Community Health Needs Assessment

2022-2025

ASPIRUS WAUSAU HOSPITAL & CLINICS
333 Pine Ridge Blvd
Wausau, WI 54401
Acknowledgements

Aspirus Wausau Hospital is grateful for the collaborative efforts of all agencies in the collection and analysis of data, along with the facilitation of prioritization meetings. By collaborating on our community efforts, it strengthens opportunities to improve health across the entire central region of Wisconsin. Thank you to numerous community leaders who shared their perspectives on the most important health issues facing the community and to the hundreds of community members who responded to a community survey.

This document represents a point in time for Marathon County. Look forward to continued collaboration to create a healthier Marathon County for all.

Respectfully,

Jeff Wicklander
President, Central Region
Aspirus Wausau Hospital
Table of Contents

Acknowledgements ........................................................................................................................................... 1
Executive Summary ................................................................................................................................................. 3
Aspirus Health and Aspirus Wausau Hospital Profile ......................................................................................... 4
  Aspirus Health .................................................................................................................................................. 4
  Aspirus Wausau Hospital .................................................................................................................................. 4
About the Community Health Needs Assessment .............................................................................................. 6
  Definition / Purpose of a CHNA .......................................................................................................................... 6
  Compliance ....................................................................................................................................................... 6
Community Served and Demographics ............................................................................................................... 7
  Our Community .................................................................................................................................................. 7
  Demographics ................................................................................................................................................... 7
Process and Methods Used .................................................................................................................................. 8
  Collaborators and / or Consultants ..................................................................................................................... 9
  Community Input ............................................................................................................................................... 9
  Input Received on the Last CHNA ..................................................................................................................... 10
  Health Status Data / Outside Data ................................................................................................................... 11
Community Needs and Prioritization Process ..................................................................................................... 11
  Criteria .............................................................................................................................................................. 11
Final Prioritized Needs .......................................................................................................................................... 12
  Needs Not Selected ........................................................................................................................................... 12
  Healthcare Facilities and Community Resources ............................................................................................. 16
Evaluation of Impact from the Previous CHNA Implementation Strategy ........................................................... 17
Approval by the Hospital Board .......................................................................................................................... 18
Conclusion .......................................................................................................................................................... 19
Appendix ............................................................................................................................................................ 20
  Marathon County Life Report 2019-2021 .......................................................................................................... 21
Executive Summary

Background
The Aspirus Wausau Hospital Community Health Needs Assessment (CHNA) is based on key community health issues as identified by the Marathon County LIFE Report. The LIFE Report is spearheaded by the United Way of Marathon County, and involves a broad group of community businesses, government entities, organizations, and service agencies (including Aspirus Wausau Hospital). The 2019-2021 Marathon County LIFE Report was released January 2019. While the Affordable Care Act requires hospitals to complete a CHNA every three years, the LIFE Report is produced every two years. The full report can be found at: https://www.unitedwaymc.org/community-data/life-report/

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 by the Survey Research Center (SRC) through the University of Wisconsin-River Falls on behalf of the LIFE report.

Priorities
The top health priorities were based on the following criteria: feasibility, impact, health equity, measurability, effective strategies, and timeliness. Although seven Calls to Action were identified within the LIFE report process, Aspirus Wausau will focus specifically on the following three:

1. Substance use
2. Diversity, inclusion and belonging
3. Mental health

Impact of COVID-19 on Community Health
The COVID-19 pandemic highlighted the impact of health disparities on health outcomes. Recognizing this issue, the hospital will focus on the social determinants of health and health equity as it develops its community health improvement plan (implementation strategy).
Aspirus Health and Aspirus Wausau Hospital Profile

Aspirus Health
Aspirus is a non-profit, community-directed health system based in Wausau, Wisconsin. Its 11,000 employees are focused on improving the health and well-being of people throughout Wisconsin and Upper Michigan. Aspirus serves communities through four hospitals in Upper Michigan and 13 hospitals in Wisconsin, 75 clinics, home health and hospice care, pharmacies, critical care and air-medical transport, medical goods, nursing homes and a broad network of physicians. Aspirus has been recognized by IBM Watson Health as a Top 15 Health System for four consecutive years in its annual studies identifying the top-performing health systems in the country.

Aspirus Wausau Hospital
Aspirus Wausau Hospital is the flagship of the Aspirus system that serves patients in 14 counties across northern and central Wisconsin, as well as the Upper Peninsula of Michigan. It is licensed for 325 beds and staffed by 350 physicians in 35 specialties.

Aspirus Wausau Hospital provides primary, secondary, and tertiary care services as a regional referral center. Specialty referral service emphasis exists in cardiology and cardiothoracic surgery, orthopedics, and cancer. The hospital has an average daily inpatient census of 160 with approximately 15,000 admissions per year. Outpatient visits exceed 50,000 and there are also more than 24,000 annual emergency department visits.

Best known for its world-class cardiovascular program, Aspirus Wausau Hospital also provides leading edge cancer, trauma, women’s health, and spine and neurological care. The hospital is continually recognized nationally for the level of care it provides. Aspirus Wausau Hospital has earned high quality ratings or awards from prominent quality agencies such as HealthGrades, Thomson Reuters, Truven Health, Becker’s Hospital Review, Mission: Lifeline® and U.S. News & World Report.
Service Area
Hospitals & Clinics

Key
- Aspirus Hospitals
- Aspirus Clinics

MAPS-874C_ASPIRUS HOSPITALS & CLINICS_10/2021
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
Community Served and Demographics

Our Community
The hospital’s service area includes Marathon County as well as portions of surrounding counties. 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.

Demographics
The table below describes some of the basic demographics of Marathon County’s population compared to Wisconsin.

<table>
<thead>
<tr>
<th></th>
<th>Marathon County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population*</td>
<td>137,201</td>
<td>5,835,721</td>
</tr>
<tr>
<td>Caucasian*</td>
<td>89.6%</td>
<td>87.8%</td>
</tr>
<tr>
<td>African American*</td>
<td>0.90%</td>
<td>7.5%</td>
</tr>
<tr>
<td>American Indian*</td>
<td>0.53%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Asian*</td>
<td>6.15%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Hispanic*</td>
<td>3.3%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Median Household Income (2022)**</td>
<td>$71,307</td>
<td>$70,699</td>
</tr>
<tr>
<td>Persons in Poverty**</td>
<td>6.7%</td>
<td>10%</td>
</tr>
<tr>
<td>High School Graduate or Higher**</td>
<td>90.6%</td>
<td>92.2%</td>
</tr>
<tr>
<td>Bachelor’s Degree or Higher**</td>
<td>26.2%</td>
<td>30.1%</td>
</tr>
</tbody>
</table>
Process and Methods Used

Aspirus’ community health improvement approach is based in research conducted by the University of Wisconsin Population Health Institute (UWPHI) and shared through the County Health Rankings and Roadmaps (CHRR) program. UWPHI’s Determinants of Health model (below) has three components – health outcomes, health factors and policies and programs. The community-facing work of hospitals frequently focuses on addressing the health factors in order to improve the health outcomes. For Aspirus Wausau, the health status data and much of the community input are organized in this framework.

The County Health Rankings and Roadmaps is used as guidance in the overall community health assessment and improvement process by:

- Assessing needs and resources
- Focusing on what’s important
- Choosing effective policies and programs
- Acting on what’s important
- Evaluating actions
- Effectively communicating and collaborating with partners
Collaborators and / or Consultants
A number of collaborators were involved in the 2019 LIFE Report. A full listing can be found on pages 2-5 in the LIFE report. The LIFE Report Steering Committee contracted with the University of Wisconsin-River Falls to analyze the community survey results. Collaborating across organizations 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 community to build on and sustain health improvement activities.

Community Input
In order to assess important issues regarding the quality of life in Marathon County, the LIFE Steering Committee contracted with the Survey Research Center (SRC) at the University of Wisconsin-River Falls to issue a community survey and analyze the results. The survey, reflective of previous LIFE surveys, was sent in February 2019\(^2\) and the results were compiled in March and April 2019. Data were gathered in three ways:

1. A six-page paper survey was sent to 1,434 households in Marathon County. 75% of the surveys were mailed to a random sample of county residents to the populations under age 35, have incomes under $25,000, and who might identify as individuals of color. This intentional oversampling was done in order to help ensure individuals with those voices were represented in the responses. (Survey response rates from individuals with low income, who are younger and who are persons of color can be lower than for other groups.)
2. One hundred surveys were distributed to selected Marathon County non-profit partners. The partners were asked to invite their clients/participants/customers to complete the survey.
3. A link to an electronic version of the survey was emailed to approximately 2,000 Marathon County residents.

The SRC used the Dillman Method for the 1,434 households who received the mailed paper survey. Each person in the sample was sent a survey initially. Those who had not returned their survey within two weeks were sent a postcard reminding them to complete the survey. Two weeks after the postcard, those who had still not responded received a second postcard.

The SRC received the following number of responses from these three sources:
- 388 paper surveys from the mail out
- 37 paper surveys from non-profit partners

\(^2\) 2019 data was utilized as it was the most recent LIFE Report completed for Marathon County. Marathon County will begin their next cycle of the LIFE report in Fall of 2022.
• 107 on-line surveys.

According to the US Census (2011-2015, 5-Year Estimates) there are approximately 53,848 households in Marathon County. Based on that number, SRC did receive an adequate number of completed questionnaires to produce estimates that are expected to be accurate to within plus/minus 5% with 95% confidence.

The full LIFE Report can be found at: https://www.unitedwaymc.org/community-data/life-report/.

Input Received on the Last CHNA
Input from the steering committee, reflective of the last report, was taken into consideration when developing this CHNA report.
Health Status Data / Outside Data
In addition to gathering input directly from community members, the LIFE report compiled outside data reflective of the overall population’s health status. These ‘health status data’ are gathered by credible local, state, and national governmental and non-governmental entities and published/shared. Unique to Marathon County, the 2019-2021 report is powered by Marathon County PULSE, a public online data platform giving users access to current Marathon County population data.

A summary of the health status data and corresponding sources can be found on pages 10-60 in the LIFE Report or by accessing Marathon County PULSE data platform at: https://www.marathoncountypulse.org/index.php?module=indicators&controller=index

Community Needs and Prioritization Process
During a series of facilitated conversations, community stakeholders were asked to consider the previous county priorities and, based on all of the other data received, decide if they should continue to be priorities for the community. Additional findings from various community surveys and conversations employed since the last CHNA were identified and discussed. The group was asked to consider all points of view from each member of the group. After several facilitated conversations, the group arrived at a consensus for the final community priorities for Marathon County. The bolded priorities indicate which ones Aspirus Wausau will focus on when considering initiatives to be included into the community health improvement plan.

- Alcohol
- Childcare
- Diversity, Inclusion and Belonging
- Drug Treatment and Recovery
- Housing
- Water Quality
- Workforce Development

Through the series of facilitated conversations, it was noted that social and economic factors influence the entire spectrum of the community health priorities.

Criteria
The criteria used to inform the prioritization process included:

- **Scope** – How many people are affected? How severe is the illness?
- **Disparity and Equity (general)** – What populations are disproportionately affected by the health issue?
- **Community Momentum (survey and key informant interviews)** – In the community survey, for all respondents, what were the top health issues?
• **Community Momentum (general)** – What health issues are community members energized by, ready to address or have high enthusiasm for?

• **Alignment with Others** – What other organizations are working on the issue? Are there current programs or projects centered on the issue?

• **Feasibility of Interventions** – Are there community-facing, evidence-based interventions that are sustainable, cost-effective and practical for the hospital and health department to implement?

**Final Prioritized Needs**

Over the next three years, Aspirus Wausau will formally address the following issues through its community health needs assessment and corresponding implementation strategy:

• Substance Use  
• Diversity, Inclusion and Belonging  
• Mental Health

**Needs Not Selected**

The four needs that were not prioritized by the hospital are:

• Childcare  
• Housing  
• Water Quality  
• Workforce Development

Childcare – Although Aspirus will not be leading this initiative, Aspirus is committed to being a community partner at the table in discussions on how to make childcare more affordable and accessible for all.

Housing – Aspirus will not be leading this initiative, but is a partner at the table in finding solutions to affordable, safe housing for the community.

Water Quality – Aspirus is committed to doing its part to be good stewards of resources. Through internal sustainability efforts, Aspirus will be a partner in this work.

Workforce Development – Although this is not identified as a top health priority, Aspirus continues to provide internships, mentorship programs, scholarships, and pipeline resource to build a strong workforce.

A brief overview of each of Aspirus Wausau Hospital’s priorities is on pages 13-15.
Substance Use

Why is it Important?
An estimated 22 million people per year in the U.S. have drug and alcohol problems. Ninety-five percent of them are unaware of their problem.\(^1\) Approximately 88,000 deaths annually in the U.S. are attributed to excessive drinking (2006-2010).\(^2\) Drug and alcohol use can also lead to costly physical, mental and public health problems such as teen pregnancy, HIV/AIDS and other STDS.\(^3\) Interactions between prescription medications and alcohol can contribute to falls, which can result in injuries and death.\(^3\) COVID-19 has increased substance use in the US related to social isolation, loss of routines and norms, income related stress, anxiety and fear of the virus and loss of loved ones.\(^4\)

Data Highlights

<table>
<thead>
<tr>
<th>Teens Who Drank Alcohol Before Age 13 (High School)</th>
</tr>
</thead>
<tbody>
<tr>
<td>33.0% Percent of high school students</td>
</tr>
<tr>
<td>WI Value (14.6% in 2017)</td>
</tr>
<tr>
<td>US Value (15.5% in 2017)</td>
</tr>
<tr>
<td>Prior Value (17.2%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adults who Binge Drink</th>
</tr>
</thead>
<tbody>
<tr>
<td>27.0% WI Counties</td>
</tr>
<tr>
<td>WI Value (24.5%)</td>
</tr>
<tr>
<td>Trend</td>
</tr>
<tr>
<td>HF 2010 Target (24.2%)</td>
</tr>
<tr>
<td>Prior Value (29.1%)</td>
</tr>
</tbody>
</table>

Disparities and Equity

- Binge drinking is more common among individuals who are (any of the following): male, age 18-34, white or have an annual household income of more than $50K.\(^5\)

Communities Perceptions & Challenges

-Alcohol continues to be the number one substance of abuse in Marathon County.
-30% of LIFE Survey respondents binge drank (consumed 5 or more drinks on one occasion) in the past 30 days.
-Only 65% of Marathon County high school students said their parents felt it was wrong or very wrong for them to drink alcohol.
-Illegal drug use in Marathon County has increased significantly, with more overdose deaths and drug arrests than ever before
-Illegal drug use was the top concern for Marathon County residents

Sources:
5. Fact Sheet: Health Disparities in Binge Drinking (Findings from the CDC Health Disparities and Inequalities Report -- United States, 2011)
## Diversity, Inclusion and Belonging

### Why is it Important
Social inclusion is important for a person’s dignity, security and opportunity to lead a better life. It is important to support individuals to feel connected and valued within society and address any form of social exclusion people are experiencing every day. Research shows participating in society and having people you can rely on are key determinants of health and wellbeing, as well as one of the most powerful predictors of positive outcomes following exposure to trauma.
Social inclusion is also inextricably linked to economic participation. Without opportunities to work, study and access training, it leaves people facing entrenched poverty.


### Data Highlights

#### Marathon County Residents who are Satisfied with How Welcoming their Community is

<table>
<thead>
<tr>
<th>Year</th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>70.0%</td>
<td>68.0%</td>
<td>57.0%</td>
<td>50.0%</td>
</tr>
</tbody>
</table>

Source: Marathon County Local Indicators for Excellence (LIFE) Survey (2019)

#### Marathon County Residents who Experienced Discrimination

<table>
<thead>
<tr>
<th>Year</th>
<th>2017</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>21%</td>
<td>37%</td>
</tr>
</tbody>
</table>

Source: Marathon County Local Indicators for Excellence (LIFE) Survey (2019)

### Disparities and Equity

- Discrimination is a fairly common experience; 31% of U.S. adults report at least 1 major discriminatory occurrence in their lifetime, and 63% report experiencing discrimination everyday. Experiencing discrimination may be related to health behaviors that have clear associations with particular disease outcomes, such as smoking or alcohol abuse. It may also be related to not participating in health-promoting behaviors, such as cancer screening, diabetes management, and condom use.

Sources: [https://www.ncsl.org/research/health/health-disparities-overview.aspx](https://www.ncsl.org/research/health/health-disparities-overview.aspx)

### Community Perceptions & Challenges

- Satisfaction with how welcoming the community is has fallen more than 20 percentage points since 2013
- In 2019, more than one-third of LIFE Survey respondents reported one or more experiences of discrimination; this is a 7% increase since 2017
- Marathon County residents have a higher rate of social associations (13.9 per 100,000) than other counties in Wisconsin (11.6 per 100,000) or the U.S. (9.3 per 100,000).

(Social associations include business, labor, religious, civic and other organizations. **Individuals with strong social networks are more likely to perform healthy behaviors.**)


Community Health Needs 2022-2025

Mental Health

Why is it Important?
Approximately 20 percent of the population experiences a mental health problem during any given year. Mental health issues are associated with increased rates of risk factors such as smoking, physical inactivity, obesity and substance abuse. As a result, these physical health problems can lead to chronic disease, injury and disability. Economic challenges (e.g., unemployment, poverty) are associated with poor mental health. During the COVID pandemic, depression, anxiety and suicidal ideation have increased and access to mental health providers and treatment has been limited.

Data Highlights

Disparities and Equity
- Individuals with less than a high school education are more than twice as likely to have frequent mental distress compared to individuals with a college degree.
- Women have a 70% higher rate of depression compared to men.
- Individuals who are multiracial or American Indian / Alaskan Native are three times as likely, and White individuals were 2.5 times as likely, to experience depression compared to individuals who are Asian/Pacific Islander. However, the rate of depression in individuals who are Asian/Pacific Islanders is increasing at a faster rate than other groups.
- Poor family relationships can increase the likelihood of depression. Some individuals are at higher risk of poor family relationships – individuals who identify as LGBTQ, persons with disabilities and their caretakers, and individuals who suffered from child abuse and neglect.


Community Perceptions & Challenges
- Mental health is among the top concerns reported by Marathon County teens in the Youth Risk Behavior Survey.
- In Marathon County, 1 in 3 teenagers reported having poor mental health and 1 in 4 reported feeling depressed.
- Marathon County has been experiencing an increase of reported poor mental health days.
Healthcare Facilities and Community Resources

As part of the community stakeholders’ meeting, the group identified resources and assets in the community that currently support health or could be used to improve health. The following resources will be considered in developing the implementation plan to address the health priorities identified:

Healthcare facilities:
- Aspirus Wausau Hospital
- Ascension Ministry Saint Clare’s Hospital
- Marshfield Clinic
- Bridge Community Clinic
- Northcentral Healthcare

Other organizations:
- Peaceful Solutions Counseling Services
- Marathon County Alcohol and Other Drug Partnership Council
- The Community Clubhouse (serving individuals with mental health needs)
- The Neighbor’s Place
- Boys and Girls Club
- The Women’s Community
- Head Start
- Start Right
- Multiple Food Pantries
- UW-Extension
- Marathon County Health Department
- United Way
- Wausau and DC Everest School Districts

A more comprehensive set of resources can be found at findhelp.org, and then searching by zip code and program need/area.
Evaluation of Impact from the Previous CHNA Implementation Strategy

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

- Behavioral Health
- Alcohol & Other Drug Misuse and Abuse

A summary of the impact of efforts to address those needs are listed below.

**Behavioral Health:**

Aspirus Health provided funds to the Marathon County Mental Health Consortium during Covid to help advance telehealth capabilities in schools. When in-person schooling resumed, Aspirus Wausau continued to financially support in-school mental health services. The financial support most benefitted students who lacked insurance or whose insurance had high deductibles.

Aspirus Health provided funds to train the current recovery coaches as peer recovery specialists. This increases the coach’s knowledge and gives them the ability to integrate mental health discussions and referrals into the coaching process.

Aspirus Health is working to expand behavioral health services by increasing access to providers through the use of telehealth. This includes the expansion of Medication Assisted Treatment (MAT) through the hiring of a full-time nurse to follow up with patients and ensure compliance to treatment.

Aspirus Wausau continues to support the Rise Up Central Wisconsin project, using participatory art to health, strengthen and unify the community. This year, Rise Up worked in collaboration with the schools to create opportunities for discussion around mental health. From this, students were able to share their experiences of Covid isolation and form meaningful connections with other students and staff.

Aspirus Health partners with and provides support to training the school district staff on trauma informed learning, including QPR and Mental Health First Aid training.

**AODA:**

Aspirus Health used the UW-Madison Voices of Recovery grant to continue recovery coaching services within our hospitals. This partnership creates a warm hand off to those patients that are experiencing addition. The recovery coach helps the patient navigate recovery resources after discharge.

Aspirus Health hired a full-time staff member to focus on screening patients for alcohol and drug related issues, using the SBIRT screener. Once a patient is screened positive, they will be connected with community resources through the partnerships we built with recovery coaching, North Central Health Care, and others.
Aspirus Health has provided support to the county’s AOD partnership in an effort to offer community education around topics on vaping, marijuana use, opioids and other drugs. Aspirus has also supported the Medication Assessment survey that provides perception data to better guide the community work.

Aspirus continues work through the internal Opioid Governance Council to implement best practice prescribing for opioids.

Aspirus Health has placed a medication drop box and sharps kiosk in the front lobby for the community to access. Making it easier to dispose of unused medications and sharps is supportive of community efforts and keeps left-over medication out of the reach of those that might misuse as well as out of our water supply. This effort is a collaboration between the Community Health and Sustainability departments at Aspirus Health.

**Other Efforts in response to Covid:**

Aspirus Health is part of the H2N program, a network to outreach to and connect individuals who are Hmong or Hispanic to Covid information, vaccinations, health system preventative care, and other basic need resources. H2N utilizes a community health worker approach and has reached many individuals who Aspirus has not previously been able to reach. Continuing this effort will help address disparities in the health care system and in the community.

Aspirus Health has expanded the use of FindHelp.org as way to connect patients and community members to much needed free/low-cost social services. This has been a valuable tool during Covid when many people experienced the need for basic services, such as food, housing, and transportation. This platform gives us the ability to understand what our patients and community members are searching for so we can ensure that services exist to meet their needs. Aspirus has seen an uptick in users and searches which indicates the success of the platform.

**CHNA and Community Data Support:**

Aspirus Health continues to support and fund the community data platform, Marathon County Pulse, powered by Healthy Communities Institute. This platform allows community-wide data to be uploaded and shared widely. This data platform is used for the basis of the Community Health Needs Assessment along with submitting grant proposals, etc. The ability to easily access valid, reliable data at your fingertips is essential to moving community health initiatives forward.

**Approval by the Hospital Board**

The CHNA report was reviewed and approved by the Aspirus Wausau Board of Directors on June 22, 2022.
**Conclusion**

Thank you to all the community members who provided thoughts, input and constructive feedback throughout the process. Aspirus Wausau Hospital will continue to work with its partners to address the health issues important to the community.
Appendix
Marathon County Life Report 2019-2021
2019-2021_Marathon_County_LIFE_Report_2019-01-06.pdf (marathoncountypulse.org)