

# Community Health Needs Assessment



**2023-2026**

**ASPIRUS STEVENS POINT HOSPITAL & CLINICS**

900 Illinois Avenue  
Stevens Point, WI 54481

**ASPIRUS PLOVER HOSPITAL & CLINICS**

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## Acknowledgements

The 2023 Community Health Needs Assessment (CHNA) represents a collaborative effort to gain a meaningful understanding of the most pressing health needs across Portage County. The assessment process was conducted by the LIFE Report Executive Committee, of which Aspirus is a core partner. The Local Indicators for Excellence (LIFE) Report Executive Committee is largely facilitated by the United Way of Portage County. All partners – including the Portage County Division of Public Health, the Community Foundation of Central Wisconsin, and the Marshfield Clinic Health System – provided significant time and energy in facilitating the community health needs assessments process. Our hospitals are grateful for the partners’ collaborative approach and leadership.

The hospitals would also like to thank the many community partners and members who shared their views, knowledge, expertise and skills. We look forward to our continued collaborative work to make this a better, healthier place for all people. We would also like to thank you for reading this report and your interest in and commitment to improving the health of all of our Portage County communities.

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

Respectfully,



Bob Smith  
Regional President  
Aspirus Stevens Point Hospital  
Aspirus Plover Hospital

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## Executive Summary

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

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

This most recent assessment included:

- The collection of primary data. A community survey was conducted in Spring 2022 and the results were compiled into a report.
- The compilation of secondary data. The LIFE Report Executive Committee members contracted to have existing secondary data compiled. The consultant prepared easy-to-read data ‘placements’ to share with key stakeholders.
- A review of the primary and secondary data.
  - Key community stakeholders convened on two separate occasions to review data and then prioritize issues.
  - Hospital leaders convened to review data and the results from community stakeholder meetings.
- The selection of a set of priorities the hospitals are committed to formally pursuing over the next three years:
  - Mental health
  - Substance use
  - Childhood wellness

The two Aspirus hospitals in Portage County, with their community partners, will be developing plans to address these priorities. As strategies are developed to address these issues, the hospitals will be cognizant of the underlying social and economic factors and the inequities that contribute to poor health.

## Aspirus Health

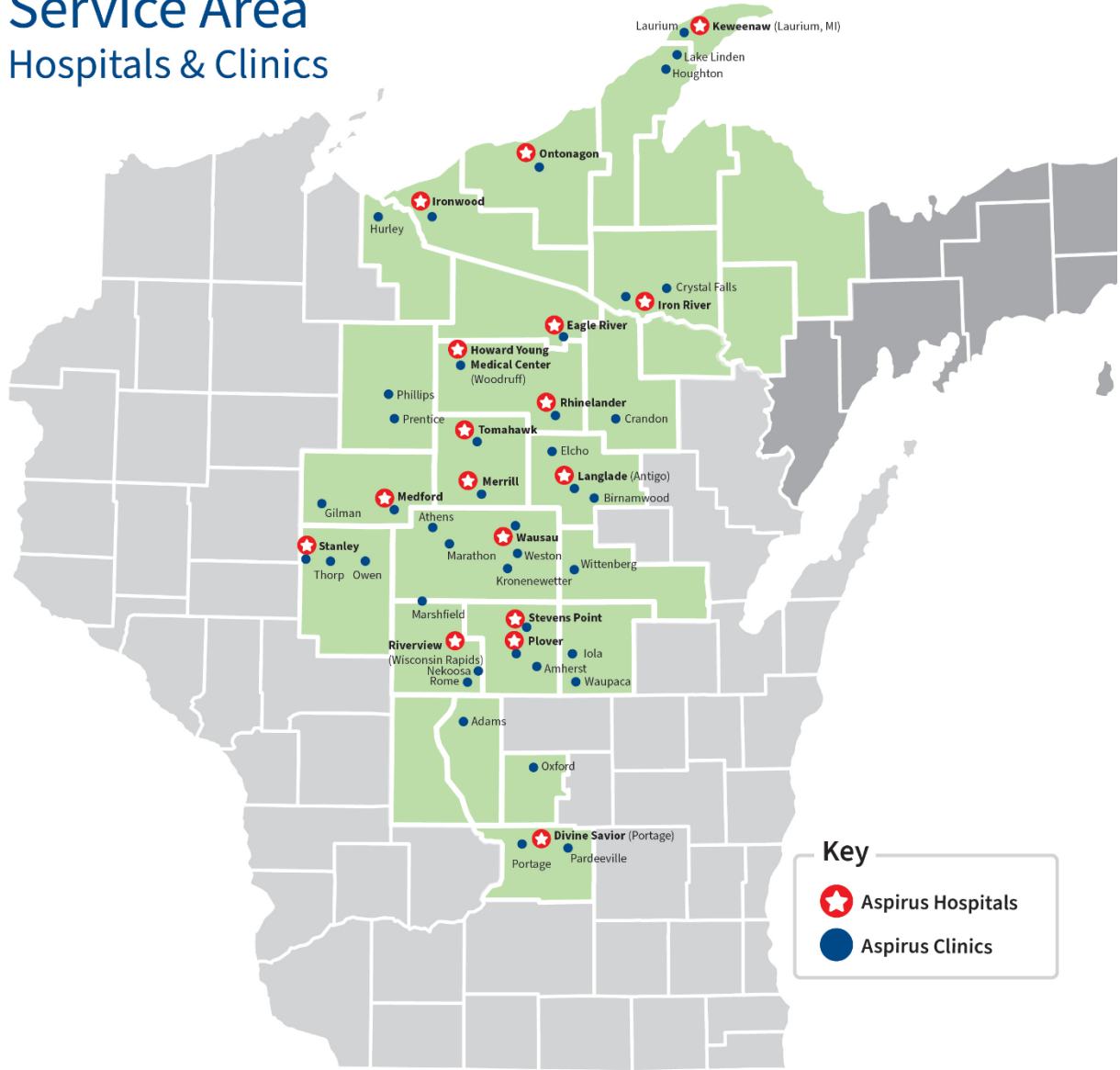
**Aspirus Health** is a non-profit, community-directed health system based in Wausau, Wisconsin. Its 11,000 employees are focused on improving the health and well-being of people throughout Wisconsin and Upper Michigan. Aspirus serves communities through four hospitals in Michigan and 13 hospitals in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

## Aspirus Stevens Point Hospital and Aspirus Plover Hospital



**Aspirus Stevens Point Hospital** is a fully accredited, acute-care facility, offering expert, personalized care for residents of Stevens Point and Portage County. Aspirus Stevens Point Hospital and Aspirus Medical Group provide a comprehensive set of acute-care options, including both innovative and proven treatment plans. The hospital features: all major specialties, emergency medicine, urgent care, surgery, ICU/CCU, diagnostic radiology, oncology, cardiology, gastroenterology, women's health and breast care, obstetrics and gynecology including a birth center, therapy, sports medicine, occupational health, behavioral health, pathology, and sleep diagnostics.

**Aspirus Plover Hospital** is a fully accredited, acute-care facility, offering expert, personalized care for residents of Portage County and surrounding communities. Aspirus Plover Hospital and Aspirus Medical Group provide a comprehensive set of acute-care options, including both innovative and proven treatment plans. The hospital features: emergency medicine, walk-in care, surgery, diagnostic radiology, laboratory services, oncology, gastroenterology, women's health and breast care, obstetrics and gynecology, and geriatric and pediatric care

## Service Area Hospitals & Clinics



**Key**

-  Aspirus Hospitals
-  Aspirus Clinics

## About the Community Health Needs Assessment

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

### Definition / Purpose of a CHNA

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

### Compliance

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

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

## Community Served and Demographics

### Our Community

The Aspirus Stevens Point Hospital's and Aspirus Plover Hospital's service area is Portage County, as well as portions of surrounding counties. For the purposes of the Community Health Needs Assessment, the "community" has been defined as Portage County because (a) most population-level data are available at the county level and (b) most community partnerships focus on the residents of these areas.

### Demographics

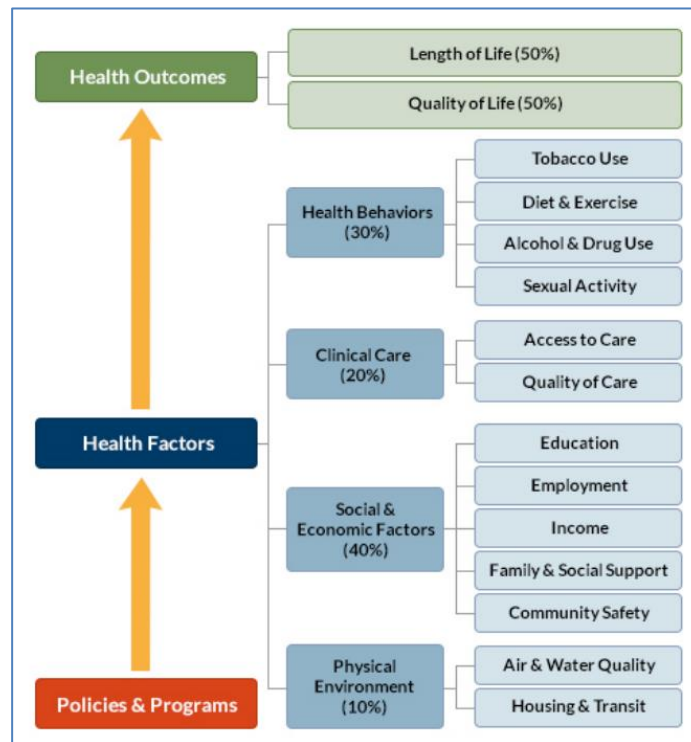
The demographics of the county can be found in [Appendix A](#). With a high-level review, compared to Wisconsin, Portage County has:

- A higher percentage of individuals: who are White.
- A lower percentage of: individuals who are African American; individuals who are Hispanic; households where a language other than English is the primary language.
- A similar percentage of individuals: age 65 and over; who are Asian; who have a disability; in poverty; with a Bachelor's degree or higher.
- A similar median household income.



## Process and Methods Used

Aspirus' community health improvement approach is based in research conducted by the University of Wisconsin Population Health Institute (UWPHI) and shared through the County Health Rankings and Roadmaps (CHRR) program. UWPHI's Determinants of Health model (below) has three components – health outcomes, health factors and policies and programs. The community-facing work of hospitals frequently focuses on addressing the health factors in order to improve the health outcomes. For this report, the health status data are organized in this framework.



Source: University of Wisconsin Population Health Institute

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

- Assessing needs and resources
- Focusing on what's important
- Choosing effective policies and programs
- Acting on what's important
- Evaluating actions
- Effectively communicating and collaborating with partners

### **Collaborators and / or Consultants**

Aspirus collaborated with the United Way of Portage County, the Portage County Health Department, the Community Foundation of Central Wisconsin and the Marshfield Clinic Health System on the assessment process. This group is the Executive Committee of the LIFE – Leading Indicators of Excellence – process and report.

The United Way of Portage County, on behalf of and with funding from the LIFE Executive Committee members, contracted with (a) the University of Wisconsin – River Falls Survey Research Center to conduct a community survey and (b) Gromoske Consulting, LLC, to compile data placements (inclusive of the survey data and secondary data), facilitate community stakeholder discussions and create the LIFE report.

### **Community Input**

Community members from Portage County provided input on the top community health needs through the LIFE survey as well as facilitated community stakeholder discussions.

- **Community Survey.** To garner community input on the top issues in the community, the LIFE Executive Committee contracted for a community survey to be completed. In Spring 2022, the survey was sent to a random sample of people in the county. In addition, as a way to help assure voices that may be more vulnerable could be heard better, the LIFE process leaders deliberately reached out to individuals who likely had low income, who were renters and/or who are individuals of color. Over 500 individuals responded, which exceeded the sample size needed for a statistically reliable estimate. The complete survey results will be available online in Summer 2023.
- **Community Stakeholder Discussion Virtual Meetings by Topic Area (Fall 2022).** Data for six domains (with a total of 16 topics and 70 indicators) were compiled. Community stakeholders with deep understanding of those topic areas were convened to provide feedback on the data. There were four different meetings; stakeholders attended the meetings relevant to their topic area(s).
- **Community Stakeholder Prioritization Meeting (January 2023).** All of the stakeholders who were invited to the virtual data meetings were invited to a large group prioritization meeting.

The final LIFE report, as well as the community survey results, will be posted online in summer 2023.

The table below is a high-level summary of the three different community input sources and the top issues that were identified. Please note that all of these input sources have some level of bias in terms of who was selected and/or who participated.

	<b>LIFE Survey Results Spring 2022 (n=502)</b>	<b>Community Stakeholder Discussion Virtual Meetings by Topic Area Fall 2022</b>	<b>Community Stakeholder Prioritization Meeting January 2023</b>
<b>Behavioral Health (inclusive of mental health and substance use)</b>	<p>About three-fourths of respondents felt mental health and substance use services were available, with women and special outreach respondents* less likely to agree. A little more than one-third of respondents indicated mental health services are affordable.</p> <p>About 80% of respondents felt there are problems with binge drinking, drinking and driving, vaping, misuse of prescription drugs, and illegal drug use. One-third felt that alcohol is used responsibly.</p>	<p>Teen vaping still appears high in the community • Rates of self-harm, especially for teens, are concerning • Schools are seeing more mental health issues among their students • Alcohol and other drugs are still issues within the community</p>	<p>Behavioral health received the most votes.</p>
<b>Early Childhood Education</b>	<p>Although 80% of respondents indicated childcare is available, only 40% indicated it was affordable. Women and young adults were less likely to agree that childcare was available or affordable.</p>	<p>Low wages for childcare workers • Staff shortages • Before &amp; after-school care is not available and impacts families' ability to work and employers' ability to accommodate workers • Affordability of childcare – average cost is going up but subsidies are decreasing</p>	<p>Early childhood education (with an emphasis on childcare) received the second most votes.</p>
<b>Shelter and Housing</b>	<p>Ninety-five (95) percent of respondents indicated they had access to safe housing. Women and individuals with low income were less likely to report having safe housing. Fifty-nine (59) percent of respondents indicate they spend more than 30 percent of their income on housing.</p>	<p>Reduced shelter capacity during COVID • Energy costs are rising, and so is the need for assistance • Correlation between spending more than 30% of income on housing and eviction – around 40% of households that rent are spending more than 30% of income on housing • Rental prices are increasing, intersects with college housing prices • New apartment complexes are being built, but are they affordable? • Elders and people with disabilities cannot afford housing; future capacity of housing needs</p>	<p>Shelter and housing received the third-most votes.</p>
<b>Preventive Care</b>	<p>Between 72% and 91% of respondents felt health care, mental health care, substance abuse services, dental care, and care for individuals with disabilities were each <i>available</i>. Some groups of respondents were less likely to say these care services were available, including special outreach respondents,* women and individuals with low income. Only about one-third of respondents felt mental health services, health care and dental care were <i>affordable</i>.</p>	<p>Limitations in access to care – decrease in primary care providers, transportation issues, HMO agreements that could affect “in-network” and “out of network” costs • Mobile health clinics as a way to increase access to care</p>	<p>Preventive care received the fourth-most votes. ('Preventive care' voters noted they were mostly health care providers.)</p>

\* The survey was sent to a random sample of people in the county. In addition, as a way to help assure voices that may be more vulnerable could be heard better, the LIFE process leaders deliberately reached out to individuals who likely had low income, who were renters and/or who are individuals of color. 'Special outreach respondents' refers to that group.

### Input Received on the Last CHNA

No known input on the previous CHNA was received.

### Health Status Data / Outside Data

As part of the LIFE process, Gromoske Consulting, LLC, compiled secondary data (along with survey data) into 'placemats' that visually described the relevant data. That information can be found online.

Additionally, as part of its process, the Aspirus hospitals compiled secondary data for its prioritization. Those data can be found in [Appendix B](#).

## Community Needs and Prioritization Process

The prioritization of community needs was a multi-step process. The process began with community input – through the survey as well as stakeholder discussions – and ended with the hospital leadership.

To add detail to those steps, the process included:

- Spring 2022: Community survey was conducted.
- Summer 2022: Gromoske Consulting compiled secondary data, along with the survey data.
- Fall 2022: Data – organized by community issues (e.g., housing, education) – were reviewed with community stakeholder experts for each issue. Stakeholders rated the issues along multiple dimensions (e.g., actionable, trending direction). This was a series of four meetings held in Fall 2022. Each meeting focused on a different set of community issues.
- January 2023: Community stakeholders prioritized top community issues. This was a large group prioritization meeting (over 70 people). See [Appendix C](#) for a list of attendees.
- March 2023: Aspirus Community Health team compiled the primary and secondary data, filtered it through criteria and brought a recommendation to the hospital leadership.
- April 2023: The hospital leadership met and selected the top issues to be addressed.
  - Mental health
  - Substance use
  - Childhood wellness

**Criteria**

Multiple criteria were used in the prioritization process.

As part of the LIFE process, community stakeholder experts rated each of the community issues along multiple dimensions:

- Bad trend
- High magnitude
- High severity
- High preventability
- High capacity
- High community support

The hospital leaders reviewed the data, along with a recommendation from the Aspirus Community Health team, through the lens of the following criteria:

- 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) – In the community survey, what were the top health issues?
- Community Momentum (general) – What health issues are community members energized by, ready to address or have high enthusiasm for?
- Feasibility of Interventions – Are there community-facing, evidence-based interventions that are sustainable, cost-effective and practical?
- Alignment with Others – What other organizations are working on the issue? Are there current programs or projects centered on the issue?
- Alignment and Capacity Internally – What are our strengths? What are we doing well that we can build on?

**Final Prioritized Needs**

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

- Mental health
- Substance use
- Childhood wellness (Aspirus Stevens Point Hospital only)

**Needs Not Selected**

The top three issues identified in the large group community stakeholder meeting were:

- Behavioral health (inclusive of mental health and substance use)
- Early childhood education
- Shelter and housing

The Aspirus Community Health team strongly recommended to the hospital leadership team that mental health and substance use be prioritized. The Community Health team suggested the hospital leadership team discuss early childhood education and preventive care (the fourth-highest area identified in the large group community stakeholder meeting). The hospital leadership discussed early childhood education and preventive care, and chose to identify ‘childhood wellness’ as a top issue.

Shelter and housing was not selected because the hospital does not have that expertise.

A brief overview of each of the three priority areas is on the next pages.

## Mental Health

### Why is it Important?

Approximately 20 percent of the population experiences a mental health problem during any given year.<sup>1</sup> Mental health issues are associated with increased rates of risk factors such as smoking, physical inactivity, obesity and substance abuse. As a result, these physical health problems can lead to chronic disease, injury and disability.<sup>2</sup> Economic challenges (e.g., unemployment, poverty) are associated with poor mental health.<sup>3</sup> During the COVID pandemic, depression, anxiety and suicidal ideation have increased and access to mental health providers and treatment has been limited.<sup>4</sup>

Sources: (1) National Institute for Mental Health; (2) Healthiest Wisconsin 2020; Healthy People 2020; (3) Macintyre, A., Ferris, D., Gonçalves, B. et al. What has economics got to do with it? The impact of socioeconomic factors on mental health and the case for collective action. *Palgrave Commun* 4, 10(2018). <https://doi.org/10.1057/s41599-018-0063-2> (4) Czeisler MĒ, Lane Rl, 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>

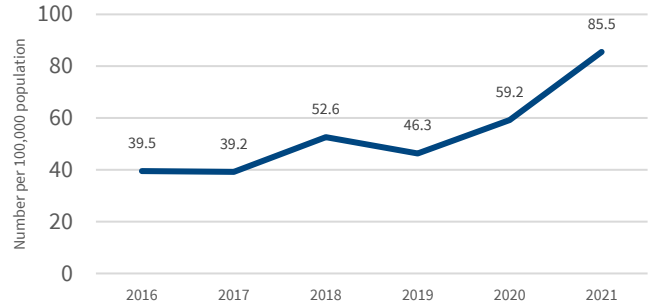
### Disparities and Equity

- Individuals with less than a high school education are more than twice as likely to have frequent mental distress compared to those with a college degree.<sup>5</sup>
- Women have a 70% higher rate of depression compared to men.<sup>5</sup>
- Individuals who are multiracial or American Indian / Alaskan Native are three times as likely, and White individuals were 2.5 times as likely, to experience depression compared to individuals who are Asian/Pacific Islander. However, the rate of depression in individuals who are Asian/Pacific Islanders is increasing at a faster rate than other groups.<sup>5</sup>
- Poor family relationships can increase the likelihood of depression. Some are at higher risk of poor family relationships, including individuals: who identify as LGBTQ; who have a disability and their caretakers; and who suffered from child abuse and neglect.<sup>6</sup>
- In Wisconsin, female students and LGB students are disproportionately affected by depression and anxiety.<sup>7</sup>

Sources: (5) 2021 America's Health Rankings, Executive Summary. [https://assets.americashealthrankings.org/app/uploads/2021\\_ahr\\_health-disparities-report\\_executive\\_brief\\_final.pdf](https://assets.americashealthrankings.org/app/uploads/2021_ahr_health-disparities-report_executive_brief_final.pdf) (6) Shim, Ruth S; Ye, Jiali; 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/> (7) Wisconsin Youth Risk Behavior Survey results (2021) <https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/yrbs-anx-dep.pdf>

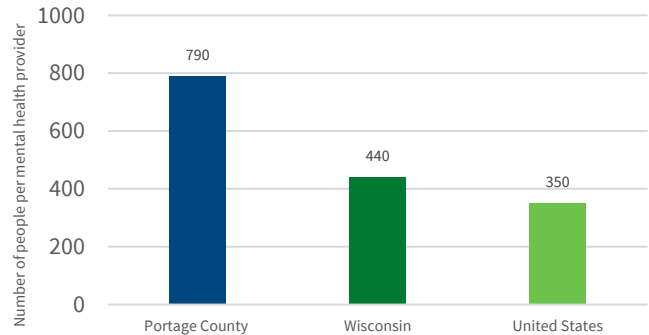
### Data Highlights

**Portage County Emergency Department Visits for Self-Harm Injuries, Ages 0-17 (treated, released)**



Source: WI Dept of Health Services, WISH Injury Module

**Ratio of Population to Mental Health Providers**



Source: County Health Rankings and Roadmaps; data are from 2021

#### Additional Data

- Rate of suicide deaths per 100,000 population (age-adjusted) (2016-2020): 9 Portage County; 15 Wisconsin. (Source: County Health Rankings and Roadmaps)
- Percentage of high school students who, in the last 12 months, felt so sad or hopeless for two or more weeks that they stopped doing some activities (2021): 33.0% Portage County; 33.7% Wisconsin (Source: Youth Risk Behavior Survey)

### Community Perceptions & Challenges

- Behavioral health was the top issue identified by community stakeholders.
- Youth mental health trends are worsening.
- COVID-19 has exacerbated existing mental health issues.

## Substance Use

### Why is it Important?

An estimated 22 million people per year in the U.S. have drug and alcohol problems. Ninety-five percent of them are unaware of their problem.<sup>1</sup> Approximately 88,000 deaths annually in the U.S. are attributed to excessive drinking (2006-2010).<sup>2</sup> Drug and alcohol use can also lead to costly physical, mental and public health problems such as teen pregnancy, HIV/AIDS and other STDs.<sup>1</sup> Interactions between prescription medications and alcohol can contribute to falls, which can result in injuries and death.<sup>3</sup>

COVID-19 has increased substance use in the US related to social isolation, loss of routines and norms, income related stress, anxiety and fear of the virus and loss of loved ones.<sup>4</sup>

Sources: (1) Healthy People 2020; (2) Center of Disease Control and Prevention; (3) Wisconsin Alcohol Policy Project; (4) Czeisler MĒ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>

### Disparities and Equity

- Smoking rates have decreased for many populations – college graduates, individuals who are multi-racial, individuals who are Black and individuals who are white. Disparities, however, persist. Compared with individuals who are Asian / Pacific Islander, smoking occurs at higher rates with individuals who are American Indian / Native Alaskan (nearly 4x the rate), individuals who are multiracial (3x the rate) and individuals who are Black (2x the rate). Individuals with less than a high school education are approximately four times as likely to smoke when compared to individuals with a college degree.
- Excessive drinking is higher with individuals who have a college degree, compared to individuals with less than a high school education. Excessive drinking is also higher with men than women.

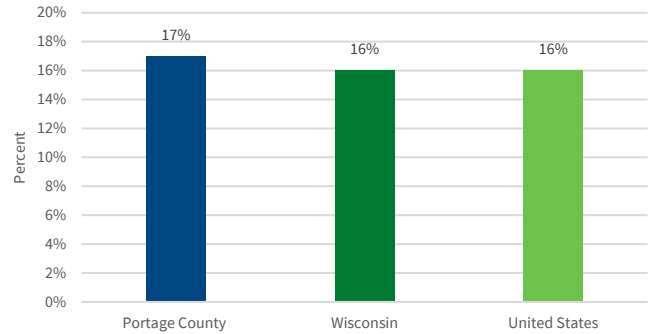
Source: (5) 2021 America’s Health Rankings Disparities Report

### Community Perceptions & Challenges

- Behavioral health was the top issue identified by community stakeholders.
- COVID-19 has exacerbated existing substance use issues.

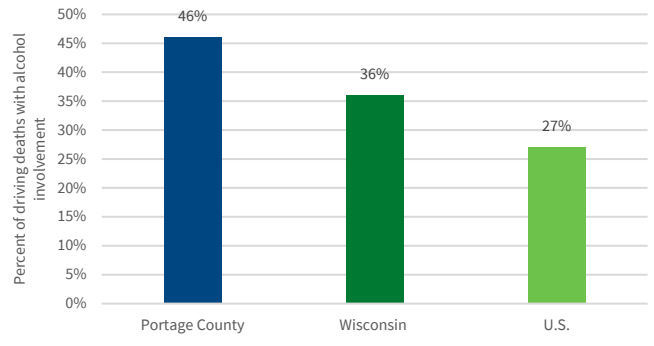
### Data Highlights

Adults Who Are Current Smokers



Source: County Health Rankings and Roadmaps; data are from 2019

Alcohol-impaired Driving Deaths



Source: County Health Rankings and Roadmaps; data are from 2016-2020

#### Additional Data

- Percentage of adults reporting binge or heavy drinking (age-adjusted) (2019): 26% Portage County; 25% Wisconsin; 20% United States. (Source: County Health Rankings and Roadmaps; data are from 2019)
- Number of deaths attributable to alcohol per 100,000 population (2019, 2020, 2021): 42.7 Portage County; 51.0 Wisconsin. (Source: Source: WI Dept of Health Services Interactive Dashboards: Alcohol Death Module)
- Number of opioid-related hospital (emergency department) discharges per 100,000 population (2018, 2019, 2020): 67.4 Portage County; 153.8 Wisconsin. (Source: WI Dept of Health Services, WISH Opioid-Related Hospital Encounters Module)



## Childhood Wellness

### Why is it Important?

- Early childhood, particularly the first 5 years of life, impacts long-term social, cognitive, emotional, and physical development. Healthy development in early childhood helps prepare children for the educational experiences of kindergarten and beyond. Early childhood development and education opportunities are affected by various environmental and social factors, including early life stress, socioeconomic status, relationships with parents and caregivers, and access to early education programs.
- Early life stress and adverse events can have a lasting impact on the mental and physical health of children. Specifically, early life stress can contribute to developmental delays and poor health outcomes in the future. Stressors such as physical abuse, family instability, unsafe neighborhoods, and poverty can cause children to have inadequate coping skills, difficulty regulating emotions, and reduced social functioning compared to other children their age.

Sources: Excerpted nearly verbatim from Healthy People 2030 – [Early Childhood Development and Education](#)

### Disparities and Equity

- Poverty has been shown to negatively influence the academic achievement of young children. Research shows that, in their later years, children from disadvantaged backgrounds are more likely to repeat grades and drop out of high school.
- Exposure to environmental hazards, such as lead in the home, can negatively affect a child’s health and cause cognitive developmental delays. Research shows that lead exposure disproportionately affects children from racial/ethnic minority and low-income households and can adversely affect their readiness for school.

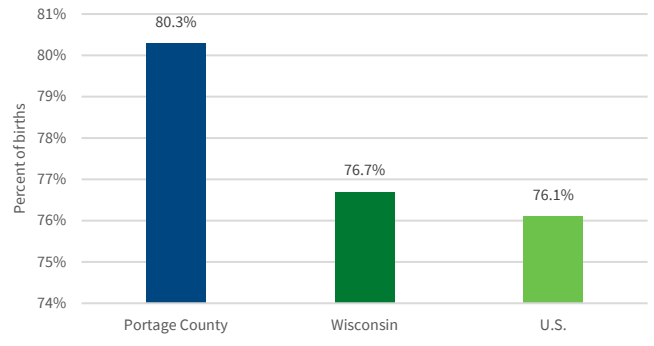
Sources: Excerpted nearly verbatim from Healthy People 2030 – [Early Childhood Development and Education](#)

### Community Perceptions & Momentum

- Early childhood education was the second-highest issue identified by community stakeholders.
- 80% of community survey respondents indicated childcare is available; only 40% indicated it was affordable.

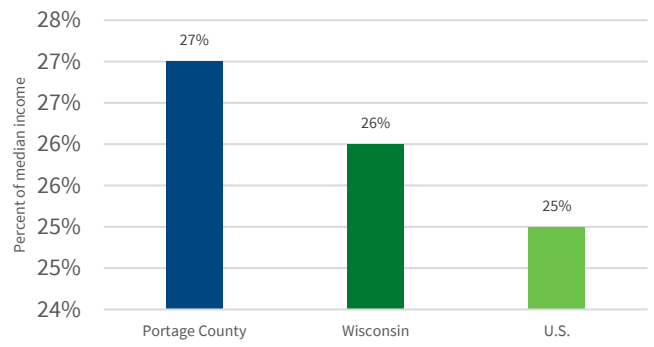
### Data Highlights

#### Prenatal Care Started in First Trimester



Source: Wisconsin Department of Health Services (WISH data query system) and Conduent; data are from 2020.

#### Childcare Costs for a Household with Two Children



Source: 2022 County Health Rankings; data are from 2020 & 2021

#### Additional Data

- Nearly 50% of Portage County school children have at least one dental sealant (2021). The number of children receiving sealants is decreasing. (Source: Portage County Health and Human Services)
- Number of child abuse and neglect reports per 1000 children (2020): 27.9 Portage County; 27 Wisconsin (Source: The Annie E Casey Foundation Kids Count Data Center)
- Percentage of children enrolled in public schools who are eligible for free or reduced-price lunch (2019-2020): 33% Portage County; 40% Wisconsin. (Source: 2022 County Health Rankings)

### **Healthcare Facilities and Community Resources**

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

### **Evaluation of Impact from the Previous CHNA Implementation Strategy**

The previous priorities included:

- Mental health
- Alcohol and other drug use
- Healthy weight

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

### **Approval by the Hospital Boards**

This CHNA report was reviewed and approved by the Board of Directors for:

- Aspirus Stevens Point Hospital on May 16, 2023.
- Aspirus Plover Hospital on June 21, 2023.

### **Conclusion**

Thank you to all the community members who provided time, thoughts and input, as well as to the LIFE Executive Committee for their collaboration and leadership. Aspirus will continue to work with its partners to address the health issues important to the community.

## Appendices

**Appendix A: Portage County Demographics**

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

	<b>Portage County</b>	<b>Wisconsin</b>
Population Estimate (July 1, 2021)	70,468	5,880,101
<b>Ages</b>		
Persons under 5 years	4.7%	5.4%
Persons under 18 years	19.0%	21.6%
Persons 65 years and over	18.0%	17.9%
Female persons	49.1%	49.9%
<b>Race</b>		
American Indian & Alaskan Native	0.5%	1.2%
Asian	3.3%	3.2%
Black	1.0%	6.8%
Native Hawaiian/Other Pacific Islander	--	0.1%
White	93.5%	86.6%
Two or more races	1.6%	2.2%
<b>Ethnicity</b>		
Hispanic or Latino	3.8%	7.5%
<b>Disability, Language</b>		
Persons with a disability, under age 65 years, percent, 2017-2021	7.2%	8.1%
Language other than English spoken at home, percent of persons age 5 years+ (2017-2021)	5.0%	8.6%
<b>Education</b>		
High school graduate or higher, percent of persons age 25 years+, 2017-2021	94.8%	92.9%
Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021	33.4%	31.5%
<b>Income</b>		
Median Income (in 2021 dollars) (2017-2021)	\$65,550	\$67,080
Poverty -- Percent of persons in poverty	10.4%	10.8%

Source: U.S. Census, Quick Facts, accessed February 22, 2023

<https://www.census.gov/quickfacts/fact/table/portagecountywisconsin,WI,US/PST045221>

## Appendix B: Health Status Data and Sources (Outside Data)

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

[Poor Mental Health / Suicide](#)

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

[Early Childhood Education](#)

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

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

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

Sources for the data include:

- Annie E Casey Foundation Kids Count Data Center
- Child and Adolescent Health Measurement Initiative
- Conduent
- County Health Rankings and Roadmaps (2022 data set) (CHRR is compiled from various sources)
- Portage County (Wisconsin) Department of Health and Human Services (Seal-a-Smile)
- U.S. Census Bureau
- U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Deaths from Older Adult Falls website.
- U.S. Department of Housing and Urban Development, Office of Policy Development and Research
- (State of) Wisconsin Department of Health Services
  - Data Direct, Opioid Death Module
  - Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system – multiple modules
  - Division of Quality Assurance
  - Environmental Public Health Data Tracker
  - Environmental Public Health Tracking Program, Bureau of Environmental and Occupational Health
  - FoodShare website
  - Interactive Dashboards: Alcohol Death Module, Alcohol Hospitalizations Module
- (State of) Wisconsin Department of Justice, Domestic Abuse Data website
- (State of) Wisconsin Department of Public Instruction, WISEdash Public Portal
- (State of Wisconsin) Division of Energy, Housing and Community Resources
- Wisconsin Realtors Association
- Youth Risk Behavior Survey – Wisconsin, Portage County

Note: Some data were obtained or summarized by Gromoske Consulting.

**Poor Mental Health / Suicide**

Measure	Description	Year(s) of Data	Trend (County)	Disparities Data (County)	Portage County	Wisconsin	U.S.	Better / Worse than Wisconsin
<b>Poor mental health days</b>	Average number of mentally unhealthy days reported in the last 30 days (age-adjusted)	2019	Not available	Not available	4.3	4.4	4.5	Same/Similar
<b>Frequent mental distress</b>	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted)	2019	Not available	Not available	14%	13%	14%	Same/Similar
<b>Suicides</b>	Number of deaths due to suicide per 100,000 population (age-adjusted)	2016-2020	Not available	Not available	12	15	14	Better
<b>Insufficient sleep</b>	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted)	2018	Not available	Not available	32%	33%	35%	Same/Similar
<b>Disconnected youth</b>	Percentage of teens and young adults ages 16-19 who are neither working or in school	2016-20	Not available	Not available	Not available	5%	7%	NA
<b>Youth Self-Harm ED Visits</b>	Rate of ED visits (treated and released) for self-harm injuries ages 0-17 per 100,000 population (crude rate)	2021	Increasing since 2016 (39.5)	Not available	85.5	118.0		Better
<b>Youth Depression</b>	Percentage of high school students who, in the last 12 months, felt so sad or hopeless for two or more weeks that they stopped doing some activities	2021	WI: Increasing since 2017	Portage Female: 47% Portage Male: 20% WI LGB: 66.1%	33.0%	33.7%	--	Same/Similar
<b>Youth Anxiety</b>	Percentage of high school students, in the last 12 months, experienced significant problems with anxiety	2021	WI: Increasing since 2017	Portage Female: 68% Portage Male: 34% WI LGB: 80.5%	50.0%	52.2%	--	Same/Similar
<b>Domestic violence incidents*</b>	Number of domestic violence incidents (number, not rate)	2018	Portage County -- From 2013 to 2018, the highest was 181 (2015) and lowest was 88 (2013)	Not available	158	30,999	NA	NA
<b>Child abuse and neglect rate**</b>	Child abuse and neglect reports per 1000 children	2020	Slight decline since 2015	Not available	27.9	27.0	NA	Same/Similar
<b>Mental health providers</b>	Ratio of population to mental health providers	2021	Not available	Not available	790:1	440:1	350:1	Worse

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

**Alcohol Misuse, Drug Use, Tobacco and Vaping**

Measure	Description	Year(s) of Data	Trend (County)	Disparities Data^ (County)	Portage County	Wisconsin	U.S.	Better / Worse than Wisconsin
<b>Adult smoking</b>	Percentage of adults who are current smokers (age-adjusted)	2019	Not available	Not available	17%	16%	16%	Same/Similar
<b>Excessive drinking</b>	Percentage of adults reporting binge or heavy drinking (age-adjusted)	2019	Not available	Not available	26%	25%	20%	Same/Similar
<b>Alcohol-impaired driving deaths</b>	Percentage of driving deaths with alcohol involvement	2016-20	Flat	Not available	46%	36%	27%	Worse
<b>Drug overdose deaths</b>	Number of drug poisoning deaths per 100,000 population	2018-2020	Not available	Not available	10	22	23	Better
<b>Youth Alcohol Use</b>	Percentage of high school students reporting drinking during the 30 days before the survey	2021	Variable	Female: 31% Male: 22%	26.0%	Statewide 2021 YRBS data not yet available	--	NA
<b>Youth Vaping</b>	Percentage of high school students who use an electronic vapor product in the last 30 days	2021	Variable	Female: 19% Male: 13%	16.0%	Statewide 2021 YRBS data not yet available	--	NA
<b>Opioid deaths</b>	Number of deaths due to opioids per 100,000 residents	2019, 2020, 2021	Wisconsin: trending up  Portage County: trending up from 2019-2021	Wisconsin: American Indian 46.4 Asian 4.0 Black 42.8 White 18.8 Hispanic 18.3 Non-Hispanic 20.6 Male 28.5 Female 12.6	10.4	20.5	NA	Better
<b>Opioid-related hospital discharges</b>	Number of opioid-related hospital (emergency department) discharges per 100,000 population	2018, 2019, 2020	Not included	Not available	67.4	153.8	NA	Better
<b>Alcohol-attributable deaths</b>	Number of deaths attributable to alcohol per 100,000 population	2019, 2020, 2021	Wisconsin: The number of deaths is increasing	Wisconsin: American Indian 86.5 Asian 13.0 Black 65.8 White 51.0 Hispanic 30.3 Non-Hispanic 52.9 Male 67.7 Female 35.2	42.7	51.0	NA	Better

<b>Chronic alcohol hospitalizations (emergency room)</b>	Chronic alcohol hospitalizations per 100,000: Emergency room	2019, 2020, 2021	Wisconsin: Increasing from 2011 to 2018; decreasing from 2018 to 2021	Wisconsin: American Indian 1670.3 Asian 131.2 Black 1190.4 White 560.9 Hispanic 387.3 Non-Hispanic 621.7 Male 827.5 Female 391.3	475.5	608.4	NA	Better
<b>Chronic alcohol hospitalizations (inpatient)</b>	Chronic alcohol hospitalizations per 100,000: Inpatient	2019, 2020, 2021	Wisconsin: Increasing since 2013	Wisconsin: American Indian 1130.4 Asian 116.4 Black 851.5 White 565.9 Hispanic 300.9 Non-Hispanic 596.8 Male 775.9 Female 385.4	521.2	579.7	NA	Better
<b>Alcohol Outlet Density*</b>	Crude rate of alcohol licenses per 500 people	Year displayed in dashboard: 2017-2018	Not available	Not available	1.65	1.47	NA	Worse
<b>Deaths due to falls</b>	Number of deaths due to falls per 100,000 population (age-adjusted)	2021	Wisconsin: Increasing	Not available	--	176.5	78.0	Wisconsin has the highest rate of deaths due to falls in the country. Alabama has the lowest rate: 30.7.

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



**Early Childhood Education**

Measure	Description	Year(s) of Data	Trend (County)	Disparities Data (County)	Portage County	Wisconsin	U.S.	Better / Worse than Wisconsin
<b>Child mortality</b>	Number of deaths among children under age 18 per 100,000 population	2017-2020	Not available	Not available	30	50	50	Better
<b>Infant mortality</b>	Number of all infant deaths (within 1 year), per 1000 live births	2014-2020	Not available	Not available	Not available	6	6	NA
<b>Low birthweight</b>	Percentage of live births with low birthweight (<2500 grams)	2014-2020	Not available	Asian 8% Hispanic 7% White 7%	7%	8%	8%	Same/Similar
<b>Early Prenatal Care</b>	Percentage of births in which prenatal care started in first trimester	2020	Increasing since 2017	Not available	80.3%	76.7%	76.1%	Better
<b>Childhood Immunizations</b>	Percentage of children with 4:3:1:3:3:1 immunization series	2021	Flat	Not available	72.9%	68.9%	NA	Better
<b>Uninsured children</b>	Percentage of children under age 19 without health insurance	2019	Improving	Not available	3%	4%	6%	Same/Similar
<b>Dental Sealants</b>	Percentage of school children with at least one sealant	2021	Decreasing since 2017	Not available	49.7%	Comparable data not readily available	--	NA
<b>Childhood lead poisoning</b>	Percent of children (less than 6 years of age) who had a blood lead level greater than or equal to 5ug/dL, among those tested; and the total number of children (less than 6 years of age) who were tested	Year displayed in dashboard: 2019	Decreasing since 2007-2011	Not available	0.6%	3.7%	NA	Better
<b>Domestic violence incidents</b>	Number of domestic violence incidents (number, not rate)	2018	Portage County -- From 2013 to 2018, the highest was 181 (2015) and lowest was 88 (2013)	Not available	158	30,999	NA	NA
<b>Child abuse and neglect rate</b>	Child abuse and neglect reports per 1000 children	2020	Slight decline since 2015	Not available	27.9	27.0	NA	Same/Similar

<b>Children in poverty</b>	Percentage of people under age 18 in poverty	2020	No significant trend	Amer Ind 56% Asian 9% Black 11% Hispanic 23% White 7%	8%	12%	16%	Better
<b>Children in single-parent households</b>	Percentage of children that live in a household headed by a single parent	2016-20	Not available	Not available	18%	23%	25%	Better
<b>Children eligible for free or reduced-price lunch</b>	Percentage of children enrolled in public schools that are eligible for free or reduced-price lunch	2019-20	Not available	Not available	33%	40%	52%	Better
<b>Economically Disadvantaged Students</b>	Percentage of students who are economically disadvantaged	2020	Increasing since 2016	Not available	37.9	43.7	--	Better
<b>Flourishing Children</b>	Percentage of children (6 months to 5 years) who are flourishing	2020-2021	Not available	Not available	Not available	82.8	80.8	NA
<b>Reading scores</b>	Average grade level performance for third graders on English Language Arts standardized tests	2018	Not available	Asian 2.5 Hispanic 2.6 White 3.2	3.1	3.0	3.1	Same/Similar
<b>Math scores</b>	Average grade level performance for third graders on math standardized tests	2018	Not available	Asian 2.5 Hispanic 2.4 White 3.2	3.1	3.0	3.0	Same/Similar
<b>Childcare cost burden</b>	Childcare costs for a household with two children as a percent of median household income.	2021 & 2020	Not available	Not available	27%	26%	25%	Same/Similar
<b>Childcare centers</b>	Number of child care centers per 1,000 population under 5 years old.	2021	Not available	Not applicable	8	6	6	Better

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

**Preventive Care and Access to Care – Physical Health, Mental Health and Oral Health**

Please note this table includes clinically related prevention data; there are many other non-clinical prevention-related measures throughout this document.

Measure	Description	Year(s) of Data	Trend (County)	Disparities Data (County)	Portage County	Wisconsin	U.S.	Better / Worse than Wisconsin
<b>Uninsured</b>	Percentage of population under age 65 without health insurance	2019	Improving	Not available	7%	7%	11%	Same/Similar
<b>Uninsured children</b>	Percentage of children under age 19 without health insurance	2019	Improving	Not available	3%	4%	6%	Same/Similar
<b>Primary care physicians</b>	Ratio of population to primary care physicians	2019	Worsening	Not available	2280:1	1260:1	1310:1	Worse
<b>Other primary care providers</b>	Ratio of population to primary care providers other than physicians	2021	Not available	Not available	710:1	750:1	870:1	Better
<b>Dentists</b>	Ratio of population to dentists	2020	Improving	Not available	1420:1	1390:1	1400:1	Worse
<b>Mental health providers</b>	Ratio of population to mental health providers	2021	Not available	Not available	790:1	440:1	350:1	Worse
<b>Mammography screening</b>	Percentage of female Medicare enrollees ages 65-74 that received an annual mammogram screening	2019	Improving	37% Asian 50% Hispanic 58% White	58%	49%	43%	Better
<b>Flu vaccinations</b>	Percentage of fee-for-service Medicare enrollees that had an annual flu vaccination	2019	Flat	51% Asian 48% Hispanic 56% White	56%	53%	48%	Better
<b>Childhood Immunizations</b>	Percentage of children with 4:3:1:3:3:1 immunization series	2021	Flat	Not available	72.9%	68.9%	NA	Better
<b>Early Prenatal Care</b>	Percentage of births in which prenatal care started in first trimester	2020	Increasing since 2017	Not available	80.3%	76.7%	76.1%	Better
<b>Dental Sealants</b>	Percentage of school children with at least one sealant	2021	Decreasing since 2017	Not available	49.7%	Comparable data not readily available	--	NA
<b>Medicaid recipients and preventive oral care</b>	Percentage of Medicaid members who received preventive ORAL care (all ages)	2021	Decreasing since 2018		27.2%	Comparable data not readily available	--	NA

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

**Chronic Disease, Obesity, Nutrition and Physical Activity**

Measure	Description	Year(s) of Data	Trend (County)	Disparities Data (County)	Portage County	Wisconsin	U.S.	Better / Worse than Wisconsin
<b>Poor or fair health</b>	Percentage of adults reporting fair or poor health (age-adjusted)	2019	Not available	Not available	14%	15%	17%	Same/Similar
<b>Poor physical health days</b>	Average number of physically unhealthy days reported in the last 30 days (age-adjusted)	2019	Not available	Not available	3.5	3.6	3.9	Same/Similar
<b>Frequent physical distress</b>	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted)	2019	Not available	Not available	11%	11%	12%	Same/Similar
<b>Diabetes prevalence</b>	Percentage of adults aged 20 and above with diagnosed diabetes	2019	Not available	Not available	8%	7%	9%	Same/Similar
<b>Deaths due to cancer (malignant neoplasms)</b>	Number of deaths due to cancer per 100,000 population (age-adjusted)	2018, 2019, 2020	Not included	Not included	141.0	150.7	--	Better than WI; Leading cause of death for Portage Co.
<b>Deaths due to 'diseases of heart'</b>	Number of deaths due to 'diseases of heart' per 100,000 population (age-adjusted)	2018, 2019, 2020	Not included	Not included	134.6	160.1	--	Better than WI; Second-leading cause of death for Portage Co.
<b>Youth Vaping</b>	Percentage of high school students who use an electronic vapor product in the last 30 days	2021	Variable	Female: 19% Male: 13%	16.0%	Statewide 2021 YRBS data not yet available	--	NA
<b>Adult smoking</b>	Percentage of adults who are current smokers (age-adjusted)	2019	Not available	Not available	17%	16%	16%	Same/Similar
<b>Adult obesity</b>	Percentage of the adult population (age 20 and older) that report a body mass index (BMI) greater than or equal to 30kg/m2	2019	Not available	Not available	31%	34%	32%	Better
<b>Food environment index</b>	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)	2019	Not available	Not available	8.8	8.7	7.8	Same/Similar
<b>Physical inactivity</b>	Percentage of adults age 20 and over reporting no leisure-time activity	2019	Not available	Not available	23%	22%	26%	Same/Similar
<b>Access to exercise opportunities</b>	Percentage of population with adequate access to locations for physical activity	2010 and 2021	Not available	Not available	66%	78%	80%	Worse
<b>Excessive drinking</b>	Percentage of adults reporting binge or heavy drinking (age-adjusted)	2019	Not available	Not available	26%	25%	20%	Same/Similar

<b>Food insecurity</b>	Percentage of population who lack adequate access to food	2019	Not available	Not available	9%	9%	11%	Same/Similar
<b>Limited access to healthy foods</b>	Percentage of the population who are low income and do not live close to a grocery store	2019	Not available	Not available	3%	5%	6%	Better

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

**Social Determinants of Health  
(income, food, housing, childcare)**

Measure	Description	Year(s) of Data	Trend (County)	Disparities Data (County) <sup>^</sup>	Portage County	Wisconsin	U.S.	Better / Worse than Wisconsin
<b>High school completion</b>	Percentage of adults age 25 and over with a high school diploma or equivalent	2016-20	Not available	Not available	94%	93%	89%	Same/Similar
<b>Some college</b>	Percentage of adults ages 25-44 with some post-secondary education	2016-20	Not available	Not available	72%	70%	67%	Better
<b>Unemployment</b>	Percentage of the population ages 16 and older unemployed but seeking work	2020	No significant trend	Not available	5.4%	6.3%	8.1%	Better
<b>Children in poverty</b>	Percentage of people under age 18 in poverty	2020	No significant trend	Amer Ind 56% Asian 9% Black 11% Hispanic 23% White 7%	8%	12%	16%	Better
<b>Income inequality</b>	Ratio of household income at the 80th percentile to income at the 20th percentile	2016-20	Not available	Not available	4.1	4.2	4.9	Same/Similar
<b>Children in single-parent households</b>	Percentage of children that live in a household headed by a single parent	2016-20	Not available	Not available	18%	23%	25%	Better
<b>Social associations</b>	Number of membership associations per 10,000 population	2019	Not available	Not available	11.7	11.4	9.2	Same/Similar
<b>Violent crime</b>	Number of reported violent crime offenses per 100,000 population	2014 & 2016	No significant trend	Not available	113	298	386	Better
<b>Injury deaths</b>	Number of deaths due to injury per 100,000 population	2016-20	Not available	Not available	59	89	76	Better
<b>High school graduation</b>	Percentage of 9th grade cohort that graduates in 4 years	2018-19	Not available	Not available	95%	90%	86%	Better
<b>Disconnected youth</b>	Percentage of teens and young adults ages 16-19 who are neither working or in school	2016-20	Not available	Not available	Not available	5%	7%	NA
<b>Reading scores</b>	Average grade level performance for third graders on English Language Arts standardized tests	2018	Not available	Asian 2.5 Hispanic 2.6 White 3.2	3.1	3.0	3.1	Same/Similar
<b>Math scores</b>	Average grade level performance for third graders on math standardized tests	2018	Not available	Asian 2.5 Hispanic 2.4 White 3.2	3.1	3.0	3.0	Same/Similar

<b>School segregation</b>	The extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1. Lower values represent a school composition that more closely reflects the distribution of race and ethnicity in the community.	2020-21	Not available	Not applicable	0.06	0.28	0.25	Better
<b>Gender pay gap</b>	Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar."	2016-20	Not available	Not available	0.78	0.80	0.81	Worse
<b>Median household income</b>	The income where half of households in a county earn more and half earn less	2020	Not available	Am. Ind. & Alaska Native \$80,000 Asian \$69,900 Black \$41,500 Hispanic \$50,900 White \$60,600	\$67,200	\$64,900	\$67,300	Better
<b>Living wage</b>	The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children.	2021	Not available	Not available	\$37.52	\$39.10	\$38.11	NA
<b>Children eligible for free or reduced-price lunch</b>	Percentage of children enrolled in public schools that are eligible for free or reduced-price lunch	2019-20	Not available	Not available	33%	40%	52%	Better
<b>Residential segregation - Black/White</b>	Index of dissimilarity where higher values indicate greater residential segregation between Black and White county residents	2016-2020	Not available	Not applicable	73	77	63	Better
<b>Residential segregation - non-white/white</b>	Index of dissimilarity where higher values indicate greater residential segregation between non-White and White county residents	2016-2020	Not available	Not applicable	29	54	46	Better
<b>Childcare cost burden</b>	Child care costs for a household with two children as a percent of median household income.	2021 & 2020	Not available	Not available	27%	26%	25%	Same/Similar
<b>Childcare centers</b>	Number of childcare centers per 1,000 population under 5 years old.	2021	Not available	Not applicable	8	6	6	Better
<b>Homicides</b>	Number of deaths due to homicide per 100,000 population	2014-2020	Not available	Not available	Not available	4	6	NA

<b>Suicides</b>	Number of deaths due to suicide per 100,000 population (age-adjusted)	2016-2020	Not available	Not available	12	15	14	Better
<b>Firearm fatalities</b>	Number of deaths due to firearms per 100,000 population	2016-2020	Not available	Not available	7	11	12	Better
<b>Juvenile arrests</b>	Rate of delinquency cases per 1000 juveniles	2019	Not available	Not available	13	--	19	NA
<b>Domestic violence incidents*</b>	Number of domestic violence incidents (number, not rate)	2018	Portage County -- From 2013 to 2018, the highest was 181 (2015) and lowest was 88 (2013)	Not available	158	30,999	NA	NA
<b>Child abuse &amp; neglect rate</b>	Child abuse and neglect reports per 1000 children	2020	Slight decline since 2015	Not available	27.9	27.0	NA	Same/Similar
<b>Injury-related Emergency Dept Visits</b>	Number (not rate) of emergency department visits due to injuries	2019, 2020, 2021	Not included	Portage County Falls - 3390 Struck (object, person) - 1106 Cutting, piercing -- 723 Motor vehicle -- 649	Wisconsin Falls - 381,132 Struck (object, person) - 158,664 Motor vehicle -- 101,939 Cutting, piercing -- 99,077			NA
<b>FoodShare Recipients</b>	Percentage of the population who received FoodShare	2021	Increasing since 2019	Not available	12.7%	--	NA	NA
<b>Energy Assistance</b>	Percentage of housing units receiving energy assistance	2021	Increasing since 2019	Not available	4.0%	--	NA	NA
<b>Housing Costs as a Percent of Income</b>	Selected Monthly Owner costs as a percentage of household income (for those with a mortgage) at 30% or more	2021	Increasing since 2019	Not available	21.5%	21.8%	--	NA
<b>Monthly Housing Costs</b>	Median monthly owner costs with a mortgage	2020	Small increase since 2016	Not available	\$1,294	\$1,464	\$1,672	Better
<b>Median Home Sale Price</b>	Median sale price of a home	2021	Increasing since 2016 (\$149,900)	Not available	\$219,500	\$240,000	--	Better
<b>Fair Market Rent</b>	Fair market rent for a 3-bedroom unit	2021	Increasing since 2016 (\$867)	Not available	\$1,008	--	--	NA
<b>Rent as a Percent of Income</b>	Gross rent as a percent of income / 30% and more	2021	Decreasing since 2019	Not available	42.1%	43.3%	51.0%	Same/Similar
<b>Nursing Home Capacity</b>	Number of nursing home beds / space available	2022	Not available	NA	98	NA	--	NA
<b>Economically Disadvantaged Students</b>	Percentage of students who are economically disadvantaged	2020	Increasing since 2016	Not available	37.9	43.7	--	Better
<b>Flourishing Children</b>	Percentage of children (6 months to 5 years) who are flourishing	2020-2021	Not available	Not available	Not available	82.8	80.8	NA

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



## Environment, Climate and Health

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

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

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

## Special Populations and Health Disparities in Portage County

Although disparities data specifically for Portage County are rare, the assessment process noted a number of groups of individuals in the county who are likely to experience health disparities based on a number of demographic variables.

**Individuals who are Hmong:** Approximately 3.3 percent of the residents of Portage County are Asian.<sup>2</sup>

In Portage County, most individuals who would identify as Asian are from the Hmong culture. A 2020 article published by the National Center for Biotechnology Information (through the U.S. National Library of Medicine at the National Institutes of Health)<sup>3</sup> summarized many studies that looked at disparities experienced by individuals who are Hmong. The studies – with varying strengths and generalizability – showed that individuals who are Hmong (compared to different groups, depending on the study), experience higher rates of: some cancers; Hepatitis B; diabetes; gout. Only about 20 percent of Hmong adults smoke. In one study, 50 percent of patients who were Hmong and on hypertension medications were adhering to the medication protocol. Health care-seeking is generally lower and/or later for individuals who are Hmong.

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<sup>2</sup> United States Census, Quick Facts. <https://www.census.gov/quickfacts/fact/table/portagecountywisconsin,WI,US/PST045221> accessed 2/22/2023.

<sup>3</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7494405/>

**Individuals who are Hispanic:** Approximately 3.8 percent of the residents of Portage County are Hispanic.<sup>4</sup> Individuals who are Hispanic, compared to non-Hispanic white individuals, are at higher risk for diabetes, asthma (Puerto Ricans), cervical cancer, liver disease and obesity.<sup>5</sup> Children who are Hispanic, compared to children non-Hispanic white children, are more likely to suffer from infant mortality (Puerto Ricans), asthma (Puerto Ricans) and obesity. Children who are Hispanic are 34 percent more likely to attempt suicide as a high schooler.<sup>6</sup>

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<sup>4</sup> United States Census, Quick Facts. <https://www.census.gov/quickfacts/fact/table/portagecountywisconsin,WI,US/PST045221> accessed 2/22/2023.

<sup>5</sup> <https://www.familiesusa.org/resources/latino-health-inequities-compared-to-non-hispanic-whites/>

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

**Appendix C: Community Stakeholder Meeting Participants**

The table below outlines the agencies that attended the January 2023 Community Stakeholder Meeting.

<b>Affiliation</b>	<b>Sector</b>	<b>Number of Representatives</b>
Aging and Disability Resource Center	Aging	1
Almond Bancroft Schools	Youth / Schools	1
Aspirus Health	Healthcare	2
Boys and Girls Club	Youth / Programs	1
Big Brothers Big Sisters	Youth / Programs	1
CAP Services*	Multiple – Early Childhood/HeadStart; Poverty; Self-sufficiency; Hmong community; Other	4
Childcaring Inc	Child Care	1
City of Stevens Point	City Government	4
Community Foundation Central WI	Philanthropy	2
ECDC -Ethiopian Community Development Council*	Refugee Services	1
Emergency/Energy Services*	Energy Assistance	1
Family Crisis Center	Domestic Violence	1
Family Health La Clinica*	Healthcare	1
Farmshed	Food Systems	1
Marshfield Clinic Health System	Healthcare	2
Mid-State Technical College	Higher education	1
Pacelli Catholic Schools	Youth / Schools	1
Portage County District Attorney	Law Enforcement / Justice System	1
Portage County Health and Human Services	County Health, Human Services	8
Plover Police Department	Law Enforcement / Justice System	1
Portage County Courts	Law Enforcement / Justice System	1
Portage County Business Council	Business	1
Portage County Planning & Zoning	Planning / Natural Resources	2
Rosholt Schools	Youth / Schools	1
Salvation Army*	Housing, Food	1
Stevens Point Police Department	Law Enforcement / Justice System	1
Stevens Point Area School District	Youth / Schools	3
Stevens Point Area Convention & Visitors Bureau	Business	1
United Way of Portage County	United Way	3
UW-Extension	UW-Extension	2
UW-Stevens Point	Higher Education	3

\* Represented individuals with low income, individuals who are medically underserved, and/or individuals who are minorities.

## Appendix D: Healthcare Facilities and Community Resources

A listing of health services and resources available in the Portage County area is provided in this appendix. Additionally, free and low-cost resources can be found at [findhelp.org](http://findhelp.org) or <https://aspiruscommunity-resources.auntbertha.com/>, and then searching by zip code and program need/area. The list of resources is not exhaustive.

Agency or Program	Description
211 information and referral	Resources and referrals
Aging and Disability Resource Center (ADRC)	Provides services and programs
Family Health La Clinica	Federally Qualified Community Health Center
Big Brothers, Big Sisters	Youth mentoring
Boys and Girls Club of Portage County	Facilities and programming for youth
Childcaring	Non-profit childcare resources and referrals
Community Action Program (CAP) Services	Non-profit addressing poverty
HeadStart	Early education for children who may be at risk
Portage County Coalition for Alcohol and Drug Abuse Prevention	Multi-sector coalition focused on substance use prevention
Portage County Department of Health and Human Services	Public health, social services, protective services
Stevens Point YMCA	Facilities and programming for youth and adult healthy minds, bodies and spirits
Suicide Prevention Coalition of Portage County	Multi-sector coalition focused on suicide prevention
Three Bridges Recovery	Non-profit focused on recovery services (e.g., peer support, training)
United Way of Portage County	Non-profit coordinating and funding agency focused on local needs
University of Wisconsin – Extension	Community education and programming focused on local needs

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

The health priorities identified in the preceding CHNA were:

- Healthy Weight
- Mental Health
- Alcohol and Other Drug Abuse

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

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

*Note: Because of the transition from Ascension to Aspirus, this summary includes the hospitals as either/both Ascension and Aspirus, depending on the date of the activity. Additionally, this summary is reflective of both the Stevens Point and Plover hospitals.*

## Healthy Weight

### Coalition

- For multiple years, the hospital participated on the county's Healthy Weight Team. The team was convened under the leadership of Healthy People Portage County.
  - FY20: The Team identified two potential policy/systems change opportunities: replicating a shared use agreement model from a local school district and creating healthy parking spaces with local big-box retail chains. Due to COVID-19, the team stopped meeting and was unable to move the planning forward.
  - FY21: The coalition experienced a slow start from July 2020 - December 2020, with COVID related and coalition member availability issues. From December 2020 through June 2021, however, the team found momentum and made some small progress relative to the identified policy and environmental changes. First, the team applied for funding to promote increased walking. The funding was to support portable signage to be used in cooperation with Portage County small businesses and events to encourage walking. (The grant was not received.) Second, Electronic Benefits Transfer (EBT) at Farmers Markets received state budget approval. Discussions began regarding local implementation. Having EBT options available at local farmers markets can help increase access to healthy fresh foods.
  - FY22: The hospital and community coalition continued to explore policy/system and environmental change opportunities. The primary vehicle for healthy weight work shifted to HEAL – Healthy Eating Active Living – Portage County. In FY22, HEAL sought a partnership with Midstate Technical College and received funding to install the first healthy parking spot sign. Additionally, the hospital participated in a regional group/coalition that received a U.S. Department of Agriculture planning grant to expand EBT access at farmers markets and improve the markets' infrastructure. The hospital provided some in-kind meeting space as well as staff resources.
  - FY23: The farmers market planning grant continued to be implemented. Hospital staff participated in those meetings and also provided some grantwriting assistance when the group wrote for an implementation grant.

### Internal Systems:

- Fiscal years 2020 and 2021 were the first and second years of a three-year plan within Ascension Wisconsin to increase screening rates across primary care clinic settings. With the ultimate goal of patients being at a healthy weight, Ascension Medical Group aims to increase the identification and management of patients with a high body mass index (BMI).
  - The first year of the plan focused on rolling out the new statewide screening standard with both providers and care teams. Materials that supported the rollout were created, including rooming standards training videos and region-specific depression resource guides. As of

- May 2020, the screening rates declined somewhat from a baseline of 94.8 percent to 94.26 percent. Screening rates for individuals with Medicaid increased somewhat, from 93.5 percent to 93.85 percent. The intended amount, for all patients and patients with Medicaid, was 97.2 percent. Because the baseline rate was already quite high, the measure is considered generally "topped out" at that level.
- The emphasis in the second year of the plan was increasing the screening rate. Efforts to increase the screening rates included ongoing data monitoring, reaching out to clinics with low rates and sharing rooming audit report-outs at monthly statewide Ascension Medical Group Quality meetings. Screening rates were impacted by (a) a reduction in in-person visits due to covid and (b) a change in the database (Optum 1 to OPA). The former affected the collection of height and weight (needed for the BMI calculation) and the latter impacted the baseline calculation.
  - Ascension St. Michael's Hospital / Aspirus Stevens Point Hospital has long maintained that breastfeeding is a conduit to maintaining healthy weight. The hospital has adopted a strategy of working with our Women and Infant Center (WIC) to achieve high breastfeeding initiation rates and other opportunities to emphasize the importance and benefits of breastfeeding. Additionally, the hospital's Lactation Consultant and Education Coordinator worked with the Portage County Breastfeeding Coalition to increase the number of breastfeeding friendly worksites.
    - FY20: St. Michael's Hospital increased breastfeeding initiation rates from 84 percent to 90 percent. The original goal was to maintain this high rate (84 percent), but through efforts of our Women and Infant Center, rates were higher than anticipated. Additionally, the hospital's Lactation Consultant and Education Coordinator worked with the Portage County Breastfeeding Coalition to increase the number of breastfeeding friendly workplaces from 13 to 16.
    - FY21: For FY21, the WIC's goal was to maintain the FY20 level for breastfeeding initiation rates (90 percent). The FY21 (7/1/2020 to 6/30/21) breastfeeding initiation rate at Ascension St. Michael's Hospital was 86 percent. While lower than FY20, it is still a rate that exceeds both short and medium term goals for the program overall. Additionally, WIC staff worked collaboratively with the Portage County Breastfeeding Coalition. For FY21, the coalition, led by a member of the St. Michael's WIC team, maintained the same number of breastfeeding-friendly worksites (compared to FY20) at 16.
    - FY22: For FY22 (July 1, 2021-June 30, 2022), the WIC's goal was to maintain the FY21 level for breastfeeding initiation rates (85-90 percent). The FY22 breastfeeding initiation rate was 86 percent. Additionally, WIC staff worked collaboratively with the Portage County Breastfeeding Coalition. For FY22, the coalition, led by a member of WIC team, maintained the same number of breastfeeding-friendly worksites (compared to FY21) at 16.
    - FY23. For the first three quarters of the fiscal year (July 1, 2022-March 31, 2023), the Aspirus Stevens Point Hospital Women and Infant Center's goal was to maintain the FY22 level for

breastfeeding initiation rates (85-90 percent). The FY23 Q1-3 breastfeeding initiation rate was 87 percent. Additionally, WIC staff worked collaboratively with the Portage County Breastfeeding Coalition. For FY23, the coalition, led by a member of WIC team, maintained the same number of breastfeeding-friendly worksites (compared to FY22) at 16.

- FY22-FY23: Aspirus Health, primarily through Care Management, implemented a fruit and vegetable prescription (FVRx) program across the system. Patients with chronic disease were screened for food insecurity and ‘prescribed’ fruits and vegetables. The FVRx can be used like cash at the local farmers market.

### **Healthy Foods and Exercise**

- YMCA Programming
  - FY20: In FY20, Ascension St. Michael's donated \$5000 to the YMCA Farm to School program. The Stevens Point Area YMCA worked cooperatively with area farmers and local businesses, Master Gardeners and volunteers, the Wisconsin Department of Public Instruction and the federal AmeriCorps program to implement a successful Farm to School program. The program worked to decrease childhood obesity by promoting healthy eating habits in students and increase access to and knowledge of local food sources. Through early intervention and education, Farm to School was designed to improve the overall health and well-being of a community by establishing healthier eating habits and increasing physical activity. The AmeriCorps members reported that the goals set for 2019-20 session were met, despite being cut short due to the COVID-19 pandemic. The Stevens Point Area YMCA Farm to School program was able to provide over 135 nutrition education lessons to over 550 students. In addition, they provided locally sourced food, nutrition education and activities at over 13 area community events, serving several thousand members of our community. Over three thousand eight hundred (3,833) locally sourced snacks from over 30 different local farmers were provided in local schools. During Safer at Home, through social media platform (@YMCASFarmtoSchool), virtual nutrition education and farm tours, healthy snack recipes, cooking lessons and gardening tips and resources were shared. In addition, over 500 pounds of produce were harvested from the YMCA gardens. Students in the program gained a better understanding of the benefits of buying from local farmers. They also were introduced to a wider variety of produce and learned what they can grow and how to grow it. With schools closing early and community events being canceled due to COVID-19, several year-end activities had to be cancelled or moved online. Not being able to actually try foods and the lack of online engagement made it difficult to be as effective with the lessons.
  - FY21: The YMCA’s Farm to School program was discontinued in FY21 due to COVID-related personnel and budgeting constraints.



- Boys and Girls Club of Portage County
  - FY21-FY22: Ascension St. Michael's contributed funding for the Healthy Habits program at the Boys and Girls Club of Portage County. The Healthy Habits program provided youth with nutrition education and opportunities to try new fruits and vegetables. The purpose was to increase youths' knowledge about the benefits of eating healthier foods as well as their attitudes toward trying new foods. Boys and Girls Club staff training occurred in May 2021 and the program lessons began when the Clubs opened for the summer in June 2021. The program continued weekly throughout summer 2021.
    - Summer 2021: The Healthy Habits program was conducted twice per week at the Berard Center and at the Plover Center, with approximately 100 youth ages 6-12 participating in 11 (6 at Berard and 5 at Plover) cohorts (to accommodate COVID-19 precautions) of about 10 each. The program sessions were a combination of Healthy Habits curriculum that introduced nutrition education and the benefits of eating a healthier diet as well as sessions that provided hands-on opportunities for youth to prepare healthy meals and try new foods. Staff used a "Kids Food Critic" activity (offered through the USDA ChooseMyPlate.gov website) to have kids rate foods they are trying based on visual appeal, smell, taste, and texture, then asks them whether they would like to have it again. Participants will also be surveyed about whether they think they will be more likely to try new foods in the future after trying foods in the Healthy Habits program. At least 100 youth ages 6-12 participated weekly; approximately 80 unduplicated youth participated in at least one Healthy Habits session (most will participating in several sessions) during summer 2021.
  - FY22-FY23: Aspirus Stevens Point Hospital continued to financially support the Healthy Habits program at the Boys and Girls Club. During the summer of 2022, Healthy Habits consisted of two programs: Cooking Club and Green Thumb (gardening). These programs were run at the Berard Center (Stevens Point) and Plover Center at least two times per week with youth ages 6-12 (1<sup>st</sup> - 6<sup>th</sup> grade). During these programs, youth learned about the importance of eating a healthy, balanced diet consisting of fresh, whole foods. They also learned about the benefits of growing your own food. Along the way, they made many recipes and tried new foods with the goal of improving their eating habits and opinions about healthy foods. Throughout the summer, there were 238 unduplicated youth who participated in Cooking Club and 92 youth who participated in Green Thumb. Of these youth, approximately 50% qualify for the free or reduced-price school lunch program.
- Farmshed / Sib Pab Prepared Meal program
  - FY21: Ascension St. Michaels Hospital provided funding for the Sib Pab (pronounced she pah) Prepared Meal Program. The program at Farmshed aimed to address unmet health related needs and enhance the health of Hmong elders and Hmong families who have family members living with a disability, by providing them with healthy, locally sourced traditional

Hmong meals. The program addressed the gap between existing food insecurity services/programs and the availability of culturally specific foods to help maintain a healthy diet. Healthy diets are important for maintaining healthy weight and having positive mental health. The Sib Pab Prepared Meal program was a partnership between the Community Action Program (CAP) Services' Hmong Uplift program and Central Rivers Farmshed. The program prepared and delivered meals to Hmong elders and disabled residents twice per week. CAP Services Hmong Uplift program identified and referred participants to Farmshed. Meals were prepared in the Farmshed kitchen, with the help of volunteers and under the direction of a Hmong cook. A bi-cultural volunteer coordinator ensured participants received meals; they also evaluated the program goals and outcomes. The hospital's funding provided Farmshed with a base of funding that made it easier to raise additional resources from the community, including from the Sentry Foundation, Portage County Aging and Disability Resource Center (ADRC), and the Portage County COVID Relief Fund. Since beginning the program in July 2020, Farmshed has prepared and served 4,000 meals. A survey conducted during the month of June 2021 had the following results:

- 83 percent of participants reported feeling healthier because of their involvement in this program.
- 83 percent of participants reported feeling happier because of their involvement in this program.
- 83 percent of participants reported stronger connections with community partners like ADRC, Farmshed and CAP Services because of their involvement in this program.

## Mental Health

### Coalition

- Starting in FY20, after the last assessment, the collective impact approach to a policy and systems change for mental health in Portage County was led by the United Way of Portage County. Ascension, through the hospital and clinics, was a partner on the leadership team. The collective planning process resulted in the identification of multiple mental health areas to focus on: access, children, and root cause issues. The team then identified a primary strategy to address these focus areas: a mental health website and triage system to better help individuals access mental health services and resources. COVID-19 emerged shortly after the focus areas and strategy were identified, putting additional planning on pause.
- Aspirus staff co-chair the Prevent Suicide Portage County Coalition. The coalition has over 50 members. The mission of the coalition is to ‘prevent suicide in Portage County by providing hope, creating awareness and facilitating change in the community to support mental health.’ Its vision is a suicide-free Portage County. Coalition members include organizations from schools, churches, health care, government, non-profits, law enforcement and more. Some of the activities/strategies of the coalition in 2022 included:
  - Walk for Hope. This is an annual walk to raise funds and awareness for suicide prevention. In 2022, 272 people participated in the walk and over \$11,000 was raised.
  - Awareness.
    - May Mental Health Month promotion included: a display in the library windows; yard signs; a safety fair; community mental health night at the high school; poster contest.
    - September Suicide Awareness Month promotion included: a display in the library windows; ‘Make it OK’ presentation; mayoral proclamation; stickers at coffee shops and pharmacies.
  - Suicide Death Review. A member of the coalition participates on a death review team that considers the contributing factors to a suicide. This is a way to understand what can be done to prevent future suicides.
  - Resources. The coalition’s website includes direct links to community mental health resources. A regular newsletter is also shared with past sponsors of Walk for Hope and all active members of the coalition. With funds received from Aspirus Foundation, the coalition purchased gun locks.
  - Trainings/Information Sessions. The coalition facilitated QPR trainings – Question, Persuade, Refer – with youth in schools. A suicide awareness presentation was also given to older adults.
  - Data. The coalition works with local health care systems to track aggregated data around youth presenting to emergency departments with a risk for suicide. The data collected with

the spreadsheets has been used to create materials/resources that the emergency departments can give to youth and family members. Those data have also been used for grant writing. Additionally, the coalition tracks aggregated data related to adult completed suicides in order to identify opportunities for prevention.

### **Internal Systems**

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

### **Training and Education**

- Training and education, both in the hospital and as a community, is critical for frontline workers and professionals engaging with patients, clients, and students experiencing mental health issues. In FY20, St. Michael's Hospital had planned to focus on a suicide prevention training initially, but pivoted to Mental Health First Aid, a national program to teach the skills to respond to the signs of mental illness and substance use. This decision was made at the end of Q2 and due to COVID, implementation was postponed for the remainder of FY20.

### **Access to Mental Health Services**

- In FY20, Ascension Medical Group expanded the availability of telemental health services in the Stevens Point area. In FY20, 1053 telemental health visits occurred.
- In FY21, Ascension St. Michael's Hospital approved and funded a community-based request for the creation and maintenance costs of a public-facing mental health website. The ideation and creation

of this website was born of a collaborative collective impact approach amongst the Portage County Mental Health Action Team, guided by backbone organization Portage County United Way. In March 2021, the website went live. For the timespan March 5 – June 30, 2021, the following website analytics were provided:

- Total visits: 4165
- Page views: 7663
- Avg time of engagement: 6:09
- Top Revied Pages: Service Directory; Calendar; Library
- Top Viewed Library Articles: Screening Tools; Depression, Anxiety and Physical health; Anxiety
- In FY22 and FY23, Aspirus Stevens Point Hospital and Aspirus Plover Hospital provided additional financial support for the Peace of Mind mental wellness website. The website has been promoted through social media, 211, the National Alliance on Mental Illness (NAMI), Suicide Prevention Coalition, Mental Health Navigators at CAP Services and local church bulletins. Additionally, rack cards, business card-size promotion materials, and static clings are distributed to local businesses and through the 31 agencies that the United Way of Portage County funds. Analytics for calendar 2022 include:
  - Total visits (includes repeat users): 11,701
  - Page views (the number of pages ‘clicked on’): 24,319

### **Harm Reduction**

- Ascension St. Michael's has previously supported gun locks as a suicide prevention strategy in the hospital's Emergency Department. In an effort to grow this program, 1,800 locks were ordered and distributed in the Emergency Department in FY20, with plans to expand. Due to COVID-19 however, the hospital and clinics changed operations, postponing any opportunities to expand beyond the Emergency Department.

**Alcohol and Other Drug Abuse (AODA)****Coalition**

- FY20: The Portage County AODA workgroup/team met throughout FY20 and had great trajectory on a number of policy and system change initiatives. The workgroup/ team started the process of amending the Stevens Point Clean Indoor Air Act to include vaping and e-cigarette use. The workgroup/team also discussed an "Impaired Server" policy (modeled after Marathon County's policy), a single-serving alcohol ban for Portage County, and a policy designed to limit the number of happy hour specials available at local bars. Unfortunately, the departure of two individual champions paused the work. COVID-19 also limited the work.
- FY21: Ascension St. Michael's Hospital participated in a coalition for AODA with the goal to identify two policy/systems/environmental change initiatives for FY21. The team experienced a slow start from July 2020 - December 2020, with COVID related and coalition member availability issues. From February through June 2021, however, the team found momentum and made some small progress relative to the identified policy and environmental changes. Specifically, in June 2021, a coalition member presented to the city council, advocating for the inclusion of vaping and e-cigarettes in the Stevens Point Clean Indoor Air Act.
- FY22: The Aspirus Stevens Point Hospital did not participate in the AODA coalition in FY22 due to the group not convening (due to COVID-19 and the resulting demands on the health department).
- FY23: The AODA coalition met however Aspirus had limited participation.

**Internal Systems**

- Fiscal years 2020 and 2021 were the first and second years of a three-year plan at Ascension Wisconsin to increase alcohol use screening rates across primary care clinic settings. With the ultimate goal of decreasing unhealthy alcohol use in patients, Ascension Medical Group aims to increase the identification and management of patients with unhealthy alcohol use.
  - The first year (FY20) of the plan focused on rolling out the new statewide screening standard with both providers and care teams. Materials that supported the rollout were created, including rooming standards training videos and region-specific unhealthy alcohol use resource guides. In the first year (prior to the COVID-19 restrictions), the focus was on providers documenting in the medical records that some type of alcohol use history was being asked during the visit. The frequency of providers asking about alcohol use increased from a baseline of 62.2 percent to 67.96 percent; the intended amount was 63.5 percent. This change was presumably due to increased awareness related to the inclusion of alcohol use history on the medical group scorecard. Screening rates for individuals with Medicaid also increased, from 68.9 percent to 75.24 percent; the intended amount was 70.3 percent.
  - The emphasis in the second year (FY21) of the plan was to increase the screening and response rate, particularly as COVID-19 increased social isolation, worsened mental health

and affected alcohol use. Central to this effort was the implementation of the standardized U.S. Alcohol Use Disorder Identification Tool (USAUDIT) screening tool in primary care settings. Each EHR has a set of questions that follow the USAUDIT tool. Any patient response other than that they do not drink at all results in the follow-up questions. If the alcohol use is high based on the screening scores, follow up actions are prompted. At the time of the transition from Ascension Wisconsin to Aspirus, the results were not available.

- Aspirus Health contracts with an outside agency to provide recovery coaching services throughout the system's Wisconsin footprint. Aspirus is working to build relationships and structures in all Wisconsin hospitals to support having a recovery coach available within an hour or two to those patients interested in working with a coach. This service was available in FY22 and FY23.

