Community Health Needs Assessment

Aspirus Stevens Point Hospital

Aspirus Plover Hospital

2026-2029

Acknowledgements

Aspirus Stevens Point Hospital and Aspirus Plover Hospital are grateful for the time and dedication of many community partners. For the work of this community health needs assessment (CHNA), the Portage County Health and Human Services – Division of Public Health (PCHHS-DPH) conducted three Community Conversations that informed the CHNA. This was an invaluable contribution. The convening of community voices added depth and context.

Representatives from numerous other community organizations – Marshfield Clinic Health System, United Way of Portage County, Noble Clinics, the University of Wisconsin-Stevens Point and Mid-State Technical College and others – helped shape the process.

We are fortunate to live and work in a community that is generous, vibrant and collaborative; this process is evidence of those qualities. Our 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 Portage County a healthy community.

Respectfully,

Carrie Penovich
President, Wisconsin Southeast Division
Aspirus Stevens Point Hospital
Aspirus Plover Hospital

Kari Gattung
VP – Chief Administrative Officer
Aspirus Stevens Point Hospital
Aspirus Plover Hospital

Table of Contents

Executive Summary

Background

The Aspirus Stevens Point Hospital and Aspirus Plover Hospital Community Health Needs Assessment (CHNA) was conducted primarily in partnership with the Portage County Health and Human Services – Division of Public Health (PCHHS-DPH). Multiple other organizations and individuals contributed to different stages of the process.

Process

Aspirus compiled information from local community conversations and public credible data sources. That information was shared with the Portage County LIFE (Local Indicators For Excellence) Executive Committee and the Healthy People Portage County group. Following their input, the results were brought to the hospitals' Executive Committee for a final decision.

Priorities

Aspirus Stevens Point Hospital and Aspirus Plover Hospital prioritized the following community health issues:

- Behavioral Health
- Social and Economic Drivers of Health
- Childhood Wellness and Childcare

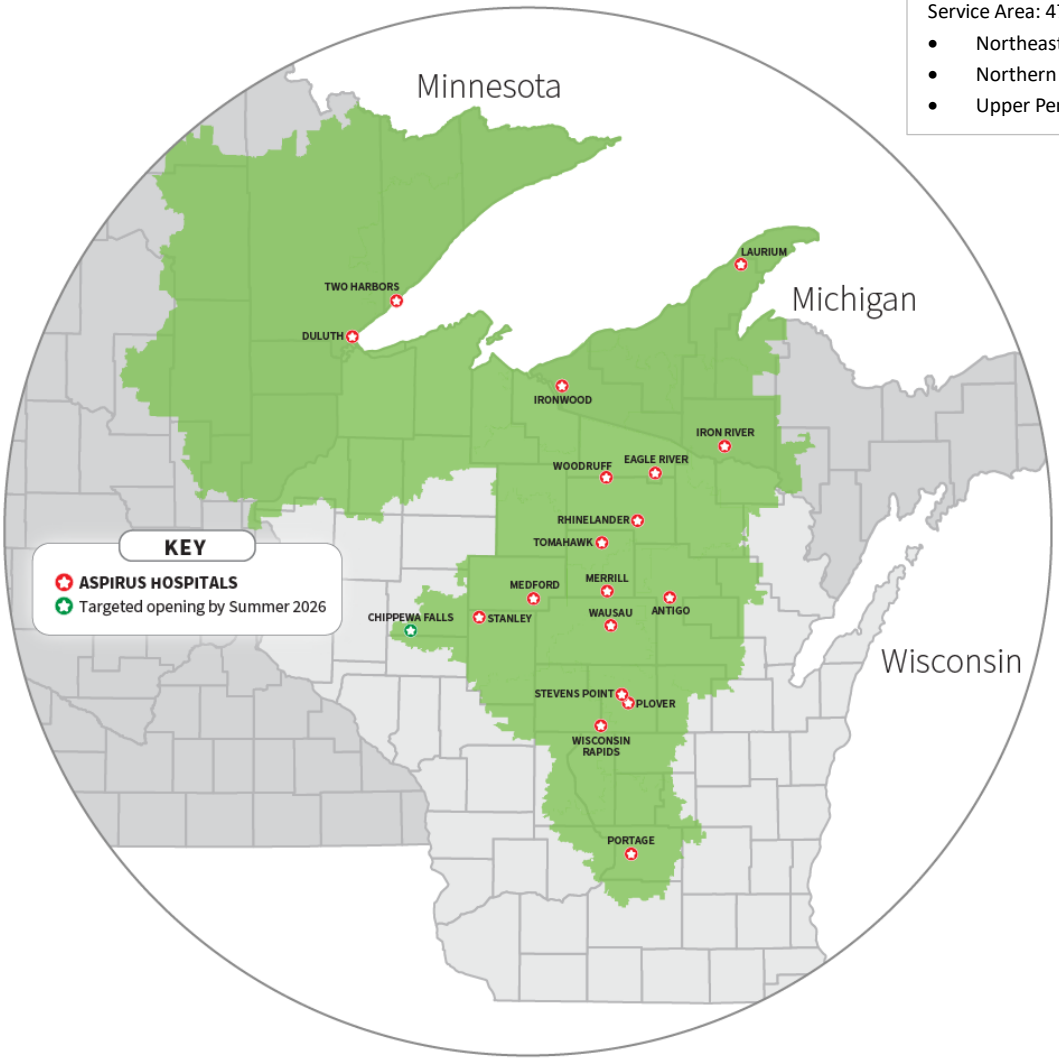
Aspirus Profiles

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 Stevens Point Hospital and Aspirus Plover Hospital

Aspirus Stevens Point Hospital & Clinics and Aspirus Plover 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 Stevens Point Hospital

It is a fully accredited acute-care facility offering expert, personalized care for residents of Stevens Point and Portage County. It offers a broad range of services, including emergency medicine/urgent care, surgery, ICU/CCU, diagnostic radiology, cancer care, rehabilitation, sports medicine, occupational and behavioral health, pathology, and sleep diagnostics.

Aspirus Plover Hospital

It offers ambulatory surgical services, an emergency department, and robust imaging and lab services. The campus also has a large primary and specialty care clinic that provides general wellness visits, acute care, and many specialists for conditions patients may need care for.

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 Portage County as well as portions of surrounding counties. There are three hospitals in the county (including the two Aspirus hospitals). Portage County is a designated Health Professional Shortage Area (HPSA) for primary care (geographic-based HPSA).

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

Demographics

Portage County is primarily rural with a population center of Stevens Point and Plover. The table below outlines some of the basic demographics and related descriptors of Portage County's population compared to Wisconsin.

Compared to Wisconsin, Portage County has a higher percentage or proportion of individuals:	Compared to Wisconsin, Portage County has a similar percentage or proportion of individuals:	Compared to Wisconsin, Portage County has a lower percentage or proportion of individuals:
Who are White (alone)	Who are over the age of 65	Who are under the age of 18
With a disability	Who are high school graduates	Who are Black or African American
With a bachelor's degree or higher	Who are Veterans	Who are American Indian and Alaska Native
	Using public insurance	Who identify with two races
	Who are Asian (alone)	Who are Hispanic
	In poverty	Without health insurance

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

Process and Methods Used – Frameworks

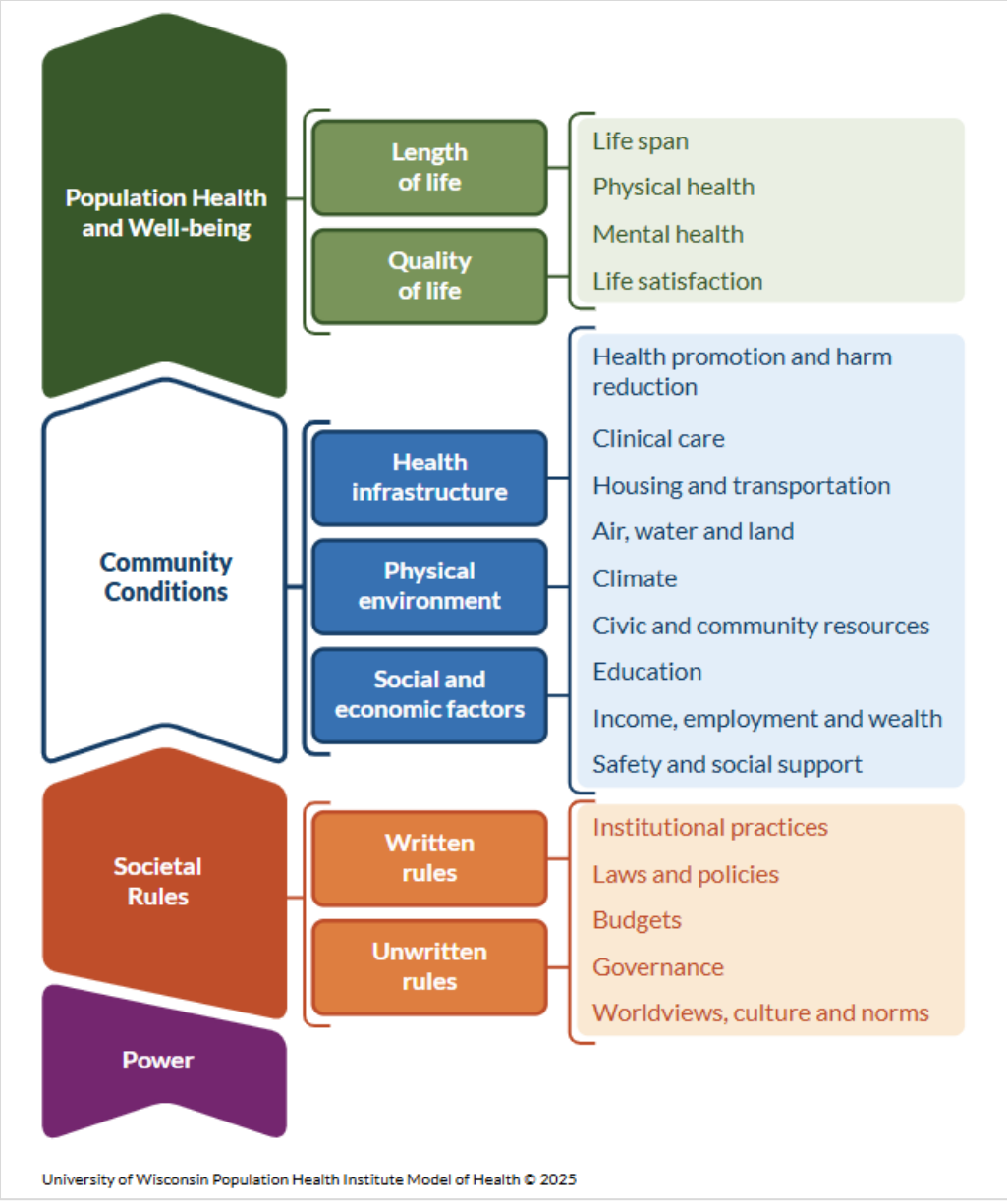
Aspirus grounded this community health needs assessment in nationally recognized public health models. This helps provide consistency and opportunities for alignment as we work across the health system and in our communities.

- For understanding health, Aspirus uses the County Health Rankings and Roadmaps Model. The model accounts for clinical, social, economic, behavioral and environmental factors that impact health
- Aspirus also 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.

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

Understanding Health: County Health Rankings Model

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



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.

Process and Methods Used – Applied

The community health needs assessment was conducted in Fall 2025 through Spring 2026. Aspirus compiled information from local community conversations, public credible data sources, the Portage County LIFE Executive Committee and Healthy People Portage County members. The process and results are outlined below.

Collaborators and / or Consultants

The primary collaborator for the assessment was the Portage County Health and Human Services – Division of Public Health (PCHHS-DPH). PCHHS-DPH organized and facilitated Community Conversations that provided community input. Multiple other organizations and individuals contributed to different stages of the process. 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 other community partners assisted the Portage County Health and Human Services – Division of Public Health (PCHHS-DPH) with three Community Conversations. For that work, PCHHS-DPH was heavily supported by Healthy People Portage County (HPPC). HPPC members volunteered to be part of a planning team for the Conversations. The HPPC members represented multiple organizations: Aspirus; Marshfield Clinic Health System; Mid-State Technical College; University of Wisconsin – Stevens Point.

The Conversations were part of the PCHHS-DPH's ongoing assessment and implementation work. The purpose of these conversations was to engage local individuals with lived experience, and those who may represent those with lived experience to learn more about what is working and not working to address local needs.

Each of the Fall 2025 meetings focused on a different community issue as identified in the HPPC 2024-2028 Community Health Improvement Process and Plan (CHIPP).

- Equitable Opportunity to Be Healthy
- Mental Health and Social Wellbeing
- Building a Safe and Thriving Community

PCHHS-DPH prepared a complete report reflecting the process and the results. Over 40 community members participated and over 30 table leads, facilitators, notetakers and student observers contributed. A summary of the results is in Appendix B.

Additionally, to enhance understanding of the community context, Aspirus reviewed the current priority areas of other community organizations. Knowing the priorities of community organizations helped inform where community momentum was and what community partners could be potential collaborators on which community health issues. A description of community organizations' priorities is in Appendix C.

Note: *Some of the language in this section was excerpted directly from the Portage County Division of Public Health's Facilitated Community Conversations Overview document.*

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

Within each of those categories, the secondary data was combined with the community input and additional criteria. The document was shared with community stakeholders and can be found in Appendix D.

Community Needs and Prioritization Process

A structured, multi-phased prioritization 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 D). 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 Input**: In the community conversations, what issues had significant (positive or negative) energy?
- **Community Momentum**: For what issues are there coalitions, funding and/or organizational capacity and other support (money, resources) that can be effectively mobilized for action?
- **Actionable/Feasible / Realistic:** In the next three years, are there feasible steps that can be taken to support his work (i.e., make short, intermediate and/or long-term local impacts)?

Prioritization Process

In the first step in the prioritization process, the document was shared with the Portage County LIFE Executive Committee. LIFE stands for Local Indicators for Excellence. The LIFE Executive Committee conducts a larger community assessment every five years; the assessment reflected in this report is in the middle of the five years.

The LIFE Executive Committee members reviewed the information and brought their top issues and corresponding rationale to a meeting. The top issues identified in that meeting were Mental Health and Financial Security/Housing. Additional top issues were Childhood Wellbeing & Childcare, Access to Affordable Quality Healthcare and Dental Care.

For the next step, Aspirus re-organized the document to reflect three 'tiers' of needs:

- TOP: Mental Health and Financial Security / Housing
- SECOND: Childhood Well-Being and Childcare, Access to Affordable Quality Healthcare and Dental care
- THIRD: Healthy Aging, Chronic Disease (with Access to Healthy Food and Lack of Physical Activity), Substance Use/Misuse and Other

In the second phase, the LIFE Executive Committee results (along with all the supporting information) were brought to a Healthy People Portage County (HPPC) meeting. Participants were asked to consider the following questions:

- *What are your thoughts on the three 'tiers' of issues (as they relate to being the top community health priorities for the area hospitals and clinics for the next three years)?*
- *Are there any emerging issues that are not listed?*
- *What else would be important to note at this time?*

From the HPPC discussion, participants affirmed the top issues, elevated substance use/misuse, raised the ongoing challenges around food security and transportation, and also spoke to the aging of the population.

The results of both processes were brought to the Executive Committee of Aspirus Stevens Point Hospital and Aspirus Plover Hospital. The Committee was asked to finalize two or three top issues while considering:

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

The Executive Committee prioritized Behavioral Health; Financial Security; Childhood Wellness and Childcare. Lastly, the hospital Board of Directors discussed the priorities and shifted from a broader area of Financial Security to Social and Economic Drivers of Health.

Final Prioritized Needs

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

- Behavioral Health (inclusive of mental health and substance use)
- Social and Economic Drivers of Health
- Childhood Wellness and Childcare

Needs Not Selected

Several important community health issues – Access to Affordable, Quality Medical Care; Dental Care; Healthy Aging; Chronic Disease (inclusive of Access to Healthy Food and Lack of Physical Activity) – were not selected for prioritization due to capacity limitations and relatively lower prioritization compared to selected needs. 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 E.

Behavioral Health

Why is it Important?

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

Alcohol and drug use are leading causes of preventable deaths.[4] Alcohol is the most frequently used substance in the United States (ages 12+).[4] The number of alcohol-attributed deaths due to excessive alcohol use in the United States increased by 29% in the span of 5 years, from 138K in 2016-2017 to 178K in 2020-2021.[4] Short term risks and long-term impacts of excessive alcohol use include: violence; unintentional injuries (e.g., falls); cancer; high blood pressure; long term memory problems and more.[5]

Sources: (1) National Institute of Mental Health, https://www.nimh.nih.gov/health/statistics/mental-illness. Accessed on 2/20/2025. (2) Centers for Disease Control and Prevention, https://www.cdc.gov/mental-health/about/index.html. Accessed on 2/20/2025. (3) Mayo Clinic, https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968. Accessed on 2/20/2025. (4) Centers for Disease Control and Prevention, https://www.cdc.gov/alcohol/facts-stats/index.html. Accessed on 2/23/2025 and then revisited on 3/29/2026. (5) Centers for Disease Control and Prevention, https://www.cdc.gov/alcohol/about-alcohol-use/index.html. Accessed on 4/5/2026.

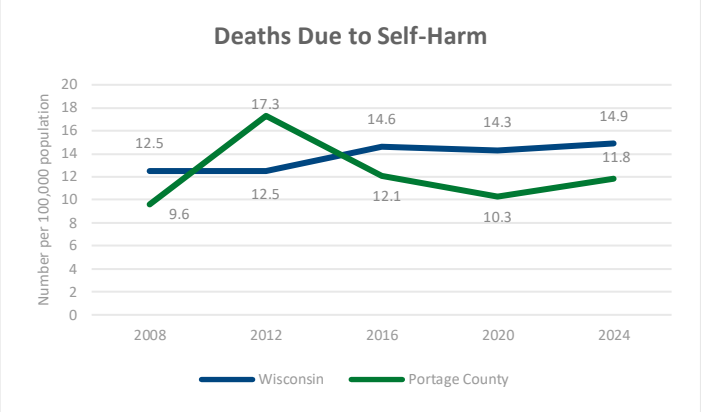
Disparities and Inequities

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

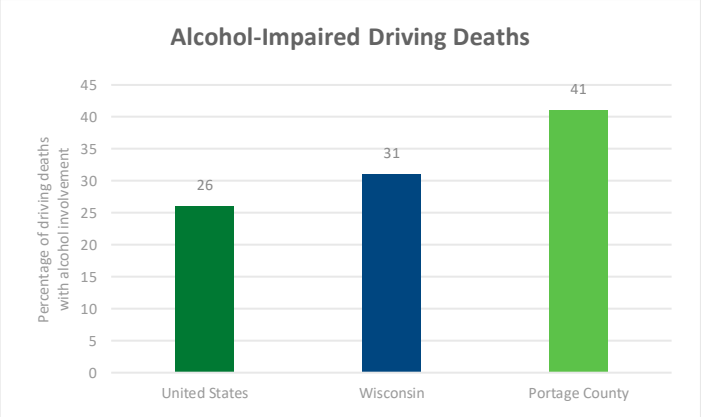
- Individuals in marginalized groups are more likely to have poor mental health.[1]
- The likelihood of depression decreases as education levels increase.[2]
- Depression is higher for women compared to men.[2]
- The suicide rate for men is four times the rate for women.[3]
- Over 55 percent of the students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

Sources: (1) Macintyre, A., Ferris, D., Gonçalves, B.et al. What has economics got to do with it? The impact of socioeconomic factors on mental health and the case for collective action. Palgrave Commun4, 10(2018). https://doi.org/10.1057/s41599-018-0063-2. (2) Centers for Disease Control and Prevention, https://www.cdc.gov/mmwr/volumes/72/wr/mm7224a1.htm. Accessed on 2/21/2025. (3) National Institute of Mental Health, https://www.nimh.nih.gov/health/statistics/suicide#part_2557. Accessed on 2/21/2025. (4) Wisconsin Youth Risk Behavior Survey Summary Report (2021), Summary Report: 2023 Wisconsin Youth Risk Behavior Survey. Accessed on 3/23/2026.

Data Highlights



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 Mortality Module, accessed 3/22/2026.



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

Additional Data

- Percentage of adults reporting binge or heavy drinking (age-adjusted) (2022): 27% Portage County; 24% Wisconsin; 19% United States. (Source: 2025 County Health Rankings and Roadmaps)
- Percentage of adults reporting they always, usually or sometimes feel lonely (2022): 34% Portage County; 32% Wisconsin; 33% United States. (Source: 2025 County Health Rankings and Roadmaps)

Community Perceptions & Challenges

Community Conversations highlights include:

- For both mental health and substance use, concerns included: stigma; the impact of Adverse Childhood Experiences (ACEs); medications prescribed without addressing the environment; access to care/services. Participants noted an increase in poor youth mental health and in mental health-related 911/EMS calls.

Social and Economic Drivers of Health

Why is it Important?

Social drivers of health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH refers to community-level factors. They are sometimes called "social determinants of health." (Adapted from CDC Healthy People 2030) Examples of SDOH include economic stability, access to quality education and health care, and the neighborhood and built environment.

Source: Nearly verbatim from Centers for Medicare and Medicaid Services website https://www.cms.gov/priorities/innovation/key-concepts/social-drivers-health-and-health-related-social-needs. Accessed on 3/25/2025

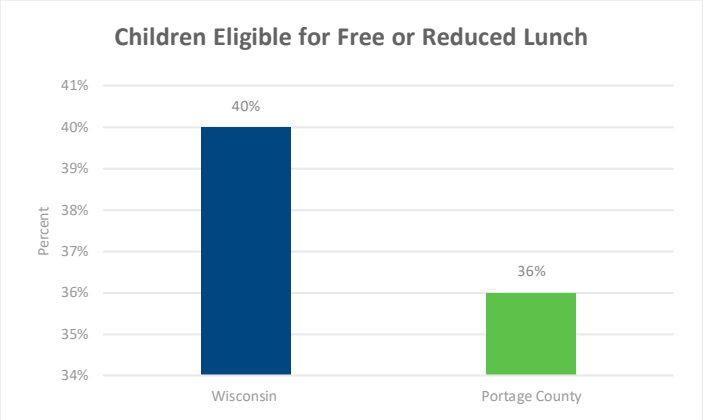
Disparities and Inequities

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

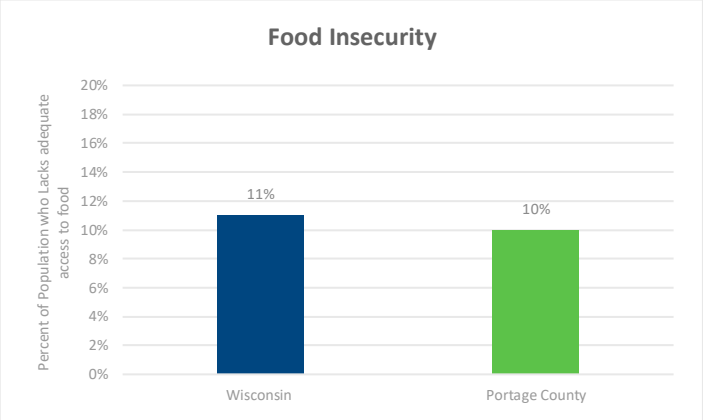
- Unmet social needs, environmental factors, and barriers to accessing health care contribute to worse health outcomes for people with lower incomes. For example, people with limited finances may have more difficulty obtaining health insurance or paying for expensive procedures and medications. In addition, neighborhood factors, such as limited access to healthy foods and higher instances of violence, can affect health by influencing health behaviors and stress.
- Across the lifespan, residents of impoverished communities are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy.
- Children make up the largest age group of those experiencing poverty. Childhood poverty is associated with developmental delays, toxic stress, chronic illness, and nutritional deficits. Individuals who experience childhood poverty are more likely to experience poverty into adulthood, which contributes to generational cycles of poverty. 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.

Source: Verbatim from Healthy People 2030 website https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty. Accessed on 3/25/2025.

Data Highlights



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



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

Additional Data

- In Wisconsin, between 2017 and 2022, the median home value increased 53.3% and the median income increased by 19.7%. (Source: Wisconsin Policy Forum, https://wispolicyforum.org/research/home-prices-outpace-incomes/)

Community Perceptions & Challenges

Community Conversations highlights include:

- General: cost of living is outpacing income; property taxes.
- Healthcare-related: being uninsured or underinsured; difficulty understanding how to access health insurance, healthcare and financial systems; affordability of healthcare; insurance doesn't cover everything.
- Housing: HUD and other funding is shifting; high housing costs ("out of control" and no rent caps); barriers to housing/rental based on criminal history; questionable landlord practices; college housing; lack of diverse housing options.

Childhood Wellness and Childcare

Why is it Important?

Early childhood, particularly the first 5 years of life, impacts long-term social, cognitive, emotional, and physical development. Healthy development in early childhood helps prepare children for the educational experiences of kindergarten and beyond. Early childhood development and education opportunities are affected by various environmental and social factors, including early life stress, socioeconomic status, relationships with parents and caregivers, and access to early education programs.

Early life stress and adverse events can have a lasting impact on the mental and physical health of children. Specifically, early life stress can contribute to developmental delays and poor health outcomes in the future. Stressors such as physical abuse, family instability, unsafe neighborhoods, and poverty can cause children to have inadequate coping skills, difficulty regulating emotions, and reduced social functioning compared to other children their age.

Source: Nearly verbatim from Healthy People 2030 – Early Childhood Development and Education

Disparities and Inequities

Poverty has been shown to negatively influence the academic achievement of young children. Research shows that, in their later years, children from disadvantaged backgrounds are more likely to repeat grades and drop out of high school.

Exposure to environmental hazards, such as lead in the home, can negatively affect a child's health and cause cognitive developmental delays. Research shows that lead exposure disproportionally affects children from racial/ethnic minority and low-income households and can adversely affect their readiness for school.

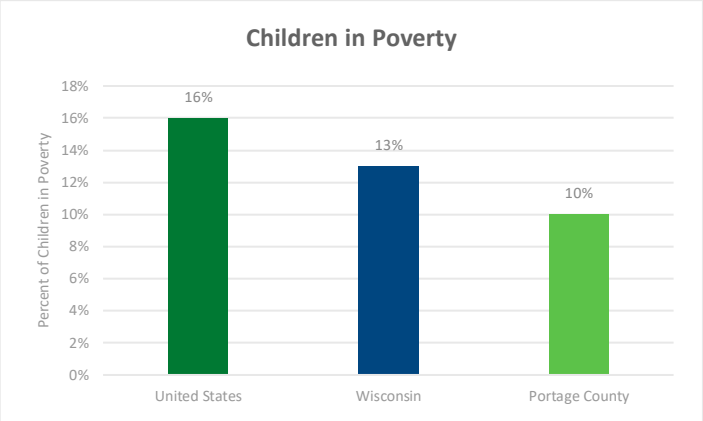
Source: Nearly verbatim from Healthy People 2030 – Early Childhood Development and Education

Community Perceptions & Challenges

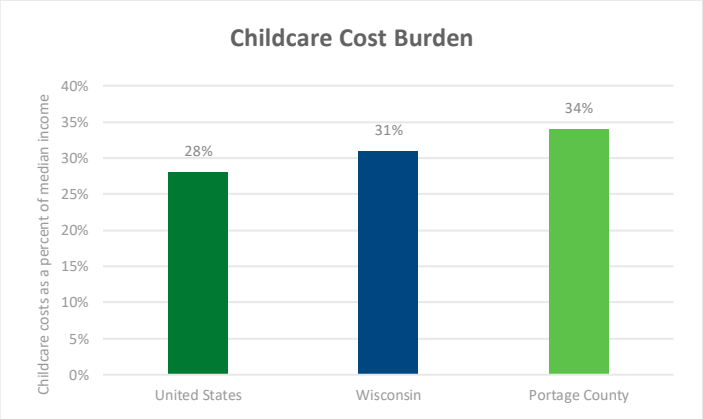
Community Conversations highlights include:

- Childcare: cost is not affordable to many; some people need the childcare at times when it is not offered; childcare workers are underpaid; waitlists are long.
- Childhood wellbeing: worsening youth mental health; parents do not know how to access MH support; diagnoses take time; families are not listened to by providers; stigma; in-network vs out-of-network MH providers; appointment delays.

Data Highlights



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



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

Additional Data

- Over 50% of Portage County high school students experienced anxiety; 33% experienced depression; 23% self-harmed; 17% considered suicide. (Source: Youth Risk Behavior Survey, 2023)
- Number of child abuse and neglect reports per 1000 children (2024): 24.2 Portage County; 24.9 Wisconsin. (Source: The Annie E Casey Foundation Kids Count Data Center)

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 Stevens Point Hospital and Aspirus Plover 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 Stevens Point Hospital's and Aspirus Plover Hospital's priority health issues from the previous CHNA included:

- Mental Health
- Substance Use
- Childhood Wellness (Aspirus Stevens Point Hospital only)

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

Approval by the Hospital Board

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

- Aspirus Stevens Point Hospital on June 18, 2026.
- Aspirus Plover Hospital on June 24, 2026.

Conclusion

Through collaboration with community partners and residents, this assessment identifies priority health needs that will guide Aspirus Stevens Point Hospital's and Aspirus Plover 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 Portage County, Wisconsin.

	Portage County	Wisconsin
Population	70377	5,893,718
Square Miles	800	54,168 (land)
Population per square mile	88	109
Age <18	18.1%	20.7%
Age 65+	19.1%	19.6%
Median age	37.1	40.7
White alone	89.5%	80.4%
Black or African American alone	1.3%	6.4%
American Indian and Alaska Native alone	<1%	1.0%
Asian alone	3.2%	3.0%
Two or more races	4.2%	6.1%
Hispanic or Latino	3.7%	7.6%
Language other than English spoken at home	insufficient sample	9.6%
High school graduate or higher	94.5%	93.7%
Bachelor's Degree or Higher	38.5%	34.6%
Individuals who are veterans	5.5%	5.8%
Individuals with disabilities	15.5%	12.9%
Persons in poverty	10.5%	10.3%
Median household income	$72,996	$77,488
Percent without healthcare coverage	4.2%	5.3%
Percent using public insurance (Medicaid, Medicare, veterans' benefits, etc.)	34.2%	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 Portage County Profile: https://data.census.gov/profile/Portage_County,_Wisconsin?g=050XX00US55097. Accessed on 9 Mar 2026.
- WI Counties: 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=050XX00US55041,55069,55073,55085,55097,55125. Accessed on 9 Mar 2026.
- Wisconsin: U.S. Census Bureau. "HISPANIC OR LATINO, AND NOT HISPANIC OR LATINO BY RACE." Decennial Census, DEC 118th Congressional District Summary File, Table P9, https://data.census.gov/table/DECENNIALCD1182020.P9?q=P9&g=040XX00US55. Accessed on 9 Mar 2026.
- Wisconsin: 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.
- WI Counties: 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.
- Wisconsin: U.S. Census Bureau. "Educational Attainment." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1501, https://data.census.gov/table/ACSST1Y2024.S1501?q=S1501:+Educational+Attainment&g=040XX00US27,55. Accessed on 9 Mar 2026.

- WI Counties: U.S. Census Bureau. "Educational Attainment." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1501, https://data.census.gov/table/ACSST5Y2024.S1501?q=S1501:+Educational+Attainment&g=050XX00US55041,55069,55073,55085,55097,55125. Accessed on 9 Mar 2026.
- WI Counties: U.S. Census Bureau. "Educational Attainment." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1501, https://data.census.gov/table/ACSST5Y2024.S1501?q=S1501:+Educational+Attainment&g=050XX00US55041,55069,55073,55085,55097,55125. Accessed on 9 Mar 2026.
- Wisconsin: U.S. Census Bureau. "Public Health Insurance Coverage by Type and Selected Characteristics." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2704, https://data.census.gov/table/ACSST5Y2024.S2704?q=S2704:+PUBLIC+HEALTH+INSURANCE+COVERAGE+BY+TYPE&g=040XX00US27,55. Accessed on 13 Mar 2026.
- WI Counties: U.S. Census Bureau. "Public Health Insurance Coverage by Type and Selected Characteristics." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2704, https://data.census.gov/table/ACSST5Y2024.S2704?q=S2704:+PUBLIC+HEALTH+INSURANCE+COVERAGE+BY+TYPE&g=040XX00US55_050XX00US55041,55069,55073,55085,55097,55125. Accessed on 13 Mar 2026.

****

Some groups of individuals in our communities are more likely to experience health disparities based on ethnicity or race. One of those groups in Portage 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 Portage County, the number of individuals who are Hispanic or Latino increased from 1853 in 2010 to 2620 in 2020.[4]

A second group is people who are HMong. HMong is an indigenous ethnic group originating from China. Fleeing persecution, many HMong sought refuge in Southeast Asian countries such as Laos, Vietnam, and Thailand. During the Vietnam War, the U.S. CIA allied with HMong leaders from Laos to prevent the spread of communism. Post-war, the HMong who were allies with the U.S. faced persecution, leading to a significant refugee migration to the U.S. and other countries where many HMong families were initially sponsored by local church organizations.[5] In Portage County, the number of individuals who are Asian (most of whom identify as HMong or Southeast Asian) increased from 1969 in 2010 to 2263 in 2020.[6]

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
3. Wisconsin Historical Society. Mexicans in Wisconsin. https://www.wisconsinhistory.org/Records/Article/CS1791
4. 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?g=050XX00US55097. Accessed on 5 Apr 2026. AND 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?g=050XX00US55097. Accessed on 5 Apr 2026.
5. Hmong American Center. Hmong History. https://www.hmongamericancenter.org/hmong-history/
6. U.S. Census Bureau. "RACE." *Decennial Census, DEC Redistricting Data (PL 94-171), Table P1*, https://data.census.gov/table/DECENNIALPL2010.P1?g=050XX00US55097. Accessed on 5 Apr 2026. AND U.S. Census Bureau. "RACE." *Decennial Census, DEC Redistricting Data (PL 94-171), Table P1*, https://data.census.gov/table/DECENNIALPL2020.P1?g=050XX00US55097. Accessed on 5 Apr 2026.

Appendix B: Community Input – Portage County Community Conversations

As a part of their ongoing assessment and implementation work, Portage County Health and Human Services – Division of Public Health (PCHHS-DPH) hosted a three Community Conversations. PCHHS-DPH engaged Healthy People Portage County (HPPC) as part of the planning process. The participating HPPC members represented multiple organizations: Aspirus; Marshfield Clinic Health System; Mid-State Technical College; University of Wisconsin – Stevens Point.

The Conversations were part of the PCHHS-DPH's ongoing assessment and implementation work. The purpose of these conversations was to engage local individuals with lived experience, and those who may represent those with lived experience to learn more about what is working and not working to address local needs.

Each of the Fall 2025 meetings focused on a different community issue as identified in the HPPC 2024-2028 Community Health Improvement Process and Plan (CHIPP).

- Equitable Opportunity to Be Healthy
- Mental Health and Social Well-being
- Building a Safe and Thriving Community

PCHHS-DPH prepared a complete report reflecting the process and the results. Over 40 community members participated and over 30 table leads, facilitators, notetakers and student observers contributed. Below is a summary of the comments/points that touch on the health issues outlined above.

Note: *Some of the language in this appendix was excerpted directly from the Portage County Division of Public Health's Facilitated Community Conversations Overview document. Aspirus appreciates the Division of Public Health's contributions to this assessment.*

The notes below are taken directly from the community conversations and were specific to identified challenges or identified needs which have been rephrased into a challenge for the purpose of this document. There is one "strength" added for dental as there were only two notes regarding dental services specifically. Additionally, there is duplication of some notes as they fit multiple topics.

Mental Health

- Long waitlists
- Transportation barriers
- Language barriers
- Limited provider availability
- Lack of knowledge of services
- Systems are often "siloed"
- Lack of knowledge of trauma informed care in communities
- Mental health takes the "sideline" when people are overwhelmed with "necessary" tasks
- Willingness to accept/utilize services
- Increase in mental health related incidents calls have been increase in the last 10 years
- Services are centrally located, not in rural areas
- Lack of providers for Medicaid/Medicare
- Insurance coverages may cause barriers to receiving challenges
- Not adequate services for crisis mental health needs for youth
- No specific centers for mental health or treatment
- Some diagnoses create barriers to accessing other services (e.g., those with substance use disorders cannot access shelters)
- Not all are able to utilize telehealth
- Mental health care access is limited – crisis may not be "severe" enough for certain interventions
- Stigma regarding mental health
- People delay care due to high deductible, copays, etc.
- Prescribing medications without additional information on addressing the environment, ACEs or other aspects of wellbeing
- Children's mental health – diagnosis takes a long time and are costly, delaying necessary treatments
- Increase in youth mental health and other disability rates – parents often don't know how to access mental health support

Drug Misuse/Substance Use

- Location of harm reduction services – not rural (i.e. public health vending machine)
- Some diagnoses create barriers to accessing other services (e.g., those with substance use disorders cannot access shelters)
- No specific centers for mental health or treatment
- Prescribing medications without additional information on addressing the environment, ACEs or other aspects of wellbeing
- Stigma regarding mental health and substance use
- Lack of rehab facilities, substance use treatment and crisis beds
- Lack of sober living groups, recovery houses/transitional housing
- Lack of outreach to the jail populations prior to release for support

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

- Cost of daycare is not affordable or accessible
    - Owners appear to profit from subsidy programs, though the subsidies are not making childcare affordable for families
    - Life circumstances make additional barriers beyond cost alone (i.e., non-traditional students going back to school but also need childcare)
- Childcare workers are underpaid
- Increase in youth mental health and other disability rates – parents often don't know how to access mental health support
- Children's mental health – diagnosis takes a long time and are costly, delaying necessary treatments
- Have to scale back workers due to funding cuts
- Wait lists at home daycares are long – sometimes up to hundreds of families on the list
- Families are not listened to by providers
- Need to reduce the stigma – need to promote resources (e.g. WIC)
- Services may be out of network
- Appointment/provider capacity; provider rate is low which makes it difficult to get an appointment in a reasonable and timely manner
- Lack of knowledge of resources

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

- Don't utilize the public space we have in the county
- Walking or biking is not a common mode of transportation
- Safety concerns such as walking and using public spaces
- Lack of winter activity spaces/recreation centers
- Lack of signage of public spaces
- Need more green spaces that are accessible and family friendly

Financial Instability, Housing

- Many people are uninsured or underinsured
- Lack of understanding of and access to health insurance, health systems and financial systems
- Healthcare is not affordable
- Not all services accept insurance or can be afforded
- Shifts in housing and urban development (HUD) funding
- Improved poverty and income levels are not keeping pace with the rising costs of living
- Housing costs climb, other issues need to be put off (hard to prioritize what is most important)
- Affordability of housing is a major challenge – new housing is expensive
    - Property tax increases
- Costs are "out of control" for ownership or even leasing
- Criminal backgrounds make a large impact on the barriers of housing
- No rent cap
- Some rural property owners receive government subsidies yet provide substandard living conditions
- Too long of wait lists
- Housing is marketed for college students
- Lack of diverse housing options (townhouse vs owning a home)

Access to Affordable, Quality Medical Care

- Lack of knowledge of services
- Lack of affordable services
- Many people are un/underinsured
- Language barriers – lack of availability to utilize services
- Lack of resources to navigate services (i.e., community health workers, case managers) both within the medical system and in the community
- Lack of providers
- Takes multiple appointments prior to a diagnosis and then still need treatment
- Not meeting people where they are at
- Lack of trust between patients and services
- Not all services accept insurance
- Mode of communication – many people don't like to talk on the phone but rather text or communicate other ways, which is not always an option for services
- Not always considering the "whole child" (mental, physical, nutrition, etc.)
- People work in silos
- Wait lists
- Many "hoops to jump through" when accessing services
- Information sharing is a challenge
- Lack of knowledge of the health care system and how to navigate systems
- Services are centrally located, not in the rural areas
- Lack of providers for Medicaid/Medicare
- Lack of youth providers

- Healthcare systems serving the county are often managed by organizations outside of the community, which prioritize profit over local needs
    - Medical providers are now corporate, which makes entry to care more difficult
- People delay healthcare due to high deductible, copays, etc.
- Prescribing medications without additional information on addressing the environment, ACEs or other aspects of wellbeing
- Families are not listened to by providers

Dental Care

- Not all services (i.e. dental) accept insurance which residents have or can be afforded
- *Doing well* – dental sealants

Healthy Aging

- Increasing aging population
- Stigma associated with letting go of independence
    - Stigma around moving
    - Acceptance of having less control of your body
- Seniors face limitations in accessing in-home support services
- Transportation services are inadequate for those who rely on public transit
    - Bus schedule limits access to essential services and social engagement
- Lack of caregivers
- Falls occurring within the aging population (both in home and/or institutions)
- Cost of living on fixed income
- Decline of multi-generational homes
- Lack of third spaces (locations where people gather – socialization opportunities)
- ADRC services/spaces available outside of just the main hub in the county

Appendix C: Local Organizations' Priorities

One of the criteria used in the prioritization process was *Community Momentum*. One way to consider community momentum is to review what other community organizations' priorities are. The table below includes the current top community health issues for some of the primary community-supporting organizations. The intersections between organizational priorities are noted with color-coding.

Aspirus Hospitals	Marshfield Medical Center	LIFE Report	Portage County Health Department / Healthy People Portage County	CAP Services	Aging and Disability Resource Center
Mental Health	Behavioral Health	Behavioral Health	Mental Health and Social Well-Being - Collaboration - Awareness of resources - Services		
Substance Use	Substance Use				
Childhood Well-Being		Early Childhood Care and Education	Building a Safe and Thriving Community - Child health - Healthy housing - Older adults - Health in all policies		
		Housing and Shelter	Building a Safe and Thriving Community - Child health - Healthy housing - Older adults - Health in all policies	Cost of housing and transportation	
	Health Equity		Equitable Opportunity to Be Healthy - Preventive services - Public spaces		
			Building a Safe and Thriving Community - Child health - Healthy housing - Older adults - Health in all policies		Caregiver outreach (increase knowledge) Enable advocacy Falls prevention Transportation for volunteering Nutrition education Financial safety education Address rural social isolation
	Community Capacity, Engagement and Infrastructure			Cost of loans and debt Lack of income and savings	

Appendix D: Health Status Data and Review Criteria

The data below are organized first by health issue and, within each health issue section, by criteria. The health issues are:

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

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

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

NA	Better	Same	Worse

    - Please note: County rates that are better than Wisconsin rates may still be at an unacceptable level.
- The second table reflects the additional criteria of: *Disparities; Community Input; Community Momentum; Actionable/Feasible/Realistic*. For each of those criteria, information is added to reflect the health issue through the lens of the criteria. For reference, the criteria descriptions 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 Input**: In the community conversations, what issues had significant (positive or negative) energy?
    - **Community Momentum**: For what issues are there coalitions, funding and/or organizational capacity and other support (money, resources) that can be effectively mobilized for action?
    - **Actionable/Feasible / Realistic:** In the next three years, are there feasible steps that can be taken to support his work (i.e., make short, intermediate and/or long-term local impacts)?

Mental Health

CRITERIA: Scale of the Issue

Measure	Description	Year(s)	US Overall	WI	Portage
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	13
Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	2022	5.1	5.4	5.4
Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).	2022	-	12%	11%
Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	2022	3.9	3.9	3.7
Insufficient Sleep	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted).	2022	-	34%	35%
Feelings of Loneliness+	Percentage of adults reporting that they always, usually or sometimes feel lonely.	2022	-	32%	34%
Other Primary Care Providers	Ratio of population to primary care providers other than physicians.	2024	-	633:1	732:1
Primary Care Physicians	Ratio of population to primary care physicians.	2021	1,330:1	1251:1	2202:1
Mental Health Providers	Ratio of population to mental health providers.	2024	300:1	375:1	602:1
Disconnected Youth	Percentage of teens and young adults ages 16-19 who are neither working nor in school.	2019-2023	-	5	na
Lack of Social and Emotional Support+	Percentage of adults reporting that they sometimes, rarely, or never get the social and emotional support they need.	2022	-	25%	26%
Social Associations	Number of membership associations per 10,000 population.	2022	9.1	11.1	12.2

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

Source: County Health Rankings and Roadmaps. https://www.countyhealthrankings.org/health-data/wisconsin/portage?year=2025. Data downloaded on December 31, 2025.

CRITERIA	Mental Health
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 Input (Community Conversations)	There are many barriers to good mental health: providers; treatment centers; cost of care; stigma; transportation; language barriers; lack of knowledge about services; medications prescribed without addressing the environment, ACEs, etc. Participants noted an increase in poor youth mental health and in mental health-related 911/EMS calls.
Community Momentum	*Coalitions, Task Forces, Projects:* ● Mental Health and Social Well-Being Workgroup (part of HPPC) ● Raise Your Voice Clubs in some high and middle schools ● Prevent Suicide Portage County Coalition ● Suicide Death Review Team ● Mental Health Navigation program through CAP Services ● Portage County Peace of Mind ● NAMI (Portage and Wood Counties) ● Many individual programs and services: inpatient behavioral health unit; comprehensive community services; private counseling services; more.
Actionable / Feasible / Realistic	Best practices for individual positive mental health exist. Structural issues (e.g., discrimination, transportation, insurance gaps, etc.) that contribute to poor mental health remain difficult to change in the short and medium term.

Drug Misuse / Substance Use

CRITERIA: Scale of Issue

Measure	Description	Year(s)	US Overall	WI	Portage
Feelings of Loneliness+	Percentage of adults reporting that they always, usually or sometimes feel lonely.	2022	-	32%	34%
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%	38%
Drug Overdose Deaths*	Number of drug poisoning deaths per 100,000 population.	2020-2022	-	29	12
Adult Smoking	Percentage of adults who are current smokers (age-adjusted).	2022	-	15%	16%
Disconnected Youth	Percentage of teens and young adults ages 16-19 who are neither working nor in school.	2019-2023	-	5%	na
Lack of Social and Emotional Support+	Percentage of adults reporting that they sometimes, rarely, or never get the social and emotional support they need.	2022	-	25%	26%

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

Source: County Health Rankings and Roadmaps. https://www.countyhealthrankings.org/health-data/wisconsin/portage?year=2025. Data downloaded on December 31, 2025.

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 Input (Community Conversations)	There are many concerns around substance use: harm reduction services are largely in Stevens Point (and not in rural areas); some diagnoses create barriers to accessing other services; gaps or limited capacity for treatment centers, sober living, transitional housing; stigma; medications prescribed without addressing the environment, ACEs, etc.
Community Momentum	*Coalitions, Task Forces, Projects:* ● Opioid Settlement Funds ● Portage County Partnership for Prevention Coalition ● Overdose Fatality Review Team ● Three Bridges SMART Recovery Program (available to the general public) ● Many individual programs and services: inpatient behavioral health unit; comprehensive community services; public health vending machine; LifePoint program (needle exchange); support groups; prescription drug takeback events; medication drop boxes at law enforcement centers; more.
Actionable / Feasible / Realistic	Best practices for substance use treatment and prevention exist. Structural issues (e.g., discrimination, transportation, limited treatment resources, policies, etc.) that contribute to substance use remain difficult to change in the short and medium term.
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)

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

CRITERIA: Scope of the Issue

Measure	Description	Year(s)	US Overall	WI	Portage
Child Care Centers	Number of child care centers per 1,000 population under 5 years old.	2010-2022	-	6	8
Child Care Cost Burden	Child care costs for a household with two children as a percent of median household income.	2024 & 2023	28%	31%	34%
Infant Mortality*	Number of infant deaths (within 1 year) per 1,000 live births.	2016-2022	-	6%	5%
Child Mortality*	Number of deaths among residents under age 20 per 100,000 population.	2019-2022	-	50	30
Low Birth Weight*	Percentage of live births with low birth weight (< 2,500 grams).	2017-2023	8%	8%	7%
Limited Access to Healthy Foods	Percentage of population who are low-income and do not live close to a grocery store.	2019	-	5%	3%
Food Insecurity	Percentage of population who lack adequate access to food.	2022	-	11%	10%
Teen Births*	Number of births per 1,000 female population ages 15-19.	2017-2023	-	11	9
Sexually Transmitted Infections+	Number of newly diagnosed chlamydia cases per 100,000 population.	2022	-	435.7	354.9
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	9.0
Uninsured Children	Percentage of children under age 19 without health insurance.	2022	-	5%	4%
Access to Parks	Percentage of the population living within a half mile of a park.	2024 & 2020	-	56%	27%
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%	94%
Reading Scores*+	Average grade level performance for 3rd graders on English Language Arts standardized tests.	2019	-	3.0	3.1
Math Scores*+	Average grade level performance for 3rd graders on math standardized tests.	2019	-	3.0	3.2
Children in Poverty*	Percentage of people under age 18 in poverty.	2023 & 2019-2023	16%	13%	10%
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%	36%

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

Source: County Health Rankings and Roadmaps. https://www.countyhealthrankings.org/health-data/wisconsin/portage?year=2025. Data downloaded on December 31, 2025.

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 Input (Community Conversations)	Childcare: cost is not affordable to many; some people need the childcare at times when it is not offered; childcare workers are underpaid; waitlists are long. Childhood wellbeing: mental health of youth is worsening; parents do not know how to access MH support; diagnoses take time; families are not listened to by providers; stigma; in-network vs out-of-network MH providers; delays in getting an appointment.
Community Momentum	*Coalitions, Task Forces, Projects:* ● Early Learning and Care Coalition ● PCHHS-DPH Condom Distribution – providing condoms at locations with a class B liquor license as well as in the public health vending machine and Ruth Gilfry public restrooms ● Portage County Breastfeeding Coalition ● Post-Partum Support Group (offered through HealthFirst) ● Child Death Review Team ● Multiple additional programs and services (e.g., Head Start, Born Learning, etc.)
Actionable / Feasible / Realistic	Best practices for nurturing children and providing high quality childcare exist. Structural issues (e.g., living wages, economic pressures, cost-shifting, etc.) that contribute to poor child nurturing and gaps in affordable, high quality childcare, remain difficult to change in the short and medium term. Additionally, parents and families may have historical trauma that impacts their current abilities.

Chronic Disease
Access to Healthy Food and Lack of Physical Activity

CRITERIA: Scale of the Issue

Measure	Description	Year(s)	US Overall	WI	Portage
		General / Overall			
Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).	2022	-	12%	11%
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%	36%
Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	2022	3.9	3.9	3.7
Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	2022	17%	16%	15%
		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%	3%
Food Insecurity	Percentage of population who lack adequate access to food.	2022	-	11%	10%
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	9.0
		Physical Activity			
Physical Inactivity	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted).	2022	-	21%	21%
Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity.	2024, 2022 & 2020	84%	84%	70%
Access to Parks	Percentage of the population living within a half mile of a park.	2024 & 2020	-	56%	27%
		Income and Employment (Money)			
Children in Poverty*	Percentage of people under age 18 in poverty.	2023 & 2019-2023	16%	13%	10%
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%	36%
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	$1255
Median Household Income*	The income where half of households in a county earn more and half of households earn less.	2023 & 2019-2023	-	$74,671	$71,295

Some College	Percentage of adults ages 25-44 with some post-secondary education.	2019-2023	68%	70%	72%
High School Graduation+	Percentage of ninth-grade cohort that graduates in four years.	2021-2022	-	90%	94%
High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	2019-2023	89%	93%	95%
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	2023	3.6%	3.0%	3.0%
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	2019-2023	4.9	4.2	3.8
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	0.78

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

Source: County Health Rankings and Roadmaps. https://www.countyhealthrankings.org/health-data/wisconsin/portage?year=2025. Data downloaded on December 31, 2025.

CRITERIA	Chronic Disease Access to Healthy Food and 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 Input (Community Conversations)	Challenges to eating healthily, being active and reducing the risk of chronic diseases: underutilized public spaces; too few green spaces that are accessible and family friendly; underuse of biking or walking as a mode of transportation; physical safety concerns in public spaces; lack of signage in public spaces; lack of winter activity spaces/recreation centers
Community Momentum	*Coalitions, Task Forces, Projects: (Add headers to group topics)* ● Healthy Eating Active Living coalition ● Partners HP ● Central Wisconsin Farmers Market Collaborative ● Women, Infants and Children (WIC) program ● Other
Actionable / Feasible / Realistic	Best practices for healthy eating and physical activity, and reducing the likelihood of chronic diseases exist. Structural issues (e.g., unsafe neighborhoods, availability of fresh food, green spaces, robust healthcare insurance coverage, etc.) that contribute to chronic diseases remain difficult to change in the short and medium term. Additionally, some individuals may be more likely to experience chronic disease because of their family medical or genetic history.

Financial Instability, Housing

CRITERIA: Scale of the Issue

Measure	Description	Year(s)	US Overall	WI	Portage
		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%	3%
Food Insecurity	Percentage of population who lack adequate access to food.	2022	-	11%	10%
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	9.0
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%	4%
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%	94%
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	$1255
Some College	Percentage of adults ages 25-44 with some post-secondary education.	2019-2023	68%	70%	72%
High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	2019-2023	89%	93%	95%
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	2023	3.6%	3.0%	3.0%
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	2019-2023	4.9	4.2	3.8
Children in Poverty*	Percentage of people under age 18 in poverty.	2023 & 2019-2023	16%	13%	10%
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%	36%
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	0.78
Median Household Income*	The income where half of households in a county earn more and half of households earn less.	2023 & 2019-2023	-	$74,671	$71,295

Housing					
Homeownership	Percentage of owner-occupied housing units.	2019-2023	-	68%	69%
Severe Housing Cost Burden	Percentage of households that spend 50% or more of their household income on housing.	2019-2023	-	11%	9%
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%	10%

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

Source: County Health Rankings and Roadmaps. https://www.countyhealthrankings.org/health-data/wisconsin/portage?year=2025. Data downloaded on December 31, 2025.

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 Input (Community Conversations)	Participants noted many financial challenges: being uninsured or underinsured; difficulty understanding how to access health insurance, healthcare and financial systems; affordability of healthcare; insurance doesn't cover everything; cost of living is outpacing income; HUD and other funding is shifting; high housing costs ("out of control" and no rent caps); property taxes; barriers to housing/rental based on criminal history; questionable landlord practices; college housing; lack of diverse housing options.
Community Momentum	*Coalitions, Task Forces, Projects:* ● Portage County Housing Coalition ● East Central Coalition ● Doors2Dream ● Portage County Partnering Together ● TransAct Hope
Actionable / Feasible / Realistic	Best practices for providing basic income and services in communities exist in other countries but are not available in the USA. Structural issues (e.g., historic red-lining, discrimination, means-tested services that become unavailable if you make too much, living wages, capitalism (in the housing market), etc.) that contribute to low income and unstable housing remain difficult to change in the short and medium term.

Access to Affordable, Quality Medical Care

CRITERIA: Scope of the Issue

Measure	Description	Year(s)	US Overall	WI	Portage
Premature Death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	2020-2022	8,400	7447	5999
Life Expectancy*	Average number of years people are expected to live.	2020-2022	-	77.8	79.3
Premature Age-Adjusted Mortality*	Number of deaths among residents under age 75 per 100,000 population (age-adjusted).	2020-2022	-	359	299
Child Mortality*	Number of deaths among residents under age 20 per 100,000 population.	2019-2022	-	50	30
Infant Mortality*	Number of infant deaths (within 1 year) per 1,000 live births.	2016-2022	-	6	5
Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).	2022	-	12%	11%
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	57
Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	2022	3.9	3.9	3.7
Low Birth Weight*	Percentage of live births with low birth weight (< 2,500 grams).	2017-2023	8%	8%	7%
Flu Vaccinations*	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination.	2022	48%	53%	56%
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%	4%
Other Primary Care Providers	Ratio of population to primary care providers other than physicians.	2024	-	633:1	732:1
Primary Care Physicians	Ratio of population to primary care physicians.	2021	1,330:1	1251:1	2202:1
Mental Health Providers	Ratio of population to mental health providers.	2024	300:1	375:1	602:1
Dentists	Ratio of population to dentists.	2022	1,360:1	1363:1	1360:1
Preventable Hospital Stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	2022	2,666	2498	1507
Mammography Screening*	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening.	2022	44%	50%	56%
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%	92%
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	2023	3.6%	3.0%	3.0%

Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	2019-2023	4.9	4.2	3.8
Children in Poverty*	Percentage of people under age 18 in poverty.	2023 & 2019-2023	16%	13%	10%
Median Household Income*	The income where half of households in a county earn more and half of households earn less.	2023 & 2019-2023	-	$74,671	$71,295

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

Source: County Health Rankings and Roadmaps. https://www.countyhealthrankings.org/health-data/wisconsin/portage?year=2025. Data downloaded on December 31, 2025.

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 Input (Community Conversations)	Participants noted: lack of knowledge of services; lack of affordable services (which can cause delays in care); un/underinsured; language barriers; navigation issues; lack of providers; lack of healthcare coordination; trust and communication between patients and providers/services; covered services; communication optimization (text vs call vs other); consideration of someone being a 'whole person' (versus just one aspect of their health); wait lists and hoops; lack of youth providers; silos; gaps in rural areas; corporate healthcare delivering locally.
Community Momentum	*Coalitions, Task Forces, Projects:* ● PCHHS-DPH efforts: immunizations/community health clinics; Wisconsin Well Women Program; prenatal care coordination
Actionable / Feasible / Realistic	Quality medical care is available to individuals who have high quality insurance. For those with low quality or no insurance, care may be delayed or accessed through the emergency department. This results in higher costs for both patients and the overall system. The coordination of care can be a challenge as well. Access challenges are especially pronounced in rural communities due to provider shortages. Provider shortages are exacerbated by the high cost of medical education. The USA's healthcare system depends on for-profit insurance. Quality healthcare is monitored through a number of federal and independent agencies (e.g., Centers for Medicare and Medicaid, The Joint Commission). The policy complexities around healthcare may make it difficult to change in the short and medium term.

Dental Care

CRITERIA: Scope of the Issue

Measure	Description	Year(s)	US Overall	WI	Portage
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%	4%
Other Primary Care Providers	Ratio of population to primary care providers other than physicians.	2024	-	633:1	732:1
Primary Care Physicians	Ratio of population to primary care physicians.	2021	1,330:1	1251:1	2202:1
Dentists	Ratio of population to dentists.	2022	1,360:1	1363:1	1360:1
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%	3.0%
Children in Poverty*	Percentage of people under age 18 in poverty.	2023 & 2019-2023	16%	13%	10%

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

Source: County Health Rankings and Roadmaps. https://www.countyhealthrankings.org/health-data/wisconsin/portage?year=2025. Data downloaded on December 31, 2025.

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 Input (Community Conversations)	Not all dental providers accept all insurances. Dental sealants are going well.
Community Momentum	*Coalitions, Task Forces, Projects:* ● Seal-a-Smile
Actionable / Feasible / Realistic	Quality dental care is available to individuals who have high quality dental insurance. For those with low quality or no insurance, care may be inaccessible or accessed through a hospital emergency department. The cost of complex dental care can be quite high even with insurance. Federally Qualified Community Health Centers are a resource for individuals with poor or no insurance. Structural issues (e.g., poor Medicaid reimbursement for services, limited pipelines for dentists, cost of dentistry school, etc.) that contribute to limited access to dental care remain difficult to change in the short and medium term.

Healthy Aging

Measure	Description	Year(s)	US Overall	WI	Portage
Premature Death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	2020-2022	8,400	7447	5999
Life Expectancy*	Average number of years people are expected to live.	2020-2022	-	77.8	79.3
Premature Age-Adjusted Mortality*	Number of deaths among residents under age 75 per 100,000 population (age-adjusted).	2020-2022	-	359	299
Feelings of Loneliness+	Percentage of adults reporting that they always, usually or sometimes feel lonely.	2022	-	32%	34%
Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	2022	17%	16%	15%
Preventable Hospital Stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	2022	2,666	2498	1507
Mammography Screening*	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening.	2022	44%	50%	56%
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%	26%
Social Associations	Number of membership associations per 10,000 population.	2022	9.1	11.1	12.2
Falls	Unintentional falls-related emergency department visits for individuals age 65+ (number per 100,000 population)	2024	-	5954.4	5421.1
Falls	Rate per 100,000 population of unintentional fall deaths for adults age 65 and older (Source: CDC)	2023	69.9	185.1 (highest in the U.S.)	--
Falls	Rate per 100,000 population of unintentional fall deaths for adults age 65 and older (Source: WISH)	2021 2022 2023	-	178.9	77.5

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

Measure	Description	Year(s)	US Overall	WI	Portage
% Below 18 Years of Age	Percentage of population below 18 years of age.	2023	-	21.1%	18.7%
% 65 and Older	Percentage of population ages 65 and older.	2023	-	19.1%	18.8%
% Disability: Functional Limitations	Percentage of adults reporting any of six specific functional limitations	2022	-	28%	28%
% Rural	Percentage of population living in a census-defined rural area.	2020	-	32.9%	36.6%
% Age 65+ Living Alone	Percentage of population age 65 or older living alone (households)	2024	-	12.9%	11.5% (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	38.0 (and increasing)

Sources: (1) County Health Rankings and Roadmaps. https://www.countyhealthrankings.org/health-data/wisconsin/portage?year=2025. Data downloaded on December 31, 2025. (2) U.S. Census Bureau. "Selected Social Characteristics in the United States." American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP02, https://data.census.gov/table/ACSDP5Y2024.DP02?q=DP02&g=040XX00US55_050XX00US55097. Accessed on 9 Feb 2026..(3) 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.giv/wish/index.htm, Injury-Related Emergency Department Visits Module and Injury-Related Mortality Module, accessed 2/25/2026. (4) Centers for Disease Control and Prevention https://www.cdc.gov/falls/data-research/index.html.

CRITERIA	Healthy Aging
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 Input (Community Conversations)	Participants noted: increasingly older population; stigma associated with less independence (e.g., moving, less control of your body); limitations in access in-home support services; inadequate transportation services; lack of caregivers; falls; cost of living on a fixed income; decline of multi-generational homes; lack of third spaces (independent socialization / gathering spaces); ADRC availability outside of Stevens Point.
Community Momentum	*Coalitions, Task Forces, Projects:* • Healthy Aging Coalition • Portage County Disability Coalition • (Exploring) Falls Review Team • Age Friendly Community/Age Friendly Commission Stevens Point • Age-Friendly Health Systems (4Ms – mobility, mentation, medication and what matters)
Actionable / Feasible / Realistic	A number of programs/initiatives exist that help support individuals as they reach 60, 70 and 80+ years old. Structural issues (e.g., poor compensation for caregivers, changes in family structures, transportation barriers, low income, etc.) that contribute to unhealthy aging remain difficult to change in the short and medium term.

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 E: Healthcare Facilities and Community Resources

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

Agency or Program	Description
211 information and referral	Resources and referrals
Aging and Disability Resource Center (ADRC)	Provides services and programs
Noble Clinics	Federally Qualified Community Health Center
Big Brothers, Big Sisters	Youth mentoring
Boys and Girls Club of Portage County	Facilities and programming for youth
Childcaring	Non-profit childcare resources and referrals
Community Action Program (CAP) Services	Non-profit addressing poverty
HeadStart	Early education for children who may be at risk
Marshfield Medical Center – Stevens Point	Healthcare provider
Portage County Coalition for Alcohol and Drug Abuse Prevention	Multi-sector coalition focused on substance use prevention
Portage County Department of Health and Human Services	Public health, social services, protective services
Stevens Point YMCA	Facilities and programming for youth and adult healthy minds, bodies and spirits
Suicide Prevention Coalition of Portage County	Multi-sector coalition focused on suicide prevention
Three Bridges Recovery	Non-profit focused on recovery services (e.g., peer support, training)
United Way of Portage County	Non-profit coordinating and funding agency focused on local needs
University of Wisconsin – Extension	Community education and programming focused on local needs

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

Aspirus is strengthening its community health efforts by implementing cross-organizational strategies along with local strategies. Cross-organizational strategies are implemented (as appropriate) locally but benefit from the expertise and structure available within the system. Descriptions below reflect both cross-organizational and local strategies.

For the previous CHNA cycle, Aspirus Stevens Point Hospital's and Aspirus Plover Hospital's significant needs were: **mental health; substance use; childhood wellness (Stevens Point only).** The hospitals addressed those needs in the following ways.

MENTAL HEALTH (Aspirus Stevens Point and Aspirus Plover Hospitals)

Coalition

Aspirus staff co-chair the Prevent Suicide Portage County Coalition. The hospital also provided some funding for the coalition. The coalition has over 50 members. The mission of the coalition is to 'prevent suicide in Portage County by providing hope, creating awareness and facilitating change in the community to support mental health.' Its vision is a suicide-free Portage County. Coalition members include organizations from schools, churches, health care, government, non-profits, law enforcement and more. Some of the activities/strategies of the coalition in 2023, 2024 and 2025 included:

- Walk for Hope. This is an annual walk to raise funds and awareness for suicide prevention.
- Awareness and visibility. The coalition promotes May Mental Health Month and September Suicide Awareness Month. The Coalition was present at multiple community events, including at the university, the high school, parades, parks, community centers and more. Individuals reached at these events include high school and college students, individuals who are LGBTQ+, rural community members, families with low income, veterans and more. Additional awareness-building efforts included: suicide prevention coasters for local bars; K-12 poster contest; flyers at a brewery Honor Flight event.
- Suicide Death Review. A member of the coalition participates on a death review team that considers the contributing factors to a suicide. This is a way to understand what can be done to prevent future deaths by suicide.
- Resources. The coalition's website includes direct links to community mental health resources. A regular newsletter is also shared with past sponsors of Walk for Hope and all active members of the coalition.
- Trainings/information sessions. The coalition facilitates suicide prevention trainings, reaching over 100 community members in 2025.
- Data. The coalition works with local health care systems to track aggregated data around youth presenting to emergency departments with a risk for suicide. The data collected with the spreadsheets has been used to create materials/resources that the emergency departments can give to youth and family members. Those data have also been used for grant writing.

Additionally, the coalition tracks aggregated data related to adult completed suicides in order to identify opportunities for prevention.
- Support groups. The Coalition established a free veterans support group in 2025, and continued to provide two additional monthly support groups – Survivors of Suicide and Mental Health Wellness.

Programs/Initiatives

Aspirus Health offers the Raise Your Voice program in multiple communities, including in Stevens Point. 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). Aspirus first financially supported RYV in Portage County in 2023-2024. For the 2024-2025 school year, Aspirus Stevens Point supported RYV Clubs in two middle schools and a high school. In 2025-26, Aspirus continued supporting one middle school and one high school. (Aspirus has a phased approach to funding of RYV Clubs.)

The hospital hosts an annual infant memorial service for all babies lost at Aspirus Stevens Point through early miscarriage and fetal demise. Babies who were lost through early miscarriage are buried at Guardian Angel Cemetery and a memorial service is provided for all families who have lost a baby. Recognizing the loss is an important step in processing grief and maintaining mental health.

Funding

In FY24, Aspirus Stevens Point Hospital provided financial support for the Portage County Peace of Mind mental wellness website. The website has been promoted through social media, 211, the National Alliance on Mental Illness (NAMI), suicide prevention coalition, mental health navigators at CAP Services and local church bulletins. Additionally, rack cards, business card-size promotion materials, and static clings are distributed to local businesses and through the 31 agencies that the United Way of Portage County funds. Analytics for FY24 included over 24,000 visits (includes repeat users).

In FY24 and FY26, Aspirus Stevens Point Hospital provided funding for CAP Services' Mental Health Navigation Program. The CAP Services Mental Health Navigation program is designed to support individuals and families in Portage and Waupaca counties by connecting them to essential mental health services and resources. The program provides personalized assistance to help clients understand their options, access care, and overcome barriers such as transportation, insurance, and stigma. By working closely with community partners, the Mental Health Navigation program ensures that individuals receive timely, culturally appropriate, and affordable support tailored to their unique needs, ultimately improving mental wellness and stability. The FY24 funds helped with the purchase of educational brochures, flyers, and promotional items to promote mental health awareness, increase awareness of resources and encourage healthy habits. FY26 funds supported the general program services. In 2025, the Mental Health Navigation program adopted a new approach to data collection to better measure participant outcomes and program effectiveness. The new approach included conducting a mental health assessment at intake and then again at least 60 days later to measure changes in health conditions. In 2025, the program served 157 participants and completed 49 mental health assessments.

Of the 14 participants reached approximately 60 days after initial contact, all reported improvements in their overall mental health and well-being. Additionally, the program connected 140 participants to at least one mental health resource and 49 participants to at least one community-based resource.

SUBSTANCE USE (Aspirus Stevens Point and Aspirus Plover Hospitals)

Coalition

Aspirus staff participate on the county AODA coalition. In FY24, Aspirus made some Deterra drug deactivation bags available through the on-site retail pharmacy. In FY25, Aspirus provided funding for medication disposal magnets for public use. Both strategies help reduce the likelihood of leftover medications being misused.

Funding

In FY24, FY25 and FY26, Aspirus contracted with Three Bridges Recovery to provide Peer Support Specialist services, which includes Recovery Coaching for patients in need of substance use 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.

For the time period January 2024 September 2024, 136 individuals with alcohol use disorder received peer support services from Three Bridges Recovery coaches and certified peer specialists under the Aspirus funding. In that same time period, 117 individuals with alcohol use disorder in a residential setting (Aspirus Behavior Health and Koinonia) received peer support services in a group setting.

For July 1, 2024 through June 30, 2025, 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.

CHILDHOOD WELLNESS (Aspirus Stevens Point Hospital Only)

Programs/Initiatives

Aspirus Stevens Point Hospital has dedicated staff in the Women and Infant Center (Birth Center). Over the course of FY24, FY25 and/or FY26, the Women and Infant Center had many successes:

- Aspirus Stevens Point Hospital has long maintained breastfeeding as a conduit to supporting childhood wellness. The Women and Infant Center (WIC) aims to achieve high breastfeeding initiation rates and identifies other opportunities to emphasize the importance and benefits of breastfeeding.
- The hospital staff worked with the Portage County Breastfeeding Coalition to promote breastfeeding. Activities included: working with students to increase Facebook and Instagram

posts; starting a breastfeeding support group; interviewing breastfeeding mothers to learn more about their journey; attending multiple community events.

- The hospital also annually hosted three Pregnancy Expos to share information with families on a variety of topics and resources to enhance the journey of pregnancy. The Expo includes birthing room tours and interactive displays. Expecting women, their support person and family members are encouraged to attend.
- The hospital hosted weekly New Mom's Classes in FY25 and FY26. The classes include guest presenters that provide information on local resources, wellness, public health services and more. Approximately three hundred (duplicate count) moms and children attend each year.

Funding

The hospital provided funding to the Boys and Girls Club of Portage County for Summer 2024 and 2025. Aspirus funding supported the summer meal program and social-emotional learning programming at eight Boys & Girls Club of Portage County Club sites throughout Portage County, Wisconsin.
For Summer 2024, the eight Club sites served an average of 426 youth per day and over 1,000 unduplicated youth throughout the summer. Some successes include:

- The summer meal program, which helped address food security, served over 25,500 free, healthy meals to over 1,000 youth this summer. Of these youth, 49.7% qualify for the free and reduced-price school lunch program during the school year and therefore face an increased risk of food insecurity over the summer.
- 607 (duplicated) youth participated in large group social-emotional learning (SEL) programming throughout the summer. In addition to this universal SEL programming that supports all the youth at our Club sites, 70 unduplicated youth participated in the Great Futures! Program, a focused SEL program that provides youth needing additional support for the social-emotional development with weekly one-on-one meetings with an SEL staff.

For Summer 2025, the eight Club sites served an average of 425 youth per day and over 1,000 unduplicated youth throughout the summer. Some successes include:

- The summer meal program, which helped address food security, served over 34,400 free, healthy meals and snacks to over 1,000 youth this summer. Of these youth, 47.5% qualify for the free and reduced-price school lunch program during the school year and therefore face an increased risk of food insecurity over the summer.
- 312 (duplicated) youth participated in large group social-emotional learning (SEL) programming throughout the summer. In addition to this universal SEL programming that supports all the youth at our Club sites, 59 unduplicated youth participated in the Great Futures! Program, a focused SEL program that provides youth needing additional support for the social-emotional development with weekly one-on-one meetings with an SEL staff.

The hospital helped fund the children's race at the Fall 2023, 2024 and 2025 Wonderful Water Run. To help increase youth's physical activity, the hospital's athletic trainers hosted activity time at the Boys and Girls Club.

OTHER

Aspirus offers 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 2025 season, over 800 vouchers were distributed across the system. The Farmers Market in Stevens Point participates.

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

Aspirus Stevens Point Hospital continued its food gleaning program. The food gleaning program takes untouched food from the hospital cafeteria, packages it and then distributes it to the local Salvation Army. Hospital staff spend approximately 1.5 hours per week packaging meals, totaling 72 hours of staff time. In FY25, food valued at over $45,000 was donated.

Aspirus Stevens Point is also contracted to Meals on Wheels Program. Hospital food and nutrition staff prepare the meals that help ensure homebound individuals receive nutritious food and a kindly delivery.

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 into the FindHelp/Aspirus Community Resources platform for ease of use for both staff and community members seeking resources. https://aspiruscommunity-resources.findhelp.com/

Aspirus Stevens Point Hospital
900 Illinois Avenue
Stevens Point, WI 54481

Aspirus Plover Hospital
5409 Vern Holmes Drive
Stevens Point, WI 54482

aspirus.org

ASPIRUS®
HEALTH