# Table of Contents

Executive Summary ........................................................................................................ 3-4
Aspirus Keweenaw ........................................................................................................ 5-8
CHNA Development Overview ..................................................................................... 9
Regional Assessment Process ....................................................................................... 10-12
Regional Assessment Methodology ............................................................................. 13
Organizing and Prioritizing Data .................................................................................. 14
UP Region: Four Major Priorities and Health Needs .................................................. 15-19
Implementation and Goals Locally .............................................................................. 20-21
Implementation Strategies ............................................................................................ 22-27
Adoption of Implementation Strategies ....................................................................... 28
Appendix A ................................................................................................................... 29-37
Appendix B ................................................................................................................... 38-39
Executive Summary

A Community Health Needs Assessment is an important tool used to identify the health needs of a community. The results assist in prioritizing health needs that lead to the allocation of appropriate resources and the creation of new partnerships to improve the health of the population.

In 2015 and 2016, the *Western Upper Peninsula 2015 Health Needs Assessment* was conducted for approximately 80,000 residents in Baraga, Gogebic, Houghton, Iron, Keweenaw, and Ontonagon Counties in the Western U.P. of Michigan. It also included data from four Wisconsin border counties whose residents access health services in Michigan.

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

The purpose of Aspirus Keweenaw’s Community Health Needs Assessment is to:

1) assist in identifying priority health needs of the areas served by Aspirus Keweenaw and aligning organizational resources to meet those needs.

2) comply with newly established requirements enforced by the Internal Revenue Service (IRS) and based on the federal Patient Protection and Affordable Care Act (PPACA) enacted in March 2010.

*The PPACA law requires all 501(c)(3) hospital organizations to conduct a “Community Health Needs Assessment and prepare a corresponding implementation strategy once every three taxable years.”*
Executive Summary

This report is divided into four distinct sections that fulfill the requirements of the PPACA.

Aspirus Keweenaw Organization and Overview: This includes a description of Aspirus Keweenaw, a definition of the community, and an overview of the demographics of the communities that Aspirus Keweenaw serves.

A listing of local health services can be found in Appendix A. Service area demographics on a broader scope can be found in Appendix B.

Regional 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, Wis. It also includes information on how all of the data was obtained and the process that was used for identifying priorities that meet the health needs of our communities.

Regional and Local Priorities and Health Needs: This includes the determination of the priority areas and a listing of the major health needs of the entire community, including minority groups, uninsured, and low-income persons.

Implementation Strategy & Goals Locally: The second half of Aspirus Keweenaw’s CHNA includes an outline of the target strategies and activities that will serve to meet the needs identified in the overall assessment.

NOTE: All data used in the 2016 Aspirus Keweenaw Hospital Community Health Needs Assessment is referenced from the 2016 Western Upper Peninsula Health Needs Assessment.
Aspirus Keweenaw

Our Mission

Passion for Excellence. Compassion for People.

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

Our Vision

Aspirus Keweenaw is grounded in a strong tradition of community and patient-focused care. We are a continually evolving healthcare system and will be the area’s first choice for hospital-related services.

Aspirus Keweenaw differentiates itself from other hospitals by continually building its service base and adding new services and technologies, consistent with local population needs.

Aspirus Keweenaw values the teamwork that is an integral component of its future success. We will pursue and maintain important physician partnerships and healthcare organization alliances for the benefit and improvement of the health of the residents in the communities we serve.
Aspirus Keweenaw

About

Aspirus Keweenaw is a non-profit, community-directed healthcare organization located in Laurium, Mich., with clinics and outreach services in Laurium, Houghton, and Lake Linden. Aspirus Keweenaw is part of the Aspirus, Inc. hospital and clinic network headquartered in Wausau, Wis. As a rural, critical access hospital with 25 beds, Aspirus Keweenaw provides a broad range of inpatient and outpatient services and 24/7 access to emergency care.

Additional services provided by Aspirus Keweenaw include family medicine, women’s health, heart care, cancer care, orthopedics, general surgery, urology, ear-nose-throat, outpatient therapies, and eye care.

In Fiscal Year 2015, Aspirus Keweenaw admitted 1,190 patients and treated 6,210 patients with emergency medical needs.

Other community health services and resources available in Houghton and Keweenaw Counties are listed in Appendix A.

Aspirus Keweenaw Hospital
Aspirus Houghton Clinic
Aspirus Keweenaw Outpatient Therapies & Fitness Center

Aspirus Eye Clinic
Aspirus Keweenaw Laurium Wellness
Aspirus Keweenaw Lake Linden Clinic
Aspirus Keweenaw

Demographics and Description of Communities Served by Aspirus Keweenaw

Aspirus Keweenaw primarily serves the communities of Houghton and Keweenaw Counties. The hospital is located in Laurium, Mich. and is bordered by Lake Superior on the north, east and west sides. See Diagram A.

The primary service area encompasses a population of more than 38,712 (according to the U.S. Census Bureau and American Community Survey).

The population of Houghton and Keweenaw Counties has remained stable for decades due to economic vitality supported by Michigan Technological University, high-tech business incubators, school systems, and small business. Larger generations of people, previously supported by vast copper and iron mining operations, have transitioned to this relatively stable population. Healthcare in Houghton and Keweenaw Counties is the fourth largest employer.

In Houghton County, 16.1 percent of the population is over 65 years of age, and, in Keweenaw County, the number is 30.9 percent. The shift to an aging population continues gradually. In Houghton County, 20.5 percent of the population is under 18, and, in Keweenaw County, its 17.7 percent. Birth rates in Houghton and Keweenaw Counties have remained stable for decades. In Keweenaw County 4.4 percent of the population is under 5 years of age. That number is 5.3 percent in Houghton County.
**Aspirus Keweenaw**

Many Western U.P. counties are designated as medically underserved areas.

<table>
<thead>
<tr>
<th>Medically Underserved Areas</th>
<th>Primary Medical Care HPSA?</th>
<th>Dental Health Care HPSA?</th>
<th>Mental Health Care HPSA?</th>
<th>Underserved?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baraga County</strong></td>
<td>Keweenaw Bay Indian Community</td>
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<tr>
<td></td>
<td>Rural Population</td>
<td>Medicaid Eligible Population</td>
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<tr>
<td><strong>Gogebic County</strong></td>
<td>Entire Geographic County</td>
<td>Entire Geographic County</td>
<td>Entire Geographic County</td>
<td>Y</td>
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<tr>
<td></td>
<td>Lac View Desert Tribal Population</td>
<td>Medicaid Eligible Population</td>
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<tr>
<td><strong>Houghton County</strong></td>
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<td>Entire Geographic County</td>
<td>Entire Geographic County—High Needs</td>
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<td></td>
<td>Low Income Population</td>
<td>Low Income Population</td>
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<tr>
<td><strong>Keweenaw County</strong></td>
<td>Entire Geographic County</td>
<td>Entire Geographic County</td>
<td>Entire Geographic County—High Needs</td>
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<td></td>
<td>Low Income Population</td>
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<td>Entire Geographic County</td>
<td>Entire Geographic County</td>
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<td></td>
<td>Low Income Population</td>
<td>Medicaid Eligible</td>
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<tr>
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<td>Entire Geographic County</td>
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<tr>
<td></td>
<td>Low Income Population</td>
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<td><strong>Iron County, WI</strong></td>
<td>Geographic Locations Hurley &amp; Mercer</td>
<td>Entire Geographic County</td>
<td>Entire Geographic County—High Needs</td>
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<td></td>
<td>Low Income Population</td>
<td>Low Income Population</td>
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<tr>
<td></td>
<td>Rural—Specified Minor Civil Townships</td>
<td>Low Income Population</td>
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<td><strong>Florence County, WI</strong></td>
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<tr>
<td><strong>Forest County, WI</strong></td>
<td>Native American Tribal Population—Potawatomi</td>
<td>Native American Tribal Population—Potawatomi</td>
<td>Native American Tribal Population—Potawatomi</td>
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<tr>
<td></td>
<td>Entire Geographic County</td>
<td>Low Income Population</td>
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<td></td>
</tr>
<tr>
<td><strong>Vilas County, WI</strong></td>
<td>Native American Tribal Population—Locations: Peter Christensen &amp; Great Lakes Inter-Tribal Council</td>
<td>Native American Tribal Population—Locations: Peter Christensen &amp; Great Lakes Inter-Tribal Council</td>
<td>Native American Tribal Population—Locations: Peter Christensen &amp; Great Lakes Inter-Tribal Council</td>
<td>Y</td>
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</tbody>
</table>

*Additional demographic information can be found in Appendix B.*
Regional and Local Data Used to Develop 2015 Aspirus Keweenaw Hospital CHNA (this document)
Regional Assessment Process

Collaborative Approach

Development of this Community Health Needs Assessment followed a similar process to that published in the 2012 assessment. It involved a collaborative process that began in early 2015 and concluded 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 hospitals in the Western U.P., various local health agencies, and the Western Upper Peninsula Health Department developed a regional health assessment that provided a thorough analysis of the Western U.P. counties and four counties in northeast Wisconsin.

The collaborative 2015 Western Upper Peninsula Health Needs Assessment represents the largest comprehensive health report ever completed for the region and is a continuation of the 2012 effort.

- The large-scale of the **Western Upper Peninsula 2012 Regional Health Assessment** offered an initial snapshot of the population’s health.

- The 2015 assessment is more in depth and provides analytical analysis and trends from the previous report. As a whole, the 2015 report provides the clearest picture of past and current health conditions, changes over the last three years, and insight to future trends.

The document you are reading is the 2016 **Aspirus Keweenaw Hospital Community Health Needs Assessment**. This report, pictured in Diagram B, is largely built using data and findings from the 2015 **Western Upper Peninsula Health Needs Assessment** and can be viewed in full at [aspirus.org](http://aspirus.org) or [wuphd.org](http://wuphd.org).
Regional Assessment Process

Steering Committee and Team

Throughout the planning and production of the 2015 Western Upper Peninsula Health Needs Assessment, a steering committee of community leaders and subject matter experts met regularly to direct the reporting process. The process included the creation and distribution of a survey to randomly selected residents.

The steering committee was made up of representatives from major cross-sections of the community and experts with a strong understanding of the health needs of our region and rural communities, from the underserved and minorities to the general population. For Aspirus Keweenaw, this includes input from the Western Upper Peninsula Health Department. Representatives from each organization communicated in regular meetings.

A listing of the steering committee members can be found in Diagram C.
<table>
<thead>
<tr>
<th>Organization</th>
<th>Community Role</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aspirus Keweenaw Hospital</strong></td>
<td>Health system located in Laurium, Mich., serving Houghton County (Pop: 36,225) and Keweenaw County (Pop: 2,191). Services provided include: family medicine, women’s health, heart care, cancer care, orthopedics, outpatient therapies, eye care, in-home care, and other services.</td>
</tr>
<tr>
<td><strong>Aspirus Grand View Hospital</strong></td>
<td>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 for Gogebic County, Mich. and Iron County, Wis.</td>
</tr>
<tr>
<td><strong>Western Upper Peninsula Health Department</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Gogebic County Community Mental Health Authority</strong></td>
<td>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. GCMHA provides services such as substance abuse, mental health, parent management, housing assistance, therapy and crisis intervention.</td>
</tr>
<tr>
<td><strong>Aspirus Ontonagon Hospital</strong></td>
<td>Aspirus Ontonagon Hospital is a non-profit, community-directed, and 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 of 6,322 in a very rural location. Services include cardiology, laboratory, surgical, imaging, physical therapy, and other services.</td>
</tr>
<tr>
<td><strong>Aspirus Iron River Hospital</strong></td>
<td>Aspirus Iron River Hospital is a 25-bed critical access hospital located in Iron River, Mich. (Pop: 2,950), serving Iron County, Mich. and Northern Wisconsin. The facility offers women’s health services, surgical services, family medicine, emergency department, cardiology, physical therapy, oncology, in-home care, and other services.</td>
</tr>
<tr>
<td><strong>Baraga County Memorial Hospital</strong></td>
<td>Baraga County Memorial Hospital is a critical access hospital located in L’Anse, Mich. It is the largest healthcare provider for Baraga County (Pop: 8,695). The hospital is licensed for 15 acute-care beds and offers rehabilitation, surgical, cancer, home care, emergency, cardiac, imaging and other services.</td>
</tr>
<tr>
<td><strong>UP Health System Portage</strong></td>
<td>UP Health System Portage is the second largest healthcare provider for Houghton County (Pop: 36,225) and Keweenaw County (Pop: 2,191). 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.</td>
</tr>
<tr>
<td><strong>Copper Country Mental Health Institute</strong></td>
<td>Copper Country Mental Health Institute offers behavioral health services accessible to persons in Baraga, Houghton, Keweenaw, and Ontonagon counties. Copper Country Mental Health provides an array of services intended to increase independence, improve quality of life, and support community integration and inclusion of the persons served. Programs include suicide prevention, health education, substance abuse prevention and infant care.</td>
</tr>
<tr>
<td><strong>Upper Great Lakes Family Health Center</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>
Regional Assessment Methodology

Data Driven and Statistically Significant

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

- The survey was mailed to 8,500 households across the Western U.P. in November 2015.

- A total of 1,700 randomly selected households in Houghton and Keweenaw counties received a survey.

- A total of 360 responses were returned, yielding a 24.0 percent survey response rate.

- As a whole, the survey produced an impressive 95 percent confidence interval.

- No changes were made to the 2012 survey for use in 2015. The same questions, wording, and format were repeated for comparison purposes.

The 2015 Western Upper Peninsula Health Needs Assessment includes a significant amount of data indicators across multiple categories relating to health and health factors. Data was compiled from a variety of published sources and healthcare providers. Sources included the U.S. Census, American Community Survey, Michigan Department of Community Health, Wisconsin Division of Public Health, and other government and private agencies.
Organizing and Prioritizing Data

With all data indicators combined, the 2015 *Western Upper Peninsula Health Needs Assessment* was broken down into general categories representative of health issues that are often the largest for any population. The breakdown allows for the pinpointing and grouping of similar issues so priority areas can be focused on. These categories can be found below in Diagram D.

<table>
<thead>
<tr>
<th>Regional CHNA Focus Categories</th>
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<tbody>
<tr>
<td>Demographics</td>
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<tr>
<td>Vulnerable Populations</td>
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<tr>
<td>Access to Care</td>
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<tr>
<td>Maternal, Infant and Child Health</td>
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<tr>
<td>Adolescent Health</td>
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<tr>
<td>Infectious Disease</td>
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<tr>
<td>Chronic Disease and Mortality</td>
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<tr>
<td>Substance Abuse</td>
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<tr>
<td>Public Safety</td>
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<tr>
<td>Local Survey Findings</td>
</tr>
</tbody>
</table>

Next, Aspirus Keweenaw and the steering committee cross referenced all data across these general categories to identify MAJOR PRIORITY AREAS that encapsulate the overarching health needs of the region and, subsequently, local U.P. counties.

After multiple meetings, discussions and approval, FOUR MAJOR PRIORITY AREAS were selected by the steering committee on a regional scale. The goal was for member organizations to continue to work together, add members, and pool resources, leadership, and expertise to develop initiatives with an even greater impact on a regional basis than an individual organization might be able to undertake, especially with limited resources.
U.P. Region:
Four Major Priorities and Health Needs

Below are the four major priority areas outlined in the 2015 Western Upper Peninsula Health Needs Assessment.

1. The Importance of Prevention (overarching theme)
2. The Impact on an Aging Population
3. Expanded Access to Care Via the Evolving Affordable Care Act
4. The Powerful Correlation Between Socio-Economic Status and Poor Health
The Importance of Prevention

*Note: We approach PREVENTION the overarching theme for priorities 2, 3 and 4.*

From the *2015 Western Upper Peninsula Health Needs Assessment* (pages 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.”

Below are other factors which lend themselves to prevention and significantly impact health status.

- High rates of local tobacco and alcohol use contribute to the local chronic disease burden. About 21 percent of 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 both negatively impact the health of mothers and their offspring. Births to single mothers are generally in reading across all counties. In Iron and Ontonagon Counties they are edging above 40 percent. They are 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, a number virtually unchanged from the 2012 rate of 60 percent.

- An estimated 21.9 percent of Western U.P. adults report a history of depression, 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.
The Impact on an Aging Population

From the *2015 Western Upper Peninsula Health Needs 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. It also means that many communities will face declining school enrollment, declining tax bases, reduced services and even a dearth of caregivers for the burgeoning aging population.”
Expanded Access to Care Via the Evolving Affordable Care Act

From the *2015 Western Upper Peninsula Health Needs 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. But as 18th Century scientist Georg Christoph Lichtenberg said, “I cannot say whether things will get better if we change; what I can say is they must change if they are to get better.”
The Powerful Correlation Between Socio-Economic Status and Poor Health

From the 2015 Western Upper Peninsula Health Needs 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.”
Implementation and Goals Locally

INTRODUCTION: For the purposes of developing Aspirus Keweenaw’s CHNA, and to fulfill the PPACA requirements, Aspirus Keweenaw is using the four overall U.P. priorities as the strategic drivers to enact efforts to provide proactive healthcare services that align to the needs of the communities Aspirus Keweenaw serves.

REGIONAL: 4 Priorities

1. The Importance of Prevention (overarching theme)
2. The Impact on an Aging Population
3. Expanded Access to Care Via the Evolving Affordable Care Act
4. The Powerful Correlation Between Socio-Economic Status and Poor Health

LOCALLY: Identify implementation strategies and goals that align with the Regional Community Health Needs Assessment in the areas Aspirus Keweenaw serves.

The following pages demonstrate the implementation strategies identified for the Aspirus Keweenaw Hospital 2015 Community Health Needs Assessment.
How Aspirus Keweenaw Supports The Four U.P. Regional Assessment Priorities

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. Smoking cessation for high risk patients
4. Education about access to healthcare and wellness services

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

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

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

Aspirus hospitals and clinics in the Upper Peninsula are collaborating to ensure staff, programs, and resources are focused locally on the core themes identified in the Western U.P. Health Assessment.
GOAL #1:
Focus human resource and local public relations resources on healthy eating and nutrition community outreach (approximately $50,000 annually).

STRATEGIES:
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 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 their healthy eating program and policy development.
- Collaborate with Health Department initiatives to provide healthy eating support in Head Start and public school programming.
- Conduct one-on-one nutritional counseling programs in conjunction with wellness initiatives at Michigan Technological University (area’s largest employer) and other businesses in the community, as resources allow.

HEALTH NEEDS BENEFIT:
By providing healthy eating education in the school system, we can reach entire families to provide support that will encourage the making of better food choices and increase knowledge of available weight management programs that may dramatically improve their health.

Additionally, the tone and temperament of outreach with Aspirus, using our cultural promise of passion for excellence and compassion for people, allows for greater visibility of other health services including regular doctor visits and well-child check-ups.
GOAL #2:

Expand attendance of fitness classes or personal training sessions and facility usage by 5 percent annually at Laurium Fitness Center. Target 50 percent of that expansion to aging population.

STRATEGIES:

- Invest in promoting the Laurium Fitness Center in the community as a reference tool for medical providers and local businesses engaged in population health and wellness programs.
- Expand visibility of senior fitness to providers and the community through promotion of the Silver Sneakers Program.
- Promote fitness and nutrition at Aspiring Women Community Outreach events.
- Have fitness trainers contributing motivation and education in at least 5 community outreach events per year.
- Motivate a passionate network of senior members at the fitness center to reach new senior members. Create a non-monetary reward for new member recruitment.
- Investigate the feasibility of developing a new program for new retirees in the community.

HEALTH NEEDS BENEFIT:

Direct engagement is a proven key driver when 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.
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 percent annually over 3 years.

STRATEGIES :

• Offer one-on-one sessions on diabetes education in our diabetes clinic with a Nurse Practitioner and an Registered Nurse, Certified Diabetes Educator. Also offer medical management group classes through the clinic.
• Have 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 monthly diabetes support group which is open to the public and free-of-charge.
• Continue to have the Aspirus Keweenaw Diabetes Clinic support a foot care clinic which is specially formatted for diabetes patients.
• Establish, within the next three years, pre-diabetes group medical visits facilitated by a mid-level practitioner and Registered Dietitian.
• Offer, within the next three years, tele-health appointment options to provide support and outreach to our rural diabetes patients.

HEALTH NEEDS BENEFIT :
The prevalence of diabetes in Houghton and Keweenaw Counties continues to be an alarming 10.2 percent. In the past 3 years alone, Aspirus has assisted over 400 patients with diabetes assistance and self-management education. Patient satisfaction with our efforts is strong and we must continue this valuable service to the community.
GOAL #4:
Identify patient population who have diabetes and also use tobacco products and provide cessation education to 20 percent of the identified population.

STRATEGIES:

- Make smoking cessation treatment information a consistent part of every visit for patients who smoke.
- Reach this audience annually with a private, direct mail letter encouraging them to quit smoking and informing them where to go for help.
- Provide cessation education at pre-diabetes and diabetes group visits.
- Provide one educational outreach event to adolescent audiences per year.

HEALTH NEEDS BENEFIT:
More than half of Western U.P. adults are current or former smokers. While public messaging programs can have a positive effect, we feel that direct patient consultation and information exchange during regular healthcare visits is a vital reinforcement.
GOAL #5:
Reach 50 percent of Houghton and Keweenaw County population annually with “how-to” information regarding positive disease prevention behaviors and access to services.

STRATEGIES:

- Feature patient stories in publications and outreach regarding early screening and life-saving success. In particular, focus on stories related to heart disease and cancer.
- Collaborate with local healthcare organizations in providing direct-to-person encounters teaching the early warning signs of stroke.
- Promote directly to at-risk patients, as well as the general population, through media and community outreach regarding access to on-line screeners for heart and cancer issues.
- Engage women with motivational outreach programs at least 2 times per year (Aspiring Women) regarding important women’s health-related topics on health and prevention.
- 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, healthcare messaging has been traditionally focused on the availability of doctors and the locations of clinics and hospitals. While this is still important, a shift towards messaging that emphasizes prevention should help foster healthier lifestyle practices and reinforce behaviors that can reduce risk factors and disease prevalence in community.
How Strategies and Goals Support Each Priority Area with Importance of Prevention as Overall Theme

**GOAL #1:**
Focus human resource and local public relations resources on healthy eating and nutrition community outreach.

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

**GOAL #2:**
Expand attendance of fitness classes or personal training sessions and facility usage by 5 percent annually at Laurium Fitness Center. Target 50 percent of that expansion to aging population.

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

**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 percent annually over 3 years.

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

**GOAL #4:**
Identify patient population who have diabetes and also use tobacco products and provide cessation education to 20 percent of the identified population.

**GOAL #5:**
Reach 50 percent of Houghton and Keweenaw County population annually with “how-to” information regarding positive disease prevention behaviors and access to services.
Adoption of Implementation Strategy

The Aspirus Keweenaw Hospital Board of Directors is comprised of individuals from Houghton and Keweenaw Counties and the Aspirus, Inc. system. The Board approves the implementation strategy priorities identified in the Community Health Needs Assessment planning process. This report was prepared for the June 21, 2016, Board of Directors meeting and was approved.

Dan Dalquist
Chairman,
Aspirus Keweenaw Hospital Board of Directors

Mike Hauswirth,
Chief Executive Officer,
Aspirus Keweenaw and Ontonagon Hospitals

Chuck Nelson
Regional CEO,
Aspirus Upper Peninsula Hospitals

“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 2016 Regional Health Assessment.”
Appendix A

Available Health Services and Resources

A listing of health services and resources available in Houghton and Keweenaw Counties is provided in this appendix. Additionally, Aspirus Keweenaw’s hospital and clinics each have an informational resource binder for front-line staff to assist patients with health services and resources needed.

Aspirus Keweenaw is a member of the Copper Country Human Services Coordinating Body (CCHSCB), and often refers patients to their online resource guide (pictured) and 2-1-1 service line. The CCHSCB provides listings and contact information for community health and social/economic resources.

Aspirus Keweenaw Hospital and Clinic Locations

<table>
<thead>
<tr>
<th>Aspirus Keweenaw Hospital</th>
<th>Aspirus Laurium Wellness</th>
</tr>
</thead>
<tbody>
<tr>
<td>205 Osceola Street</td>
<td>300 Hecla Street</td>
</tr>
<tr>
<td>Laurium, MI 49913</td>
<td>Laurium, MI 49913</td>
</tr>
<tr>
<td>(906) 337.6500</td>
<td>(906) 337.9355</td>
</tr>
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<table>
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<tr>
<th>Aspirus Laurium Clinic</th>
<th>Aspirus Lake Linden Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>205 Osceola Street</td>
<td>110 Calumet Street</td>
</tr>
<tr>
<td>Laurium, MI 49913</td>
<td>Lake Linden, MI 49945</td>
</tr>
<tr>
<td>(906) 337.6560</td>
<td>(906) 296.5040</td>
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<thead>
<tr>
<th>Aspirus Laurium Wellness</th>
<th>Aspirus Houghton Clinic</th>
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<tr>
<td>300 Hecla Street</td>
<td>301 Lakeshore Drive</td>
</tr>
<tr>
<td>Laurium, MI 49913</td>
<td>Houghton, MI 49931</td>
</tr>
<tr>
<td>(906) 337.9355</td>
<td>(906) 487.1710</td>
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<table>
<thead>
<tr>
<th>Aspirus Lake Linden Clinic</th>
<th>Aspirus Eye Clinic</th>
</tr>
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<tbody>
<tr>
<td>110 Calumet Street</td>
<td>404 W. Sharon Ave</td>
</tr>
<tr>
<td>Lake Linden, MI 49945</td>
<td>Houghton, MI 49931</td>
</tr>
<tr>
<td>(906) 296.5040</td>
<td>(906) 482.5230</td>
</tr>
</tbody>
</table>
Aspirus Outpatient Therapies & Fitness Center
342 Hecla Street
Laurium, MI 49913
(906) 337.7000

Aspirus Outpatient Therapies
1000 Cedar Street
Houghton, MI 49931
(906) 487.1710

U.P. Health System – Portage Locations

Hancock (906) 483.1000
Houghton (906) 483.1777
Lake Linden (906) 483.1030
Ontonagon (906) 884.4120
University Center (906) 483.1860

Durable Medical Equipment
Hospital Beds, Wheelchairs, Walkers, Commodes, Hoyer Lifts, Etc.

Loan Closets (free-of-charge or low-cost)
Baraga-Houghton-Keweenaw Community Action Agency
(906) 482.5528

St. Vincent De Paul Thrift Store
(906) 482.7705

Salvation Army Store
(906) 482.4596

Local Retail Outlets
Apria Healthcare
(906) 482.3041

Apothecary Home Medical Equipment
(906) 483.1290

Wright & Filippis, Inc.
(800) 232.1143

Aspirus Home Medical Equipment
(906) 337.6557

6/23/2016

ASPIRUS KEWEENAW HOSPITAL 2016
COMMUNITY HEALTH NEEDS ASSESSMENT
**Respite Care**  
Baraga-Houghton-Keweenaw Community Action Agency  
(906) 482.5528

**Assistance for End-of-Life Care**  
Aspirus At Home  
(906) 337.5700

Portage Home Health & Hospice  
(906) 483.1160

Omega House  
(906) 482.4438

**Adult Day Care**  
Harmony Gardens Adult Day Center  
(906) 337.3992

**Resource Information**  
Long Term Care Connection  
Dial 2-1-1  
(800) 338.1119

American Cancer Society  
(800) 469.0149

**Home Nursing Services**  
Aspirus At Home  
(906) 337.5700

Portage Health Home Care & Hospice  
(906) 483.1160

**Nursing Homes**  
Cypress Manor Health and Rehabilitation Center  
Gregory Shinn, Administrator  
(906) 482.6644

Houghton County Medical Care Facility  
Tammi Lehto, Administrator  
(906) 482.5050

Our Lady of Mercy Health and Rehabilitation Center  
Sharon Codere  
(906) 296.3301
Portage Pointe
Kellie Luoma, LBSW, Portage Health
(906) 483.1300

Financial Assistance
Medicaid – Michigan Department of Health and Human Services
Houghton County (906) 482.0500
Keweenaw County (906) 337.3302

Medicare – U.S. Social Security Administration
(906) 482.9656
(800) 772.1213

Children's Special Health Care Services
Western U.P. Health Department
(906) 482.7382

Michigan Rehabilitation Services
(906) 482.6045
(800) 562.7860

Medical Access Program – Western U.P. Healthcare Access Coalition
(906) 482.7122

Mastectomy Supplies
Elegant Solutions Mastectomy Boutique
(906) 487.1710

Meal Service
Senior Nutrition Program – Meals on Wheels
(906) 483.1155

Assisted Living
Adult Foster Care Homes
Michigan Department of Health and Human Services
(906) 482.0500

Garden View Assisted Living & Memory Care
(906) 337.0800

The Bluffs Senior Community
(906) 483.4400
Senior Citizen Housing
Centerline Apartments
(906) 296.0070
(906) 482.5811

Golden Horizon Apartments
(906) 337.1401

Laurium Housing Commission
(906) 337.2306

Maple Lane Apartments
(906) 296.0713

Park Avenue Apartments
(906) 337.0005

Rustic Meadows
(906) 296.0713

Home Aide Services
Adult Home Help Services
Michigan Department of Health and Human Services
(906) 482.0500

Homemaker Aide/Personal Care
Baraga-Houghton-Keweenaw Community Action Agency
(906) 482.5528
(906) 337.4805

Aspirus At Home
(906) 337.9500

Portage Health Home Services
(906) 483.1170

Long-Term Care Connection
Dial 2-1-1
(800) 338.1119

UPCAP Care Management
(906) 482.0982
Victims of Abuse and/or Neglect
Barbara Kettle Gundlach Shelter Home
(906) 337.5632

Dial Help, Inc.
(906) 482.4357

Adult & Children’s Protective Services
(906) 482.7558

Home Respiratory Service
Apria Healthcare Inc.
Houghton (906) 482.3041

Aspirus Keweenaw Home Medical Equipment
Laurium (906) 337.6557
Houghton (906) 487.1710

Transportation
Baraga-Houghton-Keweenaw Community Action Agency
(906) 482.5528

Little Brothers Friends of the Elderly
Hancock (906) 482.6944

Michigan Department of Health and Human Services
(906) 482.0500

DAV VAN – Houghton County Veterans Affairs
(906) 482.0102

B&B Wheelchair Transportation
(906) 281.7202

Hancock Public Transit
(906) 482.3450

Houghton Public Transit
(906) 482.6092

Community Action Bus Service
(906) 370.7433
Counseling Services
American Pregnancy Association
(800) 672.2296

Copper Country Community Mental Health
Houghton (906) 482.9400
Calumet (906) 337.5810

Indigo Creek Counseling Center
(906) 487.7458

Life Outreach Center
(906) 482.8681

Lutheran Social Services
(800) 677.7410

Rape, Abuse, and Incest National Network
(800) 656.4673

Psychology Associates
Bob Sharkey, PhD, LP
Susan Donnelly, PhD, LP
(906) 337.6839

Substance Abuse
Western UP Assessment Services, Inc.
(906) 482.7473

Western U.P. Health Department
(906) 482.7382

Phoenix House, Inc.
(906) 337.0763 – Men
(906) 337.3556 – Women

Pathways – NorthCare Network
(800) 305.6564

New Day Treatment Center
(906) 353.8121
Lifeline
Lifeline Emergency Response
(906) 483.1170

Support Groups
Alcoholics Anonymous
(906) 482.4357 (482.HELP)

Adult Caregivers Support Group
(906) 337.5700

Al-Anon
(906) 482.4357

Alzheimer's Disease & Related Disorders
(906) 482.4880

Cardiac/Diabetes Support Group
(906) 337.6598

Phoenix House, Inc.
(906) 337.0763 – Men
(906) 337.3556 – Women

Pathways – NorthCare Network
(800) 305.6564

New Day Treatment Center
(906) 353.8121

Community Coalition for Grief & Bereavement
(906) 337.5700

Diabetes Education
Jennifer Peavy, RN
(906) 337.6327

Diabetes Support Group
Beth Cook, RD (906) 337.6078
Jennifer Peavy, RN (906) 337.6327
Dial HELP, Inc.
(906) 482.4357

Vulnerable Adult Services
(800) 996.6228

Little Brothers Friends of the Elderly
(906) 482.6944

Narcotics Anonymous
(906) 482.4357

Multiple Sclerosis
(800) 291.2494
(906) 296.0933

Parent HELP Line
(800) 942.4357

Parkinson's Support Group
(906) 337.5700

Senior Helpline
(906) 482.4357
(906) 562.7622

SMART Recovery
(906) 482.4357

Women’s Health
Joan Marx (906) 337.4191
Appendix B

Service Area Demographics

The following demographic charts are used from the Regional CHNA and compare the six Western U.P. counties, the four Wisconsin border counties whose residents access health services in Michigan, and, in most cases, the Michigan average. Aspirus Keweenaw’s primary service area is Houghton and Keweenaw Counties.

### Population Changes from 2010 to 2014

**Source: U.S. Census Bureau; American Community Survey**

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2014 Estimate</th>
<th>Change Δ</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baraga</td>
<td>8860</td>
<td>8,654</td>
<td>-206</td>
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</tr>
<tr>
<td>Gogebic</td>
<td>16427</td>
<td>15,737</td>
<td>-690</td>
<td>-4.2%</td>
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<tr>
<td>Houghton</td>
<td>36628</td>
<td>36,495</td>
<td>-133</td>
<td>-0.4%</td>
</tr>
<tr>
<td>Keweenaw</td>
<td>2156</td>
<td>2,217</td>
<td>61</td>
<td>2.8%</td>
</tr>
<tr>
<td>Ontonagon</td>
<td>6780</td>
<td>6,172</td>
<td>-608</td>
<td>-9.0%</td>
</tr>
<tr>
<td>Michigan</td>
<td>9884133</td>
<td>9,909,877</td>
<td>25,744</td>
<td>0.3%</td>
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<tr>
<td>Wisconsin</td>
<td>5687289</td>
<td>5,757,564</td>
<td>70,275</td>
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<tr>
<td>Iron, WI</td>
<td>5916</td>
<td>5,917</td>
<td>1</td>
<td>0.0%</td>
</tr>
<tr>
<td>Iron, MI</td>
<td>11817</td>
<td>11,387</td>
<td>-430</td>
<td>-3.6%</td>
</tr>
<tr>
<td>Florence, WI</td>
<td>4423</td>
<td>4,481</td>
<td>58</td>
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</tr>
<tr>
<td>Forest, WI</td>
<td>9304</td>
<td>9,127</td>
<td>-177</td>
<td>-1.9%</td>
</tr>
<tr>
<td>Vilas, WI</td>
<td>21430</td>
<td>21,398</td>
<td>-32</td>
<td>-0.1%</td>
</tr>
</tbody>
</table>

### Percent Males, Females Per County

**Left: Western U.P. District and Iron County, Wisconsin**

**Right: Iron County, MI and Wisconsin Catchment Area**

(Source: U.S. Census Bureau 2013 Estimates)
<table>
<thead>
<tr>
<th>County</th>
<th>White Alone</th>
<th>Black or African American Alone</th>
<th>American Indian and Alaska Native Alone</th>
<th>Asian Alone</th>
<th>Native Hawaiian and Other Pacific Islander alone</th>
<th>Two or More Races</th>
<th>Hispanic or Latino</th>
<th>White alone, not Hispanic or Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baraga County</td>
<td>74.1%</td>
<td>7.5%</td>
<td>13.6%</td>
<td>0.3%</td>
<td>0.0%</td>
<td>4.5%</td>
<td>1.3%</td>
<td>73.5%</td>
</tr>
<tr>
<td>Gogebic County</td>
<td>90.9%</td>
<td>4.4%</td>
<td>2.6%</td>
<td>0.5%</td>
<td>0.0%</td>
<td>1.6%</td>
<td>1.2%</td>
<td>89.9%</td>
</tr>
<tr>
<td>Houghton County</td>
<td>94.2%</td>
<td>0.9%</td>
<td>0.6%</td>
<td>2.8%</td>
<td>0.0%</td>
<td>1.4%</td>
<td>1.4%</td>
<td>93.1%</td>
</tr>
<tr>
<td>Keweenaw County</td>
<td>98.5%</td>
<td>0.2%</td>
<td>0.2%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>1.1%</td>
<td>1.0%</td>
<td>97.8%</td>
</tr>
<tr>
<td>Ontonagon County</td>
<td>96.7%</td>
<td>0.2%</td>
<td>1.2%</td>
<td>0.3%</td>
<td>0.0%</td>
<td>1.6%</td>
<td>1.1%</td>
<td>95.8%</td>
</tr>
<tr>
<td>Iron County, MI</td>
<td>96.8%</td>
<td>0.3%</td>
<td>1.2%</td>
<td>0.3%</td>
<td>0.0%</td>
<td>1.4%</td>
<td>1.7%</td>
<td>95.3%</td>
</tr>
<tr>
<td>MICHIGAN</td>
<td>80.1%</td>
<td>14.3%</td>
<td>0.7%</td>
<td>2.7%</td>
<td>0.0%</td>
<td>2.2%</td>
<td>4.7%</td>
<td>76.1%</td>
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<tr>
<td>WISCONSIN</td>
<td>88.1%</td>
<td>6.5%</td>
<td>1.1%</td>
<td>2.5%</td>
<td>0.0%</td>
<td>1.7%</td>
<td>6.3%</td>
<td>82.5%</td>
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<tr>
<td>Iron County, WI</td>
<td>97.3%</td>
<td>0.2%</td>
<td>0.8%</td>
<td>3.0%</td>
<td>0.0%</td>
<td>1.2%</td>
<td>0.8%</td>
<td>96.8%</td>
</tr>
<tr>
<td>Florence County, WI</td>
<td>97.1%</td>
<td>0.4%</td>
<td>0.8%</td>
<td>0.4%</td>
<td>0.0%</td>
<td>1.4%</td>
<td>0.9%</td>
<td>96.3%</td>
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<tr>
<td>Forest County, WI</td>
<td>81.7%</td>
<td>1.0%</td>
<td>14.3%</td>
<td>0.2%</td>
<td>0.1%</td>
<td>2.6%</td>
<td>1.9%</td>
<td>80.9%</td>
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<tr>
<td>Vilas County, WI</td>
<td>87.0%</td>
<td>0.3%</td>
<td>11.1%</td>
<td>0.3%</td>
<td>0.0%</td>
<td>1.3%</td>
<td>1.6%</td>
<td>86.0%</td>
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