

Cook Hospital, Minnesota

Community Health Needs Assessment Findings

September 2018



NATIONAL
RURAL HEALTH
RESOURCE CENTER

525 S. Lake Avenue, Suite 320 | Duluth, Minnesota 55802

218-727-9390 | info@ruralcenter.org

Get to know us better: www.ruralcenter.org



TABLE OF CONTENTS

Introduction 2

Survey Findings..... 3

Conclusions, Recommendations, and Acknowledgements 25

Establishing Health Priorities 27

Improving Population Health in Your Community 28

Six Critical Steps for Rural Hospitals to be Successful 29

Population Health Critical Access Hospital Case Studies 32

APPENDIX A: Survey Instrument 34

APPENDIX B: Survey “Other” Comments 40

INTRODUCTION

Cook Hospital is a 14-bed acute care, critical access hospital located in Cook, Minnesota. Cook Hospital participated in Community Health Needs Assessment (CHNA) services administrated by the National Rural Health Resource Center (The Center) of Duluth, Minnesota.

In the spring of 2018, The Center conferred with leaders from Cook Hospital to discuss the objectives of a regional community health assessment. A mailed survey instrument was developed to assess the health care needs and preferences in the service area. The survey instrument was designed to be easily completed by respondents. Responses were electronically scanned to maximize accuracy. The survey was designed to assemble information from residents regarding:

- Demographics of respondents
- Utilization and perception of local health services
- Perception of community health

The survey was based on a design that has been used extensively in the states of Minnesota, Montana, Wyoming, Washington, Utah, Alaska and Idaho.

Sampling

Cook Hospital provided The Center with a list of inpatient hospital admissions. Zip codes with the greatest number of admissions were stratified in the initial sample selection. Each area would be represented in the sampling proportionately to both the overall served population and the number of past admissions. Eight hundred residents were selected randomly from PrimeNet Data Source, a marketing organization. Although the survey samples were proportionately selected, actual surveys returned from each population area varied. This may result in slightly less proportional results.

Survey Implementation

In June 2018, the community health needs assessment, a cover letter on Cook Hospital's letterhead, a raffle ticket and a postage paid reply envelope were mailed first class to 800 randomly selected residents in the targeted region (3 zip codes). A press release was sent to local newspapers prior to the survey distribution announcing that Cook Hospital would conduct a CHNA throughout the region, in cooperation with The Center.

One hundred-seventy-two of the mailed surveys were returned, providing a 23% response rate. Based on the sample size, surveyors are 95% confident that the responses are representative of the service area population, with a margin of error of 6.56. Note that 51 of the original 800 surveys sent were returned by the U.S. Postal Service as undeliverable.

This report includes comparative data, when available, from the CHNA findings from 2014 in which there were 240 respondents with a 31% response rate as well as 2010 with 265 respondents and a 35% response rate. Recommendations are included for developing and implementing program plans to address key health issues identified by the community. A copy of the survey instrument is included at the end of the report (Appendix A).

Report Findings May be Used For:

- Developing and implementing plans to address key issues as required by the Patient Protection and Affordable Care Act §9007 for 501(c)3 charitable hospitals
- Promoting collaboration and partnerships within the community or region
- Supporting community-based strategic planning
- Writing grants to support the community's engagement with local health care services
- Educating groups about emerging issues and community priorities
- Supporting community advocacy or policy development

SURVEY FINDINGS

The Center has been administering CHNAs in rural communities across America for over 25 years, which enables historical and comparative analysis if applicable. Comparative analysis from the CHNA Database is included when questions, field selections and methodology are standardized. In the following tables and graphs, the question asked on the mailed survey is emboldened and the question number from the mailed survey is appropriately labeled as "Q4".

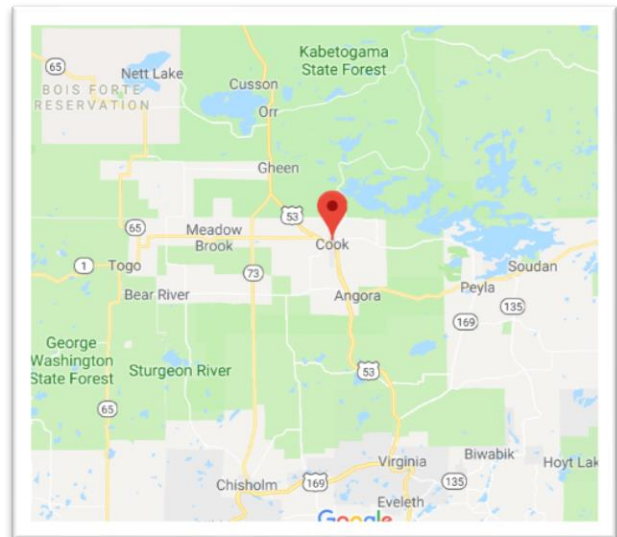
SURVEY DEMOGRAPHICS

The primary place of residence of survey respondents is Cook. Over half of respondents are male, aged 66-85. **(N=172)**

Place of Residence	n=	2018
55723 Cook	117	68%
557711 Orr	31	18%
55703 Angora	8	5%
Other	10	6%
No Answer	6	3%



Age of Respondents	n=	2018
18-25	1	1%
26-35	4	2%
36-45	16	9%
46-55	19	11%
56-65	28	16%
66-75	54	31%
76-85	35	20%
86+	9	5%
No Answer	6	3%

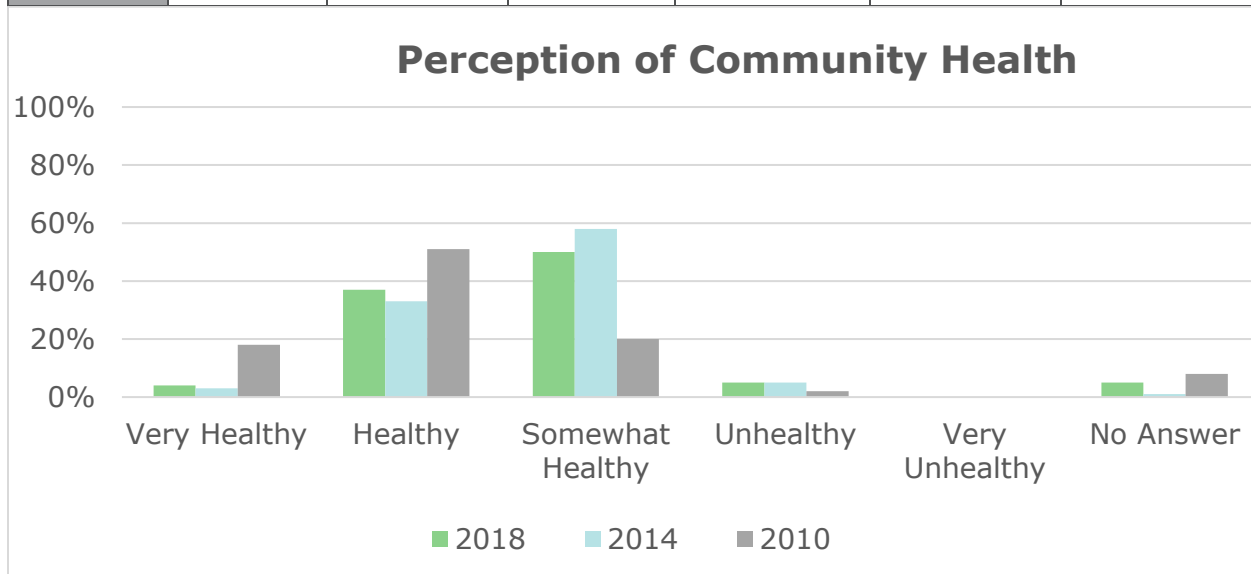


Perception of Community Health

Q1: How would you rate the general health of our community?

Respondents' 2018 perception of community health is very similar to 2014. In 2010, respondents viewed the community as being healthier than in 2014 and 2018.

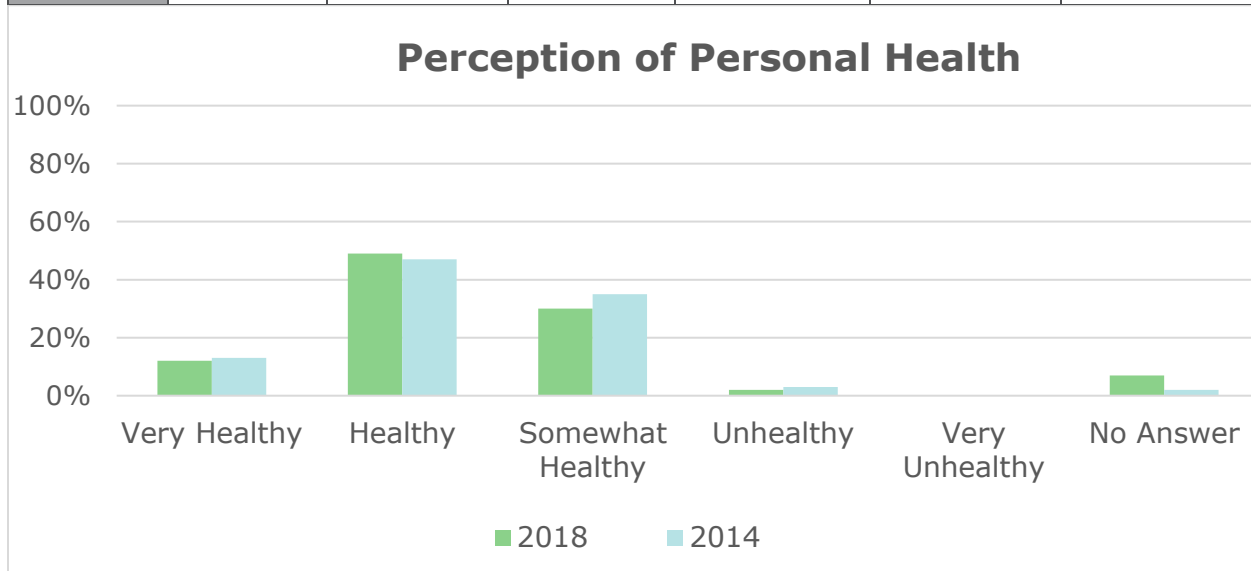
Perception of Community Health						
Survey Year	No Answer	Very Healthy	Healthy	Somewhat Healthy	Unhealthy	Very Unhealthy
2018 (N=172)	5% n=9	3% n=6	37% n=63	50% n=86	5% n=8	0% n=0
2014 (N=240)	1%	3%	33%	58%	5%	0%
2010 (N=265)	8%	18%	51%	20%	2%	0%



Perception of Personal Health

Q29: Overall, how would you rate your personal health? Sixty-one percent of respondents perceive themselves to be “Healthy” or “Very Healthy”, which is higher than the combined 40% who perceive the community as healthy or very healthy. This question was not asked in 2010. **(N=172)**

Perception of Personal Health						
Survey Year	No Answer	Very Healthy	Healthy	Somewhat Healthy	Unhealthy	Very Unhealthy
2018 (N=172)	7% n=13	12% n=20	49% n=84	30% n=52	2% n=3	0% n=0
2014 (N=240)	2%	13%	47%	35%	3%	0%



Community Health Concerns

Q2: What are the three most pressing health concerns in the community?

In 2010 and 2014, over 60% of survey respondents cited “Alcohol/substance abuse” as the top concern. The 2018 answer set is different, so data can’t be compared equally, but in 2018, only 15% of respondents selected “substance abuse services”. In 2018, affordability and access are the top selected health concerns. “Mental health services” was the fourth most chosen health concern in 2018, with a quarter of respondents. Respondents were asked to select three that apply, so totals do not equal 100%. **(n=170)**

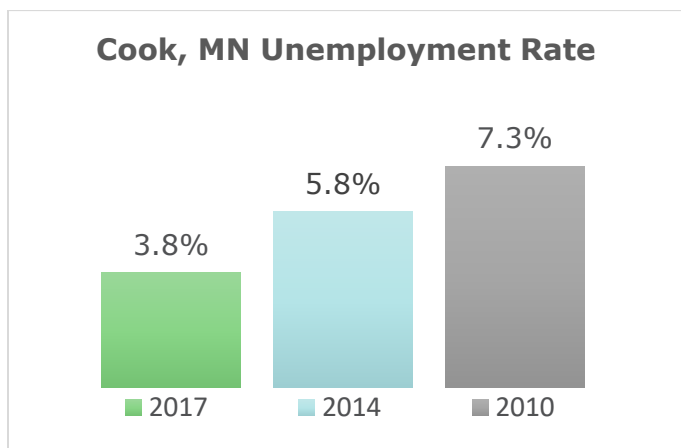
Top Health Concerns	n=	2018
Affordable health insurance coverage	84	50%
Access to specialists	51	31%
Prescription drug affordability	45	27%
Mental health services	42	25%
Access to primary care	37	22%
Cancer	37	22%
Healthy lifestyles (exercise/nutrition)	32	19%
Obesity	28	17%
Substance abuse services	25	15%
Personal debt due to medical bills	22	13%
Chronic disease management (diabetes, heart failure)	20	12%
Heart disease/stroke	20	12%
Dental services	15	9%
Wellness/prevention services	13	8%
Coordination of care	11	7%
Smoking	10	6%
Other	6	4%
Reliable health information	5	3%
Hunger	1	1%

Health Concerns	2014	2010
<i>Alcohol/substance abuse</i>	68%	63%
<i>Cancer</i>	53%	51%
<i>Heart disease</i>	40%	41%
<i>Obesity</i>	33%	39%
<i>Diabetes</i>	27%	30%
<i>Lack of exercise</i>	20%	16%
<i>Tobacco use</i>	16%	19%
<i>Mental health issues</i>	11%	5%
<i>Underage alcohol use</i>	8%	11%
<i>Lack of access to health care</i>	7%	5%
<i>Lack of dental care</i>	5%	3%
<i>Stroke</i>	4%	7%
<i>Domestic violence</i>	4%	4%
<i>Child abuse/neglect</i>	2%	3%
<i>Motor vehicle accidents</i>	2%	5%
<i>Other</i>	1%	2%

Criteria for a Healthy Community

Q3: Select the three items below that you believe are most important for a healthy community. (n=170) Respondents identified that “Access to health care and other services” is the most important criteria for creating a healthy community. Note that only 5% of respondents selected “Parks and recreation”, although 44% rely on “parks/trails/lakes” to keep their family healthy (Q4). Respondents were asked to select three that apply, so totals do not equal 100%.

Important Criteria	n=	2018	2014	2010
Access to health care and other services	118	69%	70%	67%
Good jobs and health economy	93	55%	54%	49%
Healthy behaviors and lifestyles	52	31%	42%	32%
Affordable housing	43	25%	17%	17%
Religious or spiritual values	38	22%	19%	24%
Low crime/safe neighborhoods	37	22%	15%	27%
Strong family life	35	21%	34%	30%
Good schools	34	20%	16%	30%
Clean environment	26	15%	13%	15%
Tolerance for diversity	13	8%	5%	4%
Community involvement	12	7%	6%	8%
Parks and recreation	8	5%	4%	3%
Low level of domestic violence	6	4%	3%	3%
Arts and cultural events	5	4%	0%	1%
Low death and disease rates	3	2%	5%	3%
Other	1	1%	0%	2%



Community Resource to Keep Healthy

Q4: What community resources do you rely upon to help keep you and your family healthy? This question was not asked in previous surveys. It is important to consider unconventional community partners, such as the grocery store or places of worship, as ways to reach your population. Respondents were asked to select all that apply, so totals do not equal 100%. **(n=171)**

Resources	n=	2018
Clinic	149	87%
Grocery store	122	71%
Hospital	119	70%
Parks/trails/lakes	76	44%
Place of worship	75	44%
Library	39	23%
Fitness Club	25	15%
Senior Center	14	8%
Other	13	8%



Community's Greatest Strengths

Q5: What do you consider to be our community's greatest strengths? This was an open-ended question where respondents were able to write in any answer they wanted. **The most cited strengths were hospital/clinic, friendly people and teamwork in the community.** See the full list of answers in [Appendix B](#).

Ideas to Improve our Community's Access to Health Care

Q6: In your opinion, what would improve our community's access to health care? More specialists and providers is a top answer for improving access. Access to specialists was the second most prevalent response to the top health concern for the community in Q2. More specialists were suggested in 2018, though the top response in 2014 and 2010 was more primary care providers. Expanding outpatient service hours and providing transportation assistance are both highly suggested ways to improve access to health care. Respondents were asked to select all that apply so percentages do not total 100%. **(n=162)**

Method	n=	2018	2014	2010
More specialists	70	43%	49%	53%
Outpatient services expanded hours	62	38%	35%	22%
Transportation assistance	61	38%	20%	9%
More primary care providers	57	35%	57%	57%
Greater health education services	41	25%	36%	17%
Improved quality of care	41	17%	29%	17%
Telemedicine	23	14%	8%	6%
Other	15	9%	6%	10%
Cultural sensitivity	10	6%	6%	N/A

Largest Gaps in Health Care Services in our Community

Q7: What are the three largest gaps in health care services in our community? This question was not asked in previous surveys. According to respondents, "Mental health services" is the number one gap in health care services and 25% of respondents felt this was a top health concern of the community in Q2. Another gap is the availability of services/providers, which may relate to responses from Q2 and Q6. Respondents were asked to select all that apply so percentages do not total 100%. **(n=161)**

Largest Gaps	n=	2018
Mental health services	67	42%
Availability of services/providers	62	39%
Substance abuse services	48	30%
Prescription drug assistance	47	29%
Services for low income	44	27%

End-of-life care (hospice/palliative care)	28	17%
Primary care	29	18%
Geriatric care (seniors)	29	18%
Pain management	26	16%
Dental care	22	14%
Other	19	12%

Greatest Health Education Need in our Community

Q8: What is the greatest health education need in our community?

This question was not asked in previous surveys. Respondents cite the greatest health education need as “mental health/substance abuse education” and “healthy lifestyles education”. **(N=172)**

Greatest Health Education Need	n=	2018
Mental health/substance abuse education	37	22%
No answer	35	20%
Healthy lifestyles education	31	18%
Health screenings	24	14%
Disease specific information	17	10%
Obesity prevention	14	8%
Tobacco prevention & cessation	7	4%
Oral/dental health education	2	1%
Reproductive health education	2	1%
Translated health information	1	1%
Other	2	1%

Suggestions to Meet Health Needs

Q9: What can Cook Hospital do to better meet the health needs for our community?

This was an open-ended question. All answers can be found in [Appendix B](#). The most cited needs were to **conduct educational classes on obesity, tobacco prevention and how to have a healthy lifestyle**. Four individuals stated that they think it is a good hospital.

Delayed Health Care Services

Q10: In the past three years, was there a time when you or a member of your household thought you needed health care services but did NOT get or delayed getting medical services? (N=172) Similar to previous years, about 1 in 5 delayed health care services.

Delayed Health Care Services	n=	2018	2014	2010
No	128	74%	74%	78%
Yes	36	21%	22%	12%
No answer	8	5%	5%	9%

Reasons to Delay or Not Receive Health Care Services

Q11: If yes, what was the most important reason why you did not receive health care services? Of the 21% of respondents who delayed health care services, the top reasons were cost, wait time to get an appointment and inability to get an appointment. More respondents reported in 2018 that their insurance didn't cover the health care services, compared to 2014. Positively, "Too long to wait for an appointment" was 20% less than 2014 and "Office wasn't open when I could go" improved 10%. Respondents were asked to select three that apply, so totals do not equal 100%. (n=39)

Reasons to Delay or Not Receive Health Care Services	n=	2018	2014	2010
It costs too much	15	39%	19%	34%
Too long to wait for an appointment	13	33%	53%	32%
Could not get an appointment	12	31%	38%	18%
Didn't think it was serious enough	7	18%	N/A	N/A
No insurance	7	18%	17%	29%
My insurance didn't cover it	7	18%	6%	18%
Office wasn't open when I could go	6	15%	25%	8%
Not treated with respect	4	10%	8%	13%
Other	4	10%	19%	18%
Unsure if services were available	3	8%	6%	3%
Don't like doctors	3	8%	11%	8%
Transportation problems	3	8%	4%	3%
Had no one to care for the children	2	5%	2%	3%
Could not get off work	2	5%	15%	0%

Didn't know where to go	2	5%	6%	0%
It was too far to go	2	5%	8%	3%
Too nervous or afraid	1	3%	6%	5%

Routine Health Care

Q12: Where are you most likely to go for routine health care? (N=172)

Routine Health Care	n=	2018
Physician's office	141	82%
Other	12	7%
No answer	11	6%
N/A; I do not receive routine health care	4	2%
Emergency room	2	1%
Health department	2	1%

Hospital Care

Q13: In the past three years, have you or a household member received care in a hospital? (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology or emergency care) (N=172) Similar to previous years, about two-thirds of respondents have received care in a hospital.

Hospital Care	n=	2018	2014	2010
Yes	106	62%	71%	69%
No	53	31%	29%	28%
No Answer	13	7%	0%	3%

Household's Most Utilized Hospital

Q14: If yes, which hospital does your household use the most for hospital care? Cook Hospital continues to be the hospital utilized the most by respondents. **(N=172)**

Household's Most Utilized Hospital	n=	2018	2014	2010
No answer	69	40%	35%	43%
Cook Hospital	62	36%	33%	32%
St. Luke's Duluth	12	7%	5%	N/A

Fairview Hibbing	9	5%	8%	7%
Essentia Virginia	7	4%	9%	8%
Other	7	4%	5%	5%
Essentia Duluth	6	4%	5%	5%

Reasons for Selecting the Hospital

Q15: Thinking about the hospital you use most frequently, what are the three most important reasons for selecting that hospital? “Closest to home” is the most frequently identified reason for selecting a hospital. Reasons have stayed consistent on all three survey years. Respondents were asked to select the three that apply, so percentages do not total 100%. **(n=125)**

Reasons for Selecting Hospital	n=	2018	2014	2010
Closest to home	81	65%	59%	62%
Prior experience with hospital	71	57%	59%	59%
Hospital's reputation for quality	45	36%	45%	43%
Referred by physician	43	34%	41%	37%
Emergency, no choice	40	32%	26%	24%
Required by insurance plan	12	10%	9%	5%
Recommended by family or friends	9	7%	13%	9%
Closest to work	8	6%	10%	6%
Cost of care	4	3%	9%	5%
Other	4	3%	7%	11%
VA/Military requirement	2	2%	2%	3%

Preferred Facility for Future Hospitalization

Q16: If you or a household member needed to be hospitalized in the future, which facility would you choose? “Cook Hospital” was the most frequently cited hospital of choice by respondents for future hospitalization, which indicates customer loyalty and a positive reputation. This question was not asked in 2010. **(N=172)**

Hospital	n=	2018	2014
Cook Hospital	76	44%	36%
St. Luke’s Duluth	23	13%	16%
Fairview Hibbing	20	12%	10%

Essentia Duluth	17	10%	13%
No answer	16	9%	8%
Essentia Virginia	10	6%	8%
Other	10	6%	9%

Utilization of Primary Care Provider

Q17: In the past three years, have you or a household member seen a primary health care provider, such as a family physician, physician assistant or nurse practitioner for healthcare services? (N=172)

Seen a primary health care provider?	n=	2018	2014	2010
Yes	158	92%	95%	90%
No	7	4%	3%	7%
No answer	7	4%	2%	3%

Location of the Primary Care Provider

Q18: Where was that primary health care provider located? In 2018, Scenic Rivers is the most utilized location for primary care. In previous years, Scenic Rivers was not an option. **(N=172)**

Location	n=	2018
Scenic Rivers	108	63%
Essentia	18	11%
No answer	17	9%
Fairview	16	9%
Other	6	4%
St. Luke's	4	2%
Bois Forte	3	2%

Location	2014	2010
Cook Hospital	63%	66%
Essentia Health, Virginia	23%	20%
Other	17%	14%
Fairview Range, Hibbing	12%	15%
Essentia Health, Duluth	10%	N/A
St. Luke's, Duluth	10%	N/A
VA	2%	N/A
Scenic Rivers, Tower	1%	N/A

Reason for Selecting the Primary Care Provider

Q19: Why did you select that particular primary care provider? “Prior experience with the clinic” was the top selection for respondents, followed closely to “Closest to home”. Respondents were asked to select all that apply, so totals do not equal 100%. (**n=158**)

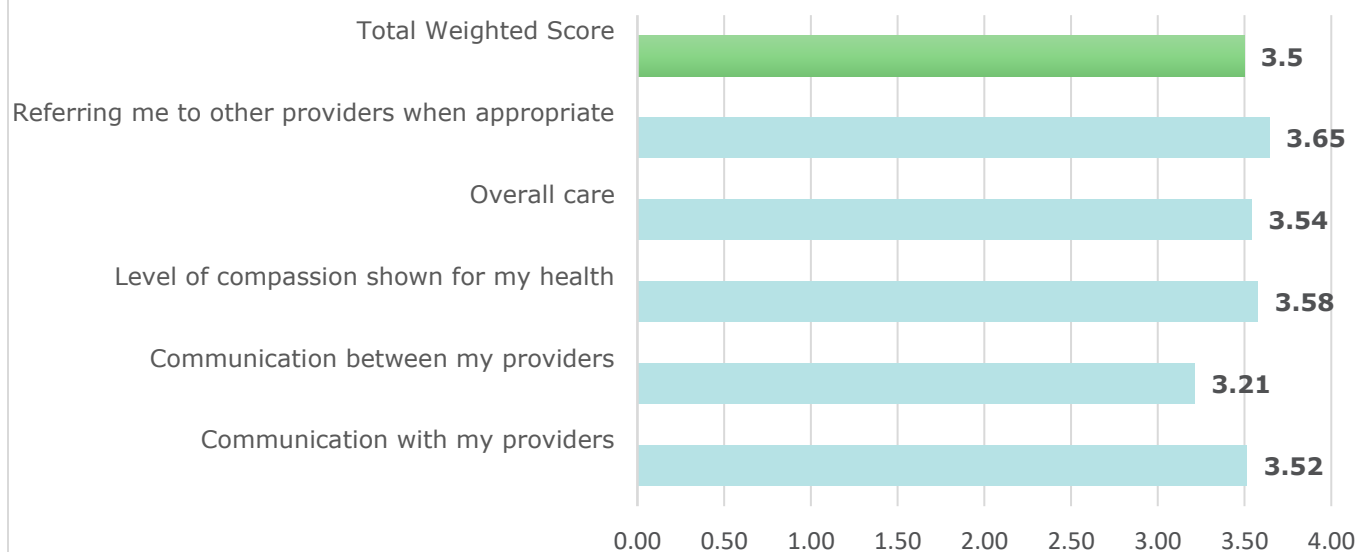
Reason	n=	2018	2014	2010
Prior experience with clinic	112	71%	61%	61%
Closest to home	107	68%	58%	67%
Appointment availability	56	35%	32%	36%
Clinic's reputation for quality	38	24%	34%	29%
Length of waiting room time	22	14%	10%	12%
Recommended by family or friends	16	10%	11%	14%
Required by insurance plan	14	9%	7%	7%
Other	12	8%	8%	9%
Referred by physician or other provider	11	7%	23%	13%
Cost of care	6	4%	2%	6%
VA/Military requirement	6	4%	2%	2%
Indian Health Services	2	1%	2%	N/A

Effectiveness of Primary Care Services

Q20: Please rate the effectiveness of primary care services for the location you seek services from the most on a scale of 1-4. Respondents were asked to use a Likert scale of 1-4 where 4= Excellent, 3= Good, 2= Fair, and 1= Poor; “N/A” was also an available option. Non-numerical selections were eliminated and the sums of the average weighted scores were calculated. The data sheet is available on the subsequent page which outlines the details of each aspect’s scores in the table on the next page with highest percentages bolded.

The total average weighted score was 3.5, indicating the effectiveness of respondents selected location for primary care services as “Good”. “Referring me to other providers when appropriate” received the top average weighted score of 3.65.

Effectiveness of Primary Care Services



Effectiveness of Primary Care Services Data sheet (Q20)

Respondents were asked to select all that apply, so totals do not equal 100%.
(N=172)

Primary Care Services	Excellent 4	Good 3	Fair 2	Poor 1	N/A	No Answer	Average Weighted Score
Referring me to other providers when appropriate	97	39	4	1	12	19	3.65
Level of compassion shown for my health	94	50	5	1	2	20	3.58
Overall care	86	61	4	0	1	20	3.54
Communication with my providers	90	53	9	1	1	18	3.52
Communication between my providers	55	57	20	3	15	22	3.21
N=	422	260	42	6	31	99	3.50

What Could be Done to Meet Your Needs?

Q21: If you currently do not use Cook Hospital for care, what could be done to meet your needs? This was an open-ended question where respondents were able to write in any answer they wanted. **The most cited suggestions were to add a dermatologist and greater access to specialists.** All answers can be found in [Appendix B](#).

Future Primary Care Location

Q22: If you needed primary care services in the future, which facility would you choose? In 2018, Scenic Rivers was identified as the most likely location for future primary care services. This is indicative of a positive reputation and strong patient loyalty. In 2014, Cook Hospital was identified as the most likely location but was not an option in this year's survey. **(N=172)**

Location	n=	2018
Scenic Rivers	112	65%
Essentia	18	11%
No answer	16	9%
Fairview	12	6%
Other	6	4%
St. Luke's	5	3%
Bois Forte	3	2%

Location	2014
Cook Hospital	51%
Essentia Health, Virginia	11%
Other	17%
Fairview Range, Hibbing	12%
St. Luke's Duluth	5%
Essentia, Duluth	4%
Scenic Rivers, Tower	1%
VA	1%
No answer	10%

Healthier Life

Q23: Where do you learn about ways to live a healthier life? This question was not asked in previous years. Respondents indicated their health care provider is where they learn the most about living healthy. Respondents were asked to select all that apply, so totals do not equal 100%. **(n=156)**

Ways to Live a Healthier Life	n=	2018
Health care provider	110	71%
Friends/family	70	45%
Website	52	33%
Newspaper	37	24%

Public health	24	15%
Other	23	15%
Faith based organization	16	10%
Fitness center	9	6%

Utilization of Specialty Care

Q24: In the past three years, have you or a household member seen a health care specialist (other than your primary care provider/ family doctor) for health care services? (N=172) As in previous years, about 3 out of 4 respondents reported that they or a household member have seen a health care specialist in the past three years.

Utilization	n=	2018	2014	2010
Yes	129	75%	78%	75%
No	32	19%	19%	20%
No answer	11	6%	3%	5%

Type of Specialist Seen

Q25: What type of health care specialist was seen? Dentist was the most frequently cited specialist in all three survey years. There is consistency between many of the types of specialists seen between 2018 and 2010. The percent of respondents who have seen a mental health counselor has more than doubled since 2014 and 2010. Those who have seen a general surgeon have dropped nearly 10% from 2014, but those who have seen an orthopedic surgeon have increased. The top three responses for each year have been bolded for easier reference. Note that “Substance abuse services” was rated as the top community health concern, yet no one reported seeking assistance from a substance abuse counselor. Respondents were asked to select all that apply, so totals do not equal 100%. **(n=132)**

Health Care Specialist Seen	n=	2018	2014	2010
Dentist	59	45%	44%	46%
Orthopedic surgeon	40	30%	23%	22%
Physical therapist	36	27%	21%	N/A
Dermatologist	33	25%	19%	23%
Cardiologist	32	24%	22%	21%

Ophthalmologist	31	24%	20%	34%
ENT (ear/nose/throat)	30	23%	15%	15%
Chiropractor	24	18%	14%	14%
Urologist	22	17%	13%	13%
OB/GYN	20	15%	18%	17%
Mental health counselor	19	14%	6%	5%
Gastroenterologist	19	14%	15%	18%
Oncologist	16	12%	10%	10%
General surgeon	16	12%	21%	21%
Radiologist	15	11%	11%	18%
Neurologist	13	10%	13%	11%
Rheumatologist	12	9%	5%	8%
Allergist	11	8%	7%	2%
Occupational therapist	11	8%	7%	N/A
Pulmonologist	10	8%	6%	N/A
Pediatrician	10	8%	4%	3%
Endocrinologist	9	7%	11%	N/A
Neurosurgeon	7	5%	13%	N/A
Other	7	5%	9%	9%
Psychiatrist (M.D.)	6	5%	2%	5%
Social worker	5	4%	1%	1%
Dietician	5	4%	3%	6%
Psychologist	3	2%	0%	2%
Speech therapist	2	2%	1%	N/A
Substance abuse counselor	0	0%	1%	1%

Location of Specialist

Q26: Where was the health care specialist located? Essentia was the most frequently cited location for specialty care services in 2018, followed by Cook Hospital. The answer sets were different in 2014 and 2010, but the data is similar. Respondent were asked to select all that apply, so totals do not equal 100%. **(n=128)**

Location	n=	2018
Essentia	60	47%
Cook Hospital	37	29%
Other	35	27%
St. Luke's	33	26%
Fairview Hibbing	29	23%

Location	2014	2010
<i>Cook Hospital</i>	19%	30%
<i>Essentia, Duluth</i>	36%	54%
<i>Essentia, Virginia</i>	41%	56%
<i>Fairview, Hibbing</i>	24%	36%
<i>St. Luke's Duluth</i>	26%	N/A
<i>Scenic River, Tower</i>	1%	N/A
VA	4%	N/A
<i>Other</i>	29%	19%

Future Specialty Care Location

Q27: If you needed specialty care services in the future which facility would you choose? Similar to 2014, most respondents would seek specialty care services in the future from Cook Hospital or Essentia. The answer sets were different in 2014 and was not asked in 2010. **(N=172)**

Location	n=	2018
Cook Hospital	46	27%
Essentia	45	26%
No answer	31	17%
St. Luke's	20	12%
Fairview Hibbing	17	10%

Location	2014
Cook Hospital	20%
<i>No answer</i>	18%
Essentia, Duluth	17%
<i>Essentia, Virginia</i>	13%
<i>Fairview, Hibbing</i>	9%
<i>St. Luke's Duluth</i>	13%
<i>Scenic River, Tower</i>	0%
VA	1%
<i>Other</i>	9%

Access to What Type of Specialist

Q28: What type of specialist would you like to have access to most in our community? The most desired specialist is a cardiologist, with 17% of responses, followed by a dermatologist with 11% of the responses. Mental health services is the third most requested specialist. **(N=172)**

Specialist	n=	2018
No answer	49	29%
Cardiology	29	17%
Dermatology	18	11%
Mental Health Services	16	9%
ENT (Ear, nose & throat)	11	6%
Orthopedics	11	6%
Endocrinology/diabetes	7	4%
Other	7	4%
General surgery	6	4%
Rheumatology	5	3%
Chronic acute pain	5	3%
Podiatry	3	2%
Urology	2	1%
Obstetrics/Gynecology	2	1%
Ophthalmology	1	1%
Nephrology	0	0%

Inspiration to be Healthier

Q30: What inspires you to be healthier? This was an open-ended question. The most cited inspirations were **family (children and grandkids), to feel good and live longer, maintain quality of life, be able to enjoy retirement, and feel great to use time and energy to serve others and take care of children.** All answers can be found in [Appendix B](#).

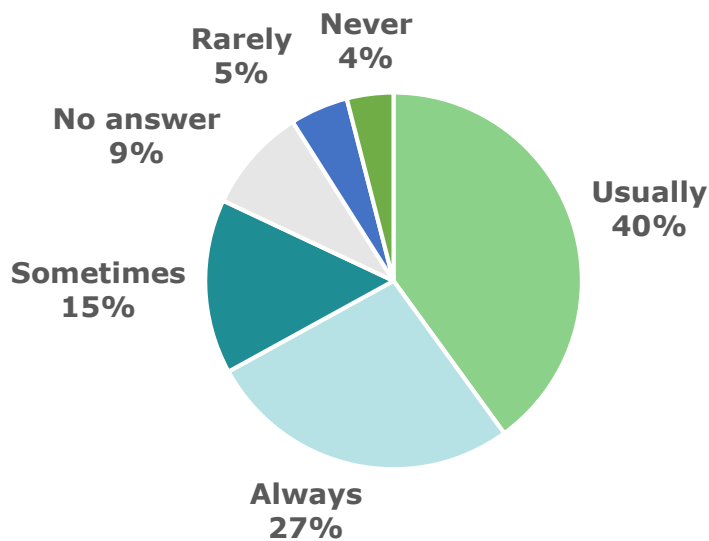
Help Family and Friends Stay Healthy

Q31: What are the top three things you do to help your family and friends stay healthy? This was an open-ended question. The most cited things were **exercise/stay active, eat healthy and diet**. All answers can be found in [Appendix B](#).

Social and Emotional Support

Q32: How often do you get the social and emotional support you need? (N=172)

Social and emotional support is critical for mental wellness and is also linked to educational achievement and economic stability. Only 9% of respondents indicated they rarely or never get needed social and emotional support. Fifteen percent reported they get it sometimes. According to the [Behavioral Risk Factor Surveillance System](#) survey of 2010, the Minnesota state average of adults aged 18 and older who self-report that they receive insufficient social and emotional support all or most of the time is 14%.



Supported	n=	2018
Usually	69	40%
Always	46	27%
Sometimes	26	15%
No answer	15	9%
Rarely	9	5%
Never	7	4%

Type of Health Insurance

Q33: What type of health insurance covers the majority of your household’s medical expenses? Medicare and employer sponsored health insurance are the top two answers for all three survey years. Employer sponsored health insurance decreased compared to 2014 and 2010. **(N=172)**

Type	n=	2018	2014	2010
Medicare	65	38%	37%	38%
Employer sponsored	39	23%	30%	28%
No answer	29	17%	11%	15%
Commercial plan	13	8%	N/A	N/A
Self-paid	8	5%	6%	6%
Other	8	3%	4%	6%
Medicaid	7	4%	2%	1%
VA/Military	3	2%	2%	2%
Indian Health Services	0	0%	1%	0%

Reasons Respondents do not Have Health Insurance

Q34: If you do not have health insurance, why? The top two answers in all three survey years were “Cannot afford to pay for health insurance” and “Employer doesn’t offer insurance.” The percent of respondents who reported their employer does not offer insurance increased by 22-30% compared to 2014 and 2010. In 2018, almost one-third of responses reported they chose not to have health insurance and one-third also responded that they cannot get health insurance due to medical issues in 2018. Respondent were asked to select all that apply, so totals do not equal 100%. **(n=7)**

Reason	n=	2018	2014	2010
Cannot afford to pay for health insurance	7	100%	93%	64%
Employer doesn’t offer insurance	3	43%	13%	21%
Choose not to have health insurance	2	29%	0%	15%
Cannot get health insurance due to medical issues	2	29%	0%	12%
Too difficult to apply	1	14%	N/A	N/A
Don’t know how to apply	0	0%	N/A	N/A

Awareness of Programs to Help Pay for Health Care Expenses

Q35: Are you aware of programs that help people pay for health care expenses? In 2018, 50% of respondents said they are aware of programs, however 31% do not qualify. **(N=172)**

Awareness	n=	2018	2014	2010
Yes, but I do not qualify	53	31%	45%	26%
No answer	43	25%	12%	14%
Yes, and I use them	33	19%	14%	9%
No	26	15%	20%	26%
Not sure	17	10%	9%	9%

CONCLUSIONS, RECOMMENDATIONS, AND ACKNOWLEDGEMENTS

Conclusions

The perception of community health is similar to what it was in 2014, yet lower than in 2010. The majority of respondents feel that personally they are healthy.

The top health concerns of the community shifted. In 2014 and 2010, they were about health conditions (alcohol/substance abuse and cancer). In 2018 the top health concerns were related to health care access (affordable health insurance coverage and access to specialists). Coverage by employer sponsored health insurance decreased. Half of the respondents were aware of programs that help people pay for health care expenses, though about a third noted they did not qualify.

The community relies on the clinic, grocery store and hospital the most to keep themselves healthy. Almost half of respondents also rely on parks/trails/lakes and places of worship. It is important to consider unconventional partners as ways to reach your population to improve community health.

The community is requesting access to more specialists. Previous years surveys requested more primary care providers. The community may want to further explore access to mental health services as this was a service gap and a community health education need identified. The majority of respondents have seen a specialist in the past three years. Most of that care was provided by dentists, orthopedic surgeons and physical therapists. Seeing a mental health

counselor has more than doubled since 2014 and 2010. Most specialists were seen at Essentia. Cardiologists, dermatologists and mental health services are the most desired specialists to bring into the community.

The Cook Hospital is the choice for hospital care in the community. Scenic Rivers is the choice for primary care. Both were noted as the choice due to being closest to home and prior experience with the facility. Overall, respondents were satisfied with the effectiveness of primary care services. Communication between providers scored the lowest and is an area to explore.

Community members learn about healthier lifestyles via their health care provider. They emphasized family life, children, staying active, healthy diet and serving others as ways to stay healthy.

Recommendations

Noting the changes in health care reimbursement structures, hospitals will begin to be reimbursed based on the population's health outcomes. This transformation is changing the definition of hospital volume from the number of procedures and interventions to the number of patients being seen in the service area. Capture a greater market share by expanding efforts towards individuals that are currently healthy and not currently utilizing local health services by engaging the community in prevention/wellness activities and health education. Providers and the hospital Board should also be educated on this transition as it is imperative for future sustainability and viability of Cook Hospital. Its participation in the Wilderness ACO is helping to position the hospital for the future.

It is recommended the hospital increase efforts on role modeling prevention and wellness and expand collaborative community partnerships to improve the overall coordination of care for patients. This could involve continuing to address mental health service needs through nontraditional partnerships and increasing communication among providers to improve transitions of care for patients.

There were requests for additional specialist services within the community. If specialty services are not added, communicate to patients and the community where these services can be readily accessed.

Share results and communicate proposed implementation strategies that address community needs as this will promote customer trust and loyalty. It is advised to create a communications strategy for releasing the report findings. It is important to be clear on the intent of these communications (e.g., to share information or to stimulate action).

Acknowledgements

The Center would like to thank Ms. Teresa Debevec for her contributions and work with developing and distributing the assessment and coordinating the key informant interviews.

ESTABLISHING HEALTH PRIORITIES

Once priorities have been established, set aside time to develop, implement and monitor an action plan that assesses progress

Sufficient resources are not always available to address all the health concerns identified in a Community Health Needs Assessment. Identify issues to work on in the short to intermediate term (one to three years). Priorities should reflect the values and criteria agreed upon by the hospital board and community stakeholders, which should include public health.

Criteria that can be used to identify the most significant health priorities include:

- The magnitude of the health concern
(the number of people or the percentage of population impacted)
- The severity of the problem
(the degree to which health status is worse than the state or national norm)
- A high need among vulnerable populations

Criteria that can be used to evaluate which health issues should be prioritized include:

- The community’s capacity to act on the issue, including any economic, social, cultural, or political considerations
- The likelihood or feasibility of having a measurable impact on the issue
- Community resources (programs, funding) already focused on an issue (to reduce duplication of effort and to maximize effectiveness of limited resources)
- Whether the issue is a root cause of other problems (thereby possibly affecting multiple issues)

Consider a comprehensive intervention plan that includes multiple strategies (educational, policy, environmental, programmatic); uses various settings for the implementation (hospital, schools, worksites); targets the community at large as well as subgroups; and addresses factors that contribute to the health priority. Be sure to document and monitor results over the next one to three years to assure that community needs identified within the assessment are being addressed. Maintain records of assessment processes and priorities for obtaining base line information and for pursuing ongoing process improvements. *(Adapted from materials by the Association for Community Health Improvement)*

IMPROVING POPULATION HEALTH IN YOUR COMMUNITY

The U.S. health care industry is undergoing profound change in financing and service delivery, as it shifts from a financial system that rewards “volume” to one that is based on “value”. Driven by the health marketplace itself, the new health industry goals are articulated in the Institute for Health Improvement’s Triple Aim: better population health, better health quality and lower health costs. Payers are increasingly factoring in population health outcomes into reimbursement formulas.

[Population Health Portal](#)

Navigate the journey towards improved population health by accessing a Critical Access Hospital [Population Health Readiness Assessment](#) and resources and educational modules that offer step-by-step instructions of common population health analytical procedures.

Learn how to effectively conduct population health analytics with access to a web-based database for acquiring health data specific to your location. This tool also

consists of educational modules offering step-by-step instructions of common population health analytical procedures.

[Small Rural Hospital Transition Guides and Toolkit](#)

Informational guides developed by field experts and a toolkit developed by Rural Health Innovations that concentrates on best practices and strategies to support small rural hospital performance improvement and preparation for transitioning to value-based care and purchasing.

[Critical Population Health Success Factors](#)

A tool for rural hospital leaders in support of incorporating population health principles and programs into strategic planning and operations. A systems-based framework is utilized to identify critical success factors. Tools, resources, suggested readings, case studies and additional materials on how to integrate population health as culture change are also included.

THE RURAL PATH TO VALUE & POPULATION HEALTH SIX CRITICAL STEPS FOR RURAL HOSPITALS TO BE SUCCESSFUL

Leadership Awareness & Effectiveness

The knowledge and skills rural health leaders require to increase their awareness and effectiveness include: understanding the role of their organizations to help adjust within new value-based models and prepare for population health paradigms, utilizing business planning methods, strategically planning for new services, building strong collaborations and partnerships, leveraging technology and managing a high performing culture.

Workforce Expertise & Knowledge

Rural health leaders value the opportunity to share knowledge and expertise between their organizations as health care transitions to value-based payment models and population health. Throughout the transition, it is key to focus on retaining staff and aligning strategies with care providers. Successful organizations invest in staff satisfaction assessments and interventions to ensure a culture of provider engagement excellence.

Effective Organization Processes

Rural health organizations and hospitals must be effective within their organizational processes. Aligning people, processes and resources is paramount to preparing for value-based payment models and population health. Leaders that maximize efficiencies in operations and finances increase their ability to adjust to changing environments.

Data for Quality & Decisions

Rural health organizations and hospitals play a key role in managing new ways of delivering care and implementing new payment models. Health information technology is critical for successfully utilizing data for evaluation progress and making decisions.

Collaboration Building

Building collaborative relationships within the rural community is a key strategy to successfully navigate toward value-based payment models and population health paradigms. Your organization has an opportunity to lead and develop these partnerships.

Care Management

Within the demands of transition toward value-based payment models and population health, rural health leaders are planning, developing and implementing care management models that effectively address the health and wellness of their patient populations and community members.

Leadership

- Develop awareness and provide education on the critical role of population health in value-based reimbursement
- Shift hospital culture, processes, facilities and business models to include a focus on population health
- Lead the way and model behaviors. Participate in programs, be active in community outreach

Strategic Planning

- Incorporate population health approaches as part of ongoing strategic planning processes

- Engage multiple stakeholders and partners to coordinate strategies aimed at improving the population's health
- Prioritize – what are the one or two things that would make the biggest difference for the population you serve

Engagement

- Use the community health needs assessment (CHNA) process as an opportunity for community and patient engagement
- Articulate vision of hospital contributing to population health based on community conversations
- Engage all types of health care and social service providers to coordinate transitions of care and address underlying needs

Workforce

- Establish wellness programs for employees and role model these programs in the community
- Develop a workforce culture that is adaptable to change in redesigning care to address population health
- Embed a community focused mind-set across the organization so engagement, coordination and cooperation are expectations of staff interaction

Operations and Efficiency

- Maximize the efficiency of operational, clinical, and business processes under current payment structures
- Utilize health information technology (HIT) (such as electronic medical records, health information exchange and telemedicine) to support population health goals

Measurement, Feedback & Knowledge Management, Impact & Outcomes

- Identify measurable goals that reflect community needs
- Utilize data to monitor progress towards strategic goals on population health
- Publicly share goals, data and outcomes. Use it as an opportunity to engage partners and the community

POPULATION HEALTH CRITICAL ACCESS HOSPITAL CASE STUDIES

Leadership

Clearwater Valley Hospital in Idaho is utilizing a dyad management model which is a two-pronged approach to physician/hospital integration. This model places the organization's leadership under the management of qualified physician and non-physician teams aimed to incorporate the concept of value into health care decision-making where departments have been restructured to meet patient needs in both the inpatient and outpatient settings. This facility has received multiple awards for incorporating this management model. For more information:

<http://healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/Orofino%20Case%20Study%20November%202011.pdf>

Strategic Planning

Essentia Health Fosston in Minnesota incorporated community health needs assessment findings to improve the health of the community toward retaining a quality and viable agricultural industry. For more information:

<http://www.ruralcenter.org/tasc/resources/applying-community-health-assessments-rural-hospital-strategy>

Partners, Patients, Community

The Community Connector Program was established by Tri County Rural Health Network in Helena, Arkansas which aims to increase access to home and community-based services by creating alternatives to institutionalized living and improving the quality of life for elderly and adults with physical disabilities while maintaining or decreasing costs. The return on investment was \$3 of every \$1 invested, or a 23.8 percent average reduction in annual Medicaid spending per participant, for a total reduction in spending of \$2.619 million over three years. For more information:

<http://cph.uiowa.edu/ruralhealthvalue/innovations/Profiles/CommunityConnectors.pdf>

Workforce and Culture

Mason District Hospital in Illinois is implementing a three tiered approach to a worksite wellness program which includes a care coordination plan for employees with multiple chronic illnesses. After two years, the hospital has seen nearly \$360,000 in reduced employee health care costs and has started offering the program to local businesses which both improves health locally and provides an additional revenue stream for the program. For more information:

http://www.icaahn.org/files/White_Papers/ICAHN_PopHealthManagement_Print_FINAL.pdf (page 19)

Operations and Efficiency

Mercy Health Network in Iowa has adopted a Process Excellence tool modeled after Lean to improve operations, efficiency and patient safety. Each hospital in the network was assigned accountabilities, selected process improvements and helped educate the hospital board. After 18 months, process improvements results in a 51 percent decrease in patient falls and a 37 percent decrease in medical errors. For more information:

<http://cph.uiowa.edu/ruralhealthvalue/innovations/Profiles/MercyHealthNetwork.pdf>

Measurement, Feedback, & Knowledge Management, Impact & Outcomes

Marcum & Wallace Memorial Hospital in Hazard, Kentucky has adopted the Performance Excellence Blueprint as indicators for their system (Catholic Health Partnership) strategies. Leadership developed a dashboard to track program towards targets in each of the seven Performance Excellence Components. For more information:

<https://ruralcenter.org/tasc/resources/marcum-wallace-memorial-hospital-performance-excellence>

APPENDIX A: SURVEY INSTRUMENT

Community Health Needs Assessment

Cook, Minnesota

INSTRUCTIONS: Fill in the circle next to the corresponding answer with a #2 pencil or ink pen to complete the survey and return it in the enclosed postage paid envelope. If you need assistance completing the survey, please contact the National Rural Health Resource Center at 1-800-997-6685. **All responses will be kept confidential.**

1. How would you rate the general health of our community?

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

2. What are the **three** most pressing health concerns in the community?

(Select 3 that apply)

- | | |
|--|--|
| <input type="radio"/> Access to primary care | <input type="radio"/> Mental health services |
| <input type="radio"/> Access to specialists | <input type="radio"/> Obesity |
| <input type="radio"/> Affordable health insurance coverage | <input type="radio"/> Personal debt due to medical bills |
| <input type="radio"/> Cancer | <input type="radio"/> Prescription drug affordability |
| <input type="radio"/> Chronic disease management (diabetes, heart failure) | <input type="radio"/> Reliable health information |
| <input type="radio"/> Coordination of care | <input type="radio"/> Substance abuse services |
| <input type="radio"/> Dental services | <input type="radio"/> Smoking |
| <input type="radio"/> Healthy lifestyles (exercise/nutrition) | <input type="radio"/> Wellness/prevention services |
| <input type="radio"/> Heart disease/stroke | <input type="radio"/> Other _____ |
| <input type="radio"/> Hunger | |

3. Select the **three** items below that you believe are most important for a healthy community.

(Select 3 that apply)

- | | |
|--|--|
| <input type="radio"/> Access to health care and other services | <input type="radio"/> Low crime/safe neighborhoods |
| <input type="radio"/> Affordable housing | <input type="radio"/> Low death and disease rates |
| <input type="radio"/> Arts and cultural events | <input type="radio"/> Low level of domestic violence |
| <input type="radio"/> Clean environment | <input type="radio"/> Parks and recreation |
| <input type="radio"/> Community involvement | <input type="radio"/> Religious or spiritual values |
| <input type="radio"/> Good jobs and healthy economy | <input type="radio"/> Strong family life |
| <input type="radio"/> Good schools | <input type="radio"/> Tolerance for diversity |
| <input type="radio"/> Healthy behaviors and lifestyles | <input type="radio"/> Other _____ |

4. What community resources do you rely upon to help keep you and your family healthy?

(Select all that apply)

- | | | |
|-------------------------------------|--|--|
| <input type="radio"/> Clinic | <input type="radio"/> Hospital | <input type="radio"/> Place of worship |
| <input type="radio"/> Fitness club | <input type="radio"/> Library | <input type="radio"/> Senior center |
| <input type="radio"/> Grocery store | <input type="radio"/> Parks/trails/lakes | <input type="radio"/> Other _____ |

5. What do you consider to be our community's greatest strengths?

6. In your opinion, what would improve our community's access to health care? **(Select all that apply)**

- Greater health education services
- Improved quality of care
- More primary care providers
- More specialists
- Transportation assistance
- Outpatient services expanded hours
- Telemedicine
- Cultural sensitivity
- Other _____

7. What are the **three** largest gaps in health care services in our community? **(Select all that apply)**

- Availability of services/providers
- Dental care
- End-of-life care (hospice/palliative care)
- Geriatric care (seniors)
- Mental health services
- Primary care
- Prescription drug assistance
- Pain management
- Services for low income
- Substance abuse services
- Other _____

8. What is the greatest health education need in our community? **(Select only ONE)**

- Disease specific information
- Healthy lifestyles education
- Health screenings
- Mental health/substance abuse education
- Obesity prevention
- Oral/dental health education
- Reproductive health education
- Tobacco prevention & cessation
- Translated health information
- Other _____

9. What can Cook Hospital do to better meet the health needs of our community?

10. In the past three years, was there a time when you or a member of your household thought you needed health care services but did NOT get or delayed getting medical services?

- Yes No **(If no, skip to question 12)**

11. If yes, what was the most important reason why you did not receive health care services? **(Select all that apply)**

- Could not get an appointment
- Too long to wait for an appointment
- Office wasn't open when I could go
- Unsure if services were available
- Had no one to care for the children
- Didn't think it was serious enough
- It costs too much
- Could not get off work
- Didn't know where to go
- It was too far to go
- My insurance didn't cover it
- No insurance
- Not treated with respect
- Too nervous or afraid
- Transportation problems
- Don't like doctors
- Other _____

12. Where are you most likely to go for routine health care?

- Emergency room N/A; I do not receive routine health care Other _____
 Health department Physician's office

13. In the past three years, have you or a household member received care in a hospital? (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology or emergency care)

- Yes No **(If no, skip to question 16)**

14. If yes, which hospital does your household use the MOST for hospital care? **(Please select only ONE)**

- Cook Hospital St. Luke's Duluth
 Essentia Virginia Fairview Hibbing
 Essentia Duluth Other _____

15. Thinking about the hospital you use most frequently, what are the **three** most important reasons for selecting that hospital? **(Select 3 that apply)**

- Cost of care Hospital's reputation for quality Required by insurance plan
 Closest to home Prior experience with hospital VA/Military requirement
 Closest to work Recommended by family or friends Other _____
 Emergency, no choice Referred by physician

16. If you or a household member needed to be hospitalized in the future, which facility would you choose? **(Please select only ONE)**

- Cook Hospital St. Luke's Duluth
 Essentia Virginia Fairview Hibbing
 Essentia Duluth Other _____

17. In the past three years, have you or a household member seen a primary health care provider, such as a family physician, physician assistant or nurse practitioner for health care services?

- Yes No **(If no, skip to question 21)**

18. Where was that primary health care provider located? **(Please select only ONE)**

- Scenic Rivers Essentia Bois Forte
 St. Luke's Fairview Other _____

19. Why did you select that particular primary care provider? **(Select all that apply)**

- Appointment availability Length of waiting room time Required by insurance plan
 Clinic's reputation for quality Prior experience with clinic VA/Military requirement
 Closest to home Recommended by family or friends Indian Health Services
 Cost of care Referred by physician or other provider Other _____

20. Please rate the effectiveness of primary care services for the location you seek services from the **MOST** on a scale of 1-4.

	4- Excellent	3-Good	2-Fair	1-Poor	NA-Not Applicable
Communication with my providers	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Communication between my providers	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Level of compassion shown for my health	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Overall care	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Referring me to other providers when appropriate	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA

21. If you currently do not use Cook Hospital for care, what could be done to meet your needs?

22. If you needed primary care services in the future which facility would you choose?
(Please select only ONE)

- Scenic Rivers Essentia Bois Forte
 St. Luke's Fairview Other _____

23. Where do you learn about ways to live a healthier life? (Select all that apply)

- Health care provider Friends/family Fitness center Website _____
 Faith based organization Public health Newspaper Other _____

24. In the past three years, have you or a household member seen a health care specialist (other than your primary care provider/family doctor) for health care services?

- Yes No (If no, skip to question 27)

25. What type of health care specialist was seen? (Select all that apply)

- | | | |
|---|---|---|
| <input type="radio"/> Allergist | <input type="radio"/> Mental health counselor | <input type="radio"/> Psychiatrist (M.D.) |
| <input type="radio"/> Cardiologist | <input type="radio"/> Neurologist | <input type="radio"/> Psychologist |
| <input type="radio"/> Chiropractor | <input type="radio"/> Neurosurgeon | <input type="radio"/> Pulmonologist |
| <input type="radio"/> Dentist | <input type="radio"/> OB/GYN | <input type="radio"/> Radiologist |
| <input type="radio"/> Dermatologist | <input type="radio"/> Occupational therapist | <input type="radio"/> Rheumatologist |
| <input type="radio"/> Dietician | <input type="radio"/> Oncologist | <input type="radio"/> Speech therapist |
| <input type="radio"/> Endocrinologist | <input type="radio"/> Ophthalmologist | <input type="radio"/> Social worker |
| <input type="radio"/> ENT (ear/nose/throat) | <input type="radio"/> Orthopedic surgeon | <input type="radio"/> Substance abuse counselor |
| <input type="radio"/> Gastroenterologist | <input type="radio"/> Pediatrician | <input type="radio"/> Urologist |
| <input type="radio"/> General surgeon | <input type="radio"/> Physical therapist | <input type="radio"/> Other _____ |

26. Where was the health care specialist located? (Select all that apply)

- Cook Hospital Essentia Other _____
 St. Luke's Fairview Hibbing

27. If you needed specialty care services in the future which facility would you choose?
(Please select only ONE)

- Cook Hospital Essentia Other _____
 St. Luke's Fairview Hibbing

28. What type of specialist would you like to have access to MOST in our community?
(Please select only ONE)

- Cardiology General surgery Podiatry
 Chronic acute pain Nephrology Mental health services
 Dermatology Obstetrics/Gynecology Rheumatology
 ENT(Ear, nose & throat) Orthopedics Urology
 Endocrinology/diabetes Ophthalmology Other _____

29. Overall, how would you rate your personal health?

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

30. What inspires you to be healthier?

31. What are the top three things you do to help your family and friends stay healthy?

1. _____
2. _____
3. _____

32. How often do you get the social and emotional support you need?

- Always Usually Sometimes Rarely Never

33. What type of health insurance covers the majority of your household's medical expenses?
(Please select only ONE)

- Commercial plan Medicaid Self paid
 Employer sponsored VA/Military Other _____
 Medicare Indian Health Services



34. If you do **NOT** have health insurance, why? (Select all that apply)

- Cannot afford to pay for health insurance Don't know how to apply
 Choose not to have health insurance Employer doesn't offer insurance
 Cannot get health insurance due to medical issues Too difficult to apply

35. Are you aware of programs that help people pay for health care expenses?

- Yes, and I use them Yes, but I do not qualify No Not sure

Demographics - All information is kept confidential and your identity is not associated with any answers.

36. Where do you currently live, by zip code?

- Cook Orr Angora Other

37. What is your identified gender?

- Male Female Other

38. What is your age range?

- 18-25 26-35 36-45 46-55 56-65 66-75 76-85 86+

Please return in the postage paid envelope enclosed with this survey or mail to:
National Rural Health Resource Center, 525 S. Lake Avenue, Suite 320 Duluth MN 55802

THANK YOU VERY MUCH FOR YOUR TIME

APPENDIX B: COMMUNITY HEALTH NEEDS ASSESSMENT “OTHER” SURVEY COMMENTS

The following outlines comments written in the field selection of “other” in the survey. A number in parenthesis indicates the frequency of that response, e.g. (3).

2. What are the three most pressing health concerns in the community?

- Geriatric care as it’s an aging community
- Dental is good, available but expensive
- We no longer have our senior dining where we could eat together

3. Select the three items below that you believe are most important for a healthy community.

- Healthy environment

4. What community resources do you rely upon to keep you and your family healthy?

- Pharmacy
- There is no senior center

5. What do you consider to be our community’s greatest strengths?

- Hospital/clinic (25)
- Friendly people (10)
- Teamwork in the community (8)
- Strong economy (5)
- Connectiveness in the community (4)
- Our church/worship services (4)
- Grocery Stores (3)
- Nursing home (3)
- Small enough to know most people (3)
- Library, volunteers, centers (2)
- People having fundraisers (2)
- Low crime (2)
- Great schools (2)
- Good paying jobs (2)
- Location
- Low population
- Quiet and caring
- The EMTs offering free screening (BP, ETC.) the clinic/hospital offering health fairs loaded with information on preventive care.
- All the outdoor activities available
- Access to good medical care
- Access to good school
- Natural environment

- Respite for care giver, family member caring for spouse
- Rural area
- Outdoor lifestyles
- Small town values
- Farmers market and local hospital
- Fast availability to be seen for sick visits
- Small business

6. In your opinion, what would improve our community's access to health care?

- Some surgery
- Insurance
- Paramedics ambulance
- We have all of them
- Elderly home/respice care

7. What are the three largest gaps in health care services in our community?

- Hearing and eye care (optometrist)
- Hearing loss
- Need more doctors
- Takes too long when making appointment
- I believe we have all the services
- Specialty care
- Transportation especially for elderly
- Local handicap transportation/dentist appointment
- Good affordable housing

8. What is the greatest health education need in our community?

- Use of alternative health options when western medicine can't find answers

9. What can Cook Hospital do better to meet the health needs of our community?

- Conduct educational classes on obesity prevention and other classes such as healthy lifestyle and tobacco prevention (5)
- I think it's a good hospital now (4)
- Wellness seminars more often
- I don't know as I haven't used the hospital except for bloodwork, X-rays, and emergency room to declare my husband.
- Health screening – Lyme's education
- Listen to our needs after classes in the morning
- Offer/hire a pediatrician for the growing number of kids in the area.
- Offer more educational workshops
- Make sure staff is knowledgeable & competent

- Provide detoxification services
- Access to prenatal care & delivery
- Provide an urgent care option
- Be progressive
- Offer more services
- More specialists
- Get more doctors so people can get to see them sooner
- Health fair/seminar
- Healthy activity for community
- Help keep medical cost down
- The main complaint I have is that it's expensive. It frequently cost much more at Cook hospital than other hospital
- Keep hiring qualified physicians, nurse & staff
- Dental clinic
- Adding services for mental health crisis and adding psychiatry
- Follow up after patients are sent to other facilities for diagnostics
- OB/GYN service with a woman physician

11. If yes, what were the three most important reasons why you did not receive healthcare services?

- Doctor didn't not return phone call

12. Where are you most likely to go for routine health care?

- Clinic (8)
- Internet

14. If yes, which hospital does your household use the MOST for hospital care?

- Mayo clinic
- Day surgery Cloquet
- Husband goes to Bigfork valley hospital

15. Thinking about the hospital you were at most frequently, what were the three most important reasons for selecting that hospital?

- Covered by our PC by rotation

16. If you or household member needed to be hospitalized in the future, which facility would you choose?

- Depends on the situation (6)
- It depends on nature of surgery

19. Why did you select that particular primary care provider?

- Know the physicians as friends

21. If you currently do not use Cook Hospital for care, what could be done to meet your need?

- Add a dermatologist (2)
- Bring more specialties. I travel to Fairview for their OB/GYN, their pediatricians and chiropractors
- I/we utilize clinics with more access for specialists and integrative medicine
- Increase ER/PR staff education and add higher educated doctors for primary care
- Confidentiality
- Urgent care
- Distance
- St. Luke's (after triple pacemaker)
- Do use cook hospital but dermatologist would be a great addition
- Established repertoire with my urologist for 20 years and do not care to switch at this point in my life.

23. Where do you learn about ways to live a healthier life?

- Clinic, newsletter, and updates
- Books

25. What type of health care specialist was seen?

- Pacemaker health
- Podiatrist

26. Where was the health care specialist located?

- Lakewalk in Duluth
- Twin ports dermatologist
- Mayo
- Cook area
- Sanford clinic
- St. Cloud

27. If you needed specialty care services in the future which facility would you choose?

- Twin ports dermatologist
- Mayo
- Whomever had the best quality provider

28. What type of specialist would you like to have access to MOST in our community?

- Infections disease
- Gastroenterologist
- Don't know what specific this area needs most.
- Neurologist

30. What inspires you to be healthy?

- My family (21)
- Feel good and live longer (18)
- My children /grandkids (15)
- Maintaining quality of life (5)
- Being able to enjoy retirement (4)
- Feeling great so I can use my time and energy to serve others and take care of my children (4)
- Lifestyle (2)
- Not much
- Not wanting to be on medications
- Pain
- If I could get rid of my colitis
- God
- Stay independent
- Keep going at 78
- Personal beliefs
- Get rid of my chronic pain
- Reduce stress and inflammation
- My desire to be active
- Wanting to stay off medication
- My spouse
- The avoidance of illness
- Be happy
- Take vitamins
- Looking at other people with health issues

31. What are top three things you do help your family and friends stay healthy?

- Exercise/stay active (55)
- Eat healthy (41)
- Diet (10)
- No smoking or use drugs (8)
- Church/faith (5)
- Fresh/local food (4)
- Proper attitudes (3)
- Support (3)
- Getting enough rest (3)
- Lose weight (3)
- Read (2)
- Health care screening (2)
- Positive attitudes (2)
- Research, listen, joined TOPS

- Good genes
- Preventative care appointment/vaccinations
- Family trip
- Clean the environment
- Good long talics, religion
- Teach them the benefits of herbs
- work
- Annual doctor visits
- Seek medical attention if needed/ yearly physical
- Do not eat at night
- Communication
- Maintain employment for affordable health insurance
- Immediate care when needed
- YMCA Virginia: my insurance pay for volunteer driver
- Clean air: nature
- Living where life is not crazy like big cities
- Emotional support through socializing
- Share my health care experience
- Talk to them with concern
- Encouragement
- Don't dwell on all their "Pains"

33. What type of health insurance covers the majority of your household's medical expenses?

- State MA for kids disability for me and the youngest
- County MED assistance