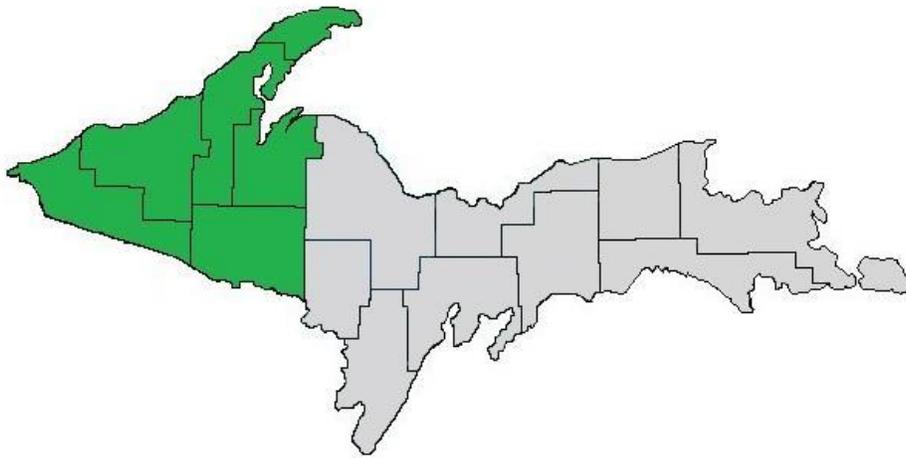


prevention 2015 Public Health hospitals
BIRTHS cancer exercise heart disease
Western Upper Peninsula demographics WELLNESS
chronic disease nutrition immunization
Health Needs Assessment
Substance abuse Access to care diabetes

Baraga, Gogebic, Houghton, Iron, Keweenaw and Ontonagon counties, Michigan



Conducted by Western Upper Peninsula Health Department

In Partnership With

Aspirus Grand View Hospital
Aspirus Iron River Hospital
Aspirus Keweenaw Hospital
Aspirus Ontonagon Hospital
Baraga County Memorial Hospital
U.P. Health System-Portage
Upper Great Lakes Family Health Center
Copper Country Community Mental Health
Gogebic County Community Mental Health

Introduction

Welcome to the community report on the **2015 Western Upper Peninsula Health Needs Assessment**, conducted by Western U.P. Health Department in partnership with Aspirus Grand View Hospital, Aspirus Iron River Hospital, Aspirus Keweenaw Hospital, Aspirus Ontonagon Hospital, Baraga County Memorial Hospital, U.P. Health System-Portage, Upper Great Lakes Family Health Center, Copper Country Community Mental Health, and Gogebic County Community Mental Health. The assessment covers six Western U.P. counties – Baraga, Gogebic, Houghton, Iron, Keweenaw and Ontonagon. The project, a follow-up to a five-county assessment conducted in 2012, documented the health status and needs of the region’s 81,000 residents. Data sets were gathered from a wide array of published sources, including the U.S. Census Bureau and Michigan Department of Health and Human Services, and from a locally conducted survey of more than 1,800 adults.

The 2015 Local Health Survey

The local health survey conducted in November 2015 was the most ambitious element of this regional assessment project. In state and national health surveys, too few residents of rural counties are sampled to make reasonable county-level estimates of health status and behaviors. By analyzing survey responses from 1,834 Western Upper Peninsula adult residents, scientifically weighted to match local population characteristics, we have local health data that can be compared to other communities and to results from the 2012 survey. Without local survey data, it would be possible to tell how many people are born in a given year and the population’s leading causes of death, but hard to say much about Western U.P. residents’ health through the lifespan. State and national data registries are better at telling us *what* happened, but not *why* it happened. The survey helps fill in the missing pieces.

Rates for health indicators from the survey are prefaced by words like *estimated* or *approximately*. The 95% Confidence Intervals for each estimate are given in the full 220-page report.

Four broad themes emerged from the assessment project. You will find examples of each theme woven through pages 3-7 of this report, and then we expand on their implications in the Conclusions on page 8:

The Impact of an Aging Population

Age is a major risk factor for chronic disease, and the Western U.P. has a greater proportion of elderly residents than the state and nation.

The Correlation Between Socio-economic Status and Health

Disparities in health status and access are greater by income and education levels than by county of residence.

The Importance of Prevention

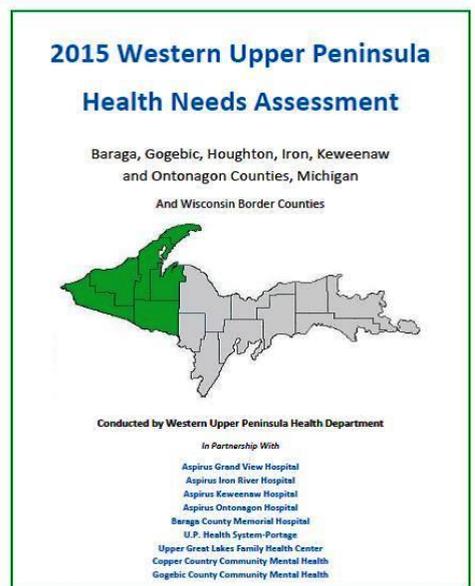
Heart disease, cancer, diabetes and other leading causes of death are termed ‘preventable’ when they have tobacco use, obesity, substance abuse and other causes rooted in health behaviors.

Impacts of the Affordable Care Act

The local rate of uninsured adults declined by more than half since 2014, which is already improving access to health care services, and may lead to future improvements in population health.

This 8-page community report is an abbreviated version of a 220-page report prepared for use by health care providers and community planners. The full report contains details on demographics, economic conditions, access-to-care, health statistics at every stage of life from pregnancy and birth to death, and full results of the adult health survey.

You may download the full report (shown at right) and this community report at www.wupdhd.org, or call 906-482-7382 for more information.



Demographics and Economic Data

Demographics, the study of population groups and characteristics, is the starting point for understanding community health. Age, gender, income and educational attainment are among population characteristics that are most predictive of health status, needs and access to care. In this report, we will explore similarities and differences in health data between demographic groups.

The total population of the six-county Western U.P. region declined by about 2.5 percent from 2010 to 2014 to an estimated 80,662. Gogebic County experienced the largest net decline, 690 people, and Ontonagon County had the largest percentage loss, a 9 percent decline, or 608 people. As young people leave the region seeking economic opportunity, the proportion of elderly residents will grow, as will the burden of chronic diseases like heart disease and cancer, and the need for services for seniors.

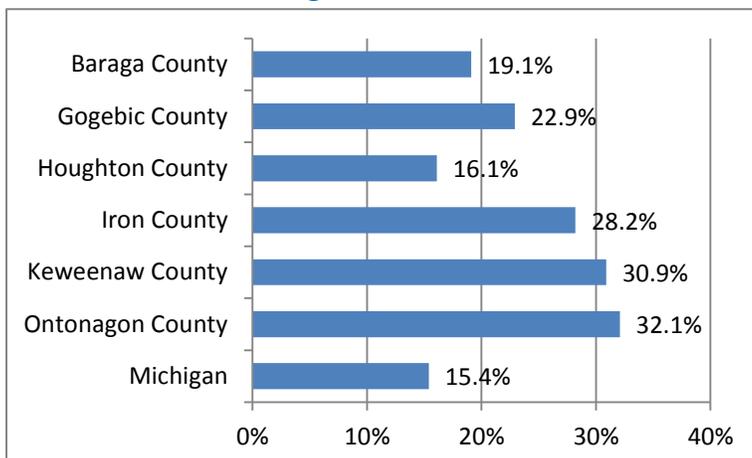
2nd, 3rd, 6th

Rankings of **Ontonagon**, **Keweenaw** and **Iron** counties, among Michigan's 83 counties, for the highest percentages of residents age 65 and older. Ontonagon County (32.1%) and Keweenaw County (30.9%) trail only Alcona County for the state's oldest. **The health impacts of an aging population are felt in all counties as rates of chronic disease rise.**

Local Survey Findings: Seniors and Health

- An estimated 26 percent of Western U.P. seniors reported fair to poor health status, compared with 6.5 percent for ages 18-39 and 16.2 percent for ages 40-64.
- About 44 percent of seniors reported a physical, mental or emotional disability and/or use of specialized equipment like a cane or wheelchair.
- Just 4 percent of seniors reported cost as a barrier in accessing needed health care in the past year, and 6.6 percent had no personal physician.

Percent Residents Age 65 and Older, 2014 Estimates



Poverty and Vulnerable Populations: The Correlation Between Socio-economic Status and Health

Adults and children living in low-income households, the unemployed and uninsured, and adults who have not completed high school tend to have poorer health and less access to healthcare services.

- Official unemployment rates have dropped below 10 percent in all counties, rebounding from historic highs in 2010-12, but the regional median household income is less than three-quarters the state level.
- An estimated 25 percent of the region's children live in poverty, and 35 percent in Gogebic County.
- An estimated 26.8 percent of adults with household incomes below \$25,000 reported their health status was fair or poor, and 41.9 percent had a disability, according to the 2015 local health survey.
- 59 percent of low-income adults reported no dental visit in the previous year.
- Almost 30 percent of low-income adults reported no leisure-time physical activity, and 37 percent said they were current smokers, compared with 11 and 8 percent, respectively, for adults with household incomes greater than \$50,000.

Health Through the Lifespan

57th

The rank of the United States among 224 countries for infant mortality in 2015, at 5.84 deaths per 1,000 live births. The regional average over the 10 years, at roughly 6/1,000, was slightly better than Michigan's rate.

44.3%

The percent of births to Baraga County residents from 2011-2013 where the mother smoked during her pregnancy.

77.3%

The average rate for 2013-2015 for children age 19-35 months who were fully vaccinated, much higher than in the early 2000s and approaching the CDC goal for the year 2020.

30-40%

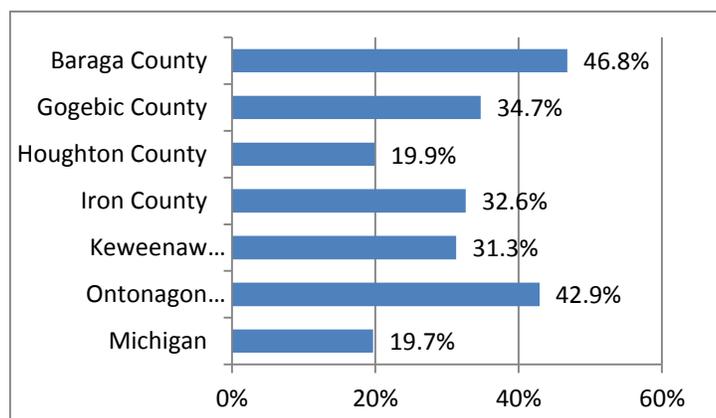
The estimated percentage of adolescents who are either overweight or obese, based on data from recent-year surveys of students in middle- and high schools in the Western U.P. Overweight teens have elevated risk for obesity, heart disease, diabetes and other chronic conditions as adults.

At every age and stage of life there are important health needs. From pregnancy and birth to infectious disease, chronic disease and leading causes of death, we see the importance of prevention strategies like immunization, diet and exercise, tobacco cessation and health screenings. On pages 4-5, we report on health through the lifespan.

Maternal-Child Health

- About half of local births are paid by Medicaid, an indicator of how many children are born into low- to moderate-income households, with rates as high as 68 percent in Ontonagon and Iron counties in 2013.
- The rate of births to unmarried mothers in 2013 approached 60 percent in Baraga County and was above 30 percent in all other counties except Houghton.
- One-half to three-quarters of children per county were tested for blood-lead levels by age 2 in recent years, but there were relatively few findings of elevated lead levels.

Percent of Births, Mother Smoked While Pregnant, 2013



Infectious Disease

- There were 164 cases of pertussis in the region from 2010-12, and 90 cases of chicken pox from 2010-15, both diseases that can be prevented by vaccination.
- Chlamydia is the most common laboratory-confirmed sexually transmitted disease with more than 100 cases a year in the region, and Lyme disease is the most commonly reported vector-borne infection.

Health Through the Lifespan

Chronic Disease and Mortality

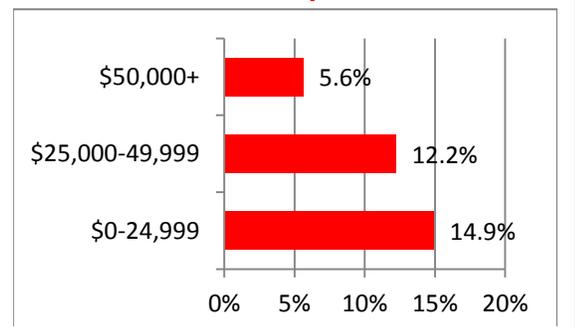
Chronic diseases – such as cardiovascular disease, cancer, diabetes and lung disease – are the leading causes of death and among the mostly costly health problems in terms of health care spending and years of potential life lost. **Chronic disease data illustrate the impact of aging on health, disparities based on socio-economics, and the importance of prevention, regular check-ups and healthy lifestyle habits.**

- Half of local deaths are attributed to heart disease and cancer, similar to Michigan and national rates. Age-adjusted death rates, and years of potential life lost below age 75, are similar as well. Women, on average, outlive men; so men account for more years of potential life lost.
- In 2013, 268 of the region's 987 deaths (27 percent) were caused by heart disease, and another 58 (6 percent) died of stroke. An estimated 4.6 percent of Western U.P. adults have ever been told by a doctor they had a heart attack, 6.7 percent have been told they have heart disease, and 3.0 percent have been told they had a stroke.
- About 72 percent of adults reported ever having had a cholesterol test, and 47 percent of them reported being told they had high blood pressure.
- In 2013, 204 of the region's deaths (20.6 percent) were caused by cancer, the second leading cause of death here and nationally. Local age-adjusted cancer death rates from 2009-13 did not differ significantly from Michigan's rate, with the exception of in Houghton County, where the cancer death rate was lower than Michigan's by greater than the 95% confidence interval (statistical margin of error.)
- Breast cancer is the leading cause of cancer death among women, and prostate cancer is the leading cause for men, but lung cancer is the leading cause of cancer death when men and women are counted together. Despite popular perceptions to the contrary, the Western U.P., taken as a whole and at the county level, does not have unusually high rates of cancer incidence (the rate of new cancers diagnosed per year) or cancer mortality.

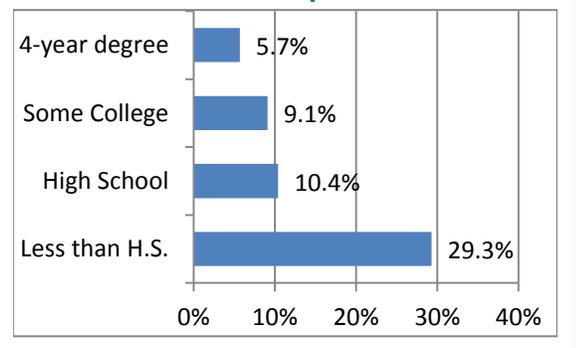
Diabetes: A Growing Problem

Age-adjusted death rates for diabetes from 2009-13 were significantly higher in Baraga and Houghton counties than for Michigan, at 112 per 100,000 in Baraga County and 140/100,000 in Houghton County versus 76/100,000 statewide. An estimated 10.9 percent of Western U.P. adults currently have diabetes, including 14.2 percent of men and 8.7 percent of women. Given the high rates of childhood obesity, health researchers predict one-third of today's youth will develop diabetes in their lifetimes. Diabetes prevalence increases with age, and is higher for people of lower income and education levels. The two graphs below, from the local survey, illustrate **health disparities related to socio-economic status**, one of this assessment's four broad themes.

Diabetes Prevalence by Income



Diabetes Prevalence by Education

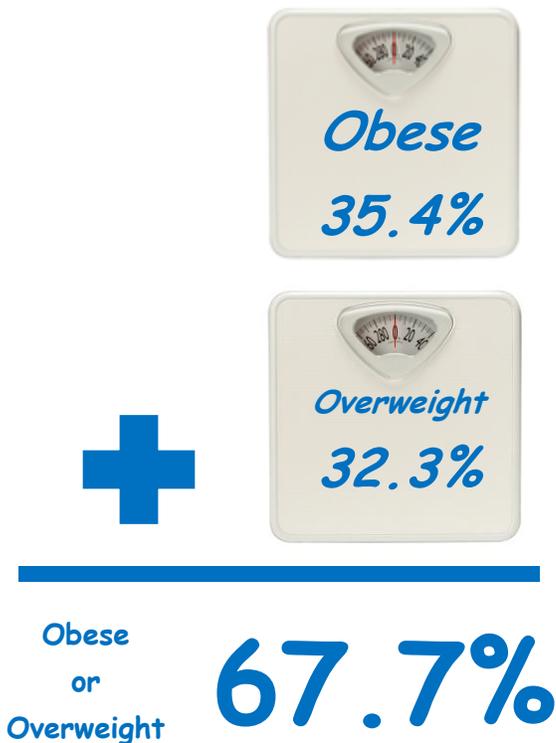


Health Behaviors and Risk Factors

Smoking is the leading root cause of preventable death in the United States. More than half of Western U.P. adults are current or former smokers.



Obesity is the second leading cause of preventable death in the United States, and its prevalence has tripled since 1980. Two-thirds of the region's adults are overweight or obese.



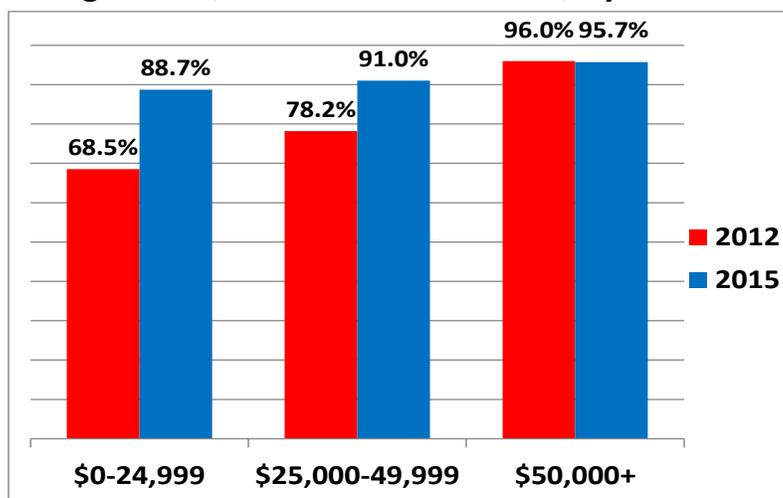
Behavioral risk factors are habits that correlate with better or worse health outcomes – in other words, the way we live says a lot about the way we die. But a healthy lifestyle can do so much more than merely prolong the inevitable. Daily physical activity, good nutrition, tobacco cessation and responsible use of alcohol can improve physical and emotional wellbeing, as well as prevent or delay chronic disease and disability. From the 2015 local health survey:

- Obesity is highly prevalent among both men and women, and across all ages, incomes and education levels. But smoking is strongly associated with lower income and education levels.
- About 45 percent of Western U.P. adults who did not graduate high school are current smokers, compared with 5.2 percent of college graduates.
- About 37 percent of adults with household incomes less than \$25,000 are smokers, compared with 15 percent at incomes between \$25,000 and \$49,999, and 7.9 percent at incomes of \$50,000 and greater.
- An estimated 23 percent of the region's adults report no leisure-time physical activity, and only 15 percent meet guidelines for both aerobic exercise and strength training. Adequate physical activity is more common among people with higher levels of income and education.
- Just 8.6 percent report eating five or more servings of fruits and vegetables daily.
- About 11 percent of the region's adults are classified as heavy drinkers; i.e. men who consume more than 60 drinks a month, and women who consume more than 30.
- About 9 percent reported binge drinking; i.e. men who reported having 5 or more drinks within a two-hour period, and women who reported drinking 4 or more drinks in two hours, in the previous month.
- An estimated 86 percent of Western U.P. adults always wear a seat belt while driving or riding in a car; 22 percent of men, and 7 percent of women, do not always use them.
- About 7 percent said they had driven after having too much to drink in the last month.

Expanded access to care, the ability of people to find and afford health care, mental health and dental services, is essential for increasing health equity and quality of life for all members of a community. **Since the passage of the Affordable Care Act (ACA), 20 million Americans have gained health coverage**, including adults with Marketplace or Medicaid Expansion plans, young adults who can stay on their parents' plans until age 26, and people who might formerly have been denied insurance because of pre-existing conditions. **In the Western U.P., based on survey results, the rate of uninsured adults age 18-64 declined from an estimated 18.6 percent in July 2012 to 8.5 percent in November 2015 (see graph below.)** Still, for many, high copays and deductibles are barriers to accessing health care, and nearly half of adults lack dental insurance.

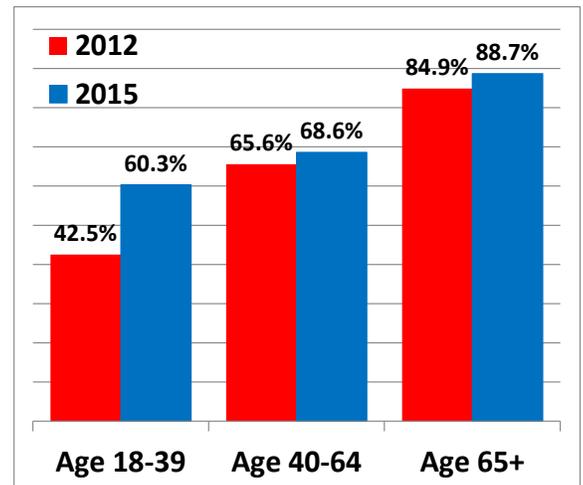
- As of February 29, 2016, 5,172 low-income Western U.P. residents had enrolled in the Healthy Michigan Plan, the state's Medicaid Expansion program.
- Even though the vast majority of Western U.P. residents now have health insurance, there are still measurable disparities based on income. About 22 percent of adults with household incomes below \$25,000, and 20 percent of those with incomes between \$25,000 and \$49,999, did not see a doctor in 2015 because cost was a barrier, compared with just 9.6 percent for higher-income residents.

Age 18-64, Had Health Insurance, By Income



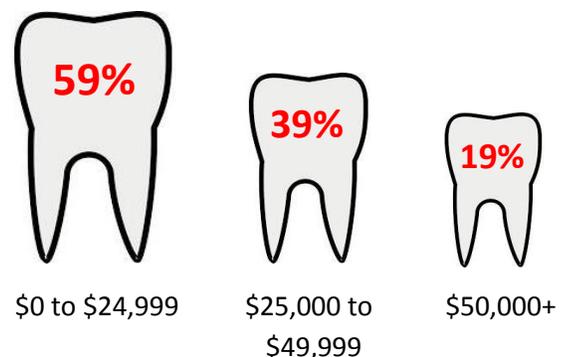
Routine Check-ups: As more adults gained health insurance, the proportion that accessed preventive care increased, especially among young adults.

Had Check-up in Past Year, By Age



Dental Access

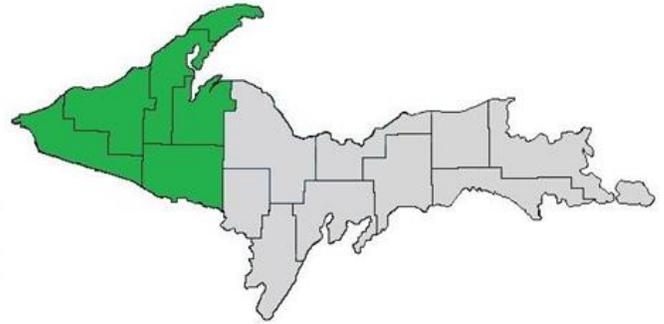
While access to medical care has improved measurably under the Affordable Care Act, the same cannot be said for oral health care. In 2015, an estimated 41.3 percent of the region's adults had no dental visit, compared with 41.9 percent in 2012. About 43 percent had no dental insurance, and 22 percent did not access needed dental care because of cost. Below are the percentages of **adults with NO dental visit in 2015**, by income.



Conclusions

The 2015 Western Upper Peninsula Health Needs

Assessment describes the health of the 80,000 residents of the six Western U.P. counties, a largely rural region served by six hospitals, two public health departments, three community mental health agencies, multiple federally qualified health center locations, private physicians, dentists, counselors, substance abuse treatment providers, and other public and private providers and agencies that form the greater



regional health care system. These health care providers, along with schools, work sites, communities, churches and families, are working in a variety of ways to address individual and community health needs like those identified in the assessment. This report identifies population health challenges, and differences in health status, access to care and health behaviors between population groups, but does not dictate specific solutions. It can, however, be used to raise awareness, and support the development and implementation of new strategies, programs and partnerships to improve to improve health and wellbeing.

After reviewing many hundreds of health indicators, four broad themes emerge:

First, aging is the leading risk factor for chronic disease, and in the Western U.P., more than 20 percent of residents are age 65 or older, a demographic benchmark the United States is projected to hit in the year 2030. As the local population continues to age, our health care system and communities will have to adapt to meet the growing medical and social needs of seniors.

Secondly, in terms of health outcomes and access to care, there are stark and longstanding differences between groups of different income and education levels, suggesting the need for ongoing efforts toward outreach, education and increased access to care for low-income individuals and families.

Thirdly, as life expectancies have risen dramatically due to developments in medical practice, antibiotics and vaccines, and improved sanitation and worker safety, death and disability are increasing due to chronic diseases rooted in tobacco use, obesity, alcohol abuse and other preventable causes.

And finally, since the implementation of the Affordable Care Act, more Western U.P. residents have health insurance and are accessing routine and acute care. Undoubtedly, the future will bring many changes in health access, individual health outcomes, population health characteristics, and the way health care is delivered to meet individual and community health needs.

As we negotiate this changing health care landscape together and seek effective strategies to promote healthy behaviors, reduce rates of chronic disease, expand access to care, meet the needs of residents of all ages and socio-economic levels, and build healthier schools, work sites and communities, ongoing and periodic health needs assessments will allow us measure the effectiveness of our efforts and identify emerging issues.