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Executive Summary

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

The 2018 Upper Peninsula Community Health Needs Assessment (CHNA) is a bold new initiative led by the six local health departments serving the 310,000 residents of Michigan’s Upper Peninsula region and their 26 community partners. For the first time, all U.P. counties will not only have a robust assessment in hand, they will also have the ability to look at similarities and differences across the region.

The CHNA will provide U.P. policy makers, stakeholders and residents with a vast pool of data which can serve as a springboard for a thoughtful, data-driven Community Health Improvement Plan (CHIP). Not only does the current data tell us where we are on a number of community health issues; it can also serve as a baseline against which to measure the progress made as communities implement program and policy changes. Ongoing CHNA, done every three years, will inform regional efforts for decades to come.

The purpose of Aspirus Ontonagon Hospital & Clinics’ Community Health Needs Assessment is to:

1) Assist in identifying priority health needs of the areas served by Aspirus Ontonagon Hospital & Clinics, 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 Ontonagon Organization and Overview:** This includes a description of Aspirus Ontonagon, a definition of the community, and an overview of the demographics of the communities that Aspirus Ontonagon 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 and Goals Locally:** The second half of Aspirus Ontonagon’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 Ontonagon Hospital Community Health Needs Assessment is referenced from the 2017 Western Upper Peninsula Health Needs Assessment.
Our Mission

We heal people, promote health and strengthen communities.

Our Vision

Aspirus is a catalyst for creating healthy, thriving communities, trusted and engaged above all others.
Aspirus Ontonagon Hospital & Clinics

**Aspirus Ontonagon is a rural, critical access hospital with 18 beds established in 1970. Aspirus Ontonagon has 2 clinic locations. With 130 employees, the hospital provides a broad range of inpatient and outpatient services. The medical staff numbers 54 – with 6 active staff, 16 courtesy staff, 14 consulting staff, 18 allied health. The group covers family medicine, emergency medicine, diabetes clinic, heart care, cancer care, orthopedics, endoscopy/soft tissue surgery, podiatry, radiology, outpatient therapy, cardiac rehabilitation, and ophthalmology.

Located in Ontonagon, Michigan, Aspirus Ontonagon primarily serves patients in Ontonagon County. For FY2018, Aspirus Ontonagon Hospital admitted more than 147 patients and treated 2,466 patients with emergency medical needs, as well as provided more than 13,000 outpatient visits.

Aspirus Ontonagon is affiliated with the non-profit Aspirus System headquartered in Wausau, WI. The system is community oriented and has six affiliated hospitals in the Upper Peninsula of Michigan and northern Wisconsin: Aspirus Keweenaw in Laurium, MI; Aspirus Ironwood in Ironwood, MI; Aspirus Ironriver in Ironriver, MI; Aspirus Ontonagon in Ontonagon, MI; Aspirus Medford in Medford, WI; Aspirus Langlade Hospital in Antigo, WI; Aspirus Riverview Hospital in Wisconsin Rapids, WI; and Aspirus Wausau Hospital in Wausau, WI.

*Other community health services and resources available in Ontonagon County is listed in Appendix A.*
Aspirus Ontonagon Hospital & Clinics

Demographics and Description of Communities Served by Aspirus Ontonagon Hospital & Clinics

Aspirus Ontonagon primarily serves the communities of Ontonagon county. The hospital is located in Ontonagon, Mich., and is bordered by Lake Superior on the north side. See Diagram A.

The primary service area encompasses a population of more than 6,298 (according to the U.S. Census Bureau and American Community Survey).

The population of Ontonagon county has declined over the past several years due to economic conditions. Larger generations of people previously supported by vast mining operations in copper and the loss of the Ontonagon Paper Mill, have declined the population to its current size. Aspirus Ontonagon is the largest employer in the Ontonagon County area.

In Ontonagon County 32.1% of the population is over 65. The shift to an aging population continues to increase gradually. With an average of 13% of the population of both counties under the age of 18, a large segment of middle-aged population will continue to push the population towards the older demographic.
Aspirus Ontonagon Hospital & Clinics

Many U.P. counties are designated as Health Shortage Population Areas.

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<tr>
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<th>Dental Health Care HSPA</th>
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Additional demographic information can be found in Appendix B.
CHNA Development Overview
Regional and Local Community Health Needs Assessments

This report brings together data and analysis from a regional community health needs assessment led by Western U.P. Health Department in conjunction with all other U.P. local public health departments and 26 additional partners who care deeply about the health of the Upper Peninsula’s more than 300,000 residents.

All partners, including the project’s largest funder, the Michigan Health Endowment Fund, have contributed their energy, ideas and dollars to make this regional health needs assessment possible on an unprecedented scale – across 15 counties. The partners are listed alphabetically below:

- Aspirus Iron River Hospital
- Aspirus Ironwood Hospital
- Aspirus Keweenaw Hospital
- Aspirus Ontonagon Hospital
- Central U.P. Planning & Development
- Regional Commission
- Chippewa County Health Department
- Copper Country Community Mental Health
- Dickinson County Healthcare System
- Dickinson-Iron District Health Department
- Gogebic County Community Mental Health
- Helen Newberry Joy Hospital
- Luce-Mackinac-Alger-Schoolcraft District Health Department
- Marquette County Health Department
- Michigan Health Endowment Fund
- Michigan Technological University
- Munising Memorial Hospital
- Northcare Network
- Northpointe Behavioral Health Systems
- OSF St. Francis Hospital
- Pathways Community Mental Health
- Public Health of Delta & Menominee Counties
- Schoolcraft Memorial Hospital
- Superior Health Foundation
- Upper Great Lakes Family Health Center
- Upper Peninsula Health Care Solutions
- Upper Peninsula Health Group
- Upper Peninsula Health Plan
- U.P. Health System-Bell
- U.P. Health System-Marquette
- U.P. Health System-Portage
- War Memorial Hospital
- Western U.P. Health Department

This report is intended to inform health practitioners, planners, policymakers, and the public. It can be read as a snapshot of the region’s health status and used to identify priorities for community health improvement. If knowledge is power, it is hoped that this report will empower citizens and health care professionals alike to work effectively for improved health and wellbeing in the U.P.
Regional Assessment Process

Collaborative Approach

Development of this Community Health Needs Assessment followed a similar process to that published in the 2016 assessment. It involved a collaborative process that began in early 2017 and concluded in May 2019.

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 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 2018 Upper Peninsula Health Needs Assessment represents the largest comprehensive health report ever completed for the region and is a continuation of the 2016 effort.

- The large-scale of the 2018 Upper Peninsula Community Health Needs Assessment offered an initial snapshot of the population’s health.

- The 2018 assessment is more in depth and provides analytical analysis and trends from the previous report. As a whole, the 2018 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 2018 Aspirus Ontonagon Hospital & Clinics Community Health Needs Assessment. This report is largely built using data and findings from the 2018 Upper Peninsula Community Health Needs Assessment, pictured in Diagram B, and can be viewed in full at aspirus.org or wuphd.org.
Regional Assessment Process

Steering Committee and Team

Throughout the planning and production of the 2018 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 Ontonagon, this includes input from the Western Upper Peninsula Health Department. Representatives from each organization communicated in regular meetings.
Regional Assessment Methodology

Data Driven and Statistically Significant

The key data element in the 2018 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 23,800 households across the Western U.P. in August 2017.
- A total of 1,700 randomly selected households in Ontonagon county received a survey.
- A total of 4,800 responses were returned, yielding a 23 percent survey response rate.
- As a whole, the survey produced an impressive 95 percent confidence interval.
- No changes were made to the 2017 survey for use in 2018. The same questions, wording, and format were repeated for comparison purposes.

The 2018 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 2018 Upper Peninsula Community 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.

U.P. Community Health Issues & Priorities Survey

U.P. residents intuitively understand that a wide variety of issues impact their health and the health of their community. The top four priority issues identified from among 16 listed concerns were:

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

Next, Aspirus Ontonagon 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 2018 Upper Peninsula Community 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 2018 Upper Peninsula Community Health Needs Assessment (page 11):

“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. As noted elsewhere in this document, 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.”

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

- Half of local deaths are attributed to heart disease or cancer, like Michigan and U.S. rates. Age-adjusted death rates and years of potential life lost below age 75 are similar as well. Adjusted rates of death by cardiovascular disease and trends over time are very similar to state and national data.

- Many people think local cancer rates are higher than in other parts of the country, but the data demonstrate that local age-adjusted cancer incidence (new cancer cases diagnosed per year per 100,000 people) is lower than the Michigan rate. Certainly there are more cancer deaths per Western U.P. Health Department 2018 Upper Peninsula Community Health Needs Assessment 149 capita in the U.P. than in other parts of the country as a crude, non-age-adjusted rate because the region has a higher proportion of elderly residents. In addition, perhaps the awareness of cancer is greater than that of heart disease because more years of potential life below age 75 are lost to cancer than to heart disease: in small towns, nearly everyone knows someone who has had cancer, and fundraisers for cancer are more common than for other diseases because treatments can be lengthy and expensive.
Continued from page 15

- Regional diabetes prevalence is about 11 percent, a rate expected to rise given the dramatic increase in obesity in recent years. Experts predict that one third of today’s youth will develop Type 2 diabetes in their lifetimes based on current obesity rates.

- U.P. rates for various behavioral risk factors including tobacco use, obesity, physical inactivity and poor nutrition are troubling. As noted above, current and former tobacco users and people who are overweight or obese are at higher risk of chronic disease and disability.

- Another condition not always considered in discussions of disease and disability is clinical depression, but an estimated 25.6 percent of local adults have been diagnosed with chronic or episodic depression and related diagnoses, which can affect both the quality and duration of life.
The Impact on an Aging Population

From the *2018 Upper Peninsula Community Health Needs Assessment* (page 11):

“In the Upper Peninsula, nearly 20 percent of the nonincarcerated population is age 65 or older, compared with 15 percent statewide. In Ontonagon and Ontonagon Counties, greater than 30 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.”
Expanded Access to Care Via the Evolving Affordable Care Act

From the *2018 Upper Peninsula Community Health Needs Assessment* (page 11):

“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.”
The Powerful Correlation Between Socio-Economic Status and Poor Health

From the 2018 Upper Peninsula Community Health Needs Assessment (page 11):

“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.”
Implementation and Goals Locally

INTRODUCTION: For the purposes of developing Aspirus Ontonagon’s CHNA, and to fulfill the PPACA requirements, Aspirus Ontonagon 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 Ontonagon 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 Ontonagon serves.

The following pages demonstrate the implementation strategies identified for the Aspirus Ontonagon Hospital & Clinics 2018 Community Health Needs Assessment.
Four U.P. Regional “Core Theme” Assessment Priorities

1. Target root causes of heart disease, cancer, stroke, and diabetes
   - Nutrition and exercise counseling to reduce prevalence of obesity
   - Diabetes and pre-diabetes screenings, education and personal counseling
   - Smoking cessation for high risk patients
   - Education about access to healthcare and wellness services

Importance of Prevention

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

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

4. 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 2018 Upper Peninsula Community Health Needs Assessment.
Importance of
Impact of Aging Population
ACA=More People With Access To Care
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
Increase education and counseling to high-risk patients in category
Correlation Between Lower Socio-Economic Status and Poor Health
Increase programs to make access easy for new patients
ACA=More People With Access To Care

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 2018 Upper Peninsula Community Health Needs Assessment.
GOAL #1:

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

STRATEGIES:

- Collaborate with local school districts to provide healthy eating/nutrition education through classroom curriculum support or other school health events.
- Attend 2-3 community events to provide healthy eating/nutrition prevention information.
- Participate in local health fairs to promote healthy eating for prevention of chronic diseases.
- Continue to promote and offer monthly diabetes support group which is open to the public and free-of-charge with at least 5-6 participates at each meeting.
- Promote fitness and nutrition by attending at least 50% of the outreach events offered to our community members.
- Outreach to patients is ongoing to provide education and increase completion of colon, cervical, and breast cancer screenings.
- Offer low cost sports physicals for students to encourage physical activity and reduce cost barrier to services.

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:
Support and provide the community with a fitness location and programs that work towards preventing chronic disease and other health concerns in our local population. Maintain current volume.

STRATEGIES:

- Collaborate with insurance programs that offer assistance and discount membership rates.
- Expand visibility of senior fitness to providers and the community through promotion of the Silver Sneakers Program. Continue to offer and encourage Silver Sneakers participation.
- Continue to offer free passes for Fitness Center use to Seniors who participate and complete Cardiac Rehab program successfully.
- Promote fitness and nutrition by attending at least 50% of the outreach events offered to our community members.
- Collaborate with healthcare providers at AKH to encourage fitness as one of the prescriptions for patients with drug abuse or addiction issues.
- Collaborate with local healthcare organizations in providing direct-to-person encounters teaching injury prevention and safety.

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.

STRATEGIES:
• Offer one-on-one sessions on diabetes education with our Registered Dietitian.
• Continue to promote and offer a monthly diabetes support group which is open to the public and free-of-charge with at least 5 – 6 participants at each meeting.
• Make smoking cessation treatment information a consistent part of every visit for patients who smoke. Patients seeking medical treatment and education via a provider will be referred to Kirk Klemme, MD.
• Offer fitness classes that provide information on healthy eating. Resources will be given.
• Diabetes screening tool is available for enhanced screening in the Clinic setting.

HEALTH NEEDS BENEFIT:
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:
Focus on substance abuse epidemic related issues and provide education and treatment options for the community locally.

STRATEGIES:

• Offer self-referral and referral visits to AKH addiction/substance abuse clinic for residents seeking treatment for substance abuse and addiction related problems.
• Provide substance use prevention education on a bi-annual basis for local schools and community members. Partnering with local community groups to offer substance abuse awareness programs.
• Provide meeting settings for addiction and substance abuse providers to give presentations to help educate local healthcare providers.

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 Ontonagon population annually with “how-to” information regarding the Long-Term Care and Swing Bed processes as well as free educational services to Seniors.

STRATEGIES:
• Increase Swing Bed utilization to assist with meeting rehab services needs which allows local residents access to care closer to home.
• Provide educational material to the community regarding Long Term Care and Swing Bed payment structures and processes.
• Collaborate with local Home Care service agencies with providing in home patient care and rehab services.
• Offer education to the community for dementia, fall prevention, and stroke awareness.

HEALTH NEEDS BENEFIT:
Working with and educating the community regarding the availability use of Long Term Care, Swing Bed, and Home Care processes is a priority which will benefit Seniors with how to decipher the different healthcare aspects available to Seniors that are unable to care for themselves or family members. Offering many diverse free services to community seniors enhances living independence, promotes healthy living, and gains knowledge how to care for the elderly population.
How Strategies and Goals Support Each Priority Area with Importance of Prevention as Overall Theme

GOAL #1:
Provide education and information on healthy living for prevention and awareness of chronic diseases.

GOAL #2:
Support and provide the community with a fitness location and programs that work towards preventing chronic disease and other health concerns in our local population. Maintain current volume.

GOAL #3:
Continue to support the diabetes education program through offering a variety of avenues for education to the community.

GOAL #4:
Focus on substance abuse epidemic related issues and provide education and treatment options for the community locally.

GOAL #5:
Reach 50 percent of Ontonagon population annually with “how-to” information regarding the Long-Term Care and Swing Bed processes as well as free educational services to Seniors.
Adoption of Implementation Strategy

The Aspirus Ontonagon Hospital Board of Directors is comprised of individuals from Ontonagon County 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 Board of Directors review and was approved.

John Heisler
Chairman
Aspirus Ontonagon Hospital Board of Directors

Christine Harff
Aspirus Upper Peninsula Regional President
Aspirus Upper Peninsula Hospitals

Grace Tousignant
Regional CNO
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 2018 Upper Peninsula Community Health Needs Assessment.”
Appendix A

Available Health Services and Resources

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

Aspirus Ontonagon often refers patients to the U.P. 2-1-1 service line. This call center connects people with important community services, information and assistance.

Aspirus Ontonagon Hospital & Clinics - Locations

Aspirus Ontonagon Hospital
601 S. Seventh St.
Ontonagon, MI 49953
(906) 884.8000

Aspirus Ontonagon Family Practice Clinic
601 S. Seventh St.
Ontonagon, MI 49953
(906) 884.8240

Aspirus U.P. Clinic Bruce Crossing
13833 US 45
Bruce Crossing, MI 49912
(906) 827.3201

Aspirus Outpatient Therapies & Fitness Center
400 River St.
Ontonagon, MI 49953
(906) 884.6054
U.P. Health System – Locations

Hancock (906) 483.1000
Houghton (906) 483.1777
Lake Linden (906) 483.1030
Ontonagon (906) 884.4120
University Center (906) 483.1860
Calumet (906) 483.1177

Durable Medical Equipment

Hospital Beds, Wheelchairs, Walkers, Commodes, Hoyer Lifts, Etc.

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

St. Vincent De Paul Thrift Store
(906) 884.4977

Aspirus Home Medical Equipment
(906) 337.6557

Respite Care
Aspirus Ontonagon Hospital
(906) 884.8232

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
Safe Harbor Adult Day Care
(906) 884.2775
**Resource Information**
Long Term Care Connection
Dial 2-1-1
(800) 338.1119

American Cancer Society
(800) 469.0149

Ontonagon County Cancer Association
(906) 884-4176

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

Horizon Home Care
(906) 884.6092

**Nursing Homes**
Aspirus Ontonagon Long Term Care
(906) 884.8300

**Financial Assistance**
Medicaid – Michigan Department of Health and Human Services
Ontonagon County (906) 884.4951

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**
Gogebic-Ontonagon Community Action Agency – Meals on Wheels
(906) 884.2106

**Assisted Living**
Garden View Assisted Living & Memory Care
(906) 337.0800

The Bluffs Senior Community
(906) 483.4400
Senior Citizen Housing
Ontonagon Housing Commission
(906)884.2258

Home Aide Services
Gogebic-Ontonagon Community Action Agency
(906) 884-2106

Aspirus At Home
(906) 337.9500

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) 884.4951

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

Aspirus Ontonagon Home Medical Equipment
Laurium (906) 337.6557
Houghton (906) 487.1710
Transportation
Gogebic-Ontonagon Community Action Agency
(906) 884-2106

Little Brothers Friends of the Elderly
(906) 482.6944

Michigan Department of Health and Human Services
(906) 884.4951

On-Tran
(906) 884.2006

Counseling Services
American Pregnancy Association
(800) 672.2296

Copper Country Community Mental Health
(906) 884.4804

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)

Diabetes Support Group  
(906) 884-8240  
Taylor Mattson (906) 337.6078

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

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 Ontonagon’s primary service area is Ontonagon County.

Population Change

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<tr>
<th></th>
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<tbody>
<tr>
<td>Michigan</td>
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<td>9,883,640</td>
<td>9,900,571</td>
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<td>9,862</td>
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<td>8,860</td>
<td>8,690</td>
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<td>Chippewa</td>
<td>38,543</td>
<td>38,520</td>
<td>38,586</td>
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<tr>
<td>Delta</td>
<td>38,520</td>
<td>37,069</td>
<td>36,712</td>
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<td>Dickinson</td>
<td>27,472</td>
<td>26,168</td>
<td>26,012</td>
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<tr>
<td>Gogebic</td>
<td>17,370</td>
<td>16,427</td>
<td>15,824</td>
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<tr>
<td>Houghton</td>
<td>36,016</td>
<td>36,628</td>
<td>36,660</td>
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<tr>
<td>Iron</td>
<td>13,138</td>
<td>11,817</td>
<td>11,507</td>
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<tr>
<td>Keweenaw</td>
<td>2,301</td>
<td>2,156</td>
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<tr>
<td>Luce</td>
<td>7,024</td>
<td>6,631</td>
<td>6,477</td>
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<tr>
<td>Mackinac</td>
<td>11,943</td>
<td>11,113</td>
<td>11,044</td>
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<tr>
<td>Marquette</td>
<td>64,634</td>
<td>67,077</td>
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<tr>
<td>Menominee</td>
<td>25,326</td>
<td>24,029</td>
<td>23,717</td>
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<td>Ontonagon</td>
<td>7,818</td>
<td>6,780</td>
<td>6,298</td>
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<tr>
<td>Schoolcraft</td>
<td>8,903</td>
<td>8,485</td>
<td>8,288</td>
<td>-6.9</td>
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Race and Ethnicity

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