



Community Health Needs Assessment 2025

Mayo Clinic Health System in Sparta



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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 Sparta (MCHS in Sparta) is part of Mayo Clinic Health System in Southwest Wisconsin, 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 Sparta.

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 Sparta** 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 U.S. We bring 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 on our 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 Sparta

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

PURPOSE AND PROCESS

The 2025 Community Health Needs Assessment (CHNA) for Mayo Clinic Health System in Sparta represents a rigorous, collaborative effort to evaluate and address the health needs of Monroe 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.

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.

The purpose of this report is to supply an updated assessment of the Monroe 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 Southwest Wisconsin Region. The framework used to assess the community’s needs 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 Monroe 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:** Monroe County serves approximately 46,577 residents, with notable trends including a projected 12% growth in the 65+ population by 2028 and a 4% decline in adults aged 18–64. The region is predominantly White (95%), with Hispanic residents making up 6% of the population. The median household income is below the state average, and 54% of households earn less than \$74,999 per year.
- **Health Challenges:** The leading causes of death are heart disease and cancer, followed by accidents, chronic diseases, and COVID-19. Chronic illness is prevalent, especially among older adults, low-income residents, and racial/ethnic minorities. Key risk factors include poverty, housing insecurity, transportation barriers, behavioral health gaps, and food insecurity.
- **Social Determinants:** Chronic disease rates are strongly linked to economic instability, housing insecurity, limited transportation, and gaps in behavioral health services. Food insecurity affects over 40% of low-income residents, and substance use is associated with 7 of the top 10 causes of death.

COMMUNITY PRIORITIES

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

- **Access to Care:** Improving healthcare access and quality, especially for underserved populations.
- **Mental Health and Substance Misuse:** Addressing behavioral health gaps and substance misuse.
- **Chronic Disease and Contributing Factors:** Reducing the burden of chronic disease 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 THE 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 Monroe County’s most pressing needs.

Summary of Community Health Needs Assessment

The 2026-2028 CHNA for MCHS in Sparta will serve as a starting point for the forthcoming community health improvement plans. It will target resources and strategies that align with Mayo Clinic’s primary value, “the needs of the patient come first.”

With a focus on the [Healthy People 2030](#) initiative on the social determinants of health (SDoH), the MCHS in Sparta 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 Sparta 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, partnership identification, community and staff involvement, key metrics, and 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 additional indicators from sources in the local region. 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.

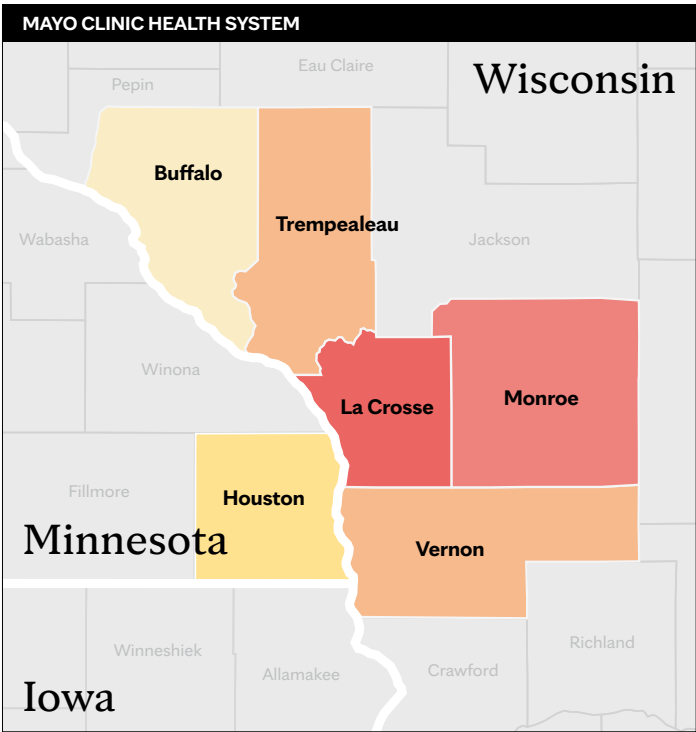
For the MCHS in Sparta CHNA report, the focus of the forthcoming data will be concentrated on community data from Monroe County.

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.

Monroe County is located within the U.S. state of Wisconsin. The county is made up of cities, villages, and towns. The cities include Sparta and Tomah. The villages include Caston, Kendall, Melvina, Norwalk, Oakdale, Warrens, Wilton, and Wyeville. The townships include Adrian, Angelo, Byron, Clifton, Glendale, Grant,

Greenfield, Jefferson, La Grange, Lafayette, Leon, Lincoln, Little Falls, New Lyme, Oakdale, Portland, Ridgeville, Scott, Sheldon, Sparta, Tomah, Wellington, Wells, and Wilton. Sparta, Wisconsin, is the county seat of Monroe County. MCHS in Sparta is located at 310 W. Main Street.



POPULATION BY AGE

The population of Monroe County is estimated to be 46,577 people. In 2023, there were an estimated 11,109 children aged 0-17 and 8,777 adults aged 65 and older.

Looking ahead to 2028, Monroe County’s overall population growth is projected to be 0%. The adult population aged 18-64 is projected to decline by 4%, while the population aged 65+ is projected to grow by 12%.

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 Monroe County (MC) population is comprised of 49% females, with males accounting for 51%. 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 Monroe County (MC) population is estimated to consist of seven listed races: American Indian, Asian, Black/African American, Hispanic, White and two or

more races. The racial identification is primarily white. In Monroe County, people of Hispanic origin are the second-largest group, at 6% 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 Monroe County is \$66,761, which is below the Wisconsin median household income of \$75,670, according to the 2023 ALICE Report.

ALICE represents households with income above the Federal Poverty Level but below the basic cost of living. This is reflected below, as the Monroe County (MC) household income below \$74,999 is 54%.

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.

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 people and households. Also, neighborhood

resources can directly impact and influence health behaviors. In Monroe County (MC), 72% of the population lives in owner-occupied housing units. 28% of the population lives in renter-occupied housing units.

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.

In Monroe 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

Monroe County in Wisconsin is not classified as a medically underserved area. A population group qualifies as medically underserved if it faces economic, cultural, or linguistic barriers to accessing primary healthcare services.

According to the Health Resources and Services Administration (HRSA), Monroe County does not have a shortage of primary care, dental, or mental health providers, which is a key indicator of being medically underserved. Additionally, the Wisconsin Primary Care Office confirms that Monroe County is not designated as a Health Professional Shortage Area (HPSA). Therefore, it is not considered medically underserved.

	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 Sparta 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 CHNA process.

PROCESS AND METHODOLOGY

The community engagement department plays a key role in the development of the MCHS in Sparta CHNA report. The report is the primary component of the community health assessment process and provides 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 Sparta 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 organizations.

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, Monroe County was selected due to the hospital’s location and patient base, though analysis can be expanded to 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 community survey responses were shared through organized, understandable presentations focused on country-specific information.

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

MCHS in Sparta 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 have an impact on 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 action plans that solve long-term 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 submitted a response to the survey (Appendix D). The number of surveys completed by 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 survey 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 additional outreach

The survey was conducted using mixed methods; both online and paper formats were available.

- Great Rivers United Way staff and volunteers worked with community partners to raise awareness and encourage participation.
- The survey was designed to gather insights from a wide variety of backgrounds, though it used convenience sampling rather than random selection.
- Demographic data from Monroe County respondents showed:
 - 3% identified as a race other than White alone
 - 8% identified as Hispanic
 - 3% identified as Hmong
 - 18% had household incomes below \$35,000, indicating outreach to economically vulnerable populations.

2. Community Insight Events

A total of 20 community insight events were held between August and October 2023.

- These events invited participants to discuss:
 - Important health issues
 - Emerging concerns
 - Vulnerable population groups
 - Available health resources
 - Ideas for collaboration

These sessions were designed to capture voices from a wide variety of backgrounds, including targeted community groups, to better understand lived experience and meaning for populations with higher health disparities and healthcare barriers.

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 Sparta 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 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 utilize 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.

Key Access to Care Issues in Monroe County include several interconnected barriers and challenges:

BARRIERS TO HEALTHCARE ACCESS

Poverty and Economic Instability

- Many residents, especially those in ALICE (Asset Limited, Income Constrained, Employed) households, face financial barriers that limit their ability to afford healthcare, insurance, and related costs.

Transportation

- Limited transportation options make it difficult for some residents, especially those in rural areas or with mobility challenges, to attend medical appointments, screenings, and pharmacy visits.

Insurance Gaps

- Some community members lack adequate health insurance, which restricts their access to preventive, primary, specialty, and emergency care.

Underserved Populations

Underserved populations refer to groups of people who face barriers to accessing essential services, including healthcare, education, and social support. This includes

individuals who experience discrimination based on factors such as race, ethnicity, gender, sexual orientation, economic status, and geographic location. These populations often encounter significant challenges in obtaining necessary resources and services, leading to disparities in health and well-being.

Low-Income Residents

- Over half of Monroe County households earn less than \$74,999 annually, and many struggle to afford care.

Older Adults

- The population aged 65+ is projected to grow by 12% by 2028, increasing demand for accessible healthcare and support services.

Racial/Ethnic Minorities

- Hispanic residents make up 6% of the population and may face additional barriers to care.

Resource Availability

Provider Shortages

- While Monroe County is not officially designated as a medically underserved area, there are still challenges in accessing timely appointments, especially for specialty and behavioral health services.

Digital Divide

- Expansion of digital and on-demand care (like 24/7 digital primary care) is helping, but not all residents have reliable internet or are comfortable with telehealth platforms.

Community Partnerships and Navigation

- 1 **Need for Navigation Support:** Residents often need help connecting to local organizations and programs that provide medical, dental, behavioral health, and social services.
- 2 **Community Collaboration:** Partnerships with local agencies are essential to bridge gaps in care, especially for vulnerable groups.

The CHNA emphasizes that improving access to care means 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.

PRIORITY #2 - MENTAL HEALTH

Mental health refers to a person’s emotional, psychological, and social well-being. It affects how individuals 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.

Prevalence of Mental Health Concerns

- **Anxiety and Depression:** High rates, especially among youth. For example, 5 in 10 teens experience anxiety, and 3 in 10 experience depression.
- **Suicide Risk:** 2 in 10 teens have considered suicide, highlighting significant mental health challenges among young people.
- **Behavioral Health Gaps:** There are gaps in behavioral health services, leading to delayed treatment and poor disease management for both youth and adults.

Barriers to Mental Health Care

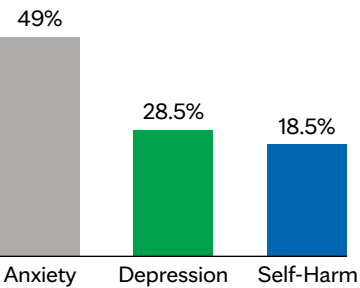
- **Access to Services:** While Monroe County is not officially designated as a medically underserved area, there are still challenges in accessing timely behavioral health services, especially for specialty care.
- **Stigma:** Stigma around mental health and substance use can prevent individuals from seeking help.
- **Insurance and Financial Barriers:** Some residents lack adequate insurance coverage for mental health services.

Vulnerable Populations

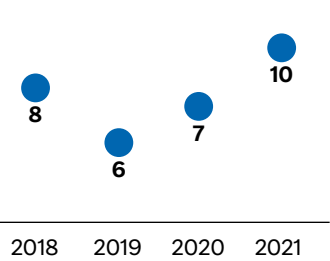
- **Youth:** High rates of anxiety, depression, and suicide risk.
- **Low-Income Residents:** Economic instability increases stress and risk for mental health issues.
- **Racial/Ethnic Minorities:** May face additional barriers to accessing mental healthcare.

Per the Monroe County CHA, 2024

Self-Reported Rates of Anxiety, Depression, and Self-Harm (2019 Wisconsin YRBS)



Number of Deaths by Suicide in Monroe County (Monroe County Medical Examiner)



620:1 
Mental health providers

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 Monroe County, contributing to hospitalizations, deaths, and poor disease management.

Substance Misuse Issues in Monroe County

- Substance misuse includes the harmful use of alcohol, drugs, or other substances, negatively affecting physical and mental health, relationships, and community safety.
- 1 in 4 adults in Monroe County reported binge drinking 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 in Monroe County, including heart disease, cancer, accidents, and chronic diseases.

Mental Health Connection

- Substance misuse is closely linked to mental health issues such as anxiety, depression, and suicide risk.
- Behavioral health gaps contribute to delayed treatment and poor disease management for both youth and adults.

Youth and Vulnerable Populations

- High rates of anxiety, depression, and suicide risk among youth.
- Economic instability and low income increase stress and risk for substance misuse.
- Racial and ethnic minorities may face additional barriers to accessing substance use treatment.

Barriers to Care

- Challenges in accessing timely behavioral health and substance use services, especially for specialty care.
- Stigma around mental health and substance use can prevent individuals from seeking help.
- Some residents lack adequate insurance coverage for substance use treatment.

Community Response

- Partnerships with organizations like Coulee Recovery Center, local coalitions, and public health departments to provide addiction support, peer specialist programs, and prevention education.
- Community funding supports mental health navigation, peer support training, drug safety initiatives, and safe disposal programs (e.g., Drug Take Back Day).

Substance misuse is a significant concern in Monroe County, affecting both physical and mental health and contributing to the leading causes of death. Addressing substance misuse requires coordinated efforts in prevention, treatment, and community support, with a focus on reducing stigma and improving access to care for all residents.

According to the Monroe County CHA, 2024



of Monroe County Residents
drink excessively



of high school students
drank alcohol in the past 30 days



of Monroe County Residents
smoke cigarettes



of high school students
used marijuana in their lifetime

Monroe 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.

PRIORITY #3 - CHRONIC DISEASE

A chronic disease is defined as a condition that lasts 1 year or more and requires ongoing medical attention or limits activities of daily living or both. Examples include heart disease, cancer, diabetes, stroke, chronic lung disease, and chronic liver disease.

Leading Chronic Diseases Include

- **Heart Disease:** The leading cause of death (186 deaths per 100,000 people).
- **Cancer:** Second leading cause (179 deaths per 100,000).
- **Other Prevalent Conditions:** Stroke, chronic lung disease, diabetes, and chronic liver disease are also significant contributors to morbidity and mortality.

Key Chronically Ill Populations in Monroe County

1. Adults with Chronic Conditions
 1. **Heart Disease:** Leading cause of death (186 deaths per 100,000 people)
 2. **Cancer:** Second leading cause (179 deaths per 100,000)
 3. **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:** 89.7 years
 - **White:** 83.9 years
 - **Hispanic:** 79.6 years
 - **Black:** 69.1 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

CONTRIBUTING FACTORS

- **Poverty and Economic Instability:** Limits access to healthy food, preventive care, and stable housing, contributing to higher rates of chronic diseases.
- **Housing Insecurity:** Exacerbates stress and limits the ability to manage chronic conditions effectively.
- **Transportation Barriers:** Restricts access to medical appointments, screenings, and pharmacies, especially for underserved populations.
- **Behavioral Health Gaps:** Mental health and substance misuse are deeply intertwined with chronic illness, contributing to delayed treatment and poor disease management.
- **Food Insecurity and Nutrition:** Inadequate access to nutritious food is linked to obesity, diabetes, and other chronic conditions.
- **Preventable Risk Factors:** Many chronic diseases are caused by a short list of risk behaviors: smoking, poor nutrition, physical inactivity, and excessive alcohol use.

Key Populations Affected

- **Older Adults:** Over 90% of adults aged 65+ have at least one chronic condition. Many also experience housing cost burdens and limited mobility, which affect access to care.
- **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 increased chronic disease risk.

- **Youth:** Mental health concerns are high (5 in 10 teens experience anxiety, 3 in 10 experience depression, 2 in 10 have considered suicide). Only 33% eat breakfast daily, and poor nutrition is linked to chronic conditions like diabetes and heart disease.
- **Racial and Ethnic Minorities:** Black and Hispanic residents report higher rates of food insecurity, lower life expectancy, and barriers to care. Life expectancy varies significantly by race (Asian: 89.7 years, White: 83.9, Hispanic: 79.6, Black: 69.1).
- **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.

Chronic diseases are a leading cause of death and disability in Monroe County, with heart disease and cancer at the forefront. These issues are compounded by poverty, food insecurity, housing and transportation barriers, and behavioral health gaps. Vulnerable populations—including older adults, low-income residents, youth, and racial/ethnic minorities—are disproportionately affected. Addressing these issues requires a focus on the social determinants of health and the implementation of coordinated community interventions.

Resources to Address Community Needs



Local Resource Guides:

- [Monroe County Mental Health Resource Guide \(En Español\)](#)
- [Monroe County Resource Guide \(En Español\)](#)
- [Food and Nutrition Resource Guide \(En Español\)](#)
- [Medication Drop Box Locations \(En Español\)](#)

Additional Resources:

- [Centers for Disease Control and Prevention \(CDC\)](#)
- [Childhood Injury Prevention](#)
- [Children and Youth with Special Health Care Needs](#)

- [Department of Agriculture, Trade and Consumer Protection \(DATCP\)](#)
- [DNR Fish Consumption Advisories](#)
- [Great Rivers 211](#)
- [Landlord Tenant Guide](#)
- [Well Badger Resource Center](#)
- [Wisconsin Department of Health Services \(DHS\)](#)
- [Wisconsin Partnership for Physical Activity and Nutrition](#)
- [Wisconsin’s Smoke-Free Housing Initiative](#)

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	Monroe County Health Department	Monroe	(608) 269-8666	monroecountywi.gov
	Great Rivers 211	Monroe	2-1-1 or (800) 362-8255	greatrivers211.org
	Well Badger Resource Center	Region	(800) 642-7837	wellbadger.org
	Wisconsin Department of Health Services (DHS)	Region	(608) 266-1865	dhs.wisconsin.gov
	St. Clare Health Mission	Sparta		https://www.stclaremonroecounty.org/
Mental Health	Coulee Recovery Center	Region	(608)784-4177	www.couleerecovery.org/
	La Crosse Lighthouse	Region	(608) 519-1489	www.lacrosselighthouse.org
	Life Change Connections	Monroe	(608)487-9450	https://lifechangeconnectionsinc.skipsites.com/
	National Alliance on Mental Illness (NAMI) La Crosse Vernon	Region	(608)268-6000	namilacrossecounty.org/
	Next Steps for Change	Monroe	(608)466-6084	www.nextstepsforchange.com
	RAVE * Recovery Avenue	Region	(608)785-9615	www.ilresources.org/home-1
Chronic Disease	ADRC of Monroe County	Monroe	(608)269-8690	www.co.monroe.wi.us/departments/aging-and-disability-resource-center/resources
	Medicaid Non-Emergency Medical Transportation (NEMT)	Monroe	866-907-1493 or 711 (TTY)	www.dhs.wisconsin.gov/nemt/index.htm
	County Elderly and Disabled Transportation Assistance Program	Monroe	(608)266-1128	www.wisconsin.gov/Pages/doing-bus/local-gov/astnce-pgms/transit/county-eld.aspx
	Online Transportation Referral	Monroe		https://www.co.monroe.wi.us/departments/aging-and-disability-resource-center/transportation-assistance/transportation-online-referral

Evaluation of Prior CHNA and Implementation Strategy

IMPACT OF 2022-2024



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

ACCESS TO CARE

Charity Care: Significant financial support for patients unable to pay (\$0.7M in 2023, \$0.9M in 2024).

Primary Care On Demand: Digital, AI-powered primary care available 24/7 for Wisconsin residents, expanding care options.

Sports Physicals: Free physicals for Boys & Girls Club members in Sparta.

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

Community Listening Session: Engaged 50 community members to identify focus topics and strengthen relationships.

St. Clare Health Mission: Provided space and board representation for St. Clare Health Mission to serve patients on the Sparta campus.

STEMKamp: Week-long camp for grades 3–9 focused on healthcare careers, with hands-on activities led by MCHS staff.

Community Funding: Support for local organizations, including wellness fairs, AEDs, homeless liaison support, and food/clothing programs.

MENTAL HEALTH & SUBSTANCE MISUSE

Coulee Recovery Center Partnership: Ongoing collaboration for addiction support, peer specialist programs, and clinic supervision.

Community Funding: Financial support for mental health navigation, peer support training, dog therapy programs, substance use prevention days, and youth drug safety initiatives.

Mental Wellness Fair: A clinical therapist provided education and answered questions for the public.

Drug Take Back Day & Sharps Disposal: Partnership with local health and sheriff departments to promote safe disposal.

Mental Health Coalition: MCHS staff participated in county coalition to improve access and reduce stigma.

Youth Mental Health Presentations: Provided awareness and education for Boys & Girls Club youth.

CHRONIC DISEASE & CONTRIBUTING FACTORS

Community Education: Provided accurate, relevant chronic disease prevention information at no cost via various channels.

Health Fairs & Outreach: Attended multiple community health fairs with education booths on topics like Parkinson’s, prostate cancer, vaping, tobacco prevention, and senior fitness.

Lung Cancer Initiatives: Hosted a community forum on lung disease, distributed free radon tests and screening tools.

Weight Management Care: Multidisciplinary approach, including bariatric surgery and free educational forums.

Breast Cancer Screening Collaboration: Worked with local partners to improve access to mammography for underserved populations.

Wellness & Vaccination Presentations: Provided education on physical activity, nutrition, and annual vaccinations for Boys & Girls Club kids.

Community Funding: Supported food pantries, backpack food programs, and cancer support walks/rallies.

KEY THEMES AND PROGRESS

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

Expanded Digital & Community Services: 2024 introduced 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 vulnerable populations.

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 in which 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 Odeggaard, 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

- Kayleigh Day, MPH, CHES – American Lung Association Coordination
- Liz Evans – Great Rivers United Way
- Nichole Pierce – ABLE, Inc.
- Lindsey Purl – Great Rivers HUB
- Shelly Teadt – Couleecap

COUNTY HEALTH DEPARTMENTS

- Bri Ceaser – Houston County Public Health Department
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- Rachel King – La Crosse County Health Department
- Amy Kleiber – Vernon County Health Department
- Eryn Leahy – Monroe County Health Department
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- Angela Meyer – Trempealeau County Health Department
- Kaitlyn Niebur – Trempealeau County Health Department
- Emily Olson – Vernon County Health Department
- Mickey Rice – Buffalo County Health Department
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