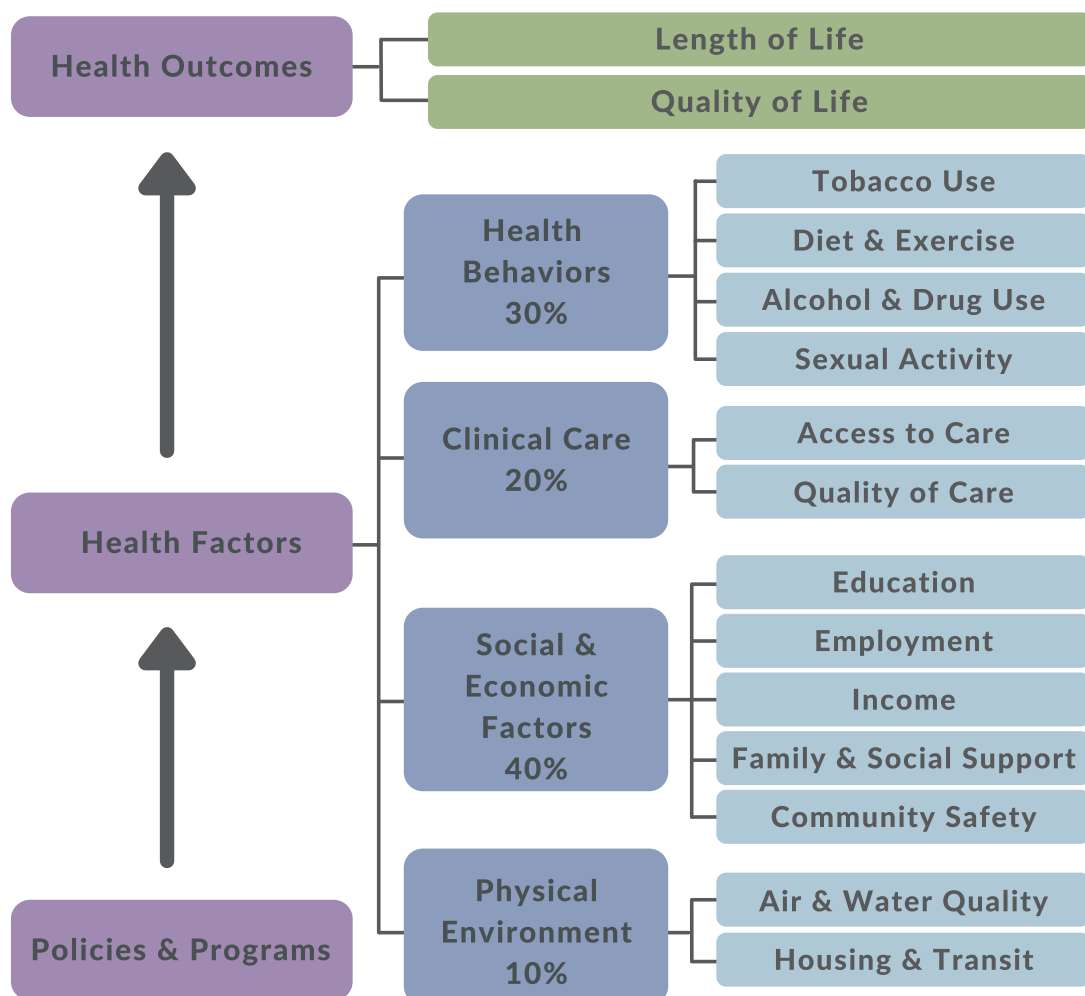
Results from the key informant interviews reflect the individuals that were able to participate. The CHA team sought input from a wide range of community stakeholders that could provide insight for members in the community that may be underrepresented in other data. Even with broad outreach for interview participation, there are some gaps. The following groups are not fully represented in the interview results: LGBTQ+ community, Native American community, and college-aged community.

Phase 3: Data Analysis and Synthesis

After the primary and secondary data had been collected, all data was analyzed to identify community health needs. The data for a health need was included in analysis if a health concern was voiced by the community, if La Crosse County fared worse than the state overall, or if the data showed inequities for populations that experience discrimination or exclusion based on individual characteristics.

Health equity differs based on race, ethnicity, geographic location, income status, education status, sexual orientation, gender, ability, age, and any other characteristic that is linked to discrimination or exclusion. The differences at a population level are most often the result of systemic barriers, not due to the choices or behaviors of individual people.

The data was organized using the County Health Rankings and Roadmaps model as seen below. This model includes data indicators related to health outcomes, health behaviors, clinical care, social and economic factors, and the physical environment. The final data indicators that were included for analysis are included on the following page.



Health needs were included when the concern was:

- Voiced by the community
- La Crosse County fared worse than WI overall
- Data showed inequities for populations that experience discrimination or exclusion based on individual characteristics

Data Indicators

	Identified Community Health Needs La Crosse County, WI	Voiced by Community	La Crosse County Worse than WI Benchmark	Data Show Inequities
Health Outcomes	Death rate due to cancer		✓	✓
	Death rate due to circulatory system disease			✓
	Prevalence of mental health conditions	✓	✓	✓
	Low birthweight births		✓	✓
	Infant mortality		✓	✓
	Asthma prevalence			✓
Health Behaviors (30%)	Food Environment Index	✓	✓	*
	Tobacco use	✓	✓	✓
	Alcohol use	✓	✓	✓
	Other drug use (marijuana, opioid, meth, etc.)	✓		*
	Mental health and chronic stress	✓	✓	✓
	Sexually transmitted infections and HIV	✓	✓	✓
	Physical inactivity		✓	✓
Clinical Care (20%)	Affordability of health care	✓		*
	Availability of culturally appropriate health care services	✓		*
	Access to health care	✓		*
	Access to mental health services	✓	✓	*
	Access to substance use services	✓		*
	Access to dental services	✓		*
Social and Economic Factors (40%)	Income inequality	✓		*
	Children in poverty	✓		✓
	Accidents and injury deaths		✓	✓
	Violent crimes	✓		✓
	Social associations		✓	
	Suicide		✓	*
Physical Environment (10%)	Air and water quality	✓		✓
	Safe and healthy housing	✓		*
	Severe housing cost burden	✓		*
	Transportation	✓		*
	Broadband access			✓

*Notates that inequities likely exist based on community input, but data is only available for total population

After full analysis, the data and health indicators were divided into themes. The list of 10 themes was created to encourage easy sharing of data for all La Crosse County residents. A description of each theme is included in Appendix C. The themes were presented to community residents across all groups, including stakeholders, government agencies, interview participants, community organizations, and concerned community members. The top 10 health concerns are:

- Access to Care
- Children and Youth Health
- Communicable Disease
- Healthy Environment for Safe Housing, Food, and Physical Activity
- Infrastructure
- Injury Prevention
- Mental Health
- Mortality or Top Causes of Death
- Substance Use
- Violence

Phase 4: Community Forums and Prioritization

A multi-pronged approach was used to engage with the community, disseminate results, and seek feedback from residents. CHA results were shared through social media channels, school and community-wide newsletters, flyers at La Crosse County food pantries and libraries, materials included in village water and electric bills, a press release to local media and stakeholders, paper surveys distributed through the City Housing Authority buildings, and 2 virtual community forums.

Community feedback was requested via a short survey. Community members were invited to share their opinion and provide input on the 10 health concerns based on level of importance, changeability, and overall rank of the top 3 concerns. The survey is included in Appendix D.

Virtual community forums were led by the CHA team to provide an opportunity for education, engagement, and discussion related to the top 10 health concerns. The forums were hosted virtually due to the ongoing concerns about COVID-19 and community transmission. Although the forums were hosted virtually, there was considerable time set aside for breakout rooms with small group discussions. Groups of less than 6 were used to provide ample time for all community members to engage and share their feedback and concerns. While conversation was the key component of the virtual forum, all attendees were provided a link to the online survey to provide final input and prioritization. There were 46 community members that attended the community forums and 11 community stakeholders that participated in an intensive data presentation and discussion.

Phase 5: Priority Setting

After two months of community input through the survey, results were gathered and analyzed to identify the top priority health concerns. There were over 300 completed surveys that provided community member opinions about the importance of each topic, how easy it would be to address, and a prioritized choice of the top 3 categories.

Final results from the survey show that the top 3 health concerns in La Crosse County are the following:

- Behavioral Health: Mental Health and Substance Use
- Access to Care
- Healthy Environment for Safe Housing, Food, and Physical Activity

While working with partners, stakeholders, and community members to determine the priority areas, health equity was not set provided as a topic area to rank. Rather, health equity is so fundamental to the health of community members that it must be a priority in every aspect of public health work. It is the goal and responsibility of LCHD to foster an environment with health equity as the focal lens for the work that will be done in each priority area.

Phase 6: Community Health Improvement Plan

Development of an improvement plan is the next stage in the process. The Community Health Improvement Plan (CHIP) will utilize the top 3 priority health concerns as determined in the Community Health Assessment.

HEALTH OUTCOMES

In order to understand overall health in La Crosse County, outcomes can be described in two ways: length of life and quality of life. Many factors influence the length and quality of life for residents. These factors include health behaviors, clinical care, social and economic factors, and the physical environment.

Overall life expectancy for La Crosse County residents is 79.9 years.¹⁰ Compared to Wisconsin, La Crosse County residents live longer lives and are less likely to die prematurely. However, there is significant disparity for residents of color. Black residents are 3 times more likely to die prematurely than White residents.¹⁰ For the youngest residents, infant and child mortality rates are lower in La Crosse County than in Wisconsin overall.¹⁰

Mortality, Life Expectancy, and Premature Death

	La Crosse County	Wisconsin
Infant mortality	5 deaths per 1,000 live births	6 deaths per 1,000 live births
Child mortality	40 deaths	50 deaths
Life expectancy	79.9 years	79.5 years
Premature death	5,900 years of potential life lost	6,300 years of potential life lost

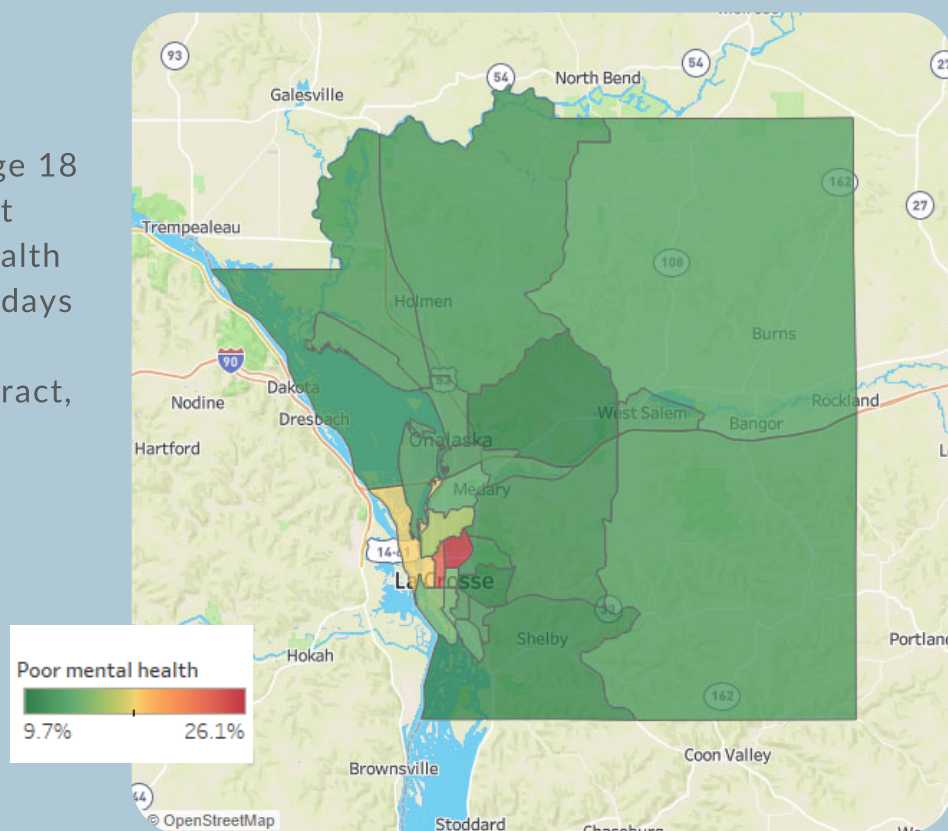
The quality of life for La Crosse County residents is also important to understand. Health-related quality of life can be measured through self-reported data points. This means that community members' perspectives are used to represent how people are feeling about their health. For the most part, quality of life measures in La Crosse County are similar to that of Wisconsin overall.

Mental health is an effective quality of life measure. One question related to mental health counts the number of poor mental health days. On average, La Crosse County residents experience 4 mentally unhealthy days each month.¹¹

This number has risen over the last 5 years. For some community members, the number of poor mental health days is quite significant. In 2019, 13.2% of adults reported that they had more than 14 days a month with poor mental health.¹²

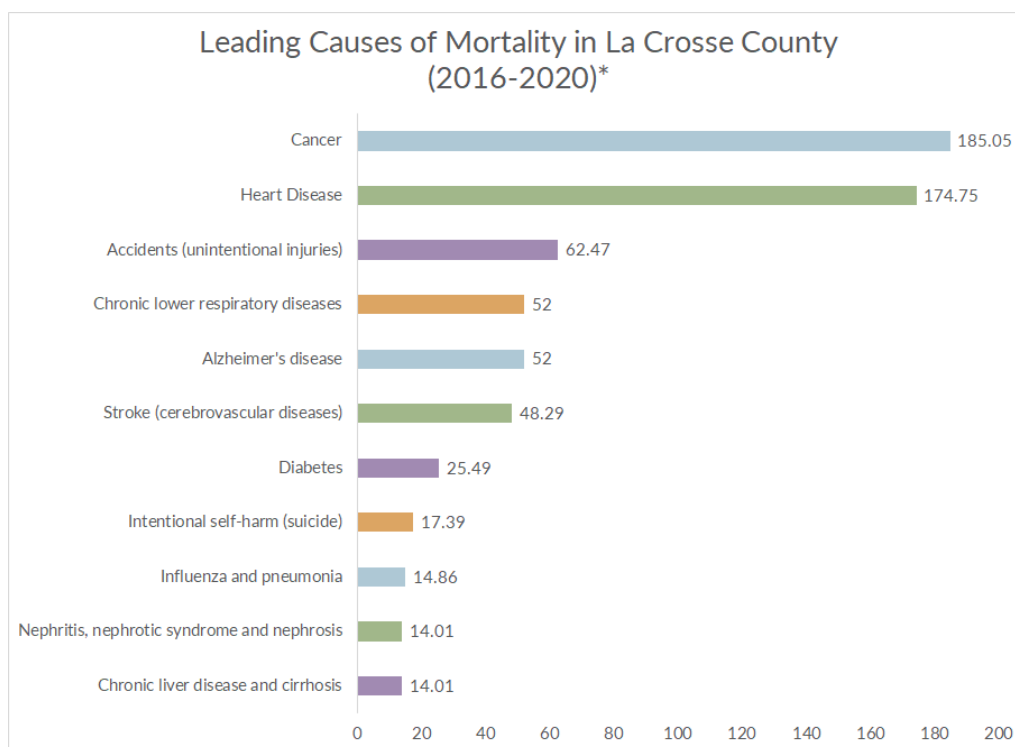
Residents that live in areas with a high poverty rate are more likely to experience more days with poor mental health. Inequities like this often reflect systemic barriers that contribute to engraining people in poverty and perpetuating a cycle of mental health issues that travel through generations.

Percent of adults age 18 and over who report 14+ poor mental health days in the past 30 days vs. population in poverty by census tract, La Crosse County



Leading Causes of Death

Over the last 5 years, the leading causes of death for La Crosse County residents include cancer, heart disease, and accidents. This is comparable to the top causes of death across the United States.¹³



*Mortality is displayed as a death rate per 100,000 La Crosse County residents over a 5-year timespan.

Wisconsin Department of Health Services, 2017

All other causes of death are not included in the table, but account for 177.45 deaths per 100,000 from 2016-2020. This category is not applicable to the overall ranking of leading causes of death, but does account for a large number of deaths in La Crosse County.

COMMUNICABLE DISEASE



Communicable Disease

Communicable disease control focuses on illnesses caused by infections in a human or animal host. Some communicable diseases are preventable through vaccination, while others do not have a vaccine but can be prevented through infection prevention tools. These basic tools include proper hand washing, covering a cough, staying home when sick, and wearing personal prevention items like masks, gloves, or condoms.

Communicable disease control is the first foundational area in the Foundational Public Health Services Model. With the COVID-19 response, the La Crosse County community became familiar with communicable disease control through disease investigation and contact tracing. However, communicable disease control also includes communication with healthcare systems and the community to provide timely and accurate information. This foundational area focuses on prioritization of all communicable diseases and development of a response plan for outbreaks and ongoing high priority diseases, such as HIV, syphilis, tuberculosis, and others.

Vaccine Preventable Illness

Vaccines are a prevention tool that is used to develop immunity to a disease before a person is exposed. When a vaccine is delivered, the body's immune system learns to fight the disease and produces antibodies which will help prevent future illness.¹⁴ This prevention tool provides the body an opportunity to protect itself without getting sick. Vaccines work to prevent viruses or infections that can be passed through contact with another person, animal, or object that contains the disease. For example, people can come into contact with influenza through droplets when another person who has the flu talks, coughs, or sneezes.

Why is this important?

Vaccines are important for people of all ages. As babies and young children, immunizations are recommended to prevent a wide range of communicable disease that can protect a person for a lifetime, especially in the first few years of life. Childhood immunizations include vaccines for polio, measles, mumps, rubella, chickenpox, hepatitis A and B, and many others. Vaccination provides immunity to potentially life-threatening diseases.¹⁵

As children age, immunizations for HPV (human papillomavirus) and meningitis are recommended. Vaccines need to be administered before someone is exposed to a particular germ that causes disease. This is why children are vaccinated against HPV before they would come into contact with the HPV virus. Some vaccines are important across the lifespan, such as influenza and tetanus. Adults are at risk for different diseases and vaccination is a safe tool to use for preventing disease for adults.

How are we doing in La Crosse County?

Vaccination Coverage

Vaccine	% complete
DTap (diphtheria, tetanus, & pertussis)	84.8%
Hepatitis A	78.8%
Hepatitis B	89.7%
Hib (haemophilus influenza type B)	87.6%
MMR (measles, mumps, & rubella)	87.1%
Polio	87.5%
Pneumococcal	87.5%
Varicella	87.5%
HPV	58%
Meningococcal	55%

Wisconsin Immunization Registry, 2021

For a healthier community, higher vaccination rates are key. With higher vaccination coverage in a community, a person is less likely to encounter a disease and the community benefits as a whole with fewer illnesses, hospitalizations, and deaths.

Not Vaccine Preventable Illness

Vaccines are a safe and effective tool to use for preventing disease. However, many diseases do not have an available vaccine. Basic prevention tools can be used to assist in preventing illness when a vaccine is not available. Many communicable diseases are passed through contact with another person, animal, or their body fluids. Basic prevention tools include good hand washing, covering a cough, staying home when sick, and wearing personal prevention items like masks, gloves, or condoms. Common illnesses that cannot be prevented through vaccine are tuberculosis, hepatitis C, and sexually transmitted infections (STIs), such as gonorrhea, chlamydia, and syphilis.

Some illnesses are considered to be an enteric disease—or a disease that causes intestinal illness. Enteric disease can be passed through contaminated food or water or through direct contact with another sick person. Enteric disease includes common illnesses like salmonella, e.coli, and botulism.

Why is this important?

Communicable diseases that are not covered by a vaccine are harder to prevent. Individuals can take steps to prevent disease, but some may still be exposed through the environment and personal behavior. Sexually transmitted infections are the most common communicable disease in La Crosse County. Most STIs can be treated, but some cannot be cured. Complications with infertility, pelvic pain, and infections in reproductive organs can occur for untreated STIs.¹⁶ Diagnosis, treatment, and using prevention tools for future sexual activity can decrease the spread of STIs to other individuals.

How are we doing in La Crosse County?

2020 Communicable Disease

Disease	Cases
Chlamydia	586
Gonorrhea	157
Hepatitis C	34
Tuberculosis	9
Salmonella	12

Basic Prevention Tools



WASH HANDS



COVER A COUGH



WEAR PERSONAL PREVENTION ITEMS



STAY HOME WHEN SICK

The most common communicable diseases in La Crosse County are sexually transmitted infections. While any sexually active person is at risk for an STI, the average age for individuals that contract an STI is between 23 and 27 years old.

COVID-19

Coronavirus Disease 2019, also known as SARS-CoV-2 or COVID-19, emerged in December 2019. Very rapidly, COVID-19 became a world-wide pandemic as a novel virus that had never been seen before. COVID-19 emerged in La Crosse County with the first confirmed case in March 2020. This virus causes respiratory symptoms, like a cold or flu, but some people can become severely ill, require hospitalization, and may also die.¹⁷

In 2020 and 2021, the COVID-19 virus caused illness across the world. For the first year, COVID-19 did not have a vaccine to protect from illness. In December 2020, the first vaccines were approved for distribution and use throughout the world. During these two years, variants of the original virus began to circulate with varying degrees of severity, transmissibility, and health outcomes. COVID-19 is now considered a vaccine preventable illness. Initial prevention techniques—hand hygiene, covering coughs, wearing a mask, and physical distancing—are still important tools for preventing disease transmission.

Why is this important?

Most people with COVID-19 experience mild to moderate symptoms. However, COVID-19 causes some to become severely ill and may cause death, especially for older adults and individuals with underlying medical conditions.¹⁷ COVID-19 is highly contagious and can be transmitted to others even before someone knows that they are sick. As COVID-19 is very easy to pass along to others, many prevention techniques to stop the spread involved community-wide efforts to decrease infections. These efforts included universal masking, physical distancing of at least 6 feet, and even temporary closures of schools, businesses, and certain healthcare services.

How are we doing in La Crosse County?

In 2020 and 2021, La Crosse County had over 22,000 cases of COVID-19. There were periods of higher disease transmission throughout each year with the majority of cases occurring in the fall and winter months. Deaths from COVID-19 in La Crosse County were frequently among older adults, with the majority being older than 60 years old, though COVID-19 infections did impact all ages. As vaccines became widely available for all ages, La Crosse County residents were able to seek protection through immunization. While immunization did not guarantee complete coverage from illness, vaccine antibodies protected most from severe illness, hospitalization, and death. See the next page for case trends, deaths, and vaccine coverage for 2020 and 2021.

In 2020 and 2021, La Crosse County had 22,106 total COVID-19 cases.¹⁸

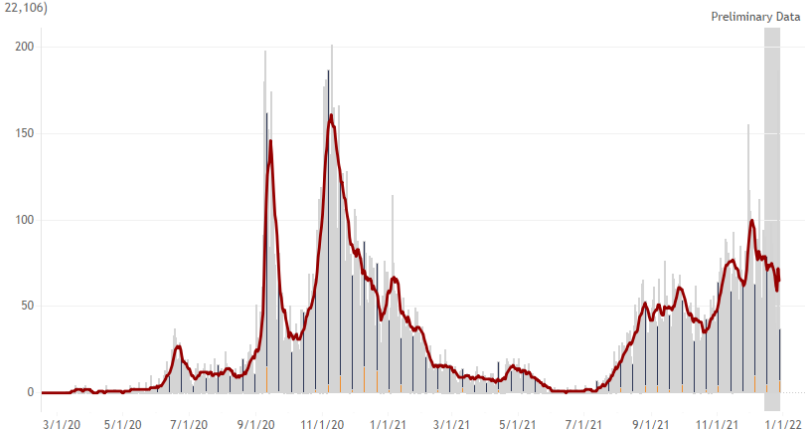
Number of reported confirmed and probable COVID-19 cases by date of symptom onset or diagnosis: La Crosse County

Updated: 12/29/2021 (Total: 22,106)

Select County:
La Crosse County

Select Case Status:

- ☐ Confirmed
☐ Probable
☒ Confirmed and Probable
- ☒ Confirmed cases
☒ Probable cases
☒ 7-day average



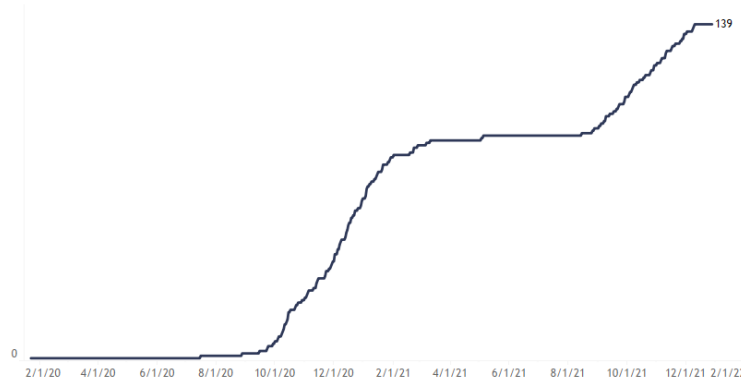
Cumulative total number of reported COVID-19 deaths among confirmed and probable COVID-19 cases by date of death: La Crosse County

Updated: 12/29/2021 (Total: 139)

Select County:
La Crosse County

Select Case Status:

- ☐ Confirmed
☐ Probable
☒ Confirmed and Probable



In 2020 and 2021, La Crosse County had 139 deaths due to COVID-19.¹⁸

In December 2020, the first COVID-19 vaccine became available. By the end of 2021, vaccines were available for people 5 years and older. Roughly 67% of La Crosse residents had received at least one dose of a COVID-19 vaccine.¹⁸

COVID-19 Vaccines for Wisconsin residents

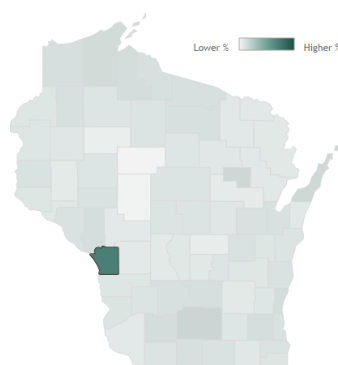
Updated: 12/29/2021

HERC region data

- ☒ Total population who have received at least one dose
☐ Total population who have completed the series

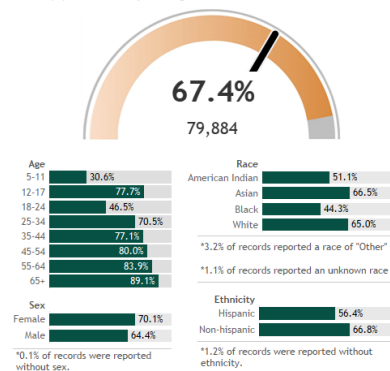
Percent of Wisconsin residents who have received at least one dose by county

Click a county to filter data

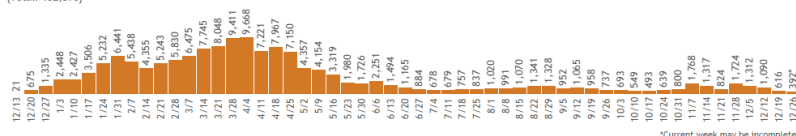


Percent of La Crosse County residents who have received at least one dose

The orange represents the population for whom the vaccine is authorized. The gray indicates the population under 5 years of age for whom the vaccine is not authorized.



Vaccine doses for La Crosse County residents by week (Total: 152,596)



*Current week may be incomplete.

CHRONIC DISEASE & INJURY PREVENTION



Chronic Disease & Injury Prevention

Chronic disease and injury prevention focuses on healthy habits, lifestyle choices, and other behaviors that can directly impact a person's length and quality of life. Health behaviors include substance use, diet, exercise, and other behaviors that protect against lifelong disease and injury. The chronic disease and injury prevention section also includes mental health, safety, and violence prevention.

Chronic disease and injury prevention is the second area in the Foundational Public Health Services Model. This area includes prevention efforts for tobacco, alcohol, and other substance use as well as approaches that encourage healthy eating and active living. Mental health is included as an area that focuses on mental health conditions as well as the stigma that is associated with seeking mental health services.

Heart Disease

Heart disease includes many types of conditions that are related to the heart and blood flow. Some conditions related to heart disease include heart attacks, coronary artery disease, heart failure, and irregular heartbeats.

The Centers for Disease Control and Prevention (CDC) explains that people with certain medical conditions and lifestyle choices are more at risk for heart disease. Factors that increase someone's risk of heart disease include high blood pressure, high blood cholesterol, diabetes, overweight and obesity, unhealthy diet, physical inactivity, tobacco use, and excessive alcohol use.¹⁹

Why is this important?

Heart disease is the leading cause of death across the United States and the same is true for La Crosse County. Heart disease can be a "silent" illness with no symptoms at all until complications begin. Some people may have severe symptoms that get worse as the illness develops. Heart disease affects mostly adults, but the risk for heart disease can begin in younger years for people with obesity, physical inactivity, or a family history of heart problems.²⁰

Heart disease can be prevented through lifestyle changes or medication. Prevention of heart disease can be a life-long journey that includes being physically active, eating a healthy diet, avoiding tobacco use, using stress management techniques, and consuming alcohol in moderation. Additionally, medicines are available to help manage risk factors and early causes of heart disease.

How are we doing in La Crosse County?

La Crosse County residents are heavily impacted by heart disease. Heart disease is at the top for the leading cause of death and early loss of life. While heart disease is the health outcome, many factors create the underlying cause for heart disease. Related lifestyle choices and incorrect medication use are linked to heart disease. In La Crosse County, 26% of adults are obese.¹⁰ Obesity is heavily impacted by the environment, mental health, and available resources. Residents are also impacted through choices related to physical activity, diet, and tobacco and alcohol use.

8% of residents are food insecure

21% of adults are physically inactive

27% of adults report binge or heavy drinking in last 30 days

“ I see a lot of kids in chronic, toxic stress and when you see families in chronic toxic stress, you see a lot of people in the population with a lot more chronic health issues later on in life - things like diabetes, heart disease, substance use, mental health disorders and all of those things.

La Crosse County Resident

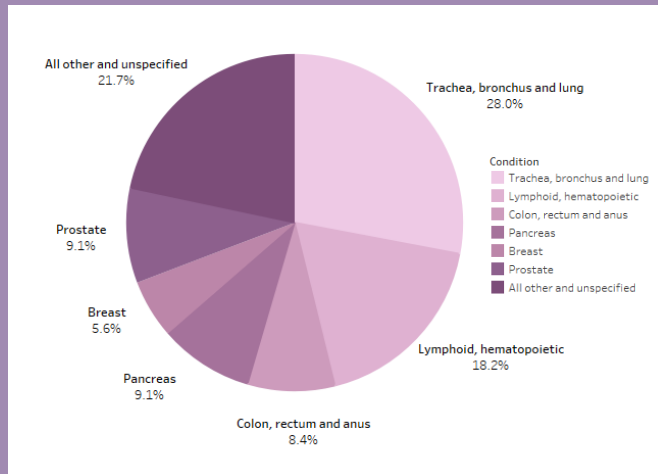
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Cancer

Cancer is a disease that can develop in any part of the body when abnormal cells make new cells and grow out of control.²¹ Cancer has two main types: blood cancers, like leukemia, and solid tumor cancers, found in body organs or tissues. Common types of cancer are when tumors start in breast tissue, the lung, prostate, or colorectal region. Some cancer may even spread to other parts of the body.

Why is this important?

Cancer is one of the most significant causes of illness and death in La Crosse County as well as Wisconsin and the country as a whole. Cancer survival rates have increased substantially in the last 60 years. This may be due to advances in treatment and earlier diagnosis through screenings.²² However, cancer causes a significant loss of life along with physical, emotional, and financial struggles.

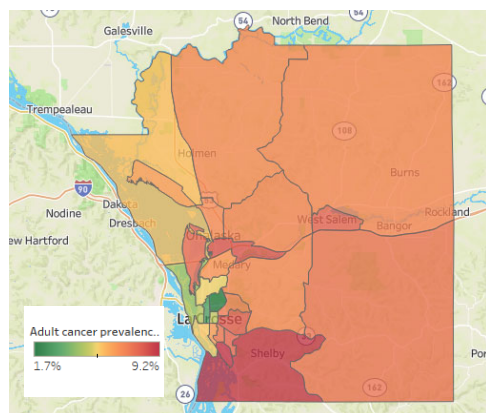


Cancer-related mortality, La Crosse County, 2015-2019

How are we doing in La Crosse County?

Adults in La Crosse County are more likely to have cancer than other adults across the state of Wisconsin. The most common types of cancer in La Crosse County are prostate, breast, lung, and colorectal. Cancer of the trachea, bronchus, and lung are highly correlated with tobacco use and account for 28% of cancer deaths in La Crosse County. Cancer screenings for cervical, colon, and breast cancer are used less often in the county than they are across Wisconsin.

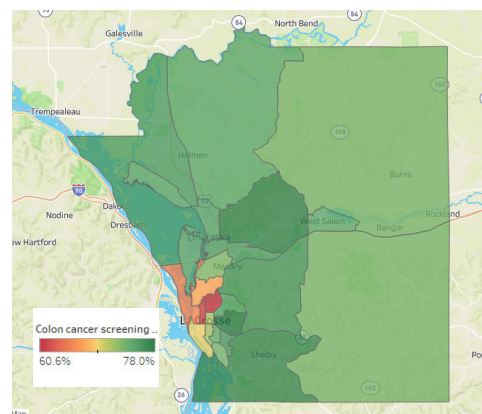
Cancer Prevalence in La Crosse County



Cancer prevalence appears to be lower in census tracts 2, 3, 4, 5, and 9 - shaded in green and light yellow. These census tracts also overlap with areas that are home to individuals with a low income.

Cancer screenings are also lower in census tracts 2, 3, 4, 5, and 9 - shaded in red and orange. There is a possibility that cancer prevalence is also high in these tracts; however, cancer screenings are not being done as frequently and so cancer may go undiagnosed in the early stages.

Colon Cancer Screening in La Crosse County



Substance Use: Alcohol

Alcohol is an ingredient found in beer, wine, and liquor. For a healthy lifestyle, adults can choose to not drink or can drink in moderation. Moderate drinking is possible for adults of legal drinking age when drinks are limited to 2 drinks or less in a day for males and 1 drink or less in a day for females. Alcohol can also be misused through “binge drinking, heavy drinking, or any drinking by pregnant women or people younger than age 21”.²³

Why is this important?

Drinking alcohol can be harmful to a person’s health, especially when used in excess. Excessive alcohol use can have short- and long-term health risks. Binge drinking is typically connected to the short-term health risks, including alcohol poisoning, violence, and risky behaviors that can lead to injuries, unintended pregnancy, and sexually transmitted infections. Excessive alcohol use can also lead to chronic disease and other health issues. In La Crosse County, the top two causes of death are heart disease and cancer—both can be caused by excessive alcohol use. Excessive alcohol use can also impact mental health, social problems, and brain function.²³

Excessive alcohol consumption includes:

Binge Drinking



Heavy Drinking



**Drinks per week
for females**



**Drinks per week
for males**



**Any alcohol
consumption by
youth under 21
or pregnant
women**

(University of Wisconsin Population Health Institute, 2019)

“

Alcohol has been really prevalent for a long time, and we really don't talk about it as much. We still see more alcohol-related emergency visits than any other substance. That is still the top thing—whether it be secondary to accidents or withdrawal symptoms, to treating their mental health with alcohol that causes a spiral...lots of suicidal ideation with alcohol. That is still something that is extremely prevalent in our community.

La Crosse County Resident

”

How are we doing in La Crosse County?

Alcohol use impacts the youth in La Crosse County as well. According to La Crosse County youth, 50% have tried alcohol at least once with over 12% of those youth having tried alcohol before the age of 13. Binge drinking is much less common for youth. Only 8% of all youth have engaged in binge drinking behavior.

According to results from the Youth Risk Behavior Survey, there are differences in alcohol use among youth. These differences paint a picture of how the environment and social determinants of health impact substance use. "Among students who drank, 28% had their first drink before age 13. In general, such students are also more likely to report indicators of trauma, violence, or abuse. A trauma-informed lens is advised when working with students with early alcohol or drug use."²⁵ Youth living with low income are also more likely to participate in binge drinking.



26% of adults in La Crosse County drink excessively through binge drinking or heavy drinking

BURDEN OF BINGE DRINKING

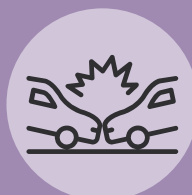
Every year in La Crosse County, excessive alcohol use contributes to the following:



48 alcohol-related deaths



1,694 alcohol-related hospitalizations



120 alcohol-related crashes



36 people in an alcohol-related treatment service

Substance Use: Tobacco

Tobacco is a plant that contains an addicting substance called nicotine. Tobacco leaves are used to make cigarettes, cigars, cigarillos, chewing tobacco, snuff, and other tobacco products. E-cigarette products do not use the tobacco leaf, but they do contain nicotine and are also considered a tobacco product. Tobacco products have hundreds of ingredients and create more chemicals when burned. Many of these chemicals are known to cause cancer, are toxic, and can contribute to addiction as well.

Why is this important?

Smoking and using tobacco products cause premature death and decrease quality of life due to illness or disease caused by using tobacco products. Smoking is directly connected to many types of cancer, heart disease, chronic obstructive pulmonary disease (COPD), stroke, and diabetes.²⁶ Tobacco use can directly lead to disease and it harms nearly every organ in the body. Second-hand smoke also impacts the health of babies, children, and any other person being exposed to or using tobacco. In addition, nicotine exposure for babies in utero and in young children through adolescence can have long-term effects on brain function and development.²⁷



How are we doing in La Crosse County?



87% of adults are non-smokers



86% of teens do not currently vape



97% of teens do not use cigarettes

These low rates of tobacco use are better than in Wisconsin overall. However, tobacco use is the leading cause of preventable death in the U.S. and takes the most lives in La Crosse County.²⁶ Adolescents that are more likely to use tobacco products include: those living with low income, people of color, and LGBTQ+ teens.²⁵ The tobacco industry also targets their marketing to these same groups which leads to even higher usage rates.

Substance Use: Other Drugs

Drug use includes the use of illegal substances and the use of prescription drugs in a manner other than as directed by a doctor. Illegal drugs include substances such as opiates, methamphetamines, cocaine, and marijuana. Prescription opioids are used to treat pain and can have serious side effects when taken incorrectly. Common prescription opioids include oxycodone, hydrocodone, morphine, methadone, and fentanyl.

Why is this important?

Substance abuse and misuse can lead to addiction and dependence which can be harmful to the body. Certain prescription drugs can be misused and lead to serious risks and side effects. Marijuana use can cause short-term health problems and can also impact brain development, especially for babies, children, and teens.²⁸ All drugs have the potential to impair health in the short and long-term.

Opioid Burden: La Crosse County



30 opioid-related deaths²⁹



64.9 per 100,000 ER visits for opioid overdose²⁹



516 people received treatment³⁰

(Wisconsin Department of Health Services, 2021)

How are we doing in La Crosse County?

Over 80% of La Crosse County residents voiced concern about drug misuse in the community.⁸ According to the Youth Risk Behavior Survey (YRBS), adolescent drug use in La Crosse County is the same or lower than in Wisconsin overall. La Crosse County teens are less likely to come in contact with drugs on school property. However, there are some teens that are exposed more often and use drugs more often than their peers. Adolescents that are more often exposed to drugs on school property are youth of color, youth living in low-income families, LGBTQ+ youth, and youth with disabilities. These same youth are more likely to have used marijuana.²⁵

“

In the past 10 years, we've seen this increase in substance abuse in opiates. That's really gone to the forefront, part because alcohol tends to be a slower death. It's a march in time, and it takes years and years and years. Whereas, the opiate use disorder, the death on that is so much faster and we see it hit such young people. It really has a significant impact on family as well because of how rapid it is.

La Crosse County Resident

”

Mental Health

Mental health is the emotional, psychological, and social well-being of a person and is different than a mental illness. Mental illness is a diagnosable condition, like anxiety, depression, compulsion disorders, personality disorders, post-traumatic stress, and many other conditions that impact one's mental health.

A person's mental health affects how they think, feel, and act.³¹ Mental health can change over time and can be different each day, depending on many factors.



Our mental health affects how we think, feel, and act

“
You really have to look at how do we help to prevent that—through better mental health, substance use treatment, more jobs for people, and having affordable and safe housing for people to live in.
”

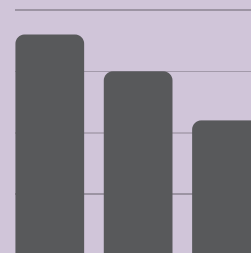
“
During the pandemic, mental health cases increased. People weren't getting the mental health services they needed. This also caused people to turn to substance use in order to cope. Depression and anxiety have gotten really bad.
”

Voiced by La Crosse County Residents

Why is this important?

Mental illnesses are very common. As many as 1 in 5 people in the United States will have a mental illness.³¹ The mental health of a person is connected to their physical health. For example, research has shown that people who have depression and another physical illness are more likely to have severe symptoms of both.³² This demonstrates how the mind and body are connected. Mental health impacts a person's healthy behaviors and overall well-being.

Suicide rates in La Crosse are higher than in WI and the US



Mental health issues are experienced differently across La Crosse County. Youth of color, LGBTQ+ youth, and youth living in low income families are the most vulnerable for experiencing mental health issues including anxiety, depression, self-harm, and suicide planning, contemplation, and attempts.²⁵

How are we doing in La Crosse County?

Mental health is more than just how a person is feeling; it is about the quality of their life and how mental health can impact overall health status. Stigma as well as accessibility of local mental health services contribute to a treatment gap in La Crosse County.

**18.5% of adults
&
20% of kids**

**have been
diagnosed with a
mental illness³³**

OVER



1/2 of adults



1/3 of kids

are not accessing treatment³³



**of people who
die by suicide
had a known
mental health
condition³⁴**

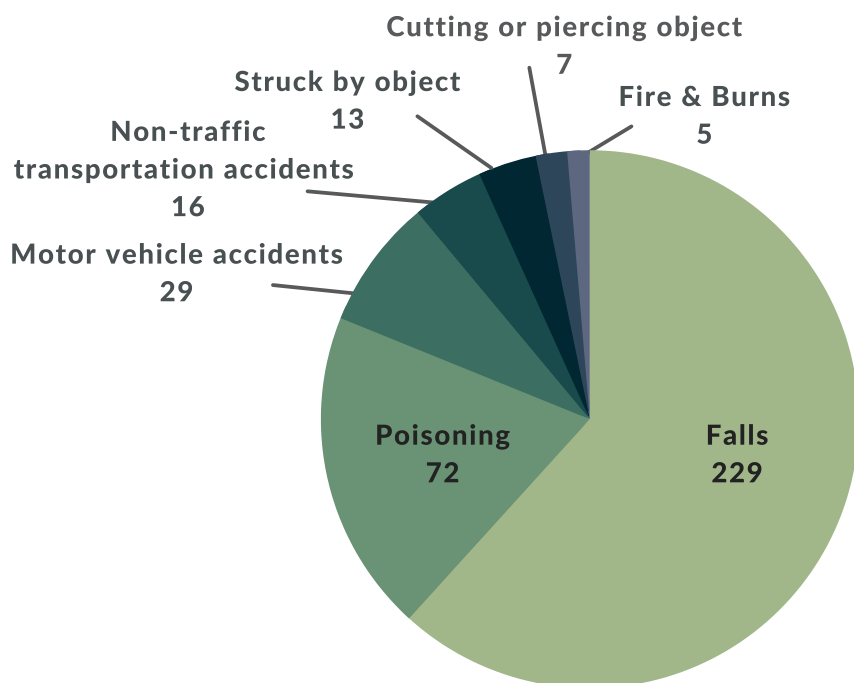
Injury Prevention

Injury prevention includes two types of injuries: Intentional injury or Non-intentional injury (ie, accidents). Accidents and injuries impact all residents, no matter the age. Accidental injuries can include falls, poisonings, transportation or motor vehicle accidents, and burns. Intentional injuries can include self-harm, violent actions, drug overdose, and abuse.

Non-Intentional Injury or Accidents

Why is this important?

Most accidents can be prevented through awareness, education, and changes to the environment, policy, and social norms. In La Crosse County, the most common hospitalization for injury is related to falls for older adults. Falls can cause broken bones, head injuries, and may limit future activity due to fear of falling again.



Hospitalizations due to injuries in La Crosse County, 2019³⁶

How are we doing in La Crosse County?

Accidents and injuries are the third leading cause of death in La Crosse County. The most common cause for injury-related hospitalizations is falls. In 2019, there were 229 hospitalizations for falls-related injuries. Falls are a danger for older adults and can result in hip fractures and other injuries.

Poisoning is the second highest injury-related hospitalization in La Crosse County. This is due to accidental poisoning as well as drug overdose hospitalizations.

In recent years, emergency room visits for motor vehicle crashes has decreased, but remains the third most common injury for hospitalizations in La Crosse County.³⁵

Older adult falls cost



\$50 billion
in medical costs
annually



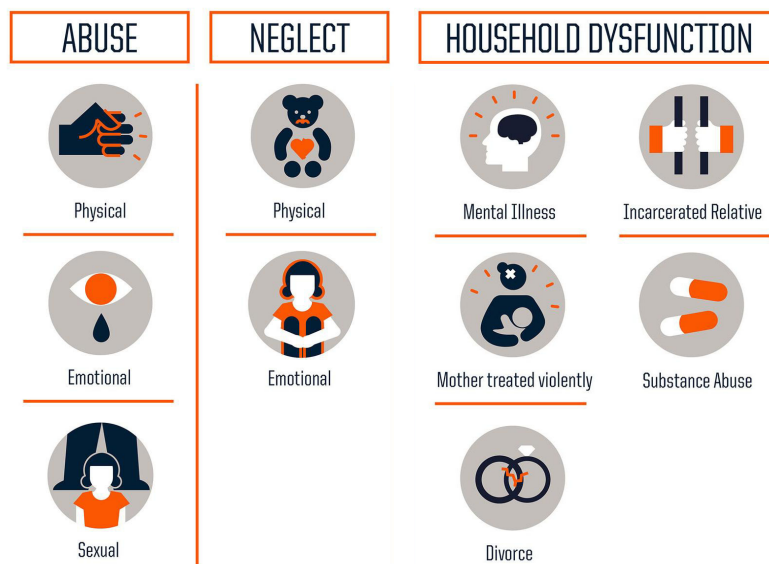
75% of those costs go
straight to Medicare
& Medicaid

Intentional Injury

Why is this important?

Intentional injuries are also a concern as many are connected to mental health issues, substance use disorders, and violence at home, school, or in the community. Many intentional injuries are connected to adverse childhood experiences (ACEs). There are many types of adverse childhood experiences that include abuse, neglect, and household dysfunction. ACEs are linked to and can sometimes predict future health problems, mental health challenges, toxic stress, and generational substance use issues.³⁷

Types of Adverse Childhood Experiences

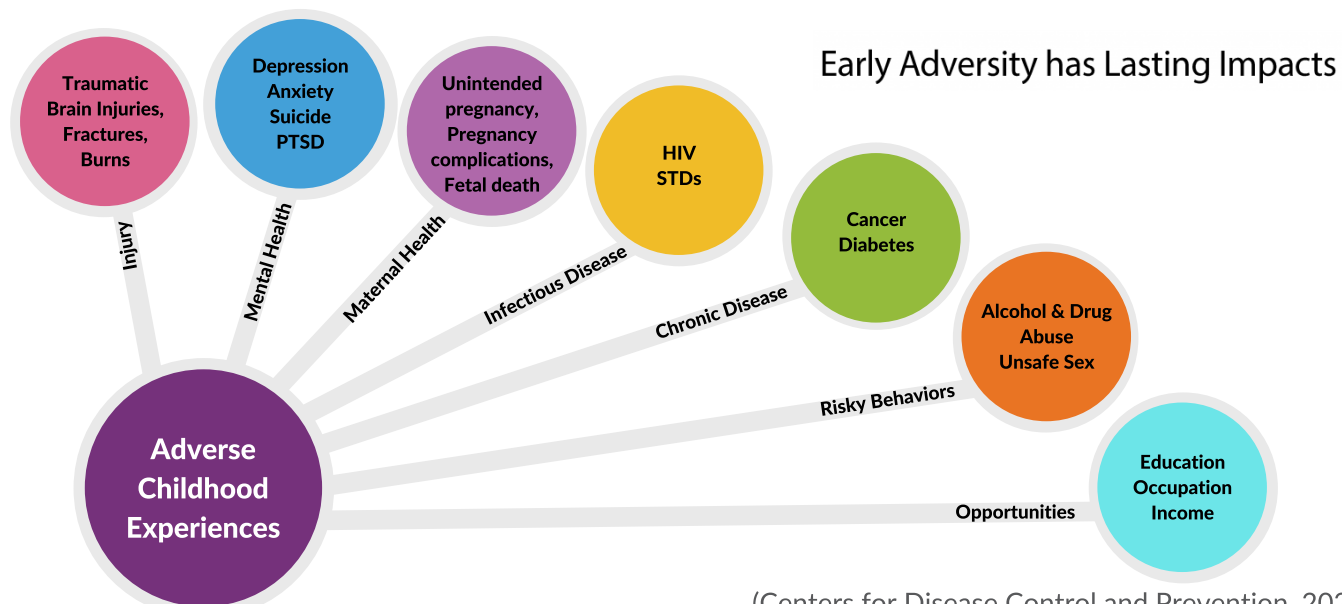


(Robert Wood Johnson Foundation, 2013)

How are we doing in La Crosse County?

Violence and injuries impact all community members. However, there are residents that are more impacted by violence and have additional risk for injury and safety concerns. Women, racialized groups, and children are more likely to experience 4 or more types of adverse childhood experiences.³⁷

According to the Youth Risk Behavior Survey, La Crosse County adolescents of color, those living in poverty, LGBTQ+ youth, and females are more likely to experience bullying, more likely to not feel safe at school or in their neighborhoods, and more likely to experience sexual or dating violence.²⁵ Many characteristics can impact health risk and outcomes. The intersectionality, or overlap, of characteristics can multiply the impact on these health outcomes as well.



(Centers for Disease Control and Prevention, 2021)

ENVIRONMENTAL PUBLIC HEALTH



Environmental Health

Environmental public health focuses on the interaction between people and the environment. This area of health is key to a healthy and safe community. Environmental health protects people from exposure to unhealthy conditions in the air, water, soil, and food.

Environmental public health is the third foundational area in the Foundational Public Health Services Model. This foundational area provides information to the community about health issues from common environmental or toxic exposures. La Crosse County Health Department also includes an environmental public health lab that assists with testing to protect food, recreation, and drinking water and identifies public health hazards. Additionally, environmental health includes promotion of broad land use planning and sustainable development for positive health outcomes and resilient communities.

Radon

Radon is a naturally occurring radioactive gas. This gas is colorless, odorless, and tasteless. As a natural gas, radon is found in rocks, the soil, and groundwater. People come into contact with radon gas inside buildings and homes or through dissolved radon in drinking water.⁴⁰

The Environmental Protection Agency (EPA) explains that, "Radon typically moves up through the ground to the air above and into your home through cracks and other holes in the foundation. Radon can also enter your home through well water. Your home can trap radon inside."⁴¹

Why is this important?

Because radon is a radioactive gas, it can cause lung cancer.⁴² Breathing radon gas is the second leading cause for lung cancer right behind smoking. For those that smoke and have high levels of radon gas in their home, the risk of lung cancer is 10 times higher.⁴³ Radon is the leading cause of lung cancer in people that have never smoked.⁴⁴

How are we doing in La Crosse County?

Homes that have a radon level in the air above 4 pCi/L have a level above the safety standard put in place by the Environmental Protection Agency.⁴¹

La Crosse County has a predicted average indoor radon screening level between 2-4 pCi/L.⁴⁵

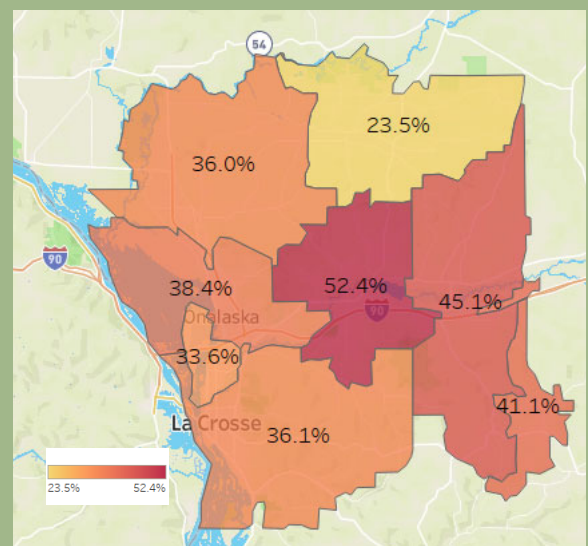


Radon is in the ground naturally and can get into homes through cracks in the floors and walls.

Positive Radon Tests in La Crosse County

The West Salem area has a higher level of radon tests that return positive compared to other communities in La Crosse County.⁴⁶

There is still a risk for elevated radon risk throughout the county. Homes in La Crosse County should be regularly tested for radon.



Lead

Lead is a heavy metal that is found naturally in the environment. Lead is often used in paint, ceramics, pipes and plumbing materials, gasoline, car batteries, and other popular everyday items like cosmetics.⁴⁷

Lead can enter the environment from products we are using today and from items that were used in the past. For example, lead paint was common until it was banned in 1978. Homes that were built before 1978 are a common place to see lead-based paint. People can be exposed to lead through the air, water, soil, and in homes.

Why is this important?

Children are at higher risk for health problems when they come into contact with lead. Babies and young children are more likely to absorb higher amounts of lead because of how often they put hands and items into their mouths.⁴⁷

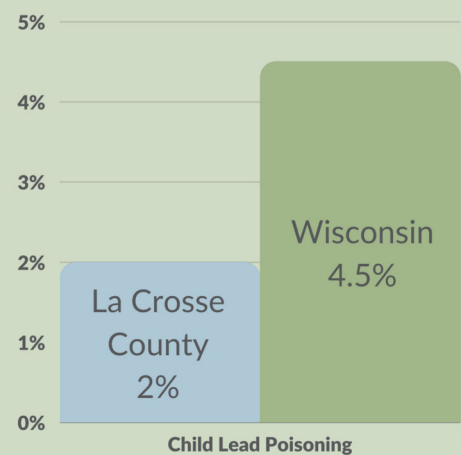
Health issues that happen because of lead exposure may include:

- Issues with brain development
- Behavioral changes with attention span and antisocial behavior
- Anemia (low-iron levels in the blood)
- High blood pressure
- Kidney disease⁴⁸

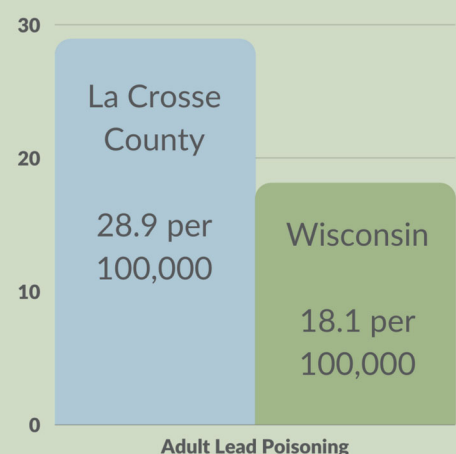
There is no safe level of lead in children. Detecting lead in children early and preventing further damage is important for healthy brain development. The early detection of lead in a child is important so parents can find and remove the lead in the child's environment earlier. Even though lead can be found in many places, lead exposure is preventable and homes can be made safer.⁴⁹

How are we doing in La Crosse County?

Over half of the homes in La Crosse County were built before 1980 and may have a higher risk of lead paint exposure for kids and their families. In La Crosse County, 2% of children's blood tests were elevated and is lower than the state average.⁵⁰



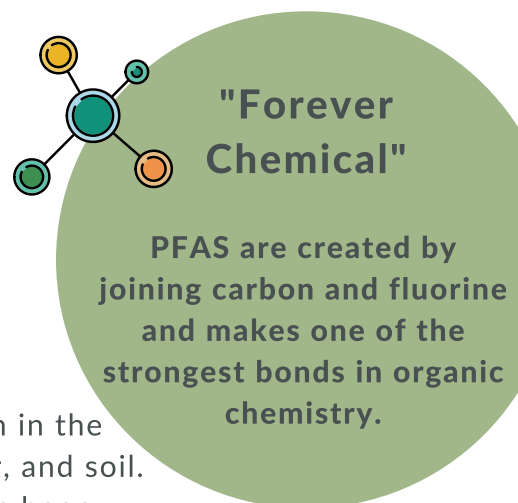
On the other hand, La Crosse County has a higher rate of adult lead poisoning than Wisconsin overall.⁵¹



Water Quality: PFAS

PFAS are a group of chemicals, known as “forever chemicals.” These chemicals are used in a variety of products that are made to resist heat, oil, stains, grease, and water. PFAS are found in everyday items, like nonstick pots and pans, fast food wrappers and packaging, stain-resistant furniture and carpets, stain- or water-repellent clothes, and electronics. PFAS are also commonly found in fire-fighting foams.⁵²

As a family of chemicals that does not easily break down in the environment, PFAS can be passed through the air, water, and soil. People are exposed by consuming water or food that has been contaminated or by using an everyday item that contains PFAS.



Why is this important?

PFAS can stay in the body for long periods of time. Research has shown that exposure to high levels of PFAS may lead to increased cholesterol levels, decreased vaccine response in children,⁵³ low infant birth weights, cancer, thyroid hormone disruption, and effects on the immune system.⁵⁴

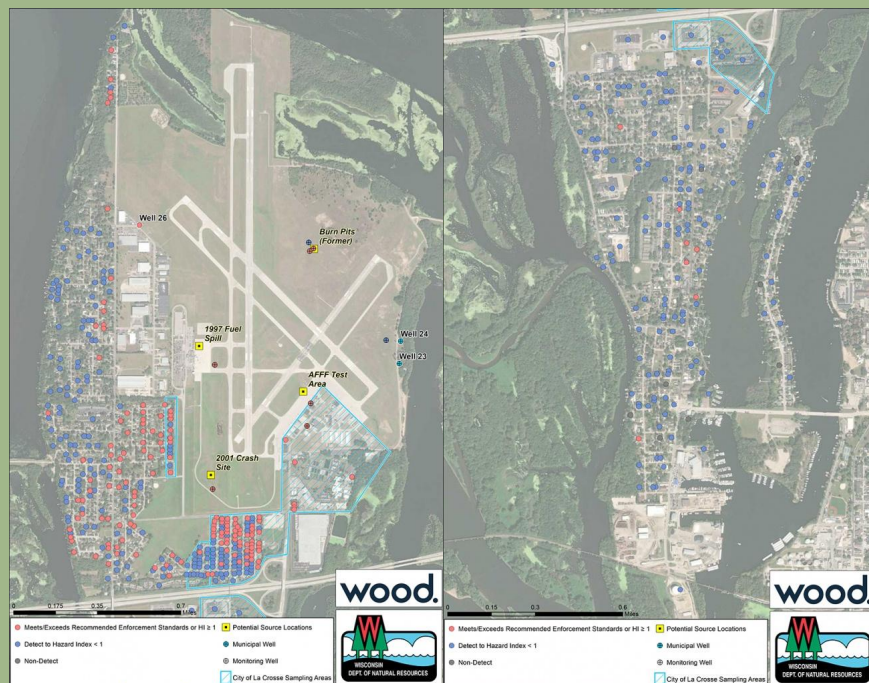
When PFAS remain in the environment, it causes contamination of drinking water and build-up of these chemicals in fish and wildlife.⁵²

How are we doing in La Crosse County?

In La Crosse County, 25.3% of water samples were above the DHS recommended level.⁵⁵ The Town of Campbell and French Island have found water to be contaminated in about 1/4 of the tested municipal wells, private drinking water, and groundwater sources. In 2021, the City of La Crosse and the DNR began providing temporary emergency water to residents with private wells on French Island.

Maps of French Island

Red dots are contaminated water sources



FAMILY HEALTH



Family Health

Family health focuses on health across the lifespan starting with pregnancy and birth. Family health is about the family unit and the health of children as they age from infancy, through early childhood, and adolescence.

Maternal, Child, and Family Health is the fourth program area in the Foundational Public Health Services Model. Family health includes programs for prenatal and early childhood to encourage lifelong health and development. This foundational area also focuses on nutrition, physical activity, breastfeeding, adolescence, and access to resources that encourage healthy habits across the lifespan.

Maternal and Child Health

Maternal and child health is a broad topic that includes the health of women, infants, and children. Health concerns, specific to women, are important to address before, during, and after pregnancy. Infants have healthier birth outcomes when the mother has access to care and has the opportunity to address health risks before and early on in a pregnancy. Infant health can also be addressed early on with medical care, immunizations, healthy feeding options, and safe environments for growth and development.

Why is this important?

Maternal and infant death is a rare complication of pregnancy. However, the number of women that experience complication during and after pregnancy has more than doubled since 1987.⁵⁶ While death is a rare outcome for women and infants, there are other behaviors and outcomes that address the larger picture of maternal and child health. A woman's health before and during pregnancy can directly impact the health of a baby. To provide a healthy growing environment, women should seek early prenatal care, seek mental health care when needed, and address health behaviors like substance use and nutrition. Main outcomes for infants can be improved with breastfeeding, an immunization schedule, balanced nutrition with the start of solid foods, and a safe sleep and home environment. Focusing on health at a young age can have a long-term impact on a child's well-being.

BREASTFEEDING

Breastfeeding has many benefits for mother and baby. The benefits go beyond infancy and into a young child's life. Breastfed babies have a lower risk for asthma, obesity, Type 1 diabetes, and severe lower respiratory disease.⁵⁷

This beneficial behavior is encouraged for all mothers and babies that are able to breastfeed. In La Crosse County, there are differences in breastfeeding initiation that can be addressed to improve infant and mother outcomes. Women of color are less likely to initiate breastfeeding. Younger women, ages 15-19 and 20-24, are also less likely to initiate breastfeeding and less likely to initiate prenatal care in the first trimester.

How are we doing in La Crosse County?

7% babies born with low birthweight



4.3 infant deaths per 1,000 live births



Same as Wisconsin

88.2% early prenatal care initiation



84% breastfeeding initiation



Better than Wisconsin

“

Family and children's health has the greatest impact. If we can create strong, healthy families, we can decrease poor health outcomes.

La Crosse County Resident

”

Adolescent Health and Resilience

Adolescent health, or teen health, is focused on the rapid changes of the body, hormones, and brains of developing children. A teen's body is growing and maturing throughout adolescence. On top of physical growth, the body is also going through puberty and new stages of brain development. Healthy habits are important for a teen to develop for nutrition, physical activity, sleep, mental and emotional health, and social skills.

Why is this important?

Adolescents experience puberty and growth at different stages. According to some research, youth that develop faster are more likely to take part in risky behaviors and youth who develop slower than their peers are more likely to experience bullying.⁵⁸ Relationships with parents and trusted adults can help support youth during adolescence. Adults can encourage skill-building and decision-making for healthy minds and bodies.

How are we doing in La Crosse County?

According to La Crosse County survey results, many risky health behaviors for youth in La Crosse County are similar to the state overall.²⁵ Risky health behaviors that are worse in La Crosse County include:

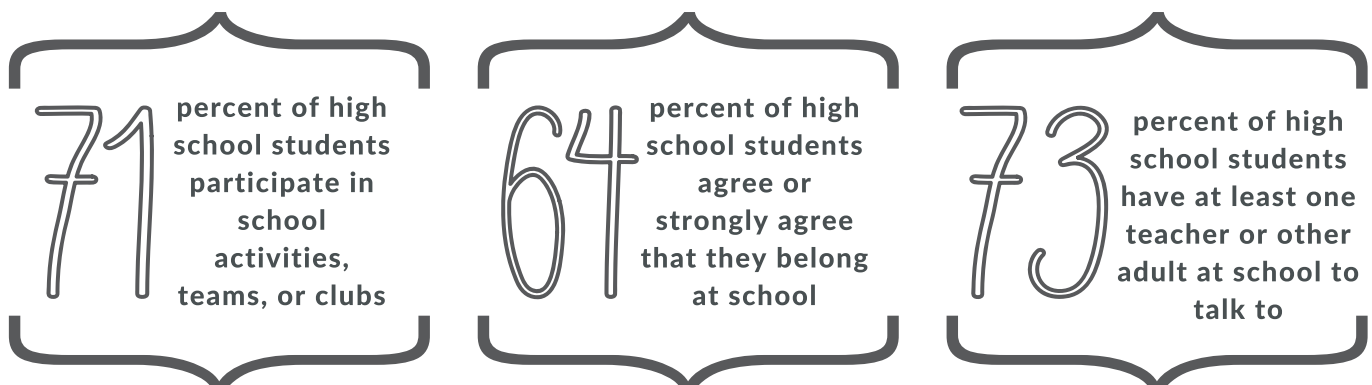
36% of high school students have ever tried an e-cigarette product



93% of high school students who always/mostly wear a seatbelt

PROTECTIVE FACTORS

Protective factors are parts of the environment and culture that reduce the impact of risky behaviors. For example, high school students in La Crosse County that report a sense of school belonging have fewer mental health concerns, are less likely to consider suicide, and are more likely to feel safe at school.²⁵ Many of the protective factors for La Crosse County high school students are similar to Wisconsin overall. However, there are three protective factors that are higher in this county.



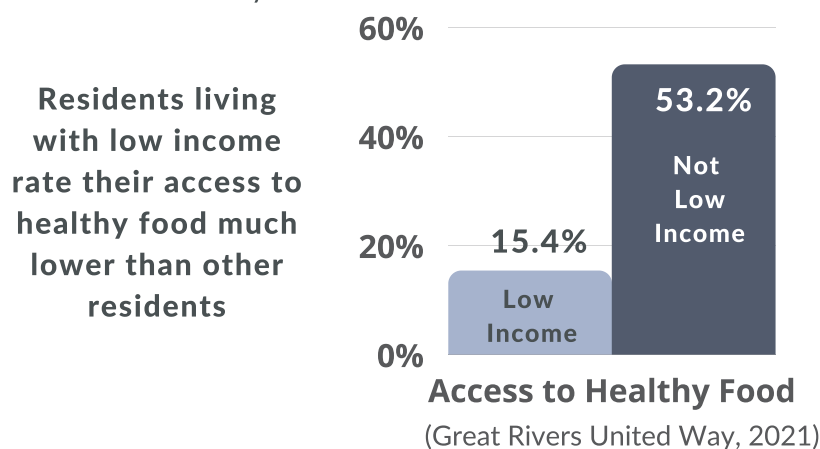
Youth of color, LGBTQ+ youth, youth living in low-income families, and youth living with a disability are more likely to experience fewer protective factors and are more likely to be impacted by risky health behaviors.²⁵

Nutrition and Physical Activity

Healthy habits for nutrition and physical activity help prevent serious health problems for all ages. Physical activity not only improves a person's fitness level, but also can improve mental health, reduce chronic conditions, and prevent weight gain. Older adults also benefit from physical activity as it can help with sleep, balance, and keep strong muscles and bones.⁵⁹ Good nutrition can also reduce and help manage chronic conditions. A healthy food environment is important for residents to access healthy and affordable food in retail and restaurant settings.

Why is this important?

Nutrition and physical activity are two focus areas that can improve overall health and are important throughout the lifespan. In order to increase healthy habits for food and physical activity, the community and surrounding environments should reinforce making healthy choices. Daycares, schools, worksites, hospitals, and many other spaces impact nutrition and physical activity for people that seek services and work in these settings.⁶⁰ The health behaviors related to nutrition and physical activity impact the top two causes of death—heart disease and cancer. Better nutrition and physical activity levels can impact chronic disease and death for most people in La Crosse County.



How are we doing in La Crosse County?

La Crosse County residents are less physically active than Wisconsin residents overall. In 2020, 23% of residents reported no leisure-time physical activity.¹⁰ The La Crosse community has access to a wealth of exercise opportunities. In fact, 89% of residents feel that they have plenty of access to exercise opportunities.¹⁰

Although the environment encourages physical activity, there are some pockets throughout the county that struggle with food scarcity and access to healthy foods. While food assistance is available, over 2,500 food insecure county residents are not eligible through the federally-funded Supplemental Nutrition Assistance Program (SNAP).⁶¹ Additionally, 6% of residents have limited access to healthy foods.¹⁰

“

When you have a large family to put food on the table for, you might work overtime. Because of this, you get stressed out and eat a lot and you become obese and start having issues. There's also the fact that some people also like to eat stuff that's high in carbs.

La Crosse County Resident

”

ACCESS TO AND LINKAGE WITH CLINICAL CARE



Access to Care

Access to and linkage with clinical care focuses on health care services and how people can access care in their community. Providing services that are affordable, convenient, and without barriers are important when considering how to improve access and linkages to care.

Access to and linkage with clinical care is the final area in the Foundational Public Health Services Model. This area is directly linked to clinical services that are provided through public health departments, such as vaccinations, disease testing, and oral health services. Local health departments act as a linkage to other community resources that are available, but not directly provided by health department staff. These resources include substance use treatment, mental health services, social work services, and more.

Access to and Utilization of Care Services

Access to care includes services for general health, mental health services, substance use services, and dental care. Access to care is not just about the availability of medical care professionals and medical resources. It is also about finding care that is affordable, culturally appropriate and diverse, and can be found in a timely manner.

Why is this important?

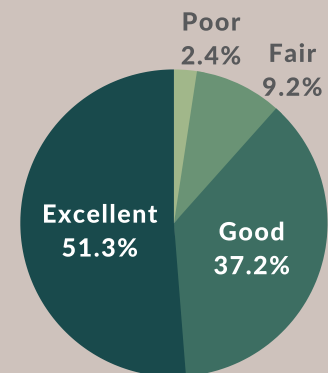
Providing health care services is an important part of meeting the health needs of a community. Health insurance provides more affordable services; however, even the insured may struggle to find care that is easy to access and affordable. Primary medical care focuses on prevention and management of chronic diseases. Cost of care is not the only barrier. Individuals may also experience language barriers, transportation issues, and racial disparities in treatment.⁶² Health care services that are accessed early and often promote better health outcomes, better quality of life, and decreased mortality.⁶²

Oral health impacts a person's overall health and is linked to issues with eating, speaking, and learning.⁶³ The most common issues with oral health are cavities in the teeth, gum disease, and cancer of the mouth. Oral health is also linked to other chronic conditions like heart disease and diabetes.

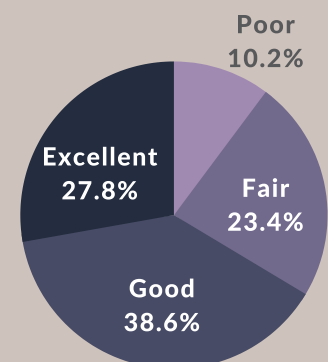
Mental health and substance use treatment services have been covered in previous sections (See pages 27-32).

Access to Care Services

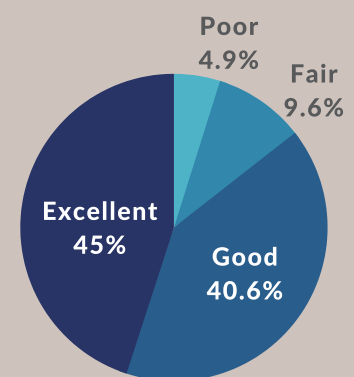
Rated by La Crosse County residents



Access to Healthcare



Access to Mental Healthcare



Access to Dental Care

(Great Rivers United Way, 2021)

“

Many [migrant people] have health issues, but they don't have the money...to fix them through the regular channels. Some feel that getting the bill from the hospital is worse than being sick.

”

La Crosse County Resident

How are we doing in La Crosse County?

According to La Crosse County residents, access to care is an issue in the county. Many factors contribute to this problem. The most common reasons that were discussed are affordability of services, mistrust in the health system, and a lack of culturally diverse providers and staff in the health system.

Only 4.7% of La Crosse County residents are currently uninsured. This is lower than Wisconsin overall (5.7%) and ranks among the best in the United States.¹⁰ However, the cost of care is still a barrier for many residents and is a reason that many have delayed care. In 2021, La Crosse County has better provider ratios than Wisconsin overall for primary care physicians, dental health providers, and mental health providers.¹⁰ Despite the reasonable ratios, over half of adults and over 1/3 of youth have not been able to receive care for their mental health needs.³³ Additionally, many people of color do not feel represented in the health system, which impacts quality and access of care. Furthermore, La Crosse County has a gap in substance use treatment services which are less available locally than in the state overall.³⁰

Provider Ratios

	La Crosse	WI
Primary Care Physician Ratios	730:1	1,270:1
Mental Health Provider Ratios	310:1	470:1
Dental Health Provider Ratios	1,010:1	1,410:1

(County Health Rankings, 2021)

La Crosse County primary care physician and dental health provider ratios are better than Wisconsin and Top U.S. Performers. Availability of mental health providers is better than Wisconsin, but La Crosse County has treatment gaps that need to be addressed.

CARE FOR ALL

People with low income experience an additional burden of finding care services that are affordable. Additionally, representation among health care providers and services for individuals with a variety of cultural, ethnic, socioeconomic, and sexual orientations is lacking in the health sector. This lack of diversity can affect one's ability to access quality care services.



46% of adults living with low income have seen a dentist in the past year compared to 75% of all adults.⁸



15% of adults delayed dental care in the past year specifically due to cost⁸

ACKNOWLEDGEMENTS

Members of the La Crosse County Health Department Community Health Assessment Team

Audra Martine	Kelsey Stockwell
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Jacqueline Cutts	Nicolette Kvam
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Lizbeth Ramirez, UW-La Crosse	

The Community Health Assessment Team would like to express our gratitude to our community partners. Thank you for sharing your story and for giving a voice to the people in our community. Your insight, perspectives, and stories brought our data to life and will guide our next steps to bring change and equity to La Crosse County.

Community Partners

Anneliese Skoda, La Crosse County Human Services	Jeffrey Wolf, La Crosse County Sheriff's Department
Arlette Rodriguez-Miller, Greater La Crosse Area Diversity Council	Jill Mason, School District of Holmen
Brenda Weber, Aquinas Catholic School System	K. Andy Vang, Vang Council of La Crosse
Bridget Todd-Robbins, La Crosse County Human Services	Ken Gilliam, La Crosse Fire Department
Charles Ashbeck, Onalaska Police Department	Mandy Bisek, La Crosse County Human Services
David Steinberg, La Crosse County Emergency Services	Marta Martinez, Coulee Region Immigration Task Force
Deborah Dobrunz, Neighborhood Family Collaborative	Matt Meyers, School District of Holmen
Diana DiazGranados, Better Together in La Crosse County	Mike Murphy, AARP
Dr. Chris Eberlein, Gundersen Health System	NaoHoua Yang, Hmoob Cultural and Community Agency
Dr. Elizabeth Cogbill, Gundersen Health System	Sarah Johnson, La Crosse Area Family YMCA
Greg Fenton, School District of La Crosse	Shamawyah Curtis, Hope Restores
Jason Larson, St. Clare Health Mission	Shawn Kudron, City of La Crosse Police Department

REFERENCES

1. United States Census Bureau. (2021, July 1). Quick facts La Crosse County, Wisconsin. Retrieved from <https://www.census.gov/quickfacts/lacrossecountywisconsin>
2. U.S. Bureau of Labor Statistics. (2022, January 4). Economy at a glance: La Crosse, WI-MN. Retrieved from Data Tools: https://www.bls.gov/eag/eag.wi_lacrosse_msa.htm
3. Office of Disease Prevention and Health Promotion. (n.d.). Social determinants of health. Retrieved from Healthy People 2030: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>
4. County Health Rankings. (2021). County health rankings model. Retrieved from County Health Rankings & Roadmaps: Building a Culture of Health, County by County: <https://www.countyhealthrankings.org/>
5. National Academy of Sciences. (2019). Introduction to health equity and social determinants of health. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK540766/>
6. Robert Wood Johnson Foundation. (2021). Visualizing health equity: One size does not fit all infographic. Retrieved from <https://www.rwjf.org/en/library/infographics/visualizing-health-equity.html>
7. National Association of County and City Health Officials. (2021). Mobilizing for action through planning and partnerships (MAPP). Retrieved from <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp>
8. Great Rivers United Way. (2021). 2021 Compass now La Crosse County report.
9. Public Health National Center for Innovations. (n.d.). Foundational public health services. Retrieved from <https://phnci.org/uploads/resource-files/FPHS-Factsheet-November-2018.pdf>
10. County Health Rankings. (2021). Wisconsin rankings. Retrieved from County Health Rankings & Roadmaps: <https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/la-crosse/county/outcomes/overall/snapshot>
11. County Health Rankings. (2022). Poor mental health days. Retrieved from <https://www.countyhealthrankings.org/app/wisconsin/2021/measure/outcomes/42/description>
12. CARES University of Missouri Extension. (2021). Center for applied research and engagement systems. Retrieved from <https://careshq.org/map-room/>
13. Wisconsin Department of Health Services. (2017, November 29). WISH Mortality Module. Retrieved from <https://www.dhs.wisconsin.gov/wish/mortality/index.htm>
14. Cleveland Clinic. (2021, March 4). Vaccine FAQs: How are vaccines developed, and how do they work? Retrieved from <https://health.clevelandclinic.org/vaccine-faqs-how-are-vaccines-developed-and-how-do-they-work/>
15. Centers for Disease Control and Prevention. (2019, March 18). Vaccines for your children. Retrieved from <https://www.cdc.gov/vaccines/parents/index.html>

REFERENCES

16. Cleveland Clinic. (2020, October 19). Sexually transmitted diseases & infections. Retrieved from <https://my.clevelandclinic.org/health/diseases/9138-sexually-transmitted-diseases--infections-stds--stis>
17. Centers for Disease Control and Prevention. (2021, November 4). Basics of COVID-19. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/your-health/about-covid-19/basics-covid-19.html>
18. Wisconsin Department of Health Services. (2021). COVID-19: County data. Retrieved from <https://www.dhs.wisconsin.gov/covid-19/county.htm>
19. Centers for Disease Control and Prevention. (2021, September 27). About heart disease. Retrieved from Heart Disease: <https://www.cdc.gov/heartdisease/about.htm>
20. National Heart, Lung, and Blood Institute. (2019, August 26-27). Coronary heart disease. Retrieved from <https://www.nhlbi.nih.gov/health-topics/coronary-heart-disease>
21. American Cancer Society. (2020, November 6). What is cancer? Retrieved from Understanding Your Diagnosis: <https://www.cancer.org/treatment/understanding-your-diagnosis/what-is-cancer.html>
22. American Cancer Society. (2019). Cancer facts & figures 2019. Atlanta: American Cancer Society.
23. Division of Population Health. (2021, May 11). Alcohol use and your health. Retrieved from Alcohol & Public Health: <https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>
24. University of Wisconsin Population Health Institute. (2019). The burden of binge drinking in Wisconsin. Wisconsin Department of Health Services.
25. Wisconsin Department of Public Instruction. (2019). La Crosse County 2019 youth risk behavior survey results: High school version.
26. Centers for Disease Control and Prevention. (2021, October 29). Health effects of cigarette smoking. Retrieved from Smoking & Tobacco Use: https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm
27. U.S. Department of Health and Human Services. (2014). The health consequences of smoking: 50 years of progress. A report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
28. Centers for Disease Control and Prevention. (2020, October 19). Brain health. Retrieved from Marijuana and Public Health: <https://www.cdc.gov/marijuana/health-effects/brain-health.html>
29. Wisconsin Department of Health Services. (2021, October 28). Opioids: Hospital visit dashboard. Retrieved from <https://www.dhs.wisconsin.gov/opioids/hospitalizations-county.htm>
30. Wisconsin Department of Health Services. (2021, October 28). Opioids: Treatment data by county dashboard. Retrieved from <https://www.dhs.wisconsin.gov/opioids/treatment-data-county.htm>

REFERENCES

31. Centers for Disease Control and Prevention. (2021, June 28). About mental health. Retrieved from Mental Health: <https://www.cdc.gov/mentalhealth/learn/index.htm>
32. National Institute of Mental Health. (2021). Chronic illness and mental health: Recognizing and treating depression. Retrieved from Mental Health Information: <https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health>
33. Division of Care and Treatment Services. (2019). Wisconsin mental health and substance use needs assessment 2019. Wisconsin Department of Health Services.
34. National Alliance on Mental Illness. (2019, August). Risk of suicide. Retrieved from <https://www.nami.org/About-Mental-Illness/Common-with-Mental-Illness/Risk-of-Suicide>
35. Wisconsin Department of Health Services. (2019). Injury-related hospitalization module. Retrieved from WISH Query System: <https://www.dhs.wisconsin.gov/wish/index.htm>
36. Wisconsin Department of Health Services. (2019, October 5). WISH (Wisconsin interactive statistics on health) query system. Retrieved from <https://www.dhs.wisconsin.gov/wish/index.htm>
37. National Center for Injury Prevention and Control, Division of Violence Prevention. (2021, April 6). Preventing adverse childhood experiences. Retrieved from Violence Prevention: https://www.cdc.gov/violenceprevention/aces/fastfact.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Ffastfact.html
38. Centers for Disease Control and Prevention. (2021, April 6). About the CDC-Kaiser ACE study. Retrieved from <https://www.cdc.gov/violenceprevention/aces/about.html>
39. Robert Wood Johnson Foundation. (2013, May 12). The truth about ACE's infographic. Retrieved from <https://www.rwjf.org/en/library/infographics/the-truth-about-aces.html>
40. Wisconsin Department of Natural Resources. (n.d.). Radon in private well water. Retrieved from: <https://dnr.wisconsin.gov/topic/Wells/radon.html>
41. United States Environmental Protection Agency. (2018, March). Home buyer's and seller's guide to radon. Retrieved from: <https://www.epa.gov/sites/default/files/2015-05/documents/hmbuygud.pdf>
42. Wisconsin Department of Health Services. (2021, February 18). Radon information for Wisconsin. Retrieved from: <https://www.dhs.wisconsin.gov/radon/index.htm>
43. Wisconsin Department of Health Services. (2017, September). Is your home radon safe? Retrieved from: <https://www.dhs.wisconsin.gov/publications/p01963.pdf>
44. United States Environmental Protection Agency. (2021, August 19). Health risk of radon. Retrieved from: <https://www.epa.gov/radon/health-risk-radon>
45. United States Environmental Protection Agency. (2021, August 12). EPA map of radon zones and supplemental information. Retrieved from: <https://www.epa.gov/radon/epa-map-radon-zones-and-supplemental-information-0>
46. Wisconsin Department of Health Services. (2021, December 16). Wisconsin indoor radon test results. Retrieved from <https://wisconsin.dhs.maps.arcgis.com/apps/webappviewer/index.html?id=68f3a3e068854810b626d002ce47aff4>

REFERENCES

47. United States Environmental Protection Agency. (2021, July 15). Learn about lead. Retrieved from: <https://www.epa.gov/lead/learn-about-lead>
48. World Health Organization. (2019, August 23). Lead poisoning and health. Retrieved from: <https://www.who.int/news-room/fact-sheets/detail/lead-poisoning-and-health>
49. Centers for Disease Control and Prevention. (2021, April 5). Childhood lead poisoning prevention. Retrieved from Blood Lead Levels in Children: <https://www.cdc.gov/nceh/lead/prevention/blood-lead-levels.htm>
50. Wisconsin Department of Health Services. (2020). Wisconsin 2018 blood lead testing data for children less than 6 years of age. Wisconsin Department of Health Services.
51. Wisconsin Department of Health Services. (2021, September 8). Environmental public health tracking. Retrieved from <https://www.dhs.wisconsin.gov/epht/index.htm>
52. Centers for Disease Control and Prevention. (2021, August 16). National biomonitoring program. Retrieved from Per- and Polyfluorinated Substances (PFAS) Factsheet: https://www.cdc.gov/biomonitoring/PFAS_FactSheet.html
53. Agency for Toxic Substances and Disease Registry. (2020, June 24). Per- and polyfluoroalkyl substances (PFAS) and your health. Retrieved from What are the health effects of PFAS?: <https://www.atsdr.cdc.gov/pfas/health-effects/index.html>
54. United States Environmental Protection Agency. (2021, April 8). PFOA, PFOS, and other PFAS. Retrieved from Basic Information on PFAS: <https://www.epa.gov/pfas/basic-information-pfas>
55. Wisconsin Department of Natural Resources. (n.d.). PFAS contamination in the Town of Campbell and French Island. Retrieved from: <https://dnr.wisconsin.gov/topic/PFAS/Campbell.html>
56. Ascend at the Aspen Institute. (2019, April 1). Giving kids a healthy start to life: A briefing series for new state policymakers. Retrieved from Maternal and Child Health: <https://www.rwjf.org/en/library/research/2019/04/maternal-and-child-health.html>
57. Centers for Disease Control and Prevention. (2021, August 23). Why it matters. Retrieved from Breastfeeding: <https://www.cdc.gov/breastfeeding/about-breastfeeding/why-it-matters.html>
58. U.S. Department of Health and Human Services, Office of Population Affairs. (November 2018). Adolescent development explained. Washington, D.C.: U.S. Government Printing Office.
59. Centers for Disease Control and Prevention. (2020, May 13). Why it matters. Retrieved from Physical Activity: <https://www.cdc.gov/physicalactivity/about-physical-activity/why-it-matters.html>
60. Centers for Disease Control and Prevention. (2021, February 2). Healthy food environments. Retrieved from Nutrition: <https://www.cdc.gov/nutrition/healthy-food-environments/index.html>
61. Feeding America. (2022). Map the meal gap data. Retrieved from <https://www.feedingamerica.org/research/map-the-meal-gap/by-county>

REFERENCES

62. County Health Rankings. (2021). Access to care. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/clinical-care/access-to-care>
63. Centers for Disease Control and Prevention. (2020, November 3). Oral health fast facts. Retrieved from <https://www.cdc.gov/oralhealth/fast-facts/index.html>



APPENDIX A

SECONDARY DATA SOURCES

List of all data sources used in the analysis of health indicators for La Crosse County residents.

COMMUNITY HEALTH ASSESSMENT DATA SOURCES

- Area Health Resource File, [Workforce Data, 2019-2020](#)
- Center for Applied Research and Engagement Systems, [2018 data](#)
- Centers for Disease Control and Prevention, [About Underlying Cause of Death, 1999-2019 Results](#)
- Centers for Disease Control and Prevention, [Adult Physical Inactivity Prevalence Maps by Race/Ethnicity, 2017-2020](#)
- Centers for Disease Control and Prevention, [Diagnosed Diabetes, 2017](#)
- Centers for Disease Control and Prevention, [Interactive Atlas of Heart Disease and Stroke, 2016-2018](#)
- Centers for Disease Control and Prevention, National Center for Health Statistics, [Data Visualizations](#)
- Centers for Disease Control and Prevention, [Sexually Transmitted Disease Surveillance 2019](#)
- Centers for Disease Control and Prevention, [Wonder Natality, 2016-2019 expanded request](#)
- Centers for Medicare & Medicaid Services Office of Minority Health, [Mapping Medicare Disparities, 2019](#)
- County Health Rankings, [La Crosse 2020](#)
- Federal Bureau of Investigation, [Crime Data Explorer, 2014-2020](#)
- Feeding America, [Food Insecurity in La Crosse County, 2018](#)
- Great Rivers United Way, [Compass Now 2021 Report](#)
- Institute for Health Metrics and Evaluation, [US County Profiles, 2019](#)
- Office of Juvenile Justice and Delinquency Prevention, [Wisconsin State Plan, 2016](#)
- Office of Policy Development and Research, [Comprehensive Housing Affordability Strategy Data, 2014-2018](#)
- Robert Wood Johnson Foundation, [Life Expectancy: Could where you live influence how long you live?](#)
- School of Medicine and Public Health, [Wisconsin Health Atlas, 2015-2016](#)
- Stanford University, [Stanford Education Data Archive \(SEDA\)](#)
- United States Bureau of Labor Statistics, [2019](#)
- United States Census Bureau, [2015-2019 American Community Survey 5-year Estimates](#)
- United States Census Bureau, [Decennial Census of Population and Housing by Decades, 2010](#)
- United States Census Bureau, [Disability Characteristics, American Community Survey, 2014-2019](#)
- United States Census Bureau, [Small Area Health Insurance Estimates: 2018](#)
- United States Department of Agriculture, [Food Environment Atlas, 2015-2018 data](#)
- United States Environmental Protection Agency, [EJSCREEN: Environmental Justice Screening and Mapping Tool](#)

COMMUNITY HEALTH ASSESSMENT DATA SOURCES

- University of Wisconsin-Madison Population Health Institute, The Burden of Binge Drinking in Wisconsin, 2019
- Wisconsin Cancer Reporting System, 2013-2017
- Wisconsin Department of Children and Families, Wisconsin Child Abuse and Neglect Report 2020
- Wisconsin Department of Health Services, Alcohol: Hospitalizations by County Dashboard, 2020
- Wisconsin Department of Health Services, Environmental Public Health Tracking, 2019
- Wisconsin Department of Health Services, Lead Poisoning Data, 2018
- Wisconsin Department of Health Services, Opioids Hospital Visit Data, Deaths, and Treatment, 2020
- Wisconsin Department of Health Services, Reported Cases of HIV Infection, La Crosse County 2014-2019
- Wisconsin Department of Health Services, Vaccination Coverage Among Wisconsin Adolescents Aged 13 Through 18 Years, by Vaccine or Series, City or County of Residence, and Year, 2019
- Wisconsin Department of Health Services, Wisconsin Mental Health and Substance Abuse Needs Assessment Report, 2017 data/2019 report
- Wisconsin Department of Health Services, Wisconsin Tuberculosis Cases by Public Health Region and by County 2011-2020
- Wisconsin Department of Justice, 2018 Domestic Abuse Data
- Wisconsin Department of Justice, UCR Offense Data, 2020
- Wisconsin Department of Public Instruction, Youth Risk Behavior Survey, 2019
- Wisconsin Electronic Disease Surveillance System (WEDSS), 2020-2021
- Wisconsin Immunization Registry, 2021
- Wisconsin Interactive Radon Map, 1995-2016
- WISH (Wisconsin Interactive Statistics on Health) Query System, 2020



APPENDIX B

KEY INFORMANT INTERVIEW MATERIALS

Developed resources used in the key informant process. Includes: Informed Consent, Interview Script, and Summary Sheet.



Informed Consent Form for Key Informant Interviews **La Crosse County Health Department Community Health Assessment**

This informed consent is for content experts and residents in La Crosse County who we are inviting to participate in the La Crosse County Health Department's Community Health Assessment.

Name of Principle Investigators: Rachel King and Jacqueline Cutts

Name of Organization: La Crosse County Health Department

Name of Sponsor: none

Name of Project: Community Health Assessment 2021

Names of Community Health Assessment Workgroup:

- Jacqueline Cutts
- Eric Govey
- Christian Hanson
- John Jarecki
- Marissa Kamrowski
- Rachel King
- Nicolette Kvam
- Audra Martine
- Kelsey Stockwell
- Judi Zabel

This Informed Consent Form has two parts:

- Information Sheet (to share information about the project with you)
- Certificate of Consent (for signatures if you choose to participate)

You will be given a copy of the full Informed Consent Form

Part 1: Information Sheet**Introduction**

I am _____, working for the La Crosse County Health Department. I am working on a project called the Community Health Assessment. I am going to give you information and invite you to be a part of this project.

This consent form may contain words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have a question later, you can ask them of me or of another workgroup member.

Purpose of the project

We, the La Crosse County Health Department, want to find ways to bridge our community's health concerns and needs with the programming and services that we provide in La Crosse County. We believe that you can help us gain insight regarding those health concerns and needs. We want to learn about your professional insights related to chronic disease, substance use, mental health, family and children's health, environmental health and safety, communicable disease, access to care, and health equity.

Participant Selection

You are being invited to take part in this project because we feel that your experience as a subject matter expert can contribute much to our understanding and knowledge of local health concerns and needs.

Voluntary Participation

Your participation in this project is entirely voluntary. It is your choice whether to participate or not. The choice that you make will have no bearing on your job or on any work-related evaluations or reports. You may change your mind later and stop participating even if you agreed earlier.

Procedures

We are asking you to help us learn more about health concerns and needs in La Crosse County. We are inviting you to take part in this project. If you accept, you will be asked to complete an interview with 1 or 2 members of the Community Health Assessment Workgroup from the La Crosse County Health Department. During the interview, members of our workgroup will sit down with you in a comfortable place or meet virtually using an online meeting platform, such as Zoom or Microsoft Teams. If you do not wish to answer any of the questions during the interview, you may say so and the interviewer will move on to the next question. You may invite someone else to be there with you if you would like.

We will be writing notes throughout the conversation and may also record the conversation in the event we need to revisit a topic to ensure that we are representing the conversation correctly. There may be a quote that we want to formally record and the recording will help provide an accurate statement. The information recorded is confidential, and no one else except members of the Community Health Assessment Workgroup will have access to the information documented during your interview. The entire interview will be recorded, but no one will be identified by name on the recording. The recording will be stored on a private drive on a secure network. The information recorded is confidential and will be destroyed after a script has been transcribed. A number code will be used in place of your name and will be attached to the script.

Duration

The interview will be approximately 45-90 minutes long and may take place in person or via an online meeting platform (such as Zoom or Microsoft Teams) with 1-2 members of the Community Health Assessment project team.

Risks

There is a risk that you may share some personal or confidential information by chance, or that you may feel uncomfortable talking about some of the topics. However, we do not wish for this to happen. You do not have to answer any question or take part in the interview if you feel the question(s) are too personal or if talking about them makes you uncomfortable.

Benefits

There will be no direct benefit to you, but your participation is likely to help us understand more about health in our community and what is most important for our health department to address to improve our community's health.

Reimbursements

You will not be provided any incentive to take part in the project.

Confidentiality

The project being done in the community may draw attention and if you participate you may be asked questions by other people in the community. We will not be sharing information about you to anyone outside of the project team. The information that we collect from this project will be kept private. Any information about you will have a number on it instead of your name. Only the project team will know your number and that information will not be shared.

Sharing the Results

Nothing that you tell us today will be shared with anybody outside the project team, and nothing will be attributed to you by name. The knowledge that we get from this project will be shared with you before it is made widely available to the public. Each participant will receive a summary of the results. There will also be small meetings in the community, and these will be announced. Following the meetings, we will publish the results so that other interested people may learn from the project. As a participant in this project, we would like to include your name on the Thank You/Contributions page. If you would like your participation to remain anonymous, we will not include your name in the final document.

Right to Refuse or Withdraw

You do not have to take part in this project if you do not wish to do so and choosing to participate will not affect your job or job-related evaluations in any way. You may stop participating in the interview at any time that you wish without your job being affected. I will give you an opportunity at the end of the interview to review your remarks, and you can modify or remove portions of those, if you do not agree with my notes or if I did not understand you correctly.

Who to Contact

If you have further questions or concerns, please feel free to contact Audra Martine, Health Director for La Crosse County Health Department.

Audra Martine, Health Director

Phone: 608-785-6425

Email: amartine@lacrossecounty.org

Part 2: Certificate of Consent

I have been invited to participate in an interview as part of the Community Health Assessment for La Crosse County Health Department.

I have read the information above, or it has been read to me. I have had the opportunity to ask questions about it, and any questions I asked have been answered to my satisfaction. I consent voluntarily to be a participant in this project.

Please check one box:

- ☐ I would like my name and organization included on the Thank You/Contributions page of the Community Health Assessment as a representative that participated in this process.
- ☐ I would like to remain anonymous in this project. Do not print my name or organization on the Thank You/Contributions page of the Community Health Assessment.

Printed Name of Participant

Signature of Participant

Date

Statement by the Person taking Consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands the project. I confirm that the participant was given an opportunity to ask questions about the project, and all of the questions asked have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this Information Consent Form has been provided to the participant.

Printed Name of Person taking the Consent

Signature of Person taking the Consent

Date

Warm-Up Questions

INTERVIEWER SAY TO RESPONDENT: The first few questions that I will ask will have to do with your background and your perspective on several broad topics. You were chosen to participate in this interview process so we can gain more understanding of your view from the perspective of your current work. However, as a member the community, you may have different perspectives—one viewpoint from your organization and the community you represent/serve and another as a community member yourself. During the interview, please feel free to share both perspectives and note when you are speaking from your own lived experience versus the perspective of the organization you represent.

1. Tell me about your organization and the work you do.
 - a. Probes: How long have you lived in the La Crosse area?
2. What does health mean to you?
3. How do you experience health in your community?
 - a. Prompt: What do you do to maintain your health?
4. What strengths does the community have that contribute to community health?
5. What are the most pressing health needs in your community? What seems to be the community's biggest challenges?

INTRO Questions:

The definition of health includes physical, intellectual, emotional, social, spiritual, occupational, financial, and environmental.

Topic Specific Questions (All Key Informants get ALL Questions)

The next set of questions are about your perspective on key health topics, both personally if you would like to share, as well as in your experience with the populations you serve. I will ask about the seven primary focus areas that we are using to organize our discussions about the community's health. These areas are:

- Chronic Disease, Substance Use, and Injury Prevention
- Mental Health
- Family and Children's Health
- Physical Environment and Safety
- Communicable Disease
- Access to Care, and
- Health Equity

I'd like to ask you questions about each of these broad areas and hear your perspective and how it impacts the population you serve or represent. Let's start with **Chronic Disease**.

Chronic Disease is defined as a condition that lasts one year or more and requires ongoing medical attention or limits activities of daily living, or both. A few examples includes: addiction/substance use, heart disease, high blood pressure, stroke, cancer, diabetes, Alzheimer's and other dementias, obesity, and mental health conditions.

6. From your perspective, tell me how you see chronic disease impacting the community.

Prompts:

- How do you see chronic disease affecting quality of life for the community you serve/represent?
- What, if any, community resources or programs address chronic disease challenges?

CHRONIC DISEASE Questions:

- Substance use includes alcohol, tobacco, illicit drugs, and misuse of prescription drugs
- Mental health conditions include anxiety, depression, bipolar disorder, and others

Next we will discuss **Mental Health**. The World Health Organization defines **Mental Health** as "more than just the absence of mental disorders or disabilities...[but] a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community."

7. From your perspective, tell me how you see mental health impacting the community.

Prompts:

- How do you see mental health affecting quality of life for the community you serve/represent?
- What, if any, community resources or programs address mental health challenges?

Thank you for sharing your perspective of chronic disease and mental health. I will now ask a couple of questions about **Family and Children's Health**. This topic area refers to the health of birthing people, infants, and children through adolescence. Some of the topics that we might include are pregnancy and birth, infancy, household access to healthy foods, parenting skills, family structures, resiliency skills in children, school readiness, and financial health.

8. From your perspective, tell me how you see family and children's health impacting the community.

Prompts:

- How do you see family and children's health affecting quality of life for the community you serve/represent?
 - What, if any, community resources or programs address family and children's health challenges?
9. Youth Resilience is the ability to manage stress and function well even when faced with adversity and trauma. It is aided by a trusting relationship with a caring and encouraging adult who provides guidance and promotes high expectations. Resilience can be challenged by family poverty, drug use/abuse, mental health issues, and other issues. How can we better foster youth resiliency skills?

FAMILY & CHILDREN'S HEALTH Questions:

- Community supports that are needed?
- Child readiness for kindergarten
- Education about nutrition for all stages
- Who is accessing your services? (grandparents, single-parent families, non-traditional family styles)

Now we will discuss **Environment and Safety** which includes our natural environment and the resources around us. For example, safe housing, water, places to eat, community well-being and safety, responsiveness of public safety agencies, being prepared for emergency events, safe spaces to be physically active, access for all ranges of mobility, and safe spaces to age.

10. From your perspective, tell me how you see the physical environment and safety impacting the community.

Prompts:

- How do you see the environment and safety affecting quality of life for the community you serve/represent?
- What, if any, community resources or programs address environmental health and safety challenges?

ENVIRONMENTAL HEALTH & SAFETY Questions:

- Opportunities for physical activity
- Concerns about safe housing—lead paint, radon, asbestos, rickety structures
- Homelessness
- Impact of violence

We have three more main topic areas. The next is **Communicable Diseases**, defined as illnesses caused by viruses or bacteria that people can catch from other people, animals, or insects. Common examples include influenza, hepatitis, chlamydia, gonorrhea, Lyme disease, COVID-19, and tuberculosis.

11. From your perspective, tell me how you see communicable diseases impacting the community.

Prompts:

- How do you see communicable diseases affecting quality of life for the community you serve/represent?
- What, if any, community resources or programs address communicable disease challenges?
- How has COVID-19 affected the population you serve/represent?
 - What weaknesses did the pandemic bring to light? How did individuals show resilience to get through it?

Next, we will discuss **Access to Care** which refers to individuals being able to get the healthcare or services they need at reasonable costs and in a timely manner to achieve the best possible health. This includes attending primary care appointments, regular dental care, mental health services, addiction treatment and recovery services, and immunizations.

12. From your perspective, tell me how you see access to care impacting the community.

Prompts:

- Where do people access healthcare the most often? For what reasons do people utilize these locations?
- What barriers are there to accessing different types of care? (Transportation, Cost, Childcare?)

ACCESS TO CARE Questions:

- Access to In-home services for care
- Access to immunizations, cancer screening, testing for communicable diseases (STI's)
- Oral health and dental care
- Access to addiction treatment and recovery (Stigma?)
- Mental health treatment and barriers (Stigma?)

The last topic area is **Health Equity and the Social Determinants of Health**. **Social Determinants** refer to the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health and quality of life outcomes and risks. These things impact Health Equity, which means that everyone has a fair and just opportunity to be healthy. Health equity levels the playing field that the Social Determinants of Health set for everyone.

13. From your perspective, tell me how you see social determinants of health and health equity impacting the community.

Prompts:

- What inequities exist in how people experience life in our community? (Housing—especially affordable and quality houses, Poverty, Availability of Jobs with Adequate/Livable Income Violence, Social Justice, Health Outcomes)

14. The La Crosse County Health Department is seeking to take a more active and intentional approach to address inequities in health outcomes. **Discrimination** refers to the systematic system—consisting of structures, policies, practices, and norms—that assigns value and determines opportunity based on the way a person looks, for example a person's race, age, or sex. Discrimination can be individual when one person treats another differently, or it can be systemic and institutional. We want to know what is working well and what needs to change. For this reason, and if you feel comfortable, I would like to hear about your experience observing or experiencing discrimination in our community.

HEALTH EQUITY Questions:

- Discrimination based on race, gender, sexual orientation, mental health, mobility, age, etc.

Conclusion/Wrap Up

1. With the 7 areas we just talked about, which one do you feel has the greatest impact on individuals in La Crosse County achieving optimal health and quality of life?
2. Now that we are at the end, are there other areas relating to improving health and quality of life that we haven't talked about that are important to you?
3. At the beginning, we discussed strengths and areas of improvement for our community. After having this discussion, do you have any other thoughts that you would like to share?
4. If we did everything right, what would a healthy community look like five years from now?

7 Topic Areas:

- Chronic Disease and Substance Use
- Mental Health
- Family and Children's Health
- Physical Environment and Safety
- Communicable Disease
- Access to Care
- Health Equity and Social Determinants of Health

Thank you for your time today and sharing all of that information with me. If you have any follow-up questions or would like to reach out to me for further discussion, please don't hesitate to contact me. Our Health Director, Audra Martine, is also a part of this project and would be available for any questions as well. Her contact information is included in the Informed Consent document.

[Provide contact information of interviewer]

Community Health Assessment: Interview Summary Sheet

Key Informant Name	
Date of Interview	
Interviewer	

Main Topic Areas that Key Informant Discussed
Main Observations
Interviewer Comments/Insights/Ideas



APPENDIX C

TOP TEN HEALTH CONCERNS

Description of the ten health concerns that were identified as areas of need in La Crosse County.

What health needs do we have in La Crosse County?

Top 10 Themes	Why is this a need in La Crosse County?	Health Equity
Access to Care	Access to care means that community members can find care that is affordable, culturally appropriate, and in a timely manner. Care services include general health care, mental health services, substance use services, and dental care. We've heard from many La Crosse County residents that access to care is an issue, due to affordability, mistrust, and lack of representation in the healthcare system.	People of color, people with low income, and others experience difficulty in accessing care services that are affordable. Additionally, representation in the health sector for these individuals is lacking and affects one's ability to access quality care services.
Children and Youth Health	Childhood experiences directly connect with current and future health. Creating a safe, stable, and nurturing environment for children sets them up for healthier lives and builds social-emotional skills and resilience. Many La Crosse residents feel that building youth resilience is an area of concern.	Adverse childhood experiences are prevalent and disproportionately impact vulnerable youth, including youth of color, youth with disabilities/chronic health conditions, LGBTQ+ youth, and youth from low-income families.
Communicable Diseases	COVID-19 response and ongoing recovery will be an important part of public health and well-being. Many other communicable diseases impact our community, such as sexually transmitted infections, tuberculosis, hepatitis, and illness from contaminated food or water.	Communicable diseases, including COVID-19, have a disproportionate impact on people of color, people living in poverty, and 18–24-year-olds. Sexually transmitted infections are very common among this age group.
Healthy Environment for Housing, Food, and Physical Activity	Good health depends on having homes and a physical environment that is safe, stable, free from hazards, and encourages healthy choices. Safe and affordable homes make it easier to afford health insurance and health care and can positively impact mental and emotional strain. In the same way, a healthy environment promotes better access to food and opportunities for physical activity.	La Crosse County has much to offer for a healthy environment. On the other hand, depending on where you live, there are issues that can impact your health. For example, living on French Island, residents are more likely to have contaminated well water. Similarly, some residents that live in South La Crosse live in a food desert and may have less access to healthy food.
Infrastructure	Many La Crosse County residents are concerned about basic needs, including transportation, food, housing, and accessibility of the physical environment. Access to reliable internet is critical for accessing health care and supporting employment and education. Transportation is also a critical piece that impacts health through active living, air quality, and traffic accidents.	These basic needs disproportionately impact residents living in poverty and others. Residents that live outside of the La Crosse urban area have less access to public transportation services. Some communities have limited or no access to internet services.

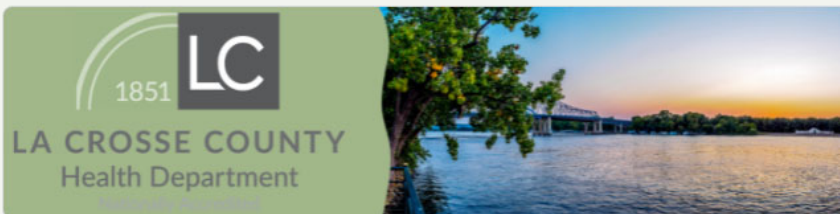
Injury Prevention	Unintentional injuries are the third leading cause of death in La Crosse County. The majority of injuries are from falls, poisoning, and motor vehicle accidents. Intentional injuries are also a concern and include suicide and gun injuries. Injuries impact people across all age groups.	In La Crosse County, the most common hospitalization for injury is related to falls for older adults. Falls can cause broken bones, head injuries, and may limit future activity due to fear of falling again. Older adult falls cost \$50 billion in medical costs annually and 75% of those costs are paid through Medicare and Medicaid.
Mental Health	Most people in La Crosse County are concerned about mental health and mental health stigma in our community. Mental health is more than just how a person is feeling; it is about the quality of their life and how mental health can impact overall health status. Mental health conditions are common for many people in our community. To improve community health, it is important to focus on access to mental health services, representation among those that provide services, and consideration for how chronic stress impacts our community.	Youth of color, LGBTQ+ youth, and youth with food insecurity are most vulnerable for experiencing mental health issues in La Crosse County. Adults and children also experience mental health issues, but data is not clearly defined to help identify where disparities exist.
Mortality: Top Causes of Death	In La Crosse County, the top two causes of death are heart disease and cancer. These two diseases are heavily impacted by a person's physical activity, diet, tobacco use, and early screening for cancers.	There is significant inequity in the screening, diagnosis, and treatment for heart disease and cancer.
Substance Use	Substance use includes tobacco, opioids, alcohol, marijuana, and other substances. Misuse or overuse of these substances causes health problems and death and may lead to other risky behavior. Adopting strategies to reduce excessive use of substances can improve the health and well-being of communities.	Males are more likely to die from alcohol-related causes than females. Tobacco greatly impacts people of color and people experiencing low income. Drugs and other substances greatly impact youth of color, youth that are food insecure, and LGBTQ+ youth. Additionally, these same youth come into contact with drugs on school property more often than other youth.
Violence	Violence includes domestic violence, crime, bullying, and overall safety of neighborhoods. Violence impacts physical safety and the mental and emotional well-being of our community members. Addressing violence in our community will impact people of all ages and can have long-term health impacts.	People of color, people with low income, LGBTQ+ people, and people with a disability are more at risk for experiencing violence, bullying, and safety concerns in La Crosse County.



APPENDIX D

CHA COMMUNITY FEEDBACK SURVEY

Images of electronic survey that was used to collect community feedback related to prioritization of health needs.



Community Feedback Survey

This survey is part of the community health assessment (CHA) being conducted by the La Crosse County Health Department. For the CHA, we gather information about our community's health needs and then create plans for working on those needs.

As part of our community, we would like you to provide feedback on what you think are the most important health-related concerns in La Crosse County. The results of this survey will help us prioritize what the community should be focused on over the next 5 years.

Your responses are anonymous and we appreciate your honest feedback!

Rating Importance of Issues

The following list are the top 10 health concerns in La Crosse County. Please use this list as you answer the following questions. Note that we consider health equity and racism to be centrally important to every public health issue. This is why it is not listed separately. Health equity is the lens with which we will view any topic prioritized by our community.

1. Access to Care: Increase access to affordable and culturally-appropriate care for all individuals
2. Children and Youth Health: Create a safe and caring environment for children to grow up in
3. Communicable Diseases: Control contagious diseases and their spread in the community
4. Healthy Environment for Housing, Food, and Physical Activity: Improve health by having access to affordable housing, healthy food choices, and a safe environment to exercise in
5. Infrastructure: Access to basic needs like transportation and internet access
6. Injury Prevention: Prevent injuries from car accidents, falls, gun injuries, poisoning, self-harm, and other issues
7. Mental Health: Improve access to care for mental health concerns
8. Mortality or Top Causes of Death: Decrease the number of deaths from cancer and heart disease
9. Substance Use: Reduce substance use and abuse (includes tobacco, alcohol, marijuana, opioids, and other substances)
10. Violence: Decrease violence and bullying in our community

In your opinion, please rate the importance of each of the following health concerns from not important to very important.

	Not Important	Slightly Important	Moderately Important	Mostly Important	Very Important
Access to Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children/Youth Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicable Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy Environment for Housing, Food, and Physical Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infrastructure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injury Prevention	<input type="radio"/>				
Mental Health	<input type="radio"/>				
Top Causes of Death	<input type="radio"/>				
Substance Use	<input type="radio"/>				
Violence	<input type="radio"/>				

In your opinion, please rate each health concern on how easy you think it will be to change over the next 5 years within La Crosse County from not easy to very easy.

	Not Easy	Slightly Easy	Moderately Easy	Mostly Easy	Very Easy
Access to Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children/Youth Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicable Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy Environment for Housing, Food, and Physical Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infrastructure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injury Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Top Causes of Death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Ranking Your Top Three

Please choose the top three health concerns that are most important to you.

Most important concern

- ☐ Access to Care
- ☐ Children and Youth Health
- ☐ Communicable Diseases
- ☐ Healthy Environment for Housing, Food, and Physical Activity
- ☐ Infrastructure
- ☐ Injury Prevention
- ☐ Mental Health
- ☐ Mortality: Top Causes
- ☐ Substance Use
- ☐ Violence

Second most important concern

- ☐ Access to Care
- ☐ Children and Youth Health
- ☐ Communicable Diseases
- ☐ Healthy Environment for Housing, Food, and Physical Activity
- ☐ Infrastructure
- ☐ Injury Prevention
- ☐ Mental Health
- ☐ Mortality: Top Causes of Death
- ☐ Substance Use
- ☐ Violence

Third most important concern

- ☐ Access to Care
- ☐ Children and Youth Health
- ☐ Communicable Diseases
- ☐ Healthy Environment for Housing, Food, and Physical Activity
- ☐ Infrastructure
- ☐ Injury Prevention
- ☐ Mental Health
- ☐ Mortality: Top Causes of Death
- ☐ Substance Use
- ☐ Violence

Demographic Information

This part of the survey will ask general questions about yourself and how you learned about this survey.

What is your age?

- ☐ 0-17
- ☐ 18-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60+

What is your gender identity?

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Non-Binary
- ☐ Genderfluid
- ☐ Agender
- ☐ Other: _____

What is your racial identity? Choose all that apply.

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Latinx
- ☐ Middle Eastern
- ☐ Native Hawaiian or Pacific Islander
- ☐ White/Non-Hispanic
- ☐ White/Hispanic
- ☐ Prefer Not to Say
- ☐ Other: _____

Where do you currently live? (City/Town/Village)

- ☐ City of La Crosse
- ☐ City of Onalaska
- ☐ Village of Bangor
- ☐ Village of Holmen
- ☐ Village of Rockland
- ☐ Village of West Salem
- ☐ Town of Bangor
- ☐ Town of Barre
- ☐ Town of Burns
- ☐ Town of Campbell
- ☐ Town of Farmington
- ☐ Town of Greenfield
- ☐ Town of Hamilton
- ☐ Town of Holland
- ☐ Town of Medary
- ☐ Town of Onalaska
- ☐ Town of Shelby
- ☐ Town of Washington
- ☐ Other: _____

How did you hear about this survey?

- ☐ Poster or Flyer
- ☐ Social Media
- ☐ Newsletter
- ☐ Email
- ☐ Word of Mouth
- ☐ Virtual Community Forum
- ☐ Other: _____

