

Community Health Implementation Strategy



2022-2025

ASPIRUS KEWEENAW HOSPITAL & CLINICS

205 Osceola St.
Laurium, MI 49913

ASPIRUS IRONWOOD HOSPITAL & CLINICS

N 10561 Grand View Lane
Ironwood, MI 49938

ASPIRUS ONTONAGON HOSPITAL & CLINICS

601 S. 7th St.
Ontonagon, MI 49953

ASPIRUS IRON RIVER HOSPITAL & CLINICS

1400 W Ice Lake Rd.
Iron River, MI 49935

Acknowledgments

The Aspirus Upper Peninsula Hospitals are pleased to share this implementation strategy with community members. The implementation strategy builds on the previously-shared community health needs assessment and focuses on three health issues: mental health, substance use and chronic disease. Although there is much work to be done, we are excited to collaborate with local partners to address these complex issues and help create a healthier U.P. for everyone.

Respectfully,

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

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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

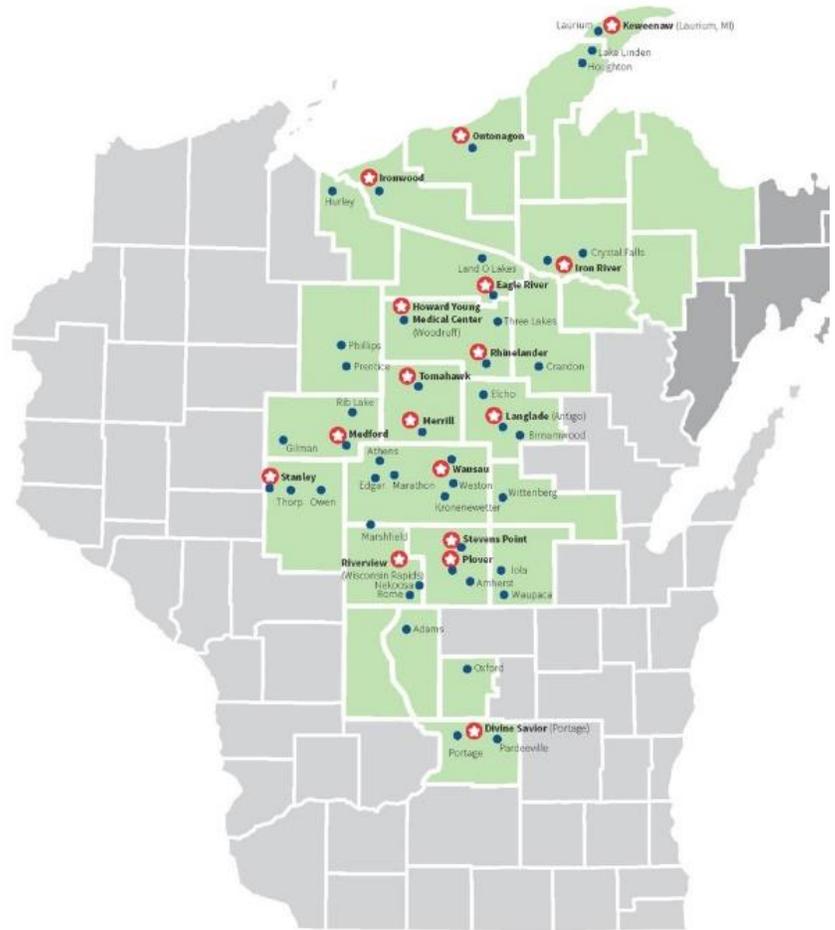
Aspirus Ironwood Hospital is a 25-bed critical access hospital located in Ironwood, Michigan, with clinics and outreach services in Ironwood and Hurley Wisconsin. Aspirus Ironwood Hospital provides 24/7 access to emergency care. Of the 1,300 critical access hospitals in the United States, Aspirus Ironwood 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.



Service Area Hospitals & Clinics



Key

-  Aspirus Hospitals
-  Aspirus Clinics

MAPS-074C_ASPIRUS HOSPITALS & CLINICS_10/2021

Prioritized Significant Community Health 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.

About the Implementation Strategy

For Aspirus, the community health needs assessment (CHNA) and the corresponding implementation strategy (IS) 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.

Definition / Purpose of a CHNA and Implementation Strategy

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. An implementation strategy is “the hospital’s plan for addressing community health needs, including health needs prioritized in the CHNA and through other means”.²

Compliance

The completion of a needs assessment – and a corresponding implementation strategy – 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>

² Catholic Health Association of the United States, *A Guide for Planning & Reporting Community Benefit*

General Approach to Implementation

For its community health improvement efforts, Aspirus Health is using the following approaches:

- *Results-based accountability.* Aspirus Health is applying the results-based accountability (RBA)³ framework to its implementation plans. RBA focuses on both population-level accountability as well as program-level accountability. The descriptions below are outlined in the RBA framework.
- *Continuum of care.* Aspirus Health is approaching complex community health issues from multiple levels, as outlined by the Institute of Medicine (IOM):⁴
 - Upstream prevention (also known as promotion): Strategies that are designed to “create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.”⁵ Examples of upstream conditions include housing, community safety, education/learning, a living wage/income and more.
 - Prevention: Strategies that are designed to “prevent or reduce the risk of developing a behavioral health problem...”⁶
 - Treatment: Strategies that are designed for individuals “diagnosed with a substance use or other behavioral health disorder.”⁷

A description of the plans to address mental health, substance use and chronic disease – prefaced by data and community input gathered in the assessment – are on the next pages. The plans:

- Are described at a general level; plans with more specificity will be created annually.
- Reflect intended efforts; circumstances may affect the completion of the efforts.
- May be modified over the course of time.
- Include program evaluation measures in the “performance indicators” section of the table.

An outline of which strategies are or will be implemented at which hospitals is in the [appendix](#).

³ Clear Impact, <https://clearimpact.com/results-based-accountability/>

⁴ Center for the Application of Prevention Technologies Fact Sheet, <https://www.mass.gov/doc/samhsa-behavioral-health-continuum-of-care-overview-9232019/download>

⁵ Ibid

⁶ Ibid

⁷ Ibid

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

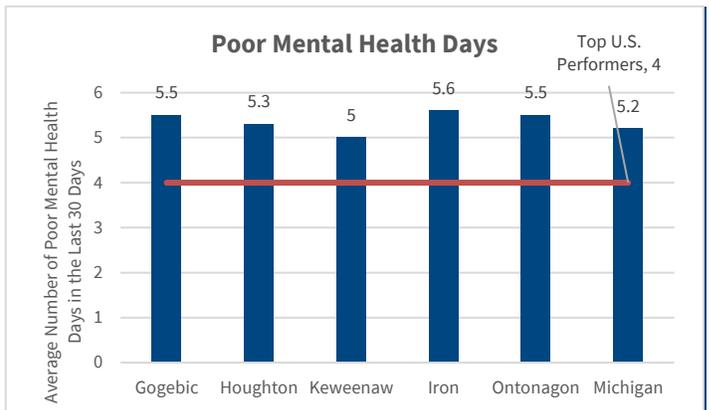
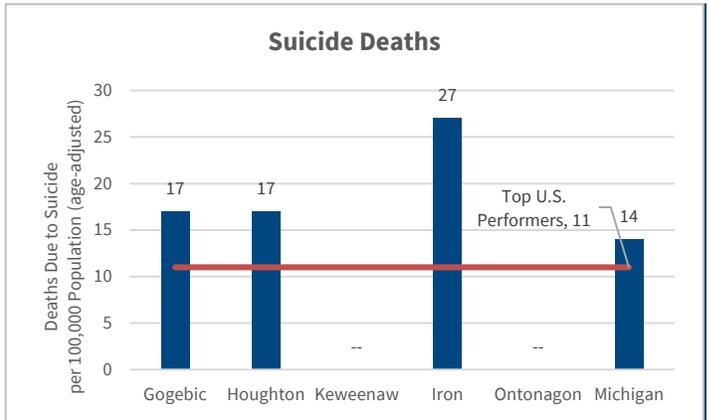
Sources: (1) National Institute for Mental Health; (2) Healthiest Wisconsin 2020; Healthy People 2020; (3) Macintyre, A., Ferris, D., Gonçalves, B et al. What has economics got to do with it? The impact of socioeconomic factors on mental health and the case for collective action. *Palgrave Commun* 4, 10(2018). <https://doi.org/10.1057/s41599-018-0063-2> (4) Czeisler MĒ, Lane RĪ, 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; Baltus, 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: 2022 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

Mental Health

The Aspirus hospitals in the U.P. plan to address mental health through the strategies below.

Program Accountability		Population Accountability	
Strategies	Performance Measures	Indicators*	Results
Prevention			
<ul style="list-style-type: none"> Mental health and suicide prevention trainings (e.g., Question, Persuade, Refer, MH First Aid) Anti-stigma campaign (e.g., coasters in bars) Senior Wellness (behavioral health) program 	<ul style="list-style-type: none"> # of trainings # of training participants Training evaluation results # of campaign materials distributed # of seniors participating in wellness program 	<ul style="list-style-type: none"> Decrease the suicide rate (baseline is between 17 and 27 deaths per 100,000 population (2016-2020)) Decrease the average number of poor mental health days in the last 30 days (baseline is between 5.0 and 5.6) (2019)) 	Community members have equal opportunities for mental well-being
Treatment			
<ul style="list-style-type: none"> Tele-mental health Support groups (e.g., grief) 	<ul style="list-style-type: none"> # of patients served through tele-services # of support group participants 		

* Because the four hospitals serve a multi-county region, ranges are used for the measures.

Collaborative Partners	Aspirus Resources
<ul style="list-style-type: none"> Copper Country Mental Health Services Dial Help, Inc. Great Lakes Recovery Center Gogebic Community Mental Health Authority U.P. Commission for Area Progress (UPCAP), 2-1-1 	<ul style="list-style-type: none"> Funding Staff time – coalition participation, event planning and promotion, resource identification Printing services (in-kind) – community-facing health-focused materials Space (pending COVID-19 restrictions) – hosting support groups, meetings and resource organizations Clinical services and related infrastructure – providing direct mental health care, FindHelp

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 MĚ, 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)

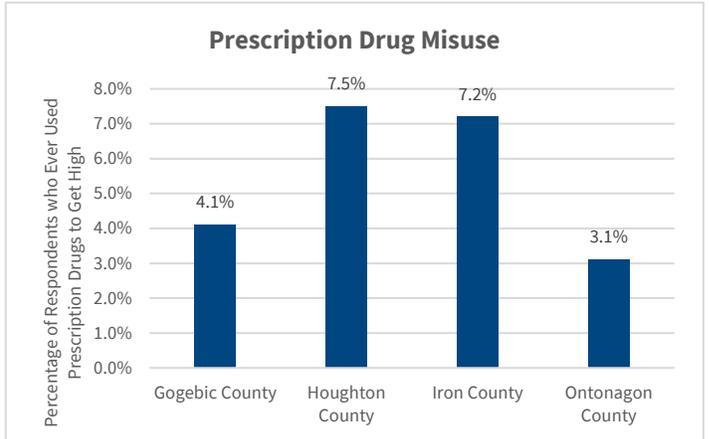
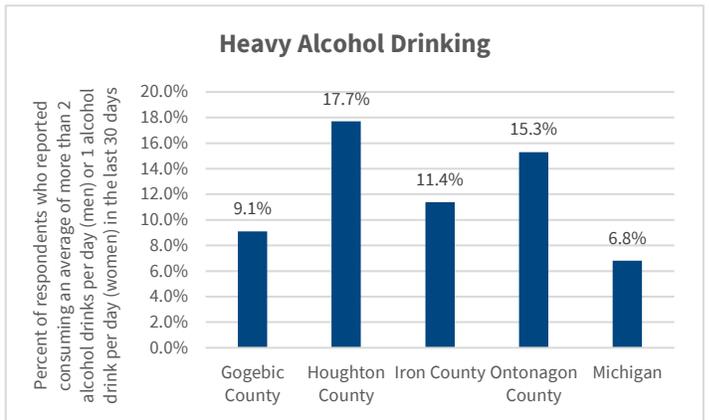
Community Perceptions & Challenges

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)

Substance Use

The Aspirus hospitals in the U.P. plan to address substance use through the strategies below.

Program Accountability		Population Accountability	
Strategies	Performance Measures	Indicators*	Results
Upstream Prevention (Promotion)			
<ul style="list-style-type: none"> Education and outreach (e.g., use of prescription opioids) 	<ul style="list-style-type: none"> # of education and outreach activities # of education and outreach participants Education and outreach evaluation 	<ul style="list-style-type: none"> Reduce the percentage of adults who drink alcohol heavily (baseline is between 9.1% and 17.7% (2021)) Reduce the percentage of adults who ever used prescription drugs to get high (baseline is between 3.1% and 7.5% (2021)) 	Community members of all ages and abilities are free from the physical, emotional, and social impacts of substance misuse <small>(Adapted from the Marathon County (WI) Health Department's plan)</small>
Treatment			
<ul style="list-style-type: none"> Self-referral process for individuals seeking recovery services Tele-mental health Support groups Provision of suboxone Peer recovery coaching 	<ul style="list-style-type: none"> # of patients receiving care through tele-mental health # of support group participants # of patients referred to a peer recovery coach # of patients who were referred for peer recovery who were connected with additional resources 		

* Because the four hospitals serve a multi-county region, ranges are used for the measures.

Collaborative Partners	Aspirus Resources
<ul style="list-style-type: none"> Phoenix House Inc. Dial Help Inc. Great Lakes Recovery Center Western UP Substance Abuse Alcoholics Anonymous Support Group 	<ul style="list-style-type: none"> Funding – particularly for Phoenix House and the ED2Recovery program Staff time – coalition participation, event planning and promotion, resource identification Printing services (in-kind) – community-facing health-focused materials Space (pending COVID-19 restrictions) – hosting support groups, meetings and resource organizations Clinical services and related infrastructure – providing referrals to recovery services, providing suboxone

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

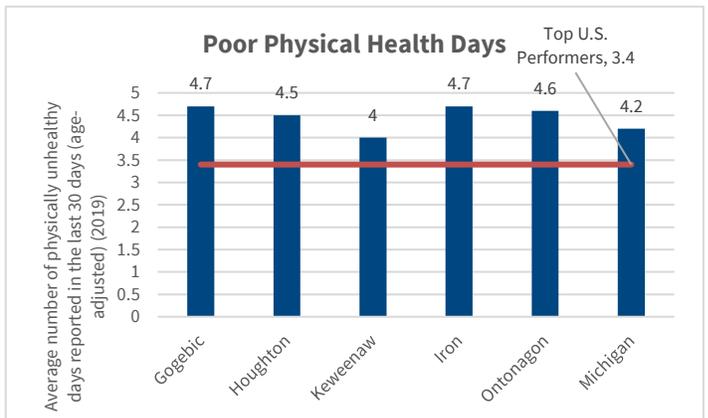
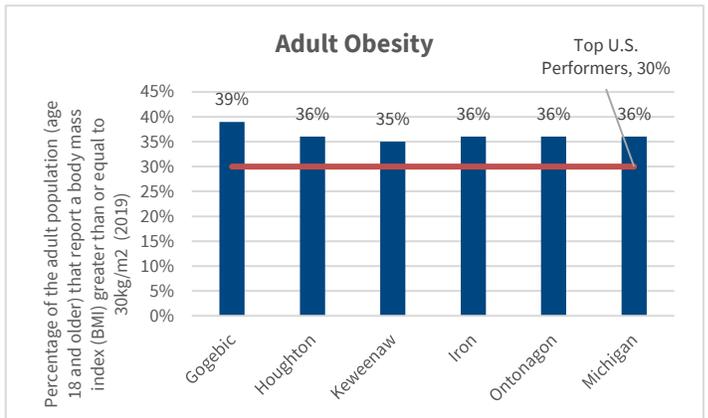
Sources: (4) 2021 America’s Health Rankings Disparities Report

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%)

Data Highlights



Sources: 2022 County Health Rankings

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)

Chronic Disease

The Aspirus hospitals in the U.P. plan to address chronic disease through the strategies below.

Program Accountability		Population Accountability	
Strategies	Performance Measures	Indicators*	Results
Upstream Prevention (Promotion)			
<ul style="list-style-type: none"> • Fitness facilities and classes • Education and outreach (including with schools) • Food gleaning • Vertical gardens • Food as Medicine program 	<ul style="list-style-type: none"> • # of fitness classes held • # of education and outreach efforts • # of education and outreach participants • # of pounds of food gleaned • # of pounds of produce from the vertical gardens 	<ul style="list-style-type: none"> • Decrease in the percentage of adults who are overweight or obese (baseline is between 35% and 39% (2019)) • Decrease the average number of poor physical health days in the last 30 days (baseline is between 4.0 and 4.7 (2019)) 	Community members have equal opportunities for physical well-being
Treatment			
<ul style="list-style-type: none"> • Referral-based fitness program • Education and outreach • Support groups (e.g., diabetes) • Diabetes management (e.g., Certified Diabetes Program; Diabetes Clinic) • Fruit and vegetable prescription program (FVRx) 	<ul style="list-style-type: none"> • # of patients referred to fitness program • # of education and outreach programs • # of education and outreach participants • Education and outreach program evaluation • # of support groups • # of support group participants • # of vouchers given to patients • % of vouchers redeemed at the farmers markets 	<ul style="list-style-type: none"> • Decrease the percentage of adults who report no leisure-time activity (age-adjusted) (baseline is between 23% and 28% (2019)) • Decrease the percentage of adults with diagnosed diabetes (age-adjusted) (baseline is between 9% and 10% (2019)) 	

* Because the four hospitals serve a multi-county region, ranges are used for the measures.

Collaborative Partners	Aspirus Resources
<ul style="list-style-type: none"> • U.P. Commission for Area Progress (UPCAP), Food as Medicine program • Area public schools • Farmers markets • Michigan Transportation Connection 	<ul style="list-style-type: none"> • Funding • Staff time – coalition participation, event planning and promotion, resource identification • Printing services (in-kind) – community-facing health-focused materials • Space (pending COVID-19 restrictions) – hosting support groups, meetings and resource organizations • Clinical services and related infrastructure – providing direct health care, FindHelp, etc.

Social and Economic Needs

Research shows that social and economic factors are significant ‘upstream’ contributors to individuals’ overall health and well-being. Aspirus hospitals are committed to recognizing and addressing these ‘root causes’ as part of its overall community health improvement efforts. A number of strategies/approaches are being implemented within the hospital and clinics as well as with other community partners.

One example of addressing social and economic needs is FindHelp.org. FindHelp.org is a database of resources – food, housing, cribs, etc. FindHelp.org is integrated into the electronic health record but is also available to the general public. Aspirus is able to track searches and referrals through FindHelp.org.

Approval by the Hospital Boards

This implementation strategy report was reviewed and approved on October 17, 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.

APPENDIX

Appendix A: Table of Strategies by Hospital

The tables below outline which strategies are being completed by which hospitals. The following definitions are being used to describe the status of the strategy:

- **Current:** The strategy is currently being implemented at that hospital (or area clinic) and will continue.
- **Potential expansion:** The strategy is currently being implemented at another Aspirus hospital or clinic and will likely expand to this location.
- **New:** The strategy is not being implemented at this or another Aspirus site but implementation is planned for this location sometime in the 3-year timeframe.
- **To be determined (TBD):** The strategy is newer and the hospital is exploring next steps.

Mental Health				
	Keweenaw / Houghton	Ironwood	Iron River	Ontonagon
Mental health & suicide prevention trainings	Potential Expansion	Potential Expansion	Potential Expansion	Potential Expansion
Anti-stigma campaign	Potential Expansion	Potential Expansion	Potential Expansion	Potential Expansion
Senior wellness (behavioral health) program	Potential Expansion	Current	Potential Expansion	Potential Expansion
Tele-mental health	New	New	New	New
Support groups	Potential Expansion	Potential Expansion	Potential Expansion	Potential Expansion

Substance Use				
	Keweenaw / Houghton	Ironwood	Iron River	Ontonagon
Education & outreach (e.g., use of prescription opioids)	Current	Current	Current	Current
Self-referral process for recovery services	Current	Current	Current	Current
Tele-mental health	New	New	New	New
Support groups	Current	Current	Current	Current
Provision of suboxone	Current	Current	Potential Expansion	Potential Expansion
Peer recovery coaching	Current	Current	Potential Expansion	Current

Chronic Disease				
	Keweenaw / Houghton	Ironwood	Iron River	Ontonagon
Fitness facilities & classes	Current	Potential Expansion	Potential Expansion	Potential Expansion
Education and outreach (including with schools)	Current	Current	Current	Current
Food gleaning	New	New	New	New
Vertical gardens	New	New	New	New
Food as Medicine program	TBD	TBD	TBD	TBD
Referral-based fitness program	Current	Potential Expansion	Potential Expansion	Potential Expansion
Education and outreach	Current	Current	Current	Current
Support groups (e.g., diabetes)	Current	Current	Current	Current
Diabetes management	Current	Current	Current	Current
Fruit and vegetable prescription program (FVRx)	Current	Current	Current	Current

