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Message to our Community

When a community comes together in a spirit of collaboration, there’s no limit to what can be accomplished. Crossing Rivers Health values the partnerships fostered through the Community Health Needs Assessment with Gundersen Boscobel Area Hospital and Clinics and Grant Regional Health Center.

Working with Crawford and Grant County Public Health Departments, and many other local organizations and individuals we have built upon past successes, identified opportunities for improvement and developed a road map to influence key social determinants of health. I am incredibly grateful to the many helping hands that have carried this process forward, as their contributions resulted in the development of two key resources: The Community Health Needs Assessment (CHNA) and the Community Health Improvement Plan (CHIP).

While we’ve already accomplished so much, the work does not end. It’s time to roll up our sleeves and apply the same spirit of collaboration in tackling the health challenges facing the counties we serve, from transportation to mental health.

Sincerely

Christopher Brophy
Chief Executive Officer

Caring for our Community

As a not-for-profit, critical access hospital, Crossing Rivers Health is dedicated to improving the health and wellness of the individuals and communities we serve.

In addition to healthcare services, Crossing Rivers Health offers an array of outreach and support programs to help meet the broader health and wellness needs of the region.

These programs range from education and screenings to support groups and specialty care services.

Care at-a-Glance 2020

- Primary care visits | 18,404
- Behavioral Health visits | 1,648
- Outpatient visits | 28,865
- Emergency care visits | 4,253
- Urgent care visits | 3,994
- Specialty care visits | 5,001
- Newborn deliveries | 141
- Surgical procedures | 810

Crossing Rivers Health
Purpose

The purpose of the Community Health Needs Assessment is to identify and prioritize the health and wellness needs of individuals in the Crossing Rivers Health service area, including Clayton and Allamakee Counties in Iowa and Grant and Crawford Counties, in Wisconsin. All not-for-profit hospitals are required to conduct a needs assessment every three years and adopt an implementation strategy to meet the identified health needs under the Affordable Care Act, IRS Code 501(r)(3).

The CHNA is a primary tool used to determine our healthcare organization’s community benefit plan, education, outreach, and services needed to address health needs affecting our residents.
### Our Region At-a-Glance

#### Community Health Needs Assessment

**Collaborative Service Area**

<table>
<thead>
<tr>
<th>County</th>
<th>Square Miles</th>
<th>Population</th>
<th>Population Density</th>
<th>Population Percent Change 2010-2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant County</td>
<td>1,183</td>
<td>51,439</td>
<td>43/sq mi</td>
<td>0.5%</td>
</tr>
<tr>
<td>Crawford</td>
<td>599</td>
<td>16,131</td>
<td>28/sq mi</td>
<td>-3.1%</td>
</tr>
<tr>
<td>Clayton</td>
<td>793</td>
<td>17,549</td>
<td>21/sq mi</td>
<td>-3.2%</td>
</tr>
<tr>
<td>Allamakee</td>
<td>659</td>
<td>13,687</td>
<td>21/sq mi</td>
<td>-4.5%</td>
</tr>
</tbody>
</table>

Source: United States Census Bureau

### Service Area Overview

While the map above provides a clear visual of the overlap of the rural populations each of our hospitals serve, Crossing Rivers Health acknowledges the unique aspects of our respective service area, as compared to that of our partners.

Unlike our collaborative partners, our service area extends into the state of Iowa, encompassing portions of Clayton and Allamakee counties.
The following chart provides a demographic profile and comparison of the counties targeted for this community health needs assessment. See trended demographic data in Appendix IV.

<table>
<thead>
<tr>
<th></th>
<th>Crawford County</th>
<th>Grant County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population *†</td>
<td>16,131 *</td>
<td>51,439 *</td>
<td>5,822,434 †</td>
</tr>
<tr>
<td>Population % over 65 *</td>
<td>24.00%</td>
<td>17.70%</td>
<td>17.50%</td>
</tr>
<tr>
<td>Population % under 18 *</td>
<td>20.00%</td>
<td>20.70%</td>
<td>21.80%</td>
</tr>
<tr>
<td>By 2040, increase of elderly population age 65 and older **</td>
<td>33.4%</td>
<td>24.8%</td>
<td>23.7%</td>
</tr>
<tr>
<td>% of adults over 25 holding a Bachelor’s Degree or Higher *</td>
<td>18.40%</td>
<td>23.80%</td>
<td>31.30%</td>
</tr>
<tr>
<td>Median Household Income *†</td>
<td>$50,595</td>
<td>$54,800</td>
<td>$61,747</td>
</tr>
<tr>
<td>Poverty Rate *</td>
<td>11.60%</td>
<td>13.40%</td>
<td>10.40%</td>
</tr>
<tr>
<td>Childhood Poverty Rate *†</td>
<td>16.00%</td>
<td>15.00%</td>
<td>14.00%</td>
</tr>
<tr>
<td>Labor workforce unemployed (Aug-21 ) ○</td>
<td>4.30%</td>
<td>3.30%</td>
<td>5.50%</td>
</tr>
<tr>
<td>Uninsured †</td>
<td>7.00%</td>
<td>8.00%</td>
<td>7.00%</td>
</tr>
</tbody>
</table>

Data Sources: * United States Census Bureau (2019); **Wisconsin Department of Administration (2008) (2013) ○Wisconsin Department of Workforce Development (2020) • †County Health Rankings (2020)
Crawford County

Crawford County Health Resources
There is one critical access hospital in Crawford County that serves the county and four clinics that serve the county. There are no Federally Qualified Health Centers in Crawford County. It should be noted that residents do seek services in surrounding counties as well. Most of Crawford County is considered a Health Professional Shortage Area (HPSA) for dental and mental health services and a portion of Crawford County is classified as a Medically Underserved Area and/or Population (MUA).

Crawford County Health Department conducted a Community Health Needs Assessment in 2019. The following are priorities established and recommendations created from that assessment.

Grant County

Grant County Health Resources
There are three critical access hospitals in Grant County that serve the county and 15 clinics that serve the county. There is one free health clinic with limited services in Boscobel but no Federally Qualified Health Center in Grant County. It should be noted that residents do seek services in surrounding counties and in Dubuque, IA as well. Much of Grant County is considered a Health Professional Shortage Area (HPSA) for primary care, dental, and mental health services.

Grant County Health Department conducted a Community Health Needs Assessment in 2019. The following are priorities established and recommendations created from that assessment:

Based upon current data, surveys, and community dialogues, a set of recommendations were created for the Community Health Improvement Plan.

Identified Priorities
• Tobacco, alcohol and drug use
• Creating a culture of wellness
• Nutrition and healthy food
• Physical activity
• Oral health
• Motor vehicle related injuries

Recommendations
• Increase awareness of unhealthy and risky use of alcohol and other drugs for Crawford County residents, including youth.
• Create awareness about the negative health consequences of tobacco use and exposure.
• Promote knowledge of physical activity opportunities and benefits.
• Promote knowledge of reliable, nutritional information and local resources to improve nutritional health.
• Increase awareness of the importance of optimal oral health practices and access to oral health care.
• Reduce injuries and death from motor vehicle related accidents.

Identified Priorities & Recommendations
• Attempt to prevent, address, or minimize the impact of adverse childhood experiences (ACES).
• Improve access to healthcare for Grant County residents who do not have health insurance or cannot afford it, and for residents who face other obstacles such as low health literacy, being unaware of available resources, lack of support, and transportation issues.
• Increase capacities for the provision of services and support as demographics shift including addressing social isolation.
• Reduce unhealthy behaviors, such as substance abuse, among Grant County residents, while increasing the number of programs and education available related to chronic disease prevention.
• Reduce stigma associated with assessing mental health and accessing mental health services, while reducing barriers and improving navigation.
• Address increases in communicable diseases including sexually transmitted infections and vaccine preventable illness.
## Our Counties’ Demographics - Clayton & Allamakee

The following chart provides a demographic profile and comparison of the counties targeted for this community health needs assessment. See trended demographic data in Appendix IV.

<table>
<thead>
<tr>
<th></th>
<th>Clayton County</th>
<th>Allamakee County</th>
<th>Iowa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population *†</td>
<td>17,549 *</td>
<td>13,687 *</td>
<td>3,155,070 *</td>
</tr>
<tr>
<td>Population % over 65 *</td>
<td>24.4%</td>
<td>23.5%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Population % under 18 *</td>
<td>21.1%</td>
<td>23.5%</td>
<td>23%</td>
</tr>
<tr>
<td>% of adults over 25 holding a Bachelor’s Degree or Higher *</td>
<td>17.7%</td>
<td>17.8%</td>
<td>28.6%</td>
</tr>
<tr>
<td>Median Household Income * †</td>
<td>$53,152</td>
<td>$52,216</td>
<td>$60,523</td>
</tr>
<tr>
<td>Poverty Rate *</td>
<td>10.4%</td>
<td>10.9%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Childhood Poverty Rate †</td>
<td>14%</td>
<td>16%</td>
<td>13%</td>
</tr>
<tr>
<td>Labor workforce unemployed †</td>
<td>3.7%</td>
<td>3.5%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Uninsured †</td>
<td>6%</td>
<td>9%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Data Sources: * United States Census Bureau (2019); †County Health Rankings (2020)
Clayton County

**Clayton County Health Resources**
There are two Critical Access Hospitals in Clayton County and six clinics. There are no Federally Qualified Health Centers in Clayton County. It should be noted that residents do seek services in surrounding counties as well, including Prairie du Chien, WI.

Most of Clayton County is considered a Health Professional Shortage Area (HPSA) for primary care, dental and mental health services and a portion of Clayton County is classified as a Medically Underserved Area (MUA) for primary care, specifically in Garnavillo.

Clayton County Public Health Department conducted a Community Health Needs Assessment in 2016. The following are priorities established and recommendations.

**Identified Priorities**
- Mental health
- Emergency preparedness
- Obesity
- Caregiver support
- Environment

Alamakee County

**Alamakee County Health Resources**
There is one Critical Access Hospital in Alamakee County and approximately five clinics that serve the county. There are no Federally Qualified Health Centers in Alamakee County. It should be noted that residents do seek services in neighboring counties and in LaCrosse, WI as well.

Alamakee County is considered a Health Professional Shortage Area (HPSA) for primary care, dental, and mental health services. A portion of Alamakee County is also classified as a Medically Underserved Area (MUA) for primary care.

Alamakee County Health Department conducted a Community Health Needs Assessment in 2019. The following are priorities established and recommendations created from that assessment.

**Identified Priorities**
- Promote healthy lifestyles and behaviors
- Prevent injuries and violence
- Protect against environmental hazards
- Prevent epidemic and spread of disease
- Preparation, response, and recovery from Public Health
- Strengthen health infrastructure
- Chronic disease
  - Diabetes
  - Heart disease
  - Cancer
  - Mental health
- Substance abuse
  - Tobacco
  - Underage alcohol use
- Intentional injuries
  - Suicide and bullying
- Transportation
State Health Ranking Summaries

State of Wisconsin

General Summaries

Strengths

+ Low economic hardship index score
+ Low prevalence of high-risk HIV behaviors
+ Low income inequality

Challenges

- High prevalence of excessive drinking
- High premature death racial inequality
- High residential segregation

HIGHLIGHTS

- Smoking decreased 26% between 2011 and 2019.
- Low birth weight increased 10% between 2013 and 2018 from 7.0% to 7.7% of live births.
- Chlamydia increased 39% between 2007 and 2018 from 349.1 to 483.6 cases per 100,000 population.
- Preventable hospitalizations decreased 12% between 2012 and 2018 from 4,227 to 3,702 discharges per 100,000 Medicare enrollees.
- Severe housing problems decreased 9% between 2008-2012 and 2013-2017 from 15.4% to 14.0% of occupied housing units.
  Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.

State of Iowa

General Summaries

Strengths

+ Low prevalence of avoided care due to cost
+ High percentage of high school graduation
+ Low income inequality

Challenges

- High prevalence of 2+ adverse childhood experiences
- High prevalence of excessive drinking
- High percentage of housing with lead risk

HIGHLIGHTS

- High school graduation racial gap increased 61% between 2017 and 2018 from 10.7 to 17.2 percentage points.
- High-speed internet increased 9% between 2015 and 2018 from 80.5% to 88.1% of households.
- Air pollution decreased 34% between 2000-2002 and 2017-2019 from 11.0 to 7.3 micrograms of fine particulate per cubic meter.
- Mental health providers increased 27% between 2016 and 2020 from 134.7 to 171.0 per 100,000 population.
- Frequent mental distress increased 40% between 2013 and 2019 from 8.8% to 12.3% of adults.
- Diabetes increased 26% between 2011 and 2019 from 8.2% to 10.3% of adults.

Source: America's Health Rankings
Our Counties’ Health

The following data was collected from a variety of local, county, and state sources, spotlighting local demographics, socioeconomic factors, and health statistics that provide a snapshot into social determinants of health. A detailed list of data sources is available in the Appendices.

### Excessive Drinking

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant County</td>
<td>28%</td>
</tr>
<tr>
<td>Crawford County</td>
<td>26%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>27%</td>
</tr>
<tr>
<td>Clayton County</td>
<td>25%</td>
</tr>
<tr>
<td>Allamakee County</td>
<td>23%</td>
</tr>
<tr>
<td>Iowa</td>
<td>26%</td>
</tr>
</tbody>
</table>

% of adults reporting binge or heavy drinking (age-adjusted).

### Alcohol-impaired driving deaths

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant County</td>
<td>33%</td>
</tr>
<tr>
<td>Crawford County</td>
<td>29%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>36%</td>
</tr>
<tr>
<td>Clayton County</td>
<td>33%</td>
</tr>
<tr>
<td>Allamakee County</td>
<td>55%</td>
</tr>
<tr>
<td>Iowa</td>
<td>27%</td>
</tr>
</tbody>
</table>

% of driving deaths with alcohol involvement.

### Opioid Hospital Discharges

<table>
<thead>
<tr>
<th>County</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant County</td>
<td>61</td>
</tr>
<tr>
<td>Crawford County</td>
<td>31</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>18,358</td>
</tr>
<tr>
<td>Clayton County</td>
<td>27.8%</td>
</tr>
<tr>
<td>Allamakee County</td>
<td>26.4%</td>
</tr>
<tr>
<td>Iowa</td>
<td>26.0%</td>
</tr>
</tbody>
</table>

2020 ER and Inpatient opioid-related hospital encounters.

### Drug Overdose Deaths

<table>
<thead>
<tr>
<th>County</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant County</td>
<td>6</td>
</tr>
<tr>
<td>Crawford County</td>
<td>-</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>20</td>
</tr>
<tr>
<td>Clayton County</td>
<td>-</td>
</tr>
<tr>
<td>Allamakee County</td>
<td>-</td>
</tr>
<tr>
<td>Iowa</td>
<td>10</td>
</tr>
</tbody>
</table>

Drug overdose deaths in 2020 for all drugs. In some cases, if less than 10 deaths, data may not be available.

### Obesity

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant County</td>
<td>35%</td>
</tr>
<tr>
<td>Crawford County</td>
<td>31%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>32%</td>
</tr>
<tr>
<td>Clayton County</td>
<td>41%</td>
</tr>
<tr>
<td>Allamakee County</td>
<td>41%</td>
</tr>
<tr>
<td>Iowa</td>
<td>34%</td>
</tr>
</tbody>
</table>

% of population with obesity.

### Physical Inactivity

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant County</td>
<td>19%</td>
</tr>
<tr>
<td>Crawford County</td>
<td>18%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>20.3%</td>
</tr>
<tr>
<td>Clayton County</td>
<td>27.8%</td>
</tr>
<tr>
<td>Allamakee County</td>
<td>24%</td>
</tr>
<tr>
<td>Iowa</td>
<td>23%</td>
</tr>
</tbody>
</table>

% of population who are inactive by county compared to state.

### Adults Diagnosed With Diabetes

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant County</td>
<td>10%</td>
</tr>
<tr>
<td>Crawford County</td>
<td>12%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>10%</td>
</tr>
<tr>
<td>Clayton County</td>
<td>9%</td>
</tr>
<tr>
<td>Allamakee County</td>
<td>9%</td>
</tr>
<tr>
<td>Iowa</td>
<td>10%</td>
</tr>
</tbody>
</table>

% of adult population aged 20+ with diagnosed diabetes.
Our Counties’ Health

**Mental Health Days**
- Grant County | 4.2
- Crawford County | 4.2
- Wisconsin | 4
- Clayton County | 3.7
- Allamakee County | 3.8
- Iowa | 3.5

*Average number of mentally unhealthy days reported in past 30 days (age-adjusted).*

**Suicide**
- Grant County | 14
- Crawford County | 19
- Wisconsin | 15
- Clayton County | 13
- Allamakee County | 18
- Iowa | 15

*Number of deaths due to suicide per 100,000 population (age-adjusted).*

**Infant Mortality**
- Grant County | 6
- Crawford County | --
- Wisconsin | 6
- Clayton County | --
- Allamakee County | --
- Iowa | 5

*Number of all infant deaths (within 1 year), per 1,000 live births.*

**Women, Infant, Children**
- Grant County | 931 (1.8%)
- Crawford County | 329 (2%)
- Wisconsin | 135,989
- Clayton County | --
- Allamakee County | --
- Iowa | --

*2020 participation in county WIC programs.*

**Children in Poverty**
- Grant County | 15%
- Crawford County | 16%
- Wisconsin | 14%
- Clayton County | 14%
- Allamakee County | 16%
- Iowa | 13%

*% of population living in poverty compared to the state average.*

**Limited Access to Healthy Food**
- Grant County | 4%
- Crawford County | 5%
- Wisconsin | 5%
- Clayton County | 1%
- Allamakee County | 2%
- Iowa | 6%

*% of population who are low-income and do not live close to a grocery store.*

**Free or Reduced Lunch**
- Grant County | 42%
- Crawford County | 53%
- Wisconsin | 39%
- Clayton County | 38%
- Allamakee County | 61%
- Iowa | 43%

*% of children enrolled in public schools that are eligible for free or reduced price lunch.*

Data Sources:
1. U.S. Census Bureau
2. County Health Rankings
**Our Counties’ Health**

Data Sources:
(1) U.S. Census Bureau
(2) County Health Rankings

**Influenza Immunizations**

<table>
<thead>
<tr>
<th>County</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant County</td>
<td>44%</td>
</tr>
<tr>
<td>Crawford County</td>
<td>45%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>53%</td>
</tr>
<tr>
<td>Clayton County</td>
<td>42%</td>
</tr>
<tr>
<td>Allamakee County</td>
<td>43%</td>
</tr>
<tr>
<td>Iowa</td>
<td>54%</td>
</tr>
</tbody>
</table>

% of fee-for-service Medicare enrollees that received annual flu vaccination.

**COVID-19 Immunizations**

<table>
<thead>
<tr>
<th>County</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant County</td>
<td>53.2%</td>
</tr>
<tr>
<td>Crawford County</td>
<td>60.8%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>58.1%</td>
</tr>
</tbody>
</table>

% of adults 18+ who have completed the vaccine series as of 11.12.21.

<table>
<thead>
<tr>
<th>County</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clayton County</td>
<td>45.55%</td>
</tr>
<tr>
<td>Allamakee County</td>
<td>49.6%</td>
</tr>
<tr>
<td>Iowa</td>
<td>58.1%</td>
</tr>
</tbody>
</table>

% of adults 18+ who have completed the vaccine series as of 12.15.21.

**Mammography Screenings**

<table>
<thead>
<tr>
<th>County</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant County</td>
<td>39%</td>
</tr>
<tr>
<td>Crawford County</td>
<td>53%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>49%</td>
</tr>
<tr>
<td>Clayton County</td>
<td>51%</td>
</tr>
<tr>
<td>Allamakee County</td>
<td>56%</td>
</tr>
<tr>
<td>Iowa</td>
<td>52%</td>
</tr>
</tbody>
</table>

% of female Medicare enrollees ages 65-74 that received an annual mammography screening.

**Population Growth**

<table>
<thead>
<tr>
<th>County</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant County</td>
<td>0.5%</td>
</tr>
<tr>
<td>Crawford County</td>
<td>-3.1%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>3.6%</td>
</tr>
<tr>
<td>Clayton County</td>
<td>-3.2%</td>
</tr>
<tr>
<td>Allamakee County</td>
<td>-4.5%</td>
</tr>
<tr>
<td>Iowa</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

Population % change 2010-2019.

**Top Five Cancer Diseases**

**Grant**

1. Cancer
2. Heart Disease
3. Lung Disease
4. Alzheimer’s Disease
5. Unintentional Injury
6. Diabetes

**Crawford**

1. Lung
2. Breast
3. Prostate
4. Colorectal
5. Leukemia

**Leading Cause of Death**

Grant & Crawford Counties

1. Cancer
2. Heart Disease
3. Lung Disease
4. Alzheimer’s Disease
5. Unintentional Injury
6. Diabetes

Influenza Immunizations

Grant County | 44%
Crawford County | 45%
Wisconsin | 53%
Clayton County | 42%
Allamakee County | 43%
Iowa | 54%

% of fee-for-service Medicare enrollees that received annual flu vaccination.

COVID-19 Immunizations

Grant County | 53.2%
Crawford County | 60.8%
Wisconsin | 58.1%
Clayton County | 45.55%
Allamakee County | 49.6%
Iowa | 58.1%

% of adults 18+ who have completed the vaccine series as of 11.12.21.

Mammography Screenings

Grant County | 39%
Crawford County | 53%
Wisconsin | 49%
Clayton County | 51%
Allamakee County | 56%
Iowa | 52%

% of female Medicare enrollees ages 65-74 that received an annual mammography screening.

Population Growth

Grant County | 0.5%
Crawford County | -3.1%
Wisconsin | 3.6%
Clayton County | -3.2%
Allamakee County | -4.5%
Iowa | 3.6%

Population % change 2010-2019.

Leading Cause of Death

Grant & Crawford Counties

1. Cancer
2. Heart Disease
3. Lung Disease
4. Alzheimer’s Disease
5. Unintentional Injury
6. Diabetes

Top Five Cancer Diseases

Grant

1. Breast
2. Lung
3. Prostate
4. Colorectal
5. Melanoma

Crawford

1. Lung
2. Breast
3. Prostate
4. Colorectal
5. Leukemia
Assessment Process & Methodology

Summary of Community Engagement
The Community Health Needs Assessment (CHNA) engaged a number of sectors of the community at various levels of participation. Community participants were defined as key partners, stakeholders, or general community. Below are the definitions and roles of each group.

Key Partners- Hospitals, Public Health, UW-Extension, Aging & Disability Resource Center
The consortium of key partners met regularly to conduct the Community Health Needs Assessment. Tasks required of this group included identifying process, creating surveys, identifying target audiences for participation in the surveys, assembling and reviewing results of data, identifying communities for focus groups, and conducting focus groups.

Stakeholders
Individuals with a vested interest in the community, and individuals who represent a larger demographic (ie: social workers, free clinic workers, school principals, government officials).

Stakeholders were asked to identify the sector or sectors of the population they represented, including: business, healthcare, faith-based, education, youth-serving, agriculture, government, aging, disabilities, low income, minority, education, public safety (Fire, Police, EMS), or other. All of the above sectors had adequate representation, with the lowest represented sectors being Minorities (4.06%) and Other (1.4%), the highest at Healthcare (24.65%), and the remaining sectors were closely represented (5.46%-10.92%).

General Community
Individuals and community members representing their own interests were reached in two ways: A general survey completed via on-line sources, at public events and focus groups. Community members completing the written survey identified themselves by age, gender, race, education level, employment status and number of children in household. Focus group participants were identified by gender.

Data Collection
Data was collected at multiple points throughout the process. Statewide data was reviewed by the partner committee consisting of hospital, public health, and UW-Extension representatives, ADRC, and other collaborative partners. This committee reviewed the health rankings for Crawford and Grant County, and selected the highest ranked health issues in each of the following categories:

- Mortality: Diseases, conditions or behaviors that cause death (ie: heart attack, cancer).
- Morbidity: Diseases or conditions that cause pain, distress, dysfunction, or social problems (ie: heart disease, diabetes).
- Injuries and accidents: Awareness of causes, prevention, and treatment or injuries related to accidents.
- Behavioral: Nutrition, exercise, drinking, smoking, safe driving, drug use.
- Mental Health: Conditions that impact how people think, feel and act as they cope with life.
- Environment: Access to health foods, recreation, clean air, water, ext.
- Community Capacity: Ability to sustain a high quality of life, including access to employment, education, and housing.

The health issues in each of the above categories were used to develop a Stakeholder Survey (Appendix II) which was completed by 302 people representing multiple sectors of the community. This group identified and prioritized issues in each of the above categories.

Limitations/Information Gaps
Timeliness of data- some data sources are only as recent as 2009-2015. Survey is not statistically valid In order to take advantage of statewide and county data, we identified primary service area vs. area where data was collected.
Voices of the Community

Stakeholder Survey
In order to supplement other sources of data gathered to assess the health needs in our two counties, the committee, with the assistance of Grant County UW-Extension office, developed an assessment survey through Qualtrics. The research conducted is not guaranteed to be statistically valid.

The survey was developed to gain input from Stakeholders including: medical professionals, service agencies, community leaders, schools, business leaders and other appropriate officials. It was also emailed to religious personnel, emergency preparedness agencies, and service agencies representing low-income, and disability populations.

Stakeholder Survey Results Summary
Respondents’ demographics:

- Ages ranged from one respondent under 20, to three respondents over 70. The highest number of respondents were between the ages of 51-60 (27.91%).

- 85.47% of respondents were employed full-time, 7.26% employed part-time, 4.47% retired, 2.23% were students.

- Male 17.44%; Female 80.23% (2.33% preferred not to say)

- Respondents identified their race as: White 98.84%; 0.58% African American or Black, 0.58% category not listed

- Education Levels: Bachelor’s Degree 29.07%, Graduate/Professional Degree 23.84%, Associate Degree 18.6%, Trade/Technical Program 15.12%, Some college 6.98%, High School/GED 6.4%

- Closest Hospitals Included: Crossing Rivers Health 38.08%; Gundersen Boscobel Hospital 32.12%; Grant Regional Health Center 22.85; Other 6.95%.

To what degree do you feel the health needs of your community are being addressed?

In 2018, only 37.72% responded with “Fairly Well” and 5.39% responded with “Fully.”

In 2021, 83.69% responded with “Fairly Well” and 12% responded with “Fully.”

This progress shows increased confidence that the community’s top health priorities are being addressed.

Respondents were given a list of choices and asked, “What are the three conditions/categories that have the most available and accessible TREATMENT options in your community?” They were then asked which of these same choices have “the most available and accessible PREVENTION services in your community?”

<table>
<thead>
<tr>
<th>TREATMENT</th>
<th>PREVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Stroke</td>
<td>Stroke</td>
</tr>
</tbody>
</table>

Stakeholders were given a list of conditions and events that - though not always fatal by themselves - do cause much pain, distress, and other problems, and were asked to list the top three they believe have the most impact on health in their community.

1. Mental Health
2. Cancer
3. Diabetes

Respondents were asked, “Below are common causes of injury in our region. What are the top five causes that you feel have the most impact on life in your community?”

- Alcohol/Drug-Related Motor Vehicle Accidents: 146
- Falls In and Around the Home, Work, or Farm: 137
- Recreational Vehicle Accidents (UTV, Snowmobile, Boats, etc.): 134
- Farming Accidents: 114
- Environment/Weather Related Motor Vehicle Accidents: 103
Voices of the Community

Respondents were then asked, “Which are the top 4 environmental factors that you feel have the biggest impact on the quality of life in your community.”

1. Culture of unhealthy eating
2. Shortage of healthcare professionals
3. Social isolation
4. Limited access to dental care

Stakeholders were given list of health conditions and disabilities and asked, “Which of these conditions have the most impact on the quality of life in our community?”

1. Depression and anxiety
2. Addiction
3. Memory loss/Alzheimer’s disease and dementia

BARRIERS TO TREATMENT

Respondents were given a list of choices and asked to choose the top barriers to behavioral health treatment in our community. Top responses were:

1. Lack of behavioral health professionals
2. Lack of available services
3. Stigma
4. Closely followed by cost

Stakeholders were later asked what they felt were the top 4 barriers to better mental health treatment in our community. (Choices provided).

1. Lack of mental health professionals
2. Lack of available services
3. Cost
4. Stigma

STAKEHOLDER IMPACT

Respondents were asked to state an answer in their own words to, “What educational program do you think should be provided in your community?”

Over 31% included comments regarding mental health, suicide awareness, coping, or similar.

Over 20% of responses mentioned healthy eating, exercise, daily habits.

Over 16% mentioned parenting, family, or child development.

Respondents were asked to describe in their own words how they as a stakeholder can impact the community. “As a key stakeholder in the community, what role could you (or your organization/business) fulfill to positively impact that same list of diseases and conditions (cancer, heart disease, diabetes, lower respiratory disease such as asthma and emphysema, brain injury, Alzheimer’s, and mental health)?”

1. Education, classes and programs were included in over 50% of responses.
2. Also mentioned were volunteering, participating, and working to help where needed.
3. Serving as resources for the elderly, disabled and or drug/alcohol abusers.

View the full Stakeholder Survey report here.
General Public Survey
To gain broad public input, a survey (Appendix III) was made available to the general public. This survey measured perspectives on healthcare and health needs, with 212 total responses being received. The survey was made available via Facebook, email, hospital websites and available at hospital and county health offices. The survey information, including promotional postcards, was also made available at the following community events:
- Boscobel Farmers Market, August & September 2021
- Grant County Fair, Lancaster, August 2021
- Crawford County Fair, Gays Mills, August 2021

Survey respondents were asked to select the top five out of 21 areas of improvement in our communities. The following list demonstrates the top seven in order of importance:

1. Mental health
2. Good jobs
3. Access to childcare
4. Strong economy
5. Transportation
6. Racial and ethnic diversity
7. Accessible housing

*It is important to note that ranking was low to high, with lowest being of greatest concern.

The most prevalent causes of death in our region that concerned survey respondents the most were:

1. Cancer
2. Heart disease
3. Suicide
4. Stroke

The four environmental factors respondents indicated made the biggest impact on their quality of life:

1. Culture of unhealthy eating
2. Limited access to healthy foods
3. Shortage of health professionals/service
4. Limited access to healthy recreation alternatives

Demographics
Age of respondents ranged from under 20 to over 70; 75% were between 31 – 60 years of age.

Male: 12.35%; Female: 85.80%; No response: 1.85%

Households described as:
- No minor living at home........................................52.47%
- Children under age 9 at home.................................21%
- Children age 9 – 18 at home....................................26.54%

Comparison of General Public & Stakeholder Perceptions
While both the Stakeholders and the General Public survey participants agreed on most items in the surveys, here is where the groups differed:

While the General Public and Stakeholder survey respondents believed the top two prevalent causes of death in our region to be cancer and heart disease, they differed on the third most prevalent cause. The General Public believed suicide to be the third most prevalent, and the Stakeholders believed diabetes to be the third most prevalent.

The General Public and Stakeholders agreed upon the top concerns for lifestyle and behavioral factors that negatively affect the health of their community. Smoking was an area that the two groups differed slightly in their concern of the negative affect on the community, with General Public ranking smoking at 8.8% and Stakeholders at 14.29%.

Where the two groups seemed to differ greatly compared to statistical data, related to the topic of risky sexual behaviors. While the rate of sexually transmitted diseases continues to increase, risky sexual behaviors did not rank high in importance with either the General Public or Stakeholder groups.
### Community Strengths
Respondents were asked to choose from a list of factors on what they think the top strengths of our community are. The top responses were:

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>General Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Access to local healthcare (family doctor)</td>
<td>1: Good place to raise a family</td>
</tr>
<tr>
<td>2: Clean environment (clean air, clean water)</td>
<td>2: Access to local healthcare (family doctor)</td>
</tr>
<tr>
<td>3: Good place to raise a family</td>
<td>3: Clean environment (clean air, clean water)</td>
</tr>
</tbody>
</table>

*To note out of a listing of 21 choices, all three top responses were the same on both surveys, but in different order.*

### Community areas of improvement
Respondents were asked to choose from a list of factors on what they think the most important areas for improvement are in their community.

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>General Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Access to mental health services</td>
<td>1: Access to mental health services</td>
</tr>
<tr>
<td>2: Good jobs</td>
<td>2: Access to childcare</td>
</tr>
<tr>
<td>3: Access to childcare</td>
<td>3: Good jobs</td>
</tr>
</tbody>
</table>

### Behavioral/Lifestyle Factors Top 3 Negatively Impact Community
Survey respondents were asked to choose from a list of lifestyle/behavioral health factors and select the top 4 that they thought most negatively impact the quality of life in our community.

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>General Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Heavy binge drinking</td>
<td>1: Heavy binge drinking</td>
</tr>
<tr>
<td>2: Insufficient physical activity</td>
<td>2: Lack of parenting skills</td>
</tr>
<tr>
<td>3: Drinking and driving</td>
<td>3: Drug use (non-prescribed)</td>
</tr>
</tbody>
</table>

### What would make your community a better place to live?
The top responses included phrases such as:
- Access to local healthcare (family doctor)
- Clean environment (clean air, clean water)
- Good place to raise a family
- Access to mental health services
- Good jobs
- Access to childcare
- Heavy binge drinking
- Insufficient physical activity
- Drinking and driving
- Good place to raise a family
- Access to local healthcare (family doctor)
- Clean environment (clean air, clean water)
Focus Groups

Five (5) focus groups were scheduled in five (5) communities, along with three (3) virtual focus groups via Zoom, to provide qualitative data on topics such as perceived access to healthcare, barriers to healthcare, and ways health organizations can reach the public with information and education. Participants were asked brief questions about their general impressions of health and healthcare services in the community in which they live and/or work. Focus groups were conducted in the following communities:

View the full General Public Survey report here.

Boscobel 10/14/21
Participants
3 female
0 male

Lancaster 10/18/21
Participants
3 female
6 male

Fennimore 10/06/21
Participants
13 female
10 male

Gays Mills 10/11/21
Participants
2 male
1 female

Prairie du Chien 10/20/21
Participants
0 male
0 female

Virtual Focus Groups
3/21: Participants – 0
10/18/21: Participants – 1
10/19/21: Participants – 0

Focus Groups Summary

Barriers Mentioned Most Often

- Insurance limitations or lack of insurance
- Lack of behavioral and mental health resources
- Lack of public transportation
- Lack of patient advocates to help navigate healthcare, services, resources and insurances
- Lack of access to specialists
- Limited healthcare services within rural communities
- Difficulty in finding and staying with a long-term provider
- Lack of health education offered and/or lack of public health literacy
- Lack of wellness and health education
- People not seeking healthcare when needed (insurance deductibles, out-of-pocket costs, perceived hoops to jump through, etc.)
- Culture of bad habits including: poor nutrition, lack of exercise
- Lack of access to year-round physical activity opportunities
- Transition to telehealth/virtual services, and online scheduling makes it difficult for older population
- Misinformation

Data Interpretation

What Services or Resources Are Lacking in Our Community

- Mental health screening and treatment
- Public transportation
- Availability of specialists in smaller communities
- Education - wellness and preventative health resources
- Assistance in navigating the healthcare system
- Access to fresh produce and healthy food options
- Long-term healthcare providers

Other Points to Mention

A focus on the areas of mindfulness, stress reduction, and resiliency could be offered in the schools to target an age group that would impact the future of behavioral health.

People tend not to worry about health problems until they have a personal need. At that point it can be difficult to establish with a provider. Work to educate the public on the importance of wellness visits throughout the lifespan.

Healthcare is heavily transitioning over to virtual care, billing and advertising – the elderly population is getting left behind because of lack of knowledge on how to use/navigate technology. Education needs to be provided to this population to ensure they are receiving the care they need.
Hospitals and partners' efforts to address community health needs may be affected by a wide array of strengths, weaknesses, opportunities and threats, all of which impact their individual and collective ability to positively impact health and wellness.

The consortium members agreed upon a number of factors in each of the following areas:

**Strengths**
- Multiple healthcare options within 45 miles
- Increase in some healthcare services available locally i.e.: specialty services, telemedicine
- Quality primary care providers
- Healthcare facility and infrastructure improvements
- Improved recreational opportunities
- Emergency preparedness and response for the communities' benefit
- Electronic medical record is improving quality of data available
- Medical community is strong and helps patients find appropriate care
- Number of uninsured declining
- Wide variety of county resources available
- Safe, tight knit communities
- High quality educational systems

**Weaknesses**
- Limited local mental health resources
- High cancer, diabetes, obesity, heart disease substance use rates
- Limited transportation
- High deductible health plans
- Culture of poor eating habits
- Culture of heavy and binge drinking
- Limitations of data
- Limited staff availability for outreach
- High Poverty rate/low living wage
- Aging population
- Narrowing networks
- Access to dental care for Medicaid population
- Limited cultural diversity and acceptance
- Staff burnout and retention
- Access to childcare
- Wait times for specialty care
- Lack of time, ability, desire to change behaviors and lead a healthier life
- Low community engagement in education and health improvement efforts
- Communication between health facilities, providers, resources

**Opportunities**
- Increase community involvement, education and outreach efforts
- Grant funding and collaboration
- Increase access to primary care
- Prevention and early intervention
- Further reduce stigma of mental health
- Continued growth in telehealth, homecare, and alternative treatment options
- Improve patient navigation, literacy, and advocacy
- Encourage diversity and acceptance
- Pandemic recovery efforts - transitioning to a new normal
- Strengthen community mental health coalition
- Need for more specialty care
- Improve access and timeliness of mental health treatment and resources
- Expand and improve substance abuse resources
- Expand childcare options
- Partner with local employers

**Threats**
- Increase in Sexually Transmitted Diseases
- Social isolation
- Unaddressed mental health issues
- Decline in reimbursement
- Limited access to mental health services
- Limited access to dental services for Medicaid population
- Lack of time, ability, desire to change behaviors and lead a healthier life
- Aging, declining population
- Disproportionate affect of poverty and chronic conditions on certain populations, including young and elderly
- Healthcare workforce shortages
- Insurance limitations
- Low immunization rates
- Mistrust of health organizations and guidance
- Governmental policy regulation
- Culture of heavy alcohol consumption
- Supply chain issues
- Substance misuse
- Preventative care not a priority
- Lack of transportation (including public)
- Lack of awareness of community resources
- Affects of COVID-19 on population and healthcare systems
Prioritized Health Needs & Next Steps

Prioritized Health Needs
The collaborative partners involved in this Community Health Needs Assessment process share a common vision of improving the health and wellness of their communities, and beyond. Each participating organization has different resources, work with a different set of specific community attributes, and each will ultimately address community health needs in somewhat different ways. Nevertheless, the partners agree on the following, identified health needs listed below:

Empowering people through awareness and education
- Reduce/eliminate barriers to access
- After hour care
- Transportation
- Creating opportunities for screenings/early intervention
- Mental Health
- Suicide
- Cancer
- Diabetes
- Sexually Transmitted Diseases
- Alzheimer’s/ Dementia
- Cardiovascular disease/Stroke
- Providing health and wellness education
- Reducing the stigma of mental health
- Providing parenting education

Creating a healthy environment and a culture of wellness across the lifespan
- Promote healthy eating, active living, and healthy choices
- Increase access to healthy foods and activities
- Increase education and access to immunizations
- Engage in injury awareness activities, include ergonomics
- Supporting prevention of drug and excessive alcohol use
- Supporting opportunities to decrease social isolation
- Promoting diversity, equity and inclusion

Connecting people to services and resources
- Improving patient advocacy and healthcare literacy
- Increasing access to clinical services
- Mental health
- Preventive services
- Family medical care
- First-trimester care
- Alzheimer’s care
- Diabetes care
- Specialty care
- Offering important community services
- Smoking cessation
- Pregnancy, labor and delivery classes
- Free or low-cost health and wellness classes
- Senior specific programs
- In-network dental providers for Medicaid patients
- Improving access to childcare services

Next Steps
Though the community health needs identified in this report are shared throughout our neighboring counties, consortium members will all create their own individualized Community Health Improvement Plan with goals and specific measurable objectives.

It is the intent of the consortium partners to collaborate further and combine resources to address specific needs, whenever possible. However, the leadership of each healthcare organization will set their own priorities, determine their own level of urgency associated with each need, evaluate their own communities’ strengths and weaknesses and readiness, consider their own additional potential community partners, and determine how best to utilize their own existing and future resources to address these identified issues.
## Community Health Data Sources

### County Health Rankings
- Grant County
- Crawford County
- Clayton County
- Allamakee County

### Iowa Department of Public Health Health Indicators Report
- Clayton County
- Allamakee County

### WI Interactive Statistics on Health (WISH)

### Wisconsin Public Health Profiles
- Grant County
- Crawford County

### Health Resources Services Administration (HRSA)

### Wisconsin Behavioral Risk Factor Survey

### SWCAP/Coulee CAP Needs Assessment
- Not available for Grant County
- Crawford County

### Burden of Tobacco
- [http://www.dhs.wisconsin.gov/tobacco/data.htm](http://www.dhs.wisconsin.gov/tobacco/data.htm)

### Health Care Professional Shortage Areas

### Workforce Profile Data

### Environmental Health Profile
- Crawford County
- Grant County

### Wisconsin Food Security Project

### Obesity, Nutrition, and Physical Activity in Wisconsin

### Gundersen Health System 22-County Health Indicator Report

### Allamakee County Community Health Needs Assessment Report

### Clayton County Community Health Needs Assessment Report

### Grant County Community Health Needs Assessment Report

### Crawford County Community Health Needs Assessment Report
CHNA Timeline & Actions

- **Jan 2021**: Form Collaboration
  - Identify collaborative partners, team members, and roles
- **Feb 2021**: Formulate Plan
  - Form assessment plan and timeline, target population and scope
- **Mar 2021**: Review Quantitative Data
  - Review available data, compare to previous assessment data
- **Apr-June**: Stakeholder Input
  - Collect stakeholder input via survey
- **July-Aug 2021**: Community Input
  - Collect community input via survey
- **Sept-Oct 2021**: Focus Group Input
  - Host focus groups to gain further insight from general public and targeted sectors
- **Oct-Nov 2021**: Review Quantitative Data
  - Review and analyze survey and focus group input, as compared to quantitative data
- **Nov 2021**: Perform SWOT Analysis
  - Collaborative group receives feedback, identifies strengths, weaknesses, opportunities, and threats
- **Nov-Dec 2021**: Identify Priorities
  - Collaborative group agrees upon collective priorities and establishes individual priorities
- **Jan 2022**: Present Findings
  - Gaining buy-in and presentation of findings for further direction and/or approval
- **Spring 2022**: Develop Implementation Plan
  - Collaborative partners identify tactics and goals to address the prioritized health needs
- **2022**: Publish CHNA Report
  - Collaborative partners publish final report for community discussion and action

- **2022**: Publish CHNA Implementation Plan
  - Collaborative partners identify their own implementation plan to address prioritized health needs and identify opportunities to partner and share resources