



## COMMUNITY HEALTH NEEDS ASSESSMENT BENEFIT PLAN AND IMPLEMENTATION STRATEGY

(Draft for final approval)

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# EXECUTIVE SUMMARY

## Introduction

A community health 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 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 Grand View, Aspirus Keweenaw, 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 Grand View'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 Grand View 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 Grand View 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 Grand View 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 Grand View 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.*

**NOTES:** 1) All references to Iron County are referencing the county located in Wisconsin. 2) Unless otherwise specified, all data used in the Aspirus Grand View CHNA is referenced from the Western Upper Peninsula 2012 Regional Health Assessment.

## ORGANIZATION AND APPROACH

### Our Mission

Our mission is to provide exceptional healthcare services, today and tomorrow, that are customer-focused and fiscally-responsible in partnership with our communities.

### Core Values

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

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

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

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

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

### About Aspirus Grand View

Aspirus Grand View Hospital is a rural, critical access hospital with 25 beds established in 1923. The hospital provides a broad range of inpatient and outpatient services, including an emergency department staffed around-the-clock by highly qualified physicians, inpatient care for medical conditions, outpatient

surgery, short-stay inpatient rehabilitation, obstetrics, swing bed care, rehabilitation services (including occupational and physical therapy), medical imaging, comprehensive laboratory services, a sleep lab and intensive-care unit.

The current staffing compliment of Aspirus Grand View includes 408 employees, 18 Active Attending Medical Staff, 40 Courtesy Medical Staff, and 19 Advanced Practice Professionals.

Located in Ironwood, Aspirus Grand View is the only hospital located in Gogebic County, MI. In 2012, Aspirus Grand View Hospital admitted more than 1,200 patients, treated nearly 19,000 patients in emergency and urgent care services and provided more than 60,000 outpatient visits.

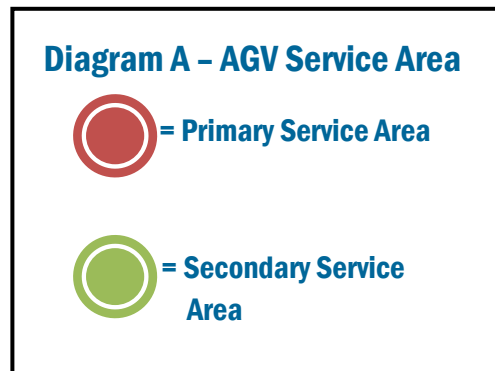
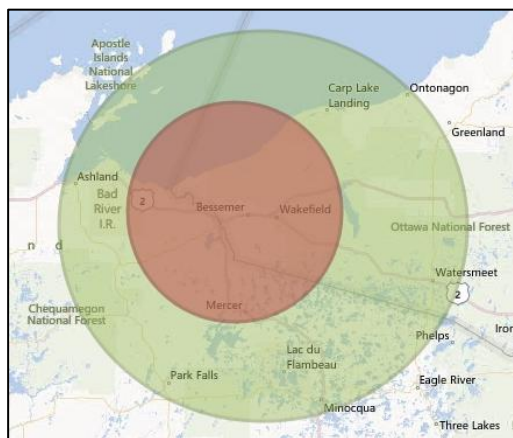
Aspirus Grand View is affiliated with the non-profit Aspirus System headquartered in Wausau, WI. The system is community oriented and has six affiliated hospitals in the Upper Peninsula of Michigan and northern Wisconsin: Aspirus Grand View in Ironwood, MI; Aspirus Ontonagon in Ontonagon, MI; Aspirus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

## **Demographics and Description of Communities Served by Aspirus Grand View**

Aspirus Grand View’s primary service area stretches from Saxon (west), Marenisco (east), and Mercer (south). It is approximately 30 miles in each direction from Ironwood. The secondary service area stretches about 60 miles in each direction and includes Ashland, Ontonagon and Park Falls. (See Diagram A below.)

The primary service area encompasses an area that reaches a population of 29,123 (according to the 2010 official census). Along with much of the western Upper Peninsula of Michigan, the population has been in a gradual decline. From 2000-2010, Gogebic County had a 5.4% decrease in population. Ontonagon County fell by 13.5%, and Iron County fell by 0.5%.



Much of the area is extremely rural, with a population density of 14.9 people per square mile in Gogebic County. The population continues to shift gradually towards an elderly population. Gogebic County currently has 21.7% of its population over the age of 65, compared to just 16.4% under the age of 16. Iron County's elderly population faces the same challenge with 25.4% over the age of 65 and 16.5 under the age of 18.

Both Gogebic County and Iron County, WI are designated Medically Underserved Areas.

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 AGV's service area.

*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 Grand View'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. For Aspirus Grand View, this includes input from the Western Upper Peninsula Health Department (with an office located in Bessemer, MI) and the Iron County Health Department. Representatives from each organization communicated in regular meetings. The members of the steering committee are listed below in Diagram B.

<b>Diagram B – WUPRHA Steering Committee</b>	
<b>Organization</b>	<b>Community Role</b>
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
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 Keweenaw Hospital	Aspirus Keweenaw is a health system located in Laurium, MI, serving Houghton County (Pop: 36,000) and Keweenaw County (Pop: 2,150). The facility offers women's health services, surgical services, family medicine, an emergency department, cardiology services, physical therapy, oncology services, in-home care, and other needed services.
Baraga County Memorial Hospital	Baraga County Memorial Hospital is the largest health care provider for Baraga County (Pop: 8,800). The critical access facility includes 15 acute-care beds and offers rehabilitation, surgical, cancer, home care, emergency, cardiac, imaging and other services.
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.
<p><b>NOTE:</b> The Iron County Health Department was not part of the initial steering committee, but was asked for input and information during the process of creating the <i>Western Upper Peninsula 2012 Regional Health Assessment</i>. Like the Western Upper Peninsula Health Department, the Iron County Health Department serves a vital role in protecting, educating and providing essential health services to the general and vulnerable population groups.</p>	

## CHNA Development Process



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. A random 2,000 households of Gogebic County were sent a survey. Five-hundred seventy-nine mailed responses were returned, yielding a 32.5 percent survey response rate. As a whole, the survey produces an impressive 95 percent confidence interval.

Because Aspirus Grand View also serves Iron County, Wis., results from the CDC’s Behavioral Risk Factor Surveillance System (BRFSS), a telephone survey coordinated by the Wisconsin Division of Public Health were have also taken into account. Grant funds were available to oversample small counties, Iron County among them, for three years. This oversampling ended in 2008. Those results were included and compared with the Western U.P. counties in the *Western Upper Peninsula 2012 Regional Health Assessment*.

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.

<b>Diagram C – Regional CHNA Focus Categories</b>	
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.

# PRIORITIES AND HEALTH NEEDS

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

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

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

Below 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. Each priority area includes points of emphasis. Aspirus Grand View will be addressing these with an implementation strategy that can benefit the population of Gogebic County and Iron County, while also working together to make an impact on the Western U.P. and Northeastern Wisconsin as a whole.

## 1. 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.

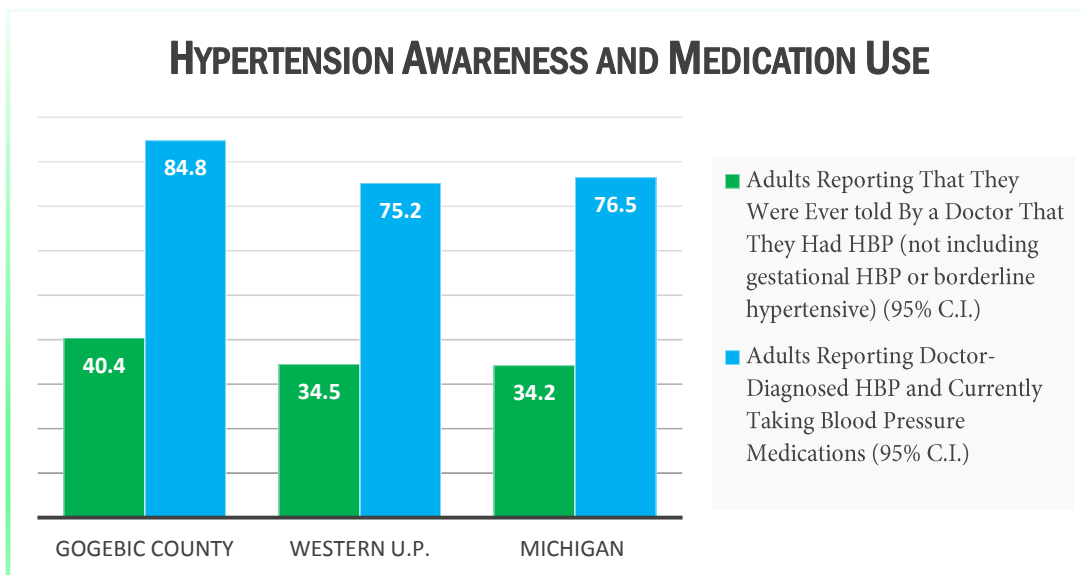
### *Points of Emphasis for Gogebic and Iron Counties*

#### 1. Hypertension

The regional health needs assessment survey results showed that the rate of adults in Gogebic County who had been told by their doctor that they had a heart attack was 5.8% (95% C.I.). The rate is 0.5% higher than the state average and 2.1% higher than the rest of the Western U.P. It also revealed that the rate of Gogebic County adults who had been told that they had angina or

coronary heart disease was 9.3% (95% C.I.); 4.3% higher than the state average and 2.5% higher than the rest of the Western U.P.

One of the major risk factors for major cardiac events is hypertension, or high blood pressure. Given Gogebic County's higher than average rates listed above, it is no surprise that the rate of adults who have been told that they have high blood pressure and are taking medication for it are also higher. Nearly 10% more adults in Gogebic County are taking medication for high blood pressure than compared to the Western U.P. and State of Michigan. Rates for Iron County, WI were not available.

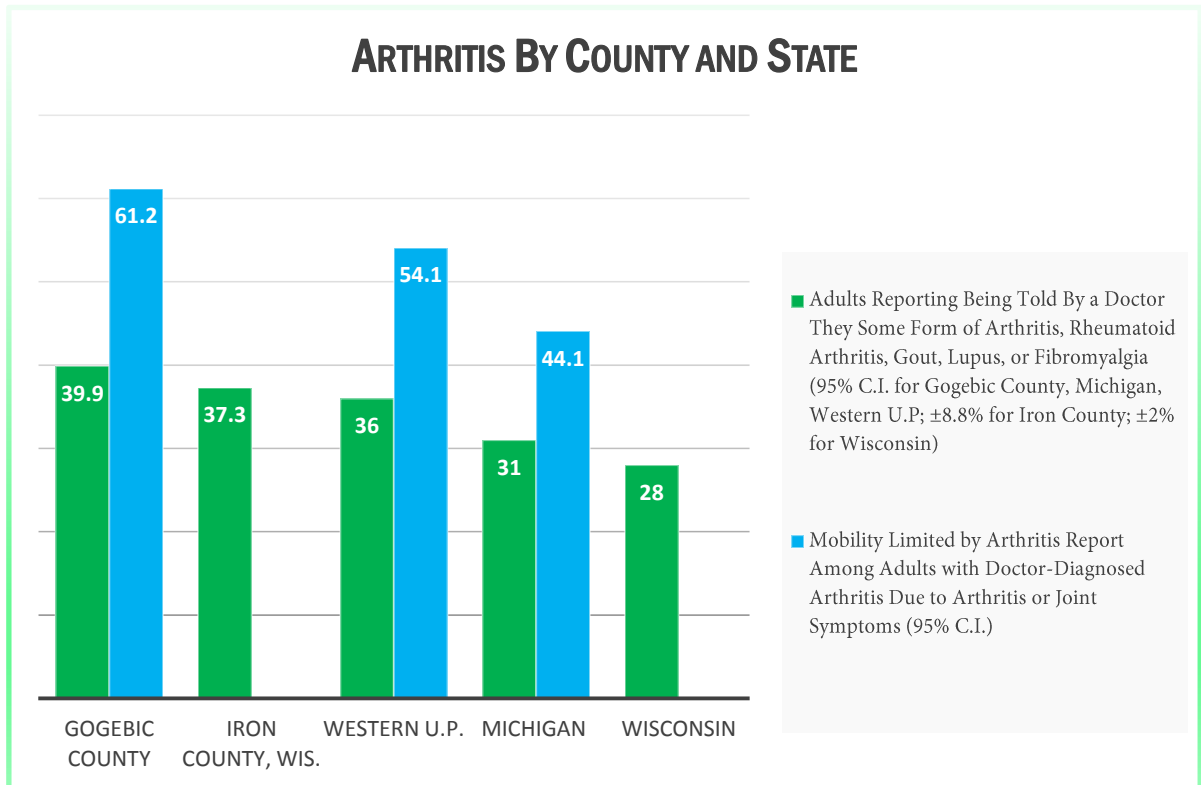


## 2. Arthritis and Other Diseases of Chronic Inflammation

Arthritis is the most common cause of disability, with nearly 19 million Americans reporting activity limitations. More than a third of Western U.P. adults and an estimated 60.7% of those aged 65 and older, have ever been told by a doctor they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.

Among those with doctor-diagnosed arthritis, an estimated 54.1% reported that their usual activities were limited by this condition. Those adults with household incomes of \$50,000 or more who are diagnosed with arthritis were less likely to be limited in their usual activities by arthritis (38.1%).

From data compiled in the Regional Health Assessment through the survey, it was discovered that Gogebic and Iron Counties report much higher instances of arthritis and inflammatory conditions than that of their regional and state counterparts. As a result, there is also a higher reporting of limited mobility in Gogebic County. Iron County results were not available.



## 2. The Importance of Prevention

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.”

### *Points of Emphasis for Gogebic and Iron Counties*

#### 1. Alcohol Abuse

Both locally and nationally, high rates of alcohol use contribute to the burden of chronic disease and obesity. These diseases including cancer of the mouth, throat, esophagus, liver, colon, breast,

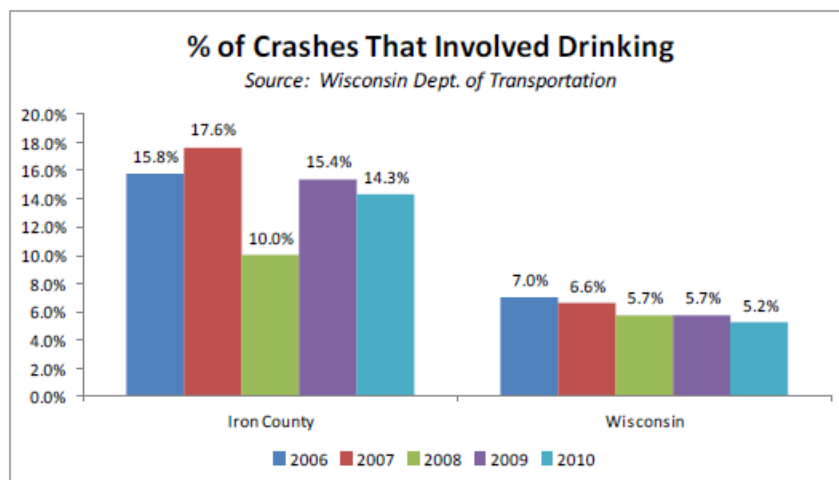
liver diseases and other cardiovascular, neurological, psychiatric, and gastrointestinal health problems. It is very commonly abused and preventable. The CDC reports that excessive alcohol use costs the U.S. about \$185 billion each year in healthcare, criminal justice and lost productivity expenses.

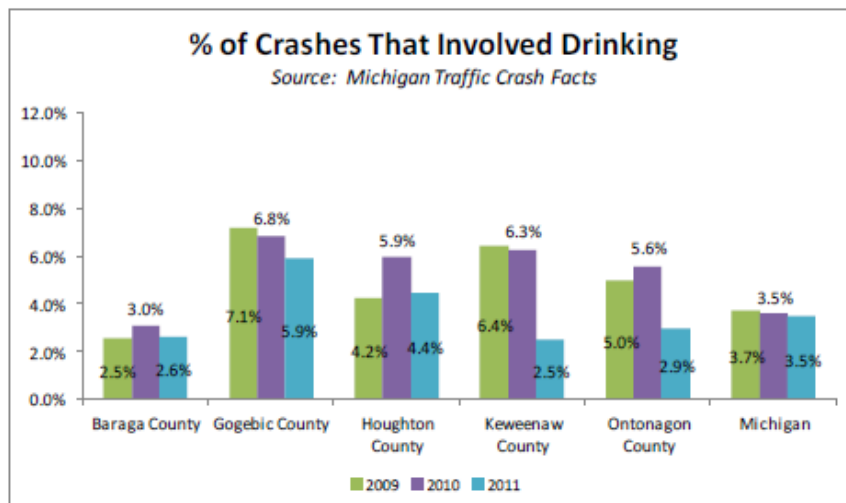
It is very concerning that the rates of alcohol consumption are so high for Gogebic and Iron Counties. The regional health assessment survey showed that while adults reported lower than average rates of binge drinking, heavy drinking (more than two drinks per day for men, more than one per day for women) rates were higher than the state average for all of the Western U.P. counties by 1.4%. Iron County also follows that trend in Wisconsin. A 2006-2008 Wisconsin survey showed that heavy drinking was 2.8% higher in Iron County than the Wisconsin average.

Even more troublesome is the data that shows that Gogebic and Iron Counties have much higher rates in the percent of crashes that involved alcohol. For Iron County, the rate averaged 8.5% more than the state of Wisconsin from 2006-2010. Rates hovered around an astounding 15% of vehicle accidents. Gogebic County had the highest rates in the Western U.P. and averaged three points higher than the Michigan average.

Despite a higher rate of driving while intoxicated arrest rates were higher by almost 1.5 times for Iron County than the state of Wisconsin. There has been little decrease in the consumption rates.

The drinking and driving problem starts from an early age as well. The 2012 MiPHY study by the state of Michigan reported that a quarter of 11<sup>th</sup> grade students in Gogebic County had traveled in a vehicle driven by someone who had been drinking alcohol in the past 30 days. (This number is in line with other counties in the Western U.P.)

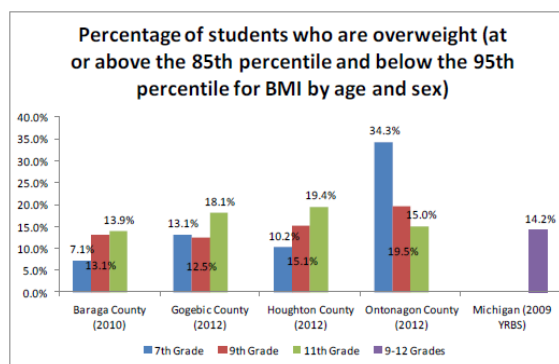
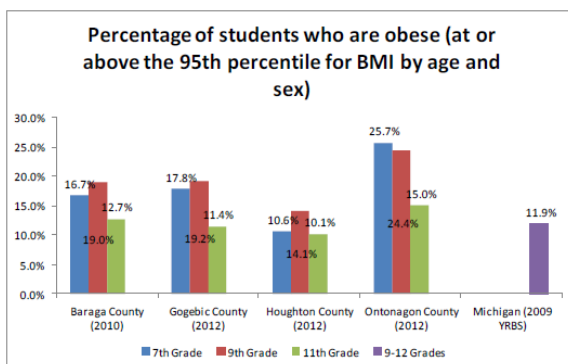




## 2. Obesity

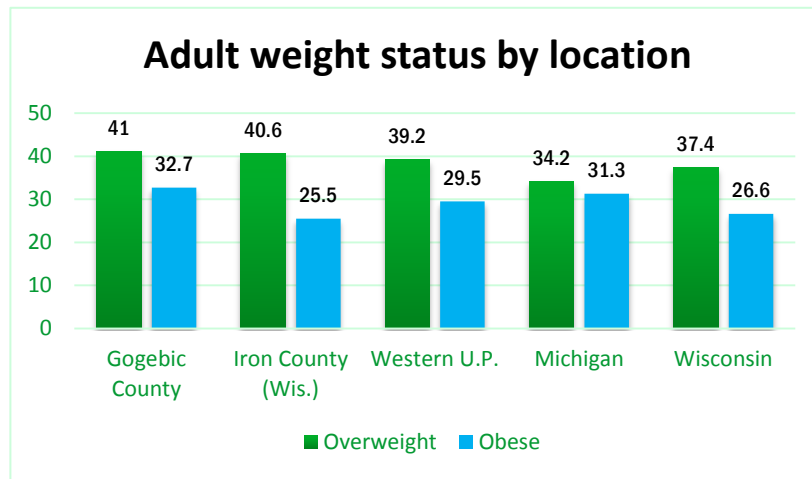
Obesity rates around the nation have tripled over the past 30 years and health experts do not see that trend slowing down. Locally, that trend is right in line, meaning that the increased prevalence of chronic disease in the future, such as diabetes or heart disease, is likely as well.

The 2012 MiPHY study showed that the obesity and overweight rates in Gogebic County is in line with the rest of the Western U.P. and state of Michigan.



Obesity isn't only a youth issue. 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.

Gogebic and Iron Counties are no different. The regional health assessment survey found that 73.7% of adults in Gogebic County are either obese or overweight. The Iron County Behavioral Risk Factor Surveillance System survey in 2008 found that 66.1% of residents were obese or overweight. These rates are above peers for the region and state averages.



The growing rate of obesity is a very dangerous trend, especially in a medically underserved area where access to specialists, such as cardiologists may be difficult to access. Resulting treatment or procedure is often very costly and can put a strain on personal finances and the health care system as a whole.

### 3. The Effect of Income and Education on Health Status

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

“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. There have been about 700 births per year to area residents in recent years (750 including Iron County.) About half of local births are paid by Medicaid – including greater than 50 percent of births to residents of all counties except Houghton, and 73 percent of Baraga County births in 2009. Between 15 and 20 percent of the region’s residents are on Medicaid, and among children aged 0-17, county Medicaid enrollment rates are between 35 and 50 percent. Every county in the region has multiple federal Health Professional Shortage Area (HPSA) designations. An estimated 18.6 percent of adults aged 18-64 have no health insurance, and for an estimated 22.3 percent of adults, cost is a barrier to health access.”

#### *Points of Emphasis for Gogebic and Iron Counties*

##### 1. Access to care

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.

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.

	No Health Care Coverage <sup>a</sup> (18-64 Year Olds)		No Personal Health Care Provider <sup>b</sup>		No Health Care Access During Past 12 Months Due to Cost <sup>c</sup>	
	%	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)

<sup>a</sup> 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)

<sup>b</sup> 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)

<sup>c</sup> 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)

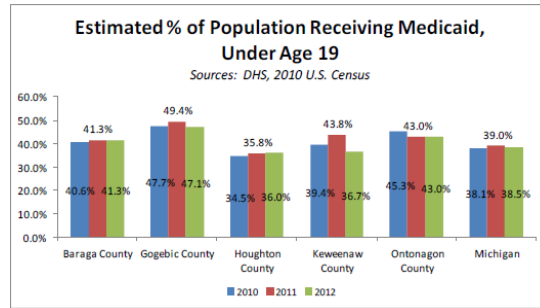
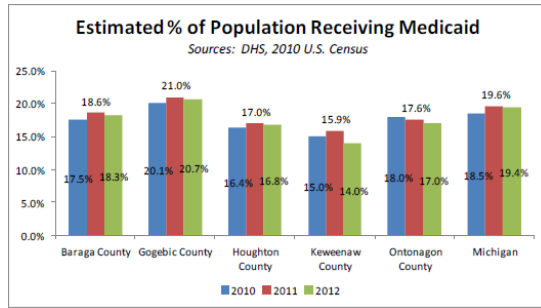
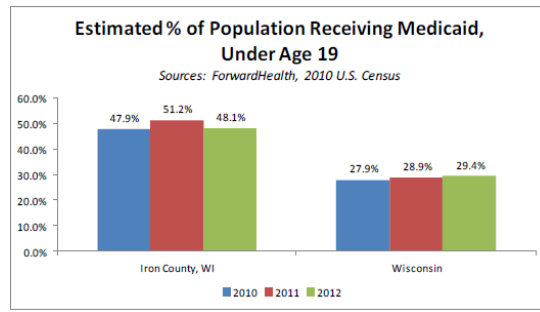
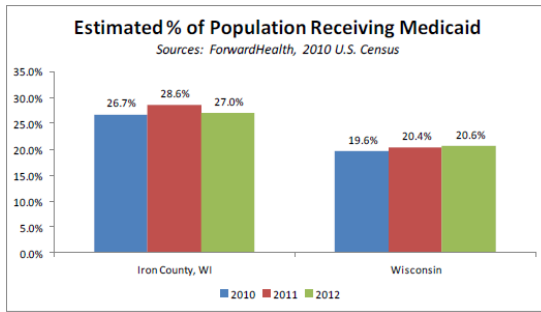
*A statewide estimate is provided for rough benchmarking purposes. The state estimate is not directly comparable to local data because of differences in survey methodology. These differences are explained on page 167.*

For Gogebic and Iron Counties, the enrollment for Medicaid is much higher than much of the Western U.P., Michigan and Wisconsin, especially in populations under the age of 19. For these counties, nearly half of all children under the age of 19 are enrolled Medicaid. Less than half of adolescents in the Western U.P. access routine well child care.

As previously stated, both Gogebic and Iron 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.

One of the most disturbing revelations of the regional health assessment survey was that an estimated 60% of low-income adults in the Western U.P. have received no dental services in the past year. Among children with dental coverage through Medicaid, 25 to 43 percent had not received any dental care in the past year.





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.

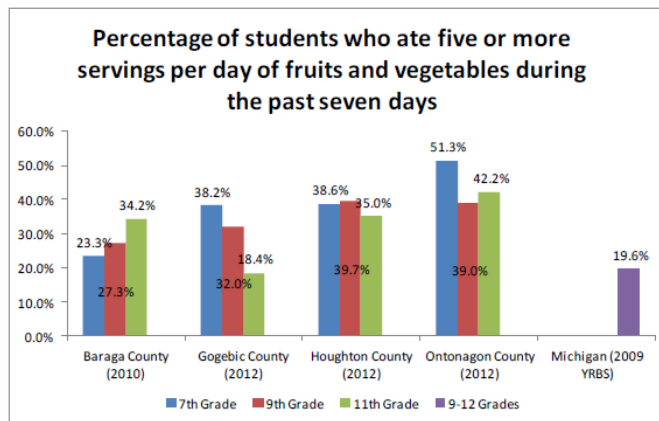
	No Health Care Access During Past 12 Months Due to Lack of Transportation *	
	%	95% C.I.
Michigan	Not available.	
Western U.P.	3.9	(2.7—5.7)
Baraga County	4.1	(2.5—6.9)
Gogebic County	6.5	(3.3—12.4)
Houghton + Keweenaw Counties	2.4	(1.1—5.2)
Ontonagon County	5.8	(3.7—9.0)

\* 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 BRFSS. (Baraga n=587, Gogebic n=574, Houghton+Keweenaw n=595, Ontonagon n=764)

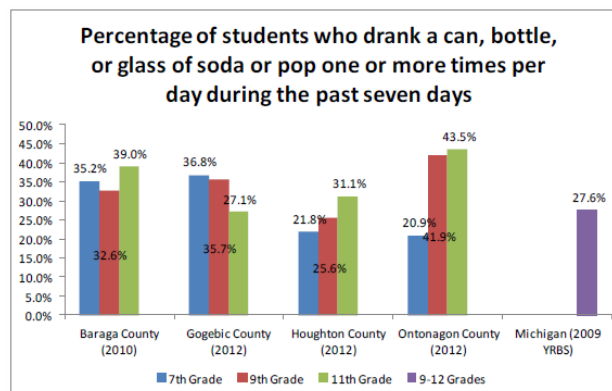
## 2. Child Nutrition

One of the contributing factors to the rapidly rising obesity rate is the increase in poor nutrition of children. A lack of adequate amounts of fruits and vegetables, high consumption of heavily processed foods and a high intake of pop are all factors in this.

While adolescents in the Western U.P. Counties were more likely to eat five or more servings of fruits and vegetables per day than the Michigan average, fewer than half reported consuming the recommended daily amount. According to the MiPHY survey from 2012, students in Gogebic County were the least likely of the Western U.P. Counties to have consumed the recommended amount.



When it comes to beverages, the results aren't much better. Gogebic County students reported higher levels of drinking more than one soda per day during the past week. The impact of this does not only include high caloric intake, but also dental cavities. Considering that Western U.P. adolescents already have low rates of dental visits, this can have major dental implications for the future.



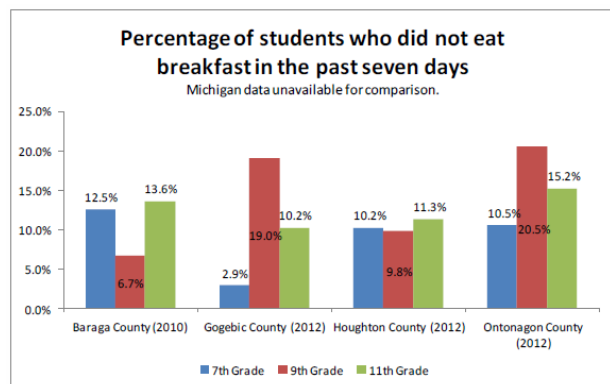
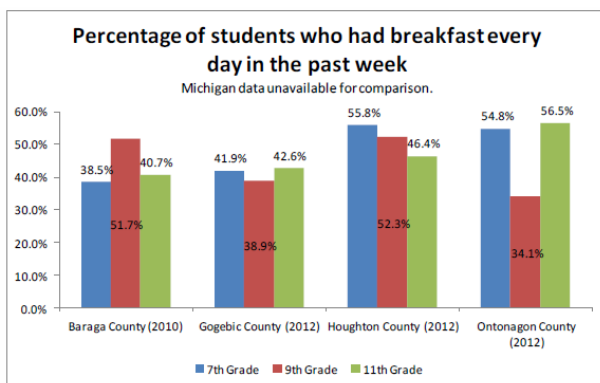
Consuming breakfast is also another important factor for adolescents. Studies have shown that eating a proper breakfast can improve cognitive function, increase metabolism, improve mood and

increase attendance rates. For Gogebic County, approximately 40% of students have breakfast on a daily basis.

A disturbing point to note is that the 2012 MiPHY survey revealed one in five 9<sup>th</sup> graders in Gogebic County had not eaten breakfast in the past week. While public school systems are making an attempt to make free and reduced cost breakfast available to every child, these statistics remain unacceptable. Too many children are showing up to school hungry.

There was no Michigan data available from the MiPHY study, but a 2012 study from the consulting firm Deloitte found that the one in five children struggle with hunger<sup>1</sup>. The study also found that even though 21 million U.S. kids qualify for free or reduced-price school meals, only half of those kids receive it.

The study concluded that increasing the participation of school breakfast to 70% of those that participate with school lunches would result in 85,000 fewer absences, 56,500 students with higher math test scores and 14,000 more high school graduates nationally each year.



## IMPLEMENTATION STRATEGY

The Aspirus Grand View Administrative Counsel took the first step in the implementation plan of the CHNA by guiding the implementation committee towards the community health needs that the facility would have the ability to make the greatest impact in. Based on ability and resources, three of the six priority areas were selected for implementation. In the following section are the three needs that were not selected and the reasoning.

### 1. Arthritis and Other Diseases of Chronic Inflammation

<sup>1</sup> <http://www.nokidhungry.org/pdfs/school-breakfast-white-paper.pdf>

It was determined that Aspirus Grand View Hospital will not select Arthritis and Other Diseases of Chronic Inflammation as a point of emphasis. Family physicians and specialty physicians are currently managing the population of patients with these conditions.

## **2. Alcohol Abuse**

It was determined that Aspirus Grand View Hospital does not have the current ability to directly affect change within this point of emphasis. It was also determined there are other community organizations better aligned to address this priority.

## **3. Access to Care**

The primary targets of Access to Care were identified as dental care and mental health care. It was determined that Aspirus Grand View Hospital does not currently have the ability to directly affect change within these points of emphasis. It was also determined there are other community organizations better aligned to address these priorities.

## **Implementation of Priority Needs**

Based on the selected needs of hypertension, obesity and childhood nutrition, Aspirus Grand View formed an implementation team comprised of staff members with experience in treating these needs, or would be valuable in leading the implementation. These members include: Michelle Miron, Director of Nursing; Andrew Tait, PA-C, Aspirus Grand View Provider; Jaimee Gregor, Dietary and Community Education Manager; Myles Rowe, Cardiac and Respiratory Therapist; and David Sim, Marketing and Public Relations Manager.

As a way to pool resources together towards larger projects, the implementation team selected two major initiatives that focus on the selected needs: the addition of a multi-week “boot-camp” aimed at hypertension education open to the entire community and a wellness-based education program aimed at 9<sup>th</sup> grade students.

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.

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

## **1. Hypertension**

**Goal:** Reduce proportion of adults that report having high blood pressure and are taking medication by the 2016 Western U.P. Community Health Assessment.

**Objective:** Gogebic and Iron County adults that take the scheduled 2016 Western U.P. Community Health Assessment will be less likely to be diagnosed with high blood pressure and be taking medication for this condition.

**Indicator:** Proportion of adults with high blood pressure.

**Collaboration Partners:** Western Upper Peninsula Health Department, Iron County Health Department, University of Wisconsin Extension Office and local business owners.

**Plan:** Aspirus Grand View plans to help decrease the prevalence of high blood pressure by implementing a 6-week community education course on hypertension management with topics important to engaging in a healthier lifestyle and understanding the risks that come with high blood pressure.

These weekly topics include: stress management, medication, weight management, nutrition, exercise and complications. Each of the weekly courses will be taught by a local health professional with an expertise in the appropriate field.

Participants that attend the program will also receive a blood pressure log and blood pressure cuff to track their own BP on a daily basis. Participants that attend five out of the six courses and complete a BP log will receive a certificate and gift.

The implementation team will also set additional benchmarks for the program that can track the status of participants after they have completed the course.

The key to this program is receiving participation from our communities. The implementation team feels that a partnership with local health providers will be extremely beneficial. A provider can recognize the early indications of hypertension and provide information for participation in the program. With this step, we can reach potential cases of high blood pressure at an earlier stage.

We would also like to partner with local business owners to encourage their employees to participate, especially those in positions that are often sedentary or are high-stress. Sending out community invitations in the local newspapers, church bulletins and in community gathering places will also be used to increase participation. In addition, Aspirus Grand View currently provides multiple opportunities for blood pressure screenings during the year in our communities. We would also provide information on our program at that time.

This program will be free of charge to all community members and open to the entire community. As the program develops and improves, it is the implantation team's goal that we will offer this course multiple times and in other locations in Gogebic and Iron County that would make it easier to access for more participants.

**Initial Timeline:** *Spring/Summer 2013* – Development of program materials and initial community awareness for initiative.

*Fall 2013:* Enrollment and beginning of first class.

*Winter 2013:* Program changes for improvement and building awareness for 2014 programs.

*2014-2015:* Program repeated as available.

**Budget:** \$2,500/year for materials plus time of staff involvement.

## 2. Obesity

**Goal:** Reduce the proportion of Gogebic and Iron County 9<sup>th</sup> graders who are designated obese by measurement of Body Mass Index by the beginning of their 10<sup>th</sup> grade school year.

**Objective:** Engaging area 9<sup>th</sup> graders in an educational journey by using proven methods for losing weight, being active, and eating healthy will reduce the percentage of obese children from the start of the 2013-2014 school year to the start of the 2014-2015 school year.

**Indicator:** Proportion of children with an indicator of obese according to Body Mass Index.

## 3. Childhood Nutrition

**Goal:** Increase the proportion of 9<sup>th</sup> graders in Gogebic and Iron Counties of those eating breakfast each day by the beginning of their 10<sup>th</sup> grade school year.

**Objective:** Engaging, educating and increasing access to area 9<sup>th</sup> graders on healthy eating habits and the benefits of eating breakfast will result in a higher percentage of students eating breakfast each day from the start of the 2013-2014 school year to the start of the 2014-2015 school year.

**Indicator:** Proportion of children eating breakfast daily.

**Collaboration:** Gogebic-Ontonagon Intermediate School District, Gogebic County and Iron County school district administrators, Iron County Health Department and the Western Upper Peninsula Health Department.

**Plan:** The Aspirus Grand View implementation team selected to take a highly focused step to combating obesity and childhood nutrition by developing an engaging and educational course directed at all area high school freshmen throughout Gogebic and Iron Counties.

Beginning in the 2013-2014 school year, we will be implementing a year-long program involving students, parents and teachers on the importance of good health, maintaining a proper weight and engaging in healthy eating and drinking habits.

The program will involve student engagement by having students complete health goals, earning points and earning status levels as achievements are met.

We plan on using a variety of methods as a way of engagement, including a minimum amount of classroom time, social media, an interactive website and printed materials.

As part of program improvement, we plan on measuring student BMIs at the beginning of their freshman year and tracking it after a full year of the program, when students begin the 2014-2015 school year. We understand that body changes like puberty and growth may have a dramatic effect on body sizes. Even though students may no longer be participating in the program, it is our goal to track a student's BMI throughout their entire high school campaign.

Most health based programs tend to focus on grade school children. Our program is geared to instill healthy behaviors as freshmen; we believe that we might be able to provide more advanced skills students can model throughout their entire high school experience and into adulthood.

**Initial Timeline:** *Spring/Summer 2013* – In June 2013, the Aspirus Grand View implementation team will be soliciting feedback on the program from school district administrators in Gogebic and Iron County. It is our goal to have as much cooperation as possible from school districts without interrupting any core curriculum studies. During the summer, we plan to collaborate with the school districts and health departments to build and complete the curriculum for the 2013-2014 school year.

*Fall 2013:* Implementation of the first program.

*Spring/Summer 2014:* During this time period, we plan on making any needed curriculum changes based on the feedback received from the first year. It is our hope that the program can continued to be offered on a yearly basis.

**Budget:** \$2,500/year for materials plus time of staff involvement.

# ADOPTION OF IMPLEMENTATION STRATEGY

The Aspirus Grand View Board of Directors is comprised of individuals from Gogebic and Iron 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 May 20, 2013, Board of Directors meeting.

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Aspirus Grand View Board of Directors' Chairman

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Date

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Aspirus Grand View Chief Operating Officer

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Date



# APPENDIX A

## Available Health Services and Resources

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

Gogebic County Health Services and Resources		
Service	Location	Community Role
Aspirus Grand View	Ironwood	Health system located in Ironwood., MI. Including 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.
Western UP Mediators	Ironwood	Mediation services offered for care-giving disputes.
Dove, Inc.	Ironwood	Offers services for domestic violence situations.
Wakefield Pharmacy	Wakefield	Full-service pharmacy
Wal-Mart Pharmacy	Ironwood	Full-service pharmacy
Walgreens	Ironwood	Full-service pharmacy
Regional Hospice	Bessemer	Regional Hospice is a non-profit, community based organization that provides individualized, physical, spiritual and psychosocial care and support to patients and families, enabling death with dignity as a completion of life.
NorthStar Physical Therapy	Ironwood	Provides rehabilitation and physical therapy services.
Miller Vision	Ironwood	Provides full-service optical services, including eyewear sales.
Mattson Family Chiropractic	Ironwood	Provides full-service chiropractic services, including nutritional counseling.
Ironwood Chiropractic Clinic	Ironwood	Provides full-service chiropractic services.

Aukee Chiropractic	Ironwood	Provides full-service chiropractic services.
Gogebic-Ontonagon Community Action Agency	Bessemer	The Gogebic-Ontonagon Community Action Agency designs and carries out programs to overcome causes of and instances of poverty, including: housing, education (such as Head Start), nutrition, community development, motivational support, and senior services.
American Association of Retired Persons (AARP)	Ironwood	A local chapter of the AARP is located in Ironwood that provides assistance to seniors.
Keen Agers	Bessemer	Offers Assisted and Independent Living.
Stan Gresham, DDS	Ironwood	Provides dental services.
Robert Aukee, DDS	Wakefield	Provides dental services.
Mike Gregor, DDS	Wakefield	Provides dental services.
Thomas Lovelin, DDS	Ironwood	Provides dental and orthodontic surgical services.
Thomas Herfort, DDS	Ironwood	Provides dental services.
Champion Dental Clinic	Ironwood	Provides dental services.

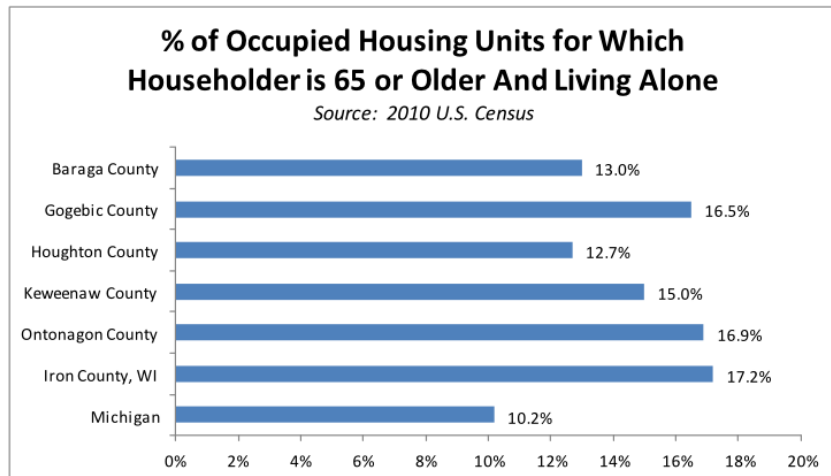
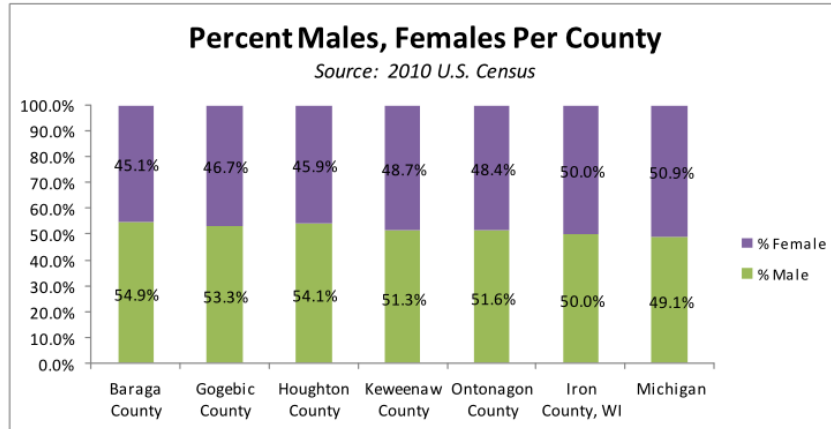
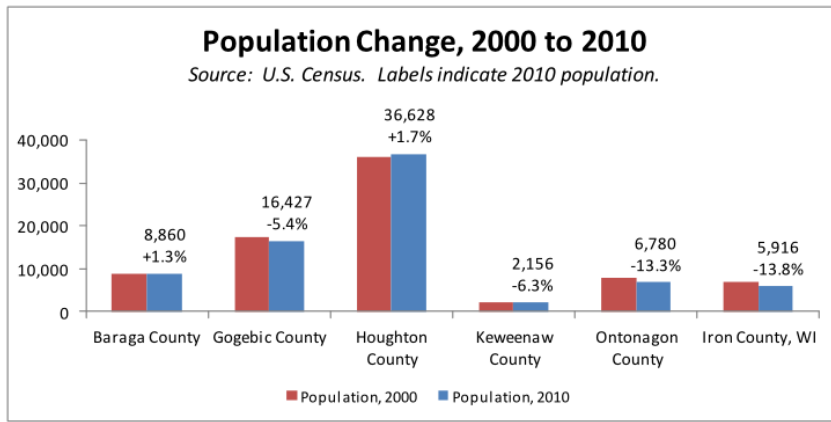
<b>Iron County, Wis., Health Services and Resources</b>		
<b>Service</b>	<b>Location</b>	<b>Community Role</b>
Aspirus Grand View	Hurley, WI	Provides primary care services to residents of Iron County, WI.
Community Support Program	Hurley, WI	Northland Community Services provides support to individuals with chronic mental illnesses to enable them to live in their own homes and participate in social, recreational, and employment opportunities in the community.
Highline Corporation	Hurley, WI	Provides opportunities in northern Wisconsin for people with disabilities needing rehabilitation services, employment, vocational training, and community based mental health services, supportive services and residential services.
White Cross Pharmacy	Hurley, WI	Full service pharmacy
Northwood Family Orthopedics	Hurley, WI	Specialists In Orthopedic Surgery,

		Arthroscopic Sports Medicine, and Adult and Pediatric Reconstruction Surgery
Marshfield Clinic-Mercer	Mercer, WI	Provides primary care including: Obstetrics and Gynecology, Laboratory, Radiology, Mobile Mammography Unit, Mobile Retinal Screening and Tele-health Services.
Iron County Health Department	Hurley, WI	The Iron County Health Department serves a vital role in protecting, educating and providing essential health services to the general and vulnerable population groups.
Villa Vista	Hurley, WI	Provides affordable, assisted living to Iron County, WI residents.
Echo Hollow Senior Apartments	Mercer, WI	Provides affordable, assisted living to Iron County, Wis. residents.
Aging and Disability Resource Center of the North	Hurley, WI	To provide information and assistance in accessing benefits and services for adults and families relating to aging, disability, mental health or substance abuse including: disability and long-term care related services and living arrangements, health and behavioral health, adult protective services, employment and training for people with disabilities, transportation, home maintenance and nutrition.
Mercer Dental	Mercer, WI	Provides dental services.
Dr. Paul Hageman, DDS	Hurley, WI	Provides dental services.

## APPENDIX B

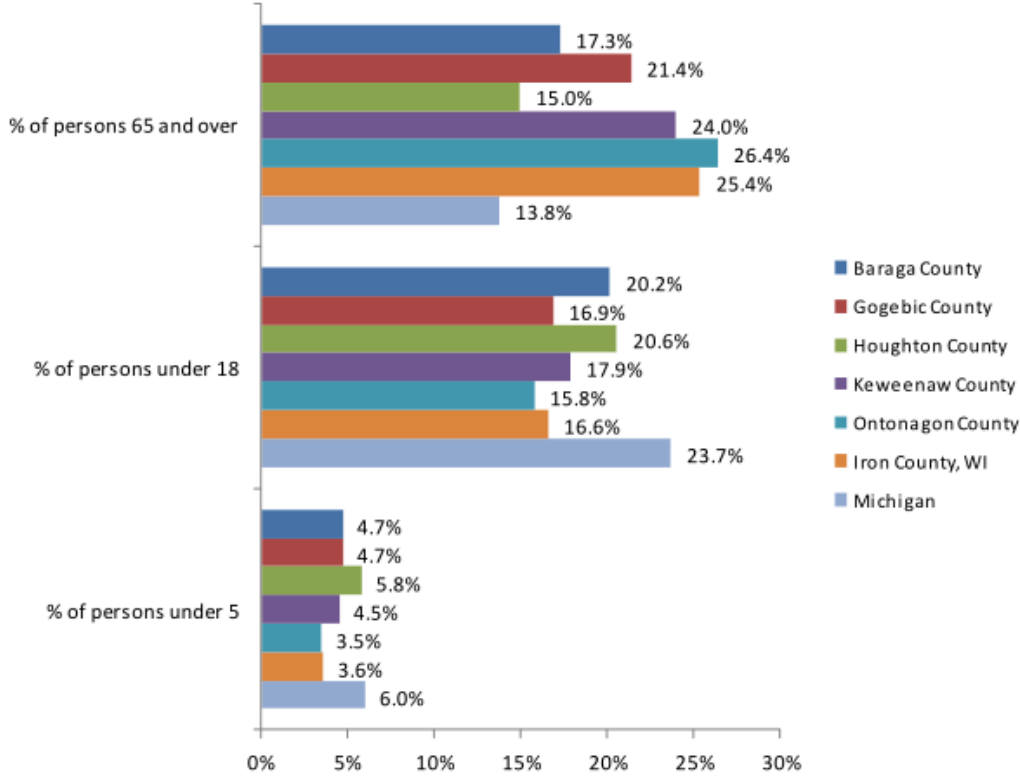
### Service Area Demographics

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.



## Age Group Comparison, Counties to State

Source: 2010 U.S. Census



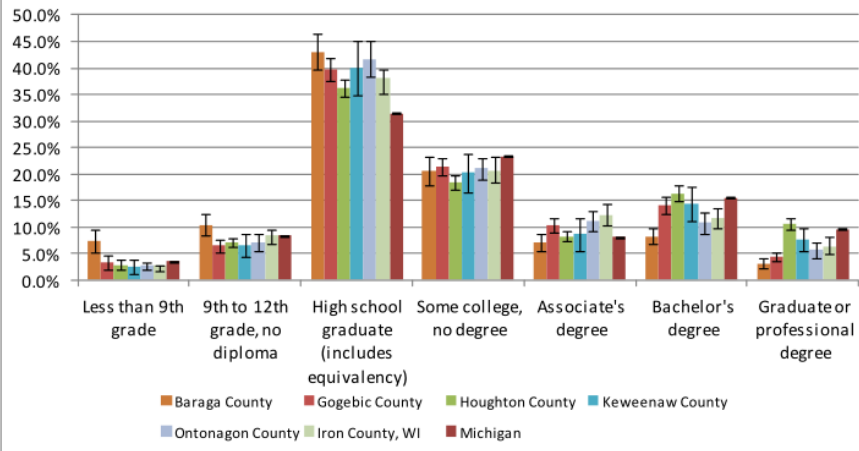
## Race Demographics, Counties to State

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

Source: 2010 U.S. Census.

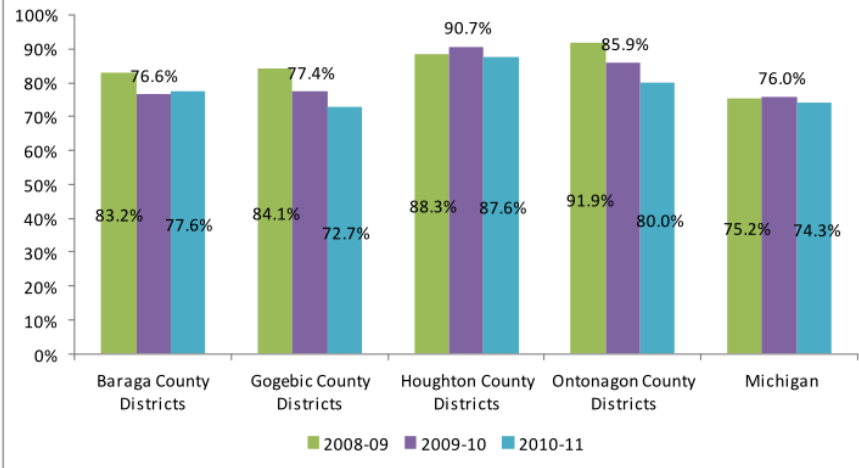
### Educational Attainment, Age 25 and Older

Source: American Community Survey 2006-2010 Estimates



### 4 Year High School Graduation Rates

Source: Center for Educational Performance and Information



### 4 Year High School Drop Out Rates

Source: Center for Educational Performance and Information

