

## **Western Upper Peninsula Community Health Improvement Plan 2023-2025**

Covering Baraga, Gogebic, Houghton, Keweenaw and Ontonagon Counties, Michigan

August 2023

### **COLLABORATIVE PLANNING PARTNERS**

*Aspirus Ironwood Hospital  
Aspirus Keweenaw Hospital  
Aspirus Ontonagon Hospital  
Baraga County Memorial Hospital  
Baraga County Sheriff's Office  
Baragaland Senior Center  
BHK Child Development Board  
City of Houghton  
Communities that Care  
Copper Country Great Start Collaborative  
Copper Country Senior Meals  
Copper Country Mental Health  
Copper Shores Community Health  
Foundation (formerly Portage Health  
Foundation)  
Finlandia University  
Gogebic Community College  
Gogebic County Community Mental Health  
Gogebic County Sheriff's Office  
Gogebic County Transit Authority  
Gogebic Ontonagon Community Action  
Agency  
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District  
Gogebic Range Health Foundation  
Houghton Police Department  
Iron County (Wisconsin) Health Department  
Keweenaw Bay Indian Community Health  
System  
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*Keweenaw Economic Development Alliance  
Lac Vieux Desert Health Center  
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Little Brothers Friends of the Elderly  
Michigan Department of Health & Human  
Services  
Michigan Technological University  
Michigan State University Extension  
Michigan Technological University  
Community Action Agency  
JED Campus Program  
Omega House  
Ontonagon County Jail  
Ontonagon Sheriff's Office  
Ontonagon Village Housing Commission  
Salvation Army  
Sunset Harbor Homes  
unité Mental Health & Wellness  
UP Health System Portage  
UP MichiganWorks  
Upper Great Lakes Family Health Center  
Upper Peninsula Commission for Area  
Progress (UPCAP)  
Vilas County (Wisconsin) Health Department  
Western UP Planning & Development  
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Western Upper Peninsula Health  
Department*

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## **Introduction**

The Western Upper Peninsula, as defined by this document, includes Baraga, Gogebic, Houghton, Keweenaw, and Ontonagon counties, the five most northwestern counties in Michigan. These rural, rugged, and remote counties cover approximately 4,860 square miles and are home to an estimated 65,000 residents. The area's population is aging faster than state and national rates, indicating a higher rate of chronic disease and a potential shortage of caregivers among the younger population. Much of the area experiences financial challenges, with about one-quarter of children living in poverty. Baraga and Gogebic counties have the most diversity, with 14.3% and 3.4% identifying as Native American, respectively. The area has two hospital systems (one with three locations), one local (county) hospital, and a regional federally qualified health center (multiple locations). There is a shortage of medical and dental health professionals. Two agencies provide local community mental health services and one local public health department serves the region. Various community agencies provide supportive services, including shelter facilities for domestic violence victims, substance use disorder, senior, and child programs.

The Community Health Improvement Plan, or CHIP, presented in this document is the result of a collaborative community effort to improve the health and wellness of citizens in the Western Upper Peninsula. The purpose of this CHIP is to provide a common vision and framework through which organizations can leverage resources, engage other partners, and develop strategic plans. The community most recently engaged in this process in 2019; however, the COVID-19 pandemic interfered with most of its implementation. This document details the process used in developing this CHIP, which defines both regional and county goals, objectives, and actions to address key themes surrounding issues identified and prioritized by community members.

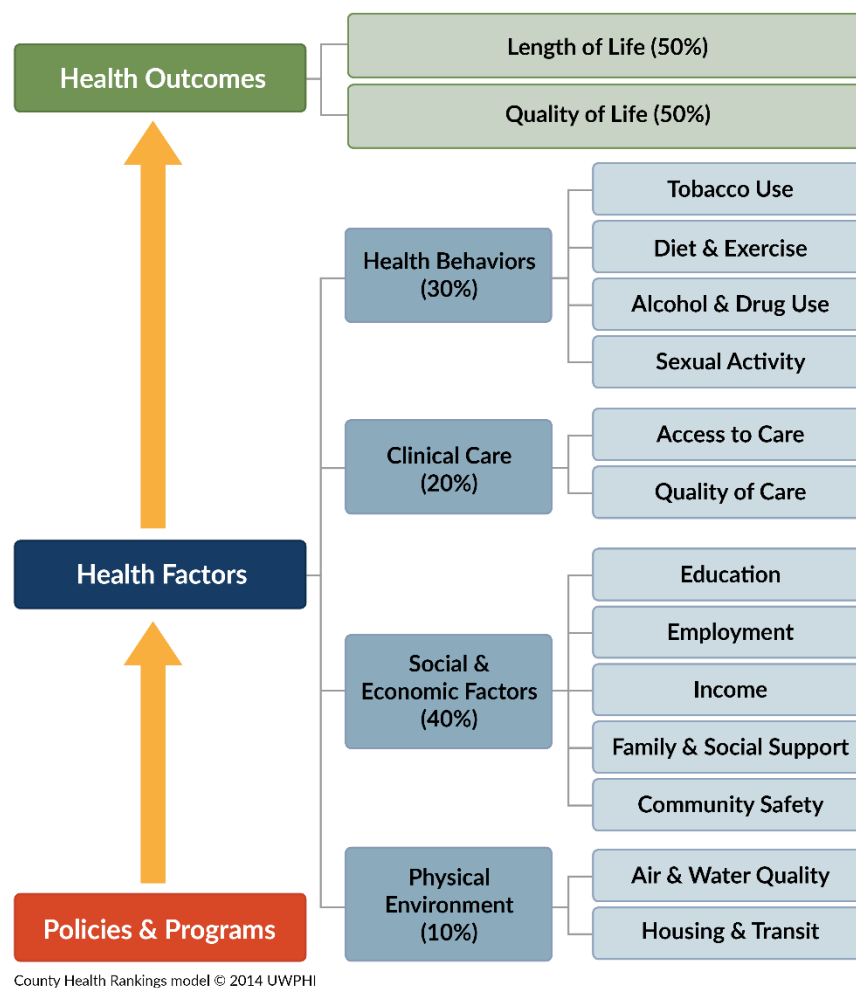
We invite you, as member of our community, to get involved with the activities listed in this plan. Your engagement will contribute to our healthy future.

## **Executive Summary**

### **Social Determinants of Health**

The social determinants of health are defined as “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life” (World Health Organization, 2023). These forces and systems include economic policies, development agendas, social norms, social policies, and political systems. The term focuses on the broader root causes of health rather than individual health care needs. Research

has shown that clinical care accounts for only one-fifth of our personal health outcomes during our lifetime. By contrast, our health behaviors, the social and economic factors we live under, and the physical environment in which we live account for 80 percent of our lifetime health outcomes. This CHIP addresses, either directly or indirectly, the social determinants of health in our five-county area.



Source: <https://www.countyhealthrankings.org/county-health-rankings-model>

## 2021 Upper Peninsula Community Health Needs Assessment - Key Themes

The *Upper Peninsula Community Health Needs Assessment 2021 (UPCHNA)* ([www.wuphd.org/2022/07/25/upchna](http://www.wuphd.org/2022/07/25/upchna)) (WUPHD, 2022) provides the foundation of our planning by eliciting a wealth of information from both primary and secondary sources on a wide variety of health-related issues. Examples of county level specific health assessment data is located in Appendix A. Four key themes emerged from the assessment:



1. The COVID-19 pandemic: The pandemic provided an opportunity to realistically assess the capacity of our health care systems and public health agencies to deliver services. The ability of health care systems to absorb surges of patients with a serious, deadly, contagious disease was also tested. The psychological burden placed on health care workers extended into the community. Many preventive screening procedures and vaccinations were postponed.
2. The impact of an aging population: In the Upper Peninsula, 22.9% of the population is age 65 or older, compared with 17.7% statewide. In Keweenaw and Ontonagon counties, 38.1% and 37.7% of the population are 65 years or older, respectively. The higher chronic disease burden in older adults creates an increased demand for home health services, assisted living, and nursing home care, which impacts the ability to deliver health care and elder services.
3. The importance of prevention: Chronic diseases such as cancer, heart disease, diabetes, and stroke are the leading causes of death in the Upper Peninsula. Cancer and heart disease alone account for nearly half of all deaths. Curtailing tobacco use, obesity, and the abuse of alcohol and other drugs would dramatically reduce morbidity and mortality among Upper Peninsula residents. Unfortunately, during the COVID-19 pandemic, health care visits were curtailed, and we saw a decrease in those participating in health screening behaviors such as mammogram, prostate testing, PSA testing, PAP smears, and screening for colon cancer.
4. The powerful correlation between socio-economic status and health: In the Upper Peninsula income and education are the strongest determinants of health status and access to health care. Health care access is improving, but barriers remain. Prior to implementation of the Affordable Care Act (ACA) in 2014, 18.5% of Upper Peninsula residents age 18-64 did not have health insurance, but in the 2021 Upper Peninsula Community Health Issues Priorities Survey (UPCHIPS) that rate had declined to 4.4%.<sup>1</sup> Unfortunately, the percentage of people who do not have a personal health care provider has remained stagnant.<sup>2</sup> From the 2017 UPCHIPS to the 2021 survey, those who reported costs as a barrier to receiving health care decreased by 32%.<sup>3</sup> The percentages of those who did not have a routine checkup in the past year remained substantial.<sup>4</sup> Local residents may now have health insurance, but there are not enough clinicians to take care of their health needs.<sup>5</sup>
5. Growing concerns regarding mental health services: In the 2017 UPCHIPS (WUPHD, 2018), 37.5% of respondents across the Upper Peninsula identified “shortage of mental health programs and services, or lack of affordable mental health care” as a “very important” issue. In the 2021 UPCHNA (WUPHD, 2022), this increased to 47.5%. It was the only one of the 16 health priorities assessed to have as substantial increase in those who considered it “very important.”

## Plan Elements

The goal of this CHIP is to serve as a framework from which community organizations are able to leverage resources and partnerships to focus on a common vision for our community's health. As such, the CHIP workgroups chose four overarching priorities reflecting the varying gaps in resources found across the region: Mental health, recruitment/retention of healthcare workers, transportation services, and coordination and awareness of resources. The plan seeks to direct efforts on both regional and county levels to address these priorities.

The real success of this plan is the partnerships, networks, and collaborations formed by participation in the process. Our groups worked towards breaking down communication barriers and sharing resources that should lead to continued success. Perhaps not overtly aware of it, our groups identified the importance of the social determinants of health. Working together, we have started to bridge gaps on a regional level to the benefit of our communities.

## Process

The launch pad for our health improvement planning is the *Upper Peninsula Community Health Needs Assessment 2021* ([www.wuphd.org/2022/07/25/upchna](http://www.wuphd.org/2022/07/25/upchna)) (WUPHD, 2022). Under a collaborative partnership that totaled 48 agencies, the Western Upper Peninsula Health Department (WUPHD) brought together data and analysis encompassing all 15 Upper Peninsula counties into one document. It included primary data from a randomly distributed confidential survey of residents and secondary data provided by local, state, and federal agencies. The report's intent was to inform health practitioners, planners, policymakers, and the public as they work through the community health improvement planning process.

Potential stakeholders in Baraga, Gogebic, Ontonagon, and the combination of Houghton and Keweenaw counties were identified and invited to participate in county-level workgroups. At the first meeting, participants were provided an overview of UPCHNA data collected from their county as well as the key themes of the report. With this information, the gathered community stakeholders were encouraged to dig deeper into the root causes of community health issues. These workgroups met regularly and fulfilled their charges by selecting priorities, assessing available resources, defining realistic outcomes and objectives, and developing specific activities to ensure success.

## Overriding Themes:

While each workgroup identified and focused its attention on a specific issue, several associated themes were often identified in each of the groups. Each of these themes could have

been the focus of its own workshop group.

**Theme #1:** For any intervention or program to be effective there must be **community buy-in**.

Over the past several decades there has been a decline in community involvement in addressing issues that impact the entire community. This process accelerated during the COVID-19 pandemic. Service organizations and hospitals have seen a steep decline in their numbers of volunteers, thus prevent them from delivering their services to the community.

**Theme #2:** The **number of barriers** to improving community health can appear to be **overwhelming**. Like a game of whack-a-mole, each time one issue begins to be addressed, another issue pops up to replace it. The number of issues identified by the workshop members early in the process was extensive and it became clear that only small incursions into addressing community health issues were possible.

**Theme #3:** The **lack of resources** to address the issues. While community health needs are easily identified, the financial resources to address them are often insufficient and not self-sustaining.

**Theme #4:** The imperative to **work with and encourage legislators** to address and fund solutions to the identified issues. Most interventions to improve the health of the community cannot be successfully privatized, so the government has a primary role in improving the community's health.

### **Priority #1: Behavioral Health**

Issue Statement: As noted above there was a sharp increase from 2017 to 2021 in respondents across the Upper Peninsula who identified “shortage of mental health programs and services, or lack of affordable mental health care” as a “very important” issue. The survey demonstrate that our overall mental health is declining.

In the 2021 UPCHIPS survey, 16.3% reported fair or poor mental health in 14 or more days during the past 30 days. This was up from 15.0%\*[\* denotes a significant shift from 2017 to 2021] in the 2017 survey.<sup>6</sup> This indicates a 34% increase in those reporting fair or poor mental health from 2017 to 2021.<sup>7</sup>

Those reporting ever being told they had a depressive disorder increased 22%<sup>8</sup> and ever being told they had an anxiety disorder increased by 33%.<sup>9</sup>

Of the respondents to the 2021 survey, 22.9% (2017 21.3%) had been told they have an anxiety disorder,<sup>10</sup> 25.9% (2017 25.6%) had been ever told they had a depressive disorder,<sup>11</sup> 6.8% (2017 6.9%) were heavy drinkers,<sup>12</sup> and 15.8% (2017 12.9%\*) were binge drinkers.<sup>13</sup> From 2017 to 2021 those receiving counseling increased 46%.<sup>14</sup> In the 2021 survey 10.7% (2017 7.6%\*)

reported receiving counseling in past year.<sup>15</sup> As a result of marijuana legalization, those reporting using marijuana products in the past month tripled from the 2017 to 2021 survey.<sup>16</sup> The use of other illicit drugs also increased. There was a 71% relative increase in those who reported using prescriptions drugs to get high.<sup>17</sup> The relative increase in those reporting snorting or injecting drugs to get high was 56%.<sup>18</sup> Binge drinking increased by 43%.<sup>19</sup> Even vaping increased by 40%.<sup>20</sup> Compared to those completing the 2017 survey, those in 2021 reported a 79% relative increase who reported the lack of mental health care providers as a barrier to care.<sup>21</sup> There was an 85% relative increase in those seeking treatment for substance abuse.<sup>22</sup>

In the 2021 UPCHIPS, 10.7% of respondents in the Upper Peninsula sought counseling compared to 7.6% in 2017.<sup>23</sup> In the 2021 survey 5.5% of Upper Peninsula respondents noted the lack of a provider for mental health care as a barrier to care compared to 4.6% in 2017.<sup>24</sup>

There are currently no in-person pediatric-adolescent psychiatrists or inpatient beds for these patients in the Upper Peninsula. There are no inpatient psychiatric beds in the counties served by the WUPHD. Often the closest available inpatient psychiatric bed is ten hours away. Frequently, patients are kept in the local emergency department for several days while waiting to secure an inpatient psychiatric placement. Sometimes it takes much longer.

**Goal:** Everyone gets the mental health / behavioral health help they need at the level they need it.

**Objective 1:** Determine the level and type of community resources available and share this information with the public.

<u>Action 1:</u> Verify the organization/person responsible for implementing this objective.
<u>Action 2:</u> Contact every organization and extract the services they provide and what new services may be on the horizon.
<u>Action 3:</u> Contact insurance companies for updated list of health and mental health providers.
<u>Action 4:</u> Generate an updated, detailed list of available programs, the services provided, and current providers.
<u>Action 5:</u> Align service availability by type of health insurance type and income eligibility and share this information.
<u>Action 6:</u> Verify and refine the lists of services used by 2-1-1 and <a href="https://www.upresources.org">UPResources.org</a> .
<u>Action 7:</u> Develop plan to inform the public of the resource databases available.

**Objective 2:** Explore gaps in coverage and access with the goal of “no wrong doors” and avoiding “black holes” in seeking mental health care.

<u>Action 1:</u> Verify the organization/person responsible for implementing this objective.
<u>Action 2:</u> Develop comprehensive list of <i>active</i> private providers.
<u>Action 3:</u> Explore options to interconnect services.
<u>Action 4:</u> Provide materials to those executing referrals regarding how the system functions.
<u>Action 5:</u> Enable patients to make direct connections to mental health services.

**Objective 3:** Hire more mental health providers.

<u>Action 1:</u> Verify the organization/person responsible for implementing this objective.
<u>Action 2:</u> Explore programs to identify local young people who may express an interest in a career in mental health care. Consider “pipeline” incentives.
<u>Action 3:</u> Accommodate further education for current staff who may express an interest in becoming a mental health care professional.
<u>Action 4:</u> Explore student loan forgiveness options to use as a recruitment tool.
<u>Action 5:</u> Pursue external grants to assist with recruitment and retention of mental health care professionals.
<u>Action 6:</u> Explore and advocate for improved reimbursement for services provided to allow the sustained availability of services.
<u>Action 7:</u> Cross-posting of positions.

**Objective 4:** Further explore Telehealth networking opportunities (such as law enforcement psychiatric evaluation in the home in real time)

<u>Action 1:</u> Verify the organization/person responsible for implementing this objective.
<u>Action 2:</u> Explore the Telehealth options currently employed by entities across the region.
<u>Action 3:</u> Explore coordination of services and Telehealth technologies between police, hospitals, clinics, and mental health services.
<u>Action 4:</u> Explore partnerships to allow sharing of records and costs.
<u>Action 5:</u> Expansion of Telehealth for outpatient mental health services.

## **Priority #2: Recruitment/Retention/Housing**

Issue statement: Across the nation there is a shortage of personnel needed to deliver healthcare and mental health services. Of those completing the 2021 survey, 11.3% (2017 14.1%) did not have a regular clinician. A lack of providers was a major barrier to receiving care.

There is a regional shortage of dentists with the counties being impacted unequally. From 2017 to 2021 there was a 16% increase in those who had not seen the dentist in the past 12 months.<sup>25</sup> Those without dental insurance in the Upper Peninsula doubled.<sup>26</sup> The lack of available dental care increased 67%.<sup>27</sup> Cost as a barrier to dental care decreased 21%.<sup>28</sup>

A the 2021 and 2017 UPCHIPS finding in regards to dental care is provided in the tables below.

	No dental care in past 12 months		No dental insurance	
<b>County</b>	<b>2021</b>	<b>2017</b>	<b>2021</b>	<b>2017</b>
Baraga	32.6%	23.6%*	36.2%	33.6%
Gogebic	36.7%	29.6%	27.2%	42.7%*
Houghton/Keweenaw	26.9%	32.9%	26.4%	35.9%*
Ontonagon	33.1%	34.7%	39.4%	43.0%
Upper Peninsula	28.2%	31.8%	28.1%	35.9%*
Michigan	30.8%	29.9%	--	27.0%

	Unable to access dental care because of cost		Delayed dental care because could not find available dentist	
<b>County</b>	<b>2021</b>	<b>2017</b>	<b>2021</b>	<b>2017</b>
Baraga	5.9%	13.9%*	3.3%	3.1%
Gogebic	13.9%	13.5%	3.8%	16.0%*
Houghton/Keweenaw	12.1%	21.8%	8.7%	12.6%*
Ontonagon	12.9%	14.3%	6.0%	15.2%*
Upper Peninsula	12.1%	20.7%	17.5%	7.4%*

More people in this region had dental insurance, but there were not enough dentists for them to be seen; however, the availability of dentists improved in several of the western counties.

Understaffing has been noted for physicians, nurse practitioners, physician assistants, nurses, respiratory therapists, behavioral health therapists, and support staff. Barriers to recruitment include inadequate funding to support the hires, low salaries/wages, and geographical adjustment. When a recruitment effort is successful, housing is the next barrier. New hires are either unable to find available housing or what is available is not affordable. If they are able to procure a “fixer-upper,” the availability of construction/remodeling services is limited, and, when available, one can expect prolonged delays before any work can be completed. Often available housing is remote from the employment site.

For 40.9% of renters in Michigan, rent represents more than 35% of their income. In the Western Upper Peninsula these percentages range from 20.6% (Keweenaw County) to 43.2% in Baraga County and 46.6% in Houghton County.

**Goal:** Adequately staff health- and mental health-related facilities by removing barriers to employment.

**Objective 1:** Fully staff specialized nursing facilities with trained personnel.

<u>Action 1:</u> Verify the organization/person responsible for implementing this objective.
<u>Action 2:</u> Assess current situation to determine staffing needs.
<u>Action 3:</u> Establish goals and timeline.
<u>Action 4:</u> Adjust the Certified Nursing Assistant (CNA) training focus to generating CNAs rather than it being step in the process of becoming a Registered Nurse (RN).
<u>Action 5:</u> Enlist the assistance of nursing home administrators.
<u>Action 6:</u> Identify educational partners to develop a pipeline of trained staff, including intermediate school districts (ISDs), Gogebic Community College, Keweenaw Bay Ojibwa Community College, and Michigan Technological University.
<u>Action 7:</u> Incorporate MIWorks into efforts to identify those interested in working in this arena.
<u>Action 8:</u> Implement efforts to market training opportunities including cooperative efforts with care facilities and educational institutions.
<u>Action 9:</u> Advocate for pay adequate to assure retention. Advocate for adequate reimbursement for services.

**Objective 2:** Recruitment of specialty physician and dentists.

<u>Action 1:</u> Verify the organization/person responsible for implementing this objective.
<u>Action 2:</u> Perform needs assessment and financial viability for desired specialty practice.
<u>Action 3:</u> Interview candidates in winter — important retention tool.

**Objective 3:** Increase the number of childcare slots and hours of operation.

<u>Action 1:</u> Verify the organization/person responsible for implementing this objective.
<u>Action 2:</u> Support the efforts of the consortium exploring opportunities to expand the number of childcare opportunities in the community.
<u>Action 3:</u> Explore potential locations and developing infrastructure for expansion of childcare opportunities.
<u>Action 4:</u> Explore spot zoning and easing zoning restrictions to utilize existing infrastructure.
<u>Action 5:</u> Advocate for program resources and childcare subsidies from employers and legislators.

**Objective 4:** Establish the groundwork for a pipeline for those raised in the community to pursue quality jobs in the medical care and mental health care fields.

<u>Action 1:</u> Verify the organization/person responsible for implementing this objective.
<u>Action 2:</u> Continue meeting with ISDs, Gogebic Community College to accomplish this.
<u>Action 3:</u> Explore developing programs to pay for education in exchange for commitment to work in the region once education/certification is completed.
<u>Action 4:</u> Engage health care organizations in establishing a pipeline of future professionals.

### **Priority #3: Transportation Services**

Issue Statement: The Western Upper Peninsula encompasses 4,860 square miles of land and has an average population density of 13 people per square mile. Ontonagon County has a population density of under five people per square mile, while people over the age of 65 make up 37.7% of their population (range for five counties: 39.5% to 43.0%). Residents often drive two or more hours, each way, to reach non-emergent medical services. Public transportation services are limited. Gogebic and Ontonagon have the only countywide agencies, and Houghton and Hancock are the only cities that have systems available within their borders. The public



transportation in Ontonagon County is limited almost exclusively to the Village of Ontonagon. Similarly, the public transportation in Gogebic is available along the corridor linking Ironwood, Bessemer, and Wakefield with excursions to Watersmeet. Limited on-demand services are provided by several non-profit agencies under funds provided by Section 5310 of the Federal Transit Act.<sup>29</sup> Private taxi services are rare or non-existent and fares are often unaffordable for low-income residents and uneconomical for social service agencies to utilize for their consumers.

A breakdown of the responses to the 2017 and 2021 UPCHIPS regarding the importance of non-emergent medical transportation by county is shown in the table below.

	Very Important		Fairly Important		Not an Issue	
<b>County</b>	<b>2021</b>	<b>2017</b>	<b>2021</b>	<b>2017</b>	<b>2021</b>	<b>2017</b>
Baraga	16.4%	24.2%	48.4%	37.5%	12.4%	10.4%
Gogebic	15.7%	22.5%	39.5%	42.4%	27.4%	15.3%
Houghton/Keweenaw	19.1%	18.0%	47.9%	40.4%	13.0%	10.4%
Ontonagon	23.0%	27.5%	49.1%	39.4%	11.1%	15.5%
Upper Peninsula	18.6%	20.0%	40.2%	40.0%	18.1%	12.8%

Non-emergent medical transportation includes wellness activities, such as picking up prescriptions, doing laundry, and shopping for food as well as scheduled medical appointments.

In the 2021 UPCHIPS 4.6% (2017 4.8%) reported transportation as a barrier to receiving health care.<sup>30</sup> Given the lack of available services, failure to make an appointment because of lack transportation takes a limited appointment slot that could have been filled by someone else.

Transportation concerns also include traveling outside the region for specialty medical services and inpatients transferred to other medical centers needing a ride following discharge. Some requiring psychiatric inpatient care need to be accompanied by two law enforcement personnel (often a ten-hour drive each way). Some patients are brought to the emergency department by police or ambulance but not admitted to the hospital. Without available taxi or private transportation services these patients may not have transportation home.

Given the low population densities in several of our counties, some of the access to care barriers may be addressed by providing care remotely. While 79.0% of Michiganders have

access to broadband internet, 73.2% of Upper Peninsula residents have access. The rates are 71.3%, 66.6%, 64.2%, and 62.2% in Houghton, Baraga, Keweenaw, Ontonagon, and Gogebic counties, respectively. Remote access to healthcare professionals may address this issue through having high-speed internet available either in the home or in public satellite locations (township halls, schools, churches, or libraries).

**Goal:** Everyone who needs transportation for medical reasons should be able to get it.

**Objective 1:** Make county commissioners aware that transportation to received medical and mental health services is a serious matter worthy of their attention.

<b><u>Action 1:</u></b> Verify the organization/person responsible for implementing this objective.
<b><u>Action 2:</u></b> Get on the county commission agenda and call for the county to form a task force to study the issue. Task force to be charged to determine needs and current capacity and issue recommendations.
<b><u>Action 3:</u></b> Make county commissioners and community aware of urgency of the matter.
<b><u>Action 4:</u></b> Pursue external funding to replace expired funding source and further expand transportation services.
<b><u>Action 5:</u></b> Evaluate the potential demand and delivery of transportation for distant appointments. Determine the estimated costs of delivering this service.

**Objective 2:** Develop a systematic approach to all requests for transportation for medical services.

<b><u>Action 1:</u></b> Verify the organization/person responsible for implementing this objective.
<b><u>Action 2:</u></b> Identify all current programs that provide transportation for medical services and which populations they serve.
<b><u>Action 3:</u></b> Estimate the number of people who would benefit from transportation for medical services but fall through the gaps or never pursue this service.
<b><u>Action 4:</u></b> Explore the alternatives employed by those who fall through the gaps or never pursue the currently available programs.
<b><u>Action 5:</u></b> Explore a single phone number or website that can triage inquires and connect them to the appropriate programs.
<b><u>Action 6:</u></b> Continue efforts to inform public of currently available services.

**Objective 3:** Increase the number of volunteers contributing to transportation and other health related services.

<u>Action 1:</u> Verify the organization/person responsible for implementing this objective.
<u>Action 2:</u> Determine the size of the current volunteer pool.
<u>Action 3:</u> Determine the barriers to volunteering.
<u>Action 4:</u> Develop and execute a program/drive to increase the number of volunteers.

**Objective 4:** Increase external funding for transportation services.

<u>Action 1:</u> Verify the organization/person responsible for implementing this objective.
<u>Action 2:</u> Determine the costs of providing sufficient transportation services.
<u>Action 3:</u> Determine current funding streams
<u>Action 4:</u> Explore alternative external funding sources.

**Objective 5:** Expand the horizon of transportation service beyond those needed for medical services to non-medical needs.

<u>Action 1:</u> Verify the organization/person responsible for implementing this objective.
<u>Action 2:</u> Explore potential demand for transportation for non-medical needs, including on-demand trips.
<u>Action 3:</u> Increase visibility of available services.

**Objective 6:** Expand the use of Telehealth to reach those geographically isolated with limited transportation options.

<u>Action 1:</u> Verify the organization/person responsible for implementing this objective.
<u>Action 2:</u> Explore degree of patient availability to Telehealth.
<u>Action 3:</u> Advocate for reinstatement of COVID-19-era reimbursement for Telehealth services provided.

#### **Priority # 4: Coordination and Awareness of Resources**

Issue Statement: In the State of Michigan 17.7% are 65 years of age or older. In the Upper Peninsula 22.9% are 65 years of age or older. These percentages are 17.9%, 22.7%, 28.6%,

37.7%, and 38.1% in Houghton, Baraga, Gogebic, Ontonagon, and Keweenaw counties, respectively. A substantial percentage of the elderly do not use social media or have access to the Internet. Individuals, especially the elderly, can benefit from a number of services that our communities provide, but are unaware of them. As a result, health, social, and economic needs often go unmet. Failure to seek services may be misguided stoicism, but also the failure to successfully communicate their availability. Some services, such as those addressing food-insecurity, are provided by a myriad of agencies, which can result in confusion.

**Goal:** Universal awareness of and seamless access to health-related resources.

**Objective 1:** Develop an understanding of the workings of and the usage of 2-1-1.

<u>Action 1:</u> Verify the organization/person responsible for implementing this objective.
<u>Action 2:</u> Determine how many of the resources and services are (or are not) linked 2-1-1.
<u>Action 3:</u> Determine how often the citizens use 2-1-1.
<u>Action 4:</u> Compare the 2-1-1 service to that provided in other states, such as Wisconsin.

**Objective 2:** Determine the knowledge level, awareness, and access to 2-1-1 and other similar services (UPResources/UPPERHAND Health).

<u>Action 1:</u> Verify the organization/person responsible for implementing this objective.
<u>Action 2:</u> Survey local people regarding their awareness of 2-1-1, their primary source of information, their level of and barriers to internet access.

**Objective 3:** Based on collected information develop a plan to increase the awareness and knowledge in populations not accessing needed services and resources.

<u>Action 1:</u> Verify the organization/person responsible for implementing this objective.
<u>Action 2:</u> Explore disseminating information at community events; posting information at places of business, grocery stores, veteran halls, community centers, and others; disseminating information on mass media: television, radio, and newspapers; and using social media options including directed advertising and posting on Facebook.
<u>Action 3:</u> Encourage use by social workers, hospitals, clinics, and business.

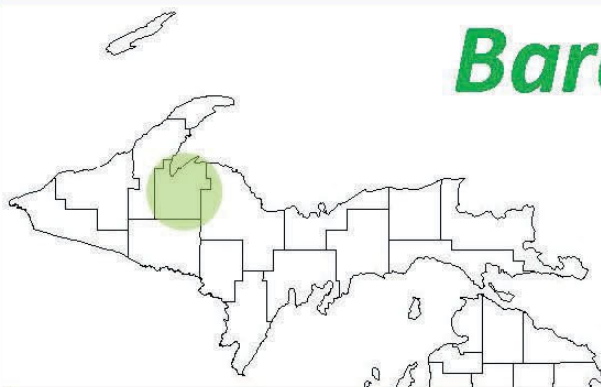
Action 4: Add 2-1-1 information to paperwork that goes home with patients following hospital discharge or clinic visit.

Action 5: Explore providing education/awareness to caregiver support groups and family members who are taking more responsibility for the person of interest.

Action 6: Assure potential users of these services that it is implement locally, in Escanaba, by UPCAP, to assuage any mistrust.

Action 7: Arrange for advocates to help navigate people through the process the first couple times accessing the service.

Action 8: Foster an attitude that everyone can benefit from finding and securing services.



# Baraga County

## 2021 Upper Peninsula Community Health Needs Assessment (CHNA) County Dashboards<sup>1</sup>

More information at  
[www.wupdhd.org/upchna2](http://www.wupdhd.org/upchna2)

### Fast Facts

Indicator	Baraga County	Michigan
Percentage Population Change Year 2000 to 2020 <sup>3</sup>	-6.65% (8,746 to 8,164)	+0.47%
Percentage Residents Age 26+ With Bachelor's Degree/Higher (2019) <sup>3</sup>	14.5%	28.6%
Percentage All Residents Living Under Poverty Line (2019) <sup>3</sup>	13.7%	13.0%
Percentage of Children Under 18 Living in Poverty (2019) <sup>3</sup>	23.8%	17.5%
Birth Rate per 1,000 population <sup>4</sup>	7.19	8.36*
Percent Change in Birth Rates from 2009 to 2019	-13.94%	-14.41%*
Raw Mortality rate per 100,00 (2018) <sup>4</sup>	1262.0	990.3
Age-Adjusted Mortality Rate per 100,000 (2018) <sup>4</sup>	822.9	783.1

### Adult Health Survey Results<sup>5</sup>

In the table below are weighted estimates for selected health indicators, from randomly sampled residents of Baraga County (definitions at [wupdhd.org/upchna](http://wupdhd.org/upchna)):

Health Indicator	Local	State
General Health Status Only Fair or Poor	16.9%	15.5%
Unable to Access Healthcare Due to Cost	10.5%	7.9%
No Routine Checkup in Past 12 Months	26.3%	23.4%
No Dental Care Past 12 Months	32.6%	28.2%
Obese (Body Mass Index 30.0 or Greater)	45.5%	35.2%
Current Cigarette Smoker	17.1%	18.4%
Former Smoker	41.2%	27.1%
5+ Daily Servings of Fruits and Vegetables	7.6%	NA
Ever Diagnosed With Diabetes	13.0%	12.3%
Ever Diagnosed With Heart Disease	11.2%	5.0%
Ever Diagnosed With Cancer	16.7%	12.4%
Ever Diagnosed With Depressive Disorder	21.9%	19.5%
Took Medication for Mood Past 12 Months	15.7%	NA
Heavy Alcohol Drinker	16.1%	6.8%
Binge Alcohol Drinker	11.0%	17.4%
Used Marijuana Past 30 days	14.2%	NA
Ever Used Prescription Drugs to Get High	6.2%	NA
Had Flu Shot in Past 12 Months, Age 65+	77.9%	71.5%
Colorectal Cancer Screening <sup>6</sup> , Age 50+	68.0%	75.6%

### Health Disparities at a Glance<sup>5</sup>

Health status, access and behaviors vary by income, education, and other social determinants. The table shows differences among all U.P. residents, by household income group, for selected health indicators.

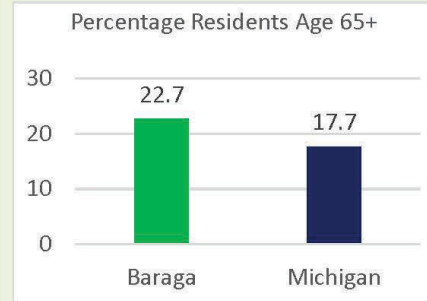
Health Indicator By Household Income	Less Than \$25,000	\$50,000+
Health Fair or Poor	29.4%	7.6%
Uninsured (18-64)	3.9%	1.3%
Unable to Access Care Due to Cost	13.0%	3.9%
No Dental in Past Year	41.5%	20.9%
Current Smoker	17.8%	13.5%
No Physical Activity	18.1%	11.1%
Diabetes Diagnosis	16.9%	8.2%
Heart Disease	10.3%	6.3%
Chronic Lung Disease	13.3%	4.8%
Current Asthma	12.2%	9.8%
Limited By Arthritis	38.2%	24.3%
Depressive Disorder	32.4%	23.9%
Marijuana Past Month	24.7%	15.4%
Prescription Abuse	10.1%	2.8%
Drove After Drinking	2.2%	7.1%

### Community Issues and Priorities<sup>7</sup>

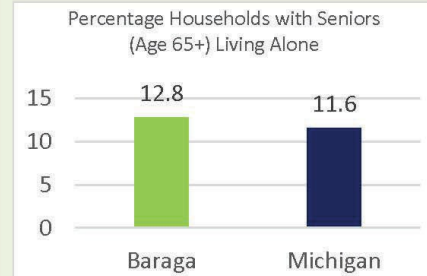
The table below lists the community health issues most frequently rated as “very important” by survey respondents from Baraga County. Respondents chose from a list of 16 possible issues presented for ranking in the 2021 Regional Adult Health Survey.

Community Health Issue	Very Important
Drug Abuse	72.9%
Health Insurance is expensive or has high costs for co-pays and deductibles	53.6%
Unemployment, wages and economic conditions	52.4%
Alcohol abuse	44.3
Shortage of mental health program and services	43.5%
Lack of health insurance	43.4%
Shortage of substance abuse treatment programs and services	42.2%
Lack of housing and programs for people with Alzheimer’s Disease and dementia	36.3%
Childhood obesity and overweight	35.1%
Shortage of long-term care (nursing beds) or lack of affordable long-term care and services	33.3%

### Senior Spotlight<sup>3</sup>



Baraga County has a larger proportion of seniors than the state and nation. Health needs of older residents include chronic disease management, dementia care, and quality nursing home and assisted living options.



About 1-in-8 households in the county is occupied by a senior living alone. How will communities plan to meet their medical, social, housing, and transportation needs?

### Data Sources/Footnotes

- (1) Data in this County Dashboard come from the 2021 Upper Peninsula Community Health Needs Assessment (CHNA), led by the region’s 6 local health departments in collaboration with multiple partners, including hospitals, clinics, behavioral health agencies, and other funders.
- (2) The full CHNA can be viewed and downloaded at the Western U.P. Health Department web site, at [www.wuphd.org/upchna](http://www.wuphd.org/upchna).
- (3) U.S. Census and American Community Survey counts and estimates.
- (4) Vital statistics collected by the Michigan Department of Health and Human Services.
- (5) 23,800 randomly sampled U.P. household addresses received 12-page health surveys in August 2021, 1,700 per county with Houghton and Keweenaw counties combined as one group. More than 3,500 surveys were completed, between 203 and 370 per county. Results were weighted and reported by county, age, gender, income and education. Full results are in the CHNA at [www.wuphd.org/upchna](http://www.wuphd.org/upchna).
- (6) Among adults age 50 and older, the proportion who reported having a blood stool test within the past 2 years, a sigmoidoscopy within 5 years, or a colonoscopy within 10 years.
- (7) In the same health survey discussed in footnote (5) above, respondents ranked 16 community health issues on a 4-point scale: “not an issue”, “fairly unimportant”, “fairly important” and “very important”. The percentages of county residents choosing “very important” are shown in the table above left on this page.





# Gogebic County

## 2021 Upper Peninsula Community Health Needs Assessment (CHNA) County Dashboards<sup>1</sup>

More information at  
[www.wupdhd.org/upchna2](http://www.wupdhd.org/upchna2)

### Fast Facts

Indicator	Gogebic County	Michigan
Percentage Population Change Year 2000 to 2020 <sup>3</sup>	-20.3% (17,370 to 3,842)	+0.47%
Percentage Residents Age 26+ With Bachelor's Degree/Higher (2019) <sup>3</sup>	19.8%	28.6%
Percentage All Residents Living Under Poverty Line (2019) <sup>3</sup>	17.1%	13.0%
Percentage of Children Under 18 Living in Poverty (2019) <sup>3</sup>	25.2%	17.5%
Birth Rate per 1,000 population <sup>4</sup>	8.23	8.36*
Percent Change in Birth Rates from 2009 to 2019	-3.63%	-14.41%*
Raw Mortality rate per 100,00 (2018) <sup>4</sup>	1165.9	990.3
Age-Adjusted Mortality Rate per 100,000 (2018) <sup>4</sup>	622.4	783.1

### Adult Health Survey Results<sup>5</sup>

In the table below are weighted estimates for selected health indicators, from randomly sampled residents of Gogebic County (definitions at [wupdhd.org/upchna](http://wupdhd.org/upchna)):

Health Indicator	Local	State
General Health Status Only Fair or Poor	29.5%	15.5%
Unable to Access Healthcare Due to Cost	4.8%	7.9%
No Routine Checkup in Past 12 Months	30.0%	23.4%
No Dental Care Past 12 Months	36.7%	28.2%
Obese (Body Mass Index 30.0 or Greater)	42.8%	35.2%
Current Cigarette Smoker	15.4%	18.4%
Former Smoker	30.4%	27.1%
5+ Daily Servings of Fruits and Vegetables	18.6%	NA
Ever Diagnosed With Diabetes	14.7%	12.3%
Ever Diagnosed With Heart Disease	11.8%	5.0%
Ever Diagnosed With Cancer	15.4%	12.4%
Ever Diagnosed With Depressive Disorder	21.9%	19.5%
Took Medication for Mood Past 12 Months	23.3%	NA
Heavy Alcohol Drinker	9.1%	6.8%
Binge Alcohol Drinker	7.9%	17.4%
Used Marijuana Past 30 days	15.0%	NA
Ever Used Prescription Drugs to Get High	4.1%	NA
Had Flu Shot in Past 12 Months, Age 65+	78.2%	71.5%
Colorectal Cancer Screening <sup>6</sup> , Age 50+	69.8%	75.6%

### Health Disparities at a Glance<sup>5</sup>

Health status, access and behaviors vary by income, education, and other social determinants. The table shows differences among all U.P. residents, by household income group, for selected health indicators.

Health Indicator By Household Income	Less Than \$25,000	\$50,000+
Health Fair or Poor	29.4%	7.6%
Uninsured (18-64)	3.9%	1.3%
Unable to Access Care Due to Cost	13.0%	3.9%
No Dental in Past Year	41.5%	20.9%
Current Smoker	17.8%	13.5%
No Physical Activity	18.1%	11.1%
Diabetes Diagnosis	16.9%	8.2%
Heart Disease	10.3%	6.3%
Chronic Lung Disease	13.3%	4.8%
Current Asthma	12.2%	9.8%
Limited By Arthritis	38.2%	24.3%
Depressive Disorder	32.4%	23.9%
Marijuana Past Month	24.7%	15.4%
Prescription Abuse	10.1%	2.8%
Drove After Drinking	2.2%	7.1%

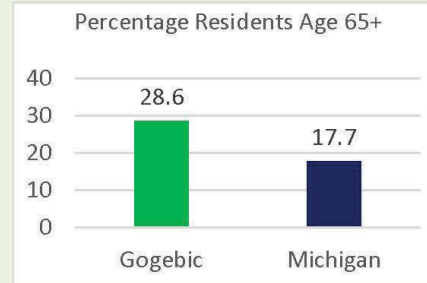


### Community Issues and Priorities<sup>7</sup>

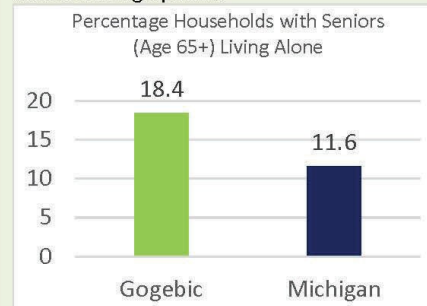
The table below lists the community health issues most frequently rated as “very important” by survey respondents from Gogebic County. Respondents chose from a list of 16 possible issues presented for ranking in the 2021 Regional Adult Health Survey.

Community Health Issue	Very Important
Health Insurance is expensive or has high costs for co-pays and deductibles	59.3%
Unemployment, wages and economic conditions	53.0%
Shortage of dentists, or lack of affordable dental care	50.8%
Lack of health insurance	47.5%
Lack of affordable facilities or programs for year-round physical activity or recreation	45.4%
Shortage of mental health programs and services	45.0%
Lack of programs and services to help seniors maintain their health and independence	42.9%
Lack of housing and programs for people with Alzheimer’s Disease and dementia	42.1%
Drug Abuse	41.3%
Lack of affordable healthy foods, including year-round fresh fruits and vegetables	41.0%

### Senior Spotlight<sup>3</sup>



Gogebic County has a much higher proportion of seniors than the state and nation. Health needs of older residents include chronic disease management, dementia care, and quality nursing home and assisted living options.



More than 1-in-6 households in the county is occupied by a senior living alone. How will communities plan to meet their medical, social, housing, and transportation needs?

### Data Sources/Footnotes

- (1) Data in this County Dashboard come from the 2021 Upper Peninsula Community Health Needs Assessment (CHNA), led by the region’s 6 local health departments in collaboration with multiple partners, including hospitals, clinics, behavioral health agencies, and other funders.
- (2) The full CHNA can be viewed and downloaded at the Western U.P. Health Department web site, at [www.wuphd.org/upchna](http://www.wuphd.org/upchna).
- (3) U.S. Census and American Community Survey counts and estimates.
- (4) Vital statistics collected by the Michigan Department of Health and Human Services.
- (5) 23,800 randomly sampled U.P. household addresses received 12-page health surveys in August 2021, 1,700 per county with Houghton and Keweenaw counties combined as one group. More than 3,500 surveys were completed, between 203 and 370 per county. Results were weighted and reported by county, age, gender, income and education. Full results are in the CHNA at [www.wuphd.org/upchna](http://www.wuphd.org/upchna).
- (6) Among adults age 50 and older, the proportion who reported having a blood stool test within the past 2 years, a sigmoidoscopy within 5 years, or a colonoscopy within 10 years.
- (7) In the same health survey discussed in footnote (5) above, respondents ranked 16 community health issues on a 4-point scale: “not an issue”, “fairly unimportant”, “fairly important” and “very important”. The percentages of county residents choosing “very important” are shown in the table above left on this page.



# Houghton County

## 2021 Upper Peninsula Community Health Needs Assessment (CHNA) County Dashboards<sup>1</sup>

More information at  
[www.wupdhd.org/upchna2](http://www.wupdhd.org/upchna2)

### Fast Facts

Indicator	Houghton County	Michigan
Percentage Population Change Year 2000 to 2020 <sup>3</sup>	-2.5% (36,016 to 35,126)	+0.47%
Percentage Residents Age 26+ With Bachelor's Degree/Higher (2019) <sup>3</sup>	33.2%	28.6%
Percentage All Residents Living Under Poverty Line (2019) <sup>3</sup>	14.7%	13.0%
Percentage of Children Under 18 Living in Poverty (2019) <sup>3</sup>	14.8%	17.5%
Birth Rate per 1,000 population <sup>4</sup>	9.05	8.36*
Percent Change in Birth Rates from 2009 to 2019	-17.91%	-14.41%*
Raw Mortality rate per 100,00 (2018) <sup>4</sup>	997.4	990.3
Age-Adjusted Mortality Rate per 100,000 (2018) <sup>4</sup>	752.1	783.1

### Adult Health Survey Results<sup>5</sup>

In the table below are weighted estimates for selected health indicators, from randomly sampled residents of Houghton and Keweenaw counties (definitions at [wupdhd.org/upchna](http://wupdhd.org/upchna)):

Health Indicator	Local	State
General Health Status Only Fair or Poor	16.1%	15.5%
Unable to Access Healthcare Due to Cost	9.6%	7.9%
No Routine Checkup in Past 12 Months	26.2%	23.4%
No Dental Care Past 12 Months	26.9%	28.2%
Obese (Body Mass Index 30.0 or Greater)	26.0%	35.2%
Current Cigarette Smoker	18.3%	18.4%
Former Smoker	26.6%	27.1%
5+ Daily Servings of Fruits and Vegetables	8.1%	NA
Ever Diagnosed With Diabetes	16.4%	12.3%
Ever Diagnosed With Heart Disease	6.4%	5.0%
Ever Diagnosed With Cancer	15.0%	12.4%
Ever Diagnosed With Depressive Disorder	33.5%	19.5%
Took Medication for Mood Past 12 Months	34.7%	NA
Heavy Alcohol Drinker	17.7%	6.8%
Binge Alcohol Drinker	14.5%	17.4%
Used Marijuana Past 30 days	12.2%	NA
Ever Used Prescription Drugs to Get High	7.5%	NA
Had Flu Shot in Past 12 Months, Age 65+	79.3%	71.5%
Colorectal Cancer Screening <sup>6</sup> , Age 50+	75.8%	75.6%

### Health Disparities at a Glance<sup>5</sup>

Health status, access and behaviors vary by income, education, and other social determinants. The table shows differences among all U.P. residents, by household income group, for selected health indicators.

Health Indicator By Household Income	Less Than \$25,000	\$50,000+
Health Fair or Poor	29.4%	7.6%
Uninsured (18-64)	3.9%	1.3%
Unable to Access Care Due to Cost	13.0%	3.9%
No Dental in Past Year	41.5%	20.9%
Current Smoker	17.8%	13.5%
No Physical Activity	18.1%	11.1%
Diabetes Diagnosis	16.9%	8.2%
Heart Disease	10.3%	6.3%
Chronic Lung Disease	13.3%	4.8%
Current Asthma	12.2%	9.8%
Limited By Arthritis	38.2%	24.3%
Depressive Disorder	32.4%	23.9%
Marijuana Past Month	24.7%	15.4%
Prescription Abuse	10.1%	2.8%
Drove After Drinking	2.2%	7.1%

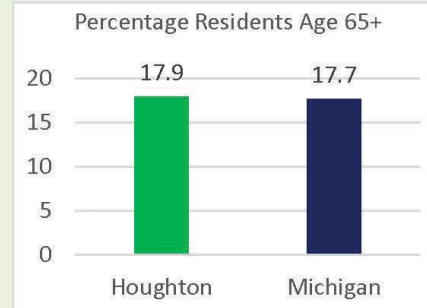


### Community Issues and Priorities<sup>7</sup>

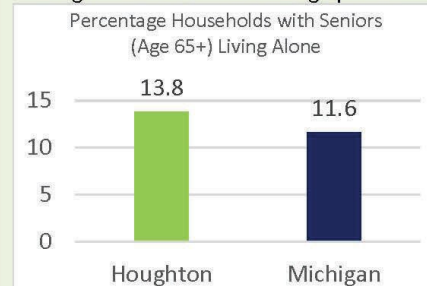
The table below lists the community health issues most frequently rated as “very important” by survey respondents from Houghton and Keweenaw counties. Respondents chose from a list of 16 possible issues presented for ranking in the 2021 Regional Adult Health Survey.

Community Health Issue	Very Important
Health Insurance is expensive or has high costs for co-pays and deductibles	65.9%
Shortage of mental health programs and services, or lack of affordable mental health care	64.9%
Lack of health insurance	57.1%
Drug abuse	53.8%
Lack of affordable healthy foods, including year-round fresh fruits and vegetables	48.2%
Unemployment, wages and economic conditions	47.8%
Shortage of substance abuse treatment programs and services, or lack of affordable care	46.5%
Alcohol abuse	44.9%
Shortage of dentists, or lack of affordable dental care	44.7%
Lack of affordable facilities or programs for year-round physical activity or recreation	42.2%

### Senior Spotlight<sup>3</sup>



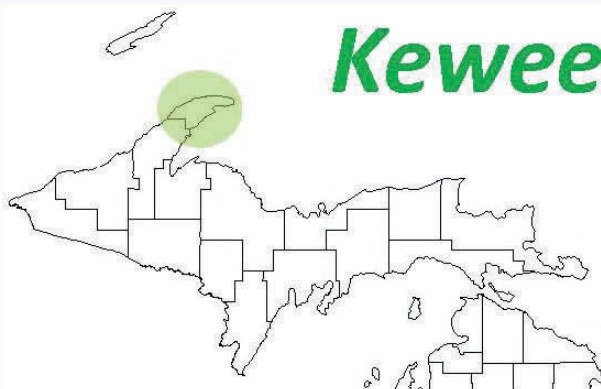
Houghton County has a similar proportion of seniors than the state and nation because of their college students. Health needs of older residents include chronic disease management, dementia care, and quality nursing home and assisted living options.



More than 1-in-7 households in the county is occupied by a senior living alone. How will communities plan to meet their medical, social, housing, and transportation needs?

### Data Sources/Footnotes

- (1) Data in this County Dashboard come from the 2021 Upper Peninsula Community Health Needs Assessment (CHNA), led by the region’s 6 local health departments in collaboration with multiple partners, including hospitals, clinics, behavioral health agencies, and other funders.
- (2) The full CHNA can be viewed and downloaded at the Western U.P. Health Department web site, at [www.wuphd.org/upchna](http://www.wuphd.org/upchna).
- (3) U.S. Census and American Community Survey counts and estimates.
- (4) Vital statistics collected by the Michigan Department of Health and Human Services.
- (5) 23,800 randomly sampled U.P. household addresses received 12-page health surveys in August 2021, 1,700 per county with Houghton and Keweenaw counties combined as one group. More than 3,500 surveys were completed, between 203 and 370 per county. Results were weighted and reported by county, age, gender, income and education. Full results are in the CHNA at [www.wuphd.org/upchna](http://www.wuphd.org/upchna).
- (6) Among adults age 50 and older, the proportion who reported having a blood stool test within the past 2 years, a sigmoidoscopy within 5 years, or a colonoscopy within 10 years.
- (7) In the same health survey discussed in footnote (5) above, respondents ranked 16 community health issues on a 4-point scale: “not an issue”, “fairly unimportant”, “fairly important” and “very important”. The percentages of county residents choosing “very important” are shown in the table above left on this page.



# Keweenaw County

## 2021 Upper Peninsula Community Health Needs Assessment (CHNA) County Dashboards<sup>1</sup>

More information at  
[www.wupdhd.org/upchna](http://www.wupdhd.org/upchna)<sup>2</sup>

### Fast Facts

Indicator	Keweenaw County	Michigan
Percentage Population Change Year 2000 to 2020 <sup>3</sup>	-7.9% (2,301 to 2,119)	+0.47%
Percentage Residents Age 26+ With Bachelor's Degree/Higher (2019) <sup>3</sup>	30.4%	28.6%
Percentage All Residents Living Under Poverty Line (2019) <sup>3</sup>	10.3%	13.0%
Percentage of Children Under 18 Living in Poverty (2019) <sup>3</sup>	22.4%	17.5%
Birth Rate per 1,000 population <sup>4</sup>	7.09	8.36*
Percent Change in Birth Rates from 2009 to 2019	-35.93%	-14.41%*
Raw Mortality rate per 100,00 (2018) <sup>4</sup>	1325.1	990.3
Age-Adjusted Mortality Rate per 100,000 (2018) <sup>4</sup>	585.3	783.1

### Adult Health Survey Results<sup>5</sup>

In the table below are weighted estimates for selected health indicators, from randomly sampled residents of Houghton and Keweenaw counties (definitions at [wupdhd.org/upchna](http://wupdhd.org/upchna)):

Health Indicator	Local	State
General Health Status Only Fair or Poor	16.1%	15.5%
Unable to Access Healthcare Due to Cost	9.6%	7.9%
No Routine Checkup in Past 12 Months	26.2%	23.4%
No Dental Care Past 12 Months	26.9%	28.2%
Obese (Body Mass Index 30.0 or Greater)	26.0%	35.2%
Current Cigarette Smoker	18.3%	18.4%
Former Smoker	26.6%	27.1%
5+ Daily Servings of Fruits and Vegetables	8.1%	NA
Ever Diagnosed With Diabetes	16.4%	12.3%
Ever Diagnosed With Heart Disease	6.4%	5.0%
Ever Diagnosed With Cancer	15.0%	12.4%
Ever Diagnosed With Depressive Disorder	33.5%	19.5%
Took Medication for Mood Past 12 Months	34.7%	NA
Heavy Alcohol Drinker	17.7%	6.8%
Binge Alcohol Drinker	14.5%	17.4%
Used Marijuana Past 30 days	12.2%	NA
Ever Used Prescription Drugs to Get High	7.5%	NA
Had Flu Shot in Past 12 Months, Age 65+	79.3%	71.5%
Colorectal Cancer Screening <sup>6</sup> , Age 50+	75.8%	75.6%

### Health Disparities at a Glance<sup>5</sup>

Health status, access and behaviors vary by income, education, and other social determinants. The table shows differences among all U.P. residents, by household income group, for selected health indicators.

Health Indicator By Household Income	Less Than \$25,000	\$50,000+
Health Fair or Poor	29.4%	7.6%
Uninsured (18-64)	3.9%	1.3%
Unable to Access Care Due to Cost	13.0%	3.9%
No Dental in Past Year	41.5%	20.9%
Current Smoker	17.8%	13.5%
No Physical Activity	18.1%	11.1%
Diabetes Diagnosis	16.9%	8.2%
Heart Disease	10.3%	6.3%
Chronic Lung Disease	13.3%	4.8%
Current Asthma	12.2%	9.8%
Limited By Arthritis	38.2%	24.3%
Depressive Disorder	32.4%	23.9%
Marijuana Past Month	24.7%	15.4%
Prescription Abuse	10.1%	2.8%
Drove After Drinking	2.2%	7.1%

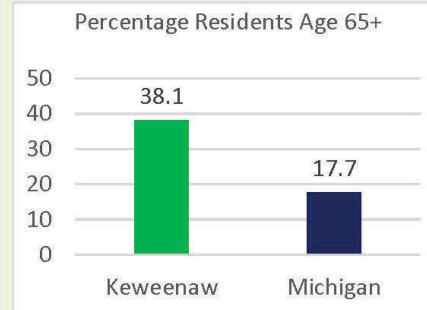


### Community Issues and Priorities<sup>7</sup>

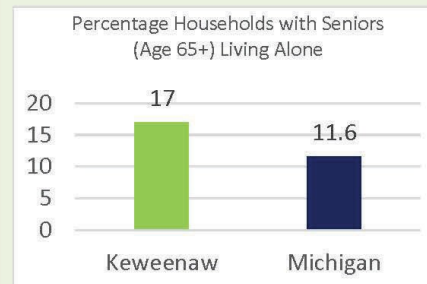
The table below lists the community health issues most frequently rated as “very important” by survey respondents from Houghton and Keweenaw counties. Respondents chose from a list of 16 possible issues presented for ranking in the 2021 Regional Adult Health Survey.

Community Health Issue	Very Important
Health Insurance is expensive or has high costs for co-pays and deductibles	65.9%
Shortage of mental health programs and services, or lack of affordable mental health care	64.9%
Lack of health insurance	57.1%
Drug abuse	53.8%
Lack of affordable healthy foods, including year-round fresh fruits and vegetables	48.2%
Unemployment, wages and economic conditions	47.8%
Shortage of substance abuse treatment programs and services, or lack of affordable care	46.5%
Alcohol abuse	44.9%
Shortage of dentists, or lack of affordable dental care	44.7%
Lack of affordable facilities or programs for year-round physical activity or recreation	42.2%

### Senior Spotlight<sup>3</sup>



Keweenaw County has more than twice the proportion of seniors than the state and nation. Health needs of older residents include chronic disease management, dementia care, and quality nursing home and assisted living options.



Almost 1-in-5 households in the county is occupied by a senior living alone. How will communities plan to meet their medical, social, housing, and transportation needs?

### Data Sources/Footnotes

- (1) Data in this County Dashboard come from the 2021 Upper Peninsula Community Health Needs Assessment (CHNA), led by the region’s 6 local health departments in collaboration with multiple partners, including hospitals, clinics, behavioral health agencies, and other funders.
- (2) The full CHNA can be viewed and downloaded at the Western U.P. Health Department web site, at [www.wuphd.org/upchna](http://www.wuphd.org/upchna).
- (3) U.S. Census and American Community Survey counts and estimates.
- (4) Vital statistics collected by the Michigan Department of Health and Human Services.
- (5) 23,800 randomly sampled U.P. household addresses received 12-page health surveys in August 2021, 1,700 per county with Houghton and Keweenaw counties combined as one group. More than 3,500 surveys were completed, between 203 and 370 per county. Results were weighted and reported by county, age, gender, income and education. Full results are in the CHNA at [www.wuphd.org/upchna](http://www.wuphd.org/upchna).
- (6) Among adults age 50 and older, the proportion who reported having a blood stool test within the past 2 years, a sigmoidoscopy within 5 years, or a colonoscopy within 10 years.
- (7) In the same health survey discussed in footnote (5) above, respondents ranked 16 community health issues on a 4-point scale: “not an issue”, “fairly unimportant”, “fairly important” and “very important”. The percentages of county residents choosing “very important” are shown in the table above left on this page.



# Ontonagon County

## 2021 Upper Peninsula Community Health Needs Assessment (CHNA) County Dashboards<sup>1</sup>

More information at  
[www.wupdhd.org/upchna2](http://www.wupdhd.org/upchna2)

### Fast Facts

Indicator	Ontonagon County	Michigan
Percentage Population Change Year 2000 to 2020 <sup>3</sup>	-8.97% (8,903 to 8,104)	+0.47%
Percentage Residents Age 26+ With Bachelor's Degree/Higher (2019) <sup>3</sup>	17.5%	28.6%
Percentage All Residents Living Under Poverty Line (2019) <sup>3</sup>	13.3%	13.0%
Percentage of Children Under 18 Living in Poverty (2019) <sup>3</sup>	21.7%	17.5%
Birth Rate per 1,000 population <sup>4</sup>	4.37	8.36*
Percent Change in Birth Rates from 2009 to 2019	-39.56%	-14.41%*
Raw Mortality rate per 100,00 (2018) <sup>4</sup>	1656.6	990.3
Age-Adjusted Mortality Rate per 100,000 (2018) <sup>4</sup>	831.7	783.1

### Adult Health Survey Results<sup>5</sup>

In the table below are weighted estimates for selected health indicators, from randomly sampled residents of Ontonagon County (definitions at [wupdhd.org/upchna](http://wupdhd.org/upchna)):

Health Indicator	Local	State
General Health Status Only Fair or Poor	15.4%	15.5%
Unable to Access Healthcare Due to Cost	9.3%	7.9%
No Routine Checkup in Past 12 Months	27.5%	23.4%
No Dental Care Past 12 Months	33.1%	28.2%
Obese (Body Mass Index 30.0 or Greater)	39.7%	35.2%
Current Cigarette Smoker	13.1%	18.4%
Former Smoker	35.6%	27.1%
5+ Daily Servings of Fruits and Vegetables	10.0%	NA
Ever Diagnosed With Diabetes	18.2%	12.3%
Ever Diagnosed With Heart Disease	16.5%	5.0%
Ever Diagnosed With Cancer	18.7%	12.4%
Ever Diagnosed With Depressive Disorder	18.2%	19.5%
Took Medication for Mood Past 12 Months	20.2%	NA
Heavy Alcohol Drinker	15.3%	6.8%
Binge Alcohol Drinker	14.7%	17.4%
Used Marijuana Past 30 days	15.1%	NA
Ever Used Prescription Drugs to Get High	3.1%	NA
Had Flu Shot in Past 12 Months, Age 65+	73.2%	71.5%
Colorectal Cancer Screening <sup>6</sup> , Age 50+	78.6%	75.6%

### Health Disparities at a Glance<sup>5</sup>

Health status, access and behaviors vary by income, education, and other social determinants. The table shows differences among all U.P. residents, by household income group, for selected health indicators.

Health Indicator By Household Income	Less Than \$25,000	\$50,000+
Health Fair or Poor	29.4%	7.6%
Uninsured (18-64)	3.9%	1.3%
Unable to Access Care Due to Cost	13.0%	3.9%
No Dental in Past Year	41.5%	20.9%
Current Smoker	17.8%	13.5%
No Physical Activity	18.1%	11.1%
Diabetes Diagnosis	16.9%	8.2%
Heart Disease	10.3%	6.3%
Chronic Lung Disease	13.3%	4.8%
Current Asthma	12.2%	9.8%
Limited By Arthritis	38.2%	24.3%
Depressive Disorder	32.4%	23.9%
Marijuana Past Month	24.7%	15.4%
Prescription Abuse	10.1%	2.8%
Drove After Drinking	2.2%	7.1%

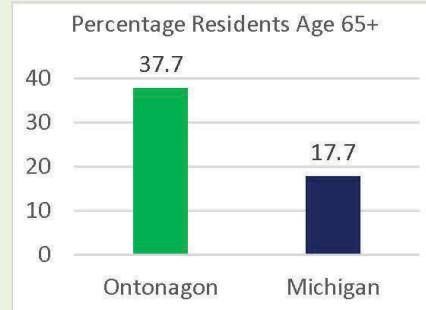


### Community Issues and Priorities<sup>7</sup>

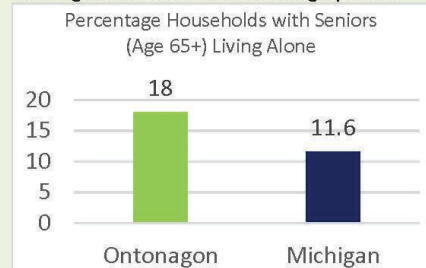
The table below lists the community health issues most frequently rated as “very important” by survey respondents from Ontonagon County. Respondents chose from a list of 16 possible issues presented for ranking in the 2021 Regional Adult Health Survey.

Community Health Issue	Very Important
Drug Abuse	55.6%
Health Insurance is expensive or has high costs for co-pays and deductibles	54.5%
Lack of health insurance	53.8%
Unemployment, wages and economic conditions	51.9%
Shortage of long-term care (nursing beds) or lack of affordable long-term care and services	50.9%
Lack of housing and programs for people with Alzheimer’s Disease and dementia	49.3%
Shortage of mental health programs and services, or lack of affordable mental health care	46.0%
Lack of programs and services to help seniors maintain their health and independence	44.0%
Shortage of substance abuse treatment programs and services, or lack of affordable care	41.5%
Alcohol abuse	40.6%

### Senior Spotlight<sup>3</sup>



Ontonagon County has more than double the proportion of seniors than the state and nation, at 37.7 percent. Health needs of older residents include chronic disease management, dementia care, and quality nursing home and assisted living options.



More than 1-in-6 households in the county is occupied by a senior living alone. How will communities plan to meet their medical, social, housing, and transportation needs?

### Data Sources/Footnotes

- (1) Data in this County Dashboard come from the 2021 Upper Peninsula Community Health Needs Assessment (CHNA), led by the region’s 6 local health departments in collaboration with multiple partners, including hospitals, clinics, behavioral health agencies, and other funders.
- (2) The full CHNA can be viewed and downloaded at the Western U.P. Health Department web site, at [www.wuphd.org/upchna](http://www.wuphd.org/upchna).
- (3) U.S. Census and American Community Survey counts and estimates.
- (4) Vital statistics collected by the Michigan Department of Health and Human Services.
- (5) 23,800 randomly sampled U.P. household addresses received 12-page health surveys in August 2021, 1,700 per county with Houghton and Keweenaw counties combined as one group. More than 3,500 surveys were completed, between 203 and 370 per county. Results were weighted and reported by county, age, gender, income and education. Full results are in the CHNA at [www.wuphd.org/upchna](http://www.wuphd.org/upchna).
- (6) Among adults age 50 and older, the proportion who reported having a blood stool test within the past 2 years, a sigmoidoscopy within 5 years, or a colonoscopy within 10 years.
- (7) In the same health survey discussed in footnote (5) above, respondents ranked 16 community health issues on a 4-point scale: “not an issue”, “fairly unimportant”, “fairly important” and “very important”. The percentages of county residents choosing “very important” are shown in the table above left on this page.

## Works Cited

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<sup>1</sup> There is some variability in our five counties: Baraga 9.3%, Gogebic 2.3%, Houghton/Keweenaw 7.5%, and Ontonagon 3.8%.

<sup>2</sup> Comparing 2021 UPCHIPS to 2017 (2017 in parentheses): Upper Peninsula 11.3% (14.1%), Baraga 18.9% (16.0%), Gogebic 25.8% (18.5%), Houghton/Keweenaw 9.0% (9.2%), and Ontonagon 15.3% (19.3%).

<sup>3</sup> OR=0.68, 0.57, 0.81, p<.0001

<sup>4</sup> Comparing 2021 UPCHIPS to 2017 (2017 in parentheses): Upper Peninsula 24.0% (25.9%), Baraga 34.0% (26.3%), Gogebic 30.0% (32.9%), Houghton/Keweenaw 26.2% (21.4%), and Ontonagon 27.5% (32.6%).

<sup>5</sup> Some of the lack of progress by 2021 may have been the impact of the COVID-19 pandemic on the availability of routine medical checkups.

<sup>6</sup> Comparing 2021 UPCHIPS to 2017 (2017 in parentheses): Baraga 13.3% (13.9%), Gogebic 27.7% (16.7%\*), Houghton/Keweenaw 17.2% (8.7%\*), Ontonagon 11.0% (14.6%).

<sup>7</sup> OR=1.34, 1.17, 1.53, p<.0001

<sup>8</sup> OR=1.22, 1.09, 1.36, p=.0007

<sup>9</sup> OR=1.33, 1.18, 1.50, p<.0001

<sup>10</sup> Comparing 2021 UPCHIPS to 2017 (2017 in parentheses): Baraga 18.4% (18.6%), Gogebic 21.9% (23.0%), Houghton/Keweenaw 31.7% (17.8%\*) Ontonagon 26.8% (15.0%\*)

<sup>11</sup> Comparing 2021 UPCHIPS to 2017 (2017 in parentheses): [Michigan rate 19.5%] Baraga 21.9% (27.5%), Gogebic 25.7% (23.3%), Houghton/Keweenaw 33.5% (23.3%), Ontonagon 18.2% (17.9%)

<sup>12</sup> Comparing 2021 UPCHIPS to 2017 (2017 in parentheses): US 5.87%, MI 6.8% (6.9%), Baraga 16.1% (14.2%), Gogebic 9.1% (15.2%), Houghton/Keweenaw 17.7% (12.5%), Ontonagon 15.3% (20.6%)

<sup>13</sup> Comparing 2021 UPCHIPS to 2017 (2017 in parentheses): US 15.3%, MI 17.4% (19.0%), Baraga 11.0% (19.9%), Gogebic 7.9% (9.2%), Houghton/Keweenaw 14.5% (11.4%), Ontonagon 14.7% (13.8%)

<sup>14</sup> OR=1.46, 1.19, 1.75, p=.0002

<sup>15</sup> Comparing 2021 UPCHIPS to 2017 (2017 in parentheses): Baraga 3.2% (2.8%), Gogebic 12.3% (6.0%\*), Houghton/Keweenaw 23.9% (9.9%\*), Ontonagon 4.2% (2.6%\*)

<sup>16</sup> OR=2.93, 2.48, 3.46, p<.0001

<sup>17</sup> OR=1.71, 1.25, 2.35, p=.0009

<sup>18</sup> OR=1.56, 1.24, 1.96, p=.0001

<sup>19</sup> OR=1.43, 1.21, 1.98, p<.0001

<sup>20</sup> OR=1.40, 1.02, 1.92, p=.0376

<sup>21</sup> OR=1.79, 1.39, 2.29, p<.0001

<sup>22</sup> OR=1.85, 0.99, 3.44, p=.0511

<sup>23</sup> Comparing 2021 UPCHIPS to 2017 (2017 in parentheses): Baraga 3.8% (2.9%), Gogebic 12.3% (6.0%\*), Houghton/Keweenaw 23.9% (9.9%\*), Ontonagon 4.2% (2.6%\*)

<sup>24</sup> Comparing 2021 UPCHIPS to 2017 (2017 in parentheses): Baraga 5.2% (0.9%\*), Gogebic 4.3% (3.8%), Houghton/Keweenaw 5.8% (2.6%\*), Ontonagon 3.7% (1.8%\*)

<sup>25</sup> OR=1.16, 1.04, 1.28, p=.0076

<sup>26</sup> OR=2.01, 1.84, 2.21, p<.0001

<sup>27</sup> OR=1.67, 1.42, 1.97, p<.0001

<sup>28</sup> OR=0.79, 0.69, 0.91, p=.001

<sup>29</sup> The goal of the Section 5310 Program is to improve mobility for seniors and individuals with disabilities by removing barriers to transportation services and expanding the transportation mobility options available when public transit is insufficient, inappropriate, or unavailable.

<sup>30</sup> Comparing 2021 UPCHIPS to 2017 (2017 in parentheses): Baraga 2.7% (8.8%), Gogebic 4.2% (3.3%), Houghton/Keweenaw 6.4% (3.5%), Ontonagon 3.6% (5.1%)