Community Health Needs Assessment 2021

Approved by the Board of Trustees/Board of Governors on December 28, 2021

Introduction

GUNDERSEN HEALTH SYSTEM®

Background

In 2010, the Patient Protection and Affordable Care Act (PPACA or the ACA) was passed with final regulations (Internal Revenue Service code 501(r)), posted in December 2014, titled "Additional Requirements for Charitable Hospitals; Community Health Needs Assessment for Charitable Hospitals; Requirements of Section 4959 Excise Tax Return and Time for Filing of the Return".

As part of this health care reform act, not-for-profit hospitals are required to complete a community health needs assessment.

Community health needs assessments seek to identify significant health needs for specific geographic areas and populations by focusing on the following questions:

- ***Who*** in the community is most vulnerable in terms of health status or access to care?
- ***What*** is the unique health status and/or access needs for these populations?
- ***Where*** do these people live in the community?
- ***Why*** are the problems present?

The question of ***how*** needs will be addressed is outlined in a separate Community Health Implementation Plan document.

Evidence of meeting these requirements is documented on a hospital's tax Form 990, Schedule H. There is no standard format to guide hospitals in how to satisfy these requirements.

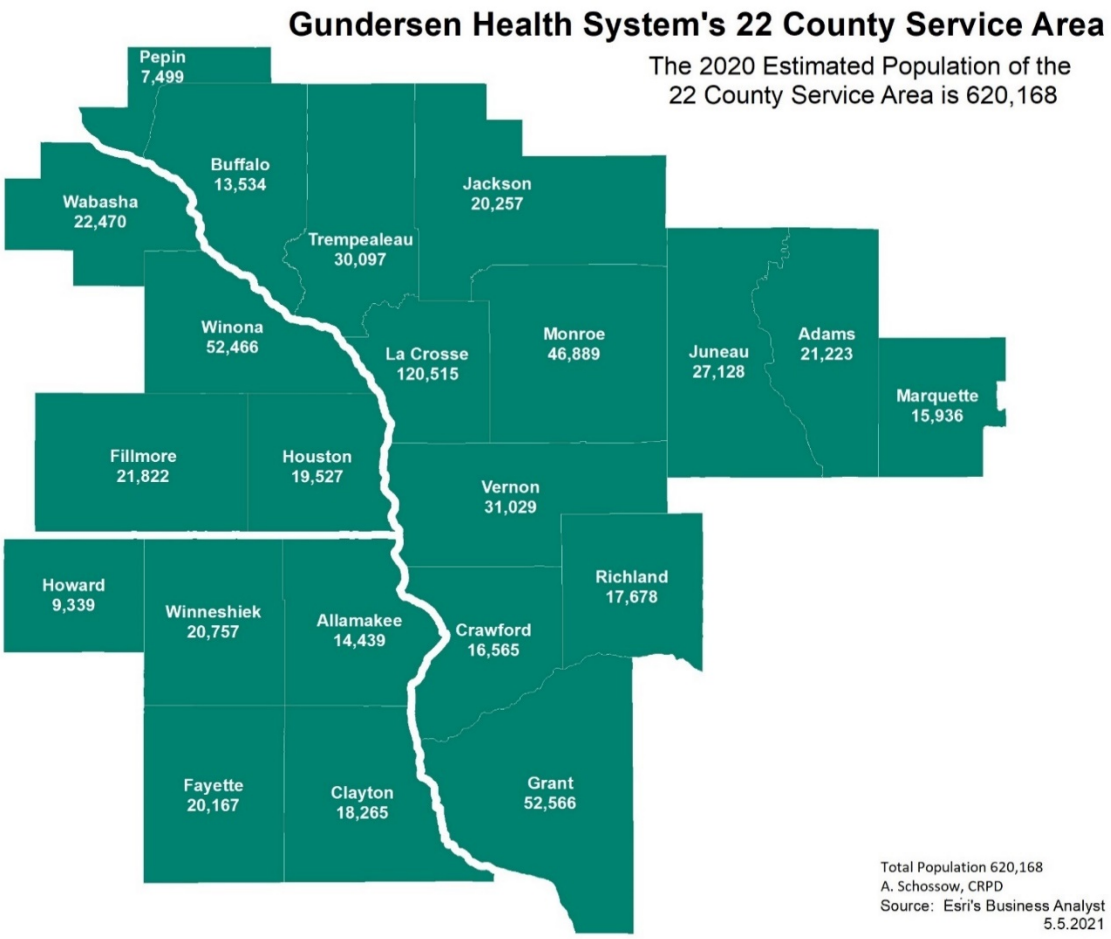
Approval & Dissemination

The 2021 Gundersen Community Health Needs Assessment with the 22-County Service Area Health Indicator report and 2022-2024 Implementation Plan were both presented to the Board of Trustees/Board of Governors on November 22, 2021 and approved on December 28, 2021. Progress is underway to implement the plan.

The Gundersen Community Health Needs Assessment and other related documents are posted at https://www.gundersenhealth.org/community-assessment/. Documents will be available to the public through the Gundersen health libraries.

Gundersen Health System Service Area

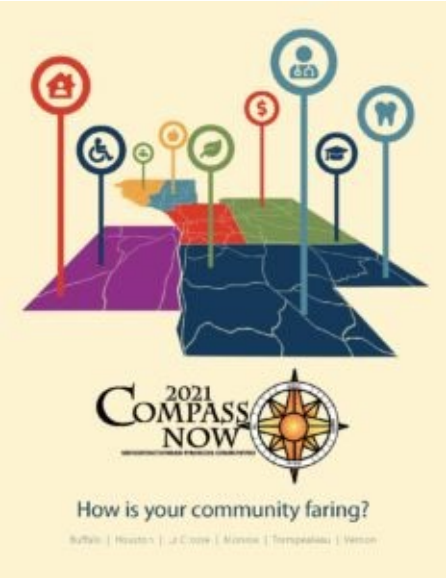
This Community Health Needs Assessment identifies the top health needs for the 22 counties in the Gundersen Lutheran Medical Center's service area. County demographic information can be found on page 12.



Data Sources

The top health needs were identified using data and insights from the following reports:

COMPASS Now 2021



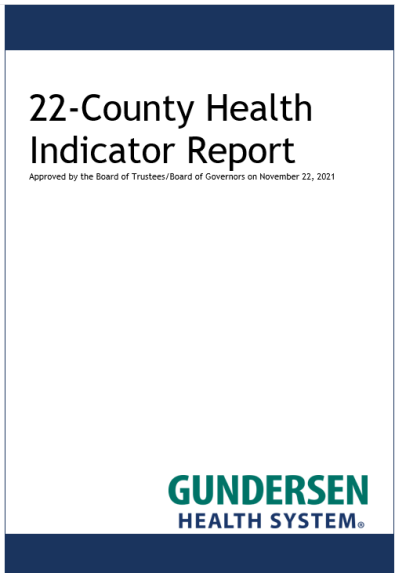
The COMPASS Now 2021 report includes 6 counties in the Gundersen Lutheran Medical Center's service area. These 6 counties represent approximately 70% of our hospital service patient population, and 42% of the overall population (261,591 of 620,168) of our 22-county service area.

Study methods for the report included 1) analysis of community indicators from various local, state, and federal sources; 2) community insights provided by respondents to a random household survey and supplemental convenience survey and key informant interviews; 3) prioritization of the top 5 needs facilitated for the 6 County stakeholder groups.

The full COMPASS Now 2021 report can be found: https://www.greatriversunitedway.org/our-work/community-needs-assessment/.

Further details on the methodology and limitations can be found on page 17.

22-County Health Indicator Report



An analysis of secondary and patient data for our entire 22-county services area was developed to assist in determining overall priority needs.

In the 22-County Health Indictor Report, secondary data — including population demographics, mortality, morbidity, health behavior and clinical care — were used to identify and prioritize significant community health needs in each county. Population characteristics, socioeconomic, and health status data were also examined.

Community-level data were compared to the state, nation, and Healthy People 2030 benchmarks to help identify key health issues in each county. Note some data in the 22-County report may be more recent than that in the COMPASS Now report due to timing of the different data pulls.

Further details on the methodology and limitations can be found on page 17.

Top Identified Community Health Needs

The table below lists the community health needs identified as priorities in the COMPASS Now 2021 report and Gundersen 22-County Health Indicator Report. To see the top five areas of need for each county as part of COMPASS, see page 16. The prioritized needs align with our Population Health strategic priorities.

COMPASS Now 2021 Priorities	22-County Health Indicator Priorities	Gundersen Population Health Priorities
Mental Heath	Suicide Poor Mental Health Status Provider Access	Mental Health
Substance Use	Excessive Alcohol Use Drug Overdose Death Opioid abuse and deaths	Substance Abuse (Opioids)
Safe, Affordable Housing Poverty/Financial Stability	Housing Insecurity Financial Insecurity – Poverty and Alice rates Food insecurity Transportation Adverse Childhood Experiences	Social Determinants of Health (including poverty/financial stability, housing, food, and transportation insecurity) & Adverse Childhood Experiences and Toxic Stress
	Diabetes Tobacco Obesity Physical Inactivity	Chronic Illness

Mental health and access to services

Mental health includes our emotional, psychological, and social wellbeing. It affects how we think, feel, and act (U.S. Department of Health & Human Services, 2020). Mental health is a critical component of overall wellness. Positive mental health allows people to cope with the stresses of everyday life, work productively, and make meaningful contributions to their communities (U.S. Department of Health & Human Services, 2020).

If someone is having mental health issues, being able to easily get care can help them with recovery. Mental health services can include services from doctors, hospitals, social workers, counselors, psychologists, psychiatrists, and other providers. The services they provide can include prevention, screening, diagnosis, treatment, and follow-up care.

Why was this an identified need?

COMPASS Now 2021

Mental health was a top theme from the community stakeholder meetings.

Most survey respondents indicated they were moderately or very concerned about mental health in the community (RHS=57%, CS=82%).

About 1 in 3 survey respondents felt their ability to pay for mental healthcare was fair or poor (RHS=33%; CS=45%).

Nearly 1 in 5 RHS respondents and approximately 1 in 3 CS respondents reported fair or poor access to mental health care (RHS=21%; CS=37%).

An estimated 52% to 69% of adults that need treatment are not receiving it. An estimated 30% to 55% of youth that need treatment and are not receiving it. (Wisconsin Department of Health Services, 2019).

22-County Health Indicator Report

Although deaths rates due to suicide decreased in the 22-county service area from 16.3 in 2016 to 13.2 in 2019. In 2019, 16 out of 22 counties had higher rates of suicide compared to the statewide data.

Average poor mental health days reported in all counties ranged from 3.5 - 4.5 days per month. All counties met or exceeded their respective state averages for poor mental health days.

Access to a mental health provider varied throughout the counties, ranging as low as 310 individuals per provider and as high as 13,030 individuals per provider. Nearly all counties exceeded state averages for number of individuals per mental health provider.

Substance Abuse

Drug and alcohol misuse is the use of a substance for a purpose not consistent with legal or medical guidelines. It can have a negative influence on health or functioning and may cause someone to experience social, psychological, physical, or legal problems related to intoxication, excessive use, or dependence (National Institute on Drug Abuse, 2020). People who misuse drugs and alcohol can suffer from a range of health and social problems including overdose, HIV, depression, anxiety, relationship problems, unemployment, homelessness, and criminal activity (National Institute on Drug Abuse, 2020).

Why was this an identified need?

COMPASS Now 2021

Substance use/misuse was a top theme from community stakeholder meetings.

Most survey respondents indicated they were moderately or very concerned about illegal drug use in the community (RHS=75%; CS=80%).

Most survey respondents indicated they were moderately or very concerned about alcohol use in the community (RHS=64%; CS=78%).

22-County Health Indicator Report

Excessive alcohol use is common in the service area compared to other parts of the nation. Wisconsin counties had the highest amount of excessive drinking ranging from approximately 25-29% of the population, followed by Iowa (23-28%) and Minnesota (23-25%) counties.

Drug overdose deaths have increased in Wisconsin and Minnesota. Data from 2017-2019 show an increase in Wisconsin from 16.0 to 19.8 per 100,000 population and 12.5 to 12.8 deaths per 100,000 in Minnesota. Iowa's rate of deaths slightly decreased from 10.6 to 10.4 deaths per 100,000 population. Reliable county level data on drug overdoses is known for only 9 out of the 22 counties.

Across the nation, states have seen a steady increase in opioid abuse, and deaths related to opioid use. Rates for opioid-involved overdose deaths include Wisconsin at 15.3 deaths per 100,000 and Minnesota at 6.3 deaths per 100,000 in 2018. Iowa did slightly better overall, at 4.8 deaths per 100,000 in 2018.

Social Determinants of Health & Adverse Childhood Experiences

Social determinants of health are the conditions in which people are born, grow, live, work and age that impact quality of life, health, and wellbeing (Healthy People 2030, n.d.). Specific examples of social determinants of health include safe housing, access to food, financial security, and transportation (Healthy People 2030, n.d.). When someone has needs within their social, economic, or physical environment, they are at an increased risk of poor health outcomes, including chronic diseases (Healthy People 2030, n.d.). There is significant overlap in these needs. If a person has limited finances, they will likely lack safe housing, have poor access to healthy food, and lack reliable transportation. Furthermore, many of these issues are deep-rooted and generational. Living with many of these conditions has led to a large field of research on adverse childhood experiences and the long-lasting impact they may have on one's health.

Why was this an identified need?

COMPASS Now 2021

Safe/affordable housing was a top theme from community stakeholder meetings.

Poverty/financial stability was a top theme from community stakeholder meetings.

In 2018, there were an estimated 11,420 households in the 6-county service area with income at or below the poverty line.

In 2018, there were an estimated 24,778 households in the 6-county service area that could be classified as meeting the ALICE criteria. ALICE: Asset Limited, Income Constrained, Employed (households that were above the poverty line but were still unable to pay for basic humans needs).

33-40% or more of RHS and CS respondents gave poor or fair ratings for availability of livable wages jobs, safe and affordable housing, efforts to reduce poverty, and efforts to reduce hunger.

22-County Health Indicator Report

The 22-county service area average for child abuse per 1,000 children has increased over the past few years and is above the HP2030 goal.

In 2018, most counties (17 out of the 22) were equal to or exceeded their state average for ALICE households. More than half of the counties (14 out of 22) were equal to or exceeded their state poverty average

Two of the 22 counties in the GHS service area exceeded their state average (WI 14%, IA 11.9%, and MN 13.2%) for severe housing problems, with Vernon County ranking the highest at 16.4% and Winneshiek ranking the lowest at 9.2%.

While food insecurity for the overall 22-county service area has seen a decrease since 2013, in 2019, 17 of the 22 counties in the service area were equal to or exceeded their state average for percentage of the population living with food insecurity.

Overall, about 6% of the population in the 22-county service area report not having access to a vehicle. This is higher in Wisconsin and Minnesota,

both reporting 6.7% without access. Counties with the highest percent without access include Jackson, Monroe, Richland, and Vernon counties in Wisconsin, and Winona County in Minnesota.

In Iowa, 63.7% of adults report experiencing at least one ACE, with 16.7% experiencing 4 or more ACEs. Fifty-five percent of adults in Minnesota report experiencing one or more ACEs, with 9% reporting 4 or more. For Wisconsin, 59% of respondents between 2017-2018 reported at least 1 ACE, with 16% experiencing 4 or more ACEs.

Chronic Illness

Chronic illnesses are ongoing health conditions that generally result in physical limitations and require continuous medical attention. Common chronic diseases include cancer, heart disease, stroke and diabetes, and are oftentimes a result of key risk factors, including poor nutrition, physical inactivity and tobacco use (Centers for Disease Control and Prevention, 2021). Nearly 60% of adults in the United States have a chronic disease and some diseases, such as diabetes and stroke, disproportionately impact Hispanic and non-Hispanic Black Americans (Centers for Disease Control and Prevention, 2019). Consequently, chronic diseases are the leading causes of death and disability in the United States and contribute to a large percent of the nation's annual health care costs (Centers for Disease Control and Prevention, 2021).

Why was this an identified need?

COMPASS Now 2021

22-County Health Indicator Report

The age-adjusted mortality rate due to diabetes increased in the 22-county service area increased from 18.5 in 2016 to 26.1 in 2019. The 2019 rate was substantially higher in the 22-county service area when compared to statewide rates for the same year (20.2 in Iowa, 19.8 in Minnesota, and 20.2 in Wisconsin).

Overall, 13 of the 22 counties met or exceeded their state average for prevalence of diabetes.

Reflecting national trends, obesity affects large proportions of the populations in the county service area. Most counties (16 out of 22) have obesity percentages that are greater than or equal to their state averages.

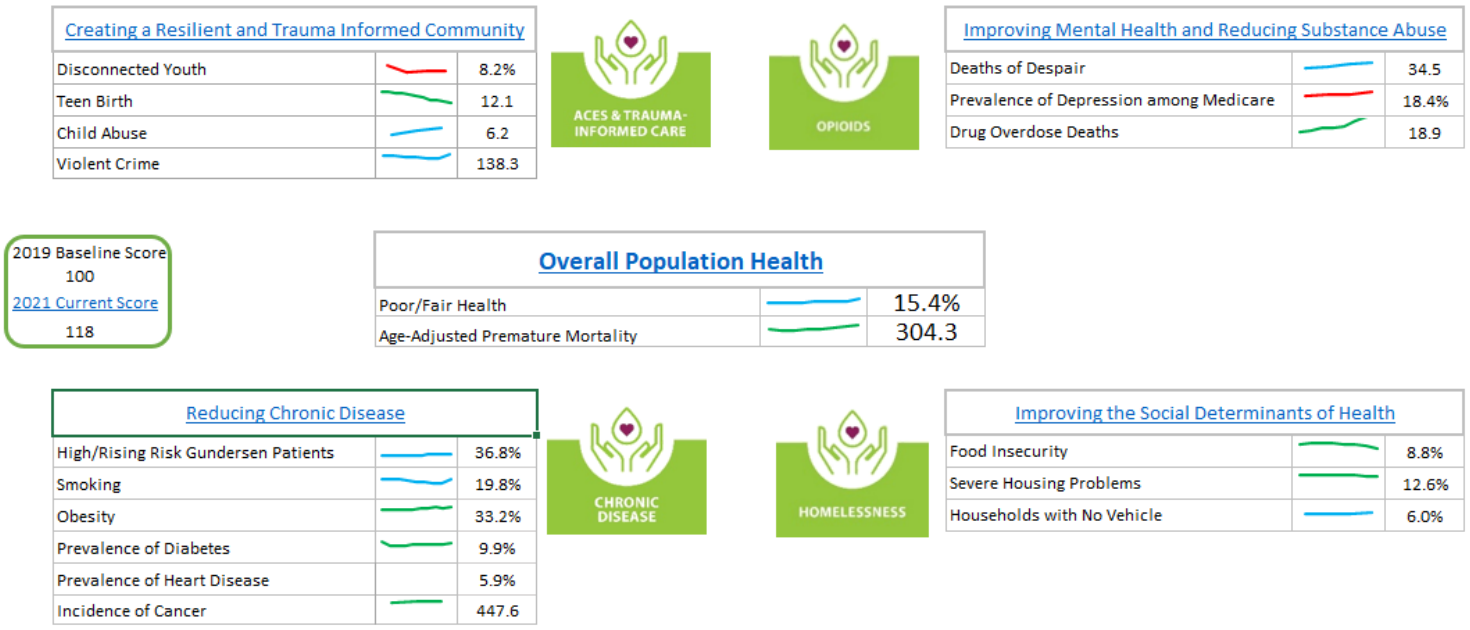
Most counties (17 of 22) exceeded their respective state average (WI 20.3%, IA 22.6%, MN 19.6%) for % of population who are inactive.

Nearly all counties in the 22-county service area exceeded their respective state averages.

Monitoring Long Term Outcomes

An implementation plan developed in response to the community health needs assessment outlines specific goals and action steps to be taken in the next three years, 2022-2024. This implementation plan aligns with the Gundersen Health System Community Health Scorecard. The Community Health Scorecard was created to identify key metrics and monitor progress of our organization's population health strategies which are the foundation of a primary mission, to improve the health of our communities. Common threads connect the community health needs assessment to the scorecard. Embedded within each metric are detailed goals, with many mirroring those of the implementation plan.

Population Health Scorecard Main Cover



County Demographics

Table 1. The following table provides information for the entire 22-county service area. Additional county demographic data can be found in the 22-County Health Indicator Report. The 6 counties that were part of the 2021 COMPASS Now report are highlighted.

	% Female	% Age 65+	% Poverty	% Un-employed	% Under 65 uninsured	% Adults with HS or less
Adams, WI	46.8	30.2	12.9	6.1	8.5	51.8
Buffalo, WI	49.0	22.8	9.4	3.8	7.8	36.3
Crawford, WI	48.1	24.0	12.4	4.2	7.2	38.1
Grant, WI	48.1	17.7	15.2	3.1	8.5	29.3
Jackson, WI	46.5	19.3	11.6	5.0	9.7	45.6
Juneau, WI	46.7	20.8	15.1	4.4	8.0	46.8
La Crosse, WI	51.2	16.9	12.9	3.1	4.7	21.6
Marquette, WI	49.2	25.1	10.7	4.2	8.4	43.1
Monroe, WI	49.3	17.5	11.3	3.2	8.5	37.9
Pepin, WI	49.3	23.5	10.5	2.8	8.0	35.7
Richland, WI	49.5	23.6	14.1	3.5	8.5	47.6
Trempealeau, WI	49.4	18.4	7.8	3.6	8.4	41.4
Vernon, WI	49.6	20.0	16.1	3.3	10.4	42.4
Fillmore, MN	49.8	21.2	10.7	2.7	7.3	33.7
Houston, MN	49.8	22.0	7.9	2.8	4.9	24.6
Wabasha, MN	49.8	22.6	7.7	2.9	5.5	32.5
Winona, MN	50.5	17.6	12.9	3.2	5.1	23.6
Allamakee, IA	49.0	23.5	11.0	3.6	9.2	39.3
Clayton, IA	49.3	24.4	11.5	4.1	6.4	40.0
Fayette, IA	49.6	21.5	11.4	4.1	6.2	34.9
Howard, IA	50.1	20.9	9.0	3.1	6.5	36.1
Winneshiek, IA	50.2	21.1	8.2	3.5	4.4	18.7

Data Source:
Gender, Age, Education, Uninsured Rates (2018 data) -- County Health Rankings. (2021). UW Population Health Institute: Retrieved from www.countyhealthrankings.org

Poverty -- U.S. Census Bureau (2021). 2014-2019 American Community Survey 5-Year Estimates

Unemployment—As of May 2021, not seasonally adjusted. Wisconsin Department of Workforce. Development. Iowa Workforce Development. Minnesota Department of Workforce Development.

Table 2. The following table provides information for the entire 22-county service area. Additional county demographic data can be found in the 22-County Health Indicator Report. The 6 counties that were part of the 2021 COMPASS Now report are highlighted.

% of population by race

	% Non-Hispanic White	**% Hispanic**	**% Asian**	**% Non-Hispanic Black**	**% American Indian & Alaska**	**% Native Hawaiian / Other Pacific Islander**
Adams, WI	90.3	4.2	0.6	2.7	1.2	0.0
Buffalo, WI	95.4	2.3	0.5	0.5	0.4	0.0
Crawford, WI	94.0	1.8	0.6	2.2	0.4	0.0
Grant, WI	94.9	1.8	0.9	1.4	0.3	0.0
Jackson, WI	85.9	3.7	0.5	2.1	6.8	0.1
Juneau, WI	91.4	3.2	0.6	2.4	1.6	0.1
La Crosse, WI	89.5	2.1	4.7	1.5	0.5	0.0
Marquette, WI	93.1	3.7	0.7	0.6	0.9	0.0
Monroe, WI	89.9	4.9	0.9	1.6	1.5	0.1
Pepin, WI	95.9	2.2	0.4	0.3	0.4	0.0
Richland, WI	94.4	2.5	0.8	0.8	0.5	0.1
Trempealeau, WI	88.9	9.0	0.7	0.4	1.2	0.1
Vernon, WI	96.3	1.6	0.4	0.4	0.3	0.0
Fillmore, MN	96.0	1.8	0.7	0.5	0.2	0.0
Houston, MN	95.7	1.2	0.7	0.7	0.3	0.0
Wabasha, MN	94.6	3.0	0.6	0.6	0.3	0.0
Winona, MN	91.0	3.1	2.6	1.8	0.5	0.0
Allamakee, IA	90.0	7.1	0.5	1.5	0.7	0.3
Clayton, IA	95.8	2.0	0.3	0.8	0.2	0.1
Fayette, IA	93.1	2.7	1.2	1.5	0.3	0.0
Howard, IA	96.1	1.7	0.4	0.6	0.3	0.1
Winneshiek, IA	94.9	2.4	1.2	0.8	0.2	0.0

Data Source:
Race (2018 data) -- County Health Rankings. (2021). UW Population Health Institute: Retrieved from www.countyhealthrankings.org

Table 3. The following table provides information for the entire 22-county service area. Additional county demographic data can be found in the 22-County Health Indicator Report. The 6 counties that were part of the 2021 COMPASS Now report are highlighted.

% Spoken Language at Home

	% English	% Spanish	% Other Indo-European	% Asian	% Other
Adams, WI	95.1	2.5	1.6	0.4	0.4
Buffalo, WI	97.0	2.0	0.9	0.0	0.0
Crawford, WI	97.2	0.7	1.8	0.3	0.1
Grant, WI	95.2	1.5	2.8	0.4	0.1
Jackson, WI	93.1	3.0	2.4	0.3	1.2
Juneau, WI	96.6	1.8	1.1	0.3	0.2
La Crosse, WI	93.5	1.9	1.4	3.0	0.2
Marquette, WI	96.0	1.6	2.0	0.3	0.1
Monroe, WI	92.3	3.0	3.8	0.6	0.3
Pepin, WI	95.3	1.3	3.3	0.1	0.0
Richland, WI	94.9	1.9	2.5	0.8	0.0
Trempealeau, WI	90.9	6.5	2.1	0.4	0.1
Vernon, WI	90.2	0.8	8.6	0.4	0.0
Fillmore, MN	94.3	0.9	4.3	0.2	0.1
Houston, MN	97.8	1.0	0.8	0.3	0.1
Wabasha, MN	96.6	2.3	0.8	0.2	0.1
Winona, MN	93.8	1.9	2.2	1.7	0.3
Allamakee, IA	88.7	6.0	4.0	0.2	1.1
Clayton, IA	94.0	2.0	2.6	0.3	1.2
Fayette, IA	96.8	1.8	1.1	0.1	0.2
Howard, IA	95.9	0.6	3.2	0.3	0.0
Winneshiek, IA	96.5	1.7	1.1	0.4	0.3

Data Source:
Languages - U.S. Census Bureau (2021). 2014-2019 American Community Survey 5-Year Estimates

Patients by Insurance Category

Table 4. The following table shows the percent of patients seen for any hospital-based encounter* between 2018 and 2020 by insurance payment type.
*Includes hospital inpatients, emergency patients, outpatients, and those seen for ancillary services.

	Charity Care	Commercial	Medicaid	Medicare	Other
6 Counties in 2021 COMPASS Now	<.1%	49.3%	14.8%	24.9%	11.1%
Remaining 16 counties	0%	39.2%	16.0%	34.4%	10.3%
Adams, WI	0.0%	18.7%	17.0%	52.3%	12.0%
Buffalo, WI	<.1%	49.2%	10.7%	30.2%	9.8%
Crawford, WI	0.0%	32.4%	16.6%	40.0%	11.0%
Grant, WI	0.0%	29.6%	20.1%	34.7%	15.6%
Jackson, WI	0.0%	40.8%	17.9%	28.0%	13.3%
Juneau, WI	0.0%	34.6%	18.2%	31.2%	16.0%
La Crosse, WI	<.1%	51.7%	15.2%	23.1%	9.9%
Marquette, WI	0.0%	26.1%	24.6%	31.9%	17.4%
Monroe, WI	<0.1%	42.5%	16.6%	24.9%	16.0%
Pepin, WI	0.0%	38.9%	5.6%	31.5%	24.1%
Richland, WI	0.0%	26.3%	18.8%	42.1%	12.8%
Trempealeau, WI	<0.1%	50.3%	13.8%	23.0%	12.8%
Vernon, WI	<0.1%	41.3%	13.4%	33.3%	12.0%
Fillmore, MN	0.0%	41.8%	13.4%	36.1%	8.7%
Houston, MN	0.0%	51.2%	12.6%	27.1%	9.1%
Wabasha, MN	0.0%	40.9%	13.5%	29.9%	15.7%
Winona, MN	0.0%	46.9%	14.5%	29.8%	8.9%
Allamakee, IA	0.0%	35.9%	17.9%	36.5%	9.7%
Clayton, IA	0.0%	37.0%	15.5%	39.4%	8.1%
Fayette, IA	0.0%	37.6%	17.4%	40.0%	5.0%
Howard, IA	0.0%	36.7%	16.8%	40.0%	6.5%
Winneshiek, IA	0.0%	41.4%	11.9%	41.9%	4.8%
22-County Total	**<0.1%**	**46.6%**	**15.1%**	**27.4%**	**10.9%**
Outside Service Area Total	**0.0%**	**52.0%**	**12.5%**	**18.6%**	**16.9%**
Grand Total	**<0.1%**	**46.9%**	**15.0%**	**26.9%**	**11.2%**

COMPASS Now Top Five Areas of Needs

Table 5. As part of the 2021 COMPASS Now survey process, individual county meetings with community stakeholders were held to assist in prioritizing needs. The table below provides the top five priority needs identified during those meetings.

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.

	Buffalo County	Houston County	La Crosse County	Monroe County	Trempealeau County	Vernon County
Area of Need	**Priority Ranking**					
Mental Health	2	1	1	2	1	1
Substance Use	1	5	5	4	2	
Healthy Lifestyle Behaviors					3	
Safe, Affordable Housing		2	3	3	4	4
Equity			4		5	
Poverty/Financial Stability	4	3	2	1		2
Childcare						3
Transportation						5
Healthcare Access	5	4		5		
Emergency Room Response – Volunteer Fire and EMS	3					

Methodology & Limitations

COMPASS Now 2021

The COMPASS Now assessment has been an ongoing community needs assessment in collaboration with the United Way and other community partners since 1995, with updates every three years. The purpose of COMPASS Now is to assess the needs in the community, identify community resources to address the most urgent needs, and encourage action to address identified needs. Community organizations use the findings to shape their own priorities and support grant requests. The study is guided by a COMPASS Now Steering Committee comprised of stakeholders from public health, health care including Gundersen Medical Center, 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. Technical support from a contracted consultant, Community Health Solutions, was provided for 2021. Study methods included 1) analysis of community indicators from various local, state, and federal sources; 2) community insights provided by respondents to a random household survey and supplemental convenience survey and key informant interviews; 3) prioritization of the top 5 needs facilitated for the 6 County stakeholder groups.

The COMPASS Now 2021 report can be found at this link:
https://www.gundersenhealth.org/community-assessment/

Limitations

The 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.

1. Scope of Community Indicators: 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, not updated or deemed valid.

2. 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. They are not designed or intended to monitor progress on initiatives.

3. Random Household Survey (RHS): 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 (given the response rate would be lower in this population. Older adults, whites and lower income were more likely to complete. 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 accurate within a margin of error of plus or minus 5%. At the county level, it is reasonable to assume the results are accurate within a margin of error of plus or minus 10%.

4. Convenience Survey (CS): The purpose of the CS was to generate additional survey responses from populations that may have been underrepresented 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. Younger adults, women, minority populations and lower income households were more likely to complete the CS. 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.

5. Respondent Perceptions: Both the RHS and CS asked respondents to share their insights on the surveys in comments 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 available. 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.

22-County Health Indicator Report

The 22-County Report has limitations as well. This document is not meant to be an exhaustive list of metrics. In general, it follows the County Health Rankings model (see 22-County Health Indicator Report). While the quantitative analysis used the most recent data sources available as of July 1, 2021, some of these sources contain data that are several years old. The data presented in this report may not necessarily represent the current situation in each county but are the best data available the time of writing this assessment. Data sources and dates are provided. Where possible, comparisons to national data are given, but for some data sets, nationally available data is not comparable, due to differences in methodology or definitions. Many measures are also compared to a service area weighted average, based on population size of each county.

The COVID-19 pandemic has had a significant impact on the health and economic stability of the people in the 22-county service area. The impact won't be seen in some of the measures in this report for a few years and may have a disproportionate effect on some counties in the service area with the lowest socio-economic status.

References

Centers for Disease Control and Prevention. (2019). Health Equity. Retrieved from https://www.cdc.gov/healthequity/lcod/men/2017/byraceandhispanic/index.htm.

Centers for Disease Control and Prevention. (2020). Multiple Cause of Death 1999-2019 on CDC WONDER Online Database. Retrieved from http://wonder.cdc.gov/mcd-icd10.html.

Centers for Disease Control and Prevention. (2021). About chronic diseases. Retrieved from https://www.cdc.gov/chronicdisease/about/index.htm.

County Health Rankings. (2021). UW Population Health Institute: Uninsured Rates (2018 data). Retrieved from www.countyhealthrankings.org.

Count Health Rankings. (2021). UW Population Health Institute. Education (2018 data). Retrieved from www.counthealth.ranking.org.

Iowa Workforce Development. (2021). Iowa unemployment rates by county. Retrieved from https://www.iowaworkforcedevelopment.gov/sites/search.iowaworkforcedevelopment.gov/files/documents/2018/Unemployment%20Rate%20Map05_2021.pdf

Minnesota Department of Employment and Economic Development. (2021). Minnesota unemployment statistics LAUS data. Retrieved from https://apps.deed.state.mn.us/lmi/laus/Default.aspx.

National Institute on Drug Abuse. (2020). Health Consequences of Drug Abuse. Retrieved from https://www.drugabuse.gov/drug-topics/health-consequences-drug-misuse/introduction.

United for Alice. (2021). Research Center National Overview. Retrieved from https://www.unitedforalice.org/national-overview.

United States Census Bureau. (2021). 2019 American Community Survey 5 Year Estimates. % Poverty. Retrieved from https://data.census.gov/cedsci/table?q=%25%20poverty&g=0500000US55001,55011,55023,55043,55053,55057,55063,55077,55081,55091,55121,55123&tid=ACSST5Y2019.S1701

United States Census Bureau. (2021). 2019 American Community Survey 5 Year Estimates. Language Spoken at Home. Retrieved from https://data.census.gov/cedsci/table?q=language%20spoken%20at%20home&g=0500000US55001,55011,55023,55043,55053,55057,55063,55077,55081,55091,55121,55123&tid=ACSST5Y2019.S160.

United States Department of Health and Human Services. (2020). What is Mental Health? Retrieved from https://www.mentalhealth.gov/basics/what-is-mental-health.

Wisconsin Department of Health Services. (2019). 2019 Wisconsin Mental Health and Substance use Needs Assessment.

Wisconsin Department of Workforce Development. (2021). Wisconsin county unemployment rates. Retrieved from https://jobcenterofwisconsin.com/wisconomy/query