



**ASPIRUS™**

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# Aspirus Grand View

2016 COMMUNITY HEALTH NEEDS ASSESSMENT

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# EXECUTIVE SUMMARY

## Introduction

A community health needs assessment is an important tool in identifying the health needs of a community. The result of such a project assists in prioritizing health needs that lead to the allocation of appropriate resources and the creation of new partnerships to improve the health of the population. In an era of aging baby boomers, increased chronic disease, an epidemic prevalence of obesity, a flagging economy, rapidly changing insurance challenges, healthcare organizations are being challenged to maximize the use of their collective resources to respond to the needs of the communities they serve.

In 2015 and 2016, the *Western Upper Peninsula 2015 Regional Health Assessment* was conducted for the approximately 80,000 residents of the Western Upper Peninsula of Michigan, including Baraga, Gogebic, Houghton, Keweenaw, Iron and Ontonagon Counties and Iron, Florence, Forest and Vilas Counties in Wisconsin.

The assessment was led by the Western Upper Peninsula Health Department in partnership with Aspirus Grand View, Aspirus Keweenaw, Aspirus Ontonagon, Aspirus Iron River, Baraga County Memorial Hospital, U.P. Health System - Portage, Copper Country Mental Health Services, Gogebic County Community Mental Health and the Upper Great Lakes Family Health Center.

The purpose of Aspirus Grand View's Community Health Needs Assessment (CHNA) is twofold: 1) to assist in identifying and improving priority health needs of the area served by the Aspirus Grand View Hospital and (2) to comply with established requirements enforced by the Internal Revenue Service based on the federal Patient Protection and Affordable Care Act (PPACA) enacted in March 2010. This law requires that all 501(c)(3) hospital organizations conduct a "Community Needs Health Assessment and prepare a corresponding implementation strategy once every three taxable years."

This report is divided into distinct sections that fulfill the requirements of the PPACA. They are:

- **Organization and approach:** A description of the organization, a definition of the community and an introduction about the demographics of the community that Aspirus Grand View serves. A listing of local health services can be found in Appendix A and a broader scope of our service area demographics can be found in Appendix B.
- **CHNA Development Process:** This includes an outline of the large-scale collaboration to develop a regional health assessment for the Western U.P. and Iron County, Wisconsin. It also includes how all of the data was obtained and the process that was used for identifying priorities that meet the health needs of our communities.
- **Priorities and Health Needs:** This includes the determination of the priority areas and a listing of the major health needs of the community, including minority groups, uninsured and low-income persons.

- **Implementation Strategy:** The second half of the Aspirus Grand View CHNA includes an of an implementation strategy for selected needs, adoption of a budget for implementation and the documentation of the full adoption by the Aspirus Grand View Board of Directors.

*We would like to thank all of our community partners who work together to identify and address the health needs throughout our community. In particular, we thank the Western Upper Peninsula Health Department and administration who worked tirelessly to facilitate the development of the Western Upper Peninsula 2015-2016 Regional Health Assessment.*

**NOTES:** 1) All references to Iron County are referencing the county located in Wisconsin, unless specified otherwise.  
2) Unless identified, all data used in the Aspirus Grand View CHNA is referenced from the Western Upper Peninsula 2015 Regional Health Assessment.

## ORGANIZATION AND APPROACH

### Our Mission

The mission of Aspirus Grand View is to deliver quality, convenient, compassionate care, while anticipating and identifying both the physical and emotional needs of our patients and their families. We are committed to meeting the healthcare needs of our community while maintaining our moral, professional and financial integrity.

### Core Values

**Compassion** – We care for our patients above all. We exist to serve those who choose us. We strive to exceed expectations by showing utmost concern for their physical, emotional and spiritual needs.

**Excellence** – We create, innovate and embrace change. We provide superior quality, showing measurable results. We always aim to improve. We provide a safe environment for all.

**Integrity** – We honor our commitments. We treat everyone with dignity and respect, being consistent with the trust given to us. We are accountable for our actions.

**Collaboration** – We work well together across the Aspirus system. We partner in service with people and organizations that share our vision. We value our workforce. We are active in the community.

**Fiscal Accountability** – We prepare for the future of health care wisely. We effectively and efficiently manage resources, providing excellent and affordable services that ensure a strong future.

### About Aspirus Grand View

Aspirus Grand View Hospital is a rural, critical access hospital with 25 beds established in 1923. The hospital provides a broad range of inpatient and outpatient services, including an emergency department staffed around-the-clock by highly qualified physicians, inpatient care for medical conditions, outpatient surgery, short-stay inpatient rehabilitation, obstetrics, swing bed care, rehabilitation services (including occupational and physical therapy), medical imaging, comprehensive laboratory services, a sleep lab and intensive-care unit.

The current staffing compliment of Aspirus Grand View includes 420 employees, 19 Active Attending Medical Staff, 42 Courtesy Medical Staff and 29 Advanced Practice Professionals.

Located in Ironwood, Aspirus Grand View is the only hospital located in Gogebic County, MI. In 2015, Aspirus Grand View Hospital admitted more than 650 patients, treated 11,600 patients in emergency services and provided more than 54,000 outpatient visits.

Aspirus Grand View is affiliated with the non-profit Aspirus System headquartered in Wausau, WI. The system is community oriented and has eight affiliated hospitals in the Upper Peninsula of Michigan and northern Wisconsin: Aspirus Grand View in Ironwood, MI; Aspirus Ontonagon in Ontonagon, MI; Aspirus Keweenaw in Laurium, MI; Aspirus Iron River in Iron River, MI; Aspirus Medford Hospital in Medford, WI; Aspirus Langlade Hospital in Antigo, WI; Aspirus Riverview in Wisconsin Rapids, WI and Aspirus Wausau Hospital in Wausau, WI.

*Other community health services and resources available in Gogebic County, MI, and Iron County, WI, are listed in Appendix A.*

## **Demographics and Description of Communities Served by Aspirus Grand View**

Aspirus Grand View's primary service area stretches from Saxon (west), Marenisco (east), and Mercer (south). It is approximately 30 miles in each direction from Ironwood. The secondary service area stretches about 60 miles in each direction and includes Ashland, Ontonagon and Park Falls. (See *Diagram A below.*)

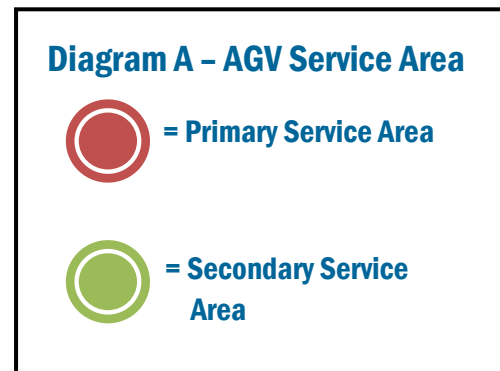
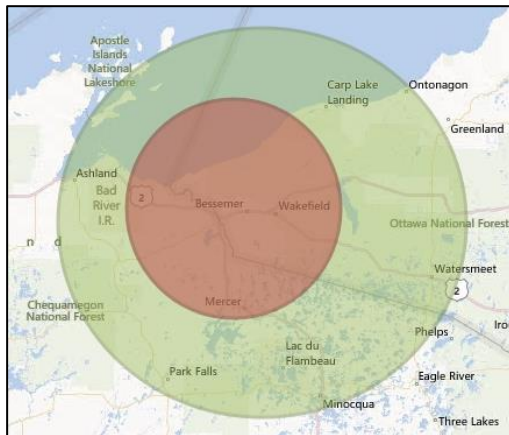
The primary service area encompasses an area that reaches a population of 29,123 (according to the 2010 official census – that number is approximately 1,700 less as of 2014). Along with much of the western Upper Peninsula of Michigan, the population continues to be in a gradual decline. From 2010-2014, Gogebic County had a 4.2% decrease in population. Ontonagon County fell by 9%, and Iron County fell by 3.6%.

Much of the area is extremely rural, with a population density of 14.7 people per square mile in Gogebic County. The population continues to shift gradually towards an elderly population. Gogebic County currently has 22.4% of its population over the age of 65, compared to just 16.2% under the age of 18. Iron County's elderly population faces the same challenge with 28.0% over the age of 65 and 15.9% under the age of 16.

Both Gogebic County and Iron County, WI are designated Medically Underserved Areas.

For a rural county, the age strata brings challenges in meeting the health needs and concerns of an aging population. Poverty, unemployment and low education levels also present significant barriers to healthcare access in AGV's service area.

*More data detailing current demographics, including age, race, income levels and education can be found in Appendix B.*



## PROCESSES AND METHODOLOGY

### CHNA Development Process

The process for developing this Community Health Needs Assessment followed a similar process that published the 2012-2013 assessment. It included a collaborative process that began in early 2015 before being completed in May 2016.

With the understanding that detailed data about the area population can be extremely challenging to find because of the region's rural populations, an advisory group from six hospitals in the Western Upper Peninsula, various local health agencies and the Western Upper Peninsula Health Department developed a regional health assessment that provided a thorough analysis of the six western counties in the Upper Peninsula and four counties in northeast Wisconsin.

Aspirus Grand View's CHNA is built largely on the *Western Upper Peninsula 2015 Regional Health Assessment*. This report is the continued collaborative effort between local health representatives and the largest comprehensive health report ever completed for this region. With 80,000 residents, the Upper Peninsula region has less than 1 percent of Michigan's population spread out over more than 10 percent of the state's land area. Nearly half of the residents live within five miles of Ironwood, Iron

River or Houghton/Hancock. The rest live in villages and towns of fewer than 5,000 residents. Iron County, Wisconsin has much of the same rural makeup, with no towns larger than 5,000 residents.

Because of the nature of the primarily rural area, there has historically been difficulty painting an accurate picture of what this region’s health is composed of. The large-scale of the *Western Upper Peninsula 2012 Regional Health Assessment* offered an initial snapshot of the population’s health. The 2015 version is even more in depth, providing more analytical analysis and trends from the previous report. As a whole, the 2015 report now provides the clearest picture that we’ve ever had of past and current health conditions, changes over the last three years and insight to future trends.

Throughout the planning and production of the *Western Upper Peninsula 2015 Regional Health Assessment*, a steering committee of community leaders and subject matter experts met regularly to direct the reporting process, which included the creation and distribution of a survey to a random selection of residents.

This steering committee is made up of representatives from major cross-sections of community leaders and experts that have a strong understanding of the health needs of our region and rural communities, from the underserved and minorities to the general population. For Aspirus Grand View, this includes input from the Western Upper Peninsula Health Department (with an office located in Bessemer, MI) and the Iron County Health Department. Representatives from each organization communicated in regular meetings. The members of the steering committee are listed below in Diagram B.

Diagram B – CHNA Steering Committee	
Organization	Community Role
Aspirus Grand View Hospital	Health system located in Ironwood, Mich. Including a 25-bed critical access hospital, services include: physician clinic, emergency services, surgical services, psychology services, home health, private in-home assistance and a full-service eye clinic, including retinal care. Aspirus Grand View is the largest health care provider to Gogebic County, MI and Iron County, WI
Western Upper Peninsula Health Department	The Western Upper Peninsula Health Department is the northernmost local public health department in Michigan, serving the 71,000 residents of Baraga, Gogebic, Houghton, Keweenaw and Ontonagon counties. The health department works to prolong life and promote community health through control of environmental health hazards and attention to the health needs of vulnerable population groups.
Gogebic County Community Mental Health	Gogebic County Community Mental Health Authority provides a complete range of services for all children and adults of Gogebic County who have a serious emotional disturbance, serious mental illness, or developmental disability. Direct services are available to persons who meet eligibility criteria of any age without regard to race, religion, national origin or handicap. GCCMH provides services such as substance abuse, mental health, parent management,

	housing assistance, therapy and crisis intervention.
Aspirus Iron River Hospital	Aspirus Iron River is a health system located in Iron River, Michigan (Pop: 2,950), serving Iron County, Michigan and Northern Wisconsin. The facility offers women's health services, surgical services, family medicine, an emergency department, cardiology services, physical therapy, oncology services, in-home care, and more. The hospital includes a 25-bed critical access hospital with private patient rooms that overlook Ice Lake.
Aspirus Ontonagon Hospital	Aspirus Ontonagon is a licensed Critical Access Hospital dedicated to serving the residents of Ontonagon County and the surrounding area. The facility offers services critical to a county (Population: 1,600) in a very rural location including: cardiology, laboratory services, surgical services, imaging services, and physical therapy.
Aspirus Keweenaw Hospital	Aspirus Keweenaw is a health system located in Laurium, MI, serving Houghton County (Pop: 36,000) and Keweenaw County (Pop: 2,150). The facility offers women's health services, surgical services, family medicine, an emergency department, cardiology services, physical therapy, oncology services, in-home care, and other needed services.
Baraga County Memorial Hospital	Baraga County Memorial Hospital is the largest health care provider for Baraga County (Pop: 8,800). The critical access facility includes 15 acute-care beds and offers rehabilitation, surgical, cancer, home care, emergency, cardiac, imaging and other services.
U.P. Health System - Portage	Portage Health is the largest health care provider for Houghton County (Pop: 36,000) and Keweenaw County (Pop: 2,150). The facility includes 36 acute beds and 60 skilled nursing beds. Services include family medicine, radiology, cardiology, regional dialysis unit, home care and hospice, and a Level III trauma center.
Copper Country Community Mental Health	The Copper Country Mental Health Institute offers behavioral health services accessible to persons in Baraga, Houghton, Keweenaw, and Ontonagon counties. Copper Country Mental Health Services provides an array of services intended to increase independence, improve quality of life, and support community integration and inclusion of the persons served such as suicide prevention, health education, substance abuse prevention and infant care.
Upper Great Lakes Family Health Center	The Upper Great Lakes Family Health Center is a community based primary care center. It is designated as a Federally Qualified Health Center (FQHC) and employs the Patient Centered Medical Home model. There are currently nine locations: Gwinn (two), Houghton, Calumet, Menominee, Hancock, Ontonagon, Iron River and Lake Linden.
<b>NOTE:</b> The Iron County Health Department was not part of the initial steering committee, but was asked for input and information during the process of creating the <i>Western Upper Peninsula 2015 Regional Health Assessment</i> . Like the Western Upper Peninsula Health Department, the Iron County Health Department serves a vital role in protecting, educating and providing essential health services to the general and vulnerable population groups.	



## CHNA Development Process

The key data element in the *Western Upper Peninsula 2015 Regional Health Assessment* is the community survey, which identified important issues regarding quality of life that had not been measured before the survey was conducted.

The survey was mailed to 8,500 households across the Western U.P. in November 2015. A random 1,700 households of Gogebic County were sent a survey. Three-hundred sixty mailed responses were returned, yielding a 24.0 percent survey response rate. As a whole, the survey produces an impressive 95 percent confidence interval. No changes were made to the 2012 survey version in 2015; the same questions, wording and format were repeated for comparison purposes.

Because Aspirus Grand View also serves Iron County, Wis., results from the CDC's Behavioral Risk Factor Surveillance System (BRFSS), a telephone survey coordinated by the Wisconsin Division of Public Health were also taken into account. Grant funds were available to oversample small counties, Iron County among them, for three years. This oversampling ended in 2008. Those results were included and compared with the Western U.P. counties in the *2012 Regional Health Assessment*, but are not included in the 2015 assessment. The reason for not extending the survey in Wisconsin counties was mainly due to cost concerns by the core team with additional hospitals joining. We look to expand the survey to neighboring Wisconsin counties for the 2018 report.

The *Western Upper Peninsula 2015 Regional Health Assessment* also includes a significant amount of data indicators across multiple categories relating to health and health factors. This data was compiled from a wide array of published sources and from health care providers. Published sources included the U.S. Census, the American Community Survey, and statistics compiled by the Michigan Department of Community Health, the Wisconsin Division of Public Health, and other government and private agencies.

With the survey and data indicators combined, the *Western Upper Peninsula 2015 Regional Health Assessment* was broken down into general categories that are often the largest health issues for any population. The breakdown would allow for the ability to pinpoint similar issues, group them together and focus on priority areas. These categories can be found below in Diagram C.

Diagram C – Regional CHNA Focus Categories	
Demographics	Vulnerable Populations
Access to Care	Maternal, Infant and Child Health
Public Safety	Infectious Disease
Chronic Disease and Mortality	Substance Abuse
Local Survey Findings	

The *Western Upper Peninsula 2015 Regional Health Assessment* was released on DATE.

# PRIORITIES AND HEALTH NEEDS

Using the categories previously listed and the data within, Aspirus Grand View and the steering committee have identified four major priority areas that impact each of the five Western U.P. Counties and Iron County, WI.

After multiple meetings, discussions and approval, the priorities were selected by the steering committee on a regional scale. The goal being that the member organizations would continue to work together, add members and pool resources, leadership and expertise to develop initiatives that could make an even greater impact on a regional basis than an individual organization might be able to, especially with limited resources. Many of the eight counties identified in Michigan and Wisconsin are designated as Medically Underserved Areas.

For the purposes of the Aspirus Grand View CHNA, and to fulfill the requirements set forth by the PPACA, Aspirus Grand View has taken the four overall priorities and will be addressing these needs and looking to make an impact on the future health of our communities.

Below are the four major priority areas outlined in the *Western Upper Peninsula 2015 Regional Health Assessment* and a brief statement defining the impact on the region. Following the priority area is an outline of how these priority areas are integrated to support the overall health of the communities that Aspirus Grand View serves.

## 1. The Impact of an Aging Population

From the *Western Upper Peninsula 2015 Regional Health Assessment (Page 7)*:

“In Michigan, 15 percent of residents are age 65 or older. The proportion of Western U.P. Residents older than 65 is well above 20 percent and increasing rapidly... Baraga and Gogebic Counties tallied 18.5 and 22.4 percent, but each would be several points higher without their sizable prison populations. Meanwhile, Iron, Keweenaw and Ontonagon counties had among the largest proportions of seniors in the state and nation, at 27.9, 29.8 and 30.6 percent respectively. These percentages are projected to increase 0.5 to 1.0 points per year into the foreseeable future as birth rates taper, young adults emigrate seeking economic opportunity and Baby Boomers ‘graduate’ into senior citizen status. The demographic imbalance has implications for rates of disease and disability and the need for health care services, long-term care and other types of support for the elderly...”

## 2. The Importance of Prevention

From the *Western Upper Peninsula 2015 Regional Health Assessment (Page 7-8)*:

“Chronic diseases such as heart disease, cancer, stroke, diabetes, and arthritis, are leading causes of death and disability in the Western U.P., as in the state and nation. Heart disease and cancer cause half of local deaths, at rates remarkably similar to national data. About one-in-ten Western U.P. adults has diabetes. An estimated 68 percent of Western U.P. Adults are either overweight or obese according to local survey data, compared with 66 percent nationwide, so there should be great concern locally, as nationally, over the prospect of dramatically rising rates of diabetes in the future.

Other factors which lend themselves to prevention and significantly impact health status include:

- High rates of local tobacco and alcohol use contribute to chronic disease burden locally. About 21 percent Western U.P. adults are current smokers and over half are either current or former smokers. An estimated 11.3 percent of local adults are heavy drinkers, compared with 6.8 percent nationwide.
- Births to teens and single mothers, and tobacco use during pregnancy, negatively impact the health of mothers and their offspring. Births to single mothers are generally in reading across all counties, edging above 40 percent in Iron and Ontonagon Counties, approaching 50 percent in Gogebic County and nearly 60 percent in Baraga County...
- ...an estimated 59 percent of low-income in the Western U.P. received no dental services in the past year, virtually unchanged from a rate of 60 percent in 2012.
- An estimated 21.9 percent of Western U.P. adults report a history of depression, which is a treatable condition with multiple negative health consequences. The prevalence of mental illness combined with a reported shortage of mental health services for adults and children indicated an unmet community health need.”

### **3. The Powerful Correlation Between Socio-Economic Status and Poor Health**

From the *Western Upper Peninsula 2015 Regional Health Assessment (Page 8)*:

“Although official unemployment rates have declined over the last three years to pre-Recession levels, median-household and per-capita incomes are well below state and national levels. About half of local births are paid by Medicaid, and 1-in-4 children age 0-17 live in poverty. Every county in the region has multiple federal Health Professional Shortage Area (HPSA) designations. Even with improvements in access to care with implementation of the Affordable Care Act, 21 percent of adults with household incomes below \$50,000 report that cost is a barrier to health access.

Locally, low-income adults, and those with lower levels of education, report poorer physical and mental health, higher rates of disease and disability, and lower rates for annual physical exams and appropriately timed cancer screenings. Inequalities of socioeconomic status contribute to disparities in access to services, and socioeconomic factors (income and education) strongly correlate with health status. One of the most striking and illustrative examples of health disparity based on socioeconomic status is the fact that 45.4 percent of the region’s adults who did not graduate high school and 37.4 percent of adults with

household incomes below \$25,000 are current smokers, compared with 5.2 percent for college graduates and 7.9 percent for adults with incomes above \$50,000. This example is powerful because of the wide gulf in health behaviors, and because smoking is such a strong contributing factor in disease, disability, and premature death.”

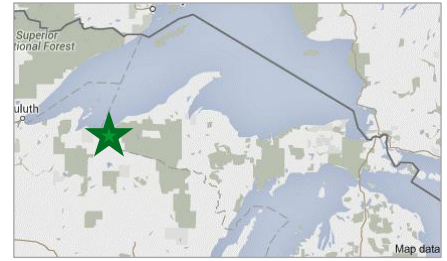
## **4. Expanded Access to Care Via the Evolving Affordable Care Act**

From the *Western Upper Peninsula 2015 Regional Health Assessment (Page 9)*:

“There is no doubt that the next three years will bring changes in the way people access health care and the way local health care providers evolve in the changing landscape of the Affordable Care Act. Unlike questions of demographics, forecasting the impacts of changing health care policy is tricky business given the multiple political and economic factors at play. For now, we can only say with certainty that systems will change and those changes will have intended and unintended consequences. Will the next three years bring net positive or negative change to population health in the Western U.P.? That question is open to debate.”



# Aspirus Grand View Areas of Focus



## Importance of Prevention

Target root causes of heart disease, cancer, stroke, diabetes and mental health

1. Nutrition and exercise counseling to reduce prevalence of obesity
2. Diabetes and pre-diabetes support, smoking cessation programs
3. Education about access to health care/wellness services
4. Direct policy and environmental change

## Impact of Aging Population

Increase support for services to manage chronic disease and care for those in need

## Correlation Between Lower Socio-Economic Status and Poor Health

Increase education and counseling to high risk patients in category

## ACA= More People With Access To Care

Increase programs to make access easy for new patients

**Chronic disease prevention and care for those in need**

Aspirus Hospitals and Clinics in the Upper Peninsula of Michigan are collaborating to ensure staff, programs and resource support are focused locally on the core themes identified in the Western UP Health Assessment.

# IMPLEMENTATION STRATEGIES

## Implementation of Priority Needs

Based on the four main area of focus, Aspirus Grand View formed an implementation team comprised of staff members with experience in treating these needs, or would be valuable in leading the implementation. These members include: Alicia Cook, Patient Services Specialist; Anna Mooi, Nutrition and Education Manager; Sarah McGaughey, Physical Rehabilitation Manager; Jean Peterson, Infection and Prevention Employee Health Coordinator; Danielle Grayson, Case Manager; and David Sim, Marketing and Public Relations Manager.

We believe that by partnering with other regional hospitals, local school districts, administrators and health departments, we can create a greater impact on the future of our communities than working alone.

In addition, Aspirus Grand View will continue to meet community needs by providing charity care; Medicaid and CHIP services; continuing our ongoing prenatal and new parent community education programs, other support groups, and on-going health professional education programs.

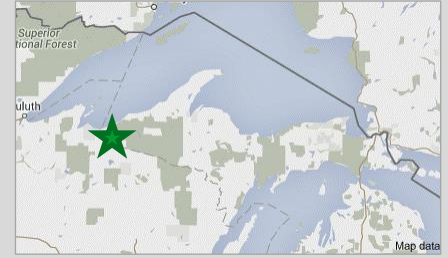
## Budget and Resource Support

For the purpose of this report, to indicate our ability to be responsive to the identified community health priorities, we are allocating financial resources to each of our priority areas to include:

- Dedicated staff** – in developing the CHNA, collaboration in developing the implantation plan and towards each priority area
- Special equipment** – that supports staff to address the community health needs
- Facilities** – allowance that is in part used to deliver priority service areas
- Communication** – resources to support internal and external communication regarding each priority area

Aspirus Grand View will also be allocating funding to assist in the various programs indicated on the following pages from implementation through continuation into the future as necessary. We are thrilled that many of our staff and programs are already aligned based the findings of the community health assessment; we feel that we have an excellent foundation to continue to meet the specific community health needs of our local population.

# Implementation Strategy #1



## Importance of Prevention

Target root causes of heart disease, cancer, stroke, diabetes and mental health

### GOAL #1:

**Focus human resource and local public relations resources on healthy eating and nutrition community outreach (approximately \$50,000 annually).**

### STRATEGY:

Provide nutrition education to children and families through initiatives in local school programming, clinical services and through public relations communications to the community:

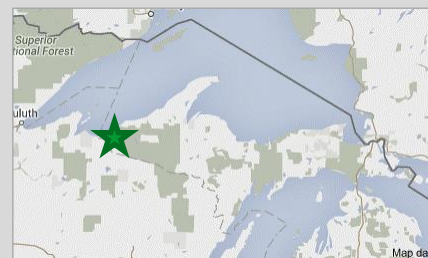
- Collaborate with three (60%) local school districts to provide healthy eating education through classroom curriculum support, parent meetings, health initiatives and/or cooking classes.
- Participate in at least one school wellness committee to offer support and guidance on healthy eating program and policy development.
- Collaborate with MSU Extension and UW Extension initiatives to provide healthy eating support in public school programming.
- Conduct one-on-one and group nutritional counseling programs in conjunction with wellness initiatives at area employers community as resources allow.

### HEALTH NEEDS BENEFIT:

By providing healthy eating education in the school system, we can reach whole families and provide support that will encourage making better food choices and increased knowledge of weight management programs available that will dramatically improve their health.

Additionally, the tone and temperament of outreach with Aspirus, using our cultural promise of passion for excellence, compassion for people also allows for greater visibility of other health services including regular doctor visits and well child checkups.

# Implementation Strategy #2



## Importance of Prevention

Target root causes of heart disease, cancer, stroke, diabetes and mental health

### GOAL #2:

**Develop fitness and exercise programming that has participation of at least 5% of the population of Gogebic County and Iron County (approximately 1,000). Target 30% of that expansion to the population to ages 65 and older.**

### STRATEGY:

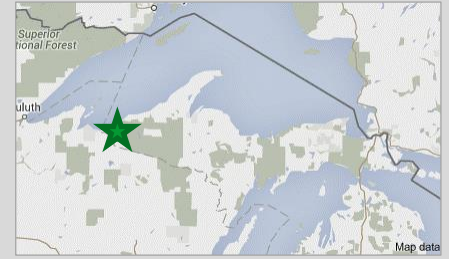
- Expand visibility of senior fitness to providers and the community through promotion of the Silver Sneakers and Stepping On Programs.
- Promote fitness and nutrition at Aspiring Women Community Outreach events
- Have physical therapy staff contributing motivation and education in at least 5 community outreach events annually.
- Support fitness program in collaboration with local summer events including expansion of partnership with area farmer's market.
- Investigate feasibility of a new program development for new retirees in the community.
- Expand programming within local schools for exercise therapy training and support for athletic programs.

### HEALTH NEEDS BENEFIT:

Direct engagement is proven as a key driver of using fitness to hard-wire a daily wellness outlook in individuals. People who participate in physical activity are less likely to suffer from chronic heart conditions, diabetes and obesity.



# Implementation Strategy #3



## Importance of Prevention

Target root causes of heart disease, cancer, stroke, diabetes and mental health

### GOAL #3:

**Continue to support the diabetes education program through offering a variety of avenues for education to the community. Grow patient encounters by 5% annually over 3 years. Also identify patient population with diabetes who also use tobacco products and provide cessation education to 20% of the identified population.**

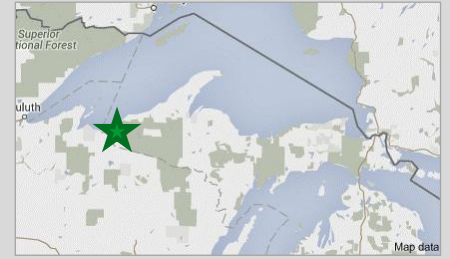
### STRATEGY:

- Monthly Diabetes Self-Management Training classes - offered in the outpatient setting of the hospital along with one-on-one nutrition counseling by a Registered Dietitian. Continue to promote and offer a Diabetes Support group which is open to the public and is free of charge.
- Establish pre-diabetes group medical visits which will be facilitated by a midlevel practitioner and Registered Dietitian within the next three years.
- Make smoking cessation treatment information a consistent part of every visit for patients who smoke.
- Reach diabetic/tobacco use audience once annually with a private direct mail letter encouraging them to quit smoking and where to go for help.
- Provide cessation education at pre-diabetes and diabetes group visits.
- Provide one cessation educational outreach event to adolescent audiences per year.

### HEALTH NEEDS BENEFIT:

The prevalence of Diabetes in Gogebic County continues to grow, with a current rate of 13.5%; nearly 5% more than just 3 years ago. This significant trend needs immediate attention. More than half of Western UP adults are current or former smokers, with 25% of Gogebic County currently smoking. Also, one in three pregnant women in Gogebic County smokes while pregnant. Together, these two indicators are critical for prevention of major health events.

# Implementation Strategy #4



## Importance of Prevention

Target root causes of heart disease, cancer, stroke, diabetes and mental health

### GOAL #4:

**Reach 50% of Gogebic and Iron (Wis.) County population annually with “how-to” information regarding positive disease prevention behaviors and access to services.**

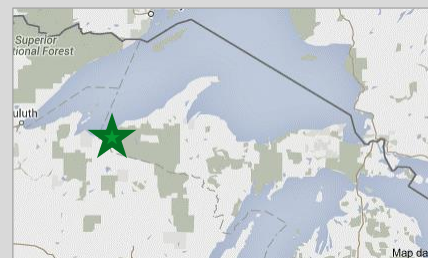
### STRATEGIES:

- Support advancement of mental health services through increased community education and collaboration with Gogebic County Community Mental Health.
- Regularly feature patient stories in publications and outreach regarding early screening/lifesaving success stories. In particular related to heart disease and cancer.
- Collaborate with local health care organizations in providing direct-to-person encounters teaching the early warning signs of stroke.
- Promote directly to at-risk patients and generally through media and community outreach access to on-line screeners for heart and cancer issues
- Engage women with motivational outreach programs at least 2 times annually (Aspiring Women) with important women’s health related topics regarding health and prevention.
- Always “cross-communicate” prevention access at community outreach efforts. For instance, at an Orthopedic Pain seminar, share information on pre-diabetes and cancer screening access.

### HEALTH NEEDS BENEFIT:

In rural upper Michigan, much of health care messaging has been traditionally focused on availability of doctors and locations of clinics and hospitals. While this is still important, a “shift” of emphasis towards programs and messaging that stress prevention should help heighten awareness of the idea of fostering healthier lifestyle practices in order to impact positive reinforcement of behaviors that can reduce risk factors and disease prevalence in community.

# Implementation Strategy #5



## Importance of Prevention

Target root causes of heart disease, cancer, stroke, diabetes and mental health

### GOAL #5:

**Reach 75% of local government and business leaders annually in an effort to direct policy and environmental change regarding healthy behaviors through education and lobbying.**

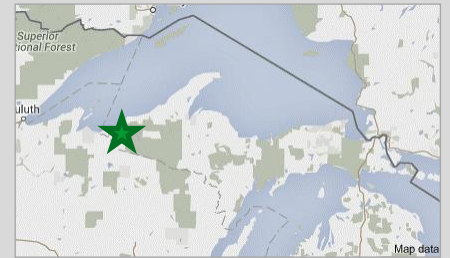
### STRATEGIES:

- Support and enhance ongoing Farmers' Market Collaborative with programming and visibility assistance.
- Provide semi-yearly health presentations to community groups and governmental entities. Support each presentation with an outcome of changing a lifestyle behavior that lasts long-term. (policy change/intervention)
- Support and provide leadership in the Gogebic Range Health Eating Physical Activity Coalition. Develop growing partnerships with the UW Extension and MSU Extension teams with collaboration and community programming support.
- Support growth in increased local access for those with serious mental health issues.

### HEALTH NEEDS BENEFIT:

Healthy behavioral change is not easy. Rather than relying on individual behavior change, we would like to make the healthy choice the easy choice. We envision an approach in which citizens, schools, employers, restaurants, grocery stores and community leaders collaborate on policies and programs that move the community towards better health and well-being by nudging people towards healthier choices throughout their day.

# Implementation Strategy Alignment



## Link Prevention Goals and Programs to Target Populations Identified in Assessment

### GOAL #1: ★★

Focus human resource and local public relations resources on healthy eating and nutrition community outreach.).

### GOAL #2: ★★

Develop fitness and exercise programming that has participation of at least 5% of the population of Gogebic County and Iron County (approximately 1,000). Target 30% of that expansion to aging population.

### GOAL #3: ★★★

Continue to support the diabetes education program through offering a variety of avenues for education to the community. Grow patient encounters by 5% annually over 3 years. Also identify patient population who has diabetes who also use tobacco products and provide cessation education to 20% of the identified population.

### GOAL #4: ★★★

Reach 50% of Gogebic and Iron (Wis.) County population annually with “how-to” information regarding positive disease prevention behaviors and access to services.

### GOAL #5: ★★★

Reach 75% of local government and business leaders annually in an effort to direct policy and environmental change regarding healthy behaviors through education and lobbying.

★ =

**Impact of Aging Population**  
Increase support for services to manage chronic disease and care for those in need

★ =

**ACA= More People With Access To Care**  
Increase programs to make access easy for new patients

★ =

**Correlation Between Lower Socio-Economic Status and Poor Health**  
Increase education and counseling to high risk patients in category



# ADOPTION OF IMPLEMENTATION STRATEGY

The Aspirus Grand View Board of Directors is comprised of individuals from Gogebic and Iron Counties as well as representatives from the Aspirus, Inc. system. The Board of Directors approves the Implementation Strategy and Community Benefit Plan for the priority identified in the Community Health Needs Assessment planning process. This report was prepared for the May 16, 2016, Board of Directors meeting and approved unanimously.

Jeff Nehring  
Aspirus Grand View Board of Directors' Chairman

Richard Armstrong  
Gogebic Range Health Foundation Chairman

Chuck Nelson  
Aspirus Regional  
Chief Executive Officer

Paula Chermiside  
Aspirus Grand View  
Chief Executive Officer

# APPENDIX A

## Available Health Services and Resources

Gogebic County, MI, and Iron County, WI, have a variety of health services and resources that are made available to the community, many of which Aspirus Grand View collaborates with for a variety of purposes.

Gogebic County Health Services and Resources		
Service	Location	Community Role
Aspirus Grand View	Ironwood	Health system located in Ironwood., MI. Including 25-bed critical access hospital, services include physician clinic, emergency services, surgical services, psychology services, home health, private in-home assistance and a full-service eye clinic, including retinal care. Aspirus Grand View is the largest health care provider to Gogebic County, MI and Iron County, WI.
Western UP Mediators	Ironwood	Mediation services offered for care-giving disputes.
Dove, Inc.	Ironwood	Offers services for domestic violence situations.
Wakefield Pharmacy	Wakefield	Full-service pharmacy
Wal-Mart Pharmacy	Ironwood	Full-service pharmacy
Walgreens	Ironwood	Full-service pharmacy
Regional Hospice	Bessemer	Regional Hospice is a non-profit, community based organization that provides individualized, physical, spiritual and psychosocial care and support to patients and families, enabling death with dignity as a completion of life.
NorthStar Physical Therapy	Ironwood	Provides rehabilitation and physical therapy services.
Miller Vision	Ironwood	Provides full-service optical services, including eyewear sales.
Mattson Family Chiropractic	Ironwood	Provides full-service chiropractic services, including nutritional counseling.
Ironwood Chiropractic Clinic	Ironwood	Provides full-service chiropractic services.
Aukee Chiropractic	Ironwood	Provides full-service chiropractic services.
Gogebic-Ontonagon Community Action Agency	Bessemer	The Gogebic-Ontonagon Community Action Agency designs and carries out

		programs to overcome causes of and instances of poverty, including: housing, education (such as Head Start), nutrition, community development, motivational support, and senior services.
American Association of Retired Persons (AARP)	Ironwood	A local chapter of the AARP is located in Ironwood that provides assistance to seniors.
Keen Agers	Bessemer	Offers Assisted and Independent Living.
Stan Gresham, DDS	Ironwood	Provides dental services.
Mike Gregor, DDS	Wakefield	Provides dental services.
Thomas Lovelin, DDS	Ironwood	Provides dental and orthodontic surgical services.
Thomas Herfort, DDS	Ironwood	Provides dental services.

<b>Iron County, Wis., Health Services and Resources</b>		
<b>Service</b>	<b>Location</b>	<b>Community Role</b>
Aspirus Grand View	Hurley, WI	Provides primary care services to residents of Iron County, WI.
Community Support Program	Hurley, WI	Northland Community Services provides support to individuals with chronic mental illnesses to enable them to live in their own homes and participate in social, recreational, and employment opportunities in the community.
Highline Corporation	Hurley, WI	Provides opportunities in northern Wisconsin for people with disabilities needing rehabilitation services, employment, vocational training, and community based mental health services, supportive services and residential services.
White Cross Pharmacy	Hurley, WI	Full service pharmacy
Northwood Family Orthopedics	Hurley, WI	Specialists In Orthopedic Surgery, Arthroscopic Sports Medicine, and Adult and Pediatric Reconstruction Surgery
Marshfield Clinic-Mercer	Mercer, WI	Provides primary care including: Obstetrics and Gynecology, Laboratory, Radiology, Mobile Mammography Unit, Mobile Retinal Screening and Tele-health Services.
Iron County Health Department	Hurley, WI	The Iron County Health Department serves a vital role in protecting, educating and providing essential health services to the general and vulnerable

		population groups.
Villa Vista	Hurley, WI	Provides affordable, assisted living to Iron County, WI residents.
Echo Hollow Senior Apartments	Mercer, WI	Provides affordable, assisted living to Iron County, Wis. residents.
Aging and Disability Resource Center of the North	Hurley, WI	To provide information and assistance in accessing benefits and services for adults and families relating to aging, disability, mental health or substance abuse including: disability and long-term care related services and living arrangements, health and behavioral health, adult protective services, employment and training for people with disabilities, transportation, home maintenance and nutrition.
Mercer Dental	Mercer, WI	Provides dental services.
Dr. Paul Hageman, DDS	Hurley, WI	Provides dental services.

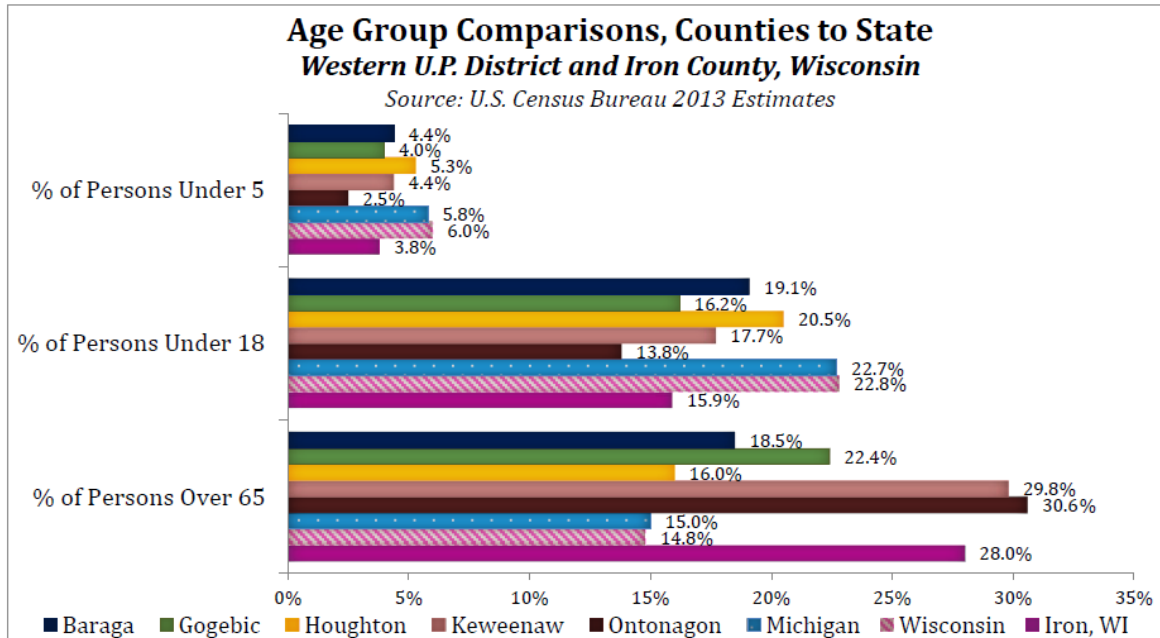
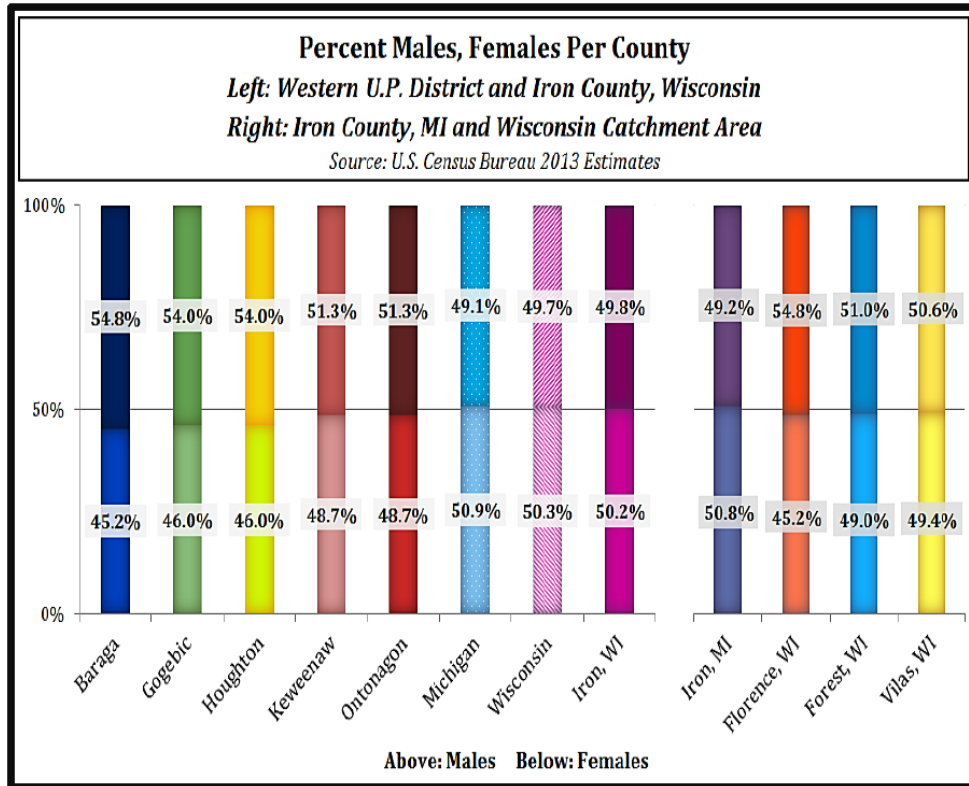
## APPENDIX B

### Service Area Demographics

The following demographic charts are used from the Regional CHNA and compare the 5 Western U.P. Counties, Iron County, Wis. and, in most cases, the Michigan average. Aspirus Grand View's primary service area is located in Gogebic County, Mich., and Iron County, Wis.

<b>Population Changes from 2010 to 2014</b>				
<i>Source: U.S. Census Bureau; American Community Survey</i>				
	<b>2010</b>	<b>2014 Estimate</b>	<b>Change Δ</b>	<b>% Change</b>
<b>Baraga</b>	8860	8,654	-206	-2.3%
<b>Gogebic</b>	16427	15,737	-690	-4.2%
<b>Houghton</b>	36628	36,495	-133	-0.4%
<b>Keweenaw</b>	2156	2,217	61	2.8%
<b>Ontonagon</b>	6780	6,172	-608	-9.0%
<b>Michigan</b>	9884133	9,909,877	25,744	0.3%
<b>Wisconsin</b>	5687289	5,757,564	70,275	1.2%
<b>Iron, WI</b>	5916	5,917	1	0.0%
<b>Iron, MI</b>	11817	11,387	-430	-3.6%
<b>Florence, WI</b>	4423	4,481	58	1.3%
<b>Forest, WI</b>	9304	9,127	-177	-1.9%
<b>Vilas, WI</b>	21430	21,398	-32	-0.1%





	White Alone	Black or African American Alone	American Indian and Alaska Native Alone	Asian Alone	Native Hawaiian and Other Pacific Islander alone	Two or More Races	Hispanic or Latino	White alone, not Hispanic or Latino
Baraga County	74.1%	7.5%	13.6%	0.3%	0.0%	4.5%	1.3%	73.5%
Gogebic County	90.9%	4.4%	2.6%	0.5%	0.0%	1.6%	1.2%	89.9%
Houghton County	94.2%	0.9%	0.6%	2.8%	0.0%	1.4%	1.4%	93.1%
Keweenaw County	98.5%	0.2%	0.2%	0.0%	0.0%	1.1%	1.0%	97.8%
Ontonagon County	96.7%	0.2%	1.2%	0.3%	0.0%	1.6%	1.1%	95.8%
Iron County, MI	96.8%	0.3%	1.2%	0.3%	0.0%	1.4%	1.7%	95.3%
MICHIGAN	80.1%	14.3%	0.7%	2.7%	0.0%	2.2%	4.7%	76.1%
WISCONSIN	88.1%	6.5%	1.1%	2.5%	0.0%	1.7%	6.3%	82.5%
Iron County, WI	97.3%	0.2%	0.8%	0.3%	0.0%	1.2%	0.8%	96.8%
Florence County, WI	97.1%	0.4%	0.8%	0.4%	0.0%	1.4%	0.9%	96.3%
Forest County, WI	81.7%	1.0%	14.3%	0.2%	0.1%	2.6%	1.9%	80.9%
Vilas County, WI	87.0%	0.3%	11.1%	0.3%	0.0%	1.3%	1.6%	86.0%