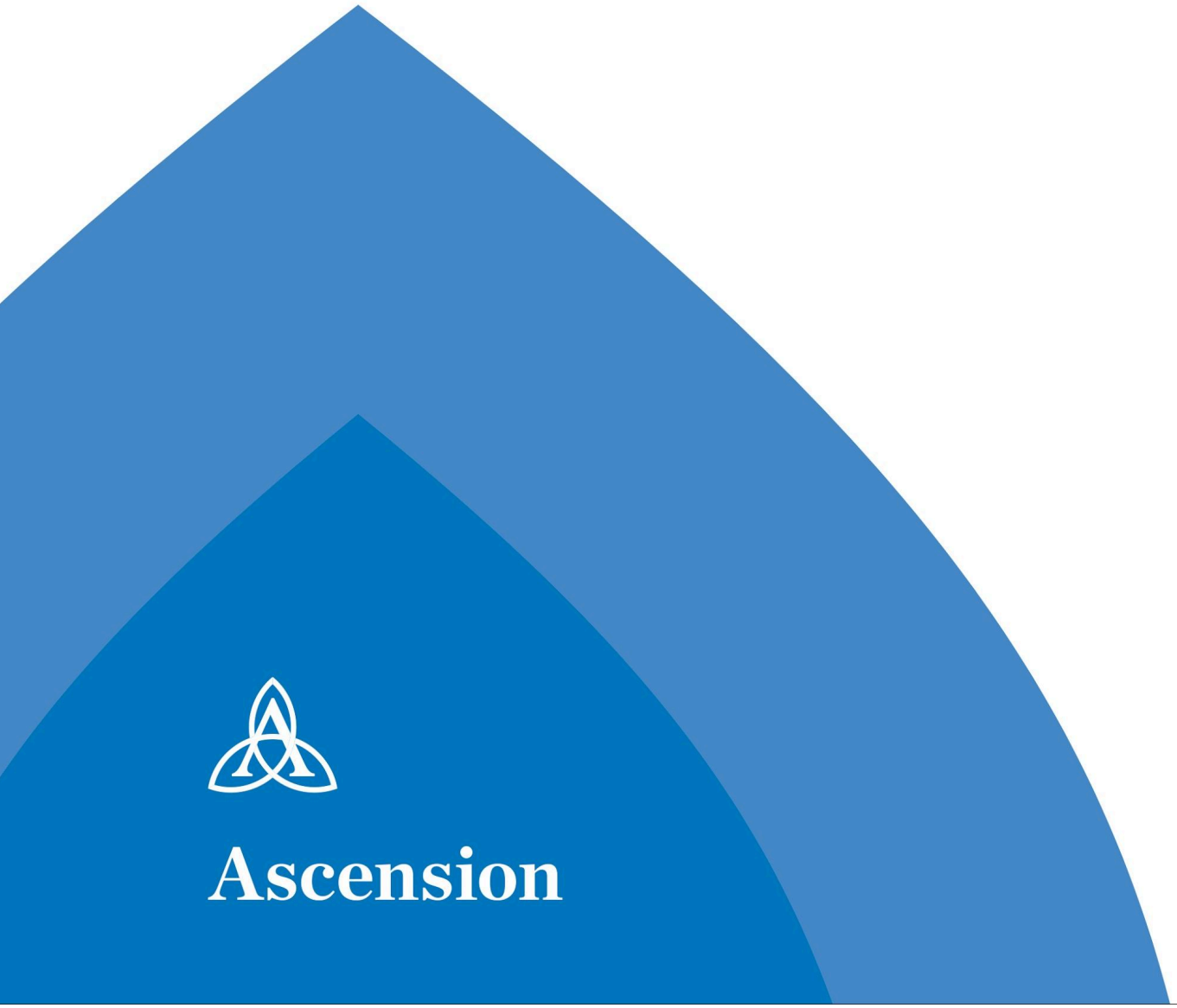
Ascension Calumet Hospital

TY2024 Community Health Needs Assessment
Calumet County, WI

June 30, 2025



Ascension

The goal of this report is to offer a meaningful understanding of the most significant health needs across Calumet County within the Tri-County Fox Valley Community, with emphasis on identifying the barriers to health equity for all people, as well as to inform planning efforts to respond to those needs. Special attention has been given to the needs of individuals and communities who are at increased risk for poor health outcomes or experiencing social factors that place them at risk. 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 tax year 2024 Community Health Needs Assessment report was approved by the Ascension Calumet Hospital's authorizing Board of Directors on April 22, 2025 (TY2024), and applies to the following three-year cycle: July 2025 to June 2028. This report, as well as the previous report, can be found at our public website.

We value the community's voice and welcome feedback on this report. Please visit our public website (https://healthcare.ascension.org/chna) to submit your comments.

Table of Contents

Acknowledgements and/or Executive Statement

The tax year 2024 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 Hospital (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 promote a healthier, more equitable place to live, work and play."

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

Executive Summary

The goal of the tax year 2024 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 (IS) every three years. The purpose of the CHNA is to understand the health needs and priorities, with emphasis on identifying the barriers to health equity, for all people who live and/or work in the communities served by the hospital, with the goal of responding to those needs through the development of an implementation strategy plan.

Community Served

Although Ascension Calumet Hospital serves Calumet and surrounding areas, Ascension Calumet has defined its community served as Calumet County for the tax year 2024 CHNA. Calumet County was selected because it is our primary service area as well as our partners' primary service area. Additionally, community health data is readily available at the county level.

Data Analysis Methodology

The tax year 2024 CHNA was conducted from June 2024 to April 2025 and incorporated data from both primary and secondary sources. Community input sources included information provided by groups/individuals, e.g., community members, health care consumers, health care professionals, community stakeholders, and multi-sector representatives. Special attention was given to the needs of individuals and populations who are marginalized with a focus on unmet health needs or gaps in services.

Recognizing its vital importance in understanding the health needs and assets of the community, Ascension Calumet and 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. Three different assessments were conducted by the Tri-County Community Health Coalition and sense-making sessions were held to review and make sense of all the information collected. A total of 125 community partner assessments were collected, 21 existing reports from community listening sessions and focus groups were analyzed and 5 were used to synthesize data further. Secondary data was compiled and reviewed to understand the health status of the community. Measures reviewed included substance misuse, mental health, chronic conditions and healthy living. While Ascension Calumet participated and supported the Tri-County CHNA and sense-making sessions, the hospital also worked independently to analyze and synthesize primary and secondary sources for this CHNA.

Community Needs

Ascension Calumet Hospital 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 significant needs are as follows:

- Substance Misuse
- Mental Health
- Healthy Living
- Chronic Conditions
- Access to Health Care
- Economic Stability
- Belonging

Next Steps and Conclusion

The 2024 CHNA was presented to the Ascension Calumet Hospital's authorizing Board of Directors for approval and adoption on April 22, 2025. Following approval of the CHNA, Ascension Calumet Hospital will complete a prioritization matrix and develop an implementation strategy. The implementation strategy will focus on all or a subset of the significant needs, and will describe how the hospital intends to respond to those prioritized needs throughout the same three-year CHNA cycle: July 2025 to June 2028.

Ascension Calumet Hospital hopes this report offers a meaningful and comprehensive understanding of the most significant needs of Calumet County members. The hospital values the community's voice and welcomes feedback on this report; comments or questions can be submitted via Ascension's public website (https://healthcare.ascension.org/chna).

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 individuals and communities who are at increased risk for poor health outcomes or experiencing social factors that place them at risk.

Ascension

Ascension is one of the nation's leading non-profit and Catholic health systems, with a Mission of delivering compassionate, personalized care to all with special attention to persons living in poverty and those most vulnerable. In FY 2024, Ascension provided $2.1 billion in care of persons living in poverty and other community benefit programs. Ascension includes approximately 131,000 associates, 37,000 affiliated providers and 136 hospitals, serving communities in 18 states and the District of Columbia.

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 health care 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 trustees represented by community members, medical staff, and sister sponsorships, and has been providing medical care to Calumet County. In Wisconsin, Ascension operates 16 hospitals and more than 100 related healthcare facilities serving more than three million patients each year. Ascension Wisconsin is a non-profit and Catholic health system with a Mission of delivering compassionate, personalized care to all with special attention to persons living in poverty and those most vulnerable. Ascension sites of care in Wisconsin have been serving patients and their communities since 1848. Ascension employs more than 12,000 associates, serving communities in Southeastern Wisconsin and the Fox Valley region. In FY2024, Ascension provided more than $250 million in community benefit in Wisconsin. For more information about Ascension Calumet Hospital visit https://healthcare.ascension.org/locations/wisconsin/wiapa/chilton-ascension-calumet-hospital.

About the Community Health Needs Assessment

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

Purpose of the CHNA

A CHNA is defined as "a systematic process involving the community that identifies and analyzes community health needs and assets to plan and act upon priority 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 Hospital's commitment to offer programs designed to respond to the health needs of a community, with special attention to persons who are medically underserved and at risk for poorer health outcomes because of social factors that put them at increased risk.

Advancing Health Equity

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.[2] Progress toward achieving health equity can be measured by reducing health disparities. Health disparities are particular health differences closely linked with economic, social, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced such obstacles to health based on their race or ethnicity; religion; socioeconomic status; gender identity; sexual orientation; age; cognitive, sensory, or physical disability; geographic location; or other characteristics historically linked to discrimination or exclusion.[3]

Focusing on the root causes that have perpetuated these differences contributes to the advancement of health equity. By identifying the conditions, practices, and policies that perpetuate differences in health outcomes, we can better respond to root causes when pursuing health equity.

Ascension acknowledges that health disparities in our communities go beyond individual health behaviors. Ascension's Mission calls us to be "advocates for a compassionate and just society through our actions and words"; therefore, health equity is a matter of great importance to Ascension.

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[1] Catholic Health Association of the United States. (2022). *A guide for planning and reporting community benefit, 2022 (p.146)*.

[2] National Center for Chronic Disease Prevention and Health Promotion. (2023, January 4). *Advancing health equity in chronic disease prevention and management*. Center for Disease Control and Prevention (CDC). Retrieved October 11, 2023, from https://www.cdc.gov/chronicdisease/healthequity/index.htm

[3] Braveman, P. (2014). What are health disparities and health equity? We need to be clear. *Public Health Reports*, *129*(Suppl 2), 5-8. https://doi.org/10.1177/00333549141291S203

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

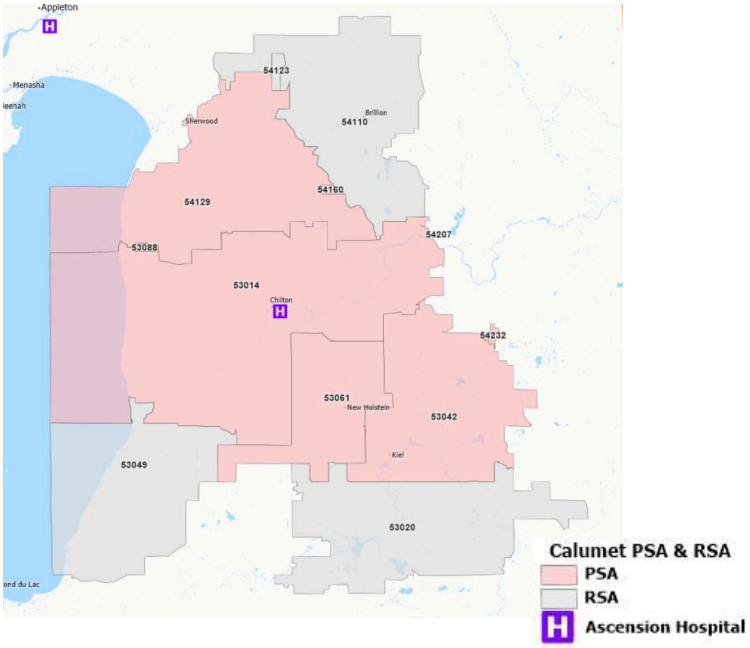
The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation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

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 tax year 2024 CHNA, Ascension Calumet Hospital has defined its community served as Calumet County. Although Ascension Calumet Hospital serves Calumet and surrounding areas, the “community served” was defined as such because (a) most of our service area is in each 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.



Demographic Data

Located on the eastern shore of Lake Winnebago in mid-northeast Wisconsin, Calumet County has a population of 53,199 and is considered metropolitan; however, 52.6% of the population lives in a low population density area. Below are demographic data highlights for Calumet County:

- The total population of the county increased 6.0 percent for a current total population of 53,199 since the last CHNA
- 17.9 percent of the residents of Calumet County are 65 or older, compared to 19.1 percent in Wisconsin
- At 5.8 percent, the Hispanic population has increased by 26 percent since the last CHNA was conducted
- 88.5 percent of residents are non-Hispanic White; 2.8 percent are Asian; 1.0 percent are Non-Hispanic Black; 0.7 percent are American Indian & Alaska Native
- The median household income is above the Wisconsin and U.S. median incomes ($86, 900 for Calumet County; $74,700 for Wisconsin and $77,700 for the U.S.)
- The percent of children in poverty is half that of Wisconsin and the U.S. (6.0 percent for Calumet County; 13.0 percent for Wisconsin for the U.S.)
- The uninsured rate for the county (4 percent) is lower than the state (6 percent) and the U.S. (10 percent)

Table 1: Description of the population

Demographic Highlights			
Population			
Indicator	**Calumet**	**Wisconsin**	**Description**
Percentage living in rural communities	52.6%	32.9%	N/A
Percentage below 18 years of age	21.8%	21.1%	N/A
Percentage 65 years of age and over	17.9%	19.1%	N/A
Percentage Asian	2.8%	3.3%	N/A
Percentage American Indian or Alaska Native	0.7%	1.2%	N/A
Percentage Hispanic	5.8%	8.1%	N/A
Percentage non-Hispanic Black	1.0%	6.3%	N/A
Percentage non-Hispanic White	88.5%	79.5%	N/A

Social and Community Context			
English proficiency	99%	99%	Proportion of community members who speak English "less than well"
Median household income	$86,900	$74,700	Income level at which half of households in a county earn more and half of households earn less
Percentage of children in poverty	5.0%	13.0%	Percentage of people under age 18 in poverty
Percentage of uninsured	4.0%	6.0%	Percentage of population under age 65 without health insurance
Percentage of educational attainment	95.0%	93.0%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Percentage of unemployment	2.4%	3.0%	Percentage of population ages 16 and older unemployed but seeking work

Source: County Health Rankings and Roadmaps (2025), https://www.countyhealthrankings.org/health-data/wisconsin/calumet?year=2025

Regionalized Data Points

To better understand the local community, demographic data was assessed for the top four zip codes that utilize Ascension Calumet Hospital.

Table 2: Additional Description of the Community - Top 4 Zip Codes

Indicator	53014	53042	53061	54160
Population*				
Total Population	7,816	6,681	4,958	264
% below 18 years of age	20.3%	19.4%	17.9%	22.0%
% 65 and older	19.2%	18.9%	24.6%	14.0%
% Hispanic	3.8%	3.3%	5.7%	4.2%
% White	92.4%	92.6%	91.1%	90.2%
English Proficiency**	98.7%	99.4%	98.8%	99.0%
Median Household Income*	$77,464	$86,118	$66,382	$64,583
Overall Poverty *	4.1%	8.0%	7.1%	4.2%
Percent of Uninsured* Ages 19-64 noninstitutionalized	7.4%	4.2%	<1.0%	8.4%
High School Graduate Or Higher*	94.5%	91.0%	94.7%	96.8%
Percent of Unemployment* 16 and older seeking work.	<1%	2.2%	<1%	1.3%

*2023: ACS 5-year estimates **2015: ACS 5-year estimates
Sources: U.S. Census Bureau: Tables B03002; B16001; B19013; S0101; S1501; S1701; S2301; S2701

To view community demographic data in their entirety, see Appendix B (Page 34).

Process and Methods Used

Many factors influence people's health, well-being and individual opportunities. These factors are influenced by the people around us, our neighborhoods, our larger communities, and by systems, laws, and institutions that exist on a very large scale. Ascension Calumet Hospital recognizes the importance of understanding the health needs, the factors that influence health and assets of the community.

Ascension Calumet joined the Tri-County Community Health Improvement Coalition to complete the tax year 2024 CHNA. The coalition collaborated to identify the needs of the Fox Valley region which includes the Calumet, Outagamie, and Winnebago counties and make up a large region in Wisconsin with almost half a million people. The Fox Valley counties and cities work on shared tactics and interventions to improve the health of the communities within the broader area.

Collaborators and/or Consultants

With the contracted assistance of Gromoske Consulting, LLC, Ascension Calumet conducted its tax year 2024 CHNA in collaboration with the Tri-County Community Health Coalition, which includes the following organizations:

- Advocate Aurora Health Care
- Appleton Health Department
- Appleton Public Library
- Ascension Mercy and St. Elizabeth Hospitals
- Calumet County Public Health Department
- Children's Wisconsin
- Diverse and Resilient
- Fox Valley Data Exchange
- HAP Fox Valley
- NEW Hmong Professionals
- Kids Forward
- Menasha Health Department
- N.E.W Mental Health Connection
- Outagamie County Public Health Department
- Partnership Community Health Center
- People of Progression
- Samaritan Fox Valley
- ThedaCare
- United Way Fox Valley
- Winnebago County Public Health Department
- YMCA

Data Collection Methodology

Ascension 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. In collaboration with the Tri-County Community Health Coalition, Ascension Calumet's approach for data collection relied on a modified version of the Mobilizing for Action through Planning and Partnerships 2.0 (MAPP 2.0) model. MAPP is a community-driven, strategic planning framework that assists communities in developing and implementing efforts around the

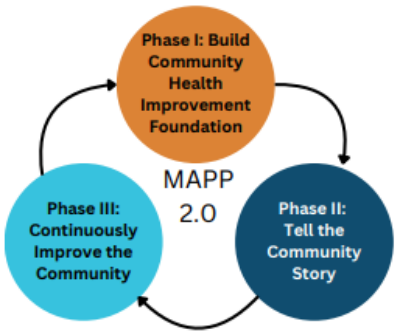
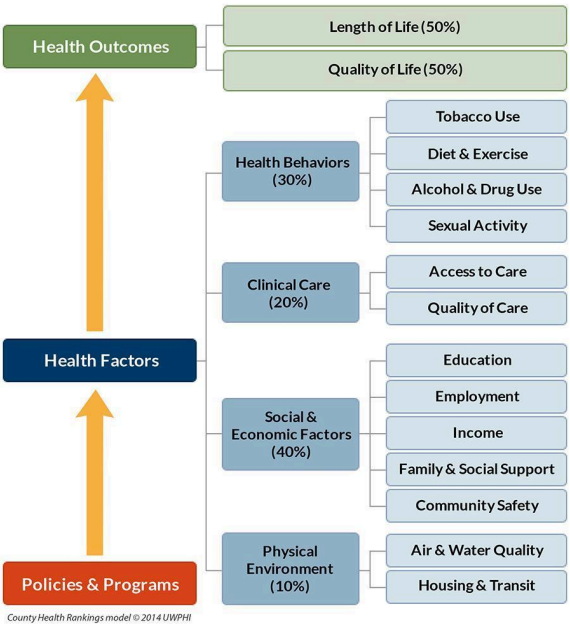


Image source: MAPP 2.0 User Handbook, National Association of County and City Health Officials, 2023.

prioritization of public health issues and the identification of resources to address them. For this iteration of the assessment three different assessments were used:

1. Community Status Assessment (secondary data)
2. Community Partner Assessment (stakeholder or informant input)
3. Community Context Assessment (community input)

Upon completion of the data collection, Ascension Calumet synthesized and analyzed the data using 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. A review of findings looking for cross-cutting themes was used to determine the significant needs for the community.



Summary of Community Input

Community input, also referred to as “primary data,” is an integral part of a community health needs assessment (CHNA) and is meant to reflect the voice of the community. This input is invaluable for efforts to accurately assess a community's health needs. 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, 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.

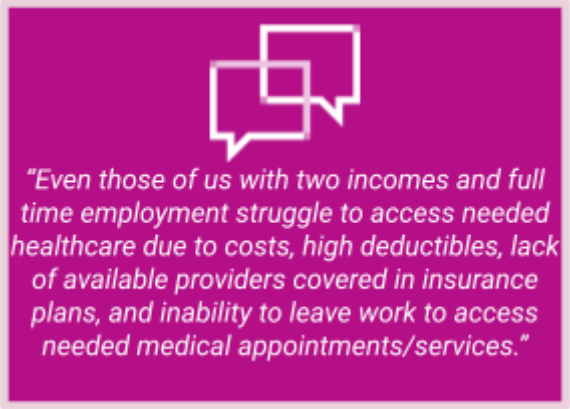
A couple of methods were used to gather community input, including that provided additional perspectives on selecting and responding to top health issues facing Calumet County. A summary of the process and results is outlined below.

Community Context Assessment

Existing Qualitative & Quantitative Data

In efforts to avoid survey fatigue, the collaborative chose to make use of the existing qualitative data that were collected by organizations in the coalition during the 2021-2023 time frame. A total of 21 qualitative data reports were collected. Of these, 14 were considered primary data sources (i.e., those that featured direct responses from the participants) and 7 were considered secondary data sources (i.e., those that featured summaries and/or notes of the data collection with no primary responses).

Two consultants reviewed five of the sources (2 primary and 3 secondary) and independently coded them for the conceptual model and key themes. The results were compared for inter-rater reliability and due to high reliability, the consultants divided the remaining sources and independently coded them. At the conclusion of coding, the consultants met to discuss key themes. This approach leveraged existing resources while fostering collaboration and minimizing the burden on the community.



Community Summary (Existing Data)

Key Summary Points

- 5 out of the 5 surveys analyzed showed behavioral health as a top need.
- 4 out of the 5 surveys analyzed showed substance misuse as a top need.
- People feel a sense of belonging in some communities and experience isolation with others and people desire for more community-centered spaces.
- Many suffer from mental health issues and need better access to care. 45% of 2-1-1 Service requests were related to Mental Health and 35% were related to Substance Use and addiction.
- Promotions at work sometimes cause social benefits to go away and the gap between is not enough for people to live on.

Populations/Sectors Represented	Common Themes
• Calumet County • Winnebago County • Outagamie County • Various diverse groups • Medically underserved, • Marginalized	• Limited knowledge about existing resources and accessing resources. • People would like to see improvement in the community design. • Food pantries do not have culturally representative foods. • Costs of healthcare were cited as being high and increasing, even with health insurance. • Transportation is a problem in rural areas, cars are necessary, people often rely on friends for rides. This can have an influence on multiple other areas, like access to care and food, work, social connections, physical and mental health outcomes and belonging and civic muscle. • Alcohol use and drunk driving are common in many communities. • Insufficient mental health and substance abuse treatment options, compounded by stigma and discrimination.

Meaningful Quotes

- "Even those of us with two incomes and full time employment struggle to access needed healthcare due to costs, high deductibles, lack of available providers covered in insurance plans, and inability to leave work to access needed medical appointments/services."
- "Our family has resources, jobs , and secure food/housing but healthcare remains a frustration to access quality care."
- "Uber, Lyft, taxis do not come out here, need to rely on friends and family."

- "Community is more polarized than ever."
- "The drug problem...I wish there were more resources for the addicted and mentally ill. We see a lot on this end of town, have witnessed deaths, and it is very sad."
- "Minority/people of color, LGBTQ people looked at with suspicion and judgment by the majority population, feel as though they don't belong and do not have equal opportunities"

Community Partner Assessment

An online stakeholder survey was conducted by the Tri-County Community Health Coalition between October 2024 and November 2024. The coalition sent out a survey to over 400 community organizations in the Fox Valley region and had about 130 respondents. These organizations represent a range of organizations, including community-based organizations, educational institutions, and healthcare institutions. The survey contained 15 questions and was distributed to key community partners and informants through direct electronic invitation by the hospital.

Community Partner Assessment

Key Summary Points

- 58% of respondents were from a non-profit organization.
- 53% of respondents indicated operating within Calumet County.
- Outagamie, Winnebago and Calumet Counties demonstrate strong partnerships, motivated leadership, and public health programs which collectively help address health disparities.
- Most organizations are dealing with the sequelae of substance use; not many focused on upstream issues. The lack of focus on upstream issues may lead to poor mental health and substance use.
- LGBTQ+ individuals and disabled residents face unique barriers, including stigma and limited tailored healthcare options, highlighting the need for more inclusive and accessible services.
- Addressing housing affordability, expanding healthcare access (especially after-hours and specialty care), improving transportation systems, and enhancing mental health and substance abuse services are critical priorities for improving overall community health.

Populations/Sectors Represented	Common Themes
• Calumet County • Winnebago County • Outagamie County • Various diverse groups • Medically underserved, • Marginalized	• Duplicate efforts from organizations • Knowledge of services and resources is strong within the organizations but limited amongst the community. • Affordable housing, food deserts, low income, and rural isolation exacerbate health disparities and chronic conditions. • LGBTQ+ individuals and disabled residents face unique barriers, including stigma and insufficient specialized care. • Heightened political divide and it's impacting the sense of belonging

Meaningful Quotes

- "I would say our community's greatest strength is advocating for individuals to get the services they need."
- "Many great services in the community for individuals to get help. Great people who are willing to volunteer to help others."
- "We have a long history of collaborative problem solving, we have implemented projects that produced results, we are good at using tools and models for social and systems change."
- "We would like to see the LGBTQIA2S+ community properly represented during data collection and fully considered during the improvement processes."
- "Please just understand we are ALL recovering from something; and there are MANY pathways to recovery regardless of our afflictions."

To view community input data in its entirety, 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 population's health status at the state and county levels through surveys and surveillance systems. Secondary data for this report was compiled from various reputable and reliable sources. Health indicators in the following categories were reviewed:

- Health outcomes
- Physical environment
- Clinical care
- Social determinants that impact health
- Disparities

Overall, Calumet County is ranked among the healthiest counties in Wisconsin (6th healthiest of the 72 counties in Wisconsin) for health outcomes and health factors.

To view the secondary data and sources in their entirety, see Appendix D (Page 40).

Written Comments on Previous CHNA and Implementation Strategy

Ascension Calumet Hospital's previous CHNA and implementation strategy was made available to the public and open for public comment via the website: https://healthcare.ascension.org/chna. The following is a summary of the comments that were received: Requests for copies of older CHNAs.

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 assess all the community's needs fully.

For this assessment, three types of limitations were identified:

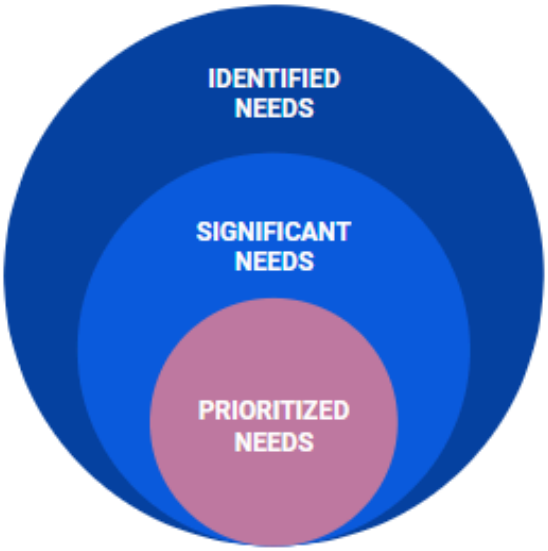
- Some groups of individuals may not have been adequately represented through the community input process. For example, persons who are experiencing homelessness, persons who speak other languages other than English or Spanish.
- Secondary data is limited in a number of ways, including timeliness, reach, and ability to fully reflect the health conditions of all populations within the community.
- Data was not collected using questions generated by the Tri-County CHIC or Ascension Wisconsin, not based on the conceptual model or MAPP 2.0.
- Existing community surveys were deployed during various years and did not ask the same questions.

Despite the data limitations, Ascension Calumet Hospital 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 qualitative and quantitative methods, and engaged the hospital and participants from the community.

Community Needs

Ascension Calumet Hospital synthesized and analyzed secondary data of a number of indicators and gathered community input to identify the needs in the hospital community and broader Fox Valley Region, in partnership with the Tri-County Community Health Coalition and contracted assistance from Gromoske Consulting, LLC. Ascension Calumet used a phased prioritization approach to identify the needs.

- First phase: Determine the broader set of **identified needs**.
- Second phase: Narrow identified needs to a set of **significant needs**.
- Third phase: Narrow the significant needs to a set of **prioritized needs** to be addressed in the implementation strategy plan.



Following the completion of the CHNA assessment, Ascension Calumet will select all, or a subset, of the significant needs as the hospital's **prioritized needs** to develop a three-year implementation strategy. Although the hospital may respond to many needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting. The image above portrays the relationship between the needs categories.

Identified Needs

The first phase was to determine the broader set of **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 health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues to develop better measures and evidence-based interventions that respond to the determined condition.

Significant Needs

In the second phase, identified needs were then narrowed to a set of "significant needs" determined most crucial for community stakeholders to address. Ascension Calumet synthesized and analyzed the data to determine which of the identified needs were most significant. Ascension has defined **significant needs** as the identified needs deemed most significant to respond to based on established criteria and/or prioritization methods. Data from the community context, community status and community partner assessments was used to identify the significant needs of the community.

Based on the synthesis and analysis of the data, Ascension Calumet looked for cross cutting themes

that were found in primary data collection that matched with statistical secondary data collected in the assessments and determined the significant needs for the tax year 2024 CHNA are as follows:

- Access to Care
- Belonging
- Chronic Conditions
- Economic Stability
- Healthy Living
- Mental Health
- Substance Misuse

To view healthcare facilities and community resources available to respond to the significant needs, please see Appendix E (Page 46).

The following pages contain a description (including data highlights, community challenges and perceptions, and local assets and resources) of each significant need.

Access to Care

Significance

Access to affordable, quality health care is important to physical, social and mental health. Access to Care includes the timely use of personal health services to achieve the best health outcomes through three distinct steps: gaining entry into the healthcare system (usually through insurance coverage); accessing a location where needed healthcare services are provided (geographic availability); finding a healthcare provider whom the patient trusts and can communicate with (personal relationship).

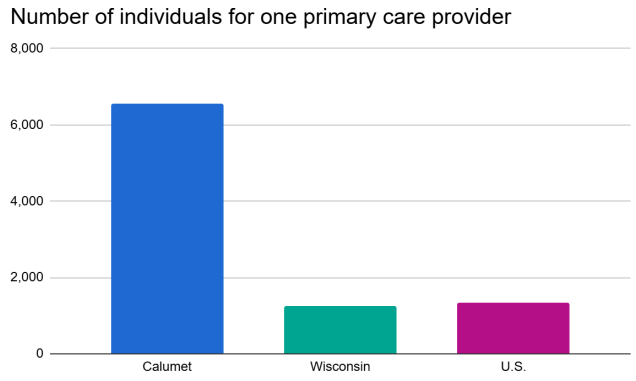
Populations Most Impacted

-Significant racial/ethnic disparities exist through all levels of access to care, including insurance, having an ongoing source of care and access to primary care.
-There are also significant health outcome disparities for people living in areas with high concentrations of poverty and for people that identify as LGBTQ+.
-Rural residents face challenges in accessing healthcare due to limited hospital facilities, difficulty in recruiting providers, limited health insurance, transportation and workforce shortages.

Community Input Highlights

-Survey respondents across the board identified access to care as one of the top three social factors impacting the health of their communities.
-In focus groups, many reported high and increasing costs of health care even with insurance. Long waits for appointments was noted as an access issue.
-Particularly challenging for many focus group participants was access to dental care.
-Focus group participants identified transportation as an issue particularly in rural areas where cars are required as there are no other resources.

Secondary Data Highlights



Source: County Health Rankings and Road Maps Calumet County, WI (2025)
https://www.countyhealthrankings.org/health-data/wisconsin/calumet?year=2025

-Calumet County has one of the highest primary care ratios in Wisconsin and the highest in the Tri-County area (Calumet, Outagamie and Winnebago). This means that there are very few primary care providers which makes access to care very challenging.

-Calumet County has fewer dentists with only one dentist for every 3,770 community members. This is much worse than Wisconsin and the U.S. that both have one dentist for every 1,360 people.

-Despite challenges in access to care, Calumet county has fewer preventable hospital stays at a rate 1,456 per 100,000. This compares to Wisconsin at 2,498 and the U.S. at 2,666.

Sources: County Health Rankings and Roadmaps: Clinical care
https://www.countyhealthrankings.org/health-data/community-conditions/health-infrastructure/clinical-care

County Health Rankings and Road Maps Calumet County, WI (2025)
https://www.countyhealthrankings.org/health-data/wisconsin/calumet?year=2025

Healthy People 2030: Access to health services
https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services

Kaiser Family Foundation https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/

Belonging

Significance

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. 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. For older adults, loneliness and social isolation can put people at risk for dementia and other serious medical conditions.

Populations Most Impacted

-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.
-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]
-Racial and ethnic minorities have been shown to have a higher likelihood of reporting loneliness in rural areas than Whites.

Community Input Highlights

-Nearly half of survey respondents from Calumet reported feeling a moderate to very weak sense of community belonging.
-Focus group participants shared both positive and negative experiences of community belonging. However, themes of racism/discrimination and judgement towards people of color and LGBTQ+ created a sense of not belonging.
-Some communities shared experiences of isolation and a lack of community-centered spaces for gathering.

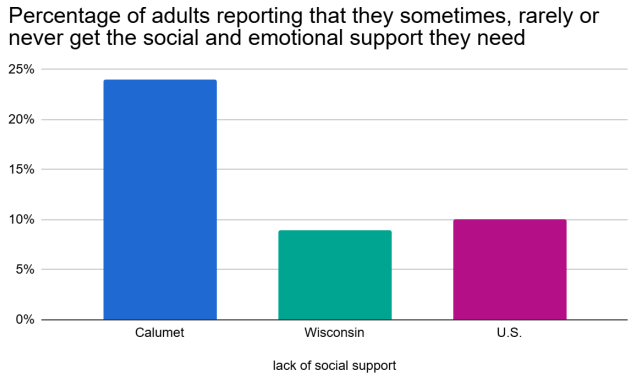
Secondary Data Highlights

-Adults in Calumet have only 7.0 social associations per 10,000 while the report in Wisconsin is 11.1 and the U.S. is 9.1 per 10,000.

-Feelings of loneliness were reported by 31% of adults in Calumet County which is similar to Wisconsin at 32% and the U.S. at 33%.

-Of the ten social determinants of health asked of Ascension patients in the tri-county area facilities, the most often determinant answered as a need is social connection.

-While over 50% of residents in Calumet live in low population density area, 92% of households have broadband access which is similar to Wisconsin (89%) and the U.S. (90%). This is important as it gives those geographically isolated support to engage with others.



Source: County Health Rankings and Road Maps Calumet County, WI (2025)
https://www.countyhealthrankings.org/health-data/wisconsin/calumet?year=2025

CDC: Social Connection
https://www.cdc.gov/social-connectedness/about/index.html
CDC: School connectedness helps students thrive
https://www.cdc.gov/youth-behavior/school-connectedness/
CDC: Health effects of social isolation and loneliness
https://www.cdc.gov/social-connectedness/risk-factors/
Alzheimer's Society: Social isolation and dementia risk
https://www.alzheimers.org.uk/about-dementia/managing-the-risk-of-dementia/reduce-your-risk-of-dementia/social-isolation#:~:text=However%20even%20when%20accounting%20for,and%20memory%20and%20thinking%20skills.
Yard et al. (2019) Key risk factors affecting farmers' mental health: A systematic review. *nt. J. Environ. Res. Public Health* **https://doi.org/10.3390/ijerph16234849**
Henning-Smith PhD (2019) Differences in social isolation and its relationship to health by rurality. https://doi.org/10.1111/jrh.12344

Chronic Conditions

Significance

Chronic diseases such as heart disease, cancer and diabetes are the leading causes of death and disability in the United States. Receiving quality chronic disease management improves outcomes for those with chronic diseases. While preventing chronic diseases can increase quality of life and decrease healthcare costs, receiving quality health care to manage chronic conditions is imperative for decreasing the risks of long-term disability and improving quality of life.

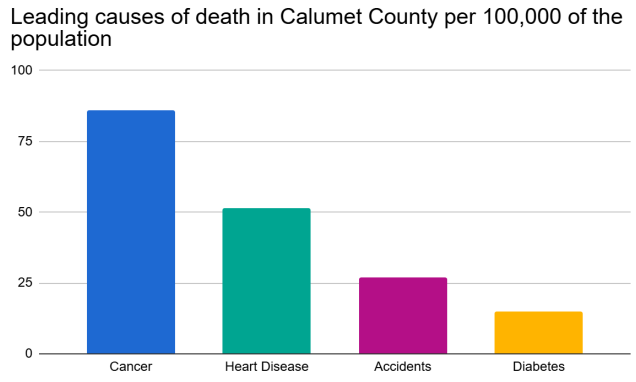
Populations Most Impacted

-Individuals experiencing low income and some racial and ethnic minorities have higher rates of obesity and chronic diseases such as diabetes, heart disease, high cholesterol and blood pressure, and stroke.
-Low-income groups and others with barriers to healthcare access receive less chronic disease management (CDM) and can experience worse outcomes from chronic conditions compared to those with access to CDM.
-Individuals living in rural areas are more likely to have heart disease, cancer, stroke and lower respiratory diseases and die prematurely compared to those living in urban areas.

Community Input Highlights

-Survey respondents in Calumet County identified chronic conditions as being the fourth highest health need.
-Themes of lack of support for people with chronic conditions and how having some conditions limits their ability to participate in the community.
-Community members recognized dental issues as a major condition and shared frustrations with lack of access for dental care.

Secondary Data Highlights



Source: County Health Rankings and Road Maps Calumet County, WI (2025)
https://www.countyhealthrankings.org/health-data/wisconsin/calumet?year=2025

-Thirteen percent of adults in Calumet County report fair or poor health compared to 16% for Wisconsin and 17% for the U.S..

-While the prevalence of adult onset diabetes is only 8%, which is lower than Wisconsin (9%) and the U.S.(10%), Calumet County has one of the highest percentages of adult obesity in the state. Adult obesity is a chronic condition that places people at risk for high blood pressure, diabetes and heart disease among other conditions.

-Ten percent of adults report frequent physical distress in Calumet County, this is slightly better than both Wisconsin and the U.S. at 12%.

Sources:
County Health Rankings and Roadmaps: Chronic disease management programs
https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/chronic-disease-management-programs
Healthy People 2030: Heart disease and stroke
https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/heart-disease-and-stroke
County Health Rankings and Roadmaps: About dentists
https://www.countyhealthrankings.org/health-data/community-conditions/health-infrastructure/clinical-care/dentists?year=2025
CDC: Preventing chronic disease and promoting health in rural communities
https://www.cdc.gov/health-equity-chronic-disease/health-equity-rural-communities/index.html#:~:text=One%20in%20five%20people%20in,and%20chronic%20lower%20respiratory%20disease.
Cleveland Clinic: How race and ethnicity impact heart disease
https://my.clevelandclinic.org/health/articles/23051-ethnicity-and-heart-disease
County Health Rankings and Roadmaps: Rural America's opportunity for equity
https://www.countyhealthrankings.org/findings-and-insights/blog/rural-americas-opportunity-for-equity

Economic Stability

Significance

Economic stability is an upstream factor that has a profound influence on the health of individuals, families and communities. Being able to earn a steady income that supports an individual's and family's health needs has been associated with improved health outcomes. 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. Low-income, poverty and financial insecurity can have profound negative effects on mental and physical health outcomes due to the inability of families and individuals to access housing, food, medical care, and other social factors that influence health outcomes and opportunities for healthy living.

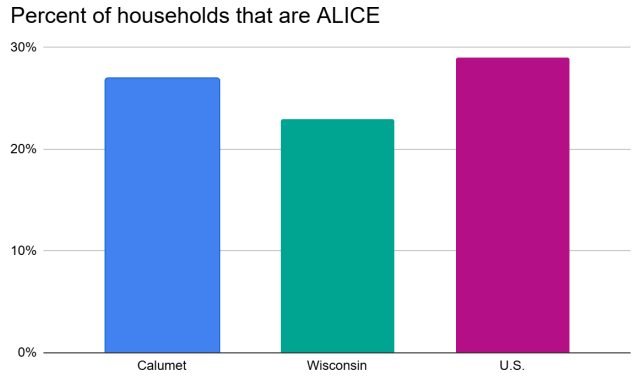
Populations Most Impacted

-Families living in rural areas have higher rates of unemployment, lower educational attainment and less access to healthcare.
-Individuals and families of color are more likely to experience poverty at some point in their lives compared to those not of color.
-Individuals with disabilities are at higher risk of not having steady employment due to limited ability to work.
-ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the U.S. poverty level but less than the basic cost of living for the county. Often ineligible for benefits, these households struggle to afford basic necessities like housing, food, childcare, and healthcare. Households that are experiencing poverty or are ALICE are considered 'below the ALICE threshold'.

Community Input Highlights

-When asked about financial well-being, 47% of survey respondents in Calumet County reported they were struggling or suffering.
-Survey respondents from Calumet County listed housing, access to care and food in the top five socioeconomic issues of the county.
-In focus groups, community members shared the rising costs of food and lack of access to healthy food choices due to food desserts.

Secondary Data Highlights



ALICE in the crosscurrents: COVID and financial hardship in Wisconsin (2024)
https://cdn.ymaws.com/www.unitedwaywi.org/resource/resmgr/alice/alice_crosscurrents_finalrep.pdf

-While Calumet County has lower rates of childhood poverty than Wisconsin or the U.S., there are stark racial disparities with Hispanic children experiencing poverty nearly five times that of non-Hispanic white children.

-The cost of child care for a household with two children is 28% of the median household income in Calumet County compared to 31% for Wisconsin and 28% for the U.S..

-Twenty-seven percent of households in Calumet County are ALICE compared to 34% in Wisconsin and 41% in the U.S..

-Calumet County has a lower food insecurity and better access to healthy foods than Wisconsin or the U.S.; however, nearly 30% of school age children are eligible for free or reduced lunch.

Source: County Health Rankings and Road Maps Calumet County, WI (2025)
https://www.countyhealthrankings.org/health-data/wisconsin/calumet?year=2025

Source: Healthy People 2030: Economic stability
https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability
County Health Rankings and Roadmaps: Health and Wellbeing
https://www.countyhealthrankings.org/findings-and-insights/webinars/health-wealth-using-data-to-address-income-inequality
Source: RHIHub: Social determinants of health for rural people overview
https://www.ruralhealthinfo.org/search?q=social+determinants
ALICE in the crosscurrents: COVID and financial hardship in Wisconsin (2024)
https://cdn.ymaws.com/www.unitedwaywi.org/resource/resmgr/alice/alice_crosscurrents_finalrep.pdf
CDC: Disability and health
https://www.cdc.gov/disability-and-health/articles-documents/socioeconomic-factors-race-and-ethnicity.html

Healthy Living

Significance

Most chronic conditions are caused by a few risk factors including smoking, excess alcohol use, limited consumption of healthy foods and limited physical activity. Promoting health by eating healthy foods and maintaining a healthy body weight reduces chronic conditions such as heart disease, diabetes, cancers and other illnesses. Good nutrition in children is important for healthy growth and development. People experiencing low-income/poverty often face greater barriers in accessing healthy and affordable food due to neighborhood gaps in retailers which may negatively affect food security.

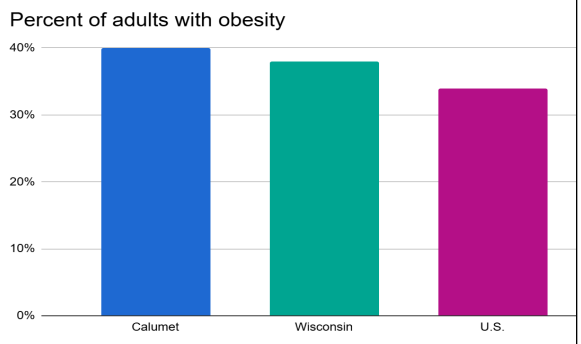
Populations Most Impacted

-Populations experiencing low-income or poverty, elderly and people of color often have more barriers to accessing healthy foods and often must rely on foods that are inexpensive and convenient that are low in nutrient density.
-Many rural areas lack food retailers and are considered food deserts.Gaining access to healthy and affordable food can be a challenge for rural residents and don't always have access to safe outdoor recreation areas. The lack of sidewalks in many rural areas often makes it difficult to work or ride a bike and people must rely on vehicles.
-Adults living in rural communities have higher smoking rates, often are more likely to smoke heavily and start smoking at younger ages than those living in urban settings making it more difficult to quit.

Community Input Highlights

-Survey respondents from Calumet County ranked physical activity/nutrition in the top three health issues for their communities.
-A higher proportion of older adults (65+) listed food as a top issue compared to other age groups.
-Focus groups highlighted that walking is difficult due to safety, including personal safety and traffic.

Secondary Data Highlights



Source: County Health Rankings and Road Maps Calumet County, WI (2025)
https://www.countyhealthrankings.org/health-data/wisconsin/calumet?year=2025

-Twenty percent of Calumet County residents report no leisure-time for physical activity compared to 21% in Wisconsin and 23% in the U.S..

-The percentage of adults who smoke is higher in the county (16%) than the state (15) or U.S.(13%)

-Eighty-three percent of Calumet County residents report they have access to exercise opportunities compared to Wisconsin and the U.S. reports of 84%).

Source: County Health Rankings and Road Maps Calumet County, WI (2025)
https://www.countyhealthrankings.org/health-data/wisconsin/calumet?year=2025

Source: CDC: Preventing chronic diseases
https://www.cdc.gov/chronic-disease/prevention/index.html#:~:text=Eat%20Healthy%20Eating%20healthy%20helps%20prevent%2C%20delay%2C,limits%20added%20sugars%2C%20saturated%20fats%2C%20and%20sodiumHHP 2030: Poverty
https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty#:~:text=Unmet%20social%20needs%2C%20environmental%20factors,for%20people%20with%20lower%20incomes.&text=For%20example%2C%20people%20with%20limited,for%20expensive%20procedures%20and%20medications.
HP 2030: Poverty
https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty#:~:text=Unmet%20social%20needs%2C%20environmental%20factors,for%20people%20with%20lower%20incomes.&text=For%20example%2C%20people%20with%20limited,for%20expensive%20procedures%20and%20medications.
CDC: Promoting physical activity in low-income communities.
https://www.cdc.gov/pcd/issues/2017/17_0111.htm#:~:text=We%20analyzed%20focus%20group%20and%20interviews%20by%20using%20constant%20comparison.&text=We%20identified%2012%20themes%20that,improve%20children's%20physical%20activity%20levels.&text=In%20this%20formative%20study%20of,planning%20community%2Dlevel%20health%20initiatives.
American Lung Association (2025) Top 11 communities disproportionately affected by cigarette smoking and tobacco use
https://www.lung.org/research/sotc/by-the-numbers/top-10-populations-affected#:~:text=Rural%20Communities,and%20live%20in%20urban%20areas.&text=Kids%20in%20rural%20areas%20are,and%20smoking%20harder%20to%20quit.

Mental Health

Significance

Mental health includes our emotional, psychological, and social well-being and impacts how we process information, deal with stress, relate to others and our decisions. 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). Nearly 25% of US adults have a mental illness.

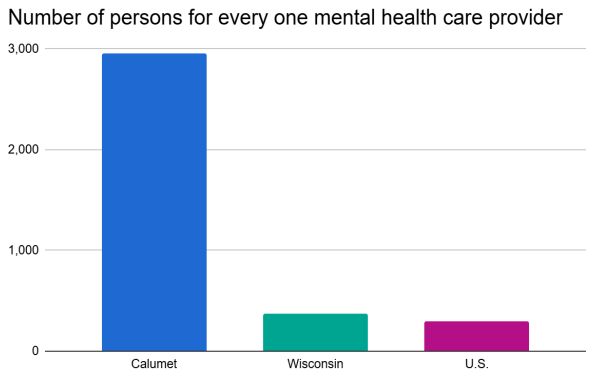
Populations Most Impacted

-Economic challenges (e.g., unemployment, poverty, stress) can contribute to poor mental health. Individuals with low income have higher rates of poor mental health.
-Mental health disproportionately affects racial/ethnic minorities, LGBTQ, persons experiencing homelessness and persons living in rural areas.
-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.

Community Input Highlights

-Survey respondents from Calumet County identified mental health as the top health issue in their communities
-Community members noted that many people in the community struggle with mental health issues and a universal lack of mental health resources, particularly for communities of color and LGBTQ+ individuals .
-Only 53% of survey respondents reported very good or excellent mental health.

Secondary Data Highlights



Source: County Health Rankings and Road Maps Calumet County, WI (2025)
https://www.countyhealthrankings.org/health-data/wisconsin/calumet?year=2025

-The ratio of mental health providers in Calumet County is 2,960:1, meaning there is one mental health provider per 2,960 people. This is nearly ten times worse than Wisconsin's ratio of 370:1 and the U.S. ratio of 300:1.

-The average number of mentally unhealthy days reported in the past 30 days by Calumet County residents was 5.1, compared to 5.4 for Wisconsin and 5.1 for the U.S.. This is an increase for Calumet County since the last CHNA when the average number was 4.0 mentally unhealthy days.

-Sixteen percent of people in Calumet County reported 14 or more days of poor mental health per month. This percentage is similar to the Wisconsin percentage of 17% and the U.S. percent of 16%.

Source: County Health Rankings and Road Maps Calumet County, WI (2025)
https://www.countyhealthrankings.org/health-data/wisconsin/calumet?year=2025

Sources: CDC: Prioritizing minority mental health
https://www.cdc.gov/minority-health/features/minority-mental-health.html
CDC: Protecting the nation's mental health
https://www.cdc.gov/mental-health/about/what-cdc-is-doing.html
Yard et al. (2019) Key risk factors affecting farmers' mental health: A systematic review. *nt. J. Environ. Res. Public Health* **https://doi.org/10.3390/ijerph16234849**

Substance Misuse

Significance

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. Use and misuse of alcohol, nicotine, illicit drugs, and prescription drugs cost Americans more than $700 billion a year in increased health care costs, crime, and lost productivity. Repeated drug use changes the brain, making it hard to resist the cravings; however, drug addiction is a chronic disease that can be treated with evidence-based approaches..

Populations Most Impacted

-Racial/ethnic populations have been disproportionately affected by the consequences of drug misuse and addiction due to various systemic barriers.
-Persons with mental health issues often use alcohol and/or other drugs to self-medicate and decrease stress.
-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.
-While rural areas have lower percentages of people reporting substance use, the negative effects are higher.

Community Input Highlights

-Suvery respondents from Calumet County identified substance misuse as the second highest health issue only behind mental health in their communities.
-Community members shared that they did not feel that there were adequate resources for timely access to AODA (addiction care) services.
-Alcohol use and drunk driving was a recurring theme in focus groups.

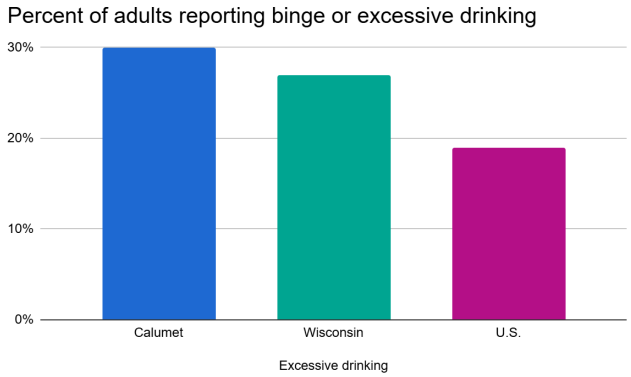
Secondary Data Highlights

-Wisconsin continues to rank as one of the worst states for excessive alcohol consumption in the nation, with Calumet County exceeding both Wisconsin (27%) and the U.S. (19%) with a value of 30%.

-In Calumet County, 27% of motor vehicle crash deaths involved alcohol, lower than Wisconsin (33%) and similar to the U.S. (26%).

-The rate of drug overdose deaths in Calumet County was 8 per 100,000 people, compared to 29 for Wisconsin and 31 for the United States.

Source: County Health Rankings and Road Maps Calumet County, WI (2025)
https://www.countyhealthrankings.org/health-data/wisconsin/calumet?year=2025



Source: County Health Rankings and Road Maps Calumet County, WI (2025)
https://www.countyhealthrankings.org/health-data/wisconsin/calumet?year=2025

Source:
Minnesota Department of Health: Differences in rates of drug overdose deaths by race
https://www.health.state.mn.us/communities/opioids/data/racedisparity.html
NIH: Substance use and co-occurring mental disorders
https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health
CDC: Drug overdose in rural America as a public health issue
https://www.cdc.gov/rural-health/php/public-health-strategy/public-health-considerations-for-drug-overdose-in-rural-america.html#:~:text=Rural%20areas%20have%20a%20lower,for%20rural%20and%20urban%20areas.
Collins, S. Associations between socioeconomic factors and alcohol outcomes
https://pmc.ncbi.nlm.nih.gov/articles/PMC4872618/

Next Steps

In the third phase, which will take place following the completion of the community health needs assessment as outlined in this report, Ascension Calumet Hospital will narrow the significant needs to a set of prioritized needs. Ascension defines “prioritized needs” as the significant needs that the hospital has prioritized to respond to through the three-year CHNA implementation strategy. The implementation strategy will detail how Ascension Calumet Hospital will respond to the prioritized needs throughout the three-year CHNA cycle: July 2025 to June 2028. The implementation strategy will also describe why certain significant needs were not selected as prioritized needs to be addressed by the hospital.

Summary of Impact of 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 respond to the prioritized 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.

Ascension Calumet Hospital's previous CHNA implementation strategy was completed in July 2022 and responded to the following priority health needs: Alcohol and Drug Use, Diet and Exercise, and Mental Health.

Highlights from the Ascension Calumet Hospital's previous implementation strategy include:

- **Alcohol and Drug Use:** PEER Recovery Coaches, 17 individuals were referred to receive support, guidance, and resources.
- **Diet and Exercise:** 3,870 encounters through the Health and Fitness Program. The program is specifically designed for people with chronic disease, cardiovascular risk factors and who are interested in weight management.
- **Mental Health:** Through the collaboration with Catalpa Health, Ascension supported over 40 school-based programs serving over 8,000 school age children

Written input received from the community and a report on the actions taken to respond to the significant health needs prioritized in the tax year 2021 CHNA implementation strategy can be found in Appendix F (Page 49).

Approval by Ascension Calumet's Authorizing Governing Board of Directors

To ensure Ascension Calumet Hospital's efforts meet the needs of the community and have a lasting and meaningful impact, the tax year 2024 CHNA was presented to the Ascension Calumet authorizing Board of Directors for approval and adoption on April 22, 2025. 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 reports also demonstrates that the board is aware of the findings from the CHNA, endorses the health needs identified, and supports the strategies developed to respond to those needs.

Conclusion

Ascension Calumet Hospital hopes this report offers a meaningful and comprehensive understanding of the most significant needs of Calumet County. This report will be used by internal stakeholders, nonprofit organizations, government agencies, and other Ascension Calumet Hospital community partners to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The tax year 2024 CHNA will also be available to the broader community as a useful resource for further health improvement efforts.

As a Catholic health ministry, Ascension Calumet Hospital 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 underserved and marginalized, we are advocates for a compassionate and just society through our actions and words. Ascension Calumet Hospital 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 Ascension's public website (https://healthcare.ascension.org/chna) to submit any comments or questions.

Appendices

Table of Contents

Appendix A: Definitions and Terms

Catholic Health Association of United States (CHA) "is recognized nationally as a leader in community benefit planning and reporting."[3] The definitions in Appendix A are from the CHA guide *Assessing and Addressing Community Needs, 2015 Edition II,* which can be found at chausa.org.

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 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.

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

Key Stakeholder
A group or an individual affected or who can affect an issue. When considering key stakeholders for community input, some examples may be elected or appointed government officials, heads of businesses, teachers, school administrators, clergy, and other community members who have a significant amount of influence in the community.

Medically Underserved Populations
Medically underserved populations include populations experiencing health disparities or that 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.

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 both forced-choice and open-ended questions.

Catholic Health Association of the United States. (2015). *Assessing & Addressing Community Health Needs, 2015 Edition II*.

Internal Revenue Services. (2022, July 15). *Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(r)(3) | Internal Revenue Service*. IRS. Retrieved April 2023, from https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3

Schiller, C., Winters, M., Hanson, H. M., & Ashe, M. C. (2013). A framework for stakeholder identification in concept mapping and health research: a novel process and its application to older adult mobility and the built environment. BMC public health, 13, 428. https://doi.org/10.1186/1471-2458-13-428

Appendix B: Community Demographic Data and Sources

The tables below provide further information on the community's demographics. The descriptions of the data's importance are largely drawn from the County Health Rankings & Roadmaps website.

Table 3: 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	53,602	5,960,975	340,110,988
Male	50.7%	50.1%	49.5%
Female	49.3%	49.9%	50.5%

Source: U.S. Census Data; QuickFacts https://www.census.gov/quickfacts/fact/table/calumetcountywisconsin,WI,US/PST045224

Table 4: Population by Race and Ethnicity

Why it is important: The racial and ethnic 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	2.8%	3.3%	6.4%
Black / African American	1.2%	6.6%	13.7%
Hispanic / Latino	5.8%	8.1%	19.5%
American Indian or Alaska Native	0.7%	1.2%	1.3%
Non-Hispanic White	88.5%	79.5%	58.4%

Source: U.S. Census Data; QuickFacts https://www.census.gov/quickfacts/fact/table/calumetcountywisconsin,WI,US/PST045224

Table 5: 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 and childcare needs, while an older population may have greater healthcare needs.

Age	Calumet County	Wisconsin	U.S.
Ages 0-17	21.8%	21.1%	21.7%
Ages 18-64	60.3%	59.8%	60.6%
Ages 65+	17.9%	19.1%	17.7%

Source: U.S. Census Data; QuickFacts https://www.census.gov/quickfacts/fact/table/calumetcountywisconsin,WI,US/PST045224

Table 6: 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. In addition to affecting access to health insurance, income affects access to healthy choices, safe housing, safe neighborhoods, and quality schools. Chronic stress related to not having enough money can have an impact on mental and physical health as well. ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn 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	$87,700	$75,670	$78,538
Per capita income	$43,814	$42,019	$43,289
People with incomes below the federal poverty guideline*	4.6%	10.7%	11.1%
ALICE+ poverty households	27%	34%	41%

**differences in methodology might exist between data sources*

Source: U.S. Census Data; QuickFacts https://www.census.gov/quickfacts/fact/table/calumetcountywisconsin,WI,US/PST045224

ALICE in the crosscurrents: https://cdn.ymaws.com/www.unitedwaywi.org/resource/resmgr/alice/alice_crosscurrents_finalrep.pdf

Table 7: Education

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

Income	Calumet County	Wisconsin	U.S.
High school diploma or higher	94.8%	93.4%	89.4%
Bachelor's degree or higher	32.5%	32.8%	35.0%

Source: U.S. Census Data; QuickFacts https://www.census.gov/quickfacts/fact/table/calumetcountywisconsin,WI,US/PST045224

Table 8: 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*	4.2%	5.9%	9.5%
Medicaid Participation	12.4%	18.5%	21.3%

**differences in methodology might exist between data sources*

Source: U.S. Census Data; QuickFacts https://www.census.gov/quickfacts/fact/table/calumetcountywisconsin,WI,US/PST045224

Source: U.S. Census Bureau: Table S2704 Calumet County, Wisconsin, U.S

Appendix C: Community Input Data and Sources

Community Partner Assessment

The Tri-County Community Health Coalition reached out to over 400 organizations and agencies in the community with an invitation to participate in the Community Partner Assessment. Through this process, 130 organizations completed the surveys. These were collected from different types of organizations including schools/educational institutions, non-profit organizations, grassroots organizations and health providers.

Conducted electronically the key stakeholder survey was comprised of the following questions:

1. What is the full name of your organization?
2. Which of the following best describe(s) your organization? (check all that apply)
3. In what counties or cities does your organization operate?
4. Are you interested in participating in or supporting a new community improvement collaborative that covers the Calumet, Outagamie, and Winnebago county areas?
5. Even if you're not interested or not sure about supporting this new venture, what are/would be your organization's top three interests in joining a new community improvement partnership?
6. What are your organization's 1-3 most valuable resources or strongest assets you would like other organizations to know? (i.e., what makes your organization great?)
7. What resources might your organization contribute to support the community improvement process? This is not a formal commitment at this time.
8. Who are the people you serve? Do you serve people who have been marginalized / historically underserved based on their…
    a. Race/Ethnicity (e.g., Black, Native American/Indigenous, Latino/a/x, HMong, African)
    b. Gender (e.g., women, non-binary, non-conforming, men)
    c. LGBTQIA(e.g., lesbian, gay, bisexual, transgender, questioning, queer, etc.)
    d. Socioeconomic status (e.g., low-income, moderate income, WIC recipient)
    e. Education (e.g., schoolchildren, high school dropouts)
    f. Disability (e.g., vision, hearing, intellectual, physical, neurological, speech)
    g. Religious beliefs (e.g., Muslim, Jewish, Hindu, Sikh, Buddhist, Other)
    h. Insurance status (e.g., Medicaid, Medicare, Uninsured, BadgerCare)
    i. Housing status (e.g., those experiencing homelessness, residing in low-income housing)
    j. Involvement in the criminal legal system (e.g., people incarcerated, formerly incarcerated, recently released, on probation, foster youth)
    k. Occupation (e.g., unemployed, underemployed, food-industry, agricultural)
    l. Age (e.g., youth, young adults, older adults)
    m. Geography (e.g. rural area, tribal lands)
    n. Veterans
    o. Other: _____
9. Please describe the people or community your organization serves:

10. Which of the following categories does your organization work on/with?
11. Please review the following statements and indicate your level of agreement. There are no right or wrong answers.
    a. We have at least one person in our organization dedicated to addressing diversity, equity, and inclusion internally in our organization
    b. We have at least one person in our organization dedicated to addressing inequities externally in our community
    c. We have a team dedicated to advancing equity/addressing inequities in our organization
    d. Advancing equity/addressing inequities is included in all or most staff job requirements
12. Thinking about the community your organization serves (e.g., a particular geography or a group of people that share a characteristic(s)), what are 1 to 3 of your community's greatest strengths or assets?
13. Who is the best person from your organization to continue this conversation about community improvement? Please provide their first and last name:
14. Please provide that person's email address:
15. Please add any questions, comments, or suggestions about the community improvement process and our next steps together, including how your organization would like to be involved in the process.

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.

ABC for Health, Inc.	Faith Alliance Church	Menasha Joint School District	St Joseph Church
ADVOCAP INC.	Family Services of NE Wisconsin	Mooring Programs dba Apricity	St Vincent de Paul, St Bernard Parish conference
ADVOCAP, Inc.	Father Carr's Place 2B	NAMI Fox Valley, Inc.	St. Francis Xavier Catholic School System
Appleton Fire Department	Feeding America Eastern WI	New Holstein Public Library	St. John Sacred Heart School
Appleton Health Department	Feeding America Eastern Wisconsin	NEW Mental Health Connection	St. Joseph Food Program, Inc.
Appleton Public Library	First 5 Fox Valley	Nova Counseling Services	St. Martin Lutheran Church
Appleton Public Library	First Congregational United Church of Christ	Omro Area Community Center	St. Mary Congregation
Ascension Calumet	First English Lutheran Church	Omro Area Community Center	St. Thomas More, Appleton
Be Well Fox Valley	Forest Junction Fire Department	Omro Community Food Pantry	SVDP Brillion Area Food Pantry
Big Brothers Big Sisters of East Central Wisconsin	Fox Cities Convention & Visitors Bureau	Oneida Nation	Brillion Housing Authority
Boys & Girls Clubs of the Fox Valley	Fox River Baptist Church	Oshkosh Area Community Pantry	The Mission Church
Bridges Child Enrichment Center	Fox Valley Literacy	Oshkosh Area School District	Three Waves Health Clinic & Wellness Center
Brillion Public School District	Fox Valley Technical College	Outagamie County Development & Land Services Department	Trinity Lutheran Church
Building for Kids Children's Museum	Fox Valley Unitarian Universalist Fellowship	Outagamie County District Attorney's Office	Unity Recovery Services
Calumet County Children with Disabilities Education Board, CDEB Program	Fox Valley Veterans Council Inc.	Outagamie County HHS	Us 2 Behavioral Health Care
Calumet County Department of Health and Human Services	Friendship Place	Outagamie County Housing Authority	Us 2 Behavioral Health Care
Calumet County Medical Examiner	Girl Scouts of the Northwestern Great Lakes	Outagamie County Public Health	UW Madison's Division of Extension FoodWIse
Calumet County Planning, Zoning, and Land Information Department	Greater Fox Cities Area Habitat for Humanity, Inc.	Outagamie County Sheriffs Office	Valley Packaging Industries (DBA as VPI, Inc.)
Calumet County WIC	Greater Oshkosh Healthy Neighborhoods, Inc.	Pillars	Valley Transit
Calumet Sheriff's Office	Harrison Fire Rescue	Pointers Community Initiatives	Vande Hey Brantmeier Automotive Group
CARES Fox Cities	HeadsUp Fox Cities	Rainbow Alliance Advocacy, Inc.	Vida
Catholic Charities of the Diocese of Green Bay	Helios Heuristic	Reach Counseling	Vivent Health
Celebrate Diversity Fox Cities	Hmong American Partnership Fox Valley	Reach Counseling	Volunteer Fox Cities
Child Care Resource and Referral	Home Builders Association of the Fox Cities	REALTORS Association of NE WI	Winnebago County Department of Human Services

Christ the King Lutheran Church - Sherwood	Hope and Help Together	Rebuilding Together Fox Valley	Winnebago County Public Health
Christine Ann Domestic Abuse Services, Inc	Hope Clinic and Care Center Inc.	Riverview Gardens, Inc.	Winnebago County Sheriff's Office
City of Appleton Department of Utilities	Independent Care Health Plan	Rogers Behavioral Health	Wisconsin Medical Home Initiative
City of Menasha Health Dept	JKV Research, LLC	Ruth's Pantry (A Ministry of Grace Lutheran Church)	World Relief
Community Foundation for the Fox Valley Region	Kaukauna Area School District	Salvation Army Chilton	YMCA of the Fox Cities
Covenant Christian Reformed Church	Lawrence University	Salvation Army, Outagamie County Bread of Life Service Center	YMCA of the Fox Cities
Diverse & Resilient	Legal Action of Wisconsin	Salvation Army-Fox Cities	Youth Go
Double Portion Soup Kitchen	Lutheran Food Pantry	Salvation Army-Fox Cities	
East Central Wisconsin Regional Planning Commission	Lutheran Social Services of Wisconsin of WI &MI-Make The Ride Happen	Samaritan Counseling Center of the Fox Valley, Inc. (DBA Samaritan, Inc.)	
Emmanuel United Church of Christ	Memorial Presbyterian Church	SOAR Fox Cities	

Appendix D: Secondary Data and Sources

The tables below are based on data vetted, compiled, 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 annually and shares it with the public. The data below is from the 2025 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis.

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 for "why they are important" are largely drawn from the CHRR website.

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

Trends: 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.

United States (U.S.): Describes how the county's most recent data for the health issue compares to the U.S.

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.

Table 9: 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 members within a community.

Indicators	Trend	Calumet	Wisconsin	U.S.	Description
Length of Life					
Premature death		4,600	7,400	8,400	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life expectancy		81.2	77.8	77.1	How long the average person is expected to live
Infant mortality		N/A	6	6	Number of all infant deaths (within one year) per 1,000 live births
Physical Health					
Poor or fair health		13.0%	16.0%	17.0%	Percentage of adults reporting fair or poor health
Poor physical health Days		3.5	3.9	3.9	Average number of physically unhealthy days reported in the past 30 days (age-adjusted)
Frequent physical distress		10.0%	12.0%	12.0%	Percentage of adults with 14 or more days of poor physical health per month
Low birth weight		6.0%	8.0%	8.0%	Percentage of babies born too small (less than 2,500 grams)
Mental Health					
Poor mental health days		5.1	5.4	5.1	Average number of mentally unhealthy days reported in the past 30 days
Frequent mental distress		16.0%	17.0%	16.0%	Percentage of adults reporting 14 or more days of poor mental health per month
Suicide		9	15	14	Number of deaths due to suicide per 100,000
Feelings of loneliness		31.0%	32.0%	33.0%	Percentage of adults reporting that they always, usually or sometimes feel lonely.
Morbidity					
Diabetes prevalence		8.0%	9.0%	10.0%	Percentage of adults ages 20 and above with diagnosed diabetes
Cancer deaths		85.9	N/A	N/A	Average annual cancer death rate per 100,000
Communicable Disease					
HIV prevalence		58	138	387	Number of people ages 13 years and over with a diagnosis of HIV per 100,000
Sexually transmitted infections		174.5	435.7	495.0	Number of newly diagnosed chlamydia cases per 100,000

Source: County Health Rankings and Road Maps Calumet County, WI (2025)
https://www.countyhealthrankings.org/health-data/wisconsin/calumet?year=2025

Table 10: 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.

Indicator	Trend	Calumet	Wisconsin	U.S.	Description
Economic Stability					
Median household income		$86,900	$74,700	$77,700	The income where half of households in a county earn more and half of households earn less
Unemployment		2.4%	3.0%	3.6%	Percentage of population ages 16 and older unemployed but seeking work
Childhood poverty		5.0%	13.0%	16.0%	Percentage of people under age 18 in poverty
Child care cost burden		28%	31%	28%	Child care costs for a household with two children as a percent of median household income.
Educational Attainment					
High school completion		95%	93%	89%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Some college		75%	70.0%	68.0%	Percentage of adults ages 25-44 with some post-secondary education
School funding adequacy		$242	$1,807	$1,411	The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.
Social/Community					
Social associations		7.0	11.1	9.1	Number of membership associations per 10,000 population
Disconnected youth		N/A	5.0%	7.0%	Percentage of teens and young adults ages 16-19 who are neither working nor in school
Homicides		N/A	5	7	Number of deaths due to homicide per 100,000 population.
Lack of social and Emotional support		24.0%	25.0%	25.0%	Percentage of adults reporting that they sometimes, rarely, or never get the social and emotional support they need.
Voter Turnout		81.7%	75.1%	67.9%	Percentage of citizen population aged 18 or older who voted in the 2020 U.S. Presidential election.
Access to Healthy Foods					
Food environment index		9.4	8.8	7.4	Index of factors that contribute to a healthy food environment (0 = worst, 10 = best)
Food insecurity		8.0%	11.0%	14.0%	Percentage of the population who lack adequate access to food
Limited access to healthy foods		4.0%	5.0%	6.0%	Percentage of the population who are low-income and do not live close to a grocery store

Source: County Health Rankings and Road Maps Calumet County, WI (2025)
https://www.countyhealthrankings.org/health-data/wisconsin/calumet?year=2025

Table 11: Physical Environment

Why they are 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.

Indicator	Trend	Calumet	Wisconsin	U.S.	Description
Physical Environment					
Severe housing cost burden		8.0%	11.0%	15.0%	Percentage of households that spend 50 percent or more of their household income on housing
Severe housing problems		9.0%	12.0%	17.0%	Percentage of households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, and/or lack of plumbing facilities
Air pollution: particulate matter		8.2	7.7	7.3	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)
Home ownership		81.0%	68.0%	65.0%	Percentage of occupied housing units that are owned

Source: County Health Rankings and Road Maps Calumet County, WI (2025)
https://www.countyhealthrankings.org/health-data/wisconsin/calumet?year=2025

Table 12: 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.

Indicator	Trend	Calumet	Wisconsin	U.S.	Description
Healthcare Access					
Uninsured		4.0%	6.0%	10.0%	Percentage of population under age 65 without health insurance
Uninsured adults		4.0%	7.0%	11.0%	Percentage of adults under age 65 without health insurance
Uninsured children		4.0%	5.0%	5.0%	Percentage of children under age 19 without health insurance
Primary care physicians		6,750:1	1,250:1	1,330:1	Ratio of the population to primary care physicians
Mental healthcare providers		2,960:1	370:1	300:1	Ratio of the population to mental healthcare providers
Hospital Utilization					
Preventable hospital stays		1,456	2,498	2,666	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees
Preventive Healthcare					
Flu vaccinations		53.0%	53.0%	48.0%	Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination
Mammography screenings		53.0%	50.0%	44.0%	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening

Source: CHRR; Calumet County, WI (2025); https://www.countyhealthrankings.org/health-data/wisconsin/calumet?year=2025

Table 13: 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.

Indicator	Trend	Calumet	Wisconsin	U.S.	Description
Healthy Lifestyle					
Adult obesity		40.0%	38.0%	34.0%	Percentage of the adult population (ages 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2
Physical inactivity		20.0%	21.0%	23.0%	Percentage of adults ages 20 and over reporting no leisure-time physical activity
Access to exercise opportunities		83.0%	84.0%	84.0%	Percentage of population with adequate access to locations for physical activity
Insufficient sleep		33.0%	34.0%	37.0%	Percentage of adults who report fewer than seven hours of sleep on average
Motor vehicle crash deaths		8	11	12	Number of motor vehicle crash deaths per 100,000 population
Teen births		6	11	16	Number of births per 1,000 female population ages 15-19
Substance Misuse					
Adult smoking		16.0%	15.0%	13.0%	Percentage of adults who are current smokers
Excessive drinking		26.0%	24.0%	19.0%	Percentage of adults reporting binge or heavy alcohol drinking
Alcohol-impaired driving deaths		33.0%	33.0%	26.0%	Alcohol-impaired driving deaths
Overdose deaths: any opioids by state		13	29	31	Rate of opioid-related deaths by state per 100,000 persons

Source: CHRR, Calumet County, WI (2025); https://www.countyhealthrankings.org/health-data/wisconsin/calumet?year=2025

Table 14: Disparities

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 improve health for everyone in the community

Indicator	Population	Measure
Health Disparities		
Teen Births Per 1,000 female population ages 15-19	Overall	6
	Hispanic	**24**
	NH White	5
Children in Poverty	**Overall**	**5%**
	Hispanic	19%
	NH-Asian	21%
	NH Black	**29%**
	NH White	4%
Median Household Income	**Overall**	**$86,900**
	Hispanic	$65,300
	NH-American Indian	**$21,600**
	NH-Asian	$77,300
	NH White	$88,800

Source: County Health Rankings and Road Maps Calumet County, WI (2025)
https://www.countyhealthrankings.org/health-data/wisconsin/calumet?year=2025

Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension Calumet Hospital has cataloged resources available in Calumet County that respond to 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.

Access to Care

Organization	Phone	Website
Ascension Calumet Hospital	920-849-2386	https://healthcare.ascension.org/locations/wisconsin/wiapp/chilton-ascension-calumet-hospital
Ascension clinics	See website	https://healthcare.ascension.org/wisconsin
Wisconsin Department of HealthServices	608-266-1865	https://www.dhs.wisconsin.gov/legislative/calumet.htm
-Aging and Disability Resource Center	920-849-1457	https://www.co.calumet.wi.us/158/Aging-Disability-Resource-Center
ACCESS Wisconsin	N/A	https://access.wi.gov/s/?language=en_US

Belonging

Organization	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-outrea ch-program/
Healthy Teen Minds /	920-252-5927	https://www.newmentalhealthconnection.org/initiatives/healthy-teenminds

Chronic Conditions

Organization	Phone	Website
Health & Human Services, Calumet County, WI	920-849-1400	https://www.co.calumet.wi.us/155/Health-and-Human-Services
Aging and Disability Resource Center	920-849-1457	https://www.co.calumet.wi.us/158/Aging-Disability-Resource-Center

Economic Stability

Organization	Phone	Website
Calumet County - Economic Support Division East Central Call Center:	1-888-256-4563	https://www.co.calumet.wi.us/30 2/Economic-Support
Wisconsin Department of Children and Families - Employment Services for Parents	608-422-7000	https://dcf.wisconsin.gov/w2/par ents
The New North	920-336-3860	https://www.thenewnorth.com/
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
Salvation Army	920-849-7856	

Healthy Living

Organization	Phone	Website
Calumet County - ADRC Nutrition Program	920-849-1451 or 920-849-1400	https://www.co.calumet.wi.us/16 3/Nutrition-Program
Ascension Calumet Hospital - Weight Management l	920-730-4435	https://healthcare.ascension.org/l ocations/wisconsin/wiapa/chilto n-ascension-calumet-hospital
Calumet County Activity and Nutrition Coalition	920-849-1432	https://www.co.calumet.wi.us/33 2/Community-Coalitions
Calumet County Parks Department	920-849-1494	https://www.calumetcounty.org/6 25/Parks-Trails
FoodWIse	920-832-4761	https://calumet.extension.wisc.ed u/nutrition-education/
Salvation Army	920-849-7856	https://centralusa.salvationarmy. org/calumetcounty/
YMCA of Fox Cities	920-830-5700	https://www.ymcafoxcities.org/lo cations/heart-valley-ymca

Mental Health

Organization	Phone	Website
Ascension Calumet Hospital	920-849-2386	https://healthcare.ascension.org/locations/wisconsin/wiapa/chiltonascension-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/

Substance Misuse

Organization	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/chilto-ascension-calumet-hospital
Calumet County Department of Health and Human	920-849-1400	Serviceshttps://www.co.calumet.wi.us/29 3/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

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

Ascension Calumet Hospital's previous CHNA implementation strategy was completed in July 2022 and responded to the following priority health needs: Alcohol and Drug Use, Diet and Exercise, and Mental Health.

The tables below describe the actions taken during the 2022-2025 CHNA implementation strategy cycle to respond to each priority need.

Note: At the time of the report publication (June 2025), the third year of the cycle will not be complete. The hospital will accommodate for that variable; results from the last year of this cycle will be reported and attached to the tax year 2024 IRS Form 990/Schedule H.

Alcohol and Drug Use

Action(s) taken	Status	Results
Increase Community Initiatives for Alcohol and Drug Misuse Treatment • Partner with other organizations to increase community-based treatment and support programs • Engage with coalitions on important access to treatment issues	Ongoing	➢Actively participated in the REACH coalition to decrease the misuse of prescription drugs and youth alcohol use within Calumet County. ➢Provided funding for community educational materials through REACH. ➢Actively participated in the Rescue Task Force to improve emergency medical response ➢About 300 individuals received Community CPR training and Stop the Bleed education.
Partner on Prevention in the Community • Work closely with coalitions to support stigma reduction around substance use disorders • Direct funds and efforts to important prevention activities in the community, including in schools • Support Prescription Drug Take Back events to reduce opioids within the community	On-hold	➢Discussions held on opportunities to partner with community organizations to provide stigma reduction and substance use disorder education as well as Drug Take Back events. Planning for implementation, however due to limited staff capacity this was placed on hold.
Increase Access to Alcohol and Drug Misuse Services for Ascension Wisconsin Patients • Screen patients to determine if they have excessive alcohol consumption and connect these individuals with local resources • Increase access to a variety of substance use treatment including medication-assisted treatment and innovative models of care	Ongoing	➢Supported the Zero Suicide Coalition in launching awareness campaigns and distributing lock boxes and gun locks for lethal means restrictions ➢Actively participated in Calumet's Naloxone Saturation Action Team.

Provide Holistic Support Services for Ascension Wisconsin Patients in Recovery • Identify and address social factors that influence alcohol and drug use through screening and referral to mitigate social-related barriers • Connect patients with Peer Recovery Coaches when receptive • Reduce healthcare stigma by encouraging associate awareness on nonjudgmental compassionate care for those struggling with substance misuse disorder	Completed	➢Started screening for social needs barriers during various medical appointments and launched the neighborhood resources website for resource referrals. ➢17 patients referred to PEER Recovery Coaches ➢2 seminars on stigma reduction for nurse residency programs were offered and 79 nurse residents were educated on unconscious bias, patient labeling, desensitization, alcohol and opioid withdrawal. Information on “words matter” and mental health stigma. ➢ 10 associates completed the learning module "ABIDE in Action: Exploring Equitable Interactions in Healthcare"; 24 associates completed "Creating a Culture of ABIDE and Psychological Safety"

Diet and Exercise

Action(s) taken	Status	Results
Engage and Educate Community Members on Health and Prevention • Actively participate in healthy living collaboratives that strive for collective impact on the community’s whole health • Contribute to community education sessions on healthy living activities within the community, focusing on early interventions, particularly with children and older adults • Provide chronic disease prevention and support in rural settings with a focus on groups that have been historically marginalized	Completed	➢153 lbs of food donated through the gleaning program to the Salvation Army ➢50 participants received blood pressure screenings and education at Age Well Live Well event with Aging and Disability Resource Center, NEW Hmong Professionals and Chilton Library. ➢ 3,870 encounters through the Health and Fitness Program. ➢Over 400 individuals were provided with on-site preventative health screenings, education and resources as part of the Agri Health & Wellness. ➢Provided In-kind room usage to Calumet county for vaccine clinics.
Expand Opportunities for Community Members to be Engaged in Healthy Living Activities • Fund community-based organizations (CBOs) that increase access to healthy foods • Donate fresh produce and other healthy foods through various channels including the Community Garden • Provide outreach to populations that have gaps in healthy food access	Completed	➢$45, 000 donation to Be Well Fox Valley ➢382.6 pounds of food donated thru the AMG Food drives ➢258 items donated through Free Little Food Pantry ➢172 pounds of food donated to the Salvation Army through the Food Gleaning program. ➢21 community garden plots offered at no cost to community members. Senior members living in local independent living housing are using the plots. 2 plots were donated to Human Services for Behavioral Health programming. 10 plots were gifted to Multicultural Co for programing, to give fresh produce to those in need, etc. ➢Collaborated with the Lion’s Club to provide Thanksgiving meals to 550 shut-in residents of

		Calumet County. ➢550 participants attended the Age Well, Live Well: Successful Aging event where Ascension Calumet provided education on nutrition and protein rich food.
Promote Screenings and Interventions for Chronic Conditions ● Develop a food insecurity screening, tracking and referral program for patients ● Improve processes statewide to provide referrals to nutritionists and other resources as needed for elevated healthy weight/BMI screenings ● Connect food insecure patients with chronic conditions to condition-specic food, education and support	Ongoing	➢Plans to re-launch education on Neighborhood Resources and increase utilization amongst providers to aid with SDoH screenings and resources for patients.
Educate Patients and Associates about Healthy Foods and Physical Activity ● Hold healthy living demonstrations within Ascension Wisconsin healthcare facilities, particularly around specific chronic conditions	Completed	➢Provided communication and education on healthy foods and healthy living to associates thru newsletter during Nutrition Month. ➢In collaboration with Ascension St. Elizabeth, two Teaching Kitchen events were offered to associates and the community members where nutrition education was provided as well as a cooking demonstration and healthy recipes

Mental Health

Action(s) taken	Status	Results
Support Community-Based Initiatives that Create an Environment for Mental Wellbeing ● Participate in stigma-reduction campaigns ● Partner with schools to administer education on mental health wellbeing ● Support initiatives that foster social connectedness ● Provide mental health outreach in rural settings and to groups that have been historically marginalized ● Actively participate in suicide prevention coalitions ● Promote bystander interventions that recognize and support individuals who are struggling with trauma, abuse and/or mental health issues	Ongoing	➢Through the collaboration with Catalpa Health, Ascension supported over 40 school-based programs serving over 8,000 school age children. ➢In collaboration with Ascension St. Elizabeth a total of $160, 436 In-kind/Room usage provided to Community of Hope, a community group whose purpose is to promote and support mental wellness and building awareness about suicide prevention, intervention and response, as well as grief for surviving family members and friends
Increase Community Initiatives for Mental Health Access ● Contribute funding to CBOs that increase mental	Completed	➢Co-sponsored Goodwill event ($5,000) to impact their mission to enhance people's dignity and quality of life by strengthening their communities, eliminating their barriers to opportunity, and

health care access • Partner with other organizations to enhance community-based treatment and support programs		helping them reach their full potential through learning and the power of work
Promote Early Detection and Treatment for Mental Health Conditions • Improve standardized processes statewide according to the US Preventive Services Task Force Guidelines for depression screenings and provide referrals to resources as needed • Implement and evaluate different models of care to increase access and timeliness to outpatient mental health providers and prescribers, including telehealth • Improve mental health support efforts for associates	Ongoing	➢Ascension Employee Assistance Program: Utilization rate averaged to 5.29% with 3,356 hours of clinical service and a total of 160 hours of organizational service providing trainings, trauma response, conflict resolution, and newsletter preparation.
Deliver Comprehensive, Compassionate Care to those that Have Experienced Trauma • Coordinate Sexual Assault Nurse Examiner (SANE) and Human Tracking response programs to expand capacity for trauma-informed care • Assist patients and associates who have experienced trauma with spiritual care and basic needs support that encourage healing	Completed	➢4 associates were trained as a Human Trafficking Responder to better respond with appropriate tools for those who have experienced this trauma ➢84 associates participated in a module to recognize signs of human trafficking and what to do to help support; SANE/HT