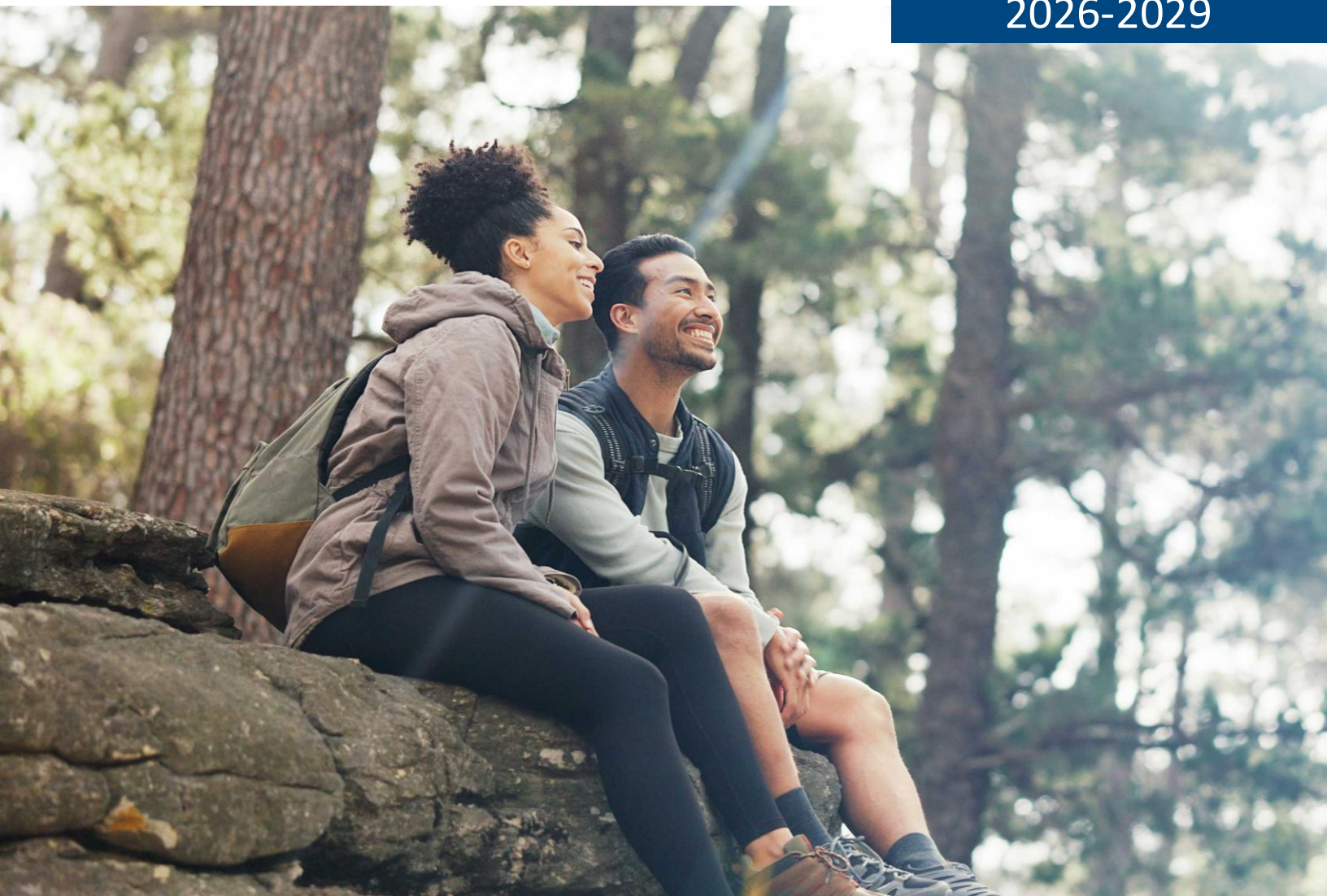


Community Health Needs Assessment

Aspirus Wausau Hospital

2026-2029



Acknowledgements

Aspirus Wausau Hospital is grateful for the time and dedication of many community partners. This CHNA is a result of nearly one hundred individuals involved in the LIFE – Local Indicators for Excellence – process in Marathon County. The LIFE Executive Committee – the Marathon County Health Department; the United Way of Marathon County; Aspirus – and the larger Steering Committee, provided guidance and structure to help assure that community members’ voices were heard. The combination of leadership, expertise, data and community input resulted in another excellent LIFE process.

We look forward to the next steps: enhancing our understanding of the issues; identifying potential strategies; partnering with community organizations; developing an Implementation Strategy. It is only through collaborative efforts can we successfully address these important issues and create a healthier community.

Respectfully,

Jeff Wicklander

SVP and President, Wisconsin Central Region

Aspirus Wausau Hospital

Table of Contents

- Acknowledgements2**
- Table of Contents3**
- Executive Summary5**
- Aspirus Health and Aspirus Wausau Hospital6**
 - Aspirus Health6
 - Aspirus Wausau Hospital6
- About the Community Health Needs Assessment7**
 - Definition / Purpose of a CHNA7
 - Compliance7
- Our Community and Demographics8**
- Process and Methods Used – Frameworks9**
 - Understanding Health: County Health Rankings Model10
 - Understanding Equity: One Size Does Not Fit All11
- Process and Methods Used – Applied12**
 - Collaborators and / or Consultants12
 - Community Input12
 - Input Received on the Last CHNA13
 - Health Status Data / Outside Data13
- Community Needs and Prioritization Process15**
 - Prioritization Process and Criteria15
- Final Prioritized Needs16**
 - Needs Not Selected16
- Healthcare Facilities and Community Resources17**
- Social Drivers and Equity21**
- Evaluation of Impact from the Previous CHNA Implementation Strategy21**
- Approval by the Hospital Board22**
- Conclusion22**
- Appendices23**

Appendix A: Demographics and Related Descriptors24
Appendix B: LIFE Process in Marathon County26
Appendix C: LIFE Subcommittee Calls to Action27
Appendix D: Secondary Data31
Appendix E: LIFE Steering Committee Final Calls to Action37
Appendix F: Healthcare Facilities and Community Resources39
Appendix G: Evaluation of Impact from the Previous CHNA Implementation Strategy40

Executive Summary

Background

Aspirus Wausau Hospital's Community Health Needs Assessment (CHNA) is aligned with the Marathon County LIFE – Local Indicators For Excellence – process. The LIFE process is conducted every three years and serves as the community's assessment. Aspirus, along with the Marathon County Health Department and the United Way of Marathon County, is on the LIFE Executive Committee. The Executive Committee, along with the Steering Committee, shape the LIFE process.

Process

The LIFE process includes:

- Community input through a survey. Over 1700 individuals responded to the survey.
- Seven focus area subcommittees. Subcommittees centered on:
 - Basic Needs
 - Connected
 - Economic Environment
 - Education
 - Energy and Environment
 - Health and Wellness
 - Safety
- Secondary data. Each subcommittee obtained relevant data to determine Calls to Action and Local Wins.
- Multiple prioritization steps.

Subsequent to the LIFE process' prioritization, Aspirus Wausau Hospital completed its prioritization.

Priorities

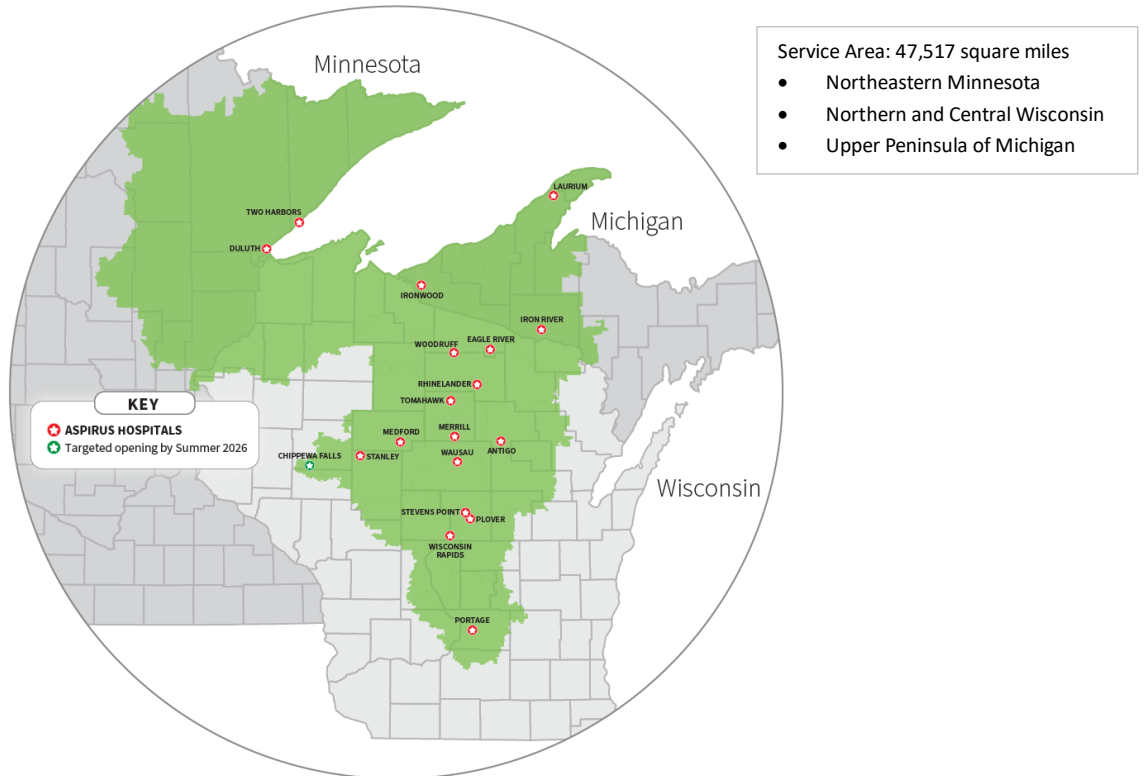
Aspirus Wausau Hospital prioritized the following community health issues:

- Behavioral Health
- Aging in Community
- Workforce

Aspirus Health and Aspirus Wausau Hospital

Aspirus Health

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



Aspirus Wausau Hospital

Aspirus Wausau Hospital is committed to providing local access with high quality health care and has the opportunity to keep care local and strengthen access to primary and specialty care.

It is the flagship of the Aspirus health system and provides primary, secondary, and tertiary care services as a regional referral center. Specialty referral service emphasis exists in cardiology and cardiothoracic surgery, orthopedics, Level II trauma center, and oncology. Aspirus Wausau Hospital provides world-class cardiovascular care in addition to leading-edge cancer, trauma, women’s health, and spine and neurological care.

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 hospital's service area includes Marathon County as well as portions of surrounding counties. There are two hospitals in the county (including Aspirus Wausau Hospital). Marathon County includes a designated Health Professional Shortage Area (HPSA) for primary care (population-based HPSA) in the city of Wausau.

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

Demographics

Marathon County has both rural and urban communities. The table below outlines some of the basic demographics and related descriptors of Marathon County’s population compared to Wisconsin.

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

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

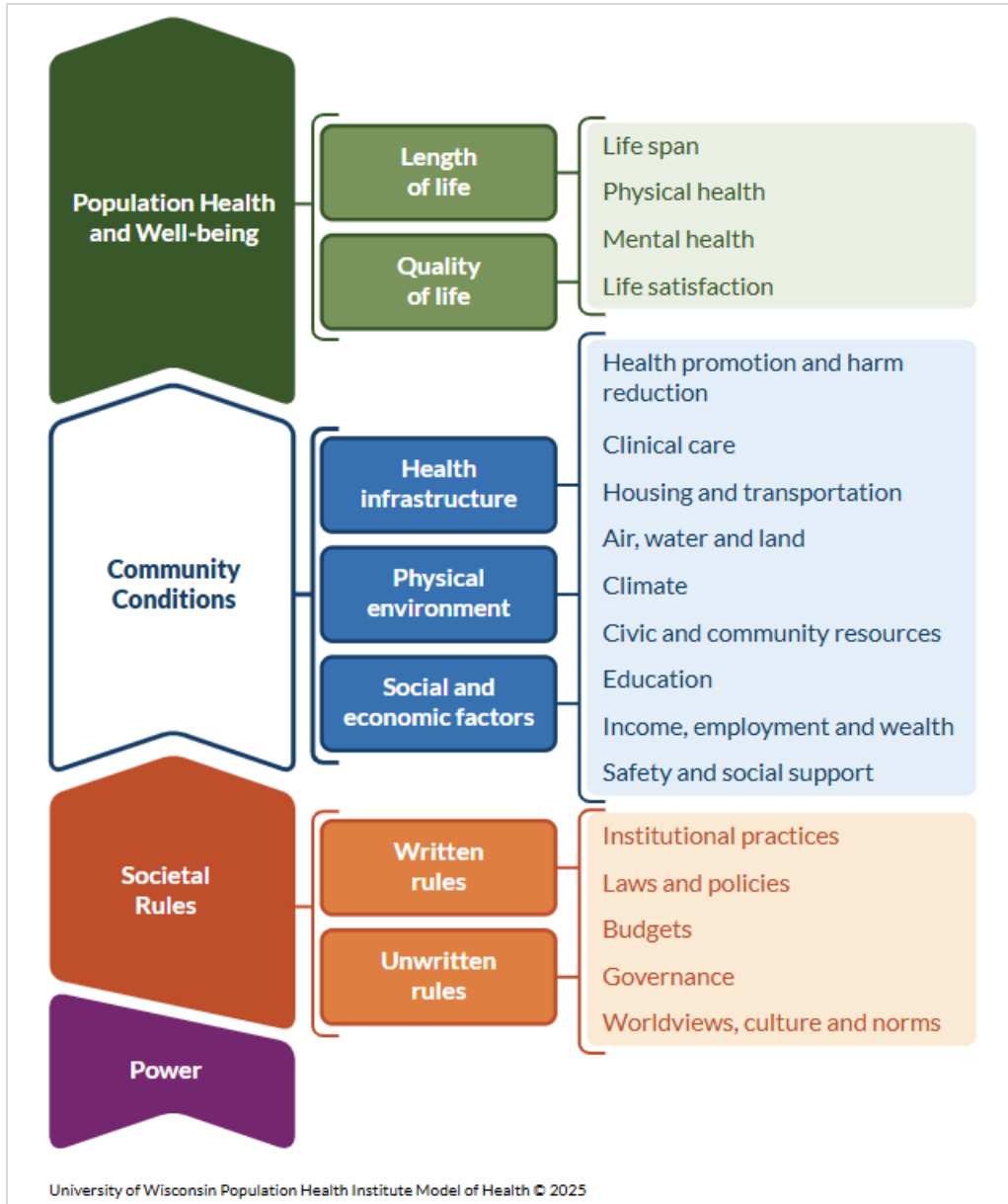
Aspirus grounded this community health needs assessment in nationally recognized public health models. This helps provide consistency and opportunities for alignment as we work across the health system and in our communities.

- 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 Marathon County LIFE process was, in effect, the Aspirus Wausau Hospital’s Community Health Needs Assessment (CHNA). The LIFE process was conducted from Spring 2025 to early Spring 2026. [Appendix B](#) includes background on the LIFE process. The process and results are outlined in this and the next section.

Because of the collaborative nature of the LIFE process and the leadership of the Marathon County Health Department, portions of this report are reflective of their documentation. Aspirus is appreciative of and gives credit to the health department’s contribution.

Collaborators and / or Consultants

Aspirus Wausau Hospital collaborated with the Marathon County Health Department and the United Way of Marathon County to advance the LIFE process. These organizations comprised the LIFE Executive Committee. 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.

The LIFE process gathers community input in two ways:

- Through a community survey, accessible to anyone.
- Through the engagement of approximately seventy community members in the focus area subcommittees, Community Advisory Committee and Steering Committee. [LINK TO WEBPAGE WILL BE ADDED WHEN THE PAGE IS LIVE](#)

Survey

In 2025, the LIFE survey shifted to a new and improved online community engagement and perception survey to allow for increased participation from Marathon County residents.

The 2025 LIFE Survey was administered from March 1 through May 31, 2025. Survey distribution was conducted using a community-wide approach to maximize reach and accessibility. The online survey link was disseminated through a coordinated communication effort involving local organizations, businesses, schools, healthcare providers, media outlets and more.

Community partners shared the survey across their respective networks throughout the administration period, including through email, social media, websites, and other communication channels. This broad distribution strategy was intended to reach residents across different geographic areas and population groups within Marathon County and to support comprehensive community participation in the survey process. In addition to the online survey, paper versions were made available at Marathon County Public Library locations, The Neighbor’s Place, and the ECDC Multicultural Center to support broader

accessibility and participation among community members who may face barriers to completing an online survey.

The survey asked respondents about:

- Demographics
- The best parts about living in Marathon County
- Their top issues within a set of focus areas (listed in the next section)
- Experiences of discrimination
- General feedback/comments (open-ended textboxes)

Over 1700 responses from Marathon County residents were received. Many of the respondents provided written feedback. Those 900 open-ended responses were reviewed by the Executive Committee. The [results of the survey](#) are on the Marathon County Pulse platform.

Focus Area Subcommittees

One of the core structures of the LIFE process is the focus area subcommittees. The subcommittees are comprised of local content experts across the seven LIFE focus areas. The subcommittees examine and select local data, develop narrative based on community context, and identify Calls to Action and Local Wins. The content they prepare is included in their respective sections of the LIFE Report. The subcommittees are centered on these seven focus areas:

- Basic Needs
- Connected
- Economic Environment
- Education
- Energy and Environment
- Health and Wellness
- Safety

Each subcommittee meets three-to-four times. The result of their work is the development of Calls to Action within their focus area. The subcommittee Calls to Action can be found in [Appendix C](#).

Input Received on the Last CHNA

No known input on the previous CHNA was received.

Health Status Data / Outside Data

Secondary health data were used to assess the community conditions and population's health status of Marathon County and to compare local data with state and national benchmarks.

With funding contributions from Aspirus and other community organizations, the Marathon County Health Department maintains an online data platform of local data – [Marathon County Pulse](#). These data are from credible local, state and national data sources. The data are inclusive of health and wellness but also include other aspects of life – economy, environment, education, etc. – in Marathon County.

A [data dashboard](#) was created for each subcommittee. The data are updated at least annually. For the purpose of the 2026 LIFE process, the data were those that were available as of September 2025.

A subset of the data provided on Marathon County Pulse is in [Appendix D](#).

Community Needs and Prioritization Process

A structured, multi-phased prioritization process was used to identify the community issues where the collective efforts of community organizations could achieve the greatest impact over the next three years.

Prioritization Process and Criteria

The foundational material for the prioritization process is the Calls to Action identified by the seven subcommittees. In the 2026 LIFE process, the subcommittees identified 25 Calls to Action and 31 Local Wins ([Appendix C](#)).

To arrive at their Calls to Action and to identify the Local Wins, each subcommittee used the criteria of:

- What is something Marathon County can do better?
- What challenges need to be addressed in our community?

The subcommittees’ 25 Calls to Action and 31 Local Wins were shared with and reviewed by the LIFE Community Advisory Committee. The LIFE Community Advisory Committee is comprised of community experts who were not involved in the subcommittees or Steering Committee; they provide an outside voice to the process. The LIFE Community Advisory Committee made their recommendations to the LIFE Steering Committee for final prioritization.

The Community Advisory Committee and the Steering Committee used a facilitated process and the following criteria to prioritize the Calls to Action.

Criteria for Identifying Local Wins	Criteria for Identifying Calls to Action
<ul style="list-style-type: none"> - We are meeting or exceeding national and state benchmarks - We are seeing improvements locally - Community resources have been made available at an adequate level to maintain or grow our success - Political support exists - The community cares and is supportive 	<ul style="list-style-type: none"> - A large number of people are affected - The problem/issue is serious and or getting worse (urgency, severity, economic loss, impacts other people) - We likely know the cause(s) or what influences the problem/issue; there are known effective strategies that can create change in 3-5 years; and, it is likely we can take action as a community (resources are available, community readiness, political support) - If we address the issue, it may result in reducing or preventing other issues.

The LIFE process final 2026 Calls to Action were:

- (Youth) Mental Health
- Housing
- Workforce
- Aging in Community
- Civil Engagement (overarching)

Descriptions of those final Calls to Action are in [Appendix E](#).

Lastly, the LIFE Calls to Action were brought to the Aspirus Wausau Hospital Senior Leadership Team. The Senior Leadership Team was asked to finalize two or three top issues while considering:

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

After a constructive discussion, the final priorities were:

- Behavioral Health (inclusive of mental health and substance use)
- Aging in Community
- Workforce

Final Prioritized Needs

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

- Behavioral Health (inclusive of mental health and substance use)
- Aging in Community
- Workforce

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

Needs Not Selected

Of the five top issues brought to the Aspirus Wausau Hospital Senior Leadership Team, two were not prioritized: housing and civil engagement.

Housing is a complex issue outside of the core operations of the hospital. Housing can be a barrier to positive mental and physical health, healthy aging and workforce development. Through that lens, and through Aspirus' commitment to addressing social drivers of health through screening and referrals, Aspirus will be part of community efforts to address housing.

Aspirus is committed to ongoing civil engagement as part of a healthy community. Aspirus' Government Affairs efforts include connecting with local and state officials and supporting meaningful policies that advance the health of our patients and communities. Aspirus will continue to support those efforts, however, it does not have the capacity or expertise to lead on civil engagement.

Healthcare Facilities and Community Resources

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

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.

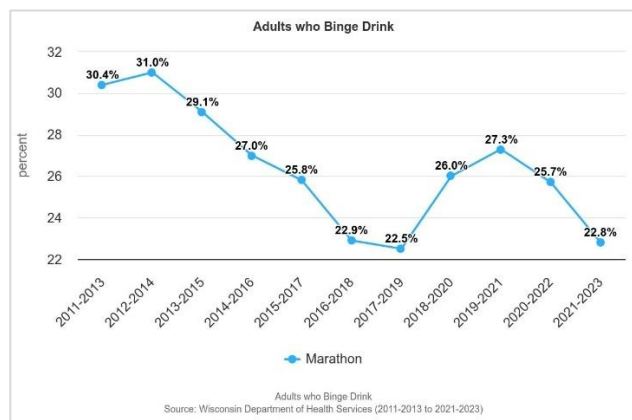
- Individuals in marginalized groups are more likely to have poor mental health.¹
- The likelihood of depression decreases as education levels increase.²
- Depression is higher for women compared to men.²
- The suicide rate for men is four times the rate for women.³
- Over 55 percent of the students 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 Commun* 4, 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: Marathon County PULSE [Marathon County Pulse :: Stories :: 2026 LIFE Report Health & Wellness](#) accessed 4/12/2026.



Source: Marathon County PULSE [Marathon County Pulse :: Stories :: 2026 LIFE Report Health & Wellness](#) accessed 4/12/2026.

Additional Data: [Marathon County Pulse :: Stories :: 2026 LIFE Report Health & Wellness](#)

Community Perceptions & Challenges

Survey Results and Calls to Action Descriptions

- The top issues identified by survey respondents in the Health and Wellness category were: mental health; overweight & obesity; excessive alcohol use.
- Mental health challenges are increasing across Marathon County, with recent data showing higher suicide deaths and more teens experiencing suicidal thoughts and attempts. Depression and anxiety rates are also climbing, signaling an urgent need for accessible mental health care for people of all ages.
- Everyone in the community can play a role by checking in on friends and neighbors, knowing the warning signs of suicide and knowing how to connect individuals to crisis care.

Workforce

Why is it Important?

People with steady employment are less likely to live in poverty and more likely to be healthy, but many people have trouble finding and keeping a job. People with disabilities, injuries, or conditions like arthritis may be especially limited in their ability to work. In addition, many people with steady work still don't earn enough to afford the things they need to stay healthy.

Employment programs, career counseling, and high-quality child care opportunities can help more people find and keep jobs. In addition, policies to help people pay for food, housing, health care, and education can reduce poverty and improve health and well-being.

Source: Excerpted verbatim from Healthy People 2030 – [Economic Stability - Healthy People 2030 | odphp.health.gov](https://www.odphp.health.gov)

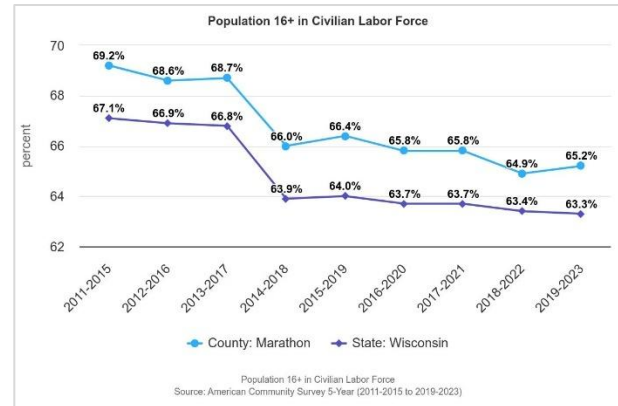
Disparities and Inequities

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

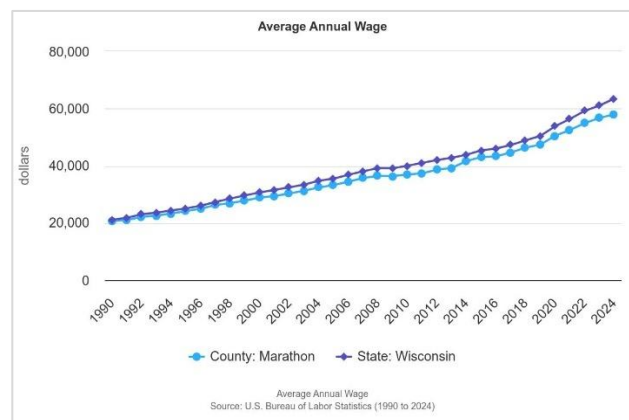
- There is a 14.9% wage differential between white workers and black workers that is not explainable by geography (e.g., South versus North), education and experience.¹
- Women earn an estimated 82 cents for every dollar then men earn. This gender pay gap is greater: in the private sector; in self-owned incorporated businesses; for those with less than a high school diploma; those with a bachelor's degree.²
- The direct care workforce (e.g., personal care aides, home health aides and nursing assistants) are disproportionately women and women of color.³
- The median hourly wage is \$13.00 for women of color, white women, men of color, white workers, Black/African American workers, and Hispanic/Latino workers in the direct care workforce. The median hourly wage for white men and workers of another race is \$13.50.³

Sources: (1) Understanding black-white disparities in labor market outcomes requires models that account for persistent discrimination and unequal bargaining power, by Valerie Wilson and William Darity, Jr. Economic Policy Institute. [Understanding black-white disparities in labor market outcomes requires models that account for persistent discrimination and unequal bargaining power | Economic Policy Institute](https://www.epi.org/publication/understanding-black-white-disparities-in-labor-market-outcomes-requires-models-that-account-for-persistent-discrimination-and-unequal-bargaining-power/) (2) Women in the Workforce: The Gender Pay Gap Is Greater for Certain Racial and Ethnic Groups and Varies by Education Level | U.S. GAO accessed 4/12/2026. (3) Direct Care Worker Disparities: Key Trends and Challenges [Direct-Care-Worker-Disparities-2022-PHI.pdf](https://www.dhs.gov/sites/default/files/2022/04/Direct-Care-Worker-Disparities-2022-PHI.pdf) accessed 4/12/2026. Some language above is directly quoted from the sources.

Data Highlights



Source: Marathon County PULSE [Marathon County Pulse :: Stories :: 2026 LIFE Report Economic Environment](https://www.marathoncountypulse.com/stories/2026-life-report-economic-environment) accessed 4/12/2026.



Source: Marathon County PULSE [Marathon County Pulse :: Stories :: 2026 LIFE Report Economic Environment](https://www.marathoncountypulse.com/stories/2026-life-report-economic-environment) accessed 4/12/2026.

Additional Data: [Marathon County Pulse :: Stories :: 2026 LIFE Report Economic Environment](https://www.marathoncountypulse.com/stories/2026-life-report-economic-environment)

Community Perceptions & Challenges

Survey Results and Calls to Action Descriptions

- The top issues identified by survey respondents in the Education and Environment category were: affordable housing; access to childcare; living-wage jobs.
- Marathon County needs a long-term workforce strategy that attracts skilled workers and retains local talent by expanding early exposure to career pathways and training opportunities.
- Local employers lag behind statewide compensation trends, affecting pay, benefits, and the ability to retain skilled workers. Marathon County employers must raise wages and benefits to stay competitive in Wisconsin.

Aging in Community

Why is it Important?

By 2060, almost a quarter of the U.S. population will be age 65 or older. Older adults are at higher risk for chronic health problems like diabetes, osteoporosis, and Alzheimer’s disease. In addition, 1 in 3 older adults fall each year, and falls are a leading cause of injury for this age group.² Physical activity can help older adults prevent both chronic disease and fall-related injuries.

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

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

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

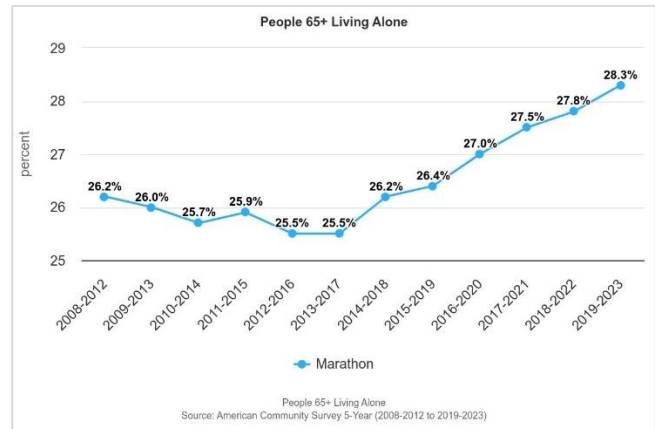
Disparities and Inequities

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

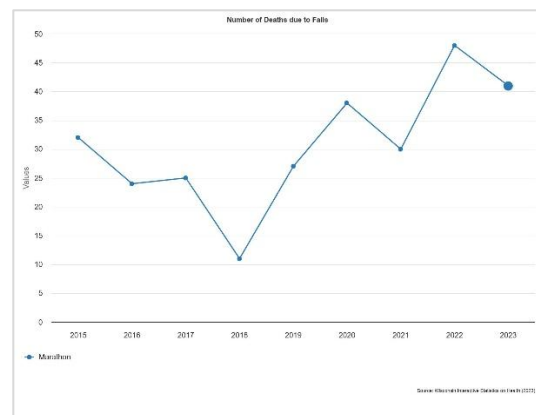
- Alzheimer’s disease disproportionately affects individuals who are African American or Hispanic.
- Individuals with lower socioeconomic status are more likely to live shorter lives.
- Women are more likely to live longer than men.
- Women are more likely to develop osteoporosis or depressive symptoms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

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

Data Highlights



Source: Marathon County PULSE [Marathon County Pulse :: Stories :: 2026 LIFE Report Connected](#) accessed 4/12/2026.



Source: Marathon County PULSE [Marathon County Pulse :: Indicators :: Number of Deaths due to Falls :: County :: Marathon](#) accessed 4/12/2026.

Additional Data

- Marathon County renters age 65 and older were significantly more likely to spend 30% or more of their income on rent (66% for ages 65+; 42.9% overall).

Community Perceptions & Challenges

Survey Results and Calls to Action Descriptions

- The eighth issue identified by survey respondents in the Health and Wellness category was: availability of elder care.
- The expanding senior population is placing greater demands on services, funding, staffing, and emergency response. Falls among older adults are contributing to higher rates of hospitalizations, emergency visits, and Emergency Medical Services (EMS) calls—likely linked to more seniors living alone for longer. Better systems of care are needed.

Social Drivers and Equity

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

Research shows that social and economic factors (social drivers) are significant 'upstream' contributors to individuals' and communities' health outcomes. In clinical settings, Aspirus hospitals are gathering social drivers of health data as a way to understand how to tailor care to better meet the unique needs of each patient, leading to improved health equity and better health outcomes. Using aggregated patient-level social drivers data can assist in understanding the root causes of complex health issues to improve access to preventative and chronic care services. Linking patient level SDOH data and community level data can provide stronger clinical-community linkages to help connect healthcare providers, community organizations and public health agencies.

Aspirus is committed to recognizing and addressing health-related social needs as part of its overall community health improvement efforts. A number of related strategies/approaches are being implemented within the hospital and clinics as well as with other community partners.

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

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

Evaluation of Impact from the Previous CHNA Implementation Strategy

Aspirus Wausau Hospital's priority health issues from the previous CHNA included:

- Mental Health
- Substance Use
- Falls Prevention

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

Approval by the Hospital Board

The CHNA report was reviewed and approved by the Board of Directors for Aspirus Wausau Hospital on April 22, 2026.

Conclusion

Through collaboration with community partners and residents, this assessment identifies priority health needs that will guide Aspirus Wausau 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 Marathon County, Wisconsin.

	Marathon County	Wisconsin
Population	70377	5,893,718
Square Miles	1545	54,168 (land)
Population per square mile	46	109
Age <18	21.4%	20.7%
Age 65+	20.2%	19.6%
Median age	41.4	40.7
White alone	86.9%	80.4%
Black or African American alone	<1%	6.4%
American Indian and Alaska Native alone	<1%	1.0%
Asian alone	6.2%	3.0%
Two or more races	4.3%	6.1%
Hispanic or Latino	3.2%	7.6%
Language other than English spoken at home	8.0%	9.6%
High school graduate or higher	93.3%	93.7%
Bachelor's Degree or Higher	28.0%	34.6%
Individuals who are veterans	6.2%	5.8%
Individuals with disabilities	13.0%	12.9%
Persons in poverty	6.7%	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.)	34.9%	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 Marathon County Profile: [Marathon County, Wisconsin - Census Bureau Profile](https://data.census.gov/profile/Marathon%20County%20Wisconsin?g=040XX00US55). Accessed on 12 April 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 Marathon 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 Marathon County, the number of individuals who are Hispanic or Latino increased from 2992 in 2010 to 4453 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 Marathon County, the number of individuals who are Asian (most of whom identify as HMong or Southeast Asian) increased from 7146 in 2010 to 8496 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 Demographic and Housing Characteristics, Table P9*, <https://data.census.gov/table/DECENNIALDHC2020.P9?q=population+P9&g=050XX00US55073>. Accessed on 14 Apr 2026. AND U.S. Census Bureau. "HISPANIC OR LATINO, AND NOT HISPANIC OR LATINO BY RACE." *Decennial Census, DEC Summary File 1, Table P9*, <https://data.census.gov/table/DECENNIALSF12010.P9?q=population+P9&g=050XX00US55073>. Accessed on 14 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/DECENNIALPL2020.P1?q=population&g=050XX00US55073>. Accessed on 14 Apr 2026. AND U.S. Census Bureau. "RACE." *Decennial Census, DEC Redistricting Data (PL 94-171), Table P1*, <https://data.census.gov/table/DECENNIALPL2010.P1?q=population&g=050XX00US55073>. Accessed on 14 Apr 2026.

Appendix B: LIFE Process in Marathon County

The Marathon County Local Indicators for Excellence (LIFE) process leads to a data-driven report about the quality of life in Marathon County. The process is initiated every three years. The 2026 LIFE Report, released in Summer 2026, marked the 14th edition of the report which dates back to the mid-90s.

Powered by Marathon County Pulse, the Marathon LIFE Report exists exclusively online, providing the community an immersive experience in local data, community context, and story.

The LIFE Executive Committee is responsible for overall project oversight, planning, and coordination of the 2026 Marathon County LIFE Report process. This includes administration of the LIFE Survey, coordination of LIFE subcommittees, and development and production of the final report. The LIFE Executive continues to be led through a strong partnership between Aspirus, the Marathon County Health Department, and the United Way of Marathon County.

The process begins with a community survey. In this cycle, the LIFE survey shifted to a new and improved online community perception survey to promote increased participation from Marathon County residents. (In prior years, the survey process depended on statistical sampling and a contracted research team.)

The LIFE process includes extensive involvement of local experts through seven subcommittees, a Community Advisory Committee and a Steering Committee. [LINKS WILL BE ADDED AFTER THE WEBSITE IS LIVE.](#)

Appendix C: LIFE Subcommittee Calls to Action

This section was excerpted verbatim from the LIFE Calls to Action documents completed by the Marathon County Health Department.

CALLS TO ACTION (COMPLETE LIST)

Basic Needs

1. Affordable housing was the most frequent and critical concern identified by Marathon County residents in the 2025 LIFE Survey. Rising rents and home prices are making stable housing out of reach for many residents. Affordable housing is key to preventing homelessness. Ensuring every resident has a safe, affordable place to live is crucial and demands coordinated action by our community.
2. Rural communities, schools, and nonprofits must work together to end food insecurity across Marathon County. By coordinating efforts and expanding programs, we can reduce child hunger and better support those relying on food pantries.

Connected

3. Make Marathon County a place where everyone feels like they belong by actively listening to diverse voices, removing barriers to belonging, and fostering opportunities for all. Being welcoming builds trust, attracts talent, and strengthens our community.
4. Expand public transportation accessibility and connection beyond Wausau to serve all of Marathon County. A countywide transportation system would boost the economy, reduce isolation, and help all residents fully participate in work, health, and civic life.
5. Communities thrive when everyone has a voice. Create more opportunities for residents to be heard at the local level to build trust, strengthen decision-making, and ensure policies reflect the needs of all people in Marathon County.

Economic Environment

6. Marathon County needs a long-term workforce strategy that attracts skilled workers and retains local talent by expanding early exposure to career pathways and training opportunities.
7. Local employers lag behind statewide compensation trends, affecting pay, benefits, and the ability to retain skilled workers. Marathon County employers must raise wages and benefits to stay competitive in Wisconsin.
8. Marathon County is experiencing increasing housing challenges, including limited availability of single-family homes, escalating rental costs, and an expected surge in housing turnover as retirees

leave the market. A coordinated, Marathon County-led effort is essential to align local housing development initiatives and advance a comprehensive strategy that ensures affordable and accessible housing options for all residents.

Education

9. Access to quality childcare relies on a strong, qualified workforce, yet low wages and limited benefits are pushing many providers and teachers out of the field. We can ensure every child has a strong start in life by prioritizing childcare quality, investing in the childcare workforce, and addressing childcare affordability.

10. Supporting the social and emotional well-being of children and youth is essential for their long-term success. Expanding social emotional learning (SEL) programs and access to mental health supports from birth through young adulthood builds resilience, improves academic and life outcomes, and prevents crises.

Energy & Environment

11. There is limited awareness of the importance of routine private well water testing. Expanded education efforts are needed to highlight why regular testing matters, along with options that make sampling more affordable and convenient for homeowners. More proactive approaches to water quality monitoring are also necessary to better identify and address potential contamination risks.

12. Surface water quality across Marathon County continues to decline, and many water bodies remain impaired by phosphorus. Current efforts to reduce phosphorus runoff are no longer enough. Addressing this challenge will require commonsense, science-based solutions that balance agricultural realities with the need to protect water resources. Cost-effective strategies already exist. Vegetative buffers, for example, are relatively inexpensive and highly effective at reducing runoff and trapping phosphorus. By working with policymakers to establish a consistent and fair framework across agricultural lands, Marathon County can strengthen water quality protections while ensuring every landowner has a clear role in protecting our shared resources.

Health & Wellness

13. Youth from minority populations and youth who identify as lesbian, gay, bisexual, or transgender (LGBT) experience higher rates of depression and anxiety than their peers in Marathon County. LGBT teens are not inherently prone to depression because of their sexual orientation or gender identity but rather placed at higher risk because of how they are mistreated and stigmatized in society. Creating inclusive school environments, strengthening family and community acceptance, and reducing stigma through education and policy can further protect and promote the mental health of LGBT youth.

14. Fewer teens in Marathon County feel a sense of belonging at school or have an adult they can turn to when facing problems. Our community has a shared responsibility to surround youth with

positive supports beyond the classroom— including mentors, extracurricular activities, and enrichment opportunities—while providing unified support to families to increase protective factors.

15. Inaccurate information and mixed public health messaging are making it harder to address health challenges in the U.S. Clear, accurate information is essential to support prevention efforts and help residents make informed decisions. Communities must actively combat misinformation by sharing evidence-based messages, encourage policymaker education, and champion effective public health practices that improve health and reduce costs. Strong, timely messaging is critical to ensure people seek and receive the healthcare they need.

16. Immunization rates continue to decline in Marathon County. It's important to understand how changes in vaccine schedules and broader factors like community mistrust, insurance coverage, and government guidance influence these trends. Engaging with a healthcare provider to assess your individual health risks, verifying vaccine coverage through your insurance plan, and staying up to date on recommended immunizations empowers you to make informed choices that safeguard your health.

17. Teen substance use in Marathon County is on the rise, with more youth reporting using alcohol, marijuana, or cigarettes before age 13. Our community must prioritize expanding substance use and mental health supports for youth and begin prevention and education efforts earlier, equipping children and families with the knowledge and skills to make healthy choices around drugs, alcohol, and vaping. Together, we must also confront and dismantle cultural norms that excuse or normalize teen substance use, affirming that prevention, support, and healthy choices are both possible and expected for our youth.

18. Mental health challenges are increasing across Marathon County, with recent data showing higher suicide deaths and more teens experiencing suicidal thoughts and attempts. Depression and anxiety rates are also climbing, signaling an urgent need for accessible mental health care for people of all ages. Everyone in the community can play a role by checking in on friends and neighbors, knowing the warning signs of suicide, and knowing how to connect individuals to crisis care and other available resources. Together, we can build a supportive community where mental health is valued and everyone feels seen, supported, and connected.

19. The expanding senior population is placing greater demands on services, funding, staffing, and emergency response. Falls among older adults are contributing to higher rates of hospitalizations, emergency visits, and Emergency Medical Services (EMS) calls—likely linked to more seniors living alone for longer. Creating better systems of care for our aging population requires investing in affordable senior services, strengthening workforce capacity, and enhancing community-based supports to help seniors safely age in the community.

20. Our community is seeing higher rates of obesity and concerning cardiac health trends, leading to increased chronic disease and premature death. Evidence highlights the critical role social determinants of health play in these outcomes: access to healthy foods, safe places to be active, stable housing, and routine preventive care are all necessary to impact preventable illness. This will require investments in prevention, expanded access to nutritious foods and opportunities for physical activity, and policies and environmental changes that support healthy options for all residents.

Safety

21. Many individuals face challenges finding timely, affordable, and appropriate care for substance use or mental health needs. By identifying and addressing these gaps, we can strengthen the recovery system, prevent crises, and build a healthier, safer community for all.

22. Public health and safety agencies are increasingly concerned about their ability to provide quality emergency response and law enforcement services, as rising costs strain already limited budgets, reducing the number and quality of programs available to the community. Sustained investment is needed to ensure critical programs and systems can continue to respond effectively to community needs.

23. When individuals complete inpatient treatment, they need immediate access to outpatient services to maintain progress. Reducing wait time to follow-up services is essential to ensure stability, support long-term recovery, and prevent relapse.

24. Addressing substance use requires supporting education, prevention, and treatment. While law enforcement plays an important role in community safety, arrests alone cannot solve the complex challenges of substance misuse. By investing in prevention programs and treatment, and supporting recovery-focused services, we can help individuals make sustainable improvements in their quality of life.

25. Intimate partner violence is increasing, and the community must collectively strengthen education around healthy relationships, support prevention efforts, and ensure people have access to care when harm occurs. By leading with compassion and shared responsibility, and organizing across sectors to identify solutions, we can take meaningful steps to prevent further violence.

Appendix D: Secondary Data

The Marathon County Health Department (with funding from Aspirus and others) maintains the Marathon County Pulse Data platform. The Pulse platform includes data from many credible governmental and non-governmental sources, including the National Cancer Institute, the Centers for Disease Control and Prevention, the U.S. Census and the state of Wisconsin. Most data points are updated annually. For a full list of Pulse sources, click on [this page](#) and choose “Filter by Sources”.

For each of the subcommittees, the Marathon County Health Department created a dashboard. The dashboard made the data readily accessible to the subcommittee. Replicating the dashboards in this report would be inefficient. The links to the dashboards are available from this [landing page](#).

A subset of the sources that populate the Pulse platform also populate the County Health Rankings and Roadmaps (CHRR) data platform. In other words, all of the CHRR data are in the Pulse platform, although the CHRR data are a subset of the [entirety of data available through Pulse](#). The CHRR data are easily downloadable and shareable in a report. With that in mind, and in the interest of including some of the assessment data in this report, the CHRR data set is below.

Each table includes data on the U.S., Wisconsin and Marathon County. Marathon County data is color-

Better than WI	Same as WI	Worse than WI	NA
----------------	------------	---------------	----

coded green, yellow, orange or gray to provide an at-a-

glance picture of how Marathon County compares to Wisconsin. Please note that Marathon County rates that are better than Wisconsin rates may still be at an unacceptable level.

All data on the following pages were downloaded from the [County Health Rankings and Roadmaps website](#) on December 31, 2025. CHRR compiles data from the U.S. Census, The Living Wage Institute, National Center for Health Statistics, National Center for Education Statistics, the Behavioral Risk Factor Surveillance System, Mapping Medicare Disparities Tool, the U.S. Department of Agriculture and more.

Focus Area	Measure	Description	Year(s)	US Overall	WI	Marathon
POPULATION HEALTH AND WELL-BEING						
LENGTH OF LIFE						
Life span	Premature Death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	2020-2022	8,400	7447	6974
	Life Expectancy*	Average number of years people are expected to live.	2020-2022	-	77.8	78.4
	Premature Age-Adjusted Mortality*	Number of deaths among residents under age 75 per 100,000 population (age-adjusted).	2020-2022	-	359	334
	Child Mortality*	Number of deaths among residents under age 20 per 100,000 population.	2019-2022	-	50	54
	Infant Mortality*	Number of infant deaths (within 1 year) per 1,000 live births.	2016-2022	-	6%	4%
QUALITY OF LIFE						
Physical health	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%	8%
	HIV Prevalence+	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.	2022	-	138	55
	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/m ² (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	3.9
	Low Birth Weight*	Percentage of live births with low birth weight (< 2,500 grams).	2017-2023	8%	8%	7%
Mental health	Frequent Mental Distress	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted).	2022	-	17%	16%
	Suicides*	Number of deaths due to suicide per 100,000 population (age-adjusted).	2018-2022	-	15	16
	Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	2022	5.1	5.4	5.2
Life satisfaction	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%

Focus Area	Measure	Description	Year(s)	US Overall	WI	Marathon
POPULATION HEALTH AND WELL-BEING						
HEALTH INFRASTRUCTURE						
Health promotion and harm reduction	Limited Access to Healthy Foods	Percentage of population who are low-income and do not live close to a grocery store.	2019	-	5%	6%
	Food Insecurity	Percentage of population who lack adequate access to food.	2022	-	11%	10%
	Insufficient Sleep	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted).	2022	-	34%	31%
	Teen Births*	Number of births per 1,000 female population ages 15-19.	2017-2023	-	11	10
	Sexually Transmitted Infections+	Number of newly diagnosed chlamydia cases per 100,000 population.	2022	-	435.7	263.1
	Excessive Drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted).	2022	-	24	25
	Alcohol-Impaired Driving Deaths	Percentage of driving deaths with alcohol involvement.	2018-2022	-	33	23
	Drug Overdose Deaths*	Number of drug poisoning deaths per 100,000 population.	2020-2022	-	29	16
	Adult Smoking	Percentage of adults who are current smokers (age-adjusted).	2022	-	15	15
	Physical Inactivity	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted).	2022	-	21	20
	Flu Vaccinations*	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination.	2022	48%	53	52
	Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity.	2024, 2022 & 2020	84%	84	73
	Food Environment Index+	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	2019 & 2022	7.4	8.8	8.8
	Clinical care	Uninsured Adults	Percentage of adults under age 65 without health insurance.	2022	-	7
Uninsured Children		Percentage of children under age 19 without health insurance.	2022	-	5	5
Other Primary Care Providers		Ratio of population to primary care providers other than physicians.	2024	-	633:1	600:1
Primary Care Physicians		Ratio of population to primary care physicians.	2021	1,330:1	1251:1	1059:1
Mental Health Providers		Ratio of population to mental health providers.	2024	300:1	375:1	411:1
Dentists		Ratio of population to dentists.	2022	1,360:1	1363:1	1327:1
Preventable Hospital Stays*		Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	2022	2,666	2498	2290
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	7

Focus Area	Measure	Description	Year(s)	US Overall	WI	Marathon
PHYSICAL ENVIRONMENT						
Housing and transportation	Traffic Volume	Average traffic volume per meter of major roadways in the county.	2020	-	281	140
	Homeownership	Percentage of owner-occupied housing units.	2019-2023	-	68	73
	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	9
	Driving Alone to Work*	Percentage of the workforce that drives alone to work.	2019-2023	70%	76	76
	Long Commute - Driving Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	2019-2023	37%	28	18
Air, water and land	Air Pollution: Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	2020	7.3	7.7	7.8
	Drinking Water Violations+	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	2023	-	na	Yes
	Access to Parks	Percentage of the population living within a half mile of a park.	2024 & 2020	-	56	49
Climate	Adverse Climate Events*	Indicator of thresholds met for the following adverse climate and weather-related event categories: extreme heat (300 or more days above 90F), moderate or greater drought (65 or more weeks), and disaster (2 or more presidential disaster declarations) over the five-year period.	2019-2023	-	na	0
Civic and community resources	Census Participation	Percentage of all households that self-responded to the 2020 census (by internet, paper questionnaire or telephone).	2020	-	na	77.6
	Voter Turnout+	Percentage of citizen population aged 18 or older who voted in the 2020 U.S. Presidential election.	2020 & 2016-2020	-	75.1	74.8
	Broadband Access	Percentage of households with broadband internet connection.	2019-2023	90%	89	89
	Library Access	Library visits per person living within the library service area per year.	2022	2	3	1

Focus Area	Measure	Description	Year(s)	US Overall	WI	Marathon
SOCIAL AND ECONOMIC FACTORS						
Education	High School Graduation+	Percentage of ninth-grade cohort that graduates in four years.	2021-2022	-	90	93
	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
	School Segregation	The extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation.	2023-2024	-	0.27	0.08
	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	2024
	Some College	Percentage of adults ages 25-44 with some post-secondary education.	2019-2023	68%	70	71
	High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	2019-2023	89%	93	93
Income, employment and wealth	Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	2023	3.6%	3.0	2.7
	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	12
	Children Eligible for Free or Reduced Price Lunch+	Percentage of children enrolled in public schools that are eligible for free or reduced price lunch.	2022-2023	-	40	37
	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	0.80
	Median Household Income*	The income where half of households in a county earn more and half of households earn less.	2023 & 2019-2023	-	74671	74505
	Living Wage	The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children.	2024	-		

Focus Area	Measure	Description	Year(s)	US Overall	WI	Marathon
Safety and social support	Child Care Centers	Number of child care centers per 1,000 population under 5 years old.	2010-2022	-	6	6
	Residential Segregation - Black/White	Index of dissimilarity where higher values indicate greater residential segregation between Black and White county residents.	2019-2023	-	77	78
	Homicides*	Number of deaths due to homicide per 100,000 population.	2016-2022	-	5	1
	Motor Vehicle Crash Deaths*	Number of motor vehicle crash deaths per 100,000 population.	2016-2022	-	11	9
	Firearm Fatalities*	Number of deaths due to firearms per 100,000 population.	2018-2022	-	12	8
	Disconnected Youth	Percentage of teens and young adults ages 16-19 who are neither working nor in school.	2019-2023	-	5	6
	Lack of Social and Emotional Support+	Percentage of adults reporting that they sometimes, rarely, or never get the social and emotional support they need.	2022	-	25	25
	Injury Deaths*	Number of deaths due to injury per 100,000 population.	2018-2022	84	97	70
	Social Associations	Number of membership associations per 10,000 population.	2022	9.1	11.1	12.1
	Child Care Cost Burden	Child care costs for a household with two children as a percent of median household income.	2024 & 2023	28%	31	32

Appendix E: LIFE Steering Committee Final Calls to Action

This section was excerpted verbatim from the LIFE Calls to Action documents completed by the Marathon County Health Department.

CALLS TO ACTION (PRIORITIZED)

Overarching theme: *Civil Engagement*: Communities thrive when everyone has a voice. Create more opportunities for residents to be heard at the local level to build trust, strengthen decision-making, and ensure policies reflect the needs of all people in Marathon County.

With a focus on these priorities:

(Youth) Mental Health:

The Challenge: Mental health challenges are increasing across Marathon County, with recent data showing higher suicide deaths and more teens experiencing suicidal thoughts and attempts. Depression and anxiety rates are also climbing, signaling an urgent need for accessible mental health care for people of all ages.

Everyone in the community can play a role by checking in on friends and neighbors, knowing the warning signs of suicide, and knowing how to connect individuals to crisis care and other available resources. Together, we can build a supportive community where mental health is valued and everyone feels seen, supported, and connected.

Youth from minority populations and youth who identify as lesbian, gay, bisexual, or transgender (LGBT) experience higher rates of depression and anxiety than their peers in Marathon County. LGBT teens are not inherently prone to depression because of their sexual orientation or gender identity but rather placed at higher risk because of how they are mistreated and stigmatized in society. Creating inclusive school environments, strengthening family and community acceptance, and reducing stigma through education and policy can further protect and promote the mental health of LGBT youth.

Local Win: Significant progress has been made in Marathon County expanding school-based mental health services, while stigma surrounding mental health continues to decline locally and across society. This shift is helping normalize conversations about mental health and improving identification of mental health needs for both youth and adults in the community.

Housing:

The Challenge: Affordable housing was the most frequent and critical concern identified by Marathon County residents in the 2025 LIFE Survey. Rising rents and home prices are making stable housing out of reach for many residents. Affordable housing is key to preventing homelessness. Ensuring every resident has a safe, affordable place to live is crucial and demands coordinated action by our community.

Marathon County is experiencing increasing housing challenges, including limited availability of single-family homes, escalating rental costs, and an expected surge in housing turnover as retirees leave the market. A coordinated, Marathon County-led effort is essential to align local housing development initiatives and advance a comprehensive strategy that ensures affordable and accessible housing options for all residents.

Local Win: City of Wausau and Marathon County governments are collaborating more closely, looking to replicate strategies to address housing and homelessness that have been effective in other counties. Consistent with the recommendation of the Joint City of Wausau / Marathon County Homelessness Task Force, Marathon County has created a new Public Health Coordinator position focused on homelessness. The Coordinator will work to improve collaboration among providers and systems of care, reduce barriers that prevent individuals from accessing needed services and resources, and establish clear performance measures to track outcomes.

Aging in Community:

The Challenge: The expanding senior population is placing greater demands on services, funding, staffing, and emergency response. Falls among older adults are contributing to higher rates of hospitalizations, emergency visits, and Emergency Medical Services (EMS) calls—likely linked to more seniors living alone for longer. Creating better systems of care for our aging population requires investing in affordable senior services, strengthening workforce capacity, and enhancing community-based supports to help seniors safely age in the community.

Local Win: Since the launch of Wausau’s Community Paramedic Program, the initiative has made a measurable impact on resident health and local emergency response resources by helping people better understand and manage their health care needs, reducing unnecessary 911 calls, and providing proactive, patient-centered support that connects high-need individuals with appropriate care and community resources.

Workforce Development:

Marathon County needs a long-term workforce strategy that attracts skilled workers and retains local talent by expanding early exposure to career pathways and training opportunities. Local employers lag behind statewide compensation trends, affecting pay, benefits, and the ability to retain skilled workers. Marathon County employers must raise wages and benefits to stay competitive in Wisconsin.

Appendix F: Healthcare Facilities and Community Resources

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

AGENCY or PROGRAM	DESCRIPTION
Healthcare Facilities	
Aspirus Wausau Hospital	Healthcare
Marshfield Clinic Health System	Healthcare
Bridge Community Clinic	Federally qualified community health center
Northcentral Healthcare	Mental health and aging care
Other Organizations	
Peaceful Solutions Counseling Services	Mental health
Marathon County Alcohol and Other Drug Partnership Council	Coalition
The Community Clubhouse	Mental health
The Neighbor's Place	Food security
Boys and Girls Club	Youth
The Women's Community	Personal safety
Head Start	Youth
Start Right	Youth
Multiple Food Pantries	Food security
UW-Extension	Adult learning, education
Marathon County Health Department	Health promotion, prevention and protection
United Way	Philanthropy and non-profit programming
Wausau and DC Everest School District	Youth
211 information and referral	Resources and referrals
Aging and Disability Resource Center (ADRC)	Individuals who are older and/or with disabilities
YMCA	Youth and adult healthy minds, bodies and spirits
Three Bridges Recovery	Addiction recovery services (e.g., peer support)
National Alliance on Mental Illness (NAMI)	Mental health

Appendix G: 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 Wausau Hospital's prioritized needs were: **mental health; substance use; falls prevention**. The hospitals addressed those needs in the following ways.

The strategies below were implemented in FY25 and/or FY26.

MENTAL HEALTH AND SUBSTANCE USE

Aspirus Wausau Hospital provided funding and in-kind time (expertise, technical assistance) for the following mental health and substance use prevention-related activities:

- Raise Your Voice clubs. Raise Your Voice (RYV) is a school club developed by NAMI (National Alliance on Mental Illness) to increase the discussion around mental health. Aspirus provided funding for five local schools to implement the program.
- Mental health awareness. Aspirus supported a mental health series in partnership with the local TV station. Aspirus mental health professionals provided expertise.
- Rise Up. Rise Up is a non-profit with a mission to heal, strengthen and unify the community through art working with those experiencing addiction and other mental health issues. Rise Up uses a participatory art framework to engage and connect individuals. This process happens over multiple months and engages the participants and the community to develop the mural. Aspirus helps fund the program and also gives in-kind time to help build and sustain the organization.
- Mental Health Collaborative: The Mental Health Collaborative is a nonprofit dedicated to improving youth mental health and preventing suicide in Marathon County by working to develop strategies and support systems in the community. Aspirus provides funding to and gives in-kind time to help build and sustain the organization.
- Mental Health Consortium: The Mental Health Consortium is supported by the Mental Health Collaborative to provide mental health therapy at public school districts in Marathon County (K-12) as well as training for school staff.

Aspirus provided funding for:

- Peer Support specialists that provide substance use recovery services. Aspirus contracts 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 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.

- Translation of Question, Persuade, Refer (QPR) suicide prevention training materials in Hmong.
- 988 (mental health support line) stickers.

Aspirus Wausau Hospital provides in-kind time and expertise for the following activities:

- Marathon County Alcohol and Other Drug Partnership. Aspirus is on the Partnership board and participates in educational events.
- Fatal Overdose Death Review Team. Aspirus contributes its expertise to the county's Fatal Overdose Death Review Team. The Team reviews deaths as a way to identify opportunities for prevention.
- Healthy Marathon County. Aspirus is on the board and participates in activities including oversight of the community health improvement plan and related strategies.

FALLS PREVENTION

Aspirus Wausau Hospital provided time and funding for falls prevention initiatives.

- Community Care Paramedic Program. Aspirus provides funding and in-kind support for the development and implementation of a community care paramedic program that aims to reduce falls-related 911 calls, transport and injury.
- Age-Friendly Hospital Initiative. Aspirus is engaged in ensuring our hospitals comply with the age-friendly hospital framework and is dedicated to providing high-quality care for patients aged 65 and above. Included in this work is a focus on frailty screening and falls prevention.

OTHER

Aspirus Wausau Hospital provided funding and in-kind time (expertise, technical assistance) for the following activities:

- Provided support through in-kind time and funding for Mosaic of Central WI to support their mission and to offer local programming around our goals of improving other community's inclusiveness.
- Access to healthy foods.
 - Aspirus Wausau Hospital supports an on-site farmers market during the summer months. Aspirus implements a Fruit and Veggie Prescription Program for eligible patients with chronic diseases. 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.

- Aspirus addressed food insecurity through funding of multiple entities, including:
 - Community Center of Hope and Wausau Area Mobile Meals (food delivery to seniors).
- Wausau Free Clinic. Aspirus funded ongoing diabetes support and supplies for patients at the Free Clinic. Aspirus also provides in-kind time at the clinic and on the advisory committee.
- Nurse-Family Partnership. Led by the county health department, the program focuses on building strong families with children who are ages 0 to 3.
- Women's shelter. The Women's Community operates a safe shelter for individuals experiencing abuse.
- United Way of Marathon County. Aspirus provides funding to support 211, a community resource call center and online listing of resources.
- CASA (Court Appointed Special Advocates). Aspirus provided support to train advocates, who walk beside children in foster care and speak up for their needs in court and in life.

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

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 Wausau Hospital also provided funding for a variety of other initiatives, including initiatives that support individuals from the Hispanic community who are interested in art, workforce development opportunities for high school students, support for home visiting programs, flu vaccines for outreach efforts and a data platform for ready-access to community health data.

Aspirus Wausau Hospital
333 Pine Ridge Boulevard
Wausau, WI 54401

aspirus.org

