

Community Health Implementation Strategy



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 development of this community health implementation strategy. We are excited to share this report with the community. We anticipate leading some local efforts as well as being a strong supporter of other efforts. By collaborating on our community efforts, it strengthens opportunities to improve health across the entire central region of Wisconsin. These health priorities are complex, and we understand it will take us all working together to address these issues effectively. We look forward to continued collaboration to create a healthier Marathon County for all.

Respectfully,

Jeff Wicklander
SVP & President, Aspirus Central Region
Aspirus Wausau Hospital and Aspirus Merrill Hospital

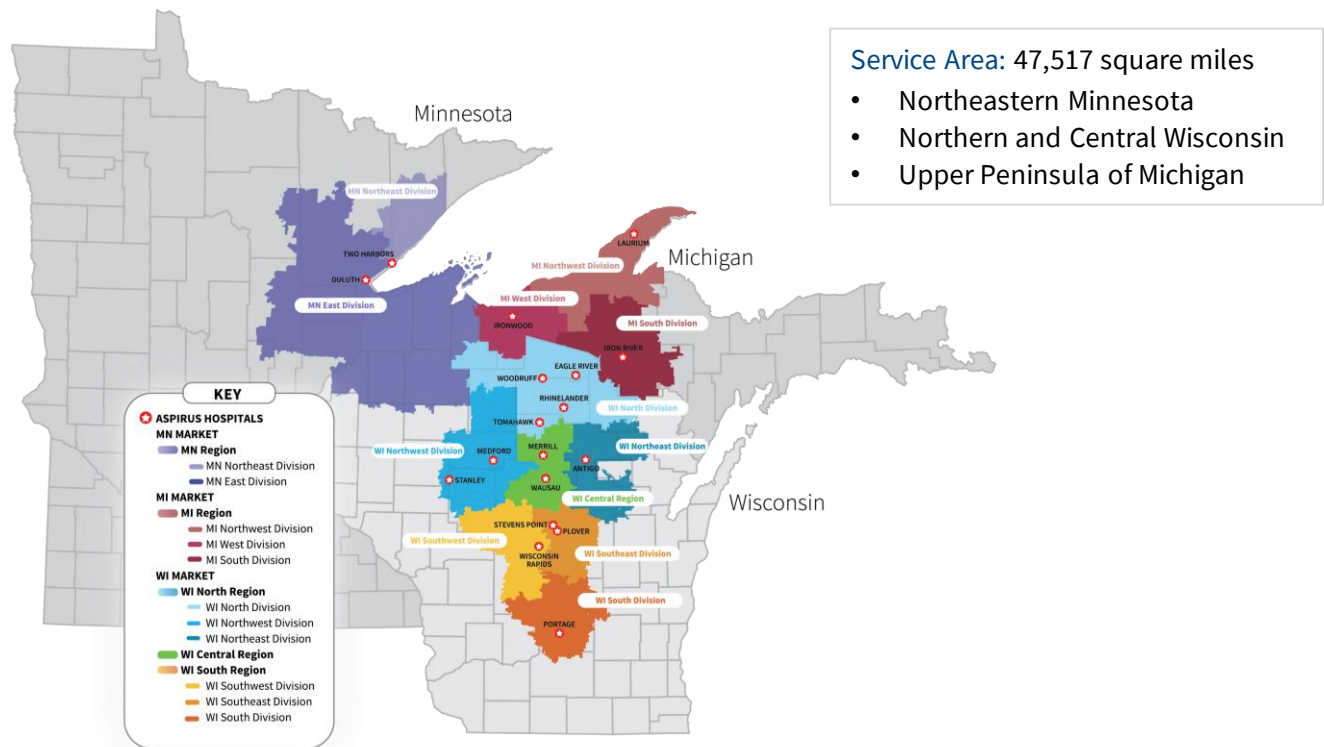
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Aspirus Health and Aspirus Wausau Hospital Profile

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.

Final Prioritized Needs

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

- Mental health
- Substance use
- 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.

About the Implementation Strategy

For Aspirus, the community health needs assessment (CHNA) and the corresponding implementation strategy (IS) 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.

Definition / Purpose of a CHNA and Implementation Strategy

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. An implementation strategy is “the hospital’s plan for addressing community health needs, including health needs prioritized in the CHNA and through other means”.²

Compliance

The completion of a needs assessment – and a corresponding implementation strategy – 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>

² Catholic Health Association of the United States, *A Guide for Planning & Reporting Community Benefit*

General Approach to Implementation

For its community health improvement efforts, Aspirus Health is using the following approaches:

- *Results-based accountability.* Aspirus Health is applying the results-based accountability (RBA)³ framework to its implementation plans. RBA focuses on both population-level accountability as well as program-level accountability. The descriptions below are outlined in the RBA framework.
- *Continuum of care.* Aspirus Health is approaching complex community health issues from multiple levels, as outlined by the Institute of Medicine (IOM):⁴
 - Upstream prevention (also known as promotion): Strategies that are designed to “create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.”⁵ Examples of upstream conditions include housing, community safety, education/learning, a living wage/income and more.
 - Prevention: Strategies that are designed to “prevent or reduce the risk of developing a behavioral health problem...”⁶
 - Treatment: Strategies that are designed for individuals “diagnosed with a substance use or other behavioral health disorder.”⁷

A description of the plans to address mental health, substance use and falls prevention, prefaced by data and community input gathered in the assessment, are on the next pages. The plans:

- Are described at a general level; plans with more specificity will be created annually.
- Reflect intended efforts; circumstances may affect the completion of the efforts.
- May be modified over the course of time.
- Include program evaluation measures in the “performance indicators” section of the table.

³ Clear Impact, <https://clearimpact.com/results-based-accountability/>

⁴ Center for the Application of Prevention Technologies Fact Sheet, <https://www.mass.gov/doc/samhsa-behavioral-health-continuum-of-care-overview-9232019/download>

⁵ Ibid

⁶ Ibid

⁷ Ibid

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

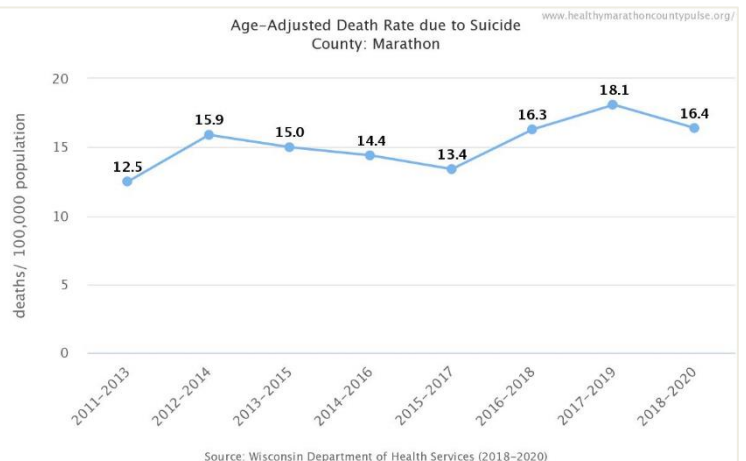
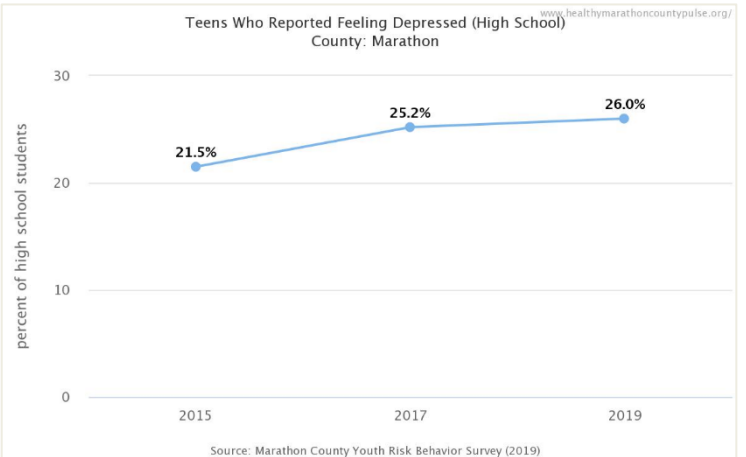
Sources: (1) National Institute for Mental Health; (2) Healthiest Wisconsin 2020; Healthy People 2020; (3) Macintyre, A., Ferris, D., Gonçalves, B. et al. What has economics got to do with it? The impact of socioeconomic factors on mental health and the case for collective action. *Palgrave Commun* 4, 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 individuals 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 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.⁶

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/>

Data Highlights



Community Perceptions & Challenges

- Mental health is among the top concerns reported by Marathon County teens in the Youth Risk Behavior Survey.
- In Marathon County, 1 in 3 teenagers reported having poor mental health and 1 in 4 reported feeling depressed.
- Marathon County has been experiencing an increase of reported poor mental health days.

Mental Health

Aspirus Wausau plans to address mental health through the strategies below.

Program Accountability		Population Accountability		
Strategies	Performance Measures	Indicators	Results	
Upstream Prevention (Promotion)				
Prevention				
<ul style="list-style-type: none"> Family / parenting support (e.g., Nurse Family Partnership Program) Strengthening referral pathways Mental health and suicide prevention trainings (e.g., Question, Persuade, Refer, MH First Aid) Crisis hotline (988) promotion Positive youth efforts (e.g., Raise Your Voice, Rise Up mural arts, mental health education and awareness activities) 	<ul style="list-style-type: none"> # of trainings # of training participants Training evaluation results # of schools with resiliency curriculum # of students affected Pre- and post-curriculum measures 	<ul style="list-style-type: none"> The percentage of high school students who felt so sad or hopeless every day for two or more weeks in a row that they stopped doing some usual activities during the 12 months before the survey. The average number of days that adults reported their mental health was not good in the past 30 days. 	All Marathon County residents meet their highest potential of mental health	
Treatment				
<ul style="list-style-type: none"> Strengthening referral pathways Tele-mental health Support groups 	<ul style="list-style-type: none"> # of patients # of patients who achieve self-determined goals 			

Collaborative Partners	Aspirus Resources
<ul style="list-style-type: none"> Healthy Marathon County Mental Health Collaborative Marathon County Mental Health Consortium County services (e.g., jail, health department, social services, etc.) Local school districts Rise Up Central WI 	<ul style="list-style-type: none"> Funding – particularly for mental health trainings, Raise Your Voice clubs, Mental Health Collaborative Staff time – coalition participation, event planning and promotion, resource identification Printing services (in-kind) – community-facing health-focused materials Space – hosting support groups and meetings Clinical services and related infrastructure – providing direct mental health care, FindHelp

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

- 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.⁵

Sources: (5) Fact Sheet: Health Disparities in Binge Drinking (Findings from the CDC Health Disparities and Inequalities Report – United States, 2011)

Communities Perceptions & Challenges

- Alcohol continues to be the number one substance of abuse in Marathon County.
- 30% of LIFE Survey respondents binge drank (consumed 5 or more drinks on one occasion) in the past 30 days.
- Only 65% of Marathon County high school students said their parents felt it was wrong or very wrong for them to drink alcohol.
- Illegal drug use in Marathon County has increased significantly, with more overdose deaths and drug arrests than ever before.
- Illegal drug use was the top concern for Marathon County residents.

Data Highlights

Teens Who Drank Alcohol Before Age 13 (High School)

33.0%
Percent of high school students (2019)



WI Value
(14.6% in 2017)



US Value
(15.5% in 2017)



Prior Value
(17.2%)

Adults who Binge Drink

27.0%
(2014-2016)



WI Counties



WI Value
(24.6%)



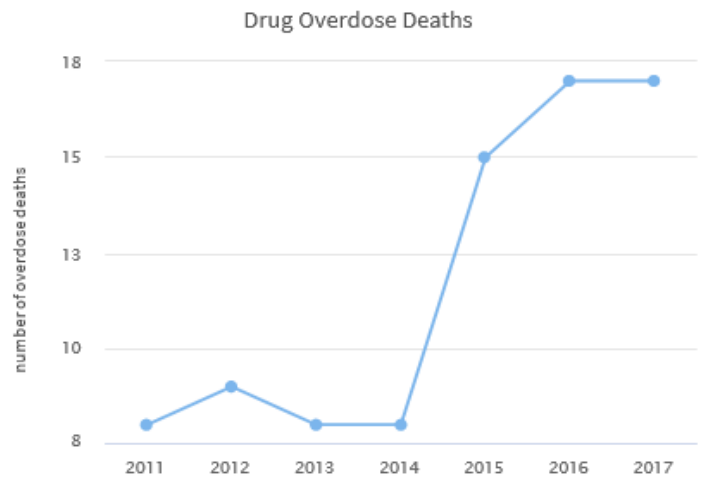
Prior Value
(29.1%)



Trend



HP 2020 Target
(24.2%)



Substance Use

Aspirus Wausau plans to address substance use through the strategies below.

Program Accountability		Population Accountability		
Strategies	Performance Measures	Indicators	Results	
Upstream Prevention (Promotion)				
Prevention				
<ul style="list-style-type: none"> Medication drop boxes and related education (e.g., after visit summary) Sharps disposal Health literacy on prescriptions Positive youth efforts (e.g., Botvin Lifeskills Training) Alcohol screening in primary care Advocacy, education, and policy efforts 	<ul style="list-style-type: none"> # of trainings # of training participants # of pounds of medication collected 	<ul style="list-style-type: none"> Teens who smoked cigarettes in the past 30 days (high school) Teens who used marijuana in the past 30 days (high school) Teens who drank alcohol in the past 30 days (high school) Adults who binge drink Adults who smoke 	Marathon County residents of all ages and abilities are free from the physical, emotional, and social impacts of substance misuse.	
Treatment				
<ul style="list-style-type: none"> Medication-assisted treatment (MAT) Peer support for addiction recovery Tele-mental health Support groups 	<ul style="list-style-type: none"> # of patients # of patients utilizing peer support services # of patients connected to recovery resources 			

Collaborative Partners	Aspirus Resources
<ul style="list-style-type: none"> National Alliance on Mental Illness (NAMI) Nicotine Prevention Alliance of Central WI Alcohol and Other Drug (AOD) Partnership County services (e.g., health department, social services, etc.) Local school districts 	<ul style="list-style-type: none"> Funding – particularly for Three Bridges Recovery (peer recovery support), Botvin Lifeskills Training in the schools, AOD Partnership (education) Staff time – coalition participation, event planning and promotion, resource identification Printing services (in-kind) – community-facing health-focused materials Space – hosting support groups and meetings Clinical services and related infrastructure – providing medication-assisted treatment and referrals to peer support and other recovery services

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.¹

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

(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.

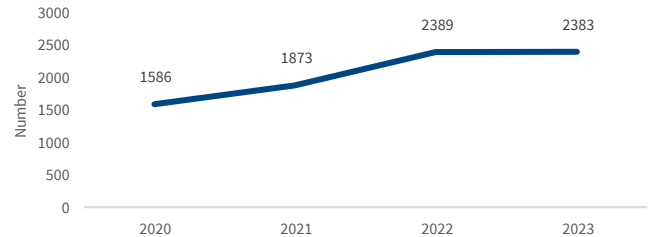
Disparities and Equity

- Although some studies report higher death rates due to falls for women (compared to men),³ the number of falls deaths for women and men in Marathon County are comparable.⁴
- Nearly all the deaths due to falls in Marathon County are with individuals over the age of 65.⁵
- There is high variability between regions in the United States.⁶

(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 \(Iww.com\)](#), 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.

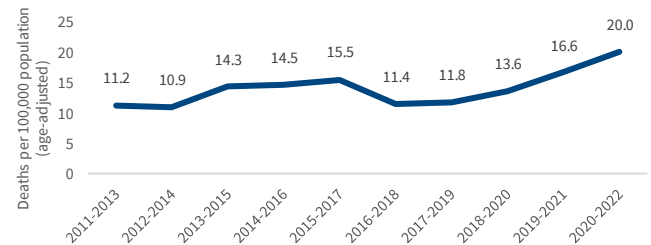
Data Highlights

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.

Falls Prevention

Aspirus Wausau Hospital plans to address falls prevention through the strategies below.

Program Accountability		Population Accountability		
Strategies	Performance Measures	Indicators	Results	
Upstream Prevention (Promotion)				
Prevention				
<ul style="list-style-type: none"> Community partnerships to help implement home repairs to reduce fall risk Promoting evidence-based programs (Stepping On, STEADI, etc.) Community Care Paramedic Program Completing falls risk assessment upon admission Identify disparities in the older adult patient population (transportation, food, shelter, etc.) 	<ul style="list-style-type: none"> # of participants # of referrals # of medication reconciliation encounters complete # of EMS calls # of readmissions # of referrals to community resources 	<ul style="list-style-type: none"> The number of fall-related EMS calls (60+) Death rate due to falls (65+) 	All Marathon County residents have a fair and just opportunity to be as healthy as possible	
Treatment				
<ul style="list-style-type: none"> Age-Friendly Hospital Measure to support older adults and prevent falls 	<ul style="list-style-type: none"> Measures as reported out to CMS 			

Collaborative Partners	Aspirus Resources
<ul style="list-style-type: none"> Healthy Marathon County Marathon County Fire Department Marathon County Police Department Aging and Disability Resource Center Healthy Aging Coalition Faith in Action Marathon County Health Department 	<ul style="list-style-type: none"> Funding – particularly for community education, coalition support, community care paramedic Staff time – coalition participation, event planning and promotion, resource identification Printing services (in-kind) – community-facing health-focused materials Space – hosting support groups and meetings Clinical services and related infrastructure – implementing the Age-Friendly Hospital Measure

Social and Economic Needs

Research shows that social and economic factors are significant ‘upstream’ contributors to poor mental health and substance use issues (as well as many other health issues). Aspirus Wausau is committed to recognizing and addressing these ‘root causes’ as part of its overall community health improvement efforts. A number of strategies/approaches are being implemented within the hospital and clinics as well as with other community partners (e.g., Marathon County Health Department).

- Connecting patients with food and other basic needs resources (through FindHelp.org)
- Food security

Program Accountability		
Strategies	Performance Measures	
<ul style="list-style-type: none"> • Connecting patients with needed resources (FindHelp.org) 	<ul style="list-style-type: none"> • # of claimed programs • # of referrals • # of closed loop referrals 	
<ul style="list-style-type: none"> • Fruit and vegetable prescription program (FVRx) 	<ul style="list-style-type: none"> • # of vouchers given to patients • % of vouchers redeemed at the farmers markets 	

As appropriate, Aspirus Wausau Hospital staff also will be participating in coalitions and community-level efforts to address other social and economic issues (e.g., housing, water quality).

Approval by the Hospital Board

The implementation strategy report was reviewed and approved by the Aspirus Wausau Hospital Board of Directors on October 23, 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 health issues important to the community.



aspirus.org

October 2024