



# COMMUNITY HEALTH NEEDS ASSESSMENT 2019-2022

Aspirus Langlade Hospital & Langlade County Health  
Department

**TABLE OF CONTENTS**

Executive Summary.....2

Community Health Needs Assessment Full Report.....3

Community Health Improvement Plan.....6

    Substance Abuse and Mental Health.....7

    Chronic Disease Prevention and Management.....8

    Access and Affordability of Healthcare Services.....9

About Lantlade County.....11

Appendix.....27

**Langlade County Community Health Assessment—June 2019**  
*Executive Summary*

**Process**

The 2019 Langlade County Community Health Needs Assessment (CHNA) is a collaborative effort led by Aspirus Langlade Hospital and the Langlade County Health Department. A core group of representatives from these entities coordinated with other health organizations, local government agencies, advocacy groups, academia and the public to gather and present the data in this document.

**Research and Findings**

This assessment utilized quantitative data regarding health and quality of life from local, state and federal sources. In addition, primary qualitative research data was gathered locally by interviewing *key informants* that are leaders in one or more of the twelve community sectors. An online public survey was direct mailed to households within the identified Aspirus Langlade Hospital service area and 662 surveys were collected. Community partners from various areas of expertise were also consulted for specific data and recommendations on content.

**Priorities**

For 2019 the top health priorities were based on the following criteria; the magnitude of the problem, the severity of the problem and the need among vulnerable populations (health equity). The following top health priorities were identified for Langlade County:

1. Substance Abuse & Mental Health
2. Chronic Disease Prevention & Management
3. Access & Affordability of Healthcare Services



Adverse Childhood Experiences (ACEs) has been identified as having a strong association between poor social, mental, and physical health outcomes in adulthood and is incorporated within each priority.

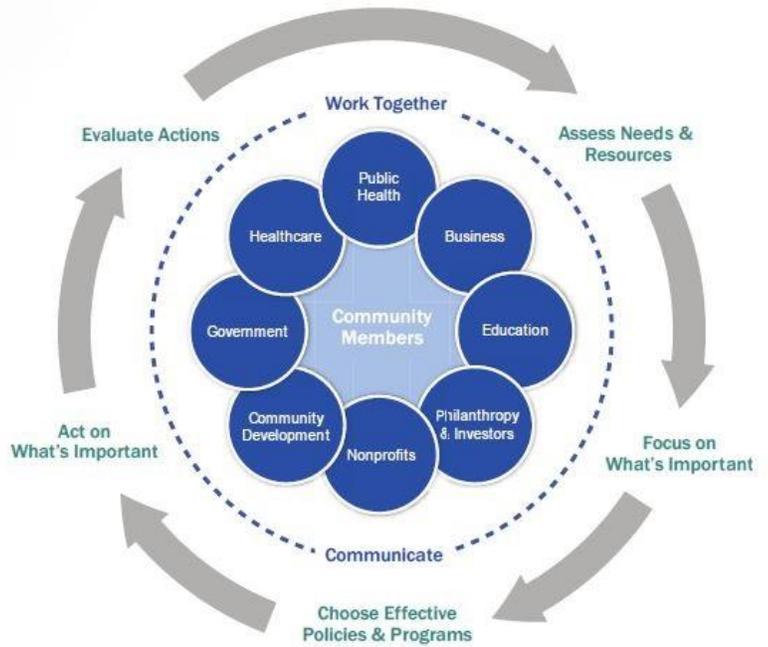
Community Health Needs Assessment 2019-2022

The Collaborative Process

The 2019 Langlade County Community Health Needs Assessment is a collaborative effort led by Aspirus Langlade Hospital and the Langlade County Health Department. A core group of representatives from these entities coordinated with other health organizations, local government agencies, advocacy groups, academia and the public to gather and present the data in this document.

The Langlade County Community Needs Assessment is conducted every three years to systematically collect, assemble, analyze and present information on the health of the community. The purpose of the process is to identify three priorities to drive progress on making Langlade County healthier by 2022.

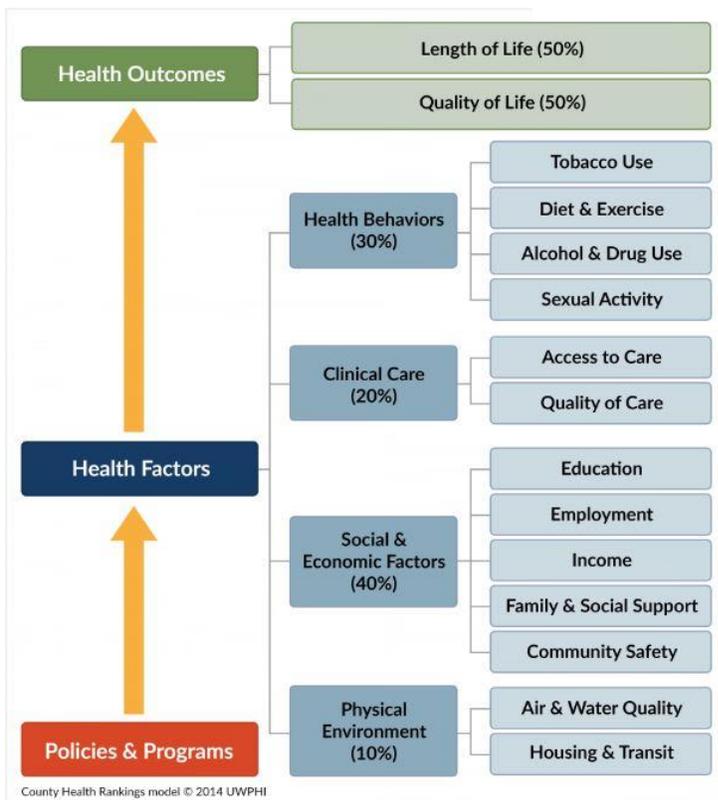
Our health improvement approach follows best practices outlined in the *Wisconsin*



© 2014 County Health Rankings and Roadmaps

*Guidebook on Improving the Health of Local Communities and the County Health Rankings Take Action Cycle.* Utilizing these resources helps us focus on factors that, if improved, can effectively make Langlade County a healthy place to live, learn, work and play.

Collaborating across the community allows the community to 1) leverage existing assets in the community creating the opportunity for broader impact 2) avoid unnecessary duplication of programs or services thereby maximizing the uses of resources 3) increase the capacity of community members to engage in civil dialogue and collaborative problem solving to position the

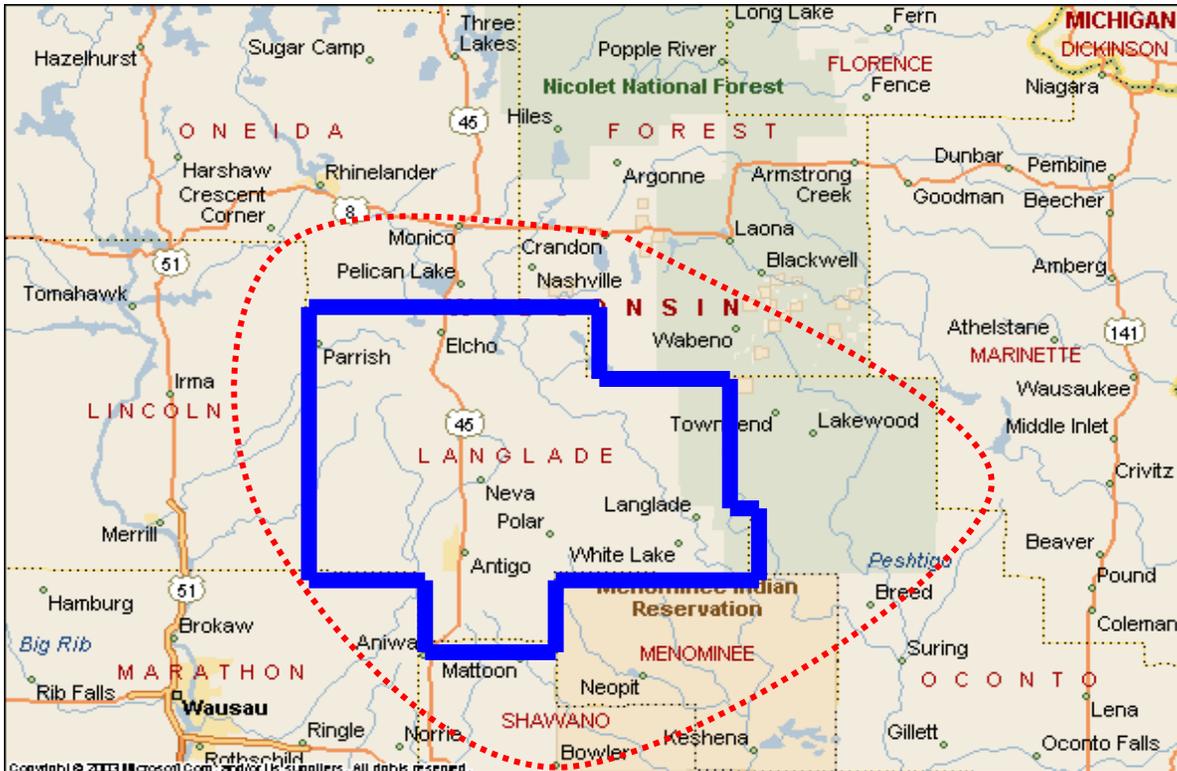


County Health Rankings model © 2014 UWPHI

community to build on and sustain health improvement activities.

**Scope**

The scope of the CHNA includes the Aspirus Langlade Hospital primary service area encompassing Langlade County and its surrounding secondary service area (see map below). A range of health issues were examined for the identified area as well as social determinants known to impact the health of a population such as socioeconomic, environmental, and cultural conditions.



**Research and Findings**

This assessment utilized quantitative data regarding health and quality of life from local, state and federal sources including, but not limited to: the US Census, Center for Disease Control and Prevention, Wisconsin Department of Health Services, Youth Behavioral Risk Survey, Wisconsin Department of Justice, and County Health Rankings.

In addition, primary qualitative research data was gathered locally by interviewing *key informants* that are leaders in one or more of the twelve community sectors.



An online public survey was available and mailed to 20,000 households within the identified Aspirus Langlade Hospital service area. Community partners from various areas of expertise were also consulted for specific data and recommendations on content.

### Top Priorities

The Community Health Needs Assessment provides a foundation to identify health priority areas that will be addressed in a community health improvement plan. Identifying priorities using criteria and defined processes helps to ensure that the most important issues are addressed, provides an opportunity to involve community members and secures buy-in from stakeholders.

The prioritization process started with an in-depth review of the prior Community Health Needs Assessment and the impact of previous action plans related to those priorities. Using the collection of qualitative and quantitative data explained above, the latest research findings and demographics were reviewed. Last, Key Informant interview themes were identified as well as responses from the community survey. Taking all information into account, the top health priorities were based on the following criteria: the magnitude of the problem, the severity of the problem and the need among vulnerable populations (health equity). The following top health priorities were identified for Langlade County:

1. Substance Abuse & Mental Health
2. Chronic Disease Prevention & Management
3. Access & Affordability of Healthcare Services

Adverse Childhood Experiences (ACEs) has been identified as having a strong association between poor social, mental, and physical health outcomes in adulthood and is incorporated within each priority.

**Community Health Improvement Plan***A community implementation strategy*

Community health problems are complex. They have many dimensions and solutions are not always straight forward. The causes of community health problems are all encompassing, and one agency cannot improve them independently. Because of these complexities, these problems require a system perspective and multi-faceted approach. The ability to partner effectively with other individuals and organizations, both inside and outside the community, is essential to doing the work of building healthy communities.

Community partnerships can be as diverse and varied as the communities in which they are located. A community partnership is a collaborative relationship between willing entities formed to address shared objectives. These shared objectives are included in a community health improvement plan.

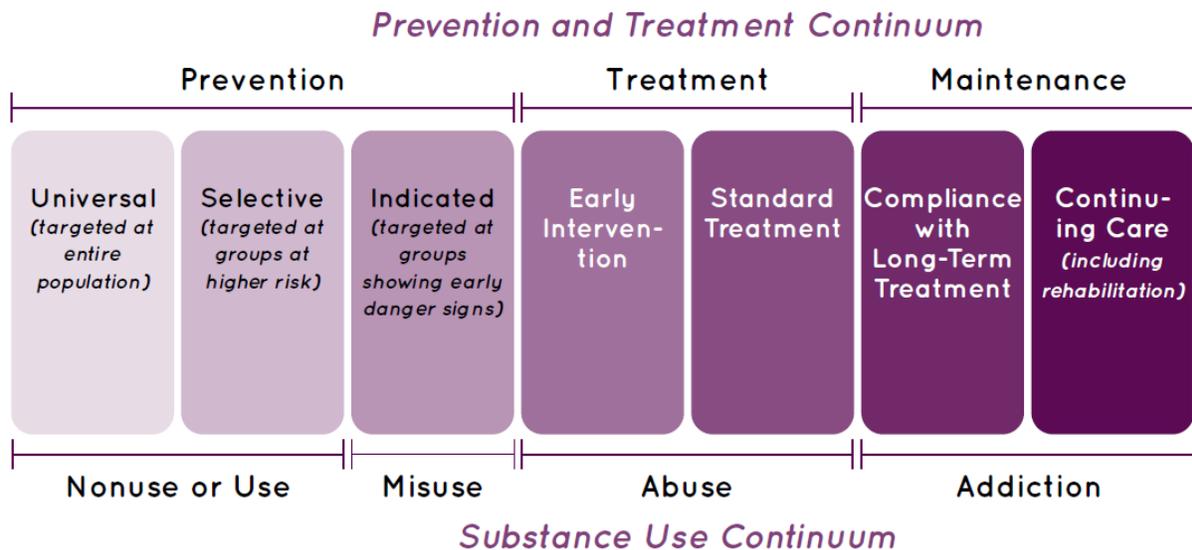
A community health improvement plan (CHIP) is a long-term, systematic effort to address public health problems in a community. It is based on the results of community health assessment activities and is one step in a process to improve community health. Similar to the assessment, the CHIP is a collaborative plan and defines a vision for the community's health.

Throughout this process we enlisted the help of active organizations, coalitions and groups within Langlade County to share some of the goals they are working towards that correlate with the top health priorities identified. The objective is to continue to allocate resources to the greatest areas of need, decrease/eliminate duplication and enhance and collaboration through partnerships. This allows us to effectively improve communication, advance goals and increase accountability.

**Substance Abuse & Mental Health**

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. Abuse of these substances is one of the most serious public health problems facing the United States, Wisconsin and Langlade County is no exception.

Improved evaluation of community-level prevention has enhanced researchers’ understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.



Adapted from Mrazek & Haggerty (1994)

Each stage in the continuum presents a unique opportunity to enhance a personal quality of life at any age, and all stages are addressed in a healthy community.

*Goal: Reduce substance abuse and strengthen Alcohol and Other Drug Abuse (AODA) and mental health services in Langlade County.*

**Short Term: 1-3 years**

- Promote statewide “kNOw Meth” campaign to raise public awareness and provide education regarding methamphetamine use (*Action Alliance*).
- Advance sober living facility pilot program in Langlade County (*Treatment Alternatives & Diversion Team, Aspirus Langlade Hospital, Action Alliance, North Central Health Care, Langlade County Sober Committee*).

- Explore Recovery Coaching practices for the Langlade County Area (*Aspirus Community Opioid Committee, North Central Health Care, Langlade County Health Department, Treatment Alternatives & Diversion Team, Action Alliance*).
- Increase opportunities for prosocial sober activities (*Treatment Alternatives & Diversion Team*).
- Continue “Written Off” screenings in Langlade County to further education on addiction and recovery (*Treatment Alternative & Diversion Team, Action Alliance, Langlade County Sheriff’s Department, District Attorney’s Office, Social Services, Narcotics Anonymous, Langlade County Circuit Court, Aspirus Langlade Hospital, Students Against Destructive Decisions*).
- Increase infrastructure necessary for creation of Family Drug Court (*Treatment Alternatives & Diversion Team, Aspirus Langlade Hospital, Langlade County Health Department, Action Alliance, North Central Health Care, Al-Anon, Alateen, Boys and Girls Club of Langlade County, Antigo Police Department, Langlade County Sherriff’s Department*).

### **Long Term 3+ years**

- Reduce methamphetamine and opioid use
- Increase access to safe prescription drug disposal in Langlade County
- Increase AODA and mental health services in Langlade County
- Decrease Langlade County jail costs
- Implementation of Family Drug Court

### **Chronic Disease Prevention & Management**

Six in ten Americans live with at least one chronic disease, such as heart disease, cancer, stroke, or diabetes. These along with other chronic diseases are the leading causes of death and disability in America, and they are also a leading driver of health care costs. Chronic diseases are also among the most avoidable illnesses and can be prevented by eating well, being physically active, avoiding tobacco and excessive drinking, and getting regular health screenings.

*Goal: Improve quality of life for Langlade County Residents across the continuum.*

### **Short Term: 1-3 years**

- Promote First Breath smoking cessation program for pregnant women through referrals (*Aspirus Health System, Langlade County Health Department, Women Infants & Children (WIC) and Health First Clinics*).
- Increase awareness of the e-cigarette/vaping epidemic occurring among youth by education and presentations to schools and parent groups (*Action Alliance*).
- Increase awareness of Weekend Backpack Program with families and youth (*Weekend Backpack Committee, Antigo Community Food Pantry, Aspirus Langlade Hospital*).
- Increase awareness of physical activities locally (*All community partners*).
- Collaborate on family engagement activities (*local school area districts with community partners*).

- Complete the Healthy Aging in Rural Towns (HEART) grant objectives (*Building a Healthier Langlade County Coalition, Senior Center, Aging & Disability Resource Center, Aspirus Langlade Hospital, UW- Extension, Library, Langlade County Health Department*).

#### **Long Term: 3+ years**

- Decrease number of women who smoke while pregnant
- Decrease e-cigarette/vaping usage among youth
- Decrease food insecurity in Langlade County
- Decrease obesity
- Decrease heart disease
- Decrease diabetes

#### **Access & Affordability of Healthcare Services**

Access and cost of healthcare services in Langlade County continues to be a top priority for residents and is critical to good health, yet rural residents face a variety of access barriers.

Ideally, residents should be able to conveniently and confidently access services such as primary care, dental care, behavioral health, emergency care, and public health services. According to Healthy People 2020, access to healthcare is important for; overall physical, social, and mental health status; disease prevention, detection and diagnosis; and treatment of illness and quality of life.

Rural residents often encounter barriers that limit their ability to obtain the care they need. For rural residents to have enough access, necessary and appropriate healthcare services must be available and obtainable in a timely manner. Even when an adequate supply of services exists in the community, there are other factors to consider in terms of healthcare access. For instance, to have adequate healthcare access, a rural resident must also have financial means to pay for services, such as health or dental insurance that is accepted by the provider; means to reach and use services, such as transportation to services that may be located at a distance and the ability to take paid time off of work to use such services; and confidence in their ability to communicate with healthcare providers and understand how to utilize services adequately, such as utilizing clinical appointment services instead of accessing emergency services.

*Goal: To increase access of healthcare services and strive for health equity in Langlade County.*

#### **Short Term: 1-3 years**

- Continue Prevention Fund, a program to assist patients with an immediate medical need who do not have financial resources at time of service (i.e. medication, inhalers, etc.) (*Aspirus Langlade Hospital*).
- Increase awareness of public transportation services in Langlade County and the surrounding service area (*Red Robin Transit, Langlade County Transportation Committee*).

- Increase participation in Seal-a-Smile program and basic dental cleaning services in local area school districts (*Building a Healthier Langlade County, Bridge Community Dental Clinic, North Lakes Community Clinic, local area school districts*).

**Long Term: 3+ years**

- Reduce unnecessary visits to the emergency room and walk-in
- Reduce readmission rates
- Increase utilization of public transportation
- Bring expanded care services to local area school districts

**ABOUT LANGLADE COUNTY**

In 2017, Langlade County, WI had a population of 19,190 people with a median age of 47.6 and a median household income of \$44,122. Between 2016 and 2017 the population of Langlade County, WI declined from 19,414 to 19,190, a 1.15% decrease, and its median household income grew from \$43,501 to \$44,122, a 1.43% increase.



The population of Langlade County is 94.5% White, 1.86% Hispanic or Latino, and 1.63% two or more races. In Langlade County, 3.69% of the people have a primary language other than English and 98.8% are U.S. citizens.

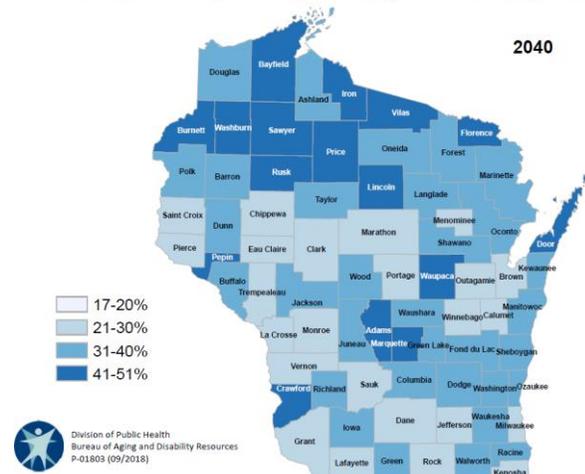
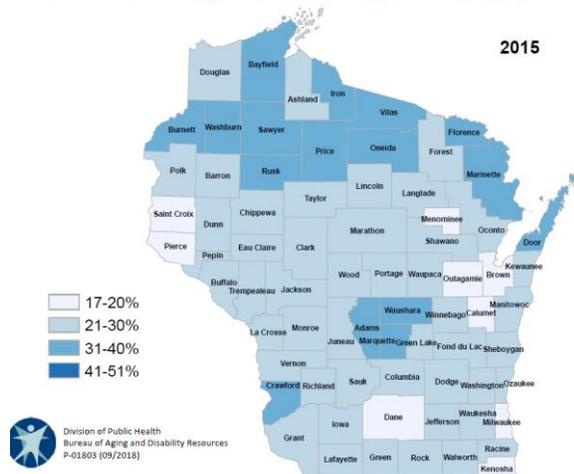
Demographics	2000	2010	2017
Population	20740	19977	19190
Median Age	40.5	45.7	47.6
Minority Population	2%	3.5%	5.5%
Children in Poverty	17%	23%	21%
Mediam Household Income	\$43,227	\$40,994	\$44,122

The population in Langlade County is decreasing over time, yet, shifting toward an increasingly older population. In 2017, the percent of individuals 65+ and older was

23.4% compared to the state percentage 16.5%. According to the Department of Health Services, the projected population of individuals age 60 and older is expected to increase for at least the next 20 years, as portrayed in the maps below.

Percent of the Projected Population Ages 60 and Older, 2015-2040

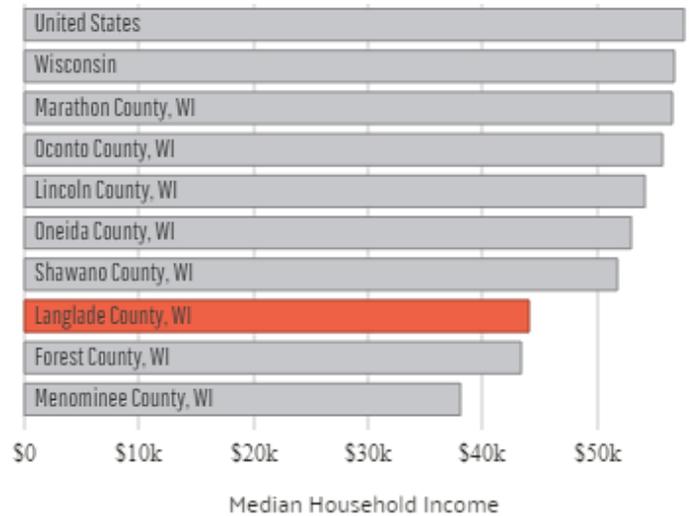
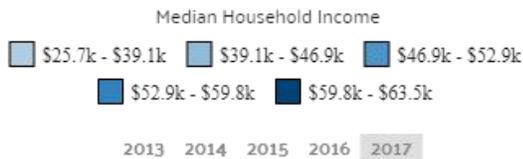
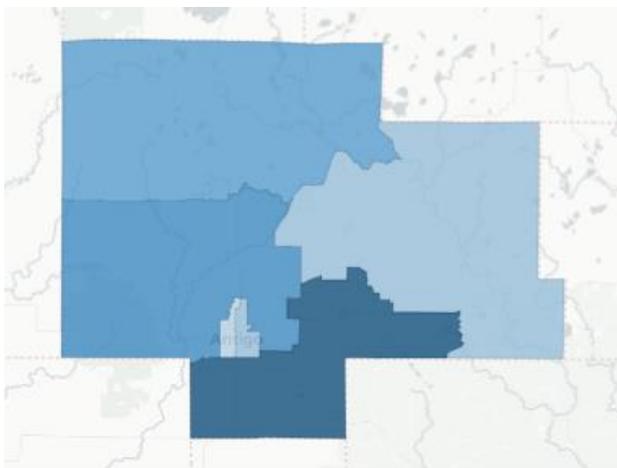
Percent of the Projected Population Ages 60 and Older, 2015-2040



**ECONOMY**

**Langlade County employs 8,870 people** with Healthcare and Social Assistance industries as the top employers. The largest industries in Langlade County are Healthcare & Social Assistance (1,301 people), Retail Trade (1,299 people), and Manufacturing (1,283 people). The highest paying industries are Utilities (\$66,250), Public Administration (\$47,237), and Transportation & Warehousing, & Utilities (\$42,863).

**Households in Langlade County have a median annual income of \$44,122, less than the median annual income of \$56,759 in Wisconsin and \$60,336 across the United States.** This is in comparison to a median income of \$43,501 in 2016, which represents a 1.43% annual growth. The chart below shows how the median household income in Langlade County compares to that of its neighboring and parent geographies.

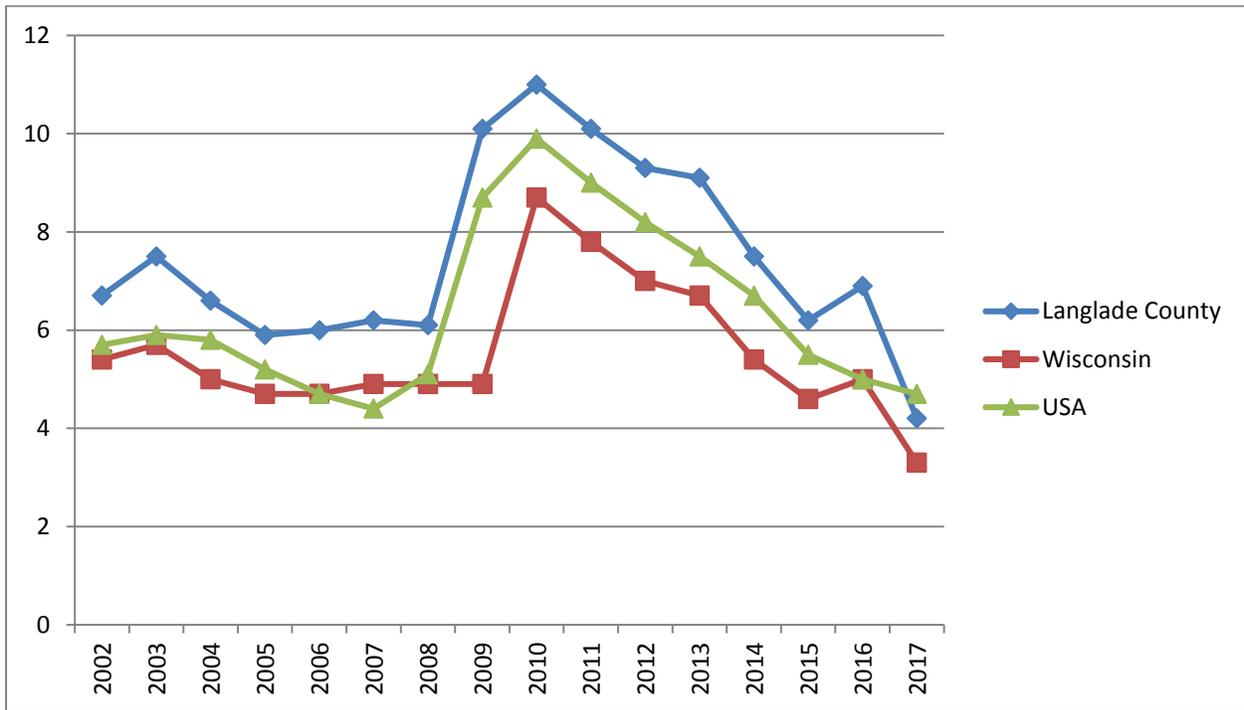


**UNEMPLOYMENT**

**Unemployment rates for Langlade County are declining** however remain higher than the state and national average. As portrayed by the graph below, there is a downward trend, where Langlade County was reported to have 11% unemployment rate in vs. a rate 4.2% in 2017.

**4.2%**  
Langlade County
**3.3%**  
Wisconsin
**2.9%**  
Top Us. Performer

**Langlade County Average Unemployment Rates by Year vs. State and National Rates  
(Wisconsin Department of Workforce Development)**

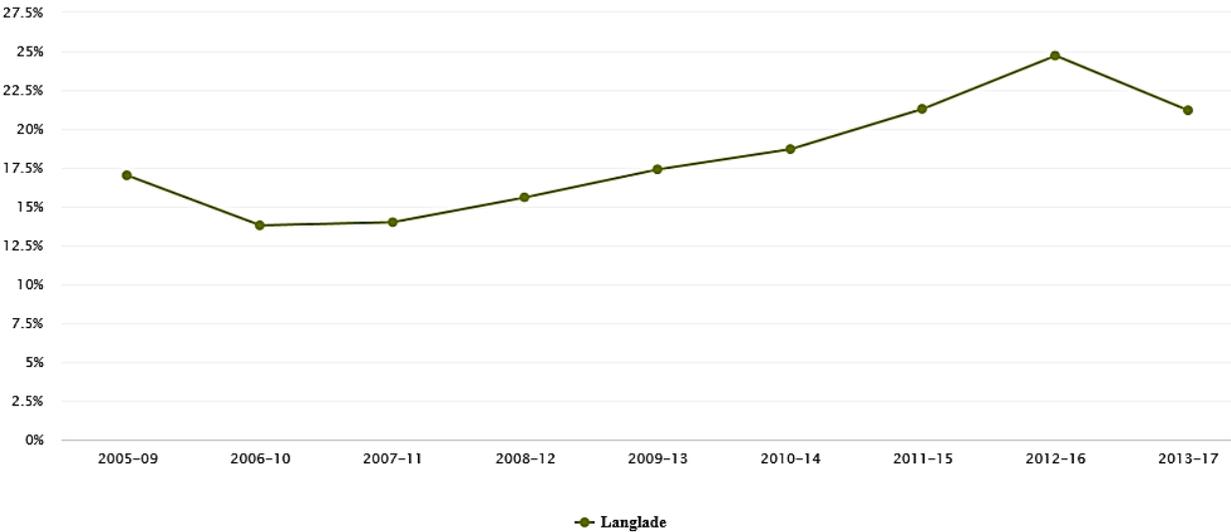


**POVERTY**

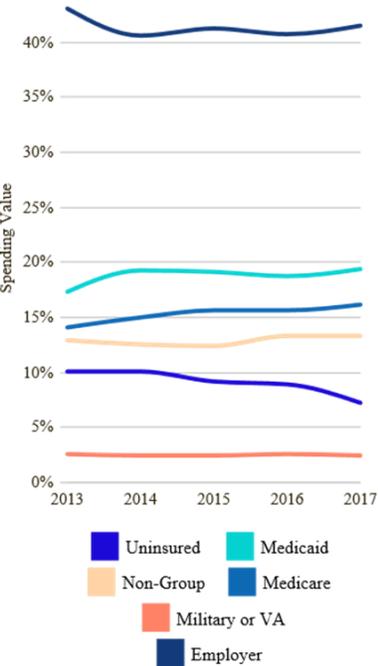
The Langlade County poverty rate is higher than the Wisconsin rate of 12.3% and national average of 13.4%.

**14.8%**  
2017 % of Persons in Poverty  
Langlade County

In 2017, 21% of children in Langlade County were living in poverty, consistently higher than the Wisconsin percentage of 15%. Below shows the number of people below 18 years of age living in poverty.



Growing up in poverty is one of the greatest threats to healthy child development. Poverty and financial stress can impede children’s cognitive development and their ability to learn. It can contribute to behavioral, social and emotional problems and poor health.



**ACCESS TO CARE**

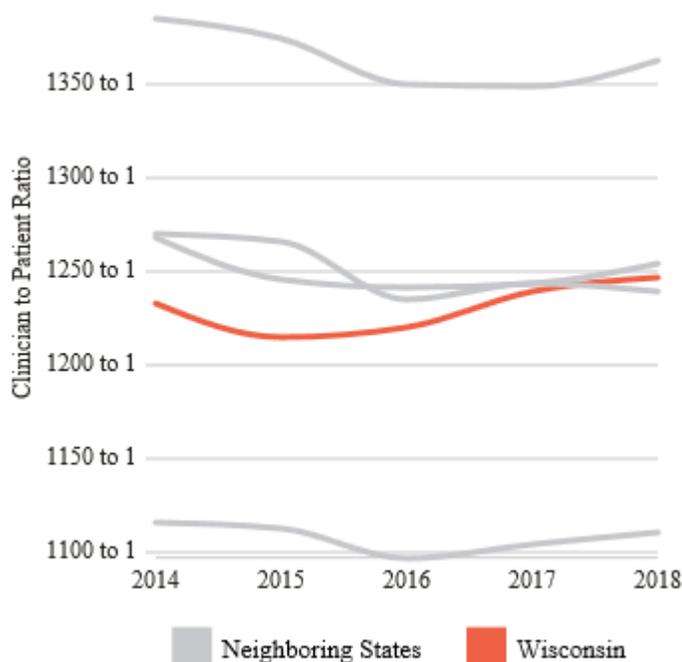
92.7% of the population of Langlade County has health coverage—with 41.5% on employee plans, 19.4% on Medicaid, 16.1% on Medicare, 13.3% on non-group plans, and 2.45% on military or VA plans.

Between 2016 and 2017, the percent of uninsured citizens in Langlade County declined from 8.84% to 7.27% (a 1.8% decrease).

The chart to the left shows how the percent of uninsured individuals in Langlade County has changed over time compared to the percent of individuals enrolled in various types of health insurance.

**PATIENT TO CLINICIAN RATIOS**

**Primary care physicians in Langlade County see approximately 1131 patients per year** representing a 6.76% decrease from the previous year (1213 patients). Compare this to dentists, who see on average 1747 patients



per year, and mental health providers who see approximately 1068 patients per year. For

**1131 to 1**

Primary Care Physicians

**1747 to 1**

Dentist

**1068 to 1**

Mental Health Providers

primary care physicians and dentists, the ratios of patients to providers are comparable to the Wisconsin state average whereas with mental health providers, Langlade County has double the number of patients per provider vs. the Wisconsin average. The Wisconsin average is 530 patients per provider for mental health.

The chart to the left shows how the number of patients seen by primary care physicians,

has been changing over time in comparison to neighboring states, in order of performance from best to worst: Minnesota, Illinois, Wisconsin, Michigan, Iowa.

**HEALTHCARE SPENDING**

**Per capita personal health care spending in Wisconsin was \$8,702 in 2014.** This is a 6.26% increase from the previous year (\$8,189).

**\$8,702**

Total Per Capita Spending on Personal Health care

**\$7,057**

Per Enrollee Medicaid Spending on Personal Health Care

**\$5,159**

Per Enrollee Private Health Insurance Spending on Personal Health Care

**\$9,608**

Per Spend Enrollee Medicare Sending on Personal Health Care

**HEALTH STATUS**

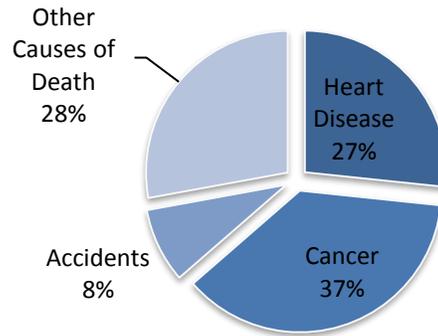
According to the Wisconsin Department of Health Services, the top three causes of death for Langlade County in 2015 were cancer, heart disease and accidents.

**CANCER**

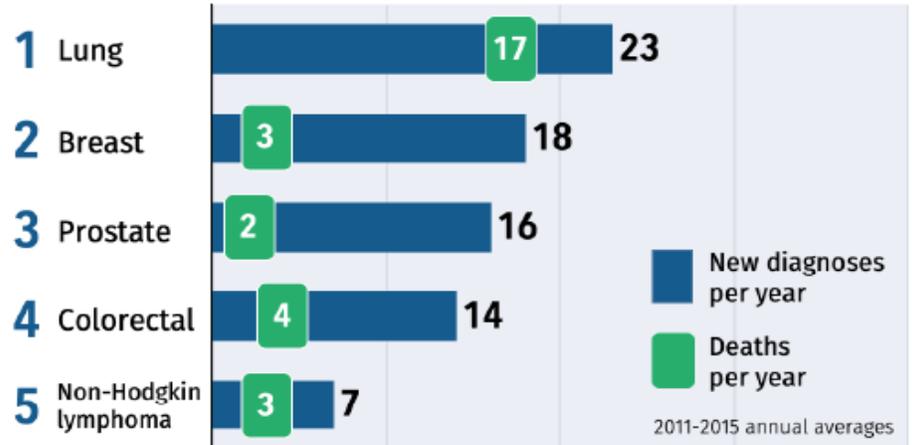
**Langlade County’s five most common cancers are lung, breast, prostate, colorectal and non-Hodgkin lymphoma.** Comparatively, according the National Institutes of Health, Wisconsin’s top five most common cancers include breast, prostate, lung, colorectal and uterine.

Lung cancer is ranked highest locally with 23 new cases per year and 17 deaths per year. The cancer site with the highest mortality rate in both Wisconsin and Langlade County is the lungs.

**Distribution of the 3 Leading Causes of Death  
Langlade County, WI**



There are many know risk factors for cancer, some of which can be controlled and others that cannot be changed. Age and family history are examples of potential risks that are unavoidable. However, limited exposure to risk factors such as drinking, smoking, physical inactivity and poor diet may lower your risk of developing certain cancers.

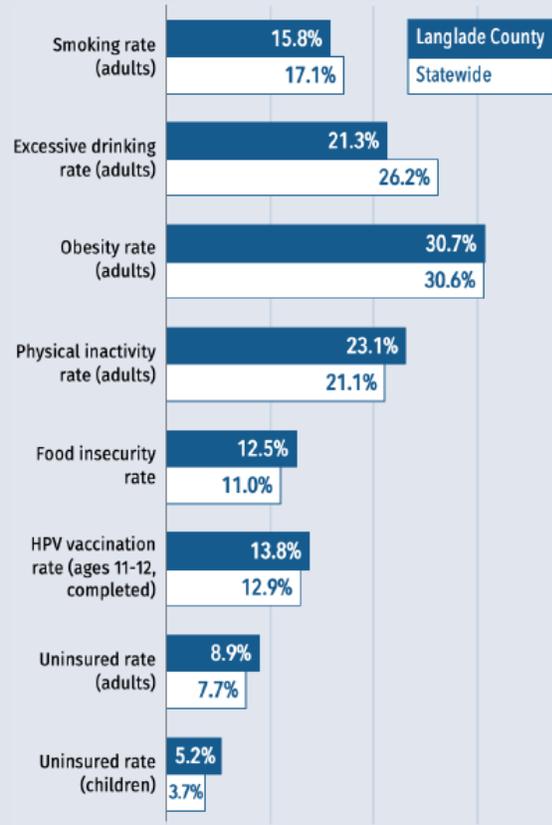


**Langlade County has higher rates of avoidable risk factors than the state** for obesity rates, physical inactivity, food insecurity, and uninsured rate for adults and children.

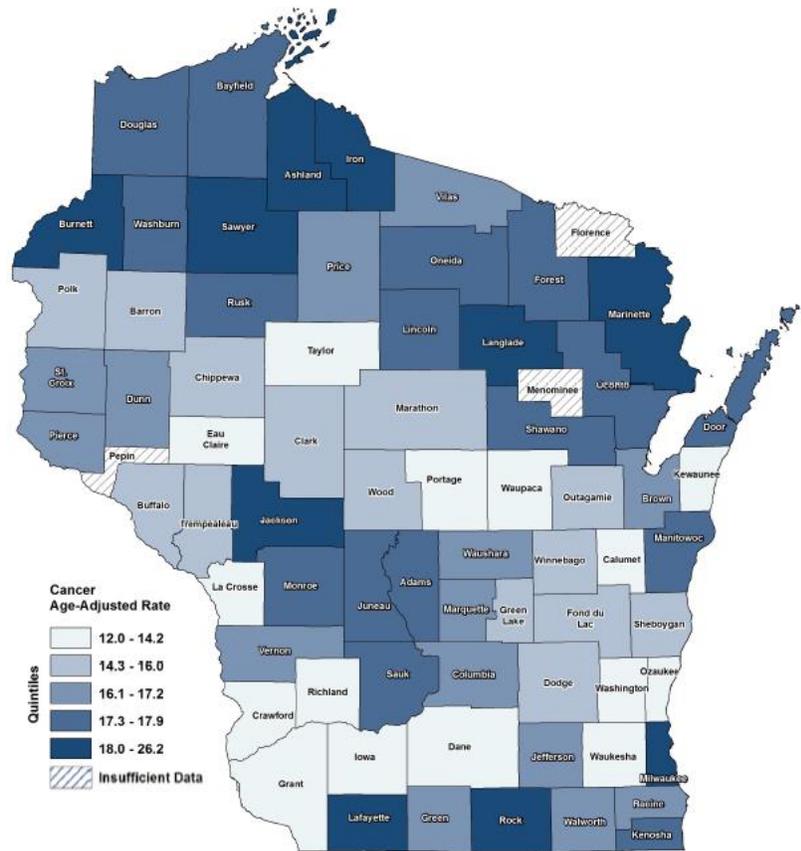
**Cancer mortality in Langlade County ranks among the highest counties in the state with a mortality rate of 18.0 per 10,000.** In the map provided by Department of Health Services, the age-adjusted cancer mortality rates were highest in Lafayette, Ashland, and Sawyer counties in 2016. The age-adjusted cancer mortality rates were lowest in Taylor, Calumet and Richland counties. The states average age-adjusted mortality rates for all cancer sites is 16.5 per 10,000 population.

### What affects cancer outcomes in Langlade County?

A snapshot of social determinants and behaviors that can increase or decrease cancer risk



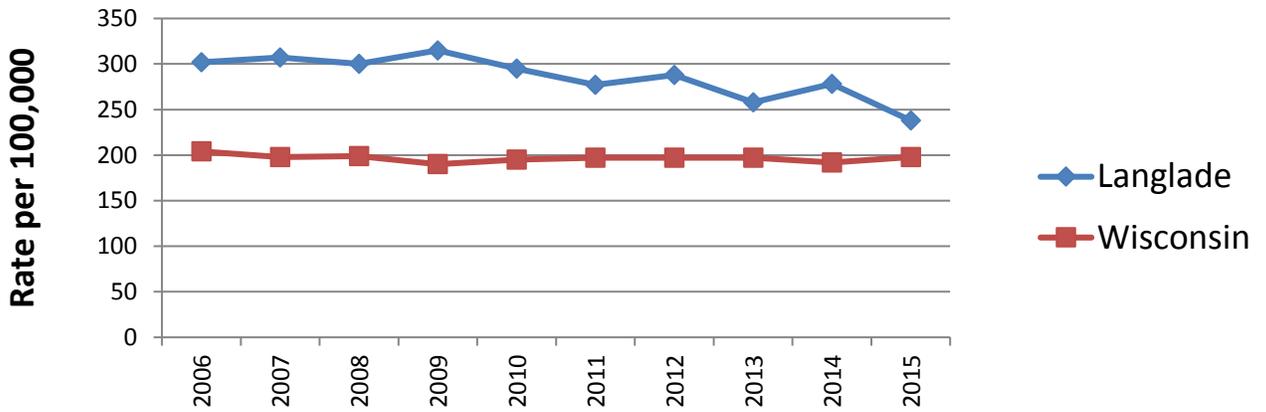
Map 3. Age-adjusted mortality rate (per 10,000) for cancer by County, 2016



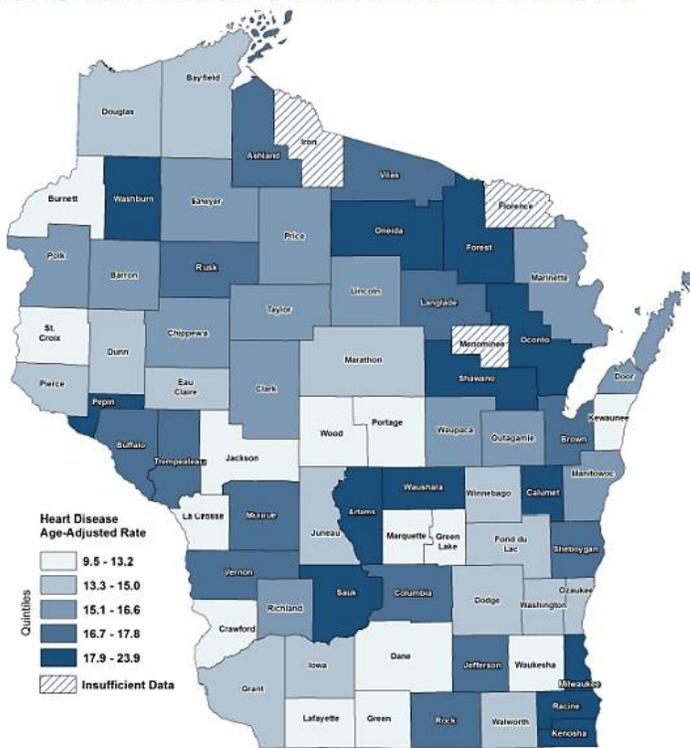
### HEART DISEASE

The rate of death from heart disease has been consistently higher in Langlade County than for the state, however trending downward. According to the Department of Health Services, the graph below shows the heart disease mortality rate per year in Langlade County compared to the state. Wisconsin’s rate continues to stay steady.

**Heart Disease Mortality Rate (per 100,000 population)  
by Year in Langlade County vs. Wisconsin  
(Wisconsin Department of Health Services)**



Map 2. Age-adjusted mortality rate (per 10,000) for heart disease by County, 2016



The counties with the highest age-adjusted heart disease mortality rates in 2016 were Forest, Washburn, and Waushara. The three counties with the lowest heart disease mortality rate were Lafayette, Crawford and Kewaunee counties. Langlade County’s rates are mid-range according to the scale.

**ACCIDENTS**

**For Langlade County, accidents are the third leading cause of death.** The leading causes of death due to unintentional injury includes falls, poisoning, motor vehicle crashes, suffocation, drowning and fire. Shown on the next page are the numbers of unintentional injury deaths by year in Wisconsin. Falls were the leading cause of unintentional injury death during the entire period.

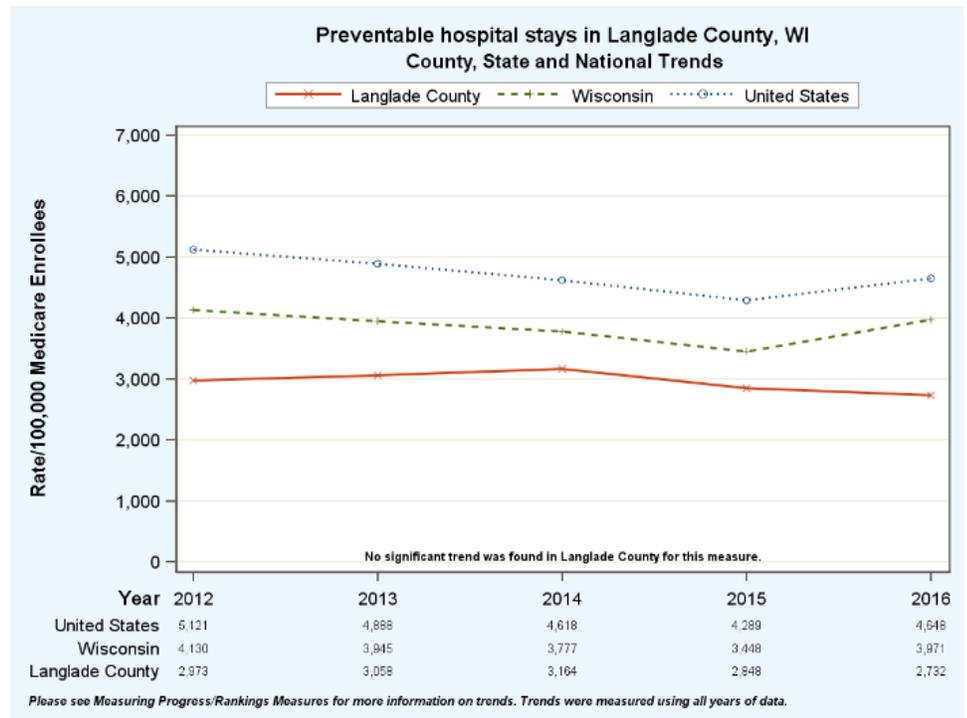
Poisoning surpassed motor vehicle crashes as the second leading cause of unintentional injury death. This is driven by the increase in drug overdose deaths, which is counted within poisoning data.

Table 8. Number of unintentional injury deaths, 2007-2016

Cause of injury	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Fall	891	918	954	978	1,026	1,091	1,166	1,211	1,342	1,483
Poisoning	529	481	515	507	580	615	748	752	774	970
Motor vehicle crash (MVC)	730	581	531	567	566	566	547	486	569	600
Suffocation	94	101	94	94	99	103	93	120	104	98
Drowning	41	59	49	65	60	61	52	43	60	48
Fire/flare	64	46	44	38	43	53	46	44	47	40
All others	236	249	244	243	237	298	266	279	282	257
<b>Total</b>	<b>2,593</b>	<b>2,443</b>	<b>2,432</b>	<b>2,496</b>	<b>2,615</b>	<b>2,789</b>	<b>2,927</b>	<b>2,940</b>	<b>3,186</b>	<b>3,502</b>

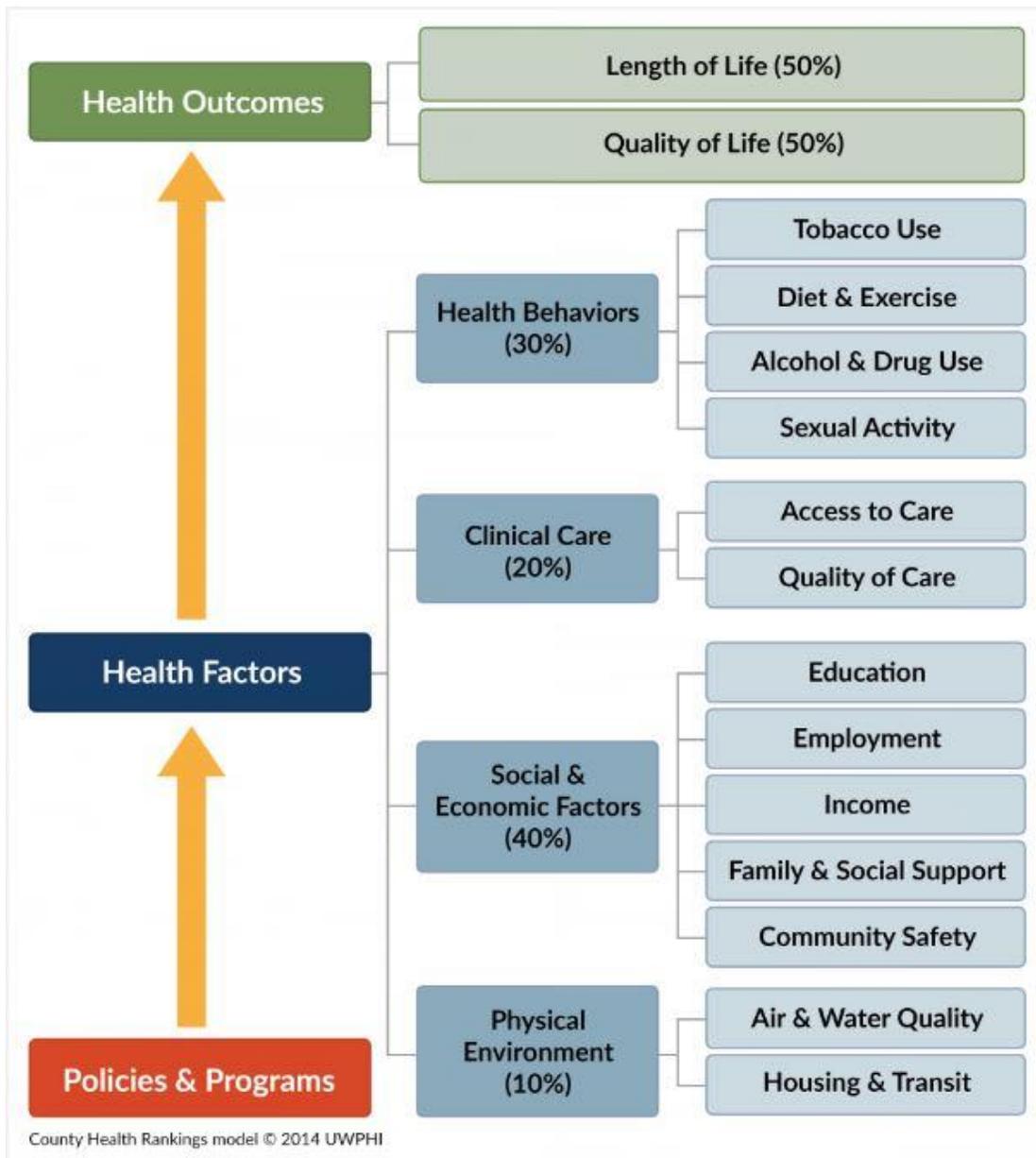
The number of preventable hospital stays in Langlade County has been below the state and national average consistently for the past five years.

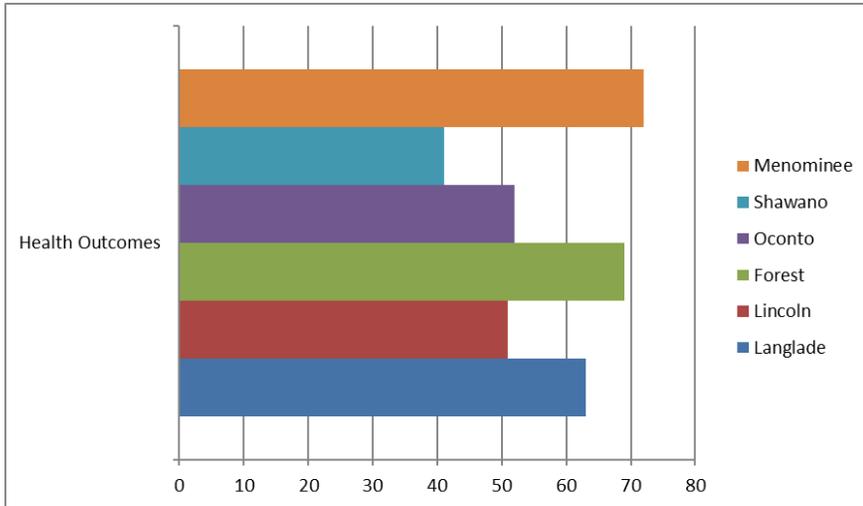
Preventable hospitalizations include stays due to diabetes, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, dehydration, bacterial phenomena, and urinary tract infection.



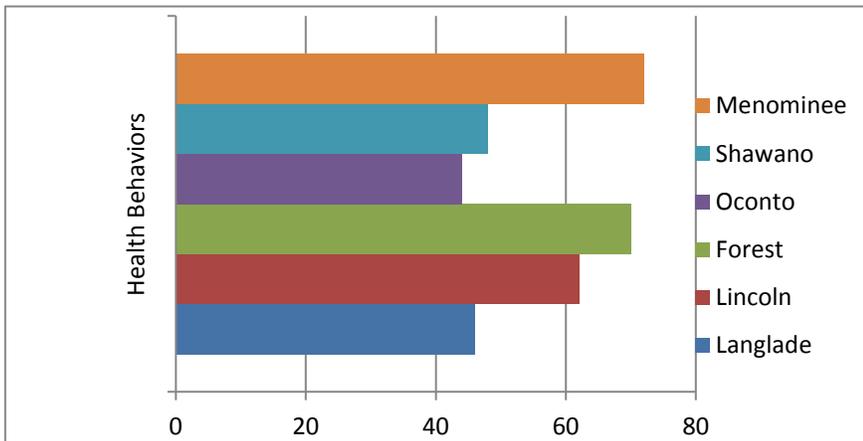
**HEALTH OUTCOMES & HEALTH FACTORS**

Each year, the University of Wisconsin Population Health Institute within the University of Wisconsin-Madison School of Medicine and Public Health releases *County Health Rankings*. The rankings are based upon a model of population health improvement that describes the current health status of a county using specific measures of health outcomes such as morbidity. These health outcomes are influenced by a few health factors or social determinants such as health behaviors and socioeconomic factors.

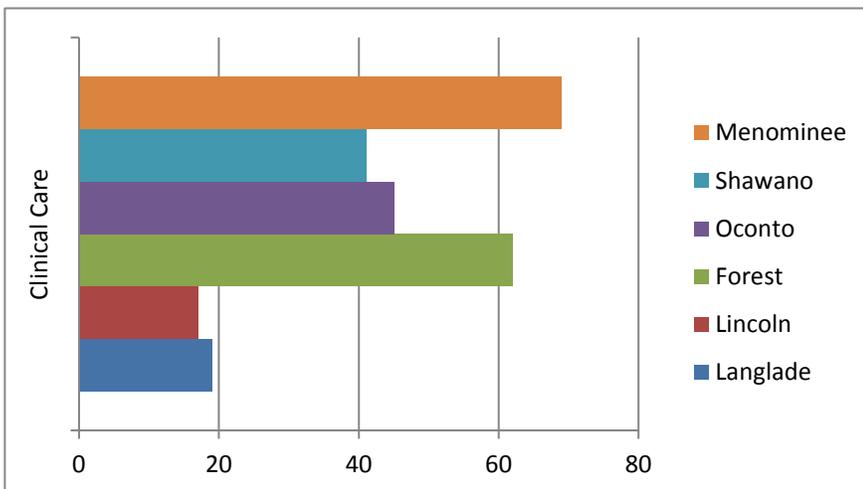




**Langlade County ranks 63 of 72 counties in the category of Health Outcomes.** The Health Outcomes measure includes length and quality of life.



**Langlade County ranks 46 of 72 counties in Health Behaviors.** The Health behaviors measure includes adult smoking, adult obesity, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol impaired driving deaths, sexually transmitted, teens births.

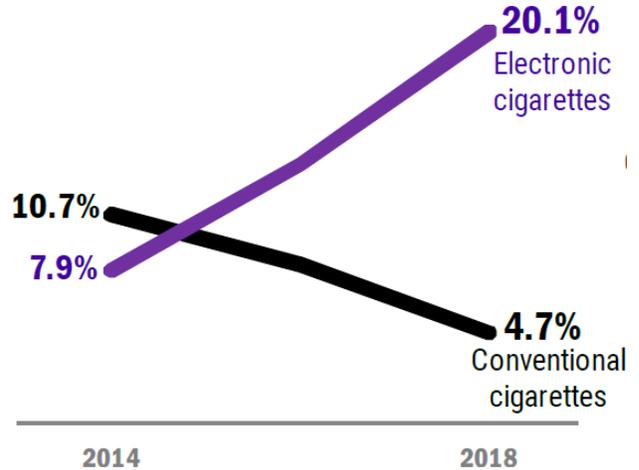


**Langlade County ranks 19 of 72 counties for Clinical Care, ranking in the top 20 in the state of Wisconsin.** The Clinical Care measure includes uninsured, primary care physicians, dentists, mental health providers, preventable hospital stays, mammography screenings, and flu vaccinations.

\*In reference to the rankings above, 1 is the highest ranking, 72 is the lowest.

*Youth Tobacco Use*

From 2014-2018, there was a 154% increase in e-cigarette use among Wisconsin high school students, along with a 272% increase in e-cigarette use among middle school students (according to the Youth Tobacco Survey 2018 by the Wisconsin Department of Health Services).



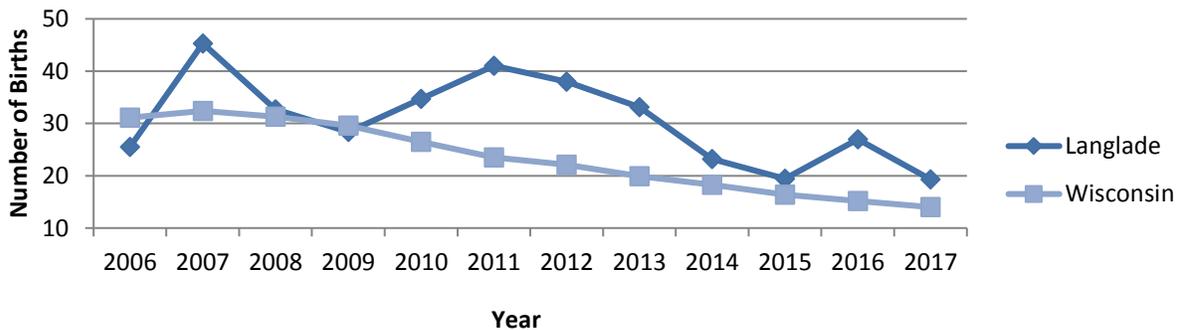
*Youth Alcohol Usage*

According to the Youth Behavior Risk Survey results from 2016, In Langlade County, 1 in 5 students report drinking alcohol before the age of 13. This indicates students taking more than a few sips. The local percentage (19%) is higher than both the state (14.6%) and national average (18.6%).

*Teen Birth Rate*

Langlade County ranks 55 out of 67 counties for births to teen mothers in Wisconsin (not all counties included in rankings).

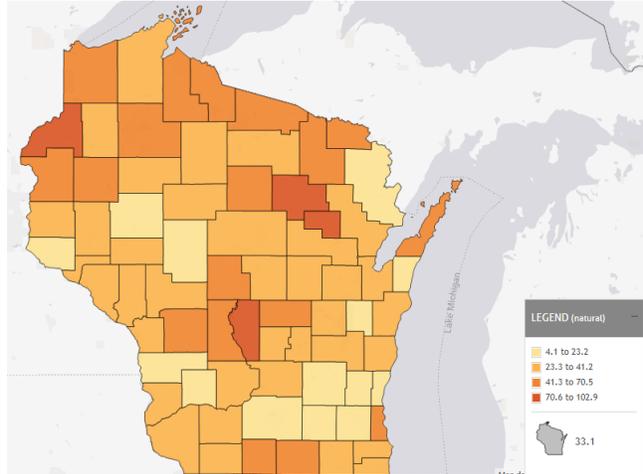
**Teen Birth Rate for Wisconsin and Langlade County by Year  
(Wisconsin Department of Health Services, Division of Public Health)**



*Child Abuse and Neglect*

**Langlade County ranks 71 out of 72 counties in the number of reports for child abuse and neglect according to the Wisconsin Department of Children and Families.**

Each report represents a referral made to the county's Child Protective Services (CPS) that involves allegations of child abuse or neglect. One CPS report can involve multiple children, or multiple allegations involving the same child.

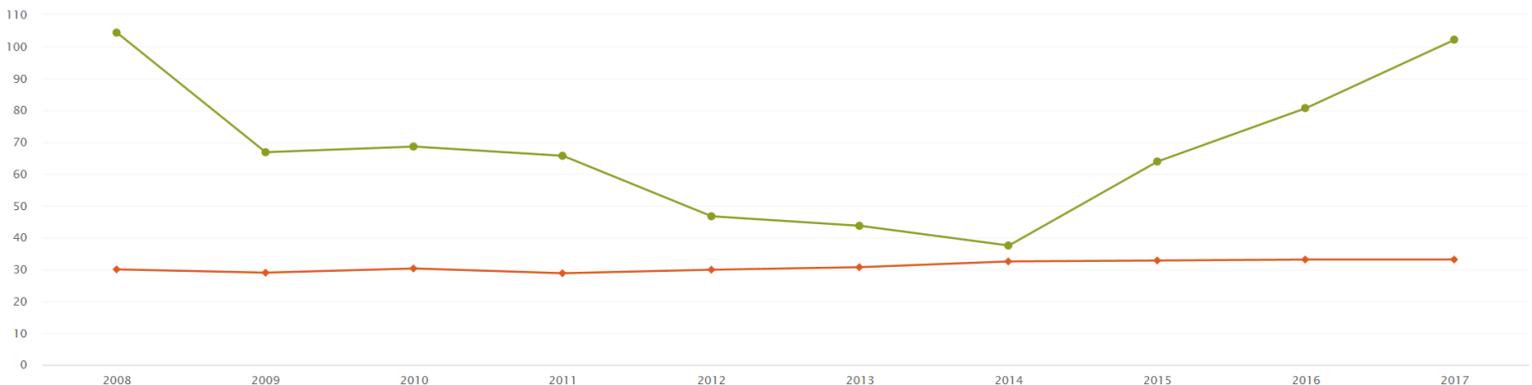


Shown below is the number of cases reported in Langlade County from 2009-2017. The rate represents the number of abuse and neglect reports for a given year per 1,000 children ages zero to 17 in the county for the previous year. This rate is calculated by the Wisconsin Department of Children and Families and presented in the reports.

Location	Data Type	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Wisconsin	Number	NA	NA	NA	NA	39,460	40,135	42,300	42,455	42,644	42,502
	rate per 1,000 children	30.0	29.0	30.3	28.8	29.9	30.7	32.5	32.8	33.1	33.1
Langlade	Number	NA	NA	NA	NA	185	173	145	240	304	388
	rate per 1,000 children	104.4	66.8	68.6	65.7	46.7	43.7	37.5	63.9	80.7	102.2

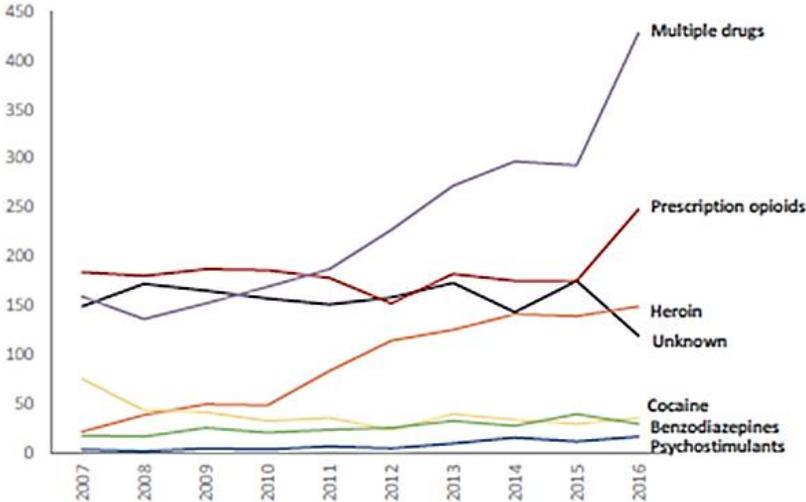
Shown below is a line graph showing the trends of child abuse and neglect reports for Langlade County and Wisconsin. Wisconsin remains steady while Langlade County continues to see an increased trend. In discussions with the local police department and the Langlade County Social Services department, the increase can be attributed to the local substance abuse issues.

**Trends of Child Abuse and Neglect Reports for Langlade County & Wisconsin**  
(Wisconsin Department of Children and Families)



**Substance Abuse**

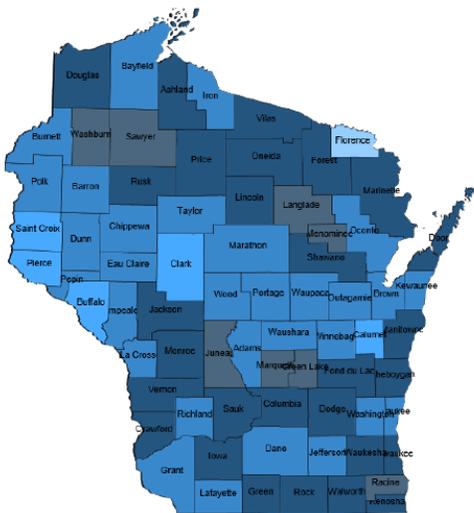
According to the Wisconsin Department of Health Services Death Report, in 2016, there was a sharp increase in deaths due to overdose of multiple drugs. There has also been an increase of prescription opioid overdose deaths since 2015. In contrast, drug overdose deaths from cocaine, benzodiazepines and psychostimulants have been relatively low for many years.



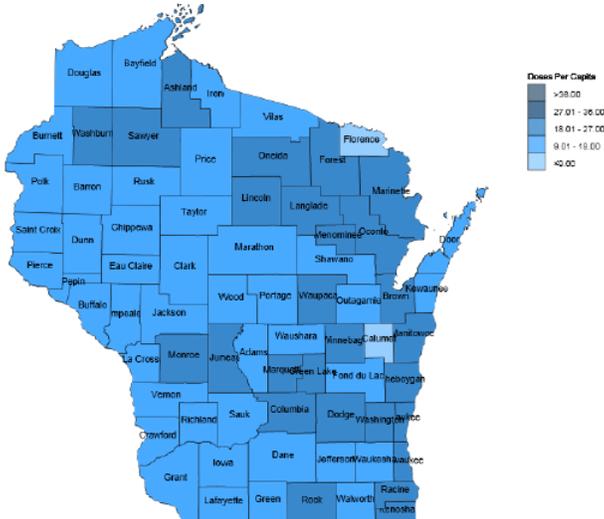
Enhanced Prescription Drug Monitoring Program (ePDMP) is a tool to help combat the ongoing prescription drug abuse epidemic in Wisconsin. By providing valuable information about controlled substance prescriptions that are dispensed in the state, it aids healthcare professionals in their prescribing and dispensing decisions.

The maps below display the change in prescribing of opioids per county from 2015-2019. **Doses dispensed in Langlade County has drastically decreased from 2015 to 2019.** Data is collected from the Prescription Drug Monitoring Program (PDMP).

Controlled Substance Prescription Drug Doses Dispensed per Capita for 2015 Q1



Controlled Substance Prescription Drug Doses Dispensed per Capita for 2019 Q1



According to the Lantlade County Sherrif’s Department, dangerous drugs was #1 on the list of Top 10 Arrests made for 2017. Drug arests are slightly lower in 2017 at 246 vs. 2016 at 271.

Top 10 Arrests Made 2017—Lantlade County Sherrif’s Dept	
246	<b>Dangerous Drugs</b>
204	Warrant Arrest
60	Bail Jumping
51	Traffic Strop/Arrest and Obstructing
49	Burglary
48	Probation Hold
43	Intoxicated Driver
38	Disorderly Conduct
32	Domestic Issues
28	Theft

**Appendix**

Community Survey Postcard.....28

Community Needs Survey Demographic Data.....29

Community Needs Survey Responses.....31

Key Informant Interview Themes.....32

Prioritization of Health Needs.....33

Approval and Implementation Timeline.....34

References.....35

## COMMUNITY SURVEY POSTCARD

The Community Health Needs survey was sent to over 20,000 households in Langlade County and the surrounding service area through a series of postcard mailings. Surveys were available through an online survey platform link and paper copies were available upon request. Based on the population size of Langlade County, we received an impressive amount of community feedback. Below is a sample postcard distributed to Langlade County households.



Your Community Health Needs Assessment

Take the Survey → Closes February 28, 2019.

- Tell us what is important to you and your family.
- Identify the community's health needs and areas for improvement.
- What are {we} doing well?



To take the survey, please visit  
<http://aspirus.org/langladesurvey>

Or scan QR code with smartphone

For a paper copy or a translated Spanish version of this survey please call 715-627-6250.



**COMMUNITY NEEDS SURVEY DEMOGRAPHIC DATA**

Out of a total of 662 responses: 78.1% Female, 21.9% Male

ANSWER CHOICES	RESPONSES	
Female	78.10%	517
Male	21.90%	145
<b>TOTAL</b>		<b>662</b>

Ages ranged from 18-90+ with 24.5% in the 50-59 range

ANSWER CHOICES	RESPONSES	
0-17	0.00%	0
18-20	0.60%	4
21-29	7.70%	51
30-39	15.56%	103
40-49	16.77%	111
50-59	24.47%	162
60-69	16.62%	110
70-79	12.84%	85
80-89	4.98%	33
90+	0.45%	3
<b>TOTAL</b>		<b>662</b>

Out of 648 responses, 99.5% identified themselves as “white”.

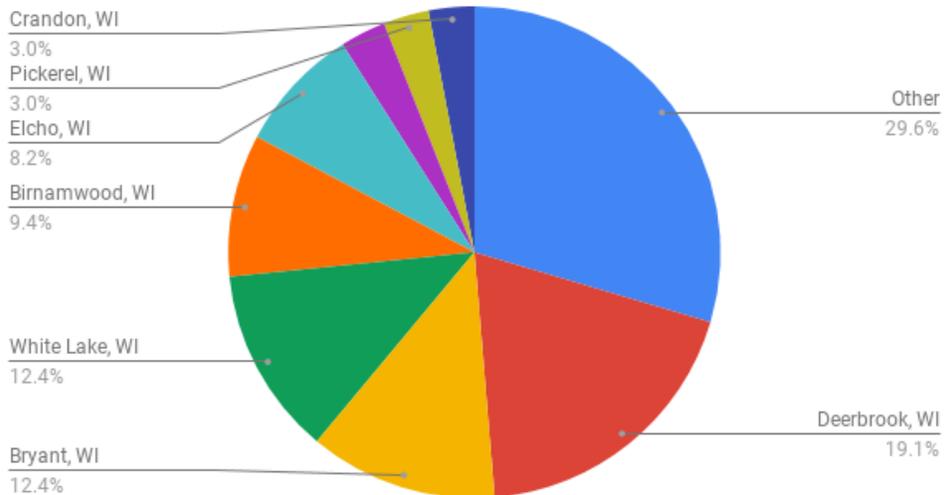
ANSWER CHOICES	RESPONSES	
White	99.54%	645
African American	0.15%	1
Asian	0.00%	0
American Indian	0.31%	2
Pacific Islander	0.00%	0
<b>TOTAL</b>		<b>648</b>

Responses by Zip Codes:

Out of 662 responses there were a total of 381 (58%) responses from the 54409 zip code (Antigo).

The chart portrays the zip codes with the highest response rates in rural areas. Responses were collected from 35 different zip codes total.

Participants from Rural Areas



Responses to the question asking “Please share any groups that you represent or are part of” revealed top five affiliations.

1. Education
2. Faith community
3. Senior Citizen
4. No Affiliation
5. Healthcare

**COMMUNITY NEEDS SURVEY RESPONSES:**

**“What do you see as the most important health issues facing Langlade County and the surrounding area?”** Respondents were asked to check all that apply from a listing of 19 health issues. The top 5 responses were:

1. Substance Abuse (73%)
2. Mental Health (55%)
3. Obesity (48%)
4. Prescription Drug Affordability (46%)
5. Poverty (44%)

**When asked to narrow the scope to only two health issues from the listing of 19,** the top 3 responses were the following:

1. Substance Abuse (55%)
2. Mental Health (26%)
3. Poverty (17%)

When analyzing open ended responses, **access to care** was identified as an overwhelming theme.

**“What do you think contributes to the top health issues of Langlade County,”** the following themes were identified: Poverty, Mental Health, Substance Abuse, Family Engagement, Recruitment of Providers, and Access to Care, lack if insurance coverage.

**“What are your greatest difficulties when accessing healthcare services?”** Over 50% said the cost of healthcare, the remaining top 2 responses were availability of needed services in out area and appointments not available after hours or weekends.

**“What are your greatest needs regarding healthcare services?”** The top 5 all related to poverty and mental health;

- 1) Substance abuse services (62%)
- 2) Mental health services (54%)
- 3) Services for childhood behavioral services (35%)
- 4) Prescription drug assistance (29%)
- 5) Services for low income residents (29%)

**“What are your greatest needs regarding health education topics and preventative services?”** Top three listed below.

1. Mental health and substance abuse (72%)
2. Healthy lifestyles (diet, exercise, etc.) (52%)
3. Obesity prevention (42%)

**“Where do you seek health related health information?”** Top 5 listed below.

1. Doctors Office (78%)
2. Internet searching (73%)
3. Medical Provider (52%)
4. Pharmacist (32%)
5. Friends or Relatives (30%)

**“Who are the vulnerable populations that are affected by insufficient healthcare needs?”** Top 3 listed below.

1. Low income or working poor (77%)
2. Senior citizen (61%)
3. Uninsured (56%)

**“What are your most important public concerns?”** Top 5 listed below.

1. Drug abuse (76%)
2. Poverty (51%)
3. Alcohol abuse (50%)
4. Child abuse/neglect (30%)
5. Separated families (21%)

#### **KEY INFORMANT INTERVIEW THEMES**

*While analyzing the Key Informant interviews, the following themes were identified:*

1. Substance abuse
2. Mental health
3. Overall wellness/chronic illness
4. Lack of family engagement/parenting
5. Lack of coordination of services/resources
6. Lack of support for professionals

**PRIORITIZATION OF HEALTH NEEDS***Criteria used to Determine Priorities*

Criterion 1. The magnitude of the problem

- Percentage of population impacted
- Association with leading cause of death

Criterion 2. The severity of the problem

- Comparative data to other counties and Wisconsin average

Criterion 3. Need among vulnerable populations (health equity)

- Distribution of problem across the population
- Groups more likely to be at risk or are currently being impacted

Top three priorities were selected by utilizing these criteria and the feedback collected from the community-wide survey. The health focus areas that were identified are as follows:

1. Substance Abuse and Mental Health
2. Chronic Disease Prevention and Management
3. Access and affordability of Healthcare Services

Adverse Childhood Experiences (ACEs) has been identified as having a strong association between poor social, mental, and physical health outcomes in adulthood and is incorporated within each priority.

Public health calls special attention to social determinants, which are social, economic and educational factors that influence health. These factors became an element of the prioritization criteria established for identifying health issues of importance in Langlade County.

**APPROVAL & IMPLEMENTATION TIMELINE**

<b><u>Action</u></b>	<b><u>Date</u></b>
Approval of CHNA by hospital board of trustees	June 18, 2019
Dissemination of CHNA to public	June 30, 2019
Implementation of CHNA action plans begin	Ongoing
Start of next CHNA cycle	September 2022

## REFERENCES

- "2018 Langlade County." *WISH- Wisconsin Interactive Statistics on Health*. Office of Health Informatics- Division of Public Health, 2015. Web. Mar.-Apr. 2019. <<https://www.dhs.wisconsin.gov/wish/index.htm>>.
- 2018 Wisconsin Health Trends: Making Wisconsin the Healthiest State*. Rep. University of Wisconsin Population Health Institute, School of Medicine and Public Health, Feb. 2018. Web. Mar.-Apr. 2019. <<https://uwphi.pophealth.wisc.edu/publications/other/wisconsin-health-trends-2015-progress-report.pdf>>.
- Annual Wisconsin Death Report*. Rep. Wisconsin Department of Health Services, Sept.-Oct. 2018. Web. Mar.-Apr. 2019. <<https://www.dhs.wisconsin.gov/publications/p01170-16.pdf>>.
- "Applying Research Principles to the Community Health Needs Assessment Process." *HPOE.org*. Hospitals in Pursuit of Excellence- American Hospital Association, 2018. Web. Mar.-Apr. 2019. <<http://www.hpoe.org/resources/hpoehretaha-guides/2858>>.
- "Assessing and Improving Community Health in Wisconsin." *Assessing and Improving Community Health in Wisconsin*. University of Wisconsin Population Health Institute, 2018. Web. Mar.-Apr. 2019. <<http://www.improvingwihealth.org/>>.
- "Association for Community Health Improvement." *AHA Community Health*. American Hospital Association, 2016. Web. Mar.-Apr. 2018. <<http://www.healthycommunities.org/>>.

*The Burden of Excessive Alcohol Use in Wisconsin*. Rep. University of Wisconsin Population Health Institute, Mar. 2016. Web. Mar.-Apr. 2019.

<[https://law.wisc.edu/wapp/alcohol\\_burden\\_full\\_report.pdf](https://law.wisc.edu/wapp/alcohol_burden_full_report.pdf)>.

"Community Health Improvement Toolkit - Health Resource in Action." *Advancing Public Health and Medical Resources*. Health Resources in Action, 2017. Web. Mar.-Apr. 2019.

<<https://hria.org/resources/community-health-improvement-toolkit/>>.

"County Level Summary Data for WI, 2018." *U.S. Department of Health and Human Services*. 2018. Web. Mar.-Apr. 2019.

Data Access and Dissemination Systems (DADS). "Community Facts- Langlade County, WI." *U.S. Census Bureau*. U.S. Department of Commerce, 2010. Web. Mar.-Apr. 2019.

<[http://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml?src=bkmk](http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml?src=bkmk)>.

Date, By. "Wisconsin Council on Children and Families- Langlade County Data." *WCCF*.

Wisconsin Council on Children and Families, Inc, 2017. Web. Mar.-Apr. 2019.

<<http://www.wccf.org/>>.

"Healthiest Wisconsin 2020 Baseline and Health Disparities Report." *Wisconsin Department of Health Services*. Wisconsin Department of Health Services, 02 Sept. 2017. Web. Mar.-

Apr. 2019. <<https://www.dhs.wisconsin.gov/hw2020/baseline.htm>>.

*Langlade County Community Health Needs Assessment June 2016*. Rep. Antigo: Aspirus

Langlade Hospital, 2016. Web. Mar.-Apr. 2019. <<http://langladecountyhealth.org/wp-content/uploads/2013/10/Langlade-CHNA-Final-Report-June-2013.pdf>>.

"Langlade County Facts and Information." *Centers for Disease Control and Prevention*. Centers for Disease Control and Prevention, 28 Jan. 2017. Web. Mar.-Apr. 2019.

<<http://www.cdc.gov/>>.

"Langlade County, WI | County Health Rankings." *County Health Rankings & Roadmaps*. University of Wisconsin Population Health Institute, 2019. Web. Mar.-Apr. 2019.

<<http://www.countyhealthrankings.org/>>.

*Langlade County Workforce & Economic Profile 2018*. Rep. Web. Mar.-Apr. 2019.

<<http://dwd.wisconsin.gov/oea>>.

*National Cancer Facts and Figures 2017*. Publication no. 500816. American Cancer Society, Jan. 2017. Web. Mar.-Apr. 2019.

<<http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-047079.pdf>>.

"Poverty and Food Security in Langlade County, Wisconsin." (2017). Web. Mar.-Apr. 2019.

<[http://www.apl.wisc.edu/resource\\_profiles/pfs\\_profiles/langlade\\_2014.pdf](http://www.apl.wisc.edu/resource_profiles/pfs_profiles/langlade_2014.pdf)>.

"Prescription Painkillers. After the Pain, They're Just Killers." *Dose of Reality WI*. Wisconsin Department of Justice, 2016. Web. Mar.-Apr. 2019. <<http://doseofrealitywi.gov/>>.

"Resource Center for Community Health Assessments and Community Health Improvement Plans." *The National Connection for Local Public Health Information*. National Association of County and City Health Officials, 2015. Web. Mar.-Apr. 2019.

<<http://archived.naccho.org/topics/infrastructure/CHAIP/chachip-online-resource-center.cfm>>.

"Substance Abuse Services - Resources." *Wisconsin Department of Health Services*. 20 Sept. 2018. Web. Mar.-Apr. 2019. <<https://www.dhs.wisconsin.gov/aoda/index.htm>>.

"UW Population Health Institute." *UW Population Health Institute*. Department of Population Health Services, 2017. Web. Mar.-Apr. 2019. <<https://uwphi.pophealth.wisc.edu/>>.

"Wisconsin Department of Health Services." *Wisconsin Department of Health Services*. 2017. Web. Mar.-Apr. 2019. <<https://www.dhs.wisconsin.gov/>>.

"Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2014." Sept. 2014. Web. Mar.-Apr. 2016. <<https://www.dhs.wisconsin.gov/publications/p4/p45718-14.pdf>>.

"Wisconsin State Council On Alcohol and Other Drug Abuse." *SCAODA | State Council On Alcohol and Other Drug Abuse*. 2015. Web. Mar.-Apr. 2019. <<https://scaoda.wisconsin.gov/>>.