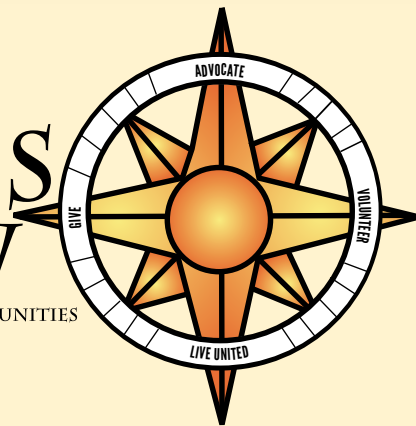




2021 COMPASS NOW

NAVIGATING TOWARD STRONGER COMMUNITIES



How is your community faring?

Monroe County

Acknowledgments

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La Crosse County Health Department

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List of Organizations that Participated in Community Stakeholder Meetings

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

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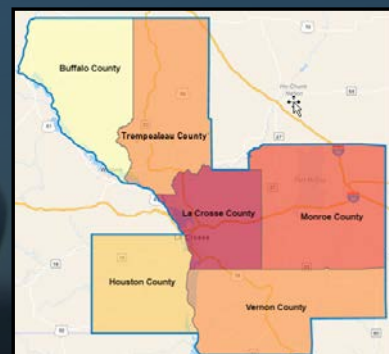
Introduction

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

Purpose of the Study

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

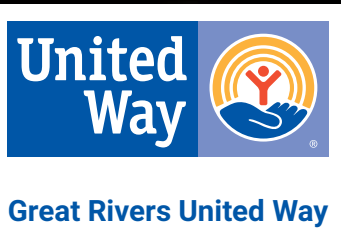
The purpose of this Compass Now 2021 report is to provide an updated assessment of community needs that can be used to inform community action strategies by stakeholders across the region. The Compass Now 2021 study is focused on communities within a six-county region including Buffalo, La Crosse, Monroe,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



2020 Population Estimate

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

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



If you find the contents of this report useful, please consider supporting our work by making a financial contribution to Great Rivers United Way at greatriversunitedway.org

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Adjusting to COVID-19

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

- One adjustment involved postponement of a planned set of community meetings. The original study plan envisioned a series of community meetings in 2020 to gather insight about needs and action ideas from local stakeholders. Because of social distancing requirements, the community meetings were postponed to 2021.
- A second adjustment involved the process for surveying community members. The original study plan was to conduct a random household survey with community members across the region, supplemented by a 'convenience survey' and set of interviews with community members who might be under-represented in the random household survey. The convenience survey and interviews would have been conducted in community settings convenient to the prospective respondents. As a result of COVID-19 restrictions, the convenience surveys had to be conducted electronically, and the group interviews with community members could not be conducted in public spaces. As a result, we expect that some community members who could have participated in a face-to-face meeting were not able to participate in an electronic format.

Study Methods and Data Sources

The study was conducted under the direction of Great Rivers United Way, with technical support from a contracted consultant (Community Health Solutions). The study was guided by a *Compass Now Steering Committee* comprised of stakeholders from public health, health care, and other community sectors. The Steering Committee members provided guidance on the study scope and methods, including the adjustments made in response to COVID-19. The Steering Committee members also provided liaisons to engage community organizations in promoting participation in the convenience survey conducted for the study.

The study methods included analysis of community indicators from various sources, and community insights provided by respondents to a random household survey and a supplemental convenience survey. The study methods are summarized below, with more details provided in [Appendix A](#).

Community Demographics

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

County Health Rankings

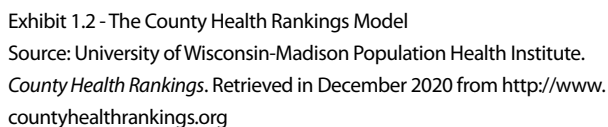
[The County Health Rankings & Roadmaps program](#) is a collaboration between the [Robert Wood Johnson Foundation](#) and the [University of Wisconsin Population Health Institute](#). The goals of the program are to:

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

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

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

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



A random household survey (RHS) of community residents was conducted in July-September of 2020. The survey was mailed to 6,000 randomly selected households using a sampling strategy designed to produce a target number of at least 100 survey responses from each of the six counties. In addition, within each county the mail-out was designed to over-sample from census tracts with relatively low income to help assure that lower-income community residents were represented. Great Rivers United Way staff and volunteers entered the survey data into a Qualtrics survey portal provided by Community Health Solutions.

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

Exhibit 1.3 also provides a profile of 87 Monroe County Residents who responded to the CS respondents. Compared to the RHS, the CS yielded higher proportional representation of adults under age 65+, females, and minority residents. The CS results are presented alongside the RHS results throughout the report to provide a multi-method profile of survey responses. The two surveys were not combined because they are based on two fundamentally different sampling strategies.

Exhibit 1.3 Profile of Community Survey Respondents from Monroe County

Indicator	Random Household Survey (RHS) Respondents	Convenience Survey (CS) Respondents	Regional Population Estimates
Total	91	87	35,648 (age 18+)
Age			
18-29	1%	11%	19%
30-44	11%	44%	23%
45-64	29%	40%	35%
65+	58%	6%	23%
Sex or Gender			
Female	58%	80%	49%
Male	41%	15%	51%
Self-Identified	1%	5%	--
Prefer not to answer	<1%	<1%	--
Race			
American Indian	0%	2%	1%
Asian	0%	<1%	1%
Black / African American	1%	5%	2%
Other race	<1%	2%	2%
Pacific Islander	<1%	<1%	<1%
Two or more races	<1%	5%	2%
White	99%	86%	91%
Ethnicity (Residents of Hispanic and Hmong ethnicity are also counted in the Race category.)			
Hispanic, Latino, or Spanish origin	0%	12%	5%
Hmong origin	<1%	<1%	--
Household Income			
Less than \$15,000	10%	10%	9% (age 18+)
\$15,000 to \$24,999	9%	17%	8%
\$25,000 to \$34,999	14%	6%	8%
\$35,000 to \$49,999	11%	12%	15%
\$50,000 to \$74,999	18%	13%	20%
\$75,000 to \$99,999	17%	24%	17%
\$100,000 to \$149,999	15%	11%	15%
\$150,000 to \$199,999	2%	4%	5%
\$200,000 and over	2%	2%	3%
Housing Type			
Owner-occupied	81%	65%	70%
Renter	17%	26%	30%
Other arrangement	2%	9%	--

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

Limitations of this Report

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

Scope of Community Indicators

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

County Health Rankings

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

Random Household Survey

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

Convenience Survey

The purpose of the CS was to generate additional survey responses from populations that may have been under-represented in the RHS. The CS was primarily conducted using mixed methods, and respondents could either complete their survey online or submit a paper copy of their survey response.

Because the CS was not randomized across the region, it cannot meet the same standards of statistical significance as the RHS. In considering the CS results, it will be helpful to know the results are significantly skewed toward adults under age 45 and women, and skewed to a lesser extent toward minority populations and middle-income households. As noted earlier, the CS results are presented alongside the RHS results throughout the report to provide a multi-method profile of survey responses. The two surveys were not combined because they are based on two fundamentally different sampling strategies.

Respondent Perceptions.

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

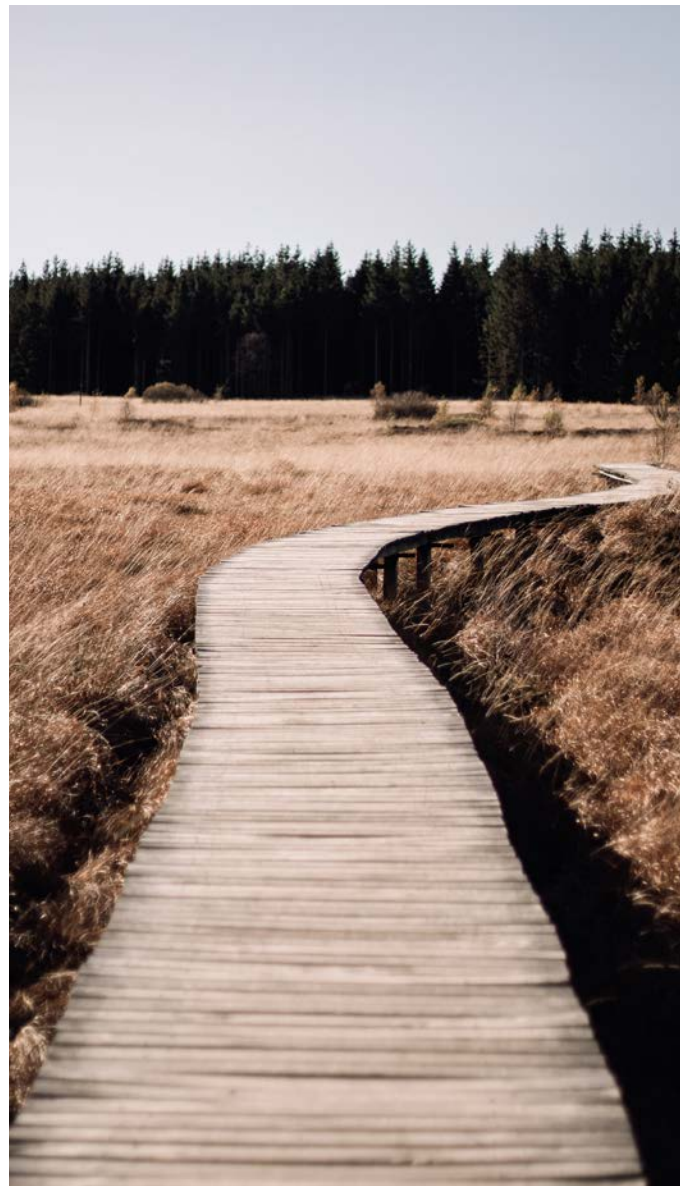
Bridging the Compass Now 2018 and 2021 Reports

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

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

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

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





How is Monroe County Faring?

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

The Six-County Region

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

Section Outline

The Six-County Region

Demographic Profile
Summary of County Health Rankings

Length and Quality of Life

Community Indicators
Community Insights

Health Behaviors and Concerns

Community Indicators
Community Insights

Health Care

Community Indicators
Community Insights

Social and Economic Factors

Community Indicators
Community Insights

Physical Environment and Safety

Community Indicators
Community Insights



Demographic Profile

As shown in *Exhibit 2.1*, the six-county region is home to an estimated 261,591 residents. Within the Monroe County (MO) population of 46,889, an estimated 24% are children age 0-17, and an estimated 18% are adults age 65+. About eight percent of the population is classified as minority, and about 17% of households have annual income below \$25,000.

Exhibit 2.1 2020 Demographic Profile of the Region

Indicator	BU	HO	LC	MO	TR	VE	REGIONAL TOTAL
2020 Total Population	13,534	19,527	120,515	46,889	30,097	31,029	261,591
Age							
Age 0-17	19%	21%	21%	24%	22%	24%	22%
Age 18-29	12%	13%	21%	14%	13%	13%	17%
Age 30-44	16%	17%	17%	18%	18%	16%	17%
Age 45-64	29%	28%	24%	27%	28%	27%	26%
Age 65+	23%	21%	17%	18%	19%	21%	18%
Sex or Gender							
Female Population	49%	50%	51%	49%	49%	50%	50%
Male Population	51%	50%	49%	51%	51%	50%	50%
Race							
American Indian/ Alaska Native Population	0%	0%	0%	1%	0%	0%	1%
Asian Population	1%	1%	5%	1%	1%	1%	3%
Black/African American Population	1%	1%	2%	2%	1%	1%	1%
Other Race Population	1%	0%	0%	2%	7%	1%	2%
Pacific Islander Population	0%	0%	0%	0%	0%	0%	0%
Population of Two or More Races	1%	2%	2%	2%	2%	1%	2%
White Population	96%	97%	91%	91%	90%	97%	92%
Ethnicity (Residents of Hispanic ethnicity are also counted in the Race category.)							
Hispanic Population	2%	1%	2%	5%	10%	2%	3%
Household Income							
Household Income less than \$15,000	8%	7%	8%	9%	8%	12%	9%
Household Income \$15,000-\$24,999	10%	8%	8%	8%	9%	11%	9%
Household Income \$25,000-\$34,999	8%	8%	11%	8%	10%	9%	10%
Household Income \$35,000-\$49,999	13%	15%	14%	15%	14%	14%	14%
Household Income \$50,000-\$74,999	23%	22%	18%	20%	20%	20%	19%
Household Income \$75,000-\$99,999	15%	13%	13%	17%	15%	14%	14%
Household Income \$100,000-\$149,999	14%	17%	17%	15%	15%	14%	16%
Household Income \$150,000-\$199,999	5%	5%	5%	5%	5%	3%	5%
Household Income \$200,000 or greater	3%	3%	5%	3%	3%	4%	4%
Housing Type							
Owner Occupied Housing Units	75%	80%	61%	70%	71%	77%	68%
Renter Occupied Housing Units	25%	20%	39%	30%	29%	23%	32%

Source: CHS analysis of population estimates published by ESRI. [See Appendix A for details.](#)



Exhibit 2.2 provides a closer look at the Monroe County population by age. Within the county population of 46,889 there are an estimated 11,361 children age 0-17, and 8,298 adults age 65+. Looking ahead to 2025, overall population growth for Monroe County is projected to be 2%, with the most substantial growth (16%) projected for the older-adult population.

Exhibit 2.2 Population Estimates and Projections

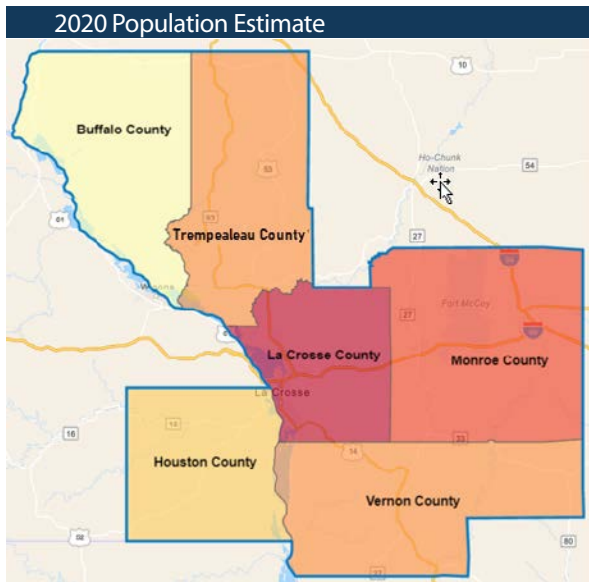
Indicator	BU	HO	LC	MO	TR	VE	REGIONAL TOTAL
Total Population Growth							
2020 Total Population	13,534	19,527	120,515	46,889	30,097	31,029	261,591
2025 Total Population	13,465	19,720	123,404	47,982	30,754	31,802	267,127
2020-2025 % Change- Total Population	-1%	1%	2%	2%	2%	2%	2%
Children Age 0-17				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

Source: CHS analysis of population estimates published by ESRI. [See Appendix A for details.](#)

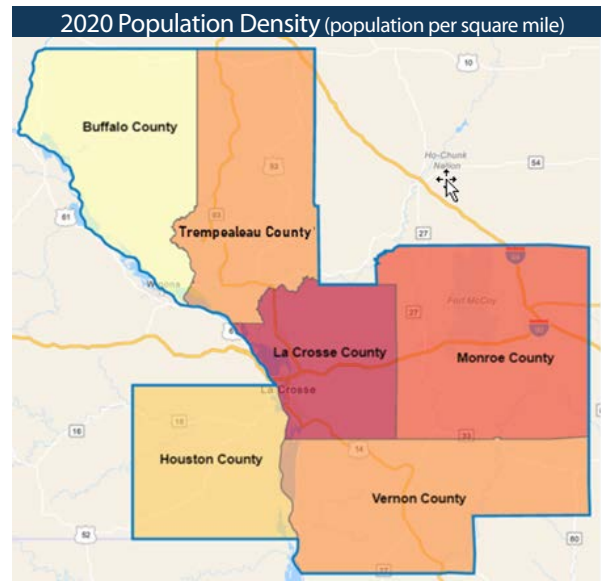


Exhibit 2.3 Total Population by County

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



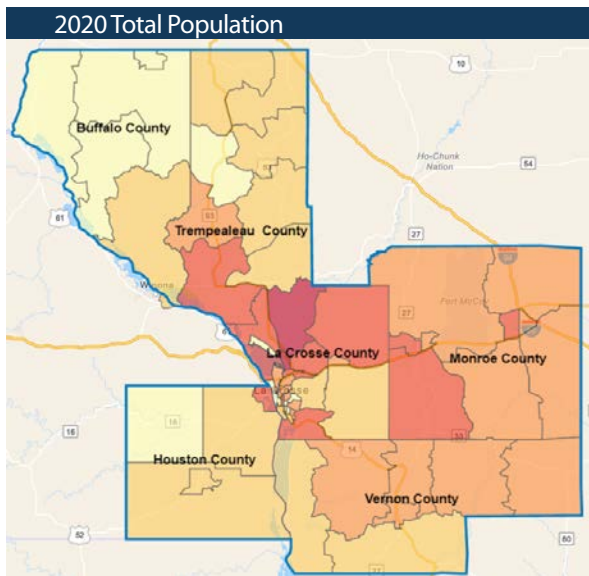
Buffalo	13,534
Houston	19,527
La Crosse	120,515
Monroe	46,889
Trempealeau	30,097
Vernon	31,029
Region	261,591



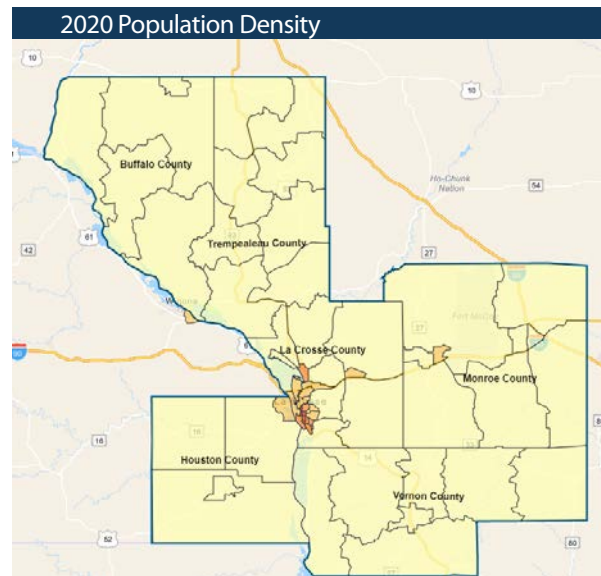
20.2 - 27.7	46.6 - 159.4
27.8 - 37.2	159.5 - 266.8
37.3 - 46.5	

Exhibit 2.4 Total Population by Census Tract

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



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



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

Source: CHS analysis of population estimates published by ESRI. See [Appendix A](#) for details.

Exhibit 2.5 Child Population by Census Tract

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

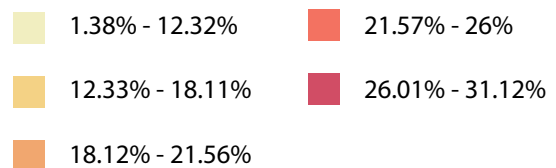
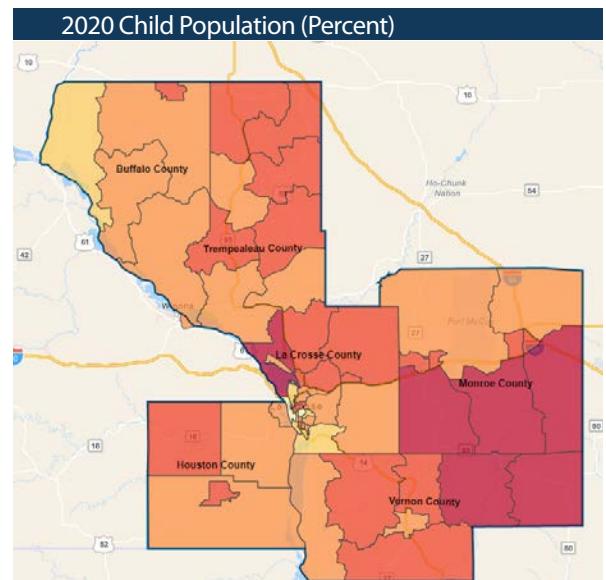
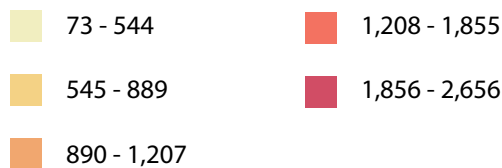
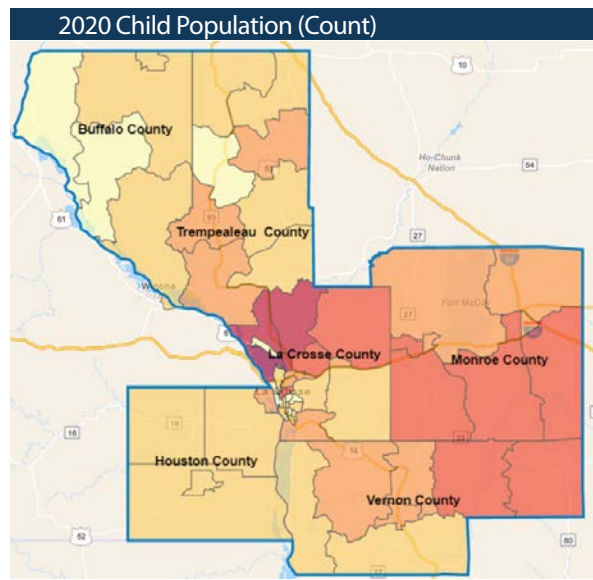


Exhibit 2.6 Older Adult Population by Census Tract

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

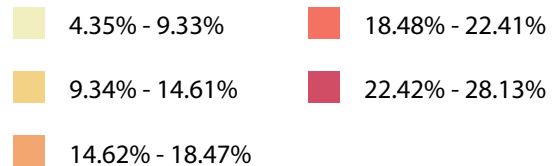
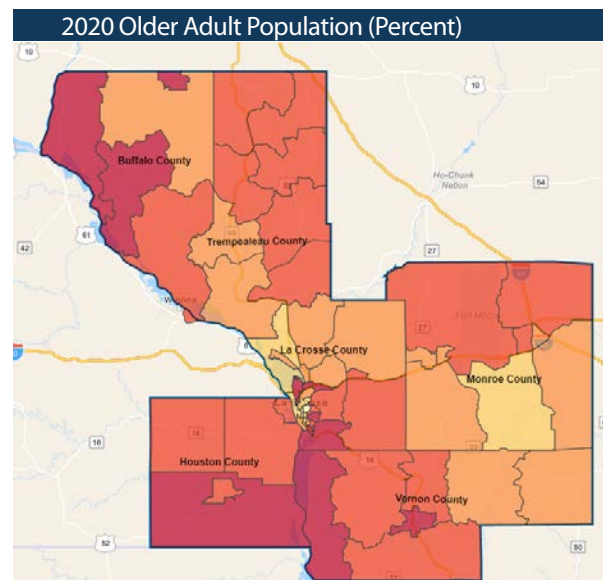
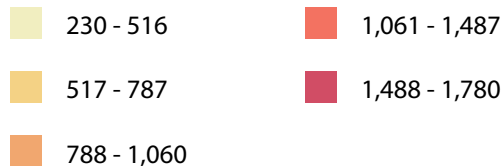
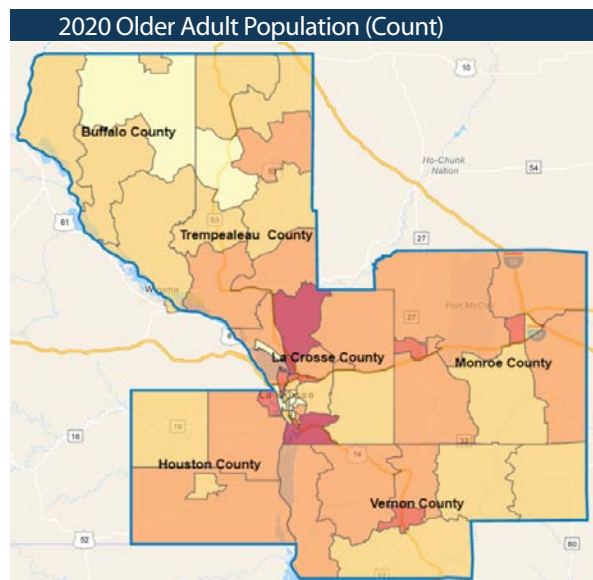


Exhibit 2.7 Minority Population by Census Tract

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

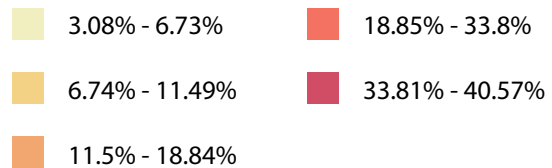
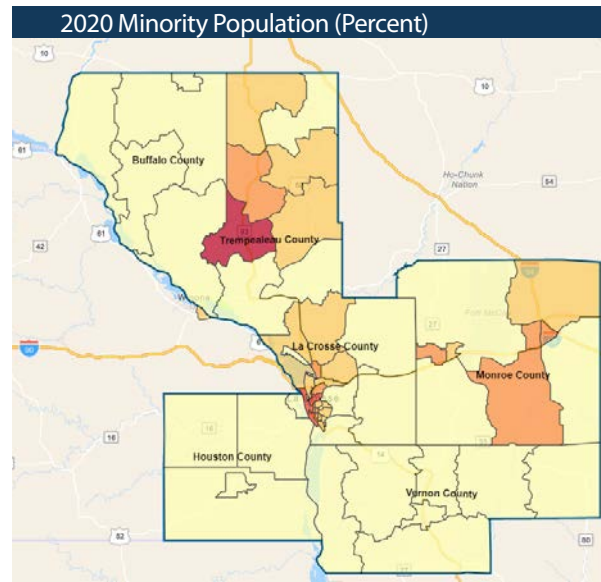
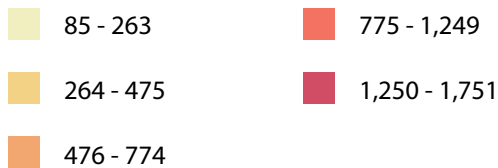
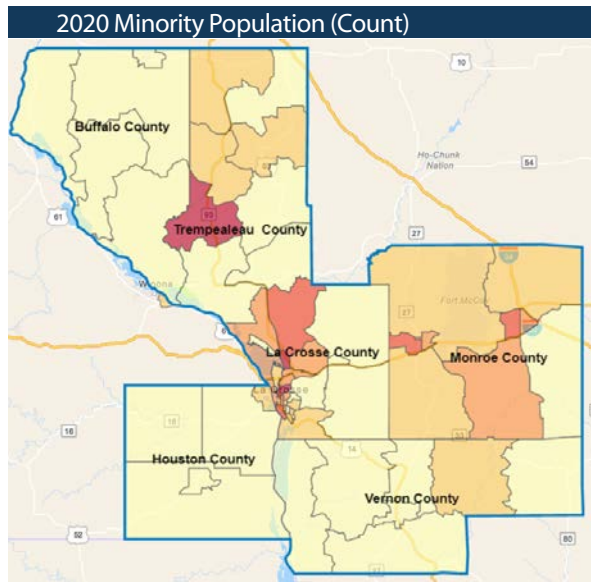
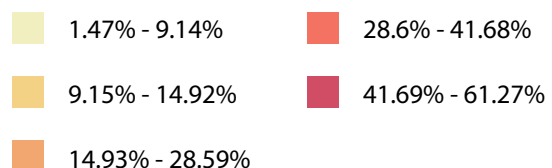
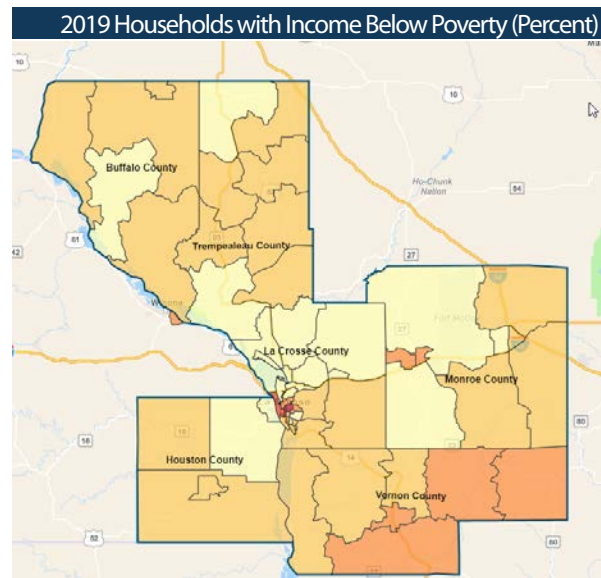
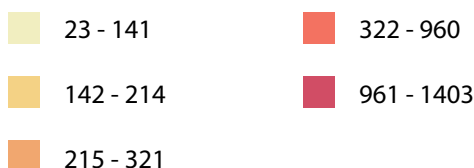
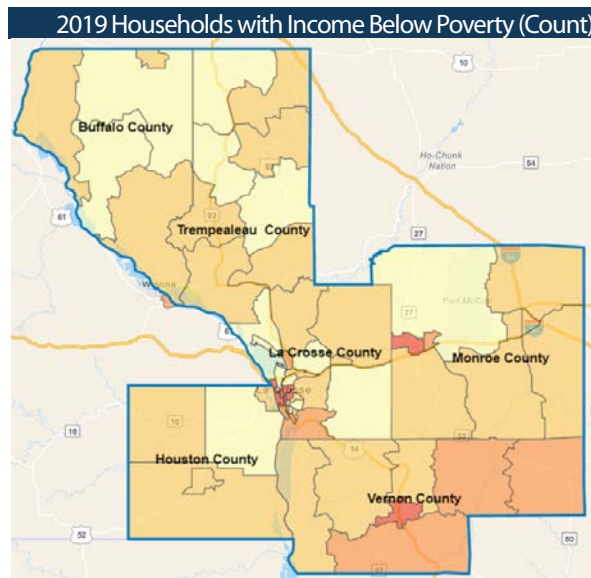


Exhibit 2.8 Households with Income below Poverty by Census Tract

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



Source: CHS analysis of population estimates published by ESRI. See [Appendix A](#) for details.



Summary of County Health Rankings

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

As shown in the upper part of the exhibit, Monroe County ranks in the 2nd quartile on measures of clinical care and social & economic factors. Monroe County ranks in the 3rd or 4th quartile on measures of health outcomes, length of life, quality of life, health factors, health behaviors, and physical environment. The rankings and trends are explored in more detail in the following pages.

Exhibit 2.9 County Health Rankings Summary for 2020

	BU	HO*	LC	MO	TR	VE
Health Outcomes	25	11	28	49	50	18
Length of Life	22	12	30	55	51	18
Quality of Life	32	14	38	39	45	23
Health Factors	17	14	4	39	26	49
Health Behaviors	8	8	13	62	28	34
Clinical Care	43	6	1	27	47	60
Social & Economic Factors	28	32	7	34	18	36
Physical Environment	24	70	16	53	47	61
Ranking Key: 1st (best) quartile 2nd quartile 3rd quartile 4th quartile						
Note: *Houston County is ranked among all Minnesota counties.						
Length of Life						
Premature death	B	B	--	B	B	B
Health Behaviors						
Adult obesity	--	W	W	W	W	W
Physical inactivity	W	W	W	--	--	--
Alcohol-impaired driving deaths	--	B	--	--	W	W
Sexually transmitted infections	W	--	W	W	--	W
Clinical Care						
Uninsured	B	B	B	B	B	B
Primary care physicians	W	B	--	--	--	B
Dentists	B	B	B	B	B	B
Preventable hospital stays	--	--	--	B	B	B
Mammography screening	B	--	B	B	B	B
Flu vaccinations	--	--	--	B	B	--
Social & Economic Factors						
Unemployment	--	--	--	--	--	--
Children in poverty	W	--	--	W	W	W
Violent crime	--	--	B	--	--	--
Physical Environment						
Air pollution – particulate matter	B	B	B	B	B	B
Trend Key: B Getting better -- No trend W Getting worse						
Source: University of Wisconsin-Madison Population Health Institute. <i>County Health Rankings</i> .						
Retrieved in December 2020 from http://www.countyhealthrankings.org						

Length and Quality of Life

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

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Community Indicators

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

County Health Rankings. Exhibit 2.10 shows the County Health Rankings for length and quality of life. As shown, Monroe County ranks in the fourth quartile on the length of life measure, and the third quartile for quality of life. The length and quality of life rankings are based on the indicators shown in the exhibit. Focusing on trends, Monroe County is improving on the premature death measure.

Exhibit 2.10 County Health Rankings for Length and Quality of Life

	BU	HO*	LC	MO	TR	VE	MN*	WI	
Rankings									
Length of Life Rank	22	12	30	55	51	18	--	--	
Quality of Life Rank	32	14	38	39	45	23	--	--	
Ranking Key:	<div></div> 1st (best) quartile	<div></div> 2nd quartile		<div></div> 3rd quartile		<div></div> 4th quartile			
Indicators									
Premature death** (2016-18)	5,900	4,500	6,100	6,900	6,800	5,700	5,300	6,400	
Poor or fair health (2017)	13%	11%	12%	13%	13%	14%	12%	17%	
Poor physical health days (2017)	3.4	3	3.4	3.4	3.3	3.7	2.9	3.9	
Poor mental health days (2017)	3.6	3.1	3.6	3.6	3.6	3.8	3.1	4	
Low birthweight (2012-2018)	6%	5%	7%	6%	7%	5%	7%	7%	
Selected Trends									
Premature death rate	B	B	--	B	B	B	--	--	
Trend Key:	<div>B</div> Getting better	-- No trend		<div>W</div> Getting worse					
<p>*Note: Houston County is ranked among all Minnesota counties. Other counties are ranked among all Wisconsin counties. **Premature death is defined as years of potential life lost before age 75 per 100,000 population (age-adjusted).</p> <p>Source: University of Wisconsin-Madison Population Health Institute. <i>County Health Rankings</i>.</p> <p>Retrieved in December 2020 from http://www.countyhealthrankings.org</p>									



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

Exhibit 2.11 2018 Leading Causes of Death in Monroe County

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

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



Maternal and Infant Health. Maternal and infant health measures can also provide insight about community quality of life. As shown in *Exhibit 2.12*, there were 608 births in Monroe County in 2018. Of these, 40 (7%) were low-weight births, compared to 8% for Wisconsin as a whole. There were six infant deaths in Monroe County during 2018; with higher rates than Wisconsin as a whole. It is important to note that infant deaths can fluctuate significantly, and one year of data is insufficient to support definitive conclusions about infant mortality rates.

Exhibit 2.12 2018 Maternal and Infant Health in Monroe County

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

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



Community Insights

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

Ratings of Community Life. *Exhibit 2.13* shows ratings of selected aspects of community life on a scale from poor to excellent. The most positive ratings (good or excellent) were provided for Monroe County as a place to live, and for opportunities to volunteer in the community. (As additional context, 47% of RHS respondents and 56% of CS respondents reported they or family members volunteer). The most negative ratings (poor or fair) were for the community as a place where all people are treated respectfully, and a place where people of different cultural/racial/ethnic backgrounds are included in decision making.

Exhibit 2.13 Ratings of Community Life in Monroe County

Topic/Survey	Poor	Fair	Good	Excellent	No Opinion	Total
a. Rating of your community as a place to live						
RHS	2%	18%	59%	21%	N/A	91
CS	1%	26%	66%	7%	N/A	87
b. Your community as a place that meets your family's recreational needs (Fine arts, outdoor activities, etc.)						
RHS	8%	28%	51%	7%	6%	88
CS	10%	41%	44%	5%	0%	87
c. Opportunities for youth to explore interests and participate in positive activities.						
RHS	9%	33%	38%	9%	10%	87
CS	15%	46%	30%	5%	5%	87
d. Opportunities to volunteer in your community.						
RHS	6%	20%	47%	21%	7%	86
CS	7%	32%	46%	9%	6%	87
e. Your community as a place where all people are treated respectfully, regardless of their race, culture, religion, gender, sexual orientation, income level, disability, or age.						
RHS	10%	30%	40%	15%	6%	88
CS	32%	31%	29%	7%	1%	87
f. Your community as a place where people of different cultural/racial/ethnic backgrounds are included in decision-making.						
RHS	14%	30%	31%	9%	17%	88
CS	38%	37%	17%	3%	3%	86



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

Exhibit 2.14 Ratings of Educational Opportunities in Monroe County

Topic/Survey	Poor	Fair	Good	Excellent	No Opinion	Total
a. Your community as a place that meets your family's educational needs						
RHS	2%	14%	47%	21%	16%	87
CS	2%	30%	51%	10%	7%	87
b. The availability of early education opportunities in your community (e.g., play groups, Head Start, 4 year old kindergarten)						
RHS	5%	16%	40%	20%	19%	88
CS	6%	17%	46%	17%	14%	87
c. The quality of education grades K -12 in your community						
RHS	1%	17%	52%	18%	11%	88
CS	3%	22%	53%	14%	8%	87
d. Opportunities to gain additional knowledge or skills (tuition reimbursement, conferences, skills training courses, classes)						
RHS	11%	33%	30%	10%	15%	87
CS	20%	47%	21%	3%	9%	87
e. The availability of community resources to learn new skills or hobbies (e.g., woodworking, photography, computers)						
RHS	18%	34%	31%	6%	11%	88
CS	34%	43%	20%	2%	1%	87



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

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

Topic/Survey	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion	Total
a. Racism						
RHS	32%	26%	23%	16%	3%	90
CS	15%	23%	21%	40%	1%	86
b. School bullying						
RHS	11%	19%	34%	29%	7%	90
CS	2%	21%	42%	31%	3%	86
c. Cyber bullying						
RHS	13%	20%	27%	33%	7%	89
CS	6%	24%	33%	34%	3%	86
d. Discrimination						
RHS	27%	24%	28%	17%	4%	90
CS	13%	26%	23%	36%	2%	86



Health Behaviors and Concerns

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



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Community Indicators

County Health Rankings. *Exhibit 2.16* shows the County Health Rankings related to health behaviors. As shown, Monroe County ranked in the 4th quartile for health behaviors, with the other counties ranking in the 1st or 2nd quartile. Recent trends are worsening in multiple counties for obesity, physical activity, alcohol-impaired driving, and sexually transmitted infections.

Exhibit 2.16 County Health Rankings for Health Behaviors

	BU	HO*	LC	MO	TR	VE	MN*	WI
Rankings								
Health Behaviors Rank	8	8	13	62	28	34	--	--
Ranking Key:	1st (best) quartile		2nd quartile		3rd quartile		4th quartile	
Indicators								
Adult smoking (2017)	16%	14%	15%	16%	15%	17%	15%	16%
Adult obesity (2016)	25%	29%	27%	38%	30%	32%	28%	31%
Food environment index (2017)	8.4	8.9	8.1	8.3	9.2	8.2	8.8	8.8
Physical inactivity (2016)	26%	24%	23%	23%	24%	18%	20%	21%
Access to exercise opportunities (2019)	67%	97%	89%	65%	82%	66%	87%	85%
Excessive drinking (2017)	24%	21%	27%	25%	26%	24%	22%	24%
Alcohol-impaired driving deaths (2014-18)	31%	0%	30%	32%	42%	50%	30%	36%
Sexually transmitted infections (2017)	265.8	225.1	414.3	271.8	332.5	208.1	422.1	478.6
Teen births (2012-2018)	10	9	8	22	22	8	14	17
Selected Trends								
Adult obesity	--	W	W	W	W	W		
Physical inactivity	W	W	W	--	--	--		
Alcohol-impaired driving deaths	--	B	--	--	W	W		
Sexually transmitted infections	W	--	W	W	--	W		
Trend Key:	B Getting better		-- No trend		W Getting worse			
*Note: Houston County is ranked among all Minnesota counties. Other counties are ranked among all Wisconsin counties.								
Source: University of Wisconsin-Madison Population Health Institute. <i>County Health Rankings</i> .								
Retrieved in December 2020 from http://www.countyhealthrankings.org								



Community Insights

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

Ratings of Personal Health. *Exhibit 2.17* shows that among RHS respondents from Monroe County, 28% rated their personal health as fair or poor, 8% rated their overall mental health as fair or poor, and 19% rated their overall dental health as fair or poor. CS respondents had a notably higher percentage of fair or poor ratings for mental health and dental health.

Exhibit 2.17 Ratings of Personal Health in Monroe County

Topic/Survey	Poor	Fair	Good	Excellent	Total
a. Your overall health.					
RHS	1%	27%	58%	13%	89
CS	6%	19%	63%	12%	84
b. Your overall mental health.					
RHS	1%	7%	73%	19%	89
CS	8%	24%	57%	11%	84
c. Your overall dental health.					
RHS	7%	12%	64%	17%	89
CS	7%	21%	56%	15%	84



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

Exhibit 2.18 Concerns about Health Issues in the Community

Topic/Survey		Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion	Total
a. Mental health							
RHS		17%	24%	35%	17%	8%	89
CS		3%	16%	33%	46%	1%	87
b. Mental health stigma							
RHS		22%	14%	39%	16%	10%	88
CS		5%	16%	35%	44%	0%	85
c. Alcohol use							
RHS		15%	17%	31%	34%	3%	89
CS		10%	16%	28%	45%	1%	87
d. Obesity							
RHS		12%	12%	43%	30%	2%	89
CS		7%	21%	40%	33%	0%	86
e. Prescription drug misuse							
RHS		17%	17%	27%	33%	6%	88
CS		9%	15%	29%	46%	1%	87
f. Suicide							
RHS		18%	22%	38%	17%	4%	89
CS		9%	18%	34%	36%	2%	87
g. Tobacco use							
RHS		19%	23%	34%	20%	3%	90
CS		20%	29%	33%	16%	2%	87
h. E-cigarette use/Vaping							
RHS		16%	18%	32%	33%	1%	88
CS		14%	23%	44%	20%	0%	87
i. Illegal drug use							
RHS		6%	10%	23%	59%	2%	90
CS		2%	6%	31%	61%	0%	87



Health Care

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

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Community Indicators

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

County Health Rankings. *Exhibit 2.19* shows the County Health Rankings for clinical care. As shown, Monroe County ranks in the 2nd quartile on this measure. Trends indicate that Monroe County is improving on multiple indicators of clinical care.

Exhibit 2.19 County Health Rankings for Clinical Care

	BU	HO*	LC	MO	TR	VE	MN*	WI
Rankings								
Clinical Care Rank	43	6	1	27	47	60	--	--
Ranking Key:	1st (best) quartile		2nd quartile		3rd quartile		4th quartile	
Indicators								
Uninsured (2017)	7%	5%	5%	8%	8%	11%	5%	6%
Primary care physicians (2017)	6,580:1	1,440:1	720:1	1,570:1	3,680:1	960:1	1,120:1	1,270:1
Dentists (2018)	820:1	2,060:1	1,080:1	1,590:1	3,270:1	2,570:1	1,390:1	1,460:1
Mental health providers (2019)	6,560:1	4,640:1	320:1	670:01	1,960:1	700:1	400:1	490:1
Preventable hospital stays (2017)	3,931	3,895	2,962	2,825	2,998	3,194	6,015	3,940
Mammography screening (2017)	54%	57%	62%	56%	54%	44%	46%	50%
Flu vaccinations (2017)	51%	57%	59%	42%	46%	35%	50%	52%
Selected Trends								
Uninsured	B	B	B	B	B	B	--	--
Primary care physicians	W	B	--	--	--	B	--	--
Dentists	B	B	B	B	B	B	--	--
Preventable hospital stays	--	--	--	B	B	B	--	--
Mammography screening	B	--	B	B	B	B	--	--
Flu vaccinations	--	--	--	B	B	--	--	--
Trend Key:	B Getting better		-- No trend		W Getting worse			
*Note: Houston County is ranked among all Minnesota counties. Other counties are ranked among all Wisconsin counties.								
Source: University of Wisconsin-Madison Population Health Institute. <i>County Health Rankings</i> .								
Retrieved in December 2020 from http://www.countyhealthrankings.org								



Cancer Screening Rates. *Exhibit 2.20* shows selected cancer screening rates for each county within the region. Screening rates in Monroe County ranged from 76%-82%. Monroe County had a lower screening rate than the Region Total and Wisconsin as a whole for colorectal cancer screening.

Screening rate definitions follow:

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

Exhibit 2.20 2018 Cancer Screening Rates

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

Source: [2019 and 2020 Health Disparities Report](#), Wisconsin Collaborative for Healthcare Quality



Mental Health Care. Selected mental health indicators are shown in *Exhibit 2.21*. Focusing on estimates for adults in Monroe County, more than 6,256 individuals experienced a mental illness in 2017. Of these, 2,486 received mental health services, while more than 3,770 (60%) did not receive services. Among children and youth in Monroe County, 1,789 experienced a mental illness in 2017. Of these, nearly 1,037 received treatment, but 752 (42%) did not receive services.

Exhibit 2.21 2017 Estimated Mental Health Prevalence and Treatment Gap

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

Source: [2019 Wisconsin Mental Health and Substance Use Needs Assessment](#), Wisconsin Department of Health Services-Division of Care and Treatment Services.



Community Insights

Self-Reported Health Coverage. Survey respondents were asked to provide information on health coverage for their household. As shown in *Exhibit 2.22*, more than 86% of survey respondents from Monroe County reported all members of their household have health coverage. Among RHS respondents, the leading types of health coverage were Medicare, employer-based insurance, and private insurance. Among CS respondents, the majority reported employer-based insurance, followed by Medicare, private insurance, and Medicaid.

Exhibit 2.22 Self-Reported Health Coverage in Monroe County

Do all members of your household have health coverage?

Topic/Survey	Yes, all members have health coverage	No, one or more members do not have health coverage	Total
RHS	97%	3%	89
CS	86%	14%	85

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

Type	RHS	CS
Medicare	40%	18%
Private Insurance	24%	17%
Employer Based Insurance	26%	40%
Medicaid (Badger Care/Medical Assistance)	5%	16%
Other	5%	5%
Not Applicable-No one in my household has health insurance	0%	5%



Ratings of Health Care Access and Affordability. Survey respondents were asked to rate their ability to access and afford health services including healthcare, mental health care, and dental care. As shown in *Exhibit 2.23*, the large majority of survey respondents from Monroe County rated their access and ability to afford services as good to excellent. However, sizable percentages reported poor or fair ratings for access and affordability. Focusing on the RHS results, the percent of respondents reporting poor or fair ability to pay for services was 27% for healthcare, 34% for mental health care, and 28% for dental care. For CS respondents the percent reporting poor or fair ability to pay for services was 35% for healthcare, 43% for mental health care, and 44% for dental care.

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

Topic/Survey	Poor	Fair	Good	Excellent	Total
a. Your access to healthcare.					
RHS	2%	6%	46%	46%	89
CS	1%	14%	54%	31%	84
b. Your ability to pay for healthcare.					
RHS	9%	18%	42%	31%	88
CS	15%	20%	42%	23%	84
c. Your access to mental health care.					
RHS	3%	16%	54%	27%	89
CS	10%	23%	49%	19%	84
d. Your ability to pay for mental health care.					
RHS	14%	20%	42%	24%	88
CS	16%	27%	39%	19%	83

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

Topic/Survey	Poor	Fair	Good	Excellent	Total
e. Your access to dental care.					
RHS	6%	8%	49%	37%	89
CS	7%	18%	46%	29%	84
f. Your ability to pay for dental care.					
RHS	11%	17%	42%	30%	89
CS	20%	24%	37%	19%	84



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

Exhibit 2.24 Health Care Sources and Obstacles for Adults in Monroe County

Usual Source of Health Care for Adults

Provider Source	RHS	CS
Clinic	36%	31%
Doctor's Office	24%	25%
Urgent Care	15%	19%
Hospital Emergency Room	12%	9%
VA Medical Center	5%	3%
VA Outpatient Clinic	3%	1%
Internet	3%	6%
Express Care in a grocery or drug store	2%	1%
Free Clinic	2%	2%
I do not have a place that I go most often	0%	4%

Obstacles to Health Care for Adults

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

	RHS	CS
Could not schedule the appointment at a convenient time	13%	22%
Could not afford the cost	5%	13%
Did not have insurance	2%	7%
Did not have transportation	2%	7%
There was a language barrier	0%	0%
I could not get childcare	0%	2%
None of the above apply to me	78%	48%



Dental Visits and Obstacles for Adults. Survey respondents were asked to identify their most recent dental appointment and any obstacles to dental care. As shown in *Exhibit 2.25*, a large majority of respondents from Monroe County said they had a dental visit within the past year. Eight percent of RHS respondents and 9 percent of CS respondents reported it had been five or more years since their most recent dental visit. The most commonly reported obstacles to dental care were affordability, transportation, and scheduling.

Exhibit 2.25 Dental Visits and Obstacles for Adults in Monroe County

Most Recent Dental Visit for Adults

How long has it been since you have seen a dentist for any reason?	RHS	CS
Within the past year	74%	65%
Within the past 2 years	10%	18%
Within the past 5 years	4%	6%
5 or more years	8%	9%
Don't know	3%	2%
Total	89	85

Obstacles to Dental Care for Adults

In the last 12 months, was there any time when you needed to see a dentist but did not because of any of the following reasons? (check all that apply)	RHS	CS
Could not afford the cost	12%	17%
Did not have insurance	10%	5%
Did not have transportation	4%	12%
Could not schedule the appointment at a convenient time	1%	5%
There was a language barrier	0%	0%
I could not get childcare	0%	1%
None of the above apply to me	73%	60%



Health Care and Dental Visits for Children. Survey respondents with children in the home were asked to identify a usual source of health care, along with time since the dental visit. As shown in *Exhibit 2.26*, the most commonly reported sources of health care for Monroe County Residents were a clinic, doctor's office, or urgent care center. Focusing on dental care, 100% of RHS respondents and 86% of CS respondents reported their children had a dental visit within the past one or two years.

Exhibit 2.26 Health Care and Dental Visits for Children in Monroe County

Usual Source of Health Care for Children

Provider Source	RHS	CS
Clinic	46%	30%
Doctor's Office	31%	27%
Urgent Care	8%	21%
Hospital Emergency Room	8%	8%
Internet	8%	6%
Express Care in a grocery or drug store	0%	0%
Free Clinic	0%	3%
We do not have a place that we go most often	0%	4%

Most Recent Dental Visit for Children

How long has it been since any minor children in the household saw a dentist for any reason?	RHS	CS
Within the past year	89%	71%
Within the past 2 years	11%	15%
Within the past 5 years	0%	8%
5 or more years	0%	4%
Don't know	0%	2%

Social and Economic Factors

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



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Community Indicators

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

County Health Rankings. Exhibit 2.27 shows the County Health Rankings for social and economic factors. As shown, Monroe County ranks in the second quartile statewide. Focusing on selected trends, an increase in the child poverty rate is indicated for Monroe County. In considering these indicators it is important to note the social and economic indicators shown do not reflect the disruptions caused by COVID-19 in 2020.

Exhibit 2.27 County Health Rankings for Social and Economic Factors

	BU	HO*	LC	MO	TR	VE	MN*	WI
Rankings								
Social & Economic Factors Rank	28	32	7	34	18	36	--	--
Ranking Key:	<div></div> 1st (best) quartile	<div></div> 2nd quartile	<div></div> 3rd quartile	<div></div> 4th quartile				
Indicators								
High school graduation (years vary)	97%	96%**	93%	95%	95%	96%	83%	89%
Some college (2014-2018)	62%	73%	79%	63%	58%	56%	75%	69%
Unemployment (2018)	3.4%	2.9%	2.6%	2.7%	2.9%	2.9%	2.9%	3.0%
Children in poverty (2018)	13%	9%	9%	20%	11%	21%	12%	14%
Income inequality (2014-2018)	3.9	3.8	4	3.7	3.9	4.4	4.3	4.3
Children in single-parent households (2014-18)	23%	22%	24%	29%	27%	18%	28%	32%
Social associations (2017)	8.4	14.5	13.7	9.4	12.9	13	13	11.6
Violent crime (2014 & 2016)	55	53	138	140	61	59	236	298
Injury deaths (2014-2018)	64	76	83	62	79	58	65	80
Selected Trends								
Unemployment	--	--	--	--	--	--	--	--
Children in poverty	W	--	--	W	W	W	--	--
Violent crime	--	--	B	--	--	--	--	--
Trend Key:	<div>B</div> Getting better	-- No trend	<div>W</div> Getting worse					
<div>*Note: Houston County is ranked among all Minnesota counties. Other counties are ranked among all Wisconsin counties.</div> <div>**High school graduation rate for Houston was calculated to excluded the Minnesota Virtual Learning Academy.</div> <div>Source: University of Wisconsin-Madison Population Health Institute. County Health Rankings. Retrieved in December 2020 from http://www.countyhealthrankings.org and Minnesota Report Card accessed March 2020.</div>								



Low-Income Households. Household income is a fundamental indicator of health opportunity. As shown in *Exhibit 2.28*, in 2018 there were an estimated 1,955 households in Monroe County with income at or below poverty. Another important indicator is the number of ALICE households. ALICE® is an acronym for Asset Limited, Income Constrained, Employed, and provides a new way of defining and understanding the struggles of households that earn above the Federal Poverty Level, but not enough to afford basic necessities. In 2018, there were an estimated 3,554 households in the region that could be classified as meeting the ALICE criteria.

Exhibit 2.28 2018 Low-Income Households

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

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



Child Services Cases. Child abuse and neglect cases are another indicator of community health and well-being. As shown in *Exhibit 2.29*, in 2019 there were 710 referrals made to Child Protective Services (CPS) in Monroe County, with 58 confirmed child abuse cases, and 59 out-of-home placements.

Exhibit 2.29 2019 Reported Child Services Cases

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

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

Source: [2019 Wisconsin Child Abuse and Neglect, and Out of Home Care Reports](#)



Community Insights

Caring for Vulnerable Persons. Survey respondents were asked if they care for individuals who are aging or have a disability, and to share their insights about community supports for these vulnerable populations. As shown in *Exhibit 2.30*, 19% of RHS respondents from Monroe County reported they care for an individual that is aging, and 14% reported they help care for an individual with a disability. For CS respondents, 14% help care for an individual that is aging, and 24% help care for an individual with a disability.

Exhibit 2.30 Caring for Vulnerable Persons in Monroe County

Do you currently help care for an individual that is aging?

Survey	Yes	No	Total
RHS	19%	81%	88
CS	14%	86%	85

Do you currently help care for an individual that has a disability?

Survey	Yes	No	Total
RHS	14%	86%	88
CS	24%	76%	85



Concerns about Vulnerable Persons. As shown in *Exhibit 2.31*, well over 50% of survey respondents said they are moderately or very concerned about factors affecting vulnerable persons in the community, including child abuse, domestic abuse, elder abuse, and sexual abuse or violence.

Exhibit 2.31 Concerns about Vulnerable Persons in the Community

Topic/Survey	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion	Total
a. Child abuse						
RHS	10%	26%	26%	33%	6%	90
CS	6%	27%	28%	36%	2%	85
b. Domestic abuse						
RHS	12%	21%	27%	34%	6%	90
CS	5%	25%	36%	32%	2%	85
c. Elder abuse						
RHS	13%	24%	29%	28%	6%	90
CS	9%	27%	38%	22%	4%	85
d. Sexual abuse or sexual violence						
RHS	11%	23%	28%	30%	8%	90
CS	5%	27%	36%	29%	2%	85



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

Exhibit 2.32 Community Supports for Vulnerable Persons in Monroe County

Topic/Survey	Poor	Fair	Good	Excellent	Total
a. Your community as a place that meets the overall needs of children					
RHS	5%	25%	61%	9%	85
CS	1%	44%	48%	6%	81
b. Efforts to prevent abuse or neglect of children					
RHS	7%	42%	44%	6%	81
CS	13%	39%	43%	4%	76
c. Your community as a place that meets the overall needs of elderly persons (for example access to transportation, social outlets)					
RHS	13%	37%	44%	7%	87
CS	14%	53%	31%	2%	81
d. Efforts to prevent abuse or neglect of seniors.					
RHS	13%	38%	41%	8%	76
CS	10%	54%	37%	0%	71
e. The availability of resources to help persons age in place					
RHS	13%	41%	43%	4%	80
CS	13%	59%	26%	1%	76
f. Your community as a place that meets the overall needs of persons with disabilities					
RHS	11%	41%	39%	9%	76
CS	12%	68%	21%	0%	77
g. Efforts to prevent abuse or neglect of persons with disabilities					
RHS	12%	41%	41%	7%	74
CS	16%	55%	29%	0%	69
h. The availability of services that meet the overall needs of community members who are victims of abuse or neglect					
RHS	11%	49%	33%	7%	70
CS	19%	50%	30%	1%	70



Concerns about Meeting Household Needs. Survey respondents were asked to rate their concerns about meeting household needs related to food, housing, clothing, taxes, utilities, childcare, and legal assistance. As shown in *Exhibit 2.33*, the majority of respondents from Monroe County reported no concern or little concern about meeting basic household needs. Focusing on RHS respondents, the percentage reporting being moderately or very concerned ranged from about 10% to 23% across the factors listed. The percent of CS respondents who are moderately or very concerned ranged higher, from 14% to 39% across the factors listed. The highest level of concern among CS respondents was ability to pay for education beyond high school.

Exhibit 2.33 Concerns about Meeting Household Needs in Monroe County

Topic/Survey	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion	Total
a. Your ability to meet your household's basic needs for food, housing, clothing.						
RHS	66%	20%	10%	3%	1%	90
CS	55%	25%	12%	8%	0%	84
b. Your ability to pay for rent/ mortgage for your household						
RHS	74%	9%	11%	4%	1%	89
CS	55%	19%	14%	11%	1%	84
c. Your ability to pay for utility bills, property tax, and other housing related expenses						
RHS	62%	19%	9%	9%	1%	90
CS	51%	18%	18%	13%	0%	84
d. The availability of resources to help you budget your money						
RHS	60%	17%	10%	3%	9%	88
CS	50%	31%	8%	6%	5%	84
e. Your ability to pay for education beyond high school for you and/or your family						
RHS	46%	17%	13%	6%	19%	90
CS	37%	18%	19%	20%	6%	84
f. Your ability to pay for your own vehicle (including gas, insurance, and maintenance)						
RHS	66%	18%	11%	4%	1%	90
CS	48%	23%	14%	13%	1%	83
g. Your ability to pay for legal assistance						
RHS	42%	28%	12%	11%	7%	89
CS	36%	19%	23%	12%	10%	83
h. Your ability to pay for childcare, if needed						
RHS	47%	7%	9%	5%	32%	87
CS	40%	13%	17%	8%	22%	83
i. Your ability to access housing						
RHS	57%	15%	6%	8%	15%	89
CS	54%	18%	11%	13%	4%	83
j. Your ability to access childcare, if needed						
RHS	46%	9%	3%	7%	34%	87
CS	31%	19%	17%	10%	23%	83



Concerns about Access to Healthy Food. Survey respondents were asked to describe their access to healthy food. As shown in *Exhibit 2.34*, the large majority of respondents from Monroe County rated their access and ability to pay for healthy food as good or excellent. Focusing on ability to pay for food, 18% of RHS respondents and 37% of CS respondents rated their ability to pay for healthy food as poor or fair. Also, 11% of RHS respondents and 31% of CS respondents reported running out of money to get more food either sometimes, occasionally, or often.

Exhibit 2.34 Concerns about Access to Healthy Food in Monroe County

Topic/Survey	Poor	Fair	Good	Excellent	Total
a. Your access to healthy food.					
RHS	1%	9%	49%	41%	88
CS	2%	21%	40%	36%	84
b. Your ability to pay for healthy food.					
RHS	2%	16%	46%	36%	89
CS	6%	31%	40%	23%	84
How true is the following statement about food for your household? "Within the past 12 months the food we bought just didn't last and we didn't have money to get more."					
Topic/Survey	Often true	Occasionally true	Sometimes but infrequently true	Never true	Total
RHS	1%	3%	7%	89%	89
CS	4%	11%	16%	70%	82



Concerns about Economic Issues. Survey respondents were asked to rate their concerns about economic issues in the community. As shown in *Exhibit 2.35*, 20% or more of RHS and CS respondents reported they are moderately or very concerned about excessive personal debt, risk of job loss, risk of foreclosure and bankruptcy, poverty, hunger, and homelessness in the community.

Exhibit 2.35 Concerns about Economic Issues in the Community

Topic/Survey	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion	Total
a. Excessive personal debt						
RHS	15%	37%	28%	13%	7%	89
CS	12%	21%	45%	18%	4%	84
b. Gambling (in-person or online)						
RHS	24%	36%	13%	7%	20%	90
CS	39%	23%	18%	11%	10%	84
c. Risk of foreclosure or bankruptcy						
RHS	19%	37%	21%	12%	11%	90
CS	14%	35%	31%	15%	5%	84
d. Risk of job loss						
RHS	13%	20%	41%	21%	4%	90
CS	11%	25%	36%	26%	2%	84

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

Topic/Survey	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion	Total
e. Poverty						
RHS	12%	22%	30%	30%	6%	90
CS	7%	14%	45%	33%	0%	84
f. Hunger						
RHS	13%	26%	30%	26%	6%	90
CS	11%	21%	37%	30%	1%	84
g. Homelessness						
RHS	22%	23%	24%	26%	4%	90
CS	12%	26%	31%	31%	0%	84



Ratings of Community Supports for Economic Stability. Survey respondents were asked to rate various community supports for economic stability. As shown in *Exhibit 2.36*, the majority of survey respondents gave poor or fair ratings for availability of living wage jobs, safe and affordable housing, services for people who need extra help, accessibility and convenience of public transportation, and efforts to reduce poverty. Efforts to reduce hunger also received poor or fair ratings from 43% of RHS respondents and 52% of CS respondents.

Exhibit 2.36 Ratings of Community Supports for Economic Stability

Topic/Survey	Poor	Fair	Good	Excellent	No Opinion	Total
a. The availability of jobs with wages that offer a livable wage						
RHS	23%	39%	30%	6%	2%	90
CS	31%	37%	25%	5%	1%	83
b. The availability of safe, affordable housing						
RHS	14%	42%	37%	2%	4%	90
CS	39%	39%	17%	1%	5%	83
c. The availability of services for people who may need extra help (government, nonprofit services)						
RHS	10%	43%	31%	6%	10%	89
CS	17%	46%	25%	1%	11%	83
d. The accessibility of public transportation						
RHS	38%	34%	18%	2%	8%	90
CS	53%	31%	10%	0%	6%	83
e. The convenience of public transportation						
RHS	46%	27%	16%	2%	9%	89
CS	60%	24%	7%	0%	9%	82
f. Efforts to reduce poverty in your community						
RHS	25%	42%	19%	1%	13%	89
CS	36%	45%	12%	0%	7%	83
g. Efforts to reduce hunger in your community						
RHS	11%	32%	39%	12%	6%	90
CS	6%	46%	41%	1%	6%	83

Physical Environment and Safety

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



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Community Indicators

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

Exhibit 2.37 County Health Rankings for the Physical Environment

	BU	HO*	LC	MO	TR	VE	MN*	WI
Rankings								
Physical Environment Rank	24	70	16	53	47	61	--	--
Ranking Key:	<div></div> 1st (best) quartile	<div></div> 2nd quartile	<div></div> 3rd quartile		<div></div> 4th quartile			
Indicators								
Air pollution - particulate matter (2014)	8.2	8.7	8.5	8.5	8.4	8.7	6.9	8.6
Drinking water violations (2018)	No	No	No	Yes	Yes	Yes	N/A	N/A
Severe housing problems (2012-2016)	14%	11%	13%	14%	11%	15%	13%	14%
Driving alone to work (2014-2018)	78%	81%	81%	81%	80%	79%	78%	81%
Long commute - driving alone (2014-2018)	40%	30%	16%	26%	32%	38%	31%	27%
Selected Trends								
Air pollution – particulate matter	B	B	B	B	B	B	--	--
Trend Key:	<div>B</div> Getting better	<div>--</div> No trend		<div>W</div> Getting worse				
<div>*Note: Houston County is ranked among all Minnesota counties. Other counties are ranked among all Wisconsin counties.</div> <div>Source: University of Wisconsin-Madison Population Health Institute. County Health Rankings.</div> <div>Retrieved in December 2020 from http://www.countyhealthrankings.org</div>								



Community Insights

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

Rating of Overall Community Safety. As shown in *Exhibit 2.38*, the large majority of survey respondents from Monroe County rated overall community safety as good or excellent. Eighteen percent of RHS respondents and 28% of CS respondents rated overall community safety as poor or fair.

Exhibit 2.38 Rating of Overall Community Safety in Monroe County

Rating of Overall Community Safety					
Survey	Poor	Fair	Good	Excellent	Total
RHS	0%	18%	66%	16%	89
CS	0%	28%	64%	8%	87



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

Exhibit 2.39 Concerns about Community Safety in Monroe County

Topic/Survey	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion	Total
a. School safety						
RHS	24%	31%	24%	18%	2%	90
CS	18%	28%	28%	23%	3%	87
b. Cyber security (e.g., identity theft)						
RHS	14%	26%	24%	31%	4%	90
CS	13%	25%	34%	26%	1%	87
c. Criminal activity						
RHS	13%	25%	40%	22%	0%	91
CS	3%	34%	34%	29%	0%	86
d. Community response to flood						
RHS	38%	29%	19%	10%	4%	90
CS	30%	37%	18%	7%	8%	87
e. Disease outbreak						
RHS	22%	24%	30%	22%	1%	90
CS	15%	21%	19%	44%	1%	86
f. Hazardous materials incident						
RHS	43%	32%	17%	4%	3%	90
CS	44%	29%	16%	5%	6%	86
g. Terrorist activity						
RHS	52%	26%	9%	8%	6%	90
CS	41%	34%	13%	8%	5%	86
h. Tap water safety						
RHS	39%	22%	18%	16%	4%	89
CS	40%	18%	17%	15%	9%	87
i. Well water safety						
RHS	38%	18%	19%	18%	8%	90
CS	32%	18%	14%	21%	15%	87



Responsiveness of Public Safety Agencies. Survey respondents were asked to rate their level of concern about responsiveness of EMS, law enforcement, and the fire department. As shown in *Exhibit 2.40*, a majority of respondents from Monroe County reported no concern or little concern about responsiveness. Between 24% and 33% reported being moderately or very concerned about responsiveness.

Exhibit 2.40 Responsiveness of Public Safety Agencies in Monroe County

Topic/Survey	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion	Total
a. Responsiveness of Emergency Medical Services (EMS)						
RHS	48%	26%	13%	11%	2%	90
CS	48%	18%	22%	8%	3%	87
b. Responsiveness of law enforcement						
RHS	37%	28%	18%	15%	2%	89
CS	41%	25%	17%	13%	3%	87
c. Responsiveness of fire department						
RHS	52%	20%	16%	10%	2%	91
CS	48%	22%	17%	9%	3%	87



Preparedness for Emergency Events. Survey respondents were asked to share their insights about personal preparedness for emergency events. As shown in *Exhibit 2.41*, at least 32% of respondents from Monroe County said they were not prepared or a little prepared for a household fire, flood, power outage, natural disaster, pandemic, or loss of job.

Exhibit 2.41 Preparedness for Emergency Events in Monroe County

Topic/Survey	Not Prepared	A Little Prepared	Moderately Prepared	Very Prepared	Total
a. Household fire					
RHS	5%	27%	47%	22%	88
CS	12%	58%	27%	2%	84
b. Flood					
RHS	26%	22%	33%	19%	88
CS	42%	29%	23%	7%	84
c. Power outage longer than 24 hours					
RHS	19%	20%	38%	23%	88
CS	19%	36%	37%	7%	83
d. Natural disaster (such as ice storm, tornado, snowstorm)					
RHS	10%	28%	47%	15%	88
CS	17%	36%	37%	11%	84
e. Pandemic/epidemic					
RHS	15%	24%	49%	11%	87
CS	15%	38%	36%	11%	84
f. Loss of job					
RHS	27%	27%	23%	23%	82
CS	39%	32%	18%	11%	84



Concerns about Public Spaces. Survey respondents were asked to share their insights about factors affecting the quality of public spaces. As shown in *Exhibit 2.42*, about 16% to 36% of respondents said they were moderately concerned or very concerned about loose animals, sidewalks, crosswalks, traffic, and street lighting.

Exhibit 2.42 Concerns about Public Spaces in Monroe County

Topic/Survey	Not Concerned	A Little Concerned	Moderately Concerned	Very Concerned	No Opinion	Total
a. Loose animals						
RHS	42%	32%	14%	9%	2%	90
CS	49%	31%	7%	9%	3%	87
b. Sidewalks in poor condition						
RHS	31%	31%	17%	13%	8%	90
CS	30%	34%	21%	8%	7%	87
c. Lack of sidewalks						
RHS	41%	24%	16%	9%	10%	90
CS	34%	24%	28%	8%	6%	87
d. Inadequate crosswalks						
RHS	48%	26%	7%	9%	10%	89
CS	41%	24%	23%	8%	3%	87
e. Motor vehicle traffic						
RHS	37%	33%	20%	7%	3%	90
CS	40%	30%	20%	10%	0%	87
f. Not enough traffic lights/stop signs						
RHS	58%	16%	11%	8%	7%	89
CS	54%	22%	15%	7%	2%	87
g. Street lighting						
RHS	47%	21%	14%	12%	5%	91
CS	36%	32%	20%	10%	2%	87

Community Insight on Priority Needs and Ideas for Solutions

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

Meeting with Community Stakeholders

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

The community stakeholder meeting with Monroe County was held on February 16, 2021. The invited participants included representatives from local business, education, government, health and human services, nonprofit and law enforcement agencies. A total of 40 individuals participated in the meeting. The meeting was facilitated virtually so that participants could attend while maintaining social distancing for the pandemic.

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

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



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Priority Needs Identified by Community Stakeholders (Monroe County)

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

Exhibit 3.1 Priority Needs Identified by Monroe County Community Stakeholders

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

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

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



Ideas for Solutions Submitted by Community Stakeholders

As part of the follow-up survey participants were invited to share ideas for solutions to the top community needs identified at the stakeholder meeting. Fifteen participants responded with 34 ideas as listed in **Exhibit 3.2**. The results reflect the connections between access to health care, socio-economic challenges, and community development. Also, each of the ideas listed would require creative collaboration across organizations and sectors.

Exhibit 3.2 Ideas for Solutions Submitted by Monroe County Community Stakeholders

- Increasing the number of mental health providers in our area.
- Increase affordable access to transportation to get to mental health providers and jobs.
- County based help with finding jobs for our youth with poor job history, no job history etc.
- Increase safe, low-income housing.
- Using RTIC to help address drug abuse and alcohol use
- Developing youth-driven initiatives to reduce alcohol and drug use (focus on prevention vs. treatment)
- Partner with developers to bring more safe/affordable housing to the county - especially Sparta and Tomah
- Educate employers on the importance of paying livable wages with benefits
- Provide funding to pay for school/training of low wage earners
- Provide transportation/gas vouchers to households to get to/from medical appts and expand hours of availability for appts
- To increase awareness of programs and services that are available to help people who are struggling.
- Increase the public's awareness of these issues and have community meetings to work on strategies to address them.
- Increase funding for food shelf and public housing
- Increase awareness of resources that exist
- Community leaders, legislators, public, and any others related to the "need" participate in a town hall type meeting to brainstorm.
- Though I ranked it as 7, having better bike paths through Sparta and Tomah would not only help with physical activity but might also offer a transportation option for both youth and adults (more of them, bike lanes on the main streets, helping navigate to farther locations, signage).
- Also need to raise minimum wage in Monroe and surrounding counties (since so many work outside of the county) to address the issues around poverty.

- Cap the rental costs in Monroe county.
- Better transportation between clinics in the County and in La Crosse for care provided by the health systems for those not on Medicaid (Medicaid participants do have access to MTM).
- Collaborating with regional counties to support a local detox or inpatient treatment facility.
- Education--a lot of resources available in the community but a lack of understanding "navigating the system." Having mentors in the community that can help people navigate some of the requirements of a lot of the resources in the community.
- Area hotels to house people in need of safe housing.
- Social work support to help with finding work, medical care, and basic needs such as food and clothing
- Community care coordination for families at high risk, create a framework or use an existing model for community partner collaboration (how to work better together)
- Education on mental health, reduction, of stigma, attract providers to the area Give community incentives to builders who build mixed income housing. Educate the citizens on support groups and treatment options for substance use.
- Expanded benefits/eligibility for ALICE population to promote job retention/self-sufficiency.
- Increased minimum wage to ensure employed persons are able to meet their basic needs.
- Increased access to mental health treatment/care.
- Increased public awareness of access options.
- Normalize treatment/experience of MH issues to work towards eliminating past stigmas surrounding these issues.
- Increased local housing options (increased Section 8 vouchers, income-based housing).
- Expanded program/policy to allow a broadened category of recipients for those with in need of emergency assistance.
- Need to have a triage approach to social services. If that is not feasible, we need to have consistent training on available resources.
- We need to make a focus on early intervention. During the breakout sessions, my team identified many issues that could be more easily resolved if more early intervention were taking place.

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

Appendix A - Data Sources

Community Demographics

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

County Health Rankings

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

[Houston County Minnesota High School Graduation Rates were obtained from the Minnesota Report Card.](#)

Leading Causes of Death

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

Maternal and Infant Health

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

Cancer Screening Rates

[2019 and 2020 Health Disparities Report](#). Wisconsin Collaborative for Healthcare Quality

Mental Health Prevalence and Treatment Gap

[2019 Wisconsin Mental Health and Substance Use Needs Assessment](#). Wisconsin Department of Health Services-Division of Care and Treatment Services.

Low-income Households

United for ALICE <https://www.unitedforalice.org/national-overview> accessed November 2020.

Reported Child Services Cases

[2019 Wisconsin Child Abuse and Neglect and Report](#)
[2019 Wisconsin Out-Of-Home Care Report](#)

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

Random Household Survey

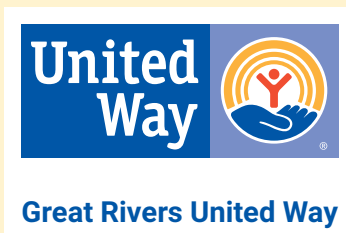
Community Health Solutions analysis of survey responses submitted by community residents in July-September 2020.

Convenience Survey

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

Appendix B - List of Community Indicators and Community Survey Topics

Focus	Community Indicators	Community Survey Topics
The Six-County Region	<ul style="list-style-type: none"> • Total population by county • Total population by census tract • Child population by census tract • Older adult population by census tract • Minority population by census tract • Households with income below poverty by census tract • County Health Rankings summary for 2020 • Trends in selected County Health Rankings measures 	N/A
Length and Quality of Life	<ul style="list-style-type: none"> • Length of Life Rank • Quality of Life Rank • Premature death • Poor or fair health status • Poor physical health days • Poor mental health days • Low birthweight • Leading causes of death • Maternal and infant health 	<ul style="list-style-type: none"> • Ratings of community life • Ratings of community educational opportunities • Concerns about community life • Volunteering
Health Behaviors and Concerns	<ul style="list-style-type: none"> • Health Behaviors Rank • Adult smoking • Adult obesity • Food environment • Physical inactivity • Access to exercise opportunities • Excessive drinking • Alcohol-impaired driving deaths • Sexually transmitted infections • Teen births 	<ul style="list-style-type: none"> • Ratings of personal health status • Concerns about health issues in the community
Health Care	<ul style="list-style-type: none"> • Clinical Care Rank • Uninsured • Primary care physicians • Dentists • Mental health providers • Preventable hospital stays • Mammography screening • Flu vaccinations • Cancer screening rates • Mental health prevalence and treatment gap 	<ul style="list-style-type: none"> • Self-reported health coverage • Health care access and affordability • Health care sources and obstacles for adults • Dental visits and obstacles for adults • Health care and dental visits for children
Social & Economic Factors	<ul style="list-style-type: none"> • Social & Economic Factors Rank • High school graduation rate • Adults age 25+ with some college • Unemployment • Children in poverty • Income inequality • Children in single-parent households • Social associations • Violent crime • Injury deaths • Low-income households • Child Services Cases 	<ul style="list-style-type: none"> • Caring for vulnerable persons in the community • Concerns about vulnerable persons in the community • Community supports for vulnerable persons • Concerns about meeting household needs • Concerns about access to healthy food • Concerns about economic issues in the community • Services and supports for economic stability
Physical Environment and Safety	<ul style="list-style-type: none"> • Physical Environment Rank • Air pollution – particulate matter • Drinking violations • Severe housing problems • Driving alone to work • Long commute-driving alone 	<ul style="list-style-type: none"> • Rating of overall community safety • Concerns about safety-related issues in the community • Responsiveness of public safety agencies • Level of preparedness for emergencies • Concerns about Public Spaces



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Monroe County Community Health Improvement Plan 2019-2022



A Healthy Place to Live, Learn, Work and Play

Finalized August 2019

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The Monroe County Community Health Improvement Plan (CHIP) has been developed through the collaborative work of community partners to enhance the health of the community. This document provides a summary of the work to date.

ACKNOWLEDGEMENTS

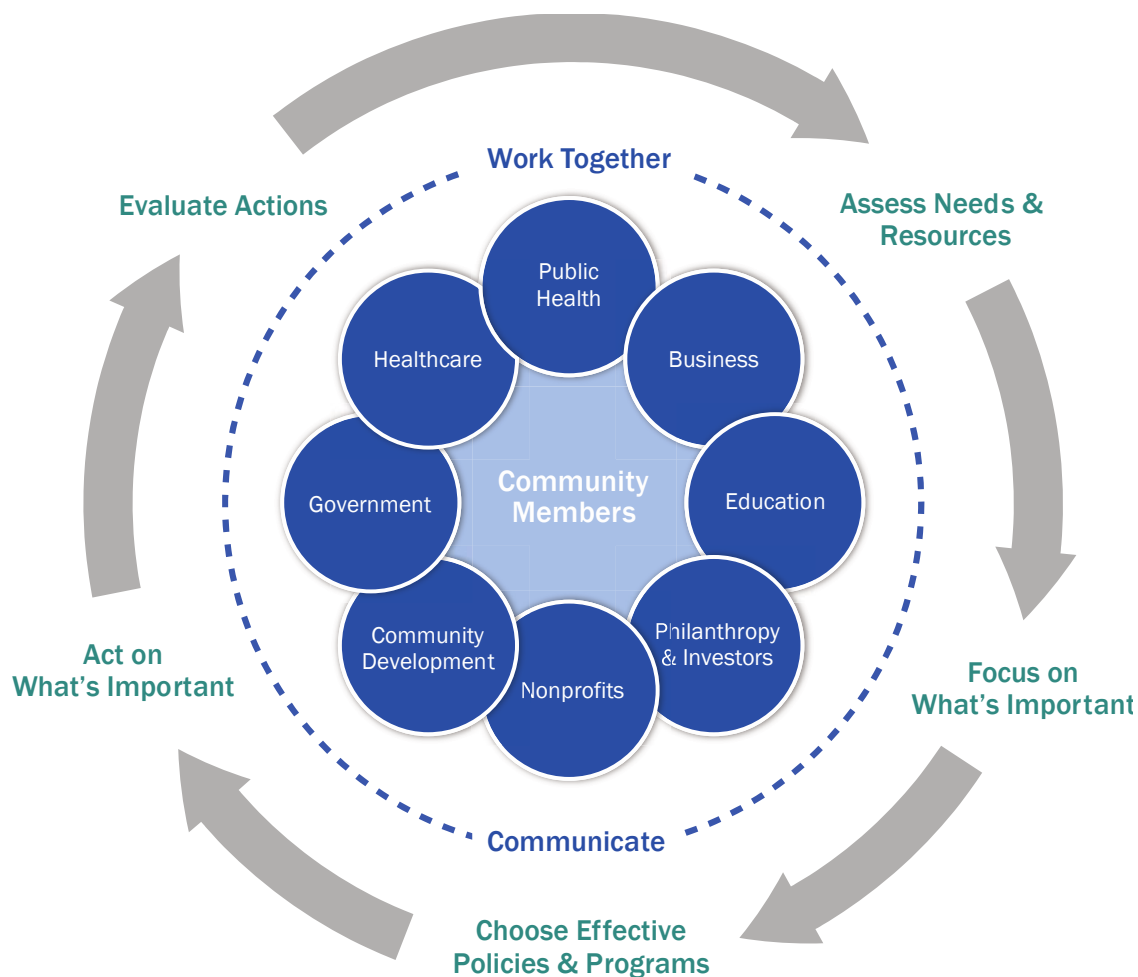
Thank you to the following individuals and organizations who participated in the development of the Monroe County Community Health Improvement Plan (CHIP). In addition, we'd like to thank the Great Rivers United Way *COMPASS NOW 2018* and the Wisconsin Association of Local Health Department and Boards (WALHDAB) "Community Health Improvement Processes and Plans (CHIPP) Infrastructure Improvement Project" for valuable resources and guidance.

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Barb Stafslein, Neighborhood Family Clinic
Maureen Sullivan, Ecumenical Food Pantry
Marlene Sund, Monroe County Board of
Health
Cindy Zahrte, Tomah Area School District

FRAMEWORK

The Wisconsin Association of Local Health Departments and Boards, along with the University of Wisconsin Population Health Institute's County Health Rankings & Roadmaps, partnered to develop the Wisconsin CHIPP Infrastructure Improvement Project. This collaborative effort resulted in an evidenced-based guidebook intended to help local stakeholders through the steps toward effectively improving the health of our community. The Monroe County Community Health Improvement Plan was developed utilizing this guidebook. The diagram below highlights the steps used in creating our CHIP. These steps will be used as an outline to describe the process of the CHIP.



© 2014 County Health Rankings and Roadmaps

(University of Wisconsin Population Health Institute, 2019)

ASSESS NEEDS & RESOURCES

The community health improvement process is made up of two distinct, yet connected processes, a Community Health Assessment (CHA) and a Community Health Improvement Plan. The first step in the process is to conduct a Community Health Assessment, which collaborates with community members and partners to gather and analyze health-related data from a range of sources. Data sources include primary data in the form of random household and convenience sampling surveys, focus groups, and secondary data sources. The findings from the Community Health Assessment are presented to community members and stakeholders and then health issues are prioritized. In addition to health-related data, the CHA also gathers information on gaps and assets in a community. Monroe County's Community Health Assessment was conducted in collaboration with Great Rivers United Way and the COMPASS Community Needs Assessment. Monroe County's CHA can be found at:

https://www.greatriversunitedway.org/wp-content/uploads/2012/07/compass-now-2018-monroe-county_final.pdf.

The CHA was presented to a group of community members and partners in February 2018. The following five health factors were identified as priorities at the February meeting: mental health, alcohol and other drugs, nutrition, wages and poverty and childcare. In November 2018, an in-depth review of health priorities was presented to a group of community members. As a result, mental health, alcohol and other drugs, and nutrition were selected as top priorities for Monroe County.

The data collected for the CHA follows the county health rankings model from the University of Wisconsin Population Health Institute. When most people are asked about measures of health or what they think are the main health problems in their community, they tend to describe mortality (what causes death) or morbidity (major illnesses or injuries). While mortality and morbidity data are important measures of health, they are greatly influenced by factors such as health behaviors, access to health care, social and economic conditions, and environment. The relationship between these factors and health outcomes has been evaluated and defined by The County Health Rankings model (on page 5). This model was created by a collaboration between Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute to "measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income, and teen births in nearly every county in America on an annual basis." These measurements "provide a revealing snapshot of how health is influenced by where we live, learn, work, and play." The majority of the health outcomes and health factors listed in the model are also included in the Wisconsin State Health Plan. For more information on the Wisconsin State Health Plan, visit <https://healthy.wisconsin.gov/>.



(University of Wisconsin Population Health Institute, 2019)



FOCUS ON WHAT'S IMPORTANT

In November 2018, more than 20 key stakeholders, leaders, and community members convened for a community health improvement planning session. The group reviewed more in-depth data related to specific Monroe County community health priorities selected during the Community Health Assessment process. The following priority focus areas were chosen: Mental Health, Alcohol & Other Drugs, and Adequate, Appropriate and Safe Food and Nutrition. There are three community coalitions that are meeting regularly to address these three health concerns.

The next three steps of the improvement process are listed below. Each coalition has been tasked with completing these steps as they work to improve the health focus area.

CHOOSE EFFECTIVE POLICIES AND PROGRAMS

Each group created a plan of action to maximize the impact on the health priorities. After taking time to better understand how the chosen health issues play out in our community, they chose strategies that have been shown to effectively address those issues and made plans with commitment from the group. It's important to note that some groups have been meeting for years and will continue to work together to address these priority health issues.

ACT ON WHAT'S IMPORTANT

Once the plan is made, the group will take action. They will ensure that strategies are adopted, implemented, improved and maintained in order to achieve intended results. Making a difference in our community's health requires ongoing collaboration, communication and attention to progress.

EVALUATE ACTIONS

The groups will continually evaluate whether the policies and programs are working as intended. Evaluation is an important step in the community health improvement process; therefore, each group will provide updates to this community health improvement plan at least annually.

The next pages of this document include contact information about each workgroup. Information about each workgroup and an overview of the workgroup's plans to address the three priority health issues are included on the following pages.

PRIORITY #1: MENTAL HEALTH

Mental health has been one of Monroe County's leading health priorities in since 2012. Mental health is defined by the World Health Organization as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (World Health Organization, 2014). Mental health is not merely an absence of a mental health condition and those with mental health conditions can also have good levels of well-being (World Health Organization, 2014).

Poor mental health is a health concern worldwide. Globally, depression is one of the main causes of disability; approximately 300 million people live with depression (World Health Organization, 2018). In addition to depression, mental health conditions include bipolar affective disorder, schizophrenia and other psychoses, dementia, intellectual disabilities and developmental disorders including autism (World Health Organization, 2018). In the United States, 1 in 5 adults live with a mental health condition (National Institute of Mental Health, 2019).

Mental health can be positively and negatively affected by a number of factors including biological factors such as genes or brain chemistry, life experiences such as trauma and abuse, family history, race and ethnicity, access to health care, gender, age; and social determinants of health such as discrimination, violence, income level, education level, interpersonal, family, and community dynamics, housing quality, social support, employment opportunities, and work and school conditions (Healthy People, 2019; U.S. Department of Health and Human Services, 2019; World Health Organization, 2014).

The most devastating public health problem associated with poor mental health is suicide. Monroe County's suicide rate over a ten-year span (2008-2017) is 14.0 per 100,000 population, which is slightly higher than the state rate of 14.0 per 100,000.⁸ Monroe County sees disparities between men and women. The suicide rate among men during 2008-2017 was 21.4 per 100,000 population versus 6.3 per 100,000 population for women (Wisconsin Department of Health Services, 2019). This is consistent with national trends (National Institute of Mental Health, 2019).

Stakeholders continue to see a lack of access to mental health care for adults and youth. While the ratio of providers to population has improved over the years, it still remains below the state rate. In 2013, there were 8,952 county residents for every one mental health provider.* In 2018, there were 650 county residents for every one mental health provider, which remains below the state ratio of 530:1 (County Health Rankings, 2019). Stakeholders are concerned about the issue of mental health access because lack of access is a risk factor for suicide. Additionally, stakeholders report that it is difficult for those with mental health conditions in Monroe County, especially children, to get an appointment to see a behavioral health provider.

* Note: In 2015, marriage and family therapists and mental health providers that treat alcohol and other drug abuse were added to this measure

Mental health treatment gaps exist in Monroe County for both children and adults. Treatment gaps are the rate of individuals who need mental health treatment, but do not receive it. The treatment gap for adults is 57% and for youth is 45%. In Wisconsin, the treatment gap for adults is 54% and 35% for youth (Wisconsin Department of Health Services, 2018).

While Monroe County has not had a large number of adolescent suicides, many Monroe County adolescents exhibit risk factors for youth suicide identified by the Substance Abuse and Mental Health Services Administration [SAMHSA] (2017). According to the Youth Behavior Risk Survey, Monroe County adolescents exhibited a number of other risk factors for suicide. One of these risk factors includes hopelessness. In 2017, over one out of three of Monroe County adolescents reporting “feeling so sad or hopeless almost every day for two weeks or more in a row.” This has increased from one out of five in 2011. Suicide ideation is also another risk factor for suicide-19% of Monroe County adolescents reported that they “seriously considered suicide in the last 12 months.” This increased from 13 percent in 2011.

As previously stated, trauma and abuse can impact mental health. According to the Centers for Disease Control and Prevention (CDC), “Adverse Childhood Experiences (ACEs) is the term used to describe all types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18.” ACEs include physical, emotion, or sexual abuse; physical and emotional neglect; and household dysfunction such as violence between adults, substance abuse, parental separation or divorce, and whether a household member was incarcerated, abused substances, or was depressed, mentally ill, or suicidal). Research has found that ACEs can lead to poor physical, mental, and socioeconomic outcomes later in life and that the more ACEs someone has experienced, the higher their risk of poor outcomes. In Wisconsin, 57% of adults experienced at least one ACE and 14% experienced four or more ((Child Abuse and Neglect Prevention Board, 2018). An article published in 2017 from the Milwaukee Journal Sentinel entitled, “Impact of Childhood Trauma Reaches Rural Wisconsin” used 2011-2015 data from the Wisconsin Child Abuse and Neglect Prevention Board and found that 20 percent of Monroe County residents scored four or higher on ACE questionnaires (Schmid & Mollica, 2017).

The Monroe County Mental Health Coalition is the group that is primarily tasked with addressing this health priority. The Coalition started in 2012, based on needs identified in the Monroe County Community Health Improvement Plan. The coalition is made up of partners from healthcare, law enforcement, education, human services, the United Way, Wisconsin State Representative, Nancy VanderMeer, the Ho-Chunk Nation, Monroe County Safe Community Coalition, Fort McCoy, and many other community partners. The coalition’s vision is, “Improved mental wellness of Monroe County” and their mission is to, “Improve access to mental wellness services and reduce stigma across the generations.” Below is the group’s strategic plan for the next three years. The creation of a logic model helped guide the group’s strategic planning process.

GOAL: IMPROVE MENTAL HEALTH OF MONROE COUNTY RESIDENTS	
Indicators *Note: indicators are data trends, and are not intended to be measures of success	<ul style="list-style-type: none"> • Suicide mortality rate (Wisconsin Interactive Statistics on Health) • Mental health-related emergency department visits (Wisconsin Interactive Statistics on Health) • Ratio of mental health providers to population (County Health Rankings) • Percentage of teens that felt so sad or hopeless almost every day for two weeks or more in a row (YRBS) • Percentage of teens that seriously considered suicide in last 12 months

OBJECTIVE 1: BY 2021, INCREASE UNDERSTANDING OF MENTAL HEALTH AMONG COMMUNITY MEMBERS AND PARTNERS	
Performance Measures	Strategies
<ul style="list-style-type: none"> • Number of mental health-related education events • Number of participants at mental-health related education events • Change in knowledge, attitudes, and beliefs in relation to mental health 	<ul style="list-style-type: none"> • Education for coalition members on the LGBTQ+ population • Evidence-based mental health education • Individual story-telling of mental health challenges • Education on mental health stigma <ul style="list-style-type: none"> ◦ Education on language used to describe mental health • Education on mental health coping strategies
OBJECTIVE 2: OBJECTIVE 2: BY 2021, COALITION MEMBERS WILL ADVOCATE FOR MENTAL HEALTH-RELATED FUNDING AND POLICIES	
Performance Measures	Strategies
<ul style="list-style-type: none"> • Number of testimonies • Number of communications with policy makers 	<ul style="list-style-type: none"> • Create partnerships with policy makers • Invite legislators for listening sessions on mental health with coalition • Testify at mental health-related policy events

OBJECTIVE 3: BY 2021, INCREASE UNDERSTANDING OF ADVERSE CHILDHOOD EXPERIENCES AND TRAUMA-INFORMED CARE	
Performance Measures	Strategies
<ul style="list-style-type: none">• Change in knowledge of adverse childhood experience (ACEs)• Change in knowledge of trauma-informed care• Number of trainings• Number of participants at trainings	<ul style="list-style-type: none">• Coalition member involvement in Resilient and Trauma-Informed Community effort• Support organizations implementing trauma-informed care• Support ACEs/Trauma Informed Care education events



TARGET POP	INPUTS	ACTIVITIES	OUTPUTS	SHORT TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG TERM OUTCOMES	ANTICIPATED IMPACTS
Who will directly benefit?	Resources dedicated to or consumed by our effort	What we do - in quantifiable terms	Direct products of our activities	Initial changes in the condition, knowledge, attitudes, beliefs, skills.	Resulting behavior change	Changes in policies, programs and practices	Longer term indicators of impact
Monroe County residents Youth	Staff time Coalition partnerships: healthcare, law enforcement, policymakers, human services, local non-profits, education, public health Opportunities for grant funding	Policy Advocacy LGBTQ education and awareness training for coalition partners Mental Health Education -evidence-based -individual storytelling -language -stigma -coping strategies Resilient/Trauma-Informed Monroe Co	# of testimonies # of communications #of outreach with policy makers #education events #participants #Education #Participants	Create partnerships with policy makers Change in knowledge, attitudes, beliefs (training and community partner evaluations) Change in knowledge, attitudes, beliefs (training evaluations)	Funding increase Increased number of teens who have at least one adult at school they could talk to if they have a problem Decrease in number of chapter 51 commitments Organizations implementing TIC	Professionals providing care (ratio of providers to population) Increased community supports Decrease teen suicide ideation Decreased teen hopelessness Trauma-Informed practices and policies	Decrease in suicides Decrease mental health-related emergency department visits Systems Change and Cultural shift Mental health is health

PRIORITY #2: SUBSTANCE MISUSE AND ABUSE

Substance (drug) misuse is “the use of a substance for a purpose not consistent with legal or medical guidelines (National Collaborating Centre for Mental Health (UK), 2008). Drug abuse, which is referred to as substance abuse “refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs” (World Health Organization, 2019).

Substance misuse and abuse can have both short and long term, direct and indirect impacts. Direct effects include physiological changes in appetite, wakefulness, heart rate, mood, blood pressure, heart attack, stroke, psychosis, heart or lung disease, cancer, mental health conditions, HIV/AIDS, hepatitis or even death. Indirect effects of substance misuse and abuse include impacts on nutrition, decision making and impulsivity, sleep, and “risk for trauma, violence, injury, and communicable diseases.” Babies born to women who use drugs while pregnant can also be affected by substance use (National Institute on Drug Abuse, 2017). Additionally, substance use can lead to addiction. Addiction is defined as a “chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences” (National Institute on Drug Abuse, 2018). While many may think that addiction is due to a lack of moral principles or willpower, it is a brain disorder (National Institute on Drug Abuse, 2015; National Institute on Drug Abuse, 2018). For some people, drug use can change how the brain functions, which creates changes in their ability to control stress, make decisions, and how they experience normal pleasures, making it difficult to quit using the substance even though it may be having negative consequences on their life (National Institute on Drug Abuse, 2018). Additionally, some substances create physical dependence, where there is a severe, in some cases even life threatening, physiological reaction when the substance is removed (National Institute on Drug Abuse, 2007).

Globally, approximately 31 million people have a substance abuse disorder (World Health Organization, 2019). According to the Substance Abuse and Mental Health Services Administration (SAMHSA), substance use disorders “occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home” (12). In the United States, the 2016 National Survey on Drug Use and Health (NSDUH) found that “approximately 20.1 million people aged 12 or older had a substance use disorder (SUD) related to their use of alcohol or illicit drugs in the past year, including 15.1 million people who had an alcohol use disorder and 7.4 million people who had an illicit drug use disorder” (Substance Abuse and Mental Health Services Administration, 2017). In Wisconsin, the 2013-2014 NSDUH found that an estimated 9.5% of Wisconsin residents age 12 and older had a substance use disorder (Wisconsin Department of Health Services, 2018, p.92).

There are a number of factors that can increase or decrease the risk of substance abuse including family history, having an existing mental health condition such as depression, anxiety, attention-deficit/hyperactivity disorder (ADHD) or post-traumatic stress disorder (PTSD), early substance use, gender, race and ethnicity, age, sexual orientation, interpersonal and household dynamics, and social determinants such as income level, access to resources, educational attainment, and community poverty. (Mayo Clinic, 2017; National Institute on Drug Abuse, 2018; U.S. National Library of Medicine, 2019).

As discussed previously, a risk factor for substance abuse in adulthood is early substance use in youth. Therefore, the majority of strategies and indicators focus on youth substance use. In 2017, 29% of

Monroe County teens reported drinking alcohol in the past 30 days, a decrease from 36% in 2011. Teen binge drinking remains higher than the state rate as 19% of Monroe County teens reported binge drinking in the past 30 days compared to 16% of Wisconsin teens (Monroe County Youth Risk Behavior Survey, 2017). Use of prescription drugs without a doctor's use decreased from 18% in 2011 to 10% in 2017. About one-quarter of teens report having used marijuana in their lifetime, which has remained consistent since 2011 but lower than the state rate of 30%. One of the most problematic outcomes of alcohol misuse and abuse is drunk driving. In Monroe County, 26% of driving deaths involved alcohol (County Health Rankings, 2019). One trend that community partners are noticing is the increase in meth use. In 2017 there were 19 cases with reports issued to the Wisconsin Crime Lab and in 2018 there were 18. This is a substantial increase as there were 17 cases reported during 2011-2016. (Wisconsin Crime Lab, 2019). Compounding the problem of substance abuse in Monroe County is the severe treatment gap as 82 percent of those needing treatment for substance abuse did not receive it (Wisconsin Department of Health Services, 2018, p.131).

The Monroe County Safe Community Coalition is the group that is primarily tasked with addressing this health priority. The Coalition started in the mid-1980s, and was called the Monroe County Adolescent Task Force to address the rise in teen pregnancies in Monroe County. Over time, the task force shifted focus to alcohol, drugs, tobacco, injury-prevention, and traffic safety. In conjunction with Couleecap, Inc., the coalition received a 10-year Federal Drug-Free Communities grant. The coalition is made up of partners from justice, law enforcement, emergency, health, human services, schools, citizens, tavern owners, domestic abuse, family resource centers, Fort McCoy, the HoChunk Nation, and more. The coalition's mission is, "The Monroe County Safe Community Coalition partners with the community to reduce and prevent alcohol, tobacco, and drug use, enhance traffic safety, and promote healthy choices" (Monroe County Safe Community Coalition, 2014).



GOAL 1: INCREASE COMMUNITY COLLABORATION	
Indicators	<ul style="list-style-type: none"> Number of outreach efforts

OBJECTIVE 1.1: By September 29, 2020, have over 20 outreach efforts through media contacts and public outreach to promote the Monroe County Safe Community Coalition (MCSCC) as a leader in alcohol and other drug prevention to residents of Monroe County.	
Strategy 1.1	Promote the MCSCC through the utilization of consistent promotional materials, effective media strategies, and community collaborations.

Action Plan For Strategy 1.1.1		
Activity	Who is responsible?	By when?
Biannually report coalition outcomes to funders, policy makers, community members, and other stakeholders.	Operations Workgroup, Staff	September 2020
Create and utilize opportunities to collaborate more with other organizations/businesses.	Operations Workgroup	September 2020
Increase coalition presence in the community among “general population”, not just professionals, through the news and social media.	Operations Workgroup	September 2020
Review the strategic plan and monitor progress quarterly.	Operations Workgroup	September 2020
Utilize the 12 Month Coalition Action Plan to monitor MCSCC’s performance.	Operations Workgroup, Staff	September 2020

GOAL 2: REDUCE YOUTH SUBSTANCE ABUSE	
Indicators *Note: indicators are data trends, and are not intended to be measures of success	<ul style="list-style-type: none"> Percentage of Monroe County Teens Who Used Prescription Drugs without a Doctor's Permission in Lifetime (YRBS) Percentage of Monroe County Teens Who Used Marijuana in Lifetime (YRBS) Percentage of Monroe County Teens Who Drank Alcohol in Past 30 Days (YRBS) Percentage of Monroe County Teens Who Binge Drank in the Past 30 days (YRBS) Percentage of Monroe County Teens Who Used Prescription Drugs Without a Doctor's Permission in Lifetime (YRBS)

Objective 2.1: By September 29, 2020, increase by 10%, over the baseline level from the previous year, the number of alcohol compliance checks conducted by law enforcement at licensed establishments in Monroe County.	
Strategy 2.1.1:	Reduce youth access to <u>alcohol</u> using evidence based practices and environmental strategies.

Action Plan For Strategy 2.1.1		
Activity	Who is responsible?	By when?
Alcohol Compliance Checks: <ul style="list-style-type: none"> • Conduct quarterly throughout Monroe County • Continue incentive program • Track outcome data from the compliance checks conducted and share data with the public regarding those that passed 	Law Enforcement, MCSCC, Alcohol Workgroup, Staff	September 2020
Follow recommendations from Julia Sherman, Wisconsin Alcohol Policy Project Coordinator, regarding alcohol related policy issues and current, local changes in Monroe County.	Law Enforcement, MCSCC, Alcohol Workgroup, Staff	September 2020
Educate the public on risks and consequences of driving under the influence of alcohol.	Alcohol Workgroup, Law Enforcement, Staff	September 2020
Continue on-going education on the risks of long-term negative effects of alcohol on the teenage brain, along with effects of alcohol on the athletes, through public outreach and reinforcement of past education.	Alcohol Workgroup, Law Enforcement, Staff	September 2020
Provide DITEP (Drug Impairment Training for Educational Professionals) training in Monroe County.	Alcohol Workgroup, Staff	September 2020

OBJECTIVE 2.2: By September 29, 2020, educate at least 200 parents/caregivers, teachers, coaches, health professionals, business leaders, and other community residents in Monroe County about the risks and consequences associated with prescription drugs.

Strategy 2.2.1: Reduce youth access to **prescription drugs** by educating youth and adults and promoting proper disposal of prescription drugs.

Action Plan for Strategy 2.2.1		
Activity	Who is responsible?	By when?
Promote permanent medication drop box locations and proper medication disposal through flyers and social media.	Prescription Drug Workgroup, Staff	September 2020
Investigate how we can support county/state/national prescription drug or opiate legislation.	Prescription Drug Workgroup, Staff	September 2020
Maintain current medication return boxes in the county and support the proper disposal of prescription drugs/medications.	Prescription Drug Workgroup, Law Enforcement, Scenic Bluffs Community Health Centers, Staff	September 2020
Influence provider prescribing practices through the ongoing relationship with Mayo Clinic via Prescription Drug Monitoring Program (PDMP) education, CMEs, and other opportunities.	Prescription Drug Workgroup, Mayo Clinic, Staff	September 2020



OBJECTIVE 2.3: By September 29, 2020, educate at least 200 parents/caregivers, teachers, coaches, health professionals, business leaders, and other community residents in Monroe County about the risks and consequences associated with marijuana use.

**Strategy
2.3.1:**

Reduce youth access to **marijuana** by enhancing skills and providing information to youth and adults about the harmful effects of marijuana use.

Action Plan for Strategy 2.2.1		
Activity	Who is responsible?	By when?
Create and distribute popcorn bags with marijuana prevention messaging.	Marijuana Workgroup, La Crosse Prevention Network, Staff	June 2020
Update Burden of Marijuana Report.	Marijuana Workgroup, La Crosse Prevention Network, Staff	August 2020
Continue collecting data in regards to local marijuana use from law enforcement, emergency rooms, employee assistance programs, poison control, etc.	Marijuana Workgroup, DFC Evaluator, Law Enforcement, MCSCC, Staff	September 2020
Continue to collect stories about local issues around marijuana.	Marijuana Workgroup, DFC Evaluator, La Crosse Prevention Network, Staff	September 2020
Continue to conduct educational presentations on the negative impact of marijuana use to build capacity.	Marijuana Workgroup, MCSCC, Staff	September 2020



PRIORITY #3: NUTRITION

Good nutrition is an essential part of health. Poor nutrition is linked with an increased risk for developing chronic diseases such as cardiovascular disease, cancer, diabetes, and obesity. In Monroe County, the two leading causes of death are heart disease and cancer (Wisconsin Dept. of Health Services, 2019). Multiple factors affect an individual's nutrition and ability to eat a healthy diet. According to Healthy People 2020, "the built environment has a critical impact on behaviors that influence health. For example, in many communities, there is nowhere to buy fresh fruit and vegetables. These environmental factors are compounded by social and individual factors—gender, age, race and ethnicity, education level, socioeconomic status, and disability status" (Healthy People 2020, 2019).

Food insecurity is another social determinant that affects peoples' ability to eat a healthy diet. Food insecurity is defined by the United States Department of Agriculture (USDA) as "a lack of consistent access to enough food for an active, healthy life" (Feeding America, 2019). Food insecurity impacts the health of people throughout the lifespan. Some of the health impacts of food insecurity include risk of developmental delays, behavioral and social emotional problems, poor educational performance and academic outcomes in children; asthma, increased risk of chronic diseases, mental health problems, obesity, high blood pressure and type 2 diabetes (Food Research & Action Center, 2017).

Nutrition was selected as a health priority in 2015 and 2018 because of its ties to chronic disease. As previously stated, chronic diseases are the leading causes of death in Monroe County. In addition to chronic disease deaths, obesity rates continue to rise in the county. In 2011, 28% of county residents were considered obese, which rose to 34% in 2018. According to the Wisconsin Health Atlas (2018), some areas of Monroe County have obesity rates as high as 53% among adults. Additionally, a disparity exists in diabetes mortality rates compared to state rates. Based on the most recent data, during 2012-2017, the diabetes mortality rate in Monroe County was 34.8 per 100,000 population. This is higher than the Wisconsin rate of 19.1 per 100,000 population.

What also concerned stakeholders, was the impact of food insecurity on Monroe County residents, especially children, as they are especially vulnerable to the health impacts of hunger and malnourishment. The latest food insecurity data (2016) shows that 11% (over 4,800 people) of Monroe County residents experienced food insecurity, which is equal to the Wisconsin state rate. Additionally, 44% of Monroe County children are eligible for free and reduced lunch, compared to the Wisconsin state rate of 37% (County Health Rankings, 2019). In 2017, 89.8% of high school students reported eating one or more pieces of fruit per day over the last seven days, compared to 48.3% in 2015. Fewer students ate vegetables with 36.4% of high school students reported eating one or more vegetables (other than potatoes) per day over the last seven days compared to 43.2% in 2015 (Monroe County Youth Risk Behavior Survey, 2017).

Monroe County's Community Health Assessment included a random household survey. As part of the survey, respondents were asked to rate their access to healthy food choices and their ability to pay for healthy food choices. The majority of respondents rated their access as good or excellent (83.2%), which is an improvement from 2015 (80.7%). However, 16.9% of respondents rated their access as poor or fair,

which was a slight improvement from 2015 (19.4%). There were differences between access and ability to pay. While 16.9% of respondents rated their access to healthy foods as poor or fair, 23.9% rated their ability to pay for healthy food as poor or fair, which improved from 32.3% in 2015. In addition to the random household surveys, convenience sample surveys were also collected. Convenience sample surveys were done to ensure that the voices of those who normally aren't able to access random household surveys were heard. Convenience sample surveys were available at Monroe County Women, Infants, and Children (WIC), food pantries, Essential Health Clinic, and Couleecap. Among convenience sample respondents, nearly one-third (29.1%) rated their ability to pay for healthy foods as poor or fair (no 2015 data available for comparison) (Gromoske, 2018).

The Monroe County Nutrition Coalition is the group that is primarily tasked with addressing this health priority. The Coalition started in 2015, based on needs identified in the Monroe County Community Health Improvement Plan. The coalition is made up of partners from healthcare, education, food pantries, and WIC. The coalition's vision is, "A healthier Monroe County, one bite at a time" and their mission is, "To build a healthy community through a comprehensive initiative to promote good nutrition and access to healthy foods." Below is the group's strategic plan for the next three years.



GOAL 1: IMPROVE NUTRITION OF MONROE COUNTY RESIDENTS	
<p>Indicators</p> <p>*Note: indicators are data trends, and are not intended to be measures of success</p>	<ul style="list-style-type: none"> • The percentage of the population who did not have access to a reliable source of food during the past year (County Health Rankings) • How county residents rate their access to healthy food choices (COMPASS NOW) • How county residents rate their ability to pay for healthy food choices (COMPASS NOW) • Percentage of high school students who ate one or more pieces of fruit per day over the last seven days (YRBS) • Percentage of high school students who ate one or more vegetables (other than potatoes) per day over the last seven days (YRBS)

OBJECTIVE 1: BY 2021, ENGAGE COMMUNITY PARTNERS TO IDENTIFY OPPORTUNITIES FOR NUTRITION-RELATED CAPACITY BUILDING	
Performance Measures	Strategies
<ul style="list-style-type: none"> • Number of new partners • Number of programs • Educational events • Policy changes 	<ul style="list-style-type: none"> • Evaluate feasibility of backpack program with Tomah Area School District. • Collaborate with and support Aging and Disability Resource Center (ADRC) of Monroe County's senior nutrition efforts. • Partner with additional school districts and community partners to provide Harvest of the Month education to community and additional school districts. • Assist food pantries in providing onsite nutrition education. • Support WIC and Fit Families program outreach.

GOAL 2: REDUCE DIABETES DEATH DISPARITIES	
<p>Indicators</p> <p>*Note: indicators are data trends and are not intended to be measures of success</p>	<p>Diabetes mortality rate (Monroe County vs. Wisconsin) (Wisconsin Interactive Statistics on Health)</p>

OBJECTIVE 1: OBJECTIVE: BY 2021, INCREASE DIABETES PREVENTION AND EDUCATION RESOURCES AVAILABLE TO COUNTY RESIDENTS.	
Performance Measures	Strategies
<ul style="list-style-type: none"> • Assessment conducted • Outreach numbers • Partnerships created • Events • Media and outreach (number reached) • Programs offered • Attendees 	<ul style="list-style-type: none"> • Partner with institutions of higher education to conduct a Monroe County diabetes needs assessment. • Engage with partners/ Partnering with St. Clare, Lions Club • Diabetes awareness month events in November • Provide evidence-based diabetes education programs



PRIORITY CONTACT INFORMATION

Mental Health

Mental Health Coalition



Contact information: Kayleigh Day, Monroe County Health Department (608) 269-8666 or kayleigh.day@co.monroe.wi.us. The workgroup meeting is held on the 3rd Thursday of each month from 8:00 am to 9:30 am.

Alcohol & Other Drugs

Monroe County Safe Community Coalition



Contact information: Natalie Carlisle, Coulee Cap, Drug Free Communities Coordinator, 608-269-2391 or Natalie.Carlisle@couleecap.org. The Monroe County Safe Community Coalition meets on the 2nd Tuesday of every month.

Adequate, Appropriate and Safe Food and Nutrition

Nutrition Coalition



Contact information: Kayleigh Day, Monroe County Health Department kayleigh.day@co.monroe.wi.us or (608) 269-8666. The workgroup meeting is held on the 2nd Wednesday of each month from 1:300 pm to 3:00 pm.

ACKNOWLEDGEMENTS

Thank you to all the members of the Monroe County Safe Community Coalition, the Alcohol Workgroup, the Prescription Drug Workgroup, the Marijuana Workgroup, the Mental Health Coalition, and the Nutrition Coalition. The dedicated members of these workgroups are making a significant impact on the health of Monroe County and their time and efforts are invaluable!

For More Information on the Monroe County Community Health Assessment and Improvement Plan:

Monroe County Health Department

608-269-8666

<http://www.co.monroe.wi.us/departments/health-department/>

Email: Kayleigh.day@co.monroe.wi.us



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