

ASPIRUS IRONWOOD HOSPITAL & CLINICS

2019 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 2017 and 2018, the *Western Upper Peninsula 2018 Regional Health Assessment* was conducted for the approximately 300,000 residents of the Upper Peninsula of Michigan, and its 15 counties.

Data for the community health needs assessment were gathered from a wide array of published sources, from a survey of 4,820 residents of the 15 counties, and from health care providers. External, or secondary, data sources include the U.S. Census Bureau and its American Community Survey, as well as statistics compiled by the Michigan Department of Health and Human Services, the federal Centers for Disease Control and Prevention, and other government and private agencies.

The purpose of Aspirus Ironwood'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 Ironwood 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 Ironwood 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 Ironwood 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 Ironwood 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 Upper Peninsula 2017-2018 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 Ironwood CHNA is referenced from the Upper Peninsula 2018 Regional Health Assessment.

ORGANIZATION AND APPROACH

Our Mission

Aspirus is a catalyst for creating healthy, thriving communities, trusted and engaged above all others. We heal people, promote health and strengthen communities.

About Aspirus Ironwood Hospital & Clinics

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

Located in Ironwood, Michigan, Aspirus Ironwood is the only hospital located in Gogebic County, Michigan.

Aspirus Ironwood 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 Ironwood in Ironwood, MI; Aspirus Ontonagon in Ontonagon, MI; Aspirus Keweenaw in Laurium, MI; Aspirus Iron River in Iron River, MI; Aspirus Medford Hospital in Medford, WI; Aspirus Langlade Hospital in Antigo, WI; Aspirus Riverview in Wisconsin Rapids, WI and Aspirus Wausau Hospital in Wausau, WI.

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



Demographics and Description of Communities Served by Aspirus Ironwood

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

The primary service area encompasses an area that reaches a population of 29,123 (according to the 2010 official census – that number is approximately 1,700 less as of 2014). Along with much of the western Upper Peninsula of Michigan, the population continues to be in a gradual decline. From 2010-2015, Gogebic County had an 8.9% decrease in population decreasing from 17,370 to 15,824.

Much of the area is extremely rural, with a population density of 14.7 people per square mile in Gogebic County. The population continues to shift gradually towards an elderly population. Gogebic County currently has 16.7% of its population over the age of 65, compared to just 10.9% under the age of 18.

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

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

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

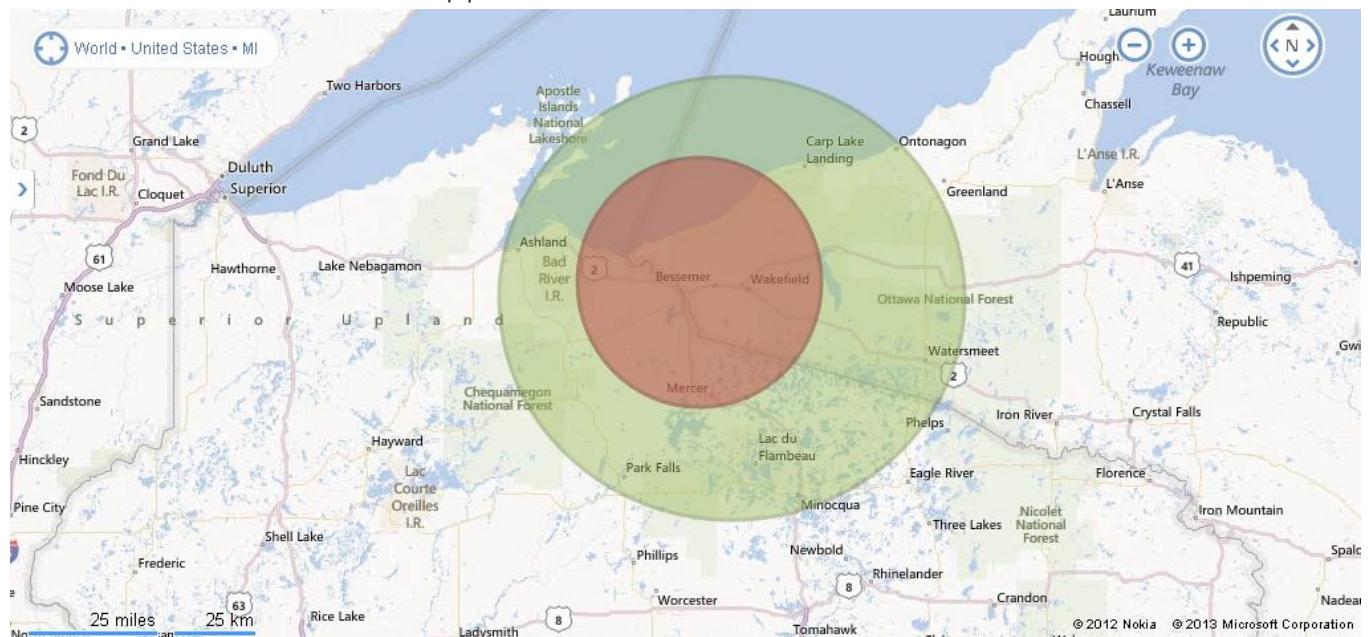


Diagram A – AIW Service Area



= Primary Service Area



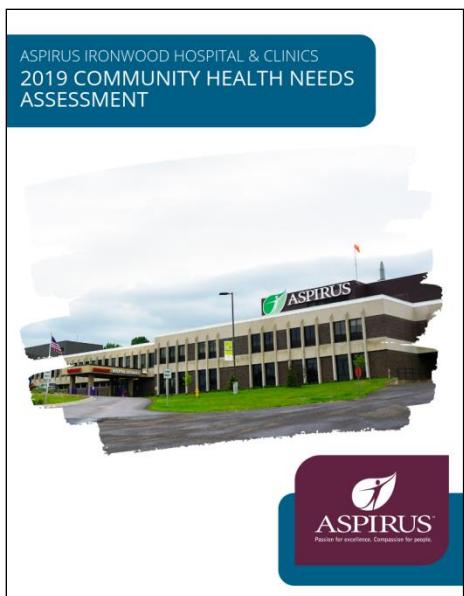
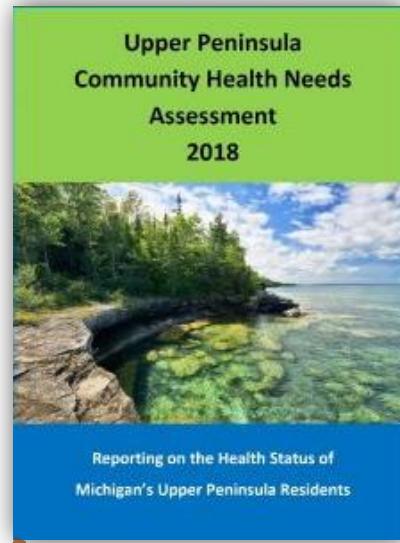
= Secondary Service Area

Regional and local collaboration and reporting

Conducted by Western Upper Peninsula Health Department

In partnership with 31 community partners including all six U.P. health departments, hospitals and clinics, behavioral health agencies, regional planners, health foundations, and major funder the Michigan Health Endowment Fund.

The assessment covers the 15 counties of Michigan's Upper Peninsula, the rural, rugged and remote home to more than 300,000 residents.



REGIONAL AND LOCAL DATA USED TO DEVELOP
2019 Aspirus Ironwood Hospital Assessment
(this document)

PROCESSES AND METHODOLOGY

CHNA Development Process

The process for developing this Community Health Needs Assessment was very similar to the last assessment. This is the second time Aspirus Ironwood participated in the assessment conducted through the Western Upper Peninsula Health Department.

Aspirus Ironwood's CHNA is built largely on the *Western Upper Peninsula 2018 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 300,000 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. However, as a whole, the 2018 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 *Upper Peninsula 2018 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.

For Aspirus Ironwood, 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 key data element in the *Upper Peninsula 2018 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 thousands of households across the entire Upper Peninsula, with nearly 5,000 responses from residents.

The *Upper Peninsula 2018 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 *Upper Peninsula 2018 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

| | |
|--------------------|-----------------------|
| Health Status | Behavioral Health |
| Access to Care | Alcohol and Drug Use |
| Health Behaviors | Preventative Services |
| Chronic Conditions | |

PRIORITIES AND HEALTH NEEDS

Using the categories previously listed and the data within, Aspirus Ironwood identified four major priority areas that impact each of the Upper Peninsula counties and Iron County, WI.

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

For the purposes of the Aspirus Ironwood CHNA, and to fulfill the requirements set forth by the PPACA, Aspirus Ironwood 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 *Upper Peninsula 2018 Regional Health Assessment*, followed by the areas of focus that Aspirus Ironwood will committing to addressing:

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

However, based on the individual data for Gogebic County, Aspirus Ironwood Hospital will continue to focus on the following in order to make the greatest community impact:

1. The Impact on an Aging Population

In the Upper Peninsula, nearly 20 percent of the non-incarcerated population is age 65 or older, compared with 15 percent statewide. In Gogebic County, over 23 percent of the population is 65 years or older. Since the chronic disease burden is higher in older adults, and aging adults have greater needs for home health services, assisted living and nursing home care, the shifting of a community's age distribution toward older cohorts has profound implications on the needs for health care and elder services.

2. The Importance of Prevention

Chronic diseases such as cancer, heart disease, diabetes and stroke are the leading causes of death in the U.P. and across much of the globe. Cancer and heart disease alone account for about half of all U.P. deaths. They are also largely preventable. Curtailing tobacco use, obesity and the abuse of alcohol and other drugs alone would dramatically reduce morbidity and mortality among U.P. residents. Tobacco is still the leading preventable cause of death in the U.S., but the emerging opioid epidemic is taking its toll in the region through its broad impact on maternal and child health, child abuse and neglect, neonatal drug addiction/withdrawal, incarceration and employment.

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. Over 20 percent of Gogebic County adults are

current smokers and over half are either current or former smokers. An estimated 15 percent of local adults are heavy drinkers, compared with 6.9 percent nationwide.

- In the U.P., cigarette smoking during pregnancy far exceeds state levels; 12 counties reported at least 1-in-4 women smoked during pregnancy and seven counties reported at least 30 percent of women smoked during pregnancy.
- An estimated 29.6 percent of Gogebic County residents received no dental services in the past year.
- An estimated 23 percent of Gogebic County 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

Although the U.P. spans over 16,000 square miles and comprises approximately one third of Michigan's land mass, its residents are more alike than they are different. In fact, the reader will note that income and education, i.e. socioeconomic status, are greater determinants of health status and access than geography in the U.P. And, as communities move forward in community health improvement planning, it will be important that non-traditional partners in healthcare be at the table such as educators, volunteer organizations, leaders in the business community, and governmental entities such as city council members, county commissioners and legislators.

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 nearly 32 percent of Gogebic

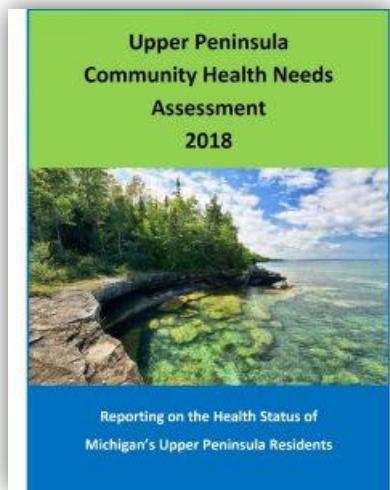
County adults with household incomes below \$25,000 are current smokers, compared with 11 percent for adults with incomes above \$50,000. This example is powerful because of the wide gulf in health behaviors, and because smoking is such a strong contributing factor in disease, disability, and premature death.

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

Prior to implementation of the Affordable Care Act (ACA) in 2014, 18.5 percent of U.P. residents age 18-64 did not have health insurance. By 2017, that rate had declined to an estimated 7.0 percent due to Michigan's Medicaid expansion and the newly created health insurance marketplace. Regardless of one's view of the ACA, it has clearly succeeded in expanding the pool of individuals with health insurance coverage, hence reducing one of the barriers residents experience in accessing healthcare. The impact of on-going amendments to the ACA remains to be seen.

Implementation & Local Goals

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

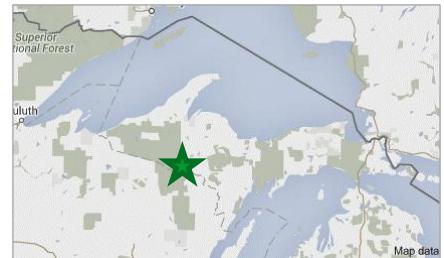


ASPIRUS IRONWOOD HOSPITAL & CLINICS
2019 COMMUNITY HEALTH NEEDS ASSESSMENT



The following pages demonstrate the Implementation Strategies Identified for The Aspirus Ironwood Hospital 2019 Community Health Needs Assessment.

Aspirus Ironwood 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 Ironwood will implement these strategies locally, with the help of staff members, but we are also closely partnering with other regional hospitals, local school districts, administrators and health departments in order to create a greater impact on the future of our communities, rather 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 Ironwood 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: Target root causes of heart disease, cancer, stroke and diabetes

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

STRATEGY:

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

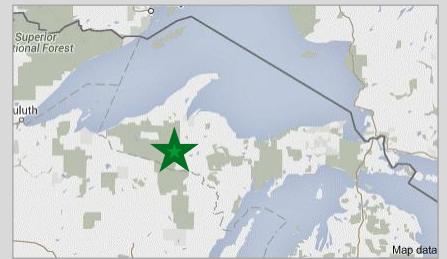
- Collaborate with three (60%) local school districts to provide healthy eating education through classroom curriculum support, parent meetings, health initiatives and/or cooking classes.
- Participate in at least one school wellness committee to offer support and guidance on healthy eating program and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

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

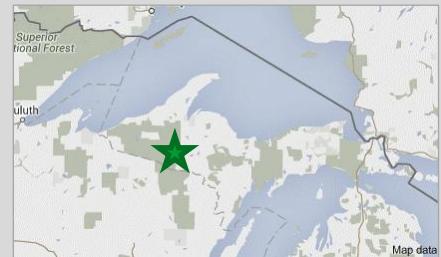
STRATEGY:

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

HEALTH NEEDS BENEFIT:

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

Implementation Strategy #3



Importance of Prevention

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

GOAL #3:

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

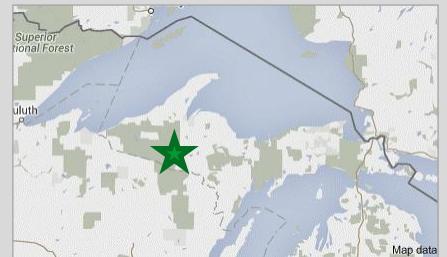
STRATEGY:

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

HEALTH NEEDS BENEFIT:

The prevalence of Diabetes in Gogebic County continues to grow, with a current rate of 15.6%; nearly 3% more than just 3 years ago. This significant trend needs immediate attention. More than half of Western UP adults are current or former smokers, with 20% of Gogebic County currently smoking. Also, over 31 percent of pregnant women in Gogebic County smoke while pregnant. Together, these two indicators are critical for prevention of major health events.

Implementation Strategy #4



Importance of Prevention

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

GOAL #4:

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

STRATEGIES:

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

HEALTH NEEDS BENEFIT:

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

Implementation Strategy #5

Importance of Prevention

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

GOAL #5:

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.

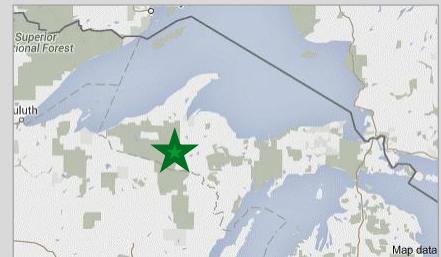
STRATEGIES:

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

HEALTH NEEDS BENEFIT:

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

Implementation Strategy Alignment



Link Prevention Goals and Programs to Target Populations Identified in Assessment

GOAL #1: ★★

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

GOAL #2: ★★

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

GOAL #3: ★★★

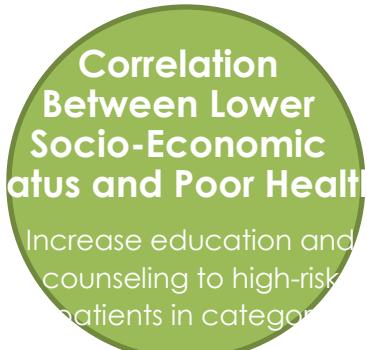
Continue to support the diabetes education program through offering a variety of avenues for education to the community. Grow patient encounters by 5% annually over 3 years. Also identify patient population with diabetes who also use tobacco products and provide cessation education to 20% of the identified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

GOAL #4: ★★★

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

GOAL #5: ★★★

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



ADOPTION OF IMPLEMENTATION

STRATEGY

The Aspirus Ironwood Board of Directors is comprised of individuals from Gogebic 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.

James A. Lorenson
Chair; Retired President, Gogebic Community College

John R. Garske
Vice Chair; Community Representative

Rick L. Nevers
Secretary; Interim President of U.P. Region, Aspirus, Inc.

Sara J. Lusignan
Treasurer; VP of Finance, Aspirus, Inc.

Kari L. Jacquart
Owner/VP Pet Division, Jacquart Fabric Products

John D. Matonich
Retired CEO, ROWE Professional Services Company

Christopher J. Patritto
District Administrator, Hurley School District

Steven P. Phillipson, MD
Family Medicine Physician, Aspirus Ironwood Hospital

Marcus F. Santini, MD
General Surgeon, Aspirus Ironwood Hospital

Jesse G. Tischer
President Regional Markets, Aspirus, Inc.

Paula Chermside
CAO, Aspirus Ironwood Hospital (Non-voting member)

APPENDIX A

Available Health Services and Resources

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

Aspirus Ironwood Hospital and Clinic Locations

Aspirus Ironwood Hospital
N10561 Grand View Lane Ironwood, MI 49938
906-932-2525

Aspirus Ironwood Clinic
N10565 Grand View Lane Ironwood, MI 49938
906-932-1500

Aspirus Ironwood Walk-In Clinic
N10565 Grand View Lane Ironwood, MI 49938
906-932-1500

Aspirus Hurley Clinic
501 Granite Street Hurley, WI 54534
715-561-2255

Aspirus Eye Center - Ironwood
E6112 Bluff View Road Ironwood, MI 49938
906-932-1436

| Gogebic County Health Services and Resources | | |
|--|----------|---|
| Service | Location | Community Role |
| Aspirus Ironwood | Ironwood | Health system located in Ironwood, MI. Including 25-bed critical access hospital, services include physician clinic, emergency services, surgical services, psychology services, home health, private in-home assistance and a full-service eye clinic, including retinal care. Aspirus Ironwood is the largest health care provider to Gogebic County, MI and Iron County, WI. |
| Western UP Mediators | Ironwood | Mediation services offered for care-giving disputes. |
| Dove, Inc. | Ironwood | Offers services for domestic violence situations. |

| | | |
|--|-----------|---|
| Wakefield Pharmacy | Wakefield | Full-service pharmacy |
| Wal-Mart Pharmacy | Ironwood | Full-service pharmacy |
| Walgreens | Ironwood | Full-service pharmacy |
| Regional Hospice | Bessemer | Regional Hospice is a non-profit, community based organization that provides individualized, physical, spiritual and psychosocial care and support to patients and families, enabling death with dignity as a completion of life. |
| NorthStar Physical Therapy | Ironwood | Provides rehabilitation and physical therapy services. |
| Miller Vision | Ironwood | Provides full-service optical services, including eyewear sales. |
| Mattson Family Chiropractic | Ironwood | Provides full-service chiropractic services, including nutritional counseling. |
| Ironwood Chiropractic Clinic | Ironwood | Provides full-service chiropractic services. |
| Aukee Chiropractic | Ironwood | Provides full-service chiropractic services. |
| Gogebic-Ontonagon Community Action Agency | Bessemer | The Gogebic-Ontonagon Community Action Agency designs and carries out programs to overcome causes of and instances of poverty, including: housing, education (such as Head Start), nutrition, community development, motivational support, and senior services. |
| American Association of Retired Persons (AARP) | Ironwood | A local chapter of the AARP is located in Ironwood that provides assistance to seniors. |
| Keen Agers | Bessemer | Offers Assisted and Independent Living. |
| Stan Gresham, DDS | Ironwood | Provides dental services. |
| Mike Gregor, DDS | Wakefield | Provides dental services. |
| Thomas Lovelin, DDS | Ironwood | Provides dental and orthodontic surgical services. |
| Thomas Herfort, DDS | Ironwood | Provides dental services. |

Iron County, Wis., Health Services and Resources

| Service | Location | Community Role |
|---|------------|---|
| Aspirus Hurley Clinic | Hurley, WI | Provides primary care services to residents of Iron County, WI. |
| Community Support Program | Hurley, WI | Northland Community Services provides support to individuals with chronic mental illnesses to enable them to live in their own homes and participate in social, recreational, and employment opportunities in the community. |
| Highline Corporation | Hurley, WI | Provides opportunities in northern Wisconsin for people with disabilities needing rehabilitation services, employment, vocational training, and community based mental health services, supportive services and residential services. |
| White Cross Pharmacy | Hurley, WI | Full service pharmacy |
| Northwood Family Orthopedics | Hurley, WI | Specialists In Orthopedic Surgery, Arthroscopic Sports Medicine, and Adult and Pediatric Reconstruction Surgery |
| Marshfield Clinic-Mercer | Mercer, WI | Provides primary care including: Obstetrics and Gynecology, Laboratory, Radiology, Mobile Mammography Unit, Mobile Retinal Screening and Tele-health Services. |
| Iron County Health Department | Hurley, WI | The Iron County Health Department serves a vital role in protecting, educating and providing essential health services to the general and vulnerable population groups. |
| Villa Vista | Hurley, WI | Provides affordable, assisted living to Iron County, WI residents. |
| Echo Hollow Senior Apartments | Mercer, WI | Provides affordable, assisted living to Iron County, Wis. residents. |
| Aging and Disability Resource Center of the North | Hurley, WI | To provide information and assistance in accessing benefits and services for adults and families relating to aging, disability, mental health or substance abuse including: disability and long-term care related services and living |

| | | |
|-----------------------|------------|--|
| | | arrangements, health and behavioral health, adult protective services, employment and training for people with disabilities, transportation, home maintenance and nutrition. |
| Mercer Dental | Mercer, WI | Provides dental services. |
| Dr. Paul Hageman, DDS | Hurley, WI | Provides dental services. |

APPENDIX B

Service Area Demographics

The following demographic charts are used from the Regional CHNA and compare all counties in the Upper Peninsula, and in most cases, the Michigan average. Aspirus Ironwood's primary service area is located in Gogebic County, Mich., and Iron County, Wis.

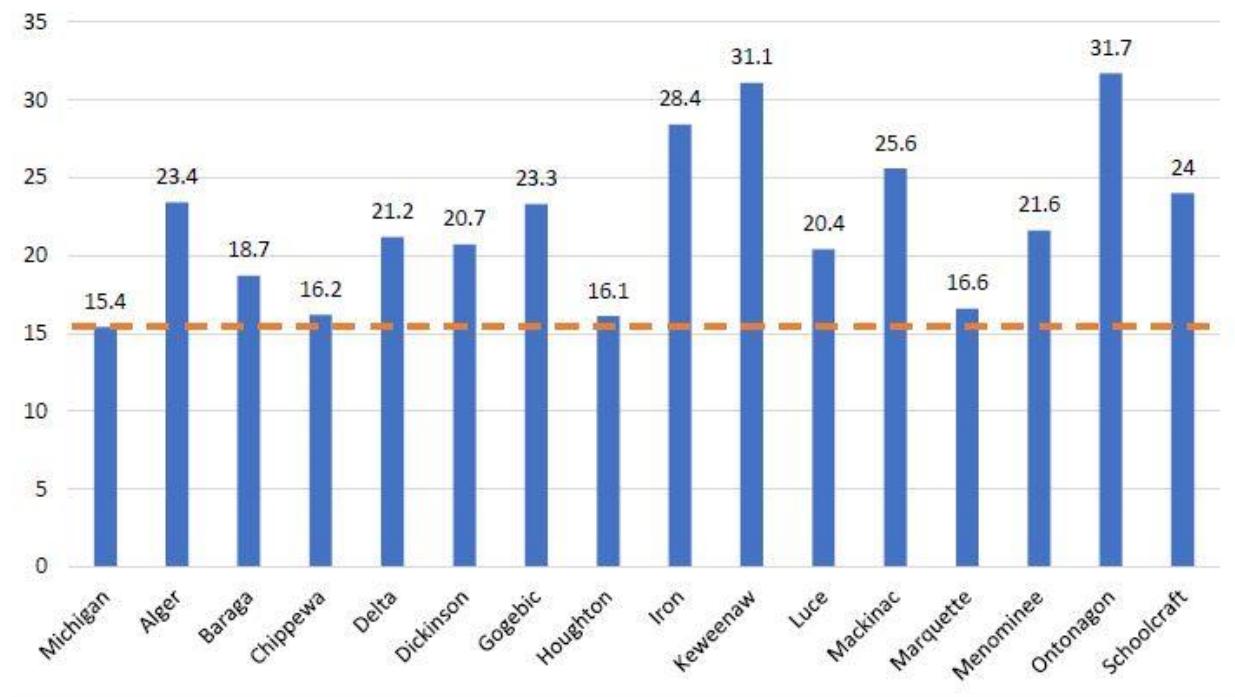
Population changes from 2000 to 2015

Source: U.S. Census Bureau (2000, 2010); American Community Survey (2011-2015)

| | 2000 | 2010 | 2015 | % Change (2000 to 2015) |
|-----------------|------------------|------------------|------------------|----------------------------|
| Michigan | 9,938,444 | 9,883,640 | 9,900,571 | -0.4 |
| Alger | 9,862 | 9,601 | 9,476 | -3.9 |
| Baraga | 8,746 | 8,860 | 8,690 | -0.6 |
| Chippewa | 38,543 | 38,520 | 38,586 | 0.1 |
| Delta | 38,520 | 37,069 | 36,712 | -4.7 |
| Dickinson | 27,472 | 26,168 | 26,012 | -5.3 |
| Gogebic | 17,370 | 16,427 | 15,824 | -8.9 |
| Houghton | 36,016 | 36,628 | 36,660 | 1.8 |
| Iron | 13,138 | 11,817 | 11,507 | -12.4 |
| Keweenaw | 2,301 | 2,156 | 2,198 | -4.5 |
| Luce | 7,024 | 6,631 | 6,477 | -7.8 |
| Mackinac | 11,943 | 11,113 | 11,044 | -7.9 |
| Marquette | 64,634 | 67,077 | 67,582 | 4.6 |
| Menominee | 25,326 | 24,029 | 23,717 | -6.4 |
| Ontonagon | 7,818 | 6,780 | 6,298 | -19.4 |
| Schoolcraft | 8,903 | 8,485 | 8,288 | -6.9 |

Percent of Population Over 65 Years of Age

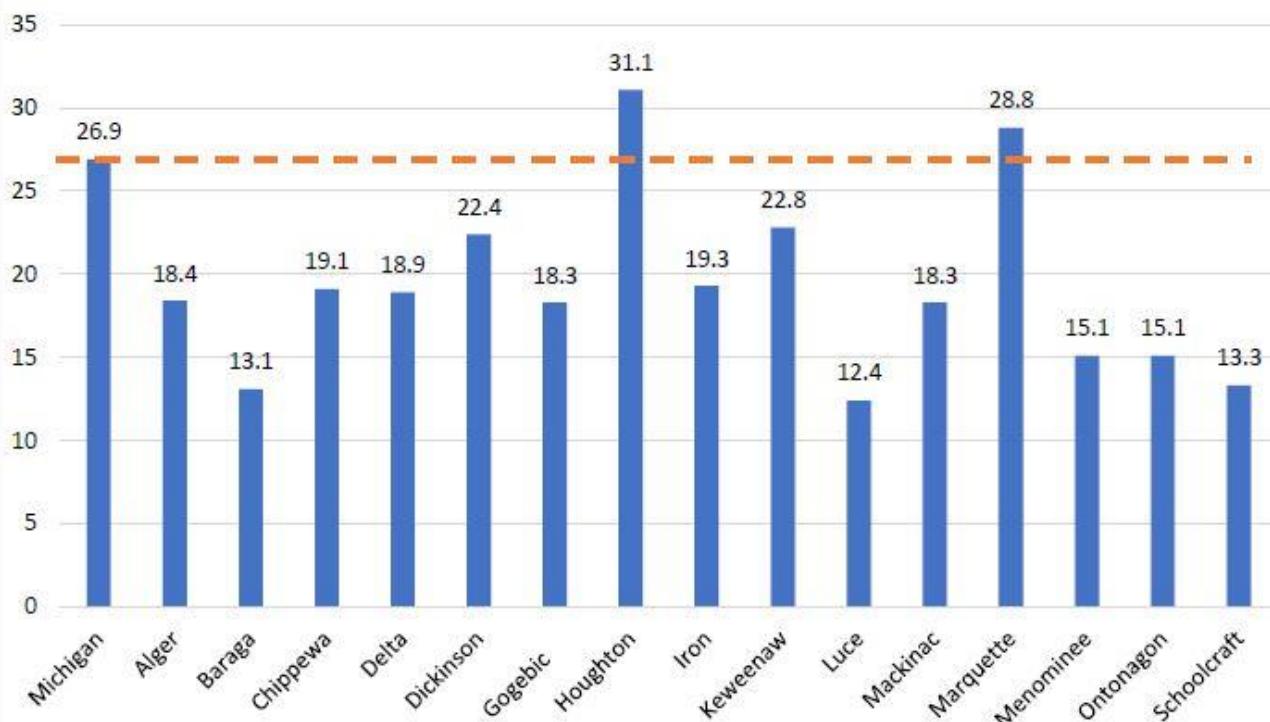
Source: American Community Survey, 2011-2015



| | White | Black or African American | American Indian or Alaska Native | Asian | Two or more races | Hispanic or Latino |
|-------------|-------|---------------------------|----------------------------------|-------|-------------------|--------------------|
| Michigan | 79.0% | 14.0% | 0.5% | 2.7% | 2.6% | 4.7% |
| Alger | 85.7% | 7.7% | 2.6% | 0.1% | 3.8% | 1.3% |
| Baraga | 73.8% | 4.5% | 18.5% | 0.6% | 2.5% | 1.3% |
| Chippewa | 71.6% | 6.7% | 14.9% | 0.9% | 5.6% | 1.6% |
| Delta | 94.2% | 0.3% | 2.0% | 0.3% | 3.2% | 1.0% |
| Dickinson | 96.6% | 0.5% | 0.5% | 0.6% | 1.7% | 1.3% |
| Gogebic | 90.9% | 4.6% | 2.4% | 0.5% | 1.5% | 1.2% |
| Houghton | 93.6% | 0.7% | 0.4% | 2.9% | 2.0% | 1.4% |
| Iron | 96.6% | 0.5% | 0.7% | 0.4% | 1.6% | 1.7% |
| Keweenaw | 98.4% | 0.9% | 0.5% | 0.1% | 0.1% | 0.9% |
| Luce | 80.4% | 8.5% | 7.1% | 0.2% | 3.2% | 2.6% |
| Mackinac | 75.3% | 1.7% | 15.8% | 0.6% | 5.9% | 1.4% |
| Marquette | 93.4% | 1.7% | 1.3% | 0.7% | 2.6% | 1.4% |
| Menominee | 94.7% | 0.3% | 2.1% | 0.2% | 2.7% | 1.6% |
| Ontonagon | 96.3% | 0.3% | 1.1% | 0.5% | 1.5% | 1.1% |
| Schoolcraft | 86.9% | 0.5% | 5.9% | 1.5% | 5.0% | 0.9% |

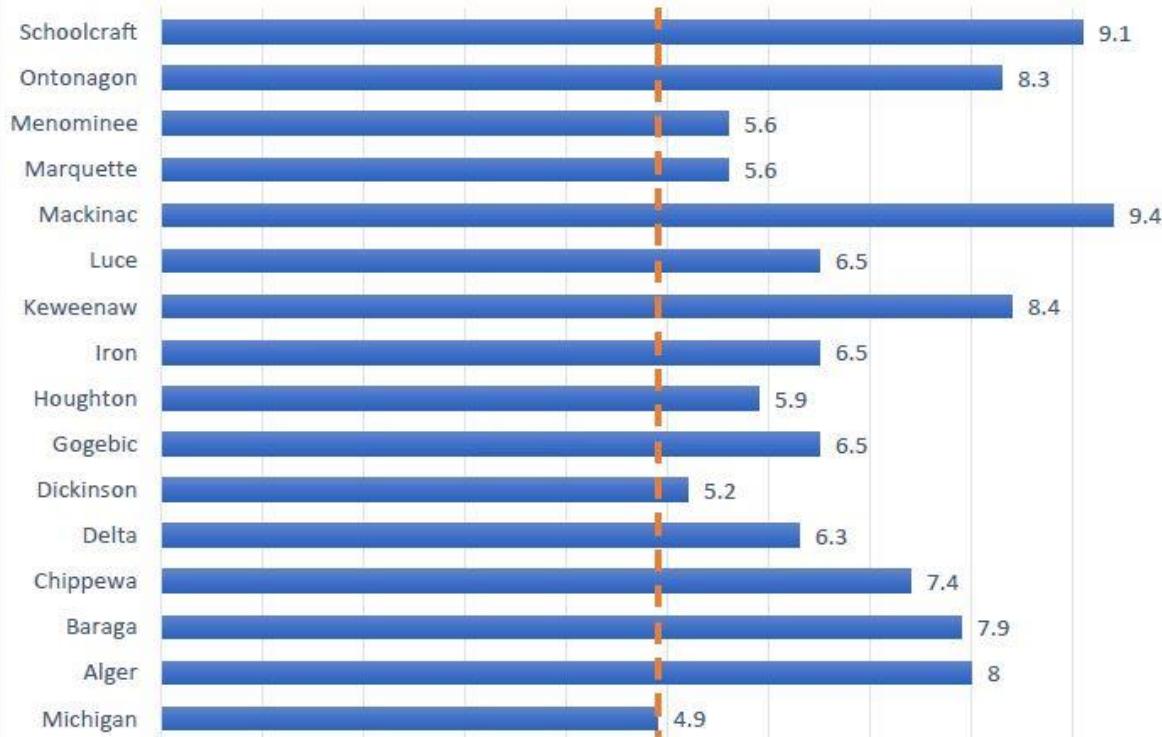
Percent with Bachelor's Degree or Higher

Source: American Community Survey, 2011-2015



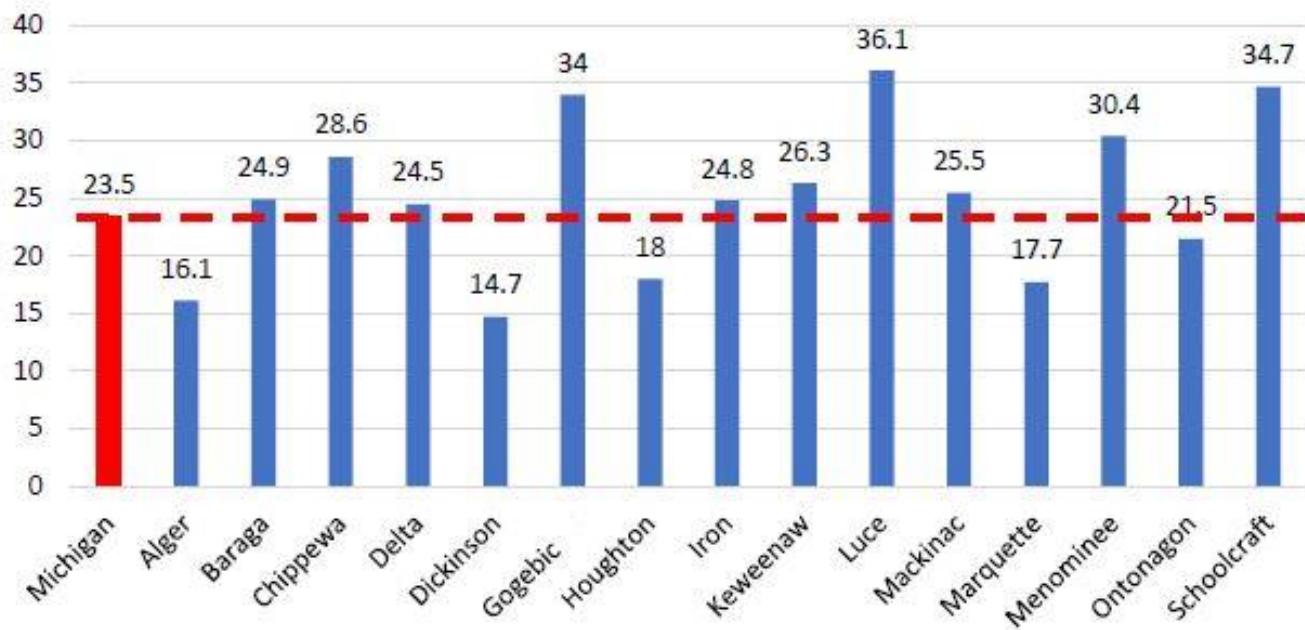
2016 Unemployment Rate

Source: Bureau of Labor Statistics, Annual Averages



Percent of Children Under 18 Living in Poverty

Source: U.S. Census Bureau, American Community Survey, 2011-2015



Percent of All People Living Under Poverty Line

Source: U.S. Census Bureau, American Community Survey, 2011-2015

