



ASPIRUS™

Passion for excellence.
Compassion for people.



Aspirus Ontonagon

2016 COMMUNITY HEALTH NEEDS
ASSESSMENT

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EXECUTIVE SUMMARY

Introduction

A community health needs assessment is an important tool in identifying the health needs of a community. The results of such a project assist in prioritizing health needs that lead to the allocation of appropriate resources and the creation of new partnerships to improve the health of the population. In an era of aging baby boomers, increased chronic disease, an epidemic prevalence of obesity, a flagging economy, an increasing number of uninsured citizens and disparate access to care, healthcare organizations are being challenged to maximize the use of their collective resources to respond to the needs of the communities they serve.

In 2015 and 2016, the *Western Upper Peninsula 2015 Regional Health Assessment* was conducted for the approximately 80,000 residents of the Western Upper Peninsula of Michigan, including Baraga, Gogebic, Houghton, Keweenaw, Iron and Ontonagon Counties and Iron, Florence, Forest and Vilas Counties in Wisconsin.

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

The purpose of Aspirus Ontonagon'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 Ontonagon 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 Ontonagon 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 Ontonagon 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 Ontonagon Board of Directors.

We would like to thank all of our community partners who work together to identify and address the health needs throughout our community. In particular, we thank the Western Upper Peninsula Health Department and administration who worked tirelessly to facilitate the development of the Western Upper Peninsula 2015-2016 Regional Health Assessment.

NOTES: 1) All references to Ontonagon County are referencing the county located in Michigan, unless specified otherwise. 2) Unless identified, all data used in the Aspirus Ontonagon CHNA is referenced from the Western Upper Peninsula 2015 Regional Health Assessment.

ORGANIZATION AND APPROACH

Our Mission

Passion for Excellence. Compassion for People.

Aspirus Ontonagon Hospital is an integral part of an integrated Health System providing superior quality care to area residents and visitors through value added services.

Our Vision

Aspirus Ontonagon Hospital works collaboratively with providers and the community to deliver value added services through our passion for excellence and compassion for people.

Our Values

Aspirus Ontonagon Hospital believes that the health and well-being of area residents and visitors is of paramount importance.

Core Values

Compassion – We care for our patients above all. We exist to serve those who choose us. We strive to exceed expectations by showing utmost concern for their physical, emotional, and spiritual needs.

Excellence – We create, innovate, and embrace change. We provide superior quality, showing measurable results. We always aim to improve. We provide a safe environment for all.

Integrity – We honor our commitments. We treat everyone with dignity and respect, being consistent with the trust given to us. We are accountable for our actions.

Collaboration – We work well together across the Aspirus system. We partner in service with people and organizations that share our vision. We value our workforce. We are active in the community.

Fiscal Accountability – We prepare for the future of health care wisely. We effectively and efficiently manage resources, providing excellent and affordable services that ensure a strong future.

About Aspirus Ontonagon

**Aspirus Ontonagon is a rural, critical access hospital with 25 beds established in 1970. Aspirus Ontonagon has 2 clinic locations covering the population of the market service area (see page 5).

With 154 employees, the hospital provides a broad range of inpatient and outpatient services. The medical staff numbers 68 – with 6 active staff, 13 courtesy staff, 33 consulting staff, 14 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. In 2015, Aspirus Ontonagon Hospital admitted more than 142 patients and treated 2,521 patients with emergency medical needs, as well as provided more than 17,000 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 Grand View in Ironwood, MI; Aspirus Ontonagon in Ontonagon, MI; Memorial Health Center in Medford, WI; Langlade Hospital in Antigo, WI and Aspirus Wausau Hospital in Wausau, WI.

Other community health services and resources available in Ontonagon County is listed in Appendix A.

Demographics and Description of Communities Served by Aspirus Ontonagon

Aspirus Ontonagon's primary service area covers Ontonagon County. The hospital resides within the village of Ontonagon. (See *Diagram A below.*)

The primary service area encompasses an area that reaches a population of over 6,700 (according to the 2015 official census). The population of Ontonagon county has declined over the past three 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.



Diagram A – AOH Service Area

In Ontonagon County 32.1% of the population is over 65. The shift to an aging population continues to shift 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.

Many of the counties of the Western Upper Peninsula are designated as Medically Underserved areas. The criteria of being a Health Provider Shortage Area are mapped out by the Health Resources and Service Administration, a federal agency. One of the criteria to meet this status is to have a population whose ratio meets the 3,000 citizens to 1 full time equivalent provider (40+ hours of practice per week). The HPSA scores for the six counties that make up the Western Upper Peninsula are as follows:

Baraga County	HPSA Score = 15
Gogebic County	HPSA Score = 14
Houghton County	HPSA Score = 15
Iron County	HPSA Score = 16
Keweenaw County	HPSA Score = 15
Ontonagon County	HPSA Score = 9

Clinics serving in rural areas are eligible for certification as Rural Health Clinics by the Centers for Medicare and Medicaid Services, eligible for grant funding from the Health and Human Services department, eligible for cost based reimbursement for care delivered, and medical student loan reimbursement programs are offered for board certified providers. All of these benefits being offered to rural communities are for the benefit of the population that is served; new programs are developed to improve the health of the community.

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

PROCESSES AND METHODOLOGY

CHNA Development Process

The process for developing this Community Health Needs Assessment followed a similar process that published the 2012 assessment. It included a collaborative process that began in early 2015 before being completed in May 2016.

With the understanding that detailed data about the area population can be extremely challenging to find because of the region's rural populations, an advisory group from six hospitals in the Western Upper Peninsula, various local health agencies and the Western Upper Peninsula Health Department developed a regional health assessment that provided a thorough analysis of the six western counties in the Upper Peninsula and four counties in northeast Wisconsin.

Aspirus Ontonagon's CHNA is built largely on the *Western Upper Peninsula 2015 Regional Health Assessment*. This report is the continued collaborative effort between local health representatives and the largest comprehensive health report ever completed for this region. With 74,000 residents, the Upper Peninsula region has less than 1 percent of Michigan's population spread out over more than 10 percent of the state's land area. Nearly half of the residents live within five miles of Ironwood, Iron River or Houghton/Hancock. The rest live in villages and towns of fewer than 5,000 residents. Iron County, Wisconsin has much of the same rural makeup, with no towns larger than 5,000 residents.

Because of the nature of the primarily rural area, there has historically been difficulty painting an accurate picture of what this region's health is composed of. The large-scale of the *Western Upper Peninsula 2012 Regional Health Assessment* offered an initial snapshot of the population's health. The 2015 version is even more in depth, providing more analytical analysis and trends from the previous report. As a whole, the 2015 report now provides the clearest picture that we've ever had of past and current health conditions, changes over the last three years, and insight to future trends.

Throughout the planning and production of the *Western Upper Peninsula 2015 Regional Health Assessment*, a steering committee of community leaders and subject matter experts met regularly to direct the reporting process, which included the creation and distribution of a survey to a random selection of residents.

This steering committee is made up of representatives from major cross-sections of community leaders and experts that have a strong understanding of the health needs of our region and rural communities, from the underserved and minorities to the general population. For Aspirus Ontonagon, this includes input from the Western Upper Peninsula Health Department (with an office located in Ontonagon, MI) and the Iron County Health Department. Representatives from each organization communicated in regular meetings. The members of the steering committee are listed below in Diagram B.

Diagram B – CHNA Steering Committee

Organization	Community Role
Aspirus Grand View Hospital	Health system located in Ironwood, Mich. Including a 25-bed critical access hospital, services include: physician clinic, emergency services, surgical services, psychology services, home health, private in-home assistance and a full-service eye clinic, including retinal care. Aspirus Ontonagon is the largest health care provider to Gogebic County, MI and Iron County, WI
Western Upper Peninsula Health Department	The Western Upper Peninsula Health Department is the northernmost local public health department in Michigan, serving the 71,000 residents of Baraga, Gogebic, Houghton, Keweenaw and Ontonagon counties. The health department works to prolong life and promote community health through control of environmental health hazards and attention to the health needs of vulnerable population groups.
Gogebic County Community Mental Health	Gogebic County Community Mental Health Authority provides a complete range of services for all children and adults of Gogebic County who have a serious emotional disturbance, serious mental illness, or developmental disability. Direct services are available to persons who meet eligibility criteria of any age without regard to race, religion, national origin or handicap. GCCMH provides services such as substance abuse, mental health, parent management, housing assistance, therapy and crisis intervention.
Aspirus Iron River Hospital	Aspirus Iron River is a health system located in Iron River, Michigan (Pop: 2,950), serving Iron County, Michigan and Northern Wisconsin. The facility offers women’s health services, surgical services, family medicine, an emergency department, cardiology services, physical therapy, oncology services, in-home care, and more. The hospital includes a 25-bed critical access hospital with private patient rooms that overlook Ice Lake.
Aspirus Ontonagon Hospital	Aspirus Ontonagon is a licensed Critical Access Hospital dedicated to serving the residents of Ontonagon County and the surrounding area. The facility offers services critical to a county (Population: 6,700) in a very rural location including: cardiology, laboratory services, surgical services, imaging services, and physical therapy.
Aspirus Keweenaw Hospital	Aspirus Keweenaw is a health system located in Laurium, MI, serving Houghton County (Pop: 36,000) and Keweenaw County (Pop: 2,150). The facility offers women’s health services, surgical services, family medicine, an emergency department, cardiology services, physical therapy, oncology services, in-home care, and other needed services.
Baraga County Memorial Hospital	Baraga County Memorial Hospital is the largest health care provider for Baraga County (Pop: 8,800). The critical access facility includes 15 acute-care beds and offers rehabilitation, surgical, cancer, home care, emergency, cardiac, imaging and other services.
U.P. Health System - Portage	Portage Health is the largest health care provider for Houghton County (Pop: 36,000) and Keweenaw County (Pop: 2,150). The facility includes 36 acute beds and 60 skilled nursing beds. Services

	include family medicine, radiology, cardiology, regional dialysis unit, home care and hospice, and a Level III trauma center.
Copper Country Community Mental Health	The Copper Country Mental Health Institute offers behavioral health services accessible to persons in Baraga, Houghton, Keweenaw, and Ontonagon counties. Copper Country Mental Health Services provides an array of services intended to increase independence, improve quality of life, and support community integration and inclusion of the persons served such as suicide prevention, health education, substance abuse prevention and infant care.
Upper Great Lakes Family Health Center	The Upper Great Lakes Family Health Center is a community based primary care center. It is designated as a Federally Qualified Health Center (FQHC) and employs the Patient Centered Medical Home model. There are currently nine locations: Gwinn (two), Houghton, Calumet, Menominee, Hancock, Ontonagon, Iron River and Lake Linden.
NOTE: The Iron County Health Department was not part of the initial steering committee, but was asked for input and information during the process of creating the <i>Western Upper Peninsula 2015 Regional Health Assessment</i> . Like the Western Upper Peninsula Health Department, the Iron County Health Department serves a vital role in protecting, educating and providing essential health services to the general and vulnerable population groups.	

CHNA Development Process

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

The survey was mailed to 8,500 households across the Western U.P. in November 2015. A random 1,700 households of Gogebic County were sent a survey. Three-hundred sixty mailed responses were returned, yielding a 24.0 percent survey response rate. As a whole, the survey produces an impressive 95 percent confidence interval. No changes were made to the 2012 survey version in 2015; the same questions, wording and format were repeated for comparison purposes.

The *Western Upper Peninsula 2015 Regional Health Assessment* also includes a significant amount of data indicators across multiple categories relating to health and health factors. This data was compiled from a wide array of published sources and from health care providers. Published sources included the U.S. Census, the American Community Survey, and statistics compiled by the Michigan Department of Community Health, the Wisconsin Division of Public Health, and other government and private agencies.

With the survey and data indicators combined, the *Western Upper Peninsula 2015 Regional Health Assessment* was broken down into general categories that are often the largest health issues for any population. The breakdown would allow for the ability to pinpoint similar issues, group them together and focus on priority areas. These categories can be found below in Diagram C.

Diagram C – Regional CHNA Focus Categories	
Demographics	Vulnerable Populations
Access to Care	Maternal, Infant and Child Health
Public Safety	Infectious Disease
Chronic Disease and Mortality	Substance Abuse
Local Survey Findings	

The *Western Upper Peninsula 2015 Regional Health Assessment* was released May 2016.

PRIORITIES AND HEALTH NEEDS

Using the categories previously listed and the data within, Aspirus Ontonagon and the steering committee have identified four major priority areas that impact each of the five Western U.P. Counties and Iron County, WI.

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

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

Below are the four major priority areas outlined in the *Western Upper Peninsula 2015 Regional Health Assessment* and a brief statement defining the impact on the region. Following the priority area is an outline of how these priority areas are integrated to support that overall health of the communities that Aspirus Ontonagon serves.

1. The Importance of Prevention

From the *Western Upper Peninsula 2015 Regional Health Assessment (Page 7)*:

“In Michigan, 15 percent of residents are age 65 or older. The proportion of Western U.P. Residents older than 65 is well above 20 percent and increasing rapidly... Baraga and Gogebic Counties tallied 18.5 and 22.4 percent, but each would be several points higher without their sizable prison populations. Meanwhile, Iron, Keweenaw and Ontonagon counties had among the largest proportions of seniors in the state and nation, at 27.9, 29.8 and 30.6 percent respectively. These percentages are projected to increase 0.5 to 1.0 points

per year into the foreseeable future as birth rates taper, young adults emigrate seeking economic opportunity and Baby Boomers 'graduate' into senior citizen status. The demographic imbalance has implications for rates of disease and disability and the need for health care services, long-term care and other types of support for the elderly....”

2. The Importance of Prevention

From the *Western Upper Peninsula 2015 Regional Health Assessment (Page 7-8)*:

“Chronic diseases such as heart disease, cancer, stroke, diabetes, and arthritis, are leading causes of death and disability in the Western U.P., as in the state and nation. Heart disease and cancer cause half of local deaths, at rates remarkably similar to national data. About one-in-ten Western U.P. adults has diabetes. An estimated 68 percent of Western U.P. Adults are either overweight or obese according to local survey data, compared with 66 percent nationwide, so there should be great concern locally, as nationally, over the prospect of dramatically rising rates of diabetes in the future.

Other factors which lend themselves to prevention and significantly impact health status include:

- High rates of local tobacco and alcohol use contribute to chronic disease burden locally. About 21 percent Western U.P. adults are current smokers and over half are either current or former smokers. An estimated 11.3 percent of local adults are heavy drinkers, compared with 6.8 percent nationwide.
- Births to teens and single mothers, and tobacco use during pregnancy, negatively impact the health of mothers and their offspring. Births to single mothers are generally in reading across all counties, edging above 40 percent in Iron and Ontonagon Counties, approaching 50 percent in Gogebic County and nearly 60 percent in Baraga County...
- ...an estimated 59 percent of low-income in the Western U.P. received no dental services in the past year, virtually unchanged from a rate of 60 percent in 2012.
- An estimated 21.9 percent of Western U.P. adults report a history of depression, which is a treatable condition with multiple negative health consequences. The prevalence of mental illness combined with a reported shortage of mental health services for adults and children indicated an unmet community health need.”

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

From the *Western Upper Peninsula 2015 Regional Health Assessment (Page 8)*:

“Although official unemployment rates have declined over the last three years to pre-Recession levels, median-household and per-capita incomes are well below state and national levels. About half of local births are paid by Medicaid, and 1-in-4 children age 0-17 live in poverty. Every county in the region has multiple federal Health Professional Shortage Area (HPSA) designations. Even with improvements in access to care with implementation of the

Affordable Care Act, 21 percent of adults with household incomes below \$50,000 report that cost is a barrier to health access.

Locally, low-income adults, and those with lower levels of education, report poorer physical and mental health, higher rates of disease and disability, and lower rates for annual physical exams and appropriately timed cancer screenings. Inequalities of socioeconomic status contribute to disparities in access to services, and socioeconomic factors (income and education) strongly correlate with health status. One of the most striking and illustrative examples of health disparity based on socioeconomic status is the fact that 45.4 percent of the region's adults who did not graduate high school and 37.4 percent of adults with household incomes below \$25,000 are current smokers, compared with 5.2 percent for college graduates and 7.9 percent for adults with incomes above \$50,000. This example is powerful because of the wide gulf in health behaviors, and because smoking is such a strong contributing factor in disease, disability, and premature death."

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

From the *Western Upper Peninsula 2015 Regional Health Assessment (Page 9)*:

"There is no doubt that the next three years will bring changes in the way people access health care and the way local health care providers evolve in the changing landscape of the Affordable Care Act. Unlike questions of demographics, forecasting the impacts of changing health care policy is tricky business given the multiple political and economic factors at play. For now, we can only say with certainty that systems will change and those changes will have intended and unintended consequences. Will the next three years bring net positive or negative change to population health in the Western U.P.? That question is open to debate."

Aspirus Ontonagon Areas of Focus



Importance of Prevention

Target root causes of obesity, diabetes, and smoking.

1. Nutrition and exercise counseling to reduce prevalence of obesity
2. Diabetes and pre-diabetes screenings, education and personal counseling
3. Smoking 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

Chronic disease prevention and care for those in need

Aspirus Hospitals and Clinics in the Upper Peninsula of Michigan are 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 three main area of focus, Aspirus Ontonagon formed an implementation team comprised of staff members with experience in treating these needs, or who would be valuable in leading the implementation. These members include: Gayle Maslakow, Diabetes Educator; Deanna Wilson, VP Patient Care/Site Manager; Becky Anderson, Risk Management/UR Coordinator; Amy Brushwood, DON Acute/OR/ED; Amanda Shelast, Aspirus Keweenaw and Ontonagon Clinic Director; and Pam Karttunen, Executive Assistant/Marketing Coordinator.

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

In addition, Aspirus Ontonagon will continue to meet community needs by providing charity care; Medicaid and CHIP services; continuing our ongoing prenatal programs, other support groups, and on-going health professional education programs.

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

Communication – resources to support internal and external communication regarding each priority area

Aspirus Ontonagon 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 obesity, diabetes, and smoking

Focus human resource and local public relations resources on healthy eating and nutrition community outreach. Develop fitness and exercise programming that has participation of at least 5% of the population of Ontonagon County.

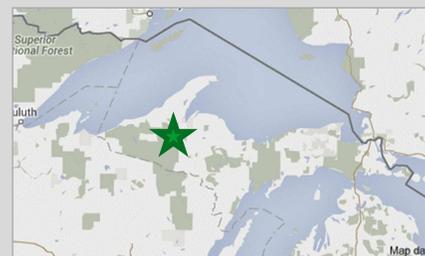
STRATEGY:

- 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.
- Collaborate with MSU 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 employer's community as resources allow.
- 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 physical therapy staff contribute motivation and education in at least 1 community outreach events annually.
- 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:

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. 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 diabetes and obesity."

Implementation Strategy #2



Importance of Prevention

Target root causes of obesity, diabetes, and smoking

GOAL #2:

Continue to support the diabetes education program through offering a variety of avenues for education to the community. Grow patient encounters by 5% annually over 3 years.

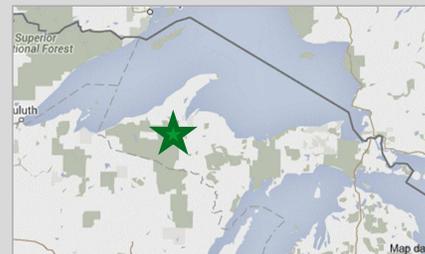
STRATEGY:

- 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.

HEALTH NEEDS BENEFIT:

The prevalence of Diabetes in Ontonagon County continues to grow, with a current rate of 13.5%; nearly 5% more than just 3 years ago. This significant trend needs immediate attention.

Implementation Strategy #3



Importance of Prevention

Target root causes of obesity, diabetes, and smoking

GOAL #3:

Identify patient population who has diabetes who also use tobacco products and provide cessation education to 20% of the identified population.

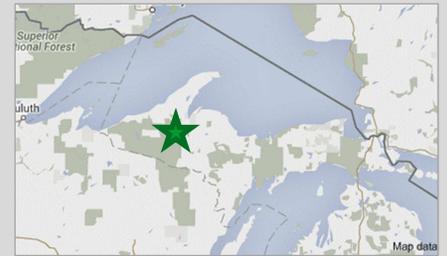
• STRATEGY:

- 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:

More than half of Western UP adults are current or former smokers, with 20.6% of Ontonagon County currently smoking. Also, 42.9% of pregnant women in Ontonagon County smoked while pregnant during 2013. Together, these two indicators are critical for prevention of major health events.

Implementation Strategy Alignment



Link Prevention Goals and Programs to Target Populations Identified in Assessment

GOAL #1: ★★

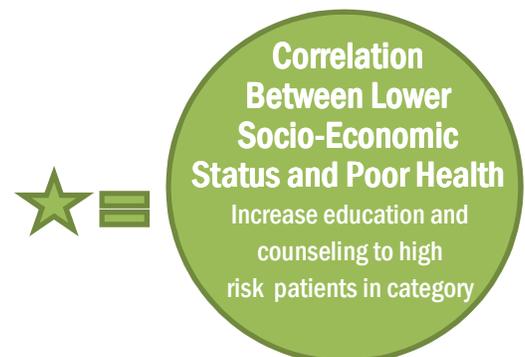
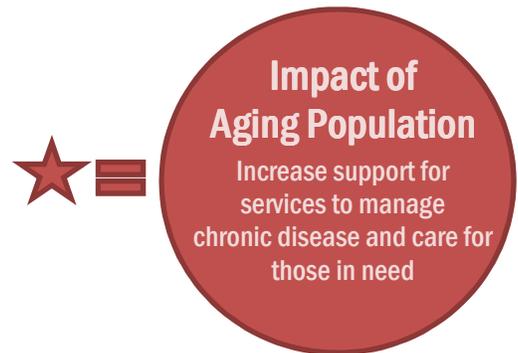
Focus human resource and local public relations resources on healthy eating and nutrition community outreach.

GOAL #2: ★★

Develop fitness and exercise programming that has participation of at least 5% of the population of Ontonagon County (approximately 1,000). Target 30% of that expansion to aging population.

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 who has diabetes who also use tobacco products and provide cessation education to 20% of the identified population.



ADOPTION OF IMPLEMENTATION STRATEGY

The Aspirus Ontonagon Hospital Board of Directors is comprised of individuals from Ontonagon County as well as representatives from the Aspirus, Inc. system. The Board of Directors approves the Implementation Strategy and Community Benefit Plan for the priority identified in the Community Health Needs Assessment planning process. This report was prepared for the June 21, 2016, Board of Directors meeting and approved unanimously.

John Heisler
Aspirus Ontonagon Hospital Board of Directors' Chairman

Chuck Nelson
Aspirus Regional
Chief Executive Officer

Mike Hauswirth
Aspirus Ontonagon Hospital
Chief Executive Officer

APPENDIX A

Available Health Services and Resources

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

Ontonagon County Health Services and Resources		
Service	Location	Community Role
Aspirus Ontonagon Hospital	Ontonagon	Health system located in Ontonagon., MI. Including 25-bed critical access hospital, services include physician clinic, emergency services, surgical services, Skilled Nursing Unit, Aspirus Ontonagon is the largest health care provider to Ontonagon County.
Aspirus U.P. Clinic	Bruce Crossing	Family Practice Clinic setting serving the south end of Ontonagon County, MI
Aspirus Ontonagon Fitness Center	Ontonagon	Fitness Center with Certified Fitness Trainers on staff.
Aspirus Ontonagon Outpatient P.T.	Ontonagon	Provides outpatient Physical Therapy services.
Ewen Medical Center	Ewen	Family Practice Clinic setting serving south end of Ontonagon County, MI
Dove, Inc.	Ironwood	Offers services for domestic violence situations.
Harbor Town Pharmacy	Ontonagon	Full-service pharmacy
Gogebic-Ontonagon Community Action Agency	Ontonagon	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.
U.P. Community Action Agency (UPCAP)	Ontonagon	Resource center for Michigan's Upper Peninsula Residents.
Ontonagon County Cancer Association	Ontonagon	Offers resources and support for those suffering from cancer.
Safe Harbor Adult Daycare	Ontonagon	Offers daycare services to the elderly or disabled.
Aspirus Keweenaw Home Health and Hospice	Keweenaw Ontonagon	Offers Home Health Care and Hospice services.
Ontonagon Community Health Center	Ontonagon	Family Practice Clinic setting serving Ontonagon.
Horizon Home Care	Ontonagon	Offers Home Health Care services

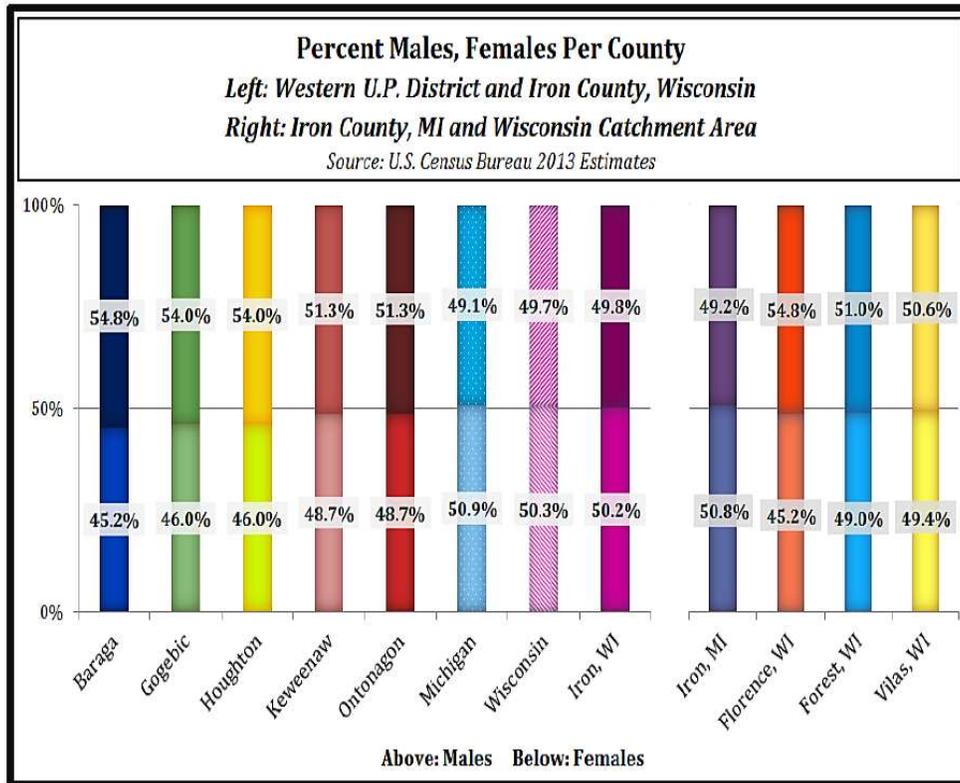
Barbara Kettle Gundlach	Ontonagon	Offers resources and shelter for victims of domestic violence.
Joseph Strong, D.D.S.	Ontonagon	Provides Dental services
Kirk Schott, O.D.	Bruce Crossing	Provides full service optical care

APPENDIX B

Service Area Demographics

The following demographic charts are used from the Regional CHNA and compare the 5 Western U.P. Counties, Iron County, Wis. and, in most cases, the Michigan average. Aspirus Ontonagon's primary service area is located in Ontonagon County, Mich.

Population Changes from 2010 to 2014				
<i>Source: U.S. Census Bureau; American Community Survey</i>				
	2010	2014 Estimate	Change Δ	% Change
Baraga	8860	8,654	-206	-2.3%
Gogebic	16427	15,737	-690	-4.2%
Houghton	36628	36,495	-133	-0.4%
Keweenaw	2156	2,217	61	2.8%
Ontonagon	6780	6,172	-608	-9.0%
Michigan	9884133	9,909,877	25,744	0.3%
Wisconsin	5687289	5,757,564	70,275	1.2%
Iron, WI	5916	5,917	1	0.0%
Iron, MI	11817	11,387	-430	-3.6%
Florence, WI	4423	4,481	58	1.3%
Forest, WI	9304	9,127	-177	-1.9%
Vilas, WI	21430	21,398	-32	-0.1%



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