

# Community Health Implementation Strategy



**2025-2028**

**ASPIRUS STANLEY HOSPITAL & CLINICS**

1120 Pine Street  
Stanley, WI 54768

## Acknowledgements

Aspirus Stanley Hospital is excited to share this Implementation Strategy with the community. It was developed in Spring 2025 and is a companion document to the community health needs assessment. The implementation strategy reflects anticipated efforts on the part of the hospital – both individually and as part of area collaboratives. The community health priorities being addressed in this plan are complex, and the accompanying solutions require strong community partnerships. Aspirus Stanley Hospital looks forward to working across sectors to achieve our common goal of a healthier community!

Respectfully,

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

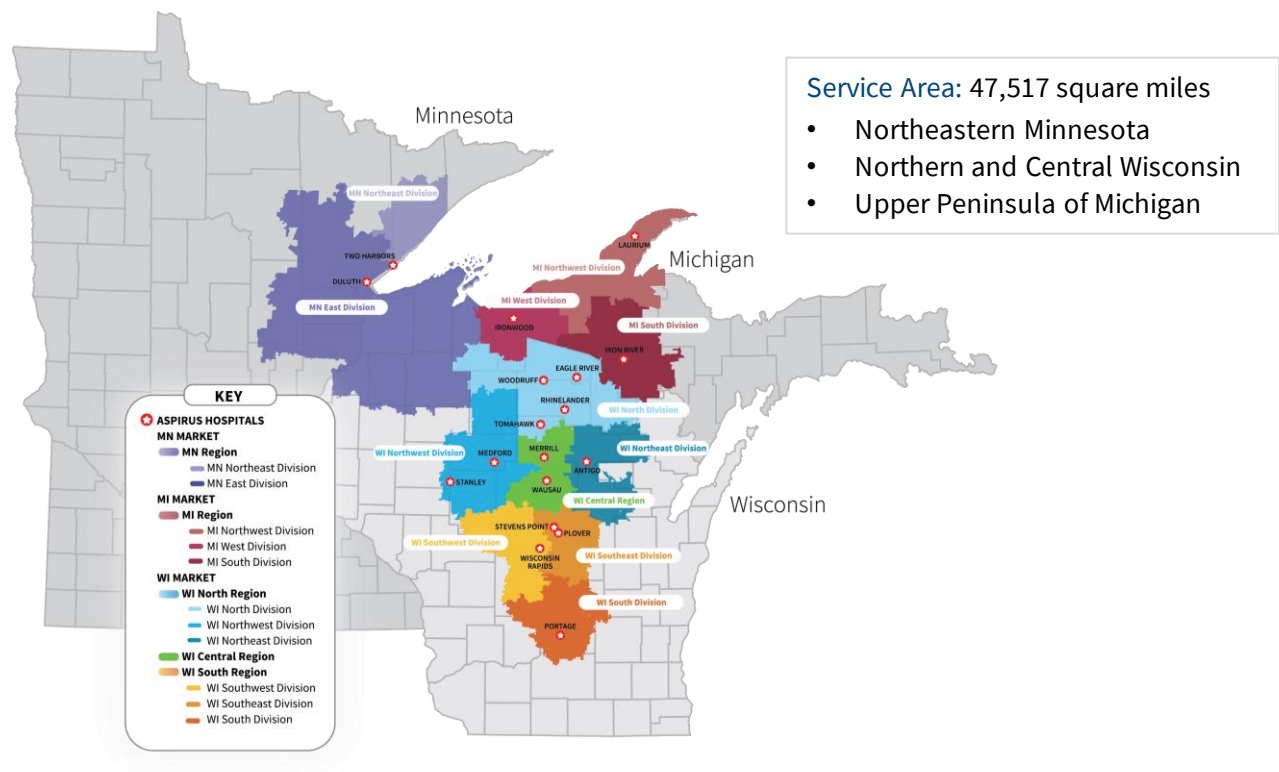
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## Aspirus Health and Aspirus Stanley Hospital Profile

### 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](https://aspirus.org).



### 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.

## Prioritized Significant Community Health Needs

Based on the results of the most recent community health needs assessment (CHNA), Aspirus Stanley Hospital will formally address the following issues through its 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.

For the purposes of this plan, the hospital's primary service area includes Clark County and Chippewa County.

## About the Implementation Strategy

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

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

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

### Compliance

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

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

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

<sup>2</sup> Catholic Health Association of the United States, *A Guide for Planning & Reporting Community Benefit*

## General Approach to Implementation

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

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

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

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

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<sup>3</sup> Clear Impact, <https://clearimpact.com/results-based-accountability/>

<sup>4</sup> Center for the Application of Prevention Technologies Fact Sheet, <https://www.mass.gov/doc/samhsa-behavioral-health-continuum-of-care-overview-9232019/download>

<sup>5</sup> Ibid

<sup>6</sup> Ibid

<sup>7</sup> Ibid

## 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.<sup>1</sup> Mental health and physical health are closely related, with a correlation between some physical chronic illnesses and poor mental health.<sup>2</sup> Some risk factors include lack of access to education, income, employment and housing; adverse childhood experiences (ACEs); social isolation; drug or alcohol use.<sup>2</sup> 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.<sup>3</sup>

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.

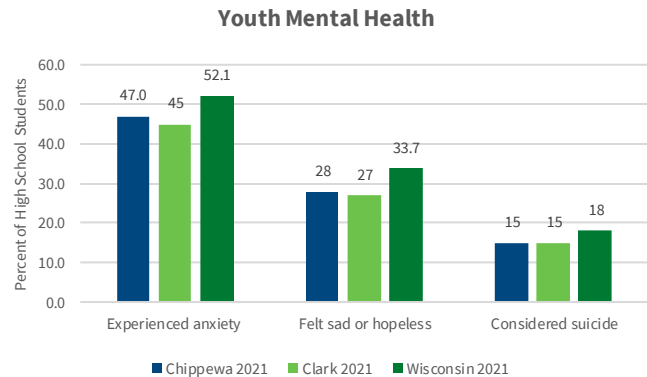
### Disparities and Inequities

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

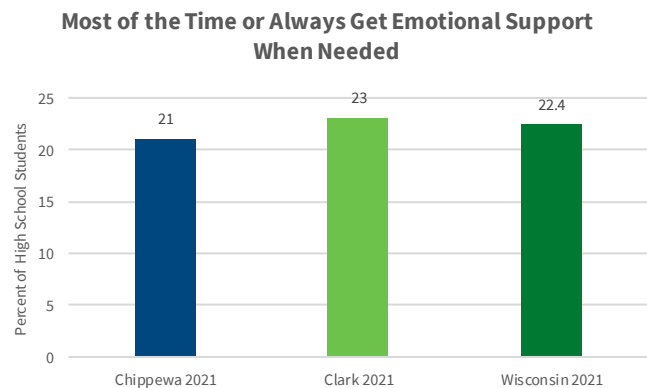
- In the U.S., young adults (ages 18-25) have higher levels of any mental illness compared to adults 26-49 and over 50 years old.<sup>1</sup>
- Individuals in marginalized groups are more likely to have poor mental health.<sup>2</sup>
- The likelihood of depression decreases as education levels increase.<sup>3</sup>
- Depression is higher for women compared to men.<sup>3</sup>
- The suicide rate for men is four times the rate for women.<sup>4</sup>
- 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.<sup>5</sup>

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](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 Behavior 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 Mental Health

Aspirus Stanley Hospital plans to address mental health through the strategies below.

Program Accountability		Population Accountability	
Strategies	Performance Measures	Indicators	Results
<b>Prevention</b>		<ul style="list-style-type: none"> <li>Decrease the percentage of high schoolers that felt sad or hopeless in the last 12 months (Clark County baseline is 27% (2021); Chippewa County baseline is 26% (2023))</li> <li>Decrease the percentage of high schoolers that seriously considered suicide in the last 12 months (Clark County baseline is 15% (2021); Chippewa County baseline is 14% (2023))</li> <li>Increase the percentage of high school students who most of the time or always get emotional support when needed (Clark County baseline is 23% (2021); Chippewa County baseline is 26% (2023)).</li> </ul>	Community youth have equal opportunities for mental well-being
<ul style="list-style-type: none"> <li>Raise Your Voice Club</li> <li>Mental health and suicide prevention trainings (e.g., CALM, Question, Persuade, Refer, MH First Aid)</li> <li>Stigma reduction efforts</li> <li>Depression and anxiety screenings in primary care</li> </ul>	<ul style="list-style-type: none"> <li># of clubs</li> <li>Club member feedback</li> <li># of trainings (clinical and community)</li> <li># of training participants</li> <li>Training evaluation results</li> </ul>		
<b>Treatment</b>			
<ul style="list-style-type: none"> <li>Aspirus Suicide Prevention Workgroup screening and assessments</li> <li>Counseling on Access to Lethal Means (CALM) intervention</li> <li>Emergency department (ED) preparedness for youth mental health crises</li> <li>Direct care and/or referrals for mental health services</li> </ul>	<ul style="list-style-type: none"> <li># of Aspirus ED staff trained</li> </ul>		

Collaborative Partners	Aspirus Resources
<ul style="list-style-type: none"> <li>Clark County Prevention Partnership</li> <li>Marshfield Medical Center – Neillsville</li> <li>County services (e.g., health department, community services, etc.)</li> <li>Chippewa County Mental Health Action Team</li> <li>Schools</li> <li>Area churches</li> </ul>	<ul style="list-style-type: none"> <li>Funding</li> <li>Staff time – coalition participation, event planning and promotion, resource identification</li> <li>Space – hosting support groups, programs and meetings</li> <li>Clinical services and related infrastructure – providing direct mental health care, FindHelp, etc.</li> </ul>

## 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.<sup>1</sup>

Employment, disability status, neighborhood conditions, physical access to food, and lack of transportation can all impact food security.<sup>2</sup>

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.

### Disparities and Inequities

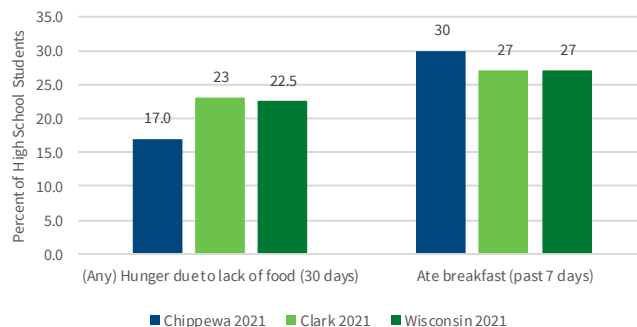
Disparities and inequities can show where interventions would be most beneficial.

- 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.

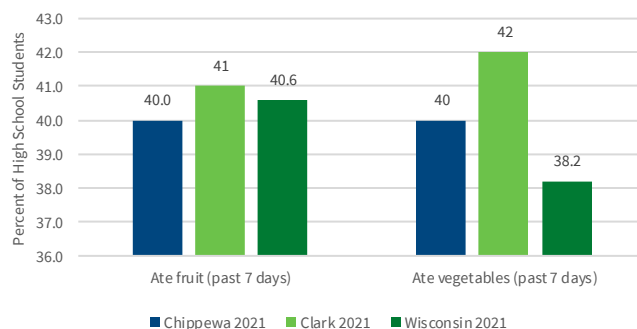
### Data Highlights

#### Youth Hunger



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

#### Fruit and Vegetable Consumption



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.

## Youth Food Security and Nutrition

Aspirus Stanley Hospital plans to address youth food security and nutrition through the strategies below.

Program Accountability		Population Accountability	
Strategies	Performance Measures	Indicators	Results
Prevention			
<ul style="list-style-type: none"><li>Food gleaning</li><li>Community garden</li><li>Hydroponic gardens</li><li>School snack stations</li><li>Collaboration with Feed My People</li><li>Eat Right, Be Fit Coalition</li><li>Conduct education and outreach activities</li></ul>	<ul style="list-style-type: none"><li>Pounds of food gleaned</li><li># of students consuming hydroponic garden-grown food</li><li># of students who ate a particular hydroponic-grown food for the first time</li><li># of new food security-related programs in area schools</li></ul>	<ul style="list-style-type: none"><li>Decrease the percentage of high schoolers that experienced hunger due to lack of food in the last 30 days (Clark County baseline is 23% (2021); Chippewa County baseline is 18% (2023))</li><li>Increase the percentage of high schoolers who ate breakfast every day in the last seven days (Clark County baseline is 27% (2021); Chippewa County baseline is 29% (2023))</li><li>Decrease in the percentage of the population who lack adequate access to food (baseline is 7% (2021) for Clark and 7% (2021) for Chippewa)</li></ul>	Youth have equal opportunities for adequate food and nutrition
Treatment			
<ul style="list-style-type: none"><li>Fruit and vegetable prescription program (FVRx)</li></ul>	<ul style="list-style-type: none"><li># of vouchers distributed (tracked, not tracked)</li><li># of vouchers redeemed</li></ul>		

Collaborative Partners	Aspirus Resources
<ul style="list-style-type: none"> <li>Clark County Eat Right, Be Fit Coalition</li> <li>Marshfield Medical Center – Neillsville</li> <li>County services (e.g., health department, etc.)</li> <li>University of Wisconsin – Extension</li> <li>Chippewa County Chronic Disease Prevention Partnership</li> <li>Local food pantries</li> <li>Feed My People</li> <li>Schools</li> <li>Area churches</li> </ul>	<ul style="list-style-type: none"> <li>Funding</li> <li>Staff time – coalition participation, event planning and promotion, resource identification</li> <li>Space – hosting support groups, programs and meetings</li> <li>Clinical services and related infrastructure – providing direct health care, FindHelp, etc.</li> <li>Repurposed (untouched) cafeteria food</li> </ul>

## 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

#### Top 5 Causes of Death Per Age Group (2024)

	0-30	31-50	51-70	71-90	90+
1	Congenital Malformations	Heart Disease	Heart Disease	Heart Disease	Heart Disease
2	Suicide*	Suicide*	Cancer	Cancer	Neurodegenerative Disease
3	Homicide	Cancer, Sepsis, Stroke, Accident & Other	Respiratory Illness	Respiratory Illness	Respiratory Illness
4	Other		Stroke	Neurodegenerative Disease	Stroke
5			Neurodegenerative Disease	Stroke	Accident

\*Suicide was not a top 5 cause of death in either age group last year.

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



#### 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)

## Safety and Injury Prevention

Aspirus Stanley Hospital plans to address safety and injury prevention through the strategies below.

Program Accountability		Population Accountability	
Strategies	Performance Measures	Indicators	Results
<b>Prevention</b>		<ul style="list-style-type: none"> <li>Decrease the rate of falls-related deaths for individuals age 65+ (per 100,000 older population) (baseline is 154 for Clark (2023) and 171 for Chippewa (2023))</li> <li>Decrease the number of injury-related emergency department visits by children ages 0-19 (baseline is 1483 for Clark (2021-2023))</li> </ul>	Community members have equal opportunities to be safe and injury-free
<ul style="list-style-type: none"> <li>SafeKids Coalition work (local and regional)</li> <li>Supplies and education for safety (e.g., car seats)</li> <li>Falls awareness, interventions and partnerships (clinical and community)</li> <li>Community education (e.g., medications)</li> <li>Conduct education and outreach activities</li> </ul>	<ul style="list-style-type: none"> <li># of safety equipment items distributed (e.g., car seats)</li> <li># of falls prevention trainings</li> <li># of training participants</li> </ul>		
<b>Treatment</b>			
<ul style="list-style-type: none"> <li>Counseling on Access to Lethal Means (CALM) intervention</li> <li>ED preparedness for youth mental health crises</li> <li>Sexual Assault Nurse Examiner (SANE) program</li> </ul>	<ul style="list-style-type: none"> <li># of Aspirus ED staff trained</li> <li># of community presentations provided</li> </ul>		

Collaborative Partners	Aspirus Resources
<ul style="list-style-type: none"> <li>Clark and Wood County SafeKids Coalition</li> <li>Marshfield Medical Center – Neillsville</li> <li>County services (e.g., health department, etc.)</li> <li>University of Wisconsin – Extension</li> <li>Schools</li> <li>Local law enforcement and emergency services</li> </ul>	<ul style="list-style-type: none"> <li>Funding</li> <li>Staff time – coalition participation, event planning and promotion, resource identification</li> <li>Space – hosting support groups, programs and meetings</li> <li>Clinical services and related infrastructure – providing age-appropriate safety screenings in primary care, FindHelp, etc.</li> </ul>

## 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).

## Approval by the Hospital Board

The implementation strategy report was reviewed and approved by 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.



[aspirus.org](https://aspirus.org)