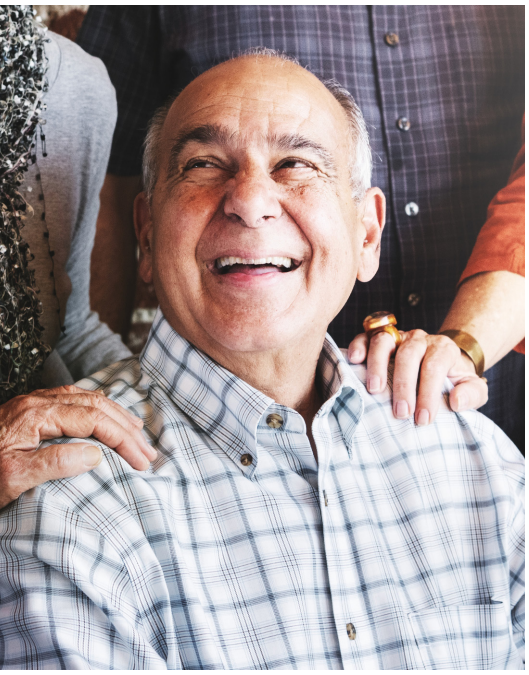
Aurora Health Care®



2025

Aurora Medical Center – Bay Area

Community Health Needs Assessment Report

3003 University Drive
Marinette, WI 54143

Letter from Division President

October 2025

At Aurora Health Care, part of Advocate Health, our Community Health Needs Assessments (CHNA) are more than just reports. They are roadmaps for the future that we will build together, centered on strong partnerships that lead to real and lasting solutions.

Throughout the CHNA process, we strive to listen deeply, learn continuously, and act boldly to the changing needs and strengths of our community. By working together with community partners, engaging with our neighbors and analyzing local data we strive to provide the best possible care inside as well as outside of our hospital walls.

I'm inspired by the profound difference we make each day - across our Wisconsin hospitals, clinics and communities. From groundbreaking research and exceptional clinical care to meaningful patient programs and cutting-edge innovations, our work is shaped by the communities we serve – and together, we are shaping healthier futures for all.

We are deeply grateful to the many individuals and organizations who contributed to this assessment. Your perspectives and insights are essential to improving the health and wellbeing of our communities that we are privileged to serve.

We welcome your continued feedback, ideas, and suggestions. At the end of this report, you will find an email address where you can share your thoughts on how we can strengthen community programs and strategies to better serve our community.

Let's move forward - together - toward better health for all.

Gabrielle Finley-Hazle
President, Aurora Health Care

From the Hospital President

Partnering with the Community Health Partnership – Marinette & Menominee Counties, a coalition of dedicated community stakeholders, allows us to combine our strengths and drive meaningful progress toward a healthier, more vibrant future for all.

Ed Harding, President, Aurora Medical Center - Bay Area

Table of Contents

I. Executive Summary 04

II. Description of Aurora Health Care and Aurora Medical Center - Bay Area 05

A. Aurora Health Care 05

B. Aurora Medical Center - Bay Area 05

III. 2025 Community Health Needs Assessment 06

A. Community Definition 06

B. How the CHNA was Conducted 10

C. Summary of CHNA Findings 11

IV. Prioritization of Health-Related Issues 20

A. Priority Setting Process 20

B. Health Needs Selected 20

C. Health Needs Not Selected 21

V. Approval of Community Health Needs Assessment 21

VI. Vehicle for Community Feedback 21

VII. Evaluation of Impact from Previous CHNA 22

VIII. Appendices 24

Appendix 1: 2025 Community Health Needs Assessment Data Sources 24

Appendix 2: Community Resources Available for Significant Needs 26

Appendix 3: Definitions 28

Appendix 4: References 29

EXECUTIVE SUMMARY

Aurora Medical Center – Bay Area (Aurora Bay Area), a member of Aurora Health Care, is an active member of the Community Health Partnership - Marinette & Menominee Counties community health coalition. Beginning in 2024, a subgroup of the coalition met to collect community health data for the health department's Community Health Assessment (CHA) and the health systems' Community Health Needs Assessments (CHNA), as a foundation for a countywide community health improvement plan (CHIP), and the respective health system's community health implementation strategies (CHIS). Members included Aurora Bay Area, Provident Health Foundation, Marinette County Public Health Department, Public Health of Delta and Menominee Counties, Emplify by Bellin Health, NorthLakes Community Clinic, M&M Community Foundation, and Superior Health Foundation.

In the fall of 2025, members of Aurora Bay Area's senior leadership team and the Community Steering Council met virtually to review the community health assessment data, based on the following components:

-Community Health Survey (primary data): 979 valid online surveys were completed between April 1 and June 18, 2025 to gain insight from the community on top health needs in the community, individuals' perception of their overall health, access to health services and social drivers of health.

-Key Stakeholder Interviews (primary data): 68 interviews were conducted between April and May of 2025 to provide qualitative data regarding community needs. Key stakeholders interviewed were considered community experts who can provide valuable insight on pressing health issues in Marinette County.

-Metopio (secondary data): Advocate Health has a contract with Metopio, a robust digital platform that curates data from public and proprietary sources for information on health behaviors and health risks, health outcomes, health care utilization, demographics, and community-level drivers of health like economic, housing, employment, and environmental conditions. Data for each indicator is presented by race, ethnicity, and gender when the data is available.

During the prioritization process for the hospital, the council considered the following criteria in determining the health needs to prioritize:

- Size/seriousness of the problem
- Effectiveness of available interventions
- Available resources to address the health issue
- Health care system adequately situated to address the health issue
- Meets a defined community need as identified through data
- Potential for issue to impact other health and social issues
- Ability to effectively address or impact health issue through collaboration

The council then voted on the recommendations. As a result, Aurora Bay Area prioritized the following significant health needs to address in our 2026-2028 implementation strategy:

- Behavioral Health
- Nutrition, Physical Activity and Obesity

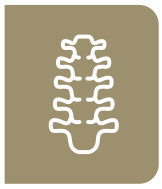
The 2025 CHNA was presented to the Aurora Health Care Metro Board, the authorizing body of the hospital. The board approved the report on December 15, 2025.

AURORA HEALTH CARE

Aurora Health Care is the largest health system in Wisconsin and a national leader in clinical innovation, health outcomes, consumer experience and value-based care. The state's largest private employer, the system serves patients across 18 hospitals, more than 70 pharmacies and more than 150 sites of care. Aurora Health Care, in addition to Advocate Health Care in Illinois and Atrium Health in the Carolinas, Georgia and Alabama, is a part of Advocate Health, the third-largest nonprofit health system in the United States. Committed to redefining care for all, Advocate Health provides nearly $6 billion in annual community benefits.

AURORA MEDICAL CENTER - BAY AREA

Aurora Bay Area is a not-for-profit, 55-bed hospital located in Marinette, Wisconsin. Serving communities in 2 states: Marinette, Wisconsin and Menominee, Michigan. These communities share a state river boundary and are united as a regional economy. Aurora Medical Center - Bay Area maintains historically strong connections with this regional community and offers an array of community-oriented programs and services to improve the health of residents.



Orthopedics

Emergency Care

Women's Health

Outpatient Surgery

Cancer Center

Cardiac Health

2025 COMMUNITY HEALTH NEEDS ASSESSMENT

A Community Health Needs Assessment (CHNA) is an analysis of the population, resources, services, health care statuses, health care outcomes, and other data within a defined community or service area that helps identify potential health issues being experienced by community members. Every nonprofit hospital is required to complete a CHNA every three years under the Patient Protection and Affordable Care Act (ACA), to demonstrate that a hospital is committed to promoting health.

A CHNA report is designed to inform a wide range of groups to learn more about a community's health and most urgent needs. It is a key tool for promoting health for all, as it lifts the community voice and encourages collaboration between different groups to create focused strategies to address the health needs identified in the CHNA.

Community Definition

For the purposes of this assessment, "community" is defined as Marinette County, Wisconsin (WI) and Menominee County, Michigan (MI), often referred to as the "Bay Area". While Aurora Bay Area serves patients in the surrounding areas as well, the majority of the service area is within the two counties, and our partners focus at the county levels.

Understanding who lives in a community is an important part of the CHNA process. A community is more than just a place on a map - it's made up of the people who live there, their shared experiences, and their differences. These differences can include things like age, income, education, race or ethnicity, and what people know about health. Learning about these details helps us see what specific health problems people face and what support they may need.

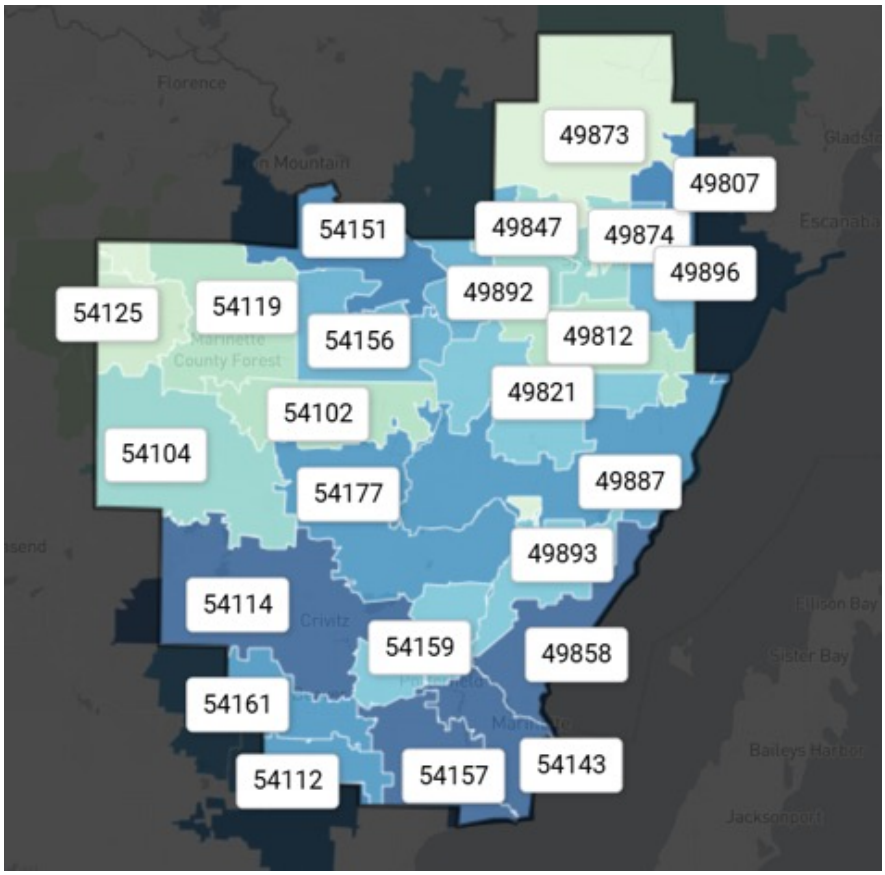


Exhibit 1:
Aurora Medical Center – Bay Area Community Map by Population
Source: Metopio, U.S. Census Bureau, American Community Survey (ACS), 2019-2023

Marinette County 2019-2023 Data Estimates

Population

Marinette County, WI: 41,907

The population increased approximately 0.3% from the 2010 Census to the 2020 Census.

Gender

50.7% Male

49.3% Female

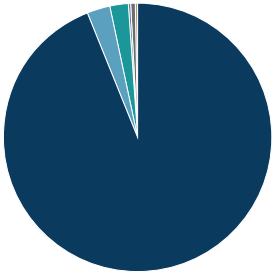
Median Age

48.8 years Marinette

40.1 years Wisconsin

Race/Ethnicity

Non-Hispanic White	94.0%
Hispanic or Latino	2.7%
Two or more races	2.3%
Asian	0.4%
NH Black	0.4%
Native American	0.2%



Limited English Proficiency Households

0.6% Marinette

1.4% Wisconsin

4.2% U.S.

Education

Individuals with a high school degree

93.1% Marinette

93.4% Wisconsin

Individuals with a bachelor's degree or higher

19.5% Marinette

32.8% Wisconsin

Employment

Unemployment rate

3.9% Marinette

3.3% Wisconsin

5.2% U.S.

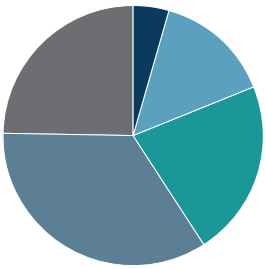
Household/Family

3.3% Single Parent Families

26.8% Seniors Living Alone

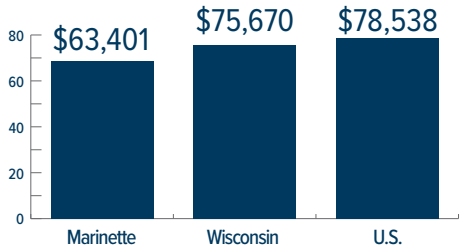
Population by Age Group

Infants 0-4	4.6%
Juveniles 5-17	14.4%
Young Adults 18-39	21.9%
Middle-Age 40-64	34.5%
Seniors 65+	24.6%



The Bay Area has a slightly older population than Wisconsin, Michigan and the United States (U.S.), with a median age for both counties at 49.2 compared to 38.7 for the U.S.

Median Household Income



Population Living Below Poverty Level

9.1% Marinette

10.6% Wisconsin

12.4% U.S.

Children Living Below Poverty Level

0-4 years		5-17 years
12.4%	Marinette	8.7%
14.3%	Wisconsin	12.6%
17.6%	U.S.	15.9%

Seniors 65+ Living Below Poverty Level

7.3% Marinette

8.6% Wisconsin

10.4% U.S.

**Source: Metopio - Sources: Metopio, American Community Survey (ACS), U.S. Census Bureau, 2019-2023 Metopio, Decennial Census, U.S. Census Bureau, 2010 & 2020.*

Menominee County 2019-2023 Data Estimates

Population

Menominee County, MI: 23,295

The population decreased approximately 2.2% from the 2010 Census to the 2020 Census.

Gender

51.6% Male

48.4% Female

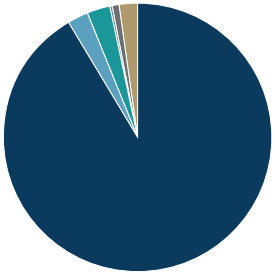
Median Age

49.9 years Menominee

40.1 years Michigan

Race/Ethnicity

Non-Hispanic White	91.6%
Hispanic or Latino	2.3%
Two or more races	2.9%
Asian	0.4%
NH Black	0.6%
Native American	2.2%



Limited English Proficiency Households

0.5% Menominee

1.8% Michigan

4.2% U.S.

Education

Individuals with a high school degree

92.4% Menominee

92.4% Michigan

Individuals with a bachelor's degree or higher

18.0% Menominee

31.8% Michigan

Employment

Unemployment rate

5.6% Menominee

5.8% Michigan

5.2% U.S.

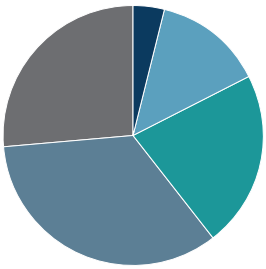
Household/Family

4.7% Single Parent Families

28.4% Seniors Living Alone

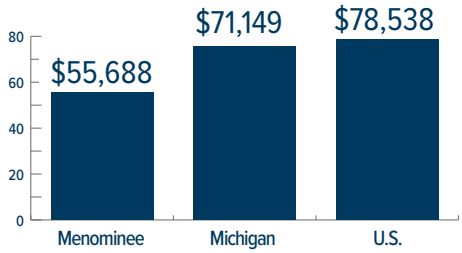
Population by Age Group

Infants 0-4	3.9%
Juveniles 5-17	13.7%
Young Adults 18-39	22.0%
Middle-Age 40-64	34.0%
Seniors 65+	26.3%



The Bay Area has a slightly older population than Wisconsin, Michigan and the United States (U.S.), with a median age for both counties at 49.2 compared to 38.7 for the U.S.

Median Household Income



Population Living Below Poverty Level

12.2% Menominee

13.1% Michigan

12.4% U.S.

Children Living Below Poverty Level

0-4 years		5-17 years
14.8%	Menominee	12.3%
19.3%	Michigan	16.9%
17.6%	U.S.	15.9%

Seniors 65+ Living Below Poverty Level

11.1% Menominee

9.3% Michigan

10.4% U.S.

**Source: Metopio - Sources: Metopio, American Community Survey (ACS), U.S. Census Bureau, 2019-2023 Metopio, Decennial Census, U.S. Census Bureau, 2010 & 2020.*

Social Drivers of Health

Social drivers of health are the things in our everyday lives that can help us stay healthy or make it harder to be healthy. These include where we live, the food we eat, the schools we go to, the jobs our families have, and whether we can see a doctor when we need to.

Social Drivers of Health can also cause health differences between groups of people. For example, if someone lives far from a store with healthy food, it's harder for them to eat well. This can lead to health problems like heart disease or diabetes. Just telling people to eat healthy isn't enough - we need to make sure they have what they need to make healthy choices. That's why people who work in health, schools, housing, and transportation must work together to help everyone live a healthy life.

Social Conditions at a Glance

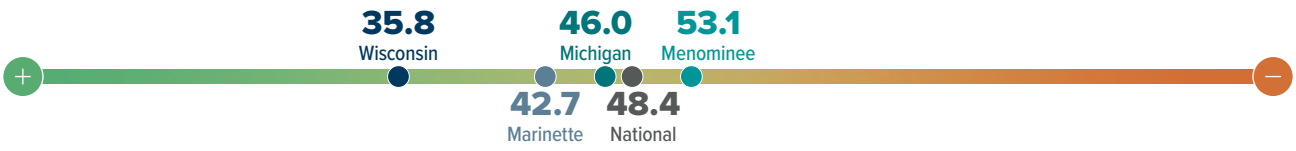
To better understand these factors and identify health inequities in a community, Aurora Health Care has partnered with Metopio, a software company that focuses on how communities are connected through people and places. Metopio's tools use data to show how different factors in each area influence health. It uses the latest data to create visual tools that focus on specific communities and hospital service areas.

The following section contains descriptions of three important indices found in Metopio and one other indicator. These indices combine various data points to compare areas in the community, helping to identify disparities caused by social factors that impact health. By doing this, it can better focus health improvement efforts where they are most needed.

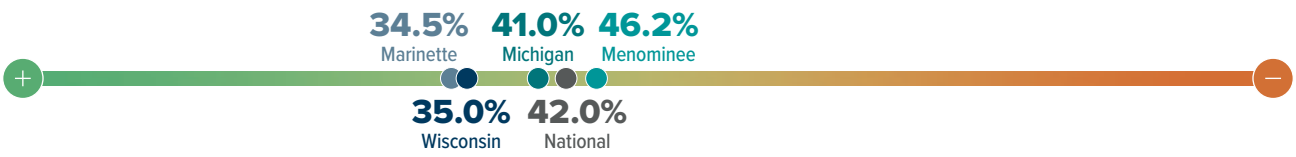
Area Deprivation Index - The ADI is a ranking of neighborhoods by socioeconomic disadvantage. It includes factors for the theoretical domains of income, education, employment, and housing quality. It can be used to inform health delivery and policy, especially for the most disadvantaged neighborhood groups. Higher values represent more disadvantage. *(Metopio, Neighborhood Atlas, University of Wisconsin - School of Medicine and Public Health, 2023)*

Childhood Opportunity Index (COI) – The COI measures how well neighborhoods support children's healthy growth. Scores range from Very Low (1–19) to Very High (80–100). Higher values represent more opportunity. *(Source: Metopio, Diversitydatakids.org, 2017–2021)*

Hardship Index – This index shows how much hardship a community faces. It includes things like unemployment, poverty, and crowded housing. Higher scores mean more hardship. *(Source: Metopio, U.S. Census Bureau, ACS, 2019-2023).*



ALICE Percentage – ALICE stands for Asset Limited, Income Constrained, Employed. It shows the percent of working households that earn above the poverty line but still can't afford basic needs like housing, food, and child care. *(Source: Metopio, United Way, ALICE Data, 2023)*



How the CHNA Was Conducted

Purpose and Process

Aurora Medical Center – Bay Area conducted the CHNA to better understand and respond to the health priorities of the community. Aurora Bay Area joined forces with local partners through the Community Health Partnership - Marinette & Menominee Counties community health coalition to ensure a collaborative and inclusive approach to identifying key health needs. The process began in early 2024.

Partnership

In late 2024, principal partners representing key stakeholder organizations convened to establish the Community Health Partnership - Marinette and Menominee Counties. This coalition is comprised of representatives from Aurora Bay Area, Provident Health Foundation, Marinette County Public Health Department, Public Health of Delta and Menominee Counties, Emplify by Bellin Health, NorthLakes Community Clinic, M&M Community Foundation, and Superior Health Foundation. The partnership was formed with the objective of collaboratively addressing the pressing community health needs within the region.

Data Collection and Analysis

Community Health Survey, April 1 – June 18, 2025

The Community Health Survey, conducted by JKV Research, LLC, gathered primary quantitative data from Marinette and Menominee County ("Bay Area") residents. It offers insights into healthcare access, behavioral patterns, lifestyle choices, and the prevalence of health risks and conditions among adults in the county. A 26-question online survey was developed by the Community Health Partnership - Marinette and Menominee Counties coalition. Flyers with the survey QR code and web address were placed in public locations throughout the county including government agencies, health care systems, non-profit organizations, public businesses and events. Presentations at community forums and events were held, and press releases and website postings were also used to alert residents to the study. A Spanish version of all communication tools and the survey were also available. Data collection was conducted between April 1 and June 18, 2025. A total of 979 valid completed surveys were used for analysis. Post-stratification was conducted by age group and sex from the 2023 American Community Survey to be representative of all adults 18 years old and older in the county.

Key Stakeholder Interviews, April – May 2025

A total of 68 Key Informant Interviews were conducted to provide qualitative data regarding community needs. Key informants interviewed were considered community experts who can provide valuable insight on pressing health issues in the Marinette and Menominee County communities.

Secondary Data

Aurora Health Care has a contract with Metopio to provide an internet-based data resource for their hospitals. This robust platform offers curated data from public and proprietary sources for information on health behaviors and health risks, health outcomes, health care utilization, demographic, and community-level drivers of health like economic, housing, employment, and environmental conditions. Data for each indicator is presented by race, ethnicity, and gender when the data is available. All data collected through Metopio was quantitative and included data comparisons between county, the state of Wisconsin and United States data.

Summary of Findings

Overall Health Status

Overall, the Bay Area's health outcomes are similar to the average county in both Wisconsin and Michigan.

Additionally, many disparities - or differences in outcomes - exist between groups of populations in many social and health issues, especially for Black, Indigenous and People of Color (BIPOC) populations.

These disparities are often caused by barriers that these communities face. Health inequities are the unfair differences in health that can be avoided, measured and are often linked to injustice (AMA, 2021).

As you look at the data in the following sections, it is important to remember that these health issues are connected to many of these broader social and environmental factors.

Both Counties' Leading Causes of Death

- Heart Disease
- Cancers
- Accidents
- COVID-19

Marinette's 5th Leading Cause of Death:

- Intentional Self-Harm

Menominee's 5th Leading Cause of Death:

- Chronic Lower Respiratory Diseases

Life Expectancy

- Marinette (WI): 77.0
- Wisconsin (WI): 78.2
- Menominee (MI): 78.5
- Michigan (MI): 76.8
- United States (U.S.): 77.6

(County Health Rankings and Roadmaps, University of Wisconsin Population Health Institute, 2025)

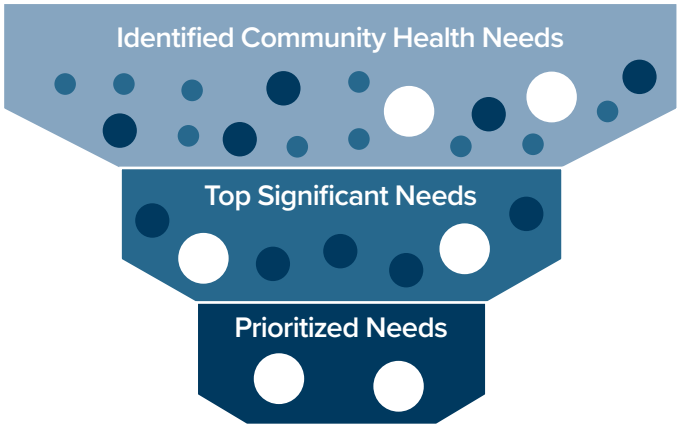
Identified Significant Needs

The following health needs section reviews parts of health such as health outcomes, social factors, and health behaviors.

- **Health outcomes** are the results of how healthy people are. This includes how many people in our community are affected by long-term illnesses, and the differences we see between groups of people.
- **Social factors** include things like income, education, jobs, and access to healthcare.
- **Health behaviors** are the choices people make, like what they eat and how much they move, and are often shaped by where people live and what is normal in their community.

Community input is important during this CHNA process, as it helps us decide which problems to focus on first. A health need is seen as important, or significant, if it's a big concern for the community, matches public health goals, and is backed up by data.

From the list of significant needs, we choose a smaller group of prioritized needs. These are the needs we will focus on first, in a very targeted way. This helps us make a plan to improve community health in the best way possible.



Top Health Concerns in PSA and Areas of Opportunity	
Accessible & Affordable Health Care	• Transportation • Primary Care Providers and Dentists per Capita • Unmet Health Care
Family Support	• Childcare costs • Child Opportunity
Mental Health	• Mental Health Providers • Unmet Mental Health Care • Social Connection
Nutrition, Physical Activity, Obesity	• Obesity Rates • Food Security
Safe & Affordable Housing	• Economic Stability and Employment • Rent-Burdened Populations
Substance Misuse	• Alcohol-Related Mortality • Smoking Rates • Youth Substance Use

The following pages summarize the top identified needs - also known as significant needs - from the CHNA process.

Accessible & Affordable Health Care

SIGNIFICANT NEED

Why is this important? Sometimes people do not get recommended preventative health care services because they do not have a primary care provider. Other times, it is because they live too far from health care providers who offer them or costs are too high. Interventions to increase access to health care professionals and improve communication – in person or remotely – can help more people get the care they need.

Significant Need Reasoning

Accessible, Affordable & Quality Health Care was ranked the #1 social/economic issue by survey respondents

Secondary data shows that the Bay Area has large gaps in provider availability

Key Findings

- Bay Area has much lower primary care providers (PCP) and dentists per capita than Wisconsin, Michigan and the U.S., with Menominee County, MI at the lowest ratios.
- **Primary Care Providers Ratio***
  - » Marinette: 52.5
  - » WI: 93.5
  - » Menominee: 34.0
  - » MI: 102.4
  - » U.S.: 90.8
- **Dentists Per Capita***
  - » Marinette: 72.7
  - » WI: 100.1
  - » Menominee: 51.8
  - » MI: 116.5
  - » U.S.: 113.7
- The uninsured rates in the counties are lower or similar to their respective states, and much lower than the U.S. rates; however, there are large disparities in uninsured populations by race and ethnicity.
- 15% of survey respondents reported unmet health care needs
  - » 40% of these respondents said it was because they could not afford it
  - » 37% said it was because insurance would not cover it
- 18% of survey respondents reported unmet dental health care needs
  - » 43% of these respondents said it was because they could not afford it
  - » 37% said it was because insurance would not cover it

Sources: Metopio, AHRF, Health Resources & Services Administration, 2022 & 2025
Marinette County, WI/Menominee County, MI Community Health Survey Report, 2025

Contributing Factors

Access to care is not equal for everyone because many people face barriers like lack of insurance, high costs, or limited coverage. Others live far from clinics or don't have reliable transportation. Long wait times, limited providers, and language challenges also make care harder to get for some people.

- 7.6% of Bay Area adults reported a lack of reliable transportation

Source: Metopio, PLACES, CDC, 2022

- Key stakeholders cited numerous barriers in the county to accessing healthcare:
  - » Lack of access to facilities or staff
  - » Long waiting lists
  - » High costs
  - » Long travel distance
  - » Lack of transportation services
  - » Needing to travel outside of the county for specialty care
  - » Lack of insurance
  - » Qualifying for Medicare/ Medicaid has too much red tape

HIGHLIGHTED DISPARITIES

	Uninsured Rate[1]				Dental Problems ED Visit Rate*[2]	
	Marinette	WI	Menominee	MI	Marinette	WI
Full Population	4.3%	5.3%	5.1%	5.0%	652.0	463.0
Black/African American	–	7.0%	28.0%	6.0%	3,470.2	1,827.7
Hispanic or Latino	13.9%	16.2%	18.3%	10.9%	874.8	547.8
Two or more races	7.8%	10.3%	–	6.6%	–	–

> There is dental for people with low income, however, not enough dentists in the area, only one, takes Medicaid, which makes it hard to get in for appointments, even in emergencies.
>
> – Survey Respondent

1 Source: Metopio, ACS, U.S. Census Bureau, 2019-2023
2 Source: Metopio, Wisconsin Hospital Association Information Center (WHAIC), 2020-2024

**per 100,000 residents*

Family Support (including Child Care)

SIGNIFICANT NEED

Why is this important? Family support and child care directly influence emotional well-being and developmental outcomes for children. Strong family engagement improves mental health and resilience, especially in children and youth. Access to quality child care supports employment stability and reduces stress, which are protective factors for both caregivers and children.

Significant Need Reasoning

Family Support was ranked the #2 social/economic issue by Key Stakeholders

Affordable & Accessible Childcare was ranked the #3 social/economic issue by survey respondents

While data is hard to capture relating to family support, secondary data shows gaps in opportunities for children from specific communities in the Bay Area

Key Findings

- The childcare cost burden – or the percent of median income spent on child care - is higher in the counties than in the states and U.S.
  - » Marinette: 34.6%
  - » WI: 30.9%
  - » Menominee: 32.6%
  - » MI: 25.4%
  - » U.S.: 29.5%
- The Child Opportunity Index 3.0 is a composite index that captures neighborhood resources and conditions that matter for children's healthy development. Higher scores represent more opportunity; the scores for both counties are much lower than the states and U.S.
  - » Marinette: 34
  - » WI: 58
  - » Menominee: 16
  - » MI: 47
  - » U.S.: 51

Sources: Metopio, County Health Rankings and Roadmaps, University of Wisconsin Population Health Institute, 2024
Metopio, Child Opportunity Index 3.0, diversitydatakids.org, 2023

Contributing Factors

Lack of family support was often listed as a root cause of many of the other health issues. Key stakeholders stated that oftentimes low- to mid-income families have limited resources to properly support their families. Barriers included:

- Substance issues within a family can disrupt care
- Limited resources for families, including parent education
- Stigma in asking for help
- Substandard care in social service system
- Employment, housing and other economic stressors can breakdown family support

> "... The lack of family friendly facilities for children is concerning. All these problems create a disarray of problems with mental health, family support, and opportunity for our children."
>
> -Survey Respondent

HIGHLIGHTED DISPARITIES

Child Opportunity Index 3.0 (2023):

Mental Health

SIGNIFICANT NEED

Why is this important? Mental health includes emotional, psychological, and social well-being. Mental health influences how we manage stress, build relationships, make decisions, and engage with all areas of our lives. Mental health is not just the absence of a mental health condition but also the ability to thrive. (CDC, 2025).

Significant Need Reasoning

Mental Health was ranked the #1 health condition/behavior by Key Stakeholders and #2 by survey respondents

Secondary data shows that the Bay Area has worse outcomes nearly across the board for mental health indicators

Key Findings

- Suicide mortality rates per 100,000 residents in Marinette County (24.7) and Menominee County (22.6) are much higher than Wisconsin (14.8), Michigan (14.4) and the U.S. (14.0).
- Depression among adults and high school students across both states and the U.S. has steadily increased over the last ten years. Depression among adults is highest in Menominee County, MI, followed by Marinette County, WI when benchmarking the states and U.S.
  - Marinette: 25.4%
  - WI: 24.1%
  - Menominee: 26.7%
  - MI: 24.8%
  - U.S.: 22.5%
- The number of available mental health providers per 100,000 residents is much lower in the counties than in the states and U.S.
  - Marinette: 268.6
  - WI: 413.1
  - Menominee: 258.1
  - MI: 1,113.4
  - U.S.: 689.6
- The percentage of adults experiencing frequent mental distress is higher in the Bay Area than in their respective states and the U.S.
  - Marinette: 18%
  - WI: 17%
  - Menominee: 20%
  - MI: 18%
  - U.S.: 16%
- 12% of survey respondents reported unmet mental health care
  - 46% of these respondents said it was due to long wait time
  - 37% said poor care available

Sources: Metopio, National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC), 2019-2023
Metopio, Youth Risk Behavior Surveillance System (YRBSS), CDC, 2013-2023
Metopio, PLACES, CDC, 2022
Metopio, National Provider Identifier Files (NPI), Centers for Medicare & Medicaid Services (CMS), 2025
County Health Rankings and Roadmaps, Marinette, WI & Menominee, MI, 2025

Contributing Factors

Many things affect a person's mental health - like genetics, stress, sleep, social isolation and loneliness, trauma, and economic challenges. Since these factors vary for everyone, each person's experience with mental health is unique. While there are programs and services that support mental health and build resilience and recovery, not everyone has the same access to them.

- 32.2% of Marinette residents and 33.8% of Menominee residents reported feeling socially isolated always, usually, or sometimes
- Key stakeholders cited numerous barriers in the counties to mental health:
  - Lack of access to facilities/staff to address mental health
  - Stigma
  - Long waiting list/timely care
  - Financial instability
  - Insurance barriers
  - Lack of education around mental health care
  - Lack of family support

Sources: Metopio, PLACES, CDC, 2022

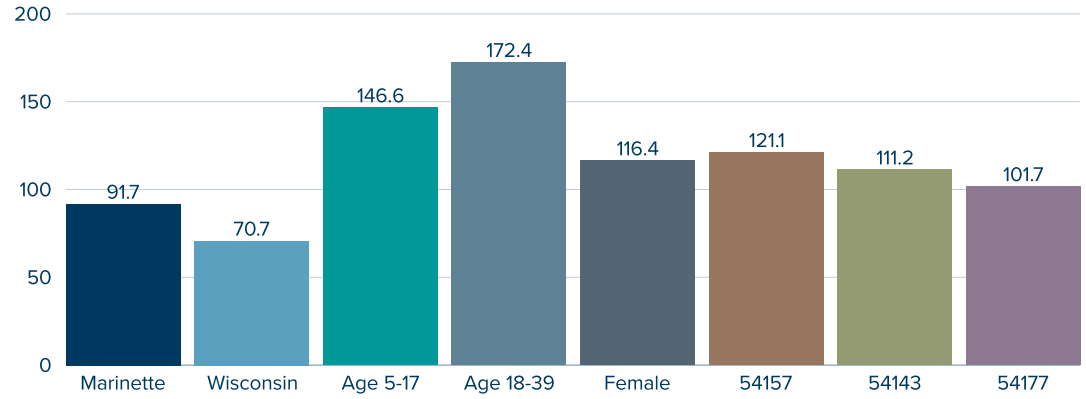
> Access to mental health services takes too long. It can take months to get into appointments even after critical incidents occur...
>
> – Survey Respondent

Mental Health *continued*

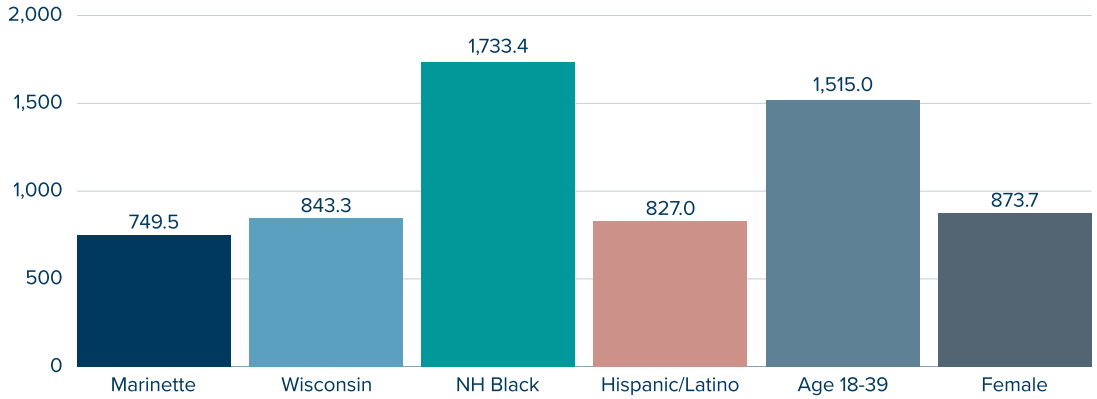
SIGNIFICANT NEED

HIGHLIGHTED DISPARITIES

Suicide and Self-Injury Hospitalizations:*



Mental Health ED Visits:*



**Rates per 100,000 residents*
Source: Metopio, WHAIC, 2020-2024
***Note:** ED and Hospitalization data are not available in Michigan due to coverage of contract with Metopio.*

Nutrition, Physical Activity, Obesity

SIGNIFICANT NEED

Why is this important? Obesity and being overweight can lead to serious health issues such as cardiovascular disease, type 2 diabetes, certain cancers, and other chronic conditions that may lower quality of life and shorten lifespan. These risks are often linked to limited access to nutritious foods like fresh fruits, vegetables, and lean meats. Alongside healthy eating, regular physical activity is essential for all ages and abilities, helping to prevent disease, support mental and immune health, promote healthy aging, and reduce the risk of early death.

Significant Need Reasoning

Nutrition, Physical Activity & Obesity ranked the #4 health condition/behavior by both Key Stakeholders and survey respondents

Secondary data shows worsening trends in obesity and physical activity prevalence

Key Findings

- The percentage of obesity among adult residents is higher in the Bay Area than in the states and U.S.
  - » Marinette: 41.3%
  - » WI: 37.7%
  - » Menominee: 37.3%
  - » MI: 34.2%
  - » U.S.: 33.2%
- Physical activity levels in the Bay Area are lower than in the states and U.S. The percentage of adults that reported NO physical activities or exercise in the past month:
  - » Marinette: 24.6%
  - » WI: 21.1%
  - » Menominee: 24.8%
  - » MI: 22.8%
  - » U.S.: 23.1%

Sources: Metopio, Behavioral Risk Factor Surveillance System (BRFSS), 2022
Metopio, PLACES, CDC, 2022

> The physical health of residents is declining and obesity is running high creating a larger burden on the already strained healthcare system. So many systemic issues that need to be addressed....
>
> – Survey respondent

Contributing Factors

Chronic diseases can often be prevented by a healthy lifestyle, but those with more money, education, and resources tend to live longer and survive preventable diseases. Lack of these resources leads to worse health and shorter life expectancy. For some, making healthy choices is difficult due to limited access to nutritious food or exercise opportunities, time constraints, or mental health challenges. External pressures, such as multiple jobs or unstable living conditions, also hinder health. It's essential to recognize that healthy choices and behaviors are not always an easy option, and creating supportive environments is key to improving health for all.

- **Access to Exercise Pportunities**
  - » Marinette: 60%
  - » Menominee: 71%
  - » US: 84%
  - » WI: 84%
  - » MI: 86%
- **Food Insecurity:** (Percent of residents with limited or uncertain access to adequate food)
  - » Marinette: 11.9%
  - » Menominee: 15.6%
  - » U.S.: 14.5%
  - » WI: 11.8%
  - » MI: 15.4%
- Key stakeholders discussed **further barriers to healthy eating and activity:**
  - » Lack of education around nutrition/physical activity
  - » Convenient and unhealthy foods are easier than preparing healthy food
  - » Affordability and accessibility of nutritious foods
  - » Motivation
  - » Difficulty finding accessible resources

Sources: County Health Rankings and Roadmaps, Marinette, WI & Menominee, MI, 2025
Metopio, Map the Meal Gap, Feeding America, 2023

HIGHLIGHTED DISPARITIES

Food Insecurity

- **Hispanic/Latino individuals experience notably higher rates of food insecurity compared to Non-Hispanic White individuals, with rates as high as 28.0% in Marinette County**

Safe & Affordable Housing

SIGNIFICANT NEED

Why is this important? Affordable housing means having a safe and stable place to live that doesn't cost more than an individual or family can afford. High housing costs, frequent moves, or fear of eviction can affect mental health and even physical well-being. Additionally, problems in living spaces like mold, bugs, peeling paint, drafts and energy inefficiencies, and too many people in one space can impact health.

Significant Need Reasoning

Safe & Affordable Housing was ranked the #1 social/economic issue by Key Stakeholders and #2 by survey respondents

Overall, secondary data shows the counties are doing better in this space than in the states and U.S. but this does not tell the full story from the community's perspective.

Key Findings

- The housing cost burden is the percentage of households that spend more than 30% of their income on housing. In the counties, this is lower than in the states and U.S., meaning fewer households are not spending as much on housing.
  - Marinette: 18.1%
  - WI: 25.4%
  - Menominee: 20.1%
  - MI: 26.3%
  - U.S.: 30.7%
  - The Bay Area has higher percentages of homeownership compared to the states and U.S., but there are disparities by race/ethnicity.
- While rental costs are much lower in the county than in the states and U.S., 27.6% of renter-occupied households in Marinette and 40.9% in Menominee spend more than 30% of their income on rent and are considered rent-burdened.

Sources: Metopio, ACS, U.S. Census Bureau, 2019-2023

> Something really needs to be done in this area. Housing is way too expensive and for profit causing chronic stress and worsening mental health and physical health issues as well causing housing instability for many.
>
> -Survey Respondent

Contributing Factors

Safe and affordable housing is shaped by a range of interconnected factors, including income levels, housing cost burden, neighborhood safety, and the quality of the built environment. Broader systemic issues like zoning policies, housing subsidies, and community safety further influence whether individuals and families can secure stable, healthy living conditions. Barriers that the key stakeholders discussed specific to the Bay Area included:

- Lack of affordable housing available
- Financial struggles
- Stigma for asking for support
- Lack of residential building land
- Challenges for people with criminal records and past evictions
- Lack of incentives or subsidies for developers
- Homelessness
- Landlord refusals of vouchers
- Safety issues

HIGHLIGHTED DISPARITIES

Rent-Burdened Households

- **In Menominee County, Hispanic/Latino households are the most rent burdened.**

Owner Occupied Housing Units (Homeownership)

- **In both counties, Black/African Americans and Hispanic/Latinos have much lower homeownership percentages**

Substance Misuse

SIGNIFICANT NEED

Why is this important? Substance misuse - including alcohol and drug use - contributes to preventable health issues and is linked to social and economic issues. Substance misuse is also closely linked to mental health challenges, including depression, anxiety, and trauma-related disorders. These conditions often co-occur, making recovery difficult without proper support.

Significant Need Reasoning

Drug Misuse was ranked as the #1 health condition/behavior by survey respondents and #2 by Key Stakeholders

Alcohol misuse ranked #3 health condition/behavior by both survey respondents and Key Stakeholders

Secondary data on alcohol and drug use shows that the Bay Area experiences much worse outcomes compared to both the state and national averages

Key Findings

- The percentage of adults aged 18 and older who report excessive drinking is the highest in Marinette County at 24.6%, which is higher than the state of Wisconsin at 23.5%. Menominee County's 21.6% is close behind, followed by Michigan at 20.1% and the U.S. at 19.4%.
- Alcohol-related mortality (deaths per 100,000 residents with an underlying cause related to excessive alcohol use) is much higher in both counties than the state and national averages.
  - » Marinette: 20.8
  - » WI: 15.4
  - » Menominee: 19.1
  - » MI: 13.5
  - » U.S.: 12.8
- In Marinette County, drug overdose mortality is lower in comparison to the state rates. Data is not available for Menominee County.
- Smoking among adults is more common in both counties, with 20% of the Bay Area population being current smokers, compared to 15% in Wisconsin, 16% in Michigan, and 13% in the U.S.
- According to the 2024 PRIDE survey, the average onset of drug use (alcohol, tobacco, e-cigarettes, and marijuana), for Marinette and Menominee County youth was 12 years old.

Sources: Metopio, NVSS-M, CDC, 2019-2023
Metopio, BRFSS & CHRR, UW Population Health Institute, 2022
County Health Rankings and Roadmaps, UW Population Health Institute, 2025

Contributing Factors

While substance misuse is a health behavior, it's not always just a simple matter of personal choice. Social factors like poverty, stress, and lack of support can increase the risk of substance use, especially for people facing mental health challenges. These issues often go hand in hand, making it harder to avoid drugs or alcohol. On top of that, treatment and support aren't always easy to access, especially for those with low income or limited community resources.

Key stakeholders cited numerous specific issues in the counties relating to substance misuse:

- Too many marijuana shops on Michigan side of border
- Lack of access to facilities/staff for treating substance use disorders
- Drinking and marijuana use is a large part of the local culture
- Stigma
- Lack of substance abuse knowledge/education
- Lack of buy-in to the problem from the community
- Unhealthy lifestyles
- Unable to socially connect so people turn to substances
- Advertising to kids
- Pressure on first responders is high
- Financial instability contributes to substance use

HIGHLIGHTED DISPARITIES

Drug Overdose Mortality

- **Males and the White population have notably higher rates** of death due to drug overdose.

Substance Use ED Visit Rate

- **In Marinette County, Black/ African American and Hispanic or Latino populations have elevated ED visit rates.**

Sources: Metopio, NVSS-M, CDC, 2019-2023; Metopio, WHAIC, 2020-2024

> Too many Marijuana dispensaries in Menominee, it is ridiculous for one small town to have this many. Easy access for young people to a drug that could lead to habitual use or other drug use. Drug use and mental health issues that lead to poor parenting and child abuse and endangerment...
>
> -Survey Respondent

PRIORITIZATION OF HEALTH-RELATED ISSUES

PRIORITY SETTING PROCESS

In October of 2025, the leadership team from Aurora Bay Area prioritized significant needs based on the criteria below. In November of 2025, a community steering council validated those priorities.

Size/seriousness of the problem

Effectiveness of available interventions

Available resources to address the health issue

Health care system adequately situated to address the health issue

Meets a defined community need as identified through data

Potential for issue to impact other health and social issues

Ability to effectively address or impact health issue through collaboration

Significant Health Needs Selected

Using these criteria, Aurora Bay Area prioritized the significant health needs to address in the 2026-2028 implementation strategy:

Behavioral Health

This need was selected because behavioral health issues, which include both Mental Health and Substance Misuse, continue to rise in the county. Mental health crises such as suicide rates and depression rates are steadily increasing. There are also concerns related to substance misuse with binge drinking rates in Marinette County exceeding Wisconsin and area comparisons. Alcohol-related ED visits also are higher than the Wiconsin rates, and there are disparities for numerous indicators. The hospital is committed to supporting access to care and community initiatives to support better behavioral health for all.

Nutrition, Physical Activity & Obesity

Nutrition, physical activity and obesity were ranked at the #4 health condition and behavior by both the online survey respondents and the key stakeholders. Data shows worsening trends in obesity and prevalence in physical activity. With limited access to healthy foods, the percentage of obesity in higher in the Bay Area than in the U.S.

HEALTH NEEDS NOT SELECTED

Accessible & Affordable Healthcare

Health care access for all is vital to a community's health and wellbeing. It is the main responsibility of healthcare providers such as Aurora Health Care, and we do this every day, and will continue to do so. Because access to care is already a core part of our daily mission and clinical operations, it was not prioritized as a standalone focus in the CHNA but will be incorporated in the CHIS where relevant.

Safe & Affordable Housing

Safe and affordable housing was ranked as a #1 social/economic issue by key stakeholders and #2 through the online survey; however, secondary data show the area doing better in this category than overall in the U.S. The housing cost burden is lower in the counties compared to the U.S. and has higher percentages of homeownership than the U.S. There are disparities by race and ethnicity, however. Although there is a fair percentage of residents considered to be rent burdened because of having to spend more of their income on rent, rental costs are much lower in the counties in comparison to the U.S. The hospital stakeholders felt that this is an issue that needs a collective response outside of the CHIS.

Family Support & Childcare

Family support and childcare directly influence emotional well-being and developmental outcomes for children. Family Support was ranked as the #2 social/economic issue by key stakeholders, and childcare was ranked as the #3 social/economic issue by online survey respondents but did not rank as an issue by key stakeholders. The percentage of residents lacking social and emotional support is slightly lower than the states and nation, which is positive. This was a common theme for how to support other issues and may be incorporated into the response for addressing behavioral health.

Economic Stability & Employment

Secondary data shows that Marinette and Menominee counties are more affordable in the US and the state, though issues do certainly exist. This issue requires a systemic response beyond just that the hospital can offer.

Food Insecurity

Food security was not ranked as a top issue, but was a discussion point for key stakeholders. Secondary data shows gaps in this issue, and our hospital will support efforts around food security through our focus on nutrition.

Social Connectedness & Belonging

Social connectedness and belonging was not ranked as a top issue, but it was discussed among key stakeholders. Social isolation and social emotional support may be addressed in the work of this hospital around mental health.

APPROVAL OF COMMUNITY HEALTH NEEDS ASSESSMENT

The 2025 CHNA was presented to the Aurora Health Care Metro Board, the authorizing body of the hospital. The board approved the report on December 15, 2025.

VEHICLE FOR COMMUNITY FEEDBACK

Community Feedback

If you have any questions or comments on the CHNA, please send an email to us at: AHC-CHNAReportCmtyFeedback@aah.org.

This report can be viewed online at Advocate Health Care's Community Health Needs Assessment Report webpage via the following link: : https://www.aurorahealthcare.org/about-aurora/community-benefits

A paper copy of this report may also be requested by contacting the hospital's Community Health Department.

EVALUATION OF IMPACT FROM PREVIOUS CHNA

Note: At the time of the publication of the report, the final year of the plan was not yet complete. The numbers are as of November 2025.

Priority #1: Access to Innovative Care and Services

Focus | Access to care

In this section we outline some of the activities that link our community's most vulnerable residents with medical care. Access to care offers an opportunity to detect and treat needs at an early stage to improve overall health and to prevent and/or manage chronic disease.

- 775 financial counseling sessions were accommodated for patients to help with enrollment in insurance coverage either through the Affordable Care Act, Medicare, Medicaid, or employer-sponsored programs. The total Medicaid impact dollars realized was $7,974,910.
- 231 educational sessions were conducted with patients and community members with 346 Advance Directives being updated or created.
- Post-partum classes were paused on-site at Aurora Bay Area in 2023, but 196 expectant mothers were provided with education. In 2024 and YTD 2025, 26 classes were held serving 34 expectant mothers with free post-partum education sessions.
- To increase access to health care for community members, 23 newly hired providers started working with patients in the area.

Priority #2: Access to Behavioral Health Programs and Services

Focus | Behavioral Health: Mental Health and Substance Misuse

Behavioral health, which includes treatment and services for mental health conditions and substance use disorders, is a growing public health concern and has been identified as a top health issue in the community. Aurora Bay Area has taken steps to respond to this identified critical need.

- 744 people presenting in the Emergency Department (ED) went through crisis assessment screening.
- A Mental Health Navigator pilot program was developed in 2023 and funding secured in 2024, resulting in the addition of this position in the ED designed to serve patients with high ED recidivism due to Mental and Behavioral Health related concerns and/or conditions. The success of the pilot resulted in the position being budgeted for in the year 2026.
- 585 pounds of unwanted prescription and over the counter medications were safely disposed of by providing a drug take-back box in the main lobby enabling community members to safely and securely discard unwanted medications.
- Aurora Bay Area continued to support the local coalitions focused on behavioral health needs through committee and board participation.

Priority #3: SDOH – Addressing the Underlying Cause of Health Problems

Focus | Obesity

People who do not have access to healthy food are less likely to have good nutrition, which could raise their risk of health conditions like heart disease, diabetes and obesity, and even lowers life expectancy relative to people who do not have access to healthy foods. To address this concern, Aurora Bay Area has implemented initiatives to address healthy weight loss, increase access to healthy foods and encourage exercise.

- Aurora Bay Area served 370 individuals in a medically based weight loss program through established patient programs including cardiopulmonary rehab/physical therapy, primary care, and diabetic education. 168 participants lost weight and lowered their BMI and 210 lowered their blood pressure.
- Continued service on the Marinette County Community Health Improvement Plan workgroup for Physical Activity, Nutrition and Obesity that focuses on planning and promotion of community fitness activities such as runs/walk events. Additionally, a website has been developed to promote these activities that occur throughout the year.

- Participated in efforts to bring healthy food options to the community through partnerships with area agencies to advance education on healthy eating, including drive through food pantries aligned with “Recipes for Success” offered on average 3 times each year.
- Led donation drives providing food and paper products collected to 12 local food pantries in the area.
- The hospital grounds walking trails are open to the community as a resource to encourage exercise and to promote healthy activities such as biking, walking, and running.

Focus | Workforce Development

- Hosted clinical preceptorships as a clinical experience site for local LPN and RN programs to 123 students for a toral of 20,756 hours in partnership with Northeast Wisconsin Technical College to increase the number of highly trained and qualified LPNs and RNs in the community.
- Provided 15 education and training sessions to local EMS agencies to increase the quality of emergency medical services in Marinette and Menominee counties for EMS education. 186 individuals were trained with 148 CEUs granted.

APPENDICES

Appendix 1: 2025 Community Health Needs Assessment Data Sources

To view the Community Health Partnership - Marinette & Menominee Counties community health assessment report, which includes summaries of the community feedback, descriptions of the data collection methods, and the members of the collaborative, along with the full survey reports, visit: https://www.providenthealth.org/resources

In addition to the information above, the Partnership interviewed numerous key stakeholders as part of the assessment process. These interviews included leaders and representatives from local health systems, public health departments, and community-based organizations. Their input provided critical insights into health priorities, barriers, and strategies to improve community well-being. We would like to acknowledge and thank the following individuals:

Organization	Title	Name
Aurora Medical Center Bay Area	Mental Health Navigator	Christine Pada
Aurora Medical Center Bay Area	Emergency Department Manager	Mary Bodam
Aurora Medical Center Bay Area	Vice President of Nursing	Nicole Swanson
Bay Cities Radio	News Director	Melissa Ebsch
BPM Paper	General Manager	Jim Koronkiewicz
CESA 8	Executive Director	Dave Honish
Communities That Care	Prevention Services Coordinator	Cindy Grabowski
Crivitz Food Pantry	Director	Marge Banazsak
Crivitz Youth Center	Director	Maddison Reinkow
DAR Boys & Girls Club	Chief Executive Officer	Koreen Denowksi
Derusha Family	Family	Jerry & Terri Derusha
Emplify Health by Bellin	Clinic Team Leader/ Rural Health Coordinator	Sara Wettstein
Emplify Health by Bellin	Clinic Manager	Suzanne Ostrenga
Faith Church Peshtigo	Senior Pastor	Jay Williams
Fincantieri Marine Group	Director of Internal Communications and Public Affairs	Bethany Skorik
Great Start Collaborative of Menominee County	Director	Sarah Hanson
Greater M&M YMCA	CEO/Mission Director	Jenni Campbell
Healthy Youth Coalition	Executive Director-Menominee County ISD Prevention Svcs	Karianne Lesperance
HSHS Libertas	Interim Director, Marinette & Green Bay Clinics and Community Outreach Director	Jane Deprey
IntegraFirst Federal Credit Union	Marketing Manager	Erin Noha
JCI	HR Manager	Jill Kakuk
Johnson & Wilson Law SC	Attorney	Nathanial Johnson
Kleiman & Wolfe S.C.	Attorney	Steve Wolfe
LaCanne Family Dental	Dentist & Owner	Dr. Tracy LaCanne
M&M Area Chamber of Commerce	Executive Director	Jacqueline Boudreau
M&M Area Chamber of Commerce	Finance & Programs Assistant	Jenna Stubenval
M&M Chiropractic and Wellness	Owner/Director	Dr. Aaron Steuck
Marinette City	Mayor	Steve Genisot
Marinette Community REC Center	Recreation Superintendent	Adrienne Lacy
Marinette County	Circuit Court Judge	Jim Morrison
Marinette County	County Board Chair	John Guarisco
Marinette County	County Administrator	John Lefebvre
Marinette County	Director of Health and Human Services Department	Melissa Freeman
Marinette County ADRC	Adminstrator	Kelly Badker

Continued

Organization	Title	Name
Marinette County Elderly Services	Director	Olivia Cherry
Marinette County Group Home Association	Board President	Robin Dequaine
Marinette County Sheriff's Office	Sheriff	Randy Miller
Marinette Fire Department	Chief	Jay Heckel
	Assistant Chief	Steve Campbell
Marinette Police Department	Captain	Joe Nault
Marinette School District	Superintendent	Corry Lambie
Marinette School System	School Nurse	Shannon Jones
Menominee City	Police Chief	Justin Hofer
Menominee County	County Administrator	Jason Carviou
Menominee County 95A District Court	District Court Judge	Rob Jamo
Menominee County Board	Commissioner	Zak Aubert
Menominee County Intermediate School District	Superintendent	Steve Martin
	Director of Mental Health Services	Mary Stein
Menominee Jr/Sr High School	Principal	Justin Bardowski
Menominee Public Schools	Board President	Derek Butler
MSU Menominee County Extension	Community Nutrition Instructor	Amber Hayward
New Life Church Peshtigo	Pastor	Aaron (Bobbi) Hubert
NEWCAP	VP Community Health	Sarah Charlebois
Northlakes Community Clinic	Community Health Worker	Jodi Evancheck
Northpointe Behavioral Health Services	Director of Acute Services	Maria Nerat
	CEO	Mandy Padget
NWTC	NWTC Leader	Cindy Bailey
Peshtigo City	Mayor	Katie Berman
Peshtigo Food Pantry	Manager	Cathy Miles
Prevea	Physician	Lara Powers
Rainbow House	Executive Director	Courtney Olson
Rawhide Youth Services	Director of Strategy and Marketing	Kaleb Schad
Salvation Army	Captain	Rhegan Stansbury
Schuchart Law Offices, LLC	Attorney	Lee Schuchart
St Joseph SSVdP Conference	Director	Jeanne Harper
St. Vincent de Paul District of Marinette	Executive Director	Ash Campbell
Stephenson Area Public Schools	Mental Health Coordinator/Therapist	Alison Granquist
Tri-County United Way	Executive Director	Kevin Malnor
Twin City Baptist Church	Assistant Pastor	Adriel Solis/Magdiel De Salas
UW Extension	Health & Wellbeing Educator	Danielle Lempke
Wisconsin Forward Services	Career Service Specialist	Megan Peterson

Appendix 2: Community Resources Available for Significant Needs

The resources under each significant need are not a complete list. For more community resources, visit: https://advocateauroracommunity.org/

Access to Care

Organization	Website	Contact
Aurora Medical Center Bay Area	https://www.aurorahealthcare.org/locations/hospital/aurora-medical-center-bay-area	715-735-4200
Emplify by Bellin Health	https://www.aurorahealthcare.org/locations/hospital/aurora-medical-center-bay-area	920-433-3500
NorthLakes Community Clinic	https://nlccwi.org/	888-834-4551
Aurora Health Center	https://www.aurorahealthcare.org/locations/aurora-health-center-marinette	715-732-8000
Bellin Health Marinette	https://bellin.org/	715-735-5225
Upper Great Lakes Family Health Menominee	https://uglhealth.org/locations/menominee-family-health-center/	920-320-4600

Behavioral Health (Mental Health and Substance Misuse)

Organization	Website	Contact
Health & Human Services Adapt Clinic	https://www.marinettecountywi.gov/departments/health-and-human-services/adapt-clinic/	715-732-7760
Emplify Health Marinette Behavioral Health Clinic	https://bellin.org/locations/emplify-health-marinette-behavioral-health	920-433-6073
Aurora Behavioral Health Center	https://www.aurorahealthcare.org/locations/aurora-behavioral-health-center-marinette	920-278-1294
Northpointe Behavioral Health Services Menominee Office	www.nbhs.org	906-863-7841
Spades Counseling Agency	www.spadescounseling.net	906-864-9830

Food Insecurity

Organization	Website	Contact
St. Vincent De Paul Food Pantry	n/a	715-201-3510
Peshtigo Food Pantry	n/a	715-923-8000
Abundant Life Mission Food Pantry	alcmission.org	906-424-4429

Nutrition, Physical Activity & Obesity

Organization	Website	Contact
Marinette County WIC Program	https://www.wicprograms.org/li/marinette_county_health_and_human_services_54143	715-732-7680
Marinette County Elder Nutrition Services	https://mces.net/index.php/nutritional-program	715-854-7453
Menominee County WIC Program	https://www.wicprograms.org/li/menominee-mi-wic-menominee-county-health-department	906-863-4451
Menominee Delta Schoolcraft Community Action Agency Senior Nutrition Services	https://www.mdscaa.org/	906-863-2158
Marinette Menominee YMCA	https://mmymca.org/	906-863-9983
Abundant Life Mission Food Pantry	alcmission.org	906-424-4429

Safe & Affordable Housing

Organization	Website	Contact
Marinette County Housing Authority	https://marinettecountyhousingauthority.org/	715-856-6114
Menominee Housing Commission	https://menomineehousingcommission.com/	906-863-8717
Newcap	https://www.newcap.org/	800-242-7334

Economic Stability & Employment

Organization	Website	Contact
Newcap Marinette	https://www.newcap.org/	800-242-7334
Marinette County Economic Support	https://www.marinettecountywi.gov/departments/health-and-human-services/economic-support/	715-732-7840
Forward Service Corporation	https://fsc-corp.org/locations/marinette/	715-201-2814
Menominee Newcap	https://www.newcap.org/county/menominee/	800-242-7334
Michigan DHHS	https://www.michigan.gov/mdhhs/assistance-programs	906-863-9965

Accessible & Affordable Transportation

Organization	Website	Contact
Marinette County Elderly Services	https://mces.net/index.php/transportation	715-854-7453
Non-Emergency Medical Transportation	https://www.dhs.wisconsin.gov/nemt/index.htm	866-907-1493
ADRC of the Wolf River Region	https://adrcwolfriver.org/services-info/transportation-services/menominee-county-transportation/	1-855-492-ADRC (2372)

Accessible & Affordable Transportation

Organization	Website	Contact
Marinette Head Start	https://childcarecenter.us/provider_detail/marinette-head-start-marinette-wi	715-735-2509
Greater Menominee County Head Start	http://www.greatstartmenomineecounty.org/	
Marinette-Menominee YMCA Child Care	https://mmymca.org/childcare/	906-863-9983

Appendix 3: Definitions

Community Health Needs Assessments: An analysis of the population, resources, services, health care statuses, health care outcomes, and other data within a defined community or service area that helps identify potential health issues being experienced by community members. Every nonprofit hospital is required to complete a CHNA every three years under the Patient Protection and Affordable Care Act (ACA), to demonstrate that a hospital is committed to promoting health.

Community Health Implementation Strategy: A written plan in response to the CHNA to address the priority needs chosen. The CHIS is a requirement under the Patient Protection and Affordable Care Act (ACA).

Community Health Needs:

- **Identified Community Needs:** An identified community need is any issue that comes forward from the assessment process.
- **Significant Community Needs:** A identified health need is considered significant when it is a major concern for the community, aligns with public health goals, and is supported by reliable data. This is a smaller list of needs that a large number of people find to be concerning.
- **Prioritized Community Needs:** These are needs that a hospital team focuses on first, in a targeted way. A plan is created on these prioritized community needs to improve community health in the best way possible.

Disparities: Differences in outcomes exist between groups of populations in nearly every social and health issue. These disparities are often caused by barriers that these communities face.

Focus Groups: A small group of people who give feedback on a topic to help others learn what they think or feel.

Health Behaviors: The choices people make, like what they eat and how much they move, and are often shaped by where people live and what is normal in their community.

Health Outcomes: The results of how healthy people are. This includes how many people in our community are affected by long-term illnesses, and the differences we see between groups of people.

Key Stakeholders: Individuals and/or representatives of organizations that play an important role in informing the assessment process, often in the form of one-on-one interviews.

Race and Ethnicity: To ensure consistency and alignment with national standards, Advocate Health Care uses race and ethnicity definitions based on the U.S. Census Bureau, which follows the guidelines set by the 1997 Office of Management and Budget (OMB). These definitions help ensure accurate and respectful representation of the communities we serve.

- **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Black or African American** – A person having origins in any of the Black racial groups of Africa.
- **American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaiian Guam, Samoa, or other Pacific Islands.
- **Hispanic or Latino** - Includes individuals of Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, and other Central or South American or Spanish culture or origin.

Sex: In Census Bureau surveys and the decennial census, sex indicates a person's biological sex.

Social Conditions / Factors: Includes things like income, education, jobs, and access to healthcare.

Social Drivers of Health: Things in our everyday lives that can help us stay healthy or make it harder to be healthy. These include where we live, the food we eat, the schools we go to, the jobs our families have, and whether we can see a doctor when we need to.

Appendix 4: References

Metopio. Accessed via a contract with Advocate Health. Website is unavailable to the public. The following data sources were accessed through the portal:

American Community Survey (ACS), U.S. Census Bureau, 2019-2023

Area Health Resources Files, Health Resources & Services Administration, 2022

Behavioral Risk Factor Surveillance System (BRFSS), 2022

Centers for Disease Control and Prevention (CDC), 2022

County Health Rankings, University of Wisconsin Population Health Institute, 2018-2022

Diversitydatakids.org, 2017–2021

FBI Crime Data Explorer, Federal Bureau of Investigation, 2023

Map the Meal Gap, Feeding America, 2023

National Provider Identifier Files (NPI), Centers for Medicare & Medicaid Services (CMS), 2021-2025

National Vital Statistics System-Mortality (NVSS-M), CDC, 2019-2023

PLACES, CDC, 2022

United Way, ALICE Data, 2022

Wisconsin Hospital Association Information Center (WHAIC), 2020-2024

Additional Sources:

American Medical Association, January 2021. Retrieved from https://www.ama-assn.org/public-health/health-equity/put-context-data-can-help-expose-and-fix-health-inequities

Centers for Disease Control and Prevention, October 4, 2024. Retrieved from https://www.cdc.gov/chronic-disease/about/index.html

Centers for Disease Control and Prevention, June 9, 2025. Retrieved from https://www.cdc.gov/mental-health/about/index.html

County Health Rankings and Roadmap, 2025. Retrieved from https://www.countyhealthrankings.org/health-data/wisconsin/marinette?year=2025

Aurora Health Care

Thank You

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