

Community Health Needs Assessment



2023-2026

ASPIRUS EAGLE RIVER HOSPITAL & CLINICS

201 East Hospital Road
Eagle River, WI 54521

ASPIRUS RHINELANDER HOSPITAL & CLINICS

2251 North Shore Drive
Rhineland, WI 54501

HOWARD YOUNG MEDICAL CENTER

240 Maple Street
Woodruff, WI 54568

Acknowledgments

The three northernmost Aspirus hospitals in Wisconsin – Rhinelander, Eagle River and Howard Young Medical Center (in Woodruff) – are grateful for the collaborative efforts of the health departments in Oneida, Forest and Vilas counties. With leadership from Oneida County Health Department, the public health and health care partners gathered data from community members. By working together on our community efforts, we strengthen our opportunities to improve health across the entire region. Thank you to the hundreds of community members who responded to the community survey, focus group and/or key informant interviews in Winter 2022-2023.

This document reflects a point in time for the region. The next step is to create and implement a plan to address these issues. We look forward to continued collaboration to create a healthier community for all.

Respectfully,



Teri Theiler
Regional President

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Executive Summary

A Community Health Needs Assessment is an important tool used to identify the health needs of a community. The results assist in prioritizing health needs that lead to the allocation of appropriate resources and the creation of new partnerships to improve the health of the population.

This data tells us where we are on a number of community health issues; it also serves as a baseline against which to measure the progress made as communities implement program and policy changes. Ongoing CHNA efforts will inform regional efforts for years to come.

This most recent assessment included:

- The collection of primary and secondary data. The Oneida County Health Department and multiple other partners facilitated the collection of primary data on health status and perception of top health issues.
- The compilation of secondary data on health status along with social and economic determinants. Aspirus compiled this information as part of the hospitals' process.
- A review of data.
- A prioritization process that considered multiple criteria, including scope/scale of the issue, community momentum and organizational capacity.
- The selection of a set of priorities the hospital is committed to formally pursuing over the next three years.

The three Aspirus hospitals in the northernmost part of Wisconsin will be developing plans to address **mental health** and **substance use**. As those strategies are developed, the hospitals will be cognizant of the aging population, access to care, prevention, health equity and other underlying social and economic factors that contribute to poor health.

Aspirus Health

Aspirus Health is a non-profit, community-directed health system based in Wausau, Wisconsin. Its 11,000 employees are focused on improving the health and well-being of people throughout Wisconsin and Upper Michigan. Aspirus serves communities through four hospitals in Michigan and 13 hospitals in Wisconsin, 75 clinics, home health and hospice care, pharmacies, critical care and air-medical transport, medical goods, nursing homes and a broad network of physicians. For more information, visit [aspirus.org](https://www.aspirus.org).

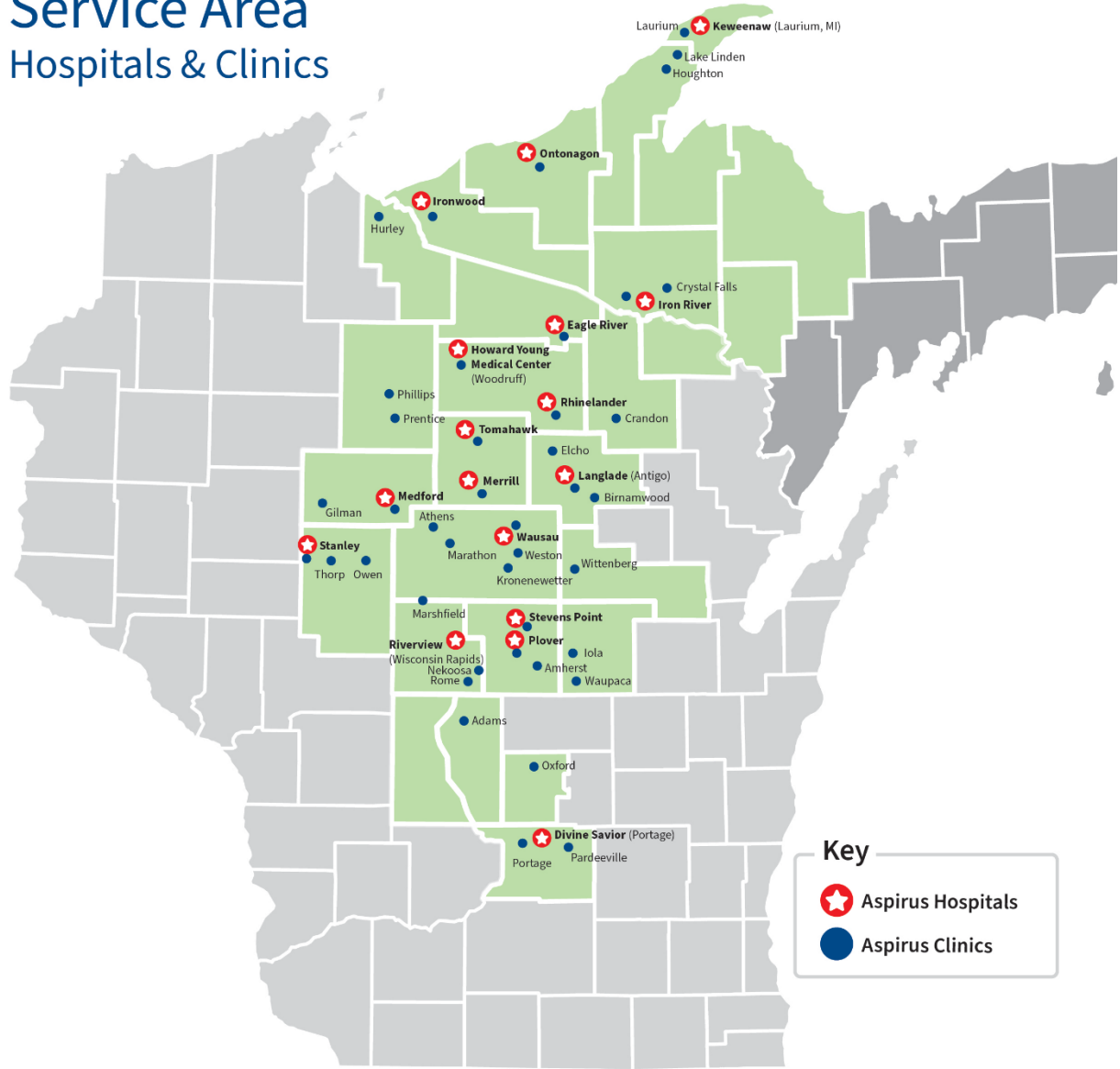
Aspirus Eagle River, Aspirus Rhinelander and Howard Young Medical Center

Aspirus Eagle River Hospital, the first critical-access hospital in Wisconsin proudly cares for Eagle River and the surrounding community and joined the Aspirus Health system in August 2021. The hospital features: 24/7 emergency department, inpatient hospital care, paramedic ambulance team serving Eagle River and surrounding communities, surgery center with minimally invasive procedures available when appropriate, Medicare certified swing-bed program, and extensive radiology, laboratory, and outpatient therapy services.

Aspirus Rhinelander Hospital, an acute-care facility, joined the Aspirus Health system in August 2021. The hospital features: 24/7 emergency department, urgent care, paramedic ambulance Team serving Rhinelander and surrounding communities, inpatient hospital care, surgical services, birthing center, cardiology, orthopedics, pain management, retail pharmacy, primary and specialty care clinic, Aspirus Cancer Care-James Beck Cancer Center, Aspirus Koller Behavioral Health, extensive radiology, laboratory, and outpatient therapy services.

Howard Young Medical Center, offers a full range of compassionate healthcare services to residents of all ages and joined the Aspirus Health system in August 2021. The hospital features: 24/7 emergency department, inpatient hospital care, paramedic ambulance team serving Woodruff and surrounding communities, surgery center, sleep lab, pain management, cardiology, orthopedics, radiology, laboratory, and outpatient therapy services.

Service Area Hospitals & Clinics



Key

- ★ Aspirus Hospitals
- Aspirus Clinics

About the Community Health Needs Assessment

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

Definition / Purpose of a CHNA

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

Compliance

The completion of a needs assessment is a requirement for hospitals. 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.

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

Community Served and Demographics

Our Community

The Aspirus Eagle River, Aspirus Rhinelander and Howard Young Medical Center hospitals' service area includes Forest, Oneida and Vilas counties, as well as portions of surrounding counties. For the purposes of the Community Health Needs Assessment, the "community" has been defined as Forest, Oneida and Vilas counties because (a) most population-level data are available at the county level, (b) many community partnerships focus on the residents of these areas and (c) this is a contiguous set of counties that include all of the Aspirus hospitals and clinics in the region.

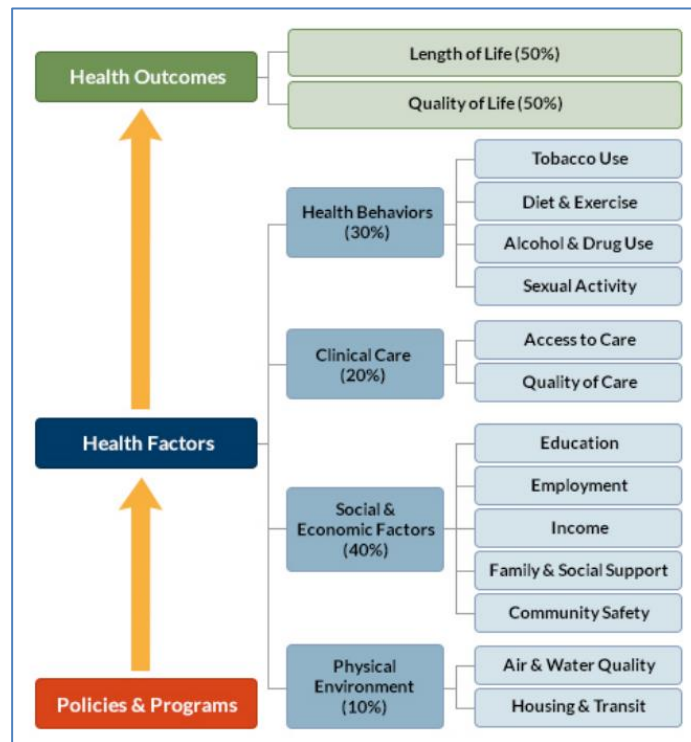
Demographics

The demographics of the three-county area can be found in [Appendix A](#). With a high-level review, compared to Wisconsin, the three counties have:

- Fewer people per square mile.
- A higher percentage of individuals: age 65 and over; who are American Indian; who have a disability.
- A lower percentage of: individuals who are African American; individuals who are Hispanic; individuals with a Bachelor's degree; households where a language other than English is the primary language.
- A lower median household income.

Process and Methods Used

Aspirus' community health improvement approach is based in research conducted by the University of Wisconsin Population Health Institute (UWPHI) and shared through the County Health Rankings and Roadmaps (CHRR) program. 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 the health factors in order to improve the health outcomes. For this report, the health status data are organized in this framework.



Source: University of Wisconsin Population Health Institute

Aspirus hospitals also use the County Health Rankings and Roadmaps guidance in the overall community health assessment and improvement process by:

- 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

The three northern Wisconsin Aspirus hospitals collaborated with the Oneida County Health Department (lead), Vilas County Health Department, Forest County Health Department and the Marshfield Clinic Health System on the assessment process. The Oneida County Health Department, on behalf of the partners, contracted with the University of Wisconsin-Stout (UW-Stout) to conduct the survey and focus groups and to analyze the results. Key informant interviews were conducted by the partners and shared with UW-Stout to be included in the analysis. All entities, including the three Aspirus hospitals, contributed funding for the contract.

Community Input

Community members from Forest, Oneida and Vilas counties provided input on the top community health needs through a community survey, key informant interviews and focus groups. At the time of the hospitals' prioritization, the focus group results were not available. The table below shows a high-level overview of the survey and key informant interview results.

	Community Survey	Key Informant Interviews (KIIs)
Mental Health	Access to affordable mental health services was in the top 5 'areas for improvement'.	Mental health was a theme. Ex: Vilas County is second in the state for the suicide rate.
AODA	Limited information	AODA was a theme. Ex: Illegal drug use, vaping.
Access to Care	Top areas for improvement in the community (in order): <ul style="list-style-type: none"> • Access to safe and affordable housing • Access to affordable health care (family doctor) • Access to affordable healthy foods • Access to affordable childcare • Access to affordable mental health services 	Access to care was a theme. Ex: Availability of care providers; distance to specialists.
Aging Issues	Top social and economic concerns (in order): <ul style="list-style-type: none"> • Aging-related health concerns • Not enough money for the basics • Race / ethnic relations, immigration, harassment, discrimination • Childcare 	Lack of resources in general was a theme. Access to transportation was a theme.
Social and Economic Concerns	Top social and economic concerns (in order): <ul style="list-style-type: none"> • Aging-related health concerns • Not enough money for the basics • Race / ethnic relations, immigration, harassment, discrimination • Childcare 	Lack of resources in general was a theme. Access to transportation was a theme.

Additional details about the survey results and KII themes can be found in [Appendix B](#). Complete results will be available online on the Oneida County Health Department's website (likely in Fall 2023).

Input Received on the Last CHNA

No known input on the previous CHNA was received.

Health Status Data / Outside Data

The hospitals compiled information from the 2022 County Health Rankings data release as well as other credible sources. Those data can be found in [Appendix C](#).

Community Needs and Prioritization Process

The prioritization of community needs began with the compilation of data. The Aspirus community health improvement team compiled the preliminary community survey results, preliminary key informant themes and the secondary data from County Health Rankings and other sources. (Focus group data were not available at the time of prioritization.) Using that information, the community health improvement team made a recommendation to the hospitals' administrative leadership team.

The leadership team reviewed the recommendation and made a final determination on the top priority health needs for each of the three hospitals. Those needs are:

- Mental health
- Substance use

Given the themes that were identified through the survey, the strategies to address these prioritized issues will attempt to incorporate: social determinants of health; prevention efforts; health equity.

Criteria

The criteria used to select the priorities included:

- Scope – How many people are affected? How severe is the illness?
- Disparity and Equity (general) – What populations are disproportionately affected by the health issue? The CDC has detailed, scientific definitions, which are included in the footnote at the bottom of the page.² Plain language definitions are included immediately below.
 - Disparity: When groups of people have different levels of health outcomes (e.g., infant mortality, length of life, cancer rates).

² Definitions from the Centers for Disease Control and Prevention (https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf). *Disparity*: The quantity that separates a group from a reference point on a particular measure of health that is expressed in terms of a rate, proportion, mean, or some other quantitative measure. *Health Equity*: The fair distribution of health determinants, outcomes, and resources within and between segments of the population, regardless of social standing. *Inequity*: A difference in the distribution or allocation of a resource between groups (usually expressed as group specific rates).

- Inequity: When groups of people are more or less healthy than others because of their income, neighborhood, gender, race, ethnicity and additional variables.
- Healthy Equity: When everyone has a fair and just opportunity to be healthy, regardless of their income, neighborhood, gender, race, ethnicity and additional variables.
- Community Momentum (survey and key informant interviews) – In the community survey, for all respondents, what were the top health issues? What were the top issues identified by key informants?
- Community Momentum (general) – What health issues are community members energized by, ready to address or have high enthusiasm for?
- Alignment with Others – What other organizations are working on the issue? Are there current programs or projects centered on the issue?
- Feasibility of Interventions – Are there community-facing, evidence-based interventions that are sustainable, cost-effective and practical for the hospital and health department to implement?

Final Prioritized Needs

Over the next three years, Aspirus Eagle River, Aspirus Rhinelander and Howard Young Medical Center will formally address the following issues through the community health needs assessment and corresponding implementation strategy:

- Mental health
- Substance use

Needs Not Selected

The hospital executive team discussed two additional potential priorities. These issues were identified as top issues in the key informant interviews and the survey. The issues were:

- Access to care
- Aging issues

These issues were not prioritized for the formal community health needs assessment for the following reasons.

- Momentum and Alignment. The two areas with the highest momentum and alignment with others are mental health and substance use.
- Capacity. The hospitals and clinics have limited capacity. Choosing only two priority areas allows Aspirus to focus its efforts. Additionally, Aspirus has a strong behavioral health service line.
- Current Activity. Access to care is what Aspirus does as its main service. The hospitals and clinics will continue to provide access to care regardless of it being a CHNA priority.
- Intersection. There are some mental health and substance use issues that intersect with aging and access to care. Aspirus will continue to advance those efforts.

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

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 MÉ, 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>

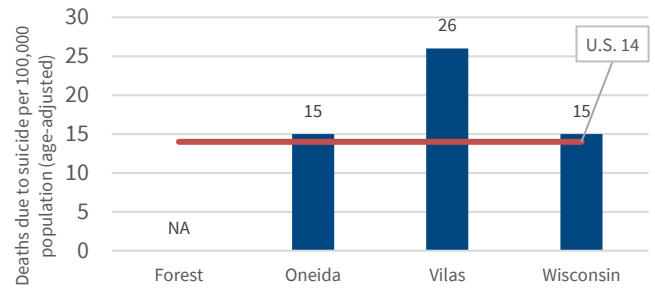
Disparities and Equity

- 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/>

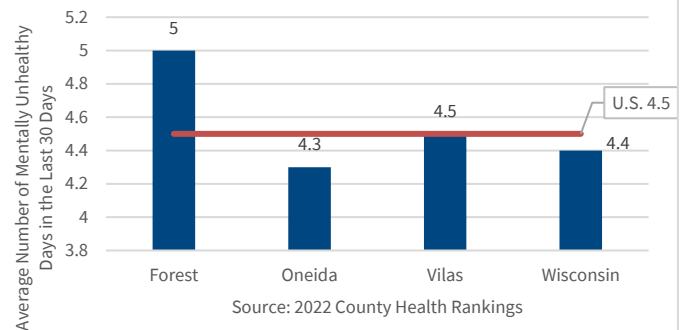
Data Highlights

Suicide Deaths



Source: 2022 County Health Rankings

Poor Mental Health Days



Source: 2022 County Health Rankings

Additional Data

- In Wisconsin, youth depression and anxiety (a) has been increasing since 2017 and (b) disproportionately affect students who: identify as lesbian, gay, or bisexual; have a disability; are a person of color; are food insecure. (Source: YRBS)
- Rate of emergency department visits for self-harm injuries ages 0-17 per 100,000 population is increasing in the region. (Source: WI Dept of Health Services, WISH)

Community Perceptions & Momentum

- Mental health was a theme in the key informant interviews.
- There is a tri-county mental health and substance use coalition.
- COVID-19 has exacerbated existing mental health issues.

Substance Use

Why is it Important?

An estimated 22 million people per year in the U.S. have drug and alcohol problems. Ninety-five percent of them are unaware of their problem.¹ Approximately 88,000 deaths annually in the U.S. are attributed to excessive drinking (2006-2010).² Drug and alcohol use can also lead to costly physical, mental and public health problems such as teen pregnancy, HIV/AIDS and other STDs.¹ Interactions between prescription medications and alcohol can contribute to falls, which can result in injuries and death.³ COVID-19 has increased substance use in the US related to social isolation, loss of routines and norms, income related stress, anxiety and fear of the virus and loss of loved ones.⁴

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

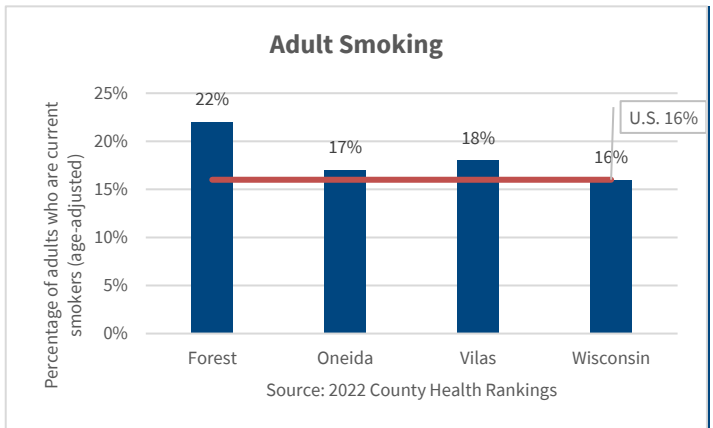
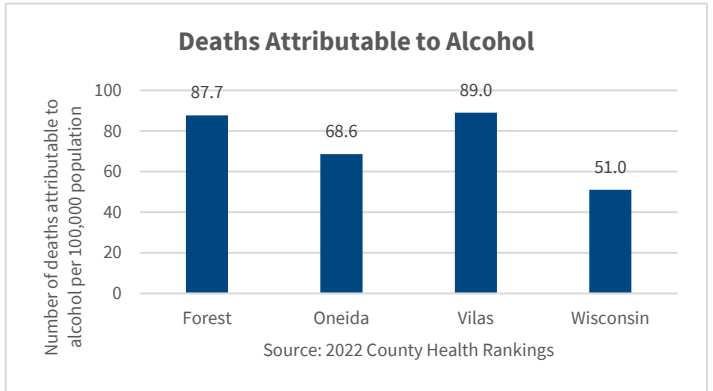
- Binge drinking is more common among individuals who are (any of the following): male, age 18-34, white or have an annual household income of more than \$50K.⁵

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

Community Perceptions & Momentum

- Substance use and vaping were themes in the key informant interviews.
- There is a tri-county mental health and substance use coalition.
- COVID-19 has exacerbated existing substance use issues.
- Aspirus has been increasing its capacity for opioid medication assisted treatment (MAT) delivery system/approach as well as recovery coaching.

Data Highlights



Additional Data

- Alcohol outlet density in each of the three counties is at least twice the level of the state average. (Source: WI Dept of Health Services, Environmental PH Tracking Program)
- Approximately one-half of driving deaths in the region involve alcohol; for Wisconsin, the rate is approximately one-third. (Source: 2022 County Health Rankings)
- Over one-fourth of high school students reporting drinking during the 30 days before the youth risk behavior survey. (Source: YRBS)
- Opioid-related hospital (emergency department) discharges per 100,000 population: Forest 207; Oneida 124; Vilas 179; Wisconsin 153. (Source: WI Dept of Health Services, WISH)
- The rate of opioid overdose deaths in Forest County is twice the state rate. (Source: WI Dept of Health Services, Opioid Death Module)

Healthcare Facilities and Community Resources

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

Evaluation of Impact from the Previous CHNA Implementation Strategy

The three hospitals' health priorities from the previous CHNA included:

- Mental health
- Alcohol and other drug use
- Chronic disease

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

Approval by the Hospital Boards

This CHNA report was reviewed and approved on June 20, 2023, by the Boards of Directors for:

- Aspirus Rhinelander Hospital
- Aspirus Eagle River Hospital
- Howard Young Medical Center

Conclusion

Thank you to all the community members who provided time, thoughts and input, as well as to the leadership of the Oneida, Forest and Vilas County Health Departments for their leadership. Aspirus 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 Forest, Oneida and Vilas Counties in northern Wisconsin.

	Forest County, Wisconsin	Oneida County, Wisconsin	Vilas County, Wisconsin	Wisconsin
Population Density and Age				
Population Estimates, July 1 2021, (v2021)	9,258	38,259	23,520	5,880,101
Persons under 5 years, percent	5.3%	4.2%	4.1%	5.4%
Persons under 18 years, percent	19.2%	17.1%	16.8%	21.6%
Persons 65 years and over, percent	23.4%	27.3%	30.9%	17.9%
Population per square mile, 2020	9.1	34	26.9	108.8
Race and Ethnicity				
White alone, percent	80.3%	95.9%	86.9%	86.6%
Black or African American alone, percent	1.3%	0.7%	0.4%	6.8%
American Indian and Alaska Native alone, percent	14.7%	1.3%	10.5%	1.2%
Asian alone, percent	0.3%	0.5%	0.6%	3.2%
Two or More Races, percent	3.3%	1.6%	1.6%	2.2%
Hispanic or Latino, percent	2.9%	1.8%	2.7%	7.5%
White alone, not Hispanic or Latino, percent	79.0%	94.6%	85.3%	80.2%
Language, Education and Income				
Language other than English spoken at home, percent of persons age 5 years+, 2017-2021	4.0%	1.6%	3.0%	8.6%
High school graduate or higher, percent of persons age 25 years+, 2017-2021	90.0%	94.7%	95.1%	92.9%
Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021	15.0%	26.8%	28.4%	31.5%
With a disability, under age 65 years, percent, 2017-2021	10.7%	9.9%	10.9%	8.1%
Median household income (in 2021 dollars), 2017-2021	\$51,959	\$62,660	\$56,837	\$67,080
Persons in poverty, percent	13.7%	9.2%	11.50%	10.8%

U.S. Department of Commerce, Bureau of the Census,

<https://www.census.gov/quickfacts/fact/table/forestcountywisconsin.oneidacountywisconsin.vilascountywisconsin,WI,US/PST045222>,

accessed January 20, 2023.

Appendix B: Community Input

As part of the Aspirus Eagle River Hospital, Aspirus Rhinelander Hospital and Howard Young Medical Center’s community health needs assessment process, multiple opportunities for community input were conducted. All input opportunities were led by Oneida County Health Department with collaboration by Vilas County Health Department, Forest County Health Department, Marshfield Clinic Health System and Aspirus. The University of Wisconsin-Stout was contracted for some of the community input opportunities.

Community Survey

A community survey was conducted in winter 2022-23. The survey was developed and disseminated by the community partners listed above. The survey was distributed electronically (QR codes) and on paper. Electronic dissemination was through social media platforms. Paper surveys were available at community organizations across the counties. Respondents had the chance to be randomly selected to receive a \$25 gift card. Specific outreach was made to individuals: in the LGBTQ+ community; who are Hispanic; in recovery; accessing food pantries; accessing homeless shelters; accessing Aging and Disability Resource Center services; attending the local college; accessing day care services; accessing library services; accessing WIC nutrition services; and others.

The University of Wisconsin-Stout reviewed and provided input on the survey, set up the survey in an online tool, provided regular updates on the response rates and then analyzed the results.

Questions were compiled from the three counties’ previous survey tool as well as other communities’ survey tools. Most survey questions focused on the respondents’ *individual health*, as well as social drivers of health. The survey also asked the respondents for their perception of what health issues were very important *in the community*. The survey was completed by over 1100 adults in the 3-county region. A subset of the results are included in this report.

Survey respondents’ **top areas for improvement** in the community included:

	UNDER ALICE	OVER ALICE
Access to safe and affordable housing	1	1
Access to affordable healthy foods	2	5
Access to affordable health care (family doctor)	3	4
Access to affordable transportation	4	8
Good jobs and strong economy	5	6
Access to affordable childcare	6	3
Access to affordable mental health services	7	2

* ALICE = Asset-Limited, Income Constrained, Employed. This includes individuals who are above the poverty level and who are working but still have limited income and have difficulty making ends meet.

Survey respondents’ **top strengths** in the community included:

Clean environment (air, water)	1
Access to community parks and green spaces	2
Opportunities to practice spiritual beliefs	3
Ability to continue living in my home or chosen community as I get older	4
Good schools	5
Community safety	6

Survey respondents’ level of concern around particular social and economic factors:

Aging related health concerns	1
Not enough money for housing, household expenses and food	2
Race / ethnic relations, immigration, harassment, discrimination	3
Childcare	4

Respondents who were Hispanic or non-White consistently rated each item in the set of social and economic factors with higher levels of concern.

Complete results will be available online on the Oneida County Health Department’s website (likely in Fall 2023).

Key Informant Interviews

Approximately 35 key informant interviews were conducted in early 2023. Seven questions were asked:

1. How does your agency contribute to the health and well-being of the community?
2. What is working well for the population you serve to help overcome their challenges and barriers? How can we leverage this in the future?
3. What do you feel your clients would indicate as their most pressing health concerns?
4. What are the most important barriers or challenges of the population you serve to being healthy?
5. Over the past five years, do you think the health of the population you serve has changed? If so, in what ways has it changed, and what do you think are the contributing factors driving those changes?
6. In your opinion, what actions that need to be taken to address the health issues for the population you serve? AND/OR Where do you think there is momentum or community energy? Where is there community readiness to address issues?
7. In what ways does the population you serve have unique challenges or barriers to health compared with the general population in our counties?

Top themes/issues included:

- Access to care – mental health and physical health. Ex: Availability of care providers; distance to specialists.
- Alcohol and other drug use, along with vaping.
- Mental health. Ex: Vilas County is second in the state for the suicide rate.
- Access to resources and transportation.
- Chronic diseases such as diabetes and dementia.
- Access to healthy foods.

Key informants represented the following organizations:

County	Agency*
Oneida	Koinonia/Cumberland Heights (they serve adults with substance abuse disorders & assisted living)
Oneida	Human Service Center
Oneida	Human Service Center: Peer Recovery Coach (individuals in (addiction) recovery who support others who are beginning their own journeys toward sobriety)
Oneida	Aging and Disability Resource Center
Oneida	Minocqua J1 School District: Director of Special Education & Pupil Services
Oneida	Children’s Wisconsin (local services provided through Children’s Wisconsin hospital system)
Oneida	Lakeland Union High School: Director of Student Services and Special Education
Oneida	Oneida County Social Services
Oneida	Rhinelander Police Department
Oneida	Marshfield Medical Center: Social Worker
Oneida	Marshfield Medical Center: President
Oneida	Rhinelander School District: School nurses
Oneida	Rhinelander Fire Department
Oneida	Board of Health Member
Oneida	Oneida County Health Department
Forest	Laona School
Forest	Wabeno School
Forest	Crandon Public Library
Forest	NewCap (addresses poverty and builds economic security)*
Forest	Forest County Sheriff’s Dept
Forest	Forest County Social Services
Forest	Forest County Aging
Forest	Sokagaon Chippewa Tribe*

Forest	Wasmogishek Food Pantry*
Forest	Laona Pharmacy
Forest	Blackwell Job Corps
Forest	Forest County Health Department
Vilas	Sheriff's Office
Vilas	Compassus Home Health
Vilas	Head Start*
Vilas	Aspirus Eagle River Hospital
Vilas	School District: school administrator
Vilas	Veterans Office
Vilas	Social Services
Vilas	Aging and Disability Resource Center
Vilas	Lac Du Flambeau Tribe (elders)*
Vilas	Peter Christensen Health Center (serves the community of Lac du Flambeau and members of any federally recognized tribe)*
Vilas	Marshfield Medical Center - Eagle River: appointment coordinator
Vilas	Marshfield Medical Center - Eagle River: operations/department manager
Vilas	Vilas County Health Department
All counties	Aspirus Behavioral Health (provides behavioral and mental health services)

* Indicates an organization that serves individuals who are medically underserved, have low income and/or are members of a minority group.

Complete key informant interview results will be available online on the Oneida County Health Department's website (likely in Fall 2023).

Focus Groups

Nine focus groups were completed and results were analyzed by UW-Stout. The focus group results were not available at the time of the hospitals' prioritization process.

Complete focus group results will be available online on the Oneida County Health Department's website (likely in Fall 2023).

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

The tables below include some of the health and health-related data highlights from secondary sources.

[Poor Mental Health / Suicide](#)

[Alcohol Misuse, Drug Use, Tobacco and Vaping](#)

[Access to Care – Physical Health, Mental Health and Oral Health](#)

[Social Determinants of Health \(income, food, housing, child care\)](#)

[Chronic Disease, Obesity, Nutrition and Physical Activity](#)

[Injuries and Safety](#)

Sources for the data include:

- Annie E Casey Foundation Kids Count Data Center
- County Health Rankings and Roadmaps (2022 data set) (CHRR is compiled from various sources)
- U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Deaths from Older Adult Falls website.
- (State of) Wisconsin Department of Health Services
 - Data Direct, Opioid Death Module
 - Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system – multiple modules
 - Environmental Public Health Data Tracker
 - Environmental Public Health Tracking Program, Bureau of Environmental and Occupational Health
 - Division of Public Health, Bureau of Communicable Diseases, Immunization Program
 - Interactive Dashboards: Alcohol Death Module, Alcohol Hospitalizations Module
- (State of) Wisconsin Department of Justice, Domestic Abuse Data website
- Youth Risk Behavior Survey – Wisconsin, Forest County, Oneida County

Poor Mental Health / Suicide

Measure	Description	Year(s) of Data	Forest County*	Oneida County*	Vilas County*	Wisconsin	U.S.
Poor mental health days	Average number of mentally unhealthy days reported in the last 30 days (age-adjusted)	2019	5.0	4.3	4.5	4.4	4.5
Frequent mental distress	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted)	2019	16%	14%	14%	13%	14%
Insufficient sleep	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted)	2018	35%	31%	32%	33%	35%
Mental health providers	Ratio of population to mental health providers	2021	600:1	350:1	1320:1	440:1	350:1
Social associations	Number of membership associations per 10,000 population	2019	8.9	14.3	19.8	11.4	9.2
Disconnected youth	Percentage of teens and young adults ages 16-19 who are neither working or in school	2016-20	Not available	Not available	Not available	5%	7%
Suicides	Number of deaths due to suicide per 100,000 population (age-adjusted)	2016-2020	Not available	15	26	15	14
Youth Self-Harm ED Visits	Rate of ED visits (treated and released) for self-harm injuries ages 0-17 per 100,000 population (crude rate)	2021	Not available	161	144	118.0	
Youth Depression	Percentage of high school students who, in the last 12 months, felt so sad or hopeless for two or more weeks that they stopped doing some activities	2021	38%	32%	Not available	33.7%	--
Youth Anxiety	Percentage of high school students, in the last 12 months, experienced significant problems with anxiety	2021	51%	51%	Not available	52.2%	--

* Comparing County to Wisconsin levels: **Worse Than**, **Same As**, **Better Than**

Alcohol Misuse, Drug Use, Tobacco and Vaping

Measure	Description	Year(s) of Data	Forest County*	Oneida County*	Vilas County*	Wisconsin	U.S.
Adult smoking	Percentage of adults who are current smokers (age-adjusted)	2019	22%	17%	18%	16%	16%
Excessive drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted)	2019	25%	26%	27%	25%	20%
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement	2016-20	56%	48%	50%	36%	27%
Drug overdose deaths	Number of drug poisoning deaths per 100,000 population	2018-2020	48	10	23	22	23
Youth Alcohol Use	Percentage of high school students reporting drinking during the 30 days before the survey	2021	30%	27%	Not available	Statewide 2021 YRBS data not yet available	--
Youth Vaping	Percentage of high school students who use an electronic vapor product in the last 30 days	2021	22%	13%	Not available	Statewide 2021 YRBS data not yet available	--
Youth Self-Harm ED Visits	Rate of ED visits (treated and released) for self-harm injuries ages 0-17 per 100,000 population (crude rate)	2021	Not available	161.0	144.0	118.0	
Opioid deaths	Number of deaths due to opioids per 100,000 residents	2019, 2020, 2021	40.0	8.3	16.7	20.5	NA
Opioid-related hospital discharges	Number of opioid-related hospital (emergency department) discharges per 100,000 population	2018, 2019, 2020	207.7	124.9	179.9	153.8	NA
Alcohol-attributable deaths	Number of deaths attributable to alcohol per 100,000 population	2019, 2020, 2021	87.7	68.6	89.0	51.0	NA
Chronic alcohol hospitalizations (emergency room)	Chronic alcohol hospitalizations per 100,000: Emergency room	2019, 2020, 2021	1014.9	683.4	920.3	608.4	NA
Chronic alcohol hospitalizations (inpatient)	Chronic alcohol hospitalizations per 100,000: Inpatient	2019, 2020, 2021	770.6	754.5	955.7	579.7	NA
Alcohol Outlet Density*	Crude rate of alcohol licenses per 500 people	2017-2018	4.29	3.38	5.2	1.47	NA

* Comparing County to Wisconsin levels: **Worse Than**, **Same As**, **Better Than**

Access to Care - Physical Health, Mental Health and Oral Health

Measure	Description	Year(s) of Data	Forest County*	Oneida County*	Vilas County*	Wisconsin	U.S.
Uninsured	Percentage of population under age 65 without health insurance	2019	11%	7%	11%	7%	11%
Uninsured children	Percentage of children under age 19 without health insurance	2019	6%	5%	8%	4%	6%
Primary care physicians	Ratio of population to primary care physicians	2019	9000:1	1480:1	1710:1	1260:1	1310:1
Other primary care providers	Ratio of population to primary care providers other than physicians	2021	1490:1	420:1	2790:1	750:1	870:1
Dentists	Ratio of population to dentists	2020	1790:1	1080:1	930:1	1390:1	1400:1
Mental health providers	Ratio of population to mental health providers	2021	600:1	350:1	1320:1	440:1	350:1
Mammography screening	Percentage of female Medicare enrollees ages 65-74 that received an annual mammogram screening	2019	54%	55%	59%	49%	43%
Flu vaccinations	Percentage of fee-for-service Medicare enrollees that had an annual flu vaccination	2019	33%	52%	53%	53%	48%
Childhood Immunizations	Percentage of children with 4:3:1:3:3:1 immunization series	2021	69%	66%	56%	68.9%	NA
Early Prenatal Care	Percentage of births in which prenatal care started in first trimester	2020	77.8%	82.6%	76.6%	76.7%	76.1%
Medicaid recipients and preventive oral care	Percentage of Medicaid members who received preventive ORAL care (all ages)	2021	23.8%	18.7%	19.6%	21%	--

* Comparing County to Wisconsin levels: *Worse Than*, *Same As*, *Better Than*

**Social Determinants of Health
(income, food, housing, child care)**

Measure	Description	Year(s) of Data	Forest County*	Oneida County*	Vilas County*	Wisconsin	U.S.
High school completion	Percentage of adults age 25 and over with a high school diploma or equivalent	2016-20	90%	94%	95%	93%	89%
Some college	Percentage of adults ages 25-44 with some post-secondary education	2016-20	58%	68%	63%	70%	67%
Unemployment	Percentage of the population ages 16 and older unemployed but seeking work	2020	12.4%	7.3%	7.2%	6.3%	8.1%
Children in poverty	Percentage of people under age 18 in poverty	2020	17%	11%	17%	12%	16%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	2016-20	4.0	4.1	3.9	4.2	4.9
Children in single-parent households	Percentage of children that live in a household headed by a single parent	2016-20	27%	13%	28%	23%	25%
Social associations	Number of membership associations per 10,000 population	2019	8.9	14.3	19.8	11.4	9.2
High school graduation	Percentage of 9th grade cohort that graduates in 4 years	2018-19	Not available	95%	95%	90%	86%
Disconnected youth	Percentage of teens and young adults ages 16-19 who are neither working or in school	2016-20	Not available	Not available	Not available	5%	7%
Reading scores	Average grade level performance for third graders on English Language Arts standardized tests	2018	2.8	3.1	3	3.0	3.1
Math scores	Average grade level performance for third graders on math standardized tests	2018	2.9	3	3.1	3.0	3.0
School segregation	The extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1. Lower values represent a school composition that more closely reflects the distribution of race and ethnicity in the community.	2020-21	0.04	0.10	0.42	0.28	0.25

School funding adequacy	The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.	2019	\$2,330	\$4,979	\$6,659	\$2,509	\$741
Gender pay gap	Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar."	2016-20	0.85	0.77	0.77	0.80	0.81
Median household income	The income where half of households in a county earn more and half earn less	2020	\$54,600	\$59,600	\$54,600	\$64,900	\$67,300
Living wage	The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children.	2021	\$36.21	\$36.12	\$35.54	\$39.10	\$38.11
Children eligible for free or reduced price lunch	Percentage of children enrolled in public schools that are eligible for free or reduced price lunch	2019-20	29%	41%	57%	40%	52%
Residential segregation - Black/White	Index of dissimilarity where higher values indicate greater residential segregation between Black and White county residents	2016-2020	Not available	77	Not available	77	63
Residential segregation - non-white/white	Index of dissimilarity where higher values indicate greater residential segregation between non-White and White county residents	2016-2020	5	47	69	54	46
Childcare cost burden	Child care costs for a household with two children as a percent of median household income.	2021 & 2020	30%	26%	27%	26%	25%
Childcare centers	Number of child care centers per 1,000 population under 5 years old.	2021	6	11	9	6	6
Firearm fatalities	Number of deaths due to firearms per 100,000 population	2016-2020	Not available	10	17	11	12
Juvenile arrests	Rate of delinquency cases per 1000 juveniles	2019	67	41	32	--	19
Domestic violence incidents*	Number of domestic violence incidents (number, not rate)	2018	72	100	146	30,999	NA

* Comparing County to Wisconsin levels: **Worse Than**, **Same As**, **Better Than**

Chronic Disease, Obesity, Nutrition and Physical Activity

Measure	Description	Year(s) of Data	Forest County*	Oneida County*	Vilas County*	Wisconsin	U.S.
Adult smoking	Percentage of adults who are current smokers (age-adjusted)	2019	22%	17%	18%	16%	16%
Adult obesity	Percentage of the adult population (age 20 and older) that report a body mass index (BMI) greater than or equal to 30kg/m2	2019	39%	35%	37%	34%	32%
Food environment index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)	2019	7.0	8.9	8.4	8.7	7.8
Physical inactivity	Percentage of adults age 20 and over reporting no leisure-time activity	2019	27%	23%	24%	22%	26%
Access to exercise opportunities	Percentage of population with adequate access to locations for physical activity	2010 and 2021	53%	60%	83%	78%	80%
Food insecurity	Percentage of population who lack adequate access to food	2019	13%	9%	11%	9%	11%
Limited access to healthy foods	Percentage of the population who are low income and do not live close to a grocery store	2019	12%	2%	3%	5%	6%
Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted)	2019	19%	14%	15%	15%	17%
Poor physical health days	Average number of physically unhealthy days reported in the last 30 days (age-adjusted)	2019	4.4	3.5	3.7	3.6	3.9
Poor mental health days	Average number of mentally unhealthy days reported in the last 30 days (age-adjusted)	2019	5.0	4.3	4.5	4.4	4.5
Frequent physical distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted)	2019	14%	11%	12%	11%	12%
Diabetes prevalence	Percentage of adults aged 20 and above with diagnosed diabetes	2019	9%	7%	8%	7%	9%
Deaths due to cancer (malignant neoplasms)	Number of deaths due to cancer per 100,000 population (age-adjusted)	2020	151.4			150.9	--
Deaths due to 'diseases of heart'	Number of deaths due to 'diseases of heart' per 100,000 population (age-adjusted)	2020	166.0			163.6	--

* Comparing County to Wisconsin levels: *Worse Than*, *Same As*, *Better Than*

Injuries and Safety

Measure	Description	Year(s) of Data	Forest County	Oneida County	Vilas County	Wisconsin	U.S.
Violent crime	Number of reported violent crime offenses per 100,000 population	2014 & 2016	243	172	47	298	386
Injury deaths	Number of deaths due to injury per 100,000 population	2016-20	140	99	141	89	76
Homicides	Number of deaths due to homicide per 100,000 population	2014-2020	Not available	Not available	Not available	4	6
Suicides	Number of deaths due to suicide per 100,000 population (age-adjusted)	2016-2020	Not available	15	26	15	14
Firearm fatalities	Number of deaths due to firearms per 100,000 population	2016-2020	Not available	10	17	11	12
Juvenile arrests	Rate of delinquency cases per 1000 juveniles	2019	67	41	32	--	19
Domestic violence incidents*	Number of domestic violence incidents (number, not rate)	2018	72	100	146	30,999	NA
Child abuse and neglect rate**	Child abuse and neglect reports per 1000 children	2020	39.6	41.3	31.7	27.0	NA
Injury-related Emergency Dept Visits	Number (not rate) of emergency department visits due to injuries	2019, 2020, 2021	Forest, Oneida, Vilas Counties Falls - 5315 Struck (object, person) - 1807 Cutting, piercing -- 1284 Overexertion -- 1001			Wisconsin Falls - 381,132 Struck (object, person) - 158,664 Motor vehicle -- 101,939 Cutting, piercing -- 99,077	
Child mortality	Number of deaths among children under age 18 per 100,000 population	2017-2020	140	60	Not available	50	50
Infant mortality	Number of all infant deaths (within 1 year), per 1000 live births	2014-2020	Not available	Not available	Not available	6	6
Motor vehicle crash deaths	Number of motor vehicle crash deaths per 100,000 population	2014-2020	21	10	20	10	12
Motor vehicle-related fatalities*	Percent of fatal motor vehicle crashes involving cyclists or pedestrians	Year displayed in dashboard: 2014-2018	Not available	3.9%	10.0%	16%	NA

* Comparing County to Wisconsin levels: *Worse Than*, *Same As*, *Better Than*

Environment, Climate and Health

Although the connection between the environment, climate and health has long been known, the calls to action are increasing. The changes in climate are pushing our environment to more extremes in heat, cold, precipitation and natural disasters. Those changes have ripple effects that impact our health.

- Warmer, wetter weather will create conditions that are conducive to increasing the mosquito and tick population, for example. Mosquitos are carriers for West Nile Virus and ticks can carry Lyme disease.
- Increased precipitation can lead to flooding, which can increase bacteria and viruses in water, leading to contaminated rivers and lakes.
- Extreme heat can lead to death. Extreme heat can also degrade air quality, potentially causing respiratory distress and impacting airborne pollen.
- Extreme cold, particularly when combined with increased precipitation, can impact travel conditions which can result in traffic injuries and deaths.
- Natural disasters can result in loss of home, property and life. A secondary impact of disasters are stress and mental health issues.

In addition to the environment and climate impacting everyone on the planet, there can be a disproportionate effect on some groups of individuals, including individuals with low income, children and pregnant women, older adults, communities of color and others. Climate is not only a health issue, it is a health equity issue.

Special Populations and Health Disparities: Forest, Oneida and Vilas Counties

Although health disparities data specifically for Forest, Oneida and Vilas Counties are rare, 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 American Indian or Alaska Native: Nearly 15% of the population in Forest County and over 10% of the population in Vilas County is American Indian or Alaska Native.³ There are two Native American tribes located in Forest County – the Sokaogon Chippewa and the Forest County Potawatomi. The Lac du Flambeau tribe is located in Vilas and Iron Counties, bordering on Oneida County. The life expectancy for individuals who are American Indian or Alaska Native is 5.5 years less than for the U.S. as a whole.⁴ “Lower life expectancy and the disproportionate disease burden exist perhaps because of inadequate education, disproportionate poverty, discrimination in the delivery of

³ United States Census, Quick Facts.

<https://www.census.gov/quickfacts/fact/table/forestcountywisconsin,oneidacountywisconsin,vilascountywisconsin,WI,US/PST045221> accessed 2/22/2023 and 3/27/2023.

⁴ Indian Health Services, <https://www.ihs.gov/newsroom/factsheets/disparities/>

health services, and cultural differences. These are broad quality of life issues rooted in economic adversity and poor social conditions.”⁵

Individuals who are Hispanic: The percent of the population in each of the three counties that is Hispanic is between 1.5% and 2.9%.⁶ 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.⁷ Children who are Hispanic, compared to children 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.⁸

⁵ Indian Health Services, <https://www.ihs.gov/newsroom/factsheets/disparities/>

⁶ United States Census, Quick Facts.

<https://www.census.gov/quickfacts/fact/table/forestcountywisconsin,oneidacountywisconsin,vilascountywisconsin,WI,US/PST045221> accessed 2/22/2023 and 3/27/2023.

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

⁸ <https://www.familiesusa.org/resources/latino-health-inequities-compared-to-non-hispanic-whites/>

Appendix D: Healthcare Facilities and Community Resources

A listing of health services and resources available in the three-county region are below. Additionally, free and low-cost resources can be found at findhelp.org or <https://aspiruscommunity-resources.auntbertha.com/>, and then searching by zip code and program need/area.

Agency or Program	Description
211 information and referral	Free, confidential helpline that provides assistance with essential services
Aging and Disability Resource Center (ADRC)	Provides services and programs for older individuals and individuals with disabilities
Alcoholics Anonymous, Narcotics Anonymous	Peer support addiction recovery groups and meetings
Aspirus hospitals and clinics	Hospitals are in Eagle River, Rhinelander and Woodruff; multiple clinics are in the tri-county region
Aspirus Koller Behavioral Health	Behavioral and mental health services
Boys and Girls Club of the Northwoods	Youth-focused agency
Children's Wisconsin	Children's Hospital (programs)
Community Action Program (CAP)	Provides programs and services for low-income individuals
Community Outreach, Prevention and Education (COPE) Coalition	Tri-county (Forest, Oneida, Vilas) mental health and AODA coalition
Food pantries	Provides food for individuals who need it; at least one in each of the three counties
HeadStart	Early education for children who may be at risk
Health departments – Forest, Oneida, Vilas	Provide prevention, protection and direct care services; each health department provides a different set of services. Examples: Women, Infant, Children (WIC) nutrition services; water testing; restaurant inspection; coalition leadership; car seat checks; reproductive health.
Homeless shelter	Shelter for individuals without housing
HOPE Consortium	Regional rural collaborative focused on substance use disorder treatment and recovery support
Koinonia	Residential treatment for addiction recovery
Marshfield Clinic Health System	Hospital is in Minocqua; clinics are in Minocqua and Woodruff
Meals on Wheels	Delivered food for homebound individuals
Northwoods Tobacco-Free Coalition	Multi-county coalition to address tobacco-related concerns
Rhinelander Veterans Affairs Clinic	Provides outpatient care for veterans
School counselors	Help ensure that students' developmental and academic needs are met
Three Bridges Recovery	Recovery coaches walk side by side with individuals seeking recovery from substance use disorders
UW Madison Division of Extension (all 3 counties)	Connects people to the University of Wisconsin resources through programs, education and services
Wisconsin Addiction Recovery Helpline (part of 211)	Statewide resource for finding substance use treatment and recovery services

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

Health priorities identified in the preceding CHNA were:

- Mental Health
- Alcohol and Other Drug Use
- Chronic Disease

This section outlines four years of work. Although the 501r requirement is to conduct a CHNA at least every three years, these three hospitals were acquired from Ascension Wisconsin by Aspirus Health in August 2021. When a hospital has been acquired by another health system, the 501r requirements allow for an extension on the completion of the CHNA. Thus, it has been four years since the completion of the previous CHNA.

Throughout this timespan – July 1, 2019 through June 30, 2023 – the hospitals were affected by numerous factors that impacted their ability to achieve their goals. Those factors included: COVID-19 and its ripple effect on community outreach and public events / programs; staffing changes; the transition of the hospital from Ascension Health to Aspirus Health in August 2021; the post-transition changes in processes, team structure and related impacts; inflation and other challenges affecting the vibrancy of health systems.

The hospitals are in rural northern Wisconsin. Because of that setting, community health efforts are frequently completed with other regional partners, including other Aspirus hospitals. The following descriptions are reflective of Aspirus Rhinelander, Aspirus Eagle River and Howard Young Medical Center (also with Aspirus) unless otherwise indicated.

Notes:

- *Because of the transition from Ascension to Aspirus, this summary includes the hospitals as either/both Ascension and Aspirus, depending on the date of the activity.*
- *The fiscal years are included in this description.*
 - *FY20 = July 1, 2019 – June 30, 2020*
 - *FY21 = July 1, 2020 – June 30, 2021*
 - *FY22 = July 1, 2021 – June 30, 2022*
 - *FY23 = July 1, 2022 – June 30, 2023*

Mental Health and Alcohol and Other Drug Use

In part due to the knowledge and capacity that the Rhinelander-based Aspirus Koller Behavioral Health unit (part of the health care system) brings to the area, the hospitals are a strong and valued resource for community mental health and substance use prevention efforts. Staff expertise is shared internally as well as externally. This work includes:

- Coalition: Aspirus staff participated in the Community Outreach Prevention Education (COPE) coalition, which is the region's mental health promotion and substance use prevention coalition. At various points in time over the last four years, Aspirus staff have chaired a subcommittee of the coalition. Coalition activities are described below.
 - FY20 The COPE Coalition promoted the Wisconsin Addiction Recovery Helpline provided by 2-1-1 (resource and information hotline). Requests to 2-1-1 for mental health and addiction resources were as follows:
 - Forest County: 7 in FY19; 10 in FY20
 - Oneida County: 64 in FY19; 63 in FY20
 - Vilas County: 24 in FY19; 50 in FY20.
 - *Source: wi.211counts.org (1/22/2021)*
 - FY20 Question, Persuade, Refer (QPR) trainings were coordinated by a COPE Coalition subcommittee. (An Ascension associate co-leads that Suicide and Depression subcommittee.) In calendar year 2019:
 - Thirteen (13) new QPR trainers were added.
 - Hundreds of community members were trained:
 - Forest-206
 - Oneida-380
 - Vilas-241
 - FY20 The *Overcoming Addiction Together* training was held on three non-consecutive days in Summer and Fall 2019. The series was coordinated by the Area Health Education Center (AHEC) and was intended for mental health and health care professionals. The information shared was regarding addiction and treating addiction. The first session was in June 2019 (previous FY). The second two sessions were held in Summer and Fall 2019. For the July session, 42 individuals responded to the evaluation. Of those respondents, 100 percent indicated they learned something they could apply in their work or personal life. Additionally, 100 percent indicated they plan to advocate for or use resilience-building strategies in their workplace or personal environments. For the third (August) session, 28 participants responded to the evaluation. One hundred percent indicated they are able to describe the correlation between early childhood trauma and substance use/mental health. (This effort was an activity of the Increasing Access subcommittee of the COPE Coalition. An Ascension associate led that subcommittee.)

- FY20 The coalition hosted a screening of the film *Ripple Effect*. Seventy-two (72) people attended the September 2019 screening. The film focuses on suicide prevention and potential family/community consequences. Forty-seven (47) of the 51 (92 percent) attendees who responded to the evaluation indicated their knowledge on this topic increased. (The screening was held in Rhinelander (Oneida County) but invitations were regional.)
- FY20 The coalition conducted a suicide prevention / mental health promotion campaign focused on men. The campaign was called HeadsUpGuy. In calendar 2019, 3000 mental health promotion coasters were distributed to bars in the tri-county area. A survey of the bars indicated positive feedback from the bar owners.
- FY22 and FY23 The coalition created and distributed stickers promoting the new 988 crisis line with the QR code for mental and health and substance use/abuse support available 24/7.
- FY23 The subcommittee, chaired by Aspirus Koller Behavioral Health staff, conducted a number of activities, including: developing a strategy around reduced access to suicide means; a school toolkit; awareness strategies (e.g., for May Mental Health month, September Suicide Prevention Week, and World Mental Health Day (October)).
- Training and Coaching:
 - Aspirus staff experts provide training and coaching on an in-kind basis.
 - FY21 Aspirus Koller Behavioral Health staff provided suicide prevention (Question, Persuade, Refer) training to high school administrative staff and teachers (virtual; 35 people) and also to high school students (virtual; 43 students). The training was in Vilas County.
 - FY22 Aspirus Koller Behavioral Health staff trained or coached the human service center staff, camp counselors and leaders, New Horizons home visiting staff, and 25-30 Aspirus Wellness staff. Aspirus staff also provided Question, Persuade, Refer (QPR) suicide prevention training for local high school staff and grades 9-12 health classes, as well as coached new QPR trainers (which improves the accessibility of QPR trainings in the region).
 - FY23 Aspirus Koller Behavioral Health staff provided multiple QPR trainings, including for school staff and camp staff.
- Public education:
 - FY20 and FY21 Ascension St. Mary's conducted mindfulness/meditation classes. One, 1.5-hour class was held monthly until early 2020 and then was paused due to COVID. Attendance once reached 64, however classes averaged 20-24 participants. The classes were discontinued with the onset of COVID-19 limitations until FY21, when the mindfulness classes were again held on a monthly basis (virtually).

- FY21 Aspirus Koller Behavioral Health staff organized a virtual Mental Health Summit, held in May 2021 with 69 people attending (virtual and in-person). The keynote speaker focused on eating disorders.
- FY21 FY22 Aspirus staff were frequently asked to provide public service messages about mental health issues such as seasonal affective disorder and teen mental health. Aspirus Koller Behavioral Health staff were interviewed about mental health on public radio and also prepared and disseminated a mental health podcast (FY21). In November 2021, a news interview was completed on “Movemeber” to bring awareness to men’s mental health. Aspirus hosted a film/presentation on Milwaukee’s Daniel Hoan Memorial Bridge; multiple people have attempted suicide by jumping off the bridge (FY22). The presenter also shared ways to reduce suicide risk. Staff from Aspirus Koller Behavioral Health were available to provide support to those who may be in need after the presentation.
- FY23 Aspirus Koller Behavioral Health staff provided media interviews on mental health issues.
- FY23 Aspirus Koller Behavioral Health staff organized a Mental Health Summit, held in May 2023. Over 65 people attended. The keynote speaker focused on LGBTQ+. The Summit featured national and local presenters.
- Community Response:
 - FY22 FY23 Aspirus Koller Behavioral Health staff responded to local, specific mental health crises (e.g., the death of a child) and participated on county Death Review teams.
- Recovery Coaching:
 - FY20 Ascension St. Mary's funded (\$2600) and hosted a recovery coach. The Recovery Coach Program was coordinated by another health care system and covered the tri-county area (Forest, Oneida, Vilas counties). Recovery coaches are individuals who have been affected by drug use and have been without substances for at least six months. Recovery coaches provide one-on-one care, community education, support groups, resources and transportation. Ascension St. Mary's had a recovery coach in the previous fiscal year and that coach continued into FY20. The coach was in the behavioral health unit in the first half of the fiscal year. In calendar 2020, the intention was to also place the recovery coach in primary care. After only a few occasions in primary care, the pandemic ended that portion of the service. Recovery coach services were continued remotely through the behavioral health unit for the remainder of the fiscal year. This recovery coach program at Ascension St. Mary's was discontinued in FY21.
 - FY22 and FY23 Aspirus Health contracts with an outside agency to provide recovery coaching services throughout the system’s Wisconsin footprint. Aspirus is working to build relationships and structures in all Wisconsin hospitals to support having a recovery

coach available within an hour or two to those patients interested in working with a coach.

- Internal Systems:

- Fiscal years 2020 and 2021 were the first and second years of a three-year plan at Ascension Wisconsin to increase depression screening rates across primary care clinic settings. With the ultimate goal of reducing patients' depression, Ascension Medical Group aimed to increase the identification and management of patients with depression.
 - The first year (FY20) of the plan focused on rolling out the new statewide screening standard with both providers and care teams. Materials that supported the rollout were created, including rooming standards training videos and region-specific depression resource guides. In the first year (prior to the COVID-19 restrictions), the screening rates were relatively flat at around 65 percent for all patients and 57-58 percent for individuals with Medicaid.
 - The emphasis in the second year (FY21) of the plan was increasing the screening rate, particularly as COVID-19 increased social isolation and affected mental health. Efforts to increase the screening rates included ongoing data monitoring, reaching out to clinics with low rates and sharing rooming audit report-outs at monthly statewide Ascension Medical Group Quality meetings. In FY21, depression screening rates increased over baseline by 15.9 percent for all patients and 27.1 percent for patients with Medicaid. Actual amounts: For data available for the 12-month period ending in April 2021, 73.0 percent of all patients and 66.6 percent of patients with Medicaid were screened for depression.
- Fiscal years 2020 and 2021 were the first and second years of a three-year plan at Ascension Wisconsin to increase alcohol use screening rates across primary care clinic settings. With the ultimate goal of decreasing unhealthy alcohol use in patients, Ascension Medical Group aims to increase the identification and management of patients with unhealthy alcohol use.
 - The first year (FY20) of the plan focused on rolling out the new statewide screening standard with both providers and care teams. Materials that supported the rollout were created, including rooming standards training videos and region-specific unhealthy alcohol use resource guides. In the first year (prior to the COVID-19 restrictions), the focus was on providers documenting in the medical records that some type of alcohol use history was being asked during the visit. The frequency of providers asking about alcohol use increased from a baseline of 62.2 percent to 67.96 percent; the intended amount was 63.5 percent. This change was presumably due to increased awareness related to the

inclusion of alcohol use history on the medical group scorecard. Screening rates for individuals with Medicaid also increased, from 68.9 percent to 75.24 percent; the intended amount was 70.3 percent.

- The emphasis in the second year (FY21) of the plan was to increase the screening and response rate, particularly as COVID-19 increased social isolation, worsened mental health and affected alcohol use. Central to this effort was the implementation of the standardized U.S. Alcohol Use Disorder Identification Tool (USAUDIT) screening tool in primary care settings. Each EHR has a set of questions that follow the USAUDIT tool. Any patient response other than that they do not drink at all results in the follow-up questions. If the alcohol use is high based on the screening scores, follow up actions are prompted. At the time of the transition from Ascension Wisconsin to Aspirus, the results were not available.
- FY21 FY22 FY23 Multiple Aspirus staff participated in the Zero Suicide meetings. The purpose of Zero Suicide is to reduce the risk of Behavioral Health patients committing suicide after being discharged.

Chronic Disease

Prior to the pandemic, the region had a strong chronic disease prevention coalition. The backbone of that coalition was a health department. With the pandemic demands on the health department, the coalition was paused. As of Spring 2023, the coalition had not resumed. Pre-pandemic coalition efforts as well as the hospitals' own efforts are outlined below.

- Coalition: The hospital participated in a regional physical activity and nutrition coalition.
 - FY20 The Northwoods Coalition for Activity and Nutrition (CAN), along with its county-based subcommittees (Oneida, Forest, Vilas), offered a number of programs that encouraged increased nutrition and physical activity.
 - The coalition initiated planning around results from a FY19 food pantry survey regarding barriers to accessing healthy foods.
 - The coalition also promoted UW-Extension cooking classes. UW-Extension provided eight food preparation classes at Rhinelander Area Food Pantry and they provided both Vilas County WIC (Women, Infants and Children program) (location Eagle River) and Forest County WIC (location Crandon) with four classes focused on creating safe, healthy family meals on a budget.
 - Ascension St. Mary's funded 25 thermometers and 16 cutting boards, which were given out at two of the programs.
 - Coalition members also exchange information on their organizations' activities (e.g., strength-building classes) for increased promotion and public visibility. Numerous other activities were planned but not held due to the pandemic.

Additional chronic disease-related efforts included:

- Training and Coaching:
 - FY20 and FY21 Ascension St. Mary's conducted the Diabetes Prevention Program (DPP). The program is an evidence-based, CDC-promoted 12-month effort for individuals with pre-diabetes to reduce the likelihood of developing diabetes. Three cohorts of participants were initiated, with one of the cohorts discontinued due to COVID-19 interruptions.
 - Seven (7) individuals were in the first cohort (2019-20). For the cohort that ended in February 2020 (with 7 participants and 1 support person), there were a number of positive results: the average number of minutes of physical activity per week per person was 366 (averaged across the timespan of the program); the average amount of weight lost was 13 pounds. Five of the eight participants completed a year-end evaluation; of those five who responded, all indicated they had achieved or made progress on their goals around weight, healthy eating and physical activity.
 - In a cohort that started in February 2020, five of eleven individuals completed the DPP in February 2021. Two Ascension Wisconsin associates led the program.
- Food Security / Food Pantry
 - FY21 During the pandemic, each of the three hospitals (separately) funded pulse oximeters and scales for patients with chronic diseases who were unable to afford the items. The patients can use the tools to better monitor their health at home.
 - FY21 Ascension Eagle River Hospital provided some funding for the area food pantry and the Aging and Disability Resource Center's homebound meal program.
 - FY21 Howard Young Medical Center provided some funding for the area food pantry. The hospital also provided funding for a non-profit that hosts a needs pantry and community dinners and conducts home visits and outreach.
 - FY21 Ascension St. Mary's Hospital funded the Aging and Disability Resource Center's (ADRC) home delivery meal program. The hospital also provided some funding for the area food pantry.
 - FY21 Overall, hospital involvement with the food pantry was limited in FY21 due to COVID-19. Ascension St. Mary's associates help staff, on a volunteer basis, the Rhinelander Area Food Pantry. A hospital leader helps coordinate and organize those associates to assure that the food pantry is staffed on the fifth Saturday of the month. In FY21, there were four months with a fifth Saturday.
 - FY22 Community health improvement staff organized hospital and clinic volunteers for the local food pantry.

- Internal Systems:
 - Fiscal years 2020 and 2021 were the first and second years of a three-year plan within Ascension Wisconsin to increase screening rates across primary care clinic settings. With the ultimate goal of patients being at a healthy weight, Ascension Medical Group aims to increase the identification and management of patients with a high body mass index (BMI).
 - The first year of the plan focused on rolling out the new statewide screening standard with both providers and care teams. Materials that supported the rollout were created, including rooming standards training videos and region-specific depression resource guides. As of May 2020, the screening rates declined somewhat from a baseline of 94.8 percent to 94.26 percent. Screening rates for individuals with Medicaid increased somewhat, from 93.5 percent to 93.85 percent. The intended amount, for all patients and patients with Medicaid, was 97.2 percent. Because the baseline rate was already quite high, the measure is considered generally "topped out" at that level.
 - The emphasis in the second year of the plan was increasing the screening rate. Efforts to increase the screening rates included ongoing data monitoring, reaching out to clinics with low rates and sharing rooming audit report-outs at monthly statewide Ascension Medical Group Quality meetings. Screening rates were impacted by (a) a reduction in in-person visits due to covid and (b) a change in the database (Optum 1 to OPA). The former affected the collection of height and weight (needed for the BMI calculation) and the latter impacted the baseline calculation.
 - FY20 FY21 FY22 FY23 Ascension St. Mary's (and then Aspirus Rhinelander) Hospital Birth Center staff increased their support of breastfeeding in FY20 and FY21, and then maintained their support in FY22 and FY23. Breastfeeding is known to reduce the risk of obesity and some chronic diseases.
 - Early in FY20, Birth Center leaders began implementing breastfeeding educational sessions prior to each staff meeting so that staff were more knowledgeable about and comfortable with sharing information on breastfeeding. The intention was to develop an in-house standard around sharing breastfeeding information with new moms. Those early efforts paused due to the pandemic. Additionally, Birth Center leaders attended at least one regional breastfeeding community coalition.
 - FY21 The Ascension St. Mary's Labor and Delivery Department continued to promote breastfeeding with its new moms. The department had three lactation counselors on staff that provided support and education to inpatient parents. In FY21, the lactation counselors provided a 2-hour breastfeeding training for 12

staff members in the department. The hospital's lactation counselors also provided support to the clinic while they were training a new lactation counselor, doing consults in the clinic when the nurses were available to do so.

- The department audited ten patient charts a month for skin-to-skin contact after delivery for one hour uninterrupted. Those results are compared to exclusive breastfeeding rates. [Early skin-to-skin contact is associated with -- amongst other things -- a higher likelihood of breastfeeding, calmer babies and more relaxed mothers.] There has been an increase in exclusive breastfeeding and the department continues to meet their goal on the Quality, Safety and Person Engagement (QSPE) report for this core measure. [The goal is 52.14 percent of new moms who are exclusively breastfeeding.] The department staff also discussed, monthly in the department meetings, the breastfeeding rates that are reported out in the QSPE report.
- FY22 FY23 The department continued to monitor the breastfeeding rate each month and fiscal year to ensure they are continuing to meet their core measure goal. The department has continued to achieve and exceed their exclusive breastfeeding goals.
- FY23 Additional staff members were certified as lactation counselors and the department added an IBCLC (Internationally Board-Certified Lactation Consultant) to the staff.
- FY23 Development of community education is in the planning stages, with the hope that some offerings, along with some support groups, will be available in calendar 2023.
- FY20 FY21 FY22 FY23 Each of the three hospitals offered 'Fit for Life' exercise classes in a supervised setting for cardiac rehab patients who have completed their treatment plan. The hospitals offer the classes at a reduced rate, incurring losses on the offering. Each hospital contributed hundreds of in-kind hours every year for this program.
- FY22 FY23 Aspirus Health, primarily through Care Management, implements a fruit and vegetable prescription (FVRx) program across the system. Patients with chronic disease are screened for food insecurity and 'prescribed' fruits and vegetables. The FVRx can be used like cash at the local farmers market.

Other

FY21 Ascension St. Mary's had two certified car seat technicians on staff. The technicians provided education on and support for car seat installation and safety. They were able to check the car seats if they are already installed in a vehicle and they are also able to install the car seat for patients if needed.

