

Ely-Bloomenson Community Hospital

Ely, MN

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

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NATIONAL
RURAL HEALTH
RESOURCE CENTER

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

218-727-9390 | info@ruralcenter.org

Get to know us better: www.ruralcenter.org



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INTRODUCTION

Ely-Bloomenson Community Hospital (EBCH) is a 21-bed critical access hospital with an independent nursing home and clinic located on the same campus in Ely, Minnesota. EBCH participated in Community Health Needs Assessment services administrated by the National Rural Health Resource Center (The Center) of Duluth, Minnesota.

In the spring of 2018, The Center conferred with leaders from EBCH 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
- Utilization and perception of local health services
- Perception of community health

Sampling

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

Survey Implementation

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

One-hundred-ninety-seven (197) of the mailed surveys were returned, providing a 27% 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 5.97. Note that 73 of the original 800 surveys sent were returned by the U.S. Postal Service as undeliverable.

A series of key informant interviews, focus group discussions, and a secondary data analysis were also conducted to add more information to the CHNA findings.

Methodology and findings of the key informant interviews, focus groups, and secondary data analysis are discussed in the report and in [Appendix C](#). Secondary data analysis includes the entire geographic areas of St. Louis County (including the metropolitan Duluth area), Itasca County, and Lake County as well as state and national.

Recommendations are included for developing and implementing program plans to address key health issues identified by the community. A copy of the survey instrument is included in [Appendix A](#).

Report Findings May be Used For:

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

SURVEY FINDINGS

The Center administered CHNA services with EBCH in 2015 where 800 surveys were mailed; 320 surveys were returned, providing a 42% response rate. Comparative data is included in this report at minimal locations because the questions were different in the 2018 survey.

In the following tables and graphs, the question asked on the mailed survey is **emboldened** and the question number from the mailed survey is appropriately labeled as "Q4".

Findings from the key informant interviews, focus groups, and secondary data analysis are included when describing the survey findings, where applicable.

Secondary data for St. Louis County is also included in the survey findings to show county and state comparisons, when applicable.

Survey Demographics

The lists below indicate the demographic characteristics of the 2018 survey respondents. In 2018, the majority of the survey respondents lived in Ely and were 56-75 years old. Slightly more than half of the respondents were female. (N=197)

In 2015, 72% of respondents lived in Ely, 62% were female, and 58% were age 56-75.

The graphs represent secondary data collected for St. Louis County and compare to state averages. In St. Louis County, 93% of the population is white. The median age is 41 and 17% of the population is over 65, which is slightly higher than the state average. Ten percent of the population in St. Louis County are veterans and 14% are disabled, again slightly higher than state averages.

Q14: Place of Residence of Respondents

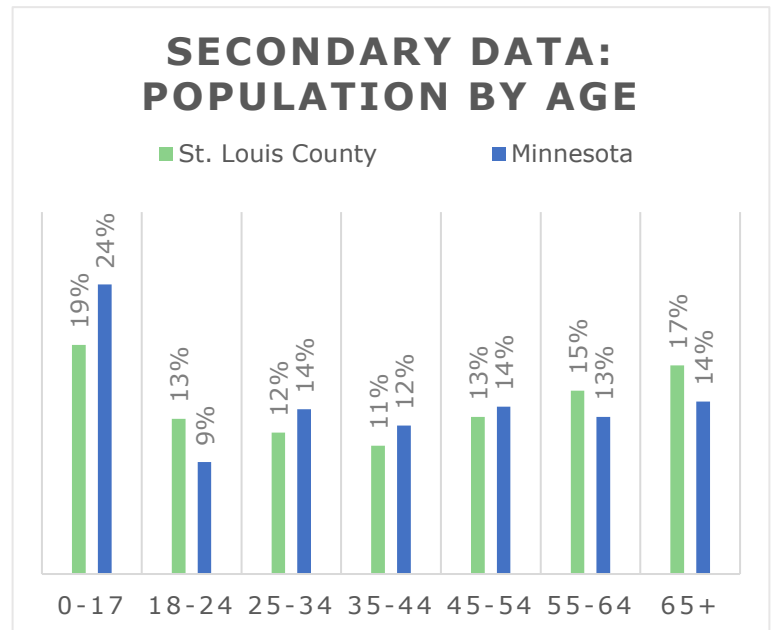
- **57% Ely (n=112)**
- 25% Babbitt (n=49)
- 6% Soudan (n=12)
- 5% Winton (n=9)
- 5% Tower (n=9)
- 2% Isabella (n=3)
- 2% No answer (n=3)

Q15: Gender of Respondents

- **53% Female (n=105)**
- 44% Male (n=87)
- 2% No answer (n=4)
- 1% Other (n=1)

Q16: Age of Respondents (years)

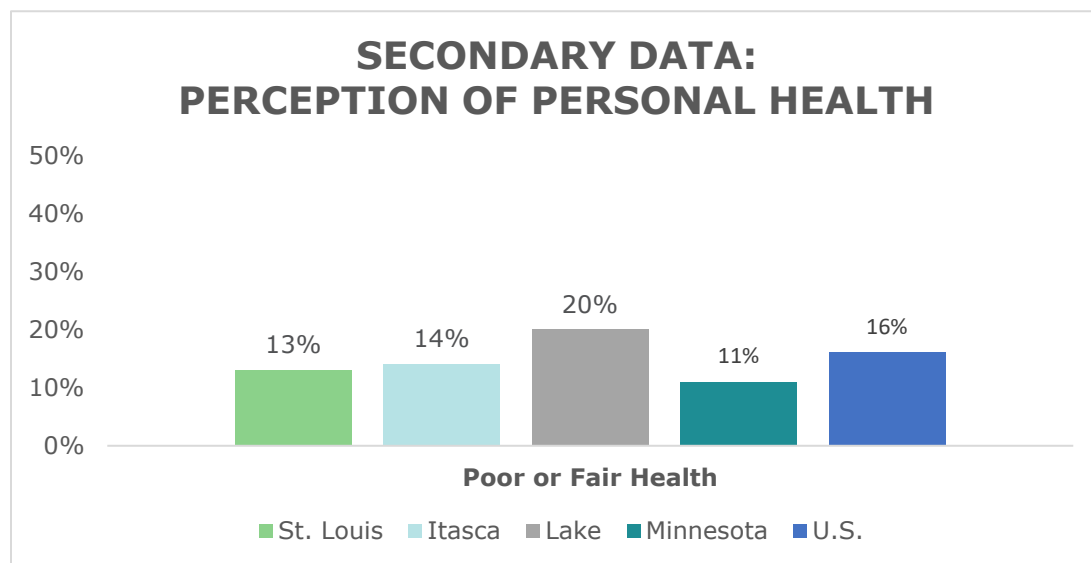
- 0% 18-25 (n=0)
- 5% 26-35 (n=10)
- 7% 36-45 (n=14)
- 9% 46-55 (n=18)
- **23% 56-65 (n=45)**
- **30% 66-75 (n=60)**
- 18% 76-85 (n=35)
- 6% 86+ (n=12)
- 2% No Answer (n=3)



Perception of Personal Health and Emotional Support

Q12: Overall, how would you rate your personal health? In 2018, 77% of respondents rate their personal health as “healthy” or “somewhat healthy”. This question was not asked in 2015. (N=197)

Perception of Personal Health					
No Answer	Very Healthy	Healthy	Somewhat Healthy	Unhealthy	Very Unhealthy
2% n=4	13% n=26	47% n=93	30% n=60	5% n=10	2% n=4

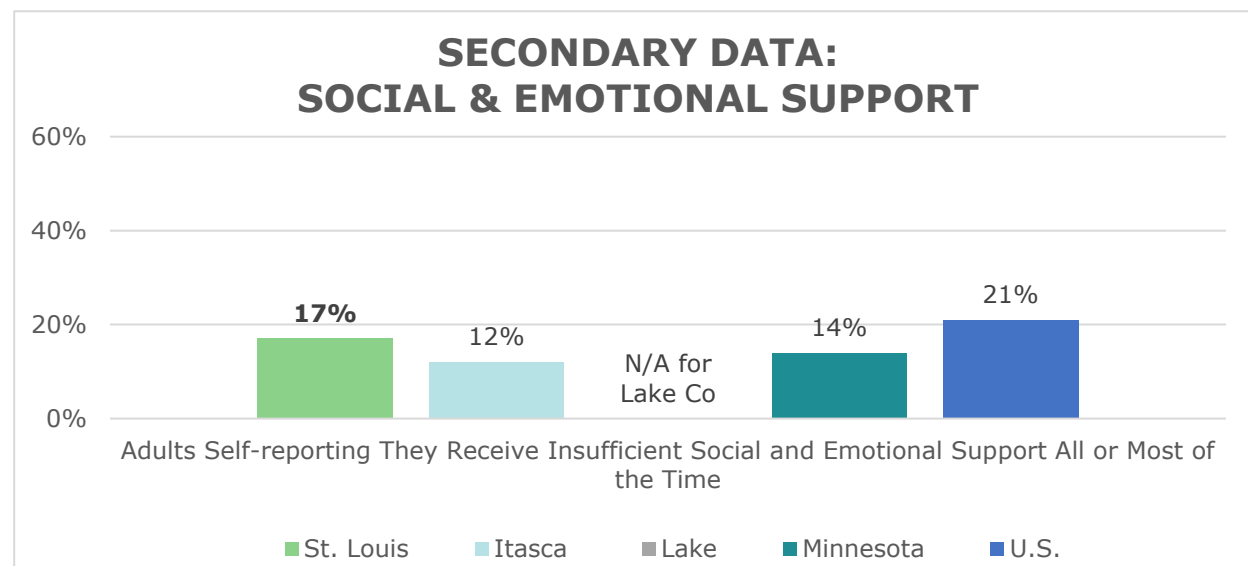
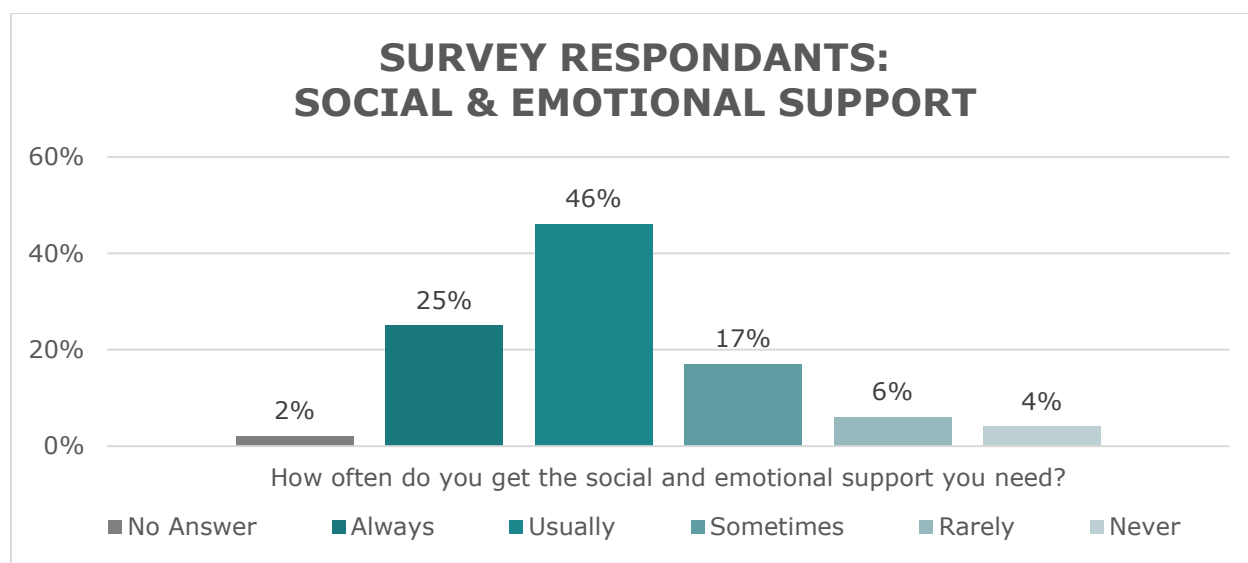


According to secondary data, 13% of adults in St. Louis County self-report having poor or fair health in response to the question "Would you say that in general your health is excellent, very good, good, fair, or poor?" the 2018 survey findings noted that 7% report they are “unhealthy” or “very unhealthy”. According to the [2015 Bridge to Health Survey](#), designed to gather population-based health data on adult residents in Northeastern Minnesota and Northwestern Wisconsin, 12% of adults in St. Louis County not including Duluth report poor or fair health.

Focus group participants characterized the health of the people in the area as generally good, with people being active, independent, and resilient. They noted, however, that there are factions of the community with below average and poor health, including the large older population, population with unhealthy lifestyles, (i.e., alcohol/drug use, poor nutrition, inactivity), those in poverty and low incomes who experience problems with access to food, medical care, and other basic needs. Similarly, key informants described the population as generally in good health, but with a mixture of health status based on age and lifestyle behaviors.

Q13: How often do you get the social and emotional support you need?

Social and emotional support is critical for mental wellness and is also linked to educational achievement and economic stability. **Ten percent of survey respondents indicated they “rarely” or “never” get needed social and emotional support.** (N=197) According to secondary data, 17% of adults in St. Louis County self-report that they receive insufficient social and emotional support all or most of the time.



Focus group participants described circumstances that can lead to lower social and emotional support, such as a social isolation during the long winter months, with an inability to get outdoors, unsafe outdoor walking due to ice, and longer periods without daylight. Participants did describe a good sense of community in the area, however they noted the need for mental health and chemical dependency services.

According to the [2015 Bridge to Health Survey](#), 14% of adults lack adequate social and emotional support. Moreover, 27% of adults in St. Louis County (not including Duluth) have been told by a health professional that they have or had depression, 65% have never had any preventative screening for anxiety or depression, and 17% failed to seek or delayed help from a health professional for mental health problems in the past 12 months. Eighteen percent reported they had been screened in the past year for depression or anxiety by a health care professional. Looking at secondary data collected for St. Louis County, 19% of the Medicare population has depression, slightly lower than the state average of 20%.

Community Health

Q1: What do you consider to be our community’s greatest health and wellness strengths? This was an open-ended question where respondents were able to write in any answer they wanted. The top answers are listed below. See the full list of answers in [Appendix B](#).

- Having local health care facilities (46)
- Quality staff (33)
- Outdoor activities/environment (11)

Q2: In your opinion, what would improve our community’s access to health care? The most frequently selected way to improve community health was “more specialists” followed by “more primary care providers”. “Transportation assistance” also ranked high as a way to improve community health and was mentioned in the key informant interviews and focus groups. Respondents were asked to select three that apply, so totals do not equal 100%. (n=185)

Ways to Improve Community Health	n=	2018
More specialists	113	61%
More primary care providers	68	37%
Transportation assistance	54	29%
Expanded service hours	48	26%
Convenient care	44	24%
Greater health education services	31	17%
Improved quality of care	31	17%
Telemedicine	30	16%
Other	19	10%

In St. Louis County, including Duluth, there are 13.7 primary care providers per 10,000 population, 19.6 mental health providers, and 8.1 dental providers. These numbers are likely diminished in the rural areas of the county.

Q3: What are the three largest gaps in health care services in our community? “Mental health services”, “availability of services/providers”, and “not knowing how to access services” are cited as the largest gaps in health care services and were mentioned frequently in key informant interviews and focus groups. (n=181)

Health Care Service Gaps	n=	2018
Mental health services	82	45%
Availability of services/provider	79	44%
Not knowing how to access services	59	33%
Geriatric (senior) care	42	23%
Substance abuse services	42	23%
Pain management	41	23%
Services for low income	33	18%
Primary care	32	18%
Prescription drug assistance	28	15%
Other	23	13%
End-of-life care	21	12%

Focus group participants described the greatest health needs in the area as:

- Mental health and chemical dependency, noting a lack of local services
- Transportation
- Lack of places to exercise, especially in winter
- Economic conditions that impact health, i.e., poverty, lack of living wage jobs, inability to meet basic needs
- Services for older adults

Key informants described the greatest health needs in the area as:

- Mental health/behavioral health services
- Access and transportation
- Lifestyle and preventative health services
- Specialty care
- OB/GYN/birthing services

In 2015, the three most serious health issues in the community were alcohol/drug abuse (60%), cancer (46%) and obesity (33%). Mental health issues (26%) were the fourth most serious issue identified. In St. Louis County, there is a 19.6 rate of mental health providers available per 10,000 population, lower than the state average of 20.5.

Q4: What can Ely-Bloomenson Community Hospital do to better meet the health needs of the community? This was an open-ended question where respondents were able to write in any answer they wanted. The top answers are listed below. See the full list of answers in [Appendix B](#).

- Urgent care
- Access and cost
- Specialist accessibility

Focus group participants described a variety of ways EBCH could aid in improving community health, including suggestions on collaboration. Most notable ideas included:

- Develop a broad spectrum of services to address mental health and chemical dependency; i.e. crisis care, inpatient, out-patient, and follow-up services
- Address lack of transportation services
- Improve continuity of care for vulnerable populations
- Become more involved with community partners in addressing local economic and community issues

Key informants also were asked to describe ways EBCH could aid in improving community health and ideas for increased collaboration. Topics to address to improve health included:

- Supporting families and children, as well as the elderly
- Providing services for mental health
- Collaborating and communicating effectively with the community

Key informants felt EBCH could collaborate with different community stakeholders, such as the school, the city, local government and emergency medical services. Collaborating with the school to provide education and preventative services to support mental health and address stigma, drug abuse and physical activity could be especially beneficial to the health of the community. It was also suggested the hospital expand its outreach by utilizing telehealth to keep people close to home.

Hospital Care

Q5: 70% of respondents say “Yes”, they received care in a hospital in the past three years. (N=197) In 2015, 83% of respondents visit the “Ely emergency room (ER)” for routine health care services. In 2015, the ER was also the most utilized service (43%) at EBCH within the last three years.

Q6: If yes, which hospital does your household use the MOST for hospital care? (N=197)

In 2018, “EBCH” is the most frequently utilized hospital with 46% of respondents.

Hospital Utilized	n=	2018
Ely-Bloomenson Community Hospital	91	46%
No Answer	60	30%
Other	26	13%
Essentia Health Virginia	15	8%
VA Hospital	3	2%
Cook Hospital	2	1%

Among “other” responses, “Duluth Essentia/St. Mary’s” received 21 responses (11%).

Reasons for Selecting the Hospital

Q7: Thinking about the hospital you use most frequently, what were the three most important reasons for selecting that hospital? “Closest to home” is the most frequently identified reason of importance for selecting a hospital. “Prior experience with hospital” is also a top reason for half of all respondents. The third most important reason is “emergency, no choice”. Respondents were asked to select three that apply, so totals do not equal 100%. (n=195)

Reason for Selecting Hospital	n=	2018
Closest to home	138	71%
Prior experience with hospital	98	50%
Emergency, no choice	74	38%
Referred by physician	68	35%
Hospital’s reputation for quality	59	30%
Required by insurance	37	19%
Recommended by family or friends	18	9%
Other	13	7%
Required by VA/military	6	3%

Focus group participants described EBCH’s major strengths as:

- High quality staff
- Physical therapy and other therapy services
- Technology
- Very low infection rate
- Imaging services
- Expanded surgery services
- EBCH dedication to expanding all types of services

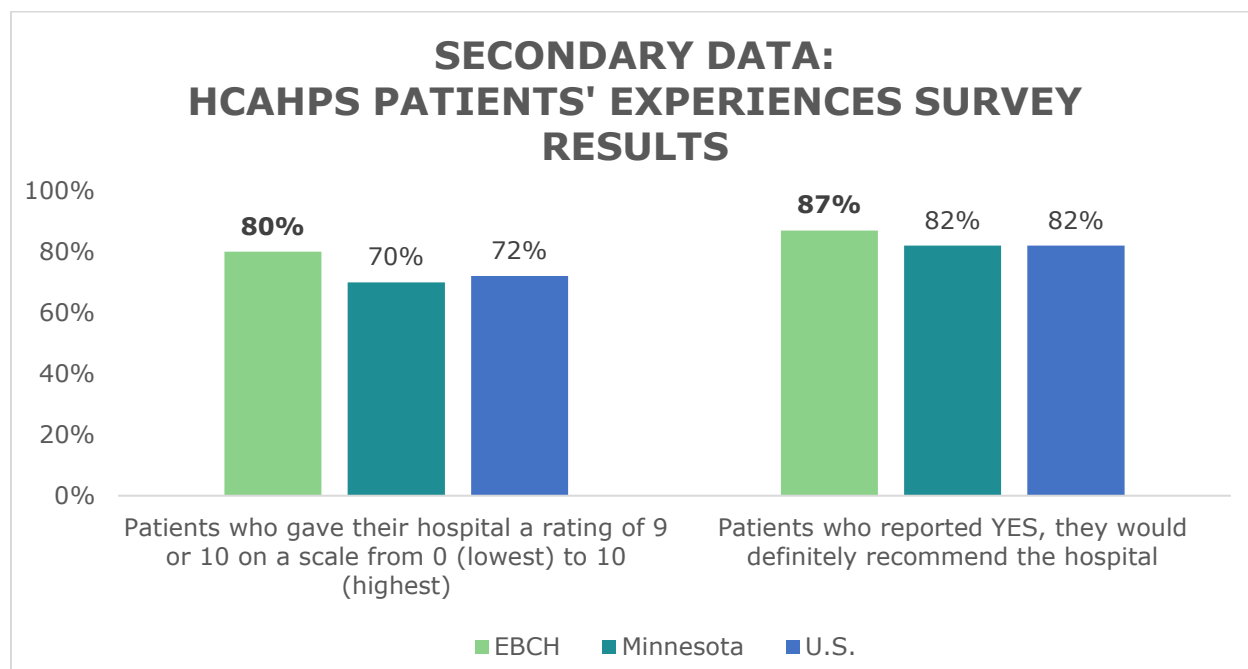
Focus group participants described the advantages of having care available locally as not having to drive out of the area for care and knowing your health care

providers. There were many positive comments indicating that the hospital has a very good reputation and is viewed as vital asset in the community. No negative comments regarding the quality of care were expressed by any of the participants.

Key informants described EBCH’s major strengths as:

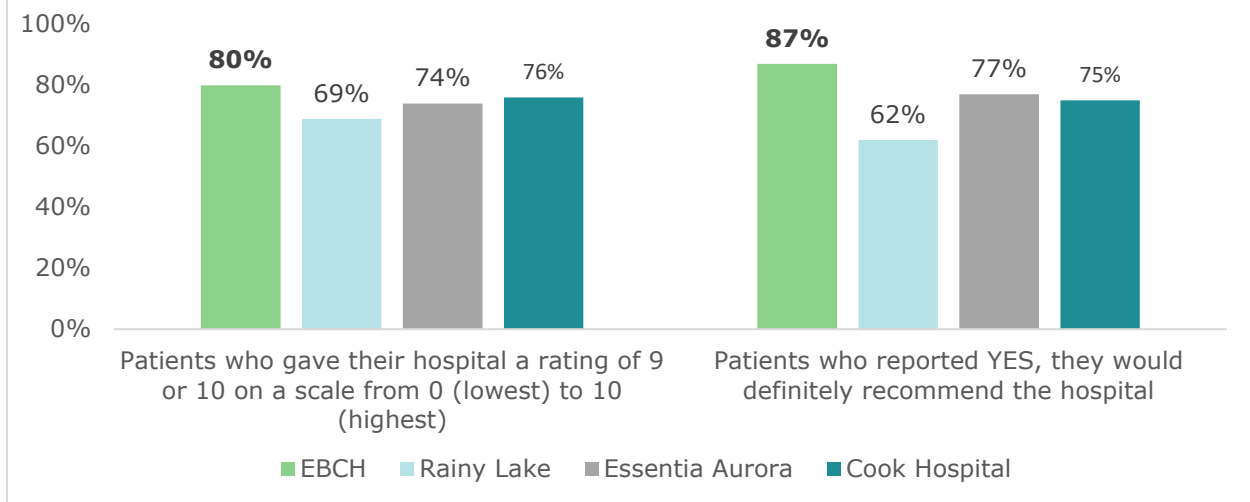
- Staff that are amazing, personable, responsive, friendly, respectful
- Good quality services
- No wait in Emergency Room
- Availability
- Good, local specialty and outpatient services and assisted living
- Supportive of alternative/holistic health providers and methods
- Clean facility

Key informants felt it was convenient to have care locally, particularly noting it was beneficial to not have to travel. They described this as savings due to the cost of travel and not having to take time off of work to travel long distances. The provider relationships were described as a large benefit. Key informants felt that when providers know you, they provide more personal care and that patients value their provider relationships that they have established at EBCH. Key informants also felt that the local facility is a benefit for attracting more people to the area.



Comparative results from the [Survey of Patients' Experiences](#) are included later in this report for EBCH, Cook Hospital, Essentia Health Northern Pines, and Rainy Lake Medical Center. The table below is a sample of the results.

SECONDARY DATA: HCAHPS PATIENTS' EXPERIENCES SURVEY RESULTS



Focus group participants described the following major barriers to accessing care in the area as:

- Community residents are unaware of services available at EBCH
- Lack of mental health/chemical health services in the community
- Specialty care that is not available locally
- Issues regarding the Essentia Clinic affect perceptions of EBCH
- Lack of transportation services

Key informants described the major barriers to accessing care at EBCH as:

- Specialty services not available at EBCH
- Lack of birthing services and cancer treatment
- Lack of emergency services
- Lack of mental health services

Key informants felt that people leave the community for health care due to the lack of OB/maternity care; services or specialists are not available locally; cancer treatment; access and timing; and access to mental health services.

Urgent Care

Q11: If Urgent Care were available at Ely-Bloomenson Community Hospital, would you choose it over an emergency room visit or an appointment with your Primary Care Provider? (N=197)

- 41% Yes (80)
- 48% Maybe (94)
- 9% No (17)
- 3% No answer (6)

Focus group participants did describe that sometimes the EBCH emergency room is utilized as an urgent care clinic then for emergencies.

Specialty Care

Q8: 76% say “Yes”, they saw a specialist, other than a primary care provider/family doctor, in the past three years. (N=197) In 2015, the top reason respondents received health care at a facility other than EBCH was availability of specialty care (41%). Not surprisingly in 2015, the top reason to travel outside of EBCH for health care was specialty services (46%).

Q9: What type of health care specialist was seen? Dentist was most frequent specialist seen, with 37% of respondents. Physical therapists and orthopedic surgeons were also among the top responses. Respondents were asked to select all that apply, so totals do not equal 100%. (n=165)

Type of Specialist Seen	n=	2018
Dentist	61	37%
Physical therapist	50	30%
Orthopedic surgeon	42	25%
Ophthalmologist	35	21%
General surgeon	33	20%
ENT (ear/nose/throat)	30	18%
Radiologist	30	18%
Cardiologist	29	18%
Chiropractor	23	14%
Neurologist	23	14%
Gastroenterologist	19	12%
Dermatologist	19	12%
Pain management	17	10%
Urologist	17	10%
Other	17	10%
Mental health counselor	16	10%
Occupational therapist	16	10%
Oncologist	16	10%
Rheumatologist	15	9%
Endocrinologist	12	7%
OB/GYN	11	7%
Pulmonologist	11	7%
Allergist	10	6%
Psychiatrist (M.D.)	9	5%
Psychologist	8	5%
Dietician	6	4%
Pediatrician	6	4%
Social worker	6	4%
Speech therapist	4	2%
Substance abuse counselor	3	2%

Q10: Choosing from the list of specialists above, please write the one you would like to have access to MOST in our

community? This was an open-ended question where respondents were able to write in any answer they wanted. The top answers are listed below. See the full list of answers in [Appendix B](#).

- Cardiologist (24)
- Surgeons (general, orthopedic, dental) (15)
- Dermatologist (14)

Each of the focus groups identified a need for mental health services locally. Three of the five groups identified a need for chemical dependency services locally. Other frequently suggested specialists by focus groups included orthopedics (knee replacements, joint surgery) and cardiologists.

Key informants suggested adding mental health and substance abuse services, including services for children. They also suggested adding OB/maternity care, including delivery.

Secondary data indicates that 4% of adults in St. Louis County have heart disease, 22% have high blood pressure, and 37% have high cholesterol. The mortality rate for heart disease in St. Louis County is 7.8 per 10,000 which is higher than the state average of 6.2. In St. Louis County, there are 8.1 dentists available per 10,000 population, lower than the state average of 20.5.

FOCUS GROUP FINDINGS

Introduction

The National Rural Health Resource Center (The Center) was contracted by Ely-Bloomenson Community Hospital (EBCH) to conduct Focus Groups 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

Five focus groups were held over the course of two days, December 11-12, 2018, to obtain information from community residents for the Ely-Bloomenson Community Hospital (EBCH) Community Health Needs Assessment. Twenty-seven people participated.

Each focus group had a specific demographic focus, including:

- business representatives (10 participants) from large, mid-size, and small businesses and nonprofit organizations
- Ely residents, which included representatives of community organizations, volunteers, and residents (4 participants)
- health care, which included representatives from the hospital, clinic, ambulance, and public health (6 participants)
- Babbitt residents, which included representatives from law enforcement, a non-profit organization, and a retiree (3 participants)
- Tower residents, which included representatives from law enforcement, business, government, and retirees (4 participants)

Participant Demographics

Demographic information based on observation and general comment and characteristics of the participants:

- Gender: 13 male, 14 female
- Estimated Age: 22 were age 30-60 and 5 over age 60
- Employed: 20; not working/volunteer: 2; retired: 3; unknown: 2

Summary of Major Focus Group Findings

The comments below are from facilitator and assistant notes related to each question from the question set developed by representatives from Ely-Bloomenson Community Hospital and the National Rural Health Resource Center. The number in parenthesis () indicates the number of groups in which the comment was recorded; no number is listed if the comment was made once. Items with quotation marks (") are direct quotes.

Overall Health

The overall health of people in the area was characterized as generally good, with people being active, independent, and resilient. However, there are factions of the community with below average and poor health, specifically:

- Large older population
- Segments of the population with unhealthy lifestyles, (i.e., alcohol/drug use, poor nutrition, inactivity)
- Those in poverty and low incomes who experience problems with access to food, medical care, and other basic needs

The greatest health needs/issues

- Mental health and chemical dependency, noting a lack of local services
- Transportation
- Lack of places to exercise, especially in winter
- Economic conditions that impact health, i.e., poverty, lack of living wage jobs, inability to meet basic needs
- Services for older adults

Suggestions for the Ely-Bloomenson Community Hospital for improving health and collaborating with others

Most notable suggestions include:

- Develop a broad spectrum of services to address mental health and chemical dependency; specifically, crisis care, inpatient, outpatient, and follow-up services
- Address lack of transportation services
- Improve continuity of care for vulnerable populations
- Become more involved with community partners in addressing local economic and community issues

EBCH's Major Strengths

- High quality staff
- Physical therapy and other therapy services
- Technology
- Very low infection rate
- Imaging services
- Expanded surgery services
- Dedication to expanding all types of services

There were many positive comments indicating that the hospital has a very good reputation and is viewed as vital asset in the community. No negative comments regarding the quality of care were expressed by any of the participants.

Barriers to accessing care as well as areas for improvement

- Community residents are unaware of services available at EBCH
- Lack of mental health/chemical health services in the community

- Specialty care that is not available locally
- Issues regarding the Essentia Clinic affect perceptions of EBCH
- Lack of transportation services

New services that participants would like to see offered

The two most often cited were:

- a broad spectrum of mental health and chemical health services, specifically a type of center that would address these needs; and
- additional specialist services (specific suggestions are noted in the comments).

Other often mentioned services were transportation and obstetrics. There was extended discussion in two groups about making the hospital a destination for niche services that would attract people to Ely, i.e., cancer care, chronic pain, mental health, and chemical dependency treatment.

Reasons people leave the area for care

- Service/care is not offered in Ely, i.e., many specialty services
- People are unaware that the service is available locally
- People know staff who will provide care and desire to keep their health issues private

The **major advantages of having care available locally** are not having to drive out of the area for care and knowing your health care providers.

Limitations

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

1. the information is based on comments from a rather small segment of the community, especially in Babbitt and Tower; and
2. participants represented are primarily middle income with some upper income residents. Many segments of the community are not represented in these findings, specifically those of lower socio-economic status, (i.e., unemployed, low wage employees, etc.), people of color/Native American population, and young adults age 18-30.

KEY INFORMANT INTERVIEW FINDINGS

Introduction

The National Rural Health Resource Center (The Center) was contracted by Ely-Bloomenson Community Hospital (EBCH) to conduct key informant phone interviews to provide qualitative data on the strengths and needs of local health care services.

Key Informant Methodology

Twelve individuals were identified by the hospital to participate in key informant interviews in December 2018. Participants were identified by the hospital and include people living in Ely and the surrounding area. Invitations were emailed with the key informant questions attached ([Appendix F](#)). The key informants were identified based on the various consumer groups of local health services including senior citizens, young parents, health care providers and community leaders. Seven people participated in total; three men and four women. Each session was approximately 15 minutes in length and included the same questions. The questions and discussions were led by Kim Nordin of The Center.

Limitations

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

- the information is based on comments from a small segment of the community;
- and participants are chosen as key informants by EBHC, which introduces selection bias.

Summary of Major Points

Overall Health

Key informants described the overall health as good for the size of the community that has a mixture of low and high income. They spoke to a mix of two different populations. The first population was described as younger people and families who moved to Ely for the outdoor recreational opportunities. This group of people were characterized as more physically active and more liberal thinkers. The second group was described as an aging population, perhaps those who moved to Ely during the mining boom. This group was described as having more smokers and alcohol dependency and was generally less healthy. The main health issues identified when discussing the overall health were drug (opioids and methamphetamine) abuse, and alcohol and tobacco abuse.

Greatest health need in the community

The greatest health needs included access and transportation; behavioral health services; lifestyle and preventative health services; specialty care; and OB/Gyn/birthing services.

- *Behavioral health services*
 - A need for mental health, alcohol and drug related services was mentioned multiple times. Mental/behavioral health services should relate to the population in the area and include services for children

and families, as well as the aging population, with lower socioeconomic status, uneducated, unemployed and could include diverse ethnic groups. It was noted that having preventative education as well as a full scope of services available locally to meet behavioral health needs would be advantageous. Addressing stigma could lead to more people reaching out to get the help they need.

- *Access and transportation*
 - There are limited transportation services available in the area. Ely a remote community with severe winter weather as an added barrier to travel. Referrals to larger systems or out of area can be challenging due to access and transportation. Access to healthy foods and an urgent care option were also mentioned.
- *Specialty services*
 - Comments in this category varied from cancer treatment, telehealth access and alternative health options.
- *OB/Gyn/prenatal care/families*
 - Comments noted that babies are not delivered at EBCH and that prenatal care is not provided at the facility. It was mentioned that this could impact population growth. Lack of childcare and activities such as summer camps and a community center for water safety classes was also mentioned.

Ways the hospital can increase the health of the community, including opportunities to collaborate

Topic areas suggested to increase the health of the community include supporting families and children as well as the elderly; providing services for mental health; and collaborating and communicating effectively with the community.

Key informants felt EBCH could collaborate with different community stakeholders, such as the school, the city, local government and emergency medical services. Collaborating with the school to provide education and preventative services to support mental health and address stigma, drug abuse and physical activity could be especially beneficial to the health of the community. It was also suggested the hospital expand its outreach by utilizing telehealth to keep people close to home.

Strengths of health services offered at EBCH

- Staff – amazing, personable, responsive, friendly, respectful
- Good quality services
- No wait in emergency room
- Availability
- Good local specialty and outpatient services and assisted living
- Supportive of alternative/holistic health providers and methods
- Clean facility

Barriers to health services available at EBCH

- Specialty services not available at EBCH
- Lack of birthing services and cancer treatment
- Lack of emergency services
- Lack of mental health services

New health care services to add locally

- OB/maternity care including delivery
- Mental health and substance abuse services, including services for children
- A few key informants were satisfied with services available locally

Why people leave the community for health care

- OB/maternity care
- Services/specialists not available locally
- Cancer treatment
- Access and timing
- Mental health services

Benefits of having health services available locally

- Convenience and transportation, not having to travel, reduces environmental footprint, cost of travel, time off work
- Providers know you, provide personal care
- Provider relationships established at EBCH
- Attract more people to the area

CONCLUSIONS, RECOMMENDATIONS, AND ACKNOWLEDGEMENTS

Conclusions

The community describes itself as healthy or somewhat health. Strengths of the community include access to local health care facilities, the quality staff at those facilities and the outdoors and environment. Suggestions to increase access to health in the community include increasing access to specialist and primary care providers, and transportation assistance. Gaps in services in the area include access to mental health and substance abuse services, availability of services and providers, not knowing how to access available services and lack of transportation. Ways the EBCH can increase the health of the community include providing urgent care, addressing access and cost, increasing access to specialists, mental health services and transportation. The majority of survey respondents access EBCH for hospital services. The facility used most frequently to EBCH is Essentia Health St. Mary's in Duluth. The overall perception of care provided at EBCH is positive. EBCH is perceived to have quality staff, quality services and availability for its patients. Respondents find significance the proximity of the facility to their home, their prior experience with the facility and reputation for quality primary care. Barriers to accessing care in the area include not being aware of services available locally and lack of mental health services. Half of survey respondents noted they would used an urgent care if created by EBCH and 41% noted they would maybe access this service. Urgent care was the most commonly reported way EBCH would increase the health of the community. Survey respondents most frequently saw dentist, physical therapist or orthopedic surgeon for specialty care. Desired specialties in the area include cardiology, surgery, dermatology, mental health, and OB/maternity.

Recommendations

Communication on availability of services offered, including primary care and specialty care, would be beneficial for community members. It is important for EBCH to promote services that exist for community members to receive support if low income for medical care. Access to mental health services, substance abuse services and transportation was identified in the survey, focus groups and key informant interviews. It is suggested EBCH pursue collaboration opportunities to address these needs. Access to urgent care is a desired service and should be explored further with the community. EBCH should also promote their excellent HCAHPS and quality metric scores as well as their preferred reputation in the community as a provider of choice. Messages on how care is coordinated among providers in the area and region could be beneficial to increase community awareness and customer loyalty.

Noting the changes in health care payment structures, hospitals are beginning to be paid based on the population's health outcomes, quality of care and patient satisfaction and efficiency if they are participating in a value-based model. This transformation is changing the definition of hospital volume from the number of procedures and interventions to the number of patients being seen in the service area. Capture a greater market share by expanding efforts towards individuals that are currently healthy and not currently utilizing local health services by engaging the community in prevention/wellness activities and health education. Providers and the board should also be educated on this transition as it is imperative for future sustainability and viability of EBCH.

It is also recommended the hospital increase efforts on role modeling wellness and expanding collaborative community partnerships to improve the overall coordination of care for patients. A key partner to consider is the local businesses and schools in the area.

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

Acknowledgements

The Center would like to thank Ms. Jodi Martin for her contributions and work with developing and distributing the assessment, coordinating the Key Informant Interviews and focus groups.

APPENDIX A: SURVEY INSTRUMENT



Ely-Bloomenson Community Hospital

328 West Conan Street • Ely, MN 55731-1198
Phone: (218) 365-3271 • Fax: (218) 365-8777 • www.ebch.org

November 2018

Dear Community Member:

Please participate in our Community Health Needs Assessment survey for a chance to
WIN 1 of 3 \$50.00 Zup's Grocery Store Gift Cards!

Ely-Bloomenson Community Hospital (EBCH) is partnering with the National Rural Health Resource Center to conduct a Community Health Needs Assessment survey. The purpose of the survey is to gather information from a wide range of community members to plan programs and services at EBCH and with other community partners to best serve our community. *Your help is critical in identifying health priorities and future needs.*

Your name has been chosen at random as a resident who lives within the five zip-code EBCH service area. The survey covers topics such as:

What health care services you use	Health needs of the community
What services you are aware of	Health insurance and demographics

We know your time is valuable. The survey should take you no more than 15 minutes to complete.

Since you know the many challenges with health care, such as access to services and cost of care, we need your thoughts. When you finish this survey, your feedback will help guide health care services for all community members. EBCH is offering you this chance to win 1 of 3 \$50.00 Zup's Grocery Gift Cards as a thank you for completing the survey.

In this envelop you will find the survey, a postage-paid envelope and a set of raffle tickets. Here's what to do:

1. Complete the survey and return it AND one of the raffle tickets in the enclosed, postage-paid envelope. Make sure the envelop with the survey and one raffle ticket are postmarked by Friday, December 21st.
2. Keep the other raffle ticket in a safe place.
3. The three raffle winners will be announced on WELY, Facebook and the Ely Shopper the week of December 31st.

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 help. We appreciate your time.

Sincerely,

Michael Coyle CEO

Community Health Needs Assessment Ely, MN

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

1. What do you consider to be our community's greatest health and wellness strengths?

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

- | | | |
|---|---|---|
| <input type="radio"/> Convenient care | <input type="radio"/> Improved quality of care | <input type="radio"/> Telemedicine |
| <input type="radio"/> Expanded service hours | <input type="radio"/> More primary care providers | <input type="radio"/> Transportation assistance |
| <input type="radio"/> Greater health education services | <input type="radio"/> More specialists | <input type="radio"/> Other _____ |

3. What are the **three** largest gaps in health care services in our community? **(Select 3 that apply)**

- | | |
|---|--|
| <input type="radio"/> Availability of services/provider | <input type="radio"/> Mental health services |
| <input type="radio"/> Primary care | <input type="radio"/> Prescription drug assistance |
| <input type="radio"/> End-of-life care | <input type="radio"/> Pain management |
| <input type="radio"/> Geriatric (senior) care | <input type="radio"/> Not knowing how to access services |
| <input type="radio"/> Services for low income | <input type="radio"/> Other _____ |
| <input type="radio"/> Substance abuse services | |

4. What can Ely-Bloomenson Community Hospital do to better meet the health needs of the community?

5. In the past three years, have you or a member of your household received care in a hospital?

- Yes No **(If no, skip to question 7)**

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

- EBCH VA Hospital Cook Hospital Essentia Health Virginia Other _____

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

- | | | |
|---|---|--|
| <input type="radio"/> Required by insurance | <input type="radio"/> Hospital's reputation for quality | <input type="radio"/> Closest to home/work |
| <input type="radio"/> Required by VA/military | <input type="radio"/> Prior experience with hospital | <input type="radio"/> Emergency, no choice |
| <input type="radio"/> Referred by physician | <input type="radio"/> Recommended by family or friends | <input type="radio"/> Other _____ |

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

- Yes No **(If no, skip to question 10)**

9. If yes, what type of health care specialist was seen? (Select all that apply)

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

10. Choosing from the list of specialists above, please write the **one** you would like to have access to **MOST** in our community? (Please select only ONE)

11. If Urgent Care were available at Ely-Bloomenson Community Hospital, would you choose it over an emergency room visit or an appointment with your Primary Care Provider?

- Yes No Maybe

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

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

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

- Always Usually Sometimes Rarely Never

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

14. Where do you currently live by zip code?

- 55731 Ely 55796 Winton 55706 Babbitt Other _____
 55782 Soudan 55790 Tower 55607 Isabella

15. What is your identified gender?

- Male Female Other _____

16. What is your age range?

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

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

THANK YOU VERY MUCH FOR YOUR TIME

APPENDIX B: CHNA “OTHER” SURVEY COMMENTS

1. What do you consider to be our community’s greatest health and wellness strengths?

- Having local health care facilities (46)
 - Access to a clinic, hospital / ER (11)
 - Having a hospital and ambulance (4)
 - EBCH (3)
 - Close to home (2)
 - Access to a dentist (2)
 - Access to a nursing home/assisted living (2)
 - Medical center Just being in Ely is great, good job
 - Multiple essential services
 - Specialists available from Duluth
 - They have all the basics for a smaller town
 - For a remote area, we have many health care services
- Quality staff (33)
 - Our nurses (3)
 - Having good doctors / well trained doctors & staff (3)
 - Committed health care providers (MDs, RNS & other providers)
 - We have some excellent providers who prefer to live here
 - Medical personnel
 - Efficient and thoughtful staff
 - Most of the staff at EBCH. Some bad apples need to go away.
 - Caring health care professionals who go the extra mile to help patients.
 - Local people who know you, servicing you. Great amount of people that volunteer if needed. Friendly and respectful. The gals always make me feel at ease and comfortable.
 - Quality one-on-one time with doctors
 - Excellent providers; small-size and personal. *The Ely Community Care Team
- Outdoor activities (11)
 - Clean air (7)
 - Climate/environment (5)
 - Our environment is inherently healthy, although remote
 - Places to walk, exercise (5)
 - Biking, skiing (2)
 - Forests (2)

- Canoeing, camping, fishing, hunting.
- Lakes and trails
- Availability and access (9)
 - Easy access (2)
 - Quick services
 - Fast scheduling
 - Accessibility for surrounding cities
 - Quick appointments when ill
- Quality care (2)
 - Patient care
 - There is a quality of care here like no other
- Physical therapy (2)
- Supportive community (2)
 - Not certain, I only use the clinic and hospital, so choose them.
- Essentia (2)
 - Essentia Clinic
 - Access to the larger Essentia system
- Greater health education services option
 - Especially on wellness
- Telemedicine option
 - To mental health counselors
- Diabetes
- Response
- Quality of life
- Mental health
- Physical health
- Listen to people
- Care for all ages
- Personalized care
- Personal dialogue
- Community outreach
- People participating in athletics
- People who attend to their self-care
- The school's emphasis on sports
- In town service of care – exercise places
- Having a good rehabilitation department
- Remote – not many options for care
- Having MRI come to town!
- Being a community! Working together!

- I don't use this facility, I go to Virginia.
- Having a variety of exercise and workout programs in the community
- Having to go great distances for specialists – no major care near by
- Have house calls available to the elderly with no transportation
- Probably more stress on the aging population here
- Each other checking up on one another with health issues. Old or young.
- Other than staff compassion, I'm not thrilled with the health and wellness plan.
- We are new to the area and as a result are not sure. Ely seems like It has an active, outdoor vibe.
- Having a VA Clinic – good for me don't have to travel, good for essential because they refer me to essential doctors, good for VA in Minneapolis-takes load off

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

- Affordable health care (2)
- Babbitt (2)
 - More clinical hours (2)
- Birthing center
 - OB GYN
 - Baby deliveries
- VA
- Urgent Care
- I am happy
- All the above
- Bigger hospital
- Does a good job
- Support services
 - Improved quality of care option, in some cases
- Primary Care option, long wait times for appointments.
- Single payer insurance
- More physical therapy
- Ability to get same or one day appointments
- Geriatric care centers throughout communities
- Further education for primary care providers
- I only use western medicine in emergencies
- More doctors that take Medicare patients

- Support services, speech language pathologist, pediatrician, occupational therapy
- Have control of the ambulance and licensed paramedics!
- Psychologists who are within more insurance companies that residents of Ely use. Humana, U-Care Essentia Care... Not tele-medicine for counseling!

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

- Pediatrics (2)
- OB/GYN (2)
 - Prenatal
 - Baby deliveries
- Please expand hours at Babbitt Clinic – more days per week (2)
- Dental
- I am happy
- Audiologist
- Ambulance
- Memory care
- Continuous positive airway pressure (CPAP) assistance
- Pet scan availability
- Full time MRI available
- Availability of primary care
- Everything OK for me
- Music for memory care
- Affordability (universal health care)
- Pain management without prejudice
- We do not have need for the other options
- Communication between EBCH and the clinic!
- Community center with workout, swimming, and health programs
- Physical therapy – I know we have them, but more aggressive therapy options would be nice – more diversity

4. What can Ely-Bloomenson Community Hospital do to better meet the health needs of the community?

- Urgent Care (8)
- Access and cost (8)
 - Make appointments easier to get
 - Better access for uninsured people

- Making and scheduling appointments plus billing
- Affordable “minute clinic”
- More days open in Babbitt, MN
- Not charge so much money for a doctor appointment
- Have something for people who don’t have insurance
- Give us direct access to clinic for appointments – have to go through Duluth. The biggest problem I’ve had is trying to get an appointment with my primary. I’ve been told numerous times he’s not available. If I ask for
- Specialist accessibility (7)
 - Respond of specialist in aging – geriatric care
 - More highly educated specialists
 - Try to attract more specialists
 - Not sure, they meet all of my needs except for a specialist
 - Provide more opportunities to see specialists in Ely rather than sending patients to Duluth.
 - Have a speech language therapist (SLP) on staff who can also give services to the school system. Hire an SLP for youth
 - Pediatricians
- Wellness programs (6)
 - Fitness
 - Diet
 - How to avoid chronic conditions (i.e. diabetes, etc.)
 - Wellness related programs
 - Nutrition classes
 - Exercise options
 - Blood pressure clinics – blood sugar, wellness, reaching out to the community
 - Add health screening for labs – no doctor order needed
- Communication (6)
 - Educate the community on all services provided and how to access what is not provided
 - Be visible in local media
 - Educate on what services are available
 - Electronic health records that talk to each other
 - Better communication
 - When patient enters hospital or nursing home, families, not just spouses, need staff and providers to be up front with them

regarding issues like going home, insurance coverage (100 days Medicare), what families need to do for patient, etc.

- More physicians or provider access (5)
 - “Bigger choice of doctors”
 - More primary care givers
 - Make doctor of choice available on shorter notice
 - Family doctor availability
- Mental Health (5)
 - Comprehensive mental health services
 - Children’s mental health services
 - Meetings and counseling for different levels of mental health
 - Offer psychiatric services
 - More than one psychologist on staff, onsite in Ely!
- More assistance for senior citizens (4)
 - Access to a gerontologist. Needed in an aging community.
 - Could have more opportunities for assisted living
- I think they do a good job now (4)
 - Doing well – not much to do better
 - Keep doing what y’all’s doing!
 - Great service!
 - ... is very adequate!
 - Hospital is excellent
 - Keep on keepin’ on!
 - EBH provides more than adequate care for the rural population
- Expand service hours (3)
 - Clinic/hospital/pharmacy open on Saturday (2)
 - Access to services other than full ER when clinic is closed
- Have a birthing center (3)
 - Deliver babies
 - OB Services
- In-home care (3)
- More surgery (2)
- More family care
- More email health visits
- Offer primary care providers, mental health services, dermatology
- Have ED/ER doctors
 - that are less condescending to patients
 - have better bedside manners
- Not sure

- ? (4)
- Unsure
- Unknown
- ?? I really don't know – the only connection I have with the hospital or clinic is my annual physical - that's it.
- I really don't know. It's a small community that wouldn't support much more.
- Don't really know for sure. Why does it take three days for prescriptions?
- Timeliness
 - Faster service
 - Faster service in the ER
- Transportation
 - For Seniors
 - To a VA facility
- Essentia
 - Don't let Essentia buy you out!
 - Coordinate with Essentia Clinic
 - Join Essentia for more doctors and insurance needs
- Seminars
- Encourage further education
- Care more for the patients
- Maybe increase the availability of free shots
- Comprehensive substance abuse services
- Equipment upgrades
- Listen to people
- More time for doctors per patient
- Lobby for universal health care
- Have control of the ambulances and paramedics!!!!
 - another doctor, it takes a week to get in.
- Remain viable
- Location
- Have its own clinic
- Non-judgmental
- Educate parents
- The hospital could do more hospital things
- Try in house health care versus shipping us out
- We used to have outreach doctors, we don't anymore
- State of the art surgery equipment and doctors

- Continue to grow and expand in needed areas
- Decrease screen time and increase outdoor/physical activity
- Memory care that includes musical (sing-a-long) programs
- I really am not educated on this enough to answer
- Continue to hire quality local staffers
- Partner with St. Luke's or other hospital so we have choices other than Essentia.
- For the size of our community, I'm grateful we even have the services that are currently offered.
- To remember that the health care personnel work for the patient, they are your employer.
- Be a leader in medical cost impacts on people's financial security. Keep building and improving to sustain their goods, look into reasons why people may be dissatisfied or unaware of the issues. Build trust and service quality.
- I doctor in Two Harbors and not experienced in Ely health care
- Hire 4-year nursing degree nurses
- Crack down on the EBCH gossip. People are not comfortable using EBCH.
- While EBCH does a lot of intake to health care you almost always have to travel for care/treatment

5. In the past three years, have you or a member of your household received care in a hospital?

- ER (2)
- If you're counting tests
- I use Essentia Health clinic in Ely
- Unless the ER is considered part of the hospital, then Yes!

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

- Duluth Essentia/St. Mary's (22)
- Mayo (3)
- U of MN (2)
- St. Luke's
- Ely Essentia
- Two Harbors
- Ely-Bloomenson
- Hibbing

- Miller Dwan
- Essentia Health Virginia, not by choice

7. Thinking about the hospital you use most frequently, what are the **three** most important reasons for selecting that hospital?

- Cost
- OB Care
- Location of Specialist
- Hours open/availability
- Ely doesn't have the services
- Needed specialist – neurologist
- Bus & doctors
- Hospital doctor
- Does not mandate staff to get flu shots
- Rehab services and specialties not offered
- My primary care provider does procedures there (colonoscopy)

9. If yes, what type of health care specialist was seen?

- Audiologist (6)
- Podiatrist (2)
- MRI
- Heart
- CAT scan
- Nephrology
- Pulmonologist
- Sleep medicine
- Neurosurgeon
- Trauma surgeon
- General surgeon
- Vascular surgeon
- Infectious disease
- Breast care specialist
- Sexual health specialist
- Emergency Room providers
- Eye-retina specialist / ophthalmologist

10. Choosing from the list of specialists above, please write the **one** you would like to have access to **MOST** in our community?

- Cardiologist (24)

- Surgeons (15)
 - General (9)
 - Orthopedic surgeon (5)
 - Dental
- Dermatologist (14)
- Psychologist/psychiatrist (8)
- OB/GYN (8)
- Mental health (8)
- Pain management (8)
 - Pain management, but, someone who wants people comfortable. Not someone just wanting everyone off pain meds regardless of diagnosis.
- Rheumatologist (7)
- Dentist (6)
- Ophthalmologist (6)
- ENT (6)
- Oncologist (5)
- Gastroenterologist (5)
- Neurologist (4)
- Urologist (4)
- Endocrinologist (3)
- Pulmonologist (3)
- Orthopedic (3)
 - More frequent access to orthopedics
- Pediatrician (3)
- Substance abuse counselor (2)
- Speech therapist (2)
- Radiologist (2)
- Occupational therapist (2)
- Podiatrist
- Allergist
- Dietitian
- Sports medicine
- Chiropractor
- Family therapist
- Physical Therapist
- Psychical Therapist
- Ambulance service
- Medical marijuana

- Digital imaging
 - Special needs for people affected with macular degeneration and blindness.
 - Speech language pathologist for kids and stroke victims (you could get people from Babbitt and Tower to come)
 - I am fine going elsewhere - through Laurentian clinic.
 - I have a care-nurse that comes to my home to take my blood pressure every week.
 - We have access to specialists, we feel shorted by our primary doctors.
11. If Urgent Care were available at Ely-Bloomenson Community Hospital, would you choose it over an emergency room visit or an appointment with your Primary Care Provider?
- If My primary wasn't available.
 - Would choose it over an ER visit
 - Depending on urgent care hours
 - For certain issues
 - Need to define what "urgent care" is...
 - If it took my insurance
 - That's what millennials prefer
14. Where do you currently live by zip code?
- 55419
15. What is your identified gender?
- Filled out as a couple

APPENDIX C: SECONDARY DATA ANALYSIS

Introduction

There are two different types of sources used to conduct a community health needs assessment. 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, key informant interviews, focus groups, 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 November 2018. The types of measures selected to analyze in this report were identified based on data available for St. Louis County, Itasca County and Lake County, Minnesota. EBCH is located in a rural area of St. Louis County. St. Louis County is a large geography, including the metropolitan area of Duluth. For comparison to the rural location of EBCH, data from non-metro St. Louis County is also included in the secondary data analysis. Data from the [2015 Bridge to Healthy Survey for St. Louis County without Duluth](#) are noted with an * in the below tables.

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>

Demographics

	St. Louis without Duluth*	St. Louis	Itasca	Lake	MN	U.S.
Population	-	200,353	45,356	10,721	5,450,868	318,558,162
Population Living in Rural	-	37%	79%	67%	27%	19%
Hispanic/Latino Population	2.0%	1.5%	1.3%	1.4%	5.0%	17.3%
Population Change 2000 - 2010	-	-0.15%	2.42%	-1.74%	7.81%	9.75%
Median Age	-	41	46	50	38	38
Population Age 65+	22%	17%	21%	25%	14%	15%
Population Age 5-17	-	14%	16%	13%	17%	17%
Veteran Population	14%	10%	12%	12%	8%	8%
Disabled Population	-	14%	16%	13%	11%	12%

Social & Economic Factors

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

	St. Louis without Duluth*	St. Louis	Itasca	Lake	MN	U.S.
No High School Diploma	-	6%	7%	5%	7%	13%
Limited English Proficiency	-	0.9%	0.4%	0.6%	4.5%	8.5%
Associates Level Degree or Higher	-	40%	34%	39%	45%	38%
Per Capita Income	-	\$28,013	\$25,861	\$31,214	\$33,224	\$29,829
Persons Below 200% Federal Poverty Level	-	33%	34%	28%	26%	34%
Unemployment Rates	2.2%	3.2	4.3	2.3	2.5	4.0

Population Receiving Medicaid	-	20%	23%	18%	17%	22%
Uninsured Population	4%	5%	8%	5%	6%	12%
Population with Food Insecurity	17%	12%	11%	10%	10%	15%
Children Eligible for Free/Reduced Price Lunch	-	41%	48%	31%	38%	53%
Households with No Motor Vehicle	-	9%	5%	6%	7%	9%
Teen Birth Rate	-	21	31	31	24	37
Violent Crime per 10,000 residents	-	24	20	9	23	38
Assisted Housing availability per 10,000 households	-	60	25	20	39	38
Households where Housing Cost is over 30% of Income	-	28%	27%	23%	27%	33%

Physical Environment

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

	St. Louis	Itasca	Lake	MN	U.S.
Weeks in Drought	48%	49%	44%	62%	46%
Recreation and Fitness Facility Access per 10,000	1.0	0.7	0	1.3	1.1
Population with Low Food Access	28%	25%	10%	28%	22%
Food Access – Grocery Stores per 10,000	1.6	2.4	1.8	1.8	2.1
Fast Food Restaurants per 10,000	6.0	3.6	6.4	6.6	7.7

Liquor Stores per 10,000	2.1	2.7	2.8	1.8	1.1
Housing Vacancy Rate	18%	30%	33%	10%	12%

Clinical Care

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

	St. Louis without Duluth*	St. Louis	Itasca	Lake	MN	U.S.
Population Living in a Health Professional Shortage Area	-	39%	100%	0%	33%	33%
Access to Primary Care Physicians per 10,000	-	13.7	10.3	9.4	10.2	8.8
Access to Mental Health Providers per 10,000	-	19.6	20.2	5.6	20.5	20.3
Access to Dentists per 10,000	-	8.1	5.5	3.8	6.8	6.6
Preventable Hospital Events; Ambulatory Care Sensitive Condition Discharge Rate	-	35.5	42.7	30.1	37.1	49.9
Medicare Diabetics with Hemoglobin A1c Test Within Past Year	-	88%	85%	85%	88%	85%
Cancer Screening – Medicare Patients with Mammogram	75%	64%	68%	59%	65%	63%

within past 2 years						
Cancer Screening – Adults over 50 ever reporting having a Colonoscopy or Sigmoidoscopy	72%	62%	66%	62%	69%	61%
Pneumonia Vaccination age 65+ within last year	-	67%	71%	81%	72%	68%

Health Behaviors of Adults

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

	St. Louis without Duluth*	St. Louis	Itasca	Lake	MN	U.S.
Physical Inactivity	25%	18%	19%	15%	18%	22%
Walking or Biking to Work	-	5%	3%	6%	4%	3%
Current Smokers	17%	24%	23%	N/A	16%	18%
Percent Smokers with Quit Attempt in Past 12 Months	43%	59%	40%	N/A	57%	60%
Alcohol Consumption	20%	20%	21%	N/A	20%	17%
Adults with Inadequate Fruit / Vegetable Consumption	69%	77%	N/A	N/A	78%	76%

Health Outcomes

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

	St. Louis	St. Louis	Itasca	Lake	MN	U.S.
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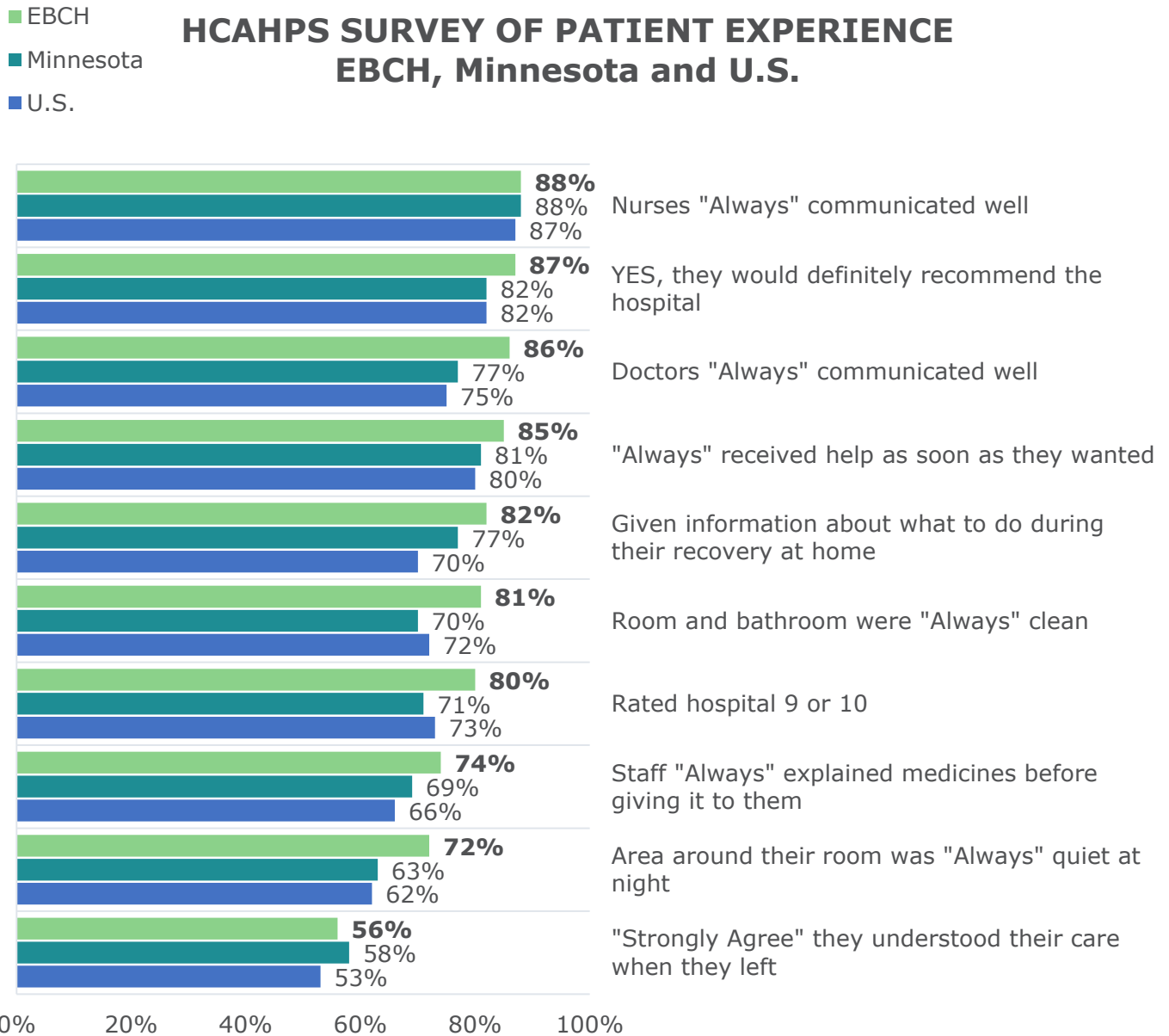
	without Duluth*					
Fair or Poor Health	12%	13%	14%	20%	11%	16%
Mentally Unhealthy Days in past 30 days	-	3.3	3.3	3.0	3.2	N/A
Medicare Population with Depression	-	19%	16%	14%	20%	17%
Lack of Social/Emotional Support	14%	17%	12%	N/A	14%	21%
Suicide Death Rate per 10,000	-	1.9	2.2	N/A	1.3	1.3
Drug Overdose Mortality Rate	-	16	13	N/A	10	16
Alcohol-impaired Driving Deaths	-	26%	48%	78%	30%	28%
Infant Mortality per 1,000	-	4.9	5.0	8.7	5.2	6.5
Low Birth Weight	-	6%	6%	8%	7%	8%
HIV Prevalence per 10,000	-	6.8	2.3	N/A	16.2	35.3
Chlamydia Infection Rate per 10,000	-	36.4	25.7	16.7	36.7	45.6
Gonorrhea Infection Rate per 10,000	-	5.1	6.6	0	7.5	11.1
Unintentional Injury Mortality per 10,000	-	4.9	6.4	3.8	4.1	4.2
Percent Adults with Heart Disease	-	4%	3%	N/A	3%	4%
Adult Coronary Heart Disease Mortality per 10,000	-	7.8	8.4	7.1	6.2	10.0
Medicare High Blood Pressure	-	40%	38%	42%	41%	55%
Adult High Blood Pressure	34%	22%	24%	17%	22%	28%
Medicare High Cholesterol	-	27%	27%	27%	29%	45%
Adult High Cholesterol	31%	37%	35%	N/A	36%	39%
Obese Adults >age 20 BMI >30	28%	27%	32%	30%	27%	28%
Medicare Diabetes	-	21%	20%	24%	20%	27%
Adults with Diabetes	10%	8%	7%	7%	7%	9%
Cancer Mortality per 10,000	-	17.5	17.8	15.1	15.3	16.1

Premature Death <age 75 per 10,000 (age-adjusted) Years of Potential Life Lost	-	660	783	704	650	722
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HOSPITAL COMPARE

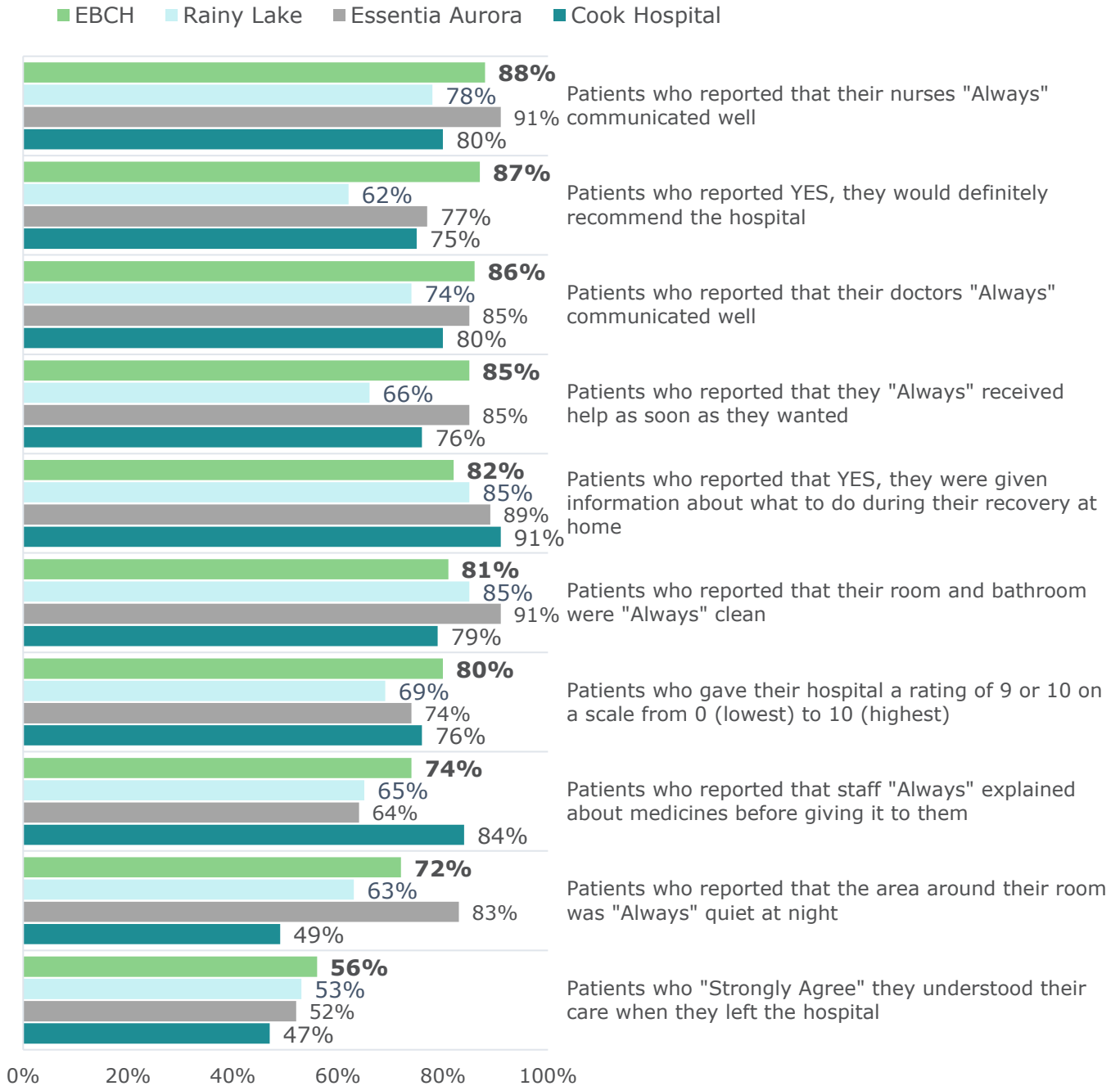
Survey of Patients' Experiences

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a national survey that asks patients about their experiences during a recent hospital stay. In all but two categories, EBCH scores exceed the state and national averages. *Source: [Hospital Compare](#)*



Comparative results are included below for hospitals in St. Louis County (Ely-Bloomenson Community Hospital, Cook Hospital, and Essentia Health Northern Pines) and Koochiching County (Rainy Lake Medical Center).

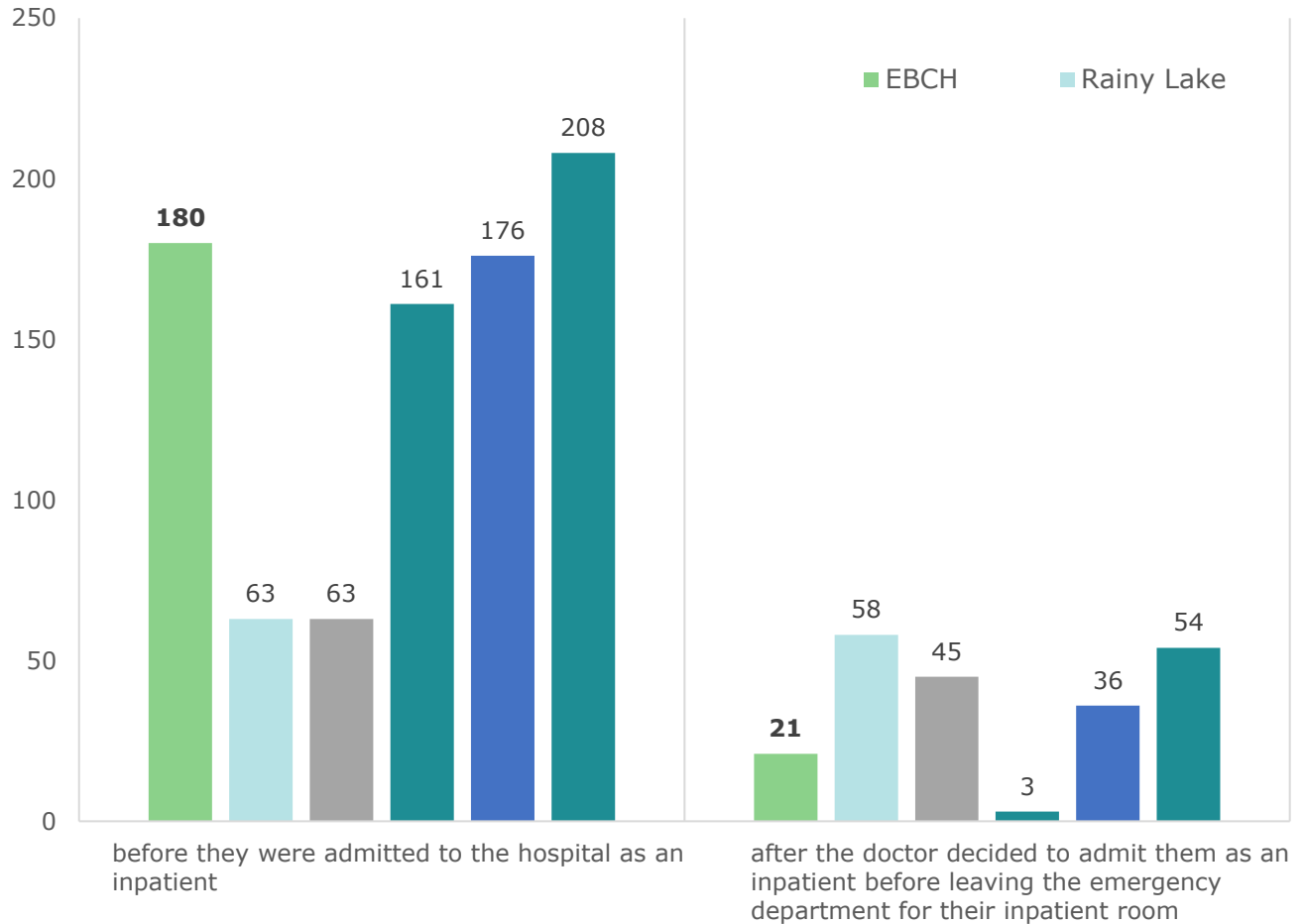
HCAHPS SURVEY OF PATIENT EXPERIENCE Regional CAHs



Timely & Effective Care

These measures show how often or how quickly hospitals provide care that research demonstrates will produce the best results for patients with certain conditions. This information can help you compare which hospitals provided recommended care most often as part of the overall care they provide to patients.

TIMELY & EFFECTIVE CARE Minutes spent in the emergency department...



APPENDIX D: INDEX OF SECONDARY DATA INDICATORS

Data Areas	Description	Source and Dates
Population	Total population	<i>US Census Bureau, American Community Survey. 2012-16</i>
Population Living in Rural	Percentage of population living in rural areas. Rural areas are identified using population density, count, and size thresholds.	<i>US Census Bureau, Decennial Census</i>
Hispanic/Latino Population	The estimated population that is of Hispanic, Latino, or Spanish origin.	<i>US Census Bureau, American Community Survey. 2012-16</i>
Population Change 2000 - 2010	Total change in total population between the years 2000-2010.	<i>US Census Bureau, Decennial Census. 2000-10</i>
Median Age	Population median age based on the 5-year American Community Survey estimate.	<i>US Census Bureau, American Community Survey. 2012-16</i>
Population Age 65+	Estimated percentage of the population in the report area age 65 or older.	<i>US Census Bureau, American Community Survey. 2012-16</i>
Population Age 5-17	Percentage of youth aged 5-17 in the designated geographic area.	<i>US Census Bureau, American Community Survey. 2012-16</i>
Veteran Population	Percentage of the population age 18 and older that served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II.	<i>US Census Bureau, American Community Survey. 2012-16</i>
Disability Population	Percentage of the total civilian non-institutionalized population with a disability.	<i>US Census Bureau, American Community Survey. 2012-16</i>
No High School Diploma	Persons aged 25 and older without a high school diploma (or equivalency) or higher.	<i>US Census Bureau, American Community Survey. 2012-16</i>
Limited English Proficiency	Percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well."	<i>US Census Bureau, American Community Survey. 2012-16</i>

Associates Level Degree or Higher	Population aged 25 and older who have obtained an Associate's level degree or higher.	<i>US Census Bureau, American Community Survey. 2012-16</i>
Per Capita Income	The per capita income which includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources.	<i>US Census Bureau, American Community Survey. 2012-16</i>
Persons Below 100% Federal Poverty Level	Individuals living in households with income 100% below the Federal Poverty Level (FPL).	<i>US Census Bureau, American Community Survey. 2012-16</i>
Unemployment Rates	Total unemployment of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted).	<i>US Department of Labor, Bureau of Labor Statistics. 2018 - August</i>
Population Receiving Medicaid	Percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance).	<i>US Census Bureau, American Community Survey. 2012-16</i>
Uninsured Population	Percentage of the total civilian non-institutionalized population without health insurance coverage.	<i>US Census Bureau, American Community Survey. 2012-16</i>
Adults Who Did Not See a Doctor in the Past 12 Months Because of Cost	Adults who reported that there was a time in the past 12 months when they needed to see a doctor but could not because of cost. Percentages are weighted to reflect population characteristics.	<i>Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2011-15</i>
Population with Food Insecurity	Estimated percentage of the population that experienced food insecurity at some point during the report year.	<i>Feeding America. 2014</i>
Children Eligible for Free/Reduced Price Lunch	Public school students eligible for Free/Reduced Price lunch.	<i>National Center for Education Statistics, NCES - Common Core of Data. 2015-16</i>
Households with No Motor Vehicle	Number and percentage of households with no motor vehicle	<i>US Census Bureau, American Community Survey. 2012-16</i>

	based on the latest 5-year American Community Survey estimates.	
Use of Public Transportation	percentage of population using public transportation as their primary means of commute to work.	<i>US Census Bureau, American Community Survey. 2012-16</i>
Teen Birth Rate	Rate of total births to women age of 15 - 19 per 1,000 female population age 15 - 19.	<i>US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12</i>
Violent Crime per 10,000 Residents	Rate of violent crime offenses reported by law enforcement per 10,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault.	<i>Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2012-14</i>
Assisted Housing Availability per 10,000 Households	Number of HUD-funded assisted housing units available to eligible renters as well as the unit rate (per 10,000 total households).	<i>US Department of Housing and Urban Development. 2016</i>
Households where Housing Cost is over 30% of Income	Percentage of the households where housing costs exceed 30% of total household income.	<i>US Census Bureau, American Community Survey. 2012-16</i>
Weeks in Drought	Population-weighted percentage of weeks in drought between January 1, 2012 and December 31, 2014.	<i>US Drought Monitor. 2012-14</i>
Recreation and Fitness Facility Access per 10,000	Number per 10,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940.	<i>US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016</i>
Population with Low Food Access	Percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract (where a substantial number or share of residents has low access to a supermarket or large grocery store.	<i>US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015</i>

Food Access – Grocery Stores per 10,000	Number of grocery stores per 10,000 population.	<i>US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016</i>
Fast Food Restaurants per 10,000	Number of fast food restaurants per 10,000 population.	<i>US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016</i>
Liquor Stores per 10,000	Number of beer, wine, and liquor stores per 10,000 population, as defined by North American Industry Classification System (NAICS) Code 445310.	<i>US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016</i>
Housing Vacancy Rate	Number and percentage of housing units that are vacant.	<i>US Census Bureau, American Community Survey. 2012-16</i>
Population Living in a Health Professional Shortage Area	Percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals.	<i>US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016.</i>
Access to Primary Care Physicians per 10,000	Number of primary care physicians per 10,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.	<i>US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014</i>
Access to Mental Health Providers per 10,000	Rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.	<i>University of Wisconsin Population Health Institute, County Health Rankings. 2018</i>
Access to Dentists per 10,000	Number of dentists per 10,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (DDS) or dental medicine (DMD), who are licensed by the state to practice	<i>US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015</i>

	dentistry and who are practicing within the scope of that license.	
Preventable Hospital Events; Ambulatory, Care Sensitive Condition Discharge Rate	Discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.	<i>Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2014.</i>
Medicare Diabetes with Hemoglobin A1c Test Within Past Year	Percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year.	<i>Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2014.</i>
Cancer Screening Medicare Patients with Mammogram Within Past Two Years	Percentage of female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years.	<i>Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2014.</i>
Cancer Screening – Adults over 50 Ever Reporting Having a Colonoscopy or Sigmoidoscopy	Percentage of adults 50 and older who self-report that they have ever had a colonoscopy or sigmoidoscopy.	<i>Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.</i>
Pneumonia Vaccination age 65+ Within Last Year	Percentage of adults aged 65 and older who self-report that they have ever received a pneumonia vaccine.	<i>Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12</i>
Physical Inactivity	Adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical	<i>Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.</i>

	activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?".	
Walking or Biking to Work	Percentage of the population that commutes to work by either walking or riding a bicycle.	<i>US Census Bureau, American Community Survey. 2012-16.</i>
Current Smokers	Adults age 18 or older self-report currently smoking cigarettes some days or every day.	<i>Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.</i>
Alcohol Consumption	Percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women).	<i>Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.</i>
Adults with Inadequate Fruit / Vegetable Consumption	Percentage of adults over the age of 18 who have inadequate fruit/vegetable consumption.	<i>Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2005-09</i>
Fair or Poor Health	Percentage of adults age 18 and older self-report having poor or fair health in response to the question "Would you say that in general your health is excellent, very good, good, fair, or poor?"	<i>Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12</i>
Mentally Unhealthy Days in past 30 days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	<i>For the 2016 County Health Rankings, the CDC produced 2014 county estimates using single-year 2014 BRFSS data</i>
Medicare Population with Depression	Percentage of the Medicare fee-for-service population with depression.	<i>Centers for Medicare and Medicaid Services. 2015</i>

Lack of Social or Emotional Support	Adults aged 18 and older who self-report that they receive insufficient social and emotional support all or most of the time.	<i>Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12</i>
Suicide Death Rate	MNoming Suicide age adjusted death rate ranked by county. Latest CDC data is used. The interactive chart can be used to rank county death rates from low to high and high to low to add perspective to your research.	Centers for Disease Control and Prevention 2016. Published to worklifeexpectancy.com on 12/20/2017
Drug Overdose Mortality Rate	Drug Overdose Deaths are the number of deaths due to drug poisoning per 10,000 population.	<i>CDC WONDER mortality data 2014-2016</i>
Alcohol-impaired Driving Deaths	Percentage of driving deaths with alcohol involvement.	<i>Fatality Analysis Reporting System 2012-2016</i>
Infant Mortality per 1,000	Rate of deaths to infants less than one year of age per 1,000 births.	<i>US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-10</i>
Low Birth Weight	Percentage of total births that are low birth weight (Under 2500g).	<i>US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12.</i>
HIV Prevalence per 10,000	Prevalence rate of HIV per 10,000 population.	<i>US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2013.</i>
Chlamydia Infection Rate per 10,000	Incidence rate of chlamydia cases per 10,000 population.	<i>US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014</i>

Gonorrhea Infection Rate per 10,000	Incidence rate of Gonorrhea cases per 100,000 population.	<i>US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014</i>
Unintentional Injury Mortality per 10,000	Rate of death due to unintentional injury (accident) per 10,000 population.	<i>Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16</i>
Percent Adults with Health Disease	Adults aged 18 and older have ever been told by a doctor that they have coronary heart disease or angina.	<i>Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12</i>
Adult Coronary Heart Disease Mortality per 10,000	Rate of death due to heart disease (ICD10 Codes I00-I09, I11, I13, I20-I151) per 100,000 population is 132.3. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard.	<i>Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16</i>
Medicare High Blood Pressure	Percentage of the Medicare fee-for-service population with hypertension (high blood pressure).	<i>Centers for Medicare and Medicaid Services. 2015</i>
Adult High Blood Pressure	Adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension.	<i>Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12</i>
Medicare High Cholesterol	Percentage of the Medicare fee-for-service population with hyperlipidemia, which is typically associated with high cholesterol.	<i>Centers for Medicare and Medicaid Services. 2015</i>
Adult High Cholesterol	Percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had high blood cholesterol.	<i>Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12</i>
Obese Adults > age 20 BMI > 30	Adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese).	<i>Centers for Disease Control and Prevention, National Center for</i>

		<i>Chronic Disease Prevention and Health Promotion. 2013</i>
Medicare Diabetes	Percentage of the Medicare fee-for-service population with diabetes.	<i>Centers for Medicare and Medicaid Services. 2015</i>
Adults with Diabetes	Percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes.	<i>Centers for Disease Control and Prevention, <i>National Center for Chronic Disease Prevention and Health Promotion. 2013</i></i>
Cancer Mortality per 10,000	Rate of death due to malignant neoplasm (cancer) per 10,000 population.	<i>Centers for Disease Control and Prevention, <i>National Vital Statistics System. Accessed via <u>CDC WONDER</u>. 2012-16</i></i>
Premature Death < age 75 per 10,000 (age-adjusted) Years of Potential Life Lost	Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75-year benchmark.	<i>University of Wisconsin Population Health Institute, <i>County Health Rankings. 2014-16</i></i>

APPENDIX E: FOCUS GROUP INVITATION



NATIONAL
RURAL HEALTH
RESOURCE CENTER

November 21, 2018

Dear Ely Area Community Leader:

We invite you to **participate in a focus group** conducted by the National Rural Health Resource Center on behalf of Ely-Bloomenson Community 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 Ely-Bloomenson Community 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 including seniors, family caregivers, business leaders, and health care providers. 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 the focus group scheduled for **Wednesday, December 12, 2018** from **4:00 – 5:00pm** at the **Civic Center in Tower** (404 Pine Street, Tower, Minnesota 55790). Your identity is not part of the focus group report and your individual responses will be kept confidential. Refreshments will be provided by Ely-Bloomenson Community Hospital.

Please confirm your attendance by contacting Keely at the National Rural Health Resource Center by phone (218-216-7041) or e-mail (klonetto@ruralcenter.org) **by Monday, December 3.**

We look forward to your participation. Thank you.

Sincerely,

A handwritten signature in purple ink that reads "Tracy Morton". The signature is written in a cursive, flowing style.

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

APPENDIX F: KEY INFORMANT INVITATION



NATIONAL
RURAL HEALTH
RESOURCE CENTER

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 informant interview** conducted by the National Rural Health Resource Center on behalf of Ely-Bloomenson Community 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 15-30-minute one-to-one phone interview. Available times for interview (if neither of the times work, please let me know and I can provide more):

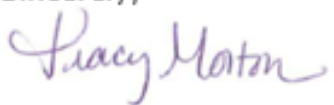
- Thursday, November 29th 9:00 – 9:30am
- Friday, December 7th 11:30 – 12:00pm

Your help is very much appreciated in this effort. Please confirm your willingness to participate by contacting Keely Lonetto at klonetto@ruralcenter.org or 1-800-997-6685, Ext. 0 to set up a time that works best for your schedule.

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