

Aspirus Keweenaw Hospital FY 2013



FINAL DRAFT FOR AKH
BOARD APPROVAL
PRIOR TO SUBMITTING
BY JUNE 30 DEADLINE

COMMUNITY HEALTH NEEDS ASSESSMENT

BENEFIT PLAN PROCESS, PRIORITIES AND IMPLEMENTATION STRATEGIES

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INTRODUCTION

In 2012 and 2013, the *Western Upper Peninsula 2012 Regional Health Assessment* was conducted for the approximately 70,000 residents of the Western Upper Peninsula of Michigan, including Baraga, Gogebic, Houghton, Keweenaw and Ontonagon Counties and Iron County, Wisconsin. The assessment was led by the Western Upper Peninsula Health Department in partnership with Aspirus Keweenaw, Aspirus Grand View, Aspirus Ontonagon, Baraga County Memorial Hospital, Portage Health, Copper Country Mental Health Services, Gogebic County Community Mental Health and the Western Upper Peninsula Substance Abuse Services Coordinating Agency.

The purpose of Aspirus Keweenaw's Community Health Needs Assessment (CHNA) is twofold:

- 1) Assist in identifying and improving priority health needs of the area served by the Aspirus Keweenaw Hospital
- 2) 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 Keweenaw 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, Health Needs and Implementation Strategies.

This includes:

- Summary of the priority health needs identified by our collaborative, regional community health assessment as well as the key health needs Aspirus Keweenaw identified as the top priorities to address in our specific service area.
- An overview of the programs and services that are or will be implemented to address Aspirus Keweenaw’s specific community priority health needs.
- Budget and resource allocation commitment to support priority community health needs identified by Community Health Assessment. .

The overall approach and plan is fully adopted by Aspirus Keweenaw’s community based 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 2012 Regional Health Assessment”

ORGANIZATION AND APPROACH

Our Mission

Passion for Excellence. Compassion for People.

The mission of Aspirus Keweenaw Hospital 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 alliances with other healthcare organizations for mutual benefit and the improvement of health for the residents in the communities we serve.

About Aspirus Keweenaw

Aspirus Keweenaw is a rural, critical access hospital with 25 beds established in 1903. Aspirus Keweenaw has 5 clinic locations covering the population of the market service area (see page 5).

With 401 employees, the hospital provides a broad range of inpatient and outpatient services. The medical staff numbers 66 – with 24 active staff, 7 courtesy staff, 23 consulting staff, 12 allied health. The group covers family medicine, emergency medicine, intensive care, diabetes clinic, heart care, cancer care, orthopedics, general surgery, urology, radiology, outpatient therapy, cardiac rehabilitation and ophthalmology.

Located in Laurium, Michigan, Aspirus Keweenaw primarily serves patients in Houghton and Keweenaw counties. In 2012, Aspirus Keweenaw Hospital admitted more than 1,100 patients and treated 6,000+ patients with emergency medical needs. Aspirus Keweenaw has clinic locations in Laurium, Calumet, Houghton and Lake Linden. The hospital is located in Laurium.

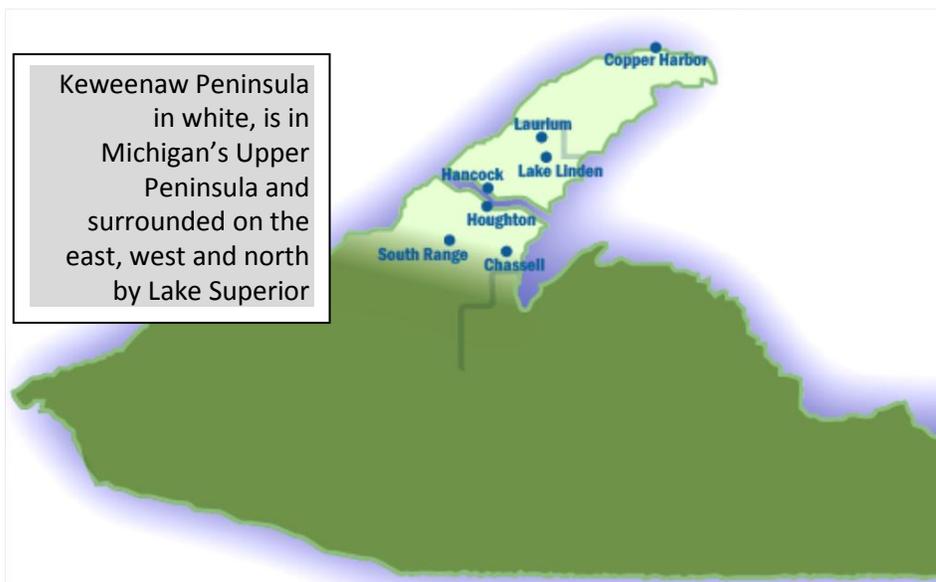
Aspirus Keweenaw is affiliated with the non-profit Aspirus System headquartered in Wausau, WI. The system is community oriented and has six affiliated hospitals in the Upper Peninsula of Michigan and northern Wisconsin: Aspirus Keweenaw in Laurium, MI; Aspirus Grand View in Ironwood, MI; Aspirus Ontonagon 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 Houghton and Keweenaw Counties are listed in Appendix A.

Demographics and Description of Communities Served by Aspirus Keweenaw

Aspirus Keweenaw's primary service area covers Houghton and Keweenaw Counties – and stretches from Copper Harbor (north) to just south of Houghton/Hancock (south). The hospital sits in the middle of the Keweenaw Peninsula and is bordered on the west and east side by Lake Superior. (See *Diagram A below. For additional demographic info refer to appendix B*)

The primary service area encompasses an area that reaches a population of over 38,750 (according to the 2010 official census).



The population of Houghton and Keweenaw counties has remained stable for decades due to economic vitality supported by Michigan Technological University in Houghton, high tech business incubators, school systems and small business community to support the needs of the population. Larger generations of people previously supported by vast mining operations in copper and iron have transitioned to this relatively stable population (of

38,000) being supported education and technology interests. As well, health care in the Houghton/Keweenaw county area is the fourth largest employer.

15.2 % of Houghton County is over 65 years of age. 24.8% of Keweenaw County is over 65 years of age. The shift to an aging population continues to shift gradually. With an average of 19% 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. Indeed, birth rates in Houghton and Keweenaw counties have remained stable for decades and the general population under the age of 5 at about 5%.

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 = 5
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 included an extended process that began in November 2011 before being completed in April 2013.

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 five 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 five western counties in the Upper Peninsula and Iron County, Wisconsin.

Aspirus Keweenaw's CHNA is built largely on the *Western Upper Peninsula 2012 Regional Health Assessment*. This report is the first collaborative effort of this magnitude between local health representatives and the largest comprehensive health report ever completed for this region. With 71,000 residents, it has less than 1 percent of Michigan's population spread out over 10 percent of the state's land area. Nearly half of the residents live within five miles of Ironwood 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 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* has finally offered some clarity.

Throughout the planning and production of the *Western Upper Peninsula 2012 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. See Diagram B

Diagram B – WUPRHA Steering Committee

Organization	Community Role
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,
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.
Western Upper Peninsula Substance Abuse Services Coordinating Agency, Inc.	The Western Upper Peninsula Substance Abuse Services Coordinating Agency, Inc. (WUPSASCA) was designated as the regional administrative office of substance abuse services in the following counties of Michigan's Upper Peninsula - Baraga, Gogebic, Houghton, Keweenaw, Dickinson, Iron, and Ontonagon counties. The agency has both statutory and contractual responsibilities. These include the development of a comprehensive plan to address the substance abuse service needs within its jurisdiction; contracting for substance abuse prevention, treatment, and rehabilitation services, reviewing license applications by treatment providers, development of grant proposals, establishment of Employee Assistance Programs, contracting for assessment services, networking with other health care and human services professionals, and participation in community activities specific to substance abuse and other activities.
Aspirus Ontonagon Hospital	Aspirus Ontonagon is a licensed Critical Access Hospital dedicated to serving the residents of Ontonagon County and the surrounding area. The facility offers services critical to a county (Population: 1,600) in a very rural location including: cardiology, laboratory services, surgical services, imaging services, and physical therapy.
Aspirus Grand View Hospital	Health system located in Ironwood, Mich. Including a 25-bed critical access hospital, services include: physician clinic, emergency services, surgical services, psychology services, home health, private in-home assistance and a full-service eye clinic, including retinal care. Aspirus Grand View is the largest health care provider to Gogebic County, MI and Iron County, WI oncology services, in-home care, and other needed services.
Baraga County Memorial Hospital	Baraga County Memorial Hospital is the largest health care

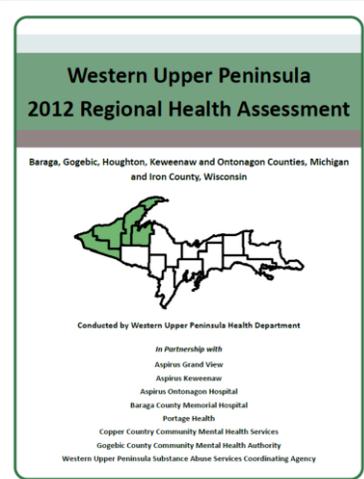
	provider for Baraga County (Pop: 8,800). The critical access facility includes 15 acute-care beds and offers rehabilitation, surgical, cancer, home care, emergency, cardiac, imaging and other services.
Portage Health	Portage Health is the largest health care provider for Houghton County (Pop: 36,000) 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 Mental Health Institute	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.

CHNA Development Process – Significant Population Inclusion

The key data element in the *Western Upper Peninsula 2012 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 8,000 households across the Western U.P. on June 26, 2012. Over 2,500 surveys were returned. The local health survey was the most ambitious element of the project. In national and state health surveys, too few residents are sampled from rural counties to make reasonable county-level estimates. **By analyzing the local survey responses of the 2,500 Western U.P. residents, we now have the most accurate and complete health data ever generated for this region, covering 70 critical measures of health.**

The *Western Upper Peninsula 2012 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 2012 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
Adolescent Health	Infectious Disease
Chronic Disease and Mortality	Substance Abuse
Public Safety	Local Survey Findings

The *Western Upper Peninsula 2012 Regional Health Assessment* was released on April 29, 2013.

To review the complete assessment, please visit aspiruskeweenaw.org and see the tab “patient information”

Note: Ideally, 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.

PRIORITIES, HEALTH NEEDS & IMPLEMENTATION STRATEGIES TO MEET NEEDS

Using the focus categories listed in diagram C, and the data within the main collaborative Community Health Assessment, the steering committee engaged in a series of meetings to select three major priority areas that impact each of the five Western U.P. Counties and Iron County, WI.

Following are the three major priority areas outlined in the *Western Upper Peninsula 2012 Regional Health Assessment* and a brief statement defining the impact on the region.

The Impact on an Aging Population

The Importance of Prevention

The Effect of Income and Education on Health Status

Aspirus Keweenaw “Points of Emphasis” and implementation to support Priority Needs:

Based on Houghton and Keweenaw county data drawn from the regional report, Aspirus Keweenaw’s CHNA team selected the following “Points of Emphasis” implementation strategies to support each priority area. The selections of the points of emphasis best capitalize on resources and programs in place or under development to meet the health needs of the community:

The Impact on an Aging Population

- *Hypertension care*
- *Diabetes care*

The Importance of Prevention

- *Obesity*

The Effect of Income and Education on Health Status

- *Access to care*

*Note: Aspirus organizations (having 3 hospitals in the 5 hospital collaboration) was not only instrumental in developing the regional CHNA, but also integral in bringing the data to staff to help address and assess how to best be proactive to support the health needs of the community in our market service area. The **Aspirus Keweenaw CHNA team** included COO Mike Hauswirth, CNO Nursing Grace Tousignant, Director of Clinics Denise Draves, Director of Billing and Finance Vicki Boyer, Director of Nutrition Beth Cook, Cardiac Rehabilitation Coordinator Jan List and Director of Marketing Dave Olsson.*

CHNA PRIORITY: The Impact on an Aging Population

From the *Western Upper Peninsula 2012 Regional Health Assessment (Page 4)*:

“Long-term economic stagnation has led many young people to emigrate from the area in search of economic opportunity. This, combined with a nation-wide trend toward declining birthrates, has resulted in a local population that is considerably older in age distribution compared with state and national demographics. In Michigan, 13.8 percent of residents are age 65-plus. **In Houghton County, with its large college population, the age 65-plus percentage is 15.0;** in Baraga County, it is 17.3 percent; and in Gogebic, **Keweenaw** and Ontonagon counties, and Iron County, WI, greater than **20 percent of residents are age 65-plus**. 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.

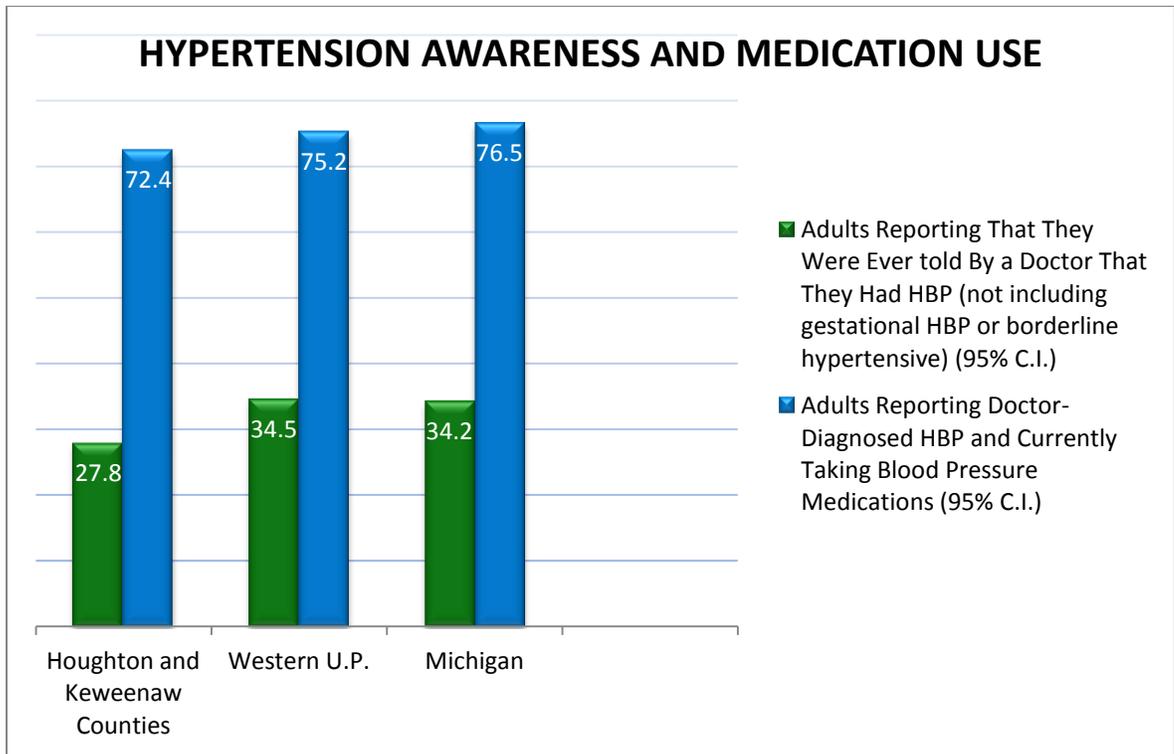
Point of Emphasis for Houghton and Keweenaw Counties to support Impact on Aging Population

Hypertension

Controlling hypertension (high blood pressure) has many benefits to the patient; it can reduce the risk of heart attack and stroke by up to 40%. An estimated 34.5% of Western Upper Peninsula adults have been told they had/have high blood pressure. Among those adults who were/are diagnosed with high blood pressure, 75.2% are currently taking medications to lower their pressure and manage their disease. See the graph on the next page.

Many factors can contribute to high blood pressure such as age, race, family history, obesity, and lack of physical activity, tobacco use, diet, alcohol consumption, stress, and other chronic conditions. Although high blood pressure is most common in adults, children may be at risk also. Poor lifestyle habits such as an unhealthy diet and lack of exercise will be contributors to children with high blood pressure. Certain chronic conditions may also increase the risk of high blood pressure in both adults and children including high cholesterol, diabetes, kidney disease and sleep apnea.

Studies show that uncontrolled high blood pressure can lead to heart attack, stroke, aneurysm, heart failure, weakened and narrowed blood vessels in the kidneys, narrowed or torn blood vessels in the eyes, and metabolic syndrome.



Key Objective for Aspirus Keweenaw - Hypertension

Our goal is to decrease the prevalence of high blood pressure by educating the community on hypertension management and healthier lifestyles and giving them greater access to services that support increased awareness.

Implementation Strategy

Aspirus Keweenaw Laurium Wellness, in response to growing community health needs in hypertension care, has just recently established (2013) a one-on-one clinic which allows the hypertensive patient and a nurse to meet and discuss meal planning, smoking cessation, alcohol use, exercise, diet, and medications. Each education session is followed up with a face to face visit with a Family Nurse Practitioner who monitors the patient's blood pressure readings, makes medication recommendations, and follows up on education during the initial contact. Regular visits are scheduled as prescribed by the progress the patient is making with life style changes. Exercise is gradually introduced to the patient's daily regime to lower the heart rate and help the patient lose weight.

In addition to the one on one session at the Laurium Wellness Clinic, a Family Nurse Practitioner at the Laurium Hospital Clinic offers a program called the 7 Inch Plate program. This nutritional program gives the patient instruction on portion control, how to eliminate empty calories, how to incorporate healthy fats, and carbohydrate consumption. This program has proven to be very successful with our senior population.

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Point of Emphasis for Houghton and Keweenaw Counties to support Impact on Aging Population

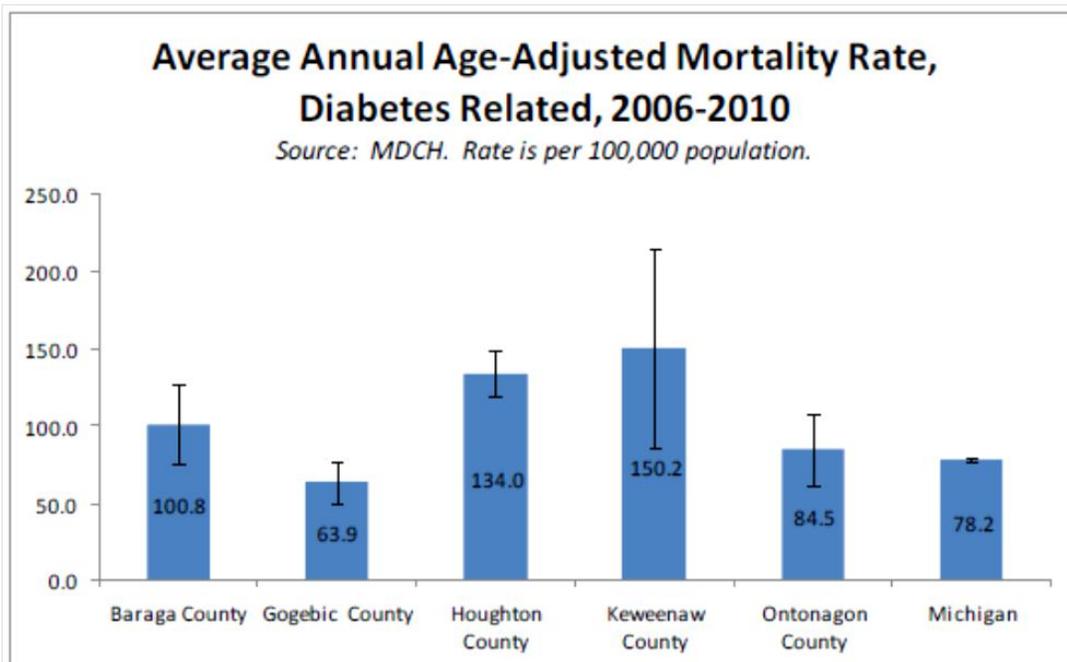
Diabetes

From the *Western Upper Peninsula 2012 Regional Health Assessment* (page 134)

“Taking the confidence intervals into consideration, we can be confident that age adjusted **diabetes-related mortality rates were higher in Houghton and Keweenaw counties than in Michigan during the time period noted (2006-2010)**. Houghton County’s rate is likely between two-thirds higher than and twice as high as the state rate. Houghton County age-adjusted rates were also higher than those observed in Gogebic and Ontonagon counties.”

Considering our heavy aging population, the focus on diabetes as part of the impact on an Aging population is prudent.

The regional health needs assessment survey results showed that approximately 10% of Western U.P. adults have ever been told by a doctor that they had diabetes.



Local Survey Findings: Diabetes Prevalence

- Approximately 10% of Western U.P. adults have ever been told by a doctor that they had diabetes.
- Lifetime diabetes prevalence in the region was estimated to be 2.3% among adults aged 18 to 39, compared to 21.8% among adults aged 65 and older. This pattern of increasing prevalence with age is also observed in state and national data.



Key Objectives for Aspirus Keweenaw – Diabetes

Aspirus Keweenaw will continue to lead the efforts of the Health Care Community for the public by supporting the areas only dedicated Diabetes Clinic:

The clinic supports core goals:

- Increase usage of the AKH Diabetes clinic and the Diabetes Self Management training program by 10% annually over three years,
- Increase community awareness of diabetes as an urgent health issue.

Implementation Strategy:

Aspirus Keweenaw consistently identifies the need for diabetes education in the community and pledges to continue offering the variety of current education opportunities that we provide as well as implementing programming to the public.

- We currently offer one-on-one sessions on diabetes education in our Diabetes clinic with a Nurse Practitioner and an RN, Certified Diabetes Educator. Through this clinic, we also offer medical management group classes.
- 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. We offer a monthly Diabetes Support group which is open to the public and is free of charge.
- Aspirus Keweenaw Diabetes Clinic supports a foot care clinic which is specially formatted for diabetes patients. Our Family Nurse Practitioner is conducting an outreach program for the foot clinic at assisted living locations starting in July of 2013.
- Aspirus Keweenaw Diabetes Clinic offers free blood sugar and foot screenings at outside clinic locations three times annually. These encounters affordus the opportunity to provide information material and counseling regarding diabetes management and prevention directly to people in the community outside of the clinic setting.

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CHNA PRIORITY: The Importance of Prevention

Point of Emphasis for Houghton and Keweenaw Counties to support The Importance of Prevention:

Obesity

From the *Western Upper Peninsula 2012 Regional Health Assessment (Page 4)*:

“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, and diabetes mortality rates in Houghton and Keweenaw counties are higher than statewide. An estimated 69 percent of Western U.P. adults are either overweight or obese according to local survey data, compared with 66 percent statewide, so there should be great concern locally, as nationally, over the prospect of dramatically rising rates of diabetes in the future.”

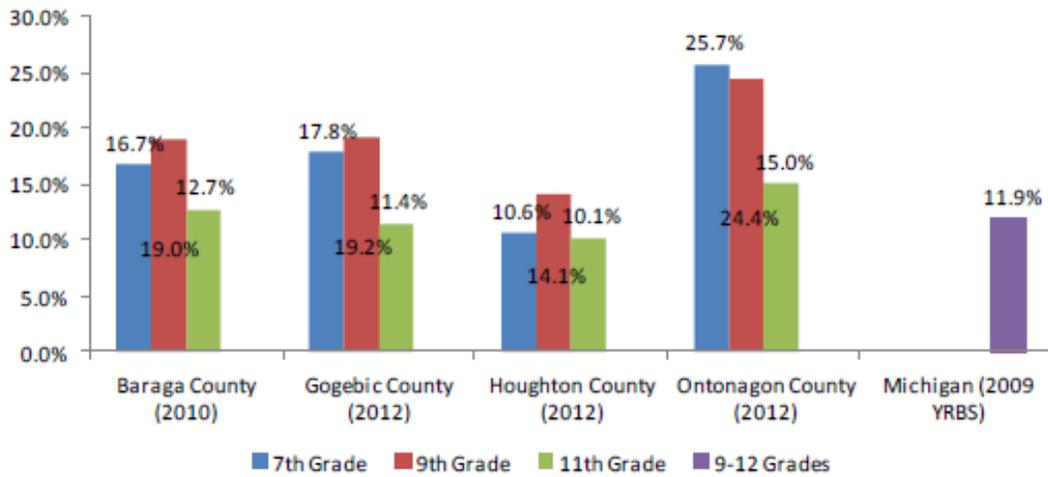
Obesity rates around the nation have tripled over the past 30 years and health experts do not see that trend slowing down. Locally, that trend is right in line, meaning that the increased prevalence of chronic disease in the future, such as diabetes or heart disease, is likely as well.

The 2012 MiPHY study showed that 65.4% of Houghton and Keweenaw counties are overweight or obese which is slightly under the estimated 68.7% of Western U.P. adults which are obese or overweight. It is although, 1% higher than the state average of 64.5%.

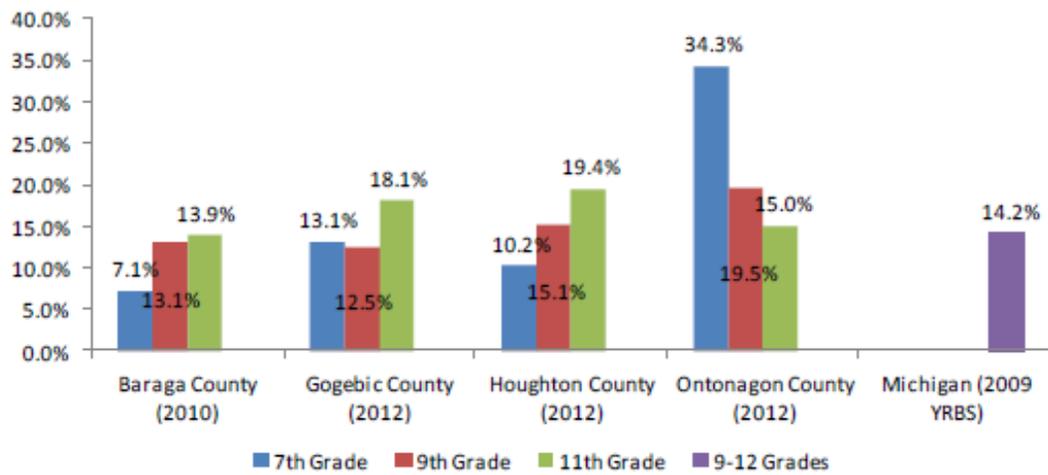
The regional health assessment found that 1 in 7 Western U.P. adults reported that they had no leisure time activity. Roughly 20% of Western U.P. adults who take part in leisure time physical activity achieve recommended levels of both aerobic and strength conditioning. While the survey found that adequate physical activity is more prevalent with higher incomes, high rates of obesity are observed among both genders and across all incomes, education levels and ages.

Finally, Aspirus Keweenaw felt that the trend (overweight) leading to obesity in Houghton County, (while slightly less than the rest of the Western U.P.), is still a key issue to confront regarding improving long-term health in our community. In particular, trends noted for adolescent obesity are shown just below. The opportunity, it would seem, is to focus on behavioral changes with youth – and this parallels national trends.

Percentage of students who are obese (at or above the 95th percentile for BMI by age and sex)



Percentage of students who are overweight (at or above the 85th percentile and below the 95th percentile for BMI by age and sex)



Key Objectives for Aspirus Keweenaw – Obesity

Implement partnerships with Houghton and Keweenaw County local agencies for community health initiatives that target behavior related to obesity.

Create Aspirus Keweenaw internal and external messaging campaigns that show our commitment to obesity prevention, disease prevention and obesity management.

Develop close relationship with agencies such as BHK – and link our resources potentially to their funding appropriated for nutrition consults for at-risk obese children. This partnership would allow AKH Nutrition counseling to possibly see an increase in childhood nutrition referrals.

Implementation Strategies

- Aspirus Keweenaw Hospital has initiated an Intensive Behavioral Therapy program which is designed to assist patients manage their weight. Patients meet one-on-one on a regular basis in our outpatient clinic with a Nurse Practitioner who helps them set personal lifestyle goals by implementing better eating habits and incorporating physical activity to better promote weight loss. This program is covered by CMS and is for patients who have a Body Mass Index of 30 or higher, which indicates a diagnosis of obese.
- In an effort to reach out into the community and promote obesity prevention and awareness, we plan to work in collaboration with local agencies that are already spreading the message. We believe that by partnering with local school districts, administrators and health departments, we can create a greater impact on the future of our communities than working alone.
- By partnering with BHK (Baraga, Houghton, Keweenaw) Child Development Head Start and Great Start programs, we will be addressing the needs of wellness and obesity prevention with families and children from infant to 5 years old. We will present nutrition, wellness and obesity information at any opportunity our partners may offer us – using our registered dietician and other clinical staff.
- The Western Upper Peninsula District Health Department (WUPDHD) is already integrating health and wellness information in preschool through high schools programming in Houghton and Keweenaw counties. They are using United States Department of Agriculture designed Supplemental Nutrition Assistance Program (SNAP-ED) and Child and Adolescent Trial for Cardiovascular Health (CATCH) programs. Aspirus Keweenaw Hospital will plan to collaborate with the WUPDHD to assist with this information dissemination by providing staffing and promotional materials such as food, displays and education materials. The focus will be on Choose My Plate and making healthy choices.

. ***Budget and Resource Support – page 24***

CHNA PRIORITY: The Effect of Income and Education on Health Status

Point of Emphasis for Houghton and Keweenaw Counties to support The Effect of Income and Education on Health Status:

Access to Care

Access to care is a critical factor in assessing community health. Broadly defined, access to care is whether people are able to receive appropriate and timely physical, dental and mental health care services for prevention, screening, diagnosis and treatment. Access depends on the availability of primary providers and other health care professionals, and on whether individuals and families have the means, through personal wealth, private insurance, or public programs, to pay for the care they need.

From the Western Upper Peninsula 2012 Regional Health Assessment (Page 5):

The Effect of Income and Education on Health Status:

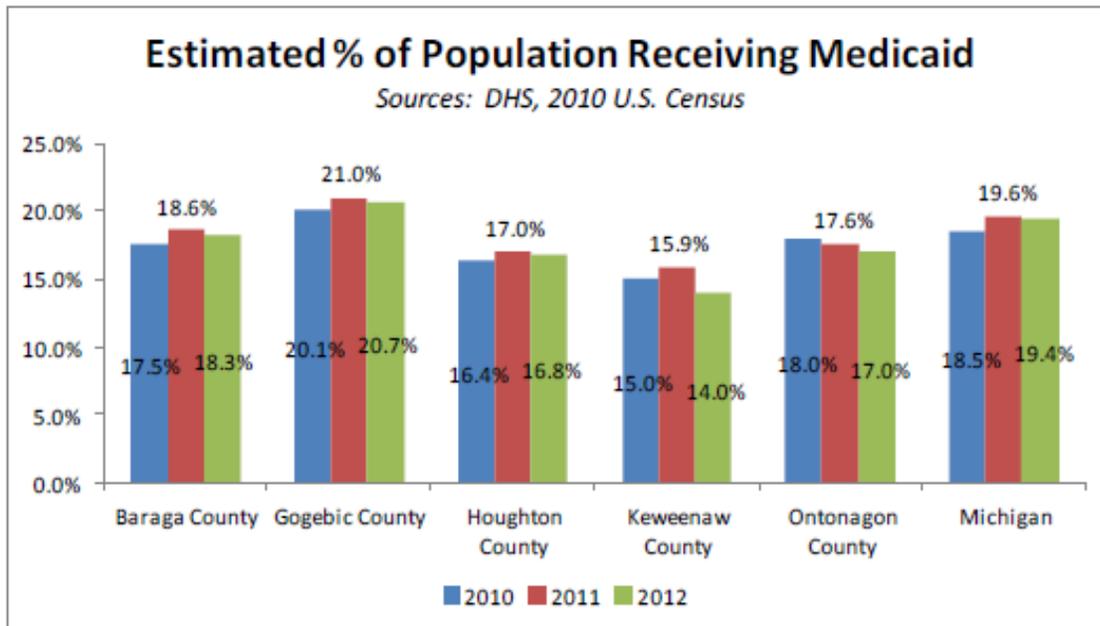
Outside of the Houghton-Hancock area, unemployment in 2009-2011 exceeded 15 percent in most villages and townships. In 2010, more than **20 percent of residents in Houghton** and Gogebic counties, the region's most populous counties, lived in households with incomes below the federal poverty standard, and child poverty in Gogebic County topped 30 percent. Across all counties, median household income and per capita income are well below state and national levels.

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.

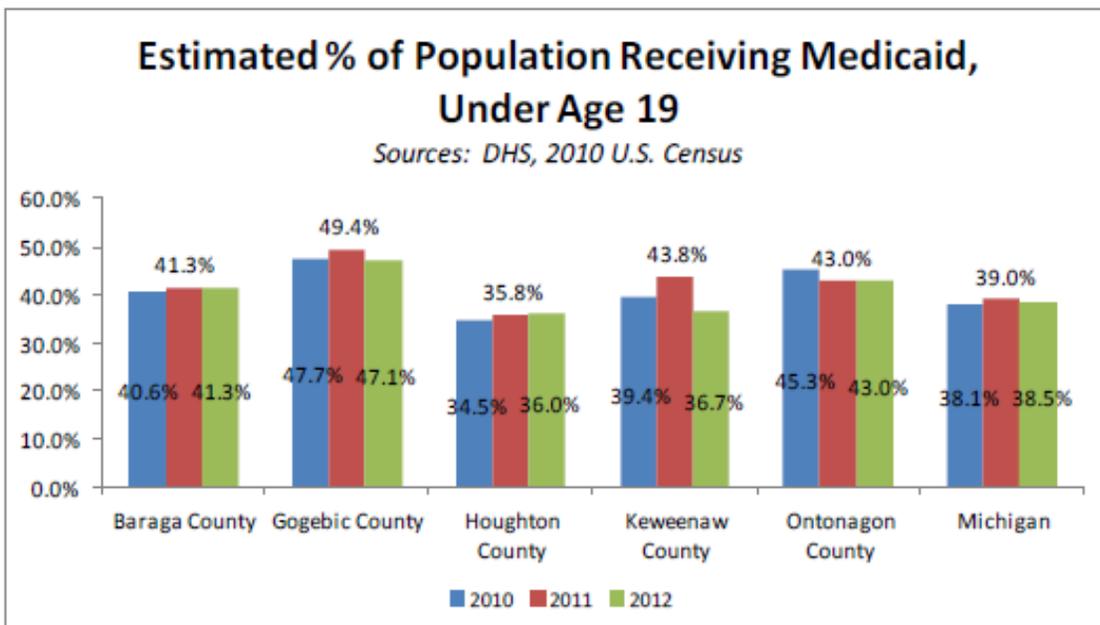
One of the expected impacts of the PPACA is the increase of access to health insurance and preventative care services for vulnerable populations. While the extent of that is currently unknown, it is important to recognize that the implementation of that has not yet been felt.

The Michigan Medicaid Health Care Program is intended to provide medical and health-related assistance to low-income individuals and families who have no medical insurance or have inadequate medical insurance.

The data in the next graph approximate the trends in Medicaid enrollment for the past three years. Within the Western U.P., enrollment levels are highest in Gogebic County and lowest in Keweenaw County.



The percentages in the next graph reflect the proportions of children under age 19 receiving Medicaid over the last three years. Houghton and Keweenaw County enrollment percentages are the smallest at around 35 and 37 percent, respectively.



All inquires for health care are honored at Aspirus Regional Entities regardless of the patient's ability to pay for services. Charity care is provided for those individuals who qualify based on income, a sliding fee schedule is in place for those who do not qualify for a charity care program.

Currently, the rates of uninsured adults in the Western U.P. is similar to Michigan and national rates, with about 18% of adults under the age of 65 reporting that they do not have health insurance.

The rate is lower in the Houghton-Keweenaw area, where unemployment also tends to be lower. Health insurance coverage correlates with employment status and income, as most adults currently access health insurance through employer-funded plans.

	No Health Care Coverage ^a (18-64 Year Olds)		No Personal Health Care Provider ^b		No Health Care Access During Past 12 Months Due to Cost ^c	
	%	95% C.I.	%	95% C.I.	%	95% C.I.
Michigan	18.3	(17.0—19.6)	15.5	(14.4—16.7)	16.5	(15.4—17.6)
Western U.P.	18.6	(15.5—22.2)	17.1	(14.1—20.6)	22.3	(19.0—26.0)
Baraga County	18.8	(12.7—26.9)	15.5	(10.9—21.7)	21.7	(16.4—28.2)
Gogebic County	22.4	(16.7—29.3)	16.0	(11.9—21.2)	26.2	(20.6—32.7)
Houghton + Keweenaw Counties	15.5	(11.0—21.2)	16.1	(11.4—22.3)	20.6	(15.5—26.9)
Ontonagon County	28.3	(22.4—35.0)	27.3	(22.4—32.7)	23.1	(19.0—27.8)

^a Among adults aged 18-64 years, the proportion who reported having no health care coverage, including health insurance, prepaid plans such as HMOs, or government plans, such as Medicare. (Baraga n=367, Gogebic n=303, Houghton+Keweenaw n=371, Ontonagon n=405)

^b Among all adults, the proportion who reported that they did not have anyone that they thought of as their personal doctor or health care provider. (Baraga n=585, Gogebic n=573, Houghton+Keweenaw n=593, Ontonagon n=770)

^c Among all adults, the proportion who reported that in the past 12 months, they could not see a doctor when they needed to due to the cost. (Baraga n=587, Gogebic n=574, Houghton+Keweenaw n=596, Ontonagon n=772)

A statewide estimate is provided for rough benchmarking purposes. The state estimate is not directly comparable to local data because of differences in survey methodology. These differences are explained on page 167.

For an estimated 20.6 percent of adults in Houghton and Keweenaw Counties, cost is a barrier to health care access. While this statistic is relatively favorable in comparison to the rest of the Western U.P., it is still well above the Michigan average of 16.5 percent.

The other issue recognized in accessing care is transportation. The combination of a rural landscape mixed with unpredictable seasons (especially winter) and a high elderly population makes transportation a particularly concerning issue. The regional health needs survey indicated that 6.5% of Gogebic County had no health care access in the past year due to lack of transportation. There is baseline for the State of Michigan; Gogebic County by far had the highest rate in the Western U.P. Houghton and Keweenaw County residents reported transportation as a barrier to health care in only 2.4 percent of cases.

	No Health Care Access During Past 12 Months Due to Lack of Transportation ^a	
	%	95% C.I.
Michigan	Not available.	
Western U.P.	3.9	(2.7—5.7)
Baraga County	4.1	(2.5—6.9)
Gogebic County	6.5	(3.3—12.4)
Houghton + Keweenaw Counties	2.4	(1.1—5.2)
Ontonagon County	5.8	(3.7—9.0)
^a Among all adults, the proportion who reported that in the past 12 months, they could not see a doctor when they needed to due to a lack of transportation. This question is not part of the statewide BRFS. (Baraga n=587, Gogebic n=574, Houghton+Keweenaw n=595, Ontonagon n=764)		

As indicated earlier in this report, both Houghton and Keweenaw Counties are designated as a Medically Underserved Area. They are also designated as Health Professional Shortage Areas for primary care, dental health and mental health.

Based on the selected needs established in this report, the patients who reside in the Western Upper Peninsula counties have considerable access to medical care. Access has been made a priority by all of the partners for the overall good of the community. At the Aspirus Entities the challenge of placing patients with providers is paramount. Same day access to care is available at all locations thereby keeping health care costs down and utilization to emergency care at a minimum.

However, access to care does not equal affordability of care. Cost presents a barrier to accessing health care for an estimated 22.3 percent of Western U.P. adults. Our goal at Aspirus is to continue to provide access to medical care and remove the obstacle of affordability.

Key Objectives for Aspirus Keweenaw-Access to Care

Aspirus Keweenaw is committed to improving the health of the communities we serve.

Aspirus Keweenaw is committed to providing financial assistance (charity care) to persons who have healthcare needs and are uninsured, underinsured, ineligible for a governmental program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.

Implementation Strategy

Consistent with our mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, Aspirus Keweenaw strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Aspirus Keweenaw will provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance.

Services eligible for financial assistance will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to federal poverty levels (FPL) in effect at the time of the determination. Necessary medical care is provided across all Aspirus Keweenaw corporations using a similar sliding scale. Care for qualified patients is free or discounted.

Notification about charity care available from Aspirus Keweenaw, which shall include a contact number, shall be disseminated by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms, in the conditions of admission form, admitting and registration departments, cashier offices, and patient financial services offices that are located on facility campuses, and at other public places as Aspirus may elect. Aspirus will publish and widely publicize a summary of this charity care policy information on our website, in brochures available in patient access sites and at other places within the community served by the hospital as Aspirus Keweenaw may elect.

. ***Budget and Resource Support – page 24***

Overall Budget and Resource Support for Aspirus Keweenaw CHNA driven priorities: Hypertension, Diabetes, Obesity and Access to Care

The process of the overall regional collaborative Community Health Assessment project combined with the focused effort of our Aspirus Keweenaw CHNA team has resulted in a consolidated service by service evaluation of the organizational resources devoted to supporting our priority areas of **Hypertension, Diabetes, Obesity and Access to Care**.

For the purpose of this report, to indicate our ability to be responsive to the identified community health priorities, we gathered financial information in each priority area to include:

Dedicated staff	towards each priority area
Special Equipment	that supports staff to address the community health need
Facilities	allowance that is in part used to deliver priority service areas
Communication	resources to support internal and external communication regarding each priority area

Aspirus Keweenaw is **allocating approximately \$243,145** (based on 2012 expense) annually towards sustaining the identified community services into the future. We are thrilled that many of our staff and programs align to 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,

ADOPTION OF IMPLEMENTATION STRATEGY

The Aspirus Keweenaw Board of Directors is comprised of individuals from Houghton and Keweenaw Counties 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 25, 2013, Board of Directors meeting and approved unanimously.

Dan Dalquist
Aspirus Keweenaw Board of Directors' Chairman

Chuck Nelson
Aspirus Regional
Chief Executive Officer

Mike Hauswirth
Aspirus Keweenaw
Chief Operating Officer

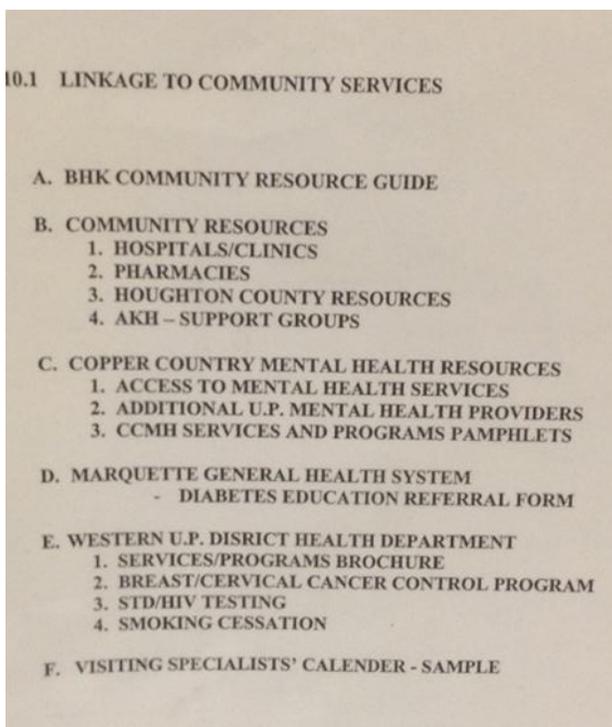
APPENDIX A

Available Health Services and Resources

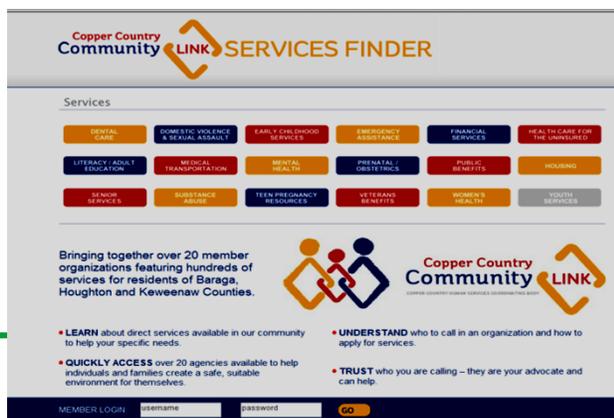
In Houghton and Keweenaw Counties, a variety of health services and resources are available to the community, many of which Aspirus Keweenaw collaborates with for a variety of purposes. A listing of these resources is in this appendix.

As well, EVERY clinic location has a binder for use by all front line staff that interacts with patients to assist them with information on health services and resources as needed.

A photo of the clinic resource binder and is shown here.



Aspirus Keweenaw is a member of the Copper County Human Resources Coordinating Body (CCHSCB), and refers patients to their resource guide online as well as 211 service lines. The resource guide covers a full spectrum of community health and social/economic resource listings and how to contact information. Go to cchscb.org for



access to the complete community resource guide (home page shown here)

Listing of Community Assets Regarding Health and Well Being

Aspirus Keweenaw Laurium Clinic & Hospital

205 Osceola Street

Laurium, MI 49913

Clinic: (906) 337-6560

Hospital: (906) 337-6500

Emergency Department

(906) 337-6500

Aspirus Keweenaw Laurium Wellness

300 Hecla Street

Laurium, MI 49913

(906) 337-9355

Aspirus Keweenaw Lake Linden Clinic

110 Calumet Street

Lake Linden, MI 49945

(906) 296-5040

Aspirus Keweenaw Medical Arts

301 Lakeshore Drive

Houghton, MI 49931

(906) 487-1710

Aspirus Keweenaw FastCare

900 Memorial Road

Inside Shopko

Houghton, MI 49931

(906) 483-0668

Aspirus Keweenaw Outpatient Therapies & Fitness Center

342 Hecla Street

Laurium, MI 49913

(906) 337-7000

Aspirus Keweenaw Outpatient Therapies

960 Razorback Drive

Houghton, MI 49931
(906) 482-8201

Portage 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

DURABLE MEDICAL EQUIPMENT

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

Loan Closets (Free of Charge or Low Cost)

Community Action Agency.....482-5528

St. Vincent De Paul Store.....482-7705

Salvation Army Store.....482-4596

Local Retail Outlets

Apria Healthcare.....482-3041

Apothecary Home Medical
Equipment.....483-1290

Wright & Fillipis, Inc.....(800) 232-1143

Aspirus Keweenaw Home Medical Equipment
Laurium.....337-6557

RESPIRE CARE

Community Action Agency.....482-5528

ASSISTANCE FOR END OF LIFE CARE

Aspirus Keweenaw Home Health & Hospice...
.....337-5700

Portage Home Health & Hospice....483-1160

Omega House.....482-4438

ADULT DAY CARE

Harmony Gardens Adult Day Center
Laurium.....337-3992

RESOURCE INFORMATION

Long Term Care Connection.....211
..... (800) 338-1119

American Cancer Society..... (800) 469-0149

HOME NURSING SERVICES

Aspirus Keweenaw Home Health & Hospice
Calumet.....337-5700

Portage Health Home Care & Hospice
Hancock.....483-1160

NURSING HOMES

Cypress Manor Health and Rehab
Kathy Dube, Administrator
Hancock.....482-6644

Houghton County Medical Care Facility
Betsy Walikainen, SWT, Adm. Coordinator
Hancock.....482-5050

Our Lady of Mercy Health and Rehab
Terry Dube, LLBSW, Social Services
Hubbell.....296-3301

Portage Pointe
Julie Beck, LBSW, Portage Health
Hancock.....483-1188

FINANCIAL ASSISTANCE

MEDICAID—Dept. of Human Services
Houghton County.....482-0500
Keweenaw County.....337-3302

MEDICARE

Social Security Administration.....482-9656
.....(800) 772-1213

Children's Special Health Care Services
Western UP Health Dept.....482-7382

Michigan Rehabilitation Services...482-6045
..... (800) 562-7860

WUPHAC-Medical Access Program.....482-7122

MASTECTOMY SUPPLIES

Elegant Solutions Boutique.....337-4187

MEAL SERVICE

Senior Nutrition Program-Meals on Wheels

Hancock.....483-1155

ASSISTED LIVING

Adult Foster Care Homes

Department of Human Services

Hancock.....482-0500

Garden View Assisted Living & Memory Care

Calumet.....337-0800

Northridge Pines Assisted Living

Calumet.....337-1416

The Bluffs Senior Community

Houghton.....483-4400

SENIOR CITIZEN HOUSING

Centerline Apartments.....296-0070/482-5811

Golden Horizons.....337-1401

Keweenaw Pines.....337-3515

Laurium Senior Citizen Housing.....337-2306

Maple Lane Apartments.....296-0713

Park Avenue Apartments.....337-0005

Rustic Meadows.....296-0713

HOME AIDE SERVICES

Adult Home Help Services

Dept. of Human Services482-0500

Community Action Agency

Homemaker Aide/Personal Care

.....482-5528/337-4805

Aspirus Keweenaw Home Services..337-9500

Portage Health Home Services.....483-1170

Long Term Care Connection.....211

..... (800) 338-1119

UPCAP Care Management.....482-0982

VICTIMS OF ABUSE AND/OR NEGLECT

Barbara Kettle Gundlach Shelter Home for Abused Women, Inc.....337-5632
Dial Help, Inc.482-4357
Adult & Children’s Protective Services482-7558

HOME RESPIRATORY SERVICE

Apria Health Care

Houghton.....482-3041

Aspirus Keweenaw Home Medical Equipment

Laurium.....337-6557

TRANSPORTATION

Community Action Agency

Houghton.....482-5528

Little Brothers Friends of the Elderly

Hancock.....482-6944

Department of Human Services

.....482-0500

VA Shuttle.....482-0102

B&B Wheelchair Van.....482-6147 or 281-7202

COUNSELING SERVICES

America’s Pregnancy Helpline.....(800) 672-2296

Copper Country Mental Health

Houghton.....482-9400

Calumet.....337-5810

Indigo Creek Counseling.....487-7458

Life Outreach Center482-8681

Lutheran Social Services.....(800) 677-7410

Rape & Incest National Network...(800) 656-4673

Psychology Associates.....337-6839

Bob Sharkey PHD, LP

Susan Donnelly PHD LP

SUBSTANCE ABUSE

Western UP Assessment Services.....482-7473

Western UP Health Dept.....482-7382

Phoenix House.....337-0763

Pathways-Northcare.....800-305-6564

New Day Treatment Center.....906-353-8121

LIFELINE

Emergency Response.....483-1170

SUPPORT GROUPS

Alcoholics Anonymous.....482-HELP

Adult Caregivers Support Group.....337-5700

Al-Anon.....482-HELP

Alzheimer's Disease & Related Disorders
.....482-4880

Arthritis Support and Education
Carolyn Normand, LBSW.....337-6559

Cardiac/Diabetes Support Group.....337-6598

Caregiver's Support Group.....337-5700

Community Coalition for Grief & Bereavement.....337-5700

Diabetes Education
Elaine Parks, RN, BSN, CDE.....337-6598

Diabetes Support Group
E. Parks, RN, BSN, CDE.....337-6598
Katie Rukkila, RD483-1461

Dial HELP.....482-4357

Vulnerable Adult Hotline.....(800) 996-6228

Little Bros. Friends of the Elderly.....482-6944

Men's Health Program
Floyd Wakeham, RN.....337-6539

Narcotics Anonymous.....482-4357

Multiple Sclerosis.....(800) 291-2494

Parent Helpline.....(800) 942-4357

Parkinson's Disease Support.....337-5700

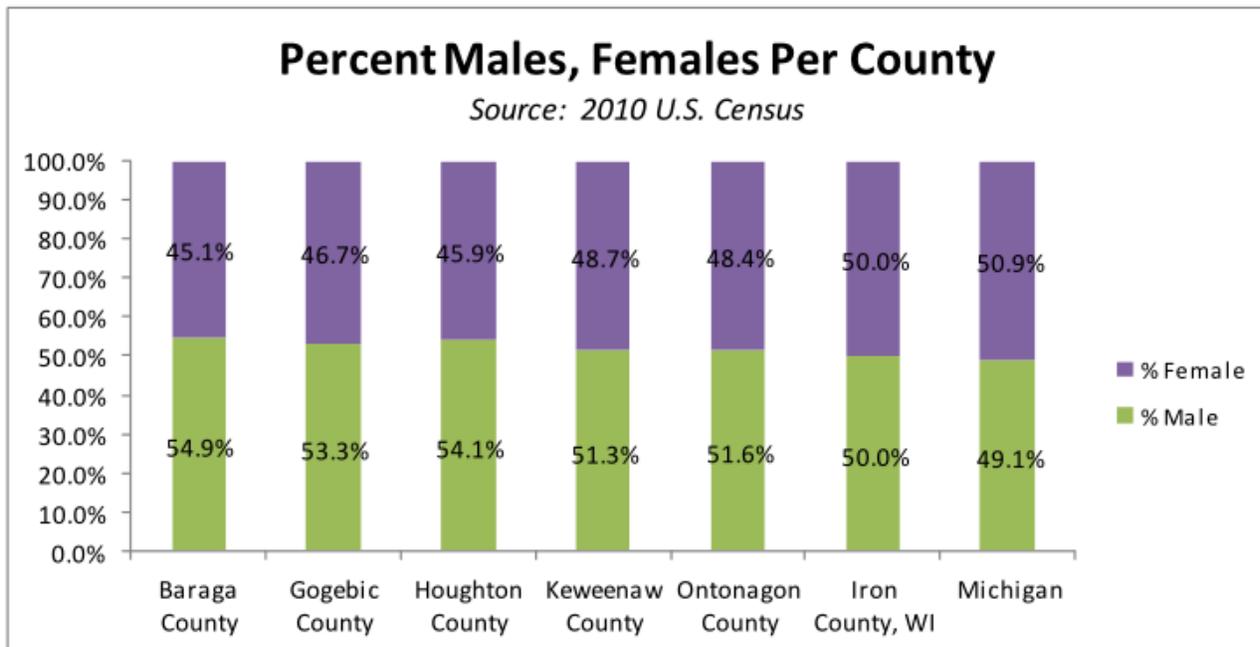
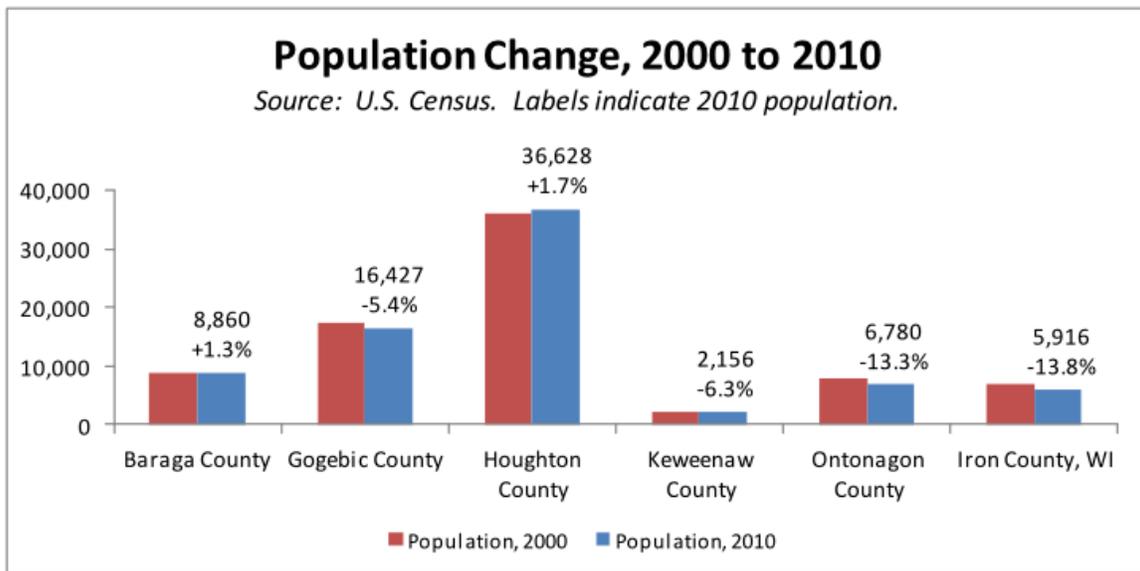
Senior Help Line Information and Referral
.....482-4357

Smart Recovery.....482-4357

APPENDIX B

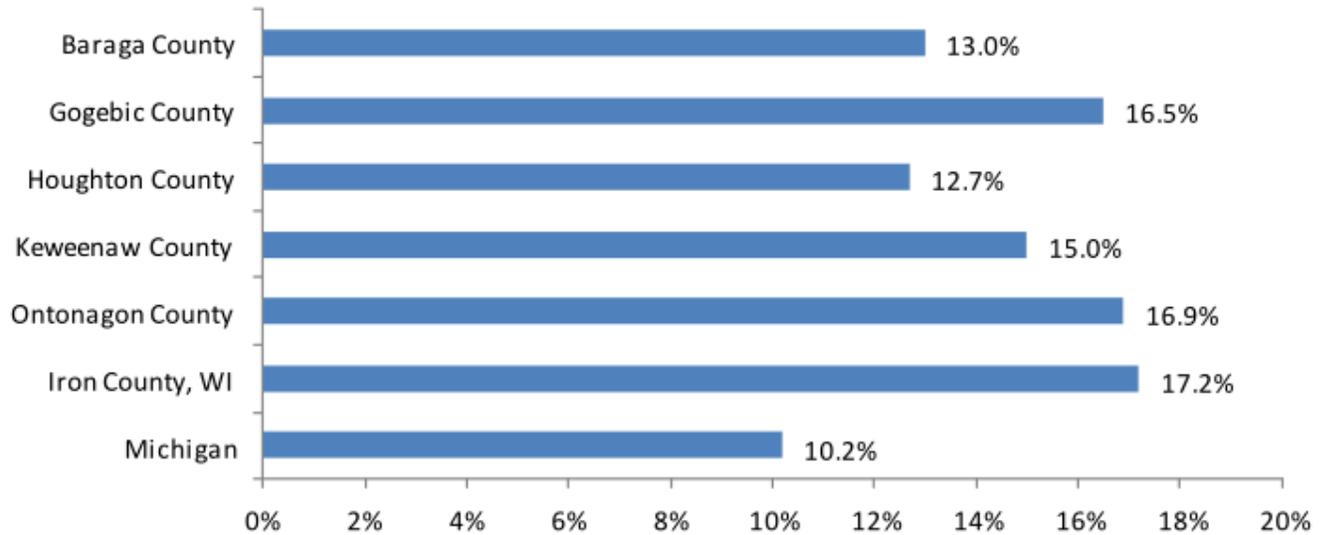
Service Area Demographics

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 Grand View's primary service area is located in Gogebic County, Mich., and Iron County, Wis.



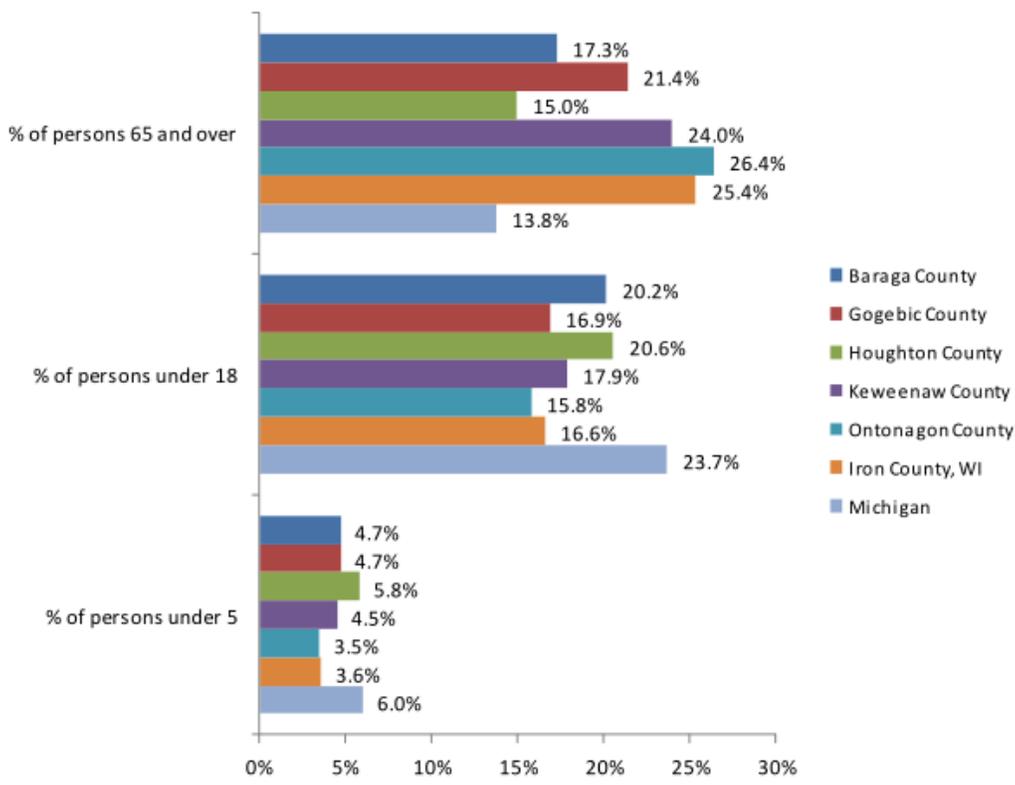
% of Occupied Housing Units for Which Householder is 65 or Older And Living Alone

Source: 2010 U.S. Census



Age Group Comparison, Counties to State

Source: 2010 U.S. Census



Race Demographics, Counties to State

	White Alone	Black Alone	American Indian or Alaska Native Alone	Asian Alone	Some Other Race Alone	Two or more races
Baraga County	75.0%	7.2%	13.1%	0.1%	0.2%	4.4%
Gogebic County	91.7%	4.1%	2.4%	0.2%	0.2%	1.4%
Houghton County	94.5%	0.5%	0.6%	2.9%	0.2%	1.3%
Keweenaw County	98.5%	0.1%	0.1%	0.0%	0.0%	1.3%
Ontonagon County	97.3%	0.1%	1.1%	0.2%	0.1%	1.2%
Iron County, WI	97.9%	0.1%	0.6%	0.3%	0.2%	0.9%
Michigan	78.9%	14.2%	0.6%	2.4%	1.5%	2.4%

Source: 2010 U.S. Census.

