

Community Health Needs Assessment



2024-2027

ASPIRUS RIVERVIEW HOSPITAL & CLINICS

410 Dewey Street
Wisconsin Rapids, WI 54494

Acknowledgements

Improving our community's health is a collaborative effort. Aspirus Riverview Hospital is fortunate to have strong relationships with the Wood County Health Department and the Marshfield Clinic Health System. The health department's leadership in conducting a survey of over 3000 community members provides a robust set of data and insights for our work. We deeply appreciate the health department as well as the community members who took the time to respond. Additionally, we extend our gratitude to the many community leaders who participated in prioritization and processing meetings over the course of early 2024.

This report provides a foundation for a community health improvement plan to address these important issues. We look forward to continued collaboration to create a healthier Wood County for all.

Respectfully,



Brian Kief
President
Aspirus Southwest and South Wisconsin Divisions

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Executive Summary

Aspirus Riverview Hospital and its community partners conducted a community health needs assessment from Fall 2023 through Spring 2024. The assessment included:

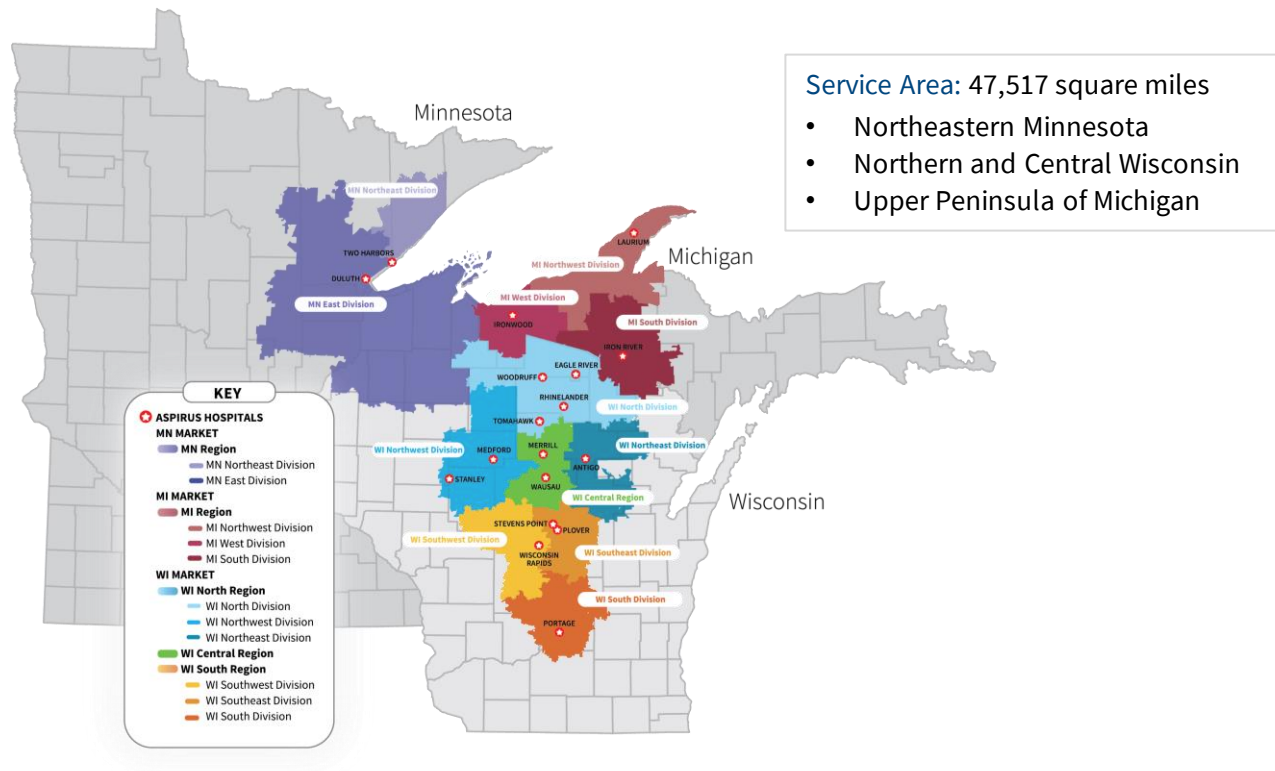
- Leadership from the Wood County Health Department and collaboration with Marshfield Clinic Health System.
- The compilation of two kinds of data:
 - Community input. Community input was gathered through a community survey and key stakeholder meetings.
 - Health status data. Data on the health of the community was obtained primarily from the County Health Rankings and Roadmaps and the Wisconsin Department of Health Services.
- The review of data through the lens of multiple criteria (e.g., disparities, community momentum).
- A prioritization process that considered community input, health status data and criteria.
- The selection of a set of priorities the hospital is committed to formally pursuing over the next three years.

Aspirus Riverview will be developing a plan to address **mental health** and **substance use**. As strategies are developed to address these issues, the hospital will be cognizant of the underlying social and economic factors that contribute to poor mental health and substance use.

Aspirus Health and Aspirus Riverview Hospital Profile

Aspirus Health

Aspirus Health is a nonprofit, community-directed health system based in Wausau, Wisconsin, serving northeastern Minnesota, northern and central Wisconsin and the Upper Peninsula of Michigan. The health system operates 18 hospitals and 130 outpatient locations with nearly 14,000 team members, including 1,300 employed physicians and advanced practice clinicians. Learn more at [aspirus.org](https://www.aspirus.org).



Aspirus Riverview Hospital

Aspirus Riverview Hospital is a thriving, community-directed hospital based in Wisconsin Rapids. The hospital is accredited by the Joint Commission and dedicated to serving residents of Wood and Adams counties and the surrounding communities. The hospital offers a wide range of services including state-of-the-art imaging and laboratory services, as well as surgical and emergency services. The hospital is supported by an onsite Aspirus Heart & Vascular Clinic, a Behavioral Health Clinic, Aspirus Riverview Therapies, a Cancer Center, a Wound and Hyperbaric Center, a Joint Center, as well as four primary care clinics offering various specialties and one of which offers a walk-in clinic.

About the Community Health Needs Assessment

For Aspirus, the Community Health Needs Assessment (CHNA) is one way to live our mission – to heal people, promote health and strengthen communities – and reach our vision – being a catalyst for creating healthy, thriving communities. Conducting a CHNA is an opportunity to understand what health issues are important to community members. Community resources, partnerships and opportunities for improvement can also be identified, forming a foundation from which strategies can be implemented.

Definition / Purpose of a CHNA

A CHNA is “a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan and act upon unmet community needs.”¹ The value of the CHNA lies not only in the findings but also in the process itself, which is a powerful avenue for collaboration and potential impact. The momentum from the assessment can support cross-sector collaboration that: 1) leverages existing assets in the community creating the opportunity for broader impact, 2) avoids unnecessary duplication of programs or services thereby maximizing the uses of resources, and 3) increases the capacity of community members to engage in civil dialogue and collaborative problem solving to position the community to build on and sustain health improvement activities.

Compliance

The completion of a needs assessment is a requirement for both hospitals and health departments. For non-profit hospitals, the requirement originated with the Patient Protection and Affordable Care Act (ACA). The IRS Code, Section 501(r)(3) outlines the specific requirements, including having the final, approved report posted on a public website. Additionally, CHNA and Implementation Strategy activities are annually reported to the IRS.

In Wisconsin, local health departments are required by Wisconsin State Statute 251.05 to complete a community health assessment and create a plan every five years. The statute indicates specific criteria must be met as part of the process.

¹ Catholic Health Association of the United States, <https://www.chausa.org>

Community Served and Demographics

Our Community

The hospital’s service area includes Wood County as well as portions of surrounding counties. There are two hospitals in the county (including Aspirus Riverview Hospital). Wood County is a designated Health Professions Shortage Area (HPSA) for mental health, dental care and primary care.

For the purposes of our Community Health Needs Assessment, we have defined our “community” as Wood County because (a) most population-level data are available at the county level and (b) most / many community partners focus on the residents of Wood County.

Demographics

Wood County is a rural county in central Wisconsin. It covers 793 square miles, with 93 people per square mile and an overall population of 74,000 people. The table below outlines some of the basic demographics and related descriptors of Wood County’s population compared to Wisconsin.

Compared to Wisconsin, Wood County has a higher percentage or proportion of individuals:	Compared to Wisconsin, Wood County has a lower percentage or proportion of individuals:
Over the age of 65	Who are African American
Who are White (alone)	Who are Asian
In poverty	Who are Hispanic
With a disability	With a bachelor’s degree or higher
Without health insurance	
Who are Veterans	

Compared to Wisconsin, Wood County also has a:

- Higher median age
- Lower median household income
- Lower proportion of households where a language other than English is the primary language
- Comparable percentage of high school graduates

Demographics of a community helps with understanding changes in the population, economy, social and housing infrastructure.² Knowing who is part of the community and what their strengths and challenges are contributes to a stronger assessment and plan. See [Appendix A](#) for additional demographic information, including descriptions of individuals who might be more vulnerable to poor health.

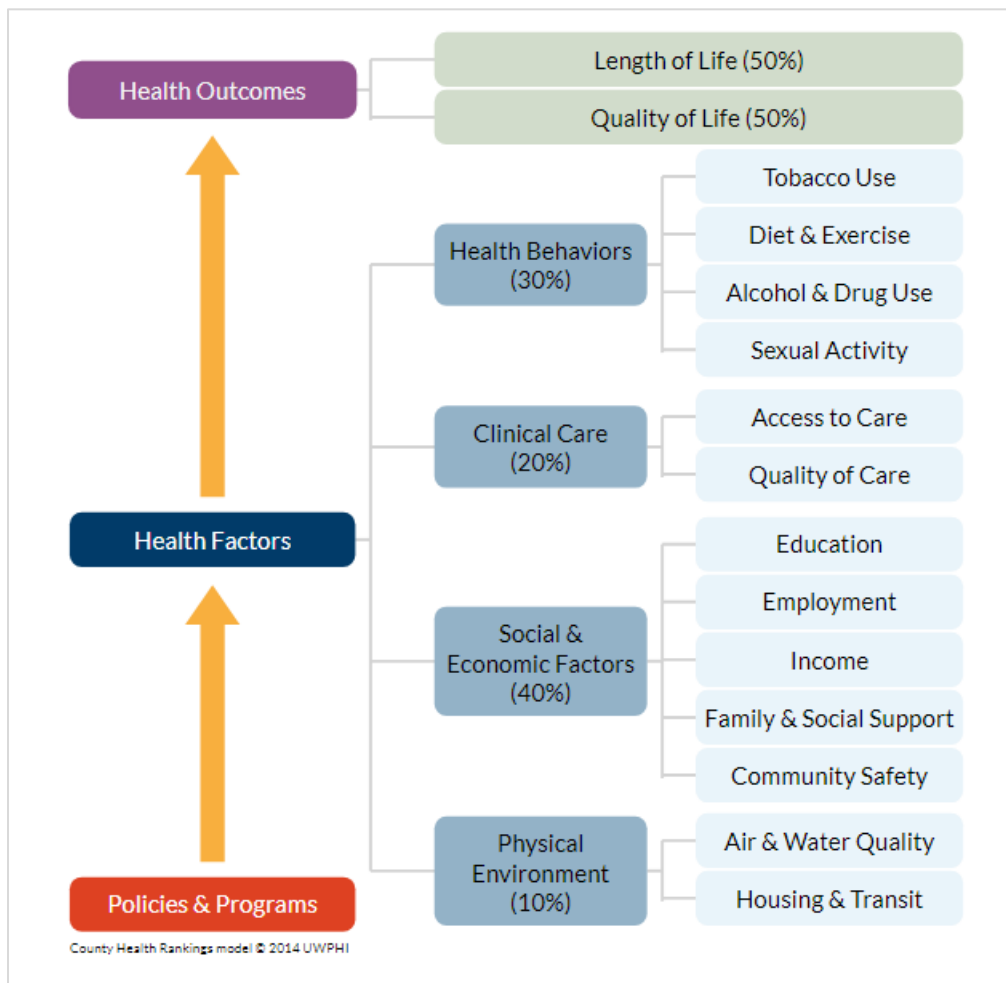
² Dan Veroff, University of Wisconsin-Madison, Division of Extension, Organizational and Leadership Development. [What you can learn about your community from demographics.](#)

Process and Methods Used

Aspirus' community health improvement approach is based on national research and models. The two main models are the County Health Rankings and Roadmaps and Healthy People 2030. While there is some overlap between the two, each provides important insight into what makes us healthy and what we can do to improve health.

Organizing Data: County Health Rankings Model

The County Health Rankings and Roadmaps Determinants of Health model was developed by the University of Wisconsin Population Health Institute (UWPHI). The UWPHI's Determinants of Health model (below) has three components – health outcomes, health factors and policies and programs. The community-facing work of hospitals frequently focuses on addressing health factors in order to improve health outcomes. For Aspirus Riverview, the health status data and much of the community input are organized in this framework.



Organizing Data: Healthy People 2030 Model

Although the County Health Rankings and Roadmaps model is a longstanding and valuable framework, this assessment also incorporated the Healthy People 2030 Social Determinants of Health model. The Healthy People 2030 model includes a strong emphasis on economic stability and education. By including this model, the assessment planners helped assure that economic stability and education data were highlighted.



Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.
<https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Organizing the Process

Aspirus Riverview also uses a model previously available on the County Health Rankings and Roadmaps website. The model outlines, at a very high level, the overall community health assessment and improvement process:

- Assessing needs and resources
- Focusing on what's important
- Choosing effective policies and programs
- Acting on what's important
- Evaluating actions
- Effectively communicating and collaborating with partners

Collaborators and / or Consultants

Aspirus Riverview collaborated with Marshfield Clinic Health System (Marshfield Medical Center – Marshfield) and Wood County Health Department to complete this work. No consultants or vendors were utilized.

Community Input

Wood County community members provided their voice to the community health needs through a community survey and key stakeholder input. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of: 1) public health practice; 2) individuals who are medically underserved, have low income, or are considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Community Survey

The community survey was developed by the three core partners – Wood County Health Department, Marshfield Clinic Health System and Aspirus. The survey development process included reviewing other health departments' surveys, identifying the data from previous surveys that was most utilized and determining what kinds of results would be most beneficial for next steps.

Survey distribution in Fall 2023 was led by the health department. The survey was distributed electronically and on paper. In order to help assure that often-under-represented voices were heard through the survey, intentional outreach was made to individuals who are: younger; Indigenous / Native American; Hispanic/Latinx; LGBTQ+; formerly incarcerated; experiencing homelessness. Intentional outreach was also made to families with children and individuals with low income.

Over 3000 people responded to the survey. Top-identified issues included: drug use; mental health and suicide; not enough jobs with livable wages; not enough mental health providers; dental care.

A summary of the results from the community survey can be found in [Appendix B](#).

Key Stakeholder Input

In January 2024, over 140 community stakeholders were invited to prioritization meetings. Invitations were extended to representatives from multiple sectors, including public health, law enforcement, healthcare, K-12 education and more. A list of invited organizations is included in [Appendix C](#).

Community survey and secondary data were presented to the attendees. Attendees were asked to respond to three questions: top issue; momentum; strategies. Top issues were: mental health; substance use; poverty and financial stability; housing. Additional results can be found in [Appendix C](#).

Input Received on the Last CHNA

No known input on the previous CHNA was received.

Health Status Data / Outside Data

In addition to gathering input directly from community members, Aspirus Riverview and its partners also compiled outside data reflective of the overall population's health status. These 'health status data' are gathered by credible local, state and national governmental and non-governmental entities and published/shared.

Reflective of the University of Wisconsin Population Health Institute (UWPHI) model and the social determinants of health model (Healthy People 2030), the data were originally grouped in the following categories:

- Health behaviors and outcomes
- Social and community context
- Neighborhood and built environment
- Health care access and quality
- Education
- Economic stability

The health department and hospital made some categorization modifications as the process evolved. A summary of the health status data and corresponding sources can be found in [Appendix D](#).

Community Needs and Prioritization Process

Community Prioritization and Criteria

The prioritization of community needs had multiple steps:

- Fall 2023: Compilation of community survey and secondary health status data.
- January 2024: Healthy People Wood County leadership reviewed the survey results and secondary health status data to focus the list of possible priorities from many to about ten. The intent was to make the community process manageable. Criteria used to narrow the list of possible priorities included:
 - Geographic level of data available
 - Existence of inequities
 - Community survey results
 - Community anecdotal information
 - Quality of data
 - Data compared to other geographies
 - Community momentum and partner alignment
- January 2024: Key stakeholders ‘voting’ on top issues and providing perspective on community momentum and available effective strategies.
- February and March 2024: Healthy People Wood County Advisory Council identifying factors contributing to the top issues.
- April 2024: Healthy People Wood County staff compiling information and then sharing a set of recommended priorities to the Advisory Council for final approval. Criteria used in that review included:
 - Community health survey – quantitative results (including results by different groups)
 - Community health survey – qualitative results
 - Community stakeholder meeting results
 - Disparities data availability
- April 2024: Final priorities were considered and then confirmed at a Healthy People Wood County meeting. Those priorities are:
 - Mental health
 - Substance use
 - Access to care
 - Built environment (e.g., housing, transportation)
 - Financial stability

Hospital Prioritization and Criteria

Aspirus Community Health staff compiled the three primary data inputs (survey results, stakeholder prioritization, and root cause analysis) along with secondary data (health status data) in a summary document. A recommendation was made using the following criteria:

- Community members' input
- Community infrastructure
- Internal infrastructure and capacity
- Scale and scope of the issue
- Disparities
- Momentum

The recommendation was brought to a hospital administration meeting and discussed.

Final Prioritized Needs

Over the next three years, Aspirus Riverview will formally address the following issues through its community health needs assessment and corresponding implementation strategy:

- Mental health
- Substance use

Needs Not Selected

The health department priorities are: mental health; substance use; access to care; built environment (e.g., housing, transportation); financial stability.

Aspirus Riverview is not addressing the following needs for the following reasons:

- Access to Care (mental, medical and dental) – Access to care was not selected as a formal priority because maintaining high quality care and improving access to care is already the core business Aspirus implements to live our mission – to heal people, promote health and strengthen communities.
- Built Environment and Financial Stability – Built environment and financial stability were not selected because the hospital does not have expertise in those areas. Although Aspirus will not be leading initiatives in these areas, Aspirus is committed to being a community partner at the table to contribute to solutions. One way Aspirus will contribute is by screening for health-related social needs. Aspirus is monitoring the results of screening and using the FindHelp platform to refer patients. Over time, data will be analyzed and incorporated into the CHNA in identifying top health priorities and corresponding strategies.

A brief overview of mental health and substance use is on the next pages.

Healthcare Facilities and Community Resources

A brief description of health care and other organizations available to address community needs is in [Appendix E](#).

Mental Health

Why is it Important?

Approximately 20 percent of the population experiences a mental health problem during any given year.¹ Mental health issues are associated with increased rates of risk factors such as smoking, physical inactivity, obesity and substance abuse. As a result, these physical health problems can lead to chronic disease, injury and disability.² Economic challenges (e.g., unemployment, poverty) are associated with poor mental health.³ During the COVID pandemic, depression, anxiety and suicidal ideation have increased and access to mental health providers and treatment has been limited.⁴

Sources: (1) National Institute for Mental Health; (2) Healthiest Wisconsin 2020; Healthy People 2020; (3) Macintyre, A., Ferris, D., Gonçalves, B. et al. What has economics got to do with it? The impact of socioeconomic factors on mental health and the case for collective action. *Palgrave Commun* 4, 10(2018). <https://doi.org/10.1057/s41599-018-0063-2> (4) Czeisler ME, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049–1057. DOI:<http://dx.doi.org/10.15585/mmwr.mm6932a1>

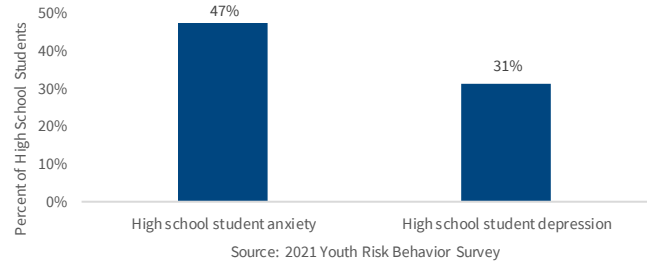
Disparities and Equity

- Individuals with less than a high school education are more than twice as likely to have frequent mental distress compared to those with a college degree.⁵
- Women have a 70% higher rate of depression compared to men.⁵
- Individuals who are multiracial or American Indian / Alaskan Native are three times as likely, and White individuals were 2.5 times as likely, to experience depression compared to individuals who are Asian/Pacific Islander. However, the rate of depression in individuals who are Asian/Pacific Islanders is increasing at a faster rate than other groups.⁵
- Poor family relationships can increase the likelihood of depression. Some are at higher risk of poor family relationships, including individuals: who identify as LGBTQ; who have a disability and their caretakers; and who suffered from child abuse and neglect.⁶
- In Wisconsin: “Students who identify as LGBT, students with food insecurity, Hispanic/Latinx students, and students with low grades reported the highest rates of mental health concerns.”⁷

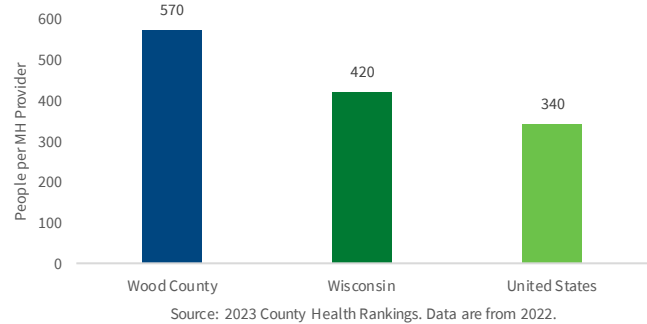
Sources: (5) 2021 America’s Health Rankings, Executive Summary. https://assets.americashealthrankings.org/app/uploads/2021_ahr_health-disparities-report_executive_brief_final.pdf (6) Shim, Ruth S; Ye, Jiali; Baltrus, Peter; Fry-Johnson, Yvonne; Daniels, Elvan; Rust, George. Racial/Ethnic Disparities, Social Support, and Depression: Examining a Social Determinant of Mental Health. *Ethn Dis*. 2012 Winter; 22(1): 15-20. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4039297/> (7) [Summary Report: 2021 Wisconsin Youth Risk Behavior Survey](#) (page 10)

Data Highlights

Student Anxiety and Depression Wood County



Number of People per Mental Health Provider Wood County



Additional Data

- Number of suicide deaths per 100,000 population (age-adjusted) (2016-2020): 15 Wood County; 15 Wisconsin. (Source: County Health Rankings and Roadmaps)
- The number of self-harm emergency department visits for youth ages 0-17 more than doubled, from 14 in 2017 to 30 in 2022. (Source: Wisconsin Department of Health Services, Wisconsin Interactive Statistics on Health, Injury-Related Emergency Department Visits Module)

Community Perceptions & Challenges

- Mental health and suicide was the second-ranked issue for all community survey respondents. It was in the top three-ranked issues for other respondent groups: households with less than \$50K; Native American; Asian/Hmong; Hispanic; age 65+.
- The COVID-19 pandemic exacerbated mental health issues.

Substance Use

Why is it Important?

An estimated 22 million people per year in the U.S. have drug and alcohol problems. Ninety-five percent of them are unaware of their problem.¹ Approximately 88,000 deaths annually in the U.S. are attributed to excessive drinking (2006-2010).² Drug and alcohol use can also lead to costly physical, mental and public health problems such as teen pregnancy, HIV/AIDS and other STDs.¹ Interactions between prescription medications and alcohol can contribute to falls, which can result in injuries and death.³

COVID-19 has increased substance use in the US related to social isolation, loss of routines and norms, income related stress, anxiety and fear of the virus and loss of loved ones.⁴

Sources: (1) Healthy People 2020; (2) Center of Disease Control and Prevention; (3) Wisconsin Alcohol Policy Project; (4) Czeisler ME, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>

Disparities and Equity

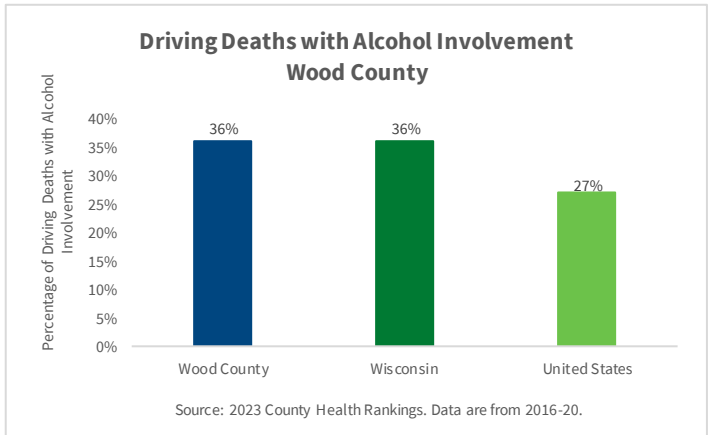
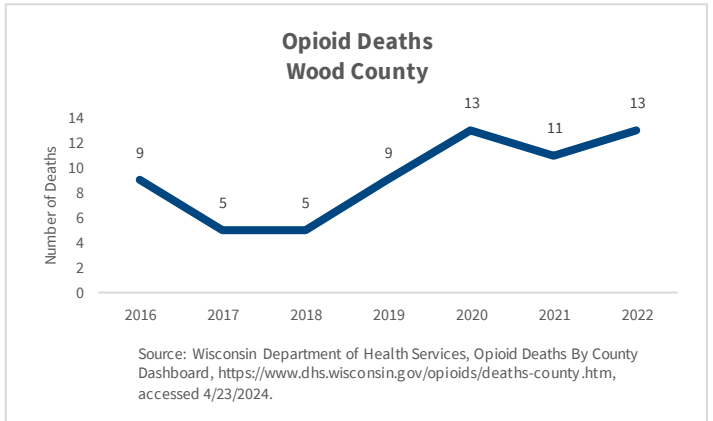
- Smoking rates have decreased for many populations – college graduates, individuals who are multi-racial, individuals who are Black and individuals who are white. Disparities, however, persist. Compared with individuals who are Asian / Pacific Islander, smoking occurs at higher rates with individuals who are American Indian / Native Alaskan (nearly 4x the rate), individuals who are multiracial (3x the rate) and individuals who are Black (2x the rate). Individuals with less than a high school education are approximately four times as likely to smoke when compared to individuals with a college degree.⁵
- Binge drinking is more common among individuals who are (any of the following): male, age 18-34, white or have an annual household income of more than \$50K.⁶

Sources: (5) [2021 America's Health Rankings Disparities Report](#); (6) Fact Sheet: Health Disparities in Binge Drinking (Findings from the CDC Health Disparities and Inequalities Report -- United States, 2011)

Community Perceptions & Challenges

- Drug use was the top-identified issue for all community survey respondents, as well as for other respondent groups: households with less than \$50K; Native American; age 65+.
- The COVID-19 pandemic exacerbated substance use issues.

Data Highlights



Additional Data

- Percentage of adults reporting binge or heavy drinking (age-adjusted) (2020): 26% Wood County; 26% Wisconsin; 19% United States. (Source: County Health Rankings and Roadmaps; data are from 2020)
- Percentage of high school students who used marijuana before age 13: 17% Wood County; 16% Wisconsin. (Source: 2021 Youth Risk Behavior Survey)
- Approximately 1 in 4 high school students used alcohol in the 30 days prior to completing the 2021 Youth Risk Behavior Survey.

Evaluation of Impact from the Previous CHNA Implementation Strategy

Aspirus Riverview's priority health issues from the previous CHNA included:

- Substance use
- Mental health

A summary of the impact of efforts to address those needs are included in [Appendix F](#).

Approval by the Hospital Board

The CHNA report was reviewed and approved by the Aspirus Riverview Board of Directors on June 20, 2024.

Conclusion

Thank you to all the community members who provided thoughts, input and constructive feedback throughout the process. Aspirus Riverview Hospital will continue to work with its partners to address the health issues important to the community.

Appendices

Appendix A: Demographics and Related Descriptors

The table below outlines some of the demographic characteristics of Wood County, Wisconsin.

	Wood County	Wisconsin
Population	74,207	5,892,539
Age <18	21.5%	21.1%
Age 65+	21.9%	18.7%
Median age	43.7	40.4
White alone	91.4%	80.4%
Black or African American alone	0.8%	6.4%
American Indian and Alaska Native alone	0.8%	1.0%
Asian alone	1.9%	3.0%
Two or more races	3.8%	6.1%
Hispanic or Latino	3.2%	7.6%
Language other than English spoken at home	3.1%	8.7%
High school graduate or higher	93.2%	93.6%
Bachelor’s Degree or Higher	24.2%	33.2%
Individuals who are veterans	8.1%	6.1%
Individuals with disabilities	13.9%	12.5%
Persons in poverty	11.5%	10.7%
Median household income	63,643	70,996
Percent uninsured	6.3%	5.2%
Percent using public insurance (Medicaid, Medicare, veterans’ benefits, etc.)	41.5%	35.7%

Sources: U.S. Census. https://data.census.gov/profile/Wood_County_Wisconsin?g=050XX00US55141 and <https://data.census.gov/profile/Wisconsin?g=040XX00US55> and corresponding tables. And American Community Survey table S2704. All accessed April 14, 2024.

Racial and Ethnic Diversity

Healthy People Wood County, with strong leadership from the Wood County Health Department, provided the following information from their *draft* 2024 Community Health Assessment. *This section is verbatim from the draft assessment report.*

Languages Spoken

Of 32,290 households in Wood County:

- 1.3% speak Spanish (1)
- 1.1% speak Asian and Pacific Island languages (1)
- 1.7% speak Other Indo-European languages (1)

Race and Ethnicity

From 2010 to 2020, Wood County’s total population decreased overall, but grew in diversity.(2,3)

Race and Ethnicity	2010	↓ ↑	2020
TOTAL	74,749	↓	74,207
American Indian and Alaska Native	539	↑	549
Asian	1304	↑	1382
Black	382	↑	547
Hispanic	1680	↑	2376
Native Hawaiian and Other Pacific Islander	8	↑	29
White	70,177	↓	67,055
Other	29	↑	190

Hispanic/Latinx Community

The term Hispanic or Latinx refers to people of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.(4) Latinx Americans have lived in Wisconsin since before statehood, but the largest wave of migration came during and after World War II when the U.S. government established the Emergency Farm Labor Program to recruit Mexicans to work in agricultural fields during the labor shortage.(5) From 1951 to 1964, Wisconsin farmers participated in the program, and between 1942 and 1964, millions of Mexican farm laborers came to Wisconsin.(6) Since then, many other Hispanic/Latinx groups have also made Wisconsin their home. Today, Hispanic/Latinx immigrants are the labor force behind Wisconsin's agriculture industry, and many people who identify as Hispanic/Latinx in Wood County work in the agriculture industry.(7) In Wood County, the Hispanic/Latinx population increased by almost 700 over the past decade, from 1,680 in 2010 to 2,376 in 2020. Currently, 3.6% of the Wood County population identifies as Hispanic/Latinx and 1.3% of households speak Spanish.(8,1)

HMong Community

HMong is an indigenous ethnic group originating from China. Fleeing persecution, many HMong sought refuge in Southeast Asian countries such as Laos, Vietnam, and Thailand. During the Vietnam War, the U.S. CIA allied with HMong leaders from Laos to prevent the spread of communism. Post-war, the HMong who were allies with the U.S. faced persecution, leading to a significant refugee migration to the U.S. and other countries where many HMong families were initially sponsored by local church organizations.(9)

A vital component of Wisconsin's cultural fabric and identity is its HMong community. Wisconsin is home to the third largest HMong population in the U.S., after California and Minnesota. In Wisconsin, the HMong community represents the largest Asian ethnic group, making up 29% of the total Asian population. The next largest groups are Asian Indian (18%) and Chinese (14%). Wisconsin has seen a continuous growth in its HMong population, estimated at around 58,000 in 2019, making this an 18% increase from 2010. Wood County is home to almost 1,400 Asian American residents, most of whom identify as HMong or Southeast Asian.(3)

Central to HMong culture is the paramount value placed on family. Many HMong individuals relocated to Wisconsin from other states to reunite with family members, relatives, and clan leaders. Wisconsin has been pivotal in providing refugee resettlement programs and comprehensive services, including educational support, basic needs assistance, and economic opportunities such as job training, employment, and agricultural initiatives that helped support and sustain the livelihoods of HMong families who continue to call Wisconsin home. (9)

Native / Indigenous Community

Wood County is made of a portion of the treaty land that has historically been claimed by multiple tribes including the Ho-Chunk, Ojibwe, and Menominee Nations. Much of this land was taken through federal government treaties. More than 500 people who identify as Native/Indigenous live in Wood County as of the 2020 Census.(3)

The Ho-Chunk are an Indigenous people, with an ancestral lineage dating back to pre-history, and were first recorded as the Wisconsin Winnebago Tribe.(10) This name was given to them by early European explorers. In 1994, when the tribe adopted its present constitution, the nation reclaimed their original name: Ho-Chunk or "People of the Big Voice."(10) The Ho-Chunk Nation has trust land in present-day Nekoosa, which is where many of the Ho-Chunk people in Wood County reside within a community called Cexhaci (Chahk Ha Chee), meaning Marsh dwelling. Vital resources in the area include the Nekoosa Health Office from the Ho-Chunk Nation Department of Health, including Public Health, Community Health, Health & Wellness, and Behavioral Health services, Ho-Chunk Chahk Ha Chee Head Start, and Ho-Chunk Gaming Nekoosa. These facilities work to ensure Cexhaci has access

to health, educational, and employment services in an area further away from Indian Health Service healthcare facilities.

Wood County Community Profile References

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10. Ho-Chunk Nation. <https://ho-chunknation.com/>

Appendix B: Community Input – Community Survey

As part of the Aspirus Riverview Hospital community health needs assessment process, a community survey was conducted in Fall 2023. The survey was developed and distributed primarily by the Wood County Health Department, with contributions from Aspirus and the Marshfield Clinic Health System.

Distribution

The survey was distributed electronically and on paper. Distribution strategies included attending events (e.g., farmers markets, vaccine clinics), visiting worksites, group/coalition emails, and social media postings. Intended audiences included (but were not limited to) individuals who:

- Are older and/or have disabilities (e.g., through the Aging and Disability Resource Center)
- Have children and have low income (e.g., through the Women, Infants, Children (WIC) program)
- Are incarcerated (e.g., through the county jail)
- Have children (e.g., through the YMCA)
- Are Hispanic (e.g., through direct outreach by community health workers)
- Are Hmong (e.g., through direct outreach by community health workers)
- Are Native American or Indigenous (e.g., through direct outreach by community health workers)
- Are in (substance use) recovery
- Are teens or young adults (e.g., through schools)
- Are experiencing homelessness (e.g., through Mary's Place)

Who Responded

Over 3200 individuals responded to the survey. The table below describes the demographics of the individuals who responded to the survey compared to the overall demographics of individuals in Wood County. Compared to the overall population of Wood County, survey respondents were more likely to: be female; be ages 30-49; have education beyond high school.

When reviewing the survey results, the fact that the respondents are not reflective of the general population should be kept in mind.

Demographics	Survey Respondents	Wood County (Overall)*
Sex	Women: 72% Men: 25% Non-binary: data suppressed Other: data suppressed Prefer not to answer: 71 (3%) (n=2781)	Women: 50.4% Men: 49.6% Non-binary: not reported Other: not reported Prefer not to answer: NA
Age Distribution	0-9: suppressed 10-19: 1% 20-29: 14% 30-39: 23% 40-49: 20% 50-59: 17% 60-69: 16% 70-79: 7% 80-89: 2% 90+: suppressed (n=2763)	0-9: 11% 10-19: 12% 20-29: 11% 30-39: 12% 40-49: 11% 50-59: 15% 60-69: 14% 70-79: 9% 80+: 5%
Ethnicity	Hispanic or Latino: 3%	Hispanic or Latino: 3.2%
Race	White alone: 90% Black or African American alone: 2% American Indian and Alaska Native alone: 1% Asian alone: 2% Two or more races: 1% Note: Respondents could check 'all that apply'. The above percentages may include duplicate respondents.	White alone: 91.4% Black or African American alone: 0.8% American Indian and Alaska Native alone: 0.8% Asian alone: 1.9% Two or more races: 3.8%
Primary Language Spoken at Home	English: 97% Spanish: 4% Hmong: 1% Other: not available (n=2788)	3.1% of Wood County households have a language other than English spoken at home
Highest Level of Education	Some high school: 3% High school / GED: 21% Some college: 17% Trade/technical/vocational training: 11% Associate degree: 13% Bachelor's degree: 23% Graduate or professional degree: 13% (n=2758)	Less than high school: 6.7% High school or equivalent: 35.3% Some college: 17.5% Trade/technical/vocational training: NA Associate degree: 16.3% Bachelor's degree: 17.2% Graduate or professional degree: 6.9%
Household Income	Less than \$10,000: 5% \$10,000-\$14,999: 4% \$15,000-\$24,999: 6% \$25,000-\$34,999: 9% \$35,000-\$49,999: 15% \$50,000-\$74,999: 23% \$75,000-\$99,999: 17% \$100,000-\$149,999: 14% \$150,000-\$199,999: 5% \$200,000 or more: 2% (n=2628)	Persons in poverty: 11.5% Median household income: \$63,643

* U.S. Census. https://data.census.gov/profile/Wood_County,_Wisconsin?g=050XX00US55141

Survey Results

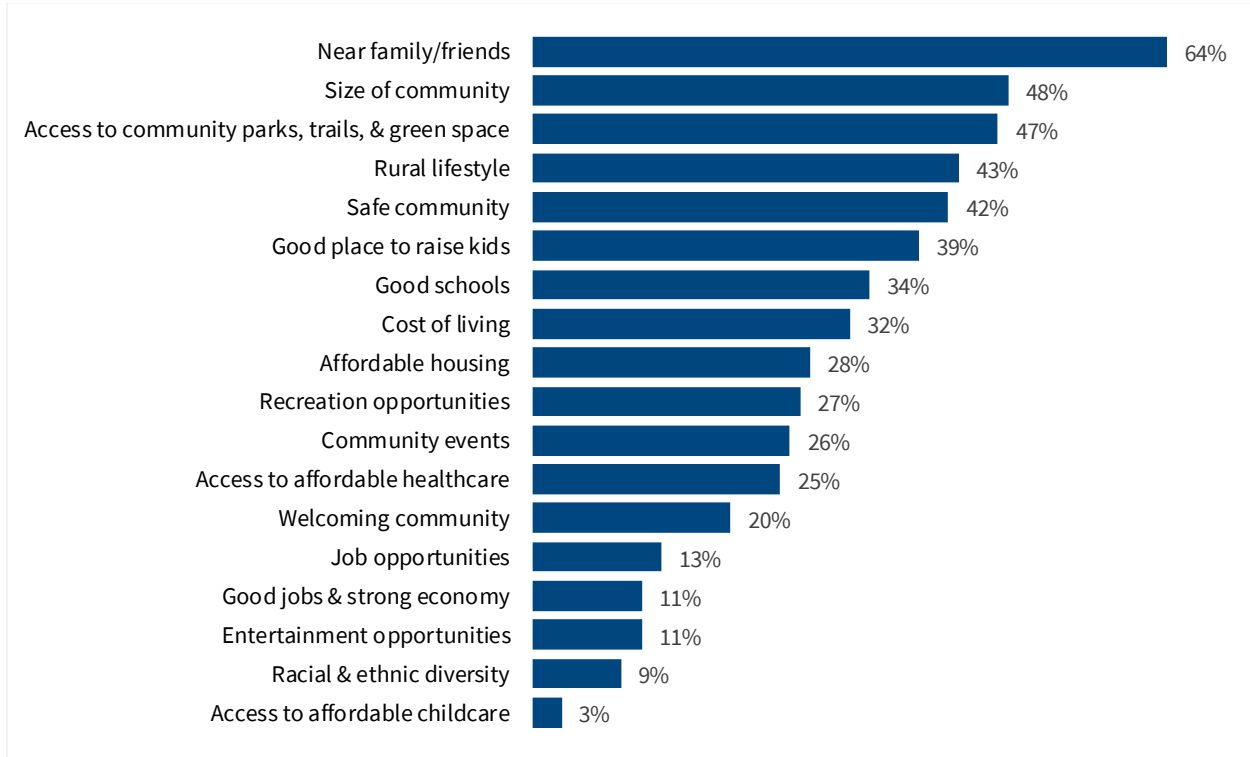
Survey respondents were asked: *What do you think are the most important areas for improvement in Wood County? In each category, select all that apply.* Stratified results are below.

	Overall n=2777	Under \$50K n=987	Asian/Hmong n=68	Hispanic/Latinx n=114	Native/ Indigenous n=77
1	Drug use	Drug use	Mental health, suicide	Availability & affordability of dental care	Drug use
2	Mental health, suicide	Mental health, suicide	Not enough jobs with livable wages	Availability & affordability of health insurance	Mental health, suicide
3	Not enough jobs with livable wages	Availability & affordability of dental care	Availability & affordability of health insurance	Mental health, suicide	Availability & affordability of dental care
4	Availability of mental health providers	Affordable housing	Availability & affordability of dental care	Drug use	Not enough money for basic needs
5	Availability & affordability of dental care	Not enough jobs with livable wages	Affordable housing	Not enough jobs with livable wages	Excessive alcohol use
			Drug use	Not enough money for basic needs	
6	Affordable housing	Availability & affordability of health insurance	Availability of mental health providers	Education	Not enough jobs with livable wages
7	Availability & affordability of childcare	Not enough money for basic needs	Physical inactivity	Oral or dental health	Tobacco/vaping use
8	Overweight & obesity levels	Availability of mental health providers	Overweight & obesity levels	Tobacco/vaping use	Access to public transportation
			Tobacco/vaping use	Excessive alcohol use	
			Not enough money for basic needs		
9	Availability & affordability of health insurance	Excessive alcohol use	Not enough social and/or community support	Availability & affordability of childcare	Availability & affordability of childcare
				Overweight & obesity levels	Drinking water quality
10	Excessive alcohol use	Overweight & obesity levels	Availability & affordability of childcare	Drinking water quality	Chronic diseases (e.g. diabetes, heart disease, etc.)
			Oral or dental health		
			Discrimination or unfair treatment		
11	Access to public transportation	Access to public transportation	Excessive alcohol use	Discrimination or unfair treatment	Discrimination or unfair treatment
			Safe streets & paths for walking & biking	Chronic diseases (e.g. diabetes, heart disease, etc.)	

Source: Wood County Health Department

Note: This table is a compilation of four survey questions related to areas of improvement in Wood County. Not every respondent answered all four questions. The n is reflective of the question that had the *most* responses.

Survey respondents were asked: *What are the best parts about Wood County? Choose all that apply.*
 Results are below.



Source: Wood County Health Department

Additional survey results will be available on the [Healthy People Wood County](#) website by Fall 2024.

Appendix C: Community Input – Community Stakeholder Input

Over 120 community stakeholders were invited to attend one of two virtual prioritization meetings held in January 2024. Community stakeholders represented a wide variety of sectors. An abbreviated list of invitees is below. Approximately half of the invitees attended one of the meetings.

Some agencies had multiple representatives. For the purposes of this list, each agency is included only once.

Agency/s	Sector
ADRC of Central WI*	Aging
Marshfield YMCA	Community Agency / YMCA
South Wood County YMCA	Community Agency / YMCA
The Family Center (Wisconsin Rapids)*	Community Agency / Domestic Violence
CW Solutions	Community Agency / Youth Development
Boys and Girls Club of South Wood County*	Community Agency / Boys and Girls Club
Three Bridges Recovery*	Community Agency / Three Bridges Recovery (substance use)
Hannah Center	Community Agency / Hannah Center (domestic violence)
United Way of South Wood & Adams Counties	Community Agency / United Way
Marshfield Area United Way	Community Agency / United Way
First Choice Pregnancy Center	Community Agency / First Choice Pregnancy Center
Opportunity Development Center*	Community Agency / Opportunity Development Center
Goodwill*	Community Agency / Goodwill
Hmong American Center*	Community Agency / Hmong American Center
North Central Community Action Program (CAP)*	Community Agency / Individuals with Low Income
Planned Parenthood	Community Agency / Planned Parenthood
St. Vincent de Paul Outreach*	Community Agency / St. Vincent de Paul
Coffective	Community Agency / Coffective (healthy births)
WI Institute for Public Policy and Service (WIPPS) – Hmong and Hispanic Communication Network (H2N)* and Rural Resiliency Network (R2N)*	Community Outreach / Hmong and Hispanic Outreach Program; Rural Outreach Program
Community Members (at-large)	Community Member
Childcaring Inc.	Early Childhood
Wood County Head Start*	Early Childhood
Main Street Marshfield	Economic Development
Wisconsin Rapids Area Convention and Visitors Bureau	Economic Development
Heart of Wisconsin Chamber of Commerce	Economic Development
Christian Life Fellowship	Faith Community
Marshfield Clinic Health System	Healthcare / Healthcare System
Ho-Chunk Health Care Center*	Healthcare / Tribal Health Care Center

Family Health Center of Marshfield*	Healthcare / Federally Qualified Community Health Center
University of Wisconsin-Stevens Point	Higher Education
Mid-State Technical College	Higher Education
Nekoosa School District	K-12 Education
Marshfield School District	K-12 Education
Pittsville School District	K-12 Education
Port Edwards School District	K-12 Education
Auburndale School District	K-12 Education
Wisconsin Rapids School District	K-12 Education
Wisconsin Rapids Area Middle School	K-12 Education
Lincoln High School	K-12 Education
John Edwards High School	K-12 Education
River Cities High School	K-12 Education
Auburndale High School	K-12 Education
Alexander Middle School	K-12 Education
Pittsville High School	K-12 Education
Wood County Sheriff's Department	Law Enforcement
Grand Rapids Police Department	Law Enforcement
City of Marshfield Police Department	Law Enforcement
City of Wisconsin Rapids Police Department	Law Enforcement
City of Nekoosa Police Department	Law Enforcement
Village of Port Edwards Police Department	Law Enforcement
Town of Grand Rapids Police Department	Law Enforcement
Wisconsin Rapids Housing Authority	Local Government / Housing
Wood County Planning and Zoning	Local Government / Planning and Zoning
Wood County Health and Human Services Committee	Local Government / Policymakers
Wood County Human Services	Local Governmental Human Services
Wood County Board	Local Government / Policymaker
City of Marshfield	Local Government / Policymaker
Wood County Health Department	Local Government / Public Health
Women, Infants and Children Program*	Local Government / Public Health / Early Childhood
Legacy Foundation	Philanthropy
Incorporate Community Foundation	Philanthropy
WI Department of Public Instruction (DPI) - Migrant Education Program (MEP)*	State of Wisconsin / Department of Public Instruction, Migrant Education Program
Medical College of Wisconsin	Student / Medical College of WI
UW Extension	UW Extension
WI Dept of Workforce Development / Job Center*	Workforce Development

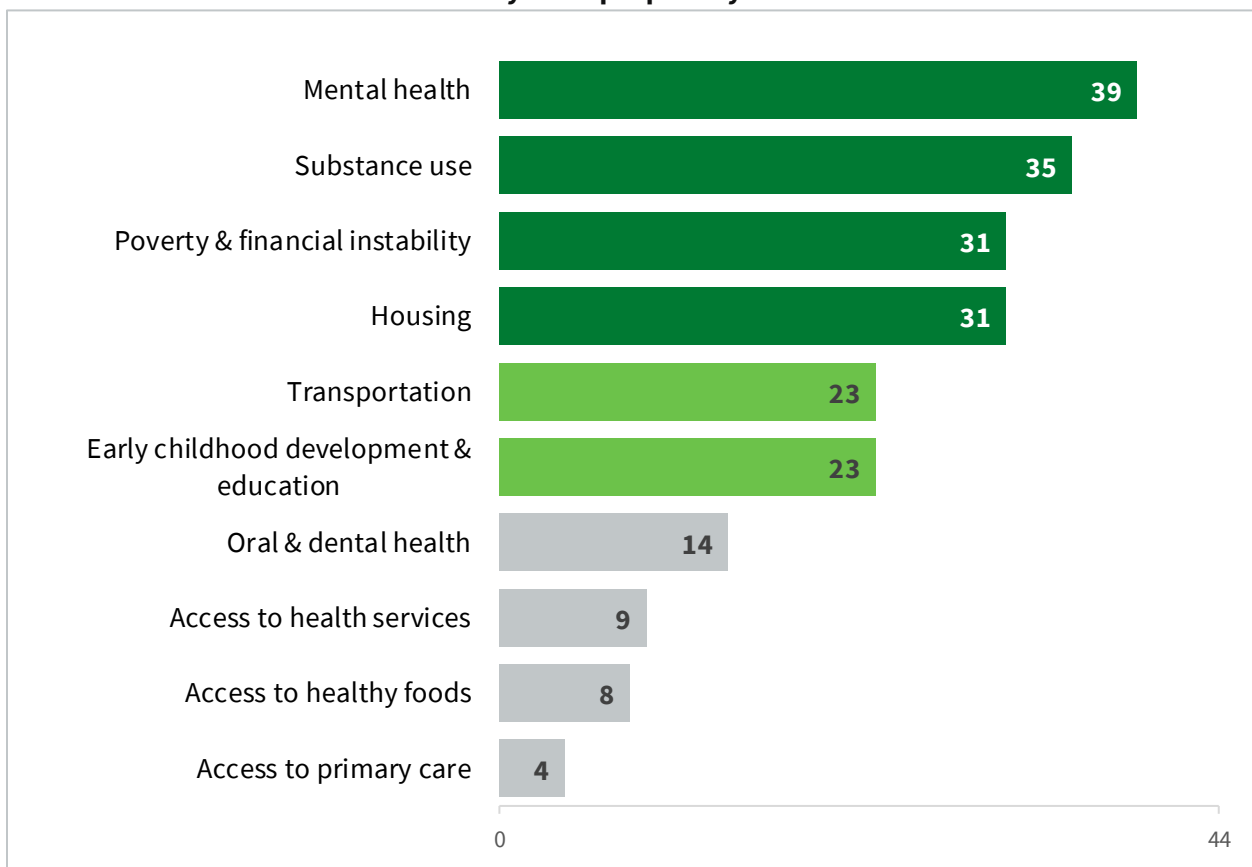
* Agencies that represent individuals who are medically underserved, have low income, or are considered among the minority populations served by the hospital.

At the meetings, community survey data as well as secondary data on ten health priority areas were presented. After the meetings, stakeholders were invited to complete an online survey that asked three questions:

- Rank your top 5 priority areas.
- Are there effective strategies to address this issue?
- Is there community energy to address this issue?

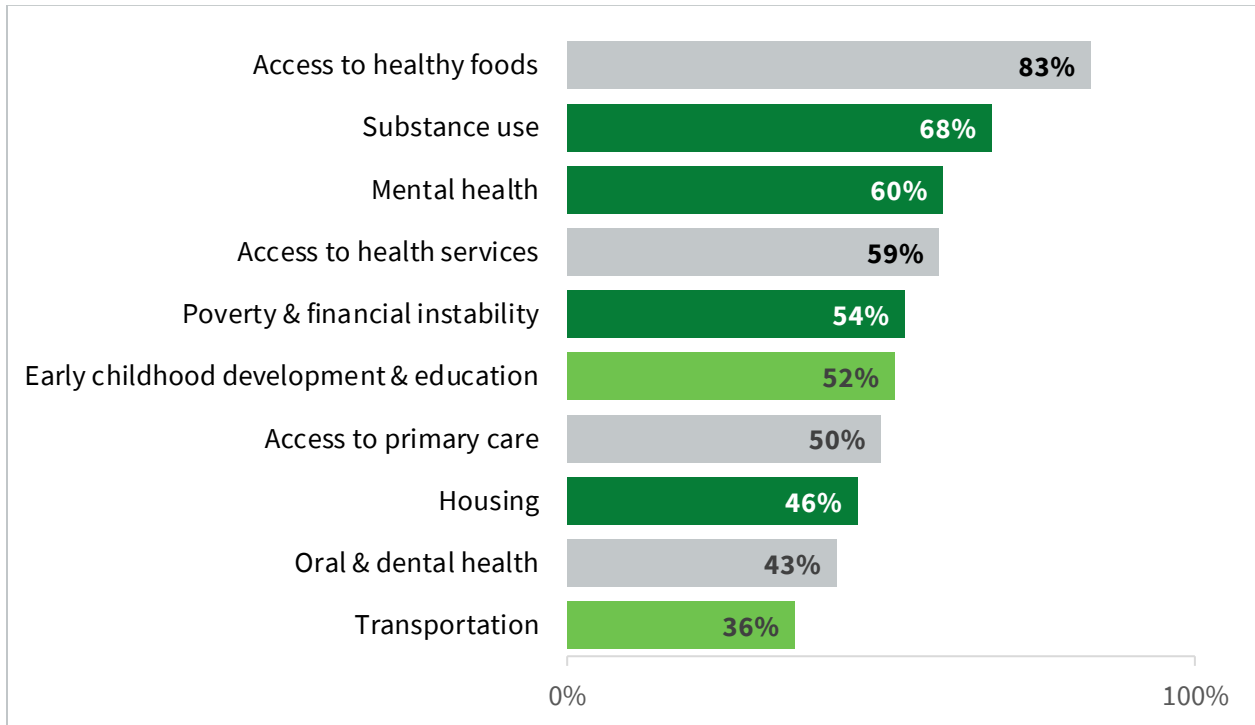
Forty-four (44) community stakeholders completed the survey. Results are below.

Rank your top 5 priority areas.



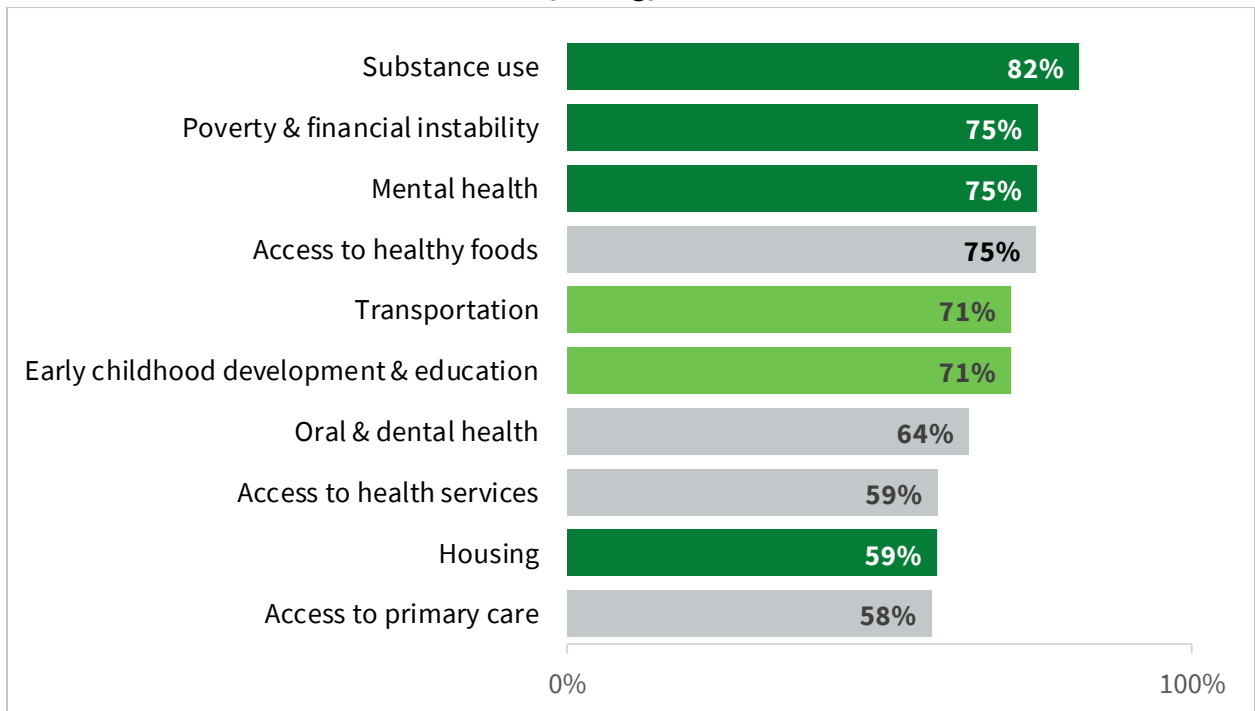
Source: Wood County Health Department

Are there effective strategies to address this issue?



Source: Wood County Health Department

Is there community energy to address this issue?



Source: Wood County Health Department

Appendix D: Health Status Data and Sources (Outside Data)

The tables below provide an overview of how Wood County compares to Wisconsin on measures of health. Citations for the data are included. The complete set of data is available upon request. Please note: Wood County rates that are better than Wisconsin rates may still be at an unacceptable level.

Health Outcomes								
Measure	Description	Year(s) of Data	Trend (County)	Disparities Data (County)	Wood County	Wisconsin	United States	Better / Worse than Wisconsin
Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	2018-2020	Worsening	Not available or included	7300	6600	7300	Worse
Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted)	2020	Not available or included	Not available or included	12%	12%	12%	Same
Poor physical health days	Average number of physically unhealthy days reported in the last 30 days (age-adjusted)	2020	Not available or included	Not available or included	3.3	3.2	3.0	Same/Worse
Poor mental health days	Average number of mentally unhealthy days reported in the last 30 days (age-adjusted)	2020	Not available or included	Not available or included	4.7	4.4	4.4	Worse
Low birthweight	Percentage of live births with low birthweight (<2500 grams)	2014-2020	Not available or included	Asian 5% Hispanic 4% White 7%	7%	8%	8%	Better
Life expectancy	Average number of years a person can live	2018-2020	Not available or included	Hispanic 81.9 White 78.3	78.2	78.9	78.5	Same
Premature age-adjusted mortality	Number of deaths among residents under age 75 per 100,000 population (age-adjusted)	2018-2020	Not available or included	Not available or included	360	320	360	Worse
Child mortality	Number of deaths among children under age 18 per 100,000 population	2017-2020	Not available or included	Not available or included	50	50	50	Same
Infant mortality	Number of all infant deaths (within 1 year), per 1000 live births	2014-2020	Not available or included	Not available or included	7	6	6	Worse
Frequent physical distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted)	2020	Not available or included	Not available or included	10%	10%	9%	Same
Frequent mental distress	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted)	2020	Not available or included	Not available or included	15%	13%	14%	Worse

Diabetes prevalence	Percentage of adults aged 20 and above with diagnosed diabetes	2020	Not available or included	Not available or included	8%	8%	9%	Same
HIV prevalence	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population	2020	Not available or included	Not available or included	78	134	380	Better
Age-adjusted cancer incidence	Number of cancer cases per year per 100,000 population (age-adjusted)	Latest 5-year average (2016-2020)	Not available or included	Not available or included	454.6	465.5	NA	Better
Deaths due to cancer	Number of deaths due to cancer per 100,000 population (age-adjusted)	Latest 5-year average (2016-2020)	Not available or included	Not available or included	166.6	152.5	NA	Worse
Deaths due to cardiovascular disease	Number of deaths due to cancer per 100,000 population (age-adjusted)	2022	Not available or included	Not available or included	198.9	166.4	NA	Worse
Drug overdose deaths	Number of deaths due to drug overdose per 100,000 residents (age-adjusted)	2022	Not available or included	Not available or included	30.7	32.2	NA	Better
Opioid-related hospital discharges	Number of opioid-related hospital discharges per 100,000 population (age-adjusted)	2022	Not available or included	Not available or included	259.8	268.3	NA	Better
Alcohol-attributable deaths	Number of deaths attributable to alcohol per 100,000 population	2022	Wood County: 2020, 2021 and 2022 were the highest since 2014	WI rates higher for: men (vs women); non-Hispanic (vs Hispanic); Native American, Black and White (vs Asian and multi-race)	64.5	57	NA	Worse
Chronic alcohol hospitalizations (emergency room)	Chronic alcohol hospitalizations per 100,000: Emergency room	2022	WI -- decreasing since 2018	Not available or included	690.6	601.1	NA	Worse
Chronic alcohol hospitalizations (inpatient)	Chronic alcohol hospitalizations per 100,000: Inpatient	2022	WI -- decreasing since 2019	WI rates higher for: men (vs women); non-Hispanic (vs Hispanic); Native American, Black and White (vs Asian and two or more races)	621.7	539.6	NA	Worse
Deaths due to falls	Number of deaths due to falls per 100,000 population	2021	U.S -- increasing since 2012	Not available or included	Not available or included	176.5	78	Wisconsin has the highest rate of deaths due to falls in the country. Alabama has the lowest rate: 30.7.

Sources:

- 2023 County Health Rankings and Roadmaps website. Accessed March 28, 2024.
- National Cancer Institute, State Cancer Profiles. Accessed April 14, 2024.
- WISH Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <https://www.dhs.wisconsin.gov/wish/index.htm>, Mortality Module, accessed 3/31/2024.
- Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <https://www.dhs.wisconsin.gov/wish/index.htm>, Drug Overdose Deaths Module, accessed 4/14/2024. (There were 19 drug overdose deaths in Wood County in 2022.)
- Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <https://www.dhs.wisconsin.gov/wish/index.htm>, Opioid-Related Hospital Encounters Module, accessed 4/14/2024. (There were 163 opioid-related discharges in 2022.)
- Wisconsin Department of Health Services. DHS Interactive Dashboards: Alcohol Death Module. Last Updated 3/13/2024 8:40:48 AM. (There were 48 alcohol-attributable deaths in Wood County in 2022.)
- Wisconsin Department of Health Services. DHS Interactive Dashboards, Alcohol Hospitalizations Module [web query]. Data last updated 3/4/2024.
- Wisconsin Department of Health Services. DHS Interactive Dashboards, Alcohol Hospitalizations Module [web query]. Data last updated 3/4/2024.
- U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Deaths from Older Adult Falls website. Accessed April 14, 2024. <https://www.cdc.gov/falls/data/index.html>

Clinical Care								
Measure	Description	Year(s) of Data	Trend (County)	Disparities Data (County)	Wood County	Wisconsin	United States	Better / Worse than Wisconsin
Uninsured	Percentage of population under age 65 without health insurance	2020	Improving	Not available or included	7%	7%	10%	Same
Uninsured children	Percentage of children under age 19 without health insurance	2020	Improving	Not available or included	4%	4%	5%	Same
Primary care physicians	Ratio of population to primary care physicians	2020	Worsening	NA	680:1	1240:1	1310:1	Better
Other primary care providers	Ratio of population to primary care providers other than physicians	2022	Not available or included	NA	490:1	720:1	810:1	Better
Dentists	Ratio of population to dentists	2021	Improving	NA	1180:1	1380:1	1380:1	Better
Mental health providers	Ratio of population to mental health providers	2022	Not available or included	NA	570:1	420:1	340:1	Worse
Mammography screening	Percentage of female Medicare enrollees ages 65-74 that received an annual mammogram screening	2020	No trend	40% Am. Ind. & Alaska Native 22% Asian 41% Hispanic 51% White	50%	43%	37%	Better
Flu vaccinations	Percentage of fee-for-service Medicare enrollees that had an annual flu vaccination	2020	Worsening	28% Am. Ind. & Alaska Native 33% Asian 14% Black 44% Hispanic 40% White	40%	56%	51%	Worse

Source: 2023 County Health Rankings and Roadmaps website. Accessed March 28, 2024.

Health Behaviors								
Measure	Description	Year(s) of Data	Trend (County)	Disparities Data (County)	Wood County	Wisconsin	United States	Better / Worse than Wisconsin
Adult smoking	Percentage of adults who are current smokers (age-adjusted)	2020	Not available or included	Not available or included	18%	16%	16%	Worse
Adult obesity	Percentage of the adult population (age 20 and older) that report a body mass index (BMI) greater than or equal to 30kg/m2	2020	Not available or included	Not available or included	36%	33%	32%	Worse
Food environment index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)	2019 & 2020	Not available or included	NA	8.2	8.8	7	Same/Worse
Physical inactivity	Percentage of adults age 20 and over reporting no leisure-time activity	2020	Not available or included	Not available or included	21%	20%	22%	Same/Worse
Access to exercise opportunities	Percentage of population with adequate access to locations for physical activity	2022 & 2020	Not available or included	NA	75%	84%	84%	Worse
Excessive drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted)	2020	Not available or included	Not available or included	26%	26%	19%	Same
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement	2016-2020	Worsening	Not available or included	36%	36%	27%	Same
Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population	2020	Worsening	Not available or included	276.7	456.20	481.3	Better
Teen births	Number of births per 1000 female population ages 15-19	2014-2020	Not available or included	Asian 39 Black 51 Hispanic 27 White 15	17.0	14.0	19.0	Worse
Food insecurity	Percentage of population who lack adequate access to food	2020	Not available or included	Not available or included	9%	7%	12%	Worse

Limited access to healthy foods	Percentage of the population who are low income and do not live close to a grocery store	2019	Not available or included	Not available or included	7%	5%	6%	Worse
Drug overdose deaths	Number of drug poisoning deaths per 100,000 population	2018-2020	Not available or included	Not available or included	16	22	23	Better
Motor vehicle crash deaths	Number of motor vehicle crash deaths per 100,000 population	2014-2020	Not available or included	Not available or included	12	10	12	Worse
Insufficient sleep	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted)	2020	Not available or included	Not available or included	32%	31%	33%	Same/Worse

Source: 2023 County Health Rankings and Roadmaps website. Accessed March 28, 2024.

Social and Economic Factors

Measure	Description	Year(s) of Data	Trend (County)	Disparities Data (County)	Wood County	Wisconsin	United States	Better / Worse than Wisconsin
High school completion	Percentage of adults age 25 and over with a high school diploma or equivalent	2017-2021	Not available or included	Not available or included	93%	93%	89%	Same
Some college	Percentage of adults ages 25-44 with some post-secondary education	2017-2021	Not available or included	Not available or included	64%	70%	67%	Worse
Unemployment	Percentage of the population ages 16 and older unemployed but seeking work	2021	No trend	Not available or included	4.4%	3.8%	5.4%	Worse
Children in poverty	Percentage of people under age 18 in poverty	2021	Worsening	37% Am. Ind. & Alaska Native 9% Black 24% Hispanic 11% White	15%	14%	17%	Same/Worse
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	2017-2021	Not available or included	Not available or included	4.0	4.2	4.9	Better
Children in single-parent households	Percentage of children that live in a household headed by a single parent	2017-2021	Not available or included	Not available or included	18%	23%	25%	Better
Social associations	Number of membership associations per 10,000 population	2020	Not available or included	Not available or included	14.5	11.2	9.1	Better
Injury deaths	Number of deaths due to injury per 100,000 population	2016-2020	Not available or included	Not available or included	97	89	76	Worse
High school graduation	Percentage of 9th grade cohort that graduates in 4 years	2019-2020	Not available or included	Not available or included	94%	90%	87%	Better
Disconnected youth	Percentage of teens and young adults ages 16-19 who are neither working or in school	2017-2021	Not available or included	Not available or included	5%	5%	7%	Same
Reading scores	Average grade level performance for third graders on English Language	2018	Not available or included	Asian 2.8 Hispanic 2.5 White 3.1	3.1	3.0	3.1	Same/Better

	Arts standardized tests							
Math scores	Average grade level performance for third graders on math standardized tests	2018	Not available or included	Asian 2.7 Hispanic 2.1 White 3.1	3.0	3.0	3.0	Same
Median household income	The income where half of households in a county earn more and half earn less	2021	Not available or included	Am. Ind. & Alaska Native \$53,600 Asian \$82,800 Black \$46,600 White \$58,600	\$55,900	\$67,200	\$69,700	Worse
Children eligible for free or reduced-price lunch	Percentage of children enrolled in public schools that are eligible for free or reduced-price lunch	2020-2021	Not available or included	Not available or included	44%	43%	53%	Same/Worse
Residential segregation - Black/White	Index of dissimilarity where higher values indicate greater residential segregation between Black and White county residents	2017-2021	Not available or included	Not available or included	70	77	63	Better
Homicides	Number of deaths due to homicide per 100,000 population	2014-2020	Not available or included	Not available or included	2	4	6	Better
Suicides	Number of deaths due to suicide per 100,000 population (age-adjusted)	2016-2020	Not available or included	Not available or included	15	15	14	Same
Firearm fatalities	Number of deaths due to firearms per 100,000 population	2016-2020	Not available or included	Not available or included	10	11	12	Same/Better
Juvenile arrests	Rate of delinquency cases per 1000 juveniles	2019	Not available or included	Not available or included	7	--	24	NA
Domestic violence incidents	Number of domestic violence incidents (number, not rate)	2018	Wood County -- From 2013 to 2018, the highest was 377 (2016) and lowest was 304 (2014)	Not available or included	350	NA	NA	NA

Child victimization rate	The number of child victims per 1000 population	2020	Not available or included	Not available or included	10.4	3.2	NA	Worse
School segregation	The extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation	2021-2022	Not available or included	NA	0.06	0.27	0.25	Better
School funding adequacy	The average amount of per pupil spending that is above (or below) the estimated amount needed to support students in achieving average US test scores	2020	Not available or included	NA	\$3,298	\$2,260	\$1,062	NA
Gender pay gap	Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar."	2017-2021	Not available or included	NA	0.79	0.80	0.81	Same

Living wage	The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children	2022	Not available or included	Not available or included	43.55	46.29	--	NA
Childcare cost burden	Childcare costs for a household with two children as a percent of median household income	2022 & 2021	Not available or included	NA	35%	28%	27%	Worse
Childcare centers	Number of childcare centers per 1,000 population under 5 years old	2010-2022	Not available or included	NA	8	6	7	Better
Voter turnout	Percentage of citizen population aged 18 or older who voted in the 2020 U.S. Presidential election	2020 & 2016-2020	Not available or included	Not available or included	73.3%	75.1%	67.9%	Same/Worse
Census participation	Percentage of all households that self-responded to the 2020 census (by internet, paper questionnaire or telephone)	2020	Not available or included	Not available or included	77.8%	--	65.2%	Better

Sources:

- 2023 County Health Rankings and Roadmaps website. Accessed March 28, 2024.
- Wisconsin Department of Justice, Domestic Abuse Data website. Accessed March 2024.
- Wisconsin Department of Children and Families. Wisconsin Child Abuse and Neglect Report. Annual Report for Calendar Year 2020 to the Governor and Legislature. Released December 2021.

Physical Environment

Measure	Description	Year(s) of Data	Trend (County)	Disparities Data (County)	Wood County	Wisconsin	United States	Better / Worse than Wisconsin
Air pollution -- particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	2019	Not available or included	Not available or included	7.9	7.8	7.4	Same/Worse
Drinking water violations	Indicator of the presence of (public source) drinking water (EPA) violations	2021	Not available or included	Not available or included	No	NA	NA	NA
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities or lack of plumbing facilities	2015-2019	Not available or included	Not available or included	10%	13%	17%	Better
Driving alone to work	Percentage of the workforce that drives alone to work	2017-2021	Not available or included	Asian 55% Hispanic 75% White 83%	81%	78%	73%	Same/Better
Long commute -- driving alone	Among workers who commute in their cars alone, the percentage that commute more than 30 minutes	2017-2021	Not available or included	Not available or included	23%	28%	37%	Better
Traffic volume	Average traffic volume per meter of major roadways in the county	2019	Not available or included	NA	208	527	505	Better
Homeownership	Percentage of occupied housing units that are owned	2017-2021	Not available or included	Not available or included	73%	67%	65%	Better
Severe housing cost burden	Percentage of households that spend 50% or more of their household income on housing	2017-2021	Not available or included	Not available or included	9%	11%	14%	Better
Broadband access	Percentage of households with broadband internet connection	2017-2021	Not available or included	Not available or included	86%	86%	87%	Same

Alcohol Outlet Density	Crude rate of alcohol licenses per 500 people	2020-2021	Not available or included	Not available or included	1.5	1.5	NA	Same
Motor vehicle-related fatalities	Percent of fatal motor vehicle crashes involving cyclists or pedestrians	2015-2019	Rising in WI; decreasing in Wood County	Not available or included	7%	13%	NA	Better
Arsenic (private wells)	Percent of test results for arsenic that exceed EPA standard of 10 ug/L	1988-2021	Not available or included	Not available or included	3.6%	5.4%	NA	Better
Nitrates (private wells)	Percent of test results for nitrates that exceed EPA standard of 10 mg/L	1988 - 2021	Not available or included	Not available or included	6.2%	10.9%	NA	Better
Carbon monoxide poisoning	Annual average rate of emergency room visits related to unintentional CO poisoning, age-adjusted per 100,000 people	2017-2021	Flat	Not available or included	11	7.8	NA	Worse
Childhood lead poisoning	Percent of children (less than 6 years of age) who had a blood lead level greater than or equal to 5ug/dL, among those tested; and the total number of children (less than 6 years of age) who were tested	2021	Flat	Not available or included	1.3%	2.8%	NA	Better
Radon	Percent of radon tests with results at or above EPA standard of 4pCi/L	2022	Not available or included	Not available or included	43.0%	41.0%	NA	Same/Worse

Asthma	Rate of emergency room visits related to asthma, age-adjusted per 10,000 people	2021	WI: Disproportionately impacts Black, American Indian / Alaska Native and Hispanic individuals compared to White individuals	Not available or included	16.2	27.2	NA	Better
COPD	Rate of emergency room visits related to COPD for persons 25 years and older, age-adjusted per 10,000 people	2021	Not available or included	Not available or included	32.8	36.3	NA	Better
Lyme Disease	Crude rate of confirmed and probable Lyme disease cases per 100,000 people	2021	Fluctuating	Not available or included	48.6	37.2	NA	Worse
Social Vulnerability Index (SVI)	On a scale of 0-1, where 1 is the greatest vulnerability	2020	Not available or included	NA	0.14	0.24	NA	Better

Sources:

- County Health Rankings and Roadmaps website. Accessed March 28, 2024.
- Wisconsin Environmental Public Health Tracking Program, Bureau of Environmental and Occupational Health, Wisconsin Department of Health Services, Division of Public Health. 2023 County Environmental Health Profile, Wood County.

Special Populations and Disparities

The assessment process noted a number of groups of individuals in the county who are likely to experience health disparities based on a number of demographic variables.

Individuals who are Hispanic: Approximately 3.4 percent of the residents of Wood County are Hispanic.³ Individuals who are Hispanic, compared to non-Hispanic white individuals, are at higher risk for diabetes, asthma (Puerto Ricans), cervical cancer, liver disease and obesity.⁴ Children who are Hispanic, compared to non-Hispanic white children, are more likely to suffer from infant mortality (Puerto Ricans), asthma (Puerto Ricans) and obesity. Children who are Hispanic are 34 percent more likely to attempt suicide as a high schooler.⁵

Individuals who are Hmong: Approximately 2.1 percent of the residents of Wood County are Asian.⁶ In Wood County, most individuals who would identify as Asian are from the Hmong culture. A 2020 article published by the National Center for Biotechnology Information (through the U.S. National Library of Medicine at the National Institutes of Health)⁷ summarized many studies that looked at disparities experienced by individuals who are Hmong. The studies – with varying strengths and generalizability – showed that individuals who are Hmong (compared to different groups, depending on the study), experience higher rates of: some cancers; Hepatitis B; diabetes; gout. Only about 20 percent of Hmong adults smoke. In one study, 50 percent of patients who were Hmong and on hypertension medications were adhering to the medication protocol. Health care-seeking is generally lower and/or later for individuals who are Hmong.

Individuals who are Native / Indigenous:

More than 500 people who identify as Native/Indigenous live in Wood County as of the 2020 Census.⁸ In the United States, the average lifespan for individuals who are Native American is approximately 5 years shorter than the national average.⁹ Individuals who are Native American are three times more likely to die from diabetes complications, are six times more likely to die from alcoholism and were severely affected by COVID-19.¹⁰ Poverty, historical trauma and ACEs (adverse childhood experiences) play a role in these disparities.¹¹

³ Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <https://www.dhs.wisconsin.gov/wish/index.htm>. Population Module, accessed 2/11/22.

⁴ <https://www.familiesusa.org/resources/latino-health-inequities-compared-to-non-hispanic-whites/>

⁵ <https://www.familiesusa.org/resources/latino-health-inequities-compared-to-non-hispanic-whites/>

⁶ Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <https://www.dhs.wisconsin.gov/wish/index.htm>. Population Module, accessed 2/11/22.

⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7494405/>

⁸ U.S. Census Bureau. (2020). <https://data.census.gov/table/DECENNIALDHC2020.P9?g=050XX00US55141>

⁹ Ehrenpreis, Jamie E and Ehrenpreis, Eli D. [A Historical Perspective of Healthcare Disparity and Infectious Disease in the Native American Population](#). Am J Med Sci. 2022 Apr; 363(4): 288-294.

¹⁰ Ibid.

¹¹ Ibid.

Appendix E: Healthcare Facilities and Community Resources

A subset of the healthcare and other resources in the community that can help address community health needs are in the table below. A more comprehensive set of resources can be found at findhelp.org or <https://aspiruscommunity-resources.findhelp.com/>, and then searching by zip code and program need/area.

Agency	Need/Resource
Wood County Health Department	Multiple – Car seats, cribs, WIC program, Healthy Smiles, immunizations, Parents as Teachers, and more
Aspirus Riverview Behavioral Health	Counseling, recovery
Family Center	Domestic Violence
Hannah Center	Domestic Violence
Head Start	Education
Boys & Girls Club of the Wisconsin Rapids Area	Education
Opportunity Development Centers, Inc.	Employment
North Central Community Action Program of Wisconsin Rapids	Employment
Wisconsin Rapids Job Center	Employment
Wood County Farmers Markets	Food
South Wood County Emerging Pantry Shelf (SWEPS)	Food
Aspirus Riverview Hospital Home Delivered Meals	Food
Career Closet	Goods
VA Outpatient Clinic	Healthcare
Aspirus Riverview Hospital and Clinics	Healthcare
Marshfield Medical Center – Marshfield; Marshfield Clinics	Healthcare
Bethel Place	Housing
Mary’s Place	Housing
Community Action Partnership	Multiple – Housing, weatherization, screening for services, skills training
United Way of South Wood County and Adams County	Multiple
Marshfield Area United Way	Multiple
Aging and Disability Resource Center	Multiple – Health classes, equipment lending, Meals on Wheels, benefits support
Hmong American Center	Multiple
Three Bridges Recovery	Substance Use Recovery
River City Cab	Transportation

Appendix F: Evaluation of Impact from the Previous CHNA Implementation Strategy

Although hospitals are usually on a three-year cycle for community health needs assessments, this assessment was completed just two years after the last one. Aspirus Riverview Hospital works closely with the Wood County Health Department. The health department's assessment was being conducted in 2023-2024 and it was the best use of time and resources for the hospital to align with the health department on this cycle.

In FY23 and FY24, Aspirus Health continued to come together as a system. The addition of seven hospitals in FY22 and two hospitals in FY24 continues to result in changes in processes, team structure and related impacts. Aspirus Health is working to strategically build strong, effective community health efforts that meet local needs while accommodating economic and other pressures facing health systems.

The significant health priorities identified in Aspirus Riverview Hospital's FY22 (most recent) CHNA and Implementation Strategy were mental health and substance use. A summary of the impact of efforts to address those needs is below. The summary reflects only FY23 (July 1, 2022-June 30, 2023). At the time of completion of this report, FY24 results were not available. This section of the report will be updated in Fall 2024 to reflect FY24 results.

MENTAL HEALTH AND SUBSTANCE USE

The Aspirus Behavioral Health Clinic in Wisconsin Rapids has continued to grow and is staffed with two full-time therapists, one part-time therapist, two adult physician assistants specializing in psychiatric care and an adult psychiatrist. One adult psychiatric certified nurse practitioner and one child psychiatrist provide outreach to the clinic.

- Aspirus Behavioral Health continues to see a high number of referrals daily; on average the Aspirus system is receiving over 100 referrals a day (Monday – Friday; minimal amounts on the week) and over 2000 referrals a month.
- The Aspirus Behavioral Health Clinic and the Wood County jail continue to have a partnership for mental health services. One full-time and one part-time therapist provide service onsite at the Wood County jail.
- Three telehealth rooms are available for patient telehealth appointments and MyAspirus video visits are available to patients from their homes.
- The Behavioral Health Clinic is continuing to grow the Medication Assisted Treatment (MAT) program. The program supports a full-time MAT nurse, who provides case management for patients with AODA concerns who are prescribed Suboxone, Vivitrol and other treatments for addictions. The adult psychiatrist for Wisconsin Rapids that started in September 2022 is actively growing his Suboxone practice at the Wisconsin Rapids Clinic.

Aspirus Riverview is an active participant on Wood County's substance use coalition, Healthy People Wood County- IMPACT. IMPACT – Inspiring and Mobilizing People to Action for Community Transformation – is a cross-sector collaborative effort involving law enforcement, governmental public health, health care, community non-profits, and other community sectors and residents. IMPACT also encompasses the work of the youth nicotine/tobacco prevention efforts through the Nicotine Prevention Alliance of Central Wisconsin. In calendar year 2022, the coalition:

- Assured the passage of an ordinance that restricts age and proximity of sales of hemp-derived cannabinoids with psychoactive properties (such as delta-8 THC) near youth-friendly locations.
- Implemented Place of Last Drink (POLD). POLD is a law enforcement approach that collects data on the last place an individual who is receiving an alcohol-related citation drank. The database results are used to provide training and resources for establishments that are at risk of over-serving.
- Conducted tobacco sales-to-youth compliance checks through the Wisconsin WINS program.
- Increased access to NARCAN through training and public availability.
- Helped decrease the availability of potentially harmful medications by offering lock boxes, medication deactivation units, and promoting drug take-back days and permanent disposal kiosks in partnership with local law enforcement agencies.

Aspirus contracts with Three Bridges Recovery through the Voices of Recovery ED2 grant to provide peer recovery coaches as a resource to patients affected by substance use disorder (SUD). Aspirus Riverview staff can access these coaches 24 hours a day. The patient can choose to meet with a coach during their time at the hospital or be connected with a coach upon discharge. Navigating recovery resources on your own can be difficult and this service provides a warm hand off to patients, providing them with support on their pathway to recovery.

Aspirus Riverview provides bereavement support. During the pandemic, support was provided through a pre-recorded bereavement service, care packages and regular mailings. Over 115 people were reached in FY23.

The hospital provided funding to a number of local organizations to implement community health improvement strategies to address mental health and substance use:

- Regional National Alliance for Mental Illness (NAMI). Fund supported the continuation of capacity-building for the high school mental health club Raise Your Voice.
- Wisconsin Rapids School District. Funds supported the Families and Schools Together (FAST©) Program in Spring 2023. FAST© -- Elementary School level is an evidence-based program that promotes children's success through strengthened family relationships. Ten

families graduated from the program. Parents reported positive significant improvement with their parent-child relationship and on their children's social competence.

- Wood County Health Department. Funds supported programs such as AmeriCorps and PATCH (Providers and Teens Communicating for Health).
- Boys and Girls Club of the Wisconsin Rapids Area. Funds supported the Club's Project Learn. Project Learn focuses on increasing academic skills and mental health.

OTHER

Aspirus Health, primarily through Care Management, implemented a fruit and vegetable prescription (FVRx) program across the system. Patients with chronic disease were screened for food insecurity and 'prescribed' fruits and vegetables. The FVRx can be used like cash at the local farmers market.

Starting in Spring 2022, Aspirus began participating in a collaborative regional grant project that is focused on increasing food equity at farmers markets. Aspirus continued participating in FY23 and also provided some grantwriting assistance when the group wrote for an implementation grant.

Aspirus provides funding and in-kind time for two community meals per year through The Neighborhood Table. As one strategy to address food insecurity, The Neighborhood Table provides meals once a week and serves approximately 120 people each week.

Aspirus Riverview serves approximately 1300 meals to community members each month. The food is prepared by the hospital's Food and Nutrition Services Department and is delivered by volunteers from the community. Meals are charged at a nominal fee.



[aspirus.org](https://www.aspirus.org)

June 2024