

Aspirus Ontonagon FY13



COMMUNITY HEALTH NEEDS ASSESSMENT
BENEFIT PLAN PROCESS, PRIORITIES AND IMPLEMENTATION STRATEGIES

TABLE OF CONTENTS

Executive Summary	2
Organization and Approach	4
Processes and Methodology	6
Priorities and Health Needs	10
Implementation Strategy	11
Adoption of Implementation Strategy	19
Available Health Services and Resources	Appendix A (p. 20)
Service Area Demographics	Appendix B (p. 21)

INTRODUCTION

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

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

- 1) Assist in identifying and improving priority health needs of the area served by the Aspirus Ontonagon Hospital
- 2) Comply with newly established requirements enforced by the Internal Revenue Service based on the federal Patient Protection and Affordable Care Act (PPACA) enacted in March 2010. This law requires that all 501(c)(3) hospital organizations conduct a "Community Needs Health Assessment and prepare a corresponding implementation strategy once every three taxable years."

This report is divided into distinct sections that fulfill the requirements of the PPACA. They are:

Organization and approach.

A description of the organization, a definition of the community and an introduction about the demographics of the community that Aspirus Ontonagon serves. A listing of local health services can be found in Appendix A and a broader scope of our service area demographics can be found in Appendix B.

CHNA Development Process.

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

Priorities, Health Needs and Implementation Strategies.

This includes:

- Summary of the priority health needs identified by our collaborative, regional community health assessment as well as the key health needs Aspirus Ontonagon identified as the top priorities to address in our specific service area.
- An overview of the programs and services that are or will be implemented to address Aspirus Ontonagon’s specific community priority health needs.
- Reference to resources allocated to support our programs PLUS a commitment of special “community awareness/action funds” to support visibility and use key programs that meet community needs.

The overall approach and plan is fully adopted by Aspirus Ontonagon’s community based Board of Directors.

“We would like to thank all of our community partners who work together to identify and address the health needs throughout our community. In particular, we thank the Western Upper Peninsula Health Department and administration who worked tirelessly to facilitate the development of the Western Upper Peninsula 2012 Regional Health Assessment”

ORGANIZATION AND APPROACH

Our Mission

Passion for Excellence. Compassion for People.

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

Our Vision

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

Our Values

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

About Aspirus Ontonagon

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

With 154 employees, the hospital provides a broad range of inpatient and outpatient services. The medical staff numbers 80 – with 6 active staff, 19 courtesy staff, 41 consulting staff, 14 allied health. The group covers family medicine, emergency medicine, diabetes clinic, heart care, cancer care, orthopedics, endoscopy/soft tissue surgery, podiatry, radiology, outpatient therapy, cardiac rehabilitation, and ophthalmology.

Located in Ontonagon, Michigan, Aspirus Ontonagon primarily serves patients in Ontonagon County. In 2012, Aspirus Ontonagon Hospital admitted more than 209 patients and treated 2,644 patients with emergency medical needs, as well as provided more than 16,000 outpatient visits.

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

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

Demographics and Description of Communities Served by Aspirus Ontonagon

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

The primary service area encompasses an area that reaches a population of over 6,700 (according to the 2010 official census). The population of Ontonagon county has declined over the past three years due to economic conditions. Larger generations of people previously supported by vast mining operations in copper and the loss of the Ontonagon Paper Mill, have declined the population to its current size. Aspirus Ontonagon is the largest employer in the Ontonagon County area.



Diagram A – AOH Service Area

In Ontonagon County 26.4% of the population is over 65. The shift to an aging population continues to shift gradually. With an average of 19% of the population of both counties under the age of 18, a large segment of middle-aged population will continue to push the population towards the older demographic.

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

Baraga County	HPSA Score = 5
Gogebic County	HPSA Score = 14
Houghton County	HPSA Score = 15
Iron County	HPSA Score = 16
Keweenaw County	HPSA Score = 15
Ontonagon County	HPSA Score = 9

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

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

PROCESSES AND METHODOLOGY

CHNA Development Process

The process for developing this Community Health Needs Assessment included an extended process that began in November 2011 before being completed in April 2013.

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

Aspirus Ontonagon'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 6,700 residents in Ontonagon County, it has less than 1 percent of Michigan's population spread out over 2 percent of the state's land area. The Village of Ontonagon has approximately 1,490 residents.

Because of the nature of the primarily rural area, there has been difficulty painting an accurate picture of the composition of the region's health. The large-scale of the *Western Upper Peninsula 2012 Regional Health Assessment* has finally offered some clarity.

Throughout the planning and production of the *Western Upper Peninsula 2012 Regional Health Assessment*, a steering committee of community leaders and subject matter experts met regularly to direct the reporting process, which included the creation and distribution of a survey to a random selection of residents.

This steering committee is made up of representatives from major cross-sections of community leaders and experts that have a strong understanding of the health needs of our region and rural communities, from the underserved and minorities to the general population. See Diagram B

Diagram B – WUPRHA Steering Committee

Organization	Community Role
Aspirus Keweenaw Hospital	Aspirus Keweenaw is a health system located in Laurium, MI, serving Houghton County (Pop: 36,000) and Keweenaw County (Pop: 2,150). The facility offers women’s health services, surgical services, family medicine, an emergency department, cardiology services, physical therapy,
Western Upper Peninsula Health Department	The Western Upper Peninsula Health Department is the northernmost local public health department in Michigan, serving the 71,000 residents of Baraga, Gogebic, Houghton, Keweenaw and Ontonagon counties. The health department works to prolong life and promote community health through control of environmental health hazards and attention to the health needs of vulnerable population groups.
Gogebic County Community Mental Health	Gogebic County Community Mental Health Authority provides a complete range of services for all children and adults of Gogebic County who have a serious emotional disturbance, serious mental illness, or developmental disability. Direct services are available to persons who meet eligibility criteria of any age without regard to race, religion, national origin or handicap. GCCMH provides services such as substance abuse, mental health, parent management, housing assistance, therapy and crisis intervention.
Western Upper Peninsula Substance Abuse Services Coordinating Agency, Inc.	The Western Upper Peninsula Substance Abuse Services Coordinating Agency, Inc. (WUPSASCA) was designated as the regional administrative office of substance abuse services in the following counties of Michigan's Upper Peninsula - Baraga, Gogebic, Houghton, Keweenaw, Dickinson, Iron, and Ontonagon counties. The agency has both statutory and contractual responsibilities. These include the development of a comprehensive plan to address the substance abuse service needs within its jurisdiction; contracting for substance abuse prevention, treatment, and rehabilitation services, reviewing license applications by treatment providers, development of grant proposals, establishment of Employee Assistance Programs, contracting for assessment services, networking with other health care and human services professionals, and participation in community activities specific to substance abuse and other activities.
Aspirus Ontonagon Hospital	Aspirus Ontonagon is a licensed Critical Access Hospital dedicated to serving the residents of Ontonagon County and the surrounding area. The facility offers services critical to a county (Population: 1,600) in a very rural location including: cardiology, laboratory services, surgical services, imaging services, and physical therapy.
Aspirus Grand View Hospital	Health system located in Ironwood, Mich. Including a 25-bed critical access hospital, services include: physician clinic, emergency services, surgical services, psychology services, home health, private in-home assistance and a full-service eye clinic, including retinal care. Aspirus Grand View is the largest health care provider to Gogebic County, MI and Iron County, WI oncology services, in-home care, and other needed services.
Baraga County Memorial Hospital	Baraga County Memorial Hospital is the largest health care

	provider for Baraga County (Pop: 8,800). The critical access facility includes 15 acute-care beds and offers rehabilitation, surgical, cancer, home care, emergency, cardiac, imaging and other services.
Portage Health	Portage Health is the largest health care provider for Houghton County (Pop: 36,000) and Keweenaw County (Pop: 2,150). The facility includes 36 acute beds and 60 skilled nursing beds. Services include family medicine, radiology, cardiology, regional dialysis unit, home care and hospice, and a Level III trauma center.
Copper Country Mental Health Institute	The Copper Country Mental Health Institute offers behavioral health services accessible to persons in Baraga, Houghton, Keweenaw, and Ontonagon counties. Copper Country Mental Health Services provides an array of services intended to increase independence, improve quality of life, and support community integration and inclusion of the persons served such as suicide prevention, health education, substance abuse prevention and infant care.

CHNA Development Process – Significant Population Inclusion

The key data element in the *Western Upper Peninsula 2012 Regional Health Assessment* is the community survey, which identified important issues regarding quality of life that had not been measured before the survey was conducted.

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

The *Western Upper Peninsula 2012 Regional Health Assessment* also includes a significant amount of data indicators across multiple categories relating to health and health factors. This data was compiled from a wide array of published sources and from health care providers. Published sources included the U.S. Census, the American Community Survey, and statistics compiled by the Michigan Department of Community Health, the Wisconsin Division of Public Health, and other government and private agencies.

With the survey and data indicators combined, the *Western Upper Peninsula 2012 Regional Health Assessment* was broken down into general categories that are often the largest health issues for any population. The breakdown would allow for the ability to pinpoint similar issues, group them together and focus on priority areas. These categories can be found below in Diagram C.

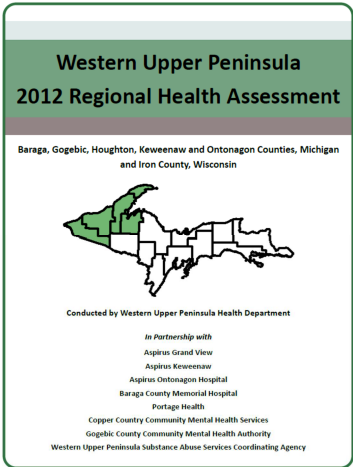


Diagram C – Regional CHNA Focus Categories	
Demographics	Vulnerable Populations
Access to Care	Maternal, Infant and Child Health
Adolescent Health	Infectious Disease
Chronic Disease and Mortality	Substance Abuse
Public Safety	Local Survey Findings

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

Note: Ideally, member organizations would continue to work together, add members, and pool resources, leadership, and expertise to develop initiatives that could make an even greater impact on a regional basis than an individual organization might be able to, especially with limited resources.

PRIORITIES, HEALTH NEEDS & IMPLEMENTATION STRATEGIES TO MEET NEEDS

Using the focus categories listed in diagram C (pg. 9), and the data within the main collaborative Community Health Assessment, the steering committee engaged in a series of meetings to select three major priority areas that impact each of the five Western U.P. Counties and Iron County, WI.

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

The Impact on an Aging Population

The Importance of Prevention

The Effect of Income and Education on Health Status

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

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

The Impact on an Aging Population

- *Diabetes care*

The Importance of Prevention

- *Obesity*
- *Hypertension*

*Note: Aspirus organizations (having 3 hospitals in the 5 hospital collaboration) was not only instrumental in developing the regional CHNA, but also integral in bringing the data to staff to help address and assess how to best be proactive to support the health needs of the community in our market service area. The **Aspirus Ontonagon CHNA team** included VP Patient Care Services/Site Manager, Deanna Wilson, Diabetic Educator and Cardiac Rehab Manager, Winnie Huron, Health Information Manager, Lee Anne Jessup, Director of Nutrition Beth Cook, and Marketing Coordinator, Pam Karttunen.*

PRIORITY : The Impact on an Aging Population

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

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

Point of Emphasis for Ontonagon County to support Impact on Aging Population

1. Hypertension

Controlling hypertension (high blood pressure) has many benefits to the patient; it can reduce the risk of heart attack and stroke by up to 40%. An estimated 34.5% of Western Upper Peninsula adults have been told they had/have high blood pressure. Among those adults who were/are diagnosed with high blood pressure, 75.2% are currently taking medications to lower their pressure and manage their disease. See Table 16-C on pg. 12.

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

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

	Ever Told HBP ^a		Taking BP Medication ^b	
	%	95% C.I.	%	95% C.I.
Michigan	34.2	(32.9—35.4)	76.5	(74.4—78.5)
Western U.P.	34.5	(31.0—38.2)	75.2	(69.7—80.0)
Baraga County	44.4	(37.1—51.9)	61.9	(49.7—72.8)
Gogebic County	40.4	(34.5—46.7)	84.8	(76.8—90.4)
Houghton + Keweenaw Counties	27.8	(22.9—33.3)	72.4	(62.0—80.8)
Ontonagon County	48.2	(43.7—52.8)	81.2	(75.1—86.0)

a Among all adults, the proportion who reported that they were ever told by a doctor that they had high blood pressure (HBP). Women who had HBP only during pregnancy and adults who were borderline hypertensive were considered to not have been diagnosed. (Baraga n=533, Gogebic n=496, Houghton+Keweenaw n=519, Ontonagon n=697)

b Among adults who were ever told that they had HBP, the proportion that reported they were currently taking blood pressure (BP) medicines for their HBP. (Baraga n=257, Gogebic n=240, Houghton+Keweenaw n=226, Ontonagon n=371)

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.

Key Objective for Aspirus Ontonagon - Hypertension

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

Implementation Strategy

Aspirus Ontonagon, in response to growing community health needs in hypertension care, has instituted monthly blood pressure screenings at the Aspirus Ontonagon Hospital Specialty Clinic location as well as at the Bruce Crossing Credit Union. Aspirus Ontonagon Hospital staff, along with staff from Aspirus Keweenaw Home Health & Hospice, Horizon Home Care, and SONCO Ambulance, will provide the services alternating monthly.

An automated blood pressure cuff will be purchased and kept at the Aspirus Ontonagon Fitness Center for the public to use, along with educational materials relevant to proper nutrition for management of hypertension.

Aspirus Ontonagon will sponsor an annual community education program focused on prevention and management of hypertension.

PRIORITY : The Impact on an Aging Population

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

“Long-term economic stagnation has led many young people to emigrate from the area in search of economic opportunity. This, combined with a nation-wide trend toward declining birthrates, has resulted in a local population that is considerably older in age distribution compared with state and national demographics. In Michigan, 13.8 percent of residents are age 65-plus. **In Ontonagon County, the age 65-plus percentage is 26.4%**; in Baraga County, it is 17.3 percent; and in Gogebic, Keweenaw and Ontonagon counties, and Iron County, WI, greater than 20 percent of residents are age 65-plus. The demographic imbalance has implications for rates of disease and disability and the need for health care services, long-term care and other types of support for the elderly.

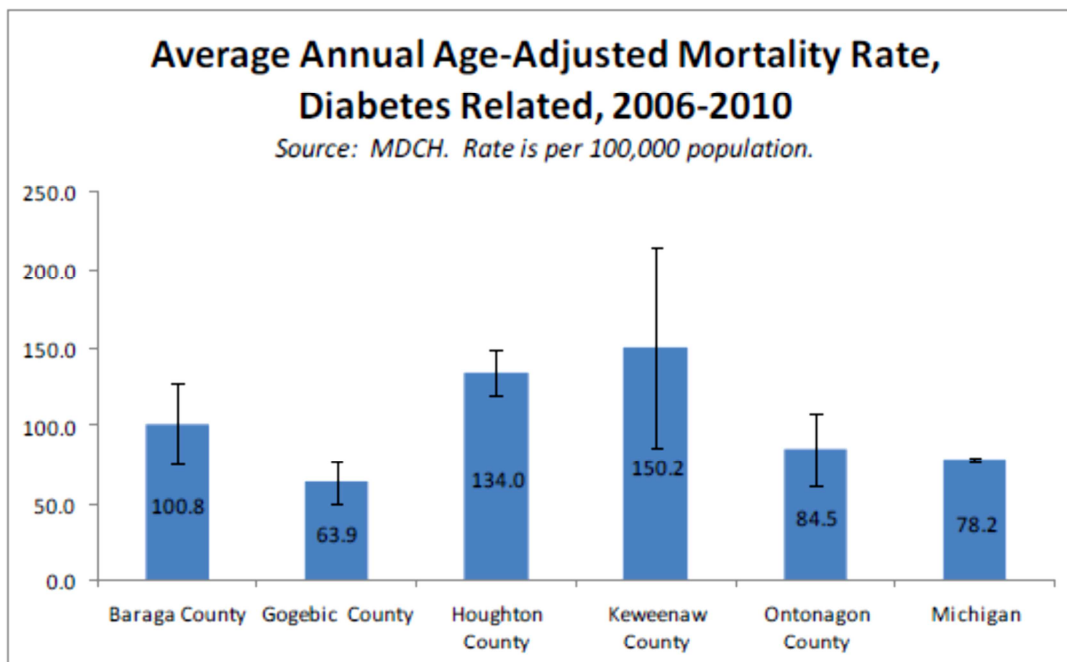
Point of Emphasis for Ontonagon County to support Impact on Aging Population

2. Diabetes

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


“Taking the confidence intervals into consideration, we can be confident that age adjusted diabetes-related mortality rates were higher in Ontonagon County than in Michigan during the time period noted (2006-2010). Considering our heavy aging population, the focus on diabetes as part of the impact on an Aging population is prudent.

The regional health needs assessment survey results showed that approximately 10% of Western U.P. adults have ever been told by a doctor that they had diabetes. In Ontonagon County the actual figure is 11.9%, which is the highest of the 5 counties.



Local Survey Findings: Diabetes Prevalence

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



Key Objectives for Aspirus Ontonagon – Diabetes

Aspirus Ontonagon will continue to lead the efforts of the HealthCare Community for the public by supporting the areas only dedicated Diabetes Clinic:

The clinic supports core goals:

- Increase usage of the Aspirus Ontonagon Diabetes clinic and the Diabetes Self-Management training program by 10%.
- Increase community awareness of diabetes as an urgent health issue.

Implementation Strategy:

Aspirus Ontonagon Hospital identifies the need for diabetes education in the community and pledges to continue offering the variety of current education opportunities that we provide as well as implementing programming to the public. We currently offer one-on-one sessions on diabetes education in our Diabetes clinics held in Ontonagon and in Bruce Crossing, with a Nurse Practitioner and a RN,

Certified Diabetes Educator. Through the clinics, we also offer foot assessments which are specially formatted for diabetes patients. Along with one-on-one nutrition counseling by a Registered Dietitian, we offer two monthly Diabetes Support group's which is open to the public and are free of charge.

In an effort to spread the word about diabetes management and prevention to the public, we have offered free blood sugar testing at our local Fitness Center on Diabetes Awareness Day in March. This afforded us the opportunity to provide information material and counseling regarding diabetes management and prevention. We plan to continue to offer this screening at annual events, which include an annual Women's Health Fair, annual Senior Health Fair, annual local Labor Day Festivities, and Diabetes Month each November.

Aspirus Ontonagon will also sponsor an annual community education program on Diabetes prevention and/or management.

Goals for the Care of Diabetes:

Increase referrals to the Aspirus Ontonagon Hospital Diabetes clinic and the Diabetes Self-Management training program by 10%.

Point of Emphasis for Ontonagon County to support The Importance of Prevention:

3. Obesity

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

“Chronic diseases such as heart disease, cancer, stroke, diabetes, and arthritis, are leading causes of death and disability in the Western U.P., as in the state and nation. Heart disease and cancer cause half of local deaths, at rates remarkably similar to national data. About one-in-ten Western U.P. adults has diabetes, and diabetes mortality rates in Houghton and Keweenaw counties are higher than statewide. An estimated 69 percent of Western U.P. adults are either overweight or obese according to local survey data, compared with 66 percent statewide, so there should be great concern locally, as nationally, over the prospect of dramatically rising rates of diabetes in the future.”

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

The 2012 MiPHY study showed that 74.1% of Ontonagon county residents are overweight or obese which is slightly higher the estimated 68.7% of Western U.P. adults which are obese or overweight. It is also 9.6% higher than the state average of 64.5%.

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

Table 5-C: Weight Status by County

	Obese ^a		Overweight ^b		Normal Weight ^c	
	%	95% C.I.	%	95% C.I.	%	95% C.I.
Michigan	31.3	(30.0–32.6)	34.2	(32.8–35.5)	33.0	(31.6–34.4)
Western U.P.	29.5	(26.3–33.0)	39.2	(35.2–43.4)	29.9	(26.0–34.1)
Baraga County	37.1	(30.1–44.6)	34.5	(28.2–41.3)	23.7	(18.9–29.4)
Gogebic County	32.7	(27.0–39.1)	41.0	(34.9–47.3)	25.7	(21.0–31.0)
Houghton + Keweenaw Counties	24.7	(20.0–30.0)	40.7	(34.2–47.5)	33.6	(27.4–40.5)
Ontonagon County	40.6	(36.3–45.1)	33.5	(29.6–37.7)	24.9	(21.1–29.1)

Note: BMI, body mass index, is defined as weight (in kilograms) divided by height (in meters) squared [weight in kg/(height in meters)²]. Weight and height were self-reported.

a Among all adults, the proportion of respondents whose BMI was greater than or equal to 30.0. (Baraga n=589, Gogebic n=569, Houghton+Keweenaw n=590, Ontonagon n=763)

b Among all adults, the proportion of respondents whose BMI was greater than or equal to 25.0, but less than 30.0. (Baraga n=589, Gogebic n=569, Houghton+Keweenaw n=590, Ontonagon n=763)

c Among all adults, the proportion of respondents whose BMI was greater than or equal to 18.5, but less than 25.0. Estimated percentage of individuals with a BMI that would classify them as underweight not shown. To calculate, subtract the percentages obese, overweight, and normal weight from 100%. (Baraga n=589, Gogebic n=569, Houghton+Keweenaw n=590, Ontonagon n=763)

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.

Key Objectives for Aspirus Ontonagon – Obesity

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

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

Implementation Strategies

- Aspirus Ontonagon Hospital will initiate an Intensive Behavioral Therapy program which is designed to assist patients manage their weight. Patients will meet one-on-one on a regular basis in our outpatient clinic with a Nurse Practitioner who helps them set personal lifestyle goals by implementing better eating habits and incorporating physical activity to better promote weight loss. This program is covered by CMS and is for patients who have a Body Mass Index of 30 or higher, which indicates a diagnosis of obese.
- In an effort to reach out into the community and promote obesity prevention and awareness, we plan to work in collaboration with local agencies that are already spreading the message. We believe that by partnering with local school districts, administrators and health departments, we can create a greater impact on the future of

our communities than working alone. Aspirus Ontonagon will provide educational programming on nutrition and fitness two times per year to the K-12 school district.

- Aspirus Ontonagon Hospital will plan to collaborate with the WUPDHD to assist with this information dissemination by providing staffing and promotional materials such as food, displays and education materials. The focus will be on Choose My Plate and making healthy choices. Aspirus Ontonagon will also apply for the Blue Cross Blue Shield Corporate Contribution Grant program that focuses on nutrition education to the community.

Overall Budget and Resources Support for CHNA based Priorities and Strategies

The process of the overall regional collaborative Community Health Needs Assessment (CHNA) project of Aspirus Ontonagon Hospital, followed by the focused effort of our Aspirus Ontonagon Community Health Needs Assessment team, has resulted in a specific focus of organization, budgetary, supplies, and personnel resources, to support our priority areas of Hypertension, Diabetes, and Obesity.

We are thrilled that many of our staff and programs align to the findings of the community health assessment. We feel that we have an excellent foundation to continue to meet the specific community health needs of our local population.

ADOPTION OF IMPLEMENTATION STRATEGY

The Aspirus Ontonagon Board of Directors is comprised of individuals from Ontonagon County as well as representatives from the Aspirus, Inc. system. The Board of Directors approves the Implementation Strategy and Community Benefit Plan for the priority identified in the Community Health Needs Assessment planning process. This report was prepared for the June 25, 2013, Board of Directors meeting.

Aspirus Ontonagon Board of Directors' Chairman

Date

Aspirus Ontonagon Chief Operating Officer

Date

APPENDIX A

Available Health Services and Resources

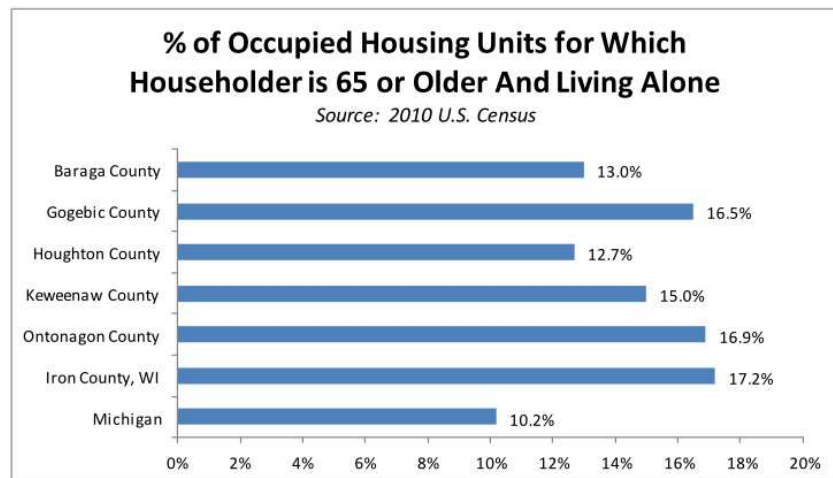
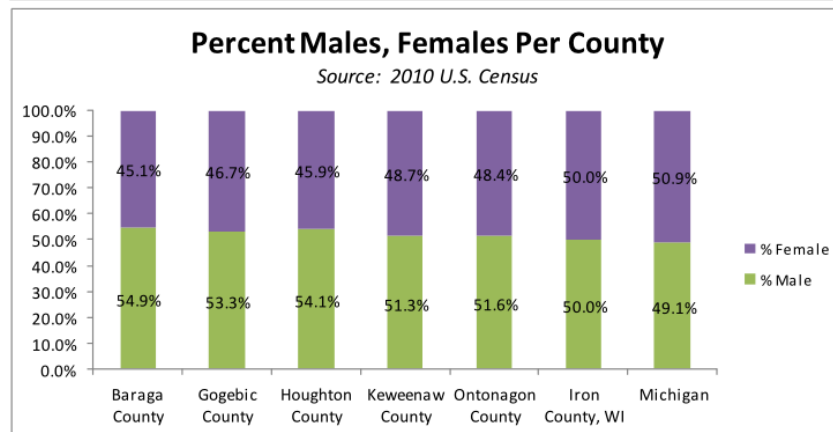
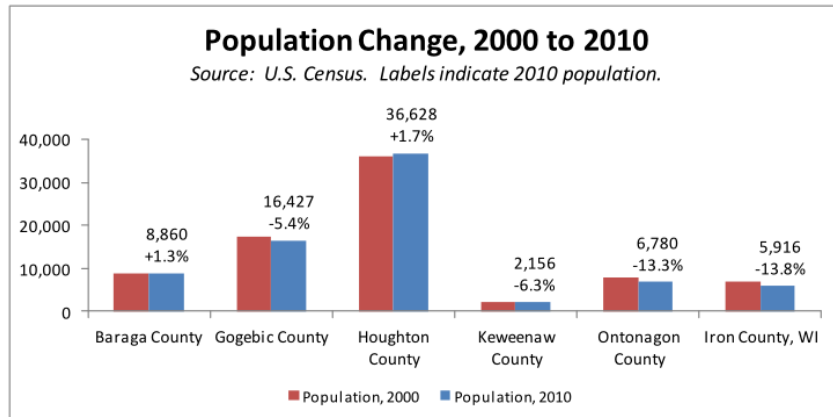
Ontonagon County, MI has a variety of health services and resources that are made available to the community, many of which Aspirus Ontonagon Hospital collaborates with for a variety of purposes.

Ontonagon County Health Services and Resources		
Service	Location	Community Role
Aspirus Ontonagon Hospital	Ontonagon	Health system located in Ontonagon., MI. Including 25-bed critical access hospital, services include physician clinic, emergency services, surgical services, Skilled Nursing Unit, Aspirus Ontonagon is the largest health care provider to Ontonagon County.
Aspirus U.P. Clinic	Bruce Crossing	Family Practice Clinic setting serving the south end of Ontonagon County, MI
Aspirus Ontonagon Fitness Center	Ontonagon	Fitness Center with Certified Fitness Trainers on staff.
Aspirus Ontonagon Outpatient P.T.	Ontonagon	Provides outpatient Physical Therapy services.
Ewen Medical Center	Ewen	Family Practice Clinic setting serving south end of Ontonagon County, MI
Dove, Inc.	Ironwood	Offers services for domestic violence situations.
Harbor Town Pharmacy	Ontonagon	Full-service pharmacy
Gogebic-Ontonagon Community Action Agency	Ontonagon	The Gogebic-Ontonagon Community Action Agency designs and carries out programs to overcome causes of and instances of poverty, including: housing, education (such as Head Start), nutrition, community development, motivational support, and senior services.
U.P. Community Action Agency (UPCAP)	Ontonagon	Resource center for Michigan's Upper Peninsula Residents.
Ontonagon County Cancer Association	Ontonagon	Offers resources and support for those suffering from cancer.
Safe Harbor Adult Daycare	Ontonagon	Offers daycare services to the elderly or disabled.
Aspirus Keweenaw Home Health and Hospice	Keweenaw Ontonagon	Offers Home Health Care and Hospice services.
Ontonagon Community Health Center	Ontonagon	Family Practice Clinic setting serving Ontonagon.
Horizon Home Care	Ontonagon	Offers Home Health Care services
Barbara Kettle Gundlach	Ontonagon	Offers resources and shelter for victims of domestic violence.
Robert Johnson, D.D.S.	Ontonagon	Provides Dental services
Joseph Strong, D.D.S.	Ontonagon	Provides Dental services
Kirk Schott, O.D.	Bruce Crossing	Provides full service optical care

APPENDIX B

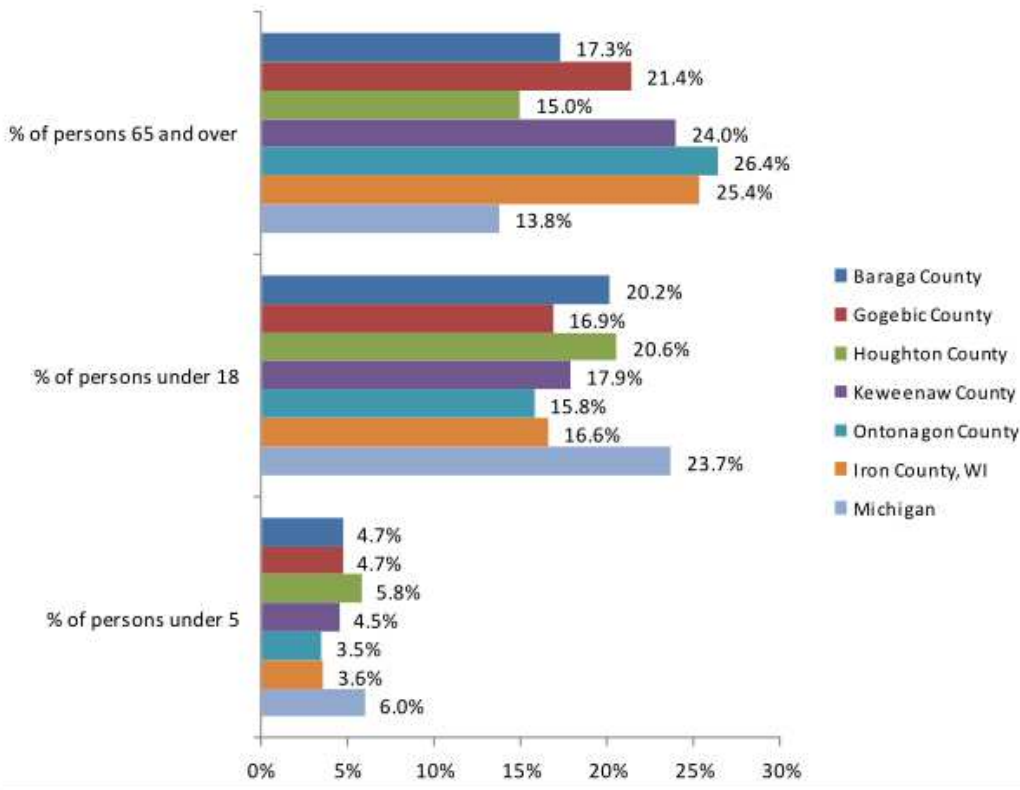
Service Area Demographics

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



Age Group Comparison, Counties to State

Source: 2010 U.S. Census



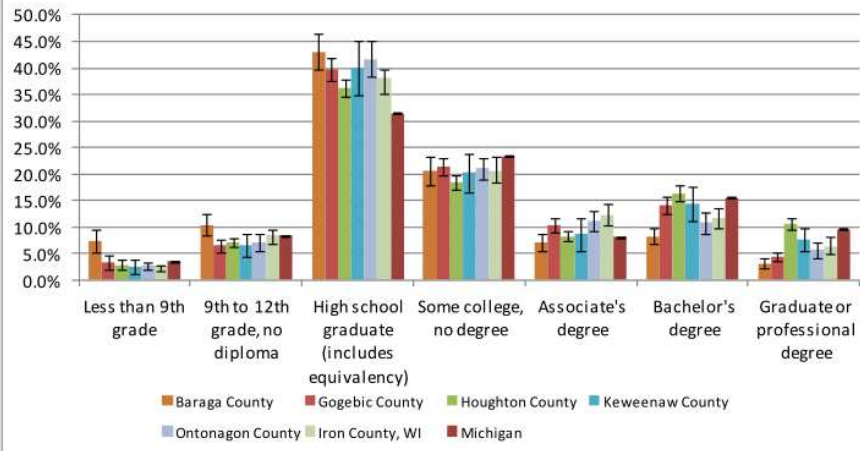
Race Demographics, Counties to State

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

Source: 2010 U.S. Census.

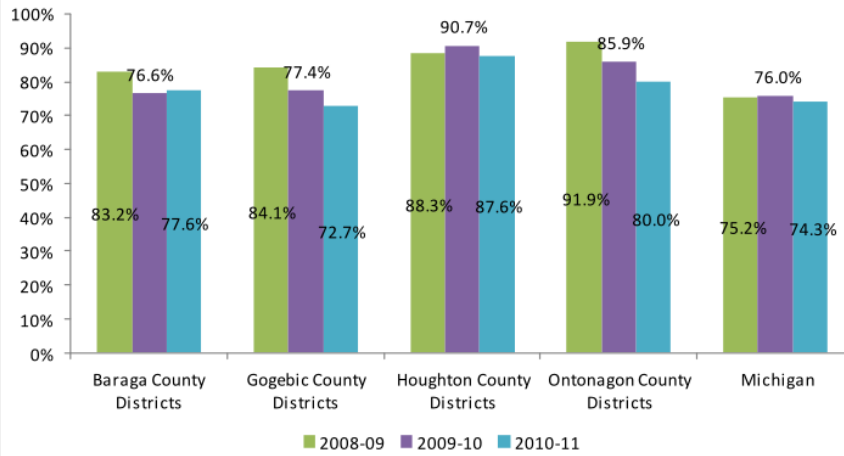
Educational Attainment, Age 25 and Older

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

