

Community Health Needs Assessment

Aspirus Eagle River Hospital
Aspirus Rhinelander Hospital
Howard Young Medical Center

2026-2029



Acknowledgements

Aspirus Eagle River Hospital, Aspirus Rhinelander Hospital and Howard Young Medical Center are grateful for the time and dedication of the Oneida County Health Department and the many community stakeholders who provided interview input. Having the perspective of individuals who work day-to-day on important community health issues is invaluable. There are many, many individuals who care deeply about the health, security and future of Forest, Oneida and Vilas Counties.


The hospitals' next steps are to develop and advance an implementation strategy, also in collaboration with community partners. With that work, we will continue our contribution to making northern Wisconsin a healthy place to live, work, play and stay.

Respectfully,



Donny Abraham

VP – Chief Administrative Officer
Aspirus Rhinelander Hospital



Teri Theiler

President, Aspirus North Division

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Executive Summary

Background

The Aspirus Eagle River, Aspirus Rhinelander Hospital and Howard Young Medical Center Community Health Needs Assessment (CHNA) was conducted in partnership with the Oneida County Health Department and Marshfield Clinic.

Process

Aspirus, Marshfield Clinic and the Oneida County Health Department conducted 18 key informant interviews. Aspirus then compiled the interview results with credible public secondary data sources. The core group then preliminarily prioritized a subset of the issues and shared the issues with the Forest, Oneida and Vilas County community health improvement coalitions for feedback. Following their input, the Aspirus Community Health Team reviewed all of the information and brought a recommendation to the Northern Region Operations team for discussion and final prioritization.

Priorities

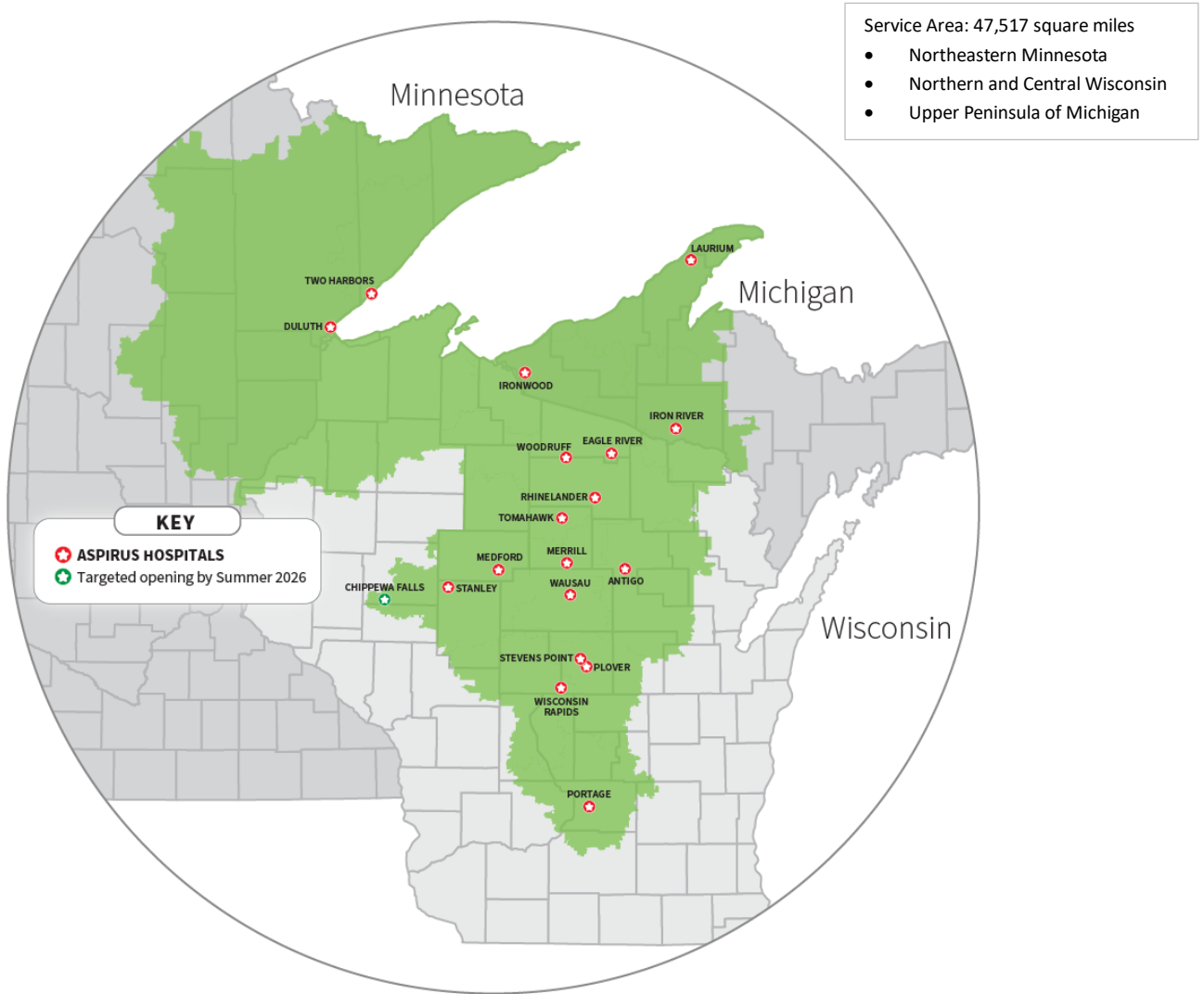
Aspirus Eagle River, Aspirus Rhinelander Hospital and Howard Young Medical Center prioritized the following community health issues:

- Behavioral Health (inclusive of mental health and substance use)
- Healthy Aging

Aspirus Profiles

Aspirus Health

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



Aspirus Eagle River Hospital, Aspirus Rhinelander Hospital and Howard Young Medical Center

Aspirus' three northern-most Wisconsin hospitals are committed to providing local access with high quality health care. They have the opportunity to keep care local and strengthen access to primary and specialty care.

Aspirus Eagle River Hospital

Aspirus Eagle River Hospital is a critical access hospital that offers inpatient hospital care, swing-bed program, 24/7 emergency department with a paramedic ambulance team. It also has a surgery center, extensive radiology and laboratory services providing convenient diagnostic imaging and lab testing.

Howard Young Medical Center

Howard Young Medical Center is an acute care facility located in Woodruff serving Oneida, Vilas, and Iron counties, at a level not commonly found at a typical rural hospital. Howard Young Medical Center offers advanced medical imaging, high-tech surgical services, and comprehensive women's health services, all equipped with the latest technology, including the da Vinci Robotic Surgical System.

Aspirus Rhinelander Hospital

Aspirus Rhinelander Hospital offers advanced medical imaging, high-tech surgical services, a state-of-the-art birthing center, comprehensive women's health services and a 13,000-square-foot cancer center equipped with the latest technology. 24/7 Emergency Services and a paramedic ambulance service provide life-saving care to residents of the Northwoods.

About the Community Health Needs Assessment

For Aspirus, the Community Health Needs Assessment (CHNA) is a way to live out the mission – *to heal people, promote health and strengthen communities* – and extend the vision of the organization – *being a catalyst for creating healthy, thriving communities*. A community health needs assessment is a fundamental tool of public health practice and provides an opportunity for a community to identify and understand what health issues are most important to the local area. Community resources, partnerships and opportunities for improvement can also be identified, forming a foundation for 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>

Our Community and Demographics



Community Served

The hospitals' service area includes Forest, Oneida and Vilas Counties, as well as portions of surrounding counties. There are four hospitals in the three counties (including the three Aspirus hospitals).

- Forest County is a designated Health Professional Shortage Area (HPSA) for dental (geographic-based), primary care (population-based) and mental health (high need geographic-based).
- Oneida County does not have any HPSAs.
- Vilas County is a designated HPSA for primary care (geographic-based) and mental health (high needs geographic-based).

For the purposes of the Community Health Needs Assessment, the “community” is defined as Forest, Oneida, and Vilas Counties because (a) most population-level data are available at the county level and (b) most / many community partners focus on the residents of these counties; (c) Aspirus provides a substantial amount of the healthcare (including outpatient) available in these counties.

Demographics

Forest, Oneida and Vilas Counties are rural. The table below describes in general how the three counties compare to Wisconsin.

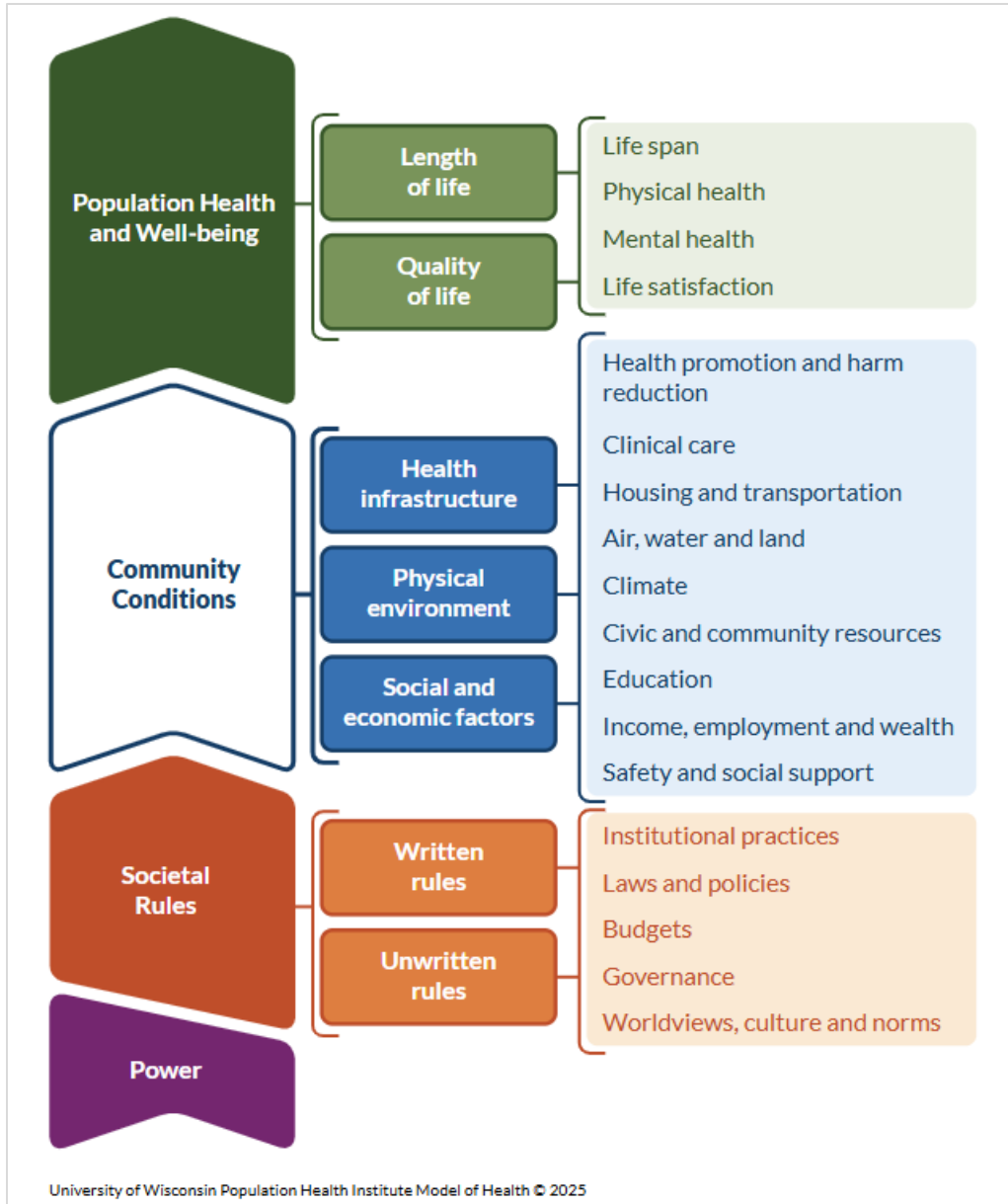
Compared to Wisconsin, the three counties have a <u>higher</u> percentage or proportion of individuals:	Compared to Wisconsin, the three counties have a <u>similar</u> percentage or proportion of individuals:	Compared to Wisconsin, the three counties have a <u>lower</u> percentage or proportion of individuals:
Who are White (alone)	Who are high school graduates	Who are under the age of 18
Who are over the age of 65	Who are in poverty	Who are Black or African American
Who are American Indian and Alaska Native	Without health insurance	Who are Asian
Who are Veterans		Who identify with two races
Who are using public insurance		Who are Hispanic
With a disability		With a bachelor’s degree or higher

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.

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

Understanding Health: County Health Rankings Model

The County Health Rankings and Roadmaps (CHRR) Determinants of Health model is a comprehensive framework for understanding what makes communities healthy. The [Determinants of Health model](#) (below) has four components – Population Health and Well-Being (i.e., health outcomes), Community Conditions, Societal Rules and Power. The model was developed by the University of Wisconsin Population Health Institute (with funding from the Robert Wood Johnson Foundation). CHRR provides publicly available data within this framework for every county and state in the United States.



Process and Methods Used – Applied

The community health needs assessment was conducted in Winter 2025-26. Aspirus compiled information from local community stakeholder interviews and credible public data sources. The process and results are outlined below.

Collaborators and / or Consultants

The primary collaborators for the assessment were the Oneida County Health Department and Marshfield Clinic. All time was in-kind and no consultants were used.

Community Input

Community input is essential to identifying lived experiences, systemic barriers, and service gaps that are not fully captured in quantitative data sources.

To gather community input, Aspirus, Marshfield Clinic and Oneida County Health Department staff conducted 18 key informant interviews. The list of organizations represented in the interviews is in [Appendix B](#).

Having completed an extensive assessment three years ago, the partners focused the questions on:

- The current priority areas (for Oneida County Health Department): substance use, mental health, housing and childcare
 - *Note:* Two of those priority areas – substance use and mental health – were the current priorities for the three Aspirus hospitals
- The identification of emerging issues
- Attention to groups in the community who are more vulnerable
- Potential strategies

The specific interview questions and related materials are in [Appendix C](#).

The interview results showed high alignment with and support of Oneida County Health Department's current priorities. Interview results are in [Appendix D](#).

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 compiled outside data reflective of the overall population's health status. These 'health status' (secondary) data are gathered by credible local, state and national governmental and non-governmental entities and published.

Aspirus downloaded secondary data from the County Health Rankings and Roadmaps (CHRR) website. CHRR compiles existing secondary data from multiple sources, including but not limited to the National Center for Health Statistics, Behavioral Risk Factor Surveillance System and the Centers for Medicare and Medicaid Services. Aspirus also included data available from the Wisconsin Department of Health Services' Wisconsin Interactive Statistics on Health platform.

To better facilitate the review, data were organized in the following categories:

- Mental Health (*current Aspirus hospital priority*)
- Drug Misuse/Substance Use (*current Aspirus hospital priority*)
- Chronic Disease (Access to Healthy Food AND Lack of Physical Activity)
- Access to Affordable, Quality Childcare (and Overall Child Well-Being)
- Housing
- Financial Instability and Housing
- Access to Affordable, Quality Medical Care
- Dental Care
- Healthy Aging

Within each of those categories, the secondary data were combined with the community input and additional criteria. See [Appendix E](#).

Community Needs and Prioritization Process

A structured process was used to identify the community health issues where hospital and community action could achieve the greatest impact over the next three years. The cornerstone of the process was the formally structured document that combined secondary data and community input through the lens of criteria ([Appendix E](#)). The document evolved over time as additional stakeholder input was contributed.

Criteria

The formally structured document included the following criteria:

- **Scale of the Issue:** What issues affect the most people?
- **Disparities:** Who is disproportionately affected by the issue?
- **Community Momentum:** From the key informant interviews, what issues had significant (positive or negative) energy and/or support?
- **Community Alignment / Readiness:** For what issues are there coalitions, funding and/or organizational capacity and other support (money, resources) that can be effectively mobilized for action?
- **Control and Capacity:** What resources (e.g., funding, staffing, etc.) are available to address the issue?

Prioritization Process

The core planning group – Aspirus, Marshfield Clinic and Oneida County Health Department – compiled a recommendation document to share with the Forest, Oneida and Vilas County community health improvement coalitions. The recommended top community health issues for the Aspirus hospitals were:

- Mental health
- Substance use
- Chronic disease
- Housing
- Childcare
- Other

These recommended issues were reflective of the collective top issues across the three counties' health departments, healthcare systems and regional coalitions. See [Appendix F](#).

The recommendation document, along with supporting material, was shared with the respective Forest, Oneida and Vilas County community health improvement oversight coalitions. Discussion questions centered on those priority areas.

- *Do you see any red flags or reasons why Aspirus or Marshfield Clinic should not treat these issues as top community health priorities?*
- *Are there any 'Other' issues that should be raised higher?*
- *Please share your input on the direction you would like to see the healthcare systems move in with these priorities. (Please know this is advisory input; the hospitals will review the input along with their internal strengths and capacity when making final decisions.)*

One county coalition responded; they had no concerns with the top issues. They identified 'other' issues as increasing the number of mental health providers in the area and addressing food security.

The Aspirus Community Health Team reviewed the potential priorities, the county coalition input and Aspirus' capacity. The Community Health Team provided a recommendation to the Northern Region Operations Team (the executive leadership team of the three hospitals). The recommendation included continuing with mental health and substance use (as behavioral health) and also prioritizing either chronic disease or healthy aging. The Operations Team was asked to finalize two or three top issues while considering:

- Hospital and clinic capacity
- Internal alignment
- Existing partnerships
- Possible strategies

Final Prioritized Needs

Based on community input, health data, and multiple additional criteria, Aspirus Eagle River Hospital, Aspirus Rhinelander Hospital and Howard Young Medical Center identified two priority health needs for focused action.

- Behavioral Health (inclusive of mental health and substance use)
- Healthy Aging

Needs Not Selected

Two important community health issues – housing and childcare – were not selected for prioritization due to capacity and expertise limitations. Chronic disease was also not selected; however, it will be a subset of the overall priority of healthy aging.

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

Healthcare Facilities and Community Resources

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

Behavioral 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

Alcohol and drug use are leading causes of preventable deaths.⁴ Alcohol is the most frequently used substance in the United States (ages 12+).⁴ The number of alcohol-attributed deaths due to excessive alcohol use in the United States increased by 29% in the span of 5 years, from 138K in 2016-2017 to 178K in 2020-2021.⁴ Short term risks and long-term impacts of excessive alcohol use include: violence; unintentional injuries (e.g., falls); cancer; high blood pressure; long term memory problems and more.⁵

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. (4) Centers for Disease Control and Prevention, <https://www.cdc.gov/alcohol/facts-stats/index.html>. Accessed on 2/23/2025 and then revisited on 3/29/2026. (5) Centers for Disease Control and Prevention, <https://www.cdc.gov/alcohol/about-alcohol-use/index.html>. Accessed on 4/5/2026.

Disparities and Inequities

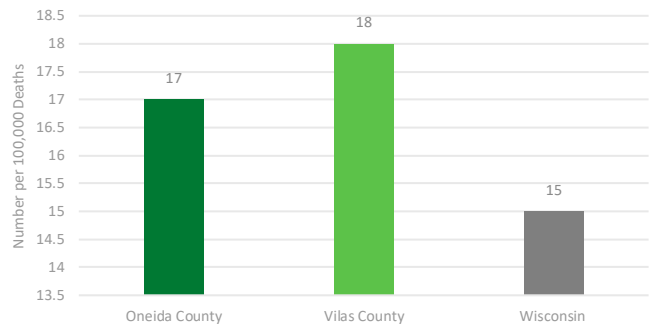
Disparities and inequities can show where interventions would be most beneficial.

- Individuals in marginalized groups are more likely to have poor mental health.¹
- The likelihood of depression decreases as education levels increase.²
- Depression is higher for women compared to men.²
- The suicide rate for men is four times the rate for women.³
- Over 55 percent of the students who identified in each of the following groups reported having anxiety: LGB; female; with food insecurity; with low grades; who are Hispanic; who have a multi-racial background.⁴

Sources: (1) 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>. (2) Centers for Disease Control and Prevention, <https://www.cdc.gov/mmwr/volumes/72/wr/mm7224a1.htm>. Accessed on 2/21/2025. (3) National Institute of Mental Health, https://www.nimh.nih.gov/health/statistics/suicide#part_2557. Accessed on 2/21/2025. (4) Wisconsin Youth Risk Behavior Survey Summary Report (2021), [Summary Report: 2023 Wisconsin Youth Risk Behavior Survey](#). Accessed on 3/23/2026.

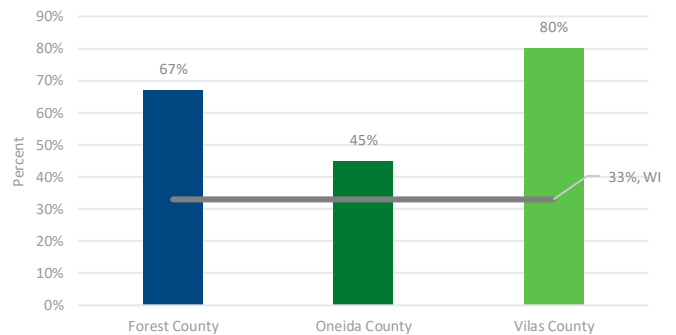
Data Highlights

Deaths by Suicide



Source: County Health Rankings and Roadmaps (2025 data release). (Forest County values were too small to be included.)

Driving Deaths with Alcohol Involvement



Source: County Health Rankings and Roadmaps (2025 data release).

Additional Data

- Percentage of adults reporting 14 or more days of poor mental health per month: 19% Forest; 17% Oneida; 18% Vilas; 17% Wisconsin. (Source: 2025 County Health Rankings and Roadmaps)

Community Perceptions & Challenges

Community Key Informant Interview highlights include:

- Stakeholders noted worsening access to behavioral health care since COVID, including long waits for providers, lack of inpatient youth services, and limited local treatment options.
- Law enforcement and emergency responders highlighted the strain on crisis response systems, including long transport times and limited placement options.
- Substance use remains a top concern, with alcohol and drugs consistently cited, alongside growing worries about youth THC use and declining coping and resilience skills.

Healthy Aging

Why is it Important?

By 2060, almost a quarter of the U.S. population will be age 65 or older. Older adults are at higher risk for chronic health problems like diabetes, osteoporosis, and Alzheimer’s disease. In addition, 1 in 3 older adults fall each year, and falls are a leading cause of injury for this age group. Physical activity can help older adults prevent both chronic disease and fall-related injuries.

Older adults are also more likely to go to the hospital for some infectious diseases — including pneumonia, which is a leading cause of death for this age group. Making sure older adults get preventive care, including vaccines to protect against the flu and pneumonia, can help them stay healthy.

[C]aregivers of people with health conditions or disabilities influence the health of the people they’re caring for in many different ways. It’s important to make sure caregivers have the resources and support they need to keep themselves and the people they’re caring for healthy.

Sources: Excerpted nearly verbatim from Healthy People 2030 – [Older Adults](#) and [Caregiving](#).

Disparities and Inequities

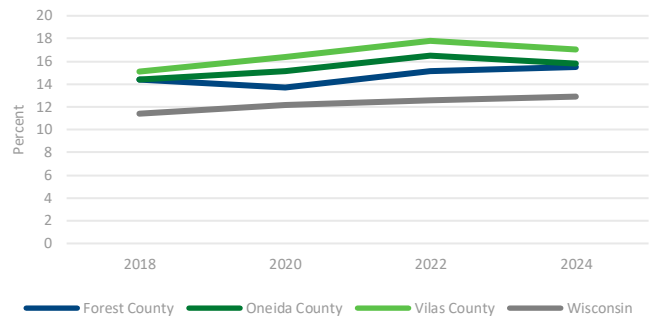
Disparities and inequities can show where interventions would be most beneficial.

- Alzheimer’s disease disproportionately affects individuals who are African American or Hispanic.
- Individuals with lower socioeconomic status are more likely to live shorter lives.
- Women are more likely to live longer than men.
- Women are more likely to develop osteoporosis or depressive symptoms or to report functional limitations as they age.
- Men are more likely to develop heart disease, cancer or diabetes.
- Social environmental factors such as residential segregation, discrimination, immigration, social mobility, work, retirement, education, income, and wealth can also have a serious impact on health and well-being. Economic circumstances can determine whether an individual can afford quality health care and proper nutrition from early life into old age. Individual and family financial resources and health insurance often determine whether an older adult enters an assisted living facility or nursing home or stays at home to be cared for by family members.

Source: [National Institutes on Aging](#); some verbiage is verbatim.

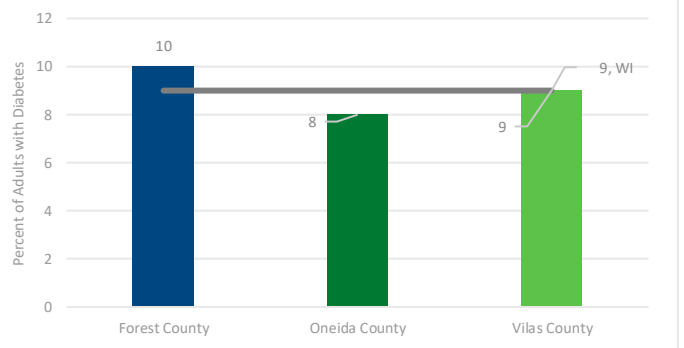
Data Highlights

Over Age 65 and Living Alone



Source: U.S. Census Bureau. "Selected Social Characteristics in the United States." American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP02, https://data.census.gov/table/ACSDP5Y2024.DP02?q=DP02&g=040XX00US55_050XX00US55041,55085,55125. Accessed on 9 Feb 2026.

Diabetes



Source: County Health Rankings and Roadmaps (2025 data release).

Additional Data

- Unintentional falls-related emergency department visits for individuals age 65+ (number per 100,000 population) (2022, 2023, 2024): 3723 Forest; 5805 Oneida; 5990 Vilas; 5747 Wisconsin. (Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <https://www.dhs.wisconsin.gov/wish/index.htm>, Injury-Related Emergency Department Visits Module, accessed 2/9/2026.)

Community Perceptions & Challenges

Community Key Informant Interview highlights include:

- With some counties having the highest proportion of residents over age 60 in Wisconsin, stakeholders identified increasing pressure on caregiving resources, dementia care, assisted living, and in-home supports. Limited workforce capacity, lack of local long-term care facilities, and transportation challenges further strain the system and complicate efforts to support aging in place.

Social Drivers and Equity

Social and economic conditions are key upstream drivers of health, influencing disease risk, access to care, and health outcomes long before individuals enter the healthcare system.

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 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.

- Connecting patients with food and other basic needs resources (through FindHelp.org)
- Exploring transportation solutions for patients and community members

As appropriate, Aspirus staff also will be participating in coalitions and community-level efforts to address other health and health-related social needs.

Evaluation of Impact from the Previous CHNA Implementation Strategy

Aspirus Eagle River Hospital, Aspirus Rhinelander Hospital and Howard Young Medical Center's priority health issues from the previous CHNA included:

- Mental Health
- Substance Use

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

Approval by the Hospital Board

The CHNA report was reviewed and approved by the Board of Directors for each of the three hospitals on June 16, 2026.

Conclusion

Aspirus Eagle River Hospital, Aspirus Rhinelander Hospital and Howard Young Medical Center will be guided by this assessment as they create their Implementation Strategy and continue to address local issues.

Appendices

Appendix A: Demographics and Related Descriptors

The table below outlines some of the demographic characteristics of Forest, Oneida and Vilas Counties in Wisconsin.

	Forest County	Oneida County	Vilas County	Wisconsin
Population	9179	37845.0	23,047	5,893,718
Square Miles	1014	1113	857	54,168 (land)
Population per square mile	9.1	34.0	26.9	109
Age <18	19.3%	16.7%	16.2%	20.7%
Age 65+	25.4%	28.3%	31.8%	19.6%
Median age	49.3	52.7	55.7	40.7
White alone	80.7%	93.7%	85.4%	80.4%
Black or African American alone	<1%	<1%	<1%	6.4%
American Indian and Alaska Native alone	13.4%	1.2%	9.8%	1.0%
Asian alone	<1%	<1%	<1%	3.0%
Two or more races	5.1%	3.3%	3.7%	6.1%
Hispanic or Latino	1.7%	1.5%	2.0%	7.6%
Language other than English spoken at home	2.7%	2.0%	2.4%	9.6%
High school graduate or higher	90.0%	95.9%	96.5%	93.7%
Bachelor's Degree or Higher	16.1%	28.7%	30.9%	34.6%
Individuals who are veterans	7.7%	8.9%	8.6%	5.8%
Individuals with disabilities	17.8%	14.8%	15.8%	12.9%
Persons in poverty	15.2%	8.5%	11.1%	10.3%
Median household income	\$61,071	\$69,371	\$68,431	\$77,488
Percent without healthcare coverage	7.7%	4.2%	5.6%	5.3%
Percent using public insurance (Medicaid, Medicare, veterans' benefits, etc.)	48.0%	45.7%	49.9%	35.1%

Sources

Counties:

- Oneida County Profile: https://data.census.gov/profile/Oneida_County,_Wisconsin?g=050XX00US55085. Accessed March 9, 2026.
- Vilas County Profile: https://data.census.gov/profile/Vilas_County,_Wisconsin?g=050XX00US55125. Accessed March 9, 2026.
- Forest County Profile: https://data.census.gov/profile/Forest_County,_Wisconsin?g=050XX00US55041. Accessed March 9, 2026.
- U.S. Census Bureau. "Public Health Insurance Coverage by Type and Selected Characteristics." *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2704*, https://data.census.gov/table/ACSST5Y2024.S2704?q=S2704:+PUBLIC+HEALTH+INSURANCE+COVERAGE+BY+TYPE&g=040XX00US55_050XX00US55041,55069,55073,55085,55097,55125. Accessed on 13 Mar 2026.
- U.S. Census Bureau. "RACE." Decennial Census, DEC Demographic and Housing Characteristics, Table P8, <https://data.census.gov/table/DECENNIALDHC2020.P8?q=P8&g=050XX00US55041,55069,55073,55085,55097,55125>. Accessed on 9 Mar 2026.

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Wisconsin:

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- U.S. Census Bureau. "HISPANIC OR LATINO, AND NOT HISPANIC OR LATINO BY RACE." Decennial Census, DEC 118th Congressional District Summary File, Table P9, <https://data.census.gov/table/DECENNIALCD1182020.P9?q=P9&g=040XX00US55>. Accessed on 9 Mar 2026.

Appendix B: Community Input – Key Informant Interviewees

A list of potential key informant interviewees was identified by Aspirus, Marshfield Clinic and the Oneida County Health Department in January 2026. The list was a cross-section of the region, with an emphasis on organizations that provide services to individuals who are more at-risk, may represent trends or momentum, consider policymaking, reflect multiple geographical areas of the county and/or reflect a future collaboration/partnership.

Agency / Organization	Sector
Vilas County ADRC	Aging
ADRC of Vilas County	Aging
ACES: Rhinelander’s Association of Churches for Emergency Support	Basic Needs
The Salvation Army	Basic Needs
Rhinelander Area Food Pantry	Basic Needs / Food Security
Oneida County Economic Development Corporation	Economic Development
Lakeland Area Consortium School Districts	Education / K-12 Schools
Woodruff Fire	EMS
Minocqua Fire Department	EMS
Marshfield Clinic	Healthcare
Vilas County Sheriff's Office	Law Enforcement
Vilas County Public health	Public Health
Oneida County Health Department	Public Health
Forest County Health Department	Public Health
Oneida County Human Service Center	Social Services
Oneida County Substance Use Coalition	Substance Use
Northwoods Transit Connections	Transportation
UW Extension	UW Extension

Aspirus, Marshfield Clinic and the Oneida County Health Department reached out to potential interviewees with an email. Follow-up emails were sent if there was no response. The interviews were conducted in real-time (traditional interview) or were completed through a link to the online interview questions. All responses were entered into the online portal.

Appendix C: Community Input – Key Informant Questions

The introduction to the interview as well as the questions are below.

Thank you for taking the time to meet with me. As I mentioned in the email, these questions are part of Aspirus’ and Marshfield’s community health improvement process. [*Health department addition: Oneida County Health Department is assisting with the interviews to help inform our implementation work.*] Your answers will be compiled with other key informants’ responses and we will look for themes as well as specific quotes. Your organization will be listed in the report, but your name will not be listed and your responses will not be tied to your name or your organization.

I will be taking notes and may ask you to repeat some information. Please try to be brief but complete. We can always circle back on a question if you think of something additional.

Do you want a few minutes to review the questions? Do you have any questions?

INTERVIEW QUESTIONS

1. Through the most recent needs assessment process (2023), the prioritized issues were substance use, mental health, housing and childcare.
 - a. To what extent do you feel those are still the top priorities?
 - b. Are there any emerging issues or new trends that are affecting the community (positive or negative or neutral)? Please describe.
2. Who are most vulnerable or underserved groups in the community and what barriers/challenges do they face?
3. What are some ideas you have to help our community improve its health and wellness?
 - a. Prompt: Are there changes you’d like to see?
 - b. Prompt: Are there current services/programs that are working well or do not work so well?
 - c. Prompt: What are things you’ve seen in other communities that might work here?
4. Is there anything else that you'd like to share with me today as it relates to the needs of our community?

Thank you for taking the time to share your thoughts today. We will be compiling the information over the next few months. Please reach out if you have any questions.

IMPORTANT ISSUES:

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

Note: Community refers to where you live, learn, work, and play. This is often the neighborhood, city/town, or county that you live in.

Appendix D: Community Input – Key Informant Interview Results

Eighteen (18) individuals responded to the request for an interview, either by completing an online survey or by participating in a 1:1 interview.

The results were downloaded into an Excel spreadsheet. The Aspirus Community Health team used the Artificial Intelligence (AI) platform Co-Pilot to analyze the results. The results reflect:

- A simple pasting of the question and answers from the spreadsheet into the AI chatbox.
- 18 respondents on February 8, 2026.

This section includes only the responses to the first interview question; the responses to the remaining questions will be used to inform the Implementation Strategy.

Question: *Through the most recent needs assessment process (2023), the prioritized issues were substance use, mental health, housing and childcare. To what extent do you feel those are still the top priorities?*

Overall Consensus

Across stakeholders, there is **strong affirmation that the 2023 priorities remain relevant and appropriate**. The overwhelming majority explicitly state that **substance use, mental health, housing, and childcare are still top priorities** in Oneida, Forest, and Vilas counties. While some respondents re-rank or expand the list slightly, none suggest these issues should be deprioritized.

Dominant Theme: Housing as the Most Pressing Issue

Housing clearly emerged as the **most urgent and widely emphasized concern**, often described in crisis terms:

- Stakeholders repeatedly referred to housing as “*on fire*” and “*the number one concern*.”
- The issue is framed not just as affordability, but as an **absolute shortage of housing units**, with “not enough inventory, period.”
- Second/vacation homes and increased remote work have significantly **reduced year-round housing availability**, intensifying competition for local residents.
- A recent housing study estimating a need for **~1,500 additional units by 2030** was cited as evidence of the scale of the problem.
- Housing shortages are affecting **workforce recruitment and retention**, including healthcare providers, educators, and service workers.

Several respondents stressed that housing challenges now require **reframing**—balancing long-term stability strategies with **immediate and emergency housing needs**, particularly for unhoused individuals during winter months.

Mental Health and Substance Use: Persistent and Interconnected

Mental health and substance use continue to be described as **pervasive, cross-cutting concerns** impacting all age groups:

- Stakeholders noted **worsening access to behavioral health care** since COVID, including long waits for providers, lack of inpatient youth services, and limited local treatment options.
- Law enforcement and emergency responders highlighted the **strain on crisis response systems**, including long transport times and limited placement options.
- Substance use remains a top concern, with alcohol and drugs consistently cited, alongside growing worries about **youth THC use and declining coping and resilience skills**.
- Multiple respondents emphasized the **interconnection between housing instability, mental health crises, and substance use**, reinforcing the need for integrated responses.

Childcare and Family Stress

Childcare remains a **critical but sometimes less visible pressure point**:

- Families are often forced to choose between working and affording childcare, a dynamic that contributes to **financial strain, stress, and downstream mental health and substance use impacts**.
- Several stakeholders described working families who earn “too much” to qualify for assistance but still cannot meet basic needs due to childcare and cost-of-living pressures.

Nuance and Emerging Considerations (Without Diluting Priorities)

While affirming the core priorities, some respondents noted **additional or related issues**, including:

- **Food insecurity**, particularly among working households, ALICE populations, and older adults.
- **Transportation and EMS/911 access**, especially in rural areas and during peak visitor seasons.
- **Healthcare access shortages**, including local physicians, specialties, and aging-related care.
- **Caregiving resources** for an aging population—the highest proportion of adults over 60 in the state in some counties.
- **Obesity and chronic disease**, often linked to limited physical activity options and aging demographics.

Importantly, these were frequently framed as **extensions or consequences** of the original four priorities rather than replacements.

Key Takeaway

Stakeholder feedback strongly supports retaining **substance use, mental health, housing, and childcare** as the core community health priorities. Among them, **housing has intensified to a crisis level**, with ripple effects across workforce stability, healthcare access, family well-being, and economic vitality. Respondents emphasized the need for **integrated, coordinated, and preventive approaches**, recognizing that progress in any one area is unlikely without addressing the others simultaneously.

Sub-question: *Are there any emerging issues or new trends that are affecting the community (positive or negative or neutral)?*

Stakeholder input indicates that while many long-standing priorities remain, several **emerging and intensifying issues** are shaping community health and service delivery across Oneida, Vilas, and Forest Counties.

1. Environmental and Water Quality Concerns (Negative)

Water quality has emerged as a significant and growing concern, particularly related to **PFAS contamination**. Multiple communities report unsafe drinking water, advisories limiting fish consumption, and restrictions on game meat intake. Limited access to municipal water and sewer systems—especially in rural areas—makes remediation costly and complex. These challenges raise concerns about long-term public health, environmental safety, and infrastructure capacity across the region.

2. Policy Changes and Social Safety Net Strain (Negative)

Stakeholders describe a trend of “**budget acting as legislation**,” with policy changes affecting SNAP, childcare subsidies, Medicaid, and FoodShare. Increasingly complex eligibility requirements and work or volunteer mandates are creating barriers to access and confusion for residents. Service providers report growing tension between policy constraints and community needs, increasing the number of individuals who fall just outside eligibility thresholds yet remain highly vulnerable.

3. Transportation as a Cross-Cutting Barrier (Negative, with Local Innovation)

Transportation continues to surface as a critical issue affecting access to healthcare, food, employment, and benefits. Limited EMS and ambulance availability—especially during peak tourism months—has resulted in longer response times and access challenges. At the same time, communities have demonstrated **innovative local responses**, including volunteer driver programs and low-cost public transit partnerships, though these efforts remain limited in scale and geography.

4. Mental Health System Capacity Decline (Negative)

Stakeholders consistently report **worsening access to mental health services**, including longer wait times, fewer providers, and lack of inpatient options—particularly for youth. Law enforcement and emergency responders describe growing strain related to mental health crises that do not meet detention thresholds but still require intervention. Alcohol and substance use treatment options are limited, increasing reliance on a small number of providers.

5. Youth-Focused Trends: THC Use, Resilience, and Truancy (Negative)

Emerging youth-specific trends include **earlier THC use**, often as a first response to anxiety, decreased resilience and coping skills, and increased on-campus truancy. Stakeholders expressed concern that these trends may have long-term implications for mental health, educational attainment, and substance use patterns.

6. Aging Population and Caregiving Capacity (Negative)

With some counties having the highest proportion of residents over age 60 in Wisconsin, stakeholders identified increasing pressure on **caregiving resources**, dementia care, assisted living, and in-home supports. Limited workforce capacity, lack of local long-term care facilities, and transportation challenges further strain the system and complicate efforts to support aging in place.

7. Food Insecurity and Utility Cost Pressures (Negative)

Food insecurity is increasing, particularly among working households and seniors. Rural food access challenges—such as having only one grocery store in an entire county—and reductions in meal programs due to cost have intensified vulnerability. Rising utility costs are compounding financial stress for households already struggling to meet basic needs.

8. Climate and Extreme Weather Impacts (Negative)

More frequent **extreme weather events**—including severe cold, heavy snowfall, power outages, and wildfire smoke—are increasingly affecting access to food, healthcare, and education. These environmental changes disproportionately impact older adults, individuals with chronic conditions, and those living in remote or rural areas.

9. Political Climate and Community Well-Being (Negative)

Stakeholders noted that broader political and social climates are influencing community mental health, particularly among youth and marginalized populations. Reduced feelings of safety, acceptance, and support are contributing to anxiety, disengagement, and reluctance to seek help or openly discuss mental health needs.

10. System Improvements and Collaboration (Positive)

Despite these challenges, stakeholders identified **positive system-level developments**, including the transition to a county human services agency model, which has improved coordination of outpatient and crisis services. Strong collaboration among community organizations—especially around food access, mental health awareness, and emergency response—was repeatedly cited as a community strength and foundation for future innovation.

Key Takeaway

Emerging issues in the community reflect a convergence of **environmental risks, policy changes, service capacity constraints, and demographic shifts**, layered onto existing challenges. While local innovation and collaboration remain strengths, stakeholders emphasized the need for **system-level solutions**, prevention-focused strategies, and flexible supports that reach residents who fall outside traditional eligibility frameworks.

Through the most recent needs assessment process (2023), the prioritized issues were substance use, mental health, housing and childcare. To what extent do you feel those are still the top priorities?

Individuals' responses:

Agree
Agree (but capacity is a challenge)
Housing #1 Small business support Broadband access Childcare
Housing (including emergency housing) Systemic challenges
Agree
Agree
Agree
Substance use Obesity Mental health EMS/911 Medical care
Yes, esp MH and Substance use. Housing
Agree
Agree
Agree
Agree Basic needs (underlying)
Agree
Agree
Agree Caregiving
Housing (unsure of the other three)
Housing (mental illness exacerbates)

Are there any emerging issues or new trends that are affecting the community (positive or negative or neutral)? Please describe.

Abbreviated Responses
Injuries and deaths due to snowmobiling and recreation (including e-bikes) Positive: substance use treatment at Lac du Flambeau
Transportation Limited people power and funding (capacity)
Water quality
Safety net requirements and budget cuts Transportation
Mental health
Mental health treatment (inpatient) Housing
Physical activity in winter Chronic disease
EMS/911 capacity in summer (tourists)
Teens using THC to cope Poor teen resilience Teen truancy
Delivery of county services has improved Funding for services decreasing as requirements increase
Food instability Can't pay utilities
Extreme weather
Political climate; families seeing a shift in support and acceptance; not equitable access to care for all Political climate (messaging) impacts youth MH
Food insecurity
'more support for community members and hospital systems'
Caregiving
Housing Policy changes & uncertainty of benefits
Homelessness Food pantry in Rhinelander (asset) Good collaboration between community organizations Transportation (taxi is expensive)

Appendix E: Health Status Data and Review Criteria

The data below are organized first by health issue and, within each health issue section, by criteria. To better facilitate the review, data were organized in the following categories:

- Mental Health (*current priority*)
- Drug Misuse/Substance Use (*current priority*)
- Chronic Disease (Access to Healthy Food AND Lack of Physical Activity)
- Access to Affordable, Quality Childcare (and Overall Child Well-Being)
- Housing
- Financial Instability and Housing
- Access to Affordable, Quality Medical Care
- Dental Care
- Healthy Aging

For each health issue, there are two tables. Those tables are organized by criteria.

- The first table reflects the criteria of **Scale of the Issue**. That table is entirely health status (secondary) data. These tables provide an overview of how the three counties compare to Wisconsin on measures of health.

NA	Better	Same	Worse
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- Please note: County rates that are better than Wisconsin rates may still be at an unacceptable level.
- The second table reflects the additional criteria. For each of those criteria, information is added to reflect the health issue through the lens of the criteria. Those criteria are:
 - **Disparities:** Who is disproportionately affected by the issue?
 - **Community Momentum:** From the key informant interviews, what issues had significant (positive or negative) energy and/or support?
 - **Community Alignment / Readiness:** For what issues are there coalitions, funding and/or organizational capacity and other support (money, resources) that can be effectively mobilized for action?
 - **Control and Capacity:** What resources (e.g., funding, staffing, etc.) are available to address the issue?

Mental Health

CRITERIA: Scale of the Issue

Measure	Description	Year(s)	US Overall	WI	Forest	Oneida	Vilas
Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).	2022	-	12%	14%	11%	12%
Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	2022	3.9	3.9	4.8	4.0	3.8
Low Birth Weight*	Percentage of live births with low birth weight (< 2,500 grams).	2017-2023	8%	8%	9%	7%	8%
Frequent Mental Distress	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted).	2022	-	17%	19%	17%	18%
Suicides*	Number of deaths due to suicide per 100,000 population (age-adjusted).	2018-2022	-	15	na	17	18
Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	2022	5.1	5.4	5.8	5.5	5.4
Feelings of Loneliness+	Percentage of adults reporting that they always, usually or sometimes feel lonely.	2022	-	32%	36%	33%	35%
Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	2022	17%	16%	19%	14%	16%
Insufficient Sleep	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted).	2022	-	34%	36%	34%	31%
Other Primary Care Providers	Ratio of population to primary care providers other than physicians.	2024	-	633:1	933:1	425:1	1592:1
Primary Care Physicians	Ratio of population to primary care physicians.	2021	1,330:1	1251:1	na	1417:1	1384:1
Mental Health Providers	Ratio of population to mental health providers.	2024	300:1	375:1	583:1	338:1	955:1
Disconnected Youth	Percentage of teens and young adults ages 16-19 who are neither working nor in school.	2019-2023	-	5	na	na	na
Lack of Social and Emotional Support+	Percentage of adults reporting that they sometimes, rarely, or never get the social and emotional support they need.	2022	-	25	27	25	26
Social Associations	Number of membership associations per 10,000 population.	2022	9.1	11.1	9.6	13.9	18.9

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

Source: County Health Rankings and Roadmaps (2025 data release).

CRITERIA	Mental Health
<p>Disparities</p>	<p>Disparities and inequities can show where interventions would be most beneficial.</p> <ul style="list-style-type: none"> • In the U.S., young adults (ages 18-25) have higher levels of any mental illness compared to adults 26-49 and over 50 years old.¹ • Individuals in marginalized groups are more likely to have poor mental health.² • The likelihood of depression decreases as education levels increase.⁴ • Depression is higher for women compared to men.³ • The suicide rate for men is four times the rate for women.⁴ • Over 50 percent of the students who identified in each of the following groups reported having anxiety: LGB; with disabilities; with food insecurity; with low grades; who are Hispanic; who have a multi-racial background.⁵ <p>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. <i>Palgrave Commun</i>4, 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.</p>
<p>Community momentum (key informant interviews)</p>	<p>There is strong and near-universal consensus that the 2023 priority areas—substance use, mental health, housing, and childcare—remain the top community health priorities.</p> <p>Mental Health and Substance Use System Pressures (Negative)</p> <ul style="list-style-type: none"> • Stakeholders report worsening access to mental health care, including long waits for appointments, limited providers, and no inpatient options for youth in crisis. • Alcohol treatment options remain limited, and law enforcement and EMS note challenges managing individuals who do not meet commitment criteria but are clearly in crisis. • Youth mental health concerns include earlier THC use, reduced resilience, truancy, and disengagement from coping supports. • Funding streams exist for some substance use and mental health services, but gaps remain for housing, childcare, and leadership capacity.
<p>Community Alignment / Readiness / Momentum</p>	<p><i>Coalitions, Task Forces, Projects:</i></p> <ul style="list-style-type: none"> • COPE Coalition, tri-county • Forest County Community Coalition – MH and AODA • Forest County Partnership Coalition – school-based, focus on MH • Oneida County, Credible Minds – available through September 2027 • Rhinelander HS (and others) have a RYV Club • Active organizations: NAMI (esp Oneida)
<p>Control and Capacity</p>	<p>Vilas: Health department has some capacity for coalition support but no staff to provide direct services. Forest: Health department has some capacity for coalition support but no staff to provide direct services. Oneida: Health department has some capacity for coalition support but no staff to provide direct services.</p> <p>Aspirus has a strong behavioral health service line, an inpatient mental health unit in Rhinelander and a new system-wide suicide prevention specialist. Aspirus has also funded multiple high school Raise Your Voice Clubs in the region.</p>
<p>Other</p>	<p>Input from Forest County Partnership (coalition) noted more mental health professionals are needed.</p>

Drug Misuse / Substance Use

CRITERIA: Scale of Issue

Measure	Description	Year(s)	US Overall	WI	Forest	Oneida	Vilas
Feelings of Loneliness+	Percentage of adults reporting that they always, usually or sometimes feel lonely.	2022	-	32%	36%	33%	35%
Excessive Drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted).	2022	-	24	24	26	25
Alcohol-Impaired Driving Deaths	Percentage of driving deaths with alcohol involvement.	2018-2022	-	33	67	45	80
Drug Overdose Deaths*	Number of drug poisoning deaths per 100,000 population.	2020-2022	-	29	43	13	27
Adult Smoking	Percentage of adults who are current smokers (age-adjusted).	2022	-	15	20	16	18
Disconnected Youth	Percentage of teens and young adults ages 16-19 who are neither working nor in school.	2019-2023	-	5	na	na	na
Lack of Social and Emotional Support+	Percentage of adults reporting that they sometimes, rarely, or never get the social and emotional support they need.	2022	-	25	27	25	26

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

Source: County Health Rankings and Roadmaps (2025 data release).

CRITERIA	Drug Misuse / Substance Use
<p>Disparities</p>	<p>Disparities and inequities can show where interventions would be most beneficial.</p> <ul style="list-style-type: none"> • In 2022 and 2023, the highest drug overdose death rates were for individuals who are American Indian / Alaska Native and for individuals who are Black / African American.¹ • Smoking is higher within a number of communities compared to their counterpart: rural; veterans; individuals with less than a high school diploma; individuals with blue collar or construction jobs; LGBT (compared to straight); communities.² • In a review of 2024 national data: “Both cigarette smoking and e-cigarette use were more prevalent among adults in rural communities. Smoking was 1.5 times higher among rural (15.5%) compared with metropolitan (10.1%) adults and e-cigarette use was 1.2 times higher among rural (9.1%) compared with metropolitan (7.4%) adults.”³ • Men and boys (compared to women and girls) accounted for approximately two-thirds of alcohol-attributable deaths (2020-2021).⁴ <p>Sources: (1) Centers for Disease Control and Prevention, https://www.cdc.gov/nchs/products/databriefs/db522.htm. Accessed on 3/23/2025. (2) American Lung Association, https://www.lung.org/research/sotc/by-the-numbers/top-10-populations-affected. Accessed on 3/23/2025. (3) American’s Health Rankings, 2025 Annual Report, Executive Brief. Accessed on 01/11/2026. (4) Centers for Disease Control and Prevention, Alcohol and Public Health: Alcohol-Related Disease Impact. Accessed on 3/23/2025.</p>
<p>Community momentum (key informant interviews)</p>	<p>There is strong and near-universal consensus that the 2023 priority areas—substance use, mental health, housing, and childcare—remain the top community health priorities.</p> <p>Mental Health and Substance Use System Pressures (Negative)</p> <ul style="list-style-type: none"> • Stakeholders report worsening access to mental health care, including long waits for appointments, limited providers, and no inpatient options for youth in crisis. • Alcohol treatment options remain limited, and law enforcement and EMS note challenges managing individuals who do not meet commitment criteria but are clearly in crisis. • Youth mental health concerns include earlier THC use, reduced resilience, truancy, and disengagement from coping supports. <p>Funding streams exist for some substance use and mental health services, but gaps remain for housing, childcare, and leadership capacity.</p>
<p>Community Alignment / Readiness / Momentum</p>	<p><i>Coalitions, Task Forces, Projects:</i></p> <ul style="list-style-type: none"> • Oneida County Substance Use coalition <ul style="list-style-type: none"> ◦ Youth Substance Use Prevention team • Oneida County, Drug Free Communities Support Program funding • Vilas County Criminal Justice Collaborating Council – policies and procedures for the CJCC workgroup – focused on opioid settlement dollars AODA • Chronic Disease: Northwoods Tobacco Free Coalition (multi-county) • Wisconsin WINS Tobacco Compliance Checks • Rhinelander Middle School – FACT group, prevention activities with a focus on tobacco prevention • The counties each have opioid settlement dollars.
<p>Control and Capacity</p>	<p>Vilas: Health department has some capacity for coalition support but no staff to provide direct services. Forest: Health department has some capacity for coalition support but no staff to provide direct services. Oneida: Health department has some capacity for coalition support but no staff to provide direct services.</p> <p>Aspirus has a strong behavioral health service line. Aspirus employs addictionologists within the system and patients have access to medication assistance treatment. In other regions, Aspirus has supported recovery coaches.</p>
<p>Other</p>	<p>Alcohol consumption and alcohol-related deaths and illness increased during the covid pandemic. ~ National Institute on Alcohol Abuse and Alcoholism Research Update (June 30, 2022)</p> <p>The abuse of illicit drugs and misuse of prescription drugs is a nationally recognized concern. “The age-adjusted rate of overdose deaths increased by 31% from 2019 (21.6 per 100,000) to 2020 (28.3 per 100,000).” ~ Centers for Disease Control and Prevention, Drug Overdose Death Rate Maps and Graphs website</p> <p>Since 2014, e-cigarettes have been the most used tobacco product among U.S. youth. ~ Centers for Disease Control and Prevention, More than 25 Million Youth Reported E-Cigarette Use in 2022 (press release)</p>

Chronic Disease (Access to Healthy Food AND Lack of Physical Activity)

CRITERIA: Scale of the Issue

Measure	Description	Year(s)	US Overall	WI	Forest	Oneida	Vilas
General							
Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).	2022	-	12%	14%	11%	12%
Diabetes Prevalence	Percentage of adults aged 18 and above with diagnosed diabetes (age-adjusted).	2022	-	9%	10%	8%	9%
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).	2022	-	38%	42%	39%	35%
Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	2022	3.9	3.9	4.8	4.0	3.8
Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	2022	17%	16%	19%	14%	16%
Food Security and Nutrition							
Limited Access to Healthy Foods	Percentage of population who are low-income and do not live close to a grocery store.	2019	-	5%	12%	2%	3%
Food Insecurity	Percentage of population who lack adequate access to food.	2022	-	11%	13%	11%	11%
Food Environment Index+	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	2019 & 2022	7.4	8.8	7.3	8.9	8.7
Physical Activity							
Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity.	2024, 2022 & 2020	84%	84	82	72	88
Access to Parks	Percentage of the population living within a half mile of a park.	2024 & 2020	-	56	51	44	61
Physical Inactivity	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted).	2022	-	21	26	21	21

Income, Ability to Access Food							
Children in Poverty*	Percentage of people under age 18 in poverty.	2023 & 2019-2023	16%	13	21	12	17
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.	2022	-	1807	776	4667	7631
Some College	Percentage of adults ages 25-44 with some post-secondary education.	2019-2023	68%	70	58	71	64
High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	2019-2023	89%	93	91	96	96
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	2023	3.6%	3.0	4.8	3.4	3.9
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	2019-2023	4.9	4.2	4.3	4.3	3.9
Children Eligible for Free or Reduced Price Lunch+	Percentage of children enrolled in public schools that are eligible for free or reduced price lunch.	2022-2023	-	40	44	46	47
Gender Pay Gap	Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar."	2019-2023	-	0.81	0.90	0.79	0.80
Median Household Income*	The income where half of households in a county earn more and half of households earn less.	2023 & 2019-2023	-	74671	59190	66650	63779

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

Source: County Health Rankings and Roadmaps (2025 data release).

CRITERIA	Chronic Disease (Access to Healthy Food and Lack of Physical Activity)
Disparities	<p>Disparities and inequities can show where interventions would be most beneficial.</p> <ul style="list-style-type: none"> • Individuals with less than a high school education, compared to individuals with a college degree, are three times more likely to be physically inactive. • Rates of physical inactivity are increasing for some groups of individuals – men, individuals with less than a high school education and individuals who are Black. • Individuals with less than a high school education, compared to individuals with a college degree, are three times more likely to be physically inactive. Rates of physical inactivity are increasing for some groups of individuals – men, individuals with less than a high school education and individuals who are Black. <p>(All of the above is from the 2021 America’s Health Rankings (AHR) Disparities Report)</p> <p>In a review of national 2024 data: “... physical inactivity remained 1.2 times higher among rural compared with metropolitan adults.” (American’s Health Rankings, 2025 Annual Report, Executive Brief. Accessed on 01/11/2026.) Additionally, physical inactivity increases as income decreases. Individuals who make more than \$150K annually are 4.4 times less likely to be physically inactive. https://assets.americashealthrankings.org/ahr_2025annual_comprehensivereport_final-web.pdf</p> <p>“Rates of obesity and chronic disease are generally significantly higher among racial and ethnic minorities and low-income populations. In many cases, disparities are linked with wide-reaching factors such as access to resources including healthy foods, safe places for physical activity, healthcare, and equitable opportunities for education, housing, employment and transportation.” Wisconsin Nutrition, Physical Activity and Obesity State Health Plan, page 94</p>
Community momentum (key informant interviews)	<p>Emerging Considerations (Without Replacing Core Priorities)</p> <p>While not displacing the original four priorities, some stakeholders noted:</p> <ul style="list-style-type: none"> • Transportation, workforce availability, and access to medical care as related pressures • Obesity, chronic disease, and EMS access as concerns tied to broader access and infrastructure issues • Caregiving resources for older adults as an important gap, particularly in aging counties <p>These were generally framed as extensions or consequences of the primary priorities rather than new standalone priorities.</p>
Community Alignment / Readiness / Momentum	<p><i>Coalitions, Task Forces, Projects: (Add headers to group topics)</i></p> <ul style="list-style-type: none"> • Vilas County Coalition on Activity and Nutrition (CAN) • Vilas County is doing some programming to address physical activity (e.g., Tick Hike) • Forest County Coalition on Activity and Nutrition (CAN) • Forest County does the older adult Stockbox program, plus the farmers market for seniors and for WIC clients • Oneida County has the WIC program.
Control and Capacity	<p>Vilas: Health department has some capacity for coalition support but no staff to provide direct services. Forest: Health department has some capacity for coalition support but no staff to provide direct services. Oneida: Health department has minimal capacity.</p> <p>Aspirus provides inpatient and outpatient care for chronic illnesses. Aspirus implements multiple nutrition / food programs in communities (some based on patient qualifications).</p>

Access to Affordable, Quality Childcare (and Overall Child Well-Being)

CRITERIA: Scope of the Issue

Measure	Description	Year(s)	US Overall	WI	Forest	Oneida	Vilas
Child Care Centers	Number of child care centers per 1,000 population under 5 years old.	2010-2022	-	6	10	6	10
Child Care Cost Burden	Child care costs for a household with two children as a percent of median household income.	2024 & 2023	28%	31	33	33	30
Child Mortality*	Number of deaths among residents under age 20 per 100,000 population.	2019-2022	-	50	na	55	90
Infant Mortality*	Number of infant deaths (within 1 year) per 1,000 live births.	2016-2022	-	6%	na	na	na
Low Birth Weight**	Percentage of live births with low birth weight (< 2,500 grams).	2017-2023	8%	8%	9%	7%	8%
Limited Access to Healthy Foods	Percentage of population who are low-income and do not live close to a grocery store.	2019	-	5%	12%	2%	3%
Food Insecurity	Percentage of population who lack adequate access to food.	2022	-	11%	13%	11%	11%
Teen Births*	Number of births per 1,000 female population ages 15-19.	2017-2023	-	11	19	11	10
Sexually Transmitted Infections+	Number of newly diagnosed chlamydia cases per 100,000 population.	2022	-	435.7	245.2	128.2	75.7
Uninsured Children	Percentage of children under age 19 without health insurance.	2022	-	5	6	5	6
Access to Parks	Percentage of the population living within a half mile of a park.	2024 & 2020	-	56	51	44	61
Library Access	Library visits per person living within the library service area per year.	2022	2	3	2	5	7
High School Graduation+	Percentage of ninth-grade cohort that graduates in four years.	2021-2022	-	90	na	93	87
Reading Scores**+	Average grade level performance for 3rd graders on English Language Arts standardized tests.	2019	-	3.0	2.6	3.0	3.1
Math Scores**+	Average grade level performance for 3rd graders on math standardized tests.	2019	-	3.0	2.7	2.9	2.9
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.	2022	-	1807	776	4667	7631
Children in Poverty*	Percentage of people under age 18 in poverty.	2023 & 2019-2023	16%	13	21	12	17
Children Eligible for Free or Reduced Price Lunch+	Percentage of children enrolled in public schools that are eligible for free or reduced price lunch.	2022-2023	-	40	44	46	47

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

Source: County Health Rankings and Roadmaps (2025 data release).

CRITERIA	Access to Affordable, Quality Childcare (and Overall Child Well-Being)
Disparities	<p>“Research suggests that many disparities in overall health and well-being are rooted in early childhood. For example, those who lived in poverty as young children are more at-risk for leading causes of illness and death, and are more likely to experience poor quality of life. This growing problem costs the United States billions of dollars annually. Our understanding of the lasting value of early experiences continues to grow. Interventions that support healthy development in early childhood reduce disparities, have lifelong positive impacts, and are prudent investments. Addressing these disparities effectively offers opportunities to help children, and benefits our society as a whole.” ~ Centers for Disease Control and Prevention, Addressing Health Disparities in Early Childhood (grand rounds)</p>
Community momentum (key informant interviews)	<p>Childcare and Family Stress Childcare remains a critical but sometimes less visible pressure point:</p> <ul style="list-style-type: none"> • Families are often forced to choose between working and affording childcare, a dynamic that contributes to financial strain, stress, and downstream mental health and substance use impacts. • Several stakeholders described working families who earn “too much” to qualify for assistance but still cannot meet basic needs due to childcare and cost-of-living pressures.
Community Alignment / Readiness / Momentum	<p><i>Coalitions, Task Forces, Projects:</i></p> <ul style="list-style-type: none"> • Oneida County Childcare Coalition
Control and Capacity	<p>Vilas: Health department has minimal capacity in this area. Forest: Health department has minimal capacity in this area. Oneida: Health department has some capacity in this area.</p> <p>Aspirus Rhinelander Hospital has a Birthing Center. In addition to providing clinical services, the Birthing Center and Clinic staff also provide community programs, including child car seat education and installation. The Birth Center and Clinic also recently started “The Mama Collective” weekly group for support and education/information. Aspirus clinics in the region provide clinical care for children and their families.</p>

Housing

CRITERIA: Scale of the Issue

Measure	Description	Year(s)	US Overall	WI	Forest	Oneida	Vilas
Housing							
Homeownership	Percentage of owner-occupied housing units.	2019-2023	-	68	82	84	83
Severe Housing Cost Burden	Percentage of households that spend 50% or more of their household income on housing.	2019-2023	-	11	10	10	11
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.	2017-2021	17%	12	12	9	11

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

Source: County Health Rankings and Roadmaps (2025 data release).

CRITERIA	Housing
Disparities	<p>Disparities and inequities can show where interventions would be most beneficial.</p> <ul style="list-style-type: none"> Households are considered to be cost burdened if they spend more than 30 percent of their income on housing and severely cost burdened if they spend more than 50 percent of their income on housing. Cost-burdened households have little left over each month to spend on other necessities such as food, clothing, utilities, and health care. Black and Hispanic households are almost twice as likely as White households to be cost burdened.¹ Children who move frequently are more likely to have chronic conditions and poor physical health.¹ People who have spent time in prison may be discriminated against by potential landlords, lose eligibility for public housing, and struggle to maintain stable housing.¹ <p>Sources: (1) Verbatim from the Healthy People 2030 website https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/housing-instability. Accessed on 3/25/2025.</p>
Community momentum (key informant interviews)	<p>Housing Has Intensified and Now Dominates Concern</p> <p>While all four priorities remain relevant, housing emerged as the most urgent and escalating issue:</p> <ul style="list-style-type: none"> Described as “housing is on fire” and “number one concern” Shortages are driven by: <ul style="list-style-type: none"> Second/vacation homes and short-term rentals Post-COVID shifts in what is considered “affordable” Insufficient inventory for both workforce and service-sector employees A recent housing study estimated ~1,500 new units needed by 2030, with current development falling well short <p>Stakeholders noted system-wide impacts, including:</p> <ul style="list-style-type: none"> Difficulty recruiting healthcare workers Strain on schools, hospitals, and employers Growing emergency and crisis housing needs alongside long-term stability challenges <p>Key takeaway: Housing is no longer just a background structural issue—it is an acute, system-level pressure point.</p>
Community Alignment / Readiness / Momentum	<p><i>Coalitions, Task Forces, Projects:</i></p> <ul style="list-style-type: none"> Oneida County Economic Development Council has a high priority on housing
Control and Capacity	<p>Vilas: Health department has minimal capacity in this area. Forest: Health department has minimal capacity in this area. Oneida: Health department has minimal capacity in this area.</p> <p>Aspirus is increasingly monitoring the impact of homelessness on patients.</p>

Financial Instability and Social Determinants of Health

CRITERIA: Scale of the Issue

Measure	Description	Year(s)	US Overall	WI	Forest	Oneida	Vilas
Financial Stability (general)							
Limited Access to Healthy Foods	Percentage of population who are low-income and do not live close to a grocery store.	2019	-	5%	12%	2%	3%
Food Insecurity	Percentage of population who lack adequate access to food.	2022	-	11%	13%	11%	11%
Food Environment Index+	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	2019 & 2022	7.4	8.8	7.3	8.9	8.7
Uninsured Adults	Percentage of adults under age 65 without health insurance.	2022	-	7	11	7	10
Uninsured Children	Percentage of children under age 19 without health insurance.	2022	-	5	6	5	6
Uninsured	Percentage of population under age 65 without health insurance.	2022	10%	6	10	7	9
High School Graduation+	Percentage of ninth-grade cohort that graduates in four years.	2021-2022	-	90	na	93	87
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.	2022	-	1807	776	4667	7631
Some College	Percentage of adults ages 25-44 with some post-secondary education.	2019-2023	68%	70	58	71	64
High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	2019-2023	89%	93	91	96	96
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	2023	3.6%	3.0	4.8	3.4	3.9
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	2019-2023	4.9	4.2	4.3	4.3	3.9
Children in Poverty*	Percentage of people under age 18 in poverty.	2023 & 2019-2023	16%	13	21	12	17
Children Eligible for Free or Reduced Price Lunch+	Percentage of children enrolled in public schools that are eligible for free or reduced price lunch.	2022-2023	-	40	44	46	47
Gender Pay Gap	Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar."	2019-2023	-	0.81	0.90	0.79	0.80
Median Household Income*	The income where half of households in a county earn more and half of households earn less.	2023 & 2019-2023	-	74671	59190	66650	63779

* Comparing County to Wisconsin levels: **Worse Than**, **Same As**, **Better Than**
Source: County Health Rankings and Roadmaps (2025 data release).

CRITERIA	Financial Instability and Social Determinants of Health
<p>Disparities</p>	<p>Income is a strong predictor of health, and lower levels of income are associated with poorer health outcomes across the life course.</p> <p>Poverty is higher:</p> <ul style="list-style-type: none"> ● In households headed by individuals with less than a high school education (compared to those headed by individuals with a college degree) ● Individuals who are Black, Hispanic, American Indian / Alaska Native (compared to White) ● Households headed by women (compared to men) ● In households in non-metropolitan areas (compared to metropolitan areas) <p>All of the above is from the 2021 AHR Disparities Report</p> <p>“Across the lifespan, residents of impoverished communities are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy.^{9,13-17} Children make up the largest age group of those experiencing poverty.^{18,19} Childhood poverty is associated with developmental delays, toxic stress, chronic illness, and nutritional deficits.²⁰⁻²⁴ Individuals who experience childhood poverty are more likely to experience poverty into adulthood, which contributes to generational cycles of poverty.²⁵ In addition to lasting effects of childhood poverty, adults living in poverty are at a higher risk of adverse health effects from obesity, smoking, substance use, and chronic stress.¹² Finally, older adults with lower incomes experience higher rates of disability and mortality.⁶ One study found that men and women in the top 1 percent of income were expected to live 14.6 and 10.1 years longer respectively than men and women in the bottom 1 percent.²⁶” US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Healthy People 2030 https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty Accessed January 12, 2026.</p>
<p>Community momentum (key informant interviews)</p>	<p>Emerging Considerations (Without Replacing Core Priorities)</p> <p>While not displacing the original four priorities, some stakeholders noted:</p> <ul style="list-style-type: none"> ● Transportation, workforce availability, and access to medical care as related pressures ● Obesity, chronic disease, and EMS access as concerns tied to broader access and infrastructure issues ● Caregiving resources for older adults as an important gap, particularly in aging counties <p>These were generally framed as extensions or consequences of the primary priorities rather than new standalone priorities.</p>
<p>Community Alignment / Readiness / Momentum</p>	<p><i>Coalitions, Task Forces, Projects:</i></p> <ul style="list-style-type: none"> ●
<p>Control and Capacity</p>	<p>Vilas: Health department has minimal capacity in this area. Forest: Health department has minimal capacity in this area. Oneida: Health department has minimal capacity in this area.</p> <p>Aspirus regularly asks patients about their ongoing social and economic needs and has invested in a platform for community resource referrals.</p>
<p>Other</p>	<p>Input from Forest County Partnership (coalition) noted more efforts around food security are needed.</p>

Access to Affordable, Quality Medical Care

CRITERIA: Scope of the Issue

Measure	Description	Year(s)	US Overall	WI	Forest	Oneida	Vilas
Premature Death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	2020-2022	8,400	7447	11728	6918	10459
Life Expectancy*	Average number of years people are expected to live.	2020-2022	-	77.8	74.1	77.9	76.5
Premature Age-Adjusted Mortality*	Number of deaths among residents under age 75 per 100,000 population (age-adjusted).	2020-2022	-	359	491	328	404
Child Mortality*	Number of deaths among residents under age 20 per 100,000 population.	2019-2022	-	50	na	55	90
Infant Mortality*	Number of infant deaths (within 1 year) per 1,000 live births.	2016-2022	-	6%	na	na	na
Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).	2022	-	12%	14%	11%	12%
Diabetes Prevalence	Percentage of adults aged 18 and above with diagnosed diabetes (age-adjusted).	2022	-	9%	10%	8%	9%
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).	2022	-	38%	42%	39%	35%
Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	2022	3.9	3.9	4.8	4.0	3.8
Low Birth Weight*	Percentage of live births with low birth weight (< 2,500 grams).	2017-2023	8%	8%	9%	7%	8%
Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	2022	5.1	5.4	5.8	5.5	5.4
Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	2022	17%	16%	19%	14%	16%
Flu Vaccinations*	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination.	2022	48%	53	29	46	43
Uninsured Adults	Percentage of adults under age 65 without health insurance.	2022	-	7	11	7	10
Uninsured Children	Percentage of children under age 19 without health insurance.	2022	-	5	6	5	6
Other Primary Care Providers	Ratio of population to primary care providers other than physicians.	2024	-	633:1	933:1	425:1	1592:1
Primary Care Physicians	Ratio of population to primary care physicians.	2021	1,330:1	1251:1	na	1417:1	1384:1
Mental Health Providers	Ratio of population to mental health providers.	2024	300:1	375:1	583:1	338:1	955:1
Dentists	Ratio of population to dentists.	2022	1,360:1	1363:1	2345:1	1158:1	990:1
Preventable Hospital Stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	2022	2,666	2498	1870	2029	1727

Mammography Screening*	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening.	2022	44%	50	48	52	57
Uninsured	Percentage of population under age 65 without health insurance.	2022	10%	6	10	7	9
Broadband Access	Percentage of households with broadband internet connection.	2019-2023	90%	89	83	88	86
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	2023	3.6%	3.0	4.8	3.4	3.9
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	2019-2023	4.9	4.2	4.3	4.3	3.9
Children in Poverty*	Percentage of people under age 18 in poverty.	2023 & 2019-2023	16%	13	21	12	17
Median Household Income*	The income where half of households in a county earn more and half of households earn less.	2023 & 2019-2023	-	74671	59190	66650	63779

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

Source: County Health Rankings and Roadmaps (2025 data release).

CRITERIA	Access to Affordable, Quality Medical Care
Disparities	<p>INSURANCE / MEDICAL CARE</p> <ul style="list-style-type: none"> • “The prevalence of avoiding care due to cost varied significant by income, ages, education attainment, disability status, geography, race/ethnicity, veteran status, sexual orientation and gender in 2024.” The prevalence was higher for: individuals with less income; adults 18-44 compared to adults age 65 and older; individuals with less than a high school education; adults who have difficulty with cognition compared to those without a disability; adults who have not served in the US armed forces compared with those who have served; LGBTQ+ compared with straight adults; women compared to men. • “The uninsured rate varied significantly by geography, educational attainment, race/ethnicity and age in 2024.” The rate was higher for adults without a high school education compared with college graduates; higher among those ages 26-34 compared with those ages 55-64. • “Cancer screenings varied significantly by educational attainment, geography, age, race/ethnicity, income, disability status, gender and sexual orientation.” The prevalence of breast and colon cancer screening was higher for: adults with college degrees compared with adults with less than a high school education; adults age 65 and older compared with those ages 18-44; adults with higher incomes; adults with difficulty hearing compared with adults who have difficulty seeing; adults who are served in the armed forces; adults living in metropolitan areas compared to adults in nonmetropolitan areas. • Cancer screening improved 14% among adults in rural areas between 2022 and 2024 but are still lower than screening rates in metropolitan areas. <p>The above data are from America’s Health Rankings, 2025 Annual Report. Accessed on January 11, 2026. https://assets.americashealthrankings.org/ahr_2025annual_comprehensivereport_final-web.pdf</p>
Community momentum (key informant interviews)	<p>Emerging Considerations (Without Replacing Core Priorities)</p> <p>While not displacing the original four priorities, some stakeholders noted:</p> <ul style="list-style-type: none"> • Transportation, workforce availability, and access to medical care as related pressures • Obesity, chronic disease, and EMS access as concerns tied to broader access and infrastructure issues • Caregiving resources for older adults as an important gap, particularly in aging counties <p>These were generally framed as extensions or consequences of the primary priorities rather than new standalone priorities.</p>
Community Alignment / Readiness / Momentum	<p><i>Coalitions, Task Forces, Projects:</i></p> <ul style="list-style-type: none"> •
Control and Capacity	<p>Vilas: Health department has minimal capacity in this area. Forest: Health department has minimal capacity in this area. Oneida: Health department has minimal capacity in this area.</p> <p>Aspirus is diligent in providing high quality medical care. Aspirus is exploring opportunities to engage community health workers. Aspirus also has a Community Care Paramedic program in multiple communities. This program supports individuals recently discharged from the hospital and who may struggle with transportation and other local resources.</p>

Dental Care

CRITERIA: Scope of the Issue

Measure	Description	Year(s)	US Overall	WI	Forest	Oneida	Vilas
Uninsured Adults	Percentage of adults under age 65 without health insurance.	2022	-	7	11	7	10
Uninsured Children	Percentage of children under age 19 without health insurance.	2022	-	5	6	5	6
Uninsured	Percentage of population under age 65 without health insurance.	2022	10%	6	10	7	9
Other Primary Care Providers	Ratio of population to primary care providers other than physicians.	2024	-	633:1	933:1	425:1	1592:1
Primary Care Physicians	Ratio of population to primary care physicians.	2021	1,330:1	1251:1	na	1417:1	1384:1
Dentists	Ratio of population to dentists.	2022	1,360:1	1363:1	2345:1	1158:1	990:1
Children in Poverty*	Percentage of people under age 18 in poverty.	2023 & 2019-2023	16%	13	21	12	17

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

Source: County Health Rankings and Roadmaps (2025 data release).

CRITERIA	Dental Care
Disparities	<p>“Children aged 6 to 9 from lower income households were more than twice as likely (25%) to have untreated cavities than children from higher income households (10%).”</p> <p>“Drinking fluoridated water and getting dental sealants (in childhood) prevent cavities and save money by avoiding expensive dental care.”</p> <p>“Untreated cavities are about twice as common among working-age adults with no health insurance coverage (43%) compared with those who have private health insurance coverage (18%).”</p> <p>“Complete tooth loss was more than three times as common among older adults who had less than a high school education (33%) compared with those who had more than a high school education (9%).”</p> <p>“Complete tooth loss was more than twice as common among older adults with low incomes (30%) or who currently smoke (29%) compared with those who had higher incomes (12%) or who never smoked (12%).”</p> <p>“More people are unable to afford dental care than other types of health care.”</p> <p>The above data are from the Centers for Disease Control and Prevention. Accessed on January 11, 2026. Oral Health Facts Oral Health CDC and Health Disparities in Oral Health Oral Health CDC</p>
Community momentum (key informant interviews)	There was little to no mention of dental care in the interviews.
Community Alignment / Readiness / Momentum	<p><i>Coalitions, Task Forces, Projects:</i></p> <ul style="list-style-type: none"> •
Control and Capacity	<p>Vilas: Health department has minimal capacity in this area.</p> <p>Forest: Health department has minimal capacity in this area.</p> <p>Oneida: Health department has minimal capacity in this area.</p> <p>Aspirus has limited oral health services (e.g., only emergency care).</p>

Healthy Aging

Measure	Description	Year(s)	US Overall	WI	Forest	Oneida	Vilas
Premature Death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	2020-2022	8,400	7447	11728	6918	10459
Life Expectancy*	Average number of years people are expected to live.	2020-2022	-	77.8	74.1	77.9	76.5
Premature Age-Adjusted Mortality*	Number of deaths among residents under age 75 per 100,000 population (age-adjusted).	2020-2022	-	359	491	328	404
Feelings of Loneliness+	Percentage of adults reporting that they always, usually or sometimes feel lonely.	2022	-	32%	36%	33%	35%
Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	2022	17%	16%	19%	14%	16%
Preventable Hospital Stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	2022	2,666	2498	1870	2029	1727
Mammography Screening*	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening.	2022	44%	50	48	52	57
Lack of Social and Emotional Support+	Percentage of adults reporting that they sometimes, rarely, or never get the social and emotional support they need.	2022	-	25	27	25	26
Social Associations	Number of membership associations per 10,000 population.	2022	9.1	11.1	9.6	13.9	18.9
Falls	Unintentional falls-related emergency department visits for individuals age 65+ (number per 100,000 population)	2022, 2023, 2024	-	5747	3723	5805	5990
Falls	Rate per 100,000 population of unintentional fall deaths for adults age 65 and older (Source: CDC)	2023	69.9	158.4 (highest in the U.S.)	-	-	-
Falls	Rate per 100,000 population of unintentional fall deaths for adults age 65 and older (Source: WISH)	2021, 2022, 2023	-	178.9	277.9	202.9	124.6

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

Measure	Description	Year(s)	US Overall	WI	Forest	Oneida	Vilas
% Below 18 Years of Age	Percentage of population below 18 years of age.	2023	-	21.1	19.5	16.4	16
% 65 and Older	Percentage of population ages 65 and older.	2023	-	19.1	26	29.2	32.5
% Disability: Functional Limitations	Percentage of adults reporting any of six specific functional limitations	2022	-	28	33	26	29
% Rural	Percentage of population living in a census-defined rural area.	2020	-	32.9	100	74.3	100
% Age 65+ Living Alone	Percentage of population age 65 or older living alone (households)	2024	-	12.9	15.5	15.8	17.0
Median Age	Median age is the mid-point of all individuals in the geography, where half the people are older and half are younger	2024	-	40.2	49.3 (increasing)	52.7 (increasing)	55.7 (increasing)

Sources:

- County Health Rankings and Roadmaps (2025 data release).
- Centers for Disease Control and Prevention; <https://www.cdc.gov/nchs/products/databriefs/db532.htm>
- Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <https://www.dhs.wisconsin.gov/wish/index.htm>, Injury-Related Emergency Department Visits Module, accessed 2/9/2026.

- Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <https://www.dhs.wisconsin.gov/wish/index.htm>, Injury-Related Mortality Module, accessed 2/9/2026.
- U.S. Census Bureau. "Selected Social Characteristics in the United States." American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP02, https://data.census.gov/table/ACSDP5Y2024.DP02?q=DP02&g=040XX00US55_050XX00US55041,55085,55125. Accessed on 9 Feb 2026.
- U.S. Census Bureau. "Median Age by Sex." American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B01002, https://data.census.gov/table/ACSDT5Y2024.B01002?q=B01002:+Median+Age+by+Sex&g=040XX00US55_050XX00US55041,55085,55125. Accessed on 9 Feb 2026.

CRITERIA	Healthy Aging
Disparities	<ul style="list-style-type: none"> - Alzheimer’s disease disproportionately affects individuals who are African American or Hispanic. - Individuals with lower socioeconomic status are more likely to live shorter lives. - Women are more likely to live longer than men. - Women are more likely to develop osteoporosis or depressive symptoms or to report functional limitations as they age. - Men are more likely to develop heart disease, cancer or diabetes. - Social environmental factors such as residential segregation, discrimination, immigration, social mobility, work, retirement, education, income, and wealth can also have a serious impact on health and well-being. <p>Economic circumstances can determine whether an individual can afford quality health care and proper nutrition from early life into old age. Individual and family financial resources and health insurance often determine whether an older adult enters an assisted living facility or nursing home or stays at home to be cared for by family members.</p> <p>Source: National Institutes on Aging; some verbiage is verbatim.</p>
Community momentum (key informant interviews)	<p>Nuance and Emerging Considerations (Without Diluting Priorities)</p> <p>While affirming the core priorities, some respondents noted additional or related issues, including:</p> <ul style="list-style-type: none"> • Food insecurity, particularly among working households, ALICE populations, and older adults. • Transportation and EMS/911 access, especially in rural areas and during peak visitor seasons. • Healthcare access shortages, including local physicians, specialties, and aging-related care. • Caregiving resources for an aging population—the highest proportion of adults over 60 in the state in some counties. • Obesity and chronic disease, often linked to limited physical activity options and aging demographics. <p>Importantly, these were frequently framed as extensions or consequences of the original four priorities rather than replacements.</p> <p>Aging Population and Caregiving Capacity (Negative)</p> <p>With some counties having the highest proportion of residents over age 60 in Wisconsin, stakeholders identified increasing pressure on caregiving resources, dementia care, assisted living, and in-home supports. Limited workforce capacity, lack of local long-term care facilities, and transportation challenges further strain the system and complicate efforts to support aging in place.</p>
Community Alignment / Readiness / Momentum	<p><i>Coalitions, Task Forces, Projects:</i></p> <ul style="list-style-type: none"> •
Control and Capacity	<p>Vilas: Health department has minimal capacity in this area. Forest: Health department has minimal capacity in this area. Oneida: Health department has minimal capacity in this area.</p> <p>Aspirus is implementing the Age-Friendly Hospital Initiative across the system. The initiative promotes high quality care for older adults. Aspirus had a Community Care Paramedic Program in multiple communities; through that program, the identification of risk factors for in-home falls can be identified and addressed. Additionally, Aspirus works with the Aging and Disability Resource Centers in a number of communities.</p>

Additional Health Disparities: Forest, Oneida and Vilas Counties

Although health disparities data specifically for Forest, Oneida and Vilas Counties are rare, some groups of individuals in the county are more likely to experience health disparities based on a number of demographic variables.

Individuals who are American Indian or Alaska Native: Over 13% of the population in Forest County and 9.8% of the population in Vilas County are American Indian or Alaska Native.¹ There are two Native American tribes located in Forest County – the Sokaogon Chippewa and the Forest County Potawatomi. The Lac du Flambeau tribe is located in Vilas and Iron Counties, bordering on Oneida County. The life expectancy for individuals who are American Indian or Alaska Native is 5.5 years less than for the U.S. as a whole.² “Lower life expectancy and the disproportionate disease burden exist perhaps because of inadequate education, disproportionate poverty, discrimination in the delivery of health services, and cultural differences. These are broad quality of life issues rooted in economic adversity and poor social conditions.”³

Individuals who are Hispanic: The percent of the population in each of the three counties that is Hispanic is between 1.5% and 2.0%.⁴ 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.⁵ Children who are Hispanic, compared to children non-Hispanic white children, are more likely to suffer from infant mortality (Puerto Ricans), asthma (Puerto Ricans) and obesity. Children who are Hispanic are 34 percent more likely to attempt suicide as a high schooler.⁶

¹ Oneida County Profile: https://data.census.gov/profile/Oneida_County_Wisconsin?g=050XX00US55085; Vilas County Profile: https://data.census.gov/profile/Vilas_County_Wisconsin?g=050XX00US55125; Forest County Profile: https://data.census.gov/profile/Forest_County_Wisconsin?g=050XX00US55041. All accessed March 9, 2026.

² Indian Health Services, <https://www.ihs.gov/newsroom/factsheets/disparities/>

³ Indian Health Services, <https://www.ihs.gov/newsroom/factsheets/disparities/>

⁴ Oneida County Profile: https://data.census.gov/profile/Oneida_County_Wisconsin?g=050XX00US55085; Vilas County Profile: https://data.census.gov/profile/Vilas_County_Wisconsin?g=050XX00US55125; Forest County Profile: https://data.census.gov/profile/Forest_County_Wisconsin?g=050XX00US55041. All accessed March 9, 2026.

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

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

Environment, Climate and Health

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

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

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

Appendix F: Regional Community Health Priorities and Coalitions

From the regional needs assessment completed in 2022-23, these are the community health priorities:

Aspirus Hospitals	Marshfield Medical Center – Minocqua	Forest County	Vilas County	Oneida County
Mental Health	Behavioral Health	Mental Health	Access to Healthcare Resources for MH	Mental Health
Substance Use	Substance Use	Substance Use	Reduce the Use of Alcohol and Other Drugs	Substance Use
	Health Equity	Chronic Disease	Chronic Disease	Childcare
	Community Capacity, Engagement and Infrastructure		Safe and Affordable Housing	Housing

Appendix G: 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](https://aspiruscommunity-resources.findhelp.org) or <https://aspiruscommunity-resources.findhelp.com/>, and then searching by zip code and program need/area.

Agency or Program	Description
211 information and referral	Free, confidential helpline that provides assistance with essential services
Aging and Disability Resource Center (ADRC)	Provides services and programs for older individuals and individuals with disabilities
Alcoholics Anonymous	Peer support addiction recovery groups and meetings
Aspirus hospitals and clinics	Hospitals are in Eagle River, Rhinelander and Woodruff; multiple clinics are in the tri-county region
Aspirus Koller Behavioral Health	Behavioral and mental health services
Boys and Girls Club of the Northwoods	Youth-focused agency
Children's Wisconsin	Children's Hospital (programs)
Community Outreach, Prevention and Education (COPE) Coalition	Tri-county (Forest, Oneida, Vilas) mental health and AODA coalition
Food pantries	Provides food for individuals who need it; at least one in each of the three counties
HeadStart	Early education for children who may be at risk
Health departments – Forest, Oneida, Vilas	Provide prevention, protection and direct care services; each health department provides a different set of services. Examples: Women, Infant, Children (WIC) nutrition services; water testing; restaurant inspection; coalition leadership; car seat checks; reproductive health.
HOPE Consortium	Regional rural collaborative focused on substance use disorder treatment and recovery support
Koinonia	Residential treatment for addiction recovery
Marshfield Clinic	Hospital is in Minocqua; clinics are in Minocqua, Woodruff, Rhinelander and Eagle River
Meals on Wheels / home-delivered meals	Delivered food for homebound individuals
Northwoods Alliance for Temporary Housing; New Hope Shelter	Shelter for individuals without housing
Northwoods Tobacco-Free Coalition	Multi-county coalition to address tobacco-related concerns
Rhinelander Veterans Affairs Clinic	Provides outpatient care for veterans
School counselors	Help ensure that students' developmental and academic needs are met
UW Madison Division of Extension	Connects people to the University of Wisconsin resources through programs, education and services
Wisconsin Addiction Recovery Helpline (part of 211)	Statewide resource for finding substance use treatment and recovery services

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

Aspirus Eagle River Hospital, Aspirus Rhinelander Hospital and Howard Young Medical Center (part of Aspirus) are in rural northern Wisconsin. Because of that setting, community health efforts are frequently completed with other regional partners, including other Aspirus hospitals. The following descriptions are reflective of the three hospitals unless otherwise indicated.

The hospitals' significant needs were **mental health and substance use**. Over the past three years, Aspirus implemented both cross-organizational as well as 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 and may reflect one, two or three years of activity. (At the time this report was written and approved, the last year of the three-year cycle was not yet completed.)

In part due to the knowledge and capacity that the Rhinelander-based Aspirus Koller Behavioral Health Outpatient clinic and Inpatient unit (part of the health care system) bring to the area, the hospitals and clinics are a strong and valued resource for community mental health and substance use prevention efforts. Staff expertise is shared internally as well as externally.

Mental Health and Substance Use

Aspirus staff participated in Community Outreach Prevention Education (COPE), which is the region's tri-county mental health coalition. For two of the three years, Aspirus Koller Behavioral Health staff led the Mental Health and Suicide Prevention Subcommittee of the coalition; they remained a coalition member in the third year. Subcommittee activities are described below.

- 988 awareness: The subcommittee promoted 988, which is the national mental health crisis line number, with two main strategies:
 - Public stickers. The subcommittee created and distributed 988 stickers to pharmacies and coffee shops. The stickers were placed on pharmacy bags and hot coffee sleeves. The stickers included a QR code for mental and health and substance use/abuse support available 24/7.
 - Pop up tabling. Local and state crisis workers along with coalition members helped support pop-up table events at Tri-county High Schools to bring awareness to and education on the 988 resource.
- General awareness. The subcommittee conducted a number of awareness activities, focusing on both resources/supports that are available to community members (e.g., 988, local crisis line, NAMI), as well as general mental health awareness (e.g., for May Mental Health month, September Suicide Prevention Week, and World Mental Health Day (October)).
- Focused outreach: The coalition leaders collaborated with Heads Up Guys (an online platform with tools and resources focused on men's mental health) and the Wisconsin 988 manager to

create bar coasters for northern Wisconsin. The coasters are a way to reach men ages 25 and older to provide them with a resource when they are in need of support. The coasters have a QR code for Heads Up Guys and will bring the individuals directly to the Heads Up Guys website. Prior to initiating the campaign, leaders from the coalition (including from Aspirus) met with each of the Tavern league presidents in Forest, Oneida, and Vilas to share the idea and obtain their support. The coalition leaders then attended each of the Tavern League meetings to discuss the campaign and the resource. The coalition leaders also shared mental health and suicide warning signs, risk factors, and resources to support any patron the Tavern League members may be concerned about. Heads Up Guys tracks use of the website in the region, in addition to the neighboring counties and states based on the results from the visitors bureau (due to the region being a high tourism area).

- Access to Means: The coalition worked with *Live Today Put It Away* to create partnerships between local gun stores and *Live Today Put It Away* for safe storage options. Aspirus and the communities they serve have identified this resource in their FindHelp resources platform.
- Trainings: Question, Persuade, Refer (QPR) trainings focused on suicide prevention were coordinated by the subcommittee.
 - In FY24, over 80 people were trained in QPR. Some of the people trained during this year included pharmacy staff, medical staff, and community members.
 - In FY25, 20 trainings were offered and 431 people were trained in QPR. Trainings were provided for both youth and community members.
 - Also in FY25, Aspirus funded \$500/person (a portion of the \$695/person training cost) toward the train-the-trainer QPR course to increase the number of people able to provide QPR trainings in the Aspirus service area. Ten people were trained in FY26 (September 2025), and two of those were regional coalition members.

At the end of calendar 2024, the (Aspirus) coalition subcommittee leader met with all Veterans Affairs (VA) office leads and provided Vilas, Oneida, and Forest County VA office leaders with a box of coasters to dispense to their local VFW, Legion, or local VA programs to bring mental health awareness to Veterans. Coalition representatives also supported and attended the annual RUCK to honor veterans and recognized the losses of veterans to suicide each day through education and awareness. The coalition provided a table of resources and emotional support for this event.

The coalition team continues to identify gaps in membership and reaches out to those identified to inquire about being an active member of the organization. New representatives included youth from Raise Your Voice and Sources of Strength, Art Start, Tribal, and the Aging and Disability Resource Center.

Aspirus Koller Behavioral Health staff also:

- Worked with Aspirus marketing and media on mental health messaging; worked with the local affiliate of a major news network to provide interviews; created a series of PSAs; created YouTube reel announcements on mental health concerns.

- Implemented 988 stickers on Aspirus Pharmacy bags as a way to offer hope in the event that someone was intending to use medications as a means of suicide.
- Lead the planning committee for the Frank B Koller Mental Health Summit that was held in May 2025. The Summit's focus was on Compassion in Leadership and Community and featured keynote speaker, Andrea Hollingsworth, author of "The Compassion Advantage". This training was offered to the community at no cost. The 141 attendees were inclusive of mental health professionals, school staff, community members, students, and leaders. A full day of presentations was offered for 6 CEU credits. Attendees were provided with a 'Find Your Anchor' box (funded by Howard Young Medical Center, Aspirus Eagle River Hospital and Aspirus Rhinelander Hospital). The Find Your Anchor box is a small blue box that includes resources, stories and information regarding mental health and suicide prevention. It is meant to be a tangible reminder that you (recipient) matter and you can find hope.
- Lead the planning committee for the 'Beyond the Game: A Mental Health Summit Focused on Well-Being in Sports' event in May 2026. Over 150 people attended.
- Provided emotional support at local sextortion events in our Aspirus communities.
- Co-facilitated a post-partum weekly support group held in Rhinelander. "The Mama Collective" provides a safe and supportive space for new moms to learn and share.
- Provided Dialectical Behavior Therapy (DBT) groups to adolescents and adults at Koller Behavioral Health and at an area high school.

Aspirus is increasing its attention to suicide prevention. Starting in FY26, Aspirus supported a new system-level Suicide Prevention Coordinator. Although this person had been leading some local community efforts prior to the new role, this change allows their expertise to inform internal system changes and focused community efforts to reduce the likelihood of death by suicide. In the time leading up to the new role as well as in the new role, the Suicide Prevention Coordinator:

- Facilitated a video with Channel 9 (ABC affiliate) and her father to support elder veterans who may be struggling with mental health concerns. This video is now shown in various areas of the state of Wisconsin.
- Co-presented (with the State of Wisconsin lead for 988) the coaster campaign efforts and results at the Prevent Suicide Wisconsin Conference and the National Association of Social Workers Wisconsin Conference in Fall 2025.
- Co-wrote a grant for Counseling on Lethal Means (CALM). The grant was received and is being co-facilitated by the Suicide Prevention Coordinator and the Aspirus Wausau Hospital Injury Prevention Coordinator. The multi-year grant focuses on men aged 25 and over and the safe storage of weapons. Grant activities include providing: CALM Clinical Training to behavioral health staff, primary care, and emergency room providers throughout the Aspirus regions; CALM Conversation trainings in the community; funding for lock boxes and cable locks.

In addition to leading mental health promotion and substance use prevention strategies, Aspirus hospitals also provide funding for other agencies to implement strategies. Some funded efforts included:

- QPR trainers' booklets
- Youth Mental Health Ignition Program which focuses on substance use prevention
- Peer support services provided by the National Alliance for Mental Illness (NAMI)
- Suicide Survivor Support Groups in Rhinelander and St. Germain
- *Find Your Anchor* boxes for behavioral health patients in clinics

Aspirus Health offers the Raise Your Voice (RYV) program in multiple communities, including northern Wisconsin. Raise Your Voice is a student club that increases the awareness of mental health. The program is co-sponsored by the National Alliance for Mental Illness (NAMI). With Aspirus funding over the last few years, 18 clubs were active in the Aspirus Wisconsin service area during the 2024-25 school year. In 2025-26, 17 clubs continued and three schools requested funding to initiate a club. Locally, in the past three years, Aspirus provided funding for RYV clubs for the Rhinelander School District and at Lakeland Union High School in Minocqua.

Other

In addition to implementing strategies focused on mental health and substance use, the hospitals support efforts related to other community health and social needs (e.g., chronic disease, food security, etc.).

- Each of the three hospitals offered 'Fit for Life' exercise classes in a supervised setting for cardiac rehab patients who have completed their treatment plan.
- Each of the three hospitals provided funding for the Feed Our Rural Kids (FORK) Cares program. FORK Cares provides grocery store vouchers during school breaks to families with K-12 children who rely on the federal free lunch program in multiple school districts in Vilas and Oneida Counties. For these families, school breaks can mean hunger. During the funding timeframe, FORK Cares sent grocery store vouchers to 170 students. Additionally, FORK Cares expanded from families of only elementary students to all grades and improved efficiencies in partnership with local schools.
- Each of the three hospitals provided some funding for Alzheimer's education and support.
- Aspirus Eagle River Hospital provided funding for the Vilas County Bike Safety Rodeo in FY25. The event educated the children of Vilas about bike safety while promoting physical exercise and providing healthy nutritional snacks for the event. The event was well received with approximately 50 people attending. All evaluations asked for a repeat event next year.
- Aspirus Rhinelander Hospital began donating food from the cafeteria to the local food pantry in FY24. In FY25, 2500 pounds of food, valued at over \$4400, were donated.

Aspirus Rhinelander Hospital's Birthing Center and the Clinic provide clinical services as well as community programs.

- Car seat safety. Two staff are Child Passenger Safety Technicians (CPST). Staff provide car seat education, inspection/installation, safety brochures and safety checks. The Clinic and Birthing Center are able to provide free car seats to those who meet eligibility (this is through a grant shared with the Oneida County Health Department). In FY25, 25 car seat checks were completed.
- Breastfeeding support. The Birthing Center and clinic have a total of two Certified Lactation Consultants (CLC) available to meet with patients to assist with lactation needs/questions. All remaining Birthing Center staff have breastfeeding education and are able to assist with breastfeeding. All Birthing Center patients are provided with an INJOY booklet on breastfeeding (Aspirus system standard). The Birthing Center has a supply of breast pumps that they are able to provide and submit to patient insurance to ensure patients have the necessary equipment needed for lactation if needed. Staff attend community events to share information on nutrition and breastfeeding to new and expecting parents.
- Parent support. In FY25, Aspirus Rhinelander Clinic staff began a new parent support and learning community; the program is held weekly.

Aspirus offered a Fruit and Vegetable Prescription (FVRx) Program for eligible patients. A voucher is given to patients to purchase fruits and vegetables from local farmers. The program also provides nutrition information and access to recipes. During the 2024 season, over 700 vouchers were distributed across the system. During the 2025 season, over 800 vouchers were distributed across the system.

In FY25, Aspirus (at the system level) initiated a healthy food home-delivery program that helps people manage diabetes through healthy eating. The program, NourishedRx, is being implemented through Aspirus At Home (home health). NourishedRx utilizes the concept of "food as medicine," recognizing that healthy eating can significantly impact health outcomes. In FY25, 72 patients participated and in FY26, more than 100 patients participated.

Healthcare systems and hospitals have new requirements to screen patients for social needs, identify any needs, and refer to community resources. Aspirus contracts with a resource platform to better connect patients with resources. Over time, the results of the screening process will provide insight into patient needs (beyond their immediate care).

Aspirus Eagle River Hospital

201 East Hospital Road
Eagle River, WI 54521

Aspirus Rhinelander Hospital

2251 North Shore Drive
Rhinelander, WI 54501

Howard Young Medical Center

240 Maple Street
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