

# Cook Hospital, Minnesota

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Community Health Needs Assessment, Focus Group Findings, Key Stakeholder Interviews, and Secondary Data Analysis

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# Introduction

Cook Hospital is a 14-bed hospital district not-for-profit critical access hospital (CAH) located in Cook, Minnesota, within St. Louis County. 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 2021, The Center conferred with leaders from Cook Hospital to discuss the objectives of a regional CHNA. 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 local residents regarding:

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

## Sampling

Cook Hospital provided The Center with a count of inpatient admissions, utilization of emergency room, and outpatient encounters, including the ambulatory surgery center, by zip code from the previous year. Zip codes with the greatest number of admissions and utilization 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 or utilization. Eight hundred addresses representing the sample area 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 2021, the CHNA, a cover letter on Cook Hospital's letterhead, and a postage paid reply envelope were mailed first class to 800 randomly selected residents in the targeted region (eight zip codes). An ad and survey article went in

the local papers prior to the survey distribution in the July 1 edition of the Cook News Herald and the July 2 edition of the Timberjay. An article reminding people to fill out their survey was also in the Cook News Herald and Timberjay in late July.

One hundred sixty-three (163) mailed surveys were returned, providing a 20% 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 6.85. Note that one of the original 800 surveys sent was returned by the U.S. Postal Service as undeliverable. A copy of the survey instrument is included in [Appendix A](#).

Year	Number Sent	Undeliverable	Completed Surveys	Response Rate
2021	800	1	163	20%
2018	800	51	172	23%
2014	800	24	240	31%
2010	640	0	180	28%

A secondary data analysis and a series of focus group and key stakeholder interviews were also conducted to add information to the CHNA findings. Methodology and findings of the focus groups, key stakeholder interviews, and secondary data are discussed later in the report.

**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

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, for example as “Q4”. The number of respondents per question is also noted since not all respondents answered every question. On certain questions, each of the 163 respondents could select more than one answer, so the percentages do not total to 100%.

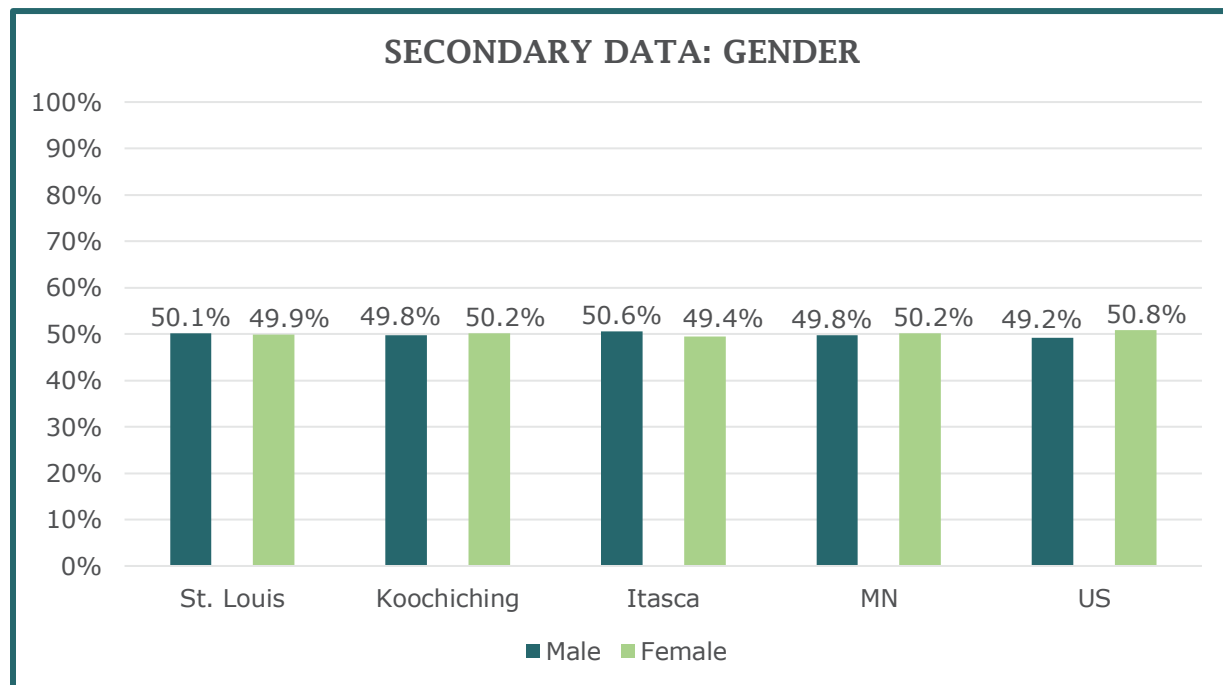
## Demographics

**Q22: What is your zip code? (Select only ONE response)** A majority (51%) of respondents live in Cook. (n=162)

Zip Code	n=	2021	2018	2014
<b>55723 Cook</b>	<b>83</b>	<b>51%</b>	68%	65%
55771 Orr	32	20%	18%	24%
55790 Tower	21	13%	N/A	N/A
55703 Angora	10	6%	5%	8%
55710 Britt	6	4%	N/A	N/A
55772 Nett Lake	4	2%	N/A	N/A
55725 Crane Lake	4	2%	N/A	N/A
56669 Kabetogama	2	1%	N/A	N/A

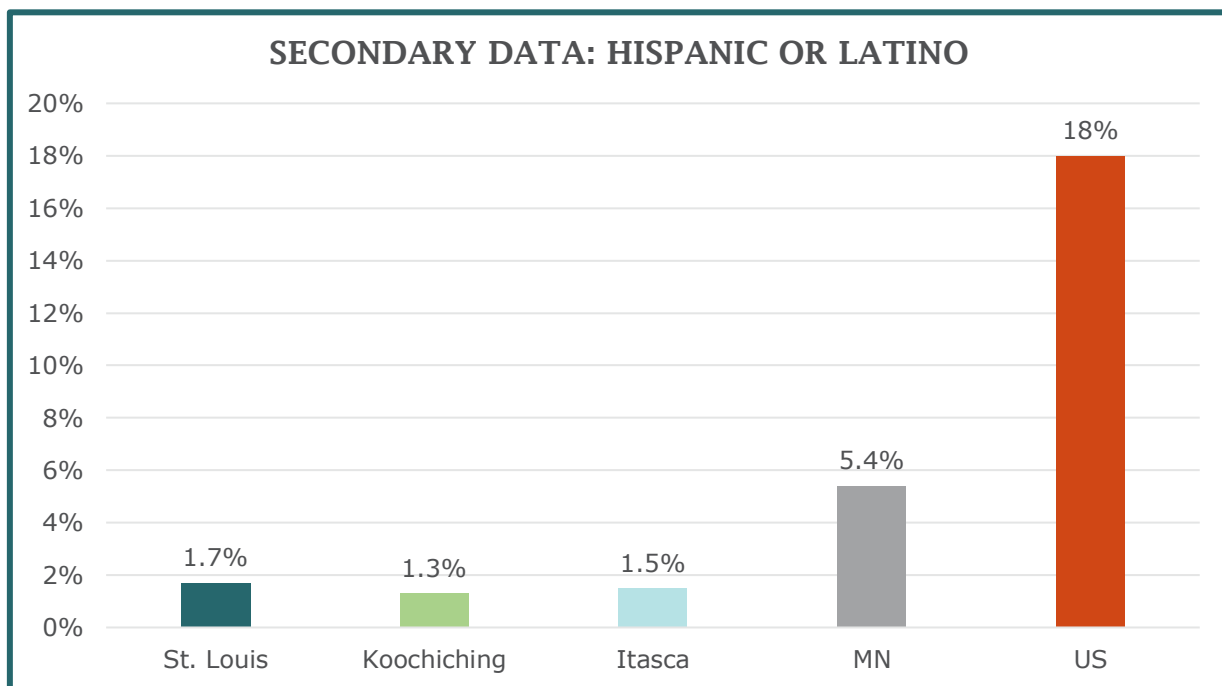
**Q23: Are you male or female, or do you identify in a different way? (Select only ONE response)** Sixty-three percent of survey respondents were female and 36% male. This is a higher representation of females compared to secondary data. (n=160)

Gender	n=	2021	2018	2014
Female	100	63%	37%	67%
Male	58	36%	59%	30%
Prefer not to answer	2	1%	N/A	N/A
Identify in a different way	0	0%	N/A	N/A



**Q25: Are you of Hispanic, Latino, or Spanish origin? (Select only ONE response)** Ninety-nine percent of survey respondents indicated they are not of Hispanic, Latino, or Spanish origin. (n=160)

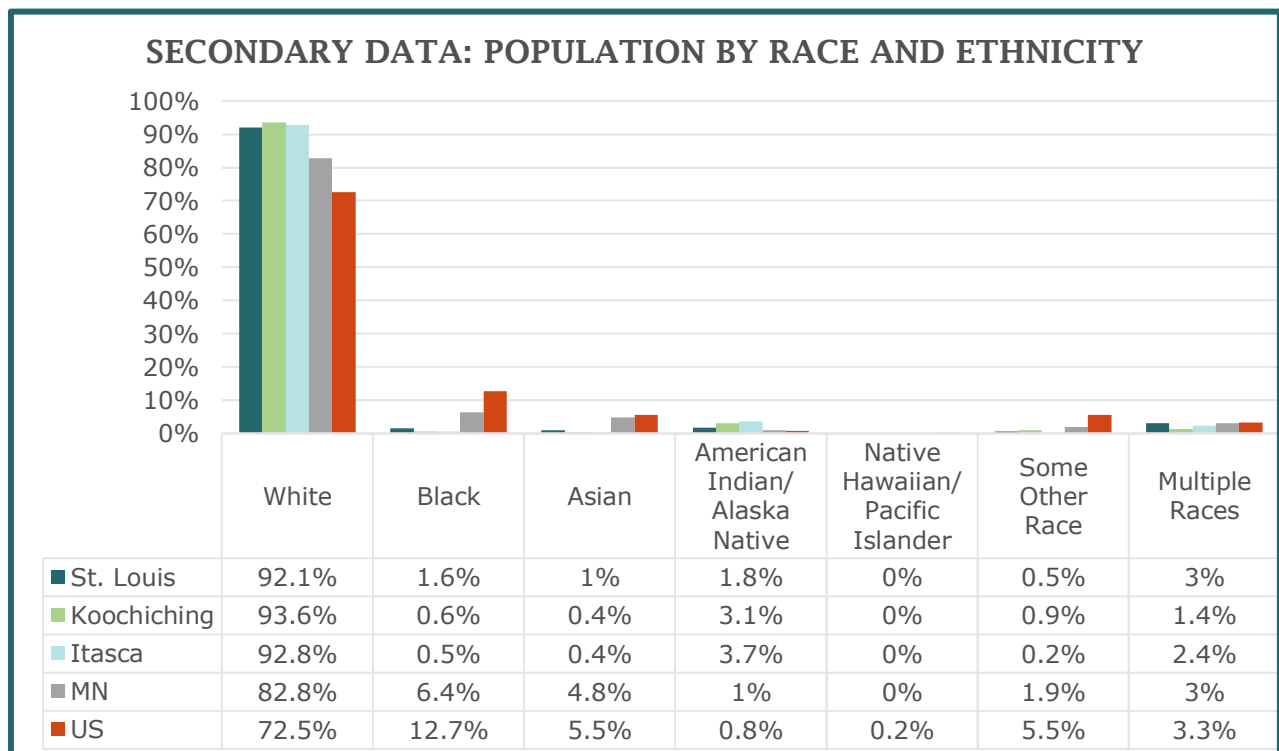
Responses	n=	2021
<b>No</b>	<b>158</b>	<b>99%</b>
Prefer not to answer	2	1%
Yes	0	0%
Don't know/Not sure	0	0%



**Q26: With what ethnicity do you most identify? (Select all that apply)**

Ninety-four percent survey respondents identify as white/Caucasian. This is comparable to secondary data. Respondents were asked to select all that apply, so the total does not equal 100 percent. (N=163)

Ethnicity	n=	2021
<b>White/Caucasian</b>	<b>153</b>	<b>94%</b>
American Indian/Alaska Native	9	6%
Other (please specify)	2	1%
Black/African American	1	1%
Asian	0	0%
Pacific Islander/Native Hawaiian	0	0%
Prefer not to answer	0	0%
Don't know/Not sure	0	0%

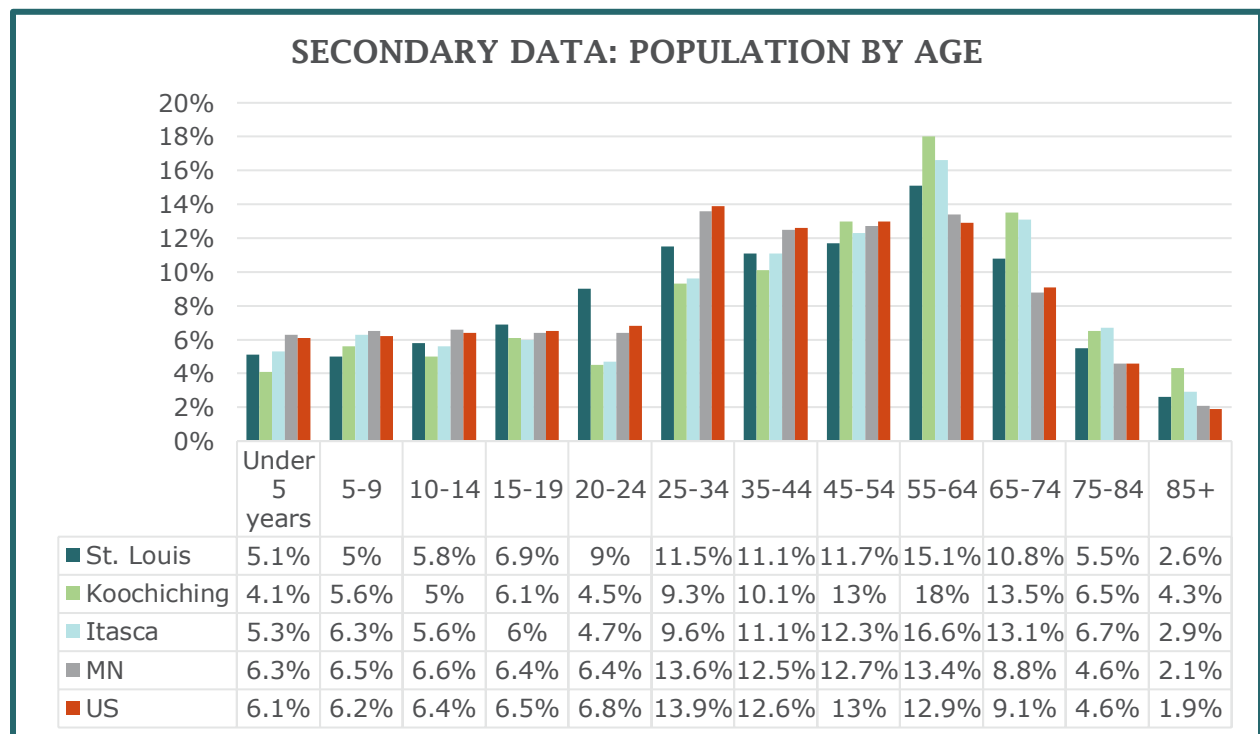




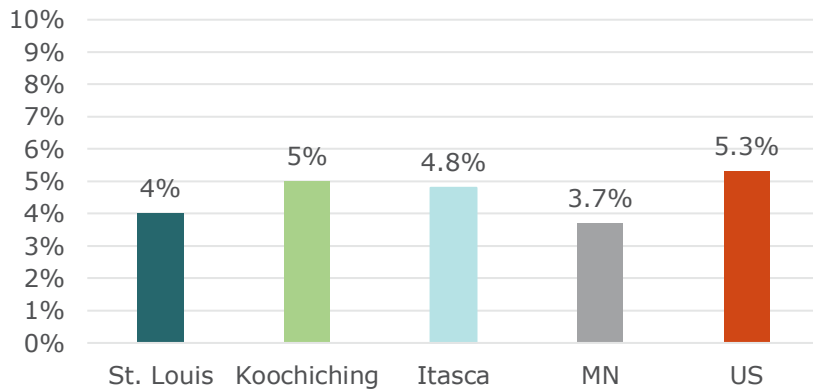
**Q24: What is your age range (in years)? (Select only ONE response)** Fifty-eight percent of survey respondents were 65 years or older. This age range is followed by 55-64 at 21%. (n=162)

Age	n=	2021
18-24	2	1%
25-34	4	2%
35-44	13	8%
45-54	15	9%
55-64	34	21%
<b>65 or older</b>	<b>94</b>	<b>58%</b>

Secondary data indicates that both age ranges have a higher percentage for the community than MN or US. Secondary data indicates that the 55-64 age range has the highest percentage of all age ranges for the community.

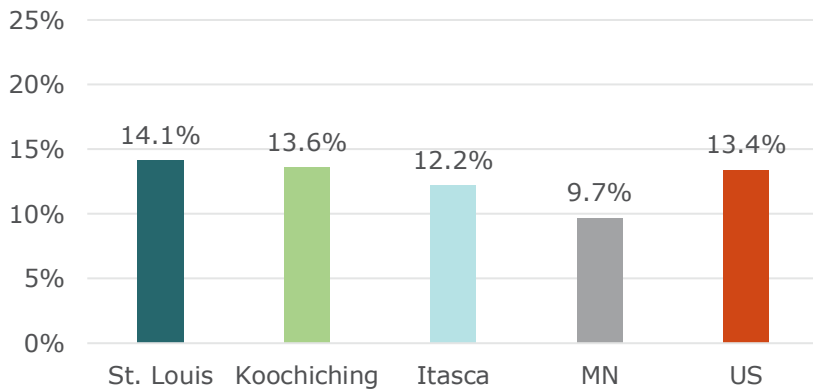


### SECONDARY DATA: UNEMPLOYMENT RATE



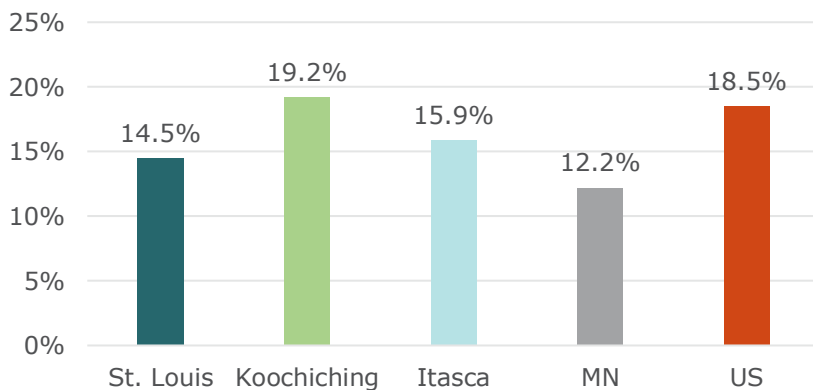
Unemployment rates are lower than US but higher than MN.

### SECONDARY DATA: INDIVIDUALS BELOW THE POVERTY LEVEL



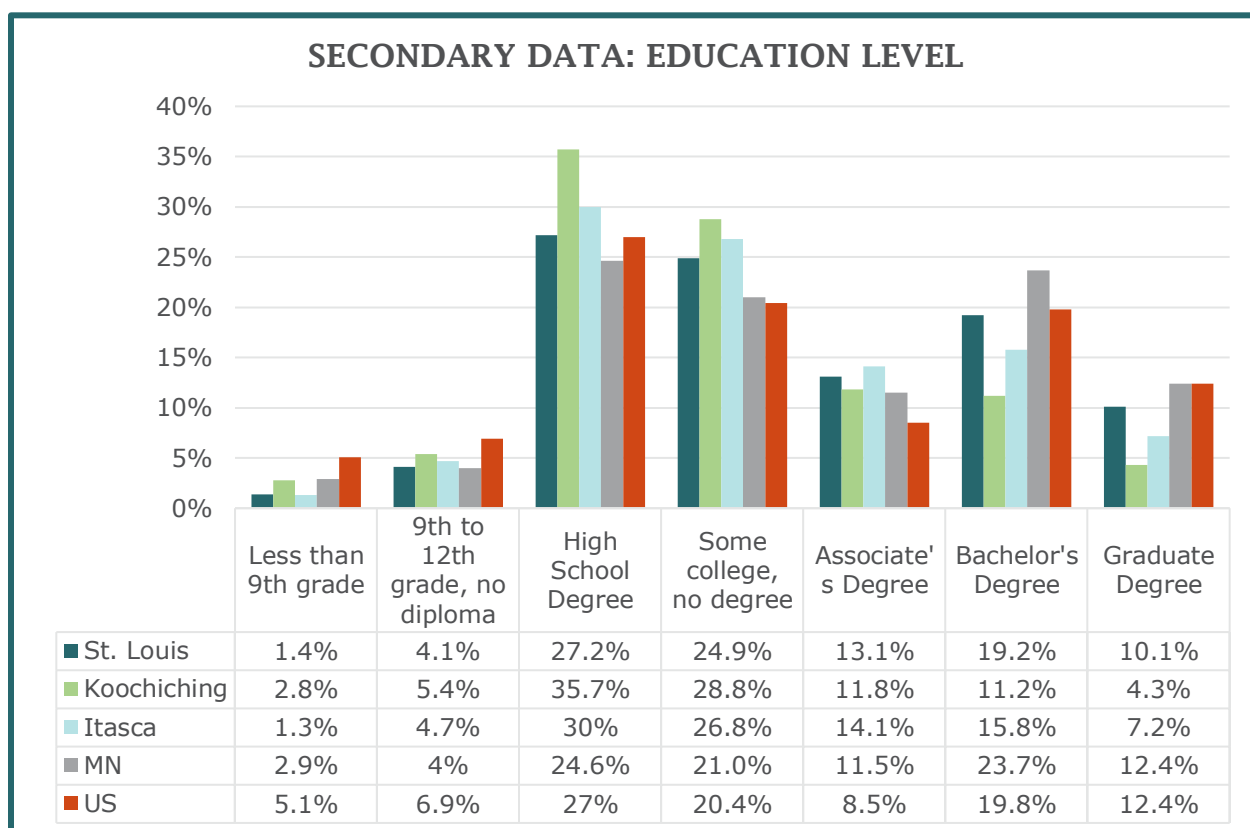
All counties have higher rates of those below the poverty level as compared to MN. Rates are comparable to the US.

### SECONDARY DATA: CHILDREN IN POVERTY



All counties have a higher percentage of children living in poverty as compared to MN. Koochiching has a higher percentage compared to the US as well.

All three counties have a higher percentage of those with a high school degree, some college with no degree, or an associate degree as compared to MN and US. Koochiching and Itasca have a lower percentage of residents with a bachelor or graduate degree as compared to MN and US.



## Health Insurance

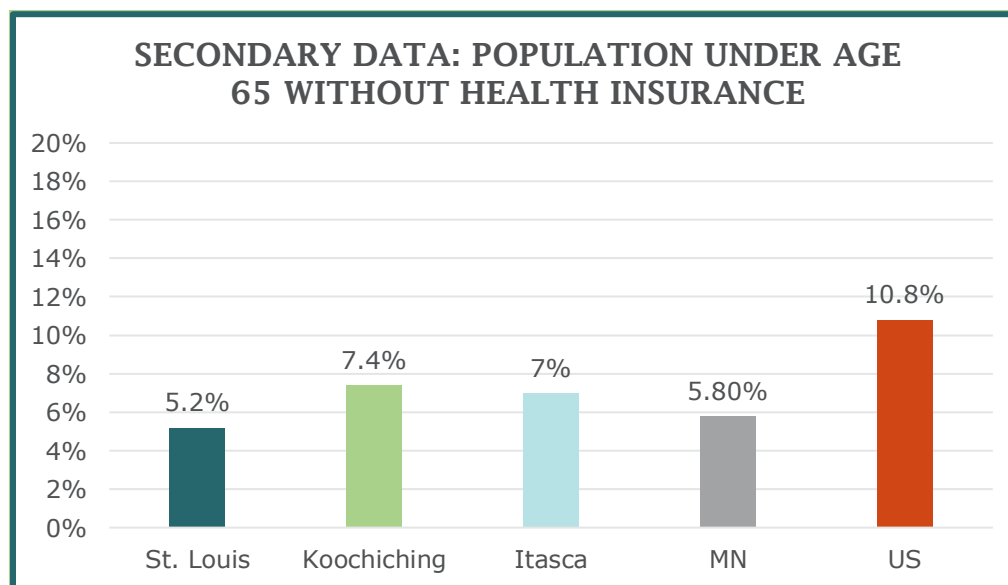
**Q16: Is there anyone in your household who is NOT covered by health insurance? (Select only ONE response)** Ninety-four percent of survey respondents indicate that they do have insurance (n=159). Of the 6% that do not (n=9), 89% indicate that they cannot afford insurance.

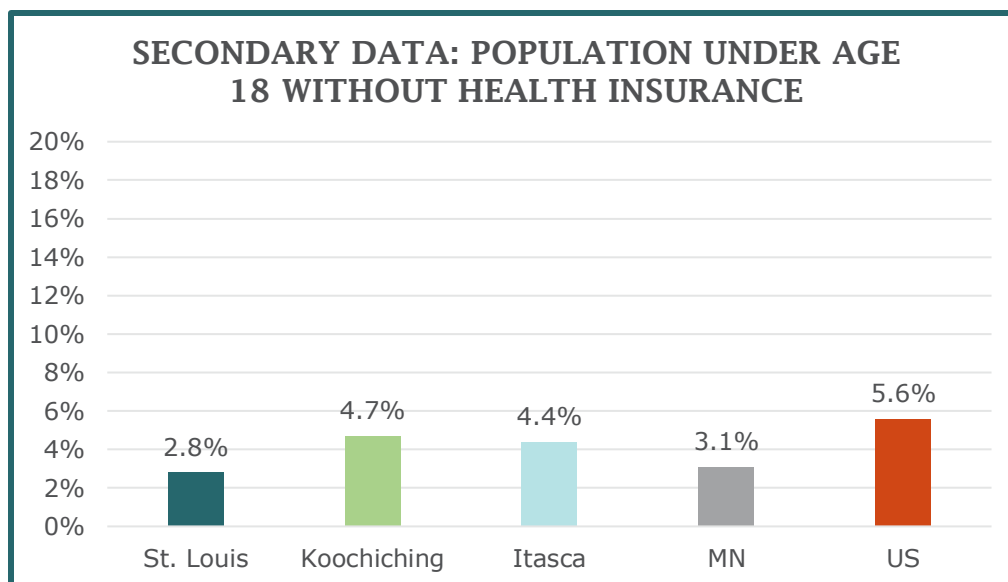
Responses	n=	2021
<b>No</b>	<b>150</b>	<b>94%</b>
Yes	9	6%
Don't know/Not sure	0	0%

**If yes, why do these people NOT have health insurance? (Select all that apply)**

Reason Why	n=	2021
<b>Cannot afford to pay for health insurance</b>	<b>8</b>	<b>89%</b>
Choose not to have health insurance	1	11%
Do not know how to apply	1	11%
Too difficult to apply	1	11%
Cannot get health insurance due to medical issues	0	0%
Employer does not offer insurance	0	0%

The secondary data is consistent with the survey information. Except for St. Louis (5.2%), Koochiching (7.4%) and Itasca (7%) have a higher rate of uninsured adults as compared to MN (5.8%), but all have a lower rate as compared to the US (10.8%). A similar trend is found for uninsured children.





## Awareness of Programs that Help Pay for Health Care Expenses

**Q21: Are you aware of programs that help people pay for health care expenses? (Select only ONE response)** Forty-six percent indicate they are aware of programs that help people pay for health care expenses, but they do not qualify. Twenty-nine percent of respondents report that they are not aware. (n=162)

Awareness	n=	2021	2018	2014
<b>Yes, but I do not qualify</b>	<b>74</b>	<b>46%</b>	31%	45%
No	47	29%	15%	20%
Yes, and I use them	24	15%	19%	14%
Don't know/Not sure	17	10%	10%	9%

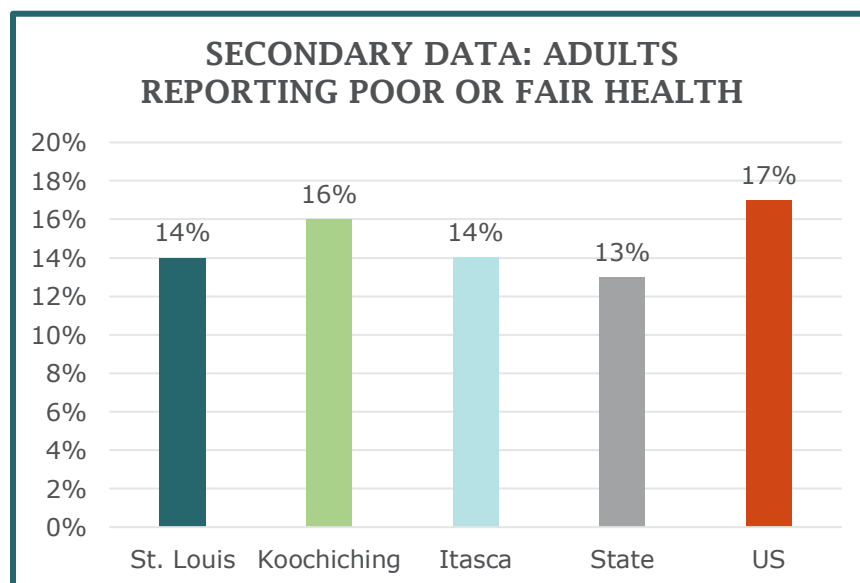
## Perception of Community Health

**Q1: How would you rate the general health of our community? (Select only ONE response)** Fifty-two percent of respondents perceive the general health of the community to be “good.” This is followed by 28% that believe the community health is “very good.” (N=163)

The response options for 2014 and 2018 were different than for 2021. The trend however is the same.




Rating	n=	2021	Rating	2018	2014
Excellent	15	9%	Very healthy	3%	3%
Very good	46	28%	Healthy	37%	33%
<b>Good</b>	<b>84</b>	<b>52%</b>	Somewhat healthy	50%	58%
Fair	18	11%	Unhealthy	5%	5%
Poor	0	0%	Very unhealthy	0%	0%

Secondary data shows that 14% to 16% adults of all three counties felt they were in fair or poor health, which is slightly higher than the state average.



## Ideas for Improving Community Health

**Q7: What can be done to improve the health of the community?** This was an open-ended question where respondents were able to write in any answer they wanted. The top three answers are listed below. See the full list of answers in [Appendix B](#).

 <p>Encourage healthy lifestyles and health choices (12)</p>	 <p>Education (8)</p>	 <p>Increase awareness of the dangers of alcohol and drug use (8)</p>
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## Criteria for a Healthy Community

**Q3: Select the THREE items below that you believe are the most important for a healthy community. (Select up to three responses)** Fifty-five percent of survey respondents identify “access to health care and other services” as the most important criteria for a healthy community. This was the highest rated response in 2014 and 2018 as well. This is followed by “good jobs and healthy economy” (49%) and affordable housing (26%). Respondents were asked to select up to 3 responses, so the total does not equal 100 percent. (N=163)

Items	n=	2021	2018	2014
<b>Access to health care and other services</b>	<b>89</b>	<b>55%</b>	69%	70%
<b>Good jobs and healthy economy</b>	<b>80</b>	<b>49%</b>	55%	54%
<b>Affordable housing</b>	<b>42</b>	<b>26%</b>	25%	17%
Low crime/safe neighborhoods	41	25%	22%	15%
Healthy behaviors and lifestyles	37	23%	31%	42%
Strong family life	35	21%	21%	34%
Good schools	26	16%	20%	16%

Items	n=	2021	2018	2014
Religious or spiritual values	22	13%	22%	19%
Acceptance for diversity	21	13%	N/A	N/A
Senior care	19	12%	N/A	N/A
Clean environment	17	10%	15%	13%
Transportation services	11	7%	N/A	N/A
Community involvement	10	6%	7%	6%
Access to parks and recreation	9	6%	N/A	N/A
Cultural sensitivity	9	6%	N/A	N/A
Low level of domestic violence	7	4%	4%	3%
Low death and disease rates	4	2%	2%	5%
Other (please specify)	4	2%	1%	0%

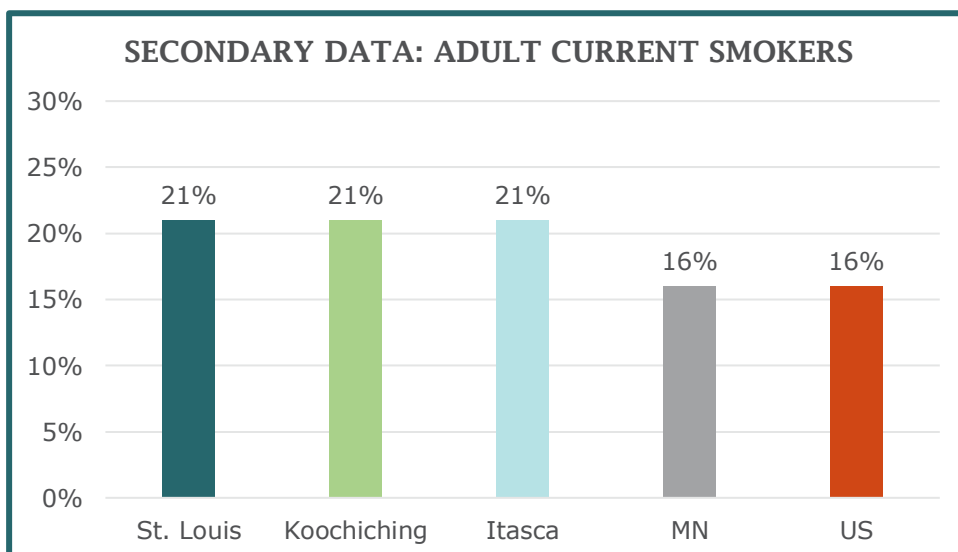
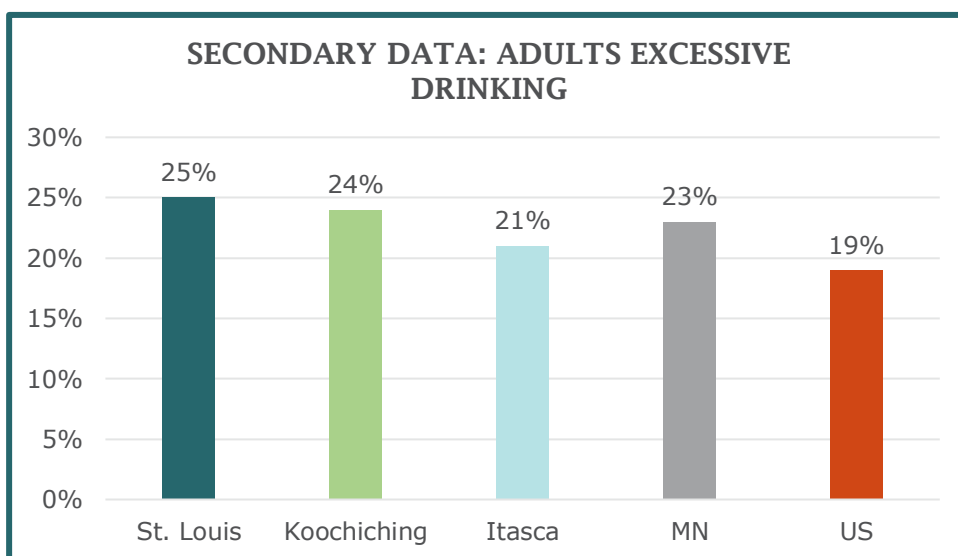
**Q6: What is the greatest health education need in our community? (Select only ONE response)** Information about alcohol and drug use (22%) was identified as the greatest education need in the community. This was followed by education about healthy lifestyles (18%) and mental health (17%). (n=125)

Education Need	n=	2021
<b>Alcohol/drug use</b>	<b>28</b>	<b>22%</b>
Healthy lifestyles	23	18%
Mental health	21	17%
Health screenings	14	11%
Tobacco/e-cigarette prevention & cessation	11	9%
Disease-specific information	9	7%
Obesity prevention	6	5%



Education Need	n=	2021
Other (please specify)	5	4%
Reproductive health	3	2%
Information translated in other languages	3	2%
Oral/dental health	2	2%

Secondary data concerning excessive drinking is similar to state data but higher than the US. Tobacco use is higher for all counties (21%) than MN and US (both at 16%).



## Pressing Health Concerns




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

**(Select up to 3 responses)** Affordable health insurance coverage (40%) is the most pressing health concern identified. This was followed by access to specialists (29%) and prescription drug affordability (29%). These were the top three responses in 2018. Respondents were asked to select up to 3 responses, so the total does not equal 100 percent. (N=163)

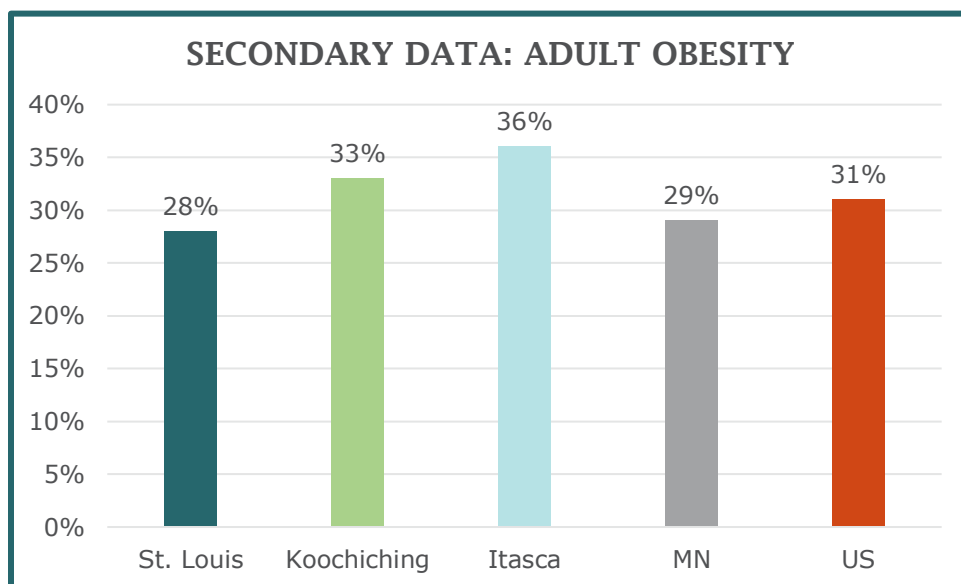
Pressing Health Concerns	n=	2021	2018	2014
<b>Affordable health insurance coverage</b>	<b>65</b>	<b>40%</b>	50%	68%
<b>Access to specialists</b>	<b>48</b>	<b>29%</b>	31%	N/A
<b>Prescription drug affordability</b>	<b>48</b>	<b>29%</b>	27%	N/A
Access to primary care	39	24%	22%	N/A
Obesity	28	17%	17%	33%
Access to mental health services	26	16%	25%	N/A
Healthy lifestyles (exercise/nutrition)	25	15%	19%	N/A
Access to dental services	23	14%	9%	N/A
Access to senior care	22	13%	N/A	N/A
Access to alcohol/drug use services	21	13%	N/A	N/A
Cancer	19	12%	22%	53%
Chronic disease management (diabetes, heart failure)	18	11%	12%	N/A
Personal debt due to medical bills	17	10%	13%	N/A
Coordination of care	13	8%	7%	N/A
Other (please specify)	13	8%	4%	1%
Wellness/prevention services	12	7%	8%	N/A

Pressing Health Concerns	n=	2021	2018	2014
Tobacco/e-cigarettes	12	7%	6%	16%
Heart disease/stroke	11	7%	12%	44%
Reliable health information	8	5%	3%	N/A
Hunger	4	2%	1%	N/A
Respiratory disease	3	2%	N/A	N/A

It should be noted that access to primary care was the fourth pressing need (24%), and secondary data indicates Koochiching's ratio is an alarming 3,110:1 as compared to St. Louis (780:1), Itasca (1,100:1), MN (1,120:1), and US (1,320:1). Access to mental health services was the sixth most pressing need (16%) and secondary data indicates Koochiching's ratio is 720:1 as compared to St. Louis (360:1), Itasca (370:1), MN (370:1), and US (380:1). Mental health services were the number one most pressing need identified by focus groups and key stakeholders.

<b>SECONDARY DATA: RATIO OF POPULATION TO PRIMARY CARE PHYSICIANS</b> 	<b>SECONDARY DATA: RATIO OF POPULATION TO DENTISTS</b> 	<b>SECONDARY DATA: RATIO OF POPULATION TO MENTAL HEALTH PROVIDERS</b> 
St. Louis – 780:1 Koochiching – 3,110:1 Itasca – 1,100:1 MN – 1,120:1 US – 1,320:1	St. Louis – 1,090:1 Koochiching – 2,450:1 Itasca – 1,410:1 MN – 1,340:1 US – 1,400:1	St. Louis – 360:1 Koochiching – 720:1 Itasca – 370:1 MN – 370:1 US – 380:1

Obesity, which can be associated with other chronic illnesses, was noted as a pressing health concern by 17% of respondents. This was consistent with 2018 data but lower than 2014 (33%). According to secondary data, Koochiching (33%) and Itasca (36%) counties have a higher percentage of obesity as compared to MN (29%) and US (31%).



## Gaps in Health Care Services

**Q5: What are the THREE largest gaps in health care services in our community? (Select up to 3 responses)** The top three gaps in health care services included availability of services (33%), home health services (31%) and affordability of prescription drugs (26%). Mental health services (25%) was the number one gap identified in 2018 (42%). Respondents were asked to select up to 3 responses, so the total does not equal 100 percent. (N=163)

Gaps	n=	2021	2018
Availability of services/providers	54	33%	39%
Home health services	51	31%	N/A
Affordable prescription drug assistance	43	26%	29%
Mental health services	40	25%	42%
Substance use services (drugs and alcohol)	31	19%	30%

Gaps	n=	2021	2018
Dental care	28	17%	14%
Cancer treatment	24	15%	N/A
Healthy lifestyle education	22	13%	N/A
Chronic care management (heart, lung, diabetes, etc.)	22	13%	N/A
Services for low-income people	20	12%	27%
Transportation	20	12%	N/A
Geriatric care (seniors)	16	10%	18%
Primary care	15	9%	18%
Pain management	12	7%	16%
End-of-life care (hospice/palliative care)	10	6%	17%
Other (please specify)	7	4%	12%
Ability to service different languages/cultures	4	2%	N/A

## Healthy Lifestyle

**Q4: What community resources do you rely upon to help keep you and your family healthy? (Select all that apply)** At 82%, the medical clinic was the most relied on community resource to keep the family healthy. This was followed by the grocery store (80%) and hospital (61). Respondents were asked to select all that apply, so the total does not equal 100 percent. (N=163)

Community Resources	n=	2021	2018
<b>Medical Clinic</b>	<b>134</b>	<b>82%</b>	87%
Grocery store	131	80%	71%
Hospital	100	61%	70%
Parks/trails/lakes	70	43%	44%




<b>Community Resources</b>	<b>n=</b>	<b>2021</b>	<b>2018</b>
Faith-based organizations	48	29%	44%
Library	35	21%	23%
Schools	32	20%	N/A
Fitness club	24	15%	15%
Public health	22	13%	N/A
Senior center	14	9%	8%
Social services	14	9%	N/A
Other (please specify)	9	6%	8%

**Q12: Where do you learn about ways to live a healthier life? (Select all that apply)** The majority (57%) of respondents indicate that they learn ways to live a healthier lifestyle from their health care provider. This was followed by family/friends at 47%. Respondents were asked to select all that apply, so the total does not equal 100 percent. (N=163)




<b>Learned Ways to Live a Healthier Life</b>	<b>n=</b>	<b>2021</b>	<b>2018</b>
<b>Health care provider</b>	<b>93</b>	<b>57%</b>	71%
Friends/family	77	47%	45%
Social media	47	29%	N/A
Television	40	25%	N/A
Newspaper	39	24%	24%
Phone apps	31	19%	N/A
Email or e-newsletter	27	17%	N/A
Health fairs or other health-related community events	22	13%	N/A
Other (please specify)	22	13%	15%

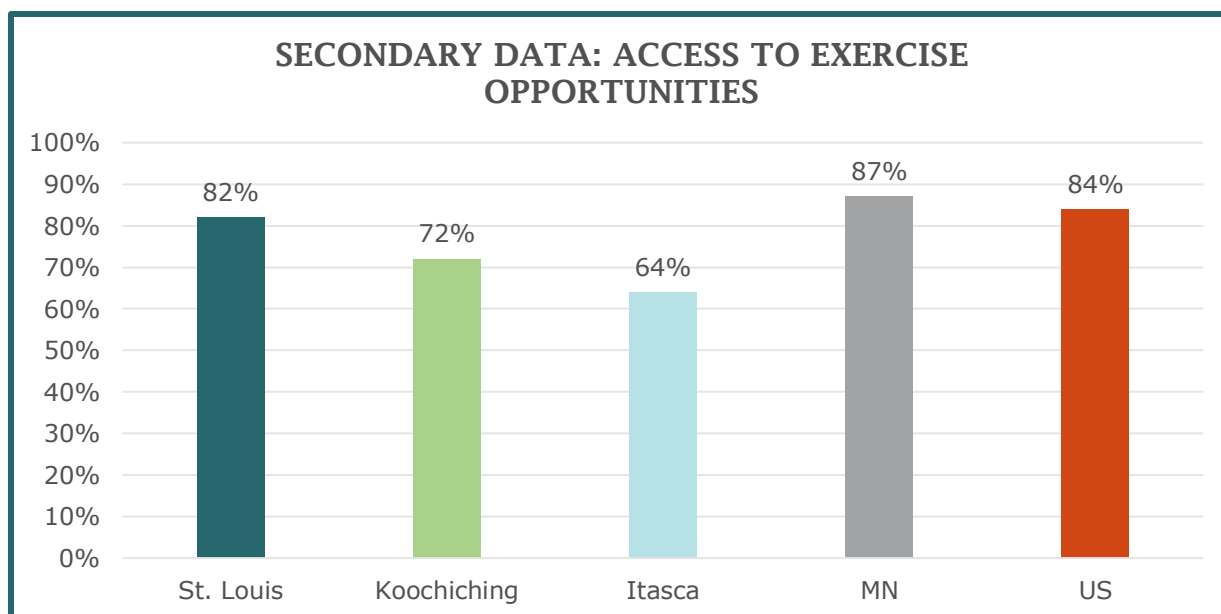
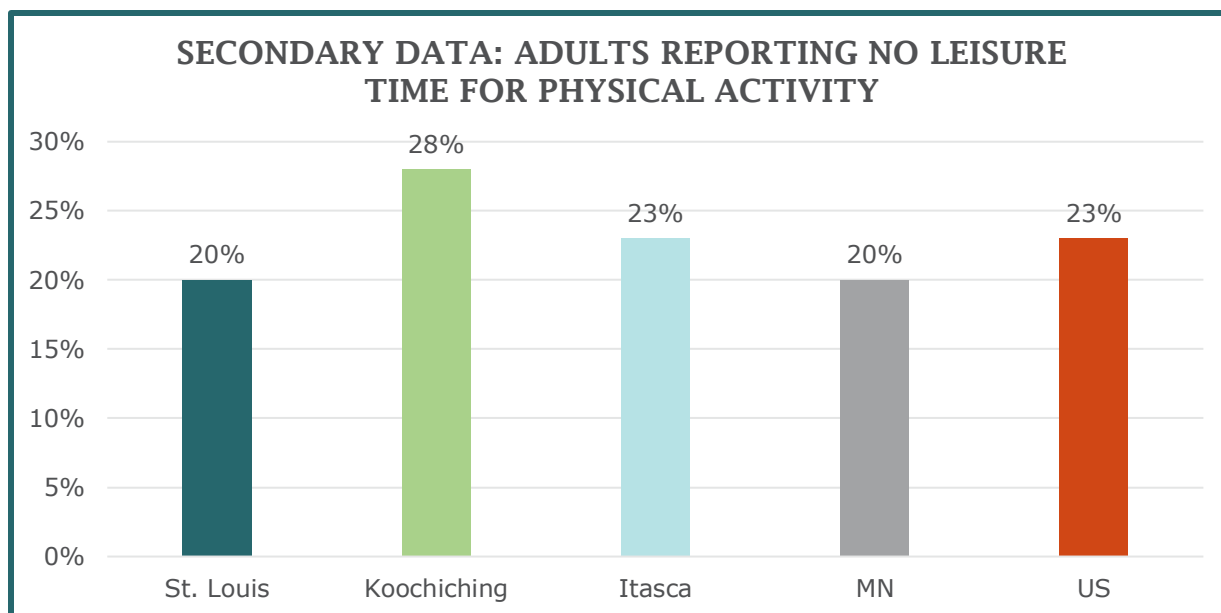
Learned Ways to Live a Healthier Life	n=	2021	2018
Public health	20	12%	15%
Website (please specify)	16	10%	33%
Fitness center	13	8%	6%
Faith-based organization	12	7%	N/A
Radio	9	6%	N/A
Text message	3	2%	N/A

**Q14: What inspires you to be healthier?** This was an open-ended question where respondents were able to write in any answer they wanted. The top three answers are listed below. See the full list of answers in [Appendix B](#).

 <p>Family (21)</p>	 <p>Feeling better (19)</p>	 <p>Want to live a long and healthy life (18)</p>
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**Q15: What are the top THREE things you do to help your family and friends stay healthy?** This was an open-ended question where respondents were able to write in any answer they wanted. The top three answers are listed below. See the full list of answers in [Appendix B](#).

 <p>Diet (111)</p>	 <p>Exercise (80)</p>	 <p>Outdoor activities (18)</p>
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## Preventive Services

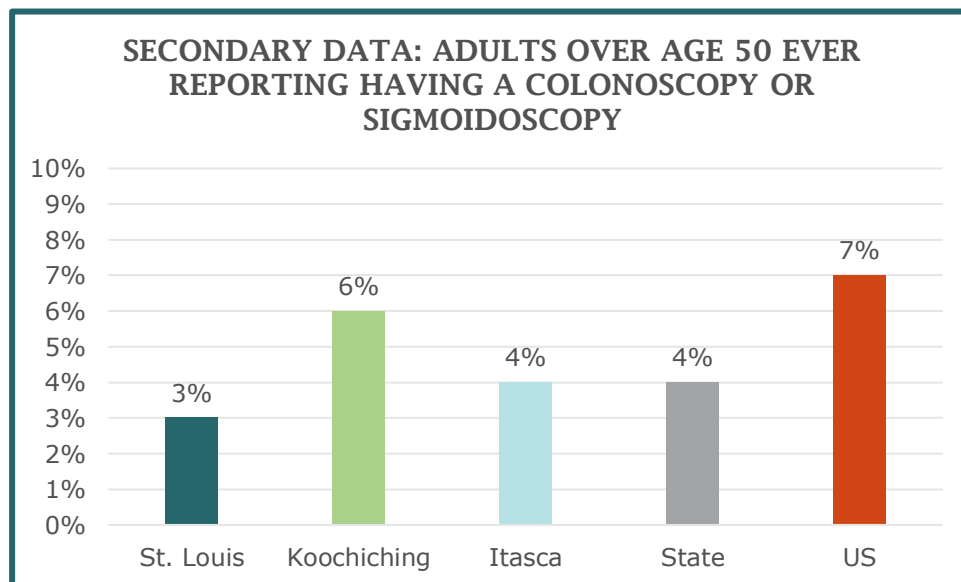
**Q17: In the past 12 months, please select all of the preventive services you or any household member used. (Select all that apply)** The most utilized preventive service was COVID-19 vaccine (82%) followed by an annual health checkup (74%) and blood draw (72%). Respondents were asked to select all that apply, so the total does not equal 100 percent. (N=163)

Preventive Service	n=	2021
<b>COVID-19 vaccine</b>	<b>133</b>	<b>82%</b>
Annual health checkup	120	74%
Blood draw	118	72%
Routine blood pressure check	108	66%
Cholesterol check	92	56%
Flu shot	92	56%
Mammography	67	41%
Diabetes check	45	28%
Colonoscopy	37	23%
Prostate (PSA test)	27	17%
Bone density scan	24	15%
Pap smear	24	15%
Skin cancer screening	23	14%
Well Child/Well Baby	13	8%
Other (please specify)	13	8%
Childhood vaccinations	12	7%

**Q18: If you are over 50 years old, how long has it been since you had an exam or screening for colon cancer? (Select only ONE response)** Forty-six percent of respondents reported having a screening for colon cancer within the last one to five years. Sixteen percent report they have never had a screening. (n=136)

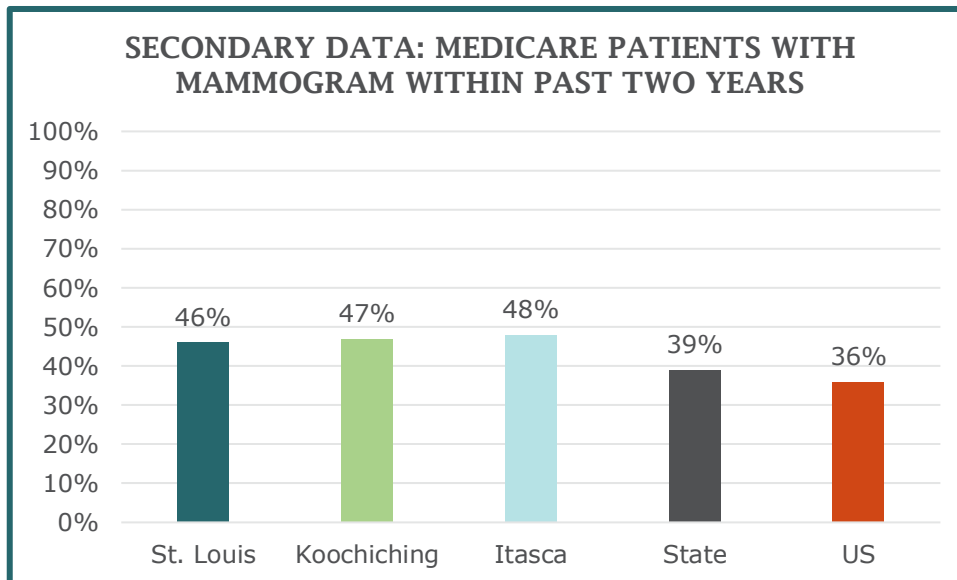
Responses	n=	2021
Within the past year	21	15%
<b>1 - 5 years</b>	<b>62</b>	<b>46%</b>
6 - 10 years	23	17%
More than 10 years	4	3%
Never	22	16%
Don't know/Not sure	4	3%

Secondary data indicates fewer community members ever having a colon screening with St. Louis (3%), Itasca (4%), and Koochiching (6%).



**Q19: If you are female and over 40 years old, how long has it been since your last mammogram? (Select only ONE response)** Fifty-two percent of women over 40 reports having a mammogram in the past year. (n=94)

Responses	n=	2021
<b>Within the past year</b>	<b>49</b>	<b>52%</b>
1 - 5 years	22	23%
More than 5 years	17	18%
Never	2	2%
Don't know/Not sure	4	4%



**Q20: If you are female, how long has it been since your last Pap smear for cervical cancer? (Select only ONE response)** Forty-one percent of women reports a Pap smear in the last one to five years. (n=101)

Responses	n=	2021
Within the past year	22	22%
<b>1 - 5 years</b>	<b>41</b>	<b>41%</b>
More than 5 years	30	30%
Never	2	2
Don't know/Not sure	6	6%

## Delayed Health Care Services

**Q8: 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 them?** Sixty-nine percent of respondents report that they or a household member did not delay seeking health services when needed. Thirty-one percent report that they did delay. These percentages are worse than for 2014 and 2018. (n=159)

Responses	n=	2021	2018	2014
<b>No (If no, skip to question 10)</b>	<b>109</b>	<b>69%</b>	74%	74%
Yes	49	31%	21%	22%
Don't know/not sure (skip to question 10)	1	1%	N/A	N/A

**Q9: If yes, what were the most important reasons why you did NOT receive health care services? (Select up to 3 responses)** “Could not get an appointment” and “cost too much” were the most mentioned reasons at 24% for each. In 2018, cost was the most mentioned reason (39%). Respondents were asked to select up to 3 responses, so the total does not equal 100 percent. (n=49)

Reason	n=	2021	2018	2014
<b>Could not get an appointment</b>	<b>12</b>	<b>24%</b>	31%	38%
<b>Cost too much</b>	<b>12</b>	<b>24%</b>	39%	19%
<b>Unsure of available services</b>	<b>10</b>	<b>20%</b>	8%	6%
Insurance did not cover cost	9	18%	18%	6%
Other (please specify)	9	18%	10%	19%
Do not like doctors	7	14%	8%	11%
Did not know where to go	7	14%	5%	6%
No insurance	7	14%	18%	17%
Schedule conflicts due to work	6	12%	5%	15%
Appointment wait was too long	6	12%	33%	53%
Transportation issue	5	10%	8%	4%
Not treated with respect	3	6%	10%	8%
Transportation issue	3	6%	8%	4%
No childcare	0	0%	5%	2%
Language/cultural barrier	0	0%	N/A	N/A

## Most Important Reasons for Selecting Hospital

**Q10: Thinking about the hospital you use most frequently, what are the THREE most important reasons for selecting that hospital? (Select up to 3 responses)** The three top reasons for selecting a hospital included closest to home (72%), prior experience (54%), and hospital's reputation for quality (38%). These were the top three answers for 2014 and 2018 as well. Respondents were asked to select up to 3 responses, so the total does not equal 100 percent. (N=163)

Reason for Selecting Hospital	n=	2021	2018	2014
<b>Closest to home</b>	<b>117</b>	<b>72%</b>	65%	59%
<b>Prior experience with hospital</b>	<b>88</b>	<b>54%</b>	57%	59%
<b>Hospital's reputation for quality</b>	<b>62</b>	<b>38%</b>	36%	45%
Emergency, no choice	43	26%	32%	26%
Referred by physician	37	23%	34%	41%
Required by insurance plan	19	12%	10%	9%
Recommended by family or friends	18	11%	7%	13%
Closest to work	12	7%	6%	10%
Cost of care	8	5%	3%	9%
VA/Military requirement	7	4%	2%	2%
Other (please specify)	5	3%	3%	7%

## Current Utilization of Cook Hospital

**Q11: Do you currently use Cook Hospital for care? (Select only ONE response)** Sixty-four percent of respondent use Cook Hospital for care. (n=160)

Responses	n=	2021
Yes	102	64%
No	48	30%
Don't know/Not sure	10	6%

**If selected “No”, what could be done by LOCAL health care facilities to better meet your needs?** This was an open-ended question where respondents were able to write in any answer they wanted. The top three answers are listed below. See the full list of answers in [Appendix B](#).

- Haven't needed to be hospitalized (6)
- Access to specialists (4)
- Location (3)

## Specialty Care

**Q13: What type of specialist would you like to have access to MOST in our community? (Select only ONE response)** Cardiology is the most needed specialty identified by the community (23%) and was the top requested specialty in 2018 (17%). (n=120)

Specialist	n=	2021	2018
Cardiology	27	23%	17%
Dermatology	20	17%	11%
Other (please specify)	11	9%	4%
General surgery	10	8%	4%
Ear, nose & throat	9	7%	6%

Specialist	n=	2021	2018
Orthopedics	9	7%	6%
Oncology	8	7%	N/A
Psychiatric services	8	7%	N/A
Chronic acute pain	7	6%	3%
Endocrinology/diabetes	4	3%	N/A
Obstetrics/Gynecology	3	2%	1%
Podiatry	2	2%	2%
Pulmonology	2	2%	0%
Nephrology	0	0%	0%
Urology	0	0%	1%



# Focus Group Findings

## Introduction

The Center was contracted by Cook Hospital to conduct focus group interviews to provide qualitative data on the strengths and needs of local health care services. Focus group comments reflect the perceptions of the individual and may differ or support survey and secondary data findings.

## Background

Four focus groups were scheduled to occur over the course of two weeks in July and August 2021 to obtain information from community residents for the Cook Hospital CHNA. Cook Hospital provided names, demographics, and contact information for 29 potential attendees. The Center reached out to all 29 to invite them to participate. Attendees could choose the focus group they preferred to attend based on their availability. Invitations were emailed with the questions attached ([Appendix E](#)). Each focus group included a mix of attendees representing their community. Attendees included seniors, and representatives from the schools, businesses, health care consumers, and social services.

Eight of the 29 people signed up to attend; one did not show. Three additional residents, not on the original list, attended as well. One focus group had no attendees. Demographics of attendees based on observation and general comments and characteristics included:

- Gender: 3 males, 7 females
- Estimated age: 64-74 (8); 55-64 (1); 33-44 (1)
- Employment status: 4 employed, 6 not working/retired

Secondary data was presented to attendees at the beginning of the focus groups and included information about community population by race and ethnicity, age range, percentage of unemployed, and percentage living in poverty. Data regarding quality-of-life variables such as rates of diabetes, obesity, adults currently smoking, HIV, and suicide were shared. Ratios of population to primary care providers, dentists, and mental health providers were also presented.

Economic status: All were middle class\*

(\*) This characterization was based on comments made during the discussion about current and past employment, housing, and lifestyle.

## Limitations

There are two major limitations that should be considered when reviewing these results:

- the information is based on comments from a rather small segment of the community
- participants represented are primarily middle income and Caucasian. Some segments of the community are not represented in these findings, specifically those of lower socio-economic status, (i.e., unemployed, low wage employees, etc.) and young adults ages 18-30.

## Summary of Major Focus Group Findings

For each question, the predominant responses are provided here. The number in parenthesis indicates the number of times that response was given.

### **Are you surprised about what this data reveals about your community, or is it what you expected?**

- Not surprised (3)
- Population for St. Louis County is focused in Duluth and may not represent the rural areas (2)

### **Do you find any particular statistic surprising?**

- A bit surprised at poverty levels but probably a lot of low wage jobs (2)

### **Are some population groups healthier than other groups? If yes, which ones?**

- Perhaps those that are more focused on taking advantage of outdoor recreation
- Middle age group because they have access to health care and insurance while younger group may have lower paying jobs and no insurance
- Middle age groups don't have as much of the addiction issue
- Retired people who have Medicare
- Better educated people and that seek out the facts and take better care of selves
- Many racial disparities...whites are doing better than people of color

**Are some population groups suffering more than other groups? If yes, which ones?**

- Those unable to access health facilities due to median income or transportation (3)
- Native American population (2)
  - Mental health issues
  - Genetics
  - Food insecurity
  - Money
  - Trauma
  - Challenges regarding education and employment
- Single parents, especially younger ones who are hit from different angles. Trying to work and take care of children. (2)
- Elderly (2)
  - Living on social security
  - More medications to pay for
  - Transportation issues
  - Isolation, lack of support when no family nearby
  - Mental health and stigma that prevent reaching out for help
  - Technological barriers and related stress
  - Lack of resources to help elderly stay in home (repairs, etc.), lack of public health resources to support elderly

**In your opinion, what are some of the barriers to accessing care in this region?**

- Median income, including Medicare patients without supplemental (3)
- Transportation when there is a distance to access specialty care (3)
- Some people believe noncredible or inaccurate information. Believe what they want to believe. Headstrong beliefs. (2)

**What do you think Cook Hospital could do to increase the health of the community? Where are opportunities to collaborate?**

- Continue to do education in community (4)
- Partner with businesses which adds to credibility (2)
- Health fairs: people come for freebies so it's a good time to do screenings (2)
- Look for ways to partner to provide incentives (2)
- Partner with organizations such as faith groups to provide free lunch and learns on physical health and other topics. Might be able to access family members this way. (2)

- Other service groups, school (find ways to take burden off teachers). Local credit union does early education with kids about finance and budgets. Look for ways to use volunteers and go into the school to educate kids at an early age. Don't wait until they are older and have bad habits. This is especially important for kids from single parent and lower income homes. (2)

#### **What is the greatest health need in this community?**

- Mental health services and support (4)
- Education on topics around diabetes, nutrition, exercise, health/wellness, and behavioral health for youth as well as other age groups
- Access to care with those who are non or under-insured

## Key Stakeholder Findings

### Key Stakeholder Methodology

Nine local residents were identified by the hospital to potentially participate in key informant interviews in July/August 2021. The key stakeholders were identified based on the various consumer groups of local health services including senior citizens, young parents, health care providers, and community leaders. Invitations were emailed with the key stakeholder questions attached ([Appendix F](#)). Six people agreed to participate but one did not show for the interview. In total two men and three women participated. Each virtual meeting session was approximately 50 minutes in length and included a review of the secondary data. Each key stakeholder was asked the same questions.

### Limitations

There are three major limitations that should be considered when reviewing these results:

- the information is based on comments from a small segment of the community;
- participants represented professional or retired and middle-income residents. Some segments of the community are not represented in the findings, specifically those with lower socioeconomic status, (i.e., employed in non-professional jobs and not employed) and young adults age 18-35.
- and participants are chosen as key informants by Cook Hospital, which could introduce selection bias.

## Summary of Major Points

For each question, the predominant responses are provided here. The number in parenthesis indicates the number of times that response was given.

### **Are you surprised about what this data reveals about your community, or is it what you expected?**

- No surprises (4)
- Some are surprised about higher suicide rates, mental health ratios (1)

### **Do you find any particular statistics surprising?**

- Suicide rate (3)
- Food insecurity (3)
- Lack of time for leisure activity (2)

### **Are some population groups healthier than other groups? If yes, which ones?**

- Middle aged with jobs and insurance benefits (2)
- Perhaps Caucasian (1)

### **Are some population groups suffering more than other groups? If yes, which ones?**

- Lower income (2)
- Elderly (2)
- Native American (2)

### **In your opinion, what are some of the barriers to accessing care in this region?**

- Transportation issues for the very rural (4)
- Access to specialties that are local (3)
- Finances, lack of insurance, lack of employment that doesn't offer benefits (2)
- Distance to resources (2)

### **What do you think Cook Hospital could do to increase the health of the community? Where are opportunities to collaborate?**

- Community education on anything and give community tools and collaborate on community events. More outreach outside the hospital and in the community and out of their building for education, etc. (3)
- Partner with the tribe (3)

- Address mental health and partner with local organizations (3)
  - Also make sure that when those in crisis come to the emergency department, make sure staff, providers and environment are sensitive to these needs
- Partner with the school for services to families such as occurred with the school being a site for COVID vaccination (3)

**What is the greatest health need in this community?**

- Mental health services (3)
- After-hours care for improved access (2)
- Education on obesity, overall wellness nutrition, how to achieve better wellness, staying active (2)

# Conclusions, Recommendations, and Acknowledgements

## Conclusions

In addition to noting secondary data, Cook Hospital solicited community input for the CHNA through surveys, focus groups, and key stakeholder interviews. This variety provided a rich source of information. A theme emerging through the survey, key stakeholder interviews, and focus groups concerns affordability for both insured, Medicare recipients without supplemental insurance, and the uninsured. This also included concern about affordability of prescriptions. Survey respondents indicated that this is one of the top three health needs in the community and was the primary reason for not seeking health care when it was needed. This was also identified by focus groups and key stakeholders as one of the barriers to accessing care.

The survey information, key stakeholder interviews, and focus groups identified the need for education on wellness (including diet and exercise), mental health topics, alcohol and drug use, and any health and wellness education for children and adolescents. A frequent topic of discussion in the focus groups and key stakeholder interviews involved Cook Hospital taking education into the community when possible. Suggested sites included faith-based organizations, businesses, tribal locations, and schools. Several organizations expressed a desire to partner with the hospital to provide, or host, the educational presentation or lunch and learns. An interesting note is that, in the survey, the hospital and clinic are seen as the main resources for health and are followed by grocery store and gym. This is discussed further in the recommendation section.

There were times that input from surveys, focus groups, and key stakeholders were different. Both the focus group and key stakeholder input identified mental health services as the greatest health need. Secondary data, especially for Koochiching, supports this since the ratios for the number of residents to mental health providers is much higher as compared to MN and US. This issue was not deemed as a top priority by survey respondents and was fourth in percentage rate.

Survey information indicated that residents prefer to receive care at Cook Hospital when the services are available. It was noted that the hospital has good quality of

care and residents have positive experiences. Stakeholder and focus group interviews concurred with this and indicated that transportation or unavailability of services could be a barrier to accessing care locally.

## Recommendations

Recommendations include continuing to explore opportunities to assist the uninsured or underinsured, especially with preventive services which could potentially help to avoid more chronic conditions in later years. This is undoubtedly a challenge for most communities so there is increased focus on prevention. This can tie directly with the findings concerning bringing education into the community. While education is only one part of prevention, several respondents request more education on mental health, alcohol/drug use, and wellness activities. This would be most effective when brought directly into the community. A number of focus group and key stakeholder participants noted the need to focus on increased education of children on these topics. Cook Hospital is encouraged to maximize partnership with schools, businesses, faith-based groups, and other local organizations. While the hospital was identified as the main resource for health, it is helpful to continue to reinforce that “health” is not found in the hospital; it is a community issue and requires partnerships. Since 29% of survey respondents report that they are not aware of programs to help pay for care, there is an opportunity for Cook Hospital to increase education about these services for the under- and uninsured.

Addressing mental health is typically the number one issue identified in CHNAs. Input from the community was mixed concerning whether this is a primary issue. It is recommended that Cook Hospital continue to explore service availability and education in partnership with others. This issue, when not addressed, can potentially have a negative impact other health issues.

## Acknowledgements

The Center would like to thank Cook Hospital’s Chief Executive Officer, Teresa Debevec for her contributions and work with developing and distributing the assessment and coordinating the focus groups and key stakeholder interviews.



# Appendix A: Survey Instrument



Phone: 218.666.5945  
Toll Free: 1.866.324.5945  
10 Fifth Street SE  
Cook, Minnesota 55723  
[www.cookhospital.org](http://www.cookhospital.org)

June 28, 2021

Dear Resident:

**Participate in our Community Health Needs Assessment survey for a chance to  
WIN a \$50 gift card to Zup's!**

Cook Hospital is partnering with the National Rural Health Resource Center to administer a community health needs assessment survey. The purpose of the survey is to obtain information from a wide range of participants to assist in planning our programs, services, and facilities to best serve our community. **Your help is critical in determining health priorities and future needs.**

Your name has been randomly selected as a resident who lives in the Cook Hospital service area. The survey covers topics such as: use of health care services, awareness of services, community health, health insurance, and demographics. We know your time is valuable so we have made an effort to keep the survey to about 10 minutes.

You are probably aware of many challenges rural citizens face related to health care, such as access to services and affordability. However, by completing the enclosed survey, you can help guide Cook Hospital in developing comprehensive and affordable health care services to our area residents.

- 1. Due date to return survey and ONE raffle ticket: August 9, 2021**
- 2. Return your completed survey in the envelope provided - no stamp needed**
- 3. Keep the other raffle ticket for when we announce the SIX winners on our Website ([www.cookhospital.org](http://www.cookhospital.org)) and in the Cook News Herald the week of August 16, 2021**

The winning raffle ticket numbers for the \$50 gift cards to Zup's will be announced on our Website and in the Cook News Herald the week of August 16, 2021. Cook Hospital is offering you this chance to win these gift cards as a thank you for completing the enclosed survey.

All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, the organization that is assisting with this project. If you have any questions about the survey, please call Keely Lonetto at 218-216-7041. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your time.

Sincerely,

A handwritten signature in dark ink that reads "Teresa Debevec".

Teresa Debevec, CEO

## Community Health Needs Assessment Cook, Minnesota

Please use a pencil or a pen with **black or blue ink ONLY**. Anything else, such as another color of ink or a felt-tip, does not read clearly.

To answer a question, either completely fill in the circle, or where requested, write within the box or space provided. If you make a mistake, **DO NOT** use Liquid Paper. Instead, mark out the answer you wish to change with an 'X', then completely fill in the circle for your preferred answer.

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? (Select only ONE response)**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

**2. What are the THREE most pressing health concerns in our community? (Select up to 3 responses)**

- ☐ Access to alcohol/drug use services
  - ☐ Access to dental services
  - ☐ Access to mental health services
  - ☐ Access to primary care
  - ☐ Access to senior care
  - ☐ Access to specialists
  - ☐ Affordable health insurance coverage
  - ☐ Cancer
  - ☐ Chronic disease management (diabetes, heart failure)
  - ☐ Coordination of care
  - ☐ Healthy lifestyles (exercise/nutrition)
  - ☐ Heart disease/stroke
  - ☐ Hunger
  - ☐ Obesity
  - ☐ Personal debt due to medical bills
  - ☐ Prescription drug affordability
  - ☐ Reliable health information
  - ☐ Respiratory disease
  - ☐ Tobacco/e-cigarettes
  - ☐ Wellness/prevention services
  - ☐ Other (please specify)
- 

**3. Select the THREE items below that you believe are most important for a healthy community. (Select up to 3 responses)**

- ☐ Acceptance for diversity
  - ☐ Access to health care and other services
  - ☐ Access to parks and recreation
  - ☐ Affordable housing
  - ☐ Clean environment
  - ☐ Community involvement
  - ☐ Cultural sensitivity
  - ☐ Good jobs and healthy economy
  - ☐ Good schools
  - ☐ Healthy behaviors and lifestyles
  - ☐ Low crime/safe neighborhoods
  - ☐ Low death and disease rates
  - ☐ Low level of domestic violence
  - ☐ Religious or spiritual values
  - ☐ Senior care
  - ☐ Strong family life
  - ☐ Transportation services
  - ☐ Other (please specify)
- 

**4. What community resources do you rely upon to help keep you and your family healthy? (Select all that apply)**

- ☐ Faith-based organizations
  - ☐ Fitness club
  - ☐ Grocery store
  - ☐ Library
  - ☐ Hospital
  - ☐ Medical Clinic
  - ☐ Parks/trails/lakes
  - ☐ Public health
  - ☐ Schools
  - ☐ Senior center
  - ☐ Social services
  - ☐ Other (please specify)
-

**5. What are the THREE largest gaps in health care services in our community?**  
(Select up to 3 responses)

- ☐ Availability of services/providers
  - ☐ Ability to service different languages/cultures
  - ☐ Affordable prescription drug assistance
  - ☐ Cancer treatment
  - ☐ Chronic care management (heart, lung, diabetes, etc.)
  - ☐ Dental care
  - ☐ End-of-life care (hospice/palliative care)
  - ☐ Geriatric care (seniors)
  - ☐ Home health services
  - ☐ Healthy lifestyle education
  - ☐ Mental health services
  - ☐ Pain management
  - ☐ Primary care
  - ☐ Services for low income people
  - ☐ Substance use services (drugs and alcohol)
  - ☐ Transportation
  - ☐ Other (please specify)
- 

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

- ☐ Alcohol/drug use
  - ☐ Disease-specific information
  - ☐ Healthy lifestyles
  - ☐ Health screenings
  - ☐ Information translated in other languages
  - ☐ Mental health
  - ☐ Obesity prevention
  - ☐ Oral/dental health
  - ☐ Reproductive health
  - ☐ Tobacco/e-cigarette prevention & cessation
  - ☐ Other (please specify)
- 

**7. What can be done to improve the health of the community? (Please print clearly)**

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**8. 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 these services or delayed getting them? (Select only ONE response)**

- ☐ Yes
- ☐ No → (If no, skip to question 10)
- ☐ Don't know/Not sure → (If don't know/not sure, skip to question 10)

**9. If yes, what were the most important reasons why you did NOT receive health care services? (Select up to 3 responses)**

- ☐ Could not get an appointment
  - ☐ Appointment wait was too long
  - ☐ Language/cultural barrier
  - ☐ Too nervous or afraid
  - ☐ Did not know where to go
  - ☐ Not treated with respect
  - ☐ Schedule conflicts due to work
  - ☐ Unsure of available services
  - ☐ Transportation issue
  - ☐ Do not like doctors
  - ☐ No childcare
  - ☐ Cost too much
  - ☐ Insurance did not cover cost
  - ☐ No insurance
  - ☐ Other (please specify)
- 

**10. Thinking about the hospital you use most frequently, what are the THREE most important reasons for selecting that hospital? (Select up to 3 responses)**

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



11. Do you currently use Cook Hospital for care? (Select only ONE response)

- ☐ Yes  
☐ No → What could be done by LOCAL health care facilities to better meet your needs? ↓  
☐ Don't know/ Not sure

\_\_\_\_\_  
\_\_\_\_\_

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

- ☐ Email or e-newsletter  
☐ Faith-based organization  
☐ Fitness center  
☐ Friends/family  
☐ Health care provider  
☐ Health fairs or other health-related community events  
☐ Newspaper  
☐ Phone apps  
☐ Public health  
☐ Radio  
☐ Social media  
☐ Television  
☐ Text message  
☐ Website (please specify) \_\_\_\_\_  
☐ Other (please specify) \_\_\_\_\_

13. What type of specialist would you like to have access to MOST in our community? (Select only ONE response)

- ☐ Cardiology  
☐ Chronic acute pain  
☐ Dermatology  
☐ Ear, nose & throat  
☐ Endocrinology/diabetes  
☐ General surgery  
☐ Nephrology  
☐ Obstetrics/Gynecology  
☐ Oncology  
☐ Orthopedics  
☐ Podiatry  
☐ Psychiatric services  
☐ Pulmonology  
☐ Urology  
☐ Other (please specify) \_\_\_\_\_

\_\_\_\_\_

14. What inspires you to be healthier? (Please print clearly)

\_\_\_\_\_  
\_\_\_\_\_

15. What are the top THREE things you do to help your family and friends stay healthy? (Please print clearly)

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

16. Is there anyone in your household who is NOT covered by health insurance? (Select only ONE response)

- ☐ Yes → Why do these people NOT have health insurance? (Select all that apply) ↓  
☐ No  
☐ Don't know/ Not sure
- ☐ Cannot afford to pay for health insurance  
☐ Choose not to have health insurance  
☐ Cannot get health insurance due to medical issues  
☐ Do not know how to apply  
☐ Employer does not offer insurance  
☐ Too difficult to apply

17. In the past 12 months, please select all of the preventative services you or any household member used. (Select all that apply)

- ☐ Annual health checkup  
☐ Blood draw  
☐ Bone density scan  
☐ Childhood vaccinations  
☐ Cholesterol check  
☐ Colonoscopy  
☐ COVID-19 vaccine  
☐ Diabetes check  
☐ Flu shot  
☐ Mammography  
☐ Pap smear  
☐ Prostate (PSA test)  
☐ Routine blood pressure check  
☐ Skin cancer screening  
☐ Well Child/Well Baby  
☐ Other (please specify) \_\_\_\_\_

\_\_\_\_\_

**18. If you are over 50 years old, how long has it been since you had an exam or screening for colon cancer?**  
(Select only ONE response)

- ☐ Within the past year
- ☐ 1 - 5 years
- ☐ 6 - 10 years
- ☐ More than 10 years
- ☐ Never
- ☐ Don't know/Not sure

**19. If you are female and over 40 years old, how long has it been since your last mammogram?** (Select only ONE response)

- ☐ Within the past year
- ☐ 1 - 5 years
- ☐ More than 5 years
- ☐ Never
- ☐ Don't know/Not sure

**20. If you are female, how long has it been since your last Pap smear for cervical cancer?** (Select only ONE response)

- ☐ Within the past year
- ☐ 1 - 5 years
- ☐ More than 5 years
- ☐ Never
- ☐ Don't know/Not sure

**21. Are you aware of programs that help people pay for health care expenses?**  
(Select only ONE response)

- ☐ Yes, and I use them
- ☐ Yes, but I do not qualify
- ☐ No
- ☐ Don't know/Not sure

**22. What is your zip code?**  
(Select only ONE response)

- ☐ 56669 Kabetogama
- ☐ 55703 Angora
- ☐ 55710 Britt
- ☐ 55723 Cook
- ☐ 55725 Crane Lake
- ☐ 55771 Orr
- ☐ 55772 Nett Lake
- ☐ 55790 Tower

**23. Are you male or female, or do you identify in a different way?**  
(Select only ONE response)

- ☐ Male
- ☐ Female
- ☐ Identify in a different way
- ☐ Prefer not to answer

**24. What is your age range (in years)?**  
(Select only ONE response)

- ☐ 18 - 24
- ☐ 25 - 34
- ☐ 35 - 44
- ☐ 45 - 54
- ☐ 55 - 64
- ☐ 65 or older

**25. Are you of Hispanic, Latino, or Spanish origin?** (Select only ONE response)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer
- ☐ Don't know/Not sure

**26. With what ethnicity do you most identify?**  
(Select all that apply)

- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Pacific Islander/Native Hawaiian
- ☐ White/Caucasian
- ☐ Other (please specify) \_\_\_\_\_
- ☐ Prefer not to answer
- ☐ Don't know/Not sure

**THANK YOU VERY MUCH FOR YOUR TIME**

**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

## Appendix B: “Other” Survey Comments

### **2. What are the THREE most pressing health concerns in our community?**

**(Select up to 3 responses)**

- Clinic admin services
- Mental health beds
- Wellness exercise facility
- COVID vaccination reluctance
- COVID - need to increase vaccinations
- Loneliness and suicide
- More proactive care prohibited, possibly through policy. Example: we haven't had yearly blood test in 3 years. That should still be standard yearly!
- Delay in getting immediate walk-in health care for primary care. No urgent care locally.
- What our children are taught in the schools
- More EMT service. Need more EMTs.
- Alcohol
- Not enough dental or eye doctors here

### **3. Select the THREE items below that you believe are most important for a healthy community. (Select up to 3 responses)**

- 24/7 gym
- Gym/health club access
- On the job training for all health care services
- No CRT in the schools

### **4. What community resources do you rely upon to help keep you and your family healthy? (Select all that apply)**

- Dental clinic
- Golf
- People gathering, like book clubs, card clubs, VFW burger nights, Lion's org, hospice
- Healthy community activities/gatherings
- Family and friends
- Food boxes
- Pharmacy
- Volunteering
- Sports activities

**5. What are the THREE largest gaps in health care services in our community? (Select up to 3 responses)**

- Dental care specialists
- Help for single parents
- Lack of insurance covered pregnancy - Health Dynamics
- Affordable health care
- I feel that we are very lucky to have the great health care that we do for such a small town
- Affordable emergency options like Urgent Care vs ER visits
- I'm not knowledgeable enough to know

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

- Professional services training! On the job training
- COVID
- COVID - education to get your shot
- Get vaccine to ALL
- Importance of regular check-ups with doctor

**7. What can be done to improve the health of the community?**

- Encourage healthy lifestyles and health choices (12)
- Education (8)
- Increase awareness of the dangers of alcohol and drug use (8)
- Mental health services (4)
- More specialists in the Cook area (4)
- Reduce cost of care (4)
- Increased access to dental services (3)
- Expand access to preventative care (3)
- Increase the number of doctors, NPs (3)
- More good jobs (3)
- Better access to e-cigarette/tobacco use cessation programs (2)
- Mental health stigma training
- Money management at a young age in our schools
- Increase behavioral health options
- More rides for seniors and appointments
- Improve your training for the new and old people who are just out of school.
- Hard to 'fix' when so many choose drugs and alcohol over healthy life choices.
- Offer alternative health care. Prescribe fewer drugs.

- Ensure that there is a full range of health care services available full-time and minimize the need to travel more than 30 miles to get services (specialists, MRI, etc.)
- Information one can TRUST!!!
- Pair up walking groups. Use the school in the winter? Community education for weight loss.
- Get everyone vaccinated!!
- Outlaw smoking, require immunizations
- Figure out a way to get people to the hospital when a train has all the crossings blocked
- The people in my area seem very healthy and happy
- Start a hiking trail by and/or around Cook
- Health care for everyone - which includes dental, eyewear, and hearing devices
- Better communication about what is available and how to access
- Make health care affordable for all - reform health care system
- Provide free clinics
- We have a wonderful health community
- Have more health fairs
- More support for Farmers' Market
- Events to bring community members to hospital, clinic, and dentist services to get to know each other
- Talk to other people (ideas)
- Better working together of the clinic and hospital
- Mental health education for the police departments
- Add a gym and pool for exercise. Have more specific information on diseases that are not common.
- Access to year-round workout facility with realistic hours for people with all types of schedules (open earlier than 8 am and later than 5 pm)
- Work-out Center affordable to all. Pool - swim lessons (YMCA).
- More pressure on politicians for affordable prescriptions, especially insulin
- Lower drug cost
- Have affordable (not Zup) quality groceries and produce available to the community



**8-9. 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 these services or delayed getting them? If yes, what were the most important reasons why you did NOT receive health care services? (Select up to 3 responses)**

- COVID restrictions or concerns (3)
- Not offered to be put on a cancelled list or to see another doctor. Why not?
- Doctors need sensitivity training
- Distance to Duluth for specialists
- Appointment availability/scheduling
- Doctor lacked knowledge

**10. Thinking about the hospital you use most frequently, what are the THREE most important reasons for selecting that hospital? (Select up to 3 responses)**

- Felt comfortable to get good care. My doctor was wonderful at my 2nd visit!
- Billing process is streamlined and simple
- Services provided between hospitalization and clinic association
- Range of services
- Doctor from Duluth area

**11. Do you currently use Cook Hospital for care? (IF NO) What could be done by LOCAL health care facilities to better meet your needs?**

- Haven't needed to be hospitalized (6)
- Access to specialists (4)
- Just the location (3)
- Being able to get ambulance to take you where needed in a reasonable time
- 1. Depends on care needed 2. Outpatient
- Low cost or free services for uninsured individuals
- Expand services for basic treatments
- Have a couple 'open house' type events to let me see the hospital
- Doctor on call actually sees patient 30 minutes after called
- Only use if have referral or emergency
- Area needs help for mental illness. A lot of mental illness in area.
- Insurance coverage. Urgent Care option for affordability.
- I think it's difficult to provide diverse services to such a small community

**12a. Where do you learn about ways to live a healthier life? (Select all that apply) Website (please specify)**

- Mayo Clinic (3)
- Web MD, Mayo website (3)
- Too many to list (2)
- Web MD
- Healthline
- U-tube
- Mayo, Fairview

**12b. Where do you learn about ways to live a healthier life? (Select all that apply) Other (please specify)**

- Books/magazines (6)
- My own experience (5)
- Library (2)
- Weight loss group (2)
- Always been self-motivated to take care of myself
- Family
- CSPI - Nutrition Action newsletter
- MN Dept of Health
- Medical journals
- Internet Google searches
- Insurance e-mails

**13. What type of specialist would you like to have access to MOST in our community? (Select only ONE response)**

- Trained - and most of all experienced
- Naturopathic doctor
- Gastro
- Chiropractor
- Neurology
- Therapeutic massage
- Internal medicine
- Lyme disease specialist
- Dental
- Eye care
- Fitness/lifestyle assistant

#### **14. What inspires you to be healthier?**

- Family (21)
- Feeling better (19)
- Want to live a long and healthy life (18)
- My grandchildren (15)
- My children (14)
- Getting older (6)
- Quality of life (2)
- To be able to stay active
- Quality of life retirement plans
- To be able to enjoy my retirement and to remain active
- Family history of heart disease, osteoporosis, my own risks.
- My wife and her being informed
- Weight
- Obesity of our society!
- Watching kids run and train!
- Cost
- Desire to live free of health issues
- Take my pills
- I inspire myself - long time yoga practitioner - desire to have a healthy old age
- Diet, exercise
- Poor lab results
- Weight loss
- So I can stay home and take care of myself
- Having my mother die way too young
- Old age at 57
- Caring for others, being outdoors
- Life
- Kind of lax right now
- The desire to continue doing things I enjoy . . . gardening, snowmobiling, cross country skiing
- Bad health
- Friends
- The future of my physical and mental health
- Live life to the fullest
- My doctor
- Desire to enjoy all life has for me and long life
- Wanting to maintain an active lifestyle
- Girls

- Want to be able to care for self when older
- Don't want to end up one day in nursing home
- Desire to remain active in older age
- To stay away from too many visits to medical care
- Workouts
- Watching people with health issues - mostly obesity
- The beauty of life

**15. What are the top THREE things you do to help your family and friends stay healthy?**

- Diet (111)
- Exercise (80)
- Outdoor activities (18)
- Annual check-ups (13)
- Proper sleep (11)
- Stay active (11)
- Don't drink/Limit alcohol (7)
- Don't smoke (6)
- Read/educate (5)
- Take vitamins (5)
- Drink water (5)
- Communicate (5)
- Stay positive (4)
- Attend church (4)
- Encouragement (3)
- Follow doctor's orders (2)
- Lifestyle (2)
- Avoid stress (2)
- Watch weight
- Meditation
- Active in community organizations
- Visit family - mental health
- Diabetes awareness
- Clean house
- Be careful
- Do not get wrapped up in political nonsense
- Paying attention to medical research and development
- Work
- Don't do drugs
- No bad habits

- Share my goals
- Care about and for each other
- Health consciousness
- Good mental health
- Keeping the mind as sharp as possible (games, learning new things)
- 1. Offer sound advice when requested 2. Help them with projects
- Limit couch time
- Take time outs
- Be an example
- Be aware of mental health concerns
- 1. Wash hands frequently and bathe often 2. Keep a clean house
- See MD when needed
- Spend time with friends
- Laugh!
- Talk about recipes with each other
- Hobbies and relaxation
- Lose pounds
- Do things together
- Be an active family together
- Share health information
- Play
- Research - online mostly
- 1. Stay in shape 2. Work hard
- Help with work
- Get together
- 1. Manage diabetes 2. Stay informed on COVID

**17. In the past 12 months, please select all of the preventative services you or any household member used. (Select all that apply)**

- Pain management - you name it
- 6-month dental checks
- A1c tests
- Telehealth program through VA
- Therapeutic massage
- MRI, x-rays
- Orthopedics
- Orthopedics, nephrology, mental health, endocrinology, dermatology, cardiology
- Pulmonology/neurology
- Lyme disease check, entire blood draw test, kidneys, etc.

- Lung scan CT
- Salt level check (Lithium)
- Dermatology yearly checkup

# Appendix C: Secondary Data Analysis

## Introduction

There are two different types of sources used to conduct a CHNA. The first type is a primary source that is the initial material that is collected during the research process. Primary data is the data that The Center collects using methods such as surveys, focus groups, key stakeholder interviews, as well as objective data sources. Primary data is a reliable method to collect data as The Center knows the source, how it was collected and analyzed. Secondary data is the analysis of preexisting data. Secondary data analysis utilizes the data that was collected by another entity in order to further a study. Secondary data analysis is useful for organizational planning to complement primary data or if there is not time or resources to gather raw data. It has its drawbacks, however, as data from the different agencies is collected during different timeframes and with varying methods. This can make direct comparisons of secondary data difficult. See [Appendix D](#) for source details and definitions. Please note, the data collected for this report is the most current information as of August 2021. The types of measures selected to analyze in this report were identified based on data available for St. Louis County, Koochiching County, Itasca County, MN, and the US.

For more secondary data information, The Center offers users the ability to extract multiple data elements that are focused on specific scenarios in population health management on the Population Health Portal:  
<https://www.ruralcenter.org/population-health-portal/data>

## Geography and Demographics

	St. Louis	Koochiching	Itasca	MN	US
Population	199,759	12,515	45,141	5,563,378	324,697,795
Land area	6,247	3,104.07	2,667.72	79,626.74	3,531,905.43
Population density	32	4.3	16.9	66.6	87.4
Male	50.1%	49.8%	50.6%	49.8%	49.2%
Female	49.9%	50.2%	49.4%	50.2%	50.8%
Age 0-4	5.1%	4.1%	5.3%	6.3%	6.1%
Age 5-9	5%	5.6%	6.3%	6.5%	6.2%
Age 10-14	5.8%	5%	5.6%	6.6%	6.4%
Age 15-19	6.9%	6.1%	6%	6.4%	6.5%
Age 20-24	9%	4.5%	4.7%	6.4%	6.8%
Age 25-34	11.5%	9.3%	9.6%	13.6%	13.9%
Age 35-44	11.1%	10.1%	11.1%	12.5%	12.6%
Age 45-54	11.7%	13%	12.3%	12.7%	13%
Age 55-64	15.1%	18%	16.6%	13.4%	12.9%
Age 65-74	10.8%	13.5%	13.1%	8.8%	9.1%
Age 75-84	5.5%	6.5%	6.7%	4.6%	4.6%
Age 85+	2.6%	4.3%	2.9%	2.1%	1.9%
White	92.1%	93.6%	92.8%	82.8%	72.5%



	St. Louis	Koochiching	Itasca	MN	US
Black or African American	1.6%	0.6%	0.5%	6.4%	12.7%
Asian	1%	0.4%	0.4%	4.8%	5.5%
American Indian/ Alaska Native	1.8%	3.1%	3.7%	1%	0.8%
Native Hawaiian/ Pacific Islander	0%	0%	0%	0%	0.2%
Hispanic or Latino	1.7%	1.3%	1.5%	5.4%	18%
Some Other Race	0.5%	0.9%	0.2%	1.9%	5.5%
Two or More Races	3%	1.4%	2.4%	3%	3.3%
Disabled	14.2%	17.4%	15.7%	10.8%	12.6%
Veterans	8.7%	10.6%	10.7%	7%	7.3%

## Health Outcomes

Indicators for St. Louis County that are equal to or better than the state average are green. St. Louis County indicators that are worse than the state average are pink.

	St. Louis	Koochiching	Itasca	MN	US
Years potential life lost per 100,000 population	7,000	6,900	6,900	5,300	N/A
Life expectancy	79	79.8	79.4	80.9	78.7
Fair or poor health	14%	16%	14%	13%	17%
Poor physical health days	3.6	3.9	3.7	3.1	3.7

	St. Louis	Koochiching	Itasca	MN	US
Poor mental health days	4.1	3.9	3.9	3.5	4.1
Low birth weight	7%	7%	7%	7%	8.3%
Diabetes prevalence	9%	11%	13%	9%	11%
HIV prevalence per 100,000 population	79	N/A	52	184	373
Suicide death rate per 100,000	22	16	24	14	14

## Social and Economic

Indicators for St. Louis County that are equal to or better than the state average are green. St. Louis County indicators that are worse than the state average are pink.

	St. Louis	Koochiching	Itasca	MN	US
Less than 9 <sup>th</sup> grade	1.4%	2.8%	1.3%	2.9%	5.1%
9th to 12th grade, no diploma	4.1%	5.4%	4.7%	4%	6.9%
High School Degree (includes equivalency)	27.2%	35.7%	30%	24.6%	27%
Some college, no degree	24.9%	28.8%	26.8%	21%	20.4%
Associates Degree	13.1%	11.8%	14.1%	11.5%	8.5%
Bachelor's Degree	19.2%	11.2%	15.8%	23.7%	19.8%
Graduate Degree	10.1%	4.3%	7.2%	12.4%	12.4%

	St. Louis	Koochiching	Itasca	MN	US
Unemployment rate	4%	5%	4.8%	3.7%	5.3%
Median household income	\$60,200	\$52,500	\$58,700	\$74,500	\$65,700
Poverty	14.1%	13.6%	12.2%	9.7%	13.4%
Children in poverty	14.5%	19.2%	15.9%	12.2%	18.5%
Free/reduced price lunch eligible	38%	40%	47%	36%	52%
Residential segregation – non-white/white	38	27	40	48	47
Violent crime rates per 100,000	239	127	164	236	379
Injury deaths per 100,000	87	88	104	67	72

## Health Behaviors

Indicators for St. Louis County that are equal to or better than the state average are green. St. Louis County indicators that are worse than the state average are pink.

	St. Louis	Koochiching	Itasca	MN	US
Current smokers	21%	21%	21%	16%	16%
No leisure time for physical activity	20%	28%	23%	20%	23%
Recreation and fitness facility access	82%	72%	64%	87%	84%

	St. Louis	Koochiching	Itasca	MN	US
Adult obesity	28%	33%	36%	29%	31%
Food insecurity	10.5%	12.6%	11.1%	7.7%	10.9%
Excessive drinking	25%	24%	21%	23%	19%
Alcohol-impaired driving deaths	35%	13%	42%	30%	28%
Teen birth rate per 1,000 female	13	14	20	13	19

## Physical Environment

Indicators for St. Louis County that are equal to or better than the state average are green. St. Louis County indicators that are worse than the state average are pink.

	St. Louis	Koochiching	Itasca	MN	US
Air pollution – particulate matter	5.2	4.8	5.2	6.3	7.2
Severe housing problems	14%	12%	12%	13%	18%

## Clinical Care

Indicators for St. Louis County that are equal to or better than the state average are green. St. Louis County indicators that are worse than the state average are pink.

	St. Louis	Koochiching	Itasca	MN	US
Uninsured	5.2%	7.4%	7%	5.8%	10.8%
Uninsured children	2.8%	4.7%	4.4%	3.1%	5.6%
Access to primary care physicians	780:1	3,110:1	1,100:1	1,120:1	1,320:1

	St. Louis	Koochiching	Itasca	MN	US
Access to mental health providers	360:1	720:1	370:1	370:1	380:1
Access to dentists	1,090:1	2,450:1	1,410:1	1,340:1	1,400:1
Medicare patients with mammogram within past two years	46%	47%	48%	39%	36%
Medicare patients with annual influenza vaccination	47%	26%	45%	56%	50%
Medicare diabetics with hemoglobin A1c test within past year	88.9%	94%	83.4%	88.1%	N/A
Adults over age 50 ever reporting having a colonoscopy or sigmoidoscopy	3%	6%	4%	4%	7%
Pneumonia vaccination age 65+ within last year	6%	1%	6%	10%	11%

# Hospital Compare

## Survey of Cook Hospital's Patients' Experiences

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a national survey that asks patients about their experiences during a recent hospital stay. Cook Hospital's scores are better than the state and national averages on all questions, but one. *Source: [Hospital Compare](#)*

	Cook Hospital	MN	US
Given information about what to do during their recovery at home	93%	89%	87%
Doctors "Always" communicated well	95%	85%	82%
Room and bathroom were "Always" clean	88%	80%	76%
"Always" received help as soon as they wanted	92%	76%	70%
Nurses "Always" communicated well	91%	84%	81%
YES, they would definitely recommend the hospital	85%	77%	72%
Rated hospital 9 or 10	90%	78%	73%
Area around their room was "Always" quiet at night	84%	69%	62%
Staff "Always" explained about medicines before giving it to them	63%	69%	66%
"Strongly Agree" they understood their care when they left	60%	57%	54%

## Survey of Patients' Experiences: Comparable Hospitals

Comparative results are included below for hospitals that survey respondents identified as hospitals where they go for health care. Cook Hospital's scores were comparable to those of the identified hospitals.

	<b>Cook Hospital</b>	<b>Bigfork Valley Hospital</b>	<b>North Shore Health</b>
Given information about what to do during their recovery at home	93%	94%	85%
Doctors "Always" communicated well	95%	93%	100%
Room and bathroom were "Always" clean	88%	89%	94%
"Always" received help as soon as they wanted	92%	86%	98%
Nurses "Always" communicated well	91%	88%	95%
YES, they would definitely recommend the hospital	85%	94%	87%
Rated hospital 9 or 10	90%	92%	80%
Area around their room was "Always" quiet at night	84%	82%	90%
Staff "Always" explained about medicines before giving it to them	63%	84%	85%
"Strongly Agree" they understood their care when they left	60%	68%	52%

# Appendix D: Index of Secondary Data Indicators

Data Areas	Description	Source and Dates
Population	Total population residing in the area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Land area	Area in square miles.	<a href="#">American FactFinder</a> , US Census Bureau. 2010
Population density	Total persons per square mile.	<a href="#">American FactFinder</a> , US Census Bureau. 2010
Male	Percent of male population.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Female	Percent of female population.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Age 0-4	Percentage of total population aged 0-4 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Age 5-9	Percentage of total population aged 5-9 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Age 10-14	Percentage of total population aged 10-14 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Age 15-19	Percentage of total population aged 15-19 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Age 20-24	Percentage of total population aged 20-24 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019



Data Areas	Description	Source and Dates
Age 25-34	Percentage of total population aged 25-34 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Age 35-44	Percentage of total population aged 35-44 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Age 45-54	Percentage of total population aged 45-54 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Age 55-64	Percentage of total population aged 55-64 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Age 65-74	Percentage of total population aged 65-74 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Age 75-84	Percentage of total population aged 75-84 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Age 85+	Percentage of total population aged 85+ in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Black or African American	A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black or African American," or report entries such as African American, Kenyan, Nigerian, or Haitian.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019

Data Areas	Description	Source and Dates
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. This includes people who reported detailed Asian responses such as: "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian" or provide other detailed Asian responses.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
American Indian/Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. This category includes people who indicate their race as "American Indian or Alaska Native" or report entries such as Navajo, Blackfeet, Inupiat, Yup'ik, or Central American Indian groups or South American Indian groups.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Native Hawaiian/Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who reported their race as "Fijian," "Guamanian or Chamorro," "Marshallese," "Native Hawaiian," "Samoan," "Tongan," and "Other Pacific Islander" or provide other detailed Pacific Islander responses.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Hispanic or Latino	The estimated population that is of Hispanic, Latino, or Spanish origin.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Some other race	A person identifying as some other race.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019

Data Areas	Description	Source and Dates
Two or more races	People may choose to provide two or more races either by checking two or more race response check boxes, by providing multiple responses, or by some combination of check boxes and other responses. For data product purposes, "Two or More Races" refers to combinations of two or more of the following race categories: "White," "Black or African American," "American Indian or Alaska Native," "Asian," "Native Hawaiian or Other Pacific Islander," or "Some Other Race"	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Disabled	Total civilian noninstitutionalized population with disability.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Veterans	Percent of the civilian population 18 years of age and older who served in the US military.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Years potential life lost	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	<a href="#">County Health Rankings</a> . 2017-19
Life expectancy	Average number of years a person can expect to live.	<a href="#">County Health Rankings</a> . 2017-19  <a href="#">Centers for Disease Control and Prevention</a> , National Center for Health Statistics. 2018
Fair or poor health	Percentage of adults reporting fair or poor health (age-adjusted).	<a href="#">County Health Rankings</a> . 2018  Centers for Disease Control and Prevention, <a href="#">Behavioral Risk factor Surveillance System Prevalence and Trends Data</a> . 2018
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	<a href="#">County Health Rankings</a> . 2018

Data Areas	Description	Source and Dates
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	County Health Rankings. <a href="#">2021 National Statistics Reference Table</a>  <a href="#">County Health Rankings</a> . 2018  County Health Rankings. <a href="#">2021 National Statistics Reference Table</a>
Low birth weight	Percentage of live births with low birthweight (< 2,500 grams).	<a href="#">County Health Rankings</a> . 2013-19  <a href="#">Centers for Disease Control and Prevention</a> , National Center for Health Statistics. 2019
Diabetes prevalence	Percentage of adults aged 20 and above with diagnosed diabetes.	<a href="#">County Health Rankings</a> . 2018  County Health Rankings. <a href="#">2021 National Statistics Reference Table</a>
HIV prevalence	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.	<a href="#">County Health Rankings</a> . 2018  County Health Rankings. <a href="#">2021 National Statistics Reference Table</a>
Suicide death rate	Crude rate per 100,000 population of deaths with leading cause of death as suicide.	<a href="#">County Health Rankings</a> . 2015-19  County Health Rankings. <a href="#">2021 National Statistics Reference Table</a>
Less than 9th grade education	Population 25 years and over without a high school degree.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
9th to 12th grade, no diploma	Population 25 years and over 9th to 12th grade education but no diploma.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019

Data Areas	Description	Source and Dates
High School Degree (includes equivalency)	Population 25 years and over with a high school degree (includes equivalency).	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Some college, no degree	Population 25 years and over with some college but no degree.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Associate's Degree	Population 25 years and over with an Associate's Degree.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Bachelor's Degree	Population 25 years and over with a bachelor's degree.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Graduate or Professional Degree	Population 25 years and over with a graduate or professional degree	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Unemployment rate	Unemployment rates, not seasonally adjusted.	US Department of Labor, <a href="#">Bureau of Labor Statistics</a> . May, 2021
Median household income	Median income of households in the geographic area.	<a href="#">County Health Rankings</a> . 2018  <a href="#">County Health Rankings</a> . <a href="#">2021 National Statistics Reference Table</a>
Poverty	Percent of all individuals below the poverty level.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Children in poverty	Percent of children below 18 years old below the poverty level.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Free/reduced price lunch eligible	Percentage of children enrolled in public schools that are eligible for free or reduced-price lunch.	<a href="#">County Health Rankings</a> . 2016-17

Data Areas	Description	Source and Dates
Residential segregation – Non-white/white	Index of dissimilarity where higher values indicate greater residential segregation between non-white and white county residents. A demographic measure of the evenness with which two groups (non-white and white residents, in this case) are distributed across the component geographic areas (census tracts, in this case) that make up a larger area (counties, in this case). The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation).	<p>National Center for Education Statistics, <a href="#">Digest of Education Statistics</a>. 2015-16</p> <p><a href="#">County Health Rankings</a>. 2015-19</p> <p>County Health Rankings. <a href="#">2021 National Statistics Reference Table</a></p>
Violent crime rates	Number of reported violent crime offenses per 100,000 population.	<p><a href="#">County Health Rankings</a>. 2014-16</p> <p><a href="#">Crime Data Explorer</a>, Federal Bureau of Investigation. 2019</p>
Injury deaths	Number of deaths due to injury per 100,000 population (includes planned (e.g., homicide or suicide) and unplanned (e.g., motor vehicle deaths) injuries).	<p><a href="#">County Health Rankings</a>. 2015-19</p> <p>County Health Rankings. <a href="#">2021 National Statistics Reference Table</a></p>
Current smokers	Percentage of adults who are current smokers (smoke every day or most days and have smoked at least 100 cigarettes in their lifetime).	<p><a href="#">County Health Rankings</a>. 2018</p> <p>Centers for Disease Control and Prevention, <a href="#">Behavioral Risk factor Surveillance System Prevalence and Trends Data</a>. 2018</p>
No leisure time for physical activity	Percentage of adults age 20 and over reporting no leisure-time physical activity in the past month (such as running, calisthenics, golf, gardening, or walking for exercise)	<p><a href="#">County Health Rankings</a>. 2017</p> <p>County Health Rankings. <a href="#">2021 National Statistics Reference Table</a></p>

Data Areas	Description	Source and Dates
Recreation and fitness facility access	Percentage of population with adequate access to locations for physical activity (reside in a census block that is within a half mile of a park or reside in a rural census block that is within three miles of a recreational facility).	<a href="#">County Health Rankings</a> . 2010-19  <a href="#">County Health Rankings</a> . <a href="#">2021 National Statistics Reference Table</a>
Adult obesity	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.	<a href="#">County Health Rankings</a> . 2017  Centers for Disease Control and Prevention, <a href="#">Behavioral Risk factor Surveillance System Prevalence and Trends Data</a> . 2016
Food insecurity	Percentage of population who lack adequate access to food during the past year (with a lack of access, at times, to enough food for an active, healthy life or uncertain availability of nutritionally adequate foods).	Feeding America, <a href="#">Map the Meal Gap</a> . 2019
Excessive drinking	Percentage of adults reporting binge or heavy drinking (Binge drinking is defined as a woman consuming more than four alcoholic drinks during a single occasion or a man consuming more than five alcoholic drinks during a single occasion. Heavy drinking is defined as a woman drinking more than one drink on average per day or a man drinking more than two drinks on average per day).	<a href="#">County Health Rankings</a> . 2018  <a href="#">County Health Rankings</a> . <a href="#">2021 National Statistics Reference Table</a>
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement.	<a href="#">County Health Rankings</a> . 2015-19  Centers for Disease Control and Prevention, Impaired Driving, <a href="#">Motor Vehicle Safety</a> . 2016
Teen birth rates	Number of births per 1,000 female population ages 15-19.	<a href="#">County Health Rankings</a> . 2013-19

Data Areas	Description	Source and Dates
		Centers for Disease Control and Prevention, <a href="#">Reproductive Health: Teen Pregnancy</a> . 2017
Air pollution-particle matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	<a href="#">County Health Rankings</a> . 2016 County Health Rankings. <a href="#">2021 National Statistics Reference Table</a>
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	<a href="#">County Health Rankings</a> . 2013-17 County Health Rankings. <a href="#">2021 National Statistics Reference Table</a>
Uninsured	Percentage of population under age 65 without health insurance.	US Census Bureau, <a href="#">Small Area Health Insurance Estimates Program</a> . 2019
Uninsured children	Percentage of population under age 18 without health insurance.	US Census Bureau, <a href="#">Small Area Health Insurance Estimates Program</a> . 2019
Access to primary care physicians	Ratio of population to primary care physicians (practicing non-federal physicians (M.D.s and D.O.s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics).	<a href="#">County Health Rankings</a> . 2018 County Health Rankings. <a href="#">2021 National Statistics Reference Table</a>
Access to mental health providers	Ratio of population to mental health providers (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care).	<a href="#">County Health Rankings</a> . 2020 County Health Rankings. <a href="#">2021 National Statistics Reference Table</a>
Access to dentists	Ratio of population to dentists (registered dentists with a National Provider Identification).	<a href="#">County Health Rankings</a> . 2019



Data Areas	Description	Source and Dates
		County Health Rankings. <a href="#">2021 National Statistics Reference Table</a>
Medicare patients with mammogram within past two years	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.	Centers for Medicare and Medicaid Services, <a href="#">Mapping Medicare Disparities</a> . 2019
Medicare patients with annual influenza vaccination	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	Centers for Medicare and Medicaid Services, <a href="#">Mapping Medicare Disparities</a> . 2019
Medicare diabetes with hemoglobin A1c test within past year	Percentage of diabetic Medicare enrollees with hemoglobin A1c test within past year	<a href="#">The Dartmouth Atlas of Health Care</a> . 2015
Adults over age 50 ever reporting having a colonoscopy or sigmoidoscopy	Medicare enrollees over age 50 ever reporting having a colonoscopy or sigmoidoscopy.	Centers for Medicare and Medicaid Services, <a href="#">Mapping Medicare Disparities</a> . 2019
Pneumonia vaccination age 65+ within last year	Medicare enrollees over age 65 receiving a pneumococcal vaccination within the last year.	Centers for Medicare and Medicaid Services, <a href="#">Mapping Medicare Disparities</a> . 2019

# Appendix E: Focus Group Invitation and Questions

## Invitation

Dear [insert name],

We invite you to **participate in a focus group** conducted by the National Rural Health Resource Center on behalf of Cook Hospital. Focus groups are an excellent way for community members to share their opinions in an honest, yet confidential environment. The goal of this focus group is to assist Cook Hospital in identifying strengths and needs of health services for the region.

This information will be used for strategic planning, grant applications, new programs, and by community groups interested in addressing health in the region. This process will help to maintain quality health care in the community.

Participants for focus groups were identified as those living in the area that represent different groups of health care users. Whether you, or a family member, are involved with local health care services or not, this is your chance to help guide high quality local health services in the future.

We invite you to participate in a virtual 2-hour focus group via Zoom. Below are four available times, please select the one that best works with your schedule and confirm your attendance by contacting Keely Lonetto at the National Rural Health Resource Center at [klonetto@ruralcenter.org](mailto:klonetto@ruralcenter.org) **by Friday, July 23<sup>rd</sup>**.

- [insert time options]

Your identity is not part of the focus group report and your individual responses will be kept confidential.

We look forward to your participation. Thank you.

Sincerely,



Tracy Morton, Director of Population Health  
National Rural Health Resource Center

## Questions

The questions below are the types of questions that will be asked during this focus group. The purpose of this focus group is to identify the strengths and needs of health services in the Cook Hospital area. No identifiable information will be disclosed in the report and the results will assist the medical center with future care and planning.

- Are you surprised about what this data reveals about your community, or is what you expected?
- Do you find any particular statistic surprising?
- Are some population groups healthier than other groups? If yes, which ones?
- Are some population groups suffering more than other groups? If yes, which ones?
- In your opinion, what are some of the barriers to accessing care in this region?
- What do you think Cook Hospital could do to increase the health of the community? Where are opportunities to collaborate?
- What is the greatest health need in this community?

# Appendix F: Key Stakeholder Invitation and Questions

## Invitation

Dear [insert name],

You have been identified as a leader in the community and we would like to hear from you about your perspectives on the health of the community. Please accept this invitation to **participate in a key stakeholder interview** conducted by the National Rural Health Resource Center on behalf of Cook Hospital. The purpose of the interview will be to identify strengths and needs of community health for the region.

This information will be used for strategic planning, grant applications, new programs, and by community groups interested in addressing health issues. This process was developed to maintain quality health care to serve the continuing and future needs of the community.

Whether you, or a family member, are involved with local health care services or not, this is your opportunity to help guide responsive, high quality local health services in the future.

We invite you to participate in a virtual 1-hour one-to-one interview via Zoom. Your help is very much appreciated in this effort.

Below are available times. Please select the one that works best with your schedule and confirm your willingness to participate before [insert date] by contacting Keely Lonetto at [klonetto@ruralcenter.org](mailto:klonetto@ruralcenter.org). If no times work, please email Keely and she will work on finding a date that works best with your schedule.

- [insert multiple time options]

No identifiable information will be disclosed and individual responses will be kept confidential.

We look forward to your participation. Thank you.

Sincerely,



Tracy Morton, Director of Population Health  
National Rural Health Resource Center

## Questions

The questions below are the types of questions that will be asked during the key informant interview. The purpose of this interview is to identify the strengths and needs of health services in your community. No identifiable information will be disclosed and the results will assist the health care organization with future care and planning.

- Are you surprised about what this data reveals about your community, or is what you expected?
- Do you find any particular statistic surprising?
- Are some population groups healthier than other groups? If yes, which ones?
- Are some population groups suffering more than other groups? If yes, which ones?
- In your opinion, what are some of the barriers to accessing care in this region?
- What do you think Cook Hospital could do to increase the health of the community? Where are opportunities to collaborate?
- What is the greatest health need in this community?