Community Health Needs Assessment

2025-2028

ASPIRUS STANLEY HOSPITAL & CLINICS

1120 Pine Street

Stanley, WI 54768

Acknowledgements

On behalf of Aspirus Stanley Hospital, I would like to express our deepest gratitude to all those who contributed to the development of this Community Health Needs Assessment. This report reflects not only our hospital's ongoing commitment to improving the health and well-being of our community, but also the strength of the partnerships that make this work possible.

We are especially thankful for the collaboration of our local health department, school districts, faith-based organizations, and community coalitions, whose insight and dedication were instrumental in identifying the most pressing health concerns in our area. Their input ensured that the voices of our neighbors, especially those often underserved—were heard and included in this process.

A sincere thank you as well to our hospital staff and board members who supported the data collection, analysis, and outreach efforts with professionalism and care. Together, we continue to strive toward a healthier future for all who call this region home.

Respectfully,

Anne Sadowska
Vice President-Chief Administrative Officer
Northwest Division
Aspirus Stanley Hospital

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Executive Summary

Aspirus Stanley Hospital and its community partners conducted a community health needs assessment from Spring 2024 through Spring 2025. The assessment included:

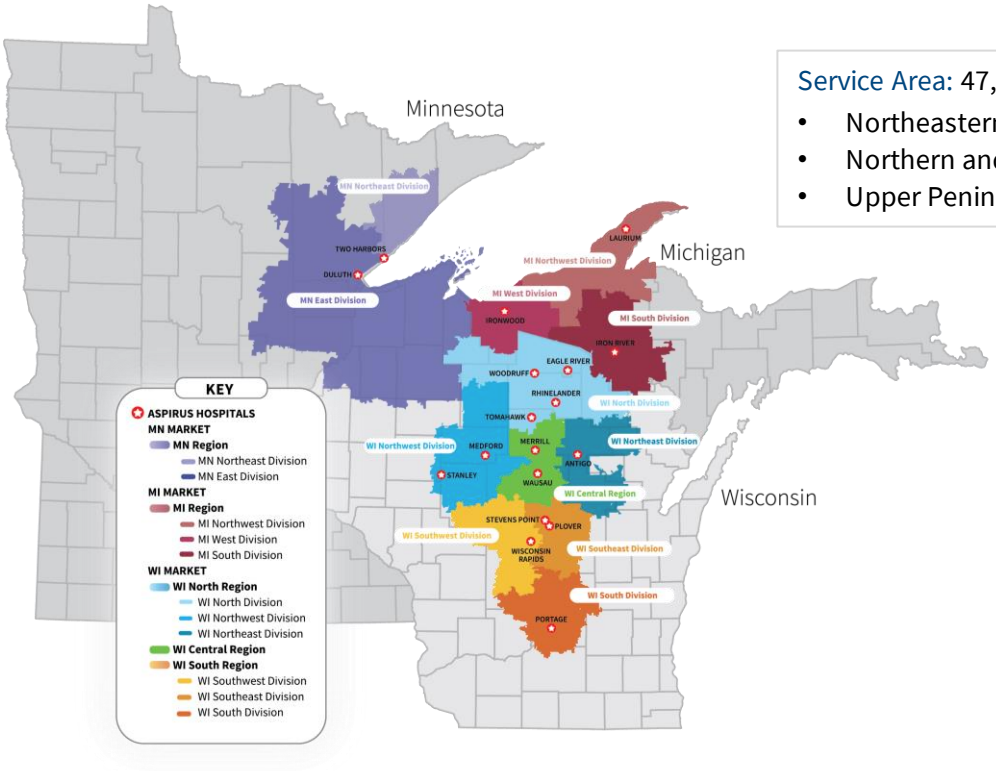
- Collaborative relationships with the Clark County Health Department and the Marshfield Medical Center-Neillsville.
- The compilation of two kinds of data:
    - Community input. Community input was gathered through a community survey and facilitated deliberative inquiry community conversations.
    - 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.
- A review of data through the lens of multiple criteria (e.g., ability to reach vulnerable populations; community infrastructure).
- A prioritization process that considered community input, health status data and criteria.
- The selection of a set of priorities the hospital is committed to formally pursuing over the next three years.

Aspirus Stanley Hospital will be developing a plan to address **Youth Mental Health, Youth Food Security and Nutrition** and **Safety and Injury Prevention**. As strategies are developed to address these issues, the hospital will be cognizant of the social drivers of health that contribute to these three priority areas.

Aspirus Health and Aspirus Stanley 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 Stanley Hospital

Aspirus Stanley 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 Clark and Chippewa counties include inpatient hospital care, a 24/7 emergency department, urgent care, surgical services, imaging, laboratory, pharmacy and outpatient therapies.

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 Clark and Chippewa County as well as portions of surrounding counties. Aspirus Stanley Hospital is located on the Clark-Chippewa County line. There is one additional hospital in both Clark County and Chippewa County.

Clark 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). Clark County is also a designated Medically Underserved Area (MUA). A portion of Chippewa County is a designated Medically Underserved Area (MUA).

For the purposes of our Community Health Needs Assessment, we have defined our "community" as Clark and Chippewa Counties because (a) the hospital is located on the Clark-Chippewa County line; (b) most population-level data are available at the county level and (c) each county has coalition/partnership structures that focus on county residents.

Demographics

Clark County is a rural county in central Wisconsin. It covers 1,209 square miles, with 28.7 people per square mile and an overall population of 34,659 people. Chippewa County is considered an urban county. Chippewa County covers 1008 square miles, with 65.8 people per square mile and an overall population of 66,297.

The table below compares Chippewa County and Clark County with Wisconsin on a variety of demographic measures. The color scheme reflects the county compared to Wisconsin.

More/Higher	Less/Fewer	Similar	Neutral / NA

	Chippewa County	Clark County	Wisconsin
Population	66,297	34,659	5,893,718
Age <18	21.1%	29.8%	21.0%
Age 65+	20.4%	17.0%	19.2%
Median age	42.3	37	40.5
White alone	91.8%	92.2%	80.4%
Black or African American alone	1.6%	<1%	6.4%
American Indian and Alaska Native alone	<1%	<1%	1.0%
Asian alone	1.5%	<1%	3.0%
Two or more races	4.0%	3.2%	6.1%
Hispanic or Latino	1.9%	6.1%	7.6%
Language other than English spoken at home	NA	17.4%	9.3%
High school graduate or higher	95.3%	82.5%	93.7%
Bachelor's Degree or Higher	24.9%	13.4%	33.8%
Individuals who are veterans	6.6%	6.2%	5.9%
Individuals with disabilities	12.6%	12.0%	12.7%
Persons in poverty	8.4%	12.0%	10.7%
Median household income	$77,617	$66,250	$74,631
Percent without healthcare coverage	3.5%	21.3%	4.9%
Percent using public insurance (Medicaid, Medicare, veterans' benefits, etc.)	38.0%	34.2%	36.0%

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.

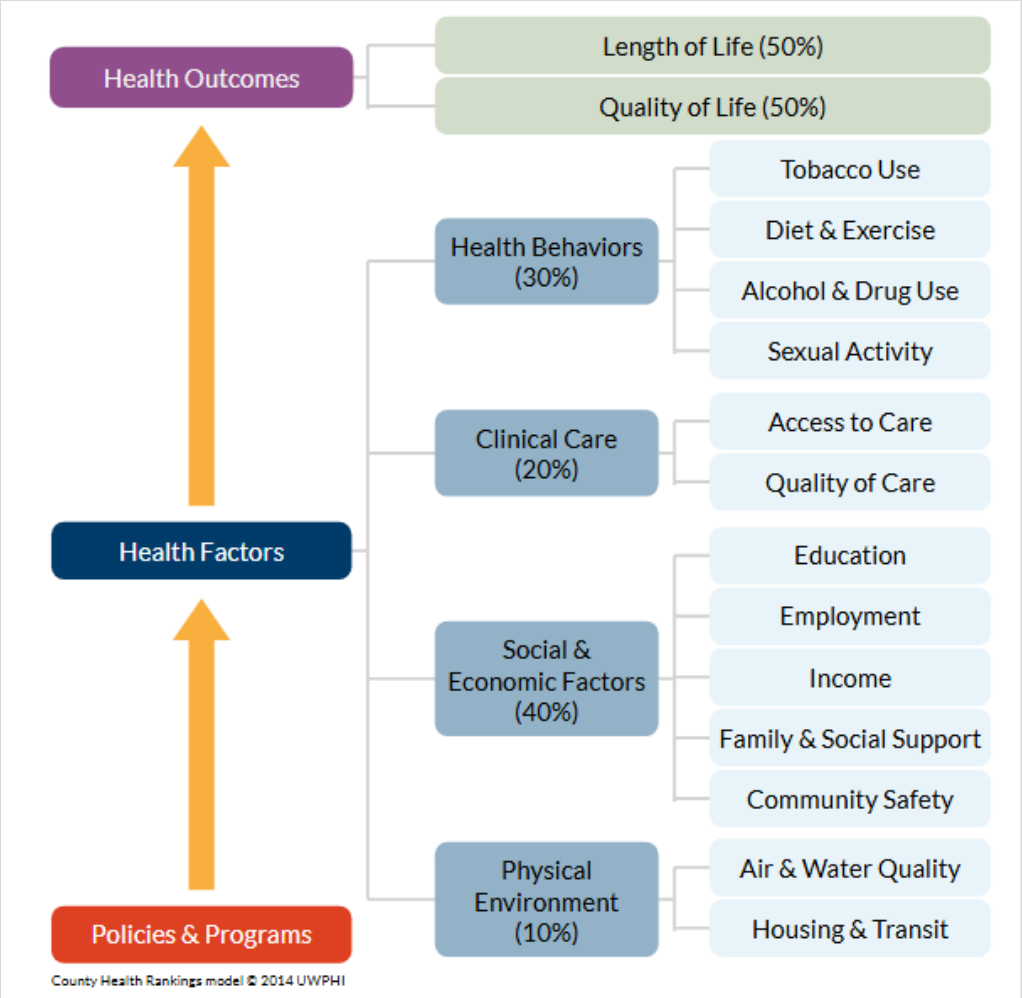
- For organizing data, Aspirus uses the County Health Rankings and Roadmaps Model. The model accounts for clinical, social, economic, behavioral and environmental factors that impact health.
- Aspirus recognizes that the factors affecting health are complex. The Bay Area Regional Health Inequities Initiative (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 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 Stanley Hospital, the health status data and much of the community input are organized in this framework.

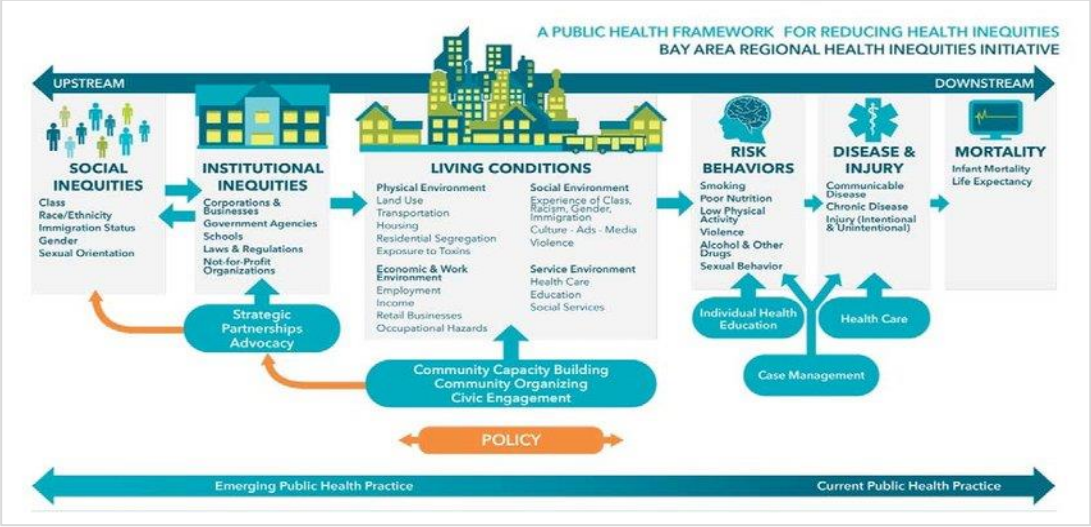


Understanding Equity, Inequities and Complex Factors

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.



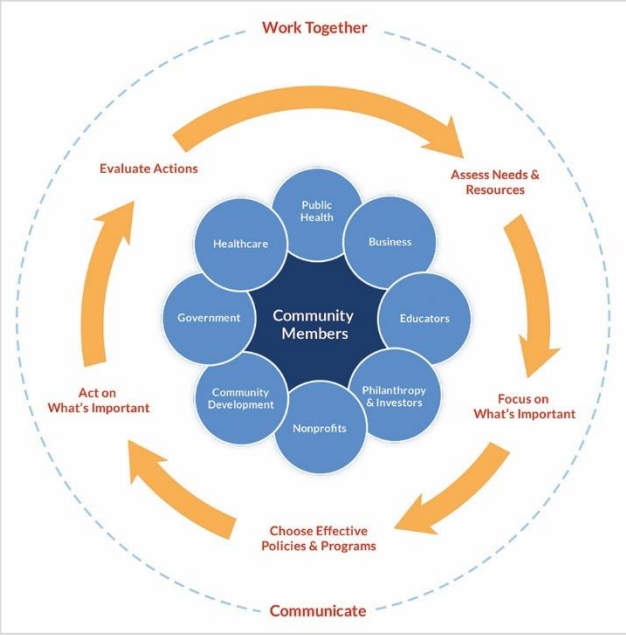
Another model helps explain the importance of recognizing that sometimes a one-size-fits-all solution does not work. The Robert Wood Johnson Foundation provided this health equity 'bicycle' model. If a person wants to go on a bicycle ride with their friends and family, each person needs a different bicycle 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 Stanley Hospital worked with community partners, gathered community input and compiled data to learn more about what is important to the community. Aspirus Stanley Hospital is geographically located in Clark County but is immediately adjacent to Chippewa County. For the purposes of the needs assessment process, both counties are included. The process is conducted every three years. An overview of the process in each county is below.

Aspirus Stanley Hospital was highly involved in the Clark County assessment process. The hospital is grateful for the Chippewa County Health Department's leadership on that county's assessment and credits the health department for the process and results.

Chippewa County	Clark County

- Summer 2023: Conducted a community survey
- November 2023: Compiled secondary data
- December 2023 – January 2024: Community conversations held to discuss survey results
- February 2024: Coalition meetings held to provide feedback on preliminary results
- June 2024: Completed the report
	- Summer 2024: Conducted community survey
	- Fall 2024: Compiled (secondary) health status data
	- Fall 2024: Reviewed survey results and health status data with filters of:
	  ○ Secondary data show a significant issue
	  ○ Community infrastructure exists to address the issue
	  ○ The issue can be addressed collectively
	  ○ We can reach vulnerable individuals
	- Winter 2024-25: Identified top issues for each partner (separately and then together)
	- Winter 2024-25: Identified some shared top issues for collaborative efforts
	- Winter-Spring 2025: Conducted deliberative inquiry process for three youth-related areas (food security, mental health and childcare)
	- Summer 2025: Completed the CHNA report

Collaborators and / or Consultants

Aspirus Stanley Hospital values its community partners, particularly the health departments, for their work on the assessments.

Chippewa County	Clark County
The Chippewa County Health Department and the multi-organizational Chippewa Health Improvement Partnership facilitated the needs assessment process. No paid consultants or vendors were utilized.	Aspirus Stanley Hospital collaborated with Marshfield Medical Center – Neillsville and Clark County Health Department to complete this work. The University of Wisconsin-Extension facilitated the deliberative inquiry process to gather community input. No paid consultants or vendors were utilized.

Community Input

Clark County and Chippewa County community members provided their voice to the community health needs through a community survey and key stakeholder input. 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.

Community input was obtained in both Chippewa County and Clark County through a survey and through some form of community discussion.

Community Survey

Chippewa County	Clark County
The Chippewa County community survey asked adults 18 years and older who live or work in Chippewa County about the 25 issues that impact health. The survey asked which five issues community members felt were the biggest problems for their community. The survey was available online through SurveyMonkey and as paper copies. The survey was available in English, Hmong, and Spanish to ensure inclusivity. While promoting the survey, CHA partners took deliberate steps to ensure a diverse group of respondents. Several methods were used to reach groups underrepresented in past CHA surveys. These groups included: Men • People Of Color • Families • People With A Lower Socioeconomic Status A total of 862, or 1.6% of Chippewa County residents completed the survey. The top five issues from the survey respondents were: • Substance misuse • Lack of safe and affordable housing • Poor mental health • Alcohol misuse • Lack of access to childcare or unaffordable childcare Additional information about the survey, the survey distribution and the results are in Appendix C. *This description was excerpted from the Chippewa County Community Health Assessment Report – 2024*	The Clark County community survey was developed by the three core partners – Clark County Health Department, Marshfield Medical Center-Neillsville and Aspirus. The partners reviewed the previous community survey, modified it based on lessons learned in 2022, and developed a strong distribution strategy. Survey distribution in Summer 2024 was led by the health department. The survey was distributed electronically and on paper. In order to helps assure that often-under-represented voices were heard, the survey was actively distributed widely, including but not limited to: at a resource fair that reaches individuals who are Hispanic; via mail to 160 individuals in the Plain community; to individuals who are older and/or have a disability. Top issues included (but are not limited to): • Mental health • Families not having enough money • Substance use • Housing Additional information about the survey, the survey distribution and the results are in Appendix D.

Community Discussion

Chippewa County	Clark County
Community Conversations were held to obtain additional community input. On a series of poster boards, the identified top five issues that impact health from the Community Health Survey were presented to Chippewa County residents. Community members were invited to look at the poster boards at their own pace and share their thoughts. From December 2023 through January 2024 CHA partners hosted five in-person and two online conversations. A total of 136 people, representing many sectors of the community (health care, families with children, unhoused, aging, etc.), participated in these conversations. The top five issues that impact health according to conversation-participating Chippewa County residents: • Substance misuse • Poor mental health • Alcohol misuse • Lack of safe or affordable housing • Lack of access to childcare or unaffordable childcare Additional information about the community conversations is in Appendix E. *This description was excerpted from the Chippewa County Community Health Assessment Report – 2024.*	In Winter 2024-25, the core partners began working with the University of Wisconsin-Extension to plan for and then conduct a deliberative inquiry process. Deliberative inquiry is a highly facilitated process that results in constructive discussion around complex topics. An issue guide is prepared and then shared with community members for discussion. In Clark County, the issue guide was focused on the issues of and potential solutions for: childcare; youth food insecurity; youth mental health. Two in-person deliberative dialogues were conducted in Spring 2025. An excerpt from those results can be found in Appendix F. At the time of the deliberative inquiry sessions, the likely top issues had been identified. The deliberative inquiry process facilitated discussion and energy around potential actions for the Implementation Strategy.

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 Stanley Hospital 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 University of Wisconsin Population Health Institute (UWPHI) model, the data were grouped in the following categories:

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

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

Community Needs and Prioritization Process

Chippewa County and Clark County had different prioritization processes.

Chippewa County	Clark County
Prioritization Process and Criteria	**Prioritization Process and Criteria**
In February 2024: the CHA project manager shared the combined results of the Community Health Survey, secondary data comparison, and the Community Conversations with CHIP coalition members. Coalition members then held facilitated discussions about the presented results. Participants came from diverse backgrounds and organizations and had various health interests. Many had expertise in public health work. After the discussion, attending members were invited to vote for the three issues that impact health which they believed were the biggest concerns for Chippewa County, based on the other steps of the CHA. A total of 30 coalition members participated in this meeting. The final ranking of the issues that impact health was completed using a weighted prioritization matrix. The matrix was based on a prioritization technique recommended by the National Association of County and City Health Officials (NACCHO). This process has been used by the partnership since 2015. *This description was excerpted from the Chippewa County Community Health Assessment Report – 2024*	January 2025: Healthy Clark County leadership reviewed the survey results and secondary health status data to prioritize the set of possible priorities. A formal discussion included input from all partners on the current and potential state in terms of data as well as strategies. Criteria included: • Secondary data shows this is a significant issue • Community infrastructure exists to address • Can address collectively • We can reach vulnerable individuals The partners then assessed their organizations' internal capacity and reconvened to share likely priorities. The partners aimed to identify at least one priority area that they could all collaborate on.

The results of the prioritization processes are below.

Chippewa County	Clark County
Prioritization Results	**Prioritization Results**
Top issues for Chippewa County Health Department: - Access – healthcare, childcare, healthy foods - Mental health - Substance misuse	Top issues for Clark County Health Department: - Chronic disease - AODA (schools) - Whole child well-being (childcare, mental health and food security) Top issues for Marshfield Clinic Health System: - Alcohol and Substance Misuse - Behavioral Health - Health Equity - Capacity and Infrastructure Top issues for Aspirus (preliminary) - Food insecurity - Physical environment and safety - Mental health

Aspirus Stanley Hospital identified the issues that were similar between Chippewa County and Clark County. Having similar issues enables some economies of scale for the hospital's community health improvement efforts.

Chippewa County	Clark County
Similar Issues	**Similar Issues**
- Mental health (youth) - Healthy food (youth)	- Mental health (youth) - Food insecurity and nutrition (youth) ○ Inclusive of chronic disease prevention Not complementary but selected: - Safety and injury prevention

The Aspirus Stanley Hospital priority needs recommendation was brought to a hospital administration meeting, discussed and supported.

Final Prioritized Needs

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

- Mental health (youth)
- Food security and nutrition (youth)
- Safety and injury prevention

Needs Not Selected

During the assessment process in the two counties, multiple community health issues were raised. Those issues that were identified but not selected by the hospital are below. The rationale for them not being selected is also included.

- Chronic Disease: By addressing food security and nutrition as well as mental health in the community, Aspirus is working to prevent chronic disease.
- Substance Use: In Clark County, there is very little momentum or energy around it from other organizations. The hospital felt its resources were better directed to efforts that could result in collective impact.
- Childcare: Childcare was not selected because the hospital does not have that expertise.
- Health equity: Aspirus is working to improve health equity as part of its work in mental health, food security and nutrition, and safety and injury prevention.
- Capacity and infrastructure: Aspirus will collaborate on capacity and other infrastructure issues, however, Aspirus does not have the internal capacity or expertise to lead.
- Access to healthcare: Access to care was not selected as a formal priority because maintaining high quality care and improving access to care is already the core business Aspirus implements to live our mission – to heal people, promote health and strengthen communities.

A brief overview of the prioritized 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.

Youth 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.

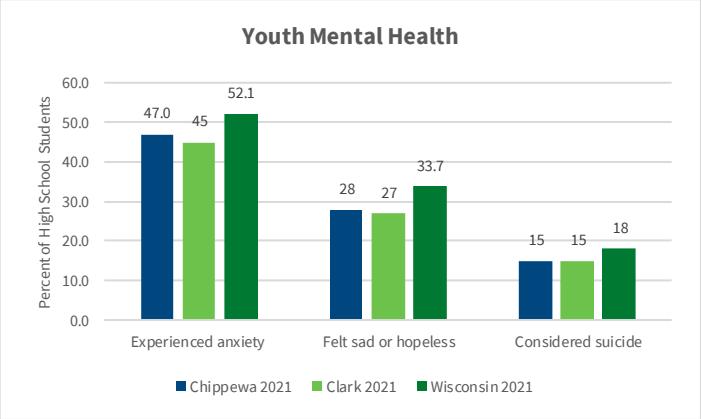
Disparities and Inequities

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

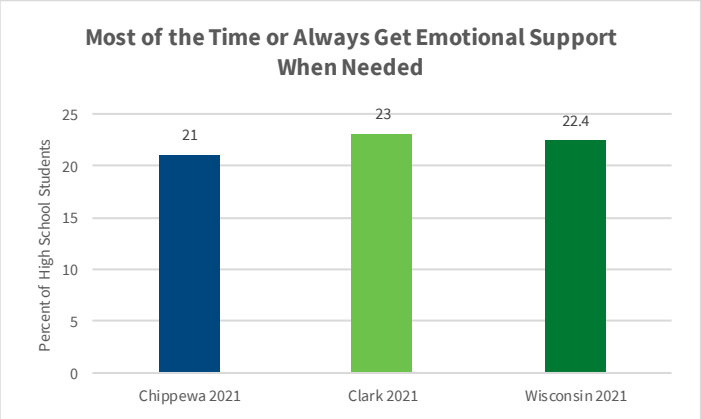
- In the U.S., young adults (ages 18-25) have higher levels of any mental illness compared to adults 26-49 and over 50 years old.[1]
- Individuals in marginalized groups are more likely to have poor mental health.[2]
- The likelihood of depression decreases as education levels increase.[3]
- Depression 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



Youth Risk Beahvior Survey data for 2023 are not available for Clark County. Chippewa County 2023 levels improved slightly; Wisconsin levels remained flat.



Youth Risk Behavior Survey data for 2023 are not available for Clark County. Chippewa County 2023 levels improved; Wisconsin levels worsened slightly.

Community Perceptions & Challenges

Community members shared their perspectives in a deliberative inquiry process (similar to a focus group). Highlights include:

- A team approach, with collaboration between schools, counties, and community services, is crucial for improving access to mental health services.
- Emergency departments are often not equipped to handle mental health crises effectively, and there are insufficient trauma-informed responses.

Youth Food Security and Nutrition

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]

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. (2) Healthy People 2030 website https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/food-insecurity. Accessed on 3/25/2025.

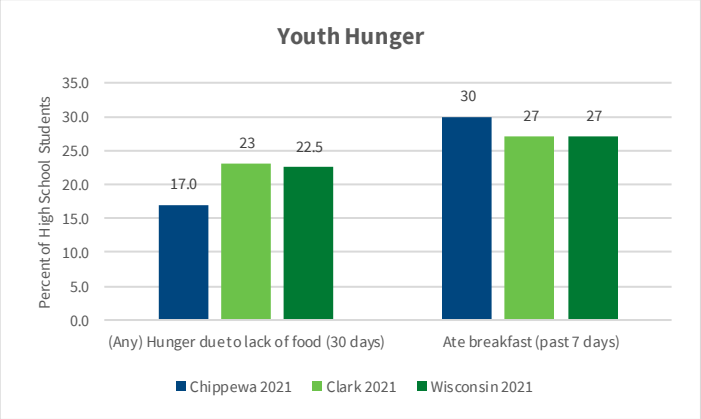
Disparities and Inequities

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

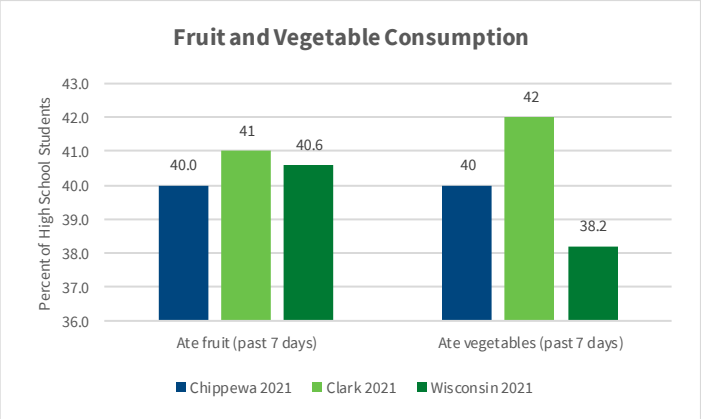
- Neighborhood conditions may affect physical access to food. For example, people living in some urban areas, rural areas, and low-income neighborhoods may have limited access to full-service supermarkets or grocery stores.
- Predominantly Black and Hispanic neighborhoods may have fewer full-service supermarkets than predominantly White and non-Hispanic neighborhoods.
- Convenience stores may have higher food prices, lower-quality foods, and less variety of foods than supermarkets or grocery stores.
- Access to healthy foods is also affected by lack of transportation and long distances between residences and 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. In addition, reduced frequency, quality, variety, and quantity of consumed foods may have a negative effect on children's mental health.

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



Youth Risk Behavior Survey data for 2023 are not available for Clark County. Chippewa County 2023 levels remained relatively flat.



Youth Risk Behavior Survey data for 2023 are not available for Clark County. Chippewa County 2023 levels increased slightly; Wisconsin levels remained flat.

Community Perceptions & Challenges

Community members shared their perspectives in a deliberative inquiry process (similar to a focus group). Highlights include:

- Interest in increased coordination and collaboration between food pantries.
- Interest in building a system that allows food sharing to reduce waste and better serve community needs.
- Interest in expanding access during times when school-based food programs are unavailable.

Safety and Injury Prevention

Why is it Important?

Injuries and violence affect everyone, regardless of age, race, or economic status. Americans ages 1-44 die from injuries and violence—such as motor vehicle crashes, suicide, or homicides—more than any other cause.

- Suicide is now the second leading cause of death for people ages 1-44, and numbers of suicides continue to rise.
- Homicide remains in the top five leading causes of death for the 1-44 age group.
- Drowning is the number one cause of death for children ages 1–4.
- Motor vehicle crashes are a leading cause of death in the United States among people ages 1–75 and the leading cause of death for children, youth, and young adults ages 5–24.
- Falls are the leading cause of fatal and nonfatal injuries among adults ages 65 years and older.

Source: Verbatim from the Centers for Disease Control and Prevention, https://www.cdc.gov/injury/priorities/index.html. Accessed on 5/14/2025

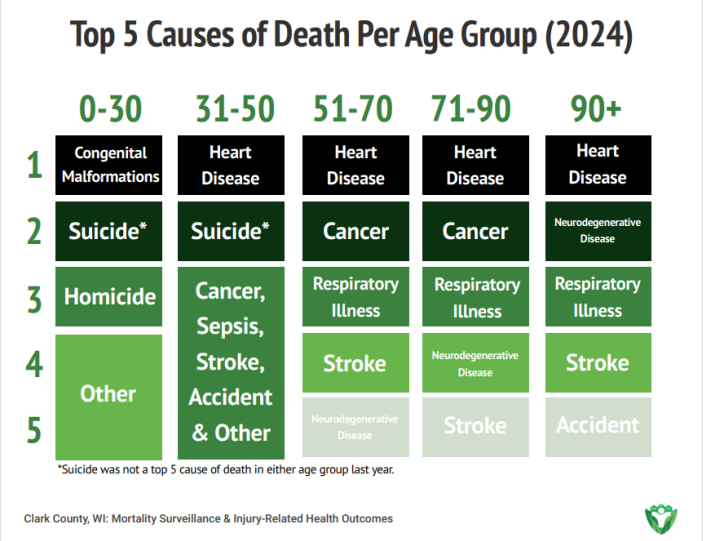
Disparities and Inequities

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

- Males of any age are more likely than females to die from any type of injury. This disparity has been linked to lifestyle and masculine socialization.
- Unintentional injury death rates are higher in rural places than in urban places.
- Injured or poisoned individuals have more difficulties obtaining rapid emergency treatment in rural areas than in urban areas.

Source: Verbatim from the County Health Rankings and Roadmaps website, https://www.countyhealthrankings.org/health-data/health-factors/social-economic-factors/community-safety/injury-deaths?year=2024 Accessed on 5/14/2025.

Data Highlights



2021-2023 ER Visits (Ages 0-19)

Type of Injury-Related Visits	# of Visits	
	2020-2022	2021-2023
Fall	429	486
Struck By or Against Object or Person	326	370
Cutting or Piercing Objects	122	148
Overexertion	94	110
Motor Vehicle Traffic	101	104
Natural or Environmental Factors	82	99
Other Transportation (Nontraffic or Not Involving Motor Vehicle)	81	82
Poisoning	54	58
Fire, Heat, Chemical Burns, Hot Object, Scalding	16	15
Machinery	11	11
Suffocation	<5	<5
Drowning	<5	0

Clark County, WI: Mortality Surveillance & Injury-Related Health Outcomes

Additional Data:

- Child mortality (deaths per 100,000 population): Clark County 70; Chippewa County 50; Wisconsin 50. (Years 2018-2021)
- Compared to all other states, Wisconsin has the highest death rate due to falls. (2021, CDC)

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 Stanley Hospital 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., Clark County Health Department).

- Connecting patients with food and other basic needs resources (through FindHelp.org)
- Participation in community resources fairs

As appropriate, Aspirus Stanley 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 Stanley Hospital's priority health issues from the previous CHNA included:

- Chronic Disease
- Mental health
- Physical Environment and Safety

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 Stanley's Northwest Division Board of Directors on May 21, 2025.

Conclusion

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

Appendices

Appendix A: Demographics and Related Descriptors

The table below outlines some of the demographic characteristics of Clark County and Chippewa County, Wisconsin.

	Chippewa County	Clark County	Wisconsin
Population	66,297	34,659	5,893,718
Age <18	21.1%	29.8%	21.0%
Age 65+	20.4%	17.0%	19.2%
Median age	42.3	37	40.5
White alone	91.8%	92.2%	80.4%
Black or African American alone	1.6%	<1%	6.4%
American Indian and Alaska Native alone	<1%	<1%	1.0%
Asian alone	1.5%	<1%	3.0%
Two or more races	4.0%	3.2%	6.1%
Hispanic or Latino	1.9%	6.1%	7.6%
Language other than English spoken at home	NA	17.4%	9.3%
High school graduate or higher	95.3%	82.5%	93.7%
Bachelor's Degree or Higher	24.9%	13.4%	33.8%
Individuals who are veterans	6.6%	6.2%	5.9%
Individuals with disabilities	12.6%	12.0%	12.7%
Persons in poverty	8.4%	12.0%	10.7%
Median household income	$77,617	$66,250	$74,631
Percent without healthcare coverage	3.5%	21.3%	4.9%
Percent using public insurance (Medicaid, Medicare, veterans' benefits, etc.)	38.0%	34.2%	36.0%

Sources:

- U.S. Census Bureau Table S2704: Public Health Insurance. https://data.census.gov/table/ACSST1Y2023.S2704?q=S2704&g=040XX00US55. Accessed on January 5, 2025.
- U.S. Census Bureau Wisconsin Profile and corresponding tables: https://data.census.gov/profile/Wisconsin?g=040XX00US55. Accessed on January 5, 2025.
- U.S. Census Bureau Clark County Profile and corresponding tables: https://data.census.gov/profile?g=040XX00US55. Accessed on January 6, 2025.
- U.S. Census Bureau Chippewa County Profile and corresponding tables: https://data.census.gov/profile?g=040XX00US55 Accessed on May 4, 2025.

Some groups of individuals in our communities are more likely to experience health disparities based on a number of demographic variables. One of those groups in ~~Columbia County~~ Clark County is individuals who are Hispanic or Latinx. 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.[1] 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.[2] From 1951 to 1964, Wisconsin farmers participated in the program, and between 1942 and 1964, millions of Mexican farm laborers came to Wisconsin.[3] Since then, many other Hispanic/Latinx groups have also made Wisconsin their home. In Clark County, the number of individuals who are Hispanic or Latino increased from 1292 in 2010 to 2098 in 2020.[4] In Chippewa County, the number of individuals who are Hispanic or Latino increased from 800 in 2010 to 1257 in 2020.[5]

References

1. Wisconsin Department of Health Services. Hispanic/Latinos in Wisconsin: Overview. https://www.dhs.wisconsin.gov/minority-health/population/hispanlatino-pop.htm
2. Wisconsin Historical Society. Hispanic History. https://www.wisconsinhistory.org/HispanicHistory
3. Wisconsin Historical Society. Mexicans in Wisconsin. https://www.wisconsinhistory.org/Records/Article/CS1791
4. 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
5. U.S. Census. https://data.census.gov/table?q=P9&g=050XX00US55017,55019,55021,55067,55119 accessed on 5/2/2025 and https://data.census.gov/table/DECENNIALSF12010.P9?q=P9&g=050XX00US55017,55019,55021,55067,55119 accessed on 5/2/2025

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 – Chippewa County Community Survey

This description is excerpted directly from the Chippewa County Health Department's Community Health Assessment.

This survey asked adults 18 years and older who live or work in Chippewa County about the 25 issues that impact health. The survey asked which five issues community members felt were the biggest problems for their community. The survey was available online through SurveyMonkey and as paper copies. The survey was available in English, Hmong, and Spanish to ensure inclusivity.

While promoting the survey, CHA partners took deliberate steps to ensure a diverse group of respondents. Several methods were used to reach groups underrepresented in past CHA surveys. These groups included:

Men • People Of Color • Families • People With A Lower Socioeconomic Status

To reach this goal, partners shared the online survey via their mailing lists, websites, and social media; purchased radio and newspaper ads through iHeartMedia and the Chippewa Herald; distributed flyers to local organizations; enlisted the help of community organizations like El Centro and the Eau Claire Area Hmong Mutual Assistance Association; and distributed paper surveys through the Aging and Disability Resource Center (via Meals on Wheels) and the Chippewa County Jail. A press release was also sent to local media outlets when the survey opened. A total of 862, or 1.6% of Chippewa County residents completed the survey.

The top five issues from Chippewa County Community Health Assessment survey respondents were:

- Substance misuse
- Lack of safe and affordable housing
- Poor mental health
- Alcohol misuse
- Lack of access to childcare or unaffordable childcare

A more complete description can be found in the Chippewa County Health Department's Community Health Assessment.

Appendix D: Community Input – Clark County Community Survey

As part of the Aspirus Stanley Hospital community health needs assessment process in Clark County, a community survey was conducted in Summer 2024. The survey was developed by the Clark County Health Department, Aspirus and the Marshfield Clinic Health System. Distribution was primarily done by the Health Department.

Distribution

The survey was distributed electronically and on paper. Distribution strategies included:

- Flyers/Posters with QR code (for electronic survey participation)
- In-person meetings / events
- Social media postings
- Electronic newsletters
- Mail / U.S. Postal Service

Audiences and/or locations of survey distribution included:

- Aging and Disability Resource Center* clients/participants
- Plain Community*
- County Board of Heath members and County Board of Supervisors
- Clark County Economic Development Corporation members
- Licensed childcare centers and Childcaring, Inc.
- Churches
- Clark County Courthouse employees
- Clark County personnel (via newsletter)
- Law enforcement, fire departments and emergency services
- Libraries
- Clark County schools (via electronic newsletter)
- Town, village, and city representatives
- Hospital and clinic staff
- Participants at a food distribution event at the St. Bernard's Church*

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

Who Responded

Over 400 individuals responded to the survey. When reviewing the survey results, the fact that the respondents are likely not reflective of the general population should be kept in mind.

Community Survey Results

Survey respondents were provided a set of categories with specific health or health-contributing issues. For each category, respondents were asked to choose the top two issues they thought were most hurting the community.

The table below shows the top health issues selected by different groups of people, including individuals in households with income less than $50,000/year, individuals who are Hispanic and individuals from the Plain Community. These differentiations were made as a way to understand, along with the priorities of the community as a whole, the priorities of individuals who might be more vulnerable.

	All (n=415)	Household Income <$50K (n=108)	Individuals who are Hispanic (n=27)	Plain Community (n=14)
Outcomes	Mental health (58%)	Overweight / Obesity (61%)	Chronic disease (14/27) (52%)	Overweight / Obesity (57%)
	Overweight / Obesity (55%)	Mental health (49%)	Overweight / Obesity (10/27) (37%)	Chronic disease (29%)
	Chronic diseases (44%)	Chronic disease (46%)	Mental health (6/27) (22%)	Mental health (21%)
Clinical Care	Lack of doctors and other healthcare providers (45%)	Lack of doctors and other healthcare providers (43%)	Availability and affordability of health insurance (13/27) (48%)	Lack of doctors and other healthcare providers (36%)
	Lack of mental health care providers (45%)	Availability and affordability of health insurance (41%)	Fewer people using preventive services (7/27) 26%	Availability & affordability of dental care (29%)
	Availability and affordability of health insurance (45%)	Lack of mental health care providers (36%) Availability & affordability of dental care (31%)	Lack of mental health care providers (4/27) (15%)	Lack of mental health care providers (21%) Fewer people using preventive services (21%)
Social and Economic Factors	Families not having enough money (48%)	Families not having enough money (55%)	Families not having enough money (12/27) (44%)	Families not functioning well (50%)
	Families not functioning well (43%)	Families not functioning well (32%)	Families not functioning well (6/xx) 22%	Limited social connectedness and belonging (21%)
	Access to affordable, quality childcare (29%) Aging related concerns (25%)	Aging related concerns (32/108) (30%) Access to affordable, quality childcare (29/108) (27%)	Harassment (5/27) (19%)	Choose not to answer (21%) None (21%)
Health Behaviors	Drug abuse (55%)	Alcohol use/ misuse (48/108) (44%)	Drug abuse (11/27) (41%)	Alcohol use/ misuse (8/14) (57%)
	Alcohol use/ misuse (40%)	Drug abuse (48/108) (44%)	Alcohol use/ misuse (10/27) (37%)	Excessive use of social media (43%)
	Excessive use of social media (23%)	Excessive use of social media (29/108) (27%)	Poor oral or dental health (5/27) (19%)	
Physical Environment	Lack of safe and affordable housing (63%)	Lack of safe and affordable housing (65/108) (60%)	Lack of safe and affordable housing (13/27) (48%)	None (79%)
	Limited access to public transportation (39%)	Limited access to public transportation (33/108) (31%)	Drinking water quality (8/27) (30%)	Choose not to answer (14%)
	None (18%) Drinking water quality (17%)	Drinking water quality (26/108) (24%)	Air (7/27) (26%)	

NOTE: For each category of health issue, respondents could choose UP TO TWO responses. The implications are: (1) Some questions had more potential answers and therefore the percentage of respondents for any given answer in those categories will be lower than for those questions with a fewer number of potential answers. (2) Therefore, comparisons of percentages across the different categories cannot be made. (3) Lastly, the total percentages will add up to more than 100%.

Appendix E: Community Input – Chippewa County Community Stakeholder Input (Community Conversations)

This description is excerpted directly from the Chippewa County Health Department's Community Health Assessment.

Another opportunity for community members to participate in the assessment was to attend events hosted by CHA partners called Community Conversations. On a series of poster boards, the identified top five issues that impact health from the Community Health Survey were presented to Chippewa County residents. These boards also displayed their related secondary data measures and showed why survey respondents chose that issue. Community members were invited to look at the poster boards at their own pace and share their thoughts with the CHA partners attending the event. They were then asked to vote for the three issues that impact health they believed remained the biggest concerns for their community after reviewing the new data.

From December 2023 through January 2024 CHA partners hosted five in-person and two online conversations. The in-person events took place at the following locations: a Strong Bodies class hosted in Bloomer; the Irvine Park Christmas Village in Chippewa Falls; Agnes' Table (a county meal site) in Chippewa Falls; high school varsity basketball games in Cornell; high school varsity basketball games in Stanley-Boyd.

A total of 136 people, representing many sectors of the community (health care, families with children, unhoused, aging, etc.), participated in these conversations. The top five issues that impact health according to conversation-participating Chippewa County residents:

- Substance misuse
- Poor mental health
- Alcohol misuse
- Lack of safe or affordable housing
- Lack of access to childcare or unaffordable childcare

A more complete description can be found in the Chippewa County Health Department's Community Health Assessment.

Appendix F: Community Input – Clark County Community Stakeholder Input (Deliberative Inquiry)

In addition to gathering community input through a community survey, the Clark County partners participated in a process called deliberative inquiry. The process was led by the University of Wisconsin-Madison, Division of Extension, Health and Well-Being Institute (UW-Extension).

The process focused on three areas: childcare; youth mental health; youth food security.

Local experts were convened to identify potential strategies for each of the three health areas. From those discussions, an issue guide was created. Next, in Spring 2025, the UW-Extension partners facilitated two in-person meetings in two geographically different locations in the county. At those meetings, the issue guide was shared and discussed with community members. Invited participants included:

- WIC Director*
- Substance Abuse Counselor
- Parent/Community Member (x2)
- School Counselor
- Food Pantry Manager*
- Board of Health Member & County Board Supervisor & Parent
- Physical Education Teacher
- Child Care Director
- Food Pantry Liaison/Church Secretary*
- County Board Supervisor/Parent
- School Nurse
- Pupil Services Navigator
- Economic Development Director
- Youth (Student)

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

An excerpt from the deliberative inquiry report is on the next few pages:

- Approach 1: Quality Child Care for All
- Approach 2: Increase Young People's Access to Safe and Healthy Food
- Approach 3: Support Youth Mental Health

Community Supported Solutions	
APPROACH 1: Quality Child Care for All	
Dialogue around Approach 1 highlights strong consensus for Strategies 2, 3 and 4.	
Strategy 1: Leadership across several counties collaborate to advocate to the State Legislature for resolutions to address the childcare crisis.	**Challenges:** Advocacy can be slow and frustrating, especially when the state sees the issue as a private sector problem. Efforts often lack a statewide approach, leaving rural and smaller communities without needed support, while more industrial areas get prioritized. **Support Noted:** Contacting legislators can make a difference. This can be a low investment strategy with potential for long-term positive outcomes. Having a well-informed advocate can help move the issue forward and when many people speak up together, it shows the issue matters and needs attention.
Strategy 2: Provide templates to help parents, providers, businesses, county groups, and local governments contact government officials, making it easier for them to explain how the childcare crisis impacts families, the economy, and the community.	**Challenges:** Advocacy can be discouraging when change is slow, especially without collective effort. It takes ongoing follow-up and dedicated staff, requiring time and resources. **Support Noted:** Providing parents and community members with tools and resources empowers them to advocate more effectively and efficiently. Using data to show the fiscal impact of childcare issues can be persuasive. Workforce, mental health, and childcare issues are interconnected.
Strategy 3. Set up an online forum for Clark County childcare providers to connect, share ideas, and collaborate on strategies to improve the child care crisis.	**Challenges:** Forums need moderation for safety and effectiveness, but finding someone for this role can be difficult. Staff may lack time, and providers may not have the capacity to engage in forums or mentorship. It's crucial to ensure childcare providers offer safe care. **Support Noted:** Bringing licensed and in-home providers together builds a supportive network. Experienced providers can mentor others, helping more get licensed and grow childcare slots. Local collaboration offers more relevant support than broad online groups.
Strategy 4: Employers connect with Childcaring, Inc. for resources (e.g. provider referrals, available financial assistance) for new hires and provide these resources to employees if future childcare issues arise.	**Challenges:** Employers may not know about Childcaring, Inc. While more resources are helpful, the key issue is the lack of providers. Connecting to childcare shouldn't add to employers' onboarding burden, as new employees typically arrange childcare before starting. **Support Noted:** Employers see childcare as a crisis and may be open to solutions. An online forum could connect employers with providers to push for school-based partnerships. Childcaring's data can support advocacy, and models like Spencer School District's childcare for staff could improve countywide access.
Strategy 5: Assist childcare providers in developing programs and hiring staff that reflect the culture and language needs of the children they care for.	**Challenges:** Lack of funding is a major barrier to hiring additional staff and expanding childcare services. Some participants are concerned about whether people from different cultures are being disincentivized to assimilate into the dominant culture and if this might lead to the formation of ethnic enclaves. **Support Noted:** There's a need for bilingual childcare providers to support non-English speaking families. Culturally relevant options, like Headstart programs, can increase service utilization and meet income-based needs. Encouraging community members, including retirees, to become providers can help address local demand.

Community Supported Solutions

APPROACH 2: Increase Young People's Access to Safe and Health Food

Dialogue around Approach 2 highlights strong consensus for Strategies 1, 2 and 5. Strategies 3 and 4 show moderate support with mixed views across participants.

Strategy 1: Set up a school "snack area" where all students can access free, healthy snacks, helping reduce the stigma of a food pantry and ensuring no young people are excluded due to income restrictions.	**Challenges:** Students who need food assistance often avoid snack areas due to stigma and shame. Healthy food is costly, and programs often limit what can be bought. Some students take extra, reducing availability for others. **Support Noted:** Providing snacks for all students, including middle-class families, ensures no one goes hungry. Donations and grants can fund food programs. Snacks also offer a chance to connect with students. After-school programs and locations, like libraries, providing snacks can reduce stigma.
Strategy 2: Support healthy food initiatives in food pantries, e.g. offering young people health screenings for some medical conditions, more fresh and nutritious food, on-site food demonstrations, and culturally appropriate meal kits.	**Challenges:** Clients may lack time or interest in nutrition lessons and many lack cooking skills. Budget limits affect food variety and quality. Cooking classes, gardens, and demos are often unfeasible due to space and resources. **Support Noted:** Offering culturally relevant foods and meal kits increases pantry use. Community partnerships support these efforts, along with opportunities to teach food growing, preserving, and cooking. A local volunteer network is available to assist.
Strategy 3: Promote fruit and vegetable prescription programs for children, where medical providers issue "prescriptions" for fresh produce that patients can redeem at markets.	**Challenges:** Vouchers pose an administrative burden for farmers markets and vendors, and are often unredeemed due to limited hours, selection, and transportation barriers. Those without healthcare access may not benefit. **Support Noted:** Partnering Rx programs with education can help people understand how to use the produce they receive. In combination with Rx programs, expansion of farmers markets/certified roadside stands can increase access to fresh produce.
Strategy 4: Local food pantries provide a wider variety of options for infant feeding including more formula options and breastfeeding resources.	**Challenges:** Stocking and using formula before it expires is challenging, and on-demand purchasing strains pantry budgets. Underuse of local pantries leads to missed opportunities to share formula and resources. **Support Noted:** Organizations can collaborate to get formula to families before it expires. Pantries can used targeted purchasing, raise awareness of available items and create breastfeeding spaces to support parents and reduce waste.
Strategy 5: Community partners collaborate consistently, communicate regularly on food access issues, and maintain an updated list of resources.	**Challenges:** Food pantries lack shared oversight, making coordination difficult. Limited volunteer time and outdated information hinder efforts. Previous attempts to develop food pantry collaboration in the county have been unsuccessful. **Support Noted:** A system for food pantries to communicate their needs and excess supplies could help reduce waste and ensure resources are distributed more effectively. Better communication and collaboration across ~~panties~~ pantries could create more opportunities to build community awareness and involvement.

Community Supported Solutions	
APPROACH 3: Support Youth Mental Health	
Dialogue around Approach 3 highlights strong consensus for Strategies 1, 4 and 5. Strategies 2 and 3 show moderate support with mixed views across participants.	
Strategy 1: Secure cell phones and other electronic devices in pouches during school hours to reduce distractions and improve student engagement.	**Challenges:** Enforcing policies is challenging, students may need phones for authentication, and screen time from computers remains high, limiting engagement. Students bypass policies using burner phones and VPNs, and parental support is difficult. **Support Noted:** Having a school board policy ensures consistency, reducing enforcement pressure on teachers. Limiting electronics increases student interaction and social skills, reduces bullying and improves mental health. Students can contact parents in the office, addressing emergency concerns.
Strategy 2: Establish a youth peer-mentoring program for high school students to mentor elementary and middle school students on health and social topics (ex. staying safe online).	**Challenges:** Some students lack the maturity for mentorship, and peer support may not be suitable for sensitive topics. Staff may resist certain topics being discussed, and oversight is needed. Parents may have concerns about mentors' values aligning with theirs. **Support Noted:** Studies show mentoring benefits both mentors and mentees, improving mental health and mutual learning. Older students often enjoy it and feel a sense of contribution. Existing programs like SADD and BLAST are effective and could be expanded.
Strategy 3: Increase support for navigating mental health services with families.	**Challenges**: Limited resources, changing services, and declining community mental health create unmet needs. Insurance, provider retention, under- equipped emergency departments, and geographical barriers complicate navigation. **Support Noted:** Collaboration between schools, counties, and navigators creates a cohesive support system. Dedicated navigators personalize support, and churches, community spaces, and free training (e.g., QPR) enhance mental health crisis response.
Strategy 4: School staff in Clark County, including health teachers and counselors, meet quarterly to share best practices in behavioral health.	**Challenges:** Cross-school sharing raises privacy concerns, coordination issues, and makes it difficult to ensure meetings are accessible. Some staff are reluctant to address mental health. **Support Noted:** This could encourage collaboration among schools to share best practices and resources, using models like WI School Nursing Networks for meeting formats. It could support staff in addressing mental health, and signed agreements could enable sensitive information sharing.
Strategy 5: Schools adopt policies that include alternatives to punishment for alcohol and/or other drug violations, versus a strict expulsion policy.	**Challenges:** Resistance from administrators and resource officers could make change difficult, and schools may oppose external policy alternatives. Poor communication across schools could hinder effective policy development. **Support Noted:** A graduated response system could focus on recovery, and diversion programs like community service could provide meaningful consequences. Zero-tolerance policies have long-term negative effects, while emphasizing treatment could address the root causes of substance use.

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

The tables below provide an overview of how Clark and Chippewa Counties compare to Wisconsin on measures of health. Citations for the data are included. Please note: County rates that are better than Wisconsin rates may still be at an unacceptable level.

NA	Better	Same	Worse

Health Outcomes							
Measure	**Description**	**Year(s)**	**Top Performers**	**US Overall**	**WI**	**Clark**	**Chippewa**
Premature Death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	2019-2021	6,000	8,000	7,100	7100	6300
Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	2021	13%	14%	13%	16%	14%
Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	2021	3.1	3.3	3.1	3.7	3.3
Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	2021	4.4	4.8	4.8	4.9	4.7
Low Birthweight*	Percentage of live births with low birthweight (< 2,500 grams).	2016-2022	6%	8%	8%	5%	6%
Life Expectancy*	Average number of years people are expected to live.	2019-2021	NA	77.6	78.2	77.8	78.8
Premature Age-Adjusted Mortality*	Number of deaths among residents under age 75 per 100,000 population (age-adjusted).	2019-2021	NA	390	340	370	320
Child Mortality*	Number of deaths among residents under age 20 per 100,000 population.	2018-2021	NA	50	50	70	50
Infant Mortality*	Number of infant deaths (within 1 year) per 1,000 live births.	2015-2021	NA	6	6	5	5
Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).	2021	NA	10%	9%	12%	10%
Frequent Mental Distress	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted).	2021	NA	15%	14%	16%	15%
Diabetes Prevalence	Percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted).	2021	NA	10%	8%	9%	8%
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	55	54

Measure	Description	Year(s)	Top Performers	US Overall	WI	Clark	Chippewa
Chronic alcohol-related hospitalizations -- Emergency Room	Visits per 100,000 population	2021 2022 2023	NA	NA	632.0	486.1	484.4
Chronic alcohol-related hospitalizations -- Inpatient	Visits per 100,000 population	2021 2022 2023	NA	NA	572.8	384.2	671.2
Alcohol-attributed deaths -- Chronic	Rate per 100,000 residents	2021 2022 2023	NA	NA	25	16.4	18.9
Alcohol-attributed deaths -- Acute	Rate per 100,000 residents	2021 2022 2023	NA	NA	30	19.3	21.3
Opioid-related deaths	Rate per 100,000 residents	2023	NA	NA	24	5.8	11.9
Opioid-related hospitalizations -- emergency room	Rate per 100,000 residents	2023	NA	NA	43.7	8.6	21
Opioid-related hospitalizations -- inpatient	Rate per 100,000 residents	2023	NA	NA	16.6	8.6	9
Falls	Percentage of adults age 65 and older who reported falling in the past 12 months	2020	NA	~25%	27.5%	Comparable data not available	Comparable data not available
Falls Deaths	Number of deaths due to falls in older adults per 100,000 older adults (age-adjusted)	2021	NA	78.0	176.5	Comparable data not available	Comparable data not available

Sources:

- 2024 County Health Rankings and Roadmaps website. Accessed September 15, 2024.
- Wisconsin Department of Health Services. DHS Interactive Dashboards: Alcohol Death Module. Last Updated 3/13/2024 8:40:48 AM.
- Wisconsin Department of Health Services. DHS Interactive Dashboards, Alcohol Hospitalizations Module [web query]. Data last updated 01/17/2025.
- Wisconsin Department of Health Services. Data Direct, Opioid Summary Module [web query]. Data last updated 11/20/2024.
- U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Older Adult Falls Data website. Accessed May 16, 2025. https://www.cdc.gov/falls/data/index.html

Health Behaviors							
Measure	**Description**	**Year(s)**	**Top Performers**	**US Overall**	**WI**	**Clark**	**Chippewa**
Adult Smoking	Percentage of adults who are current smokers (age-adjusted).	2021	14%	15%	14%	20%	17%
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%	37%	34%
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	8.6	8.7
Physical Inactivity	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted).	2021	20%	23%	19%	25%	20%
Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity.	2023, 2022 & 2020	90%	84%	84%	35%	59%
Excessive Drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted).	2021	13%	18%	25%	23%	24%
Alcohol-Impaired Driving Deaths	Percentage of driving deaths with alcohol involvement.	2017-2021	10%	26%	35%	29%	28%
Sexually Transmitted Infections+	Number of newly diagnosed chlamydia cases per 100,000 population.	2021	151.7	495.5	472.3	161.2	215.4
Teen Births*	Number of births per 1,000 female population ages 15-19.	2016-2022	9	17	12	13	9
Food Insecurity	Percentage of population who lack adequate access to food.	2021	NA	10%	7%	7%	7%
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%	7%	6%
Drug Overdose Deaths*	Number of drug poisoning deaths per 100,000 population.	2019-2021	NA	27	26	NA	14
Insufficient Sleep	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted).	2020	NA	33%	31%	32%	32%

Sources:

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

Clinical Care							
Measure	**Description**	**Year(s)**	**Top Performers**	**US Overall**	**WI**	**Clark**	**Chippewa**
Uninsured	Percentage of population under age 65 without health insurance.	2021	6%	10%	6%	17%	6%
Primary Care Physicians	Ratio of population to primary care physicians.	2021	1,030:1	1,330:1	1250:1	4960:1	1390:1
Dentists	Ratio of population to dentists.	2022	1,180:1	1,360:1	1360:1	2310:1	1760:1
Mental Health Providers	Ratio of population to mental health providers.	2023	230:1	320:1	400:1	2040:1	1060:1
Preventable Hospital Stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	2021	1,558	2,681	2,451	3965	2946
Mammography Screening*	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening.	2021	52%	43%	50%	49%	57%
Flu Vaccinations*	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination.	2021	53%	46%	52%	27%	52%
Uninsured Adults	Percentage of adults under age 65 without health insurance.	2021	NA	12%	7%	15%	7%
Uninsured Children	Percentage of children under age 19 without health insurance.	2021	NA	5%	4%	19%	5%
Other Primary Care Providers	Ratio of population to primary care providers other than physicians.	2023	NA	760:1	670:1	1650:1	1480:1

Sources:

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

Social and Economic Factors							
Measure	**Description**	**Year(s)**	**Top Performers**	**US Overall**	**WI**	**Clark**	**Chippewa**
High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	2018-2022	94%	89%	93%	82%	93%
Some College	Percentage of adults ages 25-44 with some post-secondary education.	2018-2022	74%	68%	70%	46%	65%
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	2022	2.3%	3.7%	2.9%	2.6%	3.3%
Children in Poverty*	Percentage of people under age 18 in poverty.	2022 & 2018-2022	10%	16%	13%	16%	13%
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	2018-2022	3.7	4.9	4.2	3.6	4.1
Children in Single-Parent Households	Percentage of children that live in a household headed by a single parent.	2018-2022	13%	25%	22%	13%	16%
Social Associations	Number of membership associations per 10,000 population.	2021	18.0	9.1	11.0	11.2	10.8
Injury Deaths*	Number of deaths due to injury per 100,000 population.	2017-2021	64	80	93	84	75
High School Graduation+	Percentage of ninth-grade cohort that graduates in four years.	2020-2021	NA	86%	90%	92%	94%
Disconnected Youth	Percentage of teens and young adults ages 16-19 who are neither working nor in school.	2018-2022	NA	7%	5%	12%	5%
Reading Scores*+	Average grade level performance for 3rd graders on English Language Arts standardized tests.	2018	NA	3.1	3.0	2.8	3.1
Math Scores*+	Average grade level performance for 3rd graders on math standardized tests.	2018	NA	3.0	3.0	2.6	3.2
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	2022-2023	NA	0.24	0.27	0.24	0.05

	student populations within the county, and higher values representing more segregation.						
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	($3,095)	$1,101
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	0.78	0.76
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	$63,600	$74,400
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	$44.33	$48.94
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%	41%	40%
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	59	70
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%	29%	34%
Child Care Centers	Number of child care centers per 1,000 population under 5 years old.	2010-2022	NA	7	6	4	7
Homicides*	Number of deaths due to homicide per 100,000 population.	2015-2021	NA	6	4	NA	NA
Suicides*	Number of deaths due to suicide per 100,000 population (age-adjusted).	2017-2021	NA	14	15	16	19
Firearm Fatalities*	Number of deaths due to firearms per 100,000 population.	2017-2021	NA	13	11	8	12
Motor Vehicle Crash Deaths*	Number of motor vehicle crash deaths per 100,000 population.	2015-2021	NA	12	10	19	11

Juvenile Arrests+	Rate of delinquency cases per 1,000 juveniles.	2021	NA	NA	NA	12	15
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%	62.5%	72.4%
Census Participation	Percentage of all households that self-responded to the 2020 census (by internet, paper questionnaire or telephone).	2020	NA	65.2%	NA	67.2%	76.2%

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

Physical Environment							
Measure	**Description**	**Year(s)**	**Top Performers**	**US Overall**	**WI**	**Clark**	**Chippewa**
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	7.6	7.8
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	No
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%	14%	11%
Driving Alone to Work*	Percentage of the workforce that drives alone to work.	2018-2022	70%	72%	77%	71%	78%
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%	31%	27%
Traffic Volume	Average traffic volume per meter of major roadways in the county.	2023	NA	108	281	10	64
Homeownership	Percentage of owner-occupied housing units.	2018-2022	NA	65%	68%	78%	74%
Severe Housing Cost Burden	Percentage of households that spend 50% or more of their household income on housing.	2018-2022	NA	14%	11%	9%	10%
Broadband Access	Percentage of households with broadband internet connection.	2018-2022	NA	88%	88%	77%	88%

Sources:

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

Special Populations and Disparities

Some groups of individuals are more likely to experience higher (or lower) levels of a particular disease, illness or injury. Understanding those disparities can help improve interventions.

Individuals who are Hispanic: Approximately 6.1 percent of the residents of Clark County[1] are Hispanic and approximately 1.9 percent of the residents of Chippewa County[2] are Hispanic. 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.[3] 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.[4]

References

1. U.S. Census Bureau Clark County Profile and corresponding tables: https://data.census.gov/profile?g=040XX00US55. Accessed on January 6, 2025.
2. U.S. Census Bureau Chippewa County Profile and corresponding tables: https://data.census.gov/profile?g=040XX00US55 Accessed on May 4, 2025.
3. https://www.familiesusa.org/resources/latino-health-inequities-compared-to-non-hispanic-whites/
4. https://www.familiesusa.org/resources/latino-health-inequities-compared-to-non-hispanic-whites/

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.

Agency	Need / Resource
Aging & Disability Resource Center of Clark County	Aging
Aging and Disability Resource Center of Chippewa County	Aging
Interfaith Volunteer Care	Aging
UW Extension Clark County	Education/Training
Wisconsin Works	Financial Assistance/Support
Thorp Food Pantry	Food
Community Alliance Church Food Pantry	Food
Fruit of the Vine Food Pantry	Food
WIC Program	Food, Nutrition
Marshfield Medical Center-Neillsville & Clinics	Healthcare
Aspirus Stanley Hospital & Clinics	Healthcare
Owen VA Clinic	Healthcare, More
Living Well Mental Health Clinic	Mental Health
Clark County Community Services	Mental Health, AODA
Courage to Change Recovery	Mental Health, AODA
Clark County Health Department	Multiple -- Immunizations, Car Seats, Lead Screenings, More
Chippewa County Public Health	Multiple – Nutrition, Mental Health, Car Seats, Immunizations, More
Indianhead Community Action Agency	Multiple -- Skills, Food, Housing, Legal
Feed My People	Food, Nutrition
St. Bernard's Church	Food, Health & Resource Fairs
YMCA of the Chippewa Valley	Physical Activity, Nutrition
Personal Development Center	Mental Health, Support, Education
EMS and Law Enforcement	Safety

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

Aspirus is strengthening its 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.

The hospital is in rural northern Wisconsin. Because of that setting, community health efforts are frequently completed with other regional partners.

For the previous CHNA cycle, Aspirus Stanley Hospital's significant needs were: **chronic disease; mental health; physical environment and safety**. The hospital addressed those needs in the following ways.

CHRONIC DISEASE

Programming

- Food Gleaning Program: Aspirus Stanley Hospital continued the food gleaning program it started in FY21. The food gleaning program takes untouched food from the hospital cafeteria, packages it and then distributes it to an area food pantry. The hospital contributes both the containers for the food as well as the time that staff spends packaging the food. Hospital staff spends approximately 1 hour per week packaging meals, totaling 52 hours of staff time and 1,581 pounds of food donated in FY24.
- Meals on Wheels Program: Hospital food and nutrition staff spent 10 hours/week (520 hours annually) packaging food for meals on wheels deliveries to homebound individuals in Chippewa County (Cadott, Stanley, Boyd) totaling 4,416 meals distributed in FY24. This is a contract with the Aging and Disability Resource Center. Additionally, Aspirus Stanley Hospital staff (on work time) periodically deliver those meals.
- FVRx Program: Onboarding of the Cadott Farmer's Market in this systemwide program developed to address food insecurity and chronic disease prevention. Groundwork was laid for implementation in summer 2025.

Coalitions

- Aspirus Stanley Hospital is part of the Eat Right Be Fit Coalition in Clark County. The goal of this coalition is to increase healthy nutrition and physical activity in the community. In addition, the hospital is also part of the Chronic Disease Prevention Coalition in Chippewa County.

Funding

- Aspirus Stanley Hospital provided funding to the Clark County Health Department to purchase the necessary equipment to provide dental services (cleanings) at community events to those in need through their Community Oral Health Program. Oral health services are provided at Community Health and Resource fairs on a walk-in basis 6 times a year to individuals age 2+. Since February of 2024, 39 patients have been seen.
- Aspirus Stanley Hospital provided funding to the Clark County Department for the purchase of MyPlates printed in Spanish to be distributed at community events. MyPlate is a nutrition guide published by the U.S. Department of Agriculture. Two hundred fifty plates have been given away at local resource fairs that reach individuals who are Hispanic.

MENTAL HEALTH

Coalitions

- The hospital is a member of the Clark County Prevention Partnership which aims to provide mental health awareness and education. As part of the Chippewa County Health Improvement Partnership, Aspirus participates on the mental health subcommittee.

Funding

- Aspirus Stanley Hospital provided funding to the Personal Development Center (PDC) to support mental health programs and services to be provided to those in need throughout the community/county. The Personal Development Center is a non-profit that provides advocacy and support services for individuals who are affected by domestic violence, sexual assault and/or elder abuse. Funds are used to meet basic needs such as transportation and food. In calendar 2023, PDC provided 5,459 nights of safe shelter, supported over 1,100 victims and survivors, and facilitated over 1,200 advocacy contacts.

PHYSICAL ENVIRONMENT AND SAFETY

Coalitions

- Aspirus staff participate in the Wood and Clark County Safe Kids Coalition. As part of the Chippewa County Health Improvement Partnership, Aspirus participated in the Healthy Kids Day at the YMCA in April 2024, offering children and families some fun ways to improve nutrition and physical activity. YMCA Director reported that around 1,000 people attended the event.

Funding

- Aspirus Stanley Hospital provided funding to purchase an AED Device for the Cadott Police Department.
- Aspirus Stanley Hospital provided funding to the Clark County Health Department to purchase safe sitter booklets to be distributed to youth participants of the Safe Sitter Classes. Seventy students trained in 5 classes. All of the classes were held at various locations throughout the county.
- Aspirus Stanley Hospital provided funding to Thorp Area Ambulance District to purchase updated safety equipment for local ambulances.
- Aspirus Stanley Hospital provided funding to support the annual Kick Out domestic abuse prevention and awareness event. Over 120 people attended this event
- Aspirus Stanley Hospital provided funding for Pack 'n' Plays to be distributed at community events. For infant sleep safety, 36 Pack 'n' Plays were distributed in FY24. These are distributed at the bi-monthly community resource fairs in Abbotsford. Eighty percent of these were distributed to individuals who are Hispanic.

Programs

- Aspirus Stanley worked with Aspirus Wausau (System Injury Prevention Coordinator) to fund the distribution of car seats and car seat checks at community events that began in FY23. There were 82 total seats distributed during FY24. Distribution numbers are as follows:

  By County: Clark: 35, Marathon: 45, Taylor: 1, Wood: 1

  By Language: English: 10, Spanish: 72

OTHER

- Aspirus staff participate in the Hmong and Hispanic Communication Network (H2N). H2N was created to improve understanding of health information and access to healthcare throughout rural Central Wisconsin with members of the Hispanic and Hmong populations. H2N collaborates with public health organizations, resource agencies, and community organizations. Aspirus works with H2N and others to implement a regular resource event that reaches a significant number of individuals who are Hispanic in western Clark County.
- Aspirus Stanley Hospital provided funding for the mailing of the Clark County Community Health Survey to members of the Plain Community. Surveys were sent to 160 Amish/Mennonite households and included a stamped return envelope for convenience.
- Lockboxes (to help keep prescription drugs secure) that were purchased in FY22 were still made available in FY24.
- Continued from FY23, Aspirus Stanley Hospital participated on the Youth Programming Subcommittee of the Central Wisconsin Partnership for Recovery (CWPR). The CWPR was given a grant to support the materials and training for substance abuse prevention and early intervention curriculum in schools and youth-serving organizations. The CWPR offers technical assistance, training and direct services to school districts on a variety of topics, including curriculum, recovery coaches, and mindfulness groups.
- In addition to the Chippewa County Health Improvement Partnership participation mentioned above, Aspirus Stanley also participates in the health equity subcommittee.
- A social drivers of health screening workflow is being implemented at ASH. Staff continue to be trained, and local programs continue to be uploaded into the FindHelp/Aspirus Community Resources platform for ease of use for both staff and community members seeking resources. https://aspiruscommunity-resources.findhelp.com/

aspirus.org

May 2025