



**2019  
ASPIRUS ONTONAGON HOSPITAL & CLINICS  
COMMUNITY HEALTH NEEDS ASSESSMENT**

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# Executive Summary

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

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

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

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

- 1) Assist in identifying priority health needs of the areas served by Aspirus Ontonagon Hospital & Clinics, and aligning organizational resources to meet those needs.
- 2) Comply with newly established requirements enforced by the Internal Revenue Service (IRS) and based on the federal Patient Protection and Affordable Care Act (PPACA) enacted in March 2010.

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

# Executive Summary

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

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

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

**Regional CHNA Development Process:** This includes an outline of the large-scale collaboration to develop a regional health assessment for the Western U.P. and Iron County, Wis. It also includes information on how all of the data was obtained and the process that was used for identifying priorities that meet the health needs of our communities.

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

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

*NOTE: All data used in the 2016 Aspirus Ontonagon Hospital Community Health Needs Assessment is referenced from the 2017 Western Upper Peninsula Health Needs Assessment.*

# Aspirus Ontonagon Hospital & Clinics



## **Our Mission**

**We heal people, promote health and strengthen communities.**

## **Our Vision**

**Aspirus is a catalyst for creating healthy, thriving communities, trusted and engaged above all others.**

# Aspirus Ontonagon Hospital & Clinics

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

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

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

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



Aspirus Ontonagon Hospital & Ontonagon Clinic



Aspirus UP Clinic, Bruce Crossing

# Aspirus Ontonagon Hospital & Clinics

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

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

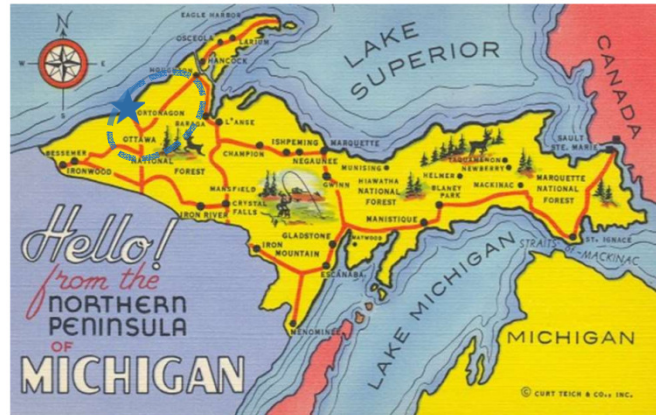


Diagram A

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

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

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

# Aspirus Ontonagon Hospital & Clinics

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

County	Primary Medical Care HSPA	Dental Health Care HSPA	Mental Health Care HSPA
Alger	Native American Tribal Population Low-Income Population	Native American Tribal Population Medicaid Eligible Population	Native American Tribal Population Entire Geographic County
Baraga	Native American Tribal Population	Native American Tribal Population Medicaid Eligible Population Entire Geographic County	Native American Tribal Population Entire Geographic County
Chippewa	Native American Tribal Population Low-Income Population	Native American Tribal Population Medicaid Eligible Population Entire Geographic County	Native American Tribal Population Entire Geographic County
Delta	Low-Income Population	Medicaid Eligible Population Entire Geographic County	Entire Geographic County
Dickinson	None	Entire Geographic County	Entire Geographic County
Gogebic	Low-Income Population	Native American Tribal Population Medicaid Eligible Population	Native American Tribal Population
Houghton	Low-Income Population	Low-Income Population	Entire Geographic County
Iron	Low-Income Population	Medicaid Eligible Population	Entire Geographic County
Keweenaw	Low-Income Population	Medicaid Eligible Population	Entire Geographic County
Luce	Low-Income Population	Medicaid Eligible Population	Entire Geographic County
Mackinac	Native American Tribal Population Low-Income Population	Native American Tribal Population	Native American Tribal Population Entire Geographic County
Marquette	Low-Income Population	Medicaid Eligible Population	None
Menominee	Entire Geographic County Native American Tribal Population	Medicaid Eligible Population	Entire Geographic County
Ontonagon	Low-Income Population	Medicaid Eligible Population	Entire Geographic County
Schoolcraft	Low-Income Population	Medicaid Eligible Population	Entire Geographic County

*Additional demographic information can be found in Appendix B.*



# CHNA Development Overview

## Regional and Local Community Health Needs Assessments

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

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

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

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

# Regional Assessment Process

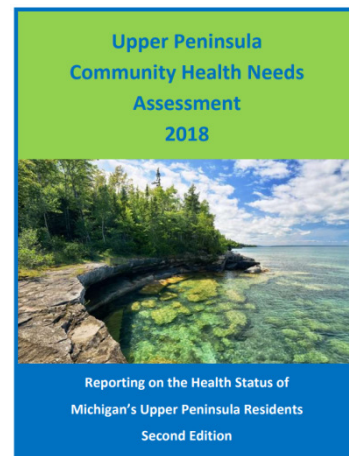
## Collaborative Approach

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

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

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

- ❖ The large-scale of the 2018 Upper Peninsula Community Health Needs Assessment offered an initial snapshot of the population's health.
- ❖ The 2018 assessment is more in depth and provides analytical analysis and trends from the previous report. As a whole, the 2018 report provides the clearest picture of past and current health conditions, changes over the last three years, and insight to future trends.



*Diagram B*

The document you are reading is the **2018 Aspirus Ontonagon Hospital & Clinics Community Health Needs Assessment**. This report is largely built using data and findings from the 2018 Upper Peninsula Community Health Needs Assessment, pictured in Diagram B, and can be viewed in full at [aspirus.org](http://aspirus.org) or [wuphd.org](http://wuphd.org).

# Regional Assessment Process

## **Steering Committee and Team**

Throughout the planning and production of the 2018 Upper Peninsula Health Needs Assessment, a steering committee of community leaders and subject matter experts met regularly to direct the reporting process. The process included the creation and distribution of a survey to randomly selected residents.

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

# Regional Assessment Methodology

## Data Driven and Statistically Significant

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

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

The 2018 Western Upper Peninsula Health Needs Assessment includes a significant amount of data indicators across multiple categories relating to health and health factors. Data was compiled from a variety of published sources and healthcare providers. Sources included the U.S. Census, American Community Survey, Michigan Department of Community Health, Wisconsin Division of Public Health, and other government and private agencies.

# Organizing and Prioritizing Data

With all data indicators combined, the 2018 Upper Peninsula Community Health Needs Assessment was broken down into general categories representative of health issues that are often the largest for any population. The breakdown allows for the pinpointing and grouping of similar issues so priority areas can be focused on.

## **U.P. Community Health Issues & Priorities Survey**

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

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

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

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

# U.P. Region: Four Major Priorities and Health Needs

Below are the four major priority areas outlined in the *2018 Upper Peninsula Community Health Needs Assessment*.

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

# 1

## The Importance of Prevention

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

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

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

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

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

Continued from page 15

- **Regional diabetes prevalence is about 11 percent, a rate expected to rise given the dramatic increase in obesity in recent years. Experts predict that one third of today's youth will develop Type 2 diabetes in their lifetimes based on current obesity rates.**
- **U.P. rates for various behavioral risk factors including tobacco use, obesity, physical inactivity and poor nutrition are troubling. As noted above, current and former tobacco users and people who are overweight or obese are at higher risk of chronic disease and disability.**
- **Another condition not always considered in discussions of disease and disability is clinical depression, but an estimated 25.6 percent of local adults have been diagnosed with chronic or episodic depression and related diagnoses, which can affect both the quality and duration of life.**



## 2

## The Impact on an Aging Population

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

*“In the Upper Peninsula, nearly 20 percent of the nonincarcerated population is age 65 or older, compared with 15 percent statewide. In Ontonagon and Ontonagon Counties, greater than 30 percent of the population is 65 years or older. Since the chronic disease burden is higher in older adults, and aging adults have greater needs for home health services, assisted living and nursing home care, the shifting of a community’s age distribution toward older cohorts has profound implications on the needs for health care and elder services.”*

# 3

## Expanded Access to Care Via the Evolving Affordable Care Act

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

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

# 4

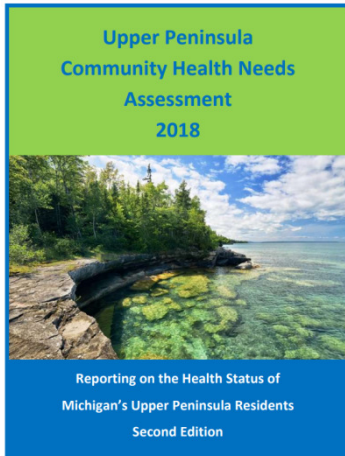
## The Powerful Correlation Between Socio-Economic Status and Poor Health

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

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

# Implementation and Goals Locally

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

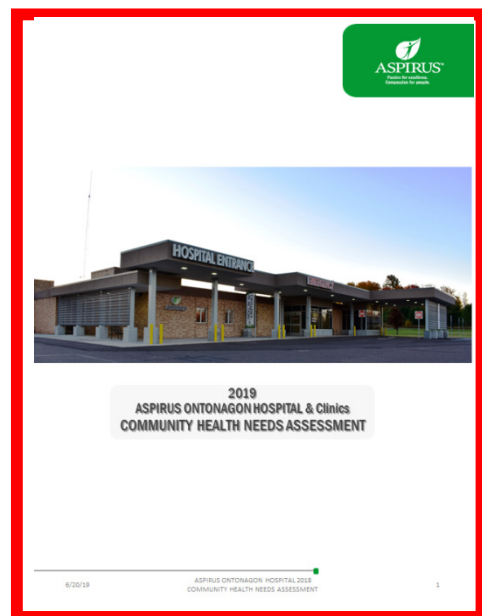


## REGIONAL: 4 Priorities

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



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



*The following pages demonstrate the implementation strategies identified for the Aspirus Ontonagon Hospital & Clinics 2018 Community Health Needs Assessment.*

# Four U.P. Regional “Core Theme” Assessment Priorities



Aspirus hospitals and clinics in the Upper Peninsula are collaborating to ensure staff, programs, and resources are focused locally on the core themes identified in the 2018 Upper Peninsula Community Health Needs Assessment.

1

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

1. Nutrition and exercise counseling to reduce prevalence of obesity
2. Diabetes and pre-diabetes screenings, education and personal counseling
3. Smoking cessation for high risk patients
4. Education about access to healthcare and wellness services

## Importance of Prevention

*Overarching Theme*

2

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

Impact of Aging Population

3

## Increase programs to make access easy for new patients

ACA=More People With Access To Care

4

## Increase education and counseling to high-risk patients in category

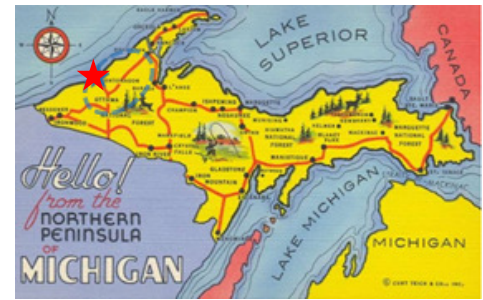
Correlation Between Lower Socio-Economic Status and Poor Health



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# How Aspirus Ontonagon Supports The Four U.P. Regional Assessment Priorities



Aspirus hospitals and clinics in the Upper Peninsula are collaborating to ensure staff, programs, and resources are focused locally on the core themes identified in the 2018 Upper Peninsula Community Health Needs Assessment.

1

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## Importance of Prevention

*Overarching Theme*

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

Impact of Aging Population

2

## Increase education and counseling to high-risk patients in category

Correlation Between Lower Socio-Economic Status and Poor Health

4

## Increase programs to make access easy for new patients

ACA=More People With Access To Care

3



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# Aspirus Ontonagon Implementation Strategies

*Supporting Overarching Theme: "Importance of Prevention"*



## GOAL #1 :

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

## STRATEGIES :

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

## HEALTH NEEDS BENEFIT :

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

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



# Aspirus Ontonagon Implementation Strategies

*Supporting Overarching Theme: "Importance of Prevention"*



## GOAL #2 :

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

## STRATEGIES :

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

## HEALTH NEEDS BENEFIT :

Direct engagement is a proven key driver when using fitness to hard-wire a daily wellness outlook in individuals. People who participate in physical activity are less likely to suffer from chronic heart conditions, diabetes, and obesity.



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# Aspirus Ontonagon Implementation Strategies

*Supporting Overarching Theme: "Importance of Prevention"*



## GOAL #3 :

**Continue to support the diabetes education program through offering a variety of avenues for education to the community.**

## STRATEGIES :

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

## HEALTH NEEDS BENEFIT :

In the past 3 years alone, Aspirus has assisted over 400 patients with diabetes assistance and self-management education. Patient satisfaction with our efforts is strong and we must continue this valuable service to the community.



# Aspirus Ontonagon Implementation Strategies

*Supporting Overarching Theme: "Importance of Prevention"*



## GOAL #4 :

**Focus on substance abuse epidemic related issues and provide education and treatment options for the community locally.**

## STRATEGIES :

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

## HEALTH NEEDS BENEFIT :

More than half of Western U.P. adults are current or former smokers. While public messaging programs can have a positive effect, we feel that direct patient consultation and information exchange during regular healthcare visits is a vital reinforcement.



# Aspirus Ontonagon Implementation Strategies

*Supporting Overarching Theme: "Importance of Prevention"*



## GOAL #5 :

**Reach 50 percent of Ontonagon population annually with “how-to” information regarding the Long-Term Care and Swing Bed processes as well as free educational services to Seniors.**

## STRATEGIES :

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

## HEALTH NEEDS BENEFIT :

Working with and educating the community regarding the availability use of Long Term Care, Swing Bed, and Home Care processes is a priority which will benefit Seniors with how to decipher the different healthcare aspects available to Seniors that are unable to care for themselves or family members. Offering many diverse free services to community seniors enhances living independence, promotes healthy living, and gains knowledge how to care for the elderly population.



# Aspirus Ontonagon Implementation Strategies

Supporting Overarching Theme: "Importance of Prevention"



## How Strategies and Goals Support Each Priority Area with Importance of Prevention as Overall Theme

### GOAL #1 :

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



### GOAL #2 :

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



### GOAL #3 :

Continue to support the diabetes education program through offering a variety of avenues for education to the community



### GOAL #4 :

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



### GOAL #5 :

Reach 50 percent of Ontonagon population annually with "how-to" information regarding the Long-Term Care and Swing Bed processes as well as free educational services to Seniors.



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



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



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



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# Adoption of Implementation Strategy

The Aspirus Ontonagon Hospital Board of Directors is comprised of individuals from Ontonagon County and the Aspirus, Inc. system. The Board approves the implementation strategy priorities identified in the Community Health Needs Assessment planning process. This report was prepared for the Board of Directors review and was approved.

John Heisler  
Chairman  
Aspirus Ontonagon Hospital Board of Directors

Christine Harff  
Aspirus Upper Peninsula Regional President  
Aspirus Upper Peninsula Hospitals

Grace Tousignant  
Regional CNO  
Aspirus Upper Peninsula Hospitals

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



# Appendix A

## Available Health Services and Resources

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

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

## Aspirus Ontonagon Hospital & Clinics - Locations

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

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

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

Aspirus Outpatient Therapies & Fitness Center  
400 River St.  
Ontonagon, MI 49953  
(906) 884.6054

## **U.P. Health System – Locations**

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

## **Durable Medical Equipment**

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

### Loan Closets (free-of-charge or low-cost)

Baraga-Houghton-Ontonagon Community Action Agency  
(906) 482.5528

St. Vincent De Paul Thrift Store  
(906) 884.4977

Aspirus Home Medical Equipment  
(906) 337.6557

## **Respite Care**

Aspirus Ontonagon Hospital  
(906) 884.8232

## **Assistance for End-of-Life Care**

Aspirus At Home  
(906) 337.5700

Portage Home Health & Hospice  
(906) 483.1160

Omega House  
(906) 482.4438

## **Adult Day Care**

Safe Harbor Adult Day Care  
(906) 884.2775

**Resource Information**

Long Term Care Connection

Dial 2-1-1

(800) 338.1119

American Cancer Society

(800) 469.0149

Ontonagon County Cancer Association

(906) 884-4176

**Home Nursing Services**

Aspirus At Home

(906) 337.5700

Horizon Home Care

(906) 884.6092

**Nursing Homes**

Aspirus Ontonagon Long Term Care

(906) 884.8300

**Financial Assistance**

Medicaid – Michigan Department of Health and Human Services

Ontonagon County (906) 884.4951

Medicare – U.S. Social Security Administration

(906) 482.9656

(800) 772.1213

Children's Special Health Care Services

Western U.P. Health Department

(906) 482.7382

Michigan Rehabilitation Services

(906) 482.6045

(800) 562.7860

Medical Access Program – Western U.P. Healthcare Access Coalition

(906) 482.7122



**Mastectomy Supplies**

Elegant Solutions Mastectomy Boutique  
(906) 487.1710

**Meal Service**

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

**Assisted Living**

Garden View Assisted Living & Memory Care  
(906) 337.0800

**The Bluffs Senior Community**

(906) 483.4400

**Senior Citizen Housing**

Ontonagon Housing Commission  
(906)884.2258

**Home Aide Services**

Gogebic-Ontonagon Community Action Agency  
(906) 884-2106

Aspirus At Home  
(906) 337.9500

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

UPCAP Care Management  
(906) 482.0982

**Victims of Abuse and/or Neglect**

Barbara Kettle Gundlach Shelter Home  
(906) 337.5632

Dial Help, Inc.  
(906) 482.4357

Adult & Children's Protective Services  
(906) 884.4951

**Home Respiratory Service**

Apria Healthcare Inc.  
Houghton (906) 482.3041

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

**Transportation**

Gogebic-Ontonagon Community Action Agency  
(906) 884-2106

Little Brothers Friends of the Elderly  
(906) 482.6944

Michigan Department of Health and Human Services  
(906) 884.4951

On-Tran  
(906) 884.2006

**Counseling Services**

American Pregnancy Association  
(800) 672.2296

Copper Country Community Mental Health  
(906) 884.4804

Lutheran Social Services  
(800) 677.7410

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

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

**Substance Abuse**

Western UP Assessment Services, Inc.  
(906) 482.7473

Western U.P. Health Department  
(906) 482.7382

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

**Pathways – NorthCare Network**  
**(800) 305.6564**

**New Day Treatment Center**  
**(906) 353.8121**

**Lifeline**  
**Lifeline Emergency Response**  
**(906) 483.1170**

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

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

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

**Pathways – NorthCare Network**  
**(800) 305.6564**

**New Day Treatment Center**  
**(906) 353.8121**

**Community Coalition for Grief & Bereavement**  
**(906) 337.5700**

**Dial HELP, Inc.**  
**(906) 482.4357**

**Vulnerable Adult Services**  
**(800) 996.6228**

**Little Brothers Friends of the Elderly**  
**(906) 482.6944**

**Narcotics Anonymous**  
**(906) 482.4357**

**Multiple Sclerosis**  
**(800) 291.2494**  
**(906) 296.0933**

**Parent HELP Line**  
**(800) 942.4357**

**Parkinson's Support Group**  
**(906) 337.5700**

**Senior Helpline**  
**(906) 482.4357**  
**(906) 562.7622**

**SMART Recovery**  
**(906) 482.4357**

**Women's Health**  
**Joan Marx**  
**(906) 337.4191**

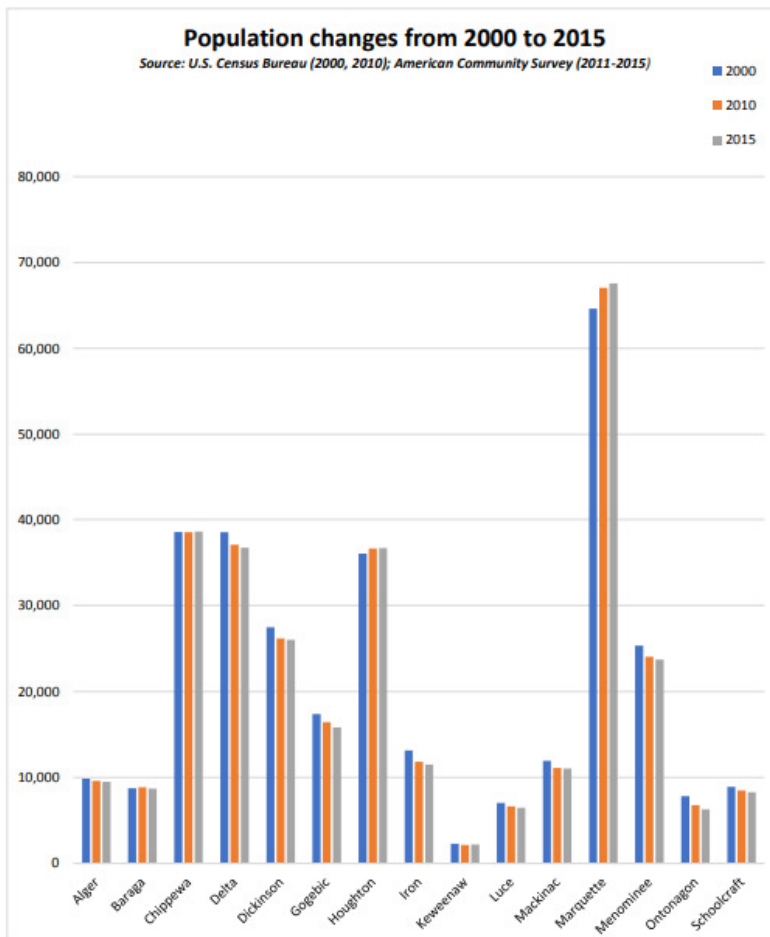
# Appendix B

## Service Area Demographics

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

## Population Change

<b>Population changes from 2000 to 2015</b>				
<i>Source: U.S. Census Bureau (2000, 2010); American Community Survey (2011-2015)</i>				
	2000	2010	2015	% Change (2000 to 2015)
<b>Michigan</b>	<b>9,938,444</b>	<b>9,883,640</b>	<b>9,900,571</b>	<b>-0.4</b>
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



Marquette County is the region's most populous county. Keweenaw County has the state's smallest population; Luce County is second-smallest statewide after subtracting its prison population, but Ontonagon County will soon challenge Luce for second-smallest.

## Race and Ethnicity

	White	Black or African American	American Indian or Alaska Native	Asian	Two or more races	Hispanic or Latino
<b>Michigan</b>	<b>79.0%</b>	<b>14.0%</b>	<b>0.5%</b>	<b>2.7%</b>	<b>2.6%</b>	<b>4.7%</b>
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%