# Community Health Implementation Strategy

**ASPIRUS HEALTH**

## 2025-2028

### ASPIRUS DIVINE SAVIOR HOSPITAL & CLINICS

2817 New Pinery Road
Portage, WI 53901

## Acknowledgements

Aspirus Divine Savior Hospital is excited to share this Implementation Strategy with the community. This plan was developed in Spring 2025. We anticipate leading some local efforts as well as being a strong supporter of other efforts. These issues are complex and will require persistent partnerships. We look forward to continued collaboration to create a healthier Columbia County for all.

# Table of Contents

## Aspirus Health and Aspirus Divine Savior Hospital Profile

**Aspirus Health**

Aspirus Health is a nonprofit, community-directed health system based in Wausau, Wisconsin, serving northeastern Minnesota, northern and central Wisconsin and the Upper Peninsula of Michigan. The health system operates 18 hospitals and 130 outpatient locations with nearly 14,000 team members, including 1,300 employed physicians and advanced practice clinicians. Learn more at aspirus.org.



Service Area: 47,517 square miles
- Northeastern Minnesota
- Northern and Central Wisconsin
- Upper Peninsula of Michigan
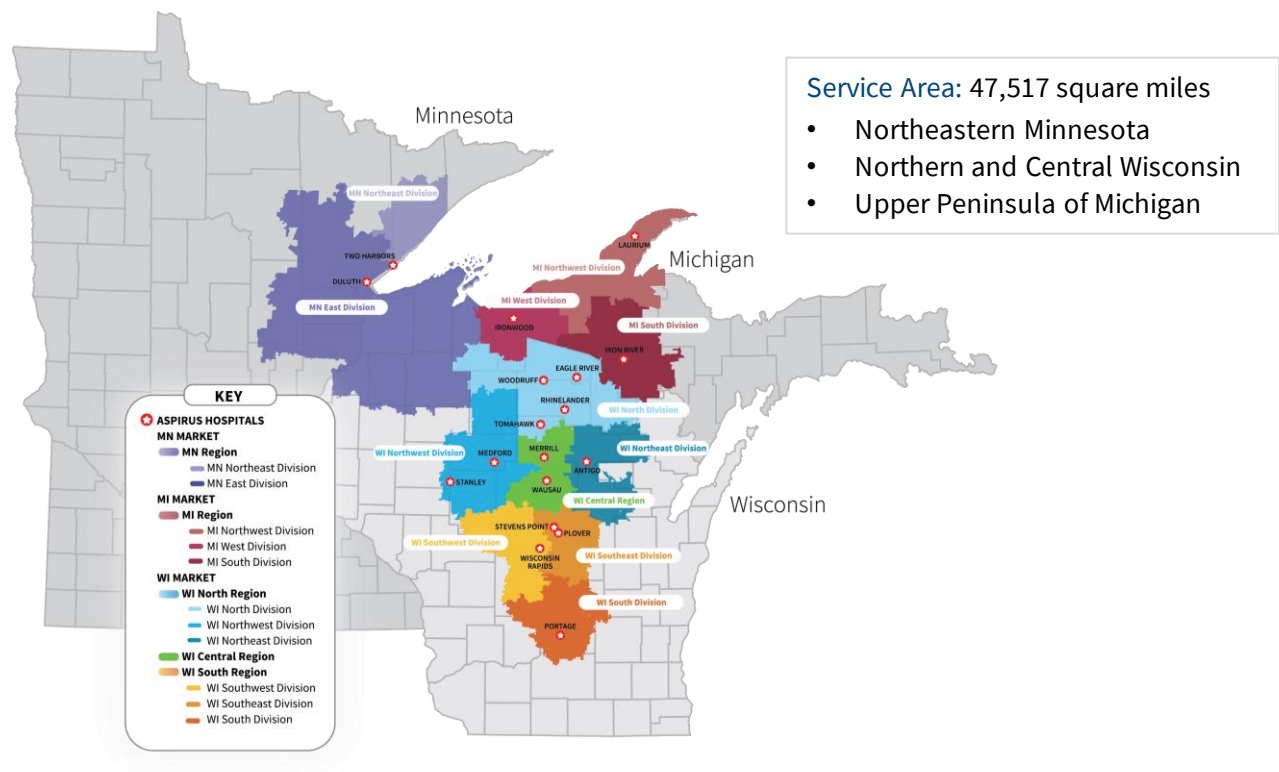
**Aspirus Divine Savior Hospital and Clinics**

Aspirus Divine Savior Hospital and Clinics is committed to providing local access with high quality health care and has the opportunity to keep care local and strengthen access to primary and specialty care.

Among the services provided to residents of Columbia and Marquette Counties include inpatient hospital care, a 24/7 emergency department, urgent care, surgical services, imaging, and laboratory. The Aspirus La Vita Fitness Center is a medically based community fitness facility. Aspirus also offers various home care, hospice and senior living options in Portage.

## About the Implementation Strategy

For Aspirus, the community health needs assessment (CHNA), and the corresponding implementation strategy (IS) is one way to live our mission – to heal people, promote health and strengthen communities – and reach our vision – being a catalyst for creating healthy, thriving communities.

### Definition / Purpose of a CHNA and Implementation Strategy

A CHNA is "a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan and act upon unmet community needs."[1] The value of the CHNA lies not only in the findings but also in the process itself, which is a powerful avenue for collaboration and potential impact. An implementation strategy is "the hospital's plan for addressing community health needs, including health needs prioritized in the CHNA and through other means".[2]

### Compliance

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

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

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[1] Catholic Health Association of the United States, https://www.chausa.org
[2] Catholic Health Association of the United States, *A Guide for Planning & Reporting Community Benefit*

## Prioritized Significant Needs

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

- Mental health
- Substance use

## Needs Not Selected

With the recommendation to continue the top health priorities listed above, other emerging needs were identified:

- Falls: Aspirus is implementing the CMS-required Age-Friendly measures to support healthy aging. As that internal work develops, Aspirus anticipates developing strategies and partnerships to strengthen the community supports for healthy aging and falls prevention. Aspirus Divine Savior actively partners with the Aging and Disability Resource Center, including for Stepping On Fall Prevention Programs on site.
- Social Connection: Although Aspirus will not be leading in this area due to limited capacity, Aspirus is committed to being a community partner at the table to contribute to solutions. One way Aspirus will contribute is by screening for health-related social needs and helping facilitate referrals to community agencies as appropriate.
- Food security: Although Aspirus will not be leading in this area due to limited capacity, Aspirus is committed to being a community partner at the table to contribute to solutions. One way Aspirus will contribute to food security is by screening for health-related social needs and helping facilitate referrals to community agencies as appropriate.
- Nutrition and physical inactivity: Although Aspirus will not be leading in this area due to limited capacity, Aspirus Divine Savior will continue to implement nutrition-related Aspirus system strategies – fruit and vegetable prescription program (FVRx) and the NourishedRx program. Aspirus Divine Savior also periodically sponsors community runs/walks and other fitness-related efforts.

## General Approach to Implementation

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

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

A description of the plans to address the needs, prefaced by data and community input gathered in the assessment, are on the next pages. The plans:

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

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[3] Clear Impact, https://clearimpact.com/results-based-accountability/
[4] Center for the Application of Prevention Technologies Fact Sheet, https://www.mass.gov/doc/samhsa-behavioral-health-continuum-of-care-overview-9232019/download
[5] Ibid
[6] Ibid
[7] Ibid

## Mental Health

### Why is it Important?

More than 1 in 5 adults in the United States (59.3 million people in 2022) has a mental illness.[1] Mental health and physical health are closely related, with a correlation between some physical chronic illnesses and poor mental health. [2] Some risk factors include lack of access to education, income, employment and housing; adverse childhood experiences (ACEs); social isolation; drug or alcohol use.[2] Untreated mental health issues can contribute to issues such as family conflicts, problems with drugs or alcohol, weakened immune system, some chronic diseases and more. [3]

Sources: (1) National Institute of Mental Health, https://www.nimh.nih.gov/health/statistics/mental-illness. Accessed on 2/20/2025. (2) Centers for Disease Control and Prevention, https://www.cdc.gov/mental-health/about/index.html. Accessed on 2/20/2025. (3) Mayo Clinic, https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968. Accessed on 2/20/2025.
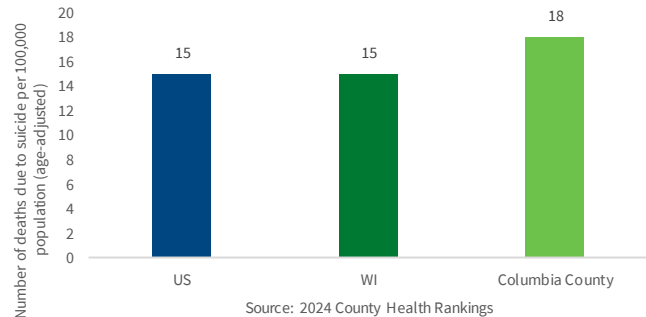
### Disparities and Inequities

Disparities and inequities can show where interventions would be most beneficial.
- In the U.S., young adults (ages 18-25) have higher levels of any mental illness compared to adults 26-49 and over 50 years old.[1]
- Individuals in marginalized groups are more likely to have poor mental health.[2]
- The likelihood of depression decreases as education levels increase.[4]
- Depression is higher for women compared to men.[3]
- The suicide rate for men is four times the rate for women.[4]
- Over 50 percent of the students who identified in each of the following groups reported having anxiety: LGB; with disabilities; with food insecurity; with low grades; who are Hispanic; who have a multi-racial background.[5]
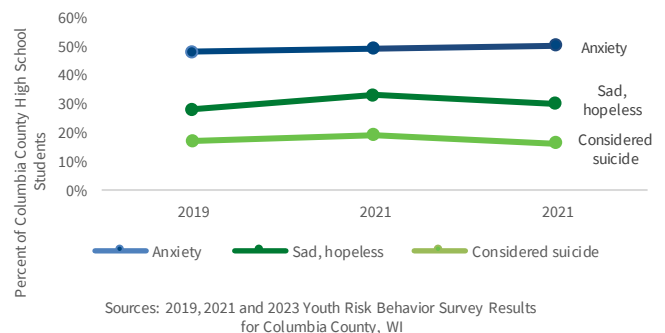
Sources: (1) National Institute of Mental Health, https://www.nimh.nih.gov/health/statistics/mental-illness. Accessed on 2/20/2025. (2) Macintyre, A., Ferris, D., Gonçalves, B.et al. What has economics got to do with it? The impact of socioeconomic factors on mental health and the case for collective action. Palgrave Commun4, 10(2018). https://doi.org/10.1057/s41599-018-0063-2. (3) Centers for Disease Control and Prevention, https://www.cdc.gov/mmwr/volumes/72/wr/mm7224a1.htm. Accessed on 2/21/2025. (4) National Institute of Mental Health, https://www.nimh.nih.gov/health/statistics/suicide#part_2557. Accessed on 2/21/2025. (5) Wisconsin Youth Risk Behavior Survey Summary Report (2021), Summary Report: 2021 Wisconsin Youth Risk Behavior Survey. Accessed on 2/21/2025.

### Data Highlights

**Death by Suicide**

Number of deaths due to suicide per 100,000 population (age-adjusted)

| US | WI | Columbia County |
|----|----|----|
| 15 | 15 | 18 |

Source: 2024 County Health Rankings

**Youth Mental Health**

Percent of Columbia County High School Students

Anxiety · Sad, hopeless · Considered suicide

2019 · 2021 · 2021

Sources: 2019, 2021 and 2023 Youth Risk Behavior Survey Results for Columbia County, WI

### Community Perceptions and Challenges

- Mental health was one of the top issues identified in the key informant interviews.
- Many interviewees recognized the intersection of mental health with a range of other issues such as AODA, elderly suicide, youth violence, and social media.
- One key informant interviewee said: "Mental Health continues to be a post pandemic problem which can lead youth to use substances"

## Mental Health

Aspirus Divine Savior plans to address mental health through the strategies below.

| Program Accountability | | Population Accountability | |
|---|---|---|---|
| **Strategies** | **Performance Measures** | **Indicators** | **Results** |
| **Upstream Prevention (Promotion)** | | | |
| • Structured out-of-school programming or mentoring (e.g., Boys & Girls Club, Kinship) | • # of participants<br>• Program measures | • Reduce the percentage of disconnected youth (baseline is 6% (2018-2022)) | Community members have equal opportunities for mental well-being |
| **Prevention** | | | |
| • Prevent Suicide Columbia County Coalition participation<br>• Mental health and suicide prevention trainings (e.g., Question, Persuade, Refer, MH First Aid)<br>• Anti-stigma campaign (e.g., coasters in bars)<br>• Suicide prevention walk<br>• Youth positive mental health efforts (e.g., curriculum or clubs)<br>• Resource brochures<br>• Reduce access to lethal means<br>• La Vita – medically integrated fitness facility | • # of trainings or programs<br>• # of training or program participants<br>• Training or program evaluation results<br>• # of brochures distributed | • Decrease the suicide rate (baseline is 18 deaths per 100,000 population (2017-2021))<br>• Decrease the average number of poor mental health days in the last 30 days (baseline is 4.4 (2021))<br>• Decrease the percentage of middle school students who report being bullied in the last 12 months (baseline is 33% (2022-23))<br>• Decrease the percentage of high schoolers that felt sad or hopeless in the last 12 months (baseline is 30% (2022-23))<br>• Decrease the percentage of high schoolers that seriously considered suicide in the last 12 months (baseline is 16% (2022-23)) | |
| **Treatment** | | | |
| • Tele-mental health<br>• Support groups (e.g., grief support group) | • # of participants | | |

| Collaborative Partners | Aspirus Resources |
|---|---|
| • Prevent Suicide Columbia County (over 20 organizations)<br>• Boys and Girls Club<br>• United Way<br>• County services (e.g., health department, social services, etc.)<br>• Schools<br>• Harbor Recovery Center | • Funding through Aspirus Community Benefit Funding – particularly for Boys and Girls Club programming<br>• Staff time – coalition participation, event planning and promotion, resource identification<br>• Printing services (in-kind) – community-facing health-focused materials<br>• Space – hosting support groups and meetings, La Vita (medically integrated fitness facility)<br>• Clinical services and related infrastructure – providing direct mental health care, FindHelp |

# Substance Use

## Why is it Important?

Alcohol and drug use are leading causes of preventable deaths.[1] Smoking is the leading cause of preventable death, with more than 480,000 deaths annually and a reduced life expectancy of 10 years.[2] It is estimated that 41,000 deaths due to secondhand smoke exposure occur annually.[3]

Alcohol is the most frequently used substance in the United States (ages 12+).[1] The number of alcohol-attributed deaths due to excessive alcohol use in the United States increased by 29% in the span of 5 years, from 138K in 2016-2017 to 178K in 2020-2021.[1] Short term risks and long-term impacts of excessive alcohol use include: violence (e.g., child maltreatment); unintentional injuries (e.g., falls); cancer; high blood pressure; long term memory problems and more.[4]
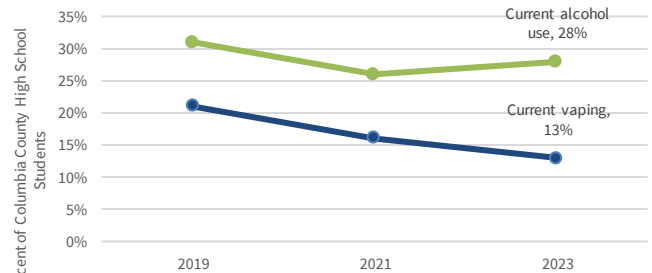
After a decade of increases in deaths due to drug overdoses (2011 to 2022), recent and preliminary data (for 2023 and 2024) show a leveling or decrease in overdose deaths in the United States. Drug dependence can result in a number of complications, including job loss, injuries, sexually transmitted infections, suicide, as well as family and social relationships.[5]

Substance misuse costs everyone. The estimated annual economic impact of alcohol misuse is $249B and for illicit drug use, the cost is $193B.[6] The estimated impact of smoking (healthcare spending and productivity) is $600B (2018).[7]

Sources: (1) Centers for Disease Control and Prevention, https://www.cdc.gov/alcohol/facts-stats/index.html. Accessed on 2/23/2025 and then revisited on 3/23/2025; page not available on 3/23/2025. (2) Association of American Medical Colleges, https://www.aamc.org/news/smoking-still-leading-cause-preventable-death-us-doctors-may-soon-have-new-tools-help-people-quit. Accessed on 3/23/2025. (3) Centers for Disease Control and Prevention, https://archive.cdc.gov/www_cdc_gov/tobacco/data_statistics/fact_sheets/health_effects/tobacco_related_mortality/index.htm. Accessed in February 2025 and then revisited on 3/23/2025. (4) Medical College of Wisconsin, Wisconsin Alcohol Policy Project, https://www.mcw.edu/departments/comprehensive-injury-center/wi-alcohol-policy-project/understanding-the-problem. Accessed on 3/23/2025. (5) Mayo Clinic, https://www.mayoclinic.org/diseases-conditions/drug-addiction/symptoms-causes/syc-20365112. Accessed on 3/23/2025. (6) U.S. Department of Health and Human Services, https://www.hhs.gov/surgeongeneral/reports-and-publications/addiction-and-substance-misuse/index.html. Accessed on 3/23/2025. (7) Centers for Disease Control and Prevention, https://www.cdc.gov/tobacco/campaign/tips/resources/data/cigarette-smoking-in-united-states.html. Accessed on 3/23/2025.
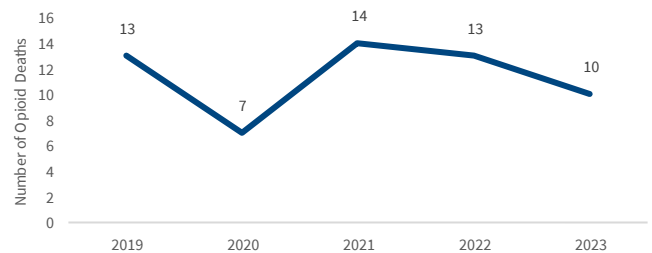
## Data Highlights



**Youth Substance Use**

Current alcohol use, 28%
Current vaping, 13%

Sources: 2019, 2021 and 2023 Wisconsin Youth Risk Behavior Survey Results, Columbia County



**Opioid Deaths in Columbia County**

13 — 7 — 14 — 13 — 10
2019 — 2020 — 2021 — 2022 — 2023

Source: Wisconsin Department of Health Services, Opioid Deaths By County Dashboard, https://www.dhs.wisconsin.gov/opioids/deaths-county.htm, accessed 4/2/2025.

## Community Perceptions and Challenges

- Substance use was one of the top issues identified in the key informant interviews.
- The data provides additional insights on emerging trends within these major health issues such as the misuse of Delta-8, THC and e-cigarettes among youth.

## Disparities and Inequities

Disparities and inequities can show where interventions would be most beneficial. Smoking is higher within a number of communities compared to their counterpart: rural; veterans; individuals with less than a high school diploma; individuals with blue collar or construction jobs; LGBT (compared to straight); communities.[1]

Sources: (1) American Lung Association, https://www.lung.org/research/sotc/by-the-numbers/top-10-populations-affected. Accessed on 3/23/2025.

## Substance Use

Aspirus Divine Savior plans to address substance use through the strategies below.

| Program Accountability | | Population Accountability | |
|---|---|---|---|
| **Strategies** | **Performance Measures** | **Indicators** | **Results** |
| **Upstream Prevention (Promotion)** | | | |
| • Structured out-of-school programming or mentoring (e.g., Boys & Girls Club, Kinship) | • # of participants<br>• Program measures | • Reduce the percentage of disconnected youth (baseline is 6% (2018-2022)) | Community members of all ages and abilities are free from the physical, emotional, and social impacts of substance misuse<br><br>(Adapted from the Marathon County Health Department's plan) |
| **Prevention** | | | |
| • Prevention and Response Columbia County Coalition participation<br>• Youth positive substance use prevention efforts (e.g., school curriculum or clubs)<br>• Police department medication disposal (Aspirus-sponsored dropbox) | • # of trainings or programs<br>• # of training or program participants<br>• Training or program evaluation results<br>• # of pounds of medication collected<br>• | • Decrease opioid-related emergency department visits (baseline is 29.2 per 100,000 population (2021, 2022, 2023)<br>• Decrease chronic alcohol-related emergency department visits (baseline is 540.1 per 100,000 population (2021, 2022, 2023)<br>• Reduce the number of accidental overdose deaths (baseline is 6 (2024)) | |
| **Treatment** | | | |
| • Provision of suboxone<br>• Recovery coaching<br>• Harbor Recovery Center services for families<br>• Sober living houses | • # of patients<br>• # of referrals<br>• # of people served<br>• Sustained recovery at 3/6/9 months | | |

| Collaborative Partners | Aspirus Resources |
|---|---|
| • Prevention and Response Columbia County (PARCC) (over 20 organizations)<br>• Boys and Girls Club<br>• United Way<br>• County services (e.g., jail, health department, social services, etc.)<br>• Schools<br>• Homeless shelter | • Funding – particularly for Boys and Girls Club programming (e.g., reading and math), Satori House Peer Support and Harbor Recovery Center.<br>• Staff time – coalition participation, event planning and promotion, resource identification<br>• Printing services (in-kind) – community-facing health-focused materials<br>• Space – hosting support groups and meetings, La Vita (medically integrated fitness facility)<br>• Clinical services and related infrastructure – providing referrals to recovery services |

## Social Drivers and Equity

Research shows that social and economic factors (social drivers) are significant 'upstream' contributors to individuals' and communities' health outcomes. In clinical settings, Aspirus hospitals are gathering social drivers of health data as a way to understand how to tailor care to better meet the unique needs of each patient, leading to improved health equity and better health outcomes. Using aggregated patient-level social drivers data can assist in understanding the root causes of complex health issues to improve access to preventative and chronic care services. Linking patient level SDOH data and community level data can provide stronger clinical-community linkages to help connect healthcare providers, community organizations and public health agencies.

Aspirus Divine Savior is committed to recognizing and addressing health-related social needs as part of its overall community health improvement efforts. A number of related strategies/approaches are being implemented within the hospital and clinics as well as with other community partners (e.g., Columbia County Health Department).

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

As appropriate, Aspirus Divine Savior staff will be participating in coalitions and community-level efforts to address other health-related social needs (e.g., transportation, housing). Aspirus Divine Savior also provides public presentations (e.g., on back pain), support groups and other community-facing personal health programs.

## Approval by the Hospital Board

The implementation strategy report was reviewed and approved by the Aspirus Divine Savior Hospital Board of Directors on May 22, 2025.

## Conclusion

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

aspirus.org

May 2025