



Community Health Needs Assessment 2025

Mayo Clinic Health System in La Crosse



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Mayo Clinic Overview

Mayo Clinic is the largest integrated, not-for-profit medical group practice in the world. With this influence, we are committed to innovating in clinical practice, education and research and providing compassion, expertise and answers to everyone who needs healing.

We are focused on building the future, one where the best possible care is available to everyone, and more people can heal at home. Through our research, we relentlessly pursue breakthroughs that yield earlier diagnoses and new cures.

In 2024, Mayo Clinic cared for patients from every state and 135 countries, covering the full spectrum of patient needs from health information and preventive services to serious and complex care. Mayo Clinic has three destination medical center campuses and several hospitals, with locations in Arizona, Florida, Minnesota and Wisconsin. Further extending our reach, Mayo Clinic provided over a million digital outpatient appointments in 2024, an increase of more than 17% from 2023.



Innovating for new solutions

Mayo Clinic's unwavering mission is to enhance medical care for the benefit of patients everywhere. Our experts work together to solve patients' most challenging unmet needs, inspired by our founders' earliest vision.

Over 150 years ago, brothers Will and Charlie Mayo pioneered an integrated, team-based approach to medicine. Today, that trailblazing spirit drives innovations like Mayo Clinic Platform — a collaborative, digital ecosystem powering new technologies to change how care is delivered everywhere. Mayo Clinic Platform expanded its scope to include data from more than 56 million patients across four continents, enabling solutions that provide earlier, more accurate diagnoses, personalized care, hospital-level care at home and enhanced access to trusted expertise.



Top rankings for quality care

Our commitment to transforming healthcare has earned Mayo Clinic more top rankings for high-quality patient care than any other healthcare organization. This includes more No. 1 rankings than any other hospital from U.S. News & World Report.



Building a healthier world

We think big and act boldly to improve the health of communities. We share our knowledge globally, shape policy and partner with others to create lasting — and much-needed — change for a healthier world.

Mayo Clinic Health System Overview



Mayo Clinic Health System (MCHS) provides quality healthcare to local communities by bringing the Mayo Clinic Model of Care closer to home. MCHS consists of 45 clinics, 16 hospitals and other facilities across multiple communities in Minnesota and Wisconsin. MCHS providers bring the knowledge and expertise of Mayo Clinic to these communities and surrounding areas to ensure our patients receive world-class healthcare. MCHS serves more than 600,000 patients each year and is recognized as one of the most successful community healthcare systems in the U.S.

MCHS is elevating and redefining community and rural healthcare. With more than 100 clinical specialties

(medical and surgical services), patients have access to a full spectrum of healthcare options. To best meet the unique needs of the communities, patients receive quality healthcare at MCHS and have access to highly specialized care at Mayo Clinic's campus in Rochester, Minnesota.

The Bold. Forward. strategy centers on establishing MCHS as a category-of-one community health system by 2030. This strategic approach focuses on people and communities and is supported by three key pillars: Cure, Connect, and Transform. This framework aims to reimagine care in an evolving healthcare landscape, ensuring that diverse patient needs are met through advanced in-person services and innovative digital solutions.

Mayo Clinic Health System in La Crosse (MCHS in La Crosse) is a legal entity that operates in five counties of southwest Wisconsin. Commonly referred to as Mayo Clinic Health System in Southwest Wisconsin, the entity has two hospitals: Mayo Clinic Health System in La Crosse, in La Crosse County, and Mayo Clinic Health System in Sparta, in Monroe County. The purpose of the CHNA report is to specifically address the CHNA requirements for MCHS in La Crosse.

Mayo Clinic Health System in Southwest Wisconsin is a non-profit organization employing approximately 3,000 people, including 300 medical care providers. It is an anchor organization and one of the largest employers in the region. Patient care and services are provided at hospitals in La Crosse and Sparta, and seven community clinics in Arcadia, Holmen, La Crosse, Onalaska, Prairie du Chien, Sparta, and Tomah.

PRACTICE – CARE AND SERVICES

As part of a system of sites in Minnesota and Wisconsin, MCHS in La Crosse serves the community through routine, preventive and specialized care services, wellness support and community engagement. Collaboration with Mayo Clinic connects the community with the most trusted specialty care in the US, bringing the most recognized medical expertise close to where the patients live. Local providers can help you with seamless referrals to Mayo Clinic, if necessary.

EDUCATION – AFFILIATIONS

The information below covers the ongoing educational programs and professional education events.

Ongoing Education Programs

- Family Medicine Residency
- Franciscan Healthcare School of Anesthesia
- Pharmacy Residency
- Nursing and Allied Health Clinical Experiences

Training Center

The Mayo Clinic Health System in Southwest Wisconsin Training Center is a Community Training Center affiliated with the American Heart Association. It provides a valuable service to community organizations by enabling them to offer training to their staff. The Training Center offers courses for Mayo staff and the public, including CPR, Basic Life Support, First Aid, Pediatric Advanced Life Support, Advanced Cardiac Life Support, Pediatric Emergency Assessment, Recognition, and Stabilization.

RESEARCH

Mayo Clinic Health System in Southwest Wisconsin has a highly active clinical research program, involving patient-focused studies that can lead to improved methods to detect, prevent, control, and treat diseases and other health conditions. Research studies are available to eligible oncology patients, including those with breast, colon, leukemia, lung, lymphoma, prostate, and other cancers. Thousands of patients have participated in our research studies over the years, helping to advance the science of healthcare while remaining close to home.



Mayo Clinic Health System in La Crosse

Executive Summary

BACKGROUND

The Patient Protection and Affordable Care Act (PPACA or ACA), a U.S. federal statute that was enacted on March 23, 2010, added requirements for non-profit organizations that operate hospital facilities. The healthcare reform bill requires non-profit hospitals to complete a Community Health Needs Assessment and Community Health Implementation Plan that addresses local, prioritized health needs.

To adhere to the requirements placed into effect by the IRS, tax-exempt hospitals must:

- Conduct a CHNA every three years
- Create and adopt an implementation strategy to meet the needs of the community identified by the assessment

The IRS requires a CHNA to:

- Define the community it serves
- Assess the health needs of that community
- Solicit and consider input received from the community, including those with expertise in public health and people from, or representing, medically underserved, low-income, and minority populations
- Document the CHNA in a written report that is adopted by a hospital facility
- Make the CHNA report available to the public

The 2025 Community Health Needs Assessment (CHNA) for Mayo Clinic Health System La Crosse Hospital represents a rigorous, collaborative effort to evaluate and address the health needs of La Crosse County, Wisconsin. This assessment fulfills federal requirements under the Affordable Care Act (ACA) and IRS Section 501(r)(3) and guides the hospital's strategic investments to improve community health outcomes.

PURPOSE AND PROCESS

The CHNA aims to provide an updated, data-driven understanding of the population's health needs and to identify priorities for 2026–2028. The process involved:

- Systematic review of local and regional health assessments and datasets.
- Use of the American Hospital Association's Community Health Assessment Toolkit, which outlines nine steps for assessing and improving community health.
- Collaboration with key stakeholders, including local healthcare organizations, county health departments, community organizations, and academic institutions.
- Incorporation of both quantitative and qualitative data, including surveys, focus groups, and secondary sources such as the Compass Now Report, County Health Rankings, ALICE Report, and internal EHR data.

This report is to supply an updated assessment of the La Crosse County population's health needs and identify priorities for the years 2026-2028. The identified community health needs will be used to drive and inform strategies through implementation and action plans. MCHS is dedicated to intentional collaboration with community stakeholders to develop and implement programs and participate in activities to improve community health and address social determinants of health (SDoH).

STUDY METHODS AND DATA SOURCES

The study method consisted of a multifaceted systematic review of assessments and data sets from the SWWI Region. The framework used to assess the needs of the community was designed utilizing the Community Health Assessment Toolkit provided by the American Hospital Association. This toolkit provides nine steps for assessing and improving the community's health.

The qualitative and quantitative information collected was used to develop an organized collection of information to begin priority setting. The reports and input examined were obtained through internal and external sources.

The primary sources examined include the 2024 Compass Now Report, County Health Rankings and Roadmaps, and La Crosse County Community Health Improvement Plan (CHIP). Supplemental sources were used to provide more context to the report, including the ALICE Report and the Social Determinants of Health data from our internal electronic health record (EHR).

The assessment of the community was a collaborative effort involving both private and public organizations, including governmental agencies, school districts, faith-based organizations, academic institutions, healthcare organizations, and community benefit organizations (CBOs).

KEY FINDINGS

- **Demographics:** La Crosse County serves a diverse population of approximately 122,678 residents, with notable subgroups including children, older adults, racial and ethnic minorities, and ALICE households (Asset Limited, Income Constrained, Employed).
- **Socioeconomic Factors:** The county faces challenges such as poverty (13.1% below the poverty line), housing insecurity, transportation barriers, and food insecurity, all of which contribute to health disparities.
- **Health Status:** Leading causes of death include heart disease, cancer, and accidents. Chronic diseases are prevalent, especially among low-income residents, older adults, and racial/ethnic minorities. Mental health concerns and substance misuse are significant issues, particularly among youth and adults with chronic conditions.

COMMUNITY PRIORITIES

Based on stakeholder input and data analysis, the CHNA identified three top priorities for the 2026–2028 implementation plan:

- 1 Access to Care: Improving healthcare access and quality, especially for underserved populations.
- 2 Mental Health and Substance Misuse: Addressing behavioral health gaps and substance misuse.
- 3 Chronic Disease and Contributing Factors: Reducing the burden of chronic illness through targeted interventions and addressing social determinants of health.

NEXT STEPS

The implementation planning process will focus on:

- Developing funding strategies and resource inventories.
- Building partnerships and engaging the community and staff.
- Establishing key metrics and reporting structures to monitor progress.
- Aligning all efforts with Mayo Clinic's primary value: "the needs of the patient come first."

COMMITMENT TO COMMUNITY

Mayo Clinic Health System is committed to ongoing collaboration with community stakeholders to develop and implement programs that enhance health outcomes and address the social determinants of health. The CHNA will serve as the foundation for future community health improvement plans, ensuring that resources and strategies are targeted to La Crosse County's most pressing needs.

Summary of Community Health Needs Assessment

The 2026-2028 CHNA for MCHS in La Crosse will serve as a starting point for the forthcoming community health improvement plans. MCHS in La Crosse will target resources and strategies that align with Mayo Clinic's primary value of "the needs of the patient come first."

With a focus on the [Healthy People 2030](#) initiative on the social determinants of health (SDoH), MCHS in La Crosse identified the domain of healthcare access and quality. This domain is directly aligned with organizational priorities. This position offers an enhanced ability to deliver interventions, resources, and expertise within the domain. Through the assessment and analysis, the La Crosse hospital and its leaders identified the following three priorities:

- 1 Access to Care
- 2 Mental Health and Substance Misuse
- 3 Chronic Disease and Contributing Factors

The implementation planning process will begin by creating funding strategies, resource inventories, identifying partnerships, engaging community and staff involvement, establishing key metrics, and defining reporting structures to address the identified needs.



Community Profile

BACKGROUND

A community demographic overview provides insight into the size and distribution of the population in terms of health-related attributes, including geographic location, age, sex/gender, race, ethnicity, income, and housing. Community demographics were analyzed and mapped using data and software from the Environmental Systems Research Institute (ESRI, a commercial provider of community data).

Additional Community Indicators from the County Health Rankings are supplemented with indicators from local regional sources. These supplemental indicators include:

- Leading causes of death
- Maternal and infant health indicators
- Youth risk indicators
- Child services cases
- 211 assistance calls
- Asset-Limited, Income-Constrained, Employed (ALICE) households

GEOGRAPHIC LOCATION

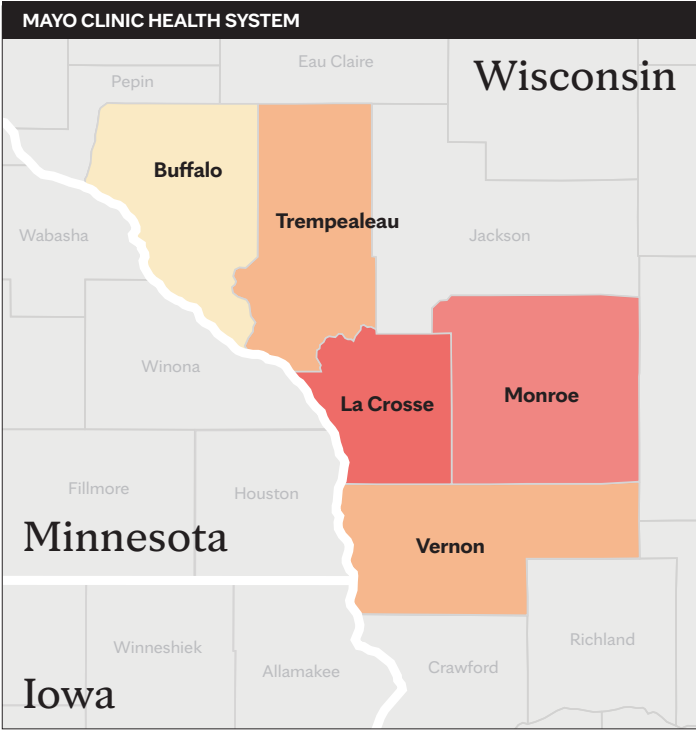
Mayo Clinic Health System in Southwest Wisconsin serves the communities in these six counties: La Crosse (LC), Monroe (MO), Vernon (VE), Trempealeau (TR), Houston (HO), and Buffalo (BU). Within the region, the other large health system is [Emplify Health System](#). Emplify has hospitals in both La Crosse and Monroe Counties. This region is home to an estimated 263,466 residents.

For the MCHS in La Crosse CHNA report, the focus of the forthcoming data will be concentrated on La Crosse County community data.

2023 POPULATION ESTIMATE	
Buffalo	13,234
Houston	18,813
La Crosse	122,678
Monroe	46,557
Trempealeau	31,170
Vernon	30,994
Region	263,446

Source: 2024 Compass Now Regional Report, Community Health Solutions analysis of data from ESRI using ArcGIS Business Software.

La Crosse County is located within the U.S. state of Wisconsin. The county is made up of cities, villages, and towns. The cities include La Crosse and Onalaska. The villages include Bangor, Holmen, Rockland, and West Salem. The towns include Barre, Burns, Campbell, Farmington, Greenfield, Hamilton, Holland, Medary, Shelby and Washington. La Crosse, Wisconsin, is the county seat of La Crosse County. MCHS in La Crosse is situated in the heart of the city, in the Washburn Neighborhood, at 700 West Avenue South. The city is the most populous county in Wisconsin’s western border.



POPULATION BY AGE

The population of La Crosse County is estimated at 122,678 people. In 2023, there were an estimated 23,871 children aged 0-17 and 22,273 adults aged 65 and older.

Looking ahead to 2028, La Crosse County’s overall population growth is projected to be 1%. The adult population aged 18-64 is projected to decline by 2%, while the population aged 65+ is projected to grow by 13%.

INDICATOR	BU	HO	LC	MO	TR	VE	REGIONAL TOTAL
Total Population							
2023 Total Population Estimate	13,234	18,813	122,678	46,577	31,170	30,994	263,466
2028 Total Population Projection	13,138	18,766	124,103	46,625	31,416	31,060	265,108
2023-2028 % Change	-1%	0%	1%	0%	1%	0%	1%
Children Age 0-17							
2023 Child Population (Age<18)	2,599	3,813	23,871	11,109	6,840	7,245	55,477
2028 Child Population (Age<18)	2,599	3,855	24,027	11,252	6,967	7,306	56,006
2023-2028% Change	0%	1%	1%	1%	2%	1%	1%
Adult Population Age 18-64							
2023 Adult Population (Age 18–64)	7,536	10,745	76,534	26,691	17,895	17,010	156,411
2028 Adult Population (Age 18–64)	7,073	10,039	74,863	25,513	16,085	16,085	150,691
2023-2028 % Change	-6%	-7%	-2%	-4%	-4%	-5%	-4%
Adult Population Age 65+							
2023 Senior Population (Age 65+)	3,099	4,255	22,273	8,777	6,435	6,739	51,578
2028 Senior Population (Age 65+)	3,466	4,872	25,213	9,860	7,331	7,669	58,411
2023-2028 % Change	12%	15%	13%	12%	14%	14%	13%

SEX OR GENDER

The La Crosse County (LC) population is 50% female, with males making up the remaining 50%. This data is limited by the choice of male or female.

INDICATOR	BU	HO	LC	MO	TR	VE	REGIONAL TOTAL
Sex or Gender (2023)							
Female Population	49%	50%	50%	49%	49%	50%	50%
Male Population	51%	50%	50%	51%	51%	50%	50%

Source: 2024 Compass Now Regional Report, Community Health Solutions analysis of data from ESRI using ArcGIS Business Software.

RACE/ETHNICITY

The La Crosse County (LC) population is estimated to consist of five listed races: Asian, Black/African American, Hispanic, White and two or more races. Of those races, 2% are Hispanic, 2% are Black/African American, 5% are Asian, and 91% are White. The racial identification is primarily

white. In La Crosse County, people of Hmong or Asian origin comprise the second-largest group, accounting for 5% of the population.

INDICATOR	BU	HO	LC	MO	TR	VE	REGIONAL TOTAL
Race (2023)							
American Indian/Alaska Native	0%	0%	0%	1%	1%	0%	1%
Asian Population	0%	1%	5%	1%	0%	0%	3%
Black/African American Population	0%	1%	2%	1%	0%	0%	1%
Other Race Population	1%	1%	1%	2%	8%	1%	2%
Pacific Islander Population	0%	0%	0%	0%	0%	0%	0%
Two or More Races	3%	3%	5%	5%	5%	3%	4%
White Population	95%	95%	88%	89%	85%	95%	89%
Ethnicity (2023)							
Hispanic Population	3%	1%	3%	6%	14%	2%	4%

HOUSEHOLD INCOME

The median household income for La Crosse County is \$62,122 which is below the Wisconsin median household income of \$75,670, according to the 2023 Wisconsin ALICE report. ALICE represents households with income

above the Federal Poverty Level but below the basic cost of living. The ALICE Report supplies current research-based data that quantifies who in Wisconsin is living on the edge of financial insecurity. La Crosse County (LC) household income below \$74,999 is at 58%.

INDICATOR	BU	HO	LC	MO	TR	VE	REGIONAL TOTAL
Household Income							
Total Households	5,668	8,050	51,322	18,380	12,453	12,261	108,134
Households Below Poverty Level (2021)	10%	8%	11%	10%	8%	14%	11%
Median Household Income	\$64,948	\$65,712	\$62,122	\$66,761	\$67,619	\$61,033	\$63,917
Household Income less than \$15,000	8%	7%	9%	7%	7%	11%	8%
Household Income \$15,000-\$24,999	8%	7%	9%	7%	6%	8%	8%
Household Income \$25,000-\$34,999	9%	7%	10%	8%	8%	8%	9%
Household Income \$35,000-\$49,999	12%	12%	13%	13%	13%	13%	13%
Household Income \$50,000-\$74,999	20%	23%	17%	19%	20%	18%	19%
Household Income \$75,000-\$99,999	17%	13%	15%	16%	17%	14%	15%
Household Income \$100,000-\$149,000	18%	20%	15%	18%	18%	18%	17%
Household Income \$150,000-\$199,999	6%	7%	7%	6%	6%	6%	6%
Household Income \$200,000 or greater	3%	4%	6%	5%	5%	4%	5%

Source: 2024 Compass Now Regional Report, Community Health Solutions analysis of data from ESRI using ArcGIS Business Software.

According to the CensusReporter.org, 13.1% of residents of La Crosse County live below the poverty line, which is:

- **Above Wisconsin's average** of 10.7%
- **Slightly above the national average** of 12.5%

By age:

- **Children (under 18):** 8% live in poverty
- **Seniors (65+):** 12% live in poverty
- **Adults (18-64):** 15.9% live in poverty

By race:

- **White:** 12.3% live in poverty
- **Black:** 22.3% live in poverty
- **Asian:** 12.1% live in poverty
- **Native American:** 29.1% live in poverty
- **Hispanic:** 12.3% live in poverty

HOUSING TYPE

Housing options and types have a direct impact on our environmental health. Housing ensures safety and stability in our built environment and is one of the largest monthly expenses for individuals and households. Also, neighborhood resources can directly impact and influence

By Family Type:

- **Female-headed households (no husband):** Highest poverty rates
- **Male-headed households (no wife):** Moderate poverty rates
- **Married-couple families:** Lower poverty rates

Other Vulnerable Groups:

- **Adults with disabilities:** 16.6% live in poverty
- **Employed individuals:** 10% still live in poverty, indicating underemployment or low wages

health behaviors. In La Crosse County (LC), 65% of the population lives in owner-occupied housing units. 35% of the population live in renter-occupied housing units. The high number of renters occupying housing units, compared to other counties, may be due to the student population attending the three post-secondary schools in La Crosse.

INDICATOR	BU	HO	LC	MO	TR	VE	REGIONAL TOTAL
Housing Type							
Owner Occupied Housing Units	77%	82%	65%	72%	74%	79%	70%
Renter Occupied Housing Units	23%	18%	35%	28%	26%	21%	30%

Source: 2024 Compass Now Regional Report, Community Health Solutions analysis of data from ESRI using ArcGIS Business Software.

LEADING CAUSE OF DEATH

Leading causes of death refer to the most frequently occurring underlying causes of death within a specific population and time. These are typically categorized using standardized groupings from the International Classification of Diseases (ICD) system, such as:

- Diseases of the Heart
- Malignant Neoplasms (Cancers)
- Accidents (Unintentional Injuries)

These categories are ranked based on the number of deaths attributed to each, and the rankings help public health officials monitor trends, identify emerging health challenges, and guide interventions.

For La Crosse County, the two leading causes by a substantial margin were heart disease and malignant neoplasms (cancers), which is typically the case in US communities. COVID-19 was also among the leading causes, along with accidents, several types of chronic diseases, and intentional self-harm.

MEDICALLY UNDERSERVED

La Crosse County, Wisconsin, is not considered a Medically Underserved Population (MUPs) according to the Health Resources and Services Administration (HRSA) and the Wisconsin Department of Health Services based on factors like poverty levels, health provider availability, and health outcomes.

	BU	LC	MO	TR	VE	WI	HO	MN
Year	2021	2021	2021	2021	2021	2021	2020	2020
Counts-Total Deaths by Leading Causes								
Heart Disease	35	230	106	76	65	12,782	51	8,562
Malignant Neoplasms	35	200	102	62	67	11,335	41	9,940
COVID-19	5	68	41	16	33	5,255	12	5,214
Accidents (Unintentional Injuries)	5	70	31	11	31	4,706	10	3,308
Alzheimer's Disease	X	60	27	X	18	2,371	23	2,587
Chronic Lower Respiratory Diseases	9	61	34	14	12	2443	10	2211
Cerebrovascular Diseases	6	66	24	13	17	2637	10	2316
Diabetes Mellitus	X	39	20	12	6	1685	6	1492
Chronic Liver Disease and Cirrhosis	X	22	9	5	6	913	1	895
Intentional Self-Harm (Suicide)	X	21	7	X	5	905	X	X
Rates-Age Adjusted Per 100,000 Population								
Heart Disease	160.6	146.9	173.9	175.9	148.4	164.6	140.9	117.5
Malignant Neoplasms	154.3	129.2	164.1	143.5	154.5	144.1	128.4	143.7
COVID-19	26.2	45.9	70.6	42.7	78.6	69.3	X	X
Accidents (Unintentional Injuries)	25.2	55.2	67.3	32.3	86.3	72.6	38.3	45.7
Alzheimer's Disease	X	37.2	47.1	X	39.3	30.9	32.9	34.1
Chronic Lower Respiratory Diseases	41.8	39.5	57.6	34.7	27.4	31.1	29.3	33.5
Cerebrovascular Diseases	27.2	40.6	41.6	29.7	37.3	34.2	28.6	32.4
Diabetes Mellitus	X	25.2	33.4	27.2	12.2	22.1	21.8	19.6
Chronic Liver Disease and Cirrhosis	X	16.3	16.2	10.4	13.8	12.6	X	10.4
Intentional Self-Harm (Suicide)	X	19.0	15.7	X	15.6	15.1	X	X

*Note on Cell Suppression and Cells with Counts of Zero: An "X" indicates a value that is not reported in public sources because of suppression due to small size, or other reasons. Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics, Wisconsin Interactive Statistics on Health (WISH) data query system and 2020 Minnesota Department of Health County Health Tables.

Assessing the Needs of the Community

FRAMEWORK

MCHS in La Crosse used a systematic process to assess the health needs of the individuals who live in our community and region. The methods assess healthcare and public health issues and identify services that address those needs. This document will cover step one through five of the CHNA process.

PROCESS AND METHODOLOGY

The community engagement department plays a key role in the development of the MCHS in La Crosse CHNA report. The report is the primary component of the community health assessment process, providing a mutually beneficial document for hospitals and the communities in which they reside.



1 Map Development Process

Community health improvement is a continuous endeavor. Prior to commencing a new assessment, the previous Community Health Needs Assessment for MCHS in La Crosse was reviewed to evaluate effective strategies and identify areas for process enhancement.

The purpose of step one is to reflect on previous initiatives, gather feedback on previous assessments, review data sources, establish the assessment infrastructure, obtain leadership support, build the staff team, and identify and secure resources. This step has previously taken place internally within the community engagement department and the leadership of Mayo Clinic Health System in Southwest Wisconsin. The community was able to make comments on the previous iteration of the CHNA Implementation Plan on the public-facing website; however, no input was received.

2 Build Relationships

Establishing trust with community members and organizations creates a collaborative atmosphere conducive to shared responsibility for the CHNA process. When this trust is strategically aligned with common objectives, it can lead to improved health outcomes.

Great Rivers United Way maps assets and forms a steering committee to direct the COMPASS Now community needs assessment. The steering committee includes community members from the six regional counties in Buffalo, La Crosse, Monroe, Trempealeau, and Vernon counties in Wisconsin, and Houston County in Minnesota. This committee also includes representatives from public health departments, local hospitals, and human services.

The Steering Committee members guided the study scope and methods, including the adjustments made in response to COVID-19. For this iteration, a contracted consultant, Community Health Solutions, was hired to manage the assessment and publication of the report.

3 Develop Community Profile

The Community Health Profile provides key geographic and demographic data, highlighting non-clinical health factors from both quantitative and qualitative sources. For this CHNA assessment, La Crosse County was selected due to the hospital's location and patient base; however, the analysis can be expanded to include the six counties cited in the 2024 COMPASS Now Report.

The assessment scope and implementation plans are guided by clearly defined geographic and population parameters. Stratifying quantitative data by location and incorporating input from community members ensures a well-informed CHNA section.

4 Reduce Disparities with Data

The CHNA combines data on community characteristics, experiences, priorities, and culture. Local input and health metrics were used to create a comprehensive overview to guide strategies for improving community health and reducing disparities.

The assessment draws from three main sources: the 2024 Compass Now report, County Health Rankings and Roadmaps data, and local health department CHIP plans. Additional secondary data comes from the Wisconsin ALICE report and internal EHR social determinants of health data.

5 Prioritize Needs and Assets

Hospitals and community stakeholders collaborate on a shared process to identify the most pressing community health needs and assets, informed by the collected data. These identified priority health needs will then be addressed using implementation strategies. In this step, as in all aspects of the CHNA process, it is essential to view these needs through a lens focused on reducing disparities in health outcomes and identifying underlying causes.

The COMPASS Now Steering Committee and Community Health Solutions organized a series of community meetings with stakeholders to gather information about priorities. The participants included local businesses, educational institutions, faith-based organizations, government agencies, and non-profit

organizations. During the community presentations, community indicators and survey responses were shared through organized and understandable presentations focused on county-specific information.

Community members at the meetings generated ideas about their community's top needs and voted to prioritize them based on the data presented and their knowledge of the community. Results were tabulated, and the top needs were identified for each county and region; the regional priorities were determined by combining all the county-level and regional results. Additionally, the participants were surveyed to collect priority rankings after the stakeholder meeting.

MCHS in La Crosse considered input from the community and key stakeholder feedback from MCHS staff in Southwest Wisconsin. The criteria used during the prioritization session included alignment with the organization's existing priorities, the ability to contribute financially to address the concerns, and evidence that we can impact the health concerns identified and prioritized.

COMPASS NOW REPORT – PRIMARY DATA

The COMPASS Now Report provides valuable information and presents the results of data collected through a community survey, focus groups, an extensive review of socioeconomic indicators, and an inventory of community resources. Its purpose is to serve as a reference tool and foundation for long-term action plans that address problems.

This 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 comprising stakeholders from public health, healthcare, and other community sectors. The Steering Committee members provided guidance on the study methods and served as liaisons to engage community organizations in promoting participation in the convenience survey conducted for the study.

A community survey was conducted throughout the region from June to September 2023. The purpose of the survey was to invite community insights about health needs in the region. The survey was conducted using a mixed-methods approach, allowing respondents to complete it online or submit a paper copy of their response.

The survey was conducted in partnership with a wide range of community partners that helped raise awareness and encourage community members to complete the survey. In planning the survey, the project partners shared a common aim to conduct an inclusive survey that gathered insights from a wide array of community members. It is worth noting that the surveys were conducted using convenience sampling.

A total of 1,238 people responded to the survey. The number of surveys completed by the county ranged from 89 in Houston County and Trempealeau County to 536 in La Crosse County. Noting this wide range of responses, it is important to view the survey results at the county level and recognize that the higher number of responses from La Crosse County and Monroe County has a skewing effect on the regional results. The survey respondents were predominantly female (77%), as is common in community surveys of this type. Beyond the difference in female vs. male respondents, the demographic profile for survey respondents generally (though not precisely) reflects the overall distribution of the population by selected indicators of age, race, ethnicity, and income.

A broad range of community perspectives was reached primarily through two key methods:

1. Community Survey with targeted outreach

- La Crosse County respondents showed:
 - **11% identified as a race other than White alone**
 - **3% identified as Hispanic**
 - **2% identified as Hmong**
 - **25% had household incomes below \$35,000**, indicating outreach to economically vulnerable populations.

2. Community Insight Events

- Important health issues
- Emerging concerns
- Vulnerable population groups
- Available health resources
- Ideas for collaboration

Below is a list of data sources used in the development of the CHNA:

Community Demographics (Sections 1, 2, and 6)	<ul style="list-style-type: none"> • Community Health Solutions analysis of demographic estimates (2023) and population projections (2028) from ESRI.
County Health Rankings (Sections 1, 2, 3, 4, 5, 6, 7)	<ul style="list-style-type: none"> • University of Wisconsin-Madison Population Health Institute. County Health Rankings. Retrieved in July 2023 from http://www.countyhealthrankings.org: • Full Rankings for Wisconsin • Full Rankings for Minnesota • County Health Rankings Model • Measures and Data Sources
Leading Causes of Death (Section 3)	<ul style="list-style-type: none"> • Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system (2021 data) • 2020 Minnesota Department of Health County Health Tables
Maternal and Infant Health (Section 3)	<ul style="list-style-type: none"> • Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system • 2020 Minnesota Department of Health County Health Tables
Cancer Screening Rates (Section 5)	<ul style="list-style-type: none"> • Wisconsin data from Wisconsin Cancer Collaborative, Interactive County Cancer Data Dashboard. • Minnesota data from National Cancer Institute State Cancer Profiles
Youth Risk Profile (Section 4)	<ul style="list-style-type: none"> • Wisconsin Department of Public Instruction, County-Level Youth Risk Behavior Survey Reports, 2020-2021 School Year • Minnesota Student Survey County Tables, 2021-22 School Year, Minnesota Student Survey Interagency Team: Minnesota Department of Education Minnesota Department of Health Minnesota Department of Human Services Minnesota Department of Public Safety
ALICE Households (Section 6)	<ul style="list-style-type: none"> • United for ALICE National Research Center, Accessed September 2023.
Child Services Cases (Section 6)	<ul style="list-style-type: none"> • Wisconsin Child Abuse and Neglect Report Annual Report for Calendar Year 2021 to the Governor and Legislature Wis. Stat. s. 48.47(8). Also, Wisconsin Department of Children and Families Out-of-Home Care (Otte) Dashboard. • 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/
Community Survey (Sections 1, 3, 4, 5, 6, 7, 8)	<ul style="list-style-type: none"> • Community Health Solutions analysis of survey responses submitted by community residents in June – September, 2023. Raw survey data provided to Great Rivers United Way under separate cover.
Community Insight Events (Section 8)	<ul style="list-style-type: none"> • Community Health Solutions analysis of themes emerging from participant statements captured at community insight events. Original statements provided to Great Rivers United Way under separate cover.

Addressing the Needs of the Community

After careful assessment and consideration, it was concluded that MCHS in La Crosse would focus on the following three priorities for the 2026-2028 CHNA Implementation Plan:

- 1 Access to Care**
- 2 Mental Health and Substance Misuse**
- 3 Chronic Disease and Contributing Factors**

To further validate the selected priorities, the priorities were presented to and approved by the Wisconsin Executive Operating Team (WEOT) on June 3, 2025.



PRIORITY #1 - ACCESS TO CARE

Access to care is defined as the ability of people and populations to obtain timely, appropriate, and affordable health services when needed. This includes:

- **Healthcare Access and Quality:** Ensuring that all community members, especially underserved populations, can reach and use healthcare services, including preventive, primary, specialty, and emergency care.
- **Addressing Barriers:** Tackling obstacles such as poverty, transportation, and lack of insurance that prevent people from receiving care.
- **Resource Availability:** Providing information about local organizations and programs that help connect people to medical, dental, behavioral health, and social services.
- **Digital and On-Demand Services:** Expanding options like 24/7 digital primary care to increase convenience and reach for patients.
- **Community Partnerships:** Collaborating with local agencies and organizations to bridge gaps in care and support vulnerable groups.

Access to care issues in La Crosse County include several interconnected barriers and challenges:

Poverty and Economic Instability

- **13.1% of residents live below the poverty line**, which is above both the state and national averages.
- Economic hardship limits access to preventive care, healthy food, and stable housing, increasing health disparities.

Transportation Barriers

- Limited transportation options restrict access to medical appointments, screenings, and pharmacies, especially for underserved populations.

Insurance and Financial Barriers

- Lack of insurance or underinsurance prevents some residents from seeking timely and appropriate care.
- Even employed people may struggle with underemployment or low wages, making healthcare unaffordable.

Digital Divide

- While digital and on-demand services (like 24/7 digital primary care) are expanding, not all residents have reliable internet access or digital literacy, which can limit their ability to benefit from these services.

Resource Awareness and Navigation

- Residents may not be aware of available local organizations and programs that connect people to medical, dental, behavioral health, and social services.
- Navigating the healthcare system can be challenging, especially for vulnerable groups.

Cultural and Linguistic Barriers

- Some populations may face additional barriers that make accessing care more difficult.

Workforce Shortages

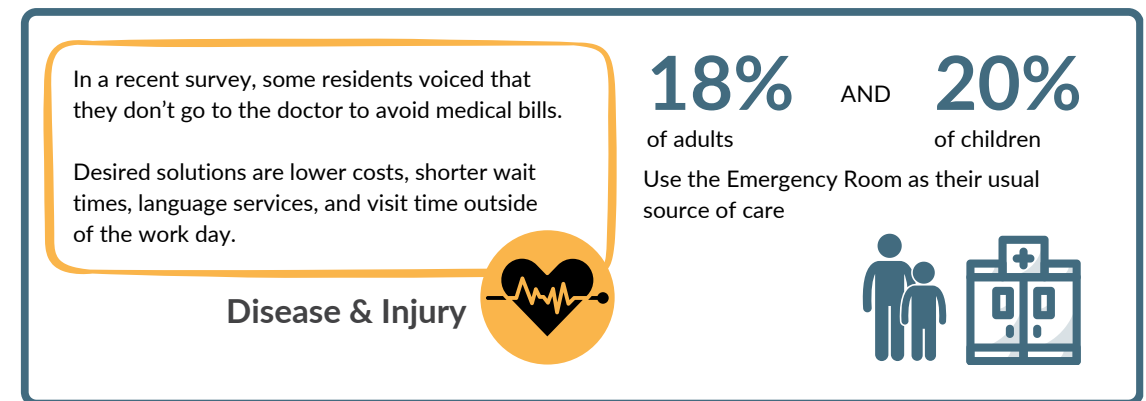
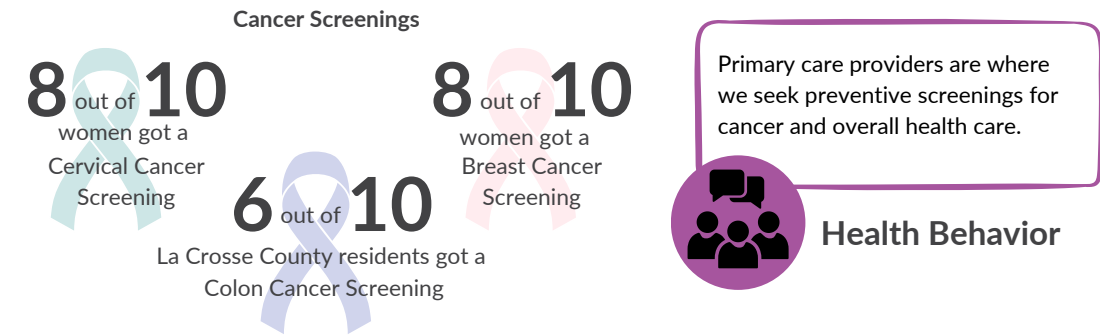
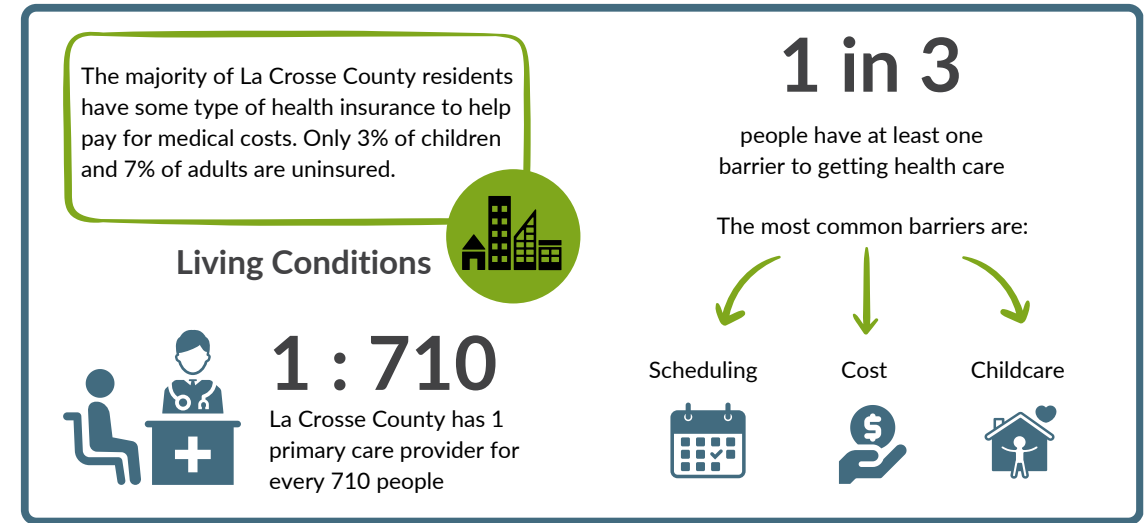
- There are ongoing challenges in recruiting and retaining healthcare professionals, which can affect the availability and quality of care.

The CHNA emphasizes that improving access to care involves not only increasing the availability of services but also reducing disparities and ensuring that care is equitable, culturally competent, and responsive to the needs of all residents.



Access to Care

According to a recent survey, the majority of La Crosse County residents felt that they had good or excellent access to care for health, mental health, and dental.



PRIORITY #2 - MENTAL HEALTH

Mental health refers to a person’s emotional, psychological, and social well-being. It affects how people think, feel, act, handle stress, relate to others, and make choices. Good mental health is essential for overall health and quality of life. The CHNA highlights mental health concerns such as anxiety, depression, suicide risk, and behavioral health gaps, especially among youth and adults.

Mental Health Issues in La Crosse County

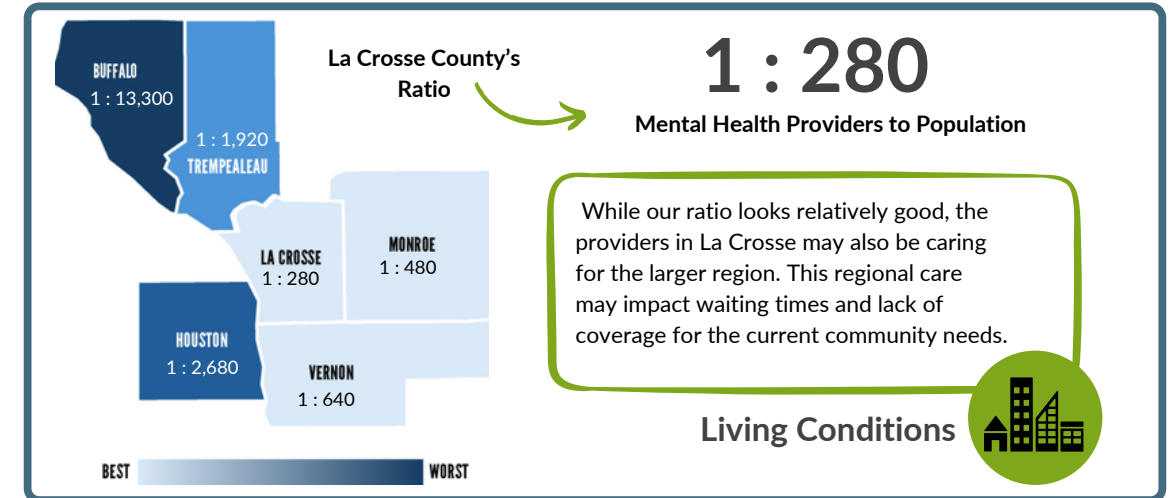
- **High prevalence of anxiety and depression among youth:**
 - 6 out of 10 teens report anxiety.
 - 3 out of 10 teens report depression.
 - 2 out of 10 teens have considered suicide.
- **Protective factors:**
 - 8 out of 10 teens report at least one supportive adult besides a parent.

- **Rising rates of mental health concerns:**
 - In La Crosse County, 14% of adults rated their mental health as “not good” for over two weeks in the past month.
- **Provider shortages:**
 - While the ratio of mental health providers to population is relatively good, providers in La Crosse may also be caring for the larger region, which can limit coverage for current community needs.
- **Behavioral health gaps:**
 - There are gaps in behavioral health services, especially for youth and adults with chronic conditions.
- **Stigma and lack of awareness:**
 - Stigma around mental health and lack of awareness about available resources can prevent people from seeking help.



Mental Health

La Crosse County residents feel that mental health and self-care should be a priority for everyone in the community. Mental health is a top priority for community improvement.

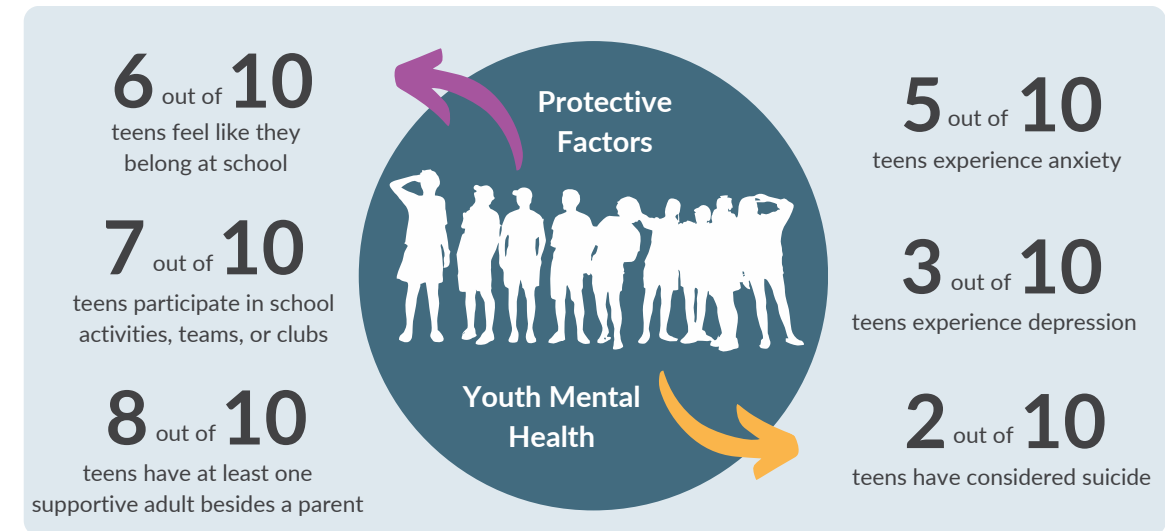


Protective factors can provide support and create a positive impact for people during stressful events or situations.

Health Behavior

The number of adults with mental health concerns is rising. In La Crosse County, 14% of adults rated their mental health as “not good” for over 2 weeks in the past month.

Disease & Injury



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PRIORITY #2 CONTINUED - SUBSTANCE MISUSE

Substance misuse is the use of alcohol, drugs, or other substances in a way that is harmful to oneself or others. This includes binge drinking, opioid use, and other forms of addiction that negatively impact physical and mental health, relationships, and community safety. Substance misuse is closely linked to mental health issues and is a significant concern in La Crosse County, contributing to hospitalizations, deaths, and poor disease management.

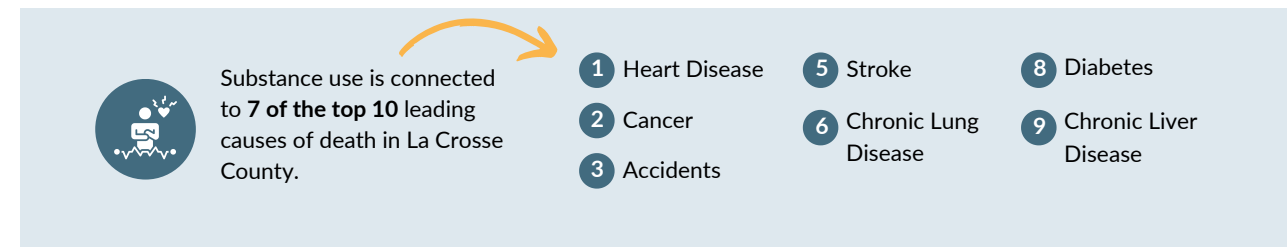
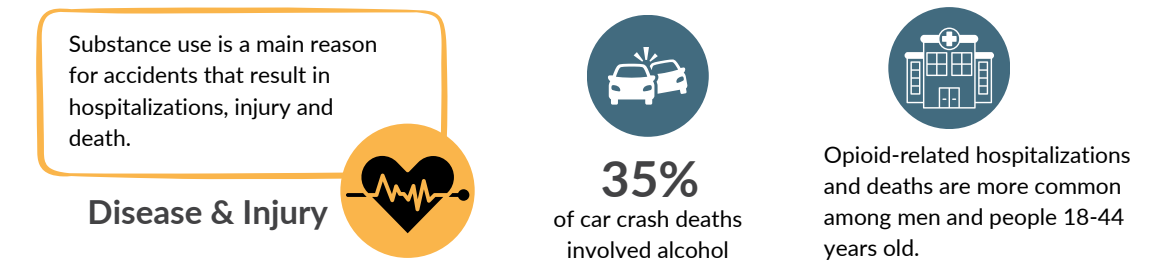
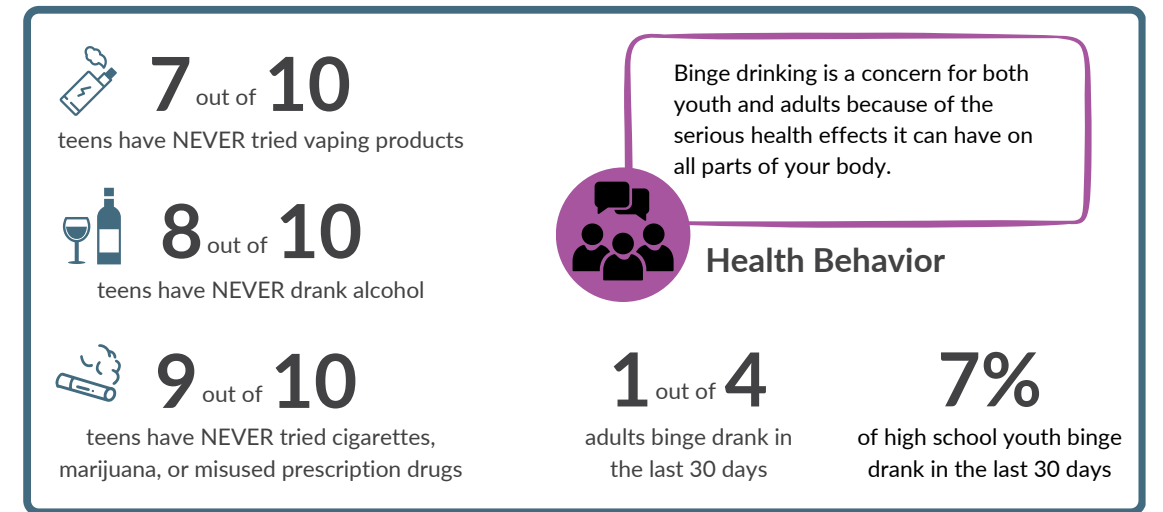
Substance Misuse Issues

- **Alcohol misuse:**
 - 1 in 4 adults binge drank in the past 30 days.
- **Opioid-related hospitalizations and deaths:**
 - More common among men aged 18–44.
- **Substance use is linked to 7 of the top 10 causes of death** in La Crosse County.
- **Co-occurrence with mental health issues:**
 - Substance misuse is closely linked to mental health challenges, contributing to hospitalizations, deaths, and poor disease management.
- **Barriers to treatment:**
 - Limited access to addiction support and recovery services, especially for vulnerable populations.

La Crosse County faces significant challenges with youth and adult mental health, including high rates of anxiety, depression, and suicide risk. Substance misuse, particularly alcohol and opioids, is prevalent and closely tied to mental health concerns. Barriers include provider shortages, stigma, gaps in behavioral health services, and limited access to treatment and recovery resources.

Substance Use

The environment and culture of a community impacts the availability and use of alcohol and other substances. La Crosse County residents are concerned about substance use in our community and would like to see improvements.



PRIORITY #3 - CHRONIC DISEASE

The definition of chronic disease is “conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both.” (Centers for Disease Control and Prevention, 2025)

Chronic diseases such as [heart disease](#), [cancer](#), and [diabetes](#) are the leading causes of death and disability in the US. They are also leading drivers of the nation’s \$4.9 trillion in annual [healthcare costs](#).

Three in four American adults have at least one chronic condition, and over half have two or more chronic conditions.

- Among adults ages 65 and older, more than 90% have at least one chronic condition.
- Among midlife adults ages 35–64, more than 75% have at least one condition.
- Among younger adults ages 18–34, 60% have at least one condition.
- Many preventable chronic diseases are caused by a short list of risk behaviors: smoking, poor nutrition, physical inactivity, and excessive alcohol use.

CONTRIBUTING FACTORS

1. Poverty and Economic Instability

- Chronic disease in La Crosse is strongly tied to poverty, especially among ALICE households (Asset Limited, Income Constrained, Employed).
- Economic hardship limits access to healthy food, preventive care, and stable housing, contributing to higher rates of colon, breast, and lung cancer, diabetes, and heart disease.

2. Housing Insecurity

- Housing instability is a recurring theme across multiple assessments and stakeholder presentations.
- Lack of safe, affordable housing exacerbates stress and limits the ability to manage chronic conditions effectively.

3. Transportation Barriers

- Limited transportation options restrict access to medical appointments, screenings, and pharmacies, especially for underserved populations.

4. Behavioral Health Gaps

- Mental health and substance misuse are deeply intertwined with chronic illness. Behavioral health gaps in La Crosse contribute to delayed treatment and poor disease management.

5. Food Insecurity and Nutrition

- Inadequate access to nutritious food is linked to obesity, diabetes, and other chronic conditions. Trempealeau and Monroe counties show similar patterns, reinforcing regional trends.

Key Chronically Ill Populations in La Crosse County

1. Adults with Chronic Conditions

- **Heart Disease:** Leading cause of death (186 deaths per 100,000 people)
- **Cancer:** Second leading cause (179 deaths per 100,000)
- **Stroke, Chronic Lung Disease, Diabetes, and Chronic Liver Disease** are also prevalent

2. Older Adults

- Higher rates of:
 - **Alzheimer’s disease**
 - **Stroke**
 - **Chronic lung disease**
- Many experience **housing cost burdens** and **limited mobility**, which affect access to care

3. Low-Income Residents

- Chronic illness is more common among those earning **less than \$35,000/year**
- **Food insecurity** affects over **40%** of this group, contributing to poor nutrition and chronic disease risk

4. Youth

- **Mental health concerns:**
 - 5 in 10 teens experience anxiety
 - 3 in 10 experience depression
 - 2 in 10 have considered suicide
- **Nutrition-related risks:**
 - Only 33% eat breakfast daily
 - Poor nutrition is linked to chronic conditions like diabetes and heart disease

5. Racial and Ethnic Minorities

- **Black and Hispanic residents** report higher rates of:
 - **Food insecurity**
 - **Lower life expectancy**
 - **Barriers to care**
- Life expectancy varies significantly by race:
 - **Asian:** 83.9 years
 - **Black:** 69.1 years
 - **Hispanic:** 89.7 years
 - **White:** 79.6 years

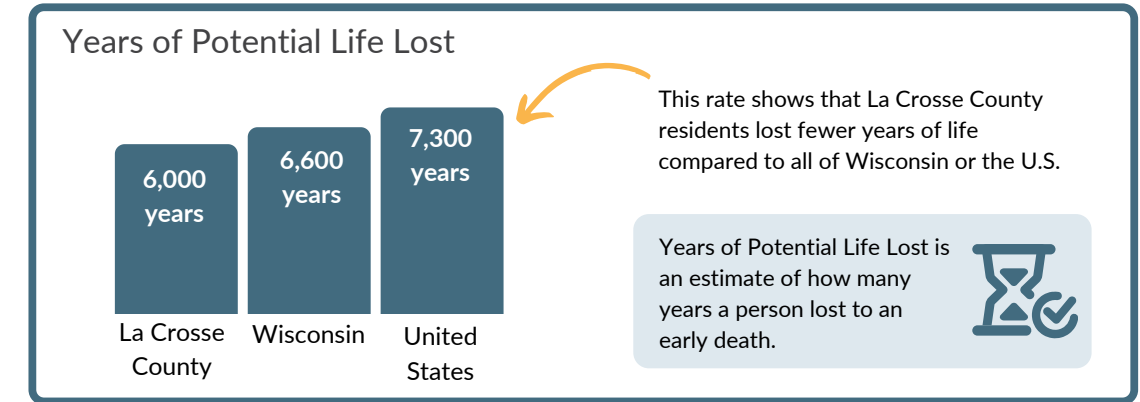
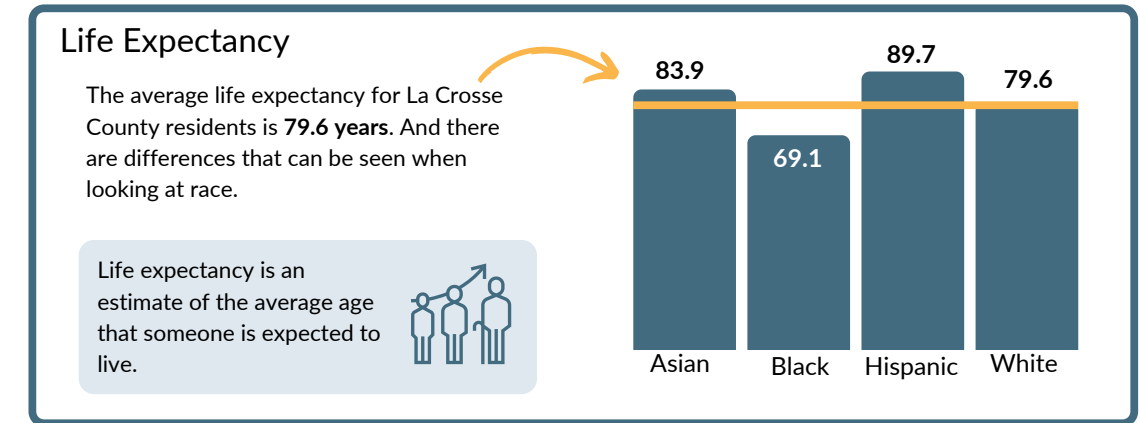
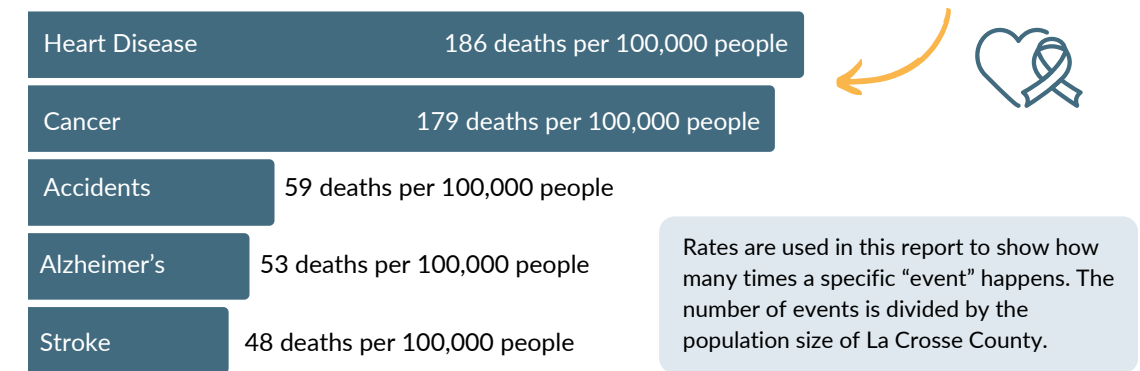
6. Residents with Substance Use Disorders

- **1 in 4 adults** binge drank in the past 30 days
- **Opioid-related hospitalizations and deaths** are more common among men aged 18–44
- Substance use is linked to **7 of the top 10 causes of death**

Length of Life

Here are three common ways to understand more about the health and the length of life in our community. Take a look at the leading causes of death, life expectancy, and years of potential life lost for La Crosse County.

In 2021-2023, La Crosse County’s leading causes of death were [heart disease and cancer](#).



PRIORITY #3 CONTINUED - CONTRIBUTING FACTORS

Poverty and Economic Instability

- Chronic disease is strongly tied to poverty, especially among ALICE households (Asset Limited, Income Constrained, Employed).
- Economic hardship limits access to healthy food, preventive care, and stable housing, contributing to higher rates of cancer, diabetes, and heart disease.


Populations Most Affected

- **Older Adults:** Higher rates of Alzheimer’s disease, stroke, chronic lung disease, and limited mobility.
- **Low-Income Residents:** Chronic illness is more common among those earning less than \$35,000/year.
- **Youth:** Mental health concerns and poor nutrition linked to chronic conditions.
- **Racial and Ethnic Minorities:** Higher rates of food insecurity, lower life expectancy, and barriers to care.
- **Residents with Substance Use Disorders:** Substance use is linked to 7 of the top 10 causes of death.

Chronic diseases such as heart disease, cancer, diabetes, and lung disease are leading causes of death and disability in La Crosse County. These conditions are driven by poverty, housing and transportation barriers, behavioral health gaps, and food insecurity. Vulnerable populations—including older adults, low-income residents, youth, racial/ethnic minorities, and those with substance use disorders—are disproportionately affected.

Employment & Income


Many residents are concerned about the cost of living and the increase in price for food, gas, and housing costs.




2.5% of La Crosse County residents are unemployed and seeking work

“No PTO at work to take time off for medical appointments. If I take time off it's unpaid and then it's harder to survive.”
- Community Member

68% of La Crosse County residents participate in the labor force (16+ years old)

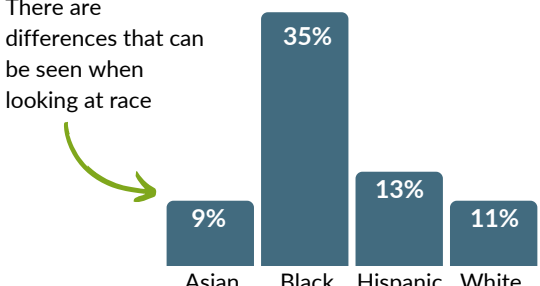


6 out of 10 La Crosse County residents are not prepared for a job loss




12% La Crosse County's average poverty rate

There are differences that can be seen when looking at race



Many homes in La Crosse County struggle to afford the basic costs of living. When money is tight, we have to make tough choices that can affect our health in the long run.

Living Conditions



La Crosse County's poverty rate is similar to WI and the U.S.

11% WI	13% U.S.
------------------	--------------------

1 out of 3 La Crosse County households are living in poverty or struggle to meet the basic costs of living



11% of children in La Crosse County are living in poverty



There are some census tracts where childhood poverty reaches 25-50% of the children in our community.

PRIORITY #3 CONTINUED - CONTRIBUTING FACTORS

Housing Insecurity

- Housing instability is a recurring theme, exacerbating stress and limiting the ability to manage chronic conditions effectively.
- 35% of the population lives in renter-occupied housing units, which is higher than neighboring counties, partly due to student populations.
- Housing instability contributes to stress and makes it harder for people to manage chronic conditions and access to care.

Housing

Housing is a top priority for La Crosse County residents. Most residents are concerned about homes that can provide a space that is healthy, affordable, and safe, and creating access for all people, including those that are currently unsheltered.

Home Ownership Experience in La Crosse County

Most housing experts agree that housing is “affordable” if you pay no more than 30% of your household income toward housing costs.

Let’s apply this concept to an average household in our community.

The average annual income for a La Crosse County household is **\$62,300**

30% of that amount is roughly **\$1550/month**

In 2022, the average price of a home in La Crosse County was **\$231,300**

With no down payment on a 30-year loan and the average interest rate at 6.9%, the monthly cost for your house will be about **\$2,000**

For most households in La Crosse County, the average home price is about **\$500** more than what would be considered affordable.

An average home becomes more affordable with a 20% down payment for the home. This down payment would be over \$45,000.

This may seem out of reach for many households, especially for those with low income.

Renting Experience in La Crosse County

There are almost 25% of renter households that earn less than \$20,000 each year.

11% 25%

There are only 11% of rental units that are affordable for a household that earns \$20,000 annually.

There are not enough affordable rental units for households with low income. Over 20% of renters experience a severe housing cost burden and pay over half of their income on housing.

In La Crosse County, 12% of people experience severe housing costs. Severe housing costs are when a household pays over 50% of their annual income on housing alone. There are still another 12% who pay over 30% of their income on housing. Almost 1 out of 4 households are paying for homes outside of an affordable range.

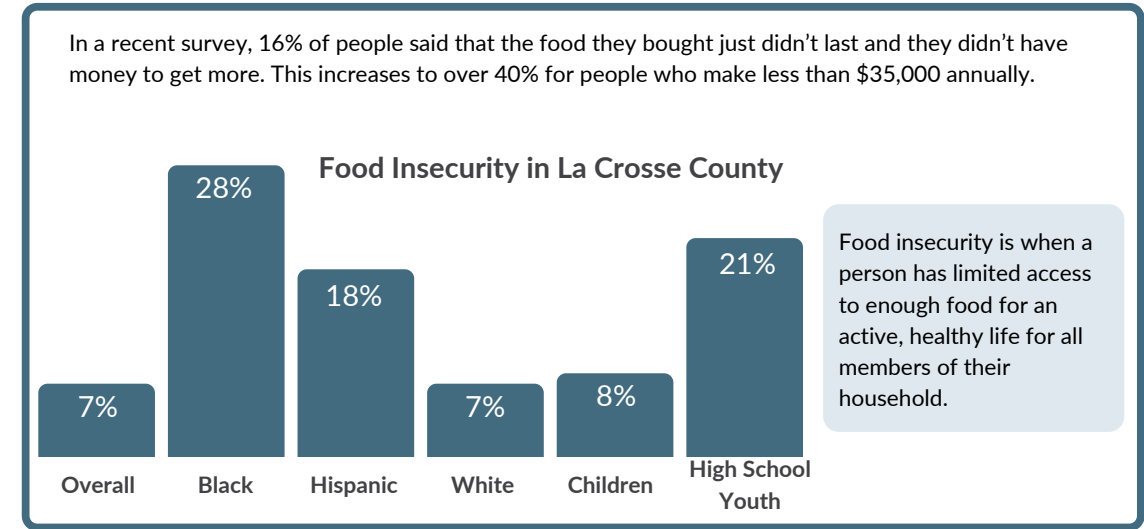
Living Conditions

Food Insecurity and Nutrition

- Inadequate access to nutritious food is linked to obesity, diabetes, and other chronic conditions.
- Food insecurity affects over 40% of low-income residents.

Nutrition & Food Access

Food access is a top concern for La Crosse County residents. This concern includes access to affordable food, healthy options, and food resources that are available close to people’s homes.

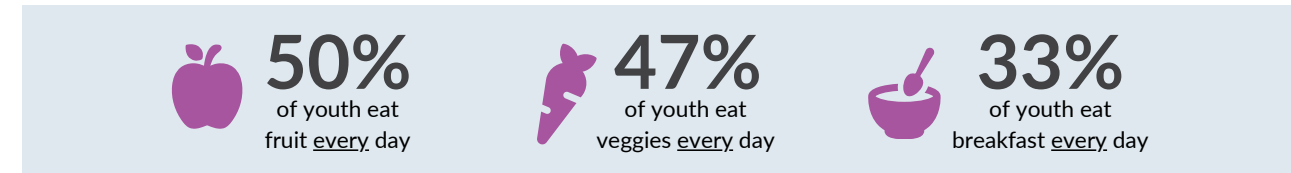


The average cost of a meal in La Crosse County is \$4.00. This is higher than both Wisconsin and the U.S. overall. Higher food costs = more food insecurity in our community.

Over 1/3 of kids are eligible for free meals at school. School meals are helping support youth by offering healthy options at breakfast and lunch.

Living Conditions

Health Behavior



A lack of healthy nutrition can impact many chronic diseases, including these leading causes of death.

Disease & Injury

Nutrition impacts these leading causes of death in La Crosse County

- 1 Heart Disease
- 5 Stroke
- 8 Diabetes

LA CROSSE COUNTY Community Health Assessment 2024

Resources to Address Community Needs



Listed below are organizations, categorized by sector and county of operation. This list reflects the resources to meet many of the needs identified in this CHNA.

PRIORITY	ORGANIZATION	COUNTY	PHONE	WEBSITE
Access to Care	Aging & Disability Resource Center (ADRC)	Region	608-785-5700	lacrossecounty.org/docs/default-source/adrc/adrc-resource-guide-052024.pdf?sfvrsn=3da4f43f_7
	REACH Services and Resource Center	La Crosse	608-781-2783	https://reachcenterlacrosse.org/get-help/
	Great Rivers United Way 2-1-1	Region	211	www.greatrivers211.org
	St. Clare Health Mission	La Crosse		St. Clare Health Mission - Home
Mental Health	La Crosse County Human Services	La Crosse	608-784-HELP (4357)	lacrossecounty.org/humanservices/services/our-services/adult-mental-health
	NAMI West Central Wisconsin	La Crosse	608-205-8562	https://namiwisconsin.org/
	Coulee Recovery Center	Region	608-784-4177	https://www.couleerecovery.org/resources
	Better Together	La Crosse		https://bettertogetherlacrosse.org/
Chronic Disease	LIVESTRONG at the YMCA	La Crosse		https://www.laxymca.org/livestrong
	American Cancer Society – Wisconsin	Region		https://www.cancer.org/about-us/local/wisconsin.html
	WAFER Food Pantry	La Crosse	(608) 782-6003	https://waferlacrosse.org/
	Salvation Army Food Pantry	La Crosse	(608) 782-6126	https://www.salvationarmyusa.org/wi/la-crosse/north-8th-street-corps/
	Aging & Disability Resource Center (ADRC) of La Crosse County	La Crosse	608-785-5700	https://lacrossecounty.org/adrc/explore-services/transportation-services

Evaluation of Prior CHNA and Implementation Strategy

IMPACT OF 2022-2024



The following pages evaluate the strategies implemented by MCHS in La Crosse. The strategies are organized according to the health needs identified in the prior CHNA and addressed by MCHS in La Crosse.

ACCESS TO CARE

Digital & On-Demand Services: In 2024, MCHS launched Primary Care On Demand, providing 24/7 digital access to primary care for Wisconsin residents, expanding care options beyond traditional clinic visits.

Sports Physicals: Both years featured free sports physicals for Boys & Girls Club members, supporting youth health and access.

Charity Care: MCHS provided substantial charity care (\$3.7M in 2023, \$1.8M in 2024), ensuring financial barriers did not prevent access to essential services.

Workforce Development: The Dale Scholar Program supported nursing students from Viterbo University, addressing workforce shortages and offering post-graduate employment.

Community Partnerships: Collaborations with St. Clare Health Mission and other organizations provided medical, dental, and social services to underserved populations.

Community Funding: MCHS contributed to local initiatives, including AEDs for schools, heart screenings, mobile dental units, homelessness support, and more.

Health Fairs & Outreach: In 2023, MCHS attended health fairs, offering vaccinations and health education, including for Spanish-speaking families.

Great Rivers United Way Hub (2023): Bridged healthcare and social services, referring patients and completing hundreds of support pathways.

MENTAL HEALTH & SUBSTANCE MISUSE

Behavioral Health Partnerships: Ongoing collaboration with Boys & Girls Club provided behavioral health resources, staff support, and liaison services for youth.

Crisis Intervention & Youth Empowerment (2024): Crisis intervention training with local police and events empowering families to support youth mental health.

Grief Support: Monthly virtual gatherings for widowed women fostered community and resilience.

Coulee Recovery Center: Partnership for addiction support, peer specialist programs, and use of Mayo property for community services.

Community Funding: Financial support for addiction recovery programs, suicide prevention, mental health counseling, crisis stabilization, and wellness fairs.

Education & Prevention: Events and summits focused on suicide prevention, youth mental health, and building healthy relationships.

Support for Additional Needs: Funding and programs for women's recovery, disaster mental health support, and outreach to populations with higher health disparities and healthcare barriers.

CHRONIC DISEASE & CONTRIBUTING FACTORS

Community Education: Both years featured outreach and education on chronic disease prevention, leveraging Mayo Clinic expertise.

Cancer Initiatives: Mobile mammography units provided screenings in rural and underserved communities.

Lung Disease & Weight Management: Forums and workshops addressed lung disease, obesity, nutrition, and physical activity, with multidisciplinary care options including bariatric surgery.

Parkinson's & Memory Loss: Educational programs demystified Parkinson's and supported memory loss initiatives.

Community Funding: MCHS supported events and organizations focused on MS, Parkinson's, Alzheimer's, Down syndrome, lupus, cardiac rehab, and hunger relief.

KEY THEMES AND PROGRESS

Consistent Priorities: Access to care, mental health/substance abuse, and chronic disease remained central.

Expanded Digital & Community Services: 2024 saw the introduction of digital primary care and expanded outreach.

Strong Community Partnerships: Collaboration with local organizations, schools, and recovery centers was a hallmark.

Targeted Education & Prevention: Forums, workshops, and outreach for chronic disease and mental health were ongoing.

Significant Financial Support: Charity care and community funding ensured broad access and support for community members from a wide variety of backgrounds.

Acknowledgements

The CHNA was conducted on behalf of COMPASS Now 2024 by Community Health Solutions, LLC. Community Health Solutions provides research, consulting, and learning support to help people create healthier communities. They work across sectors to support community strategies, organizational strategies, and system change. They specialize in supporting [Action Learning Networks](#) that bring people together for learning, action, and impact.

Throughout the CHNA process, the following representatives of the COMPASS NOW committee shared their engagement and unique perspectives to make Wisconsin a healthier place where people are born, grow, live, work, and age.

We would like to acknowledge and offer much gratitude to the following people and organizations for their time, commitment and expertise in creating this report.

HEALTHCARE ORGANIZATIONS

Dan Howard – Gundersen St. Joseph's

Sarah Havens – Gundersen Health System

Heidi Odegaard, MS, CHES – Mayo Clinic Health System

Labecca Schott – Vernon Memorial Hospital

Whitney Sanjari – Tomah Health

Cindy Shireman – Mayo Clinic Health System

Cora Vercellotti – Gundersen Health System

Amanda Westphal – Gundersen Health System

Susan Zimmerman – Gundersen Tri-County Hospital and Clinics

COMMUNITY ORGANIZATIONS

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Liz Evans – Great Rivers United Way

Nichole Pierce – ABLE, Inc.

Lindsey Purl – Great Rivers HUB

Shelly Teadt – Couleecap

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Kaitlyn Niebur – Trempealeau County Health Department

Emily Olson – Vernon County Health Department

Mickey Rice – Buffalo County Health Department

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