Community Health Needs Assessment

2022-2025

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Acknowledgments

The Aspirus Upper Peninsula Hospitals are grateful for the collaborative efforts of the Western Upper Peninsula Health Department in the collection and analysis of data, as well as the facilitation of the survey. By collaborating on our community efforts, we strengthen our opportunities to improve health across the entire western upper peninsula region. Thank you to the thousands of community members who responded to a community survey in Fall 2021.

Although this document represents a point in time for the Western Upper Peninsula, the next step is to create and implement a plan to address these issues. We look forward to continued collaboration to create a healthier U.P. for all.

Respectfully,

Chris Harff, JD, MBA, BSN
Regional President
Aspirus Upper Peninsula

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Executive Summary

A Community Health Needs Assessment is an important tool used to identify the health needs of a community. The results assist 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.

This data tells us where we are on a number of community health issues; but it also serves as a baseline against which to measure the progress made as communities implement program and policy changes. Ongoing CHNA efforts, done every three years, will inform regional efforts for decades to come.

This most recent assessment included:

- The collection of primary and secondary data. The Western U.P. Health Department facilitated the collection of primary data on health status and perception of top health issues.
- A review of data.
- A prioritization process that considered multiple criteria, including scope/scale of the issue, community momentum and organizational capacity.
- The selection of a set of priorities the hospital is committed to formally pursuing over the next three years.

The four hospitals in the Aspirus U.P. Region will be developing plans to address **mental health**, **substance use** and **chronic disease**. As strategies are developed to address these issues, the hospital will be cognizant of the underlying social and economic factors that contribute to poor health, prevention opportunities and an aging population.

Aspirus Health and Aspirus Upper Peninsula Hospitals Profile

Aspirus Health

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

Aspirus Keweenaw Hospital

Aspirus Keweenaw is a 25-bed critical access hospital based in Laurium, Michigan, with clinics and outreach services in Laurium, Calumet, Houghton and Lake Linden. Aspirus Keweenaw Hospital provides 24/7 access to emergency care.

Aspirus Ontonagon Hospital

Aspirus Ontonagon Hospital is an 18-bed critical access hospital located in Ontonagon, Michigan. Aspirus Ontonagon Hospital provides 24/7 access to emergency care and is supported by one clinic location.

Aspirus Ironwood Hospital

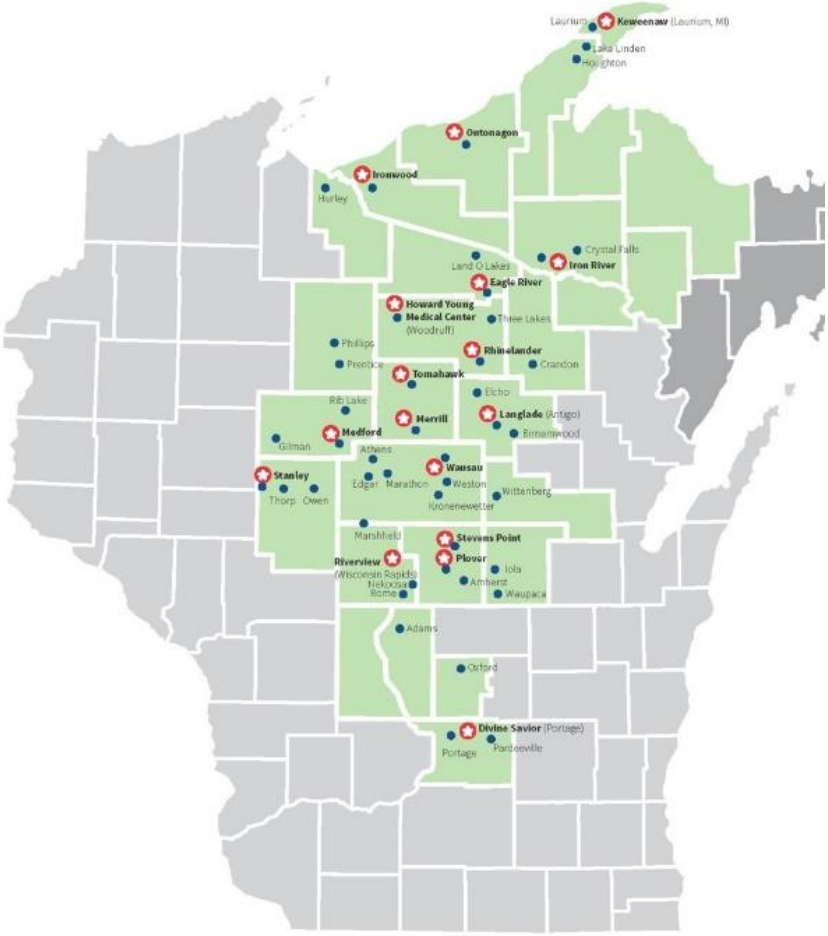
Aspirus Ironwood Hospital is a 25-bed critical access hospital located in Ironwood, Michigan, with clinics and outreach services in Ironwood and Hurley Wisconsin. Aspirus Ironwood Hospital provides 24/7 access to emergency care. Of the 1,300 critical access hospitals in the United States, Aspirus Ironwood Hospital has been named by the National Rural Hospital Association as one of the Top 20 highest ranked in the nation.

Aspirus Iron River Hospital

Aspirus Iron River Hospital is a 25-bed critical access hospital located in Iron River, Michigan, with clinics and outreach services in Ironwood and Crystal Falls. Aspirus Iron River Hospital provides 24/7 access to emergency care.

ASPIRUS HEALTH

Service Area
Hospitals & Clinics



MAPS-074C_ASPIRUS HOSPITALS & CLINICS_10/2021

About the Community Health Needs Assessment

For Aspirus, the Community Health Needs Assessment (CHNA) is one way to live our mission – to heal people, promote health and strengthen communities – and reach our vision – being a catalyst for creating healthy, thriving communities. Conducting a CHNA is an opportunity to understand what health issues are important to community members. Community resources, partnerships and opportunities for improvement can also be identified, forming a foundation from which strategies can be implemented.

Definition / Purpose of a CHNA

A CHNA is "a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan and act upon unmet community needs."[1] The value of the CHNA lies not only in the findings but also in the process itself, which is a powerful avenue for collaboration and potential impact. The momentum from the assessment can support cross-sector collaboration that: 1) leverages existing assets in the community creating the opportunity for broader impact, 2) avoids unnecessary duplication of programs or services thereby maximizing the uses of resources, and 3) increases the capacity of community members to engage in civil dialogue and collaborative problem solving to position the community to build on and sustain health improvement activities.

Compliance

The completion of a needs assessment is a requirement for hospitals. For non-profit hospitals, the requirement originated with the Patient Protection and Affordable Care Act (ACA). The IRS Code, Section 501(r)(3) outlines the specific requirements, including having the final, approved report posted on a public website. Additionally, CHNA and Implementation Strategy activities are annually reported to the IRS.

[1] Catholic Health Association of the United States, https://www.chausa.org

Community Served and Demographics

Our Community

The Aspirus Upper Peninsula (U.P.) hospitals' service area includes the Western Upper Peninsula as well as portions of surrounding counties. For the purposes of the Community Health Needs Assessment, the "community" has been defined as Houghton, Keweenaw, Ontonagon, Iron and Gogebic counties because (a) most population-level data are available at the county level, (b) many community partnerships focus on the residents of these areas and (c) this is a contiguous set of counties that include all of the Aspirus hospitals and clinics in the Upper Peninsula.

Demographics

The table below describes some of the basic demographics of the five counties that Aspirus hospitals primarily serve in the Upper Peninsula as well as the comparable data for Michigan. With a high-level review, compared to Michigan, the five counties have:

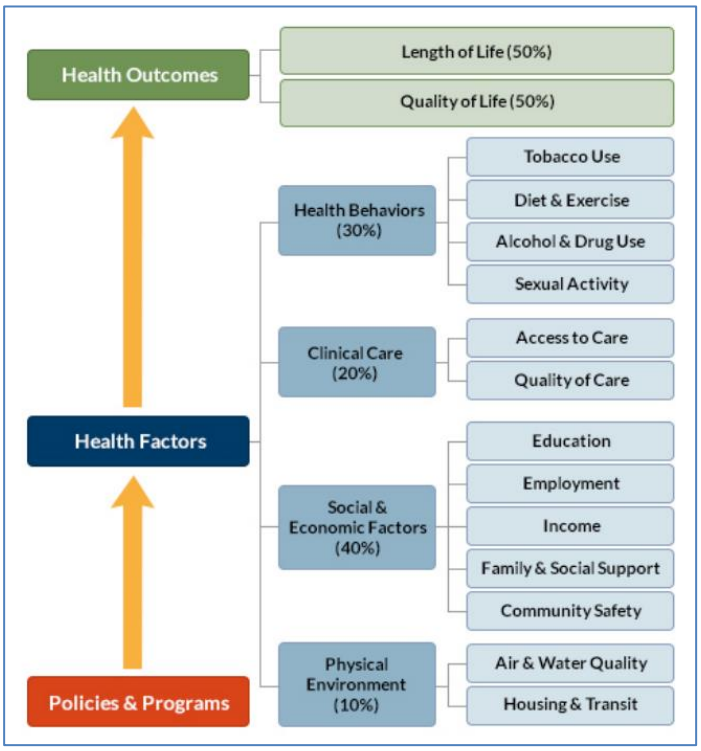
- Fewer people per square mile.
- A higher percentage of individuals who are Caucasian and a lower percentage of individuals who are African American, are Asian and identify with two or more races.
- A lower percentage of individuals who are Hispanic.
- A lower median household income.
- A similar level of individuals in poverty.
- A similar percentage of high school graduates.
- A lower percentage of households where a language other than English is the primary language.

	Gogebic County	Houghton County	Keweenaw County	Iron County	Ontonagon County	Michigan
Population	14,361	37,313	2107	11,635	5868	10,050,811
Population per Square Mile	14.9	36.3	4.0	10.1	5.2	174.8
Age <18	16.8%	20.3%	14.3%	16.8%	12.5%	21.5%
Age 65+	28.6%	17.9%	38.1%	31.2%	37.7%	17.7%
Caucasian	93.6%	93.5%	97.3%	95.8%	96.0%	79.2%
African American	0.6%	0.9%	0.4%	0.4%	0.3%	14.1%
American Indian	3.4%	0.8%	0.4%	1.6%	1.5%	0.7%
Asian	0.5%	3.0%	0.1%	0.5%	0.6%	3.4%
Two or More Races	1.9%	1.7%	1.9%	1.7%	1.6%	2.5%
Hispanic	1.8%	1.8%	1.7%	2.4%	1.6%	5.3%
Median Household Income	$38,625	$44,839	$51,750	$44,183	$41,776	$59,234
Persons in Poverty	12.5%	15.0%	11.2%	14.2%	14.7%	12.6%
High School Graduate or Higher	94.2%	92.8%	97.1%	92.1%	92.6%	91.3%
Bachelor's Degree or Higher	19.8%	33.6%	36.2%	18.9%	15.3%	30.0%
Language Other than English Spoken at Home	2.4%	6.9%	1.5%	1.7%	1.6%	9.7%

* U.S. Department of Commerce, Bureau of the Census, https://www.census.gov/quickfacts/fact/table/gogebiccountymichigan,houghtoncountymichigan,keweenawcountymichigan,ironcountymichigan,ontonagoncountymichigan,MI/PST045221, accessed June 8, 2022.

Process and Methods Used

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



Source: University of Wisconsin Population Health Institute

Aspirus hospitals in the Upper Peninsula also use the County Health Rankings and Roadmaps guidance in the overall community health assessment and improvement process by:

- Assessing needs and resources
- Focusing on what's important
- Choosing effective policies and programs
- Acting on what's important
- Evaluating actions
- Effectively communicating and collaborating with partners

Collaborators and / or Consultants

The Upper Peninsula Aspirus hospitals collaborate with the Western U.P. Health Department on many community health improvement efforts. The health department received a grant from the Michigan Health Endowment Fund to conduct the Upper Peninsula Community Health Issues and Priorities Survey (2021 UPCHIPS) and share the results with the Aspirus hospitals. Aspirus did not pay any consultants or vendors.

Community Input

The Western Upper Peninsula community members provided input on the top community health needs through the 2021 UPCHIPS. The survey was completed by 3500 adults in the 15-county region. The health department's analysis identified four overarching themes:

- COVID-19
- Impact of an Aging Population
- Importance of Prevention
- Social Determinants of Health

Survey respondents also identified their top community health issues:

- Health insurance is expensive or has high costs for co-pays and deductibles
- Drug abuse
- Lack of health insurance
- Unemployment, wages and economic conditions

Additional details about the survey and the results can be found in Appendix A.

Input Received on the Last CHNA

No known input on the previous CHNA was received.

Health Status Data / Outside Data

The Upper Peninsula Community Health Issues and Priorities Survey (2021 UPCHIPS) conducted by the Western U.P. Health Department included questions on individual health. The survey utilized questions asked in the national Behavioral Risk Factor Surveillance (BRFS) survey conducted by the Centers for Disease Control and Prevention (CDC). A summary of results from the survey can be found in Appendix B.

To supplement the survey data, Aspirus U.P. Hospitals compiled information from the 2022 County Health Rankings data release. Those data can be found in Appendix C.

Community Needs and Prioritization Process

The prioritization of community needs began with the compilation of data. The Aspirus Health community health improvement team compiled community survey results and community-level data from the County Health Rankings and Roadmaps data set. Using that information, the community health improvement team made a recommendation to the U.P. Hospitals' administrative leadership team.

The leadership team reviewed the recommendation and made a final determination on the top priority health needs for each of the four hospitals. Those needs are:

- Mental health
- Substance use
- Chronic diseases

Given the themes that were identified through the survey, the strategies to address these prioritized issues will attempt to incorporate: social determinants of health; an aging population; prevention efforts.

Criteria

The criteria used to inform the prioritization process included:

- **Scope/Scale of the Issue (survey results, County Health Rankings data)** – How many people are affected? How severe is the illness?
- **Community Momentum (survey results)** – In the community survey, for all respondents, what were the top health issues? What issues have increased in importance since the previous survey?
- **Capacity –** Do the hospitals, clinics and relevant staff have the financial ability, technical/professional skills and overall capacity to address the issue? Can Aspirus bring its best resources to address the issue?

Final Prioritized Needs

Over the next three years, Aspirus U.P. Hospitals will formally address the following issues through the community health needs assessment and corresponding implementation strategy:

- Mental health
- Substance use
- Chronic diseases

Needs Not Selected

From the community survey, the top-selected issues were:

- Health insurance is expensive or has high costs for co-pays and deductibles
- Drug abuse
- Lack of health insurance
- Unemployment, wages and economic conditions

From this list, Aspirus U.P. hospitals are addressing drug abuse (substance use). The other three issues were not selected for the following reasons.

- The lack of affordable health insurance is of high concern for many people in the Upper Peninsula. Aspirus provides financial assistance for patients who struggle to afford care. Aspirus hospitals may contribute to efforts that improve the availability and the affordability of health insurance, however, their primary focus is to deliver high quality medical care.
- Unemployment, wages and economic conditions are important issues for Aspirus. Aspirus works to pay fair wages and provide reasonable benefits packages. Aspirus hospitals may contribute to efforts that improve economic conditions, however, their primary focus is to deliver high quality medical care.

A brief overview of mental health, substance use and chronic disease are on the next pages.

Healthcare Facilities and Community Resources

A brief description of health care and other organizations available to address community needs is in Appendix D.

Mental Health

Why is it Important?

Approximately 20 percent of the population experiences a mental health problem during any given year.[1] Mental health issues are associated with increased rates of risk factors such as smoking, physical inactivity, obesity and substance abuse. As a result, these physical health problems can lead to chronic disease, injury and disability.[2] Economic challenges (e.g., unemployment, poverty) are associated with poor mental health.[3] During the COVID pandemic, depression, anxiety and suicidal ideation have increased and access to mental health providers and treatment has been limited.[4]

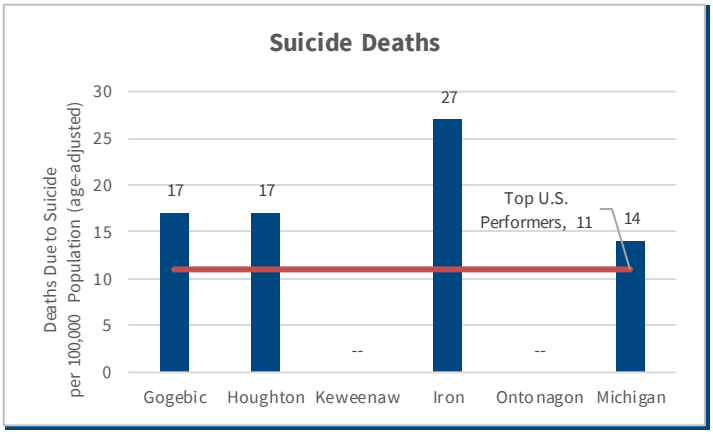
Sources: (1) National Institute for Mental Health; (2) Healthiest Wisconsin 2020; Healthy People 2020; (3) Macintyre, A., Ferris, D., Gonçalves, B.et al. What has economics got to do with it? The impact of socioeconomic factors on mental health and the case for collective action. Palgrave Commun4, 10(2018). https://doi.org/10.1057/s41599-018-0063-2 (4) Czeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI:http://dx.doi.org/10.15585/mmwr.mm6932a1

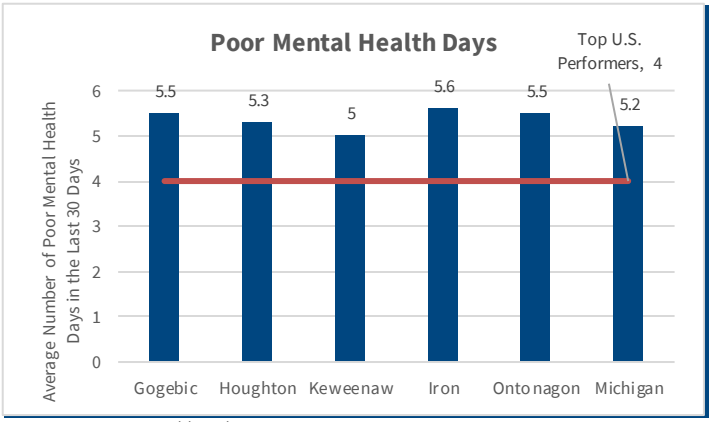
Disparities and Equity

- Individuals with less than a high school education are more than twice as likely to have frequent mental distress compared to individuals with a college degree.[5]
- Women have a 70% higher rate of depression compared to men.[5]
- Individuals who are multiracial or American Indian / Alaskan Native are three times as likely, and White individuals were 2.5 times as likely, to experience depression compared to individuals who are Asian/Pacific Islander. However, the rate of depression in individuals who are Asian/Pacific Islanders is increasing at a faster rate than other groups.[5]
- Poor family relationships can increase the likelihood of depression. Some individuals are at higher risk of poor family relationships – individuals who identify as LGBTQ, persons with disabilities and their caretakers, and individuals who suffered from child abuse and neglect.[6]

Sources: (5) 2021 America's Health Rankings, Executive Summary. https://assets.americashealthrankings.org/app/uploads/2021_ahr_health-disparities-report_executive_brief_final.pdf (6) Shim, Ruth S; Ye, Jiali; Baltrus, Peter; Fry-Johnson, Yvonne; Daniels, Elvan; Rust, George. Racial/Ethnic Disparities, Social Support, and Depression: Examining a Social Determinant of Mental Health. Ethn Dis. 2012 Winter; 22(1): 15-20. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4039297/

Data Highlights





Sources: 2021 County Health Rankings

Additional Data

- In the 5-county area, between 16% (Iron) and 34% (Houghton/Keweenaw) of respondents took medication for mood in the last 12 months. *(Source:* UPCHIPS, 2021)

Community Perceptions & Challenges

- 47% of survey respondents indicated a shortage of mental health programs and services, or lack of affordable mental health care was 'very important' (a 10-percentage point increase over the 2017 survey) *(Source:* UPCHIPS, 2021)
- COVID-19 has exacerbated existing mental health issues

Substance Use

Why is it Important?

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

Sources: (1) Healthy People 2020; (2) Center of Disease Control and Prevention; (3) Wisconsin Alcohol Policy Project; (4) Czeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1

Disparities and Equity

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

Sources: (5) Fact Sheet: Health Disparities in Binge Drinking (Findings from the *CDC Health Disparities and Inequalities Report – United States, 2011*

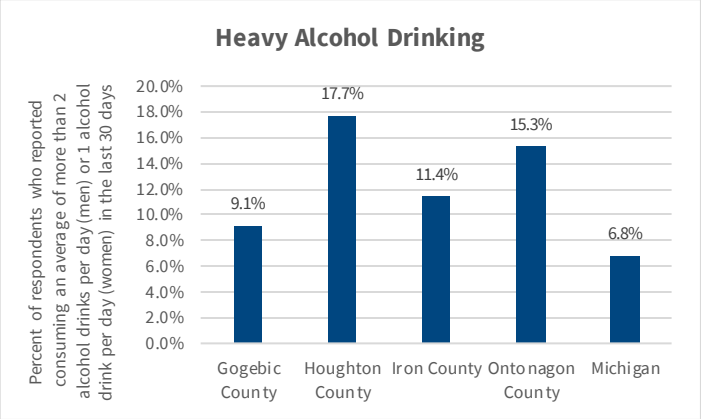
Community Perceptions & Challenges

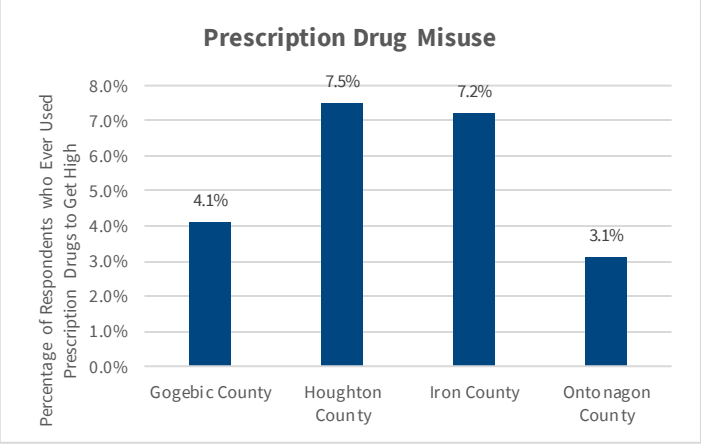
Community survey respondents rated the following issues as 'very important':

- Shortage of substance abuse treatment programs and services, or lack of affordable care (37%)
- Alcohol abuse (30%)
- Drug abuse (48%)
- Vaping / tobacco (17%)

COVID-19 has exacerbated existing substance use issues

Data Highlights





Sources: UPCHIPS, 2021

Additional Data

- Data from all five counties (together) show there was 1 opioid death in 2020 and 1 opioid death in 2019. (Source: Michigan Department of Health and Human Services, https://mi-suddr.com/blog/2021/07/13/opioid-overdose-deaths/)
- For the 5 counties, the percentage of driving deaths with alcohol involvement (2016-2020) ranges from 17% (Houghton) to 56% (Iron). (Source: 2022 County Health Rankings)
- For the 5 counties, the percentage of adults who are current smokers ranges from 19% (Keweenaw) to 23% (Gogebic, Iron, Ontonagon). (Source: 2022 County Health Rankings)

Chronic Disease

Why is it Important?

Chronic diseases include, but are not limited to, heart disease, stroke, cancer, diabetes and asthma. Coronary heart disease is the leading cause of death in the U.S.; cancer is the second-leading cause.[1] Chronic diseases can often be prevented through healthy diet, physical activity and eliminating tobacco use and substance abuse. Chronic diseases are important because:

- They are very costly. Ninety percent of healthcare spending is generated by 50 percent of the population that has one or more chronic diseases (2016).[2]
- Effective management can prevent more serious complications.
- One in every four U.S. healthcare dollars is spent caring for people with diagnosed diabetes.[3]

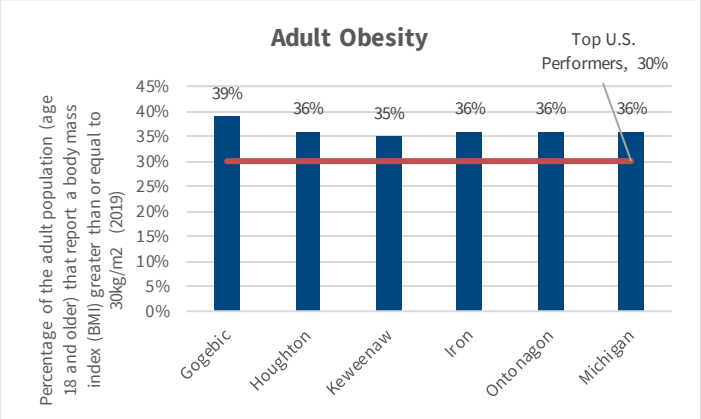
Sources: (1) Centers for Disease Control and Prevention FastFacts (2) Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) (3) American Diabetes Association

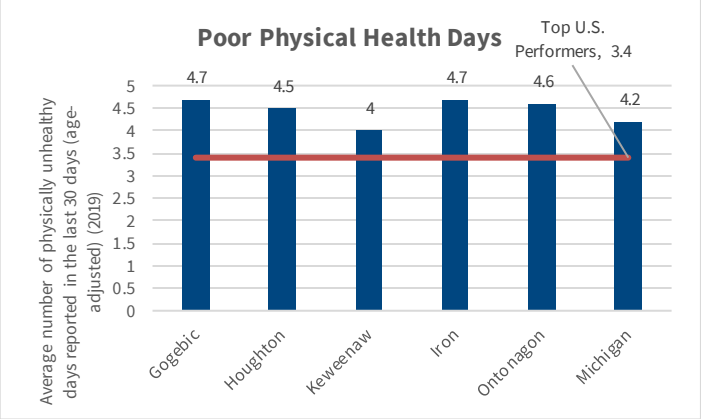
Disparities and Equity

- The rate of 'multiple chronic diseases' (having three chronic diseases) has been increasing for some groups of people: adults with some college or a college degree; white adults; Black adults; women; American Indian / Alaska Native adults.[4]
- Women, compared to men, have higher rates of multiple chronic conditions, asthma and cancer. [4]
- Pre-existing chronic conditions have been associated with approximately two-thirds of covid hospitalizations. [4]

Sources: (4) 2021 America's Health Rankings Disparities Report

Data Highlights





Sources: 2021 County Health Rankings

Community Perceptions & Challenges

Community survey respondents rated the following issues as 'very important':

- Childhood obesity and overweight (31%)
- Lack of affordable healthy foods, including year-round fresh fruits and vegetables (32%)

Additional Data

- For the 5 counties, the percentage of adults age 18 and over who report no leisure-time activity (age-adjusted, 2019) ranges from 23% (Keweenaw) to 28% (Iron, Ontonagon). (Source: 2022 County Health Rankings)
- For the 5 counties, the percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted) (2019) ranges between 9% and 10%. (Source: 2022 County Health Rankings)

Evaluation of Impact from the Previous CHNA Implementation Strategy

Aspirus Upper Peninsula priority health issues from the previous CHNA included:

- The Importance of Prevention
- The impact on an Aging Population
- Expanded Access to Care Via the Evolving Affordable Care Act
- The Powerful Correlation Between Socio-Economic Status and Poor Health

A summary of the impact of efforts to address those needs is included in Appendix E.

Approval by the Hospital Boards

This CHNA report was reviewed and approved on June 20, 2022, by the Boards of Directors for:

- Aspirus Keweenaw Hospital
- Aspirus Ontonagon Hospital
- Aspirus Ironwood Hospital
- Aspirus Iron River Hospital

Conclusion

Thank you to all the community members who provided time, thoughts and input, as well as to the Western U.P. Health Department for its survey leadership. Aspirus U.P. Hospitals will continue to work with its partners to address the health issues important to the community.

Appendices

Appendix A: Community Input – Community Survey

As part of the Aspirus U.P. Hospital's community health needs assessment process, a community survey was conducted in August 2021. The Upper Peninsula Community Health Issues and Priorities Survey (2021 UPCHIPS) was conducted by the Western U.P. Health Department with funding from the Michigan Health Endowment Fund. The survey process was led by Robert Van Howe, MD, MS, Provisional Medical Director and Cathryn A. Beer, MPA, CFPH, CPA, CGMA, Health Officer, both with the Western U.P. Health Department.

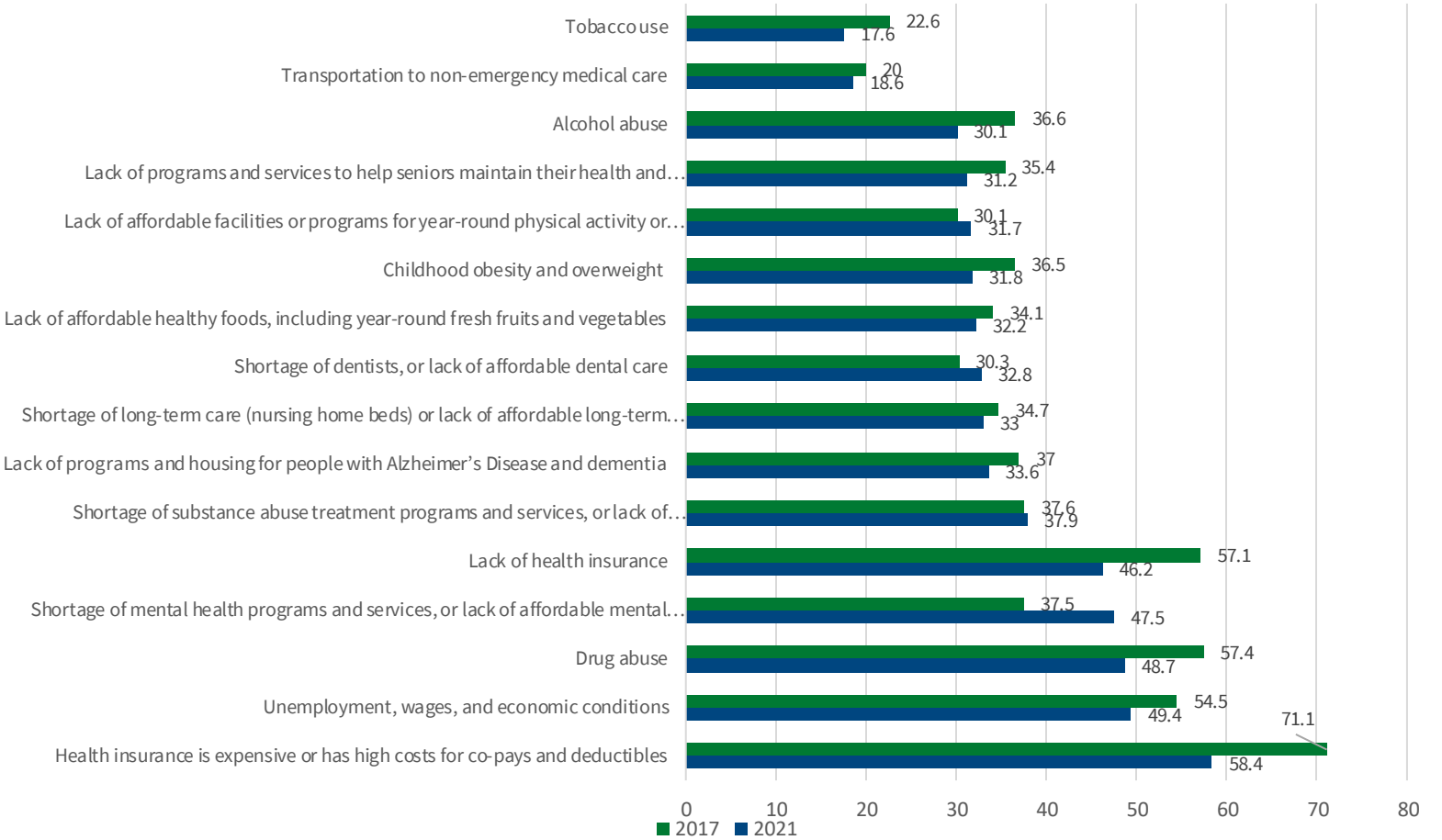
Approximately 23,800 Upper Peninsula households were randomly sampled to complete a 12-page health survey. This included 15 counties with 1,700 households per county, with Houghton and Keweenaw counties combined as one group. More than 3500 surveys were returned (highest = 370 in Ontonagon; lowest = 203 in Menominee County), for a 17% return rate.

For the 2017 survey, more than 4,800 surveys were completed, with between 282 and 524 responding households per county.

Results were weighted and reported by county, age, gender, income and education. By weighting the responses, the results are comparable to state and national results. A more detailed description of the analysis and results can be found on the Western U.P. Health Department's website www.wuphd.org/upchna.

Most survey questions focused on the respondents' *individual health*, using questions asked in the national Behavioral Risk Factor Surveillance System (BRFS) survey conducted by the Centers for Disease Control and Prevention (CDC). The survey also asked the respondents for their perception of what health issues were very important *in the community*.

The chart on the next page reflects respondents' perceptions of what issues are important in the community.



Source: 2021 UPCHIPS. Respondents were asked how important they considered the issue to be. The chart describes the responses for the 2021 survey and the 2017 survey, including the percent who indicated they felt the issue was 'very important'.

Appendix B: Health Status Data and Source (Community Survey)

The Western U.P. Health Department conducted a community survey to assess health status. A description of the process can be found in Appendix A. Most survey questions focused on the respondents' *individual health*, using questions asked on the national Behavioral Risk Factor Surveillance System (BRFS) survey conducted by the Centers for Disease Control and Prevention (CDC). Data from the some of the results are in the tables below.

Health Indicator	Gogebic County	Houghton / Keweenaw County	Iron County	Ontonagon County	State
General Health Status Only Fair or Poor	29.5%	16.1%	21.1%	15.4%	15.5%
Unable to Access Healthcare Due to Cost	4.8%	9.6%	8.5%	9.3%	7.9%
No Routine Checkup in Past 12 Months	30.0%	26.2%	24.1%	27.5%	23.4%
No Dental Care Past 12 Months	36.7%	26.9%	36.2%	33.1%	28.2%
Obese (Body Mass Index 30.0 or Greater)	42.8%	26.0%	34.8%	39.7%	35.2%
Current Cigarette Smoker	15.4%	18.3%	16.8%	13.1%	18.4%
Former Smoker	30.4%	26.6%	39.4%	35.6%	27.1%
5+ Daily Servings of Fruits and Vegetables	18.6%	8.1%	8.6%	10.0%	NA
Ever Diagnosed With Diabetes	14.7%	16.4%	7.4%	18.2%	12.3%
Ever Diagnosed With Heart Disease	11.8%	6.4%	15.9%	16.5%	5.0%
Ever Diagnosed With Cancer	15.4%	15.0%	17.5%	18.7%	12.4%
Ever Diagnosed With Depressive Disorder	21.9%	33.5%	20.1%	18.2%	19.5%
Took Medication for Mood Past 12 Months	23.3%	34.7%	16.3%	20.2%	NA
Heavy Alcohol Drinker	9.1%	17.7%	11.4%	15.3%	6.8%
Binge Alcohol Drinker	7.9%	14.5%	14.3%	14.7%	17.4%
Used Marijuana Past 30 days	15.0%	12.2%	14.4%	15.1%	NA
Ever Used Prescription Drugs to Get High	4.1%	7.5%	7.2%	3.1%	NA
Had Flu Shot in Past 12 Months, Age 65+	78.2%	79.3%	75.3%	73.2%	71.5%
Colorectal Cancer Screening[6], Age 50+	69.8%	75.8%	76.3%	78.6%	75.6%

Source: 2021 UPCHIPS. Complete results are at www.wuphd.org/upchna.

All Upper Peninsula Survey Respondents

Health Indicator By Household Income	Less Than $25,000	$50,000+
Health Fair or Poor	29.4%	7.6%
Uninsured (18-64)	3.9%	1.3%
Unable to Access Care Due to Cost	13.0%	3.9%
No Dental in Past Year	41.5%	20.9%
Current Smoker	17.8%	13.5%
No Physical Activity	18.1%	11.1%
Diabetes Diagnosis	16.9%	8.2%
Heart Disease	10.3%	6.3%
Chronic Lung Disease	13.3%	4.8%
Current Asthma	12.2%	9.8%
Limited By Arthritis	38.2%	24.3%
Depressive Disorder	32.4%	23.9%
Marijuana Past Month	24.7%	15.4%
Prescription Abuse	10.1%	2.8%
Drove After Drinking	2.2%	7.1%

Source: 2021 UPCHIPS. Data are reflective of respondents in all 15 counties. Complete results are at www.wuphd.org/upchna.

Appendix C: Health Status Data and Sources (Outside Data)

HEALTH OUTCOMES

Measure	Description & Year(s) of Data	Gogebic County	Houghton County	Keweenaw County	Iron County	Ontonagon County	Michigan	Top U.S. Performers
Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2018-2020)	8200	6200	--	11,400	--	7900	5600
Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted) (2019)	20%	18%	15%	19%	19%	18%	15%
Poor physical health days	Average number of physically unhealthy days reported in the last 30 days (age-adjusted) (2019)	4.7	4.5	4.0	4.7	4.6	4.2	3.4
Poor mental health days	Average number of mentally unhealthy days reported in the last 30 days (age-adjusted) (2019)	5.5	5.3	5.0	5.6	5.5	5.2	4.0
Low birthweight	Percentage of live births with low birthweight (<2500 grams) (2014-2020)	7%	6%	--	9%	8%	9%	6%
COVID-19 age-adjusted mortality	All deaths occurring between January 1, 2020 and December 31, 2020 due to COVID-19 per 100,000 population (age-adjusted) (2020)	120	54	--	98	134	86	43
Life expectancy	Average number of years a person can live (2018-2020)	77.8	78.4	79.3	74.7	77.2	77.5	80.6
Premature age-adjusted mortality	Number of deaths among residents under age 75 per 100,000 population (age-adjusted) (2018-2020)	400	350	360	470	380	380	290
Child mortality	Number of deaths among residents under age 18 per 100,000 population (2017-2020)	--	40	--	--	--	50	40
Infant mortality	Number of all infant deaths (within 1 year), per 1000 live births (2014-2020)	--	--	--	--	--	6	4

Measure	Description & Year(s) of Data	Gogebic County	Houghton County	Keweenaw County	Iron County	Ontonagon County	Michigan	Top U.S. Performers
Frequent physical distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted) (2019)	15%	14%	12%	15%	15%	13%	10%
Frequent mental distress	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted) (2019)	18%	18%	16%	18%	18%	17%	13%
Diabetes prevalence	Percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted) (2019)	10%	10%	9%	10%	10%	10%	8%
HIV prevalence	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population (2019)	73	49	--	72	--	196	38
Deaths due to falls**	Number of deaths due to falls per 100,000 population	Not available	Not available	Not available	Not available	Not available	67 (equal to national rate)	NA

Source unless otherwise indicated: Various, as compiled on the 2021 County Health Rankings and Roadmaps website. Accessed January 27, 2022.

** Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Deaths from Older Adult Falls website. Accessed June 8, 2022. https://www.cdc.gov/falls/data/fall-deaths.html

CLINICAL CARE

Measure	Description & Year(s) of Data	Gogebic County	Houghton County	Keweenaw County	Iron County	Ontonagon County	Michigan	Top U.S. Performers
Uninsured	Percentage of population under age 65 without health insurance (2019)	9%	8%	6%	8%	8%	7%	6%
Uninsured children	Percentage of children under age 19 without health insurance (2019)	4%	3%	5%	4%	5%	3%	3%
Primary care physicians	Ratio of population to primary care physicians (2019)	1270:1	1430:1	Data were unclear	1580:1	2860:1	1250:1	1010:1
Other primary care providers	Ratio of population to primary care providers other than physicians (2021)	810:1	950:1	Data were unclear	1110:1	2830:1	800:1	580:1
Dentists	Ratio of population to dentists (2020)	1980:1	1530:1	Data were unclear	2770:1	1890:1	1290:1	1210:1
Mental health providers	Ratio of population to mental health providers (2021)	490:1	510:1	Data were unclear	850:1	5660:1	330:1	250:1
Mammography screening	Percentage of female Medicare enrollees ages 65-74 that received an annual mammogram screening (2019)	49%	48%	43%	53%	47%	45%	52%
Flu vaccinations	Percentage of fee-for-service Medicare enrollees that had an annual flu vaccination (2019)	35%	26%	23%	34%	28%	47%	55%

Source unless otherwise indicated: Various, as compiled on the 2022 County Health Rankings and Roadmaps website. Accessed June 7, 2022.

HEALTH BEHAVIORS

Measure	Description & Year(s) of Data	Gogebic County	Houghton County	Keweenaw County	Iron County	Ontonagon County	Michigan	Top U.S. Performers
Adult smoking	Percentage of adults who are current smokers (age-adjusted) (2019)	23%	21%	19%	23%	23%	20%	15%
Adult obesity	Percentage of the adult population (age 18 and older) that report a body mass index (BMI) greater than or equal to 30kg/m^2 (2019)	39%	36%	35%	36%	36%	36%	30%
Food environment index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best) (2019)	7.4	7.4	7.7	7.5	6.6	7.1	8.8
Physical inactivity	Percentage of adults age 18 and over reporting no leisure-time activity (age-adjusted) (2019)	27%	26%	23%	28%	28%	25%	23%
Access to exercise opportunities	Percentage of population with adequate access to locations for physical activity (2010 and 2021)	77%	71%	Data were unclear	74%	58%	77%	86%
Excessive drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted) (2019)	21%	22%	22%	22%	22%	20%	15%
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement (2016-2020)	22%	17%	Data were unclear	56%	40%	29%	10%
Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population (2019)	214.7	173.7	--	235.0	157.3	501.7	161.8
Teen births	Number of births per 1000 female population ages 15-19 (2014-2020)	19	10	--	26	13	17	11
Food insecurity	Percentage of population who lack adequate access to food (2019)	15%	15%	12%	14%	15%	13%	9%

Measure	Description & Year(s) of Data	Gogebic County	Houghton County	Keweenaw County	Iron County	Ontonagon County	Michigan	Top U.S. Performers
Limited access to healthy foods	Percentage of population who are low income and do not live close to a grocery store (2019)	5%	5%	7%	6%	13%	6%	2%
Drug overdose deaths	Number of drug poisoning deaths per 100,000 population (2018-2020)	--	--	--	--	--	26	11
Motor vehicle crash deaths	Number of motor vehicle crash deaths per 100,000 population (2014-2020)	13	6	--	18	--	10	9
Insufficient sleep	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted) (2018)	40%	38%	37%	39%	39%	40%	32%

Source unless otherwise indicated: Various, as compiled on the 2022 County Health Rankings and Roadmaps website. Accessed June 7, 2022.

ADDITIONAL DATA:

Opioid Deaths: Data from all five counties (together) show there was 1 opioid death in 2020 and 1 opioid death in 2019. Source: Michigan Department of Health and Human Services, https://mi-suddr.com/blog/2021/07/13/opioid-overdose-deaths/

Opioid Hospitalizations: Data from all five counties (together) show there were 3 opioid hospitalizations in 2019 and 7 opioid hospitalizations in 2018. Source: Michigan Department of Health and Human Services, https://mi-suddr.com/blog/2018/09/26/opioid-hospitalizations/

SOCIAL & ECONOMIC FACTORS

Measure	Description & Year(s) of Data	Gogebic County	Houghton County	Keweenaw County	Iron County	Ontonagon County	Michigan	Top U.S. Performers
High school completion	Percentage of adults ages 25 and over with a high school diploma or equivalent (2016-2020)	94%	93%	97%	92%	93%	91%	94%
Some college	Percentage of adults ages 25-44 with some post-secondary education (2016-2020)	57%	70%	56%	54%	53%	69%	74%
Unemployment	Percentage of population ages 16 and older unemployed but seeking work (2020)	7.7%	7.2%	8.9%	8.1%	10.3%	9.9%	4.0%
Children in poverty	Percentage of people under age 18 in poverty (2020)	23%	14%	17%	23%	23%	17%	9%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile (2016-2020)	4.8	5.6	3.8	4.6	3.7	4.6	3.7
Children in single-parent households	Percentage of children that live in a household headed by a single parent (2016-2020)	28%	14%	31%	32%	15%	26%	14%
Social associations	Number of membership associations per 10,000 population (2019)	12.9	12.1	Data were unclear	11.7	10.5	9.7	18.1
Violent crime	Number of reported violent crime offenses per 100,000 population (2014 & 2016)	100	156	206	189	324	443	63
Injury deaths	Number of deaths due to injury per 100,000 population (2016-2020)	80	68	103	126	107	81	61
High school graduation	Percentage of 9th grade cohort that graduates in 4 years (2018-2019)	81%	82%	--	--	--	83%	96%
Disconnected youth	Percentage of teens and young adults ages 16-19 who are neither working nor in school (2016-2020)	--	--	--	--	--	7%	4%

Measure	Description & Year(s) of Data	Gogebic County	Houghton County	Keweenaw County	Iron County	Ontonagon County	Michigan	Top U.S. Performers
Reading scores	Average grade level performance for third graders on English Language Arts standardized tests (2018)	2.9	3.5	--	3.1	2.6	3.0	3.3
Math scores	Average grade level performance for third graders on math standardized tests (2018)	3.0	3.4	--	2.9	2.8	2.8	3.4
School segregation	The extent to which students with different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. Index is 0 to 1; lower is less segregation (2020-2021)	0.27	0.10	--	0.03	--	0.35	0.02
School funding adequacy	The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district. (2019)	-$424	$1102	--	-$2186	-$5365	$282	--
Gender pay gap	Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar" (2016-2020)	0.80	0.72	1.19	0.77	0.79	0.78	0.88
Median household income	The income where half of households in a county earn more and half of households earn less (2020)	$49,000	$47,400	$49,900	$45,100	$43,300	$61,400	$75,100
Living wage	The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children (2021)	$35.50	$40.10	$37.73	$36.57	$35.31	$43.44	--

Measure	Description & Year(s) of Data	Gogebic County	Houghton County	Keweenaw County	Iron County	Ontonagon County	Michigan	Top U.S. Performers
Children eligible for free or reduced-price lunch	Percentage of children enrolled in public schools that are eligible for free or reduced-price lunch (2019-2020)	55%	46%	78%	60%	59%	50%	32%
Residential segregation - Black/White	Index of dissimilarity where higher values indicate greater residential segregation between Black and White county residents (2016-2020)	62	--	--	--	--	73	27
Residential segregation - non-White/ White	Index of dissimilarity where higher values indicate greater residential segregation between non-White and White county residents (2016-2020)	48	45	--	41	14	58	16
Childcare cost burden	Childcare costs for a household with two children as a percent of median household income (2021 & 2020)	33%	52%	40%	40%	36%	38%	18%
Childcare centers	Number of childcare centers per 1000 population under 5 years old (2021)	12	11	--	11	7	9	12
Homicides	Number of deaths due to homicide per 100,000 population (2014-2020)	--	--	--	--	--	6	2
Suicides	Number of deaths due to suicide per 100,000 population (age-adjusted) (2016-2020)	17	17	--	27	--	14	11
Firearm fatalities	Number of deaths due to firearms per 100,000 population (2016-2020)	--	9	--	--	--	13	8
Juvenile arrests	Rate of delinquency cases per 1000 juveniles (2019)	31	11	Data were unclear	29	--	24	--
Domestic violence victims*	Number of domestic violence victims (number, not rate)	2019: 73 2020: 57	2019: 13 2020: 31	No data	2019: 20 2020: 24	2019: 15 2020: 13	NA	--

Source unless otherwise indicated: Various, as compiled on the 2022 County Health Rankings and Roadmaps website. Accessed June 7, 2022.

* Michigan State Police, Michigan Incident Crime Reporting Annual Reports, 2019 and 2020, https://www.michigan.gov/msp/divisions/cjic/micr/annual-reports

PHYSICAL ENVIRONMENT

Measure	Description & Year(s) of Data	Gogebic County	Houghton County	Keweenaw County	Iron County	Ontonagon County	Michigan	Top U.S. Performers
Air pollution -- particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2018)	5.7	5.8	5.6	5.5	5.5	7.4	5.9
Drinking water violations	Indicator of the presence of health-related drinking water violations. "Yes" indicates the presence of a violation. "No" indicates no violation. (2020)	No	No	No	No	No	--	--
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities or lack of plumbing facilities (2014-2018)	10%	17%	13%	11%	12%	14%	9%
Driving alone to work	Percentage of the workforce that drives alone to work (2016-2020)	81%	71%	77%	80%	79%	81%	72%
Long commute -- driving alone	Among workers who commute in their cars alone, the percentage that commute more than 30 minutes (2016-2020)	15%	12%	32%	20%	35%	34%	16%
Traffic volume	Average traffic volume per meter of major roadways in the county (2019)	127	319	Data were unclear	90	11	655	--
Home-ownership	Percentage of owner-occupied housing units (2016-2020)	78%	67%	89%	83%	88%	72%	81%
Severe housing cost burden	Percentage of households that spend 50% or more of their household income on housing (2016-2020)	11%	14%	10%	11%	10%	12%	7%
Broadband access	Percentage of households with broadband internet connection (2016-2020)	75%	82%	76%	72%	77%	84%	88%

Source unless otherwise indicated: Various, as compiled on the 2022 County Health Rankings and Roadmaps website. Accessed June 7, 2022.

COVID-19

As of June 1, 2022, in the U.S., COVID-19 has taken over 1 million lives[2] and caused illness for over 84 million people[3]. The morbidity and mortality associated with COVID-19 is not equally distributed, with racial and ethnic minorities, older individuals, individuals with underlying medical issues and rural communities disproportionately affected.[4] This disproportionate impact on rural communities is likely a combination of factors, including: having a higher proportion of older individuals who are more likely to have chronic illnesses; less access to care; socioeconomic challenges such as food insecurity and poverty; lower uptake of public health measures to prevent COVID-19, and; lower vaccination rates.[5]

Data from the five Aspirus-focused U.P. counties shows some parallels with national trends in that four of the five counties fare worse than Michigan and the U.S. in COVID-19 death rates and three of the five counties fare worse than Michigan on vaccination rates.

COVID-19	Gogebic	Houghton	Keweenaw	Iron	Ontonagon	Michigan	U.S.
Total Cases	3389	8194	546	2741	1046	2,565,819	85,570,063
Total Cases Per 100,000 Population	24,250	22,963	25,803	24,770	18,287	25,692	25,789
Total Deaths	69	96	13	88	40	36,538	1,008,116
Deaths per 100,000 Population	494	269	614	795	699	366	304
Percent of Population Fully Vaccinated	65%	53%	59%	56%	70%	61%	67%

Source: https://www.nytimes.com/interactive/2021/us/michigan-covid-cases.html and https://www.nytimes.com/interactive/2021/us/covid-cases.html. Websites were updated on June 14, 2022 and accessed on June 14, 2022.

The impact of COVID-19 goes well beyond the physical illness and death it can cause. COVID-19 has permeated nearly every aspect of our lives. It has affected businesses, jobs, schools, personal health and personal relationships. Data show that particularly in the early stages of the pandemic, food insecurity increased as jobs were lost.[6] Poor mental health also increased, disproportionately affecting young adults, women, adult caregivers, individuals who are Latino, individuals who are black, essential workers and individuals in households with low income.[7] Substance use, overdoses and opioid-related deaths have also increased during the pandemic.[8]

[2] https://covid.cdc.gov/covid-data-tracker/#trends_totaldeaths
[3] https://covid.cdc.gov/covid-data-tracker/#trends_totalcases
[4] Racial and ethnic minorities, underlying health conditions and older individuals: https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/disparities-illness.html, accessed on November 5, 2021. Rural https://rupri.public-health.uiowa.edu/publications/policybriefs/2020/COVID%20Data%20Brief.pdf (November 2021), accessed November 5, 2021
[5] https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/covid-19-and-rural-communities-protecting-rural-lives-and-health and https://www.cdc.gov/mmwr/volumes/70/wr/mm7020e3.htm
[6] https://www.feedingamerica.org/research/coronavirus-hunger-research
[7] https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm and https://www.kff.org/coronavirus-covid-19/press-release/how-the-covid-19-pandemic-is-affecting-peoples-mental-health-and-substance-use/#
[8] https://www.apa.org/monitor/2021/03/substance-use-pandemic, accessed November 5, 2021

Appendix D: Healthcare Facilities and Community Resources

A listing of health services and resources available in the Western Upper Peninsula is provided in this appendix. Additionally, Aspirus Hospitals and Clinics each have informational resource binders for front-line staff to assist patients with health services and resources needed. Lastly, free and low cost resources can be found at findhelp.org or https://aspiruscommunity-resources.auntbertha.com/, and then searching by zip code and program need/area.

Agency	Need/Resource
U.P. Health System – Hancock	Hospital/Healthcare
U.P. Health System - Houghton	Hospital/Healthcare
U.P. Health System – Lake Linden	Hospital/Healthcare
U.P. Health System- Ontonagon	Hospital/Healthcare
U.P. Health System – University Center	Hospital/Healthcare
U.P. Health System – Calumet	Hospital/Healthcare
St. Vincent De Paul	Durable Medical Equipment
Salvation Army	Durable Medical Equipment
Apria Healthcare	Durable Medical Equipment
Apothecary Home Medical Equipment	Durable Medical Equipment
Wright & Filippis, Inc.	Durable Medical Equipment
Aspirus Home Medical Equipment	Durable Medical Equipment
Great Lakes Home Medical	Durable Medical Equipment
Apria	Durable Medical Equipment
Aspirus At Home	Nursing Services
Portage Health Home Care & Hospital	Nursing Services
Horizon Home Care	Nursing Services
Regional Hospice	Nursing Services
U.P. Area Agency on Aging	Nursing Services
Northern Michigan Home Health	Nursing Services
Dickinson County Home Health	Nursing Services
The Lighthouse at Hancock	Nursing Home/Rehab
Canal View – Houghton County	Nursing Home/Rehab
The Lighthouse of Hubbell	Nursing Home/Rehab
Golden Living Center	Nursing Home/ Rehab
Iron County Medical Care Facility	Nursing Home/Rehab
Iron River Care Center	Nursing Home/ Rehab
ManorCare MedBridge Rehab	Nursing Home/ Rehab
Nu-Roc Community Healthcare	Nursing Home/ Rehab
Portage Pointe	Nursing Home/ Rehab

Medicaid – MDHHS	Financial Assistance
Medicare – US Social Security Administration	Financial Assistance
Children's Special Health Services	Financial Assistance
Michigan Rehab Services	Financial Assistance
Medical Access Program	Financial Assistance
Senior Nutrition Program	Food Assistance
Gogebic-Ontonagon Community Action Meals on Wheels	Food Assistance
Centerline Apartments	Senior Citizen Housing
Golden Horizon Apartments	Senior Citizen Housing
Laurium Housing Commission	Senior Citizen Housing
Park Ave Apartments	Senior Citizen Housing
Rustic Meadows	Senior Citizen Housing
Gardenview Assisted Living	Senior Citizen Housing
The Bluffs Senior Community	Senior Citizen Housing
City View	Senior Citizen Housing
Pleasant Valley Apartments	Senior Citizen Housing
Sunset Manor Apartments	Senior Citizen Housing
Spring Valley Apartments	Senior Citizen Housing
Apple Blossom	Senior Citizen Housing
Woodridge Apartments	Senior Citizen Housing
Barbara Kettle Gundlach Shelter Home	Abuse and/or Neglect
Dial Help, Inc	Abuse and/or Neglect
Adult & Children's Protective Services	Abuse and /or Neglect
Little Brother's Friends of the Elderly	Transportation
MDHHS	Transportation
DAV Van – Houghton County Vets	Transportation
B&B Wheelchair	Transportation
Hancock Public Transit	Transportation
Houghton Public Transit	Transportation
Community Action Bus Services	Transportation
On-Tran	Transportation
Copper Country Mental Health	Counselling Services
Life Outreach Center	Counselling Services
American Pregnancy Association	Counselling Services
Lutheran Social Services	Counselling Services
Western UP Assessment Services	Substance Abuse
Western U.P. Health Department	Substance Abuse
Phenix House, Inc	Substance Abuse
Pathways- NorthCare Network	Substance Abuse

New Day Treatment Center	Substance Abuse
Alcoholics Anonymous	Support Group
Diabetes Support Group	Support Group
Community Coalition for Grief and Bereavement	Support Group
Vulnerable Adult Services	Support Group
Little Brothers Friends of the Elderly	Support Group
Narcotics Anonymous	Support Group
Parent HELP Line	Support Group
Parkinson's Support Group	Support Group
Senior Helpline	Support Group
Cancer Support Group	Support Group
Great Lakes Recovery	Support Group

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

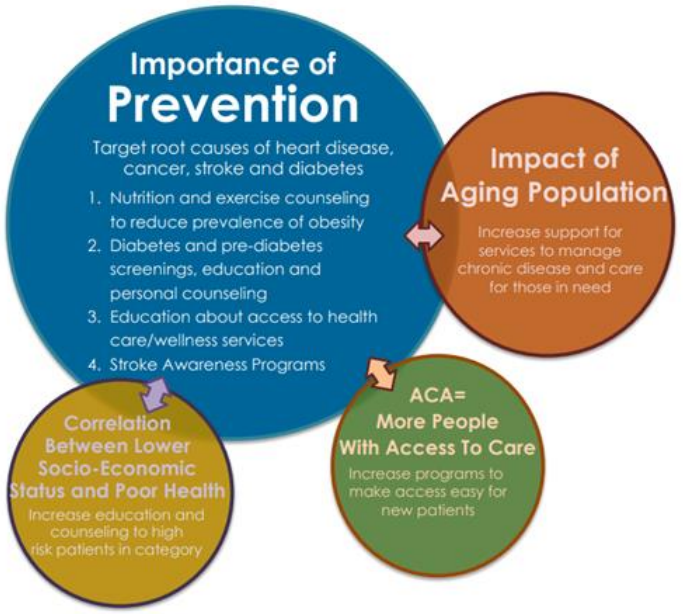
Over the past three years (July 1, 2019-June 30, 2022), Aspirus U.P. Hospitals have worked to address the health issues identified in the previous CHNA. Although many efforts have been successful, the hospital's efforts have been hampered by:

- Community health improvement staff vacancies
- COVID-19 and its ripple effect on community outreach and public events/programs.

Aspirus Upper Peninsula priority health issues from the previous CHNA included:

- The Importance of Prevention
- The Impact of an Aging Population
- Expanded Access to Care via the Evolving Affordable Care Act
- The Powerful Correlation Between Socio-Economic Status and Poor Health

To address these needs, the hospitals applied the first health area – prevention – as a way to address the other three health areas – aging population, access to care, and social and economic factors that influence health. Highlights of the hospital's efforts are below.



Overall

Based on the four main area of focus, Aspirus Hospitals implemented these strategies locally and regionally, with the help of staff members, but also partnering with other area health systems, local school districts, administrators and health departments in order to create a greater impact on the future of our communities, rather than working alone.

Healthy Eating and Nutrition Community Outreach

Provide education and information on healthy living for prevention and awareness of chronic diseases.

- Provided nutrition education and support to children and families through local schools and child development programming.
- Participated in local events with areas youth to promote healthy eating for the prevention of chronic diseases.
- Participated in local Farmer's Market wellness event to promote fresh fruits and vegetables usage and recipes on how to.
- Participated in the Aspirus Fresh Fruit and Vegetables prescription program across all UP facilities.

Health Needs Benefit:

By providing healthy eating education in the schools, we can reach entire families to provide support that will encourage the making of better food choices and increase knowledge of available weight management programs that may dramatically improve their health. Additionally, the tone and temperament of outreach with Aspirus, using our cultural promise of passion for excellence and compassion for people, allows for greater visibility of other health services including regular doctor visits and well-child checkups.

Fitness and Exercise Programming

Support and provide the community with fitness programs that work towards preventing chronic disease and other health concerns in our local population. Increase facility usage by 5%.

- Collaborated with local businesses and organizations to offer reduced and discounted corporate membership rates to their employees and family members.
- Expanded visibility of senior fitness to providers and the community through the promotion of the Silver Sneakers Program.
- Collaborated with the Cardiopulmonary departments to offer a wellness benefit for those graduating from cardiac rehab or pulmonary rehab programs.
- Had fitness trainers contributing motivation and education in at least five community outreach events per year.

Health Needs Benefit:

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

Policy and Environmental Change

Reach 50% of local government and business leaders annually in an effort to direct policy and environmental change regarding healthy behaviors through education and lobbying.

- Supported and enhanced local Farmers' Market presence by participating in wellness fairs, farmers market prescription programs as well as offering healthy snacks, recipes and beverages.
- Provided health presentations to community groups, businesses and students.
- Supported and provided leadership in the Gogebic Range Health Eating Physical Activity Coalition. Developed growing partnerships with the UW Extension and MSU Extension teams with collaboration and community programming support.

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.

Smoking / Drug Cessation Programs

Continue to support smoking and drug cessation education with a directed effort toward adolescents and families.

- Made smoking cessation treatment information a consistent part of every visit for patients who smoke.
- Established and promote a smoking cessation group which is open to the public and is free of charge.
- Collaborated with the Iron County Health Department in smoking cessation efforts, particularly with mothers who smoke while pregnant.
- Collaborated with community and law enforcement with a "Drug Take-Back" program and designated areas for drop-off.

Health Needs Benefit:

The smoking rate in Iron County is higher than the state rate, with 19% of the county currently smoking. Additionally, 26.3% of pregnant mothers smoke in Iron County. With higher-than-average rates, this is a need in the community that must be addressed. Collaboration with schools, health departments, and law enforcement will significantly help in making a difference.