Community Health Needs Assessment

2022-2025

ASPIRUS LANGLADE HOSPITAL & CLINICS

112 East 5th Avenue,
Antigo WI, 54409

Acknowledgements

Aspirus Langlade Hospital and Langlade County Health Department are grateful for the collaborative efforts of both agencies in the collection and analysis of data, along with the facilitation of prioritization meetings. By collaborating on our community efforts, we strengthen our opportunities to improve health across the Northeast region of Wisconsin. 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 winter 2022.

Although this document represents a point in time for Langlade 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 Langlade County for all.

Respectfully,

Sherry Bunten   Meghan Williams
President   Health Officer
Aspirus Langlade Hospital   Langlade County Health Department

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Executive Summary

Process

The 2022 Langlade County Community Health Needs Assessment (CHNA) is a collaborative effort led by Aspirus Langlade Hospital and the Langlade County Health Department. A core group of representatives from these entities coordinated with other health organizations, local government agencies, advocacy groups, and the public to gather and present the data in this document.

Research and Findings

This assessment utilized quantitative data regarding health and quality of life from local, state and federal sources. In addition, primary qualitative research data was gathered locally by interviewing key informants that are leaders in one or more of the twelve community sectors. An online public survey was distributed and available for community members to take. A total of 324 responses were collected. Community partners from various areas of expertise were also consulted for specific data and recommendations on content.

Priorities

For 2022, the top health priorities were based on the following criteria: the magnitude of the problem, the severity of the problem and the level of community readiness. The following top health priorities were identified for Langlade County:

1. Mental Wellbeing
2. Alcohol and other Drugs
3. Healthy and Active Living

Impact of COVID-19 on Community Health

COVID-19 pandemic highlighted the impact of health disparities on health outcomes. This shift will encourage initiatives within the Langlade County community health improvement plan (implementation strategy) to focus on the social determinants of health along with health disparities and inequities.

Aspirus Health and Aspirus Langlade 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 Langlade Hospital

Aspirus Langlade Hospital is a Catholic hospital, founded by the Religious Hospitallers of St. Joseph, and is sponsored by Catholic Health Partners, Inc. The Corporate Members of Aspirus Langlade Hospital are Aspirus, Inc. and the Religious Hospitallers of St. Joseph Health Corporation.

Aspirus Langlade Hospital is committed to providing local access with high quality health care. Through collaboration with Aspirus Health, Aspirus Langlade has the opportunity to keep care local and strengthen access to specialty care.

MAPS-074C_ASPIRUS HOSPITALS & CLINICS_10/2021

About the Community Health Needs Assessment

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

Definition / Purpose of a Community Health Needs Assessment

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 and health departments.

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

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

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

Community Served and Demographics

Community Served

The scope of the assessment includes, but not limited to, the Aspirus Langlade Hospital primary service area encompassing Langlade County and its surrounding secondary service area (see map below). A range of health issues were examined for the identified area as well as social determinants known to impact the health of a population such as socioeconomic, environmental, and cultural conditions.
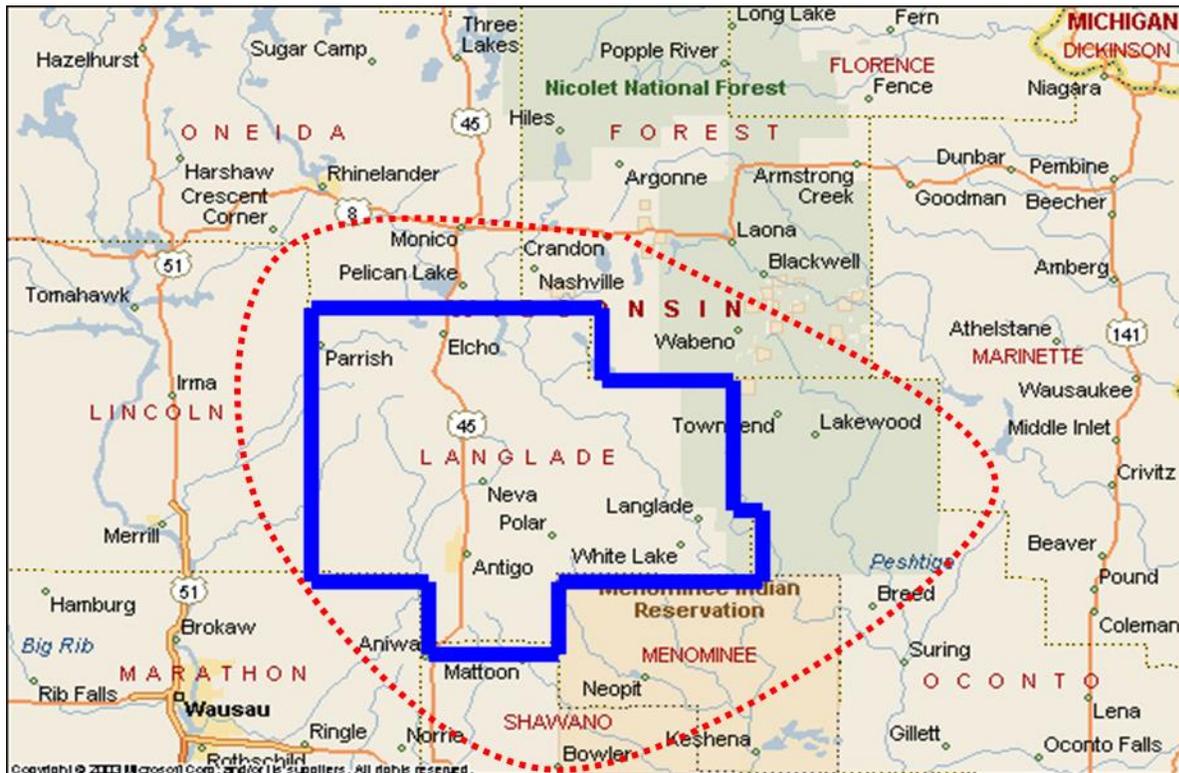
Demographics

The table below describes some of the basic demographics of Langlade County's population compared to Wisconsin. Notably, compared to Wisconsin, Langlade County has:

- Higher proportion of individuals over the age of 65.
- Higher percentage of Caucasian individuals and a lower percentage of individuals who are African American, American Indian and Asian.
- Lower percentage of individuals who are Hispanic.
- Lower median household income.
- Comparable percentage of individuals in poverty.
- Comparable percentage of the population of high school graduates.
- Lower percentage of individuals with a Bachelor's degree or higher.

	Langlade County	Wisconsin
Population*	19,502	5,835,721
Age <14*	15.9%	18%
Age 15-64*	63.3%	64.6%
Age 65+*	21.8%	17.4%
Caucasian*	95.2%	87.8%
African American*	1.2%	7.5%
American Indian*	1.4%	1.4%
Asian*	0.5%	3.4%
Hispanic*	2.1%	7.3%
Median Household Income (2019)**	$52,074	$61,747
Persons in Poverty**	10.7%	10%
High School Graduate or Higher**	89.8%	92.2%
Bachelor's Degree or Higher**	16.6%	30.1%

* 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/ langladecountywisconsin,WI,US/PST045221, accessed February 11, 2022.

Process and Method Used

The process and method used follows best practices and research outlined 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 and health department frequently focus on addressing the health factors in order to improve the health outcomes. Utilizing these resources as a guide will ensure the community focuses on the factors identified in the model, that if improved, can effectively make Langlade County a healthy place to live, learn, work and play.

County Health Rankings model © 2014 UWPHI

© 2014 County Health Rankings and Roadmaps
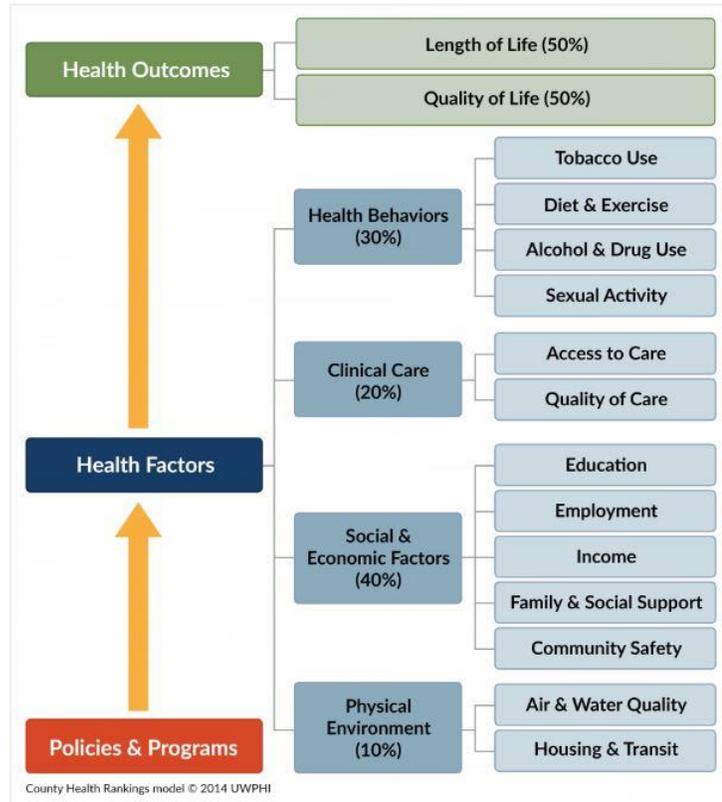
The County Health Rankings and Roadmaps Action Cycle was used for guidance in the overall community health assessment and improvement process by:
- Assessing needs and resources
- Focusing on an asset driven approach
- Effectively communicating and collaborating with partners

Collaborators and / or Consultants

Aspirus Langlade collaborated with Langlade County Health Department to complete the assessment. No consultants or vendors were utilized. Collaborating across the community allows the community to:
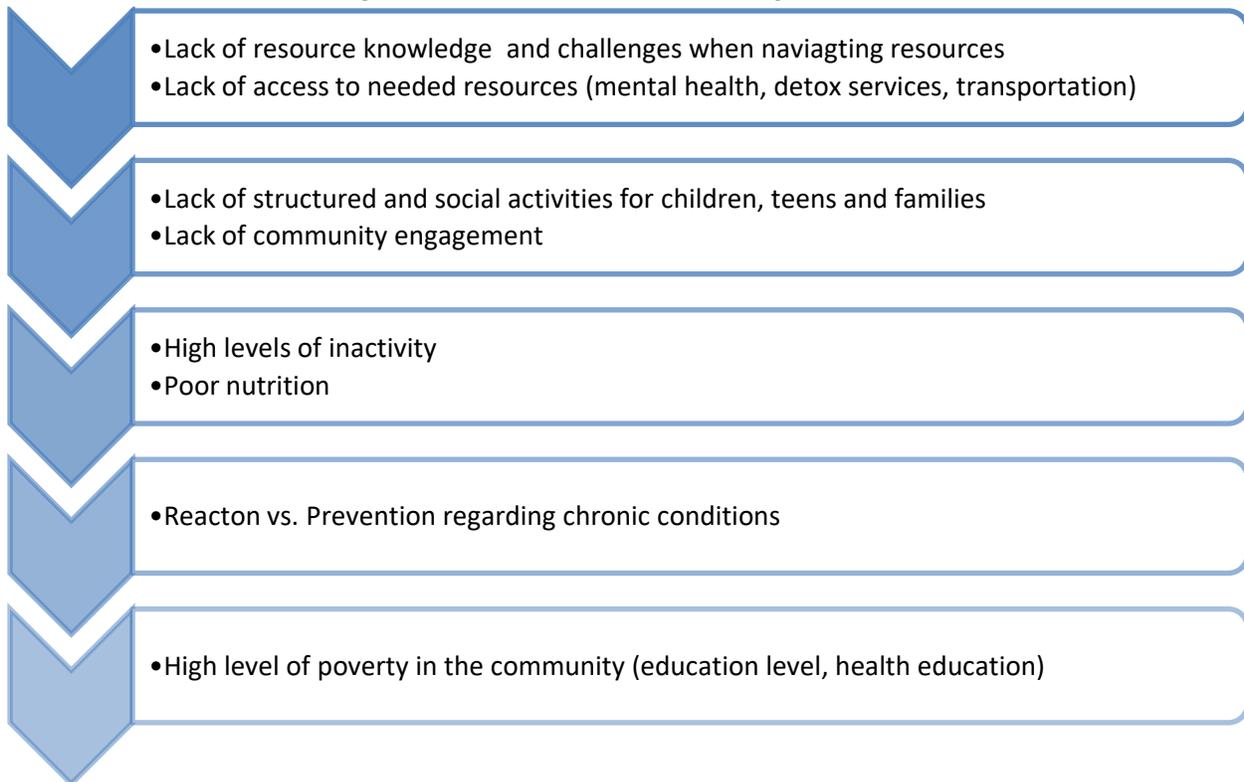
1. Leverage existing assets in the community creating the opportunity for broader impact
2. Avoid unnecessary duplication of programs or services thereby maximizing the uses of resources
3. Increase the capacity of community members to engage in civil dialogue and collaborative problem solving to position the community to build on and sustain health improvement activities.
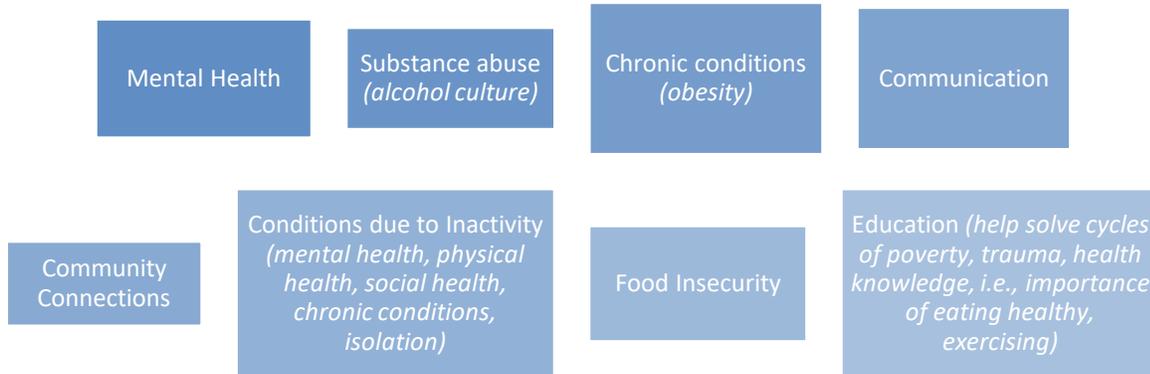
Community Input

Langlade County community members were given the opportunity to provide feedback through a community survey and key informant interviews. Approximately 324 people responded to the community survey and 16 key informant interviews were conducted.

Key Informant Interviews
Sixteen community leaders representing various sectors of the community were interviewed through an online survey. Overarching themes identified by interviewing the key informants are listed below:

- Lack of resource knowledge and challenges when naviagting resources
- Lack of access to needed resources (mental health, detox services, transportation)

- Lack of structured and social activities for children, teens and families
- Lack of community engagement

- High levels of inactivity
- Poor nutrition

- Reacton vs. Prevention regarding chronic conditions

- High level of poverty in the community (education level, health education)

Top issues identified from interviewing key informants include:

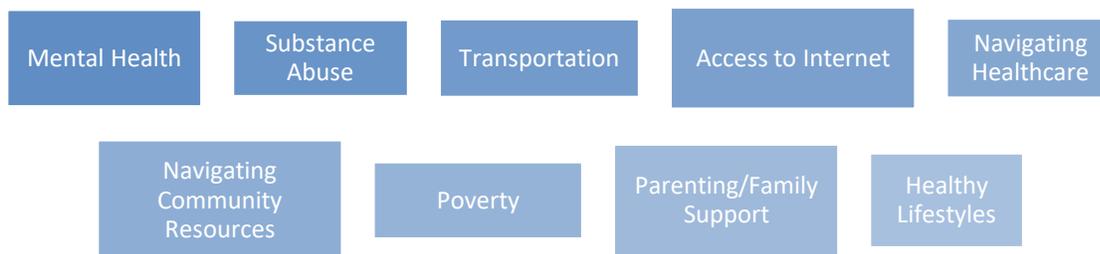|			
Mental Health	Substance abuse *(alcohol culture)*	Chronic conditions *(obesity)*	Communication
Community Connections	Conditions due to Inactivity *(mental health, physical health, social health, chronic conditions, isolation)*	Food Insecurity	Education *(help solve cycles of poverty, trauma, health knowledge, i.e., importance of eating healthy, exercising)*

A summary of the results from the key informant interviews can be found in Appendix A.

Community Survey
The community survey was conducted in winter 2022. The survey was distributed electronically and by paper, if requested. Numerous organizations shared the survey with their clients, patients, customers, family members, and community members. A few locations in outlying communities of Langlade County were identified and provided paper copies. With limited in-person participation/activities by community members, electronic distribution was most successful.

Over 320 people responded to the survey. Top-identified themes included:

Mental Health	Substance Abuse	Transportation	Access to Internet	Navigating Healthcare
Navigating Community Resources	Poverty	Parenting/Family Support	Healthy Lifestyles	

In addition to seeking input on health issues, the survey also included a section on factors that contribute to poor health. The top-identified social and economic contributors to poor health included: living in poverty and the stressful conditions that accompany it; 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, outside data was compiled reflective of the overall health status of the population. The 'health status data' is 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

A summary of the health status data and corresponding sources can be found in Appendix C.

Community Needs and Prioritization Process

In this phase of the assessment, community stakeholders go through a process to distinguish the most pressing community health needs based on the data collected (health status data, community survey results, key informant interview results). Identifying priorities using criteria and defined processes helps to ensure that the most important issues are addressed, providing an opportunity to involve and secure buy-in community members and stakeholders.

The following steps were taken for Langlade County:

Identification of a prioritization committee – Building a Healthier Langlade County, a local community coalition comprised of many community partners and various agencies, was identified as the prioritizing committee.

Analysis of data – An ad hoc committee was created to analyze the data and prepare it for Building a Healthier Langlade County Coalition. Community input as well as health status data were reviewed and summarized, and themes were presented to the coalition. At each gathering, open dialogue occurred to discuss the potential identified health needs thoroughly.

Review of community assets – As part of the data review, community assets were identified. Coalition members felt that the priorities and community health improvement plan would take an asset driven approach in order for the community to be most successful.

Select priorities – As a result of the steps above, priorities were selected. Below is a photo of of the prioritization session where priorities were identified.
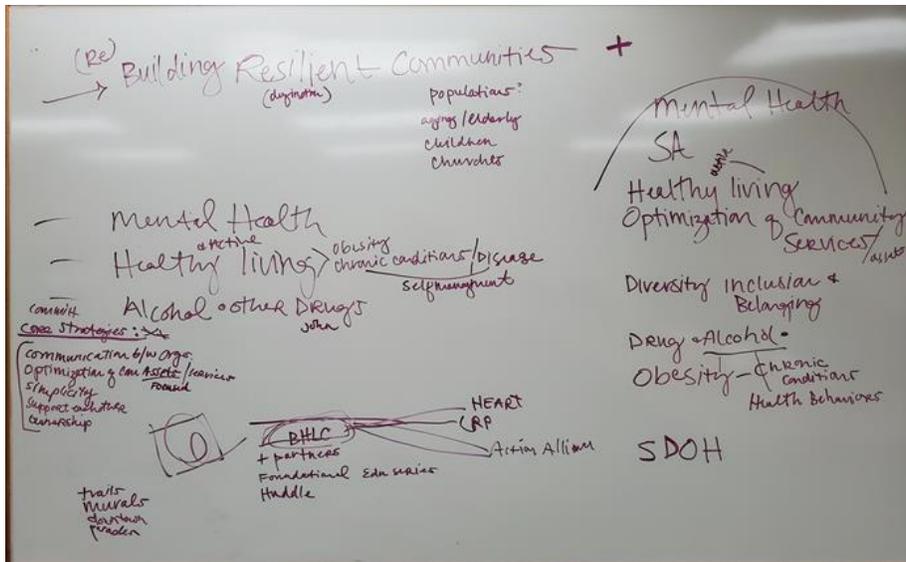
Criteria

The following criteria was used as a guide through the prioritization process:

- **Scope** – How many people are affected? How severe is the issue?
- **Disparity and Equity (general)** – What populations are disproportionately affected by the health issue?
- **Community Readiness (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? Does the community show readiness to engage?
- **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, Langlade County will work to address the following issues through its community health needs assessment and corresponding implementation strategy:

1. Mental Wellbeing
2. Alcohol and Other Drugs
3. Healthy and Active Living

A brief overview of these priorities can be found on pages 15-17.

Needs Not Selected

- Affordability and access to care
- Diversity, inclusion and belonging
- Transportation
- Obesity

These issues were not selected for a number of reasons. Many will be included as part of a strategy to address the priority issues or are overlapping aspects of a priority issue. For example, transportation may be part of a strategy to improve opportunities for Healthy and Active Living. As another example, Diversity, Inclusion and Belonging will be essential in developing strategies to address Mental Wellbeing. There have been many initiatives created to assist in aiding with the needs of affordability and access to care, you can read more about specific strategies in the appendix under *Evaluation of Impact from the Previous CHNA Implementation Strategy*. Also, due to the status and change in technology and the need for communication to become virtual most recently, access to healthcare now has many more avenues than just visiting your family doctor, i.e. telehealth.

Healthcare Facilities and Community Resources

A brief description of health care and other organizations available to address community needs is in Appendix D.

Mental Well-Being

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]
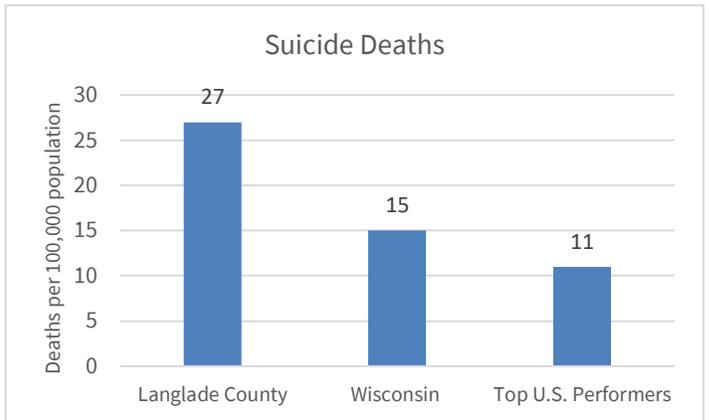
Sources: (1) National Institute for Mental Health; (2) Healthiest Wisconsin 2020; Healthy People 2020; (3) Macintyre, A., Ferris, D., Gonçalves, B.et al. What has economics got to do with it? The impact of socioeconomic factors on mental health and the case for collective action. Palgrave Commun4, 10(2018). 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
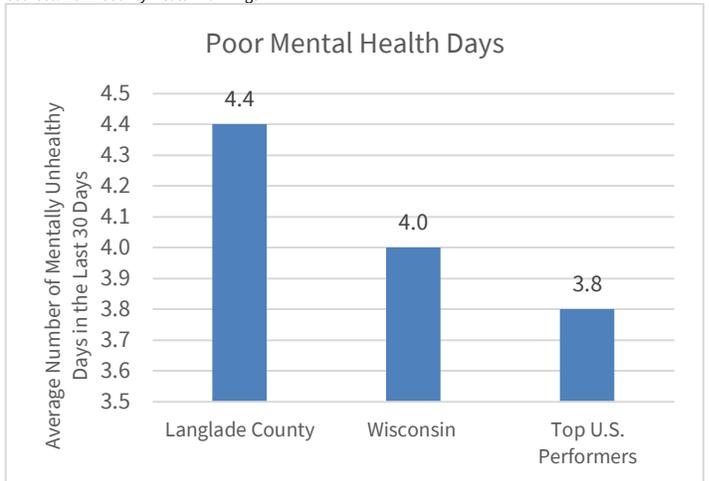
Disparities and Equity

- 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

Deaths per 100,000 population

- Langlade County: 27
- Wisconsin: 15
- Top U.S. Performers: 11

Sources: 2021 County Health Rankings

Poor Mental Health Days

Average Number of Mentally Unhealthy Days in the Last 30 Days

- Langlade County: 4.4
- Wisconsin: 4.0
- Top U.S. Performers: 3.8

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 amplified existing mental health issues
- Coordination of existing mental health efforts is a challenge

Alcohol and other Drugs

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 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

- 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
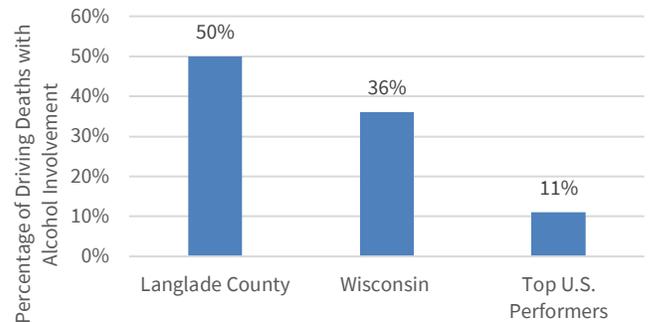
Community survey results:
- 74% indicated substance use is a "major issue"

Key informant interview results:
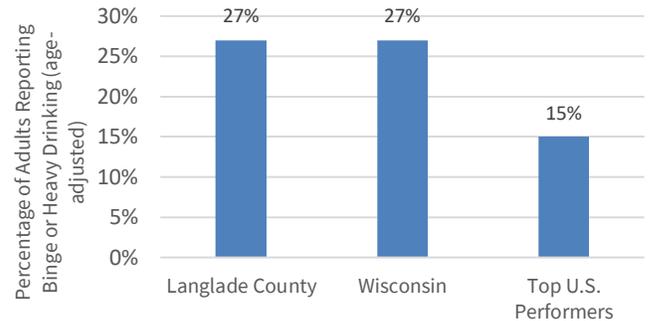- 11 out of 16 key informants identified some combination of drugs and alcohol as important community issues

Data Highlights

Percentage of Driving Deaths with Alcohol Involvement

	Langlade County	Wisconsin	Top U.S. Performers
	50%	36%	11%

Source: 2021 County Health Rankings

Excessive Drinking

	Langlade County	Wisconsin	Top U.S. Performers
	27%	27%	15%

Source: 2021 County Health Rankings

Chronic Alcohol Hospitalizations in Emergency Room

	Langlade County	Wisconsin
	955.7	615.5
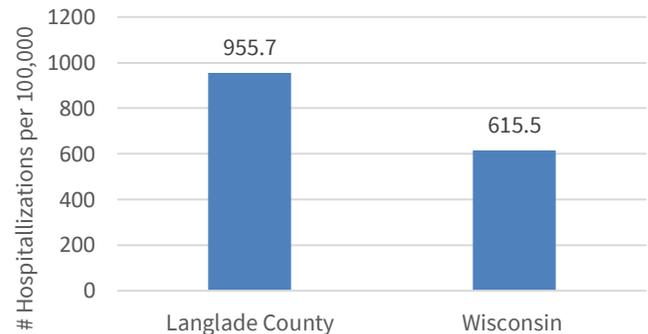
Source: 2021 County Health Rankings

Healthy and Active Living

Why is it Important?

Six in ten Americans live with at least one chronic disease while four in ten have two or more. chronic diseases such as heart disease cancer, stroke, or diabetes. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States. They are also leading drivers of the nation's $3.8 trillion in annual health care costs.

Chronic diseases are also among the most avoidable illnesses and can be prevented by eating well, being physically active, avoiding tobacco and excessive drinking, and getting regular health screenings.

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 Commun4, 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

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:
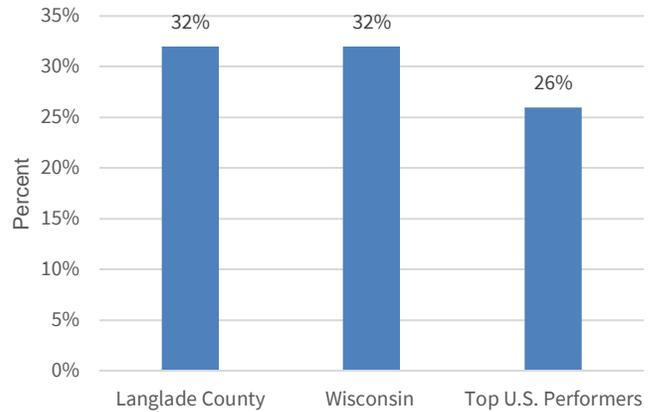
-Safe housing, transportation, and neighborhoods
-Discrimination, and violence
-Education, job opportunities, and income
-Access to nutritious foods and physical activity opportunities
-Polluted air and water
-Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

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

Percentage of Adults Who are Overweight or Obese

Langlade County	Wisconsin	Top U.S. Performers
32%	32%	26%

Source: 2021 County Health Rankings

Food Insecurity

Percentage of the Population Who Lack Adequate Access to Food

Langlade County	Wisconsin	Top U.S. Performers
11%	5%	2%
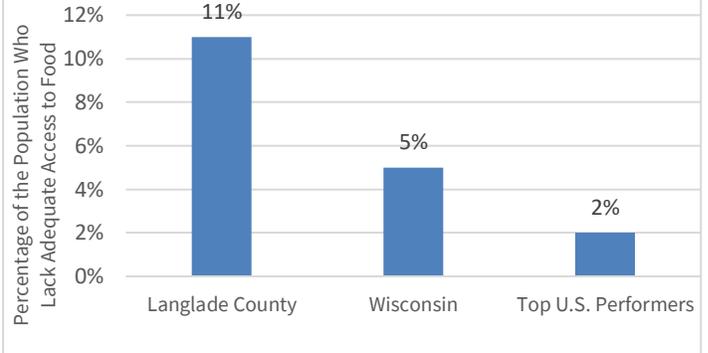
Source: 2021 County Health Rankings

Community Perceptions & Challenges

- One theme identified from the key informant interviews indicated *inactivity* to be the cause of poor mental health, physical health, social health, chronic conditions, isolation etc.
- COVID-19 has amplified existing challenges regarding access to activities and health foods.
- Approximately 40% of individuals in the community feedback survey selected "access to healthy food" as a top health issue.

Evaluation of Impact from the Previous CHNA Implementation Strategy

Langlade County's priority health issues from the previous CHNA included:
- Substance Abuse and Mental Health
- Chronic Disease Prevention and Management
- Access and Affordability of Healthcare Services

A summary of the impact of efforts to address those needs are included in Appendix E.

Approval Timeline

Approval of CHNA by Aspirus Langlade Hospital Board of Directors   June 21, 2022
Development of Community Health Improvement Plan   Ongoing
Start of next CHNA cycle   September 2025

Conclusion

Thank you to all the community members who provided thoughts, input and constructive feedback throughout the 2022 Community Health Needs Assessment process.

Appendices

Appendix A: Community Input – Key Informant Interviews

Sixteen Langlade County community leaders were interviewed in fall/winter 2021-2022. Those leaders represented the following organizations:

- Food Pantry
- Aspirus Antigo Clinic
- Aspirus Langlade Hospital
- Aging Disability Resource Center
- Care Time Bank
- NEWCAP
- Antigo Highschool
- Langlade County Health Department
- Antigo Public Library
- Inclusa
- Langlade County Board of Health
- Economic Development
- Langlade County Senior Center

The interviews were conducted by an online survey. Due to the ability for leaders to take the survey electronically, the number of responses increased from past cycles.

The interview documentation was reviewed by an Aspirus employee and a small subgroup from the Langlade County Health Department. Key themes and observations from the responses are pictured below.

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 16 interviewed) who included some aspect of that issue in their response, as well as some example comments (paraphrased from the interview responses).

	Number of Key Informants	Example Comments (paraphrased)
Mental Health	10/16	*Mental health issues have been intensified by the pandemic.* *Mental health challenges and AODA issues impact every other aspect of health and well-being for individuals, families and communities. The negative impact also grows into our employers, care givers and economy. This creates a perpetual cycle of ongoing crisis, reactivity and poverty generation after generation.*
Social & Economic Issues (including food, income, housing, isolation)	8/16	*Food security seems to be a challenge for many community members (children and adults).* *Need to evaluate health equities within our community but should be a focus.*
Nutrition, Physical Activity and Obesity	7/16	*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)	8/16	*Langlade County has a deeply entrenched alcohol culture, it has been and will be very challenge to break the cycle.* *Substance Abuse affects the entire family and contributes greatly to the child neglect problems we see. There is a lack of beds for treatment such as detox. Voluntary detox is very difficult to find beds for.*
Access to Care/ Resources (medical & mental health)	7/16	*Mental health counseling patients have to be scheduled out for months. We have too few counselors.* *Mental health crisis; due to numerous factors including poverty but more important the pandemic has contributed to the major increase of more resources needed.*

Other issues identified:
- Special populations
  - Children- child neglect, overall wellness for children, poor diets, food security
  - Aging population- Aging related issues, including supportive services, food security, isolation
- Communication
- Transportation
- Obesity
- Access to internet
- Affordability and access to care

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 or capitalizing on existing resources, building capacity and continuing and expanding collaborative efforts.
- 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
  - Increase and improve communication
  - Increase current and available programming

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 with community organizations and coalitions
  - More listening, helping and collaboration
  - Improve being inclusive and welcoming
  - More focus on the positive and assets of the community
  - 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:

- o Childcare
- o Increase and improve physical activity opportunities (interviewees identified some specific opportunities)
- o Increase better quality food options
- o Support groups, peer to peer groups
- o Drug courts
- o YMCA
- o Transportation
- o Increase walking trails, walkways

Appendix B: Community Input – Community Survey

A community survey was conducted in winter 2022.

Distribution
The survey was distributed electronically and on paper. Numerous community organizations shared the survey with their clients, patients, customers, family members, and community members. A few locations in outlying communities of Langlade County were identified and provided paper copies. With the limited public appearances by community members, electronic distribution was most successful.

Who Responded
Approximately 324 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 Langlade County. Compared to the overall population of Langlade County, survey respondents were more likely to: be female; white; have education beyond high school; be a homeowner.

When reviewing the survey results, the respondents were not reflective of the general population demographics. Also, not all respondents answered all questions of the survey.

Demographics	Langlade County	Survey Respondents
Sex*	Male: 50.4% Female: 49.6%	Male: 23.2% Female: 76.7%
Age Distribution*	--	Under age 14: 0% 15-20: 1.2% 21-30: 18.7% 31-40: 17.7% 41-50: 18.6% 51-60: 25.1% 61-70: 14.9% 71+: 13.6%
Ethnicity*/Race*	Hispanic or Latino 2.1% Not Hispanic or Latino: 95.2%	White: 99.38% Hispanic or Latino: 0.3% Black/African American: 0% Asian: 0% Pacific Islander: 0% Native American/American Indian/Alaska Native: 0% Another Group: 0.31%
Highest Level of Education**	High School Graduate or Higher: 90.3% Bachelor's Degree or Higher: 16.7%	Some education: 0.63% High School/GED: 12.8% Some College: 12.6% Associate's Degree: 15.3% Bachelor's Degree: 29.8% Graduate/Professional Degree: 18.5%
Employment	--	Employed, full time: 77.7% Employed, part-time: 8.3% Unemployed, Looking for work: <1%

		Unemployed, Disabled: <1% Unemployed, Retired: 10.3% Student: <1% Armed Forces: 0% Other: 1.4%
Household Income**	Median household income (2019 dollars): $49,491 Persons in Poverty: 13.2%	Less than $20,000: 8.7 4% $20,001-$40,000: 19.1% $40,001-$80,000: 48% $80,001 and above: 24.1%
Household Situation***	Homeownership (percentage of occupied housing units that are owned by the occupier): 77.1%	Homeowner: 62% Living w/ Someone Else: 5% Renter (e.g., House, Apt, Room): 11% Other: 3.1%

Citations below are for the "Langlade 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/langladecountywisconsin,WI,US/PST045221, accessed February 11, 2022.

*** 2021 County Health Rankings and Roadmaps website.

Key Themes/Observations
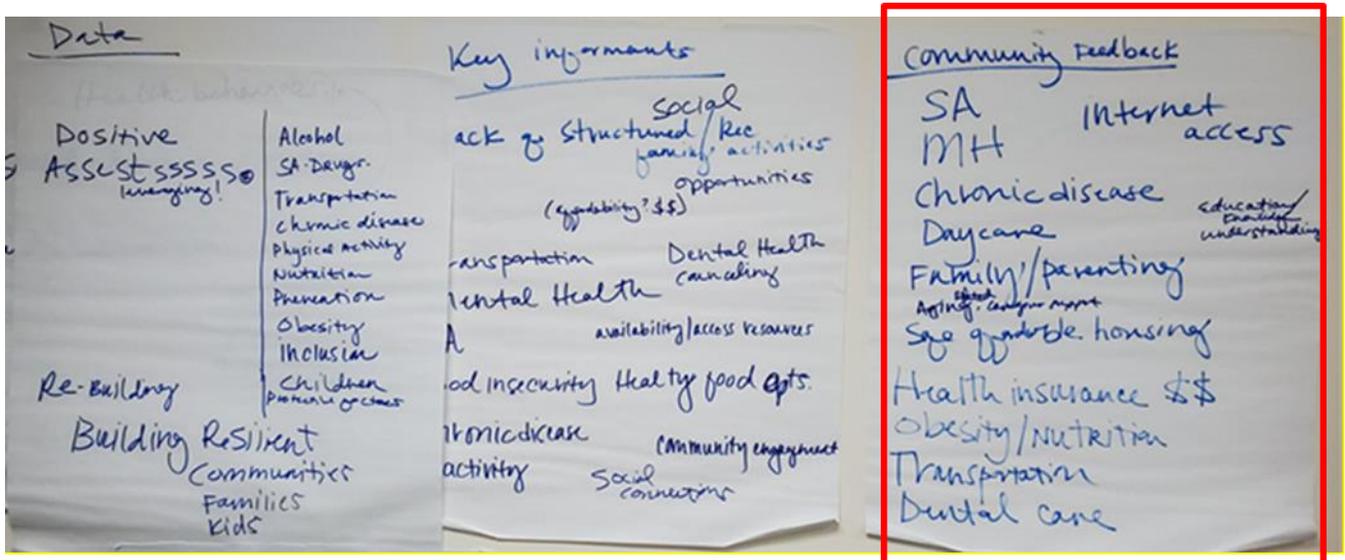
Top Health Issues

Survey respondents were asked to identify the top two health issue in the community for the following categories:

- Health Behaviors
- Social and Economic Factors
- Clinical Care
- Physical Environment

The results were as follows: *(Blue indicate top 3 responses)*

Health Behaviors	%
Alcohol drugs and tobacco	73.9%
Chronic diseases	27.2%
Dental Health	6.5%
Early sexual activity, unsafe sexual activity, level of sexually transmitted infections	3.4%
Infectious diseases (flu, pneumonia, NOT including covid)	4.9%
Injuries (motor vehicle, bicycle, etc.)	0%
Lung disease (asthma, COPD)	0.3%
Mental Health	50.1%
Obesity/overweight, Nutrition, Physical Activity	29.4%
Other	2.7%

Social and Economic Factors	%
Aging issues (Alzheimers disease, hearing loss, memory loss or arthritis)	35%
Caregiver support	17.8%
Childcare (cost, access)	25.0%
Family issues (divorce, parenting)	30.9%
Homelessness	1.5%
Mental Health stigma	27.1%
Not enough money for housing, household expenses and food	27.1%
Race/ethnic relations, immigration, harassment, discrimination	3.1%
Social Isolation/ Loneliness	9.0%
Social or Community Support	10.3%
Violence in the home or community	7.1%
Other	5.6%

Clinical Care Factors	%
Availability/affordability of health insurance	70.2%
Availability/affordability of dental care	39.6%
Lack of doctors and other healthcare providers	42.1%
Limited use of preventative services	18.5%
Low rates of routine vaccinations	14.0%
Other	7.9%

Physical Environment Factors	%
Access to healthy food	39.6%
Access to public transportation	33.7$
Access to reliable internet	49.6%
Air pollution	0.32%

Drinking water quality	13.9%
Safe and affordable housing	47.1%
Other	7.47%

Personal Health Questions

Respondents were asked about their own physical health and mental health status. A majority of respondents noted they have good physical health and mental health and haven't been concerned regarding their health status in the last three to 12 months.

The survey also asked about personal health behaviors. The majority noted they eat a well-balanced diet, don't smoke, dine out approximately once a week and have an alcoholic drink two or less days per week.

Access to care Questions

Respondents were asked about access to care.

- 70% visit the clinic/doctor's office or the Urgent care/Walk-in services when seeking care
- 80% have seen a doctor in the last 12 months
- 83% indicated they had no trouble getting into their doctor within a reasonable timeframe

Final Thoughts: Open ended question

When given the opportunity for respondents to add any final thoughts, 110 comments were made. No themes or patterns were gathered from these comments. A range of responses included: personal experiences (good and bad), ideas for how to make the community a better place to live, personal health concerns, and general feedback about the status of the community.

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

The tables below provide a high-level overview of how Langlade 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. Langlade 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 Langlade County and Wisconsin levels.*

HEALTH OUTCOMES		
Langlade County is BETTER than Wisconsin	**Langlade County is the SAME as Wisconsin**	**Langlade County is WORSE than Wisconsin**
Opioid deaths Chronic alcohol hospitalizations (inpatient)	Low birthweight Life expectancy Premature age-adjusted mortality Age-adjusted cancer incidence	Premature death Poor physical health days Poor mental health days Fair or poor health Child mortality Frequent physical distress Frequent mental distress Diabetes prevalence Deaths due to cancer Deaths due to cardiovascular disease Opioid-related hospital discharges Alcohol-attributable deaths Chronic alcohol hospitalizations (emergency room)
		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		
Langlade County is BETTER than Wisconsin	**Langlade County is the SAME as Wisconsin**	**Langlade County is WORSE than Wisconsin**
Primary care physicians Mammography screening	Uninsured	Uninsured children Other primary care providers Dentists Mental health providers Flu vaccinations

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

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

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

SOCIAL AND ECONOMIC FACTORS		
Langlade County is BETTER than Wisconsin	**Langlade County is the SAME as Wisconsin**	**Langlade County is WORSE than Wisconsin**
Income inequality Children in single-parent households Social associations Violent crime Residential segregation – non-white / White	Residential segregation – Black/White	High school completion Some college Unemployment Children in poverty Injury deaths Highschool graduation Reading scores Math Scores Median household income Children eligible for free or reduced-price lunch Suicides Firearm fatalities 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		
Langlade County is BETTER than Wisconsin	**Langlade County is the SAME as Wisconsin**	**Langlade County is WORSE than Wisconsin**
Air pollution- particulate matter Long commute – driving alone Traffic volume Home-ownership Severe housing cost burden Motor vehicle-related fatalities Arsenic (private wells) Nitrates (private wells) Carbon monoxide poisoning Childhood lead poisoning Asthma Lyme disease Extreme heat Extreme precipitation	Driving alone to work Severe housing problems	Broadband access Alcohol outlet density Radon COPD (Chronic Obstructive Pulmonary Disease)

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, Langlade 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 Langlade County show some parallels with national data on rural communities.

COVID-19	Langlade	Wisconsin
Total Population	19,167	5,822,434
Total Cases (confirmed) (June 11, 2022)	5,481	1,675,924***
Total Deaths (of confirmed cases) (June 11, 2022)	92	14,684***
Case Fatality Rate (Total Deaths / Total Cases)	-	.92**
Vaccination Rate – Percent of Population Fully Vaccinated	52.1%	61.3**

Langlade County Dashboard for Covid-19. https://langlade.maps.arcgis.com/apps/dashboards/308917a5ac7e4419a6fa28ef0db7c6d0
* Total Population; Percent of Population Fully Vaccinated : 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 Department of Health Services, COVID-19, County Data

The impact of COVID-19 goes well beyond the physical illness, 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]

The COVID-19 pandemic highlighted the impact of health disparities on health outcomes. Because of the impact, it will encourage initiatives within the Langlade County community health improvement plan (implementation strategy) to focus on the social determinants of health along with health disparities and inequities.

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[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

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, and then searching by zip code and program need/area.

Agency	Need/Resource
Aging and Disability Resource Center	Aging & Disability
Aspirus Antigo Clinic	Behavioral/ Mental Health Physical Health
North Central Health Care	Behavioral/ mental Health
Northlakes Community Clinic	Behavioral/ Mental Health
Wetzel-Rasmussen Counseling Services	Behavioral/ Mental Health
Langlade County Department of Social Services	Child or Elder Abuse and Neglect Economic Support
Boys and Girls Club of the Northwoods	Children, Youth and Families
Children's Hospital of Wisconsin	Children, Youth and Families
Family and Child Learning Centers of Northeast Wisconsin, Inc.	Children, Youth and Families
UW-Madison Division of Extension Langlade County	Children, Youth and Families
Avail	Domestic and Sexual Abuse
Everbridge (Alert System)	Emergency Services
Salvation Army	Emergency Services
Langlade County Economic Development Corporation	Employment Services
Antigo Community Food Pantry	Food Pantry
Elcho Food Pantry	Food Pantry
White Lake Area Christian Food Pantry	Food Pantry
Antigo Housing Authority	Housing
Aspirus Elcho Clinic	Physical Health
Langlade County Health Department	Public and Environmental Health
Langlade County Public Transit	Transportation
County Veterans Service Office	Veterans

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

Over the past three years (July 1, 2019-June 30, 2022), Aspirus Langlade Hospital, Langlade County Health Department and many community organizations have worked to address the health issues identified in the previous CHNA. Although many efforts have been successful, efforts have also been impacted by:
- Turnover and staff vacancies
- COVID-19 and its ripple effect on community outreach and public events / programs.

Highlights of community success stories are listed below.

Substance Abuse:
- The opening of an 8-bed sober living facility in Langlade County. As written in the original implementation strategy, Aspirus Langlade had committed to collaborating with community partners to explore providing a needed resource to Langlade County, sober living. "Hope House Antigo" was developed to help Langlade County residents with their recovery in a safe, supportive environment. The facility opened in Antigo in April of 2021.

- Recovery Coaching, originally piloted at Aspirus Langlade and Aspirus Wausau, was expanded across the Aspirus system to include Aspirus Medford and Aspirus communities in Michigan. This service continued for our patients during Covid. It was important with many treatment facilities closing, our patients were provided a service for recovery.

Chronic Disease Prevention and Management
- Vertical Gardens were implemented to increase fresh produce for employees and visitors at Aspirus Langlade. The technique grows a variety of produce and food grown is utilized in the café.

- Aspirus Langlade provided the Fruit and Vegetable Prescription Program "FVRx" for patients for another year. Aspirus locations now have this program connected to local farmers markets. This program provides a coupon to be used as dollars at the local farmers market. The program is to introduce and provide access to fresh produce for families and community members in need though physician referral process.

- Continue Weekend Backpack Program with families and youth. Primarily funded by and staffed with employees from ALH, this program continues to address childhood food insecurity within Langlade County. The program operates out of the food pantry building owned by the hospital. Without the partnership of Aspirus Langlade, this program would not continue to run and serve the need identified in the community. Each week throughout the school year, approximately 350 children are served for 29 weekends. Aspirus Langlade was

able to continue the weekend backpack program during virtual school to make sure students had food.

Access and affordability of Healthcare Services

- Aspirus partnered with "Find Help.org". The resource was launched for staff, patients, and community members. "FindHelp.org" is a search tool to help find and navigate social determinants of health needs. The tool allows community-based organizations to close the gap between referrals with the hope to increase utilization and understanding of local resources. Community engagement training sessions were implemented for organizations interested in joining the platform.

- Continue the Prevention Fund, a program to assist patients with an immediate medical need who do not have financial resources at time of service (i.e. medication, inhalers, etc.). Aspirus Langlade Hospital has committed $10,000 annually to addressing immediate needs of patients who cannot afford the materials and or services. Each patient and financial need is tracked and followed up on throughout one year with the goal to prevent and decrease readmissions dues to unmet medical needs.

Due to covid, several initiatives listed in the CHNA for multiple community partners and organizations were halted due to serving immediate needs of the community. Now that those restrictions have been lifted and the community is working toward restoring normalcy, stakeholders are now revisiting previous plans to decide whether it is appropriate and needed to continue with the original strategy or to reevaluate based on current needs.

aspirus.org