

Community Health Needs Assessment



2022-2025

ASPIRUS RIVERVIEW HOSPITAL & CLINICS

410 Dewey Street

Wisconsin Rapids, WI 54494

Acknowledgements

Aspirus Riverview Hospital is grateful for the collaborative efforts of the Wood County Health Department and the Marshfield Clinic Health System in the collection and analysis of data, as well as the facilitation of community meetings. By collaborating on our community efforts, we strengthen our opportunities to improve health across the entire Wood County region. Thank you to numerous community leaders who shared their perspectives on the most important health issues facing the community and to the hundreds of community members who responded to a community survey in Spring 2021.

Although this document represents a point in time for Wood County, the next step is to create and implement a plan to address these issues. We look forward to continued collaboration to create a healthier Wood County for all.

Respectfully,



Brian Kief
Interim President
Aspirus Riverview Hospital

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Executive Summary

Aspirus Riverview Hospital conducted a community health needs assessment from Spring 2021 through Spring 2022. The assessment included:

- Collaborative relationships with Wood County Health Department and Marshfield Clinic Health System.
- The compilation of two kinds of data:
 - Community input. Community input was gathered through key informant interviews, a community survey and key stakeholder meetings.
 - Health status data. Data on the health of the community was obtained primarily from the County Health Rankings and Roadmaps and the Wisconsin Department of Health Services.
- The review of data through the lens of multiple criteria (e.g., disparities, community momentum).
- A prioritization process that considered data, criteria and an appreciation for / acknowledgement of the COVID-19 circumstances.
- The selection of a set of priorities the hospital is committed to formally pursuing over the next three years.

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

Aspirus Health and Aspirus Riverview Hospital Profile

Aspirus Health

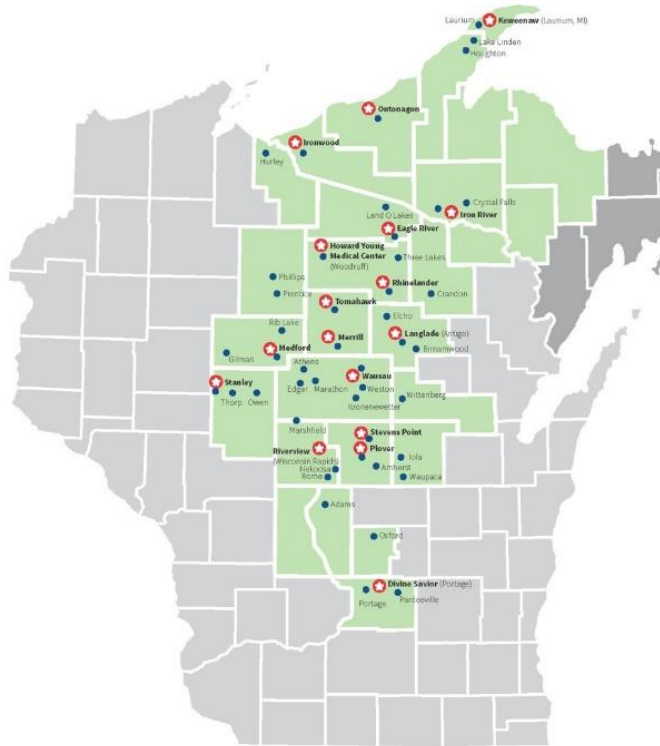
Aspirus is a non-profit, community-directed health system based in Wausau, Wisconsin. Its 11,000 employees are focused on improving the health and well-being of people throughout Wisconsin and Upper Michigan. Aspirus serves communities through four hospitals in Upper Michigan and 13 hospitals in Wisconsin, 75 clinics, home health and hospice care, pharmacies, critical care and air-medical transport, medical goods, nursing homes and a broad network of physicians. Aspirus has been recognized by IBM Watson Health as a Top 15 Health System for four consecutive years in its annual studies identifying the top-performing health systems in the country.

Aspirus Riverview Hospital

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



Service Area Hospitals & Clinics



Key

- ★ Aspirus Hospitals
- Aspirus Clinics

MAPS-074C_ASPIRUS HOSPITALS & CLINICS_10/2021

About the Community Health Needs Assessment

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

Definition / Purpose of a CHNA

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

Compliance

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

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

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

Community Served and Demographics

Our Community

The hospital’s service area includes Wood County as well as portions of surrounding counties. For the purposes of our Community Health Needs Assessment we have defined our “community” as Wood County because (a) most population-level data are available at the county level and (b) most / many community partners focus on the residents of Wood County.

Demographics

The table below describes some of the basic demographics of Wood County’s population compared to Wisconsin. Notably, compared to Wisconsin, Wood County:

- Has a higher proportion of individuals over the age of 65.
- Has a higher percentage of Caucasian individuals and a lower percentage of individuals who are African American, American Indian and Asian.
- Has a lower percentage of individuals who are Hispanic.
- Has a lower median household income.
- Has a lower percentage of individuals in poverty.
- Has a comparable percentage of the population of high school graduates.
- Has a lower percentage of individuals with a Bachelor’s degree or higher.
- Has a lower percentage of households where a language other than English is the primary language.

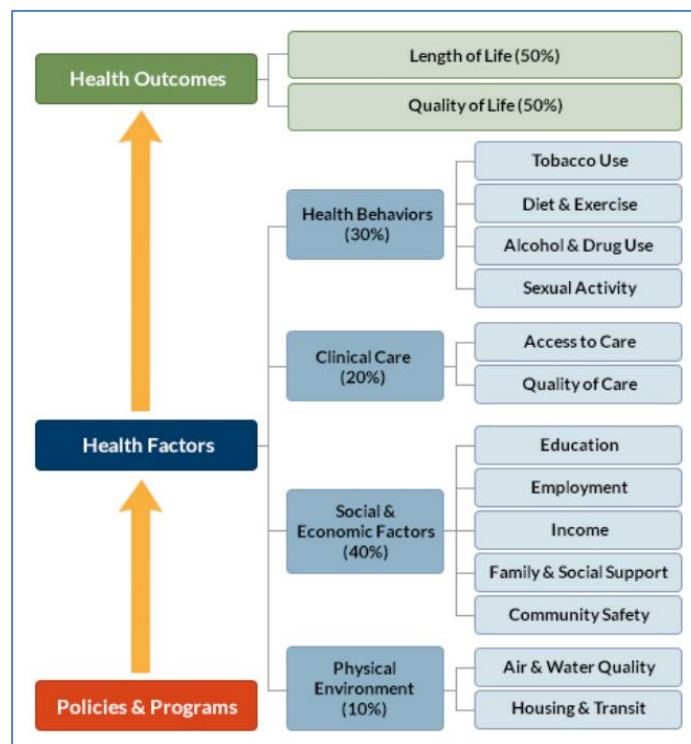
	Wood County	Wisconsin
Population*	74,516	5,835,721
Age <14*	17.3%	18%
Age 15-64*	61.1%	64.6%
Age 65+*	21.6%	17.4%
Caucasian*	95.4%	87.8%
African American*	1.4%	7.5%
American Indian*	1.1%	1.4%
Asian*	2.1%	3.4%
Hispanic*	3.4%	7.3%
Median Household Income (2019)**	\$54,913	\$61,747
Persons in Poverty**	9.4%	10%
High School Graduate or Higher**	92.7%	92.2%
Bachelor’s Degree or Higher**	21.6%	30.1%
Language Other than English Spoken at Home**	4.6%	8.7%

* Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <https://www.dhs.wisconsin.gov/wish/index.htm>. Population Module, accessed February 11, 2022.

** U.S. Department of Commerce, Bureau of the Census, <https://www.census.gov/quickfacts/fact/table/woodcountywisconsin,WI,US/PST045221>, accessed February 11, 2022.

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 Aspirus Riverview, the health status data and much of the community input are organized in this framework.



Source: University of Wisconsin Population Health Institute

Aspirus Riverview also uses the County Health Rankings and Roadmaps guidance in its 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

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

Community Input

Wood County community members provided their voice to the community health needs through a community survey and key informant interviews. Over 600 people responded to the community survey and nine key informant interviews were conducted. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of: 1) public health practice; 2) individuals who are medically underserved, have low income, or are considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Key Informant Interviews

Nine community leaders representing governmental public health, youth, older individuals, individuals in recovery, individuals who are more vulnerable and other sectors were interviewed. Three community health improvement leaders from Aspirus analyzed the interviews.

Three overarching themes emerged:

- There are divides within the community, particularly along racial and ethnic lines. As the community aims to solve community issues, it is important to be mindful of those divisions and work to be more welcoming and inclusive.
- There are many resources in the community, however, there are opportunities to be more effective in bridging those resources to meet the needs that individuals have. Stronger connections and fewer silos can bring resources and benefits to individuals who need it.
- Many community members continue to struggle to meet food, housing and transportation needs. In south Wood County, the closing of the paper mill resulted in the loss of many good paying jobs. This will have a lasting impact on families' incomes as well as the economy.

Top issues identified by key informants included: mental health; social determinants of health (e.g., low income, housing, food); obesity, physical activity and/or nutrition.

A summary of the results from the key informant interviews can be found in [Appendix A](#).

Community Survey

The community survey, developed and distributed primarily by the Marshfield Clinic Health System with contributions from Aspirus, was conducted in Spring 2021. The survey was distributed electronically and on paper. Numerous organizations – including United Way, YMCA, Chambers of Commerce, Wood County Health Department, Aging and Disability Resource Center, school districts, community foundations, food pantries, coalitions and more – distributed the survey. Additionally, community health workers working with communities of color and at mass vaccination clinics distributed the survey.

Approximately 600 people responded to the survey. Top-identified issues included: obesity; substance use; mental health; vaping / tobacco use and exposure; alcohol misuse; physical activity.

In addition to seeking input on health issues, the survey also included a section on factors that contribute to poor health. Those top-identified social and economic contributors to poor health included: living in poverty and the stressful conditions that accompany it; access to educational, economic and job opportunities; access to health care services; social support; availability of resources to meet daily needs (e.g., safe housing and local food markets); opportunities for recreation and leisure.

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

Input Received on the Last CHNA

No known input on the previous CHNA was received.

Health Status Data / Outside Data

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

Reflective of the UWPHI model, the data were grouped in the following categories:

- Health Outcomes -- mortality and morbidity
- Social and Economic Factors
- Health Behaviors
- Clinical Care
- Physical Environment

COVID-19 data and sustainability/climate change information were also included. A summary of the health status data and corresponding sources can be found in [Appendix C](#).

Community Needs and Prioritization Process

The prioritization of the community needs began with the compilation of data. Community survey results, key informant interview results and health status data were compiled into tables so that all information about a particular topic was together. For instance, community survey results and key informant interview results related to mental health was combined with mental health status data. The tables were organized by health issues and also by criteria. See the next section for a description of the criteria.

Prioritization – Part I. The combined tables with criteria, along with the community survey report, key informant interview report and health status data report, were shared with a core team. The core team included representatives from Aspirus Health (at the hospital and system level), Marshfield Clinic Health System and the Wood County Health Department. This team reviewed the information and narrowed the set of potential priorities to six:

- Poor mental health / suicide
- Alcohol misuse, substance use, tobacco / vaping
- Access to care (physical, mental, oral)
- Social determinants – food security
- Social determinants – transportation
- Social determinants – community engagement / community support / social support

Prioritization – Part II. Two meetings of community stakeholders were held. Invited stakeholders included representatives from the health department, education, law enforcement, business, youth programming, recovery, University of Wisconsin-Extension, public office and others. At those virtual meetings, the attendees reviewed data and rationale on the top six issues and then identified advantages and disadvantages of the hospital addressing that issue. At the conclusion of the meeting, stakeholders participated in an online poll, identifying their top two issues.

- The top three issues were (1) Poor mental health / suicide, (2) Social determinants – community engagement / community support / social support, and (3) Alcohol misuse, substance use, tobacco / vaping.
- Of note, attendees also identified housing as a significant challenge (more so than food security). One attendee also named the issue of obesity.

Prioritization – Part III. After the community stakeholder meeting, a small group of Aspirus Riverview and Aspirus Health leaders met. They reviewed the information and selected two issues – mental health and substance use – as the top priorities. The leaders indicated the strategies to address mental health and substance use should include attention to social determinants.

Criteria

The criteria used to inform the prioritization process 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?
- **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 Riverview will formally address the following issues through its community health needs assessment and corresponding implementation strategy:

- Mental health
- Substance use

Needs Not Selected

The four needs that were not prioritized by the hospital are:

- Social determinant – social connectedness.
- Social determinant – transportation
- Social determinant – food security
- Access to care – oral, medical, mental

These four issues were not selected for a number of reasons. Hospital leaders, in reviewing the top-identified issues from the stakeholder meeting (mental health, substance use and social connectedness) noted that while social connectedness is a substantial issue, hospital capacity was limited and that social connectedness can be addressed as part of the strategy to improve mental health and substance use. The issues of transportation, food security and access to care were ranked much lower by community stakeholders. Strategies to address mental health and substance use may include efforts to meet transportation, food insecurity and access needs.

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

Healthcare Facilities and Community Resources

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

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 MĒ, Lane RĪ, 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>

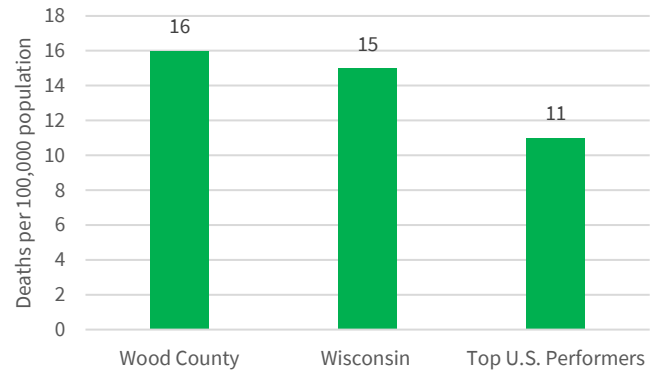
Disparities and Equity

- 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

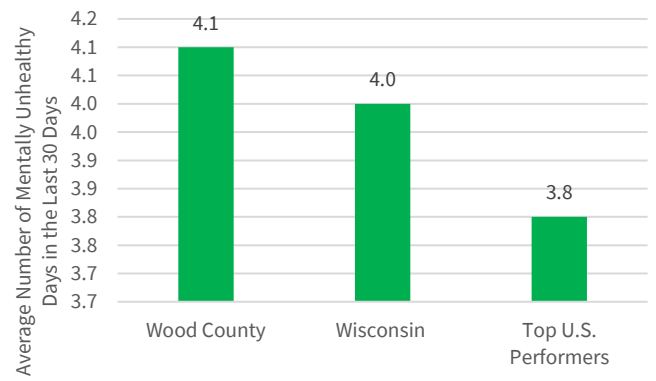
Sources: (5) 2021 America’s Health Rankings, Executive Summary. https://assets.americashealthrankings.org/app/uploads/2021_ahr_health-disparities-report_executive_brief_final.pdf (6) Shim, Ruth S; Ye, Jiali; Baltus, Peter; Fry-Johnson, Yvonne; Daniels, Elvan; Rust, George. Racial/Ethnic Disparities,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

Data Highlights

Suicide Deaths



Poor Mental Health Days



Sources: 2021 County Health Rankings

Community Perceptions & Challenges

- Mental health was the top issue for key informants & community stakeholders (and was second in the community survey)
- COVID-19 has exacerbated existing mental health issues
- Coordination of existing mental health efforts is a challenge

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 MĚ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>

Disparities and Equity

- 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 & Challenges

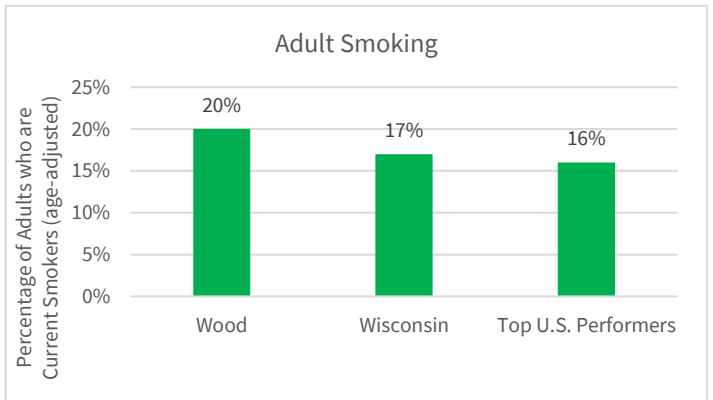
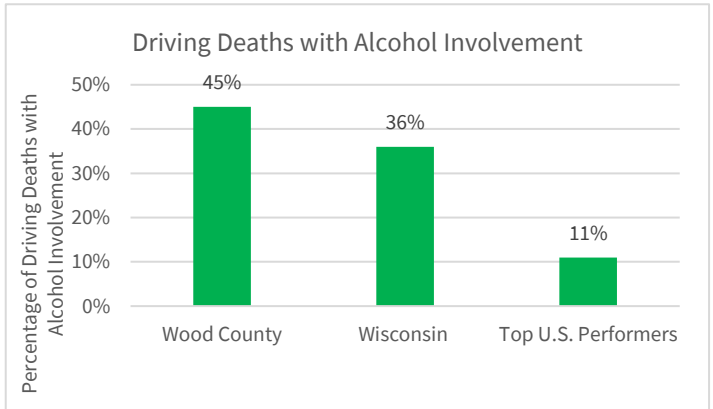
Community survey results:

- 60% indicated Substance Use is a “major issue”
- 51% indicated Vaping / Tobacco is a “major issue”
- 44% indicated Alcohol Misuse is a “major issue”

Key informant interview results:

- 3 out of 9 key informants identified some combination of drugs and alcohol as important community issues
- 2 out of 9 key informants identified tobacco and/or vaping as important community issues

Data Highlights



Sources: 2021 County Health Rankings

Wood County Data Compared to Wisconsin

- Alcohol-attributable deaths per 100,000 population (2019 & 2020): 61 Wood / 49 WI
- Deaths with alcohol as an underlying or contributing cause per 100,000 population: 42 Wood / 42.5 WI
- Excessive Drinking: 26% Wood / 27% WI
- Chronic alcohol hospitalizations per 100,000 (2019 & 2020): Emergency room 613.7 Wood / 615.5 WI; Inpatient 569.1 Wood / 584.6 WI
- Opioid deaths per 100,000 residents (2017-2020): 10.8 Wood / 16.9 WI
- Opioid hospital discharges per 100,000 population (age-adjusted, 2020): 237.5 Wood / 329 WI
- Drug poisoning / overdose deaths (per 100,000 population): 11 Wood / 20 WI

Evaluation of Impact from the Previous CHNA Implementation Strategy

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

- Substance Use
- Mental Health
- Active Communities and Community Food Systems

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

Approval by the Hospital Board

The CHNA report was reviewed and approved by the Aspirus Riverview Board of Directors on May 19, 2022.

Conclusion

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

Appendices

Appendix A: Community Input – Key Informant Interviews

As part of Aspirus Riverview Hospital’s community health needs assessment, nine Wood County community leaders were interviewed in Spring/Summer 2021. Those leaders represented the following sectors and organizations:

- United Way
- Aging and Disability Resource Center (2)
- Marshfield Chamber of Commerce
- Wood County Health Department
- Wisconsin Rapids Public Schools
- RecoveryCorps
- YouthNet
- Marshfield Planning and Zoning

The interviews were conducted by community health improvement associates from Marshfield Clinic Health System and from Aspirus Health. The results below were compiled by associates from Aspirus Health.

The interview documentation was reviewed by three Aspirus employees with community health improvement expertise. Three overarching themes were identified, along with sub-themes within the questions.

The three overarching themes were:

- There are divides within the community, particularly along racial and ethnic lines. As we look to solutions for community issues, we need to be mindful of those divisions and work to be more welcoming and inclusive.
- There are many resources in the community, however, we can be more effective in bridging those resources to meet the needs that individuals have. Stronger connections and fewer silos can bring resources, benefits, care and more to individuals who need it.
- Many community members continue to struggle to meet food, housing and transportation needs. In south Wood County, the closing of the paper mill resulted in the loss of many good paying jobs. This will have a lasting impact on families’ incomes as well as the economy.

The remainder of this section outlines the interview questions and corresponding themes.

Question: What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in your community? Why?

Key informants responded with a variety of answers to this open-ended question. The table below reflects the quantitative results of a qualitative review of the responses. The table includes the kind of issue identified, the number of key informants (out of the 9 interviewed) who included some aspect of that issue in their response, as well as some example comments (paraphrased from the interview notes).

	Number of Key Informants	Example Comments (paraphrased)
Mental Health	6/9	Mental health issues have been exacerbated by the pandemic; there is increased stress due to pandemic/politics and anxiety.
Social & Economic Issues (including food, income, housing, isolation)	6/9	For individuals who are underrepresented, poverty is a major concern.
Nutrition, Physical Activity and Obesity	5/9	It is important for individuals with disabilities and individuals who are older to have increased access to food resources, including affordable food, grocery delivery, etc.
Substance Abuse (including alcohol misuse)	3/9	Mental health and substance abuse are connected. For the community at large, substance abuse is an increasing issue.
Access to Care (medical & mental health)	3/9	There are long wait lists for kids to get access to mental health care providers.
Vaping, Tobacco	2/9	--

Other issues identified:

- Special populations
 - Multiple racial and ethnic groups, including corresponding language barriers
 - Aging-related issues, including supportive services
- Social dynamics, including racial and ethnic tensions, civility and respect, communication
- Balancing between personal responsibility and our broader environment
- Transportation
- Internet access

Question: Which areas are our community ready to change?

Key informants shared two kinds of responses when asked this question.

- Respondents noted a number of *overarching* community issues or systems that could change, including adding resources, building capacity and continuing and expanding collaborative efforts. They also noted racial and ethnic dynamics and disparities and the importance of addressing those without ‘simplified, polarizing language.’
- Respondents also noted a number of *specific* health and social issues that are ready for change, including:
 - Practical skills, technology
 - Mental / Behavioral health and stigma
 - More services for individuals who are older
 - Pre-covid activities
 - Limited readiness for changes related to alcohol consumption

Question: What are some ideas you have to help our community get or stay healthy?

- a. [Prompts] Changes you’d like to see?**
- b. [Prompts] Current services/programs that are working well or do not work well?**
- c. [Prompts] What are things you’ve seen in other communities that might work here?**

Key informants shared two kinds of responses when asked this question.

- Respondents noted a number of *overarching* community issues or systems, including:
 - Stronger infrastructure for continued collaboration and coalitions
 - More listening, helping and collaboration
 - More being inclusive and welcoming
 - More focus on the positive
 - Use and promote what we already have (that’s working and/or is beneficial)
- Respondents also noted a number of *specific* health and social issues that would support a healthier community, including:
 - Childcare
 - More / better physical activity opportunities (interviewees identified some specific opportunities)
 - Better food options (interviewees identified some specific opportunities, including improving the food at the food pantry)
 - Support groups
 - Prevention and ‘keeping any eye out for suspicious behavior’
 - Take a ‘whole family’ approach, including special attention to families with aging parents and families with a person with a disability

- Care by and for individuals who ‘look like us’
- What is working well: YMCA, United Way’s ‘Be Kind’ campaign and mental health in the schools (when school is not virtual)

Appendix B: Community Input – Community Survey

As part of the Aspirus Riverview Hospital community health needs assessment process, a community survey was conducted in Spring 2021. The survey was developed and distributed primarily by the Marshfield Clinic Health System, with contributions from Aspirus.

Distribution

The survey was distributed electronically and on paper. Numerous organizations – including the United Way, YMCA, Chambers of Commerce, Wood County Health Department, Aging and Disability Resource Center, school districts, community foundations, food pantries, coalitions and more – distributed the survey. Additionally, community health workers working with communities of color and at mass vaccination clinics distributed the survey.

Who Responded

Approximately 600 individuals completed the survey. The table below describes the demographics of the individuals who responded to the survey compared to the overall demographics of individuals in Wood County. Compared to the overall population of Wood County, survey respondents were more likely to: be female; be non-Hispanic or Latino; have education beyond high school; be a homeowner.

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

Demographics	Wood County	Survey Respondents
Sex*	Male: 49.2% Female: 50.8%	Male: 17% Female: 78% Prefer Not to Answer: 4%
Age Distribution*	0-4: 5.2% 5-14: 12.1% 15-24: 10.6% 25-34: 11.1% 35-44: 11.1% 45-54: 12.2% 55-64: 16.0% 65-74: 11.9% 75-84: 6.8% 85+: 2.9%	Under age 18: 0% 18-24: 2% 25-34: 15% 35-44: 24% 45-54: 26% 55-64: 24% 65-74: 4% 75+: 1% Prefer not to answer: 4%
Ethnicity*	Hispanic or Latino: 3.4% Not Hispanic or Latino: 96.6%	Hispanic or Latino: 1% Not Hispanic or Latino: 81% Ethnicity Unknown: 1% Prefer not to answer: 13% Another Group: 5%
Race*	American Indian or Alaskan Native: 1.1% Asian: 2.1% Black or African American: 1.4% White: 95.4%	American Indian or Alaskan Native: 1% Asian: 3% Black or African American: <1% Native Hawaiian or Other Pacific Islander: <1%

		<p>White: 86%</p> <p>Two or More Races: 1%</p> <p>Race Unknown: <1%</p> <p>Prefer not to answer: 9%</p> <p>Another group: 2%</p>
Highest Level of Education**	<p>High School Graduate or Higher: 92.7%</p> <p>Bachelor’s Degree or Higher: 21.6%</p>	<p>Some education: 0%</p> <p>High School/GED: 6%</p> <p>Some College: 14%</p> <p>Associate’s Degree: 15%</p> <p>Bachelor’s Degree: 37%</p> <p>Graduate/Professional Degree: 24%</p> <p>Prefer not to answer: 4%</p>
Employment	--	<p>Employed, full time: 86%</p> <p>Employed, part-time: 10%</p> <p>Unemployed, Looking for work: <1%</p> <p>Unemployed, Not looking for work: <1%</p> <p>Unemployed, Disabled: <1%</p> <p>Unemployed, Retired: 1%</p> <p>Prefer not to answer: 2%</p>
Household Income**	<p>Median household income (2019 dollars): \$54,913</p> <p>Persons in Poverty: 9.4%</p>	<p>\$24,999 or below: 4%</p> <p>\$25,000-\$74,999: 31%</p> <p>\$75,000 and above: 49%</p> <p>Prefer not to answer: 16%</p>
Households with Children <18	--	<p>Yes: 43%</p> <p>No: 53%</p> <p>Prefer not to answer: 5%</p>
Household Situation***	<p>Homeownership (percentage of occupied housing units that are owned by the occupier): 72%</p>	<p>Homeowner: 82%</p> <p>Homeless: 0%</p> <p>Institution (e.g., jail, nursing home): 0%</p> <p>Living w/ Someone Else: 4%</p> <p>Renter (e.g., House, Apt, Room): 10%</p> <p>Prefer not to answer: 4%</p>

Citations below are for the “Wood County” column data.

* Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <https://www.dhs.wisconsin.gov/wish/index.htm>. Population Module, accessed February 11, 2022.

** U.S. Department of Commerce, Bureau of the Census. Quick Facts.

<https://www.census.gov/quickfacts/fact/table/woodcountywisconsin,WI,US/PST045221>, accessed February 11, 2022.

*** 2021 County Health Rankings and Roadmaps website.

Top Health Issues

Survey respondents were asked to rate a set of health issues as:

- Not an issue
- Slight issue
- Moderate issue
- Major issue

The results were as follows:

Issue	Weighted Average (Higher = More of an issue)	Percent who said it is a “Major Issue”
Obesity	3.59	63%
Substance use	3.58	60%
Mental health	3.50	59%
Vaping / Tobacco use and exposure	3.44	51%
Alcohol misuse	3.37	44%
Physical activity	3.19	36%
Chronic disease prevention and management	3.04	25%
Oral health	3.01	18%
Reproductive and sexual health	3.00	10%
Communicable disease prevention and control	2.83	15%
Healthy growth and development	2.82	17%
Injury and violence	2.67	12%
Environmental and occupational health	2.65	9%

Additional Questions for Each Health Issue

For each of the above health issues that an individual respondent chose as a top priority, a set of questions was asked. Respondents were prompted to only answer the follow-up questions related to their previous selections.

- [Health issue] is an issue in the community because...[multiple choice list provided]
- Do you believe resources (funding, volunteers, programs, services, etc.) are available in the community to address [health issue]?
- Do you believe that the community is ready to address [health issue]?
- Please share any additional comments on [health issue].

Responses for the third question above – Do you believe the community is ready to address [health issue]? – are below. Responses to other questions are available upon request.

Issue	Community Readiness Weighted Average (Higher = Less Ready)
Alcohol misuse	3.26
Obesity	3.16
Vaping / Tobacco use and exposure	3.02
Reproductive and sexual health	2.94
Substance use	2.91
Chronic disease prevention and management	2.91
Communicable disease prevention and control	2.88
Environmental and occupational health	2.87
Mental health	2.87
Injury and violence	2.80
Healthy nutrition	2.78
Healthy growth and development	2.76
Oral health	2.58
Physical activity	2.56

Contributors to Health Concerns

Respondents were also asked: “We know that many important issues in other areas of life also impact our health. Which of the factors below contribute most to your top community health concerns? (choose all that apply)”

Responses are below.

ISSUE	Percent Who Selected
Living in poverty and the stressful conditions that accompany it	47.88%
Access to educational, economic, and job opportunities	43.95%
Access to health care services	39.38%
Social support	38.73%
Availability of resources to meet daily needs (e.g., safe housing and local food markets)	36.76%
Opportunities for recreation and leisure	35.78%
Transportation options	29.90%
Quality of education and job training	28.76%
Racism and discrimination	25.49%
Public safety	19.61%
Access to mass media and emerging technologies (e.g., cell phones, Internet and social media)	17.16%
Resources provided for multiple languages and literacy levels	11.76%
Unsure	6.70%
Other (please specify)	5.39%

(612 respondents)

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

The tables below provide a high-level overview of how Wood County compares to Wisconsin on measures of health. Citations for the data are included. The complete set of data is available upon request. **Please note:** The table is only for context and comparison purposes. Wood County rates that are better than Wisconsin rates may still be at an unacceptable level. Additionally, these tables do not account for the magnitude of the difference between Wood County and Wisconsin levels.

HEALTH OUTCOMES		
Wood County is BETTER than Wisconsin	Wood County is the SAME as Wisconsin	Wood County is WORSE than Wisconsin
Diabetes prevalence HIV prevalence Age-adjusted cancer incidence Opioid deaths Opioid-related hospital discharges Chronic alcohol hospitalizations (emergency room) Chronic alcohol hospitalizations (inpatient)	Fair or poor health Low birthweight Frequent mental distress	Premature death Poor physical health days Poor mental health days Life expectancy Premature age-adjusted mortality Child mortality Infant mortality Frequent physical distress Deaths due to cancer Deaths due to cardiovascular disease Alcohol-attributable deaths Deaths with alcohol as a factor
		Wisconsin has the highest rate of deaths due to falls in the country, at 157 per 100,000 people. Alabama has the lowest rate at 28 per 100,000 people.

Sources:

- 2021 County Health Rankings and Roadmaps website. Accessed January 27, 2022.
- Wisconsin Department of Health Services, multiple reports and queries, including:
 - Division of Public Health, Office of Health Informatics, Health Analytics Section. Public Health Profiles, Wisconsin (P-45358). February 2021. [Cancer incidence, Deaths due to cancer, Deaths due to cardiovascular disease, Deaths with opioids as a factor, Deaths with alcohol as a factor]
 - Data Direct, Opioid Summary Module [web query]. Data last updated 9/9/2021 8:28:55 a.m. Accessed February 10, 2022. [Opioid deaths]
 - Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <https://www.dhs.wisconsin.gov/wish/index.htm>, Opioid-Related Hospital Encounters Module, accessed 2/10/2022. [Opioid-related hospital discharges]
 - DHS Interactive Dashboards: Alcohol Death Module. Last updated 2/9/2022 8:01:10 p.m. Accessed 02/10/2022. [Alcohol-attributable deaths]
 - DHS Interactive Dashboards, Alcohol Hospitalizations Module [web query]. Data last updated 7/1/2020 10:20:23 A.M. Accessed February 10, 2022. [Chronic alcohol hospitalizations – emergency room and inpatient]
- U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Deaths from Older Adult Falls website. Accessed September 28, 2021.

CLINICAL CARE

Wood County is BETTER than Wisconsin	Wood County is the SAME as Wisconsin	Wood County is WORSE than Wisconsin
Uninsured Primary care physicians Other primary care providers Dentists Mammography screening	Uninsured children	Mental health providers Flu vaccinations

Source: 2021 County Health Rankings and Roadmaps website. Accessed January 27, 2022.

HEALTH BEHAVIORS

Wood County is BETTER than Wisconsin	Wood County is the SAME as Wisconsin	Wood County is WORSE than Wisconsin
Adult obesity Food environment index Sexually transmitted infections Drug overdose deaths	Physical inactivity Excessive drinking Food insecurity Insufficient sleep	Adult smoking Access to exercise opportunities Alcohol-impaired driving deaths Teen births Limited access to healthy foods Motor vehicle crash deaths

Source: 2021 County Health Rankings and Roadmaps website. Accessed January 27, 2022.

SOCIAL AND ECONOMIC FACTORS

Wood County is BETTER than Wisconsin	Wood County is the SAME as Wisconsin	Wood County is WORSE than Wisconsin
Income inequality Children in single-parent households Social associations Violent crime High school graduation Reading scores Residential segregation – Black/White Residential segregation – non-white / White Firearm fatalities	High school completion Math scores Comparable data not available: Homicides Juvenile arrests Domestic violence incidents	Some college Unemployment Children in poverty Injury deaths Disconnected youth Median household income Children eligible for free or reduced-price lunch Suicides Child victimization rate

Sources:

- County Health Rankings and Roadmaps website. Accessed January 27, 2022.
- Wisconsin Department of Justice, Domestic Abuse Data website. Accessed February 10, 2022.
- Wisconsin Department of Children and Families. Wisconsin Child Abuse and Neglect Report. Annual Report for Calendar Year 2020 to the Governor and Legislature. Released December 2021.

PHYSICAL ENVIRONMENT		
Wood County is BETTER than Wisconsin	Wood County is the SAME as Wisconsin	Wood County is WORSE than Wisconsin
Severe housing problems Long commute – driving alone Traffic volume Home-ownership Severe housing cost burden Motor vehicle-related fatalities Arsenic (private wells) Nitrates (private wells) Childhood lead poisoning Radon Asthma	Driving alone to work Comparable data not available: Drinking water violations	Air pollution – particulate matter Broadband access Alcohol outlet density Carbon monoxide poisoning COPD (Chronic Obstructive Pulmonary Disease) Lyme disease Extreme heat Extreme precipitation

Sources:

- County Health Rankings and Roadmaps website. Accessed January 27, 2022.
- Wisconsin Environmental Public Health Tracking Program, Bureau of Environmental and Occupational Health, Wisconsin Department of Health Services, Division of Public Health. 2021 County Environmental Health Profile, Wood County.

COVID-19

As of April 7, 2022, in the U.S., COVID-19 has taken over 980,000 lives and caused illness for over 80 million people. The morbidity and mortality associated with COVID-19 is not equally distributed, with racial and ethnic minorities, older individuals, individuals with underlying medical issues and rural communities disproportionately affected.² This disproportionate impact on rural communities is likely a combination of factors, including: having a higher proportion of older individuals who are more likely to have chronic illnesses; less access to care; socioeconomic challenges such as food insecurity and poverty; lower uptake of public health measures to prevent COVID-19, and; lower vaccination rates.³

Data from Wood County show some parallels with national data on rural communities. Wood County fares worse than Wisconsin in a number of COVID-19-related measures, including death rates and vaccination rates.

COVID-19	Wood	Wisconsin
Total Population	72,999*	5,822,434*
Total Cases (confirmed) (April 7, 2022)	19,841***	1,395,695***
Total Deaths (of confirmed cases) (April 7, 2022)	208***	12,820***
Case Fatality Rate (Total Deaths / Total Cases)	1.05	.92
Vaccination Rate – Percent of Population Fully Vaccinated	61.5%*	65.2%**

* Total Population; Percent of Population Fully Vaccinated (Wood): Centers for Disease Control and Prevention, [COVID Data Tracker](#)

** Percent of Population Fully Vaccinated (Wisconsin): Centers for Disease Control and Prevention, [COVID Data Tracker](#)

*** Cumulative Number of Deaths (Confirmed) and Cases (Wisconsin and Wood): Wisconsin Department of Health Services, [COVID-19, County Data](#)

The impact of COVID-19 goes well beyond the physical illness and death it can cause. COVID-19 has permeated nearly every aspect of our lives. It has affected businesses, jobs, schools, personal health and personal relationships. Data show that particularly in the early stages of the pandemic, food insecurity increased as jobs were lost.⁴ Poor mental health also increased, disproportionately affecting young adults, women, adult caregivers, individuals who are Latino, individuals who are black, essential workers and individuals in households with low income.⁵ Substance use, overdoses and opioid-related deaths have also increased during the pandemic.⁶

² Racial and ethnic minorities, underlying health conditions and older individuals: <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/disparities-illness.html>, accessed on November 5, 2021. Rural <https://rupri.public-health.uiowa.edu/publications/policybriefs/2020/COVID%20Data%20Brief.pdf> (November 2021), accessed November 5, 2021

³ <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/covid-19-and-rural-communities-protecting-rural-lives-and-health> and <https://www.cdc.gov/mmwr/volumes/70/wr/mm7020e3.htm>

⁴ <https://www.feedingamerica.org/research/coronavirus-hunger-research>

⁵ <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm> and <https://www.kff.org/coronavirus-covid-19/press-release/how-the-covid-19-pandemic-is-affecting-peoples-mental-health-and-substance-use/#>

⁶ <https://www.apa.org/monitor/2021/03/substance-use-pandemic>, accessed November 5, 2021

Special Populations and Disparities

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

Individuals who are Hmong: Approximately 2.1 percent of the residents of Wood County are Asian.⁷ In Wood County, most individuals who would identify as Asian are from the Hmong culture. A 2020 article published by the National Center for Biotechnology Information (through the U.S. National Library of Medicine at the National Institutes of Health)⁸ summarized many studies that looked at disparities experienced by individuals who are Hmong. The studies – with varying strengths and generalizability – showed that individuals who are Hmong (compared to different groups, depending on the study), experience higher rates of: some cancers; Hepatitis B; diabetes; gout. Only about 20 percent of Hmong adults smoke. In one study, 50 percent of patients who were Hmong and on hypertension medications were adhering to the medication protocol. Health care-seeking is generally lower and/or later for individuals who are Hmong.

Individuals who are Hispanic: Approximately 3.4 percent of the residents of Wood County are Hispanic.⁹ 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.¹⁰ Children who are Hispanic, compared to non-Hispanic white children, are more likely to suffer from infant mortality (Puerto Ricans), asthma (Puerto Ricans) and obesity. Children who are Hispanic are 34 percent more likely to attempt suicide as a high schooler.¹¹

⁷ Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <https://www.dhs.wisconsin.gov/wish/index.htm>. Population Module, accessed 2/11/22.

⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7494405/>

⁹ Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <https://www.dhs.wisconsin.gov/wish/index.htm>. Population Module, accessed 2/11/22.

¹⁰ <https://www.familiesusa.org/resources/latino-health-inequities-compared-to-non-hispanic-whites/>

¹¹ <https://www.familiesusa.org/resources/latino-health-inequities-compared-to-non-hispanic-whites/>

Appendix D: Healthcare Facilities and Community Resources

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

Agency	Need/Resource
Wood County Health Department	Car seats, Cribs
Aspirus Riverview Behavioral Health	Counseling, Recovery
Head Start	Education
Boys & Girls Club of the Wisconsin Rapids Area	Education
Opportunity Development Centers, Inc.	Employment
North Central Community Action Program of Wisconsin Rapids	Employment
Wisconsin Rapids Job Center	Employment
Wood County Farmers Markets	Food
South Wood County Emerging Pantry Shelf (SWEPS)	Food
Senior Meals- Centralia Center/ Aging and Disability Resource Center	Food
Aspirus Riverview Hospital Home Delivered Meals	Food
Wood County Health Department; Women, Infant & Children Program	Food, Nutrition
Career Closet	Goods
Wood County Health Department	Health
VA Outpatient Clinic	Health
Family Center	Health
Aspirus Riverview Hospital and Clinics	Health Care
Marshfield Medical Center – Marshfield; Marshfield Clinics	Health Care
Bethel Place	Housing
Community Action Partnership	Multiple – Housing, Weatherization, Screening for Services, Skills Training
Aging and Disability Resource Center	Multiple – Health Classes, Equipment Lending, Meals on Wheels, Benefits Support
Hmong American Center	Multiple
Three Bridges Recovery	Substance Abuse Recovery
River City Cab	Transportation

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

Over the past three years (July 1, 2019-June 30, 2022), Aspirus Riverview Hospital has worked to address the health issues identified in its previous CHNA. Although many efforts have been successful, the hospital's efforts have been hampered by:

- Community health improvement staff vacancies
- COVID-19 and its ripple effect on community outreach and public events / programs.

Highlights of the hospital's efforts are below.

Mental Health and Substance Use

- Behavioral Health Clinic
 - The Aspirus Behavioral Health Clinic in Wisconsin Rapids has experienced excellent growth in the last three years. The Clinic added many new providers:
 - Child psychiatrist
 - Two full-time therapists
 - One part-time therapist
 - Two adult physician assistants specializing in psychiatric care
 - Adult psychiatrist to start September 2022
 - Two adult psychiatric certified nurse practitioners and an additional child psychiatrist provide outreach to the clinic.
 - Aspirus Behavioral Health has more than doubled the referrals within the Aspirus system in the last couple of years. On average, Behavioral Health received approximately forty-five referrals a week. In Spring 2022, the average number of referrals was ninety to one hundred per week.
 - The Aspirus Behavioral Health Clinic and the Wood County jail created a partnership for mental health services. One full-time and one part-time therapist were added to the Clinic to provide service onsite at the Wood County jail.
 - Telehealth has had significant expansion within the clinic. Two telehealth rooms are available for provider-to-provider expert consultation and MyAspirus video visits are available to patients from their homes. In addition, a grant provided funding for five desktop telehealth devices.
 - The Behavioral Health Clinic hired a full-time Medication Assisted Treatment (MAT) nurse. The nurse provides case management for patients with AODA concerns who are prescribed Suboxone, Vivitrol and other treatments for addictions. The success of the program has resulted in an additional MAT nurse being hired in another part of Aspirus' service area.

- The Behavioral Health Clinic applied for and received a \$12,000 planning grant to explore the option of starting the first mobile medication assisted treatment van/bus in the state of Wisconsin. The grant was from the Wisconsin Department of Health Services.
- Recovery Coaches
 - Aspirus partners with Three Bridges Recovery through the Voices of Recovery ED2 grant to provide peer recovery coaches as a resource to patients affected by substance use disorder (SUD). Aspirus Riverview staff can access these coaches 24 hours a day. The patient can choose to meet with a coach during their time at the hospital or be connected with a coach upon discharge. This resource has been a highly utilized service with the increase in the number of patients affected by SUD. Navigating recovery resources on your own can be difficult and this service provides a warm hand off to patients, providing them with support on their pathway to recovery. [Recovery coaches and peer recovery coaches walk side by side with individuals seeking recovery from substance use disorders. They assist patients in making wellness plans to develop their recovery pathway. They also help patients navigate recovery support services in the community to focus on and support long-term recovery. There is increasing evidence that those who receive this support show reductions in substance use. Recent research shows that people receiving peer recovery support may experience improved relationships with treatment providers, increased treatment retention, improved access to social supports, decreased criminal justice involvement, reduced relapse rates, reduced re-hospitalization rates, and greater housing stability.]
- Coalition participation
 - Aspirus Riverview participates on Wood County's substance use coalition. IMPACT – Inspiring and Mobilizing People to Action for Community Transformation – is a cross-sector collaborative effort involving law enforcement, governmental public health, health care, community non-profits and more. As part of that effort, the hospital has helped promote prescription drug 'take-back days' through outside signage and internal fliers. As of Spring 2022, the hospital is also connecting the coalition's work to Aspirus Health's work with opioid addiction treatment and prescribing.
- Grief support
 - Aspirus Riverview provides bereavement support. During the pandemic, support was provided through a pre-recorded bereavement service, care packages and regular mailings. Over 100 people were reached in FY21 alone.

Active Communities and Community Food Systems

- Coalitions
 - Starting in Spring 2022, Aspirus began participating in a new, collaborative regional grant project that is focused on increasing food equity at farmers markets. Aspirus provided staff support and facilities for the planning and implementation of a farmers focus group as part of that project. The work is ongoing.
- Food insecurity
 - Aspirus provides funding for two community meals per year through The Neighborhood Table. The Neighborhood Table provides meals six times a month, with between 150 and 280 meals on each of the days. The mission of The Neighborhood Table is to reduce hunger, raise awareness of hunger and improve the quality of life in the community.
 - Aspirus provided support to the Wood County Health Department to expand current initiatives at the Farmers Market to include the double your bucks program which allows those with Food Share benefits to increase their spending on fresh produce in effort to increase access to healthy food.
- Fruit and vegetable prescription program
 - Aspirus partners with the Wood County Health Department and local farmers to offer a prescription for fresh fruits and vegetables. The Fruit and Veggie Prescription (FVRx) program is an innovative solution to help prevent and treat chronic diet-related health conditions. FVRx promotes access to fruits and vegetables and healthy eating among patients experiencing barriers. FVRx is a proven evidence-based model of preventative healthcare with a demonstrated impact, resulting in healthier communities, food systems, and local economies.
- Home-delivered meals
 - Aspirus Riverview serves approximately 1700 meals to community members each month. The food is prepared by the hospital's Food and Nutrition Services Department and is delivered by volunteers from the community. Meals are charged at a nominal fee. This service was continued throughout the pandemic.

Overall

Aspirus Riverview Hospital and Aspirus Riverview Foundation contributed to the planning for a Hmong Leadership Program. The program was organized by Marshfield Clinic Health System, with multiple agencies contributing to the planning efforts. Aspirus Riverview Foundation and Marshfield Clinic Health System funded the program.

The program was a result of the previous needs assessment, during which a gap was identified – individuals who are Hmong experience barriers to leadership training and opportunities. The purpose

of the program was to build leadership capacity and confidence within individuals who are Hmong and to hold a safe space for Hmong professionals, aspiring leaders and current leaders to connect. Seven individuals who are Hmong participated. The overwhelming feedback was that the program was well-done, with the primary criticism being that it was too short.

