

Ascension Calumet Hospital

**2021 Community Health Needs Assessment
Calumet County, Wisconsin**



Ascension



The goal of this report is to offer a meaningful understanding of the most significant health needs across Calumet County, as well as to inform planning efforts to address those needs. Input was intentionally gathered from the most vulnerable individuals and communities to identify their unmet health needs or gaps in services. Findings from this report can be used to identify, develop and focus hospital, health system and community initiatives and programming to better serve the health and wellness needs of the community.

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The 2021 Community Health Needs Assessment report was approved by the Board of Directors of Ascension Calumet Hospital on April 12, 2022 (2021 tax year), and applies to the following three-year cycle: July 2022 to June 2025. This report, as well as the previous report, can be found on our public website. **We value the community's voice and welcome feedback on this report. Please visit our public website at (<https://healthcare.ascension.org/chna>) to submit your comments.**

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Acknowledgements

The 2021 Community Health Needs Assessment (CHNA) represents a true collaborative effort to gain a meaningful understanding of the most pressing health needs across Calumet County. Ascension Calumet is exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise and skills with us. A complete description of community partner contributions is included in this report. We look forward to our continued collaborative work to make this a better, healthier place for all people.

We would also like to thank you for reading this report and your interest and commitment to improving the health of Calumet County.

Executive Summary

The goal of the 2021 Community Health Needs Assessment report is to offer a meaningful understanding of the most significant health needs across Calumet County. Findings from this report can be used to identify, develop and focus hospital, health system and community initiatives and programming to better serve the health and wellness needs of the community.

Purpose of the CHNA

As part of the Patient Protection and Affordable Care Act of 2010, all not-for-profit hospitals are required to conduct a Community Health Needs Assessment (CHNA) and adopt an implementation strategy every three years. The purpose of the CHNA is to understand the health needs and priorities of those who live and/or work in the communities served by the hospital, with the goal of addressing those needs through the development of an implementation strategy plan.

Community Served

Although Ascension Calumet serves Calumet and surrounding areas, Ascension Calumet has defined its community served as Calumet County for the 2021 CHNA. Calumet County was selected because it is our primary service area as well as some of our partners' primary service area. Additionally, community health data is readily available at the county level.

Assessment Process and Methods

The 2021 CHNA was conducted in July and August 2021, and incorporated data from both primary and secondary sources. Primary data sources included information provided by groups/individuals, e.g., community residents, healthcare consumers, healthcare professionals, community stakeholders and multi-sector representatives. Special attention was given to the needs of individuals and communities who are more vulnerable and to unmet health needs or gaps in services. Community input included 56 key stakeholder interviews with organization partners, including those that serve low-income or otherwise marginalized populations. Secondary data was compiled and reviewed to understand the health status of the community. Measures reviewed included chronic disease, social and economic factors and healthcare access and utilization trends in the community and were gathered from reputable and reliable sources.

Community Needs

Ascension Calumet analyzed secondary data and community input to identify the needs in Calumet County. In collaboration with community partners, Ascension Calumet used a phased approach to determine the most crucial needs for community stakeholders to address.

The identified needs are as follows:

- Alcohol and Substance Use
- Economic Stability and Employment
- Mental Health, Mental Conditions and Suicide
- Nutrition, Physical Activity and Obesity
- Safe and Affordable Housing
- Social Connectedness and Belonging

The process used to determine the health needs on which the hospital would focus then included a prioritization meeting with a steering group of Ascension Calumet leaders and stakeholders. The data was presented to the steering group and recommendation options based on the top identified needs from the community were brought forward for consideration. The prioritized health needs were determined through a majority vote after the options were discussed at length. The stakeholders considered the following criteria in choosing the campus' priorities: scope of problem (number of people impacted, severity); health disparities (by income and/or race and ethnicity); feasibility (known interventions, capacity); momentum/commitment (political will, community readiness); alignment (with health department, coalitions, Ascension Wisconsin strategies).

Based on the process described above, three prioritized health needs were identified for Calumet County. Those needs are:

- Alcohol and Drug Use
- Diet and Exercise
- Mental Health

In alignment with these priorities, strategies will be considered through the lens of the lasting social impact of COVID-19, Access to Care, Social Determinants of Health and Equity.



About Ascension

As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable.

Ascension

Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. The national health system operates more than 2,600 sites of care – including 145 hospitals and more than 40 senior living facilities – in 19 states and the District of Columbia, while providing a variety of services including clinical and network services, venture capital investing, investment management, biomedical engineering, facilities management, risk management and contracting through Ascension's own group purchasing organization.

Ascension's Mission provides a strong framework and guidance for the work done to meet the needs of communities across the U.S. It is foundational to transform healthcare and express priorities when providing care and services, particularly to those most in need.

Mission: Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

For more information about Ascension, visit <https://www.ascension.org/>.

Ascension Calumet Hospital

As a Ministry of the Catholic Church, Ascension Calumet Hospital is a non-profit hospital governed by a local board of directors, and provides medical care to Calumet County and the surrounding communities. In Wisconsin, Ascension operates 17 hospital campuses, more than 100 related healthcare facilities and employs more than 1,200 primary and specialty care clinicians from Racine to the Fox Valley.

Serving Wisconsin for about 150 years, Ascension is continuing the long and valued tradition of addressing the health of the people in our community. Following in the footsteps of our founders, Ascension Wisconsin was formed in 2016 when sponsorship transitioned from four health systems: Wheaton Franciscan Healthcare, Ministry Health Care, Columbia St. Mary's and Affinity Health System.

For more information about Ascension Calumet, visit:

<https://healthcare.ascension.org/locations/wisconsin/wiapa/chilton-ascension-calumet-hospital>

About the Community Health Needs Assessment

A Community Health Needs Assessment, or CHNA, is essential for community building and health improvement efforts, and directing resources where they are most needed. CHNAs can be powerful tools that have the potential to be catalysts for immense community change.

Purpose of the 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 health needs.”¹ The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with Ascension Calumet’s commitment to offer programs designed to address the health needs of a community, with special attention to persons who are underserved and vulnerable.

IRS 501(r)(3) and Form 990, Schedule H Compliance

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) Hospitals Under the Affordable Care Act are described in Code Section 501(r)(3), and include making the CHNA report (current and previous) widely available to the public. In accordance with this requirement, electronic reports of both the CHNA and the implementation strategy can be found at <https://healthcare.ascension.org/CHNA> and paper versions can be requested at Ascension Calumet.

¹ Catholic Health Association of the United States (<https://www.chausa.org>)

Community Served and Demographics

A first step in the assessment process is clarifying the geography within which the assessment occurs and understanding the community demographics.

Community Served

For the purpose of the 2021 CHNA, Ascension Calumet has defined its community served as Calumet County. Although Ascension Calumet serves Calumet and surrounding areas, the “community served” was defined as such because (a) most of our service area is in this county; (b) most of our assessment partners define their service area at the county level; and (c) most community health data is available at the county level.

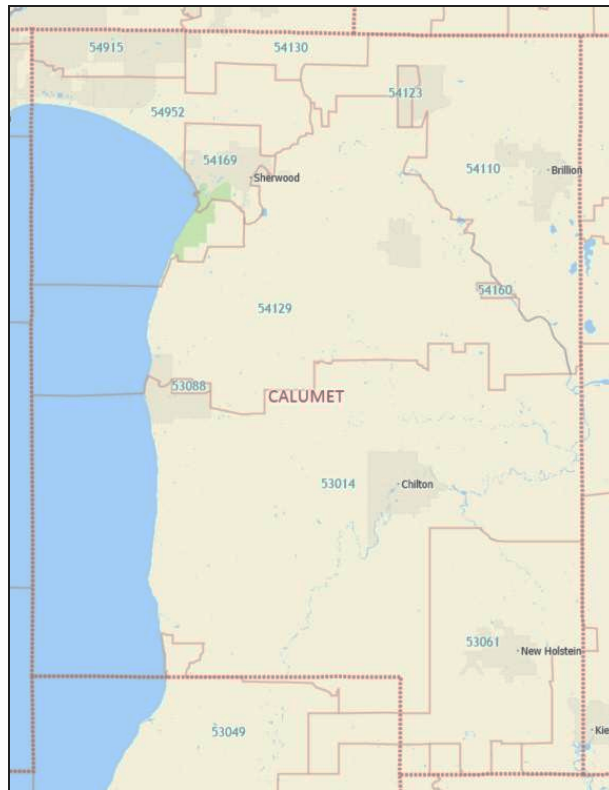


Image 1: Map of Community Served

Demographic Data

Located in mid-northeast Wisconsin, Calumet County has a population of 50,089 and is a mix of rural and urban areas. Below are demographic data highlights for Calumet County:

- 15.7 percent of the residents of Calumet County are 65 or older, compared to 17.5 percent in Wisconsin
- 95.5 percent of residents are non-Hispanic; 4.5 percent are Hispanic or Latino (any race)

- 90.6 percent of residents are White; 2.4 percent are Asian; 0.8 percent are Black or African American; 0.5 percent are American Indian & Alaska Native
- The total population increase from 2010 to 2020 was 7.1 percent.
- The median household income is above the state median income (\$80,400 for Calumet County; \$64,168 for Wisconsin)
- The percent of all ages of people in poverty was lower than the state (4.5 percent for Calumet County; 11.4 percent for Wisconsin)
- The uninsured rate for the county (4 percent) is lower than the state (7 percent)

Table 1: Description of the Community

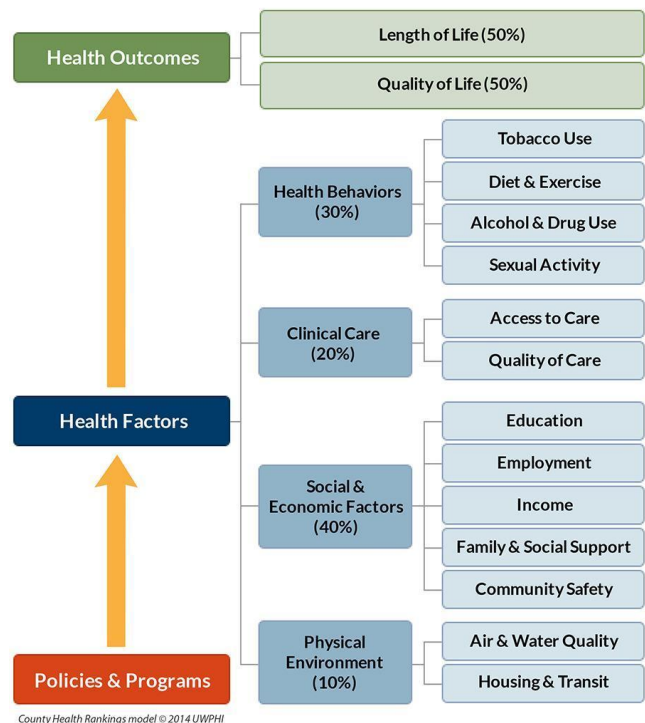
Demographic Highlights		
Indicator	Calumet County	Description
Population		
% Living in rural communities	27.5%	
% below 18 years of age	23.3%	
% 65 and older	15.7%	
% Hispanic	4.5%	
% Asian	2.4%	
% Non-Hispanic Black	0.8%	
% Non-Hispanic White	90.6%	
Social and Community Context		
English Proficiency	99%	Proportion of community members that speak English “well”.
Median Household Income	\$80,400	Income where half of households in a county earn more and half of households earn less.
Percent of Children in Poverty	7%	Percentage of people under age 18 in poverty.
Percent of Uninsured	4%	Percentage of population under age 65 without health insurance.
Percent of Educational Attainment	94%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Percent of Unemployment	2.8%	Percentage of population ages 16 and older unemployed but seeking work.

To view Community Demographic Data in its entirety, see Appendix B (page 33).

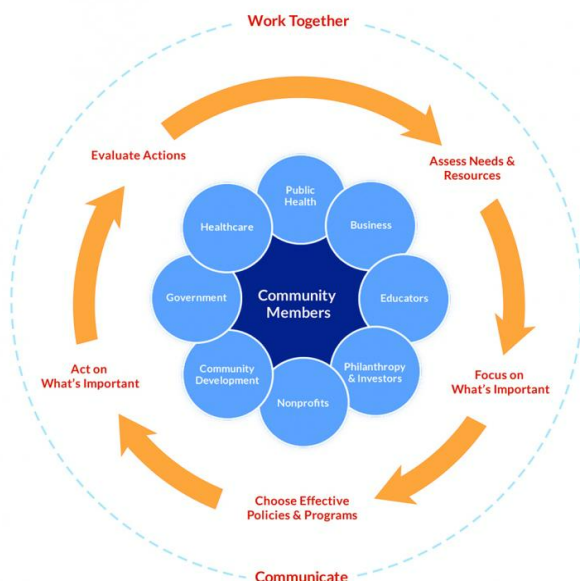
Process and Methods Used

Ascension Calumet is committed to using national best practices in conducting the CHNA. Health needs and assets for Calumet County were determined using a combination of data collection and analysis for both secondary and primary data, with community input on the identified and significant needs.

Ascension Calumet's approach relies on the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, utilizing the determinants of health model as the model for community health.



Community Health Improvement Approach



Ascension Calumet utilizes the County Health Rankings and Roadmaps' Take Action Cycle for community health improvement, which includes the following:

- Gather information to assess needs and resources
- Set priorities and focus on what's important
- Find the most effective approaches to address priorities
- Get to work on acting on what's important
- Evaluate throughout the cycle to help improve strategies and ensure effectiveness

Throughout the whole process, communication and collaborative work is critical.

Collaborators and Consultants

With the contracted assistance of JKV Research, LLC, Ascension Calumet conducted its 2021 CHNA in collaboration with the Fox Valley Community Health Improvement Coalition (FVCHIC), which includes the following organizations:

- Advocate Aurora Health Care
- Appleton Health Department
- Ascension Mercy and St. Elizabeth Hospitals
- Calumet County Public Health
- Children's Wisconsin
- Menasha Health Department
- Outagamie County Public Health Department
- ThedaCare
- Winnebago County Public Health Department

The health systems and public health divisions conducted the key stakeholder interviews and contracted with JKV Research, LLC to summarize the interview findings.

Data Collection Methodology

In collaboration with various community partners, Ascension Calumet collected and analyzed primary and secondary data for Calumet County in the ways detailed below.

Summary of Community Input

Recognizing its vital importance in understanding the health needs and assets of the community, Ascension Calumet and our partners consulted with a range of public health and social service providers representing the broad interest of Calumet County and the larger Fox Valley region. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of: 1) public health practice and research; 2) individuals who are medically underserved, are low-income, or considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Key stakeholder interviews were primarily used to gather community input. This method provided additional perspectives on how to select and address top health issues facing Calumet County. A summary of the process and results is outlined below.

Key Stakeholder Interviews

A series of 56 one-on-one interviews were conducted by the partner health systems and health departments to gather feedback from key stakeholders on the health needs and assets of Calumet County. The representatives from 56 different organizations and agencies participated in the conversations, held between July and August 2021. Sectors represented by participants included local

health departments and representatives of organizations that serve medically underserved, low-income and minority populations. The key stakeholders were intentionally asked to rank both the top health conditions/behaviors and social determinants of health issues in their community. To view the community organizations that provided input, see Appendix C (page 36). See table below for key stakeholders' issue ranking.

Identified Significant Needs	
Health Conditions/Behaviors	Social Determinants of Health
1. Mental Health, Mental Conditions and Suicide 2. Alcohol and Substance Use 3. Nutrition, Physical Activity and Obesity	1. Economic Stability and Employment 2. Safe and Affordable Housing 3. Social Connectedness and Belonging
Key Summary Points	
<ul style="list-style-type: none"> • In areas of the social determinants of health, key stakeholders stressed the importance of collaboration on strategies to meet the complexities of the inter-connected determinants. • Mental health was by far the top concern, ranking as one of the top health conditions by over 75% of the key stakeholders. • COVID-19 has shown that support systems were already stretched thin and needs and gaps have widened in the community. 	

To view additional community input information, see Appendix C (page 36).

Summary of Secondary Data

Secondary data is data that has already been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data reflective of the health status of the population at the state and county level through surveys and surveillance systems. Secondary data was compiled from various sources that are reputable and reliable. These included the County Health Rankings and Roadmaps and the U.S. Census Bureau.

Health indicators in the following categories were reviewed:

- Health Outcomes
- Social and Economic Factors that impact health
- Health Behaviors
- Access to Health Care
- Disparities

Overall, Calumet County is ranked among the healthiest counties in Wisconsin (Highest 75%-100%) for health outcomes and health factors.

To view secondary data and sources in its entirety, see Appendix D (page 38).

Summary of COVID-19 Impact on Calumet County

The COVID-19 pandemic has had an impact on communities worldwide. In the United States, rural counties had a lower number of cases of COVID-19 and deaths at the beginning of the pandemic. However, by Fall 2020, rural counties began to have higher case and death rates due to COVID-19 than urban populations.²

Some reasons for these differences include:

- A higher percentage of individuals 65 and older
- A higher proportion of individuals with underlying health conditions
- Higher rates of uninsured
- Longer distances to healthcare facilities³

COVID-19 Impact on Calumet County (as of March 31, 2022)			
Indicator	Calumet	Wisconsin	Description
Total Confirmed Cases*	11,498	1,392,570	
Case Rate*	28,800	27,208^	Per 100,000 people
Total Deaths*	99	12,786	Among confirmed cases
Death Rate*	241	245^	Per 100,000 people

*[Wisconsin Department of Health Services COVID-19: County Data](#)

^[CDC: COVID Data Tracker](#)

² [COVID-19 Cases and Deaths, Metropolitan and Nonmetropolitan Counties . Center for Rural Health](#)

³ [Rural Residents and COVID-19](#)

Written Comments on Previous CHNA and Implementation Strategy

Ascension Calumet's previous CHNA and implementation strategy were made available to the public and open for public comment via the website: <https://healthcare.ascension.org/chna>.

No comments were received.

Data Limitations and Information Gaps

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within Calumet County. This constraint limits the ability to fully assess all the community's needs.

For this assessment, three types of limitations were identified:

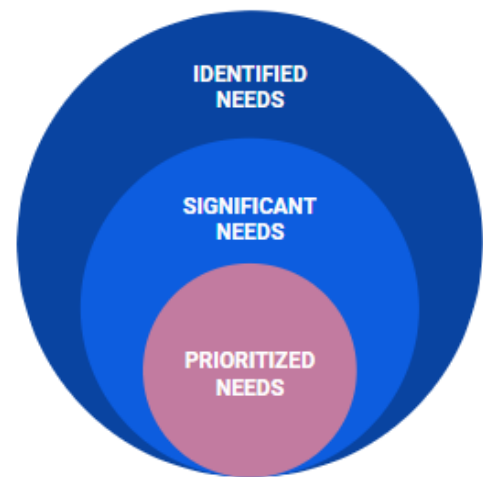
- Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.
- Secondary data is limited in a number of ways, including timeliness, reach and descriptive ability with groups as identified above.
- An acute community concern may significantly impact a Ministry's ability to conduct portions of the CHNA assessment. An acute community concern is defined by Ascension as an event or situation which may be severe and sudden in onset or newly affects a community. These events may impact the ability to collect community input, may not be captured in secondary data and/or can present in the middle of the three-year CHNA cycle. For the 2021 CHNA, COVID-19 was identified as an acute community concern.

Despite the data limitations, Ascension Calumet is confident of the overarching themes and health needs represented through the assessment data. This is based on the fact that the data collection included multiple methods, both qualitative and quantitative, and engaged the hospital as well as participants from the community.

Community Needs

Ascension Calumet analyzed secondary data of more than 25 indicators and gathered community input in partnership with the FVCHIC, with contracted assistance from JKV Research, LLC, through key stakeholder interviews to identify the needs in Calumet County. In collaboration with community partners, Ascension Calumet used a phased approach to identify the needs. The first step was to determine the broader set of **identified needs**. Identified needs were then narrowed to a set of **significant needs** which were determined most crucial for community stakeholders to address.

Following the initial CHNA assessment, Ascension Calumet then selected a subset of the significant needs as the hospital's **prioritized needs** to develop a three-year implementation strategy. Although the hospital may address many needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting. The image to the right also describes the relationship between the needs categories.



Identified Needs

Ascension has defined “identified needs” as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of Calumet County. The identified needs were categorized into groups such as health behaviors, social determinants of health, length of life, quality of life, clinical care and systemic issues in order to better develop measures and evidence-based interventions that respond to the determined condition.

Significant Needs

The community's voice and the secondary data were synthesized to identify the most significant needs of the community. In collaboration with various community partners, significant needs were identified by looking at the number of stakeholders who identified the need, as well as how many people in the community experience the health issue. It is also important to consider populations that are more affected by these health issues, otherwise known as health disparities.

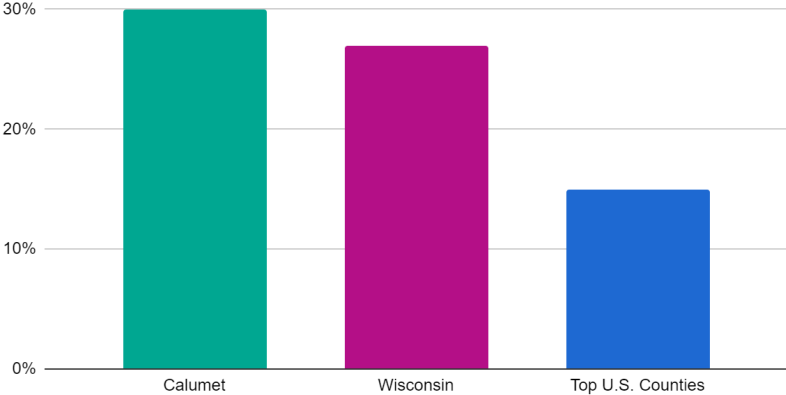
Health disparities are preventable differences in health outcomes and health factors that are experienced by socially disadvantaged groups. Ascension's Mission calls us to be “advocates for a compassionate and just society through our actions and words”; therefore, health equity is an Ascension priority. Health equity focuses on minimizing these differences and drives us to increase opportunities for good health by eliminating systemic, avoidable, unfair and unjust barriers to good health.

Through the identification process for the 2021 CHNA, the significant needs are as follows:

- Alcohol and Substance Use
- Economic Stability and Employment
- Mental Health, Mental Conditions and Suicide
- Nutrition, Physical Activity and Obesity
- Safe and Affordable Housing
- Social Connectedness and Belonging

To view healthcare facilities and community resources available to address the significant needs, please see Appendix E (page 44).

A description (including data highlights, community challenges & perceptions, local assets & resources and health disparities/individuals who are more vulnerable) of each significant need are on the following pages.

Alcohol and Substance Use									
Why is it Important?	Data Highlights								
<p>Consuming alcohol and/or drugs alters the user's mind and behavior which can lead to negative behavioral and health outcomes. The health implications of substance use (e.g. overdoses, accidents, mental health issues, etc.) are considerable, as are the social, political and legal responses.¹</p> <p>COVID-19 has increased substance use in the U.S. related to social isolation, income-related stress, anxiety and fear of the virus and loss of loved ones.²</p>	<p>Excessive Drinking (percentage of adults that report binge or heavy drinking)</p>  <table border="1"> <thead> <tr> <th>Entity</th> <th>Percentage of adults reporting binge or heavy drinking</th> </tr> </thead> <tbody> <tr> <td>Calumet</td> <td>26%</td> </tr> <tr> <td>Wisconsin</td> <td>26%</td> </tr> <tr> <td>Top U.S. Counties</td> <td>11%</td> </tr> </tbody> </table>	Entity	Percentage of adults reporting binge or heavy drinking	Calumet	26%	Wisconsin	26%	Top U.S. Counties	11%
Entity	Percentage of adults reporting binge or heavy drinking								
Calumet	26%								
Wisconsin	26%								
Top U.S. Counties	11%								
Local Assets & Resources	<ul style="list-style-type: none"> • The percentage of adults in Calumet County who report excessive drinking is 26%, which is somewhat higher than Wisconsin but twice as much as top U.S. counties. • The percent of alcohol-impaired driving deaths in Calumet County (37%) is slightly higher than Wisconsin (36%) and <i>three</i> times higher than top U.S. counties (11%). • The rate of drug overdose deaths (per 100,000 population) in Calumet County is eight which is lower than Wisconsin's rate of 20 and the top U.S. counties' rate of 11. 								
Community Challenges & Perceptions	Individuals Who Are More Vulnerable								
<ul style="list-style-type: none"> • Lack of treatment options outside of traditional business hours • Insurance coverage gaps/lack of Medicaid reimbursement • Alcohol is a cultural norm • Lack of prevention education • Strategies needed for dual diagnosis and treatment of alcohol and other drug abuse along with mental health 	<ul style="list-style-type: none"> -Racial/ethnic populations have been disproportionately affected by the consequences of drug misuse and addiction due to various systemic barriers.³ -Persons with mental health issues often use alcohol and/or other drugs to self-medicate and decrease stress.⁴ -While alcohol misuse is seen in all socioeconomic status (SES) levels, unemployment, low-income and unstable housing have been associated with greater alcohol-related consequences.⁵ 								

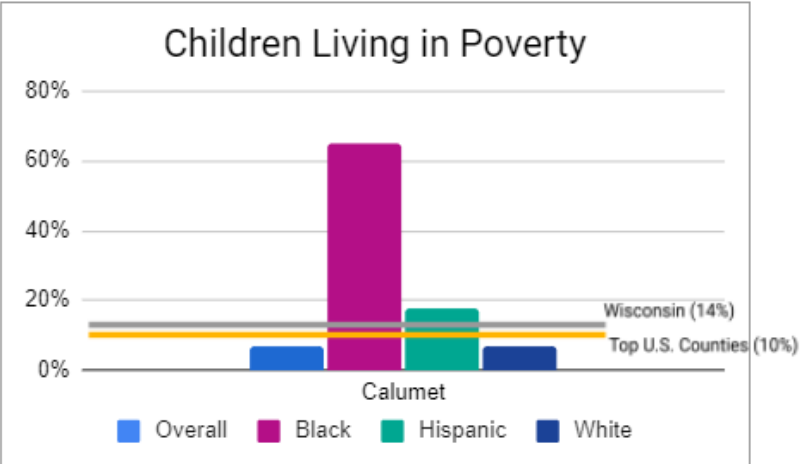
¹ [Healthy People 2020: Substance Use and Health](#)

² [CDC: Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24–30, 2020](#)

³ [Minnesota Department of Health: Differences in Rates of Drug Overdose Deaths by Race](#)

⁴ [NIHM: Substance Use and Co-Occurring Mental Disorders](#)

⁵ [Collins, S.: Associations between socioeconomic factors and alcohol outcomes](#)

Economic Stability and Employment															
Why is it Important?	Data Highlights														
<p>Being able to earn a steady income that supports an individual's and family's health needs has been associated with improved health outcomes.¹ Living in poverty or low-income is associated with more chronic conditions, mental health issues and lower levels of educational attainment, while having higher levels of education and income is associated with better health outcomes.² Unemployment not only leads to decreased income, but has been associated with depression³, substance misuse, and decreased access to healthcare.² Economic stability is an upstream factor that has a profound influence on the health of individuals, families and communities.</p>	 <p>Children Living in Poverty</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Calumet Overall</td> <td>~10%</td> </tr> <tr> <td>Calumet Black</td> <td>~65%</td> </tr> <tr> <td>Calumet Hispanic</td> <td>~18%</td> </tr> <tr> <td>Calumet White</td> <td>~10%</td> </tr> <tr> <td>Wisconsin</td> <td>14%</td> </tr> <tr> <td>Top U.S. Counties</td> <td>10%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Childhood poverty is one of the best indicators for a community's economic stability. • While Calumet County overall has lower rates of children living in poverty, there are significant disparities for children of color. • Overall, Calumet County does better or the same as Top U.S. counties in unemployment, median household income and educational attainment. 	Category	Percentage	Calumet Overall	~10%	Calumet Black	~65%	Calumet Hispanic	~18%	Calumet White	~10%	Wisconsin	14%	Top U.S. Counties	10%
Category	Percentage														
Calumet Overall	~10%														
Calumet Black	~65%														
Calumet Hispanic	~18%														
Calumet White	~10%														
Wisconsin	14%														
Top U.S. Counties	10%														
Local Assets & Resources															
<ul style="list-style-type: none"> • Job counseling • Food assistance is available • Education 															
Community Challenges & Perceptions	Individuals Who Are More Vulnerable														
<ul style="list-style-type: none"> • Cycle of poverty is difficult to conquer when a person has limited finances to meet their basic needs • Need living wage support • Cost of childcare, housing and food is too high 	<p>-Families living in rural areas have higher rates of unemployment, lower educational attainment and less access to healthcare.⁴</p> <p>-Individuals and families of color are more likely to experience poverty at some point in their lives compared to those not of color.⁵</p> <p>-Individuals with disabilities are at higher risk of not having steady employment due to limited ability to work.¹</p>														

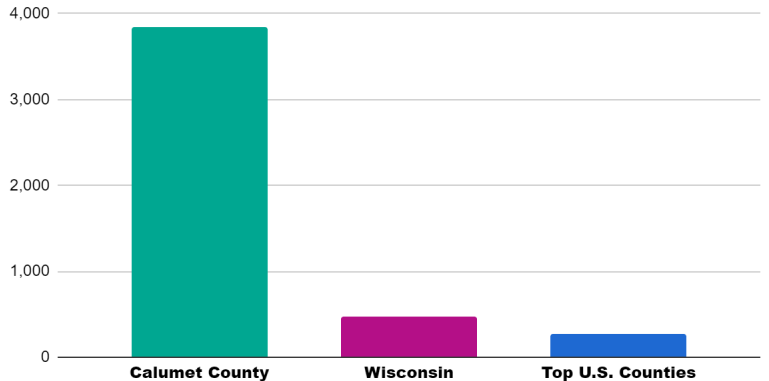
¹ [U.S. Department of Health and Human Services](#)

² [Egarter S, Braveman P, Sadegh-Nobari T, Grossman-Kahn R, Dekker M. Education Matters for Health.](#)

³ [Mental Health Foundation: Poverty and Mental Health](#)

⁴ [RHIhub \(2022\). Need for Addressing Social Determinants of Health in Rural Communities](#)

⁵ [Braveman, PA, Bubbin, C., Egarter, S., Williams, DR & Pamuk, E.: Socioeconomic disparities in health in the United States: What the patterns tell us.](#)

Mental Health, Mental Conditions and Suicide									
Why is it Important?	Data Highlights								
<p>Mental health disorders are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Mental health issues are associated with increased rates of smoking, physical inactivity, obesity and substance abuse. As a result, these physical health problems can lead to chronic disease, injury, disability and death (including overdose or suicide).¹ During the COVID-19 pandemic, depression, anxiety and suicidal ideation have increased and access to mental health providers and treatment has been limited.²</p>	<p>Mental Health Provider Ratio (the number of individuals served by 1 mental health provider)</p>  <table border="1"> <thead> <tr> <th>Entity</th> <th>Ratio (Individuals per 1 provider)</th> </tr> </thead> <tbody> <tr> <td>Calumet County</td> <td>3,850</td> </tr> <tr> <td>Wisconsin</td> <td>470</td> </tr> <tr> <td>Top U.S. Counties</td> <td>270</td> </tr> </tbody> </table> <ul style="list-style-type: none"> The ratio of mental health providers in Calumet County is 3,850:1, meaning there is one mental health provider per 3,850 people. This is over ten times worse than the Top U.S. Performers' ratio of 270:1 and Wisconsin's ratio of 470:1. The average number of mentally unhealthy days reported in the past 30 days by Calumet County residents was 4.0, compared to 4.0 for Wisconsin and 3.8 for Top U.S. Performers. The suicide rate for Calumet County is lower than Wisconsin's rate of 15 deaths due to suicide per 100,000 population and lower than Top U.S. Performers' rate of 11. 	Entity	Ratio (Individuals per 1 provider)	Calumet County	3,850	Wisconsin	470	Top U.S. Counties	270
Entity	Ratio (Individuals per 1 provider)								
Calumet County	3,850								
Wisconsin	470								
Top U.S. Counties	270								
Local Assets & Resources									
<ul style="list-style-type: none"> • Collaborations/coalitions on the issue • School-based mental health clinics • Residential and outpatient treatment options • NAMI • Mental health screenings at some schools • Community education campaigns • Telehealth 									
Community Challenges & Perceptions	Individuals Who Are More Vulnerable								
<ul style="list-style-type: none"> • Lack of accessible healthcare • High cost of mental healthcare • Insurance barriers • Stigma • Added financial stresses • Long waiting lists for care • Lack of crisis care • More education needed 	<p>-Economic challenges (e.g., unemployment, poverty, stress) can contribute to poor mental health. Individuals with low income have higher rates of poor mental health.³</p> <p>-In the United States, White adults receive needed mental health care twice as often as Black adults.⁴</p> <p>-Farmers and others who work and live in rural areas are at higher risk for social isolation which can impact higher rates of depression, stress and even suicide.⁵</p>								

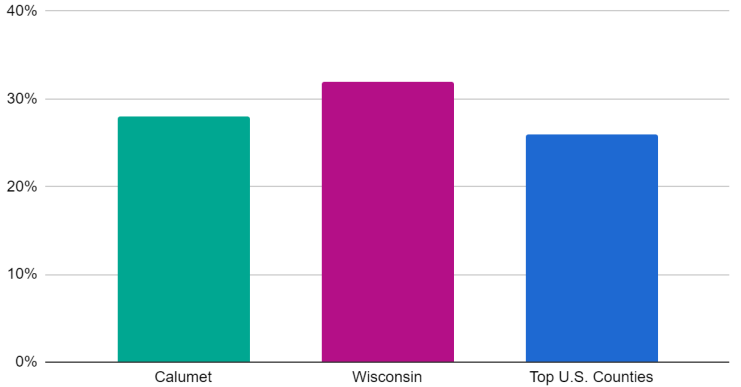
¹ [CDC: Mental Health and Chronic Conditions](#)

² [CDC: Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic](#)

³ [Mental Health Foundation: Poverty and Mental Health](#)

⁴ [Mental Health America: Black and African American Communities and Mental Health](#)

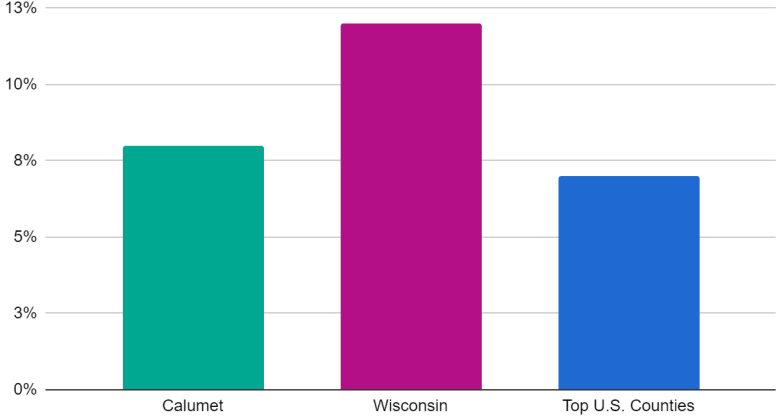
⁵ [Yazd, S. Wheeler, S. & Zuo, A.: Key risk factors affecting farmers' mental health: A systematic review.](#)

Nutrition, Physical Activity and Obesity									
Why is it Important? <p>Promoting health through the consumption of healthy foods and maintenance of healthy body weights reduces chronic disease risk including some cancers, oral disease, malnutrition, anemia and other risk factors, diseases and illnesses. Good nutrition in children is important for healthy growth and development.¹ People with low income often face greater barriers in accessing healthy and affordable food due to neighborhood gaps in retailers, which may negatively affect diet and food security, leading to health issues.²</p>	Data Highlights <div> <p>Adult Obesity</p>  <table border="1"> <thead> <tr> <th>Location</th> <th>Adult Obesity Rate</th> </tr> </thead> <tbody> <tr> <td>Calumet</td> <td>~28%</td> </tr> <tr> <td>Wisconsin</td> <td>~32%</td> </tr> <tr> <td>Top U.S. Counties</td> <td>~26%</td> </tr> </tbody> </table> </div>	Location	Adult Obesity Rate	Calumet	~28%	Wisconsin	~32%	Top U.S. Counties	~26%
Location	Adult Obesity Rate								
Calumet	~28%								
Wisconsin	~32%								
Top U.S. Counties	~26%								
Local Assets & Resources <ul style="list-style-type: none"> School nutrition programs/free lunch Walking paths and parks and recreation activities Collaborations/coalitions Community programs and education campaigns Employer-based education Farmers' markets 	<ul style="list-style-type: none"> While the percentage of residents in Calumet County reporting obesity is lower than Wisconsin, it is somewhat higher than the top U.S. counties. The obesity rate has not improved in Calumet County in the last ten years. Only 79% of Calumet County residents reported access to locations for physical activity compared to Wisconsin at 85% and the top U.S. performers at 91%. 4% of Calumet County residents live in an area with no access to a grocery store. This is lower than 5% in Wisconsin but double that of the top U.S. Performers at only 2%. 								
Community Challenges & Perceptions <ul style="list-style-type: none"> Access to healthy foods can be difficult for persons with low income, adults that are older or homebound individuals Lack of education about the benefits of healthy foods Financial/economic barriers More funding needed The cheaper and convenient foods tend to be unhealthy 	Individuals Who Are More Vulnerable <ul style="list-style-type: none"> -Low-income groups have more barriers to accessing healthy foods and often must rely on foods that are inexpensive and convenient that are low in nutrient density.³ -There are several populations that lack access to healthy foods, such as people living in low-income or poverty, elderly and people of color.³ -Low-income neighborhoods are less likely to be located near a grocery store and lack of transportation creates barriers to accessing healthy foods.³ 								

¹ [Healthy People 2020: Nutrition and Weight Status](#)

² [U.S. Department of Agriculture: Food Access](#)

³ [Healthy People 2030: Food Insecurity](#)

Safe and Affordable Housing									
Why is it Important?	Data Highlights								
<p>Healthy homes promote good physical and mental health. Not having a regular home or homelessness has been associated with declines in physical and mental health and high rates of mental health illness, substance use, infections and chronic conditions.¹ Unsafe or hazardous homes have been associated with increases in asthma, chronic conditions, cardiovascular disease, increase in respiratory and other infections caused by mold, mites or other allergens, and injuries.² Safe and stable housing provides opportunities for access to education, community support, and more stable employment and is overall associated with physical and mental well-being.</p>	<p>Severe Housing Cost Burden</p>  <table border="1"> <thead> <tr> <th>Location</th> <th>Severe Housing Cost Burden (%)</th> </tr> </thead> <tbody> <tr> <td>Calumet</td> <td>8%</td> </tr> <tr> <td>Wisconsin</td> <td>~12%</td> </tr> <tr> <td>Top U.S. Counties</td> <td>~7%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> 8% of Calumet County households pay 50% or more of their household income on housing. This is better than Wisconsin households but slightly worse than the top U.S. counties. At least 9% of households in Calumet County live with at least one of these four housing problems: overcrowding, high housing costs, lack of kitchen facilities or lack of plumbing. 81% of occupied housing units in Calumet County are owned by the occupants leaving nearly 20% of housing units rented. 	Location	Severe Housing Cost Burden (%)	Calumet	8%	Wisconsin	~12%	Top U.S. Counties	~7%
Location	Severe Housing Cost Burden (%)								
Calumet	8%								
Wisconsin	~12%								
Top U.S. Counties	~7%								
Local Assets & Resources									
<ul style="list-style-type: none"> Emergency shelters Housing coalitions Available grants Pillars Housing First 									
Community Challenges & Perceptions	Individuals Who Are More Vulnerable								
<ul style="list-style-type: none"> High cost-burden of safe and affordable housing creates a deficit for other basic needs More affordable rentals and permanent supportive housing needed Lack of housing navigators/case managers for people needing assistance 	<p>-People of color and people with low income are disproportionately affected with living in substandard housing or housing with more physical problems.³</p> <p>-Children are highly susceptible to substandard housing related health conditions such as asthma, lead or other toxin poisoning and injuries.⁴</p> <p>-A disproportionate amount of the substandard housing in the United States is located in rural areas. Evidence demonstrates that rural housing is more likely to be overcrowded, have lower owner occupancy rates and have higher severe burden costs.⁵</p>								

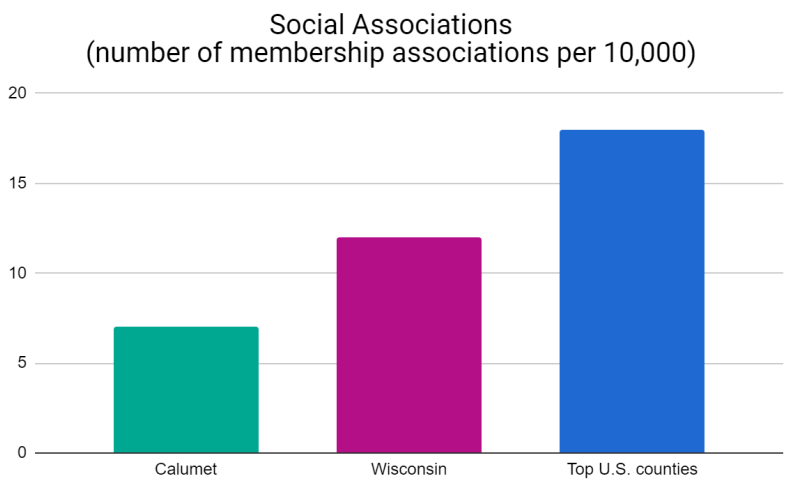
¹ [CDC: Homelessness as a Public Health Law Issue](#)

² [Office of the Surgeon General \(US\)](#)

³ [Taylor, L. Housing and Health: An Overview of the Literature](#)

⁴ [Krieger, J. & Higgins, D.: Housing and health: Time again for public health action](#)

⁵ [Housing Need in Rural America](#)

Social Connectedness and Belonging									
Why is it Important?	Data Highlights								
<p>Social connectedness is the degree to which individuals or groups of individuals have and perceive a desired number, quality and diversity of relationships that create a sense of belonging and being cared for, valued and supported.¹ Youth connectedness is an important protective factor for health and well-being. Those who do not have strong social connectedness are more likely to experience negative health outcomes related to sexual risk, substance use, violence and mental health.² For older adults, loneliness and social isolation can put people at risk for dementia and other serious medical conditions.³ The increase in social distancing during the pandemic has raised many concerns as to the negative impact on people's health.</p>	<p>Social Associations (number of membership associations per 10,000)</p>  <table border="1"> <thead> <tr> <th>Location</th> <th>Social Associations (per 10,000)</th> </tr> </thead> <tbody> <tr> <td>Calumet</td> <td>~7</td> </tr> <tr> <td>Wisconsin</td> <td>~12</td> </tr> <tr> <td>Top U.S. counties</td> <td>~18</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Calumet County residents reported far fewer social memberships than Wisconsin or the top U.S. counties. • 24% of Calumet County residents who have a long commute, drive alone compared to only 16% of the top U.S. counties. • 27.5% of Calumet County residents live in rural spaces which increases the risk of social isolation. 	Location	Social Associations (per 10,000)	Calumet	~7	Wisconsin	~12	Top U.S. counties	~18
Location	Social Associations (per 10,000)								
Calumet	~7								
Wisconsin	~12								
Top U.S. counties	~18								
Local Assets & Resources									
<ul style="list-style-type: none"> • The faith community • School programs • Community centers • Local organizations that work with specific populations 									
Community Challenges & Perceptions	Individuals Who Are More Vulnerable								
<ul style="list-style-type: none"> • More social connectedness programs needed • Lack of a coordinated plan between community organizations • Inclusiveness efforts are needed to reach marginalized groups 	<p>-Older adults are at higher risk for loneliness and social isolation as they are more often living alone, have lost family and friends, suffer from hearing loss or chronic illness.⁴</p> <p>-Farmers and others who work and live in rural areas are at higher risk for social isolation which can impact higher rates of depression, stress and even suicide.⁵</p> <p>-Racial and ethnic minorities have been shown to have a higher likelihood of reporting loneliness in rural areas than Whites.⁶</p>								

¹ [CDC: Social Determinants of Health](#)

² [CDC: Adolescent Connectedness](#)

³ [CDC: Loneliness and Social Isolation Linked to Serious Health Conditions](#)

⁴ [CDC: Alzheimer's Disease and Healthy Aging](#)

⁵ [Yazd, S. Wheeler, S. & Zuo, A.: Key risk factors affecting farmers' mental health: A systematic review](#)










⁶ [Henning-Smith, C., Moscovice, R. & Kozhimannil, K.: Differences in social isolation and its relationship to health by rurality](#)

Prioritized Needs

Ascension Calumet used a process based on the AHA Community Health Improvement (ACHI) key components for prioritizing community health issues to identify the needs on which the hospital would focus. Following the completion of the community health assessment, Ascension Calumet stakeholders considered the following criteria in choosing the significant needs:

- Scope of problem (number of people impacted, severity)
- Health disparities (by income and/or race and ethnicity)
- Feasibility (known interventions, capacity)
- Momentum/commitment (political will, community readiness)
- Alignment (with health department, coalitions, Ascension Wisconsin strategies)

Ascension Calumet has defined “prioritized needs” as the significant needs which have been prioritized by the hospital to address through the three-year CHNA implementation strategy. Following are the prioritized needs for Ascension Calumet:

Community Health Priorities		
 Alcohol and Drug Use	 Diet and Exercise	 Mental Health
 COVID-19 Considerations   Social Determinants of Health 		
 Equity 		

Rationale

Alcohol and Drug Use was selected because substance use, particularly alcohol abuse, continues to be a significant problem in the Fox Valley region. While excessive drinking is a cultural norm in the state of Wisconsin, numerous community organizations have committed to addressing the issue through collective efforts. Ascension Wisconsin is also committed to improving screening and treatment processes.

Diet and Exercise was selected because prevention is an important step toward a healthier community. A healthy lifestyle through consumption of healthy foods and exercise can reduce the risk of several chronic diseases, lessening the need for medication or other treatments. This

priority will give special attention to communities lacking access to healthy foods due to structural barriers relating to poverty.

Mental Health was selected because mental health challenges are increasing during the pandemic and the community has clearly expressed the need for more support and resources. Mental health issues can lead to numerous physical health complications. Ascension Wisconsin is committed to expanding access to mental health providers and partnering with community organizations to address this health priority.

Rationale of Non-Chosen Priority Areas

Ascension Calumet understands the importance of all the health needs of the community and is committed to playing an active role in improving the health of the people in the communities it serves. For the purposes of this CHNA, Ascension Calumet has chosen to focus its efforts on the priorities listed above.

The following needs were not selected for the 2021 CHNA cycle: Safe and Affordable Housing, Social Connectedness and Belonging and Economic Stability and Employment. These social determinants of health were not prioritized due to hospital and staff capacity. However, Ascension Calumet is committed to participating with partners in addressing these needs and will continue to look for opportunities to do so. These are indeed important issues for Calumet County, but require a system approach to be led by respective subject experts. Ascension Calumet will consider the social determinants of health as a lens in creating its implementation strategy and will support community efforts as available.

For cohesion, Ascension Calumet renamed the prioritized needs to align with collaborative and historical strategies that have addressed these needs for several years in Calumet County.

Summary of Impact from the Previous CHNA Implementation Strategy

An important piece of the three-year CHNA cycle is revisiting the progress made on priority needs set forth in the preceding CHNA. By reviewing the actions taken to address the significant needs and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next CHNA cycle.

Highlights from Ascension Calumet's previous implementation strategy include:

- **Alcohol and Other Drug Abuse:** In collaboration with the local Reducing Excessive Alcohol Consumption And Other Substance Abuse For Health coalition, 785 pounds of medication were collected from drug drop boxes and take-back events.
- **Healthy Weight:** Over 300 pounds of food were sold at Calumet's farmers markets, to expand access to affordable, healthy foods in the community.
- **Mental Health:** Increased depression screening rates in primary care visits from a baseline of 65.5% to 81.1% for all payers and from 57.0% to 79.5% for individuals with Medicaid.

Written input received from the community and a full evaluation of our efforts to address the significant health needs identified in the 2019-2022 CHNA can be found in Appendix F (page 47).

Approval by the Board of Directors of Ascension Calumet Hospital

To ensure that Ascension Calumet's efforts meet the needs of the community and have a lasting and meaningful impact, the 2021 CHNA was presented to the Ascension Calumet Hospital board for approval and adoption on April 12, 2022. Although an authorized body of the hospital must adopt the CHNA and implementation strategy reports to be compliant with the provisions in the Affordable Care Act, adoption of the CHNA also demonstrates that the board is aware of the findings from the community health needs assessment, endorses the priorities identified and supports the strategy developed to address prioritized needs.

Conclusion

The purpose of the CHNA process is to develop and document key information on the health and well-being of the communities Ascension Calumet serves. This report will be used by internal stakeholders, non-profit organizations, government agencies and other community partners of Ascension Calumet to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2021 CHNA will also be made available to the broader community as a useful resource for further health improvement efforts.

Ascension Calumet hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Calumet County. As a Catholic health ministry, Ascension Calumet is dedicated to spiritually centered, holistic care that sustains and improves the health of not only individuals, but the communities it serves. With special attention to those who are poor and vulnerable, we are advocates for a compassionate and just society through our actions and words. Ascension Calumet is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch. The hospital values the community's voice and welcomes feedback on this report. Please visit this public website (<https://healthcare.ascension.org/chna>) to submit your comments.

Appendices

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Appendix A: Definitions and Terms

Acute Community Concern

An event or situation which may be severe and sudden in onset, or newly affects a community. This could describe anything from a health crisis (e.g., COVID-19, water poisoning) or environmental events (e.g. hurricane, flood) or other event that suddenly impacts a community. The framework is a defined set of procedures to provide guidance on the impact (current or potential) of an acute community concern.

Source: Ascension Acute Community Concern Assessment Framework

Collaborators

Third-party, external community partners working with the hospital to complete the assessment. Collaborators might help shape the process, identify key stakeholders, set the timeline, contribute funds, etc.

Community Focus Groups

Group discussions with selected individuals. A skilled moderator is needed to lead focus group discussions. Members of a focus group can include internal staff, volunteers and the staff of human service and other community organizations, users of health services and members of minority or disadvantaged populations.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Community Forums

Meetings that provide opportunities for community members to provide their thoughts on community problems and service needs. Community forums can be targeted towards priority populations. Community forums require a skilled facilitator.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Community Served

A hospital facility may take into account all the relevant facts and circumstances in defining the community it serves. This includes: The geographic area served by the hospital facility; target populations served, such as children, women, or the aged; and principal functions, such as a focus on a particular specialty area or targeted disease.

Consultants

Third-party, external entities paid to complete specific deliverables on behalf of the hospital (or coalition/collaborators); alternatively referred to as vendors.

Demographics

Population characteristics of your community. Sources of information may include population size, age structure, racial and ethnic composition, population growth and density.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Identified Need

Health outcomes or related conditions (e.g., social determinants of health) impacting the health status of the community served.

Key Stakeholder Interviews

A method of obtaining input from community leaders and public health experts one-on-one. Interviews can be conducted in person or over the telephone. In structured interviews, questions are prepared and standardized prior to the interview to ensure consistent information is solicited on specific topics. In less structured interviews, open-ended questions are asked to elicit a full range of responses. Key stakeholders may include leaders of community organizations, service providers and elected officials. Individuals with a special knowledge or expertise in public health may include representatives from your state or local health department, faculty from

schools of public health and providers with a background in public health.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Medically Underserved Populations

Medically underserved populations include populations experiencing health disparities, or are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Source:

<https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

Prioritized Need

Significant needs selected by the hospital to address through the CHNA implementation strategy.

Significant Need

Identified needs deemed most significant to address based on established criteria and/or prioritization methods.

Surveys

Used to collect information from community members, stakeholders, providers and public health experts for the purpose of understanding community perception of needs. Surveys can be administered in person, over the telephone, or using a web-based program. Surveys can consist of forced-choice and open-ended questions.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Appendix B: Community Demographic Data and Sources

The tables below provide a description of the community's demographics. The descriptions of the importance of the data are largely drawn from the County Health Rankings and Roadmaps website.

Population

Why it is important: The composition of a population, including related trends, is important for understanding the community context and informing community planning.

Population	Calumet County	Wisconsin	U.S.
Total	50,089	5,893,718	331,449,281
Male	49.6%	49.8%	49.2%
Female	50.4%	50.2%	50.8%
<i>Data sources: Calumet County: County Health Rankings and Roadmaps, 2021. U.S. Census Bureau QuickFacts, 2021.</i>			

Population by Race or Ethnicity

Why it is important: The race and ethnicity composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities.

Race or Ethnicity	Calumet County	Wisconsin	U.S.
Asian	2.4%	3.0%	5.9%
Black / African American	0.8%	6.4%	13.4%
Hispanic / Latino (of any race)	4.5%	7.1%	18.5%
Native American	0.5%	1.2%	1.3%
White	90.6%	80.9%	76.3%
<i>Data sources: Calumet County: County Health Rankings and Roadmaps, 2021. U.S. Census Bureau QuickFacts, 2021.</i>			

Population by Age

Why it is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, healthcare and child care. A population with more youths will have greater education needs and child care needs, while an older population may have greater healthcare needs.

Age	Calumet County	Wisconsin	U.S.
Age 0-17	23.3%	21.8%	22.3%
Age 18-64	61.0%	60.7%	61.2%
Age 65+	15.7%	17.5%	16.5%
<i>Data sources: Calumet County: County Health Rankings and Roadmaps, 2021. U.S. Census Bureau QuickFacts, 2021.</i>			

Income

Why it is important: Median household income and the percentage of children living in poverty, which can compromise physical and mental health, are well-recognized indicators. People with higher incomes tend to live longer than people with lower incomes. Income affects access to health insurance, access to healthy choices, safe housing, safe neighborhoods and quality schools. Chronic stress related to not having enough money can impact mental and physical health. ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households earning more than the U.S. poverty level, but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

Income	Calumet County	Wisconsin	U.S.
Median Household Income	\$80,400	\$64,200	\$62,843
Per Capita Income	\$35,527	\$33,375	\$34,103
People with incomes below the federal poverty guideline	4.5%	10%	11.4%
ALICE Households	22%	23%	29%
Median Gross Rent	\$779	\$856	\$1,062
<i>Data sources: Calumet County: County Health Rankings and Roadmaps, 2021. United for ALICE, 2021. U.S. Census Bureau QuickFacts, 2021.</i>			

Education

Why it is important: There is a strong relationship between health, lifespan and education. Generally, as income increases, so does lifespan. The relationship between more schooling, higher income, job opportunities (e.g., pay, safe work environment) and social support help create opportunities for healthier choices.

Income	Calumet County	Wisconsin	U.S.
High School grad or higher	94.2%	92.2%	88.0%
Bachelor's degree or higher	29.4%	30.1%	32.1%
Data source: U.S. Census Bureau QuickFacts, 2021.			

Insured/Uninsured

Why it is important: Lack of health insurance can have serious health consequences due to lack of preventive care and delays in care that can lead to serious illness or other health problems.

Income	Calumet County	Wisconsin	U.S.
Uninsured	4.9%	6.8%	10.2%
Medicaid Participation	9.7%	12%	14%
Data sources: Calumet County: County Health Rankings and Roadmaps, 2021. U.S. Census Bureau "ALLOCATION OF MEDICAID/MEANS-TESTED PUBLIC COVERAGE," 2019 ACS.			

Appendix C: Community Input Data and Sources

Key Stakeholder Interview Participants

Fifty-six individuals participated in key stakeholder interviews about our community's most pressing health needs. The organizations listed here include many that serve low-income, minority and medically underserved populations. They represent an array of perspectives from communities that include but are not limited to: the elderly, youth, individuals with disabilities, faith communities, ethnic minorities, law enforcement and those living with mental illness, substance abuse and homelessness.

Organization	Position	Name
211 United Way	Director	Lisa Smith
Appleton Public Library	Hispanic Outreach Specialist	Norma Oliveras
Apricity	Executive Director	Michelle Devine Giese
Ascension Wisconsin	Director of Behavioral Health for the Fox Valley	Tina Lechnir
Ascension Calumet Hospital	Emergency Room Supervisor	Susan Schneider
Aurora Medical Center Oshkosh	ED Manager and SANE Program Director	Nicole Slusser and Brenda Doolittle
B3 Winnebago & Outagamie	Early Intervention Director	Wendy Hein
Be Well Fox Valley/United Way	Director	Wendy Krueger
Calumet County	Community Economic Development Director	Mary Kohrell
Catalpa Health	President & CEO, Chief Clinical Officer	Mary Downs and Scott Radtke
Child Care Resource and Referral	Executive Director	Judy Olson
Children's Wisconsin – Fox Valley	Hospitalist	Dr. Todd McKenzie
Chilton Police Department	Police Chief	Craig Plehn
City of Appleton Fire Department	Fire Chief	Jeremy Hansen
City of Appleton Health Department	Deputy Director/Interim Health Officer	Sonja Jense
City of Menasha Health Department	Public Health Director	Kristine Jacobsen
Common Grounds	Community Volunteer	Dean Gruner
Day by Day Warming Shelter	Executive Director	Molly Yatso-Butz
Diverse and Resilient	Director	Kathy Flores
ESTHER	Organizer	Bill Van Lopik
Evergreen Retirement Community	Unit Manager, Infection Preventionist	Kelly Rollo
Family Services	Manager	Kelly Hinz
Father Carr's Place 2B	Executive Director	John Nieman
Fox Valley Literacy	Executive Director	Brian Leone Tracy
Hmong American Partnership	Board President	Kou Vang
Imagine Fox Cities	Board member	Beth Flaherty
Leaven	Executive Director	Mary Parsons
Menasha Senior Center	Recreation Program Leader & Senior Activity Coordinator	Chloe Hansen-Dunn
Multi-Cultural Communication Team	Representative	Lisa Cruz
New Holstein City	Mayor	Jeff Hebl
NEW Mental Health Connection	Executive Director	Beth Clay
Oshkosh Area Food Pantry	Executive Director	Tom Fojtik
Oshkosh Area School District	Director of Pupil Services	Matt Kaemmerer
Outagamie County	District Attorney	Melinda Tempelis

Organization	Position	Name
Outagamie County ADRC and Aging Division	Manager / Aging & Nutrition Program Supervisor	Amie Bastian and Kalie Erickson
Outagamie County Health and Human Services	Director	John Rathman
Outagamie County PH	Health Officer	Natalie Vandeveld
Outagamie County Sheriff	Lieutenant	Travis Linskens
People of Progression	Co-Chair	Kristen Gondek
Pillars	Executive Director	Joe Mauthe
REACH	Program Coordinator	Annie Von Neupert
Rock Ledge Intermediate School, Seymour School District	School Counselor	Jen Siudzinski
Rural Health Initiative	Manager	Rhonda Strebel
Salvation Army-Calumet County	Director	John Kost
School District of Hilbert	District Administrator	Tony Sweere
SOAR Fox Cities, Inc.	Executive Director	Erin Schultz
ThedaCare	VP Clinically Integrated Network	Jennifer Frank, MD
ThedaCare	Mental Health Clinician	Denise Pannebaker
Thompson (Senior) Center on Lourdes	Executive Director	Elizabeth Neuman
US2 Behavioral Health	Executive Director	Sheng Lee Yang
UW Oshkosh Head Start	Associate Director of Health Related Services	Valeri Donnelly
Winnebago County Health Department	Community Health Strategist	Stephanie Gyldenvand
Winnebago County Health Department	WI Well Woman Program Specialist, Fox Valley Multi-Cultural Communications Committee	Susan Garcia Franz
Winnebago County Health Department	Health Officer	Doug Gieryn and staff
World Relief Fox Valley	Director	Tami McLaughlin
YMCA of the Fox Cities	COO	Dani Englebert

Data Reports

The full report including purpose, methodology, data sources and information for consultants and partners can be found here:

- [Key Stakeholder Report](#)

Appendix D: Secondary Data and Sources*

The tables below are based on vetted data and made available on the County Health Rankings and Roadmaps (CHRR) website (<https://www.countyhealthrankings.org/>). The site is maintained by the University of Wisconsin Population Health Institute, School of Medicine and Public Health, with funding from the Robert Wood Johnson Foundation. CHRR obtains and cites data from other public sources that are reliable. CHRR also shares trending data on some indicators.

CHRR compiles new data every year and shares with the public in March. The data below is from the 2021 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis. NOTE: Data in the charts does not reflect the effects that the COVID-19 pandemic has had on communities.

*This report reflects several sources of reputable and reliable data. Because of differences in methods, there might be slight differences in measures between different sources.

How To Read These Charts

Why they are important: Explains why we monitor and track these measures in a community and how it relates to health. The descriptions of 'why they are important' are largely drawn from the CHRR website as well.

County vs. State: Describes how the county's most recent data for the health issue compares to state.

Trend: CHRR provides a calculation for some measures to explain if a measure is worsening or improving.

- Red: The measure is worsening in this county.
- Green: The measure is improving in this county.
- Empty: There is no data trend to share or the measure has remained the same.

Top U.S. Counties: The best 10 percent of counties in the country. It is important to compare not just with Wisconsin but to know how the best counties are doing and how our county compares.

Description: Explains what the indicator measures, how it is measured and who is included in the measure.

n/a: Not available or not applicable. There might not be available data for the community on every measure. Some measures will not be comparable.

Health Outcomes

Why they are important: Health outcomes reflect how healthy a county is right now. They reflect the physical and mental well-being of residents within a community.

Indicators	Trend	Calumet County	WI	Top U.S. Counties	Description
Length of Life					
Premature Death		4,700	6,300	5,400	Years of potential life lost before age 75 per 100,000 population (age-adjusted).
Life Expectancy		81.1	79.5	81.1	How long the average person should live.
Physical Health					
Poor or Fair Health		13.3%	15%	14%	Percent of adults reporting fair or poor health.
Poor Physical Health Days		3.5	3.7	3.4	Average number of physically unhealthy days reported in past 30 days (age-adjusted).
Frequent Physical Distress		10%	11%	10%	Percent of adults reporting 14 or more days of poor physical health per month.
Low Birth Weight*		6%	7%	6%	Percent of babies born too small (less than 2,500 grams).
Mental Health					
Poor Mental Health Days		4.0	4.0	3.8	Average number of mentally unhealthy days reported in the past 30 days.
Frequent Mental Distress		12%	13%	12%	Percent of adults reporting 14 or more days of poor mental health per month.
Suicide		10	15	11	Number of deaths due to suicide per 100,000.
Morbidity					
Diabetes Prevalence		9%	10%	8%	Percent of adults age 20 and above with diagnosed diabetes.
Communicable Disease					
HIV Prevalence		33	129	50	Number of people age 13 years and over with a diagnosis of HIV per 100,000.
Sexually Transmitted Infections		233.7	483.6	161.2	Number of newly diagnosed chlamydia cases per 100,000.
Source: https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/calumet/county/outcomes/overall/snapshot *See Disparities Listed in Disparities Table, page 43					

Social and Economic Factors

Why they are important: These factors have a significant effect on our health. They affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress and more.

Indicators	Trend	Calumet County	WI	Top U.S. Counties	Description
Economic Stability					
Median Household Income*		\$80,400	\$64,200	\$72,900	Income where half of households in a county earn more and half of households earn less.
Unemployment		2.8%	3.3%	2.6%	Percentage of population age 16 and older unemployed but seeking work.
Childhood Poverty*		7%	14%	10%	Percentage of people under age 18 in poverty.
Educational Attainment					
High School Completion		94%	92%	94%	Percentage of ninth-grade cohort that graduates in four years.
Some College		75%	70%	73%	Percentage of adults ages 25-44 with some post-secondary education.
Social/Community					
Children in single-parent homes		17%	23%	14%	Percentage of children living in a household headed by a single parent.
Social Associations		7.0	11.5	18.2	Number of membership associations per 10,000 population.
Violent Crime		121	298	63	Number of reported violent crime offenses per 100,000 population.
Access to Healthy Foods					
Food Environment Index		9.3	9.0	8.7	Index of factors that contribute to a healthy food environment, 0-worst 10-best.
Food Insecurity		6%	9%	9%	Percent of the population lacking adequate access to food.
Limited Access to Healthy Foods		4%	5%	2%	Percent of the population that is low-income and does not live close to a grocery store.
Source: https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/calumet/county/outcomes/overall/snapshot					
*See Disparities Listed in Disparities Table, page 43					

Physical Environment

Why it is important: The physical environment is where people live, learn, work and play. The physical environment impacts our air, water, housing and transportation to work or school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

Indicators	Trend	Calumet County	WI	Top U.S. Counties	Description
Physical Environment					
Severe housing cost burden		8%	12%	7%	Percentage of households that spend 50% or more of their household income on housing.
Severe Housing Problems		9%	14%	9%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.
Air Pollution - Particulate Matter		8.4	7.0	5.2	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
Homeownership		81%	67%	81%	Percentage of occupied housing units that are owned.
Broadband Access		87%	83%	86%	Percentage of households with broadband internet connection.
Source: https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/calumet/county/outcomes/overall/snapshot					

Clinical Care

Why it is important: Access to affordable, quality care can help detect issues sooner and prevent disease. This can help individuals live longer and have healthier lives.

Indicators	Trend	Calumet County	WI	Top U.S. Counties	Description
Healthcare Access					
Uninsured		4%	7%	6%	Percentage of population under age 65 without health insurance.
Uninsured Adults		5%	8%	7%	Percentage of adults under age 65 without health insurance.
Uninsured children		3%	4%	3%	Percentage of children under age 19 without health insurance.
Primary Care Physicians		10,030:1	1,270:1	1,030:1	Ratio of the population to primary care physicians.
Other Primary Care Providers		5,570:1	810:1	620:1	Ratio of the population to primary care providers other than physicians.
Mental Health Providers		3,850:1	470:1	270:1	Ratio of the population to mental health providers.
Hospital Utilization					
Preventable Hospital Stays		2,917	3,747	2,565	Rate of hospital stays for ambulatory care-sensitive conditions per 100,000 Medicare enrollees.

Preventative Healthcare					
Flu Vaccinations		53%	53%	55%	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination.
Mammography Screenings		50%	49%	51%	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening.
Source: https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/calumet/county/outcomes/overall/snapshot					

Health Behaviors

Why they are important: Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or they can increase someone's risk of disease and premature death. It is important to understand that not all people have the same opportunities to engage in healthier behaviors.

Indicators	Trend	Calumet County	WI	Top U.S. Counties	Description
Healthy Life					
Adult Obesity		28%	32%	26%	Percentage of the adult population (age 20 and older) reporting a body mass index (BMI) greater than or equal to 30 kg/m2.
Physical Inactivity		16%	20%	19%	Percentage of adults age 20 and over reporting no leisure-time physical activity.
Access to Exercise Opportunities		79%	85%	91%	Percentage of population with adequate access to locations for physical activity.
Insufficient Sleep		31%	33%	32%	Percentage of adults reporting fewer than seven hours of sleep on average.
Motor Vehicle Crash Deaths		9	10	9	Number of motor vehicle crash deaths per 100,000 population.
Substance Use and Misuse					
Adult Smoking		17%	17%	16%	Percentage of adults who are current smokers.
Excessive Drinking		30%	27%	15%	Percentage of adults reporting binge drinking or heavy drinking.
Alcohol-Impaired Driving Deaths		27%	36%	11%	Percent of alcohol-impaired driving deaths.
Drug Overdose Deaths		8	20	11	Number of drug poisoning deaths per 100,000 population.
Sexual Health					
Teen Births*		9	15	12	Number of births per 1,000 female population ages 15-19.
Sexually Transmitted Infections		233.7	483.6	161.2	Number of newly diagnosed chlamydia cases per 100,000 population.
Source: https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/calumet/county/outcomes/overall/snapshot					
*See Disparities Listed in Disparities Table, page 43					

Disparities, Calumet County

Why they are important: Differences in access to opportunities that affect health can create differences between groups of people in the community. A focus on equity is important to improving health for everyone in the community.

Indicator	Population	Measure
Low Birthweight	Overall	6%
	Asian	9%
	Hispanic	7%
	White	6%
Children in Poverty	Overall	7%
	Black	65%
	Hispanic	18%
	White	7%
Median Household Income	Overall	\$80,400
	American Indian & Alaskan Native	\$64,400
	Asian	\$47,000
	Black	\$36,400
	Hispanic	\$55,300
	White	\$78,200
Teen Births	Overall	9
	Hispanic	40
	White	6

<https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/calumet/county/outcomes/overall/snapshot>

Appendix E: Healthcare Facilities and Community Resources

As part of the CHNA process, Ascension Calumet has cataloged resources available in Calumet County that address the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers and other non-profit services. State and national resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem.

The resources listed under each significant need heading are not intended to be exhaustive.

Alcohol and Substance Use

Organization Name	Phone	Website
Apricity	Casa Clare: 920-731-3981 Mooring House: 920-739-3235	https://apricityservices.com/
Ascension Calumet Hospital	920-849-2386	https://healthcare.ascension.org/locations/wisconsin/wiapa/chilton-ascension-calumet-hospital
Calumet County Department of Health and Human Services	920-849-1400	https://www.co.calumet.wi.us/293/Behavioral-Health
Fox Valley Central Office - Alcoholics Anonymous	920-731-4331	http://www.foxvalleyaa.org/
The Connection - N.E.W. Mental Health	n/a	https://foxcities.wi.networkofcare.org/mh/index.aspx

Economic Stability and Employment

Organization Name	Phone	Website
Calumet County - Economic Support Division	East Central Call Center: 1-888-256-4563	https://www.co.calumet.wi.us/302/Economic-Support
Wisconsin Department of Children and Families - Employment Services for Parents	608-422-7000	https://dcf.wisconsin.gov/w2/parents
The New North	920-336-3860	https://www.thenewnorth.com/

Mental Health, Mental Conditions and Suicide

Organization Name	Phone	Website
Ascension Calumet Hospital	920-849-2386	https://healthcare.ascension.org/locations/wisconsin/wiapa/chilton-ascension-calumet-hospital
Calumet County Department of Health and Human Services	920-849-1400	https://www.co.calumet.wi.us/293/Behavioral-Health
Catalpa Health	920-750-7000	https://catalpahealth.org/
Community for Hope	920-230-4840	http://communityforhope.org/
NAMI Fox Valley	920-954-1550	https://www.namifoxvalley.org/
Samaritan Counseling Center	920-886-9319	https://samaritan-counseling.com/

Nutrition, Physical Activity and Obesity

Organization Name	Phone	Website
Calumet County - ADRC Nutrition Program	920-849-1451 or 920-849-1400	https://www.co.calumet.wi.us/163/Nutrition-Program
Ascension Calumet Hospital - Weight Management	920-730-4435	https://healthcare.ascension.org/locations/wisconsin/wiapa/chilton-ascension-calumet-hospital
Calumet County Activity and Nutrition Coalition	920-849-1432	https://www.co.calumet.wi.us/332/Community-Coalitions
Calumet County Parks Department	920-849-1494	https://www.calumetcounty.org/625/Parks-Trails
FoodWise	920-832-4761	https://calumet.extension.wisc.edu/nutrition-education/
Salvation Army	920-849-7856	https://centralusa.salvationarmy.org/calumetcounty/
YMCA of Fox Cities	920-830-5700	https://www.ymcafoxcities.org/locations/heart-valley-ymca

Safe and Affordable Housing

Organization Name	Phone	Website
Calumet County - Housing Program	Homebuyer Program: 920-739-6811, ext. 106 Housing Rehab CDBG Program: 920-448-6480	https://www.calumetcounty.org/198/Housing-Program
Lakeshore CAP - Home Buyer	920-682-3737	https://lakeshorecap.org/#

Social Connectedness and Belonging

Organization Name	Phone	Website
Calumet County - Aging and Disability Resource Centers	920-849-1451 or 920-849-1400	https://www.co.calumet.wi.us/158/Aging-Disability-Resource-Center
Harbor House	920-849-7819	https://www.harborhousewi.org/programs/calumet-county-rural-outreach-program/
Healthy Teen Minds	920-252-5927	https://www.newmentalhealthconnection.org/initiatives/healthy-teen-minds/

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

Ascension Calumet's previous CHNA implementation strategy was completed in April 2019 and addressed the following priority health needs: Alcohol and Other Drug Abuse, Healthy Weight and Mental Health.

The table below describes the actions taken during the 2019-2022 CHNA to address each priority need and indicators of improvement. Near the start of the cycle, the COVID-19 pandemic disrupted hospital operations and slowed progress of the implementation strategy. The limits on in-person convening due to state orders and health system restrictions impacted various activities. The hospital had to pivot on many of the strategies but still managed to achieve the actions listed below.

Note: At the time of the report publication in March, the third year of the cycle has not been completed. The table includes results up to that time.

PRIORITY NEED	Alcohol and Other Drug Abuse	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Awareness, Education and Training	Engaged in the Reducing Excessive Alcohol Consumption for Health (REACH) coalition to decrease the misuse of prescription drugs and youth alcohol use within Calumet County.	<ul style="list-style-type: none"> ● Process Measures: <ul style="list-style-type: none"> ○ Actively participated in the REACH coalition and provided funding for community educational materials ○ 66 refrigerator locks for garage or basement fridges that primarily hold alcoholic beverages were distributed to parents and other adults in the county to reduce adolescents' access to alcohol ○ 785 pounds of medication were collected from drug drop boxes and take-back events ● Outcome Measures: <ul style="list-style-type: none"> ○ The percent of Calumet County high school students reporting that their parents would feel it was very wrong or wrong for the respondent to drink one or two alcoholic beverages nearly every day increased from 79% to 84%

Advocacy/System Change	Standardized processes statewide for routine alcohol misuse screening in primary care clinics.	<ul style="list-style-type: none"> • Process Measures: <ul style="list-style-type: none"> ○ Convened a cross-sectional stakeholder group to identify screening opportunities and craft recommendations for improvement ○ Rolled out process improvement materials in 2020 • Outcome Measures: <ul style="list-style-type: none"> ○ Screening rates for all payers increased to 68.5%, exceeding the target of 57.7% ○ Screening rates for individuals with Medicaid increased to 71.9%, exceeding the target of 63.3%
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PRIORITY NEED	Healthy Weight	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Awareness, Education and Training	Engaged in several initiatives to promote nutrition and physical activity education to children and adults within Calumet County.	<ul style="list-style-type: none"> • Process Measures: <ul style="list-style-type: none"> ○ Contributed funding to and actively participated in the BeWell Fox Valley coalition, which conducts numerous healthy living programs and initiatives, including a Food As Medicine pilot ○ Coordinated a community garden at the hospital, continued healthy eating/lifestyle education and sold over 300 pounds of affordable produce at farmers markets • Outcome Measures: <ul style="list-style-type: none"> ○ 91% of raised garden bed renters indicated on a questionnaire that they intended to incorporate more fruits and vegetables into their diets
Advocacy/System Change	Standardized processes statewide for routine Body Mass	<ul style="list-style-type: none"> • Process Measures: <ul style="list-style-type: none"> ○ Convened a cross-sectional stakeholder group to identify

	Index screening in primary care clinics.	<p>screening opportunities and craft recommendations for improvement</p> <ul style="list-style-type: none"> ○ Rolled out process improvement materials in 2020 ● Outcome Measures: <ul style="list-style-type: none"> ○ Screening rates for all payers increased to 96.7%, which is slightly behind target of 98.0% ○ Screening rates for individuals with Medicaid increased to 97.3%, which is slightly behind target of 99.0%
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PRIORITY NEED	Mental Health	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Awareness, Education and Training	Engaged in several collaboratives to implement awareness, education and training efforts on mental health within Calumet County.	<ul style="list-style-type: none"> ● Process Measures: <ul style="list-style-type: none"> ○ 114 people participated in the gatekeeper Question, Persuade, Refer (QPR) training in Tri-County Region to help identify someone at risk of suicide or in need of intervention ○ Funded suicide/mental health initiatives through the NEW Mental Health Connection ○ Supported the Zero Suicide Coalition in launching awareness campaigns and distributing lock boxes and gun locks for lethal means restrictions ● Outcome Measures: <ul style="list-style-type: none"> ○ 79% of QPR gatekeeper training attendees reported they feel confident in asking the important questions (goal was 85%)

Services and Support	Supported community-based screenings and services to individuals and their families affected by mental illness.	<ul style="list-style-type: none"> ● Process Measures: <ul style="list-style-type: none"> ○ Provided funding for school-based mental health programs in the Chilton School District ○ Promoted support groups coordinated by the National Alliance for Mental Illness (NAMI) ● Outcome Measures: <ul style="list-style-type: none"> ○ Results not available at the time of this report, as the Youth Risk Behavior Survey was delayed
Advocacy/System Change	Standardized processes statewide for routine depression screening in primary care clinics.	<ul style="list-style-type: none"> ● Process Measures: <ul style="list-style-type: none"> ○ Convened a cross-sectional stakeholder group to identify screening opportunities and craft recommendations for improvement ○ Rolled out process improvement materials in 2020 ● Outcome Measures: <ul style="list-style-type: none"> ○ Screening rates increased from a baseline of 65.5% to 81.1% ○ Screening rates for individuals with Medicaid increased from a baseline of 57.0% to 79.5%