

# Community Health Needs Assessment



## 2024-2027

**ASPIRUS WAUSAU HOSPITAL & CLINICS**

333 Pine Ridge Blvd

Wausau, WI 54401

## Acknowledgements

Aspirus Wausau Hospital is grateful for the collaborative efforts of all agencies in the collection and analysis of data and the facilitation of the LIFE – Local Indicators for Excellence – process. By collaborating on our community efforts, it strengthens opportunities to improve health across the entire central region of Wisconsin. Thank you to numerous community leaders who shared their expertise on the most important health issues facing the community and to the hundreds of community members who responded to a community survey.

This document represents a point in time for Marathon County. We look forward to continued collaboration to create a healthier Marathon County for all.

Respectfully,

Jeff Wicklander  
President, Central Region  
Aspirus Wausau Hospital

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## Executive Summary

### Background

The Aspirus Wausau Hospital Community Health Needs Assessment (CHNA) is based on key community health issues as identified by the *Marathon County LIFE Report*. LIFE stands for Local Indicators for Excellence. The *LIFE Report* is spearheaded by the United Way of Marathon County, and involves a broad group of community businesses, government entities, organizations, and service agencies (including Aspirus Wausau Hospital). The most recent [LIFE Report](#) was released in Summer 2023.

### Research and Findings

This assessment utilized quantitative data regarding health and quality of life from local, state, and federal sources. In addition, primary qualitative research data was gathered by the Survey Research Center (SRC) through the University of Wisconsin-River Falls on behalf of the LIFE Report.

### Priorities

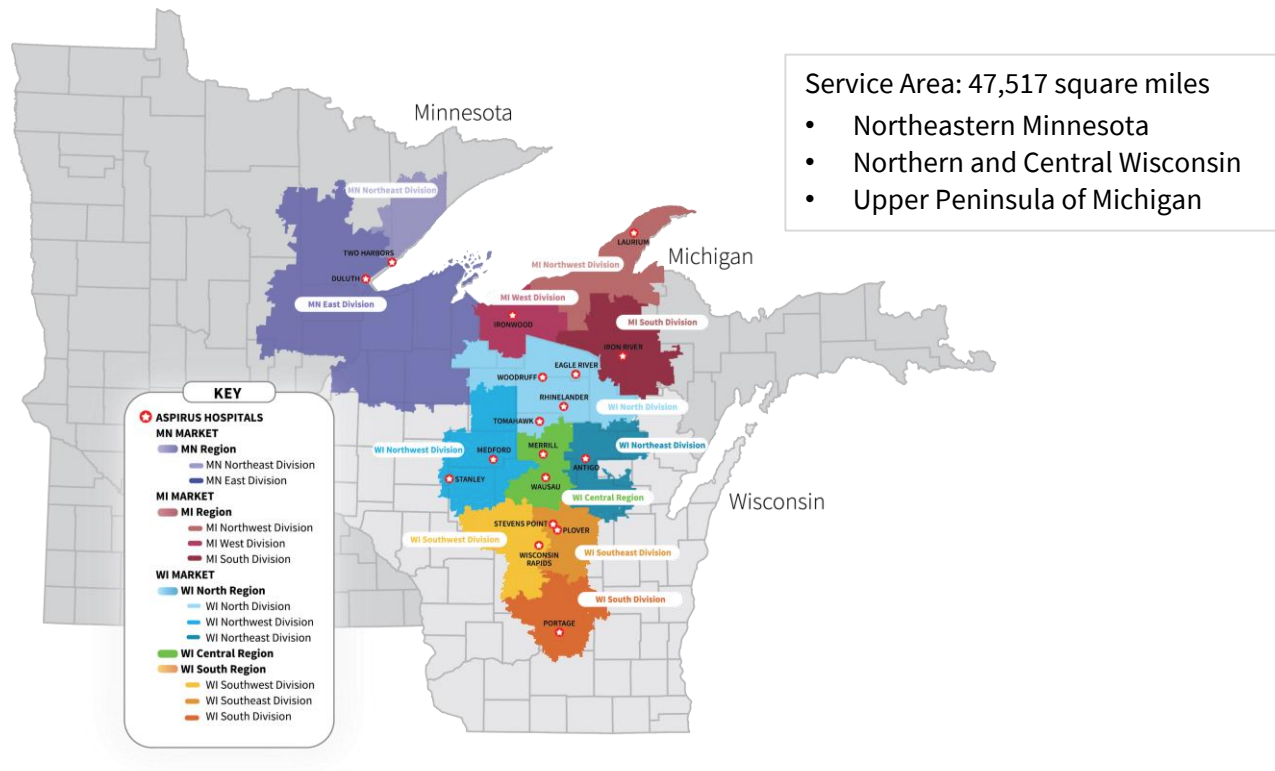
The LIFE Report identified calls to action in four areas: mental health, substance misuse, childcare, and public transportation. Following the release of the LIFE Report, the Healthy Marathon County Alliance also identified falls as a local priority in 2024. Aspirus Wausau Hospital will contribute across all areas as they are able, with their top priorities being:

- Mental health
- Substance use
- Falls prevention

## Aspirus Health and Aspirus Wausau 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 Wausau Hospital

Aspirus Wausau Hospital provides primary, secondary, and tertiary care services as a regional referral center. It is licensed for 325 beds and staffed by 350 physicians in 35 specialties. Specialty referral service emphasis exists in cardiology and cardiothoracic surgery, orthopedics, and cancer. The hospital is continually recognized nationally for the level of care it provides. Aspirus Wausau Hospital has earned high quality ratings or awards from prominent quality agencies such as HealthGrades, Thomson Reuters, Truven Health, Becker's Hospital Review, Mission: Lifeline® and U.S. News & World Report.

## About the Community Health Needs Assessment

For Aspirus, the Community Health Needs Assessment (CHNA) is a way to live out the mission – *to heal people, promote health and strengthen communities* – and extend the vision of the organization – *being a catalyst for creating healthy, thriving communities*. A community health needs assessment is a fundamental tool of public health practice and provides an opportunity for a community to identify and understand what health issues are most important to the local area. Community resources, partnerships and opportunities for improvement can also be identified, forming a foundation for 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.”<sup>1</sup> 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.

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

## Our Community and Demographics

### Community Served

The hospital's service area includes Marathon County as well as portions of surrounding counties. There are two hospitals in the county (including Aspirus Wausau Hospital). Marathon County is a designated Health Professions Shortage Area (HPSA) for mental health (high-need geographic-based) and a portion of Marathon County is a designated HPSA for primary care (population-based).

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

### Demographics

Marathon County is largely rural. The county seat, Wausau, is classified by the U.S. Census Bureau as a "metropolitan statistical area." With a total area of 1,576 square miles, it is the largest county in Wisconsin by land area. The table below outlines some of the basic demographics and related descriptors of Marathon County's population compared to Wisconsin.

Compared to Wisconsin, Marathon County has a <b>higher</b> percentage or proportion of individuals:	Compared to Wisconsin, Marathon County has a <b>similar</b> percentage or proportion of individuals:	Compared to Wisconsin, Marathon County has a <b>lower</b> percentage or proportion of individuals:
Who are White (alone)	Who are over the age of 65	Who are Black or African American
Who are Asian (alone)	Who are high school graduates	Who are American Indian and Alaska Native
In poverty	With a disability	Who identify with two races
Who are Veterans	Using public insurance	Who are Hispanic
Without health insurance		With a bachelor's degree or higher

Compared to Wisconsin, Marathon County also has a:

- Similar median age
- Similar median household income
- Similar proportion of households where a language other than English is the primary language

Demographics of a community helps with understanding changes in the population, economy, social and housing infrastructure.<sup>2</sup> 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.

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

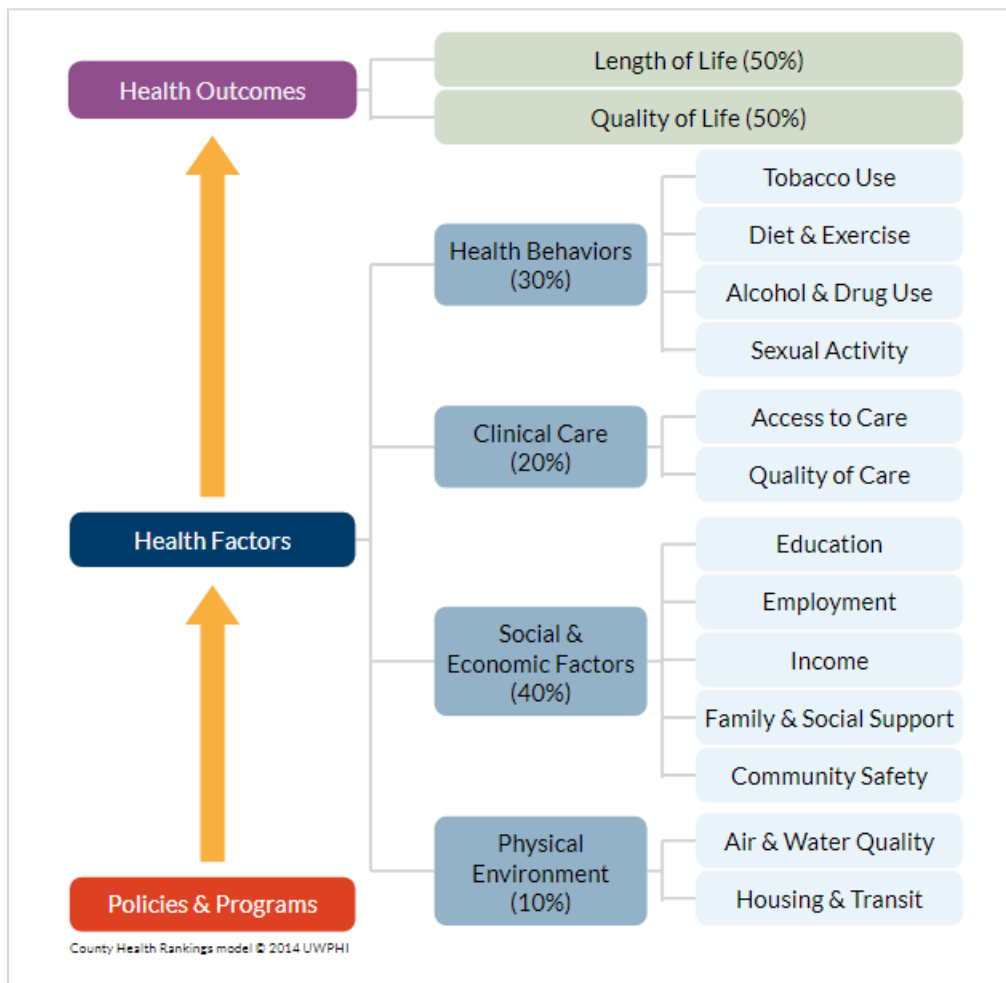


## Process and Methods Used

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 Wausau Hospital, 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 increases the visibility of neighborhood and built environment, social and community context, economic stability and education and their impact on health.



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 Wausau Hospital 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 Wausau Hospital's community health needs assessment is completed as part of the Marathon County LIFE process. LIFE stands for Local Indicators for Excellence. The LIFE process has been conducted every two years since 1995.

The leadership team (Executive Committee) for the LIFE process includes: United Way (lead agency); Aspirus; Marshfield Clinic Health System; Marathon County Health Department. Additional agencies contributed to the process on the Steering Committee, the Advisory Committee and/or one (or more) of the subcommittees (focused on specific topics). A complete list of committee and subcommittee participants can be found on the LIFE report [website](#).

The Survey Research Center at the University of Wisconsin-River Falls was contracted to conduct the survey and compile the results from the local survey.

### **Community Input**

The LIFE process includes multiple opportunities for community input, including a community member survey and key stakeholder input at multiple points in the process. 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.

**Survey**

The survey has evolved over time. The most recent survey was conducted in June and July 2022, with results available Fall 2022. The survey assesses important issues regarding the quality of life in Marathon County. The LIFE Steering Committee contracted with the Survey Research Center (SRC) at the University of Wisconsin-River Falls to conduct the survey and compile results.

The surveys were distributed by mail, direct contact with individuals accessing local non-profit services and direct email (with an electronic link to the survey). Over 450 individuals responded. For additional details on the survey distribution methodology, please see [Appendix B](#). The complete survey results and the full LIFE report are available [online](#).

**Key Stakeholders**

In addition to obtaining input from a cross section of community members, the LIFE process also involved input from key stakeholders at multiple points. Stakeholders participated on the LIFE Steering Committee, Advisory Committee and/or subcommittees. Stakeholders represented different sectors, including: law enforcement; K-12 education; higher education; health care; business and industry; economic development; aging; local governmental public health; organizations that serve individuals with low income (e.g., Salvation Army, Neighbor's Place food pantry); organizations that serve individuals who are Hmong (e.g., Hmong American Center); local policymakers, and more. A complete list of stakeholders is on the LIFE report [website](#).

**Input Received on the Last CHNA**

Input from the LIFE Steering Committee's reflection on the previous LIFE process was taken into consideration when developing the 2023 LIFE report (and subsequently, this CHNA report).

**Health Status Data / Outside Data**

In addition to gathering input directly from community members, the LIFE report 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. Unique to Marathon County, the 2023 LIFE report is powered by [Marathon County PULSE](#), a public online data platform giving users access to current Marathon County population data.

All the data that were used for the assessment are on the PULSE platform. The data, however, are not easily downloadable for a formal written report such as this. Because of that, a subset of the data available from the PULSE platform is included in this report organized in the County Health Rankings and Roadmaps framework in [Appendix C](#).

## Community Needs and Prioritization Process

Multiple steps led to the hospital's prioritization of:

- Mental health
- Substance misuse
- Falls prevention

The first phase of the prioritization was the LIFE process. The outline below provides a high-level overview of the process. Additional details can be found on the PULSE platform ([LIFE report](#)).

- The LIFE process centers on seven areas of focus:
  - Basic Needs
  - Connected
  - Education
  - Economic Environment
  - Energy and Environment
  - Health and Wellness
  - Safety
- Subcommittees comprised of focus area experts met. Those seven subcommittees reviewed community input data from the LIFE survey and secondary data from credible sources. Each subcommittee identified 'calls to action' (top issues) and compiled a short accompanying narrative.
- The calls to action from each of the seven subcommittees were brought forward.
  - First, the calls to action were shared with an Advisory Committee. The Advisory Committee was a group of leaders in the community who had not been involved in the LIFE process. They were asked to review the calls to action and identify any gaps, clarifications, confusions, etc. As a result of this meeting, some of the calls to action were re-worded.
  - Second, the revised calls to action were shared with the Steering Committee. The Steering Committee conducted a prioritization process to identify the final calls to action.

The results of the LIFE process were five calls to action in four focus areas:

- Mental Health
  - Reducing barriers for individuals seeking mental health care and for mental health care providers to expand services is vital.
  - Expanding and investing in comprehensive school-based mental health services in Marathon County school districts is essential to ensuring youth have access to the support and resources they need.
- Substance Misuse
  - Efforts to expand prevention, treatment, harm reduction, and recovery must continue to occur in Marathon County.

- Childcare
  - Childcare needs additional long-term public and private investment so children can have high-quality care and education, parents remain in the workforce, and those who work in childcare can earn enough to support their own families.
- Public Transportation
  - Municipalities need to consider support for and funding a public bus system with routes throughout the Wausau Metro Area.

In the second phase of the prioritization process, the hospital and its community partners – as part of the Healthy Marathon County Alliance – worked together to further discern priorities and strategies. The Healthy Marathon County Alliance is the community partnership that helps oversee implementation efforts.

Although the Alliance initially prioritized mental health, substance misuse and housing/income, capacity and momentum led to the latter being changed to falls prevention. The Healthy Marathon County Alliance Community Health Improvement Plan is on the health department's [website](#).

In the final phase of the prioritization process, the Aspirus Community Health team brought the above information as well as a recommendation to the Aspirus Wausau Hospital leadership team.

### Criteria

The recommendation brought to the Aspirus Wausau Hospital leadership team was shaped by the following criteria:

- **Community members' input** – In the LIFE community survey, what were the top health issues?
- **Community infrastructure** – What other organizations are working on the issue? Are there current programs or projects centered on the issue?
- **Internal infrastructure and capacity** – What are Aspirus' strengths? In what community health areas can we add value or capacity?
- **Scale and scope of the issue** – How many people are affected? How severe is the illness?
- **Momentum** – What health issues is the community energized by, ready to address or have high enthusiasm for?

## Final Prioritized Needs

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

- Mental health
- Substance misuse
- Falls prevention

## Needs Not Selected

The needs that were not prioritized by the hospital are:

- Childcare
- Public transportation
- Housing / Income

Childcare, public transportation and housing / income are all infrastructure issues that are essential to healthy living and a healthy community. Aspirus will collaborate on these and other infrastructure issues, however, Aspirus does not have the internal capacity or expertise to lead.

A brief overview of each of Aspirus Wausau Hospital's priorities is on the next three pages.

## Healthcare Facilities and Community Resources

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

## Mental Health

### Why is it Important?

Approximately 20 percent of the population experiences a mental health problem during any given year.<sup>1</sup> 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.<sup>2</sup> Economic challenges (e.g., unemployment, poverty) are associated with poor mental health.<sup>3</sup> During the COVID pandemic, depression, anxiety and suicidal ideation have increased and access to mental health providers and treatment has been limited.<sup>4</sup>

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 MĒ, 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>

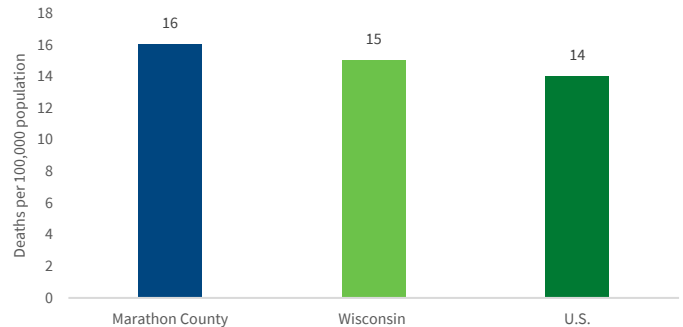
### Disparities and Equity

- Individuals with less than a high school education are more than twice as likely to have frequent mental distress compared to individuals with a college degree.<sup>5</sup>
- Women have a 70% higher rate of depression compared to men.<sup>5</sup>
- 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.<sup>5</sup>
- Poor family relationships can increase the likelihood of depression. Some individuals are at higher risk of poor family relationships – individuals who identify as LGBTQ, persons with disabilities and their caretakers, and individuals who suffered from child abuse and neglect.<sup>6</sup>

Sources: (5) 2021 America’s Health Rankings, Executive Summary. [https://assets.americashealthrankings.org/app/uploads/2021\\_ahr\\_health-disparities-report\\_executive\\_brief\\_final.pdf](https://assets.americashealthrankings.org/app/uploads/2021_ahr_health-disparities-report_executive_brief_final.pdf) (6) Shim, Ruth S; Ye, Jiali; Baltus, 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/>

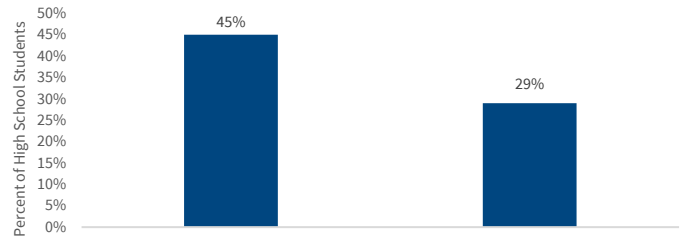
### Data Highlights

#### Suicide



Source: 2023 County Health Rankings

#### Student Anxiety and Depression Marathon County



Source: 2021 Youth Risk Behavior Survey (available on the Marathon County Pulse platform)

“Youth depression and anxiety is increasing significantly in Marathon County, especially amongst minority populations and students who identify as Lesbian, Gay, Bisexual, or Transgender (LGBT).” ([2023 LIFE Report Snapshot](#))

### Community Perceptions & Challenges

- Mental health is among the top concerns reported by Marathon County teens in the Youth Risk Behavior Survey.
- Marathon County has been experiencing an increase of reported poor mental health days.



## 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.<sup>1</sup> Approximately 88,000 deaths annually in the U.S. are attributed to excessive drinking (2006-2010).<sup>2</sup> Drug and alcohol use can also lead to costly physical, mental and public health problems such as teen pregnancy, HIV/AIDS and other STDs.<sup>1</sup> Interactions between prescription medications and alcohol can contribute to falls, which can result in injuries and death.<sup>3</sup> 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.<sup>4</sup>

Sources: (1) Healthy People 2020; (2) Center of Disease Control and Prevention; (3) Wisconsin Alcohol Policy Project; (4) Czeisler MĚ, 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

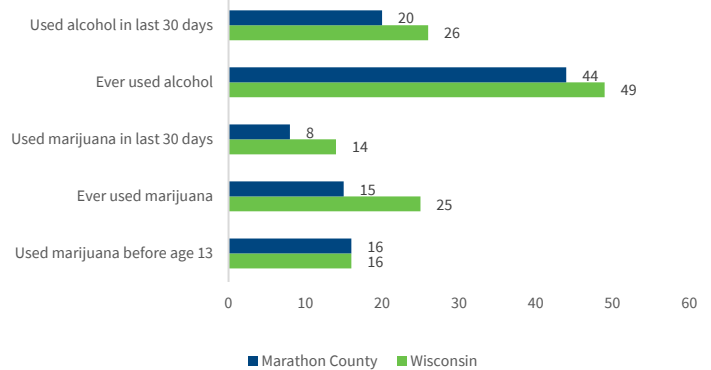
- Smoking rates have decreased for many populations – college graduates, individuals who are multi-racial, individuals who are Black and individuals who are white. Disparities, however, persist. Compared with individuals who are Asian / Pacific Islander, smoking occurs at higher rates with individuals 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.<sup>5</sup>

- 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.<sup>6</sup>

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*)

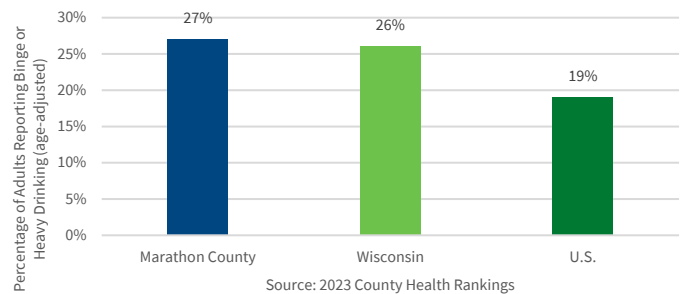
### Data Highlights

#### Youth Substance Use



Source: 2021 Youth Risk Behavior Survey (available on the Marathon County Pulse data platform)

#### Excessive Drinking



Source: 2023 County Health Rankings

- Percentage of adults who smoke (2020): 18% Marathon County; 16% Wisconsin; 16% United States. (Source: 2023 County Health Rankings and Roadmaps)
- Number of overdose deaths in Marathon County (2022): 30. (Source: Wisconsin Department of Health Services, Wisconsin Interactive Statistics on Health)

### Community Perceptions & Challenges

- Three of the top six most-concerning community issues in the LIFE community survey were alcohol, drug and prescription-related.
- Approximately 1 in 3 LIFE survey respondents binge drank in the previous 30 days.

## Falls Prevention

### Why is it Important

Falls are a leading cause of unintentional injury and injury death. Falls commonly produce bruises, hip fractures, and head trauma. These injuries can increase the risk of early death and can make it difficult for older adults to live independently. Most fatal falls occur among adults aged 65 or over. Falls are also the leading cause of work-related injury death, especially among construction workers. Most falls are preventable. Effective prevention strategies create safer environments and reduce risk factors, from installing handrails and improving lighting and visibility, to reducing tripping hazards and exercising regularly to enhance balance.<sup>1</sup>

A recent study found that despite prevention efforts, the rate of older-adult fall injuries is increasing nationally.<sup>2</sup>

(1) Excerpted verbatim from Marathon County Pulse, [Marathon County Pulse :: Indicators :: Age-Adjusted Death Rate due to Falls :: County : Marathon](#)  
 (2) Institute for Healthcare Policy and Innovation, University of Michigan. [More adults are falling every year, despite prevention efforts \(umich.edu\)](#) (press release). February 23, 2022.

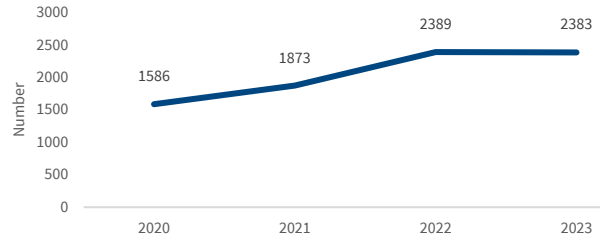
### Disparities and Equity

- Although some studies report higher death rates due to falls for women (compared to men),<sup>3</sup> the number of falls deaths for women and men in Marathon County are comparable.<sup>4</sup>
- Nearly all the deaths due to falls in Marathon County are with individuals over the age of 65.<sup>5</sup>
- There is high variability between regions in the United States.<sup>6</sup>

(3) Deandrea S, Lucenteforte E, Bravi F, Foschi R, La Vecchia C, Negri E. [Risk Factors for Falls in Community-dwelling Older People: A... : Epidemiology \(lww.com\)](#). 2010 Sep;21(5):658-68. doi: 10.1097/EDE.0b013e3181e89905. PMID: 20585256.  
 (4) [Marathon County Pulse :: Indicators :: Age-Adjusted Death Rate due to Falls :: County : Marathon](#)  
 (5) [Marathon County Pulse :: Indicators :: Number of Deaths due to Falls :: County : Marathon](#)  
 (6) Institute for Healthcare Policy and Innovation, University of Michigan. [More adults are falling every year, despite prevention efforts \(umich.edu\)](#) (press release). February 23, 2022.

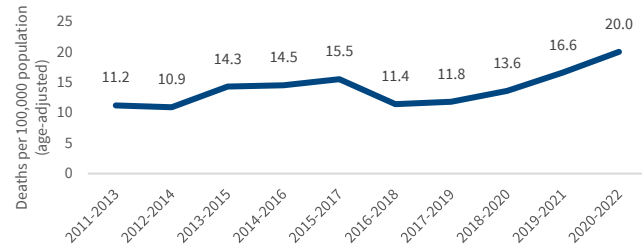
### Data Highlights

**Fall-Related Emergency Medical Services (EMS) Calls in Marathon County for Patients age 60+**



Source: Wisconsin Ambulance Run Data System (available on the Marathon County Pulse data platform)

**Death Rate due to Falls Marathon County**



Source: Wisconsin Department of Health Services (available on the Marathon County Pulse data platform)

### Additional data:

- Fall-related injury deaths (2022): Marathon County 48 (2022) (Source: Wisconsin Department of Health Services, Wisconsin Interactive Statistics on Health/Marathon County Pulse)
- Wisconsin has the highest fall-related death rate in the country (2021): 176.5 per 100,000 population; 78 for the U.S.; 30.7 for the state with the lowest rate (Alabama). (Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention)

### Community Perceptions & Challenges

- The number individuals in Marathon County age 65 and over is expected to increase from 18,988 in 2010 to 36,470 in 2040. (Source: WI Department of Health Services, Division of Long Term Care. <https://www.dhs.wisconsin.gov/aging/demographics.htm>)
- The increase in the number of older individuals will impact the number of falls which will impact EMS and Emergency Departments and other services.

## Health Equity and Social Determinants of Health

“Do the best you can until you know better. Then when you know better, do better.” This quote from Maya Angelou characterizes Aspirus’ journey in improving health equity and addressing social determinants of health. The research-based models from the [County Health Rankings and Roadmaps](#) and [Healthy People 2030](#) both highlight how factors outside the walls of the clinic or hospital have a substantial impact on health. Additionally, research shows that some groups of people are more (or less) at risk for certain illnesses and diseases. With this understanding of health in our communities, Aspirus is advancing health equity and social needs strategies across health priority areas.

## Evaluation of Impact from the Previous CHNA Implementation Strategy

Aspirus Wausau Hospital’s priority health issues from the previous CHNA included:

- Substance use
- Mental health
- Diversity, inclusion and belonging

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

## Approval by the Hospital Board

The CHNA report was reviewed and approved by the Aspirus Wausau Board of Directors on May 22, 2024.

## Conclusion

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

## Appendices

## Appendix A: Demographics

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

	Marathon County	Wisconsin
<b>Population</b>	138,013	5,892,539
<b>Age &lt;18</b>	22.3%	21.1%
<b>Age 65+</b>	19.3%	18.7%
<b>Median age</b>	41.2	40.4
<b>White alone</b>	86.9%	80.4%
<b>Black or African American alone</b>	0.9%	6.4%
<b>American Indian and Alaska Native alone</b>	0.5%	1.0%
<b>Asian alone</b>	6.2%	3.0%
<b>Two or more races</b>	4.3%	6.1%
<b>Hispanic or Latino</b>	3.2%	7.6%
<b>Language other than English spoken at home</b>	7.2%	8.7%
<b>High school graduate or higher</b>	92.2%	93.6%
<b>Bachelor's Degree or Higher</b>	29.3%	33.2%
<b>Individuals who are veterans</b>	7.2%	6.1%
<b>Individuals with disabilities</b>	11.7%	12.5%
<b>Persons in poverty</b>	11.7%	10.7%
<b>Median household income</b>	\$69,740	\$70,996
<b>Percent uninsured</b>	6.3%	5.2%
<b>Percent using public insurance (Medicaid, Medicare, veterans benefits, etc.)</b>	36.8%	35.7%

Sources: U.S. Census. [https://data.census.gov/profile/Marathon\\_County\\_Wisconsin?g=050XX00US55073](https://data.census.gov/profile/Marathon_County_Wisconsin?g=050XX00US55073) and <https://data.census.gov/profile/Wisconsin?g=040XX00US55> and corresponding tables. And American Community Survey table S2704. All accessed April 14, 2024.

### 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 Hmong:** Approximately 6.2 percent of the residents of Marathon County are Asian.<sup>3</sup> In Marathon 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)<sup>4</sup> 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 Hispanic:** Approximately 3.2 percent of the residents of Marathon County are Hispanic.<sup>5</sup> 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.<sup>6</sup> 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.<sup>7</sup>

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<sup>3</sup> U.S. Census. [https://data.census.gov/profile/Marathon\\_County\\_Wisconsin?g=050XX00US55073](https://data.census.gov/profile/Marathon_County_Wisconsin?g=050XX00US55073) and <https://data.census.gov/profile/Wisconsin?g=040XX00US55> and corresponding tables. And American Community Survey table S2704. All accessed April 14, 2024

<sup>4</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7494405/>

<sup>5</sup> U.S. Census. [https://data.census.gov/profile/Marathon\\_County\\_Wisconsin?g=050XX00US55073](https://data.census.gov/profile/Marathon_County_Wisconsin?g=050XX00US55073) and <https://data.census.gov/profile/Wisconsin?g=040XX00US55> and corresponding tables. And American Community Survey table S2704. All accessed April 14, 2024.

<sup>6</sup> <https://www.familiesusa.org/resources/latino-health-inequities-compared-to-non-hispanic-whites/>

<sup>7</sup> <https://www.familiesusa.org/resources/latino-health-inequities-compared-to-non-hispanic-whites/>

## Appendix B: Community Survey

In order to assess important issues regarding the quality of life in Marathon County, the LIFE Steering Committee contracted with the Survey Research Center (SRC) at the University of Wisconsin-River Falls to issue a community survey and analyze the results. The survey, reflective of previous LIFE surveys, was sent in June and July 2022 and the [results](#) were compiled in Fall 2022. Data were gathered in three ways:

1. A six-page paper survey was sent to 1,434 households in Marathon County. 75% of the surveys were mailed to a random sample of county residents to the populations under age 35, have incomes under \$25,000, and who might identify as individuals of color. This intentional oversampling was done in order to help ensure individuals with those voices were represented in the responses. (Survey response rates from individuals with low income, who are younger and who are persons of color can be lower than for other groups.)
2. One hundred surveys were distributed to selected Marathon County non-profit partners. The partners were asked to invite their clients/participants/customers to complete the survey.
3. A link to an electronic version of the survey was emailed to approximately 2,000 Marathon County residents.

The SRC used the Dillman Method for the 1,434 households who received the mailed paper survey. Each person in the sample was sent a survey initially. Those who had not returned their survey within two weeks were sent a postcard reminding them to complete the survey. Two weeks after the postcard, those who had still not responded received a second postcard.

The SRC received the following number of responses from these three sources:

- 402 paper surveys from the mail out and the non-profit partners
- 61 on-line surveys.

The full LIFE Report is available [online](#). Top issues are listed below.

Top areas of <u>concern</u> for community members:	Top areas of <u>satisfaction</u> for community members:
<ul style="list-style-type: none"> <li>• Texting and driving</li> <li>• Illegal drug use</li> <li>• Drinking and driving</li> <li>• Affordability of health care</li> <li>• Availability of jobs that pay enough</li> <li>• Abuse and misuse of prescription drugs</li> </ul>	<ul style="list-style-type: none"> <li>• Availability of parks, recreation and open natural areas</li> <li>• Availability of health care</li> <li>• Availability of dental care</li> <li>• Availability of safe places to walk and bike</li> <li>• Availability of arts and entertainment</li> <li>• Availability of family-friendly activities</li> </ul>

### Appendix C: Health Status Data and Outside Sources

The tables below provide an overview of how Marathon 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: Marathon 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)	Marathon County	Wisconsin	United States	Better / Worse than Wisconsin
<b>Premature death</b>	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	2018-2020	No trend	Asian 6600 White 5400	5500	6600	7300	Better
<b>Poor or fair health</b>	Percentage of adults reporting fair or poor health (age-adjusted)	2020	Not available or included	Not available or included	11%	12%	12%	Better
<b>Poor physical health days</b>	Average number of physically unhealthy days reported in the last 30 days (age-adjusted)	2020	Not available or included	Not available or included	3	3.2	3.0	Better
<b>Poor mental health days</b>	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
<b>Low birthweight</b>	Percentage of live births with low birthweight (<2500 grams)	2014-2020	Not available or included	Asian 7% Black 17% Hispanic 7% White 7%	7%	8%	8%	Better
<b>Life expectancy</b>	Average number of years a person can live	2018-2020	Not available or included	Asian 78.8 Hispanic 98.4 White 80.1	80.1	78.9	78.5	Better
<b>Premature age-adjusted mortality</b>	Number of deaths among residents under age 75 per 100,000 population (age-adjusted)	2018-2020	Not available or included	Not available or included	280	320	360	Better
<b>Child mortality</b>	Number of deaths among children under age 18 per 100,000 population	2017-2020	Not available or included	Not available or included	30	50	50	Better
<b>Infant mortality</b>	Number of all infant deaths (within 1 year), per 1000 live births	2014-2020	Not available or included	Not available or included	4	6	6	Better



<b>Frequent physical distress</b>	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	9%	10%	9%	Better
<b>Frequent mental distress</b>	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	14%	13%	14%	Worse
<b>Diabetes prevalence</b>	Percentage of adults aged 20 and above with diagnosed diabetes	2020	Not available or included	Not available or included	9%	8%	9%	Worse
<b>HIV prevalence</b>	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	58	134	380	Better
<b>Age-adjusted cancer incidence</b>	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	459.7	465.5	NA	Better
<b>Deaths due to cancer</b>	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	140.9	152.5	NA	Better
<b>Deaths due to cardiovascular disease</b>	Number of deaths due to cancer per 100,000 population (age-adjusted)	2022	Not available or included	Not available or included	170.8	166.4	NA	Same/Worse
<b>Drug overdose deaths</b>	Number of deaths due to drug overdose per 100,000 residents (age-adjusted)	2022	Not available or included	Not available or included	22.3	32.2	NA	Better
<b>Opioid-related hospital discharges</b>	Number of opioid-related hospital discharges per 100,000 population (age-adjusted)	2022	Not available or included	Not available or included	129.4	268.3	NA	Better
<b>Alcohol-attributable deaths</b>	Number of deaths attributable to alcohol per 100,000 population	2022	Marathon County: 2022 was the highest level since 2014	WI rates higher for: men (vs women); non-Hispanic (vs Hispanic); Native American, Black and White (vs Asian and multi-race)	59.2	57	NA	Same/Worse

<b>Chronic alcohol hospitalizations (emergency room)</b>	Chronic alcohol hospitalizations per 100,000: Emergency room	2022	WI -- decreasing since 2018	Not available or included	653.1	601.1	NA	Worse
<b>Chronic alcohol hospitalizations (inpatient)</b>	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)	469.0	539.6	NA	Better
<b>Deaths due to falls</b>	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 February 28, 2024.
- National Cancer Institute, State Cancer Profiles. Accessed May 6, 2024.
- Wisconsin Department of Health Services, multiple reports and queries, including:
  - 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 5/6/2024.
  - 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 05/06/2024. (There were 30 drug overdose deaths in Marathon 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 05/06/2024. (There were 173 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 82 alcohol-attributable deaths in Marathon 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)	Marathon County	Wisconsin	United States	Better / Worse than Wisconsin
<b>Uninsured</b>	Percentage of population under age 65 without health insurance	2020	Improving	Not available or included	7%	7%	10%	Same
<b>Uninsured children</b>	Percentage of children under age 19 without health insurance	2020	Improving	Not available or included	5%	4%	5%	Worse
<b>Primary care physicians</b>	Ratio of population to primary care physicians	2020	Improving	NA	1030:1	1240:1	1310:1	Better
<b>Other primary care providers</b>	Ratio of population to primary care providers other than physicians	2022	Not available or included	NA	610:1	720:1	810:1	Better
<b>Dentists</b>	Ratio of population to dentists	2021	Improving	NA	1320:1	1380:1	1380:1	Better
<b>Mental health providers</b>	Ratio of population to mental health providers	2022	Not available or included	NA	460:1	420:1	340:1	Worse
<b>Mammography screening</b>	Percentage of female Medicare enrollees ages 65-74 that received an annual mammogram screening	2020	No trend	21% Asian 59% Hispanic 50% White	49%	43%	37%	Better
<b>Flu vaccinations</b>	Percentage of fee-for-service Medicare enrollees that had an annual flu vaccination	2020	Improving	50% Am. Ind. & Alaska Native 45% Asian 29% Black 54% Hispanic 56% White	55%	56%	51%	Same/Worse

Source:

- 2023 County Health Rankings and Roadmaps website. Accessed February 28, 2024.

Physical Environment								
Measure	Description	Year(s) of Data	Trend (County)	Disparities Data (County)	Marathon County	Wisconsin	United States	Better / Worse than Wisconsin
<b>Air pollution -- particulate matter</b>	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	2019	Improving	Not available or included	7.8	7.8	7.4	Same
<b>Drinking water violations</b>	Indicator of the presence of (public source) drinking water (EPA) violations	2021	Not available or included	Not available or included	No	NA	NA	NA
<b>Severe housing problems</b>	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	11%	13%	17%	Better
<b>Driving alone to work</b>	Percentage of the workforce that drives alone to work	2017-2021	Not available or included	Asian 66% Hispanic 76% White 80%	79%	78%	73%	Same/Worse
<b>Long commute - - driving alone</b>	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	17%	28%	37%	Better
<b>Traffic volume</b>	Average traffic volume per meter of major roadways in the county	2019	Not available or included	NA	256	527	505	Better
<b>Homeownership</b>	Percentage of occupied housing units that are owned	2017-2021	Not available or included	Not available or included	72%	67%	65%	Better
<b>Severe housing cost burden</b>	Percentage of households that spend 50% or more of their household income on housing	2017-2021	Not available or included	Not available or included	8%	11%	14%	Better
<b>Broadband access</b>	Percentage of households with broadband internet connection	2017-2021	Not available or included	Not available or included	87%	86%	87%	Same/Better

<b>Alcohol Outlet Density</b>	Crude rate of alcohol licenses per 500 people	2020-2021	Not available or included	Not available or included	1.5	1.5	NA	Same
<b>Motor vehicle-related fatalities</b>	Percent of fatal motor vehicle crashes involving cyclists or pedestrians	2015-2019	Increasing in WI; increasing in Marathon County	Not available or included	11.9%	13.3%	NA	Better
<b>Arsenic (private wells)</b>	Percent of test results for arsenic that exceed EPA standard of 10 ug/L	1988-2021	Not available or included	Not available or included	2.4%	5.4%	NA	Better
<b>Nitrates (private wells)</b>	Percent of test results for nitrates that exceed EPA standard of 10 mg/L	1988 - 2021	Not available or included	Not available or included	10.8%	10.9%	NA	Better
<b>Carbon monoxide poisoning</b>	Annual average rate of emergency room visits related to unintentional CO poisoning, age-adjusted per 100,000 people	2017-2021	Flat in WI; decreasing in Marathon County	Not available or included	7.4	7.8	NA	Worse
<b>Childhood lead poisoning</b>	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	Not available or included	Not available or included	1.6%	2.8%	NA	Better
<b>Radon</b>	Percent of radon tests with results at or above EPA standard of 4pCi/L	2022	Not available or included	Not available or included	57.0%	41.0%	NA	Same/Worse
<b>Asthma</b>	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	14.9	27.2	NA	Better

<b>COPD</b>	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	28	36.3	NA	Better
<b>Lyme Disease</b>	Crude rate of confirmed and probable Lyme disease cases per 100,000 people	2021	Fluctuating in WI; decreasing in Marathon County	Not available or included	33.4	37.2	NA	Worse
<b>Social Vulnerability Index (SVI)</b>	On a scale of 0-1, where 1 is the greatest vulnerability	2020	Not available or included	NA	0.18	0.24	NA	Better

## Sources:

- 2023 County Health Rankings and Roadmaps website. Accessed February 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, Marathon County

Health Behaviors								
Measure	Description	Year(s) of Data	Trend (County)	Disparities Data (County)	Marathon County	Wisconsin	United States	Better / Worse than Wisconsin
<b>Adult smoking</b>	Percentage of adults who are current smokers (age-adjusted)	2020	Not available or included	Not available or included	18%	16%	16%	Worse
<b>Adult obesity</b>	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	34%	33%	32%	Same/Worse
<b>Food environment index</b>	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)	2019 & 2020	Not available or included	NA	8.7	8.8	7	Same
<b>Physical inactivity</b>	Percentage of adults age 20 and over reporting no leisure-time activity	2020	Not available or included	Not available or included	20%	20%	22%	Same
<b>Access to exercise opportunities</b>	Percentage of population with adequate access to locations for physical activity	2022 & 2020	Not available or included	NA	72%	84%	84%	Worse
<b>Excessive drinking</b>	Percentage of adults reporting binge or heavy drinking (age-adjusted)	2020	Not available or included	Not available or included	27%	26%	19%	Same/Worse
<b>Alcohol-impaired driving deaths</b>	Percentage of driving deaths with alcohol involvement	2016-2020	Improving	Not available or included	14%	36%	27%	Better
<b>Sexually transmitted infections</b>	Number of newly diagnosed chlamydia cases per 100,000 population	2020	Worsening	Not available or included	282.3	456.20	481.3	Better
<b>Teen births</b>	Number of births per 1000 female population ages 15-19	2014-2020	Not available or included	Asian 21 Black 25 Hispanic 25 White 11	13.0	14.0	19.0	Better
<b>Food insecurity</b>	Percentage of population who lack adequate access to food	2020	Not available or included	Not available or included	8%	7%	12%	Worse
<b>Limited access to healthy foods</b>	Percentage of the population who are low income and do	2019	Not available or included	Not available or included	6%	5%	6%	Worse

	not live close to a grocery store							
<b>Drug overdose deaths</b>	Number of drug poisoning deaths per 100,000 population	2018-2020	Not available or included	Not available or included	10	22	23	Better
<b>Motor vehicle crash deaths</b>	Number of motor vehicle crash deaths per 100,000 population	2014-2020	Not available or included	Not available or included	9	10	12	Better
<b>Insufficient sleep</b>	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

Sources:

- 2023 County Health Rankings and Roadmaps website. Accessed February 28, 2024.



Social and Economic Factors								
Measure	Description	Year(s) of Data	Trend (County)	Disparities Data (County)	Marathon County	Wisconsin	United States	Better / Worse than Wisconsin
<b>High school completion</b>	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
<b>Some college</b>	Percentage of adults ages 25-44 with some post-secondary education	2017-2021	Not available or included	Not available or included	71%	70%	67%	Same
<b>Unemployment</b>	Percentage of the population ages 16 and older unemployed but seeking work	2021	No trend	Not available or included	3.0%	3.8%	5.4%	Better
<b>Children in poverty</b>	Percentage of people under age 18 in poverty	2021	Worsening	12% Asian 23% Black 31% Hispanic 7% White	10%	14%	17%	Better
<b>Income inequality</b>	Ratio of household income at the 80th percentile to income at the 20th percentile	2017-2021	Not available or included	Not available or included	3.8	4.2	4.9	Better
<b>Children in single-parent households</b>	Percentage of children that live in a household headed by a single parent	2017-2021	Not available or included	Not available or included	16%	23%	25%	Better
<b>Social associations</b>	Number of membership associations per 10,000 population	2020	Not available or included	Not available or included	12.8	11.2	9.1	Better
<b>Injury deaths</b>	Number of deaths due to injury per 100,000 population	2016-2020	Not available or included	Not available or included	64	89	76	Better
<b>High school graduation</b>	Percentage of 9th grade cohort that graduates in 4 years	2019-2020	Not available or included	Not available or included	95%	90%	87%	Better
<b>Disconnected youth</b>	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
<b>Reading scores</b>	Average grade level performance for third graders on English Language Arts standardized tests	2018	Not available or included	Asian 2.8 Black 2.7 Hispanic 2.8 White 3.3	3.1	3.0	3.1	Same/Better

<b>Math scores</b>	Average grade level performance for third graders on math standardized tests	2018	Not available or included	Asian 2.7 Black 2.5 Hispanic 2.7 White 3.3	3.1	3.0	3.0	Same/Better
<b>Median household income</b>	The income where half of households in a county earn more and half earn less	2021	Not available or included	Asian \$92,700 Hispanic \$47,600 White \$69,000	\$74,100	\$67,200	\$69,700	Better
<b>Children eligible for free or reduced price lunch</b>	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	38%	43%	53%	Better
<b>Residential segregation - Black/White</b>	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	68	77	63	Better
<b>Homicides</b>	Number of deaths due to homicide per 100,000 population	2014-2020	Not available or included	Not available or included	1	4	6	Better
<b>Suicides</b>	Number of deaths due to suicide per 100,000 population (age-adjusted)	2016-2020	Not available or included	Not available or included	16	15	14	Same/Worse
<b>Firearm fatalities</b>	Number of deaths due to firearms per 100,000 population	2016-2020	Not available or included	Not available or included	9	11	12	Better
<b>Juvenile arrests</b>	Rate of delinquency cases per 1000 juveniles	2019	Not available or included	Not available or included	11	--	24	NA
<b>Domestic violence incidents</b>	Number of domestic violence incidents (number, not rate)	2018 (most recent year in database)	Marathon County 2013-2018: highest number 721 (2016); lowest number 635 (2014)	Not available or included	679	30,999	NA	NA

<b>Child victimization rate</b>	The number of child victims per 1000 population	2022	Not available or included	Not available or included	1.8	3.2	NA	Better
<b>School segregation</b>	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	0.09	0.27	0.25	Better
<b>School funding adequacy</b>	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	\$3,138	\$2,260	\$1,062	NA
<b>Gender pay gap</b>	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	0.82	0.80	0.81	Same/Better
<b>Living wage</b>	The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one	2022	Not available or included	Not available or included	43.62	46.29	--	NA

	adult and two children							
<b>Childcare cost burden</b>	Childcare costs for a household with two children as a percent of median household income	2022 & 2021	Not available or included	NA	26%	28%	27%	Better
<b>Childcare centers</b>	Number of childcare centers per 1,000 population under 5 years old	2010-2022	Not available or included	NA	6	6	7	Same
<b>Voter turnout</b>	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	74.8%	75.1%	67.9%	Same
<b>Census participation</b>	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	77.6%	--	65.2%	NA

Sources:

- 2023 County Health Rankings and Roadmaps website. Accessed February 28, 2024.
- Wisconsin Department of Justice, Domestic Abuse Data website. Accessed Spring 2024. Most recent data are from 2018.
- Wisconsin Department of Children and Families. Wisconsin Child Abuse and Neglect Report. Annual Report for Calendar Year 2022 to the Governor and Legislature. Released December 2023.

## Appendix D: 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](http://findhelp.org) or <https://aspiruscommunity-resources.findhelp.com/>, and then searching by zip code and program need/area.

### Healthcare facilities:

- Aspirus Wausau Hospital
- Marshfield Clinic Health System
- Bridge Community Clinic
- Northcentral Healthcare

### Other organizations:

- Marathon County Alcohol and Other Drug Partnership Council
- The Neighbor's Place
- Boys and Girls Club
- The Women's Community
- Head Start
- Start Right
- Multiple Food Pantries
- UW-Extension
- Marathon County Health Department
- United Way
- Community Campus Partners

## Appendix E: 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 Wausau Hospital works closely with its community partners through the LIFE process. The most recent LIFE cycle concluded in Spring 2023. The LIFE process partners are moving from a 2-year cycle to a 3-year cycle. As a way to stay aligned with the process, Aspirus Wausau Hospital completed this assessment and the corresponding plan one year early.

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.

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

- Mental Health
- Substance Use
- Diversity, inclusion and belonging

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**

Aspirus Wausau Hospital provided funding and in-kind time (expertise, technical assistance) for the following activities:

- Raise Your Voice clubs. Raise Your Voice (RYV) is a school club developed by NAMI (National Alliance on Mental Illness) to increase the discussion around mental health. Aspirus provided funding for five local schools to implement the program. In 2022-23, 205 students from three high schools in the region participated.
- Mental health awareness. Aspirus supported a mental health series in partnership with the local TV station. Aspirus mental health professionals provided expertise.
- Rise Up. Rise Up is a non-profit with a mission to heal, strengthen and unify the community through art working with those experiencing addiction and other mental health issues. Rise Up uses a multi-month mural development process to engage and inspire individuals. Aspirus helps fund the program and also gives in-kind time to help build and sustain the organization.

Aspirus provided funding for:

- A mental health room at a small rural school. The room provides students with a safe, soothing space to decompress during the school day.
- Substance use recovery services (in another region of the state).

Aspirus Wausau Hospital provides in-kind time and expertise for the following activities:

- Marathon County Alcohol and Other Drug Partnership. Aspirus is on the Partnership board and participates in educational events.
- Fatal Overdose Death Review Team. Aspirus contributes its expertise to the county's Fatal Overdose Death Review Team. The Team reviews deaths as a way to identify opportunities for prevention.

### **DIVERSITY, INCLUSION and BELONGING**

Aspirus Wausau Hospital helped fund a documentary about Afghan refugees. Additionally, for the documentary, Aspirus physicians shared why they (personally) supported refugee families and why they (professionally) committed to providing health care for refugee families in a culturally appropriate way.

*In addition to those formal priority areas, Aspirus is also working to address social determinants of health as described below.*

### **SOCIAL DETERMINANTS OF HEALTH**

Aspirus Wausau Hospital provided funding and in-kind time (expertise, technical assistance) for the following activities:

- Access to healthy foods. Aspirus Wausau Hospital supports an on-site farmers market during the summer months. Aspirus implements a Fruit and Veggie Prescription Program for eligible patients with chronic diseases.
- Association of Hispanic Americans. Aspirus helped fund and worked with the Association of Hispanic Americans to understand and address the needs within the Hispanic population including food, transportation and preventive care.
- FindHelp. FindHelp is a community resource platform. It is available publicly to community members and it is also accessible through the electronic health record. Still in the early stages of development, the platform will enable providers to connect patients to available low or no-cost community resources.

Aspirus Wausau Hospital provided funding for the following activities:

- Start Right program. Led by Children's of Wisconsin, the Start Right program provides transportation, food, utility support and other needed services / resources to families with low income.
- Nurse-Family Partnership. Led by the county health department, the program focuses on building strong families with children who are ages 0 to 3.
- Walking art path. The walking art path in downtown Wausau promotes walkability and highlights art as a community asset.
- Audible walk sign. The audible walk sign increases pedestrian safety for individuals with visual impairment.
- Women's shelter. The Women's Community operates a safe shelter for individuals experiencing abuse.
- Food insecurity. Aspirus addressed food insecurity through funding of multiple entities, including: St. Bernard Food Pantry in Abbotsford; the Neighbor's Place (food pantry in Wausau); Wausau Area Mobile Meals (food delivery to seniors).
- Midwest Renewable Energy Association. Supporting sustainability and renewable energy.

#### **OTHER**

Aspirus Wausau Hospital also provided funding for a variety of other initiatives, including initiatives that support individuals with autism, youth who are interested in art, individuals who are Hmong and interested in nursing, flu vaccines for outreach efforts and a data platform for ready-access to community health data.

Aspirus Health continues to support and fund the community data platform, Marathon County Pulse, powered by Healthy Communities Institute. This platform allows community-wide data to be uploaded and shared widely. This data platform is used for the basis of the Community Health Needs Assessment along with submitting grant proposals, etc. The ability to easily access valid, reliable data at your fingertips is essential to moving community health initiatives forward.





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May 22, 2024