



ASPIRUSTM

Passion for excellence.
Compassion for people.



Aspirus Iron River Hospital & Clinics

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 results of such a project 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. In an era of aging baby boomers, increased chronic disease, an epidemic prevalence of obesity, a flagging economy, an increasing number of uninsured citizens and disparate access to care, 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 Iron River'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 Iron River Hospital and (2) to comply with newly 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 Iron River 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 Iron River CHNA includes an outline of the information gaps that limit the facility's ability to address health needs, adoption of an implementation strategy for selected needs, adoption of a budget for implementation and the documentation of the full adoption by the Aspirus Iron River 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 Michigan, unless specified otherwise. 2) Unless identified, all data used in the Aspirus Iron River CHNA is referenced from the Western Upper Peninsula 2015 Regional Health Assessment.

ORGANIZATION AND APPROACH

Our Mission

Aspirus Iron River Hospital & Clinics is a community-owned, not-for-profit organization responsible for the physical and emotional health of people living in the south central Upper Peninsula of Michigan and Northern Wisconsin.

Directly, and in general partnership with communities, employers, schools, and government officials, as well as select partnerships with other healthcare providers, we guide individuals and families in their lifelong journey toward optimal health. We are committed to providing high-quality, reliable, cost-effective, total health solutions with respect and compassion. Our innovative efforts will positively impact health care delivery in our service area.

About Aspirus Iron River Hospital & Clinics

In 1996, Iron County General Hospital and Crystal Falls Community Hospital were merged into Iron County Community Hospital in order to better serve our community. The consolidation to one hospital site allowed us to provide better and more efficient medical care to the Iron County community and surrounding area. As a result, through the years we have helped generation after generation reach better health.

Our organization continues to strive to meet the needs of our community and surrounding area. We have expanded our services, acquiring the county ambulance service, opening physician clinics, providing new services, and remodeling and updating the main hospital campus. In 2009, in order to better reflect our growth and sense of community, Iron County Community Hospital, its ambulance service, and physician clinics were renamed NORTHSTAR Health System, and then in 2014 formally became Aspirus Iron River Hospital and Clinics.

Aspirus Iron River Hospital & Clinics remains loyal to our patients, their families and our community. We will continue to strive for excellence in healthcare and to grow to meet our community's needs.

Aspirus Iron River Hospital & Clinics 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; Memorial Health Center in Medford, WI; Langlade Hospital in Antigo, WI; Aspirus Riverview in Wisconsin Rapids, WI and Aspirus Wausau Hospital in Wausau, WI.

Services provided by Aspirus Iron River include: family medicine, heart care, cancer care, orthopedics, outpatient therapies, in-home care and more.

Other community health services and resources available in Iron County and surrounding areas are listed in Appendix A.



Demographics and Description of Communities Served by Aspirus Iron River

Aspirus Iron River's primary service area covers all of Iron County, MI. The secondary service area includes western Dickinson and Florence (WI) counties, northern Vilas and Forest counties, and eastern Gogebic County. (See *Diagram A* below.)

The primary service area encompasses an area that reaches a population of approximately 12,000. Along with much of the western Upper Peninsula of Michigan, the population continues to be in a gradual decline. From 2010-2014, Iron County population fell from 11,817 to 11,387, a -3.6% decrease.

Much of the area is extremely rural, with a population density of 10.1 people per square mile in Iron County. The population continues to shift gradually towards an elderly population. Iron County currently has 27.9% of its population over the age of 65, compared to just 16.7% under the age of 18.

Iron County has been designated as a Medically Underserved Area.

For a rural county, the age strata are expected to bring 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 AIR's service area.

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

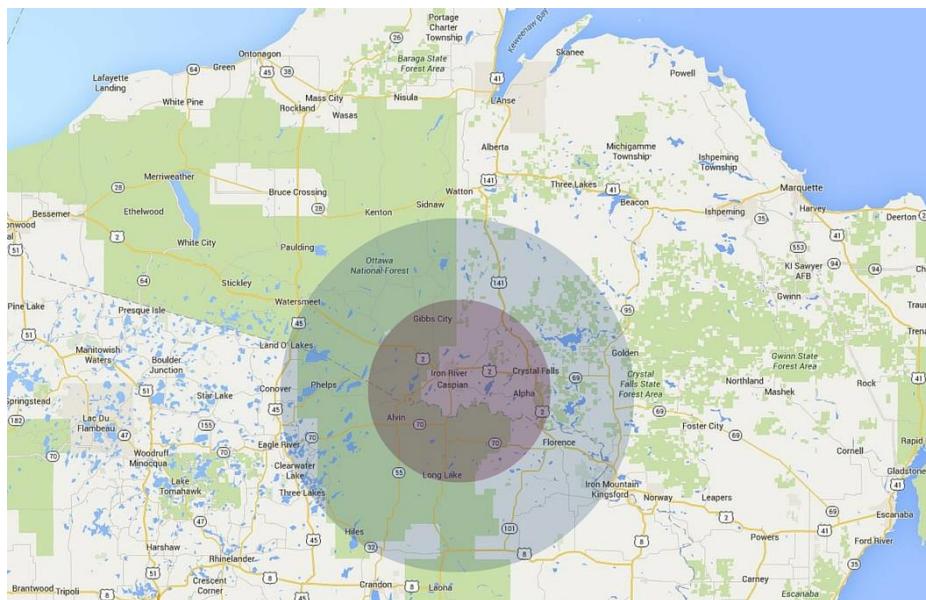


Diagram A – AIR Service Area



= Primary Service Area



= Secondary Service Area

Regional and local collaboration and reporting

Conducted by Western Upper Peninsula Health Department

In Partnership With

Aspirus Grand View Hospital
Aspirus Iron River Hospital
Aspirus Keweenaw Hospital
Aspirus Ontonagon Hospital
Baraga County Memorial Hospital
U.P. Health System-Portage
Upper Great Lakes Family Health Center
Copper Country Community Mental Health
Gogebic County Community Mental Health

Western Upper Peninsula
Health Department and
9 Health Care
Organizations
Collaborate to Develop:

2015 Western Upper Peninsula Health Needs Assessment

Baraga, Gogebic, Houghton, Iron, Keweenaw
and Ontonagon Counties, Michigan
And Wisconsin Border Counties

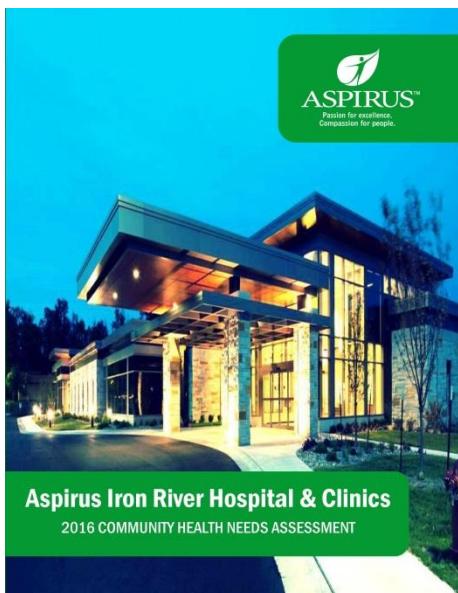


Conducted by Western Upper Peninsula Health Department

In Partnership With

Aspirus Grand View Hospital
Aspirus Iron River Hospital
Aspirus Keweenaw Hospital
Aspirus Ontonagon Hospital
Baraga County Memorial Hospital
U.P. Health System-Portage
Upper Great Lakes Family Health Center
Copper Country Community Mental Health
Gogebic County Community Mental Health

REGIONAL AND LOCAL
DATA USED TO DEVELOP
2015 Aspirus Iron River
Hospital Assessment
(this document)



PROCESSES AND METHODOLOGY

CHNA Development Process

The process for developing this Community Health Needs Assessment was a different experience than the last assessment. This is the first year Aspirus Iron River participated in the assessment conducted through the Western Upper Peninsula Health Department. 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 Iron River'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 74,000 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 Iron River, this includes input from the Western Upper Peninsula Health Department as well as other Aspirus UP Hospitals. 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 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.
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 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
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.

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. As a whole, the survey produces an impressive 95 percent confidence interval. No changes were made to the 2012 survey version is 2015; the same questions, wording and format were repeated for comparison purposes.

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 Spring 2016.

PRIORITIES AND HEALTH NEEDS

Using the categories previously listed and the data within, Aspirus Iron River 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. Much of the eight counties identified in Michigan and Wisconsin are designated as Medically Underserved Areas.

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

1. The Impact on 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.”

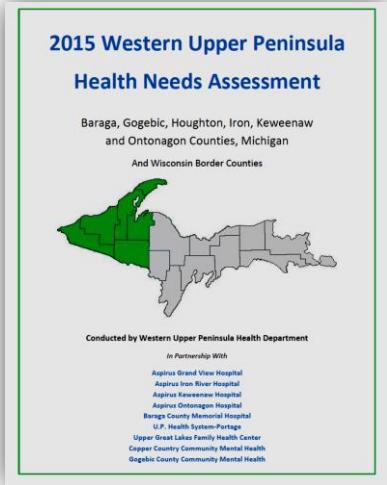
4. Expanded Access to Care Via the Evolving Affordable Care Act

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.”

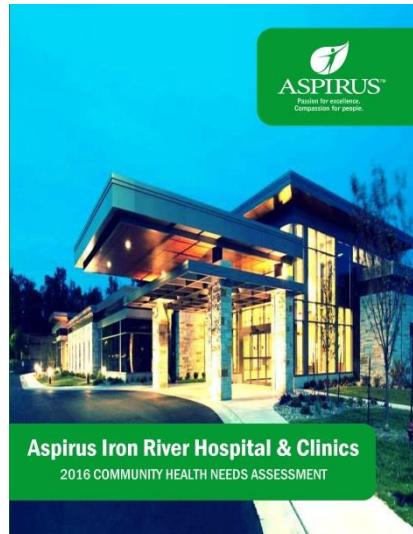
Implementation & Goals Locally

For the purposes of Aspirus Iron River Hospital's CHNA, and to fulfill the PPACA requirements, Aspirus Iron River identified, and is addressing the needs of four overall priorities and is looking to make an impact on the future of the communities Aspirus Iron River serves.



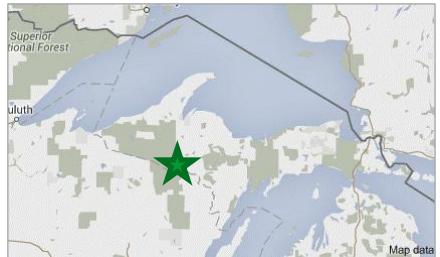
- 1 **The Importance Of Prevention**
- 2 **The Impact On An Aging Population**
- 3 **The Correlation Between Socio-Economic Status And Poor Health**
- 4 **Expanded Access To Care Via The Affordable Care Act**

LOCALLY: Identify actions and implementation goals that align the Regional Community Health Needs Assessment to Aspirus Iron River service area.



The following pages demonstrate the Implementation Strategies Identified for The Aspirus Iron River Hospital 2015 Community Health Needs Assessment.

Aspirus Iron River Areas of Focus



Importance of Prevention

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

1. Nutrition and exercise counseling to reduce prevalence of obesity
2. Diabetes and pre-diabetes screenings, education and personal counseling
3. Education about access to health care/wellness services
4. Smoking/Drug cessation programs

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

Aspirus Hospitals and Clinics in the Upper Peninsula of Michigan is 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 Iron River 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: Connie Koutouzos, CEO; Nancy Ponozzo, VP Patient Care Services; Peg James, Foundation Director; Sylvia Lindwall, Dietitian; Abby Miller, Community Relations & Marketing Manager; Caryn Johnson, Senior Executive Assistant; Robin Matchett, Director of Medical Clinics; Carol Bastianello, Human Resources Director.

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

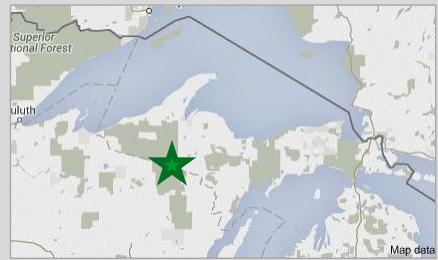
Budget and Resource Support

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 Iron River will also be allocating funding to assist in the various programs indicated on the following from implementation and 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

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:

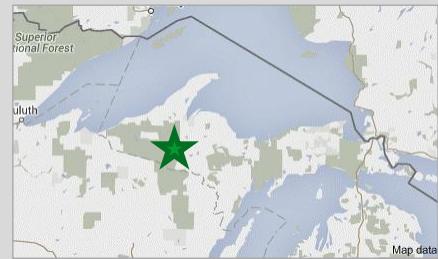
- Collaborate with the two local school districts to provide healthy eating education through classroom curriculum support, parent meetings, health initiatives and/or cooking classes.
- Participate in at least one school wellness committee to offer support and guidance on healthy eating program and policy development.
- Participate in employee health initiatives to provide information on healthy eating and exercise to our employees.
- Conduct one-on-one and group nutritional counseling programs in conjunction with wellness initiatives 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 and diabetes

GOAL #2:

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.

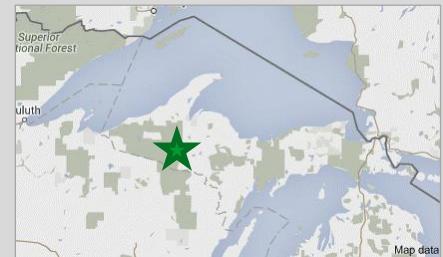
STRATEGY:

- Monthly Diabetes Self-Management Training classes - offered in the Diabetic Education off-site facility along with one-on-one nutrition counseling by a Registered Dietitian. 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:

Diabetes in Iron County is at a current rate of 10.2% with 66 deaths per 100,000 population being diabetes-related. Diabetes can cause serious health complications such as heart disease, blindness, kidney failure and lower-extremity amputations. In 2013, diabetes was the seventh leading cause of death in Michigan. Additionally, 18% of smokers in Michigan have diabetes.

Implementation Strategy #3



Importance of Prevention

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

GOAL #3:

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

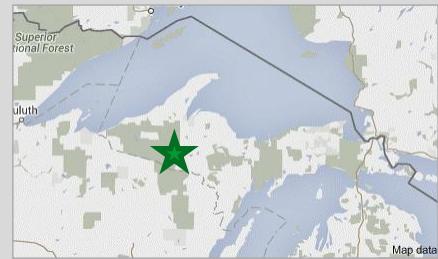
STRATEGIES:

- 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 healthcare 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 #4



Importance of Prevention

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

GOAL #4:

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

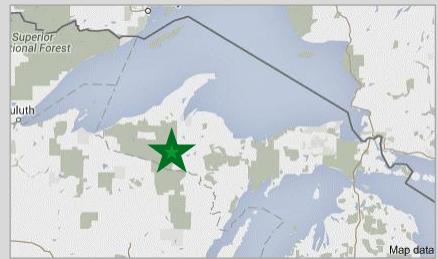
STRATEGIES:

- Make smoking cessation treatment information a consistent part of every visit for patients who smoke.
- Provide one cessation educational outreach event to adolescent audiences per year.
- Establish and promote a smoking cessation group which is open to the public and is free of charge.
- Collaborate with the Iron County Health Department in smoking cessation efforts, particularly with mothers who smoke while pregnant.
- Provide the community with a “Drug Take-Back” program offered on a consistent basis. Coordinate and collaborate with law enforcement.

HEALTH NEEDS BENEFIT:

The smoking rate in Iron County is higher than the state rate, with 23.4% of the county currently smoking. Additionally, 32.6% of pregnant mothers smoke in Iron County. Iron County also has the highest rate of smokeless tobacco in the Western Upper Peninsula at 5.2%. 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.

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: ★★★

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 #3: ★★★

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

GOAL #4: ★★★

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



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 Iron River Board of Directors is comprised of individuals from Iron County 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 June 20, 2016 Board of Directors meeting.

Mark Tousignant
Board of Directors, Chairman

Lori Peck
VP of Revenue Cycle, Aspirus Inc.

Dr. Nasseem Rizkalla
Chief Medical Officer, Aspirus Iron River Hospital & Clinics

Rick Nevers
Senior Vice President, Regional Operations & System Integration Officer,
Aspirus Inc.

Charles Nelson
U.P Regional CEO

Connie Koutouzos
CEO, Aspirus Iron River Hospital & Clinics

Dr. Ray Koivunen
Vice President of Medical Affairs, Aspirus Iron River Hospital & Clinics

Randy Jacobs
Retired Edward Jones Broker

Don Bastianello
Controller, Angeli Foods Company

APPENDIX A

Available Health Services and Resources

Iron County has a variety of health services and resources that are made available to the community, many of which Aspirus Iron River collaborates with for a variety of purposes.

Aspirus Iron River Hospital and Clinic Locations

Aspirus Iron River Hospital
1400 W Ice Lake Road
Iron River, MI 49935
(906) 265-6121

Aspirus Ice Lake Clinic
1300 W Ice Lake Road
Iron River, MI 49935
(906) 265-9189

Aspirus Riverside Clinic
927 Riverside Avenue
Iron River, MI 49935
(906) 265-2165

Aspirus Genesee Clinic
229 W Genesee Street
Iron River, MI 49935
(906) 265-0491

Aspirus Surgical Associates
1500 W Ice Lake Road
Iron River, MI 49935
(906) 265-9001

Aspirus Crystal Falls Clinic
1328 US Highway 2
Crystal Falls, MI 49920
(906) 875-4486

Durable Medical Equipment

Hospital Beds, wheelchairs, walkers, commodes, Hoyer Lifts, etc.

Great Lakes Home Medical
Wheelchairs, Walkers, Commodes, Hospital Beds, and CPAP supplies
4963 US Hwy 2 Iron River, MI
(906) 265-5985

Apria
All medical equipment available
(906) 779-1892
apria.com/wps/portal/apria/home

Area Services

DICSA

Personal Care Assistance, Commodities,
Housing, Emergency Assistance
(906) 774-2256
dicsami.org

U.P. Area Agency on Aging (UPCAP)
Housing, Disability services, Caregivers,
Wellness programs
1-800-338-1119 or 211
upcap.org

Department of Human Services
Medical, Food, and Emergency Services
(906) 265-9958
michigan.gov/dhs
Children and Adult Protective Services
Centralized Intake: 1-855-444-3911

Housing Assessment Resource Agency
Homeless Assistance
(906) 282-9045
Email: awinch@cfsup.org

Family Ties Adult Center
Alzheimer's Disease Respite Care
(906) 265-4445
235 E. Genesee Street Iron River, MI 49935

Arms of Angels Private Duty and Transportation
Private transportation services
906-282-0491
armsofangelsinc.com

Philips Lifeline
Monthly rental of Emergency Alert System
1-800-543-3546 Extension:3050
lifelinesys.com

Home Care & Hospice

Aspirus At Home
(906) 265-6118

Dickinson County Home Health
(906) 779-7820
dchs.org/home-health-care.html

Northern Michigan Home Health
Private nursing care, respite, transportation,
home laboratory
(906) 774-4712
200 Fairbanks St. Suite 2 Iron Mountain

Senior Citizen Housing

City View Apartments
Iron River
(906) 265-4398

Pleasant Valley Apartments
Crystal Falls, MI
(906) 875-6060
ichousing.org

Sunset Manor Apartments
Iron River
(906) 265-5540

Spring Valley Apartments
Caspian
(906) 265-9060

Apple Blossom
Iron River
(906) 214 5015

Woodridge Apartments
Iron River
(888) 576-6468

Hillside Apartments
Iron River
(906) 265-9305

Victims of Abuse and/or Neglect

Caring House
Iron Mountain, MI
(906) 774-1337

Substance Abuse

Great Lakes Recovery Centers
Iron Mountain, MI
(906) 228-9696

Assisted Living Centers

Victorian Heights
Crystal Falls, MI
(906) 874-1000
victorianheights.net

Evergreen Heights Assisted Living
Kingsford, MI
(906) 774-8943

Oak Crest Assisted Living
Norway, MI
(855) 344-4048

Skilled Nursing Facilities

Golden Living Center
Florence, WI
(715) 528-4833

Iron County Medical Care Facility
Crystal Falls, MI
(906) 875-6671

Iron River Care Center
Iron River, MI
(906) 265-5168

ManorCare MedBridge Rehab
Kingsford, MI
(906) 774-4805

Nu-Roc Community Healthcare
(715) 674-2451
nu-roc.com

Support Groups

Alcoholics Anonymous
(906) 774-0900

Grief Support Group
Aspirus Iron River Hospital
(906) 265-0419

Cancer Support Group
Aspirus Iron River Hospital
(906) 265-0433

Diabetes Support Group
Led by Aspirus at WID Library
(906) 265-2153

Resource Numbers

Caspian Police Department: (906) 2365-3223

Iron River Police Department: (906) 265-4321

Crystal Falls Police Department: (906) 875-3012

Iron County Sheriff's Department- 875-6669

Youth Crisis Hotline-1-800-448-4663

Rape Crisis Helpline-800-882-1515

Poison Control-1-800-562-9781

Runaway Hotline 1-800-621-4000

Association for Children's Mental Health 1-888-226-4543

National Alliance on Mental Illness 1-517-485-4049

The ARC- for people with Intellectual and Developmental Disabilities- 1-517-487-5426

Michigan Disability Rights Coalition- 1-800-760-4600

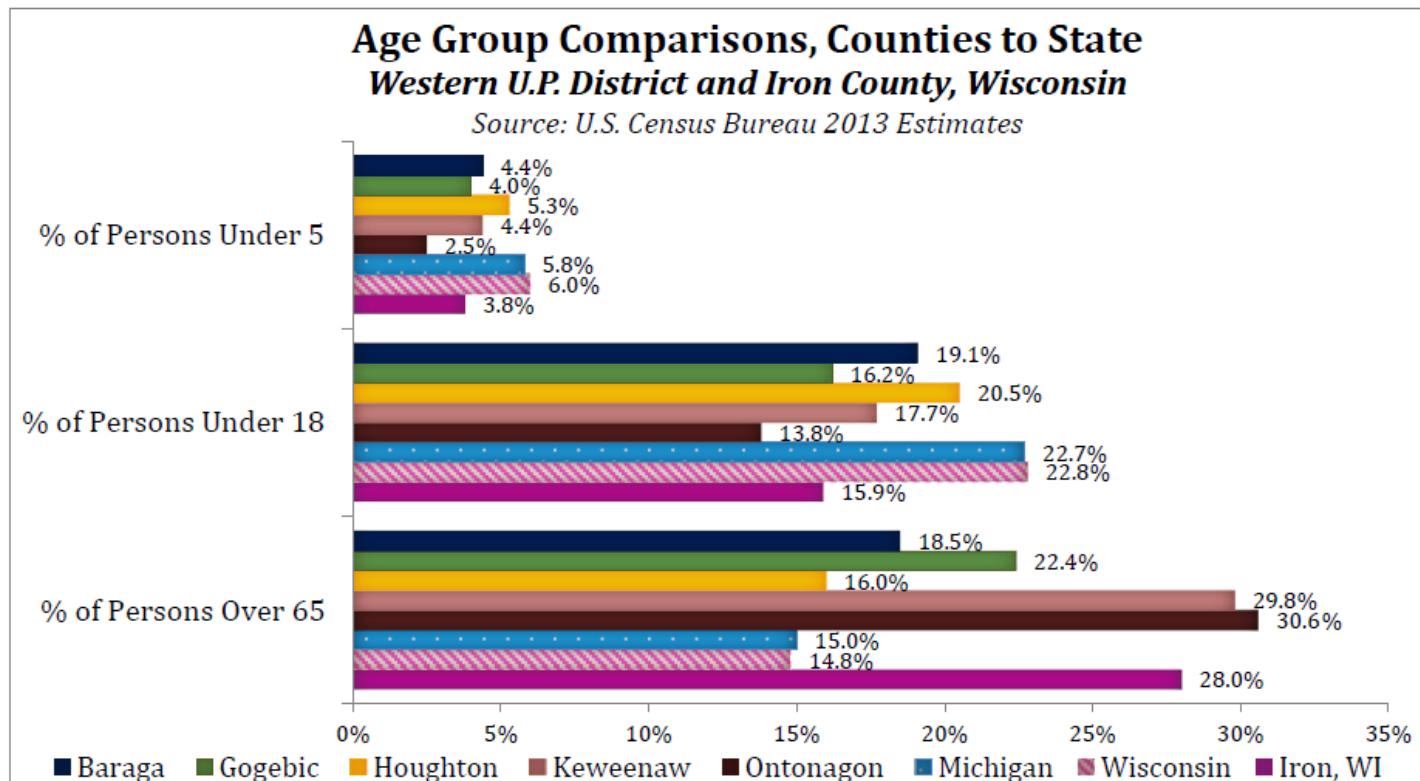
Social Security Disability Application – 1-800-772-1213

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 Iron River's primary service area is located in Iron County, Michigan.

Population Changes from 2010 to 2014				
	2010	2014 Estimate	Change Δ	% Change
Baraga	8860	8,654	-206	-2.3%
Gogebic	16427	15,737	-690	-4.2%
Houghton	36628	36,495	-133	-0.4%
Keweenaw	2156	2,217	61	2.8%
Ontonagon	6780	6,172	-608	-9.0%
Michigan	9884133	9,909,877	25,744	0.3%
Wisconsin	5687289	5,757,564	70,275	1.2%
Iron, WI	5916	5,917	1	0.0%
Iron, MI	11817	11,387	-430	-3.6%
Florence, WI	4423	4,481	58	1.3%
Forest, WI	9304	9,127	-177	-1.9%
Vilas, WI	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%

