Community Health Needs Assessment

Aspirus Merrill Hospital

Aspirus Tomahawk Hospital

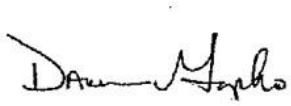
2026-2029

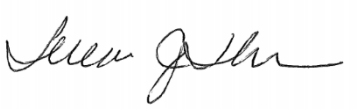
Acknowledgements

Aspirus Merrill Hospital and Aspirus Tomahawk Hospital are grateful for the time and dedication of the Lincoln 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 Lincoln County's health, security and future.

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 Lincoln County a healthy community.

Respectfully,





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Executive Summary

Background

The Aspirus Merrill Hospital and Aspirus Tomahawk Hospital Community Health Needs Assessment (CHNA) was conducted primarily in partnership with the Lincoln County Health Department.

Process

Aspirus and the health department conducted ten key informant interviews. Aspirus then compiled the interview results with public credible secondary data sources. A recommendation was made to the Live Well Lincoln coalition. Following their input, the results were brought to the hospitals' leadership teams for a final decision on the prioritized issues.

Priorities

Aspirus Merrill Hospital and Aspirus Tomahawk Hospital prioritized the following community health issues:

- Mental Health and Emotional Well-Being
- Healthy Lifestyles (especially food security)
- Community Resources for Older Individuals

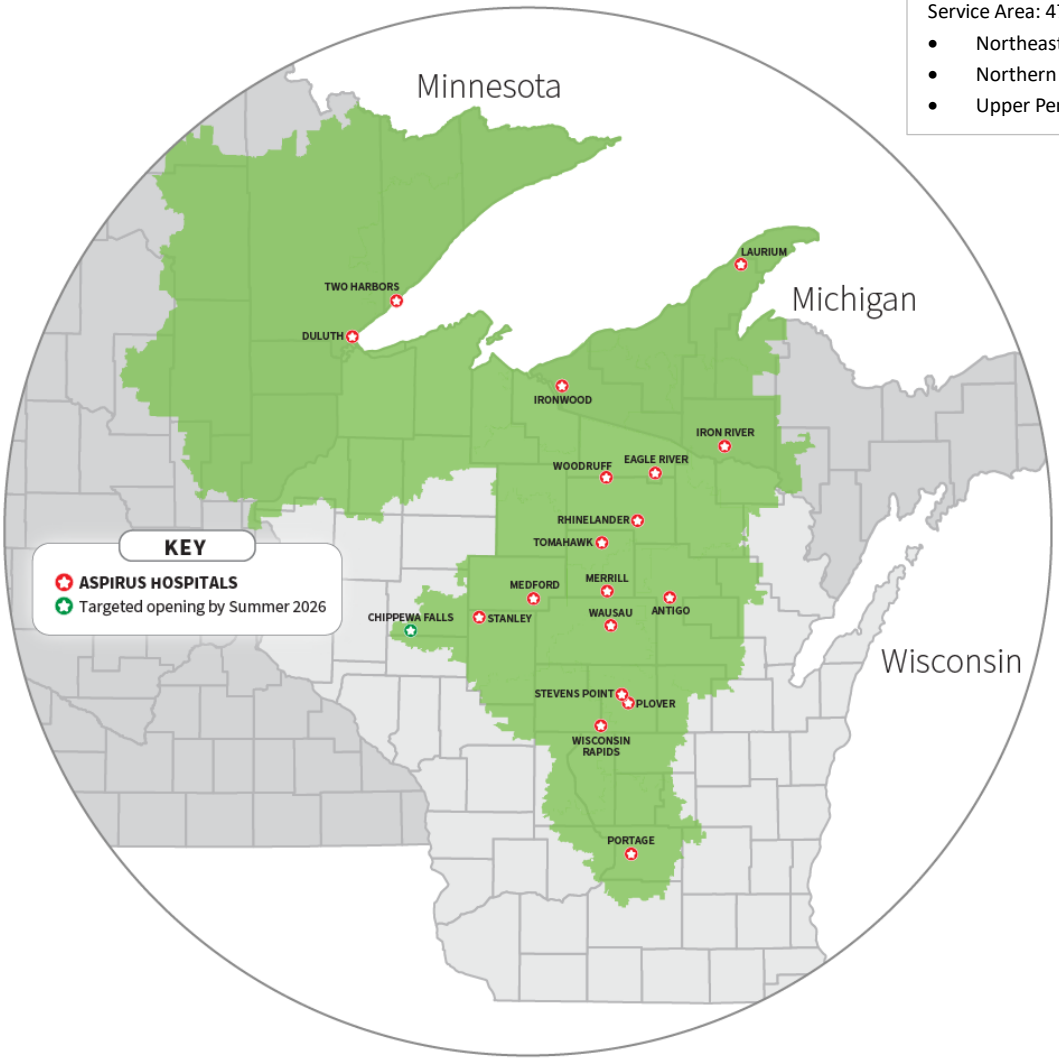
Aspirus Profiles

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.

Service Area: 47,517 square miles

- Northeastern Minnesota
- Northern and Central Wisconsin
- Upper Peninsula of Michigan



Aspirus Merrill Hospital and Aspirus Tomahawk Hospital

Aspirus Merrill Hospital and Aspirus Tomahawk Hospital 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 Merrill Hospital

Aspirus Merrill Hospital is a critical access hospital that provides primary and specialty services to Merrill and rural Lincoln County. Services include inpatient hospital care, 24/7 emergency department, urgent care as well as surgery, cancer care, imaging, laboratory, and rehabilitation services.

Aspirus Tomahawk Hospital

Aspirus Tomahawk Hospital provides primary and specialty services to Tomahawk and rural Lincoln County through a critical access hospital. Other services include inpatient hospital care, 24/7 emergency department/urgent care as well as surgery, imaging, laboratory, and rehabilitation services.

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 Lincoln County as well as portions of surrounding counties. There are two hospitals in the county (including the two Aspirus hospitals). Lincoln County is a designated Health Professional Shortage Area (HPSA) for mental health (high needs geographic-based HPSA).

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

Demographics

Lincoln County is primarily rural with two population centers: Merrill and Tomahawk. The county is 878 square miles with a population of over 28,000 and 32 people per square mile.

The table below outlines some of the basic demographics and related descriptors of Lincoln County's population compared to Wisconsin.

Compared to Wisconsin, Lincoln County has a higher percentage or proportion of individuals:	**Compared to Wisconsin, Lincoln County has a similar percentage or proportion of individuals:**	**Compared to Wisconsin, Lincoln County has a lower percentage or proportion of individuals:**
Who are White (alone)	Who are high school graduates	Who are under the age of 18
With a disability	Who are in poverty	Who are Black or African American
Who are over the age of 65		Who are American Indian and Alaska Native
Who are Veterans		Who are Asian
Who are using public insurance		Who identify with two races
		Who are Hispanic
		Without health insurance
		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, including descriptions of individuals who might be more vulnerable to poor health.

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

Process and Methods Used – Frameworks

Aspirus grounded this community health needs assessment in nationally recognized public health models. This helps provide consistency and opportunities for alignment as we work across the health system and in our communities.

- Aspirus recognizes that everyone does not have the same opportunities to be healthy. The Robert Wood Johnson Foundation created a 'One Size Does Not Fit All' infographic to help visualize health equity.
- For understanding health, the County Health Rankings and Roadmaps Model accounts for clinical, social, economic, behavioral and environmental factors that impact health.

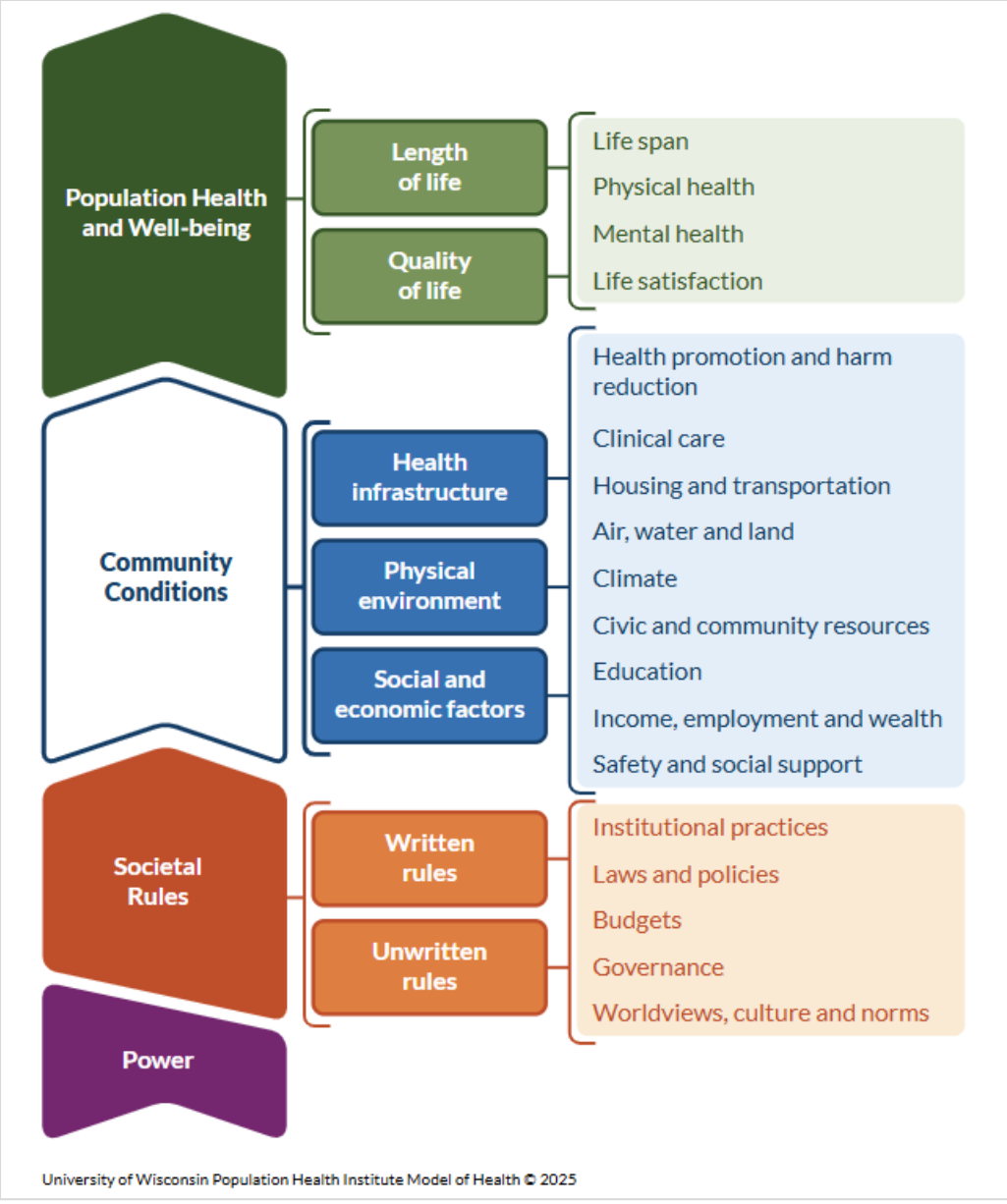
Understanding Equity: One Size Does Not Fit All

Another model helps explain that sometimes a one-size-fits-all solution does not work. The Robert Wood Johnson Foundation provided this health equity 'bicycle' model. If a person wants to go on a bicycle ride with their friends and family, each person needs a different bicycle solution to enjoy the ride. This parallels the work in health equity. Knowing what structural and/or historical barriers are impacting individuals' and communities' ability to be healthy can guide solutions and resources.

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

Understanding 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, public credible data sources and a Live Well Lincoln discussion. The process and results are outlined below.

Collaborators and / or Consultants

The primary collaborator for the assessment was the Lincoln County Health Department. 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 and Lincoln County Health Department staff conducted ten key informant interviews. The list of organizations asked for an interview is in Appendix B.

The interview questions were:

1. The hospitals and county health departments most recently (2023) prioritized *healthy lifestyles (nutrition), mental health, and community resources for older individuals as top community health issues*.
    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)?

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 efforts (including policies, system changes, programs/services) that are working well or do not work so well? What can we do to reach more people who are vulnerable?
    c. Prompt: What are things you've seen in other communities that might work here?

4. What would spark you to engage in local efforts to improve health (e.g., projects, coalitions, programs, etc.)? Ex: improved communication; personal outreach; time-limited projects; etc.

5. Is there anything else that you'd like to share with me today as it relates to the needs of our community?

The interview results showed high alignment with and support of continuing with the current priorities:

- Mental Health and Emotional Well-Being
- Healthy Lifestyles (inclusive of Access to Healthy Food and Lack of Physical Activity)
- Community Resources for Older Individuals

Additional information regarding the interviews and results can be found in Appendix C and 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 and Emotional Well-Being*
- Healthy Lifestyles – Access to Healthy Food* AND Lack of Physical Activity
- Community Resources for Older Individuals*
- Drug Misue/Substance Use
- Financial Instability and Housing
- Access to Affordable, Quality Medical Care
- Dental Care
- Access to Affordable, Quality Childcare (and Overall Child Well-Being)

* Top priorities in the prior CHNA/CHA.

Within each of those categories, the secondary data was combined with the community input and additional criteria. The document was shared with Life Well Lincoln members and can be found in 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 criteria for reviewing the data included:

- **Reach/Scale of issue:** What issues affect the most people? What issues will significantly worsen if we do nothing?
- **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

In the first step in the prioritization process, the document was shared with the Live Well Lincoln members. Live Well Lincoln is the oversight entity for the county's community health improvement plan.

Live Well Lincoln members reviewed the document and discussed potential top issues as well as emerging issues. Discussion questions centered on the recommendation to continue with the current community health priority areas:

- *Are there any 'red flags' with these being the top community health priorities for the next three years?*
- *Are there any emerging issues that are not listed?*
- *What else would be important to note at this time?*

Live Well Lincoln affirmed the continuation of the existing community health priority areas.

In the second phase, the hospitals' respective executive leadership teams reviewed the recommendation from Live Well Lincoln and the corresponding document. The executive leadership teams were asked to finalize two or three top issues while considering:

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

The hospitals' executive leadership teams supported the Live Well Lincoln recommendation.

Final Prioritized Needs

Based on community input, health data, and multiple additional criteria, Aspirus Merrill Hospital and Aspirus Tomahawk Hospital identified three priority health needs for focused action.

- Mental Health and Emotional Well-Being
- Healthy Lifestyles (especially food security)
- Community Resources for Older Individuals

Needs Not Selected

The needs prioritized by the hospitals were the same needs Live Well Lincoln identified.

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 F.

Mental Health and Emotional Well-Being

Why is it Important?

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

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.

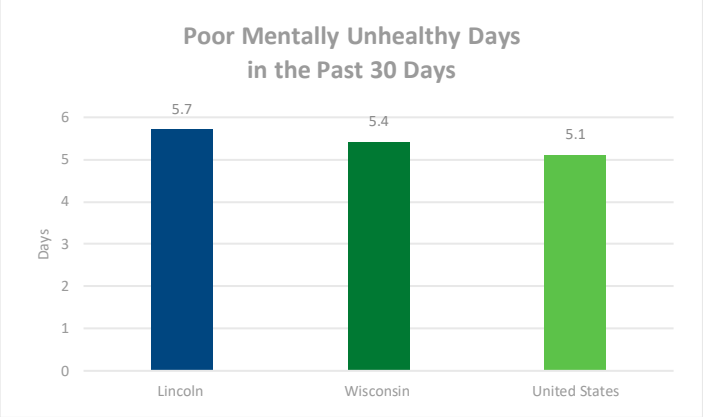
Disparities and Inequities

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

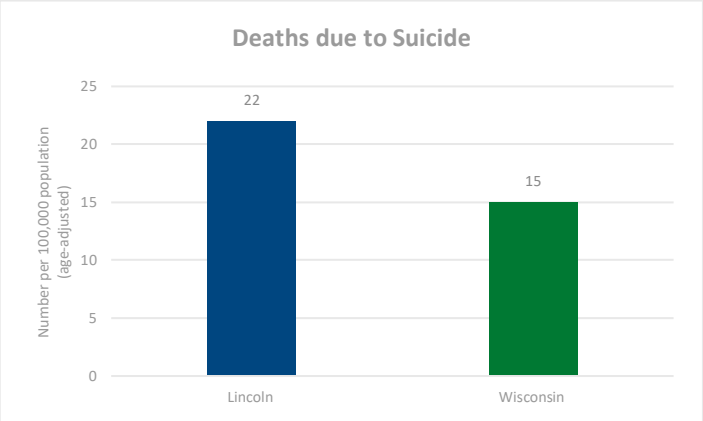
- Individuals in marginalized groups are more likely to have poor mental health.[1]
- The likelihood of depression decreases as education levels increase.[2]
- Depression is higher for women compared to men.[2]
- The suicide rate for men is four times the rate for women.[3]
- Over 55 percent of the students 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



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



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

Additional Data

- Percentage of teens and young adults ages 16-19 who are neither working nor in school: 11% Lincoln County; 5% Wisconsin (Source: 2025 County Health Rankings and Roadmaps)
- Percentage of adults reporting they always, usually or sometimes feel lonely (2022): 33% Lincoln County; 32% Wisconsin. (Source: 2025 County Health Rankings and Roadmaps)

Community Perceptions & Challenges

Community Key Informant Interview highlights include:

- Law enforcement, schools, and community organizations all reported frequent mental health-related interactions, including behavioral challenges among children and adolescents.
- Social isolation and declining social connectedness were identified as growing challenges across age groups.

Healthy Lifestyles (especially food insecurity)

Why is it Important?

Poor diet and unhealthy weight place an individual at risk for an array of health consequences, including cardiovascular diseases. Food insecurity is the "limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways". Currently in the United States, 35% of adults and 17% of youth are obese, and 14% of households are food insecure.

Previous research on the relationship between food insecurity and dietary patterns has linked food insecurity with a lower consumption of healthy food groups and poor diet quality, particularly with regard to fruit and vegetable intake. Past work on food insecurity and obesity has yielded mixed evidence of associations, especially for children and adult men, while stronger evidence for an adverse association has been noted in women.

Excerpted verbatim from: Morales ME, Berkowitz SA. The Relationship between Food Insecurity, Dietary Patterns, and Obesity. Curr Nutr Rep. 2016 Mar;5(1):54-60. doi: 10.1007/s13668-016-0153-y. Epub 2016 Jan 25. PMID: 29955440; PMCID: PMC6019322.

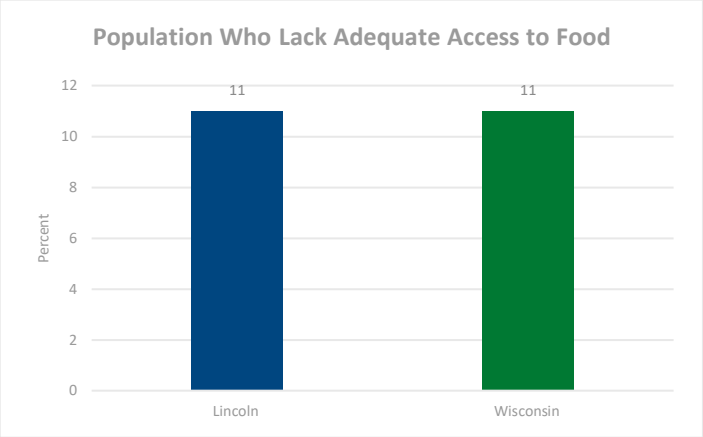
Disparities and Inequities

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

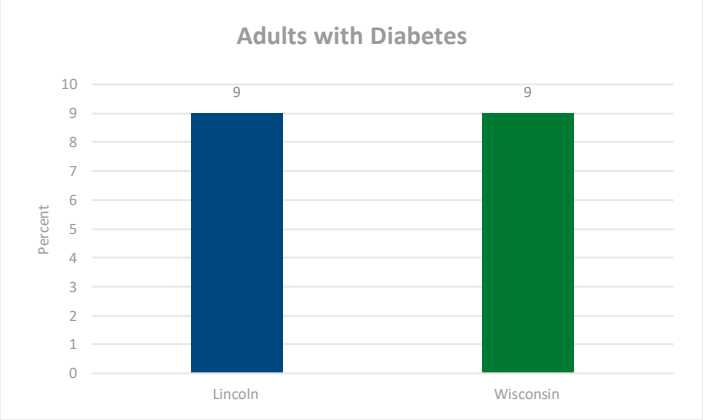
Rates of obesity and chronic disease are generally significantly higher among racial and ethnic minorities and low-income populations. In many cases, disparities are linked with wide-reaching factors such as access to resources including healthy foods, safe places for physical activity, healthcare, and equitable opportunities for education, housing, employment and transportation.

Source: Verbatim from *Wisconsin Nutrition, Physical Activity and Obesity State Health Plan*, page 94

Data Highlights



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



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

Additional Data

- Percentage of children enrolled in public schools that are eligible for free or reduced-price lunch: 41% Lincoln County; 40% Wisconsin (Source: 2025 County Health Rankings and Roadmaps)

Community Perceptions & Challenges

Community Key Informant Interview highlights include:

- The rising cost of living was one of the most frequently cited concerns. Inflation has significantly impacted households' ability to meet basic needs, including food, housing, childcare, and healthcare. These financial pressures are increasingly viewed as fundamental drivers of health outcomes rather than solely economic challenges.

Community-Centered Resources for Older Adults

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;

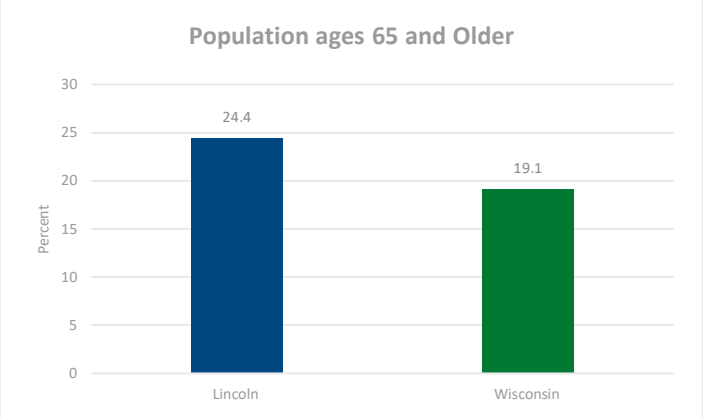
Disparities and Inequities

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

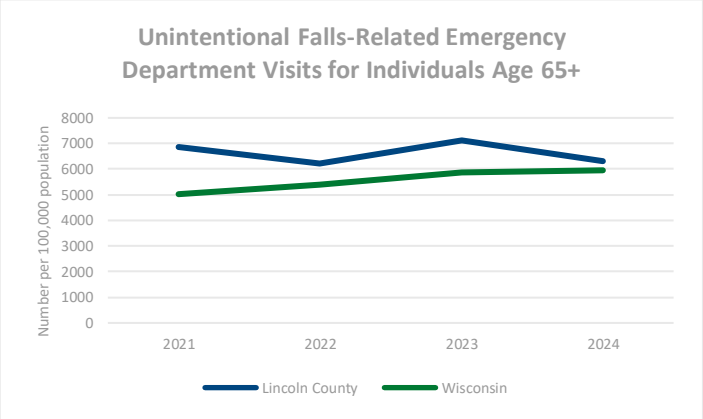
- Alzheimer's disease disproportionately affects individuals who are African American or Hispanic.
- Individuals with lower socioeconomic status are more likely to live shorter lives.
- Women are more likely to live longer than men.
- Women are more likely to develop osteoporosis or depressive symptoms 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



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



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 2/3/2026.

Additional Data

- Percentage of adults reporting that they always, usually or sometimes feel lonely: 33% Lincoln County; 32% Wisconsin. (Source: County Health Rankings and Roadmaps (2025 data release))

Community Perceptions & Challenges

Community Key Informant Interview highlights include:

- Social isolation and declining social connectedness were identified as growing challenges across age groups. Older adults experiencing isolation were repeatedly highlighted, especially those who are homebound or difficult to reach despite existing resources. At the same time, some positive momentum was noted, including increased community events and the role of libraries, schools, and enrichment centers in fostering connection.

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 Merrill Hospital and Aspirus Tomahawk Hospital are 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 Merrill Hospital's and Aspirus Tomahawk's priority health issues from the previous CHNA included:

- Mental Health and Emotional Well-Being
- Healthy Lifestyles (especially food security)
- Community Resources for Older Individuals

A summary of the impact of efforts to address those needs are included in Appendix G.

Approval by the Hospital Board

The CHNA report was reviewed and approved by the Board of Directors for:

- Aspirus Merrill Hospital on June 17, 2026.
- Aspirus Tomahawk Hospital on June 16, 2026.

Conclusion

Through collaboration with community partners and residents, this assessment identifies priority health needs that will guide Aspirus Merrill Hospital's and Aspirus Tomahawk Hospital's community health improvement efforts over the next three years.

Appendices

Appendix A: Demographics and Related Descriptors

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

	Lincoln County	Wisconsin
Population	28415	5,893,718
Square Miles	878	54,168 (land)
Population per square mile	32	109
Age <18	17.8%	20.7%
Age 65+	23.6%	19.6%
Median age	49.3	40.7
White alone	94.7%	80.4%
Black or African American alone	<1%	6.4%
American Indian and Alaska Native alone	<1%	1.0%
Asian alone	<1%	3.0%
Two or more races	3.3%	6.1%
Hispanic or Latino	1.9%	7.6%
Language other than English spoken at home	2.4%	9.6%
High school graduate or higher	92.4%	93.7%
Bachelor's Degree or Higher	19.6%	34.6%
Individuals who are veterans	6.9%	5.8%
Individuals with disabilities	14.0%	12.9%
Persons in poverty	10.6%	10.3%
Median household income	$68,164	$77,488
Percent without healthcare coverage	4.7%	5.3%
Percent using public insurance (Medicaid, Medicare, veterans' benefits, etc.)	41.7%	35.1%

Sources:

- U.S. Census Bureau Wisconsin State Profile: https://data.census.gov/profile/Wisconsin?g=040XX00US55. Accessed on 9 Mar 2026.
- U.S. Census Bureau Lincoln County Profile: Lincoln County, Wisconsin - Census Bureau Profile. Accessed on 10 May 2026.
- U.S. Census Bureau. "RACE." Decennial Census, DEC 118th Congressional District Summary File, Table P8, https://data.census.gov/table/DECENNIALCD1182020.P8?q=P8&g=040XX00US55_050XX00US55041,55069,55073,55085,55097,55125. Accessed on 9 Mar 2026. (Wisconsin)
- 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. (County)

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Some groups of individuals in our communities are more likely to experience health disparities based on ethnicity or race. One of those groups in Lincoln County is individuals who are Hispanic or Latinx. The term Hispanic or Latinx refers to people of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.[1] Latinx Americans have lived in Wisconsin since before statehood, but the largest wave of migration came during and after World War II when the U.S. government established the Emergency Farm Labor Program to recruit Mexicans to work in agricultural fields during the labor shortage.[2] From 1951 to 1964, Wisconsin farmers participated in the program, and between 1942 and 1964, millions of Mexican farm laborers came to Wisconsin.[3] Since then, many other Hispanic/Latinx groups have also made Wisconsin their home. In Lincoln County, the number of individuals who are Hispanic or Latino increased from 340 in 2010 to 529 in 2020.[4]

Sources

These descriptions were excerpted from work completed by the Wood County Health Department. Aspirus appreciates their commitment to serving all individuals in our communities.

1. Wisconsin Department of Health Services. Hispanic/Latinos in Wisconsin: Overview. https://www.dhs.wisconsin.gov/minority-health/population/hispanlatino-pop.htm
2. Wisconsin Historical Society. Hispanic History. https://www.wisconsinhistory.org/HispanicHistory
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4. U.S. Census Bureau. "HISPANIC OR LATINO, AND NOT HISPANIC OR LATINO BY RACE." *Decennial Census, DEC Demographic and Housing Characteristics, Table P9*, https://data.census.gov/table/DECENNIALDHC2020.P9?q=P9&g=050XX00US55069. Accessed on 5 Jun 2026. AND U.S. Census Bureau. "HISPANIC OR LATINO, AND NOT HISPANIC OR LATINO BY RACE." *Decennial Census, DEC Summary File 1, Table P9*, https://data.census.gov/table/DECENNIALSF12010.P9?q=P9&g=050XX00US55069. Accessed on 5 Jun 2026.

Appendix B: Community Input – Key Informant Interviewees

A list of potential key informant interviewees were identified by Aspirus and the Lincoln County Health Department in January 2026. The list was a cross-section of the Lincoln County community, 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
Aging and Disability Resource Center or Senior Center	Aging
St. Vincent's (Merrill)	Basic needs (food, clothing)
Food pantry – Trinity; hospital; Highland; New Testament; United Methodist (Tomahawk)	Basic needs
Human Service Center	Crisis, MH, transportation
Emergency response	Emergency response
Faith based -- clergy groups (Tomahawk, Merrill)	Faith community
Municipalities	Government, policy making
County Health Department	Governmental public health
2 school districts	K-12 education
Public Library	Library
Law enforcement	Law enforcement
Emergency Department	Trauma, access to care, other
Economic development	Workforce, income
Kinship – Tomahawk	Youth

The Aspirus Community Health team reached out to potential interviewees with an email. Follow-up emails were sent if there was no response. The Community Health team either conducted the interviews or shared a link to the online interview questions. All responses were entered into the online portal.

Appendix C: Community Input – Key Informant Questions

The key informant interview questions and related materials are outlined below.

INTERVIEW QUESTIONS

Context: These questions ask about your community. For the work of this assessment, the community is defined as Lincoln County. For the purpose of your responses, please consider the geographies, populations and service communities you are most familiar with in the county.

1. The hospitals and county health departments most recently (2023) prioritized healthy lifestyles (nutrition), mental health, and community resources for older individuals as top community health issues.
    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)?

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 efforts (including policies, system changes, programs/services) that are working well or do not work so well? What can we do to reach more people who are vulnerable?
    c. Prompt: What are things you've seen in other communities that might work here?
4. What would spark you to engage in local efforts to improve health (e.g., projects, coalitions, programs, etc.)? Ex: improved communication; personal outreach; time-limited projects; etc.

5. Is there anything else that you'd like to share with me today as it relates to the needs of our community?

IMPORTANT ISSUES:

Health Behaviors ☐ Alcohol use/misuse ☐ Drug abuse (prescribed and illegal) ☐ Tobacco, vaping, Delta-8, CBD and other related products ☐ Injuries due to accidents (e.g., motor vehicle, farm, bicycle) ☐ Injuries due to falls ☐ Poor oral or dental health ☐ Physical inactivity ☐ Poor nutrition ☐ Lack of sleep ☐ Excessive use of social media ☐ Unsafe sexual activity that could result in unintended pregnancies or diseases	**Social and Economic Factors** ☐ Aging-related health concerns ☐ Harassment or discrimination of groups of people (e.g., LGBTQ, racial or ethnic minorities) ☐ Families not functioning well (ex: abuse, inattentive parenting, trauma) ☐ Limited educational opportunities ☐ Families not having enough money for basic needs (like safe housing, household expenses and food) ☐ Reliable transportation / Ability to get to appointments & run errands with ease ☐ Limited social connectedness and belonging ☐ Limited religious or spiritual opportunities ☐ Violence in the home or community ☐ Access to affordable, quality childcare
Clinical Care ☐ Availability and affordability of dental care ☐ Lack of doctors and other healthcare providers ☐ Lack of mental health care providers ☐ Fewer people using preventive services (ex: annual exam, mammogram, colonoscopy) ☐ Fewer people getting routine & recommended vaccinations (ex: flu, infant vaccines)	**Outcomes & System** ☐ Poor mental health ☐ Increased rate of self-harm or suicide ☐ Chronic diseases (e.g., diabetes, heart disease, etc.) ☐ Infant and child deaths ☐ Overweight or obesity levels
Physical Environment ☐ Air pollution ☐ Drinking water quality ☐ Lack of safe and affordable housing options ☐ Limited access to public or purchased transportation ☐ 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

SUMMARY OF RESULTS

Due to an administrative error, some respondents' answers were captured in a separate survey. While most of the questions were similar, the first question was different and should be considered in analyzing the results.

Lincoln County Questions	Other Community's Questions
1. The hospitals and county health departments most recently (2023) prioritized *healthy lifestyles (nutrition), mental health, and community resources for older individuals as top community health issues*. 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)?	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?	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 efforts (including policies, system changes, programs/services) that are working well or do not work so well? What can we do to reach more people who are vulnerable? c. Prompt: What are things you've seen in other communities that might work here?	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 th 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. What would spark you to engage in local efforts to improve health (e.g., projects, coalitions, programs, etc.)? Ex: improved communication; personal outreach; time-limited projects; etc.	
5. Is there anything else that you'd like to share with me today as it relates to the needs of our community?	4. Is there anything else that you'd like to share with me today as it relates to the needs of our community?

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 table below includes the AI-generated results for the seven respondents who were in the appropriate survey link, as well as the combined responses of all ten individuals. The results reflect a 1-page summary of the initial pasting of the question and answers from the spreadsheet into the AI chatbox.

1-page Summary (7 responses)	1-page Summary (10 responses)
Community Health Priorities and Emerging Issues Narrative Key informant interviews indicate strong agreement that the community health priorities identified in 2023—**healthy lifestyles (nutrition), mental health, and community resources for older adults**—remain appropriate and relevant. Respondents consistently affirmed that these priorities still capture the most pressing health needs in Lincoln County. Mental health, in particular, continues to rise to the forefront across sectors, intersecting with substance use, education, law enforcement, family stability, and economic stress. While stakeholders generally supported the existing priorities, several noted that the categories are broad and encompass many co-occurring challenges, suggesting a need for greater focus and clearer differentiation within each area (e.g., prevention versus treatment versus crisis response in mental health). In addition to affirming existing priorities, respondents identified several **emerging and intensifying issues** affecting community health. The **rising cost of living** was one of the most frequently cited concerns. Inflation has significantly impacted households' ability to meet basic needs, including food, housing, childcare, and healthcare. Multiple respondents shared examples of individuals delaying or forgoing medical care due to cost, including difficulties affording prescriptions and the need to travel outside the county for services. These financial pressures are increasingly viewed as fundamental drivers of health outcomes rather than solely economic challenges. **Mental health and substance use** continue to be persistent and interconnected issues. While some stakeholders noted that trends may be stabilizing rather than rapidly worsening, mental health concerns—especially among youth—remain highly visible. Law enforcement, schools, and community organizations all reported frequent mental health-related interactions, including behavioral challenges among children and adolescents. Substance use, particularly opioids, remains a concern, though respondents expressed cautious optimism about prevention and harm-reduction efforts underway through the Opioid Task Force. Emerging trends	**Community Health Priorities and Emerging Issues Narrative** Key informant feedback indicates strong agreement that the community health priorities identified in 2023—**healthy lifestyles (nutrition), mental health, and community resources for older adults**—remain **relevant and appropriate**. Respondents consistently affirmed that these areas continue to capture the most significant health and wellness challenges facing the community. Mental health, in particular, was frequently cited as the most pressing issue, affecting residents across the lifespan and intersecting with education, substance use, law enforcement, and workforce capacity. While the priorities are viewed as valid, many informants emphasized that they now exist within a **more complex and strained environment**, where multiple issues coexist and compete for limited resources. Several respondents noted that the broad framing of the priorities is helpful in capturing a wide range of needs; however, there were also observations that certain efforts—especially within mental health—may benefit from clearer focus or distinction between prevention, treatment, and crisis response to maximize impact. **Persistent and Intensifying Challenges** **Mental health and substance use** continue to be dominant concerns. Informants described ongoing and, in some cases, increasing mental health needs among both adults and youth, with substance use disorders frequently intertwined. Youth exposure to more accessible and dangerous substances, including opioids, THC, and other drugs, was highlighted as a growing risk. Workforce shortages and limited access to mental health facilities further constrain the community's ability to respond effectively. **Cost of living and basic needs insecurity** emerged as a significant and intensifying issue. Rising grocery prices, housing costs, and healthcare expenses are forcing residents to make difficult trade-offs, including delaying or forgoing medical care and prescriptions. Nutrition and healthy lifestyles are increasingly discussed not as matters of

among youth include increased use of THC and engagement in online gambling.

Social isolation and declining social connectedness were identified as growing challenges across age groups. Respondents described a loss of informal "village" support compared to previous generations, compounded by increased electronic device use and reduced in-person interaction. Older adults experiencing isolation were repeatedly highlighted, especially those who are homebound or difficult to reach despite existing resources. At the same time, some positive momentum was noted, including increased community events and the role of libraries, schools, and enrichment centers in fostering connection.

Access to **healthcare, transportation, and childcare** emerged as cross-cutting barriers. Staffing shortages, limited local services, and transportation challenges—particularly in rural areas—continue to hinder access to care. Childcare was described as an emerging crisis, with shortages reducing workforce participation and household income and placing additional stress on families.

Several **public health trends** raised concern, including declining immunization rates among young children and a sharp increase in vaccine waivers since the COVID-19 pandemic. Housing instability and homelessness were also noted as emerging issues; while current numbers remain relatively low, stakeholders anticipate growth and are beginning early coordination efforts.

Despite these challenges, respondents identified areas of progress, including stronger collaboration among agencies, expanded school-based supports, growing community engagement, and increased awareness of mental health in workplaces. Overall, feedback suggests that Lincoln County's existing priorities remain valid but would benefit from sharper focus, improved coordination, and a stronger balance between direct services, prevention, and system-level strategies to address the increasingly interconnected nature of community health needs.

personal choice, but as outcomes shaped by affordability, food access, and economic stability.

Older adults remain a priority population, particularly those experiencing isolation, transportation barriers, and difficulty navigating services. Although the community is viewed as having some strong resources for retirees, informants expressed concern about older individuals who are homebound or socially disconnected and therefore harder to reach.

Healthcare access challenges were also prominent. Respondents noted the need to travel outside the county for care, long wait times for appointments, and the difficulty residents face in advocating for their own health needs—especially when appointments are brief or complex. These barriers disproportionately affect individuals with limited income, limited transportation, or complex health conditions.

Emerging Issues and Early Warning Signs

Several **emerging or worsening trends** were identified. These include declining immunization rates among young children, increasing housing instability and early signs of homelessness, and growing concerns related to youth behavior, school attendance, and accountability. Informants also noted trends in online gambling and shifting substance use patterns among younger populations. Childcare shortages were described as a barrier to workforce participation and economic stability for families.

Community Assets and Positive Developments

Despite these challenges, informants identified several **positive developments**. Increased community events and opportunities for social connection were viewed as beneficial. Schools were frequently cited as key partners, particularly through expanded food programs, social worker support, and school resource officers. Libraries are increasingly serving as community hubs, with rising family and caregiver engagement. Respondents also expressed cautious optimism around new behavioral health services and opioid prevention and harm-reduction efforts.

Overall Assessment

In summary, the 2023 priority areas remain **well-aligned with current community needs**, particularly mental health, nutrition/basic needs, and support for older adults. However, informant feedback underscores the importance of addressing **cross-cutting drivers** such as affordability, access, workforce capacity, and social connection. Emerging issues—including youth mental health, housing instability, and prevention gaps—signal the need for continued monitoring and adaptive, collaborative strategies moving forward.

Appendix E: Health Status Data and Review Criteria

After the key informant interviews were conducted, the results were paired with secondary data and aligned with criteria. To better facilitate the review, data were organized in the following categories:

- Mental Health and Emotional Well-Being*
- Healthy Lifestyles – Access to Healthy Food* AND Lack of Physical Activity
- Community Resources for Older Individuals*
- Drug Misue/Substance Use
- Financial Instability and Housing
- Access to Affordable, Quality Medical Care
- Dental Care
- Access to Affordable, Quality Childcare (and Overall Child Well-Being)

* Top priorities in the prior CHNA/CHA.

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 below provide an overview of how Lincoln County compares to Wisconsin on measures of health.
    - Please note: County rates that are better than Wisconsin rates may still be at an unacceptable level.

NA	Better	Same	Worse

- 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:
    - **Reach/Scale of issue:** What issues affect the most people? What issues will significantly worsen if we do nothing?
    - **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 / Momentum**: 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 and Emotional Well-Being

CRITERIA: Scale of the Issue

Measure	Description	Year(s)	US Overall	WI	Lincoln
Frequent Mental Distress	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted).	2022	-	17%	18%
Suicides*	Number of deaths due to suicide per 100,000 population (age-adjusted).	2018-2022	-	15	22
Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	2022	5.1	5.4	5.7
Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).	2022	-	12%	12%
Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	2022	3.9	3.9	4.1
Insufficient Sleep	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted).	2022	-	34%	34%
Feelings of Loneliness+	Percentage of adults reporting that they always, usually or sometimes feel lonely.	2022	-	32%	33%
Other Primary Care Providers	Ratio of population to primary care providers other than physicians.	2024	-	633:1	1671:1
Primary Care Physicians	Ratio of population to primary care physicians.	2021	1,330:1	1251:1	2039:1
Mental Health Providers	Ratio of population to mental health providers.	2024	300:1	375:1	1420:1
Disconnected Youth	Percentage of teens and young adults ages 16-19 who are neither working nor in school.	2019-2023	-	5	11
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	25
Social Associations	Number of membership associations per 10,000 population.	2022	9.1	11.1	14.8

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

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

CRITERIA	Mental Health and Emotional Well-Being
Disparities	Disparities and inequities can show where interventions would be most beneficial. ● In the U.S., young adults (ages 18-25) have higher levels of any mental illness compared to adults 26-49 and over 50 years old.[1] ● Individuals in marginalized groups are more likely to have poor mental health.[2] ● The likelihood of depression decreases as education levels increase.[4] ● Depression is higher for women compared to men.[3] ● The suicide rate for men is four times the rate for women.[4] ● Over 50 percent of the students who identified in each of the following groups reported having anxiety: LGB; with disabilities; with food insecurity; with low grades; who are Hispanic; who have a multi-racial background.[5] Sources: (1) National Institute of Mental Health, https://www.nimh.nih.gov/health/statistics/mental-illness. Accessed on 2/20/2025. (2) Macintyre, A., Ferris, D., Gonçalves, B.et al. What has economics got to do with it? The impact of socioeconomic factors on mental health and the case for collective action. Palgrave Commun4, 10(2018). https://doi.org/10.1057/s41599-018-0063-2. (3) Centers for Disease Control and Prevention, https://www.cdc.gov/mmwr/volumes/72/wr/mm7224a1.htm. Accessed on 2/21/2025. (4) National Institute of Mental Health, https://www.nimh.nih.gov/health/statistics/suicide#part_2557. Accessed on 2/21/2025. (5) Wisconsin Youth Risk Behavior Survey Summary Report (2021), Summary Report: 2021 Wisconsin Youth Risk Behavior Survey. Accessed on 2/21/2025.
Community momentum (key informant interviews)	Key informant interviews indicate strong agreement that the community health priorities identified in 2023—**healthy lifestyles (nutrition), mental health, and community resources for older adults**—remain appropriate and relevant. Respondents consistently affirmed that these priorities still capture the most pressing health needs in Lincoln County. Mental health, in particular, continues to rise to the forefront across sectors, intersecting with substance use, education, law enforcement, family stability, and economic stress.
Community Alignment / Readiness / Momentum	*Coalitions, Task Forces, Projects:* ● Healthy Minds for Lincoln County Coalition ● Lincoln County Death Review Team *limited man power ● Raise Your Voice Clubs (Merrill & Tomahawk School Districts) ● NAMI Northwoods ● North Central Health Care Services/Programs *strong focus on Marathon ● 988 Campaigns ● Public Libraries - displays/ books/ materials available on topics ● Mental Health & Substance Use Resource Guide ● Grief & Recovery Support Guide ● Aspirus Trainers - QPR, CALM (Counseling on Access to Lethal Means)
Control and Capacity	Lack of funding Lack of staffing and capacity Difficult to address long wait time or lack of providers in our county/ can advocate, but prevention is more within public health scope

Healthy Lifestyles – Access to Healthy Food
Lack of Physical Activity

CRITERIA: Scale of the Issue

Measure	Description	Year(s)	US Overall	WI	Lincoln
	General / Overall				
Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).	2022	-	12%	12%
Diabetes Prevalence	Percentage of adults aged 18 and above with diagnosed diabetes (age-adjusted).	2022	-	9%	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%	40%
Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	2022	3.9	3.9	4.1
Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	2022	17%	16%	16%
	Healthy Food				
Limited Access to Healthy Foods	Percentage of population who are low-income and do not live close to a grocery store.	2019	-	5%	4%
Food Insecurity	Percentage of population who lack adequate access to food.	2022	-	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	8.7
	Physical Activity				
Physical Inactivity	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted).	2022	-	21	24
Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity.	2024, 2022 & 2020	84%	84	67
Access to Parks	Percentage of the population living within a half mile of a park.	2024 & 2020	-	56	38
	Income and Employment (Money)				
Children in Poverty*	Percentage of people under age 18 in poverty.	2023 & 2019-2023	16%	13	12
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	41
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	2699

Median Household Income*	The income where half of households in a county earn more and half of households earn less.	2023 & 2019-2023	-	74671	71871
Some College	Percentage of adults ages 25-44 with some post-secondary education.	2019-2023	68%	70	55
High School Graduation+	Percentage of ninth-grade cohort that graduates in four years.	2021-2022	-	90	96
High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	2019-2023	89%	93	92
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	2023	3.6%	3.0	3.2
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	2019-2023	4.9	4.2	4.3
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	0.83

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

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

CRITERIA	Healthy Lifestyles – Access to Healthy Food Lack of Physical Activity
Disparities	Disparities and inequities can show where interventions would be most beneficial. ● 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. (All of the above is from the 2021 America's Health Rankings (AHR) Disparities Report) 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 "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
Community momentum (key informant interviews)	Key informant interviews indicate strong agreement that the community health priorities identified in 2023—**healthy lifestyles (nutrition), mental health, and community resources for older adults**—remain appropriate and relevant. Respondents consistently affirmed that these priorities still capture the most pressing health needs in Lincoln County.
Community Alignment / Readiness / Momentum	*Coalitions, Task Forces, Projects: (Add headers to group topics)* ● Healthy Lifestyles Coalition ● Food Insecurity Workgroup (Readiness: Hunger Task Force) ● Food Pantries ● Merrill School District Nests (food a basic needs supplies for students) *all schools have one ● Food for Kids Program (MAPS Backpack Program) ● Salvation Army (Tomahawk Backpack Program ● Kinship Weekend Food ● Meals on Wheels Program ● Church led summer lunches ● ADRC Community Meal Sites ● Stockboxes ● Farmers Markets (ADRC/WIC/Aspirus Vouchers) ● Hydroponic Gardens in the schools ● River Bend Trail (and expansion) ● Gleaning Initiative ● Healthy Snack campaigns (healthy food/ physical activity passport) ● Affordable Food Guide
Control and Capacity	Supporting efforts above. (lots of initiatives going on) Momentum around food insecurity Health Department support role - promote, education, awareness Aspirus gleaning/ vouchers Programs are led by community organizations

Community Resources for Older Individuals

Measure	Description	Year(s)	US Overall	WI	Lincoln
Premature Death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	2020-2022	8,400	7447	8877
Life Expectancy*	Average number of years people are expected to live.	2020-2022	-	77.8	75.9
Premature Age-Adjusted Mortality*	Number of deaths among residents under age 75 per 100,000 population (age-adjusted).	2020-2022	-	359	402
Feelings of Loneliness+	Percentage of adults reporting that they always, usually or sometimes feel lonely.	2022	-	32%	33%
Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	2022	17%	16%	16%
Preventable Hospital Stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	2022	2,666	2498	1656
Mammography Screening*	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening.	2022	44%	50	55
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	25
Social Associations	Number of membership associations per 10,000 population.	2022	9.1	11.1	14.8
Falls	Unintentional falls-related emergency department visits for individuals age 65+ (number per 100,000 population)	2024	-	5954	6304
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)	2023	-	185.0	220.2

Measure	Description	Year(s)	US Overall	WI	Lincoln
% Below 18 Years of Age	Percentage of population below 18 years of age.	2023	-	21.1	17.8
% 65 and Older	Percentage of population ages 65 and older.	2023	-	19.1	24.4
% Disability: Functional Limitations	Percentage of adults reporting any of six specific functional limitations	2022	-	28	29
% Rural	Percentage of population living in a census-defined rural area.	2020	-	32.9	66.5
% Age 65+ Living Alone	Percentage of population age 65 or older living alone (households)	2024	-	12.9	14.8 (and increasing)
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 (was 44.0 in 2010)

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

Sources: County Health Rankings and Roadmaps (2025 data release); Wisconsin Interactive Statistics on Health (WISH); U.S. Census.

CRITERIA	Community Resources for Older Individuals
Disparities	- 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.
Community momentum (key informant interviews)	Key informant interviews indicate strong agreement that the community health priorities identified in 2023—**healthy lifestyles (nutrition), mental health, and community resources for older adults**—remain appropriate and relevant. Respondents consistently affirmed that these priorities still capture the most pressing health needs in Lincoln County. Respondents also noted the persistent and interconnected issues of mental health and substance use, along with the challenge of social isolation (particularly for older individuals).
Community Alignment / Readiness / Momentum	*Coalitions, Task Forces, Projects:* ● Aging & Disability Resource Center (ADRC) -aging assessment *heavy focus on fall prevention, healthy nutrition, advocacy ● Public Health Libraries (collaboration with ADRC, Compass, et) - Older Adult Programming for Alzheimer's, Dementia, Brain Health, Caregiving, Stepping On (fall prevention) ● Aging Network (can be activated when needed) ● Transportation Group
Control and Capacity	Strong local partner in ADRC Aspirus is exploring transportation from a system level LCHD facilitates Transportation Group

Drug Misuse / Substance Use

CRITERIA: Scale of Issue

Measure	Description	Year(s)	US Overall	WI	Lincoln
Feelings of Loneliness+	Percentage of adults reporting that they always, usually or sometimes feel lonely.	2022	-	32%	33%
Excessive Drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted).	2022	-	24	27
Alcohol-Impaired Driving Deaths	Percentage of driving deaths with alcohol involvement.	2018-2022	-	33	36
Drug Overdose Deaths*	Number of drug poisoning deaths per 100,000 population.	2020-2022	-	29	na
Adult Smoking	Percentage of adults who are current smokers (age-adjusted).	2022	-	15	18
Disconnected Youth	Percentage of teens and young adults ages 16-19 who are neither working nor in school.	2019-2023	-	5	11
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	25

** 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
Disparities	Disparities and inequities can show where interventions would be most beneficial. ● 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] 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.
Community momentum (key informant interviews)	Although respondents noted that the community health priorities identified in 2023—**healthy lifestyles (nutrition), mental health, and community resources for older adults**—remain appropriate and relevant, they did note the persistent and interconnected issues of mental health and substance use, along with the challenge of social isolation (particularly for older individuals).
Community Alignment / Readiness / Momentum	*Coalitions, Task Forces, Projects:* ● Opioid Settlement Task Force ● Lincoln County Death Review Team ● LCHD Northwoods Coalition Mini Grants - medication locking pouches/ disposal bags ● LCHD Vital Strategies Grant - harm reduction campaign/ events ● North Central Health Care Services/Programs * started Jail Support Group ● Public Libraries - displays/ books/ materials available on topics ● Mental Health & Substance Use Resource Guide ● Grief & Recovery Support Guide ● Northwoods Tobacco Free Coalition ● WI Tobacco/Vaping Quit Line *free cessation products ● WI WINS Tobacco Compliance Checks
Control and Capacity	Control with enforcement of underage alcohol/tobacco use and illegal substances Difficult to address long wait time or lack of providers in our county General lack of basic needs services in our area for recovery community
Other	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) 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 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)

Financial Instability, Housing

CRITERIA: Scale of the Issue

Measure	Description	Year(s)	US Overall	WI	Lincoln
	General Income				
Limited Access to Healthy Foods	Percentage of population who are low-income and do not live close to a grocery store.	2019	-	5%	4%
Food Insecurity	Percentage of population who lack adequate access to food.	2022	-	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	8.7
Uninsured Adults	Percentage of adults under age 65 without health insurance.	2022	-	7	7
Uninsured Children	Percentage of children under age 19 without health insurance.	2022	-	5	5
Uninsured	Percentage of population under age 65 without health insurance.	2022	10%	6	6
High School Graduation+	Percentage of ninth-grade cohort that graduates in four years.	2021-2022	-	90	96
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	2699
Some College	Percentage of adults ages 25-44 with some post-secondary education.	2019-2023	68%	70	55
High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	2019-2023	89%	93	92
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	2023	3.6%	3.0	3.2
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	2019-2023	4.9	4.2	4.3
Children in Poverty*	Percentage of people under age 18 in poverty.	2023 & 2019-2023	16%	13	12
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	41
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	0.83
Median Household Income*	The income where half of households in a county earn more and half of households earn less.	2023 & 2019-2023	-	74671	71871

Housing					
Homeownership	Percentage of owner-occupied housing units.	2019-2023	-	68	78
Severe Housing Cost Burden	Percentage of households that spend 50% or more of their household income on housing.	2019-2023	-	11	8
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	9

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

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

CRITERIA	Financial Instability, Housing
Disparities	Income is a strong predictor of health, and lower levels of income are associated with poorer health outcomes across the life course. Poverty is higher: ● 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) All of the above is from the 2021 AHR Disparities Report "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.
Community momentum (key informant interviews)	Although respondents noted that the community health priorities identified in 2023—healthy lifestyles (nutrition), mental health, and community resources for older adults—remain appropriate and relevant, they did note that the rising cost of living, access to healthcare, transportation, and childcare are cross-cutting barriers.
Community Alignment / Readiness / Momentum	*Coalitions, Task Forces, Projects:* ● Lincoln County Housing Group (fizzled out - unsure if still going) ● Homeless Taskforce ● St. Vincent De Paul *Home to Work Program (homeless are placed in hotel, meet with resource navigator daily to connect to employment and permanent housing options) ● Healthy Minds hosting Community Poverty Simulation * Merrill & Tomahawk School Districts are holding for their staff as an inservice ● 211 resource sharing/ navigation (just needs to be utilized) ● Transportation Group
Control and Capacity	

Access to Affordable, Quality Medical Care

CRITERIA: Scope of the Issue

Measure	Description	Year(s)	US Overall	WI	Lincoln
Premature Death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	2020-2022	8,400	7447	8877
Life Expectancy*	Average number of years people are expected to live.	2020-2022	-	77.8	75.9
Premature Age-Adjusted Mortality*	Number of deaths among residents under age 75 per 100,000 population (age-adjusted).	2020-2022	-	359	402
Child Mortality*	Number of deaths among residents under age 20 per 100,000 population.	2019-2022	-	50	73
Infant Mortality*	Number of infant deaths (within 1 year) per 1,000 live births.	2016-2022	-	6%	na
Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).	2022	-	12%	12%
Diabetes Prevalence	Percentage of adults aged 18 and above with diagnosed diabetes (age-adjusted).	2022	-	9%	9%
HIV Prevalence+	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.	2022	-	138	44
Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	2022	3.9	3.9	4.1
Low Birth Weight*	Percentage of live births with low birth weight (< 2,500 grams).	2017-2023	8%	8%	8%
Flu Vaccinations*	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination.	2022	48%	53	46
Uninsured Adults	Percentage of adults under age 65 without health insurance.	2022	-	7	7
Uninsured Children	Percentage of children under age 19 without health insurance.	2022	-	5	5
Other Primary Care Providers	Ratio of population to primary care providers other than physicians.	2024	-	633:1	1671:1
Primary Care Physicians	Ratio of population to primary care physicians.	2021	1,330:1	1251:1	2039:1
Mental Health Providers	Ratio of population to mental health providers.	2024	300:1	375:1	1420:1
Dentists	Ratio of population to dentists.	2022	1,360:1	1363:1	1892:1
Preventable Hospital Stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	2022	2,666	2498	1656
Mammography Screening*	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening.	2022	44%	50	55
Uninsured	Percentage of population under age 65 without health insurance.	2022	10%	6	6

Broadband Access	Percentage of households with broadband internet connection.	2019-2023	90%	89	84
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	2023	3.6%	3.0	3.2
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	2019-2023	4.9	4.2	4.3
Children in Poverty*	Percentage of people under age 18 in poverty.	2023 & 2019-2023	16%	13	12
Median Household Income*	The income where half of households in a county earn more and half of households earn less.	2023 & 2019-2023	-	74671	71871

** 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	INSURANCE / MEDICAL CARE ● "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; LGBQ+ 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. 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
Community momentum (key informant interviews)	Access to **healthcare, transportation, and childcare** emerged as cross-cutting barriers. Staffing shortages, limited local services, and transportation challenges—particularly in rural areas—continue to hinder access to care.
Community Alignment / Readiness / Momentum	*Coalitions, Task Forces, Projects:* ● Lincoln County Death Review Team ● LCHD Family Health Program ● LCHD Community Baby Shower ● Parenting Support Network ● Does Aspirus have a Community Advisory Team? ● LCHD Vaccines for Adults & Children Programs ● WI Well Woman Program
Control and Capacity	

Dental Care

CRITERIA: Scope of the Issue

Measure	Description	Year(s)	US Overall	WI	Lincoln
Uninsured Adults	Percentage of adults under age 65 without health insurance.	2022	-	7	7
Uninsured Children	Percentage of children under age 19 without health insurance.	2022	-	5	5
Other Primary Care Providers	Ratio of population to primary care providers other than physicians.	2024	-	633:1	1671:1
Primary Care Physicians	Ratio of population to primary care physicians.	2021	1,330:1	1251:1	2039:1
Dentists	Ratio of population to dentists.	2022	1,360:1	1363:1	1892:1
Uninsured	Percentage of population under age 65 without health insurance.	2022	10%	6	6
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	2023	3.6%	3.0	3.2
Children in Poverty*	Percentage of people under age 18 in poverty.	2023 & 2019-2023	16%	13	12

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

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

CRITERIA	Dental Care
Disparities	"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%)." "Drinking fluoridated water and getting dental sealants (in childhood) prevent cavities and safe money by avoiding expensive dental care." "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%)." "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%)." "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%)." "More people are unable to afford dental care than other types of health care." 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
Community momentum (key informant interviews)	Dental care was not mentioned in the KIIs. Access to care (in general) was mentioned: Access to **healthcare, transportation, and childcare** emerged as cross-cutting barriers. Staffing shortages, limited local services, and transportation challenges—particularly in rural areas—continue to hinder access to care.
Community Alignment / Readiness / Momentum	*Coalitions, Task Forces, Projects:* • Lincoln County Seal A Smile Program • Bridging Brighter Smiles • Affordable Dental Guide
Control and Capacity	
Other	No dental providers that accept MA.

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

CRITERIA: Scope of the Issue

Measure	Description	Year(s)	US Overall	WI	Lincoln
Child Care Centers	Number of child care centers per 1,000 population under 5 years old.	2010-2022	-	6	5
Child Care Cost Burden	Child care costs for a household with two children as a percent of median household income.	2024 & 2023	28%	31	30
Infant Mortality*	Number of infant deaths (within 1 year) per 1,000 live births.	2016-2022	-	6%	na
Child Mortality*	Number of deaths among residents under age 20 per 100,000 population.	2019-2022	-	50	73
Low Birth Weight*	Percentage of live births with low birth weight (< 2,500 grams).	2017-2023	8%	8%	8%
Limited Access to Healthy Foods	Percentage of population who are low-income and do not live close to a grocery store.	2019	-	5%	4%
Food Insecurity	Percentage of population who lack adequate access to food.	2022	-	11%	11%
Teen Births*	Number of births per 1,000 female population ages 15-19.	2017-2023	-	11	14
Sexually Transmitted Infections+	Number of newly diagnosed chlamydia cases per 100,000 population.	2022	-	435.7	197.3
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	8.7
Uninsured Children	Percentage of children under age 19 without health insurance.	2022	-	5	5
Access to Parks	Percentage of the population living within a half mile of a park.	2024 & 2020	-	56	38
Library Access	Library visits per person living within the library service area per year.	2022	2	3	3
High School Graduation+	Percentage of ninth-grade cohort that graduates in four years.	2021-2022	-	90	96
Reading Scores*+	Average grade level performance for 3rd graders on English Language Arts standardized tests.	2019	-	3.0	3.0
Math Scores*+	Average grade level performance for 3rd graders on math standardized tests.	2019	-	3.0	3.1
Children in Poverty*	Percentage of people under age 18 in poverty.	2023 & 2019-2023	16%	13	12
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	41

** 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	"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)
Community momentum (key informant interviews)	Access to **healthcare, transportation, and childcare** emerged as cross-cutting barriers. Staffing shortages, limited local services, and transportation challenges—particularly in rural areas—continue to hinder access to care. Childcare was described as an emerging crisis, with shortages reducing workforce participation and household income and placing additional stress on families.
Community Alignment / Readiness / Momentum	*Coalitions, Task Forces, Projects:* ● Lincoln County Dream Up Committee ● Parenting Support Network ● Community Baby Showers ● Youth Justice Collaborative ● Children's WI Programs ● Kinship of Tomahawk ● Big Brothers Big Sisters ● Boys & Girls Club
Control and Capacity	Supporting efforts above.

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: Healthcare Facilities and Community Resources

A subset of the healthcare and other resources in the community that can help address community health needs are in the table below. A more comprehensive set of resources can be found at findhelp.org or https://aspiruscommunity-resources.findhelp.com/, and then searching by zip code and program need/area.

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
Aware and Active Citizens	Unbiased forum for facilitating education, dialogue, and engagement
Big Brothers, Big Sisters	Youth mentoring agency
Community Care Paramedic Program	Follow-up care for discharged patients
Caregiver programs	Offers a large variety of supports to help individuals remain living in their homes
Childcaring	Local non-profit, resource and referral agency dedicated to providing quality childcare information
Children's Wisconsin	Children's Hospital (programs)
Community Action Program (CAP)	Provides programs and services for low-income individuals
CW Solutions	Provides case management for Housing, FSET (FoodShare Employment & Training), Aging out of Foster Care System
Economic development task forces	Promote awareness and participation in federal technical assistance programs
Food pantry (Tomahawk)	Provides food for individuals who need it
Forward Service Corporation	Exists to meet the needs of individuals who are disadvantaged, unemployed, and underemployed
Kinship (youth mentoring program, Tomahawk)	Youth mentoring, foster care
HAVEN	Shelter and resources for individuals who experience domestic violence
HeadStart	Early education for children who may be at risk
HealthFirst	Non-profit agency that provides Women, Infant, Children nutrition services as well as reproductive health services
Healthy Minds for Lincoln County	Mental health coalition
His Hands Extended Food Pantry	Provides food for individuals who need it
HOLA – Healthy Opportunities for Latin Americans	Supports Latino communities in accessing resources for daily life while supporting cultural engagement
Housing Authority (Merrill; Lincoln County)	Provides stable, quality affordable housing opportunities for families with low and moderate income
Inclusa	Medicaid long term care program
Kindhearted Home Care, LLC	Home care services
Lakeland Care	Medicaid long term care program
Libraries – T.B. Scott in Merrill; Tomahawk in Tomahawk	Providers books, videos, computers, games and programming for the entire community

Lincoln County Department of Social Services	Social services, protective services
Lincoln County Health Department	Public health services
Lincoln County Healthy Lifestyles Coalition	Nutrition coalition
Lincoln County Opioid Settlement Task Force	Provides recommendations on how the funds will be used to support Lincoln County residents to combat the current opioid epidemic
Lincoln County Parenting Resource Network	Promote health and safety of families through leadership, referrals, and education
Love the Littles Diaper Closet (Our Saviour's Lutheran Church, Merrill)	Provides free diapers
MAC Home (Merrill)	Provides a safe and secure shelter for individuals who are homeless
Meals on Wheels	Delivered food for homebound individuals
Merrill Enrichment Center	Provides social, educational, and wellness opportunities, particularly for individuals who are older
Merrill Area United Way	Assists in addressing the key impacts areas of health, education, and basic needs
Merrill Community Food Pantry	Provides food for individuals who need it
North Central Community Action Program	Provides services and programs for individuals with low income
North Central Health Care – Merrill Center	Provides mental health care, addiction and substance abuse treatment, developmental disabilities care and skilled nursing care
Northwoods Veterans Post	Provides service and support opportunities by empowering veterans and their families
Open Hearts Food Pantry	Provides food for individuals who need it
Opportunity Development Centers, Inc. (ODC)	Private, not-for-profit agency whose mission is "to empower people with disabilities to achieve their work and life goals."
Our Sisters House (Tomahawk)	Provides a safe and secure shelter for individuals who are homeless
Police liaisons	Facilitates communication between two or more parties to help their organization reach a beneficial decision based on needs
Recovery coaches	Walk side by side with individuals seeking recovery from substance use disorders
St. Vincent de Paul's Outreach	Provides temporary/emergency assistance for food, emergency lodging, clothing, rent, local transportation and utilities based on funds available and level of need.
School counselors	Help ensure that students' developmental and academic needs are met
Tomahawk Interfaith Volunteers	Non-medical, non-professional volunteer assistance to seniors, temporarily homebound, or the disabled of any age so they may remain living in the residence of their choice for as long as feasible
Tomahawk Senior Center	Provides social, educational, and wellness opportunities, particularly for individuals who are older
UW Madison Division of Extension – Lincoln County (Limited services)	Connects people to the University of Wisconsin resources through programs, education and services

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

Aspirus Merrill Hospital and Aspirus Tomahawk Hospital are both in Lincoln County, Wisconsin. Many of the coalitions are reflective of and representative of the entire county. Aspirus is a participant in those coalitions and therefore the activities may be in Merrill, Tomahawk, both or elsewhere (broadly) in the county. The descriptions below describe those distinctions where applicable.

Aspirus Merrill Hospital's and Aspirus Tomahawk Hospital's significant needs were: **Community-Centered Resources for the 55+ Population; Healthy Lifestyles; Mental and Emotional Well-Being**. These needs were identified through the most recent CHNA, completed in June 2023.

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.)

Community-Centered Resources for the 55+ Population

Tomahawk
Aspirus Tomahawk Hospital offered 'Fit for Life' exercise classes in a supervised setting for cardiac rehabilitation patients who have completed their treatment plan.

Merrill
For the past three years, Aspirus Merrill Hospital has supported (with funding and facilitation) the Community Care Paramedic Program. The program utilizes paramedics to conduct home visits, serving individuals who are discharged from the hospital who may be at risk for nutrition or mental health issues, including patients who had covid. The program also served individuals with covid who were not admitted to the hospital but would benefit from additional monitoring. In FY24, the program expanded in three ways. First, patients discharged from the hospital who had diabetes were eligible for the program. Second, the program began working with the Aspirus Wausau Hospital Med/Surg Department to connect patients who are from Merrill (but in the Wausau Hospital) to be part of the program upon discharge. Third, the Merrill Hospital Community Health Lead began working with the Wausau Fire Department to replicate the Community Care Paramedic Program in Marathon County (where Aspirus Wausau Hospital is). The Wausau-based Community Care Paramedic Program launched in FY25. In FY25 and FY26, thirteen people participated in the program in the Merrill area.

In FY25, Aspirus Merrill Hospital provided funding for the Stepping On program through the Aging and Disability Resource Center (ADRC). The Stepping On program has been researched and proven to help decrease falls by 31%. Those who complete the program show fewer injuries, fewer visits to the

emergency room, fewer hospitalizations and fewer deaths due to a fall. Thirteen people participated in the program. In FY26, Aspirus Merrill also provided funding for the Falls Prevention Resource Fair, hosted by the Aging and Disability Resource Center of Central Wisconsin.

Healthy Lifestyles

Tomahawk and *Merrill*
Aspirus actively participated in the Lincoln County Nutrition Coalition. The hospital and/or coalition conducted a number of nutrition and healthy food-related efforts.

Both hospitals provided funding for strategies to address food insecurity, including:

- Double-your-bucks coupons at the local farmers market. The coupons are specifically for individuals who participate in the FoodShare program.
    - The double-your-bucks program has seen an increase over time in Tomahawk. In 2022 there were no certificates; in 2023 there were 88 certificates; in 2024 there were 129 certificates.
    - In Summer 2025, double-your-bucks were shared with Kinship (in Tomahawk) so that participants in that program could increase their access to farmers market produce. Kinship also shared the coupons with the food pantries in the Tomahawk area.
- Electronic Benefit Transfer (EBT) availability. The availability of the EBT machine increases the accessibility of the farmers market for individuals participating in FoodShare.
- A fruit and vegetable prescription program. Both hospitals (as part of a larger Aspirus system effort) offer 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.
- Healthy cooking demonstrations. After pausing for three years during the pandemic, healthy cooking demonstrations were again conducted in FY24. Two demonstrations (Fall 2023 and Spring 2024) were held with families with children enrolled in HeadStart and/or who were WIC (Women, Infant, Childre)-eligible. Approximately 25 people participated in each. Appliances (e.g., hand mixers) were given out at the demonstrations, along with insulated bags and refrigerator magnets (with healthy food substitution information). A few cookbooks were also given away at the demonstrations. With the loss of funding for local UW-Extension staffing however, only one demonstration was held in FY25. Over 20 families with children enrolled in Head Start participated in early calendar 2025 demonstration. Each family received a griddle to take home and use for the new recipe.

Aspirus (at the system level) initiated a healthy food home-delivery program that helps patients 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.

Tomahawk
Aspirus Tomahawk Hospital provided funding to the UW-Extension FoodWise Nutrition Education program.

Merrill
Aspirus Merrill Hospital provided funding to the school district's SPARK program in FY25. SPARK is the district's alternative education program. The Aspirus funding supported gardening, raised beds, and life skills cooking program. Aspirus Merrill also provided support for the district's Green Team.

Aspirus Merrill Hospital provided funding for healthy nutrition resources. Funding (for the health department) was used to purchase professional printed and in-house printed healthy nutrition resources to increase knowledge and access to food, purchasing insulated totes, and improving life skills that promote healthy nutrition through education and connection to resources. Eight hundred brochure guides were printed. The guides were distributed through community events and community partners (libraries, schools, backpack programs, clinicians/hospitals, senior centers, food pantries, etc.).

Funding for the Lincoln County Healthy Lifestyles Coalition was also provided by Aspirus Merrill Hospital.

Mental and Emotional Well-Being

Tomahawk and *Merrill*
Aspirus actively participated in the Lincoln County Healthy Minds Coalition; the coalition focuses on mental health and substance use. The coalition partners have completed many activities over multiple years, some of which the hospital funded. Activities included:

- Connectedness campaign. The campaign, held in May and June 2025, challenged individuals with a list of ways to be more connected. One hundred sixteen people completed the challenge, with 31% from Tomahawk and 59% from Merrill. Nearly one-third said the challenge helped improve their mental health, and over 60% said the challenge helped improve their connections with others.
- Public awareness and social norms campaigns (e.g., Hopeline, Small Talks, Know Meth, adverse childhood experiences [ACES], parent pact, social host awareness). The new national mental health hotline 988 was promoted.
- Community presentations about mental health and substance abuse.
- Distribution of posters, cards, and related visual materials (e.g., suicide prevention hotline posters).
    - In FY25, the coalition, led by the health department, distributed nearly 2000 mental health resources (e.g., wallet cards, grief support guides, etc.). The resources were distributed at businesses and community events. As part of the distribution, the health

department asked what additional topics would be beneficial. Responses included: anxiety; post-partum depression; isolation; youth mental health and more.

- Family fun packs with activities and resources. Originally developed in response to social isolation needs early in the pandemic, the family fun packs continued to be in demand. For example, it only takes two or three days of the packs being available until they are gone. The pack activities/crafts focus on STEAM, literacy, and a healthy lifestyle. The pack also includes healthy, kid-friendly recipes, along with activities and crafts to get children outside, reading, and using creative thought. A short survey was given to participants in June 2025. Out of the 17 surveys returned, 12 respondents gave the packs a 10/10 rating that said family relationships were strengthened by the packs; 15 respondents strongly agreed that the packs provided healthy activities. The fun packs have been distributed every summer since 2022. The hospitals help fund the packs.

Tomahawk

Over the last three years, Aspirus Tomahawk Hospital provided funding:

- For the Tomahawk School District's 6th and 8th graders' Grit and Resilience program.
- To train a Tomahawk School District staff person to be a certified Youth Mental Health First Aid Training instructor.
- To start and maintain a Raise Your Voice mental health club in the Tomahawk School District (FY24, FY25, FY26). 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 region during the 2024-25 school year. In 2025-26, 17 clubs continued and three schools requested funding to initiate a club.
- For the Strengthening Families Training and Youth Mental Health Training at Kinship. Kinship is a non-profit organization that supports at-risk youth.
- For the Tomahawk Middle School's classroom calming kits and Where Everybody Belongs (WEB) program.
- For Kinship of Tomahawk's KinsKlub Program.
- For the 'Be Kind to Your Mind' program at the Tomahawk Public Library.

Merrill

Aspirus Merrill Hospital provided financial support to implement the Soft Start Program. The Soft Start Program at Merrill High School has demonstrated significant success in improving student attendance. By offering incentives and creating a supportive environment for students who previously struggled with consistent school attendance, the program has helped foster better habits, increased engagement, and provided a critical step toward academic success. Aspirus Merrill Hospital also helped fund the school district's Botvin Life Skills program and a positive behavior program, both of which build skills for positive mental health.

Aspirus Merrill Hospital provided funding to the County's Department of Health and Human Services for Protective Factor and Capacity Framework Awareness. The Department purchased promotional / informational materials for county-wide distribution. Materials focus on raising awareness of the protective factor framework for strengthening families, including how individuals and businesses in the community can help. Children that live in homes and communities with enhanced protective factors have better mental health outcomes. Over 1200 packets were assembled with informational materials and then shared with businesses and at community events.

Aspirus contracts with Three Bridges Recovery to provide peer support specialist services, which includes recovery coaching for patients in need of substance use support. In FY25, the program was implemented at Aspirus Merrill Hospital and the hospital provided some financial support. These services increase both availability and accessibility to various pathways of substance use recovery through coaching, mentoring, accountability, and peer behavior modeling at no cost to those they serve. Coaches are available 24/7 to respond to calls and are advocates for vulnerable individuals to help them receive the treatment they want and need. In FY25, with Aspirus funds, Three Bridges Recovery served 243 people. Of those, 100 were referred from Aspirus hospitals. Those hospitals included: Divine Savior; Langlade; Merrill; Stevens Point; Wisconsin Rapids and Wausau.

Funding for the Lincoln County Healthy Minds Coalition was also provided by Aspirus Merrill Hospital.

Other

The hospitals provided funding for other community health efforts, including:

- Tomahawk Public Library for library programs (Aspirus Tomahawk Hospital)
- Coupons for safety ladders, given out at the Emergency Services Night Out (August 2024) (Aspirus Merrill Hospital)
- An AED for the Merrill library (Aspirus Merrill Hospital)
- Free flu vaccinations (Aspirus Merrill Hospital)
- Taxi transportation for patients without a way to get home after an emergency room visit (Aspirus Merrill Hospital)

Through the Tooth Fairy Fund, Aspirus Merrill Hospital offered financial support for emergency oral health needs. The hospital also financially supported the Seal-a-Smile program in the Merrill School District. In the 2024-25 school year, the Seal-a-Smile program provided 470 fluoride varnish applications, sealed 549 teeth and identified 78 children with untreated decay (and shared that information with their parents).

Aspirus Merrill Hospital also continued to implement a food repurposing program that packages untouched food from the hospital's cafeteria and makes it available for individuals who use the food pantry. Over 1200 pounds were donated in FY24 and over 1100 pounds were donated in FY25.

A social drivers of health screening workflow is being implemented at Aspirus hospitals and clinics. Staff continue to be trained, and local programs continue to be uploaded to the FindHelp/Aspirus Community Resources platform for ease of use for both staff and community members seeking resources. https://aspiruscommunity-resources.findhelp.com/

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