

ASPIRUS IRON RIVER HOSPITAL & CLINICS 2019 COMMUNITY HEALTH NEEDS ASSESSMENT



ASPIRUS[™]

Passion for excellence. Compassion for people.

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	2
ORGANIZATION AND APPROACH.....	3
PROCESS AND METHODOLOGY.....	7
PRIORITIES AND HEALTH NEEDS.....	8
IMPLEMENTATION STRATEGIES.....	14
ADOPTION OF IMPLEMENTATION STRATEGY	20
APPENDIX A	21
APPENDIX B.....	25

EXECUTIVE SUMMARY

Introduction

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

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

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

The purpose of Aspirus Iron River'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 Iron River 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 Iron River 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 Iron River 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 Iron River Board of Directors.

We would like to thank all of our community partners who work together to identify and address the health needs throughout our community. In particular, we thank the Western Upper Peninsula Health Department and administration who worked tirelessly to facilitate the development of the Upper Peninsula 2017-2018 Regional Health Assessment.

NOTES: 1) All references to Iron County are referencing the county located in Michigan, unless specified otherwise. 2) Unless identified, all data used in the Aspirus Iron River CHNA is referenced from the Upper Peninsula 2018 Regional Health Assessment.

ORGANIZATION AND APPROACH

Our Mission

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

About Aspirus Iron River Hospital & Clinics

In 1996, Iron County General Hospital and Crystal Falls Community Hospital were merged into Iron County Community Hospital in order to better serve our community. The consolidation to one hospital site allowed us to provide better and more efficient medical care to the Iron County community and surrounding area. As a result, through the years we have helped generation after generation reach better health.

Our organization continues to strive to meet the needs of our community and surrounding area. We have expanded our services, acquiring the county ambulance service, opening physician clinics, providing new services, and remodeling and updating the main hospital campus. In 2009, in order to better reflect our growth and sense of community, Iron County Community Hospital, its ambulance service, and physician clinics were renamed NORTHSTAR Health System, and then in 2014 formally became Aspirus Iron River Hospital and Clinics.

Aspirus Iron River Hospital & Clinics remains loyal to our patients, their families and our community. We will continue to strive for excellence in healthcare and to grow to meet our community's needs.

Aspirus Iron River Hospital & Clinics is affiliated with Aspirus - a non-profit, community-directed health system based in Wausau, Wisconsin. Its 7,700 employees are focused on improving the health and well-being of people throughout Wisconsin and Upper Michigan.

Aspirus serves communities through four hospitals in Upper Michigan and four hospitals in Wisconsin, more than 50 clinics, home health and hospice care, pharmacies, critical care and air-medical transport, medical goods, nursing homes and a broad network of physicians.

Services provided by Aspirus Iron River include: family medicine, heart care, cancer care, orthopedics, outpatient therapies, women's health, vascular services, in-home care and more.

Other community health services and resources available in Iron County and surrounding areas are listed in Appendix A.



Demographics and Description of Communities Served by Aspirus Iron River

Aspirus Iron River's primary service area covers all of Iron County, MI. The secondary service area includes western Dickinson and Florence (WI) counties, northern Vilas and Forest counties, and eastern Gogebic County. (See Diagram A below.)

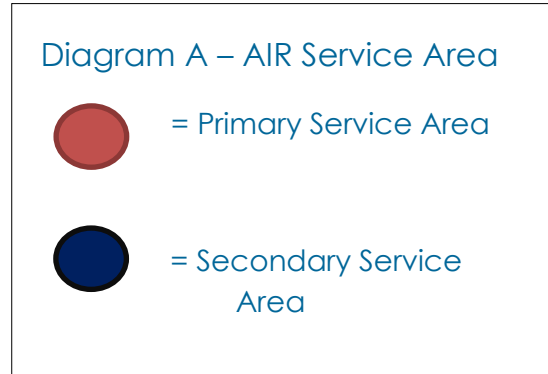
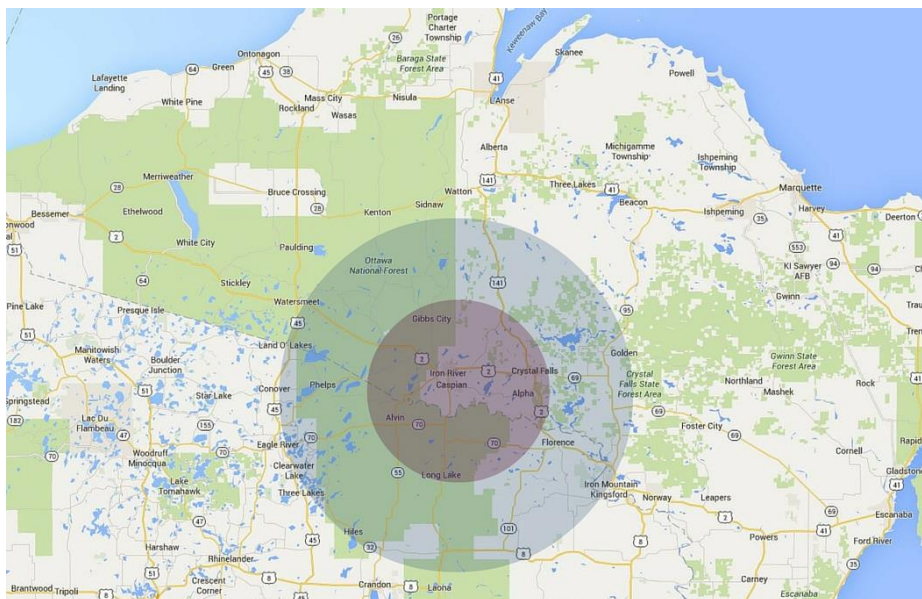
The primary service area encompasses an area that reaches a population of approximately 12,000. Along with much of the western Upper Peninsula of Michigan, the population continues to be in a gradual decline. From 2000-2015, Iron County population fell from 13,138 to 11,507, a -12.4% decrease.

Much of the area is extremely rural, with a population density of 10.1 people per square mile in Iron County. The population continues to shift gradually towards an elderly population. Iron County currently has 28.4% of its population over the age of 65, compared to just 15.4% under the age of 18.

Iron County has been designated as a Medically Underserved Area.

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

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

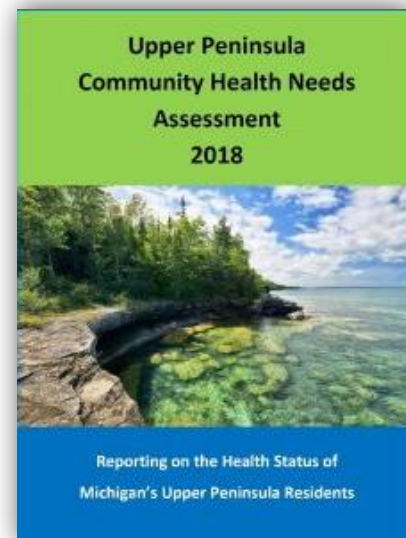
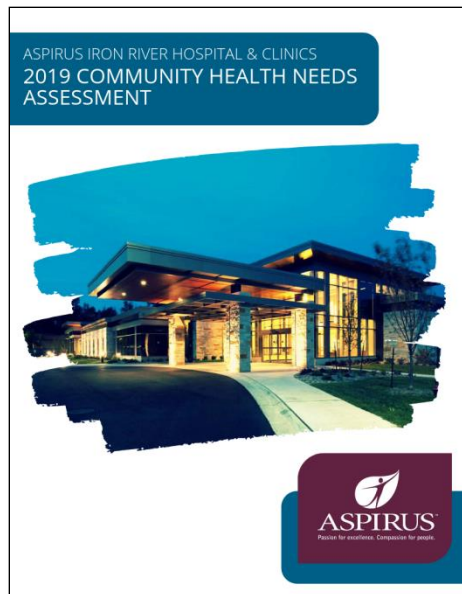


Regional and local collaboration and reporting

Conducted by Western Upper Peninsula Health Department

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

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



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

PROCESSES AND METHODOLOGY

CHNA Development Process

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

Aspirus Iron River's CHNA is built largely on the *Western Upper Peninsula 2018 Regional Health Assessment*. This report is the continued collaborative effort between local health representatives and the largest comprehensive health report ever completed for this region. With 300,000 residents, the Upper Peninsula region has less than 1 percent of Michigan's population spread out over more than 10 percent of the state's land area. Nearly half of the residents live within five miles of Ironwood, Iron River or Houghton/Hancock. The rest live in villages and towns of fewer than 5,000 residents. Iron County, Wisconsin has much of the same rural makeup, with no towns larger than 5,000 residents.

Because of the nature of the primarily rural area, there has historically been difficulty painting an accurate picture of what this region's health is composed of. The large-scale of the *Western Upper Peninsula 2012 Regional Health Assessment* offered an initial snapshot of the population's health. The 2015 version is even more in depth, providing more analytical analysis and trends from the previous report. However, as a whole, the 2018 report now provides the clearest picture that we've ever had of past and current health conditions, changes over the last three years, and insight to future trends.

Throughout the planning and production of the *Upper Peninsula 2018 Regional Health Assessment*, a steering committee of community leaders and subject matter experts met regularly to direct the reporting process, which included the creation and distribution of a survey to a random selection of residents.

For Aspirus Iron River, this includes input from the Western Upper Peninsula Health Department as well as other Aspirus UP Hospitals. Representatives from each organization communicated in regular meetings.

The key data element in the *Upper Peninsula 2018 Regional Health Assessment* is the community survey, which identified important issues regarding quality of life that had not been measured before the survey was conducted.

The survey was mailed to thousands of households across the entire Upper Peninsula, with nearly 5,000 responses from residents.

The *Upper Peninsula 2018 Regional Health Assessment* also includes a significant amount of data indicators across multiple categories relating to health and health factors. This data was compiled from a wide array of published sources and from health

care providers. Published sources included the U.S. Census, the American Community Survey, and statistics compiled by the Michigan Department of Community Health, the Wisconsin Division of Public Health, and other government and private agencies.

With the survey and data indicators combined, the *Upper Peninsula 2018 Regional Health Assessment* was broken down into general categories that are often the largest health issues for any population. The breakdown would allow for the ability to pinpoint similar issues, group them together and focus on priority areas. These categories can be found below in Diagram C.

Diagram C – Regional CHNA Focus Categories	
Health Status	Behavioral Health
Access to Care	Alcohol and Drug Use
Health Behaviors	Preventative Services
Chronic Conditions	

PRIORITIES AND HEALTH NEEDS

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

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

Below are the four major priority areas outlined in the *Upper Peninsula 2018 Regional Health Assessment*, followed by the areas of focus that Aspirus Iron River will committing to addressing:

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

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

1. The Impact on an Aging Population

In the Upper Peninsula, nearly 20 percent of the non-incarcerated population is age 65 or older, compared with 15 percent statewide. In Iron County, nearly 30 percent of the population is 65 years or older. Since the chronic disease burden is higher in older adults, and aging adults have greater needs for home health services, assisted living and nursing home care, the shifting of a community's age distribution toward older cohorts has profound implications on the needs for health care and elder services.

2. The Importance of Prevention

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

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

- High rates of local tobacco and alcohol use contribute to chronic disease burden locally. About 19 percent of Iron County adults are current smokers and over half are either current or former smokers. An estimated 19 percent of local adults are heavy drinkers, compared with 6.9 percent nationwide.
- In the U.P., cigarette smoking during pregnancy far exceeds state levels; 12 counties reported at least 1-in-4 women smoked during pregnancy and seven counties reported at least 30 percent of women smoked during pregnancy.

- An estimated 41 percent of Iron County residents received no dental services in the past year, well above the state rate of 29 percent.
- An estimated 20 percent of Iron County adults report a history of depression, which is a treatable condition with multiple negative health consequences. The prevalence of mental illness combined with a reported shortage of mental health services for adults and children indicated an unmet community health need.

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

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

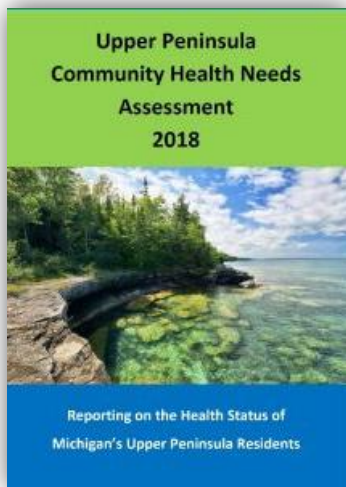
Locally, low-income adults, and those with lower levels of education, report poorer physical and mental health, higher rates of disease and disability, and lower rates for annual physical exams and appropriately timed cancer screenings. Inequalities of socioeconomic status contribute to disparities in access to services, and socioeconomic factors (income and education) strongly correlate with health status. One of the most striking and illustrative examples of health disparity based on socioeconomic status is the fact that 31 percent of Iron County adults with household incomes below \$25,000 are current smokers, compared with 10 percent for adults with incomes above \$50,000. This example is powerful because of the wide gulf in health behaviors, and because smoking is such a strong contributing factor in disease, disability, and premature death."

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

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

Implementation & Local Goals

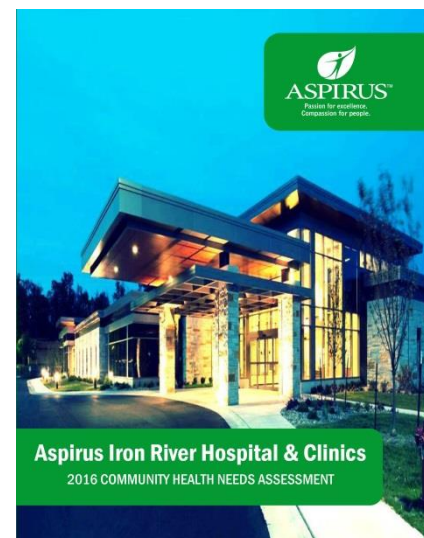
For the purposes of Aspirus Iron River Hospital's CHNA, and to fulfill the PPACA requirements, Aspirus Iron River identified, and is addressing the needs of four overall priorities and is looking to make an impact on the future of the communities Aspirus Iron River serves.



- 1 The Importance of Prevention
- 2 The Impact on an Aging Population
- 3 The Correlation between Socio-Economic Status and Poor Health
- 4 Expanded Access to Care via the Affordable Care Act

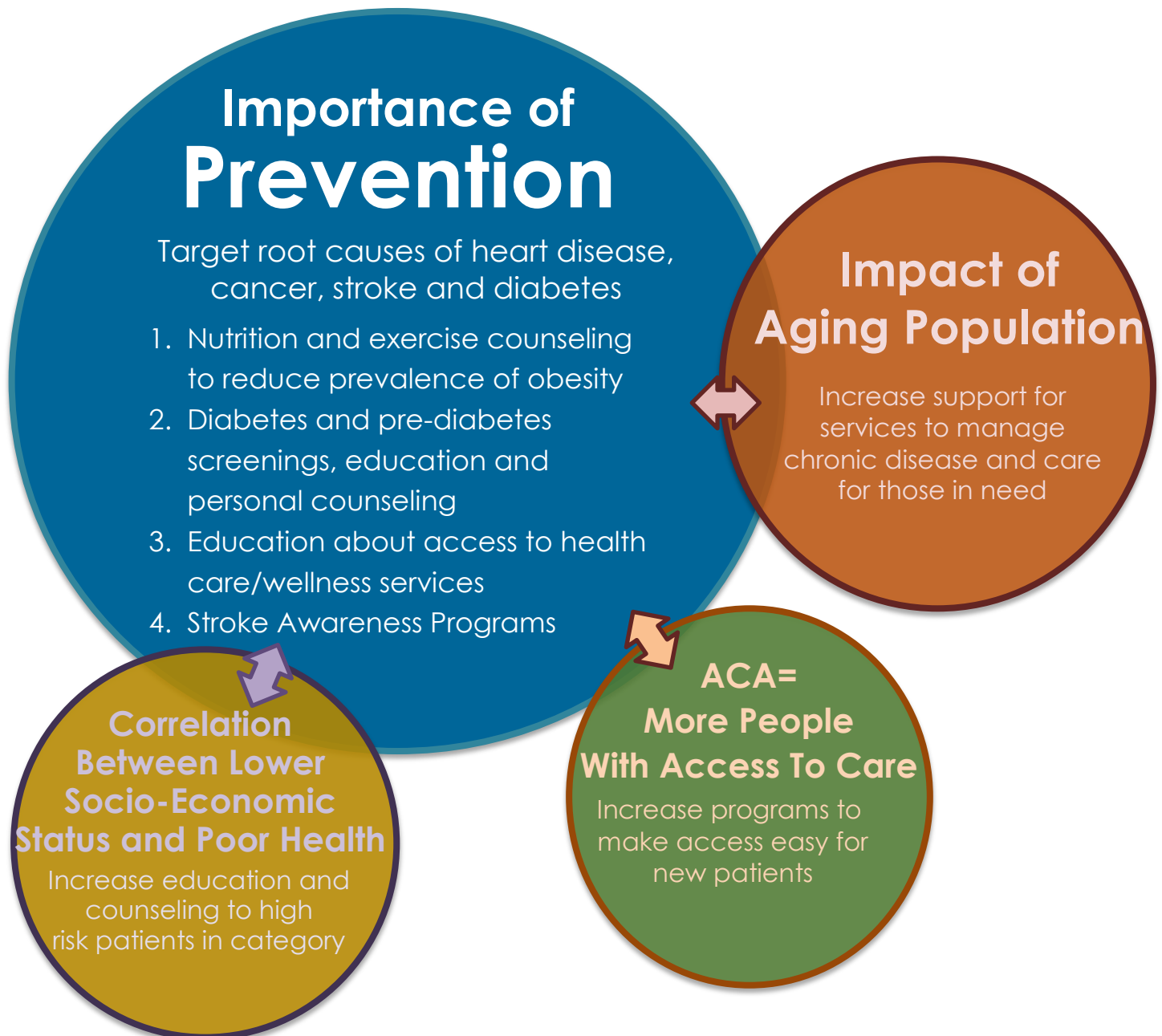
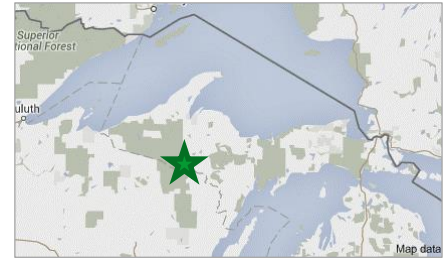


LOCALLY: Identify actions and implementation goals that align the Regional Community Health Needs Assessment to Aspirus Iron River service area.



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

Aspirus Iron River Areas of Focus



Aspirus Hospitals and Clinics in the Upper Peninsula of Michigan is collaborating to ensure staff, programs and resource support are focused locally on the core themes identified in the Western UP Health Assessment.

IMPLEMENTATION STRATEGIES

Implementation of Priority Needs

Based on the four main area of focus, Aspirus Iron River will implement these strategies locally, with the help of staff members, but we are also closely partnering with other regional hospitals, local school districts, administrators and health departments in order to create a greater impact on the future of our communities, rather than working alone.

Budget and Resource Support

For the purpose of this report, to indicate our ability to be responsive to the identified community health priorities, we are allocating financial resources to each of our priority areas to include:

Dedicated staff – in developing the CHNA, collaboration in developing the
implantation plan and towards each priority area

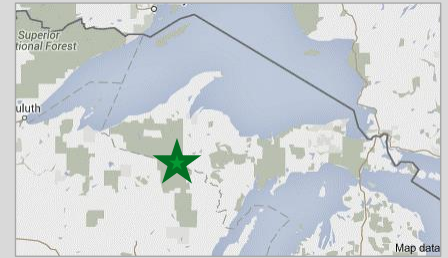
Special equipment – that supports staff to address the community health needs

Facilities – allowance that is in part used to deliver priority service areas

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

Aspirus Iron River will also be allocating funding to assist in the various programs indicated on the following from implementation and continuation into the future as necessary. We are thrilled that many of our staff and programs are already aligned based the findings of the community health assessment; we feel that we have an excellent foundation to continue to meet the specific community health needs of our local population.

Implementation Strategy #1



Importance of Prevention

GOAL #1: Target root causes of heart disease, cancer, stroke and diabetes

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

STRATEGY:

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

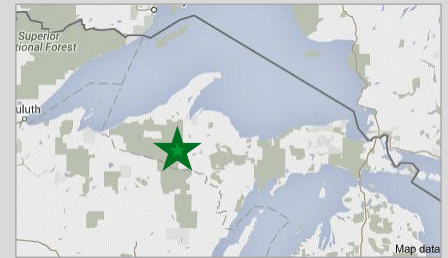
- Collaborate with the two local school districts to provide healthy eating education through classroom curriculum support, parent meetings, health initiatives and/or cooking classes.
- Participate in at least one school wellness committee to offer support and guidance on healthy eating program and policy development.
- Participate in employee health initiatives to provide information on healthy eating and exercise to our employees.
- Continue partnering to provide a youth activity program in Iron County.

HEALTH NEEDS BENEFIT:

By providing healthy eating education in the school system, we can reach whole families and provide support that will encourage making better food choices and increased knowledge of weight management programs available that will dramatically improve their health.

Additionally, the tone and temperament of outreach with Aspirus, using our cultural promise of passion for excellence, compassion for people also allows for greater visibility of other health services including regular doctor visits and well child checkups.

Implementation Strategy #2



Importance of Prevention

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

GOAL #2:

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, place special focus on stroke awareness and prevention.

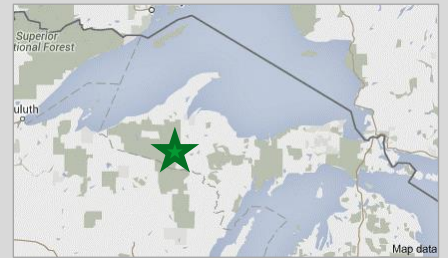
STRATEGY:

- Monthly Diabetes Self-Management Training classes - offered in the Diabetic Education off-site facility along with one-on-one nutrition counseling by a Registered Dietitian. Promote and offer a Diabetes Support group which is open to the public and is free of charge.
- Establish pre-diabetes group medical visits which will be facilitated by a midlevel practitioner and Registered Dietitian within the next three years.
- Make smoking cessation treatment information a consistent part of every visit for patients who smoke.
- Provide one cessation educational outreach event to adolescent audiences per year.
- Continue the promotion of stroke awareness and prevention through events, in-visit discussions, etc.

HEALTH NEEDS BENEFIT:

Diabetes in Iron County is at a current rate of 15.6%. Diabetes can cause serious health complications such as heart disease, blindness, kidney failure and lower-extremity amputations. As high as the current disease burden of diabetes is, with 1-in-9 U.P. adults diagnosed with diabetes and thousands more who don't yet know they have it, even more troubling is the CDC prediction that one third to one-half of today's children will develop diabetes in their lifetimes, based on current childhood obesity rates.

Implementation Strategy #3



Importance of Prevention

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

GOAL #3:

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

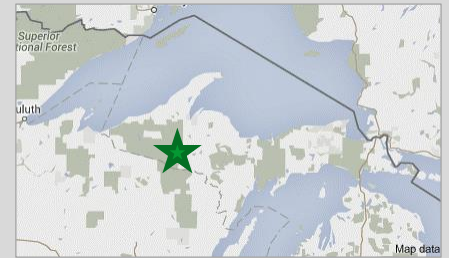
STRATEGIES:

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

HEALTH NEEDS BENEFIT:

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

Implementation Strategy #4



Importance of Prevention

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

GOAL #4:

Continue to support smoking and drug cessation education with a directed effort towards adolescents and families.

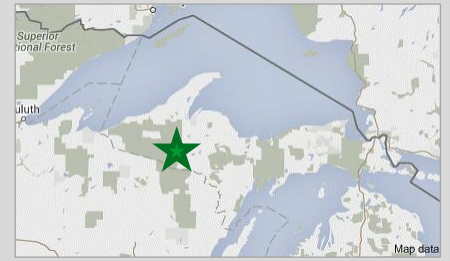
STRATEGIES:

- Make smoking cessation treatment information a consistent part of every visit for patients who smoke.
- Provide one cessation educational outreach event to adolescent audiences per year.
- Establish and promote a smoking cessation group which is open to the public and is free of charge.
- Collaborate with the Iron County Health Department in smoking cessation efforts, particularly with mothers who smoke while pregnant.
- Provide the community with a “Drug Take-Back” program offered on a consistent basis. Coordinate and collaborate with law enforcement.

HEALTH NEEDS BENEFIT:

The smoking rate in Iron County is higher than the state rate, with 19% of the county currently smoking. Additionally, 26.3% of pregnant mothers smoke in Iron County. With higher-than-average rates, this is a need in the community that must be addressed. Collaboration with schools, health departments, and law enforcement will significantly help in making a difference.

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, nutrition community outreach, and general wellness.



Impact of Aging Population

Increase support for services to manage chronic disease and care for those in need

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. Continue promoting stroke awareness and prevention.



ACA= More People With Access To Care

Increase programs to make access easy for new patients

GOAL #3: ★★★

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



Correlation Between Lower Socio-Economic Status and Poor Health

Increase education and counseling to high-risk patients in category

GOAL #4: ★★★

Continue to support smoking and drug cessation education with a directed effort towards adolescents and families.

ADOPTION OF IMPLEMENTATION STRATEGY

The Aspirus Iron River Board of Directors is comprised of individuals from Iron 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.

Mark Tousignant
Board of Directors, Chairman

Lori Peck
Treasurer, VP of Revenue Cycle, Aspirus Inc.

Rick Nevers
Vice Chair, Senior Vice President, Regional Operations & System Integration Officer, Aspirus Inc.

Don Bastianello
Secretary, Controller, Angeli Foods Company

Dr. Ray Koivunen
Vice President of Medical Affairs, Aspirus Iron River Hospital & Clinics

Sharon Hayward, MD
General Surgeon at Aspirus Iron River Hospital

Gary Scalcucci
VP of First National Bank and Trust

Steven J. Tinti
Attorney, Steven J. Tinti Law Offices

Jesse Tischer
President of Regional Markets, Aspirus Inc.

APPENDIX A

Available Health Services and Resources

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

Aspirus Iron River Hospital and Clinic Locations

Aspirus Iron River Hospital
1400 W Ice Lake Road
Iron River, MI 49935
(906) 265-6121

Aspirus Iron River Clinic
814 South Ice Lake Road
Iron River, MI 49935
(906) 265-0499

Aspirus Crystal Falls Clinic
1328 US Highway 2
Crystal Falls, MI 49920
(906) 875-4486

Durable Medical Equipment

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

Great Lakes Home Medical
Wheelchairs, Walkers, Commodes, Hospital Beds, and CPAP supplies
4963 US Hwy 2 Iron River, MI
(906) 265-5985

Apria
All medical equipment available
(906) 779-1892
apria.com/wps/portal/apria/home

Area Services

DICSA
Personal Care Assistance, Commodities,
Housing, Emergency Assistance
(906) 774-2256
dicsami.org

U.P. Area Agency on Aging (UPCAP)
Housing, Disability services, Caregivers,
Wellness programs
1-800-338-1119 or 211
upcap.org

Department of Human Services
Medical, Food, and Emergency Services
(906) 265-9958
michigan.gov/dhs
Children and Adult Protective Services
Centralized Intake: 1-855-444-3911

Housing Assessment Resource Agency
Homeless Assistance
(906) 282-9045
Email: awinch@cfsup.org

Family Ties Adult Center
Alzheimer's Disease Respite Care
(906) 265-4445
235 E. Genesee Street Iron River, MI 49935

Arms of Angels Private Duty and
Transportation
Private transportation services
906-282-0491
armsofangelsinc.com

Philips Lifeline
Monthly rental of Emergency Alert System
1-800-543-3546 Extension:3050
lifelinesys.com

Home Care & Hospice

Aspirus At Home
(906) 265-6118

Dickinson County Home Health
(906) 779-7820
dchs.org/home-health-care.html

Northern Michigan Home Health
Private nursing care, respite,
transportation, home laboratory
(906) 774-4712
200 Fairbanks St. Suite 2 Iron Mountain

Senior Citizen Housing

City View Apartments
Iron River
(906) 265-4398

Pleasant Valley Apartments
Crystal Falls, MI
(906) 875-6060
ichousing.org

Sunset Manor Apartments
Iron River
(906) 265-5540

Spring Valley Apartments
Caspian
(906) 265-9060

Apple Blossom
Iron River
(906) 214 5015

Woodridge Apartments
Iron River
(888) 576-6468

Hillside Apartments
Iron River
(906) 265-9305

Victims of Abuse and/or Neglect

Caring House
Iron Mountain, MI
(906) 774-1337

Substance Abuse

Great Lakes Recovery Centers
Iron Mountain, MI
(906) 228-9696

Assisted Living Centers

Victorian Heights
Crystal Falls, MI
(906) 874-1000
victorianheights.net

Evergreen Heights Assisted
Living
Kingsford, MI
(906) 774-8943

Oak Crest Assisted Living
Norway, MI
(855) 344-4048

Skilled Nursing Facilities

Golden Living Center
Florence, WI
(715) 528-4833

Iron County Medical Care
Facility
Crystal Falls, MI
(906) 875-6671

Iron River Care Center
Iron River, MI
(906) 265-5168

ManorCare MedBridge
Rehab
Kingsford, MI
(906) 774-4805

Nu-Roc Community
Healthcare
(715) 674-2451
nu-roc.com

Support Groups

Alcoholics Anonymous
(906) 774-0900

Cancer Support Group
Aspirus Iron River Hospital
(906) 265-0433

Diabetes Support Group
Led by Aspirus at WID Library
(906) 265-2153

Resource Numbers

Caspian Police Department: (906) 265-3223

Iron River Police Department: (906) 265-4321

Crystal Falls Police Department: (906) 875-3012

Iron County Sheriff's Department- 875-6669

Youth Crisis Hotline-1-800-448-4663

Rape Crisis Helpline-800-882-1515

Poison Control-1-800-562-9781

Runaway Hotline 1-800-621-4000

Association for Children's Mental Health 1-888-226-4543

National Alliance on Mental Illness 1-517-485-4049

The ARC- for people with Intellectual and
Developmental Disabilities- 1-517-487-5426

Michigan Disability Rights Coalition- 1-800-760-4600

Social Security Disability Application – 1-800-772-1213

APPENDIX B

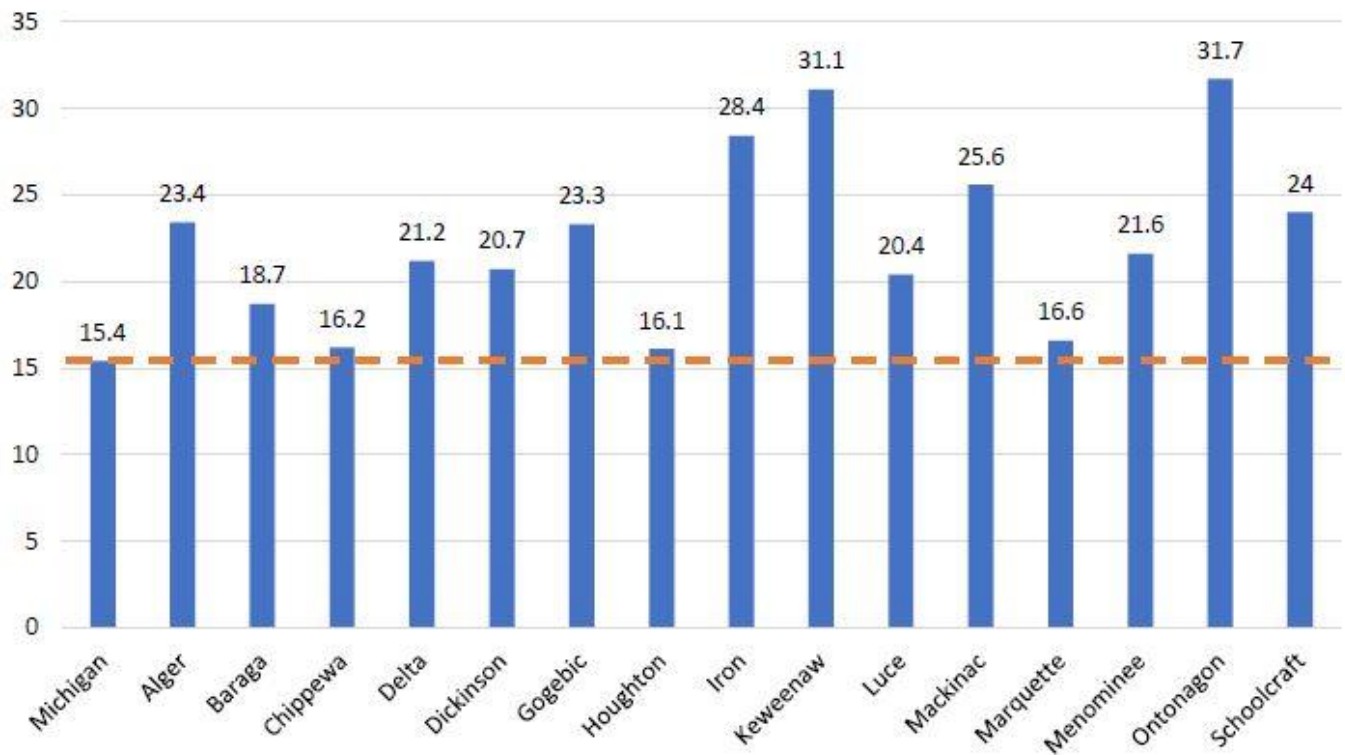
Service Area Demographics

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

Population changes from 2000 to 2015				
<i>Source: U.S. Census Bureau (2000, 2010); American Community Survey (2011-2015)</i>				
	2000	2010	2015	% Change (2000 to 2015)
Michigan	9,938,444	9,883,640	9,900,571	-0.4
Alger	9,862	9,601	9,476	-3.9
Baraga	8,746	8,860	8,690	-0.6
Chippewa	38,543	38,520	38,586	0.1
Delta	38,520	37,069	36,712	-4.7
Dickinson	27,472	26,168	26,012	-5.3
Gogebic	17,370	16,427	15,824	-8.9
Houghton	36,016	36,628	36,660	1.8
Iron	13,138	11,817	11,507	-12.4
Keweenaw	2,301	2,156	2,198	-4.5
Luce	7,024	6,631	6,477	-7.8
Mackinac	11,943	11,113	11,044	-7.9
Marquette	64,634	67,077	67,582	4.6
Menominee	25,326	24,029	23,717	-6.4
Ontonagon	7,818	6,780	6,298	-19.4
Schoolcraft	8,903	8,485	8,288	-6.9

Percent of Population Over 65 Years of Age

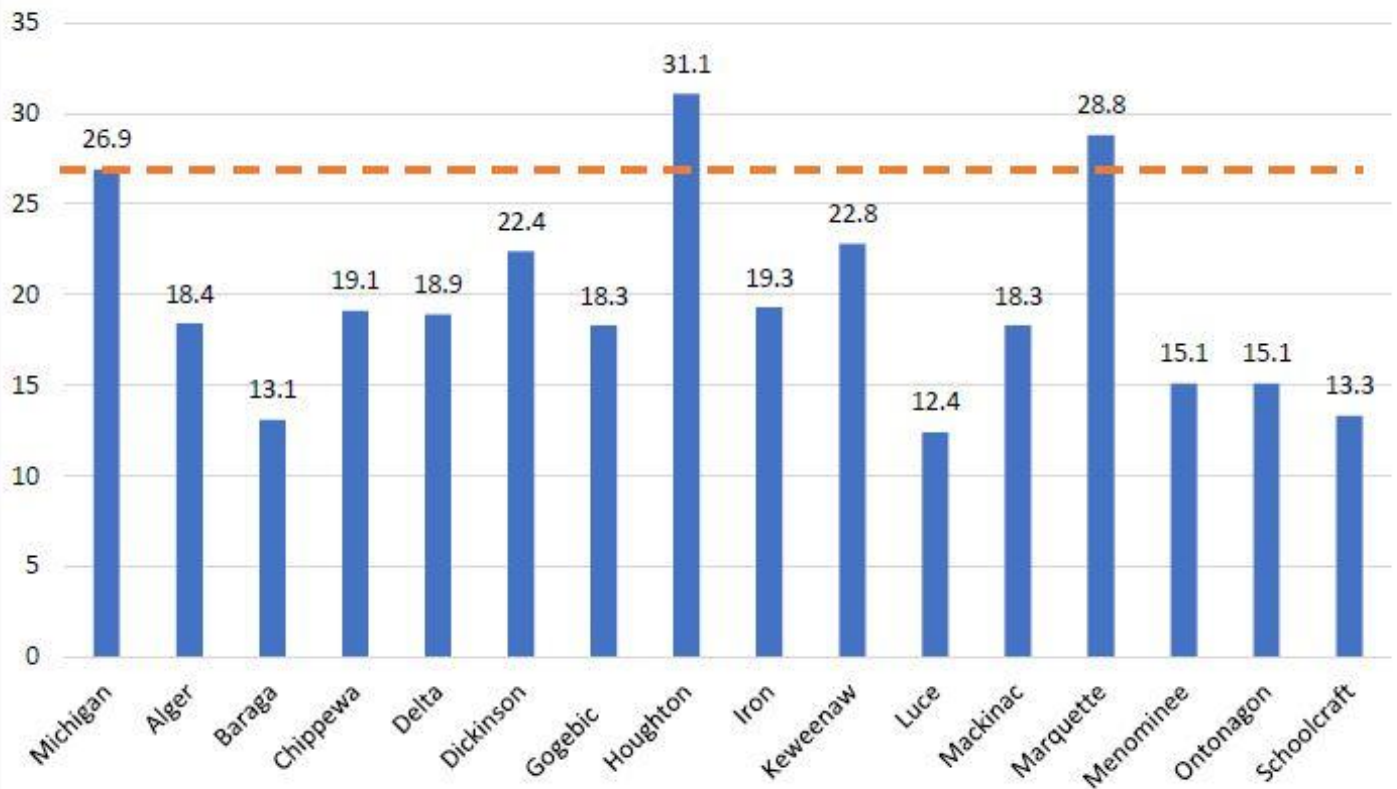
Source: American Community Survey, 2011-2015



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

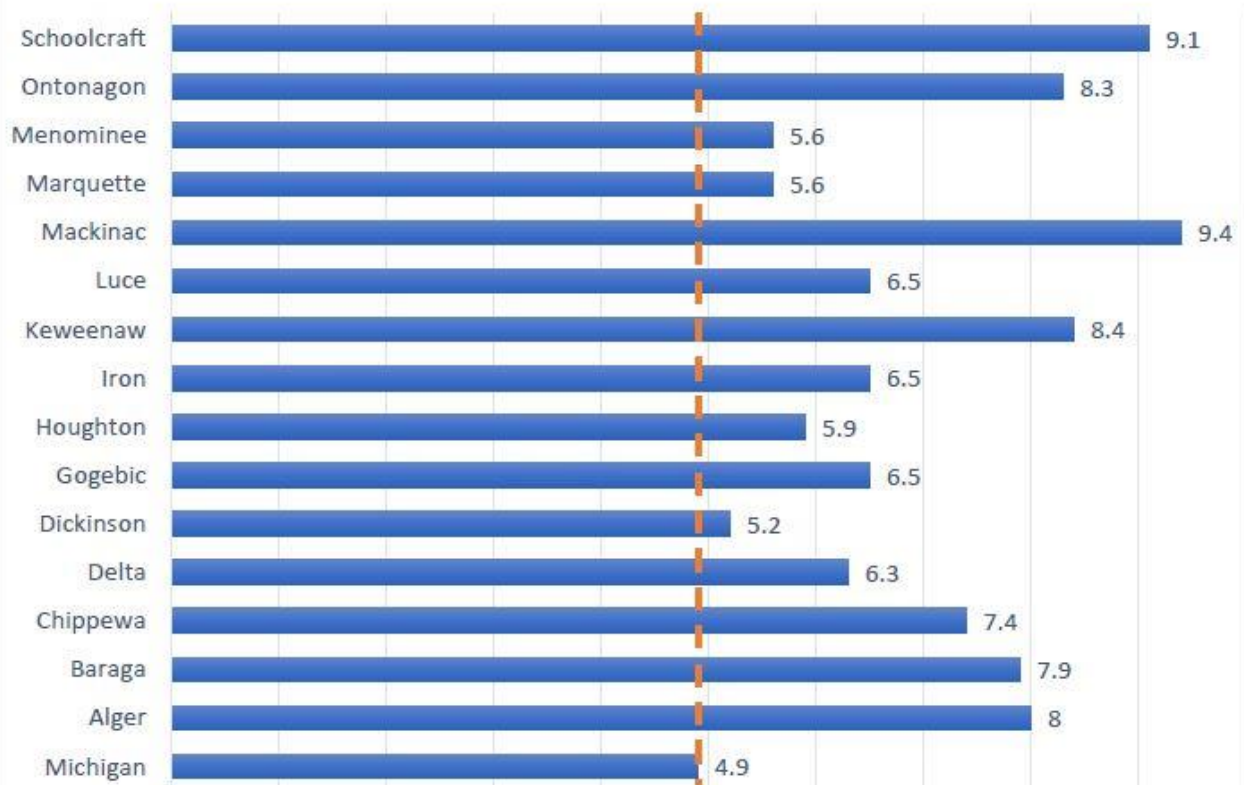
Percent with Bachelor's Degree or Higher

Source: American Community Survey, 2011-2015



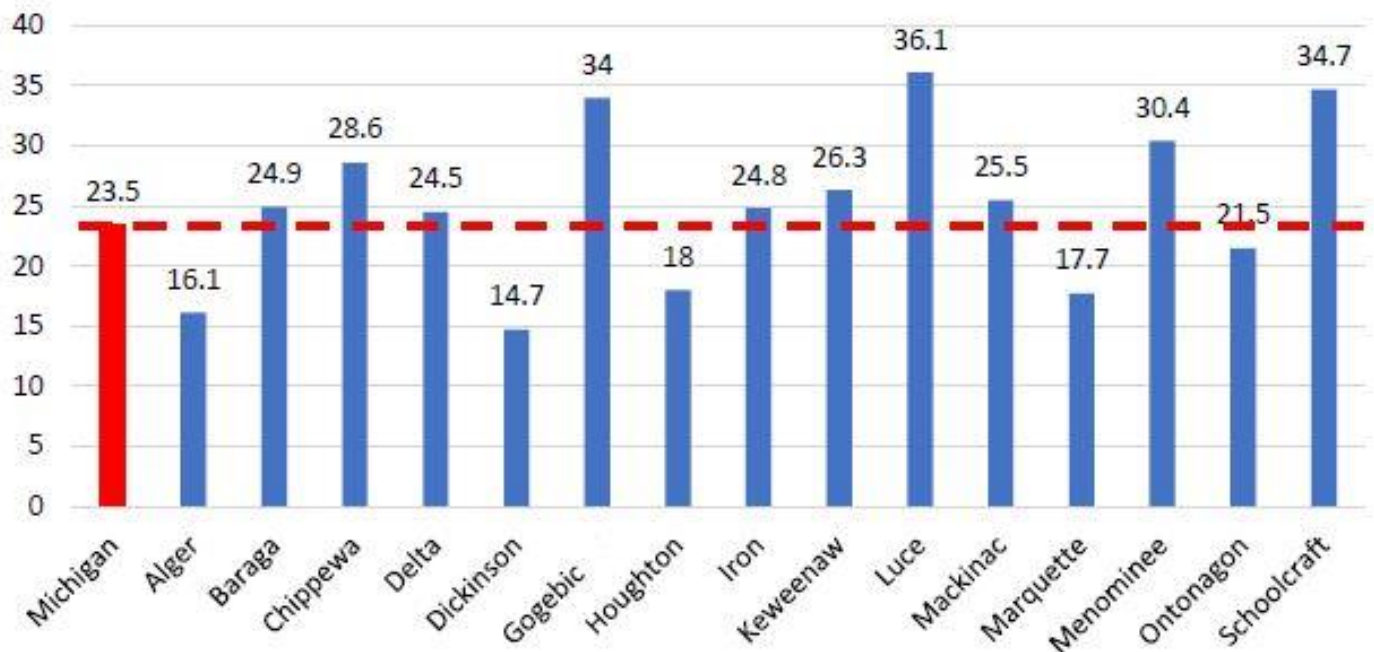
2016 Unemployment Rate

Source: Bureau of Labor Statistics, Annual Averages



Percent of Children Under 18 Living in Poverty

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



Percent of All People Living Under Poverty Line

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

