

Community Health Needs Assessment



2025-2028

ASPIRUS LANGLADE HOSPITAL & CLINICS

112 East 5th Avenue
Antigo, WI 54409

Acknowledgements

Improving our community's health is a collaborative effort. Aspirus Langlade Hospital is fortunate to have a strong relationship with the Langlade County Health Department and are grateful for the collaborative efforts in the collection and analysis of data, along with the facilitation of the prioritization meeting. By collaborating on our community efforts, we strengthen our opportunities to improve health across northeast Wisconsin. Thank you to numerous community leaders who shared their perspectives on the most important health issues facing the community.

Although this document represents a point in time for Langlade County and the surrounding service area, the report provides a foundation for a community health improvement plan to address these important issues. We look forward to continuing collaboration to create a healthier community for all.

Respectfully,

Sherry Bunten
President
Aspirus Langlade Hospital

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Executive Summary

Aspirus Langlade Hospital and Langlade County Health Department conducted a community health needs assessment from November 2024 through Spring 2025. The assessment included:

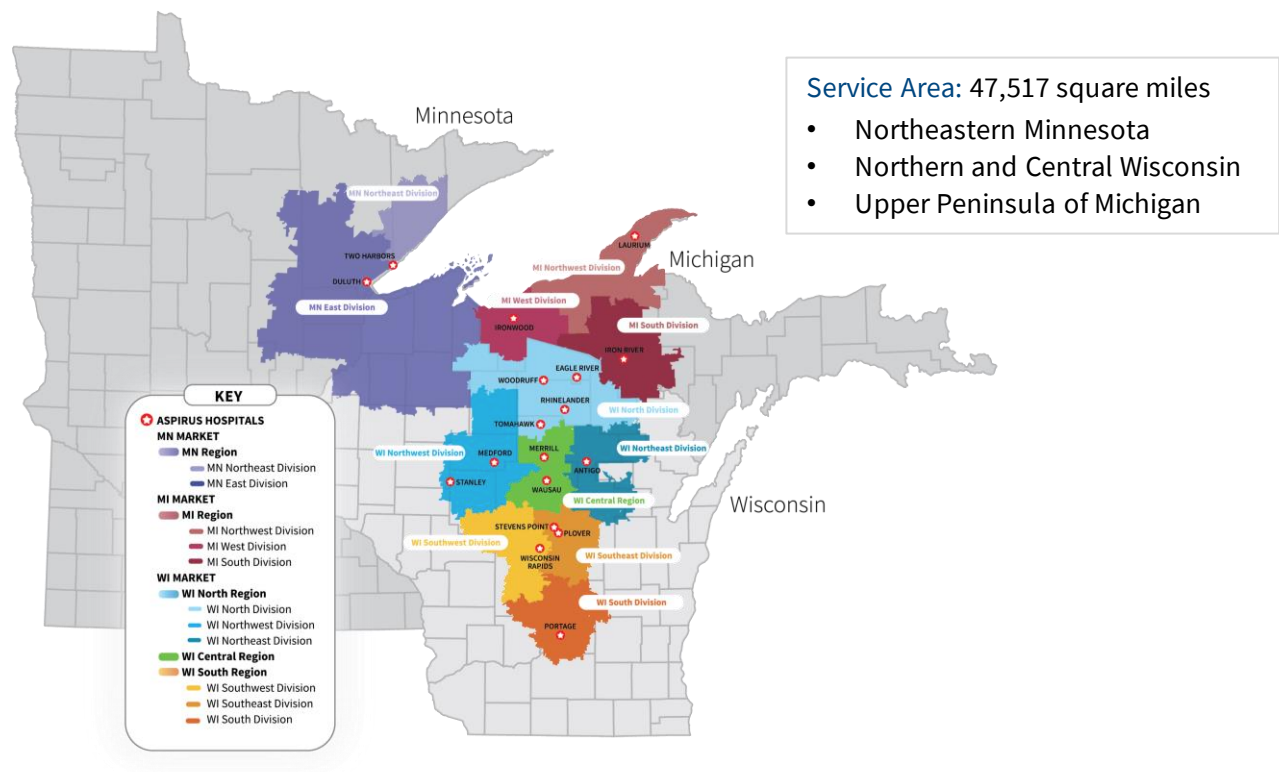
- Leadership from Aspirus Langlade Hospital and the Langlade County Health Department.
- The compilation of two kinds of data:
 - Community input. Community input was gathered through key informant interviews.
 - Health status data. Data on the health of the community was obtained primarily from the County Health Rankings and Roadmaps and the Wisconsin Department of Health Services.
- The review of data through the lens of multiple criteria (e.g., disparities, community momentum, internal infrastructure and capacity).
- A prioritization process that considered community input, health status data and criteria.
- The recommendation of a set of priorities the hospital is committed to formally pursuing over the next three years.

Aspirus Langlade will be developing a plan to address **Mental Well-being, Alcohol and Other Drug use** and **Healthy and Active Living**. As strategies are developed to address these issues, the hospital will be cognizant of the social drivers of health.

Aspirus Health and Aspirus Langlade 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.



Aspirus Langlade Hospital

Aspirus Langlade Hospital is a Catholic hospital, founded by the Religious Hospitallers of St. Joseph, and is sponsored by Catholic Health Partners, Inc. The Corporate Members of Aspirus Langlade Hospital are Aspirus, Inc. and the Religious Hospitallers of St. Joseph Health Corporation. Aspirus Langlade Hospital and Clinics is committed to providing local access with high quality health care. Through collaboration with Aspirus Health, Aspirus Langlade has the opportunity to keep care local and strengthen access to primary and specialty care. Among the services provided to residents of Langlade County and beyond include inpatient hospital care, a 24/7 emergency department, urgent care, surgical services, diagnostics and outpatient therapies. The Aspirus Health and Performance Center is a medically based community fitness facility. Aspirus also offers various home care, hospice and senior living options in Antigo.

About the Community Health Needs Assessment

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

Definition / Purpose of a CHNA

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

Compliance

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

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

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

Community Served and Demographics

Our Community

The hospital's service area includes Langlade County as well as portions of surrounding counties. Aspirus Langlade Hospital is the only hospital in the county. Langlade County is a designated Health Professional Shortage Area (HPSA) for dental (population-based HPSA), primary care (geographic-based HPSA) and mental health (population-based HPSA). A portion of Langlade County is also a designated Medically Underserved Area (MUA).

For the purposes of our Community Health Needs Assessment, we have defined our "community" as Langlade County because (a) most population-level data are available at the county level and (b) most / many community partners focus on the residents of Langlade County.

Demographics

Langlade County is a rural county in central Wisconsin. It covers 888 square miles, with 22.4 people per square mile and an overall population of 19,491 people. The table below outlines some of the basic demographics and related descriptors of Langlade County's population compared to Wisconsin.

Compared to Wisconsin, Langlade County has a higher percentage or proportion of individuals:	Compared to Wisconsin, Langlade County has a lower percentage or proportion of individuals:
Over the age of 65	Under the age of 18
Who are White (alone)	Who are African American (alone)
Who are American Indian or Alaska Native (alone)	Who are Asian (alone)
Who are Veterans	Who are two or more races
With a disability	Who are Hispanic or Latino
In poverty	With a bachelor's degree or higher
Using public insurance	Who graduated from high school (or higher)

Compared to Wisconsin, Langlade County also has a:

- Higher median age
- Lower median household income
- Lower percentage of households where a language other than English is the primary language
- Comparable percentage of individuals without healthcare coverage

Demographics of a community help with understanding changes in the population, economy, social and housing infrastructure.² Knowing who is part of the community and what their strengths and challenges are contributes to a stronger assessment and plan. See [Appendix A](#) for additional demographic information, including descriptions of individuals who might be more vulnerable to poor health.

Process and Methods Used – Models and Frameworks

Aspirus' community health improvement approach is based on national research and models. This helps provide consistency and opportunities for alignment as we work across the health system and in our communities.

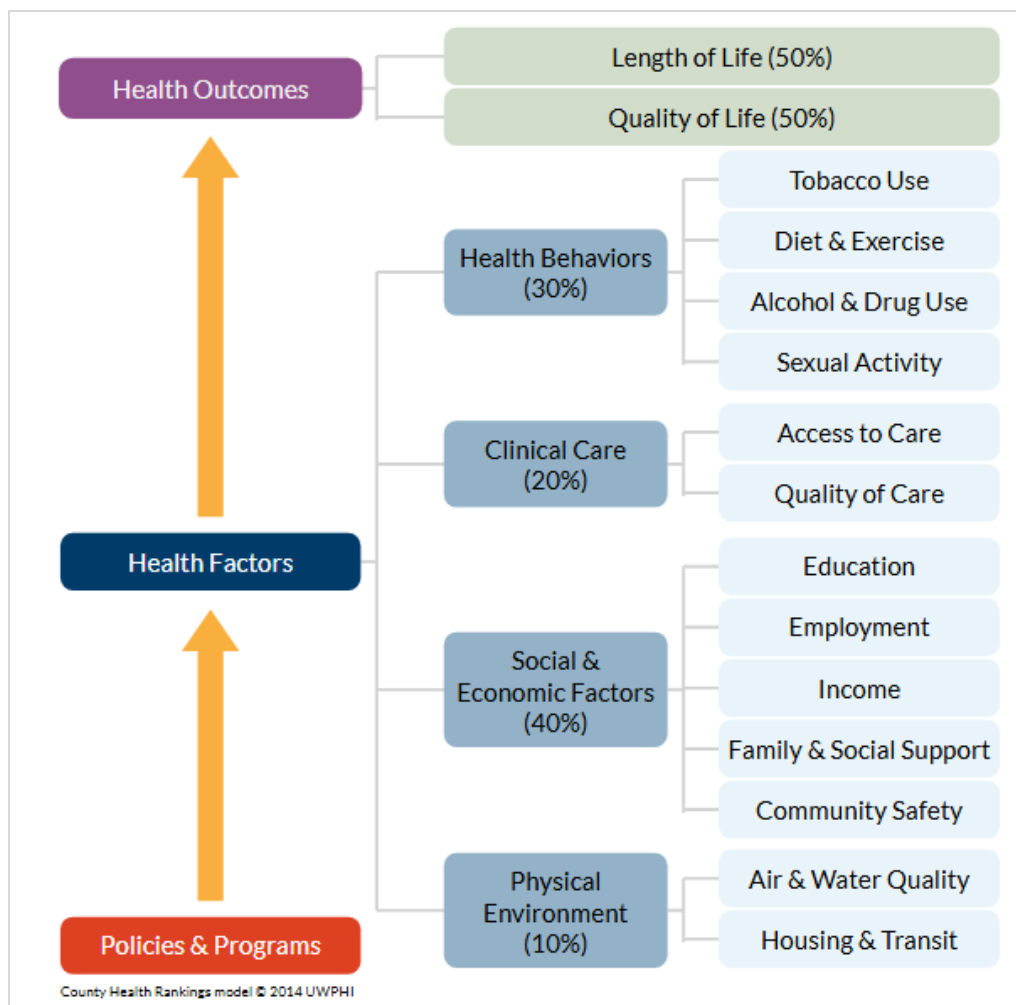
- For organizing data, Aspirus uses the County Health Rankings and Roadmaps Model. The model accounts for clinical, social, economic, behavioral and environmental factors that impact health.
- Aspirus recognizes that the factors affecting health are complex. The Bay Area Regional Health Inequities Initiative (BARHII) model helps represent those forces, as well as opportunities to intervene.
- A third model helps describe the difference between health equality and health equity.
- Lastly, Aspirus uses the Action Cycle from the County Health Rankings and Roadmaps. The Action Cycle describes how to conduct a community health needs assessment as well as community health improvement initiatives.

There are many other comparable models, which can be found in the [Appendix B](#).

² Dan Veroff, University of Wisconsin-Madison, Division of Extension, Organizational and Leadership Development. [What you can learn about your community from demographics.](#)

Understanding Data: County Health Rankings Model

The County Health Rankings and Roadmaps Determinants of Health model was developed by the University of Wisconsin Population Health Institute (UWPHI). The [Determinants of Health model](#) (below) has three components – health outcomes, health factors and policies and programs. The County Health Rankings and Roadmaps (with funding from the Robert Wood Johnson Foundation) provides publicly available data within this framework for every county and state in the United States. For Aspirus Langelde Hospital, the health status data and much of the community input are organized in this framework.

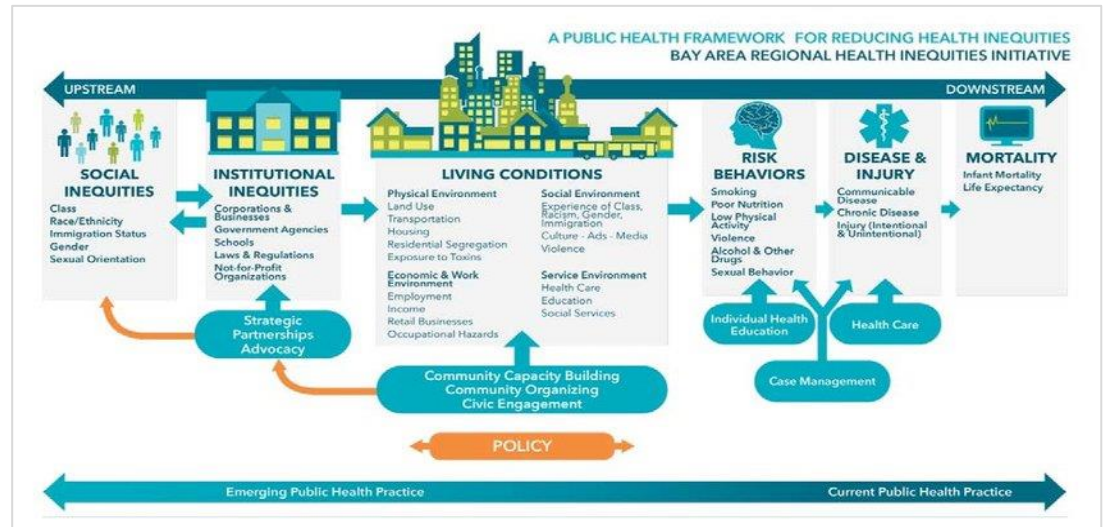


Understanding Equity, Inequities and Complex Factors

As shown in the County Health Rankings Model above, there are many factors that affect health. Those factors are, in turn, affected by policies, systems and environmental factors. For example:

- Pricing and taxation on cigarettes impacts smoking levels.
- Zoning regulations impact how close or far a community is from a toxic waste dump.
- Stop signs, stop lights, school zones and roundabouts guide traffic patterns (and consequently the likelihood of accidents and injuries).

A model developed by the [Bay Area Regional Health Inequities Initiative](#) (BARHII) shows how those factors intersect.



Another model helps explain the importance of recognizing that sometimes a one-size-fits-all solution



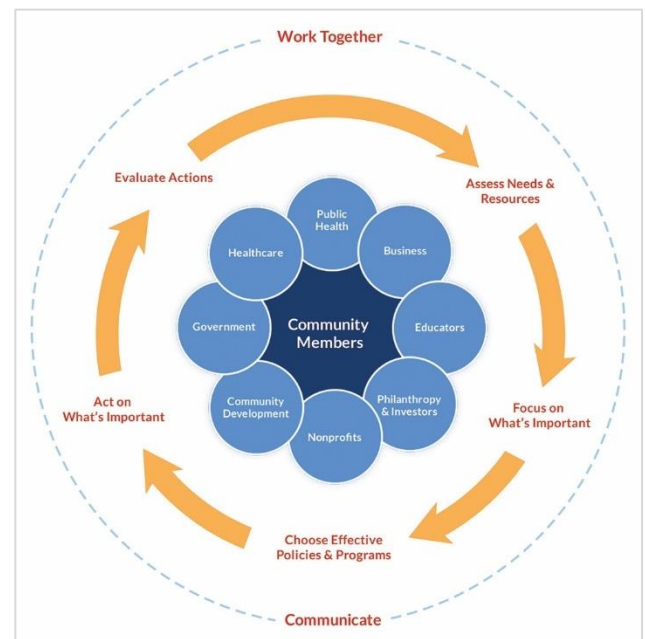
does not work. The Robert Wood Johnson Foundation provided this [health equity 'bicycle' model](#). If a person wants to go on a bicycle ride with their friends and family, each person needs a different bicycle solution to enjoy the ride. This parallels the work in health equity. Knowing what solutions work best for which people helps focus the provision of the appropriate resources.

Because of complex factors and forces, and the importance of individuals and communities getting what they need to be healthy, Aspirus is focused on strategies that impact everyone positively as well as strategies that disproportionately affect those who are most vulnerable to disease or illness.

Understanding the Process: Action Cycle

The Action Cycle (from the County Health Rankings and Roadmaps) outlines, at a very high level, the overall community health assessment and improvement process:

- Assessing needs and resources
- Focusing on what's important (i.e., prioritizing)
- Choosing effective policies and programs (i.e., planning)
- Acting on what's important (i.e., implementing)
- Evaluating actions
- Effectively communicating and collaborating with partners



<https://www.countyhealthrankings.org/resources/take-action-cycle>

Process and Methods Used – Applied

Aspirus Langlade worked with community partners, gathered community input and compiled data to learn more about what is important to the community. The process included:

- Fall 2024: Aspirus staff conducted key informant interviews and collected secondary health status data.
- Fall 2024: Aspirus Langlade Hospital and Langlade County Health Department worked with the University of Wisconsin-Madison Division of Extension Regional Community Health Team to code and analyze the key informant interviews.
- January 2025: Aspirus Langlade Hospital and Langlade County Health Department brought a recommendation document with data and criteria to key stakeholders. Community stakeholders provided feedback and affirmed the prioritization of mental well-being, alcohol and other drugs, and healthy and active living.
- Spring 2025: Prioritized issues were shared with hospital leadership and the board of directors.

Collaborators and / or Consultants

Aspirus Langlade collaborated with Langlade County Health Department to complete this work. The University of Wisconsin-Madison Division of Extension Regional Community Health Team facilitated the analysis of the key informant interview data. No paid consultants or vendors were utilized.

Community Input

Langlade County community members provided their voice to the community health needs through key informant interviews (data gathering) and at a local community coalition meeting (prioritization). A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of 1) public health practice; 2) individuals who are medically underserved, have low income, or are considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Key Informant Interviews

To gather community input, key informant interviews were completed. Key informant interviews provide qualitative data that reflects community members' first-hand knowledge, insights and expertise. Aspirus approached 15 individuals and conducted 11 key informant interviews with different stakeholders in the community. A list of key informants as well as the set of questions can be found in [Appendix C](#). A detailed description of the process can be found in [Appendix D](#).

The University of Wisconsin-Madison Division of Extension Regional Community Health Team facilitated the coding and analysis process. The themes included:

- Major health issues: Alcohol and other drug abuse (AODA), mental health, lack of physical activity, fall injuries, and economic burden causing food insecurity.
- Most vulnerable groups: The most mentioned groups include older adults/elderly, especially those who lack support and/or are caretakers themselves, families with financial constraints, and cultural minorities.
- Major health drivers:
 - These include access to caregivers (especially for elderly population), access to healthcare (due to insurance, cost, and coordination within the system), access to culturally-appropriate services, as well as access to non-emergency resources (underlined by barriers to system navigation, social connections, decreased funding with increased needs, and agency capacity).
 - Antigo and Langlade County have higher poverty rates than the state average. Many interviews identify financial constraints and economic burden as health drivers/barriers, which underlie and intersect with many other drivers/barriers, such as housing, transportation, and childcare. These challenges are common in many rural communities. Interviewees also identify resource gaps, i.e. disparity of resources for certain underserved groups as contributing to these barriers.
 - In addition, education has been identified as a driver/barrier that has an impact on poverty and the well-being of a community. Parts of the Langlade County school districts are at a crossroads, previously performing at the lowest 10% in the state.

Complete results can be found in [Appendix E](#).

Input Received on the Last CHNA

No known input on the previous CHNA was received.

Health Status Data / Outside Data

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

Reflective of the County Health Rankings model, the data was grouped in the following categories:

- Health outcomes
- Health behaviors
- Social and economic factors
- Clinical care
- Physical environment

A summary of the health status data and corresponding sources can be found in [Appendix F](#).

Community Needs and Prioritization Process

In January 2025, over 30 community stakeholders were invited to a prioritization meeting. Invitations were extended to representatives from multiple sectors, including public health, law enforcement, healthcare, K-12 education and more. A list of invited organizations is included in [Appendix G](#).

The hospital and health department brought a recommendation of the top priorities to the meeting. The recommendation was to continue with the current priorities:

- Mental Well-being
- Alcohol and Other Drug Use
- Healthy and Active Living

The rationale for the recommendation was:

- While some progress has been made in addressing the issues, the issues remain pressing.
- The health department is planning a more robust process in two years. The hospital and health department wanted to respect community capacity and time by having a more abbreviated prioritization process at this time.
- The hospital's process can be an opportunity to identify emerging issues to plan for the health department's process in two years.

A recommendation document was prepared for the multi-sector community meeting. The document:

- Included health status data and key informant interview results
- Applied the criteria of:
 - Scope of the issue
 - Disparities and equity
 - Key informant interview findings
 - Community momentum, readiness and alignment
 - Internal infrastructure and capacity
- Provided some potential emerging issues based on key informant interview results and local circumstances.

Attendees were asked to respond to four questions:

- What surprised you? What did you notice?
- Is anything going really well or not well in terms of strategies?
- What are any deep concerns with continuing to address these issues?
- Are there any emerging trends or other important information that is missing?

The group consensus was to continue addressing the top priorities as recommended: **mental well-being; alcohol and other drugs; healthy and active living.**

Emerging issues included:

- Childcare
- Aging population- specifically falls, increase in an older population (and the ripple effects)
- Homelessness - Coordination of community services and care
- Economic stability / the difficulty of taking care of basic needs

These emerging issues will continue to be explored along with addressing the top health priorities as recommended. Please see [Appendix G](#) for a list of participants and a more detailed description of the process and results.

Final Prioritized Needs

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

- Mental well-being
- Alcohol and other drugs
- Healthy and active living

Needs Not Selected

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

- Childcare: Childcare is an infrastructure issue that is essential to a strong community. Aspirus will collaborate on this and other infrastructure issues, however, Aspirus does not have the internal capacity or expertise to lead.
- Aging population and corresponding implications (e.g., increase in 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.
- Homelessness: 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.
- Economic stability / the difficulty of taking care of basic needs: 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.

The upcoming (2026-2027) community health assessment led by the Langlade County Health Department will include attention to these issues.

A brief overview of each of the top issues is on the next pages.

Healthcare Facilities and Community Resources

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

Mental Well-Being

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/svc-20374968>. Accessed on 2/20/2025.

Disparities and Inequities

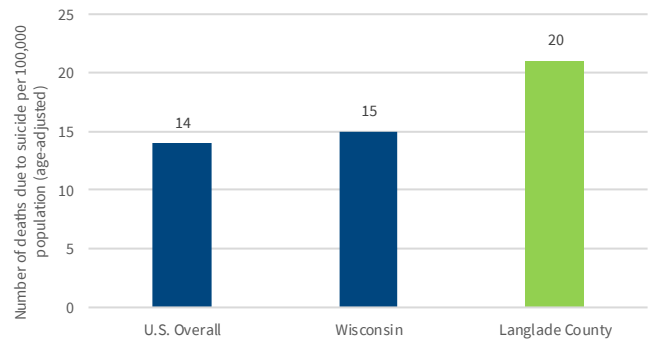
Disparities and inequities can show where interventions would be most beneficial.

- 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.⁴
- The suicide rate for men is four times the rate for women.⁵
- 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.⁶

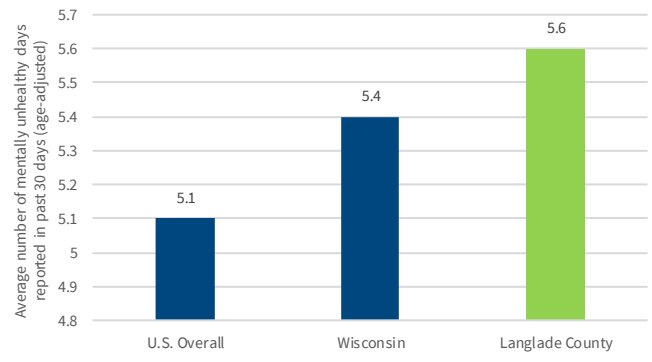
Sources: (1) National Institute of Mental Health, <https://www.nimh.nih.gov/health/statistics/mental-illness>. Accessed on 2/20/2025. (2) Macintyre, A., Ferris, D., Gonçalves, B. et al. What has economics got to do with it? The impact of socioeconomic factors on mental health and the case for collective action. Palgrave Commun 4, 10(2018). <https://doi.org/10.1057/s41599-018-0063-2>. (3) America's Health Rankings, https://assets.america'shealthrankings.org/app/uploads/ahr_2023annual_executivebrief_final-web.pdf. Accessed on 2/20/2025. (4) Centers for Disease Control and Prevention, <https://www.cdc.gov/mmwr/volumes/72/wr/mm7224a1.htm>. Accessed on 2/21/2025. (5) National Institute of Mental Health, https://www.nimh.nih.gov/health/statistics/suicide#part_2557. Accessed on 2/21/2025. (6) Wisconsin Youth Risk Behavior Survey Summary Report (2021), [Summary Report: 2021 Wisconsin Youth Risk Behavior Survey](https://www.wisconsin.gov/health/yrbssummary). Accessed on 2/21/2025.

Data Highlights

Deaths by Suicide



Poor Mental Health Days



*2025 County Health Rankings and Roadmaps website.

Community Perceptions & Challenges

- Mental health was one of the top issues identified in the key informant interviews.
- Within the issue of mental health, and the lack of providers and services as a major challenge for mental health.
- The Mental Well-Being and Suicide Prevention coalition, comprised of approximately 20 community partners aiming to address mental health needs through coordinated and collaborative initiatives, has momentum.
- Numerous mental well-being programs are in place. (Examples: teen health fair; a training event to learn more about suicide prevention.)

Healthy and Active Living

Why is it Important?

Food insecurity is defined as a household-level economic and social condition of limited or uncertain access to adequate food. In 2020, 13.8 million households were food insecure at some time during the year. Food insecurity does not necessarily cause hunger, but hunger is a possible outcome of food insecurity.¹ Employment, disability status, neighborhood conditions, physical access to food, and lack of transportation can all impact food security.²

Adult obesity is a chronic condition that puts individuals at increased risk of hypertension, heart disease, type 2 diabetes, breathing problems, chronic inflammation, mental illness, and some cancers.³

Obesity is a product of community conditions, environmental exposures, and individual factors. Environmental factors such as unavailable and unaffordable healthy, nutrient-dense foods; prevalent fast-food marketing and non-nutritive, high-calorie foods; and weight stigmatization can increase the prevalence and risk of obesity.³

Sources: (1) Verbatim from the Healthy People 2030 website <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/food-insecurity>. Accessed on 3/25/2025. (2) Healthy People 2030 website <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/food-insecurity>. Accessed on 3/25/2025. (3) Verbatim from the County Health Rankings <https://www.countyhealthrankings.org/health-data/population-health-and-well-being/quality-of-life/physical-health/adult-obesity?year=2025>. Accessed 4/11/25.

Disparities and Inequities

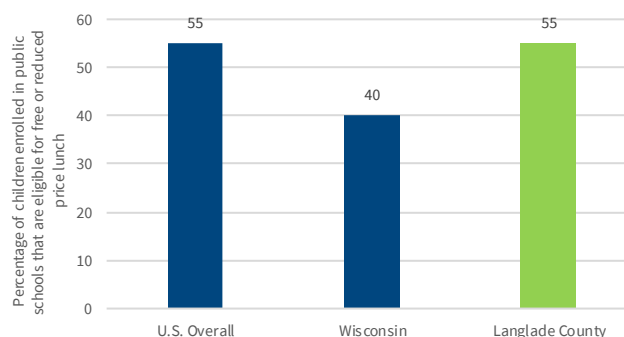
Disparities and inequities can show where interventions would be most beneficial.

- Neighborhood conditions may affect physical access to food. For example, people living in some urban areas, rural areas, and low-income neighborhoods may have limited access to full-service supermarkets or grocery stores.
- Food-insecure children may also be at an increased risk for a variety of negative health outcomes, including obesity. They also face a higher risk of developmental problems compared with food-secure children.

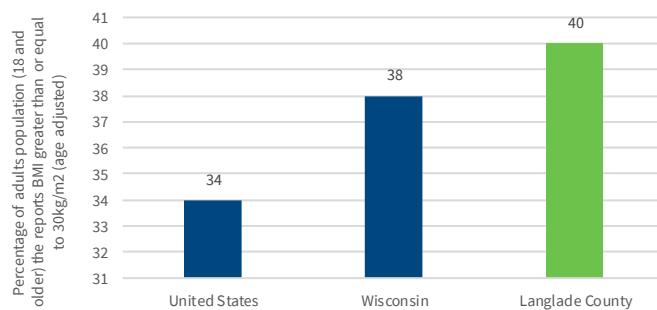
Sources: (1) Verbatim from the Healthy People 2030 website <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/food-insecurity>. Accessed on 3/25/2025. Accessed on 3/25/2025.

Data Highlights

Children Eligible for Free or Reduced Price Lunch



Adult Obesity



*2025 County Health Rankings and Roadmaps website.

Community Perceptions & Challenges

- Lack of physical activity was one of the top issues identified in the key informant interviews, as was the economic burden causing food insecurity.
- Multiple partners are engaged in healthy and active living programs. For example, approximately 10 community organizations contribute resources to the Stockbox program which provides healthy food choices for participants.
- Numerous healthy and active living programs are in place. (Examples: nutrition education at the farmers market; 'Fresh Flavors' (promoting fruits and vegetables) in four local grocery stores.)

Alcohol and Other Drug Use

Why is it Important?

Alcohol and drug use are leading causes of preventable deaths.¹ 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

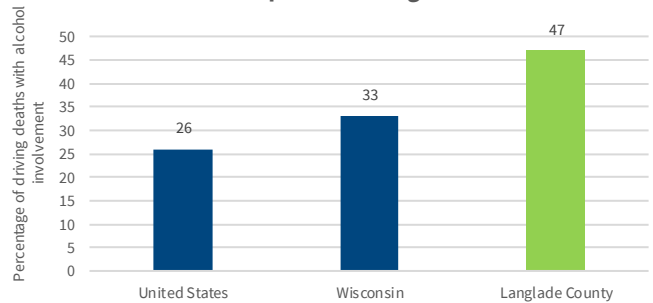
After a decade of increases in deaths due to drug overdoses (2011 to 2022), recent and preliminary data (for 2023 and 2024) show a leveling or decrease in overdose deaths in the United States. Drug dependence can result in a number of complications, including job loss, injuries, sexually transmitted 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

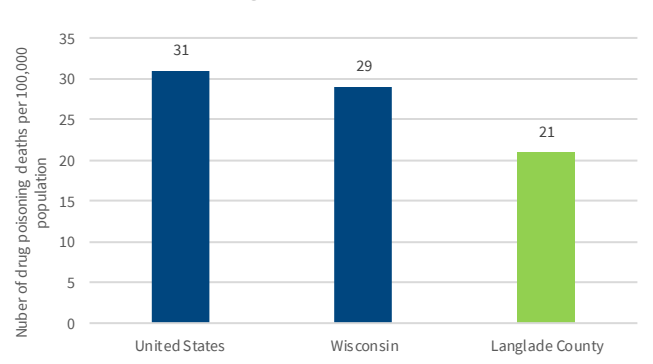
Sources: (1) Centers for Disease Control and Prevention, <https://www.cdc.gov/alcohol/facts-stats/index.html>. Accessed on 2/23/2025 and then revisited on 3/23/2025; page not available on 3/23/2025. (4) Medical College of Wisconsin, Wisconsin Alcohol Policy Project, <https://www.mcw.edu/departments/comprehensive-injury-center/wi-alcohol-policy-project/understanding-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.

Data Highlights

Alcohol Impaired Driving Deaths



Drug Overdose Deaths



*2025 County Health Rankings and Roadmaps website.

Disparities and Inequities

Disparities and inequities can show where interventions would be most beneficial.

- Men and boys (compared to women and girls) accounted for approximately two-thirds of alcohol-attributable deaths (2020-2021)¹

Sources: (1) Centers for Disease Control and Prevention, [Alcohol and Public Health: Alcohol-Related Disease Impact](#). Accessed on 3/23/2025.

Community Perceptions & Challenges

- Alcohol and other drug use was one of the top issues identified in the key informant interviews. Within the issue of alcohol and other drug use, interviewees identified vaping among youth as an emerging trend.
- The Alliance for Substance Use Prevention of Langlade County, comprised of approximately 30 community partners, has made significant strides in this work.
- Numerous alcohol and drug use prevention programs are in place. (Examples: “Escape the Vape” programming in schools; Drug Take-Back Day.)

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 Langlade 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., Langlade County Health Department).

- Connecting patients with food and other basic needs resources (through FindHelp.org)
- Bus vouchers provided for transportation needs
- Medication assistance program through the Aspirus Langlade Hospital Prevention Fund

As appropriate, Aspirus Langlade Hospital staff also will be participating in coalitions and community-level efforts to address other health-related social needs (e.g., transportation, housing).

Evaluation of Impact from the Previous CHNA Implementation Strategy

Aspirus Langlade priority health issues from the previous CHNA included:

- Mental well-being
- Alcohol and other drug use
- Healthy living and active lifestyles

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

Approval by the Hospital Board

The CHNA report was reviewed and approved by the Aspirus Langlade Hospital Board of Directors on May 20, 2025.

Conclusion

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

Appendices

Appendix A: Demographics

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

	Langlade County	Wisconsin
Population	19,491	5,893,718
Age <18	19.3%	21.0%
Age 65+	25.1%	19.2%
Median age	49.0	40.5
White alone	93.0%	80.4%
Black or African American alone	<1%	6.4%
American Indian and Alaska Native alone	1.3%	1.0%
Asian alone	<1%	3.0%
Two or more races	4.1%	6.1%
Hispanic or Latino	2.4%	7.6%
Language other than English spoken at home	2.0%	9.3%
High school graduate or higher	89.8%	93.7%
Bachelor's Degree or Higher	16.2%	33.8%
Individuals who are veterans	8.9%	5.9%
Individuals with disabilities	17.5%	12.7%
Persons in poverty	12.1%	10.7%
Median household income	\$57,258	\$74,631
Percent without healthcare coverage	5.0%	4.9%
Percent using public insurance (Medicaid, Medicare, veterans' benefits, etc.)	47.3%	36.0%

Sources:

WI: [American Community Survey table S2704](#), accessed on January 5, 2025.

WI: [Wisconsin - Census Bureau Profile](#) and corresponding tables accessed on January 5, 2025.

Langlade County: Accessed on January 6, 2025. Census Tables:

S1501 Educational Attainment

P8 Race and P9 Ethnicity

[Census Bureau Profiles Results](#) – with links to Wisconsin and Langlade County

Hispanic/Latinx Community

The term Hispanic or Latinx refers to people of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.³ Latinx Americans have lived in Wisconsin since before statehood, but the largest wave of migration came during and after World War II when the U.S. government established the Emergency Farm Labor Program to recruit Mexicans to work in agricultural fields during the labor shortage.⁴ From 1951 to 1964, Wisconsin farmers participated in the program, and between 1942 and 1964, millions of Mexican farm laborers came to Wisconsin.⁵ Since then, many other Hispanic/Latinx groups have also made Wisconsin their home. In Langlade County, the number of individuals who are Hispanic or Latino increased from 324 in 2010 to 459 in 2020.⁶

Native / Indigenous Community

Langlade County is geographically located near or adjacent to multiple tribal communities: Menominee Reservation; Stockbridge-Munsee Reservation; Mole Lake Ojibwe Reservation; Forest County Potawatomi Trust Lands.⁷ Each of these tribal nations has a clinic and/or community health services.⁸ Aspirus Langlade Hospital is one of the nearby tertiary centers that tribal community members might access.

Additional information on the history and culture of tribal nations in Wisconsin can be found here:

<https://dpi.wi.gov/amind/tribalnationswi>.

³ Wisconsin Department of Health Services. Hispanic/Latinos in Wisconsin: Overview. <https://www.dhs.wisconsin.gov/minority-health/population/hispanlatino-pop.htm>

⁴ Wisconsin Historical Society. Hispanic History. <https://www.wisconsinhistory.org/HispanicHistory>

⁵ Wisconsin Historical Society. Mexicans in Wisconsin. <https://www.wisconsinhistory.org/Records/Article/CS1791>

⁶ U.S. Census <https://data.census.gov/table?q=P9&g=050XX00US55019,55021,55067,55119> accessed on 4/27/2025 and <https://data.census.gov/table/DECENNIALSF12010.P9?q=P9&g=050XX00US55019,55021,55067,55119> accessed on 4/27/2025

⁷ https://wisconsinfirstnations.org/wp-content/uploads/2018/11/Current-Tribal-Lands-and-Facts-8.5x11_PDF.pdf

⁸ Forest County Potawatomi <https://health.fcpotawatomi.com/>; Menominee Nation <https://www.menominee-nsn.gov/GovernmentPages/DepartmentsList?departmentID=CLINIC&id=1200>; Mole Lake <https://scchealthclinic.com/>; Stockbridge-Munsee <http://www.smhwc.com/>

Appendix B: Frameworks and Models of Factors that Impact Health and Health Equity

Aspirus strives to include research, evidence and best practices into its community health improvement work. This appendix includes some frameworks and models that show the intersection between health and a variety of factors.

Model Type: Contributors to Health and Illness

Title / Name	Source
Social Ecological Model of Health	Wisconsin Department of Health Services https://www.dhs.wisconsin.gov/publications/p03361.pdf
Mental Health and Well-Being: A Socio-Ecological Model	University of Minnesota https://mch.umn.edu/sem/ and https://drive.google.com/file/d/14p1GfTVwbDU96TmkPr0zmp2iJENEIXsk/view
Social Drivers of Health	Midwest Kidney Network https://www.midwestkidneynetwork.org/equity-in-healthcare/social-drivers-of-health-sdoh
Social Determinants of Health	Healthy People 2030 U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. https://health.gov/healthypeople/objectives-and-data/social-determinants-health
Social Determinants of Health	Beckers Hospital Review
Vital Conditions for Health and Well-Being	National Association of Community Health Centers and the Rippel Foundation https://www.nachc.org/resource/vital-conditions-for-health-and-well-being/ and https://rippel.org/vital-conditions/
Societal Factors that Influence Health: A Framework for Hospitals	American Hospital Association (2024) https://www.aha.org/societalfactors and SocietalFactorsFramework_Fall2024.pdf
Impact of Social Determinants of Health	American Hospital Association (2018) https://www.aha.org/landing-page/addressing-social-determinants-health-presentation
Social Determinants and Social Needs: Moving Beyond Midstream	Brian Castrucci and John Auerbach in https://www.healthaffairs.org/content/forefront/meeting-individual-social-needs-falls-short-addressing-social-determinants-health
Social Determinants and Social Needs	National Academies https://nap.nationalacademies.org/read/25982/chapter/4#36

Model Type: Health Equity

Title / Name	Source
Equality and Equity (bicycles)	Robert Wood Johnson Foundation https://www.rwjf.org/en/insights/our-research/infographics/visualizing-health-equity.html
Framework for Reducing Health Inequities	Bay Area Regional Health Inequities Initiative (BARHII) https://barhii.org/framework

Model Type: Assessment, Planning and Implementation Process

Title / Name	Source
Action Cycle	County Health Rankings and Roadmaps https://www.countyhealthrankings.org/resources/take-action-cycle
Mobilizing for Action through Planning and Partnerships (MAPP)	National Association of County and City Health Officials (NACCHO) https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp
Community Health Assessment Toolkit	AHA Community Health Improvement [American Hospital Association (AHA) Community Health Improvement] https://www.healthycommunities.org/resources/community-health-assessment-toolkit

Model Type: Other

Title / Name	Source
Why Collect Standardized Data on Social Drivers of Health	National Association of Community Health Centers https://www.nachc.org/about-nachc/our-work/social-drivers-of-health/

Appendix C: Community Input – Key Informant Interviewees and Questions

Key informant interviews were conducted by Aspirus staff. Aspirus staff reached out to 15 leaders in the community and interviewed 11. The table below reflects the agency and sector of the interviewees.

Agency/Organization	Sector
Langlade County Health Department*	Governmental public health
Hispanic Farm worker*	Individuals who are Hispanic
Williams House of Hope (focuses on homelessness) *	Basic needs (food, clothing)
Antigo Community Food pantry*	Basic needs
NEWCAP*	Basic needs
Aging and Disability Resource Center*	Aging
Langlade County Senior Center	Aging
Boys and Girls Club of the Northwoods	Youth
SS. Mary & Hyacinth Charity Member*	Basic Needs
Antigo Police Department	Law enforcement
Antigo Fire Department	Emergency response

* Agencies or individuals that represent or reflect individuals who are medically underserved, have low income, or are considered among the minority populations served by the hospital.

Interview Questions

1. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in our community? Why? [See attached list for ideas.]
2. Are there any emerging issues or new trends that are affecting the community (positive or negative or neutral)?
3. Who are most vulnerable or underserved groups in the community?
4. What barriers or challenges do you think communities that are underserved face?
5. In which areas do you believe our community is ready for change?
6. What are some ideas you have to help our community improve its health and wellness?
 - a. Prompt: Are there changes you'd like to see?
 - b. Prompt: Are there current services/programs that are working well or do not work well?
 - c. Prompt: What are things you've seen in other communities that might work here?
7. Is there anything else that you'd like to share with me today as it relates to the needs of our community?

<u>Health Behaviors</u> <ul style="list-style-type: none"> <input type="checkbox"/> Alcohol use/misuse <input type="checkbox"/> Drug abuse (prescribed and illegal) <input type="checkbox"/> Tobacco, vaping, Delta-8, CBD and other related products <input type="checkbox"/> Injuries due to accidents (e.g., motor vehicle, farm, bicycle) <input type="checkbox"/> Injuries due to falls <input type="checkbox"/> Poor oral or dental health <input type="checkbox"/> Physical inactivity <input type="checkbox"/> Poor nutrition <input type="checkbox"/> Lack of sleep <input type="checkbox"/> Excessive use of social media <input type="checkbox"/> Unsafe sexual activity that could result in unintended pregnancies or diseases 	<u>Social and Economic Factors</u> <ul style="list-style-type: none"> <input type="checkbox"/> Aging-related health concerns <input type="checkbox"/> Harassment or discrimination of groups of people (e.g., LGBTQ, racial or ethnic minorities) <input type="checkbox"/> Families not functioning well (ex: abuse, inattentive parenting, trauma) <input type="checkbox"/> Limited educational opportunities <input type="checkbox"/> Families not having enough money for basic needs (like safe housing, household expenses and food) <input type="checkbox"/> Reliable transportation / Ability to get to appointments & run errands with ease <input type="checkbox"/> Limited social connectedness and belonging <input type="checkbox"/> Limited religious or spiritual opportunities <input type="checkbox"/> Violence in the home or community <input type="checkbox"/> Access to affordable, quality childcare
<u>Clinical Care</u> <ul style="list-style-type: none"> <input type="checkbox"/> Availability and affordability of health insurance <input type="checkbox"/> Availability and affordability of dental care <input type="checkbox"/> Lack of doctors and other healthcare providers <input type="checkbox"/> Lack of mental health care providers <input type="checkbox"/> Fewer people using preventive services (ex: annual exam, mammogram, colonoscopy) <input type="checkbox"/> Fewer people getting routine & recommended vaccinations (ex: flu, infant vaccines) 	<u>Outcomes & System</u> <ul style="list-style-type: none"> <input type="checkbox"/> Poor mental health <input type="checkbox"/> Increased rate of self-harm or suicide <input type="checkbox"/> Chronic diseases (e.g., diabetes, heart disease, etc.) <input type="checkbox"/> Infant and child deaths <input type="checkbox"/> Overweight or obesity levels
<u>Physical Environment</u> <ul style="list-style-type: none"> <input type="checkbox"/> Air pollution <input type="checkbox"/> Drinking water quality <input type="checkbox"/> Lack of safe and affordable housing options <input type="checkbox"/> Limited access to public or purchased transportation <input type="checkbox"/> Limited access to public parks and recreation 	<p><i>Note: Community refers to where you live, learn, work, and play. This is often the neighborhood, city/town, or county that you live in.</i></p>

Appendix D: Community Input – Key Informant Interview Process

To gather community input, key informant interviews were completed. Key informant interviews provide qualitative data that reflects community members' first-hand knowledge, insights and expertise. Key informant interviews allow for a deeper exploration of community issues and they:

Promote diverse perspectives – By interviewing a variety of key informants, including community leaders, healthcare professionals, and service providers, the CHNA can capture a broader range of perspectives and experiences.

Build relationships – Interviews can help build relationships with community members and create a foundation for future partnerships.

Facilitate action – The insights gained from key informant interviews can help identify gaps in services, unmet needs, and areas where interventions can be targeted for maximum impact.

Inform the Implementation Strategy – The information gathered from key informant interviews is used to inform the development of the hospital's Implementation Strategy, which outlines specific actions for improving community health.

The hospital approached 15 individuals and conducted 11 key informant interviews with different stakeholders in the community. The notes from the interviews were documented.

A specialist from the University of Wisconsin-Madison Division of Extension Regional Community Health Team facilitated the coding and analysis process. Staff from Aspirus and from the Langlade County Health Department actively participated in the process. The process included four, 90-minute meetings along with between-meeting coding. The process served to:

- Increase the hospital's and health department's capacity in analysis and evaluation
- Ensure integrity of the analysis process
- Ensure a robust and reliable qualitative analysis product

The results were compiled by the specialist from the University of Wisconsin-Madison Division of Extension Regional and provided in a report. The results are being used to inform both the Community Health Needs Assessment as well as the creation of the corresponding Implementation Strategy. The full report provides key findings as a summary, followed by detailed findings reflecting direct statements from key informant interviews. These statements were organized under key themes and some contain subthemes.

Appendix E: Community Input – Key Informant Interview Results

Findings from the key informant interviews are below.

What are the major health issues and emerging trends in the community?

This section presents health behaviors and problems which are deemed important in the communities by the interviewees. Issues identified include **Alcohol and Other Drug Abuse (AODA)**, **Mental Health**, **Lack of Physical Activity**, **Fall injuries**, and economic burden causing **Food Insecurity**.

This result is consistent with past findings – AODA, Mental Health, Healthy Eating and Active Living were among the top three priority areas identified in the 2022 Community Health Need Assessment. Within these issues, interviewees identified **vaping among youth** as an emerging trend in AODA, and the **lack of providers and services** as a major challenge for mental health.

Fall injuries, however, are an emerging issue, due to a growing number of older adults living alone.

Who are the most vulnerable groups in our community?

This section presents the most vulnerable groups of community members in terms of health and well-being. The most mentioned groups include **older adults/elderly**, especially those who lack support and/or are caretakers themselves, **families with financial constraints**, and **cultural minorities**.

What are the major health drivers and barriers in the community?

In public health, there is an understanding that health outcomes can be influenced by non-medical factors. These include the social, environmental, and economic aspects of individuals and communities. They are also commonly known as the social determinants of health. This section presents key interviewees' understandings of such determinants in the Langlade community.

Overall, access is identified as a great challenge in the community. These include **access to caregivers** (especially for elderly population), **access to healthcare** (due to insurance, cost, and coordination within the system), access to **culturally-appropriate services**, as well as **access to non-emergency resources** (underlined by barriers to system navigation, social connections, decreased **funding** with increased needs, and **agency capacity**). These access issues align with two of the “needs not selected” presented in the 2022 Community Health Need Assessment, i.e. affordability and access to care, as well as diversity, inclusion and belonging.

Antigo & Langlade County have higher poverty rates than the state average. Many interviews identify **financial constraints** and **economic burden** as health drivers/barriers, which underlie and intersect

with many other drivers/barriers, such as **housing, transportation, and childcare**. These challenges are common in many rural communities. Interviewees also identify **resource gaps**, i.e. disparity of resources for certain underserved groups as contributing to these barriers.

In addition, **education** has been identified as a driver/barrier that has an impact on poverty and the well-being of a community. Parts of the Langlade county school districts are at a crossroads, previously performing at lowest 10% in the state.

Community contexts also serve as health drivers/barriers. These include **community awareness, community growth, shared power, stigma and partnership** in the community.

A public health approach encourages communities to address social determinants of health directly, as they are usually cross-cutting and can contribute to a number of different health issues and health outcomes. For example, the emerging **Policy, System and Environmental (PSE)** approach aims to make healthy choices easy choices for individuals, rather than relying on an individual's skills and knowledge alone.

For instance, investing in housing, transportation, and childcare can remove barriers to access healthcare and well-being resources, leading to positive health outcomes. Similarly, investing in whole community awareness and growth, stigma reduction, and partnership can potentially improve the culture and environment within communities, thereby improving health outcomes across multiple health issues in relation to mental health, AODA, nutrition, physical activities, and social connections.

What are the major assets or areas ready for change in the community?

The aim of asset-based approach to public health is to promote and strengthen the factors that support good health and wellbeing, protect against poor health and foster communities and networks that sustain health. This section presents assets and readiness identified by the key interviewees, which can be leveraged in addressing health challenges faced by the Langlade community.

The most highlighted asset in the community is **senior services** supported by the **Senior Center**. This asset aligns with the needs in the community as the senior population has been identified as one of the most vulnerable groups. Many interviewees also address the readiness of the community for **community growth**—so that people are attracted to move into and contribute resources to the community.

Interviewees also identified **community awareness** (such as about the homeless populations) and engagement, as well as **partnerships** as assets in the community.

Some of these same assets have also been identified as barriers in the previous section, such as community growth and awareness. This could be due to a heightened awareness of a particular issue, leading people to start recognizing it as a barrier and building efforts towards addressing it.

When prioritizing health needs and devising strategies, consider **leveraging identified assets** in the communities. For example, partner with the Senior Center in addressing health priorities among seniors, and Boys and Girls Club in addressing youth health. Engage community members as volunteers and champions to support community health work.

Conclusion:

In conclusion, the findings from these key informant interviews highlight the critical health issues and emerging trends within the county. By identifying the most vulnerable groups and understanding the major health drivers and barriers, we can better address the needs of the county. The assets and areas ready for change provide a foundation upon which we can build effective solutions. Moving forward, it is essential to leverage these insights to foster partnerships, enhance agency capacity, and promote community awareness and engagement. Together, we can create a healthier, more resilient county for all.

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

The tables below provide an overview of how Langlade County compares to Wisconsin on measures of health. Citations for the data are included. The complete set of data is available upon request. Please note: Langlade County rates that are better than Wisconsin rates may still be at an unacceptable level.

HEALTH OUTCOMES						
Measure	Description	Year(s)	Top Performers	US Overall	WI	Langlade
Premature Death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	2019-2021	6,000	8,000	7,100	8400
Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	2021	13%	14%	13%	15%
Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	2021	3.1	3.3	3.1	3.8
Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	2021	4.4	4.8	4.8	5.2
Low Birthweight*	Percentage of live births with low birthweight (< 2,500 grams).	2016-2022	6%	8%	8%	8%
Life Expectancy*	Average number of years people are expected to live.	2019-2021	NA	77.6	78.2	76.7
Premature Age-Adjusted Mortality*	Number of deaths among residents under age 75 per 100,000 population (age-adjusted).	2019-2021	NA	390	340	410
Child Mortality*	Number of deaths among residents under age 20 per 100,000 population.	2018-2021	NA	50	50	70
Infant Mortality*	Number of infant deaths (within 1 year) per 1,000 live births.	2015-2021	NA	6	6	NA
Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).	2021	NA	10%	9%	11%
Frequent Mental Distress	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted).	2021	NA	15%	14%	16%
Diabetes Prevalence	Percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted).	2021	NA	10%	8%	9%
HIV Prevalence+	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.	2021	NA	382	137	30

*Indicates subgroup data by race and ethnicity is available; + Not available in all states.

Source:

- 2024 County Health Rankings and Roadmaps website. Accessed September 15, 2024.

HEALTH FACTORS						
HEALTH BEHAVIORS						
Measure	Description	Year(s)	Top Performers	US Overall	WI	Langlade
Adult Smoking	Percentage of adults who are current smokers (age-adjusted).	2021	14%	15%	14%	18%
Adult Obesity	Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted).	2021	32%	34%	34%	42%
Food Environment Index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	2019 & 2021	8.9	7.7	9.1	7.8
Physical Inactivity	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted).	2021	20%	23%	19%	24%
Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity.	2023, 2022 & 2020	90%	84%	84%	62%
Excessive Drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted).	2021	13%	18%	25%	22%
Alcohol-Impaired Driving Deaths	Percentage of driving deaths with alcohol involvement.	2017-2021	10%	26%	35%	42%
Sexually Transmitted Infections+	Number of newly diagnosed chlamydia cases per 100,000 population.	2021	151.7	495.5	472.3	230.7
Teen Births*	Number of births per 1,000 female population ages 15-19.	2016-2022	9	17	12	21
Food Insecurity	Percentage of population who lack adequate access to food.	2021	NA	10%	7%	10%
Limited Access to Healthy Foods	Percentage of population who are low-income and do not live close to a grocery store.	2019	NA	6%	5%	10%
Drug Overdose Deaths*	Number of drug poisoning deaths per 100,000 population.	2019-2021	NA	27	26	19
Insufficient Sleep	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted).	2020	NA	33%	31%	33%

*Indicates subgroup data by race and ethnicity is available; + Not available in all states.

Source:

- 2024 County Health Rankings and Roadmaps website. Accessed September 15, 2024.

HEALTH BEHAVIORS						
Measure	Description	Year(s)	Top Performers	US Overall	WI	Langlade
Chronic alcohol-related hospitalizations -- Emergency Room	Visits per 100,000 population	2021 2022 2023	NA	NA	632.0	711.3
Chronic alcohol-related hospitalizations -- Inpatient	Visits per 100,000 population	2021 2022 2023	NA	NA	572.8	438.4
Alcohol-attributed deaths -- Chronic	Rate per 100,000 residents	2021 2022 2024	NA	NA	25	43
Alcohol-attributed deaths -- Acute	Rate per 100,000 residents	2021 2022 2025	NA	NA	30	27
Opioid-related deaths	Rate per 100,000 residents	2023	NA	NA	24	Unstable
Opioid-related hospitalizations -- emergency room	Rate per 100,000 residents	2023	NA	NA	43.7	Unstable
Opioid-related hospitalizations -- inpatient	Rate per 100,000 residents	2023	NA	NA	16.6	Unstable

Sources:

- Wisconsin Department of Health Services. DHS Interactive Dashboards, Alcohol Hospitalizations Module [web query]. Data last updated 3/4/2024. (Inpatient and Emergency Department)
- Wisconsin Department of Health Services. DHS Interactive Dashboards: Alcohol Death Module. Last Updated 11/21/2024 1:59:22 PM. (Chronic and Acute)
- Wisconsin Department of Health Services. Data Direct, Opioid Summary Module [web query]. Data last updated 11/20/2024. Hospitalization. (Inpatient and Emergency Department)
- Wisconsin Department of Health Services. <https://www.dhs.wisconsin.gov/opioids/deaths-county.htm> Opioid-related deaths

CLINICAL CARE						
Measure	Description	Year(s)	Top Performers	US Overall	WI	Langlade
Uninsured	Percentage of population under age 65 without health insurance.	2021	6%	10%	6%	8%
Primary Care Physicians	Ratio of population to primary care physicians.	2021	1,030:1	1,330:1	1250:1	1220:1
Dentists	Ratio of population to dentists.	2022	1,180:1	1,360:1	1360:1	1780:1
Mental Health Providers	Ratio of population to mental health providers.	2023	230:1	320:1	400:1	930:1
Preventable Hospital Stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	2021	1,558	2,681	2,451	1975
Mammography Screening*	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening.	2021	52%	43%	50%	52%
Flu Vaccinations*	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination.	2021	53%	46%	52%	34%
Uninsured Adults	Percentage of adults under age 65 without health insurance.	2021	NA	12%	7%	9%
Uninsured Children	Percentage of children under age 19 without health insurance.	2021	NA	5%	4%	5%
Other Primary Care Providers	Ratio of population to primary care providers other than physicians.	2023	NA	760:1	670:1	1030:1

*Indicates subgroup data by race and ethnicity is available; + Not available in all states.

Source:

- 2024 County Health Rankings and Roadmaps website. Accessed September 15, 2024.

SOCIAL & ECONOMIC FACTORS						
Measure	Description	Year(s)	Top Performers	US Overall	WI	Langlade
High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	2018-2022	94%	89%	93%	90%
Some College	Percentage of adults ages 25-44 with some post-secondary education.	2018-2022	74%	68%	70%	57%
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	2022	2.3%	3.7%	2.9%	3.6%
Children in Poverty*	Percentage of people under age 18 in poverty.	2022 & 2018-2022	10%	16%	13%	19%
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	2018-2022	3.7	4.9	4.2	4.0
Children in Single-Parent Households	Percentage of children that live in a household headed by a single parent.	2018-2022	13%	25%	22%	19%
Social Associations	Number of membership associations per 10,000 population.	2021	18.0	9.1	11.0	13.8
Injury Deaths*	Number of deaths due to injury per 100,000 population.	2017-2021	64	80	93	101
High School Graduation+	Percentage of ninth-grade cohort that graduates in four years.	2020-2021	NA	86%	90%	87%
Disconnected Youth	Percentage of teens and young adults ages 16-19 who are neither working nor in school.	2018-2022	NA	7%	5%	NA
Reading Scores*+	Average grade level performance for 3rd graders on English Language Arts standardized tests.	2018	NA	3.1	3.0	2.8
Math Scores*+	Average grade level performance for 3rd graders on math standardized tests.	2018	NA	3.0	3.0	2.5
School Segregation	The extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation.	2022-2023	NA	0.24	0.27	0.02
School Funding Adequacy+	The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.	2021	NA	\$634	\$355	(\$346)

Gender Pay Gap	Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as	2018-2022	NA	0.81	0.81	0.80
Median Household Income*	The income where half of households in a county earn more and half of households earn less.	2022 & 2018-2022	NA	\$74,800	\$71,100	\$57,700
Living Wage	The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children.	2023	NA	NA	\$49.27	\$43.52
Children Eligible for Free or Reduced Price Lunch+	Percentage of children enrolled in public schools that are eligible for free or reduced price lunch.	2021-2022	NA	51%	39%	59%
Residential Segregation - Black/White	Index of dissimilarity where higher values indicate greater residential segregation between Black and white county residents.	2018-2022	NA	63	77	NA
Child Care Cost Burden	Child care costs for a household with two children as a percent of median household income.	2023 & 2022	NA	27%	31%	36%
Child Care Centers	Number of child care centers per 1,000 population under 5 years old.	2010-2022	NA	7	6	6
Homicides*	Number of deaths due to homicide per 100,000 population.	2015-2021	NA	6	4	NA
Suicides*	Number of deaths due to suicide per 100,000 population (age-adjusted).	2017-2021	NA	14	15	21
Firearm Fatalities*	Number of deaths due to firearms per 100,000 population.	2017-2021	NA	13	11	12
Motor Vehicle Crash Deaths*	Number of motor vehicle crash deaths per 100,000 population.	2015-2021	NA	12	10	13
Juvenile Arrests+	Rate of delinquency cases per 1,000 juveniles.	2021	NA	NA	NA	37
Voter Turnout+	Percentage of citizen population aged 18 or older who voted in the 2020 U.S. Presidential election.	2020 & 2016-2020	NA	67.9%	75.1%	73.1%
Census Participation	Percentage of all households that self-responded to the 2020 census (by internet, paper questionnaire or telephone).	2020	NA	65.2%	NA	58.0%

*Indicates subgroup data by race and ethnicity is available; + Not available in all states.

Source:

- 2024 County Health Rankings and Roadmaps website. Accessed September 15, 2024.

SOCIAL & ECONOMIC FACTORS						
Measure	Description	Year(s)	Top Performers	US Overall	WI	Langlade
Falls	Percentage of adults age 65 and older who reported falling in the past 12 months	2020	--	--	26.9%	Comparable data not available
Falls Deaths	Number of falls-related deaths for individuals 65+ per 100,000 older adults	2021	--	--	176.5	Comparable data not available

Sources:

- America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System (2020), United Health Foundation, AmericasHealthRankings.org, accessed 2025. https://www.america'shealthrankings.org/explore/measures/falls_sr/WI
- Centers for Disease Control and Prevention. National Center for Health Statistics. National Vital Statistics System, Mortality 1999–2021 on CDC WONDER Online Database. <https://wonder.cdc.gov/ucd-icd10.html> and <https://www.cdc.gov/falls/data-research/index.html>

PHYSICAL ENVIRONMENT						
Measure	Description	Year(s)	Top Performers	US Overall	WI	Langlade
Air Pollution - Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	2019	5.0	7.4	7.8	6.5
Drinking Water Violations+	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	2022	NA	NA	NA	Yes
Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	2016-2020	8%	17%	13%	9%
Driving Alone to Work*	Percentage of the workforce that drives alone to work.	2018-2022	70%	72%	77%	84%
Long Commute - Driving Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	2018-2022	17%	36%	28%	28%
Traffic Volume	Average traffic volume per meter of major roadways in the county.	2023	NA	108	281	54
Homeownership	Percentage of owner-occupied housing units.	2018-2022	NA	65%	68%	77%
Severe Housing Cost Burden	Percentage of households that spend 50% or more of their household income on housing.	2018-2022	NA	14%	11%	8%
Broadband Access	Percentage of households with broadband internet connection.	2018-2022	NA	88%	88%	84%

*Indicates subgroup data by race and ethnicity is available; + Not available in all states.

Source:

- 2024 County Health Rankings and Roadmaps website. Accessed September 15, 2024.

Special Populations and Disparities

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

Individuals who are Hispanic: Approximately 2.4 percent of the residents of Langlade County are Hispanic.⁹ Individuals who are Hispanic, compared to non-Hispanic white individuals, are at higher risk for diabetes, asthma (Puerto Ricans), cervical cancer, liver disease and obesity.¹⁰ Children who are Hispanic, compared to non-Hispanic white children, are more likely to suffer from infant mortality (Puerto Ricans), asthma (Puerto Ricans) and obesity. Children who are Hispanic are 34 percent more likely to attempt suicide as a high schooler.¹¹

Individuals who have disabilities:

About 17.5 percent of people in Langlade County have disabilities.¹² People with disabilities experience significant health disparities, often facing poorer health outcomes and limited access to healthcare compared to their non-disabled peers. These disparities are not solely due to the disability itself but are also influenced by factors like limited access to education and employment, poverty, and inequities within the healthcare system.¹³

Individuals in Poverty:

Approximately 12.1 percent of individuals in Langlade County are living in poverty.¹⁴ Individuals experiencing poverty face significant health disparities, including higher rates of chronic diseases, lower life expectancy, and increased risks of preventable illnesses.¹⁵ These disparities are often linked to factors like limited access to quality healthcare, nutritious food, and safe housing, as well as the negative effects of chronic stress and exposure to environmental hazards.¹⁶

Individuals who are 65 and older:

Approximately 25 percent of individuals in Langlade County are 65 and older.¹⁷ Social isolation and loneliness are associated with a higher risk of dementia and other serious health problems in older

⁹ U.S. Census. <https://data.census.gov/profile?g=040XX00US55>. Accessed January 6, 2025.

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

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

¹² U.S. Census. <https://data.census.gov/profile?g=040XX00US55>. Accessed January 6, 2025.

¹³ NACCHO, Addressing Health Disparities Among People with Disabilities, <https://www.naccho.org/blog/articles/addressing-health-disparities-among-people-with-disabilities>. Accessed January 6, 2025.

¹⁴ U.S. Census. <https://data.census.gov/profile?g=040XX00US55>. Accessed January 6, 2025.

¹⁵ Healthy People 2030, poverty, <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty>

¹⁶ Healthy People 2030, poverty, <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty>

¹⁷ U.S. Census. <https://data.census.gov/profile?g=040XX00US55>. Accessed January 6, 2025.

adults — while having positive social relationships can help people live longer, healthier lives.¹⁸ About 8 in 10 older adults struggle to use medical documents like forms or charts, which could make it harder for them to make well-informed health decisions.¹⁹ Most older adults in the United States have at least one chronic health condition, making access to affordable, quality health care a priority.²⁰ However, factors like a lack of health care options in rural areas, high out-of-pocket costs, and transitions from private insurance to Medicare often complicate older adults' care.²¹

¹⁸ Excerpted verbatim from: <https://odphp.health.gov/our-work/national-health-initiatives/healthy-aging/social-determinants-health-and-older-adults>

¹⁹ Excerpted verbatim from: <https://odphp.health.gov/our-work/national-health-initiatives/healthy-aging/social-determinants-health-and-older-adults>

²⁰ Excerpted verbatim from: <https://odphp.health.gov/our-work/national-health-initiatives/healthy-aging/social-determinants-health-and-older-adults>

²¹ Excerpted verbatim from: <https://odphp.health.gov/our-work/national-health-initiatives/healthy-aging/social-determinants-health-and-older-adults>

Appendix G: Prioritization

Approximately 30 community stakeholders were invited to a prioritization and discussion meeting held in January 2025. Community stakeholders represented a wide variety of sectors. A list of invitees is below.

Some agencies had multiple representatives. For the purposes of this list, each agency is included only once.

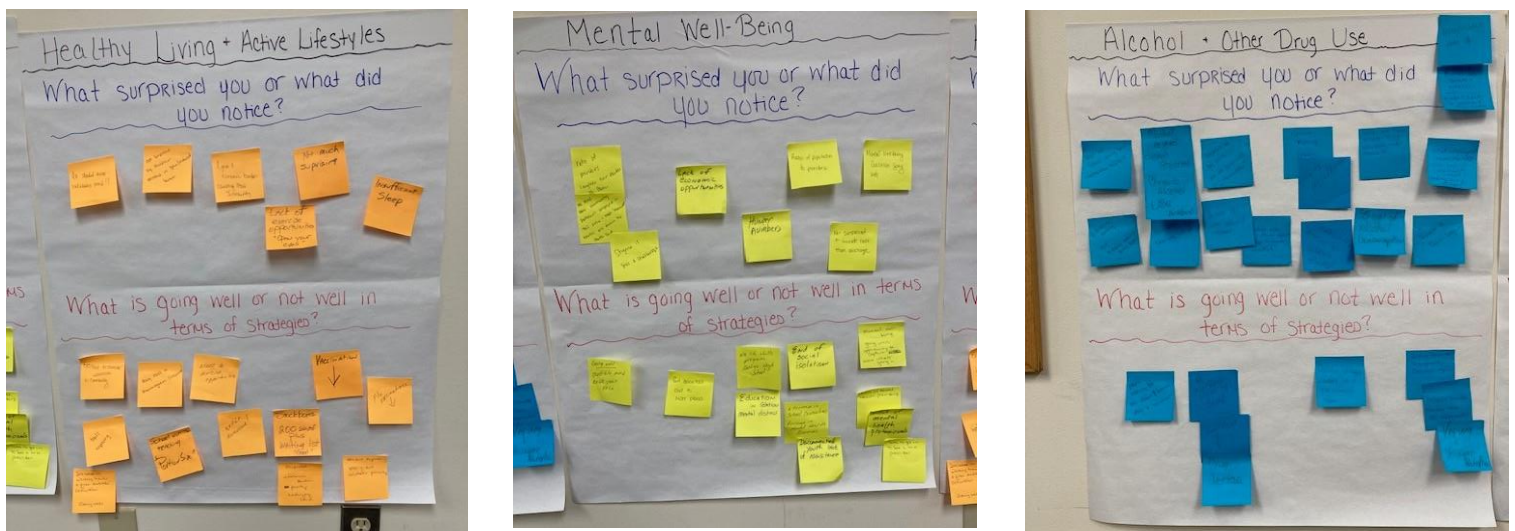
Agency/s	Sector
Aging and Disability Resource Center (ADRC) of Central WI*	Aging
Three Bridges Recovery*	Community Agency / Three Bridges Recovery (substance use)
Women, Infants and Children Program*	Local Government / Public Health / Early Childhood
Langlade County Health Department*	Local Government / Public Health
Langlade County Health Department-Social Services	Local Government / Social Services
Langlade County Health Department- Veteran Services*	Local Government / Veterans Services
Medical College of Wisconsin	Student / Medical College of WI
UW Extension	UW Extension
WI Dept of Workforce Development / Job Center*	Workforce Development
Lakeside Pharmacy and Grocery	Community Business
Senior Center of Langlade County	Seniors
North Lakes Community Clinic*	Healthcare
Aspirus Langlade Hospital and Clinics	Healthcare
Unified School District of Antigo	K-12 Education
Langlade County Economic Development	Economic Development
Lakeland Care Clinic*	Long-term care and support services
Saints Mary & Hyacinth Catholic Church*	Faith Community

* Agencies that represent individuals who are medically underserved, have low income, or are considered among the minority populations served by the hospital.

At the meeting, key informant interview data as well as secondary data on three health priority areas were presented. During the meeting stakeholders were invited to participate in a group discussion that focused on four questions:

1. Do you agree/support the recommended priorities?
2. What surprised you or what did you notice about the information and data presented?
3. What is going well or not going well in terms of strategies?
4. Any emerging trends?

Results of the group discussion are shown below.



Source: Langlade County Health Department

Emerging trends identified were vaping and nicotine products, aging (specifically falls, childcare, homelessness and community engagement). The comments and discussion points from the meeting are available upon request.

Appendix H: Healthcare Facilities and Community Resources

A subset of the healthcare and other resources in the community that can help address community health needs are in the table below. A more comprehensive set of resources can be found at findhelp.org or <https://aspiruscommunity-resources.findhelp.com/>, and then searching by zip code and program need/area or by accessing the Langlade County Resource Guide 2024 ([Booklet-NEW Langlade County Resource Guides \(Booklet\)](#)).

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

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

Aspirus Health is working to strategically build strong, effective community health efforts that meet local needs. They have strengthened their community health efforts by implementing cross-organizational strategies along with local strategies. Cross-organizational strategies are implemented (as appropriate) locally but benefit from the expertise and structure available within the system. Descriptions below reflect both cross-organizational and local strategies. This work is done in the context of the ever-changing healthcare landscape as well as other economic pressures.

The significant health priorities identified in Aspirus Langlade Hospital's 2022-2025 (most recent) CHNA and Implementation Strategy were **mental well-being; alcohol and other drug use; healthy living and active lifestyles**. A summary of the impact of efforts to address those needs is below. The summary reflects FY23, FY24 and a portion of the current (FY25) fiscal year. FY25 was incomplete at the time of this report's approval.

Mental Well-being

In FY23 and FY24 a number of initiatives and actions took place to focus on the priority of mental well-being:

- Financially supported the beginning of a Raise Your Voice Club in the local community through the Antigo High School.
- Financially supported the capacity of the National Alliance on Mental Illness (NAMI) to aid in supporting Raise Your Voice Clubs in Central and Northern Wisconsin.
- Offered spiritual support and guidance to staff, patients and community members through the Chaplain and Spiritual Care Department.
- Offered a monthly grief support group which is open to all community members who are dealing with or experienced a loss.
- Aspirus has a multidisciplinary Suicide Prevention Workgroup with goals to standardize and advance suicide prevention and regulatory requirements across the system and all levels of care.
- Aspirus was an active participant on the Mental Well-being and Suicide Prevention Coalition in 2024.

The Mental Well-being and Suicide Prevention Coalition 2024 highlights:

- Launched Credible Mind online platform.
- Provided 988 and Credible Mind resources to Meals on Wheels, Food Pantry Stock box and Langlade County Senior Center.
- Attended multiple local events to provide mental well-being resources.

- Learned about the 988 services through a presentation by the 988 Wisconsin Outreach Coordinator.
- Hosted “Wear Green Day” to support Mental Health.

In FY25, the activities outlined above continued. Aspirus will be implementing the Epic Behavioral Health module system-wide to enhance patient care and streamline documentation.

Alcohol and Other Drug Use

FY23 and FY24 were years of growth in terms of intentionally identifying and implementing substance use prevention strategies and building partnerships. Aspirus Langlade Hospital:

- Provided the opportunity for recovery coaching services for individuals presenting in the emergency department with substance use challenges through the services of Three Bridges Recovery.
- Participated on the Alliance for Substance Use Prevention Coalition.

In 2024, the Alliance for Substance Use Prevention Coalition:

- Formed an official partnership and became a member of the Northwoods Tobacco Free Coalition.
- Used State Opioid Response Grant funding to purchase and drug deactivation units, medication lock bags and drug disposal mail in bags.
- Continued partnerships with schools to offer substance use prevention curriculum.
- Offered resources to support policy change.

In FY25:

- Aspirus continued to offer recovery coaches through Three Bridges Recovery.
- The coalition work outlined above continued.
- The coalition initiated conversations with the Antigo School District to address the challenges of students growing up in the digital age.

Healthy Living and Active Lifestyles

In FY23 and FY24, Aspirus Langlade continued its Healthy Living and Active Lifestyles efforts. Aspirus Langlade:

- Implemented the fruit and vegetable prescription (FVRx) program for community members in the Langlade County area. Over 50 vouchers were redeemed at the Antigo farmers' market in Summer 2023 and Summer 2024.
- Continued the Weekend Backpack Program with families and youth. Largely staffed with employees from the hospital in collaboration with many community partners, this program continues to address childhood food insecurity within Langlade County. The program operates out of the food pantry building owned by the hospital. Each week throughout the school year (32 weekends), approximately 360 children are served. The program also collected and distributed personal hygiene products.
- Offered a diabetes support group for individuals, families and support individuals. Additionally, Aspirus offered education/information, such as dietitians participate in the monthly farmers market to help with fruit and vegetable awareness, preparation, cooking and meal ideas.
- Reinstated the Aspirus Langlade Hospital Prevention Fund. This fund helps with financial support through identification of immediate need associated with significant adverse health outcomes (if medication is forgone) in addition to financial constraints.
- Participated in Building a Healthier Langlade County community coalition which has a focus on healthy and active living initiatives.

In 2024, the Building a Healthier Langlade County coalition supported:

- The Stockbox program, which supports healthy food choices, includes community partners: Antigo Public Library, Elcho Congregational United Church of Christ, Calvary Lutheran Church, Langlade County, North Lakes Community Clinic, Senior Center of Langlade County, Hunger Task Force, Food Wise UW-Madison Extension, and Inclusa.
- Nutrition education in four local grocery stores through the "Fresh Flavors" initiative. Each month one fruit and one vegetable will be highlighted and featured in healthy recipe cards and food storage/safety that are free to community members at participating grocery stores.
- Growth and expansion of a variety of senior center program opportunities.
- Expansion opportunities for community walking path and bike path.

In FY25:

- Aspirus Langlade continued with the strategies outlined above, including the backpack program and diabetes education.
- Aspirus Langlade continued to participate in the Building a Healthier Langlade County coalition.

- Aspirus Health (at the system level) initiated a healthy food home-delivery program that helps people manage chronic conditions through healthy eating. The program, NourishedRx, is being implemented at Aspirus Langlade Hospital. NourishedRx utilizes the concept of "food as medicine," recognizing that healthy eating can significantly impact health outcomes.

Other Aspirus Contributions

Aspirus Langlade Hospital continues to seek and support community partners and organizations through use of the Religious Hospitallers of St. Joseph (RHSJ) Mission Fund. The Mission Fund, guided by a committee, comprises operational resources allocated by the hospital to support community initiatives. The committee is dedicated to assisting the local area organizations that provide mission-driven services to our community that support important health, public safety, child welfare and related socio-economic improvement initiatives. Funds were committed to multiple organizations whose focus was serving the poor and vulnerable members of the community along with those who impact and increase the quality of life of individuals in Langlade County. Recipients of this opportunity are listed below along with the population or contributed too:

Year	Agency	Purpose / Focus / Need
FY23	Senior Center of Langlade County	Aging population, expansion of services and programming
FY24	Antigo Farmers Market	Food Security
	Antigo Wrestling	Youth and programming opportunities
	Weekend Backpack Program	Food security
	Boys and Girls Club of the Northwoods	Youth programming
	Elcho Area Planning, Inc.	Community infrastructure by revitalization of courts and parks
	Antigo Area Recreation Dept.	Community infrastructure by revitalization of courts and parks
FY25	S.S Mary & Hyacinth Charity Fund Committee	Basic needs working with vulnerable populations
	Weekend Backpack Program	Food security
	Boys and Girls Club of the Northwoods	Youth programming opportunities

Over the last three fiscal years to date, the RHSJ Mission Fund has contributed \$164,650 to the community organizations listed above. In FY25, the support for the RHSJ Mission fund remains a priority and will continue.

Aspirus Langlade staff also participated in various community coalitions and boards, including the Community Health Foundation, the United Way, the Langlade County Board of health and more. In

FY25, Aspirus will continue to seek and serve on community coalitions and boards that will assist in and represent the mission, vision and values of the organization along with serving in the best interest of the patients, visitors, and community members of the Langlade County area.

**This impact report does not capture all community support and impact such as uncompensated care, subsidized services, financial assistance, and in-kind space provided to community members and community organizations.*



aspirus.org

May 2025