2018
Community Health Needs Assessment
Approved by the Board of Trustees/Board of Governors on November 26, 2018

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Gundersen Lutheran Medical Center

2018 Community Health Needs Assessment

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 and a Community Health Implementation Plan that addresses the identified needs. 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.

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** are the unique health status and/or access needs for these populations?
- **Where** do these people live in the community?
- **Why** are these problems present?

The question of **how** each hospital can address significant community health needs is outlined in a separate Implementation Plan.

Methodology & Data Sources

The Gundersen Community Health Needs Assessment utilizes the COMPASS Now collaborative assessment that includes 6 counties in our service area, representing 74% of our hospital service patient population, and 43% of the overall population of our 21county service region. 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 COMPASS Now 2018 needs assessment involved three steps: (1) gathering information about needs, (2) reviewing and prioritizing needs, and (3) documenting the results. Gathering information about needs involved distributing and analyzing data from a random household survey (RHS) and convenience survey (CS), examining existing data from federal, state, and local sources, and conducting focus groups with community members, including members and organizations serving under-represented populations. Reviewing and prioritizing needs included developing data-focused presentations that were shared at county and regional stakeholder meetings and then asking community members that attended the meeting to generate the needs and vote on which ones were most important. To finalize the process, the COMPASS Now report was generated. Based on the

data collected and the voices of community members, the top five needs for the Region were identified. In addition, the top five priorities were identified for the individual 6 counties. The COMPASS Now 2018 report can be found at this link: www.COMPASSNOW.Org

Data and information from the COMPASS Now report, along with analysis of publicly available data, were used to identify the health needs of Gundersen Health System's 21 county service area. Secondary data — including population demographics, mortality, morbidity, health behavior, clinical care, and physical environmental data — 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 2020 benchmarks to help identify key health issues in each county. Data and information from the COMPASS Now report also informed this needs assessment.

Primary Health Needs

As referenced early in this summary, the six counties included in the COMPASS Now survey process held individual county meetings with community stakeholders to assist in prioritizing needs. Completion of the 21 County Health Indicator Report provided insight on the health needs throughout the entire Gundersen service area. The table below provides the priorities identified for the COMPASS Now region, individual county priorities from COMPASS Now report, as well as priorities identified through the 21 County Health Indicator Report.

21 County Region	COMPASS Region	Buffalo County	La Crosse County	Monroe County	Trempealeau County	Vernon County	Houston County
Livable wage jobs	Livable wage jobs	Access to public transportation	Livable wage jobs	Livable wage jobs	Livable wage jobs	Livable wage jobs	Livable wages
Improved mental health & access to services	Mental health and access to services	Access to mental health services	Access to mental health services	Access to mental health services	Access to mental health services	Access to mental health services	Access to mental health services
Reduced alcohol and drug misuse/abuse	Drug and alcohol misuse and abuse	Food security	Inclusion of socially diverse people	Food security	Inclusion of socially diverse people	Inclusion of socially diverse people	Access to public transportation
Wraparound support through lifespan- including Adverse Childhood Experiences	Wraparound support throughout the lifespan	Drug and alcohol misuse and abuse	Drug and alcohol misuse and abuse	Drug and alcohol misuse and abuse	Drug and alcohol misuse and abuse	Drug and alcohol misuse and abuse	Drug and alcohol misuse and abuse
Reduced obesity & rates of diabetes	Inclusion of socially diverse people	Number of volunteer EMS and first responders	Well-being of children and youth	Access to high quality childcare	High quality opportunities for teenagers and people in their 20's	Access to affordable healthcare services	Access to affordable, high quality housing
							School and community safety

Approval & Dissemination

The 2018 Gundersen Needs Assessment with the 21 County Service Area Health Indicator report and 2019-2021 Implementation Plan were both presented to the Board of Trustees/Board of Governors on November 26, 2018. Progress is underway to implement the plan. The assessment and implementation plan are posted on the website listed below, as well as be made available to the public through the Gundersen health libraries.

A link to the complete COMPASS Now 2018 assessment, Gundersen Needs Assessment and other related documents can be found at http://www.gundersenhealth.org/community-assessment/.

Limitations

Several key limitations that you should keep in mind as you read the COMPASS Now report findings:

1. Data presented from the **Random Household (RHS) and Convenience Surveys (CS) are based on people's perceptions**.

2. The number of people that responded to the surveys was lower than the RHS done for COMPASS Now 2015. **Out of the 5,450 surveys that we mailed out, 12% came back**.

3. There were some questions in the RHS and CS where a "Does Not Apply/Not Sure/Don't Know" option was provided, and other questions where it was not but should have been. This means that **some people may not have had an option that exactly fit their experience when answering the questions** and the results might be a little different if people had been presented with different options. Where applicable, throughout the report, RHS and CS questions with the "Does Not Apply" option had this answer removed to more accurately assess the perceptions of survey respondents.

4. There are **some topics for which data and other related information was not available**. Either the data did not exist or it was too old to be relevant. For example, the section on dental health does not include some data that was presented in past reports because it was not available. Also, there is not a lot of county-level data about persons with disabilities that is available to use in the report.

5. The key source of information about teenagers, **the Youth Risk Behavior Survey, was not available** for all counties because not enough schools administered the survey for the results to be representative of the entire Region. So, there will not be as much information about teenagers in this report as in past reports.

6. The demographics of respondents that completed the **RHS are not completely representative of the Region** based on comparisons to U.S. Census data.

7. The appendices where gender-specific analyses for counties are presented do not include data on **respondents who selected "Prefer Not to Answer" or "Self-Identify" because confidentiality was a concern**.

8. The RHS and CS data **is not broken down by race because there were not enough non-White respondents** to ensure the results would be reliable.

While the quantitative analysis for the 21 County Health Indicator Report used the most recent data sources available as of July 1, 2018, 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.
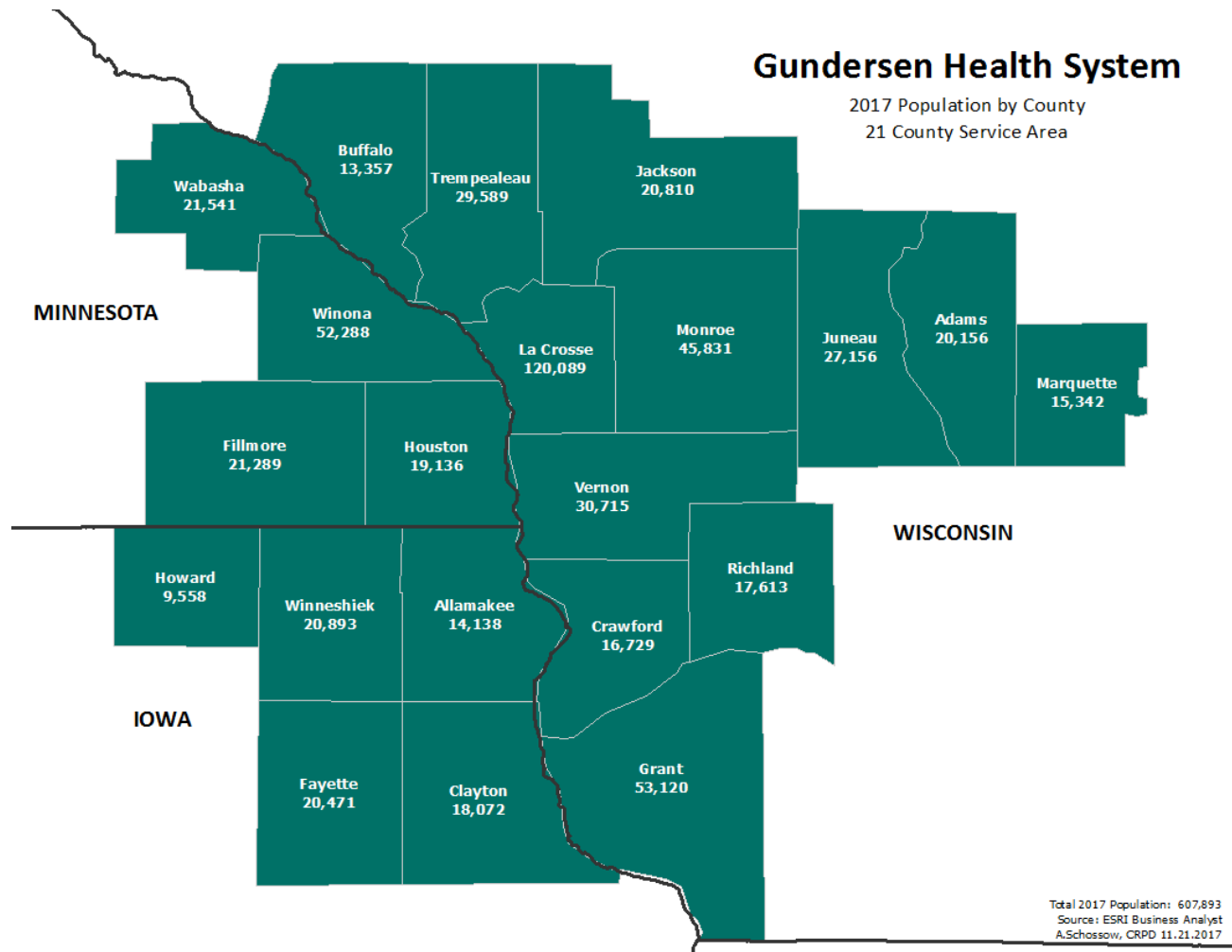
Community Characteristics

Figure 1. Service area populations

Demographics

Demographics are data points that are used to describe a group of people. This data is used to help understand the people and needs of those Gundersen serves. Demographic information includes sex, age, race and ethnic origin, total population, unemployment, and others. The following table provides information for the entire 21 county region. Additional county demographic data can be found in the 21 County Health Indicator Report. COMPASS Now Counties are highlighted

	Adams	Buffalo	Crawford	Grant	Jackson	Juneau	La Crosse	Marquette	Monroe	Richland	Trempealeau	Vernon	Fillmore	Houston	Wabasha	Winona	Allamakee	Clayton	Fayette	Howard	Winneshiek
Population	20,156	13,357	16,729	53,120	20,810	27,156	120,089	15,342	45,831	17,613	29,589	30,715	21,289	19,136	21,541	52,288	14,138	18,072	20,471	9,558	20,893
% Poverty	12.7%	10.8%	13.6%	15.3%	13.1%	13.1%	14.8%	11.7%	13.9%	13.7%	9.7%	16.3%	12.1%	10.3%	6.6%	13.9%	10.2%	10.5%	13.1%	11.6%	8.0%
Unemployed	3.5%	2.8%	3.1%	2.4%	2.5%	2.6%	2.3%	2.8%	2.2%	2.3%	2.3%	2.3%	2.3%	2.0%	2.4%	2.4%	2.2%	2.2%	2.4%	1.9%	2.0%
Under 65 uninsured	8.4%	7.3%	6.6%	7.5%	9.7%	8.4%	5.3%	7.5%	7.5%	7.4%	7.8%	9.6%	6.7%	4.9%	4.3%	5.9%	7.9%	6.4%	6.3%	7.2%	4.4%
Adults with HS or less	55.6%	50.5%	51.8%	47.2%	54.1%	55.7%	31.9%	54.3%	48.6%	52.1%	49.9%	49.9%	43.5%	40.2%	43.9%	36.7%	52.3%	53.8%	48.7%	54.5%	39.3%
Spoken Language at Home																					
English	95.4%	97.4%	97.2%	95.8%	93.6%	96.3%	92.9%	95.7%	92.1%	95.3%	91.9%	88.2%	94.7%	98.1%	98.2%	93.3%	90.8%	96.6%	97.2%	94.9%	96.8%
Spanish	2.7%	1.4%	1.1%	1.2%	1.8%	1.7%	2.2%	2.1%	3.4%	1.9%	5.5%	1.0%	1.1%	0.6%	1.0%	2.5%	5.5%	1.3%	1.1%	0.8%	1.7%
Other Indo-European	1.6%	1.1%	1.3%	2.5%	2.8%	1.3%	1.3%	1.7%	3.8%	2.6%	2.0%	10.3%	3.9%	1.1%	0.5%	2.1%	2.5%	1.5%	1.3%	4.3%	0.8%
Asian	0.0%	0.0%	0.2%	0.4%	0.3%	0.3%	3.3%	0.4%	0.4%	0.2%	0.4%	0.4%	0.3%	0.2%	0.2%	1.7%	0.2%	0.1%	0.3%	0.0%	0.6%
Other	0.3%	0.0%	0.1%	0.1%	1.6%	0.3%	0.3%	0.1%	0.4%	0.0%	0.1%	0.1%	0.0%	0.1%	0.0%	0.3%	1.0%	0.5%	0.1%	0.0%	0.1%

Figure 2. County Demographic Data

Source:

    Population – ESRI Business Analyst, A. Schossow, CRPD, November 21, 2017.

    Unemployment—As of May 2018, not seasonally adjusted. Wisconsin Department of Workforce Development. Iowa Workforce Development. Minnesota Department of Workforce Development.

    Poverty, education, languages-- U.S. Census Bureau (2017). 2012-2016 American Community Survey 5-Year Estimates

    Uninsured Rates-2016 Estimates (reflects demographic data from 2015 Small Area Health Insurance Estimates [a subset of the US Census Bureau]

Count of all unique patients by county that were seen for any **hospital-based encounter** from 1/1/2017-12/31/2017.

Includes hospital inpatients, emergency patients, outpatients, and those seen for ancillary services.

Figure 3: Percentage of Unique Patients in the 6 County Area by Insurance Category

Insurance Category	Charity Care	Commercial	Medicaid	Medicare	Other	Grand Total
6 County Total	16	26,311	8,432	8,793	12,053	55,605
All Counties	16	34,717	11,164	14,771	14,223	74,891
Percentage of Total that are in the 6 Counties	100.00%	75.79%	75.53%	59.53%	84.74%	74.25%

Figure 4: Count of Unique Patients by County and Insurance Type

Insurance Category		2017											
Pt State	Pt County	Charity Care	% Charity Care	Commercial	% Commercial	Medicaid	% Medicaid	Medicare	% Medicare	Other	% Other	Grand Total	% Grand Total
WI	Buffalo	0	0.00%	420	1.60%	88	1.04%	305	3.47%	65	0.54%	878	1.58%
WI	La Crosse	8	50.00%	15854	60.26%	5367	63.65%	4424	50.31%	7450	61.81%	33103	59.53%
WI	Monroe	2	12.50%	2504	9.52%	989	11.73%	1162	13.22%	1565	12.98%	6222	11.19%
WI	Trempealeau	6	37.50%	2358	8.96%	590	7.00%	647	7.36%	1004	8.33%	4605	8.28%
WI	Vernon	0	0.00%	2429	9.23%	749	8.88%	937	10.66%	1359	11.28%	5474	9.84%
MN	Houston	0	0.00%	2746	10.44%	649	7.70%	1318	14.99%	610	5.06%	5323	9.57%
6 County Total		16	100.00%	26311	100.00%	8432	100.00%	8793	100.00%	12053	100.00%	55,605	100.00%

Source: Report generated by Nicole Roisum, Clinical Data Services, Gundersen Health System on 6/20/2018.

Regional Identified Need

More livable wage jobs

A job with a livable wage is one that provides the minimum income necessary for a worker to meet their basic needs. These basic needs include food, housing, healthcare, other essentials like clothing, and an amount for unexpected events. If a person cannot meet their most basic needs, then their health will suffer, they will not be able to contribute to their community, and they will have a poor quality of life (COMPASS Now, 2018).

Why was this an identified need?

COMPASS Now

- o Between one in four and one in three survey respondents rated their ability to meet their basic needs as poor to fair (RHS = 23%; CS = 33%).

- o Most survey respondents rated the availability of jobs with wages that offer a comfortable standard of living as poor to fair (RHS = 57%; CS = 59%).

- o More jobs with livable wages was a top theme from focus groups held across the Region.

21 County Health Indicators

- o Overall, median household incomes across the counties range between $43,554-56,510, which is lower than Minnesota ($63,217), Iowa ($54,570), Wisconsin ($49, 754) and the U.S. ($45, 114) (United States Census Bureau, 2017).

- o A greater percentage of households in 12 out of 21 counties spend over 30% of their income on housing compared to Wisconsin (28.1%) and the U.S. (26.2%) (U.S. News & World Report, 2018).

Regional Identified Need

Improved mental health and increased access to mental healthcare 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, 2017). Mental health is a critical part 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, 2017). 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 (COMPASS Now, 2018).

Why was this an identified need?

COMPASS Now
- o Mental health was a top theme from the focus groups that were held.

- o There are severe mental health treatment gaps for both adults and youth who have mental health issues. The percent of adults that need treatment and are not receiving it ranges from 48% to 72% (Wisconsin Department of Health Services, 2017).

- o The percent of youth that need treatment and aren't getting it ranges from 29% to 58% (Wisconsin Department of Health Services, 2017).

- o Slightly more than 1 in 3 survey respondents felt their ability to pay for mental healthcare was poor to fair (RHS =36%; CS =44%).

21 County Health Indicators
- o According to U.S. News & World Report (2018), the average poor mental health days reported in all counties ranged from 2.8-3.6 days per month. The statewide averages are: 3.4 days per month in Wisconsin, 3.0 days per month in Minnesota, and 3.2 days per month in Iowa.

- o Access to a mental health provider varied throughout the counties, ranging as low as 370 individuals per provider and as high as 21,270 individuals per provider (University of Wisconsin Population Health, 2018).

- o In 2016 the following statewide rates of suicide were found: 13.2 per 100,000 population in Minnesota, 14.6 per 100,000 in Iowa, and 14.7 per 100,000 in Wisconsin. The overall combined suicide mortality rate for all counties has not significantly declined for years between 2011-2016, with 14.4 per 100,000 in 2011 and 15.8 per 100,000 in 2016 (Centers for Disease Control and Prevention, 2017).

Regional Identified Need

Reduced drug and alcohol misuse and abuse

Drug and alcohol misuse and abuse is the use of a substance for a purpose not consistent with legal or medical guidelines. It has 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 Collaborating Centre for Mental Health, 2008). 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 Collaborating Centre for Mental Health, 2008) (COMPASS Now, 2018).

Why was this an identified need?

COMPASS Now
- o About 9% of people in the Western Region of Wisconsin have used illegal drugs in the past month (Substance Abuse and Mental Health Services Administration, 2012-2014).

- o There were 5 drug arrests for every 1,000 people living in the area (Wisconsin Department of Justice, 2015).

- o Deaths due to opioid overdoses in the Region (7.2 deaths per 100,000 people) are not as high as the WI rate (11 deaths per 100,000 people) (WDHS, 2012-2016), but we know the problem is getting worse based on an increasing rate of emergency room visits and hospital stays for opioid-related reasons (Minnesota Department of Health, 2016).

- o Drug use was a top theme from focus groups that were held across the Region.

21 County Health Indicators
- o Overall, almost all (90%) of the counties have a higher percentage of excessive drinking and driving deaths compared to the top U.S. performer.

- o Six counties have greater than 40% of driving deaths due to alcohol.

- o Wisconsin counties had the highest amounts of excessive drinkers ranging from 22-28% of the population (University of Wisconsin Population Health Institute, 2018).

- o Reliable county level data on drug overdoses is known for 6 out of the 21 counties within the service area. Overall, Adams County has the highest reported rates of drug overdose deaths at 17 per 100,000 population, followed by La Crosse, Monroe, and Vernon at 12 deaths per 100,000 (University of Wisconsin Population Health Institute, 2018).

Regional Identified Need

Increased wraparound support throughout the lifespan

An area that tells us about the support within our communities is how well we care for our children, people with disabilities, and the aging. If we are not taking care of these populations as best as we can, it may suggest that those in a caregiving role may be unable to fulfill their responsibilities because of their own health, economic, or social problems. In addition, if we are not caring for these populations their wellbeing may suffer (COMPASS Now, 2018).

Why was this an identified need?

COMPASS Now
- High child abuse rates (University of Wisconsin-Madison Population Health Institute, 2017), increases in referrals to child protective services (Wisconsin Department of Children and Families, 2011-2016), and increases in out-of-home placements (Minnesota Department of Human Services, 2011-2016; Wisconsin Department of Justice, 2012-2016) are occurring in many of the counties in the Region.

- People view the Region as doing a good job of meeting the needs of children, the aging, and persons with disabilities. People also feel that efforts to prevent the abuse and neglect of these populations are good. Even though about half of RHS respondents stated both efforts (meeting needs and preventing abuse) are good, one-third still rated efforts as fair/poor.

- Survey respondents view finding and paying for high-quality childcare as difficult. The availability and high cost of childcare was a theme from many county focus groups.

21 County Health Indicators
- Nearly one fourth of the counties with known child abuse rates exceed the national average, as well as the Healthy People 2020 goal of 8.5 victims per 1,000 children. Three of the five counties with the highest rates are within the Iowa service region (University of Wisconsin Population Health, 2018; Iowa Department of Human Services, 2017; Minnesota Department of Human Services, 2017).

- In Iowa, 56% of adults report experiencing at least one ACE, with 14.5% experiencing 4 or more ACEs (Central Iowa ACEs Coalition, 2016). According to 2011 data, 55% of adults in Minnesota report experiencing one or more ACEs, with 24% reporting 4 or more (Minnesota Department of Health, 2013). For Wisconsin, 58% of respondents between 2011-2013 reported at least 1 ACE, with 14% experiencing 4 or more ACEs (Wisconsin Child Abuse and Neglect Prevention Board, 2016).

Regional Identified Need

Increased inclusion of socially diverse people

Having respect for and understanding of people with different ages, genders, values, ethnicities, customs, and backgrounds than us help everyone understand different points of view, find new solutions to old problems, increase trust, and work better together as a community (COMPASS Now, 2018).

Why was this an identified need?

> *COMPASS Now*
> o   The results from the Random Household and Convenience Surveys suggest that respect for community diversity is acknowledged and valued, but could use improvement. In addition, including people with different backgrounds in decision-making could use improvement.
>
> *21 County Health Indicator Report*
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> o   According to the Centers for Disease Control and Prevention (2013), the "burden of illness, premature death, and disability disproportionately affects certain populations," (p.3).
>
> o   Many factors contribute to health and well-being, including race and ethnicity, sex, age, disability, and social determinants of health. Minority populations continue to live at lower socioeconomic status, face barriers to access to health care, and have greater risk for morbidity and mortality (CDC, 2013).
>
> o   Throughout the 21 county service area, those age 65 and older are projected to make up 24-40% of county populations , with Adams County at the highest by 2040 (Wisconsin Department of Health Services, 2015).

Additional Identified Need

Reduced rates of obesity and diabetes

Over the last two decades, prevalence of obesity among adults and youth has significantly increased (Hales, Carroll, Fryar, & Ogden, 2017). Though obesity was not raised within the COMPASS Now report as a regionally identified need, obesity continues to be a concern for health and well-being. Addressing obesity within the service area is aligned with Gundersen's priorities on chronic illness prevention.

21 County Health Indicator Report

o Reflecting national trends, obesity affects large proportions of the populations in the county service area. Majority of the counties (14 out of 21) meet or exceed the national average of the population who are obese at 31%.

o Obesity remains a risk factor for certain cancers (Cancer Needs Assessment, 2018), as well as other health risks and chronic illnesses, including diabetes (U.S. Department of Health and Human Services, 2013).

o Disparities in obesity rates impact those who are middle aged, youth and adolescents, those with less education, and certain minority populations. Non-Hispanic black and Hispanic adults and youth have higher rates of obesity compared to non-Hispanic white and non-Hispanic Asian populations (Hales, Carroll, Fryar, & Ogden, 2017).

o Estimated annual medical cost of obesity was $147 billion in 2008, with the individual cost at $1,429 higher than individuals at normal weight (Finkelstein, Trogden, Cohen, & Dietz, 2009).

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