

Ely-Bloomenson Community Hospital

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

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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, within St. Louis County. EBCH participated in Community Health Needs Assessment (CHNA) services administrated by Rural Health Innovations (RHI), a subsidiary of the National Rural Health Resource Center.



In the Summer of 2021, RHI 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	Perception of community health	Utilization and perception of local health services
		

Sampling

EBCH provided RHI with a count of inpatient admissions 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 November 2021, 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 (seven zip codes). EBCH announced the CHNA survey in a press

release in the Ely Echo and the Timberjay newspapers the week of October 25, 2021. The information ran in the Timberjay on October 29, 2021, and the Ely Echo on October 30, 2021. EBCH also promoted the survey on social media and the local radio station WELY.

Two hundred fifteen (215) mailed surveys were returned, providing a 29.7% 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 5.61. Note that 76 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	76	215	29.7%
2018	800	73	197	27%
2015	800	45	320	42%

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 215 respondents could select more than one answer, so the percentages do not total to 100%. Comparative data is included for 2018 and 2015.

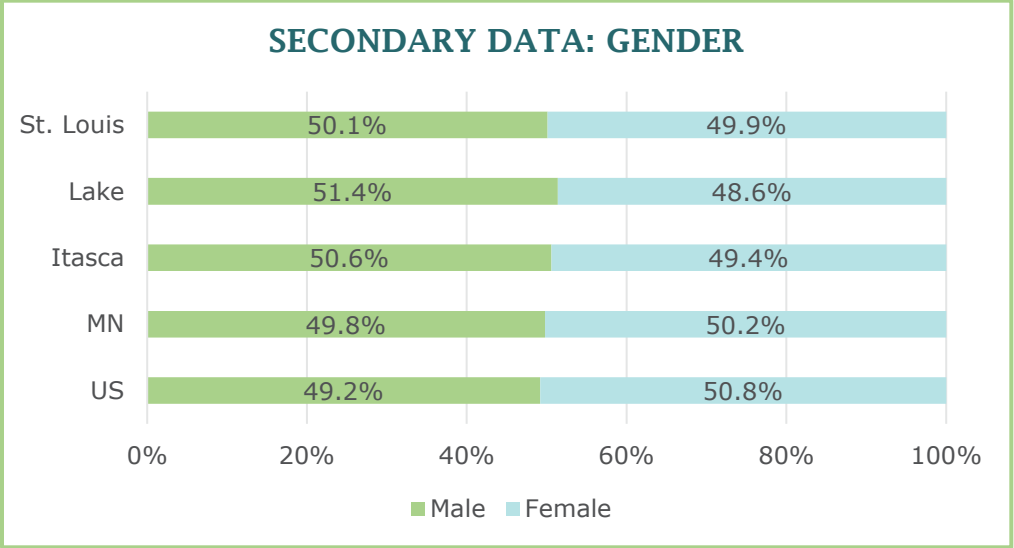
Demographics

Q20: What is your zip code? (Select only ONE response) A majority (74%) of respondents live in Ely. (N=215)

Zip Code	n=	2021	2018	2015
55731 Ely	159	74%	57%	72%
55706 Babbitt	34	17%	25%	17%
55782 Soudan	8	4%	6%	2%
55790 Tower	6	3%	5%	5%
55607 Isabella	2	1%	2%	1%
55796 Winton	2	1%	5%	2%
55732 Embarrass	1	0%	N/A	N/A

Q21: Are you male or female, or do you identify in a different way? (Select only ONE response) Sixty-one percent of survey respondents were female and 35% male. This is a higher representation of females compared to secondary data. (n=214)

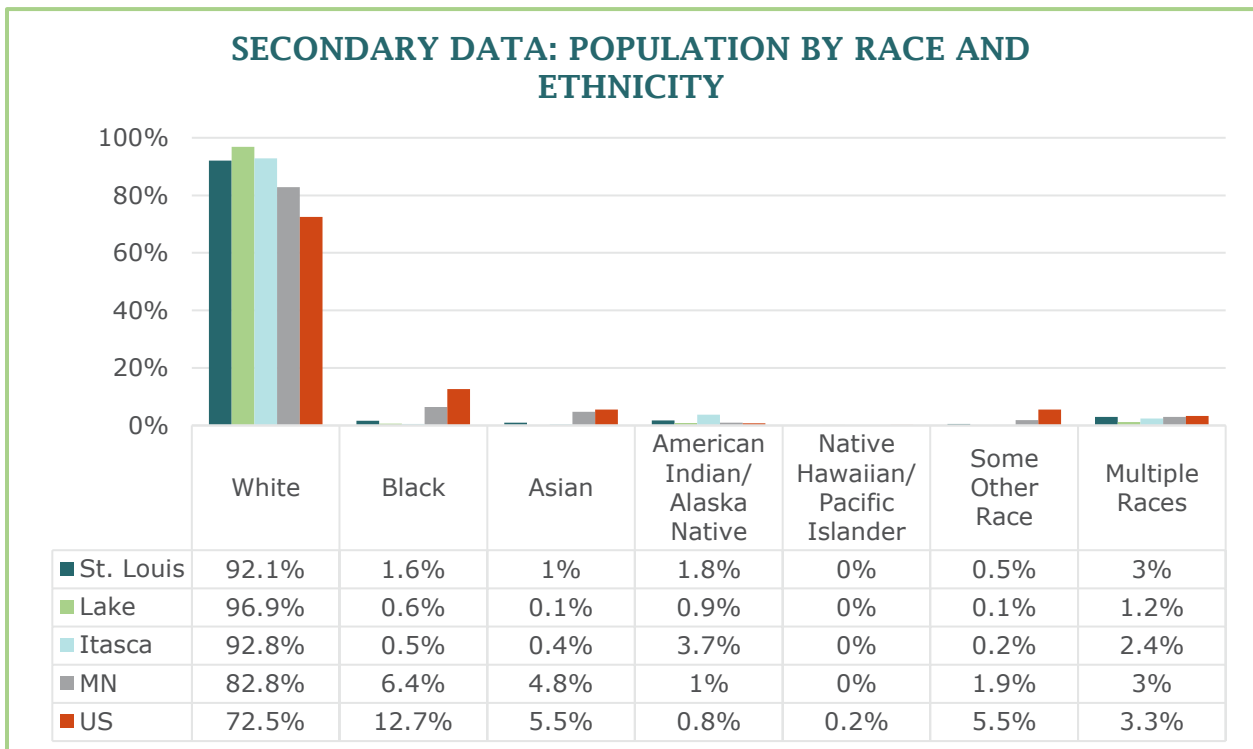
Gender	n=	2021	2018	2015
Female	131	61%	53%	62%
Male	75	35%	44%	35%
Prefer not to answer	7	3%	N/A	N/A
Identify in a different way	1	1%	N/A	N/A



Q24: With what ethnicity do you most identify? (Select all that apply)

Ninety-five percent of survey respondents indicated they are White/Caucasian. This is comparable to secondary data. (N=215)

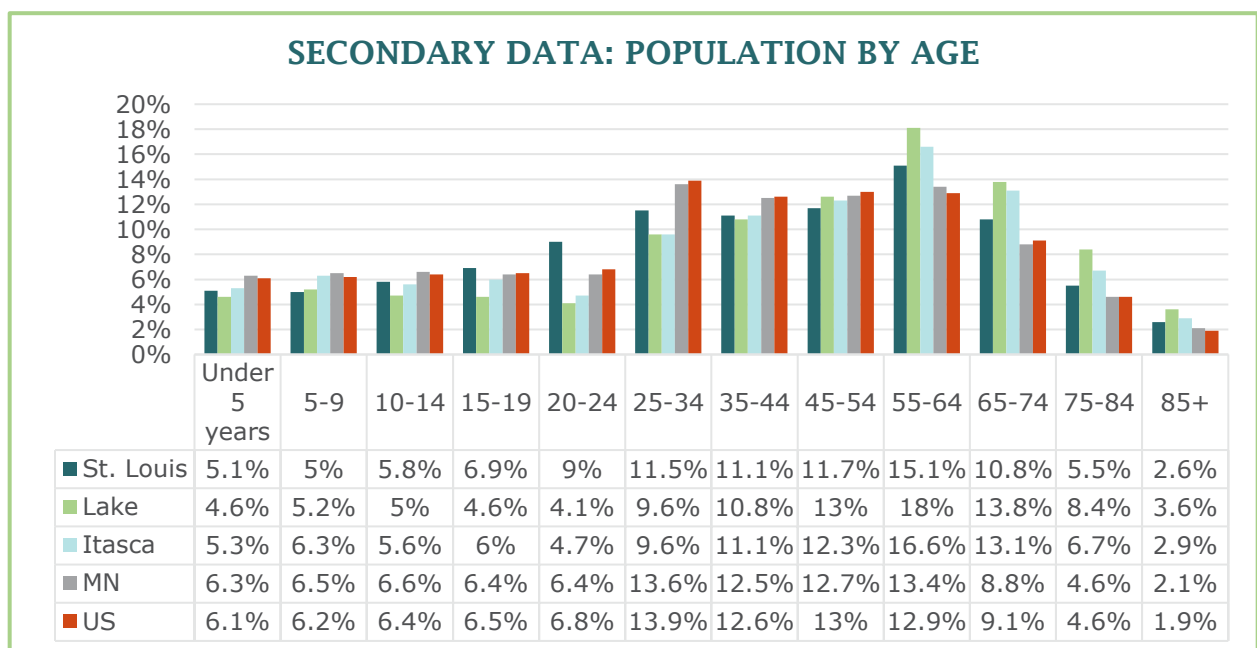
Ethnicity	n=	2021
White/Caucasian	204	95%
Prefer not to answer	7	3%
American Indian/Alaska Native	4	2%
Other (please specify)	2	1%
Don't know/Not sure	1	0%
Pacific Islander/Native Hawaiian	0	0%
Black/African American	0	0%
Asian	0	0%



Q22: What is your age range (in years)? (Select only ONE response) Fifty-nine percent of survey respondents were 65 years or older. This age range is followed by 55-64 at 24%. 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. (N=215)

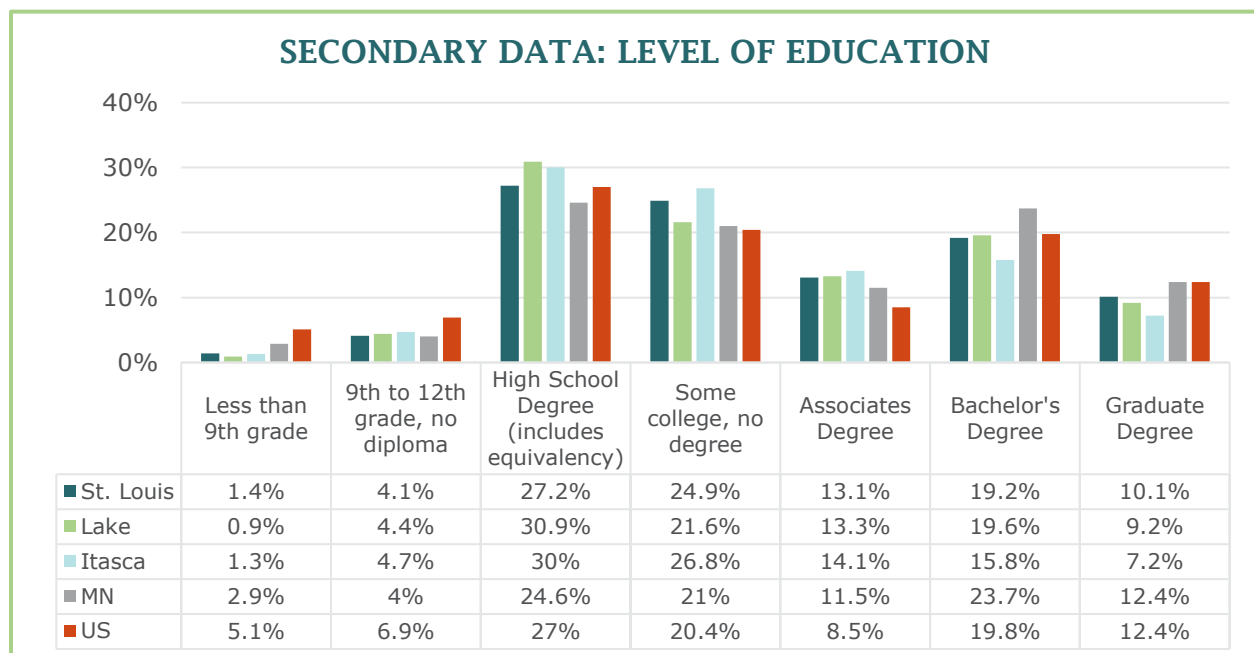
Age	n=	2021
18-24	1	1%
25-34	9	4%
35-44	16	7%
45-54	11	5%
55-64	52	24%
65 or older	126	59%

Age	2018	2015
18-25	0%	0%
26-35	5%	3%
36-45	7%	5%
46-55	9%	10%
56-65	23%	24%
66-75	30%	34%
76-85	18%	17%
86 or older	6%	5%

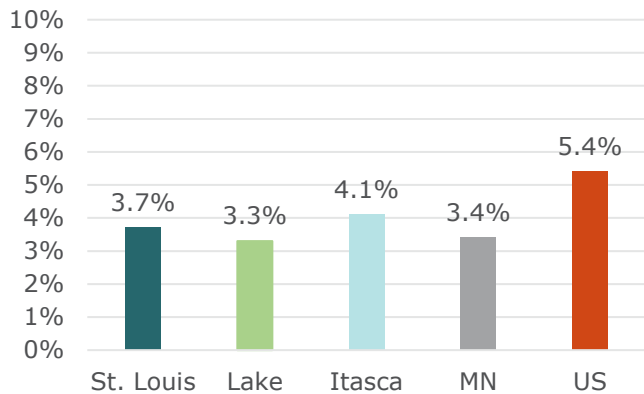


Q23: What is the highest level of education you have completed? (Select only ONE response) Twenty-seven percent of respondents have a college degree and an additional 31% report a graduate or post graduate degree. Education level for survey respondents is higher than what is found in secondary data which indicates the highest percentage for the three counties report high school degree. (N=215)

Level of Education	n=	2021
Less than high school	5	2%
High school diploma/GED	28	13%
Technical/trade/vocational school graduate	25	12%
Associates degree	25	12%
Some college but did not graduate	29	13%
College degree	59	27%
Graduate degree	34	16%
Post graduate degree	10	15%

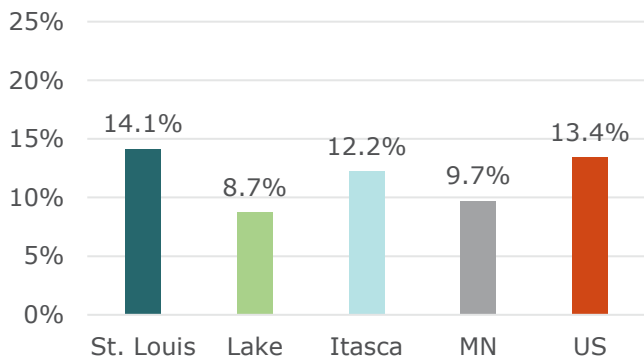


SECONDARY DATA: UNEMPLOYMENT RATE



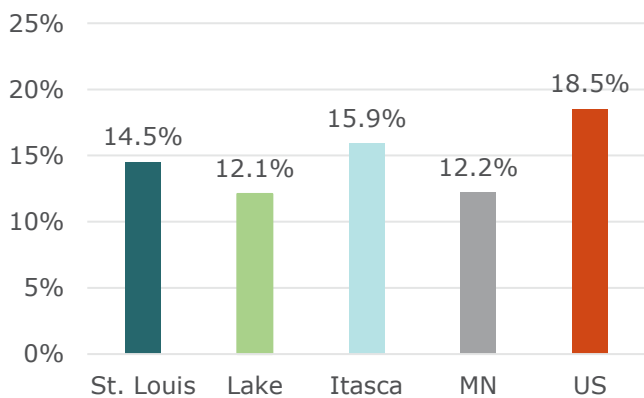
All counties have lower median household income than MN or US. Unemployment rates are lower than US.

SECONDARY DATA: INDIVIDUALS BELOW THE POVERTY LEVEL



St. Louis and Itasca have higher rates of those living below the poverty level as compared to MN.

SECONDARY DATA: CHILDREN IN POVERTY



The same trend is seen for children living in poverty as compared to MN although the rates are lower as compared to the US.

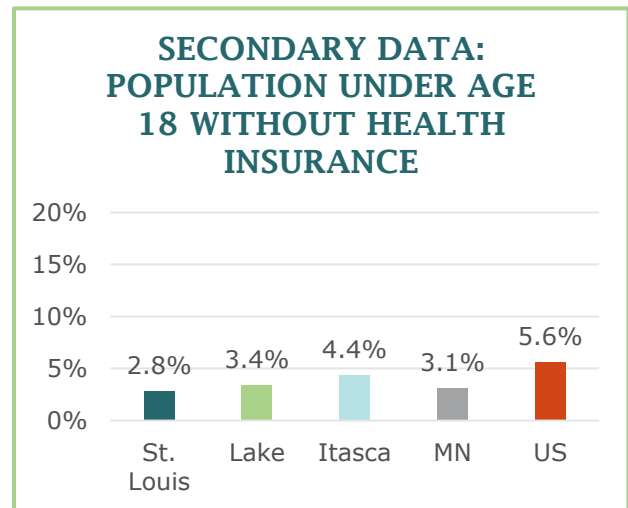
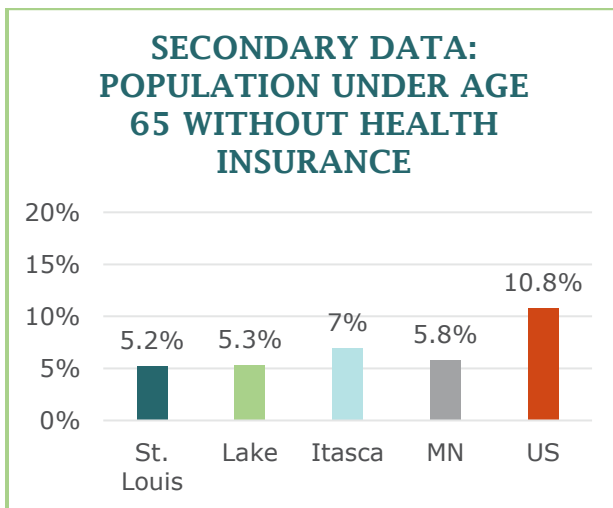
Health Insurance

Q14: What type of health insurance covers the MAJORITY of your household’s medical expenses? (Select all that apply) Almost all survey respondents indicate that they do have insurance, whether Medicare, employer, or state sponsored. One percent indicated no insurance. Respondents were asked to select all that apply, so the total does not equal 100 percent. (N=215)

Health Insurance	n=	2021
Medicare or Medicare Supplement	120	56%
Employer sponsored	67	31%
State provided	20	9%
VA/Military	18	8%
Commercial plan	17	8%
Other (please specify)	17	8%
Medicaid	13	6%
Health savings account	7	3%
No health insurance	3	1%
Indian or Tribal Health Services	1	0%
Agricultural Corp. paid	1	0%
Healthy kids	0	0%

Q15: Is there anyone in your household who is NOT covered by health insurance? (Select only ONE response) Ninety-seven percent of survey respondents indicate that there is no one in their household not covered by insurance. Three percent indicated there is someone in the household not covered. This percentage is slightly better than secondary data. (n=214)

Response	n=	2021
No	208	97%
Yes	6	3%
Don't know/Not sure	0	0%



If yes, why do these people NOT have health insurance? (Select all that apply) Of the 3% (n=6) that do not have health insurance, 83% (n=5) indicate that they cannot afford insurance. Respondents were asked to select all that apply, so the total does not equal 100 percent.

Reason Why	n=	2021
Cannot afford to pay for health insurance	5	83%
Employer does not offer insurance	1	17%
Too difficult to apply	1	17%

Reason Why	n=	2021
Do not know how to apply	0	0%
Cannot get health insurance due to medical issues	0	0%
Choose not to have health insurance	0	0%




Awareness of Programs that Help Pay for Health Care Expenses

Q16: Are you aware of programs that help people pay for health care expenses? (Select only ONE response) Thirty-nine percent indicate they are aware of programs that help people pay for health care expenses, but they do not qualify. Twenty-seven percent of respondents report that they are not aware. (n=211)

Awareness	n=	2021
Yes, but I do not qualify	83	39%
No	56	27%
Don't know/Not sure	40	19%
Yes, and I use them	32	15%

Community's Greatest Strengths

Q2: What do you consider to be our community's greatest strengths? (Please print clearly) 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>People helping people/caring/friendly (41)</p>	 <p>Hospital (33)</p>	 <p>Sense of community/small town feel (28)</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 3 responses) Fifty-six percent of survey respondents identify good jobs and healthy economy as the most important criteria for a healthy community. This was followed by access to health care and other services (51%). Respondents were asked to select up to 3 responses, so the total does not equal 100 percent. (N=215)

Item	n=	2021
Good jobs and healthy economy	120	56%
Access to health care and other services	109	51%
Good schools	68	32%
Low crime/safe neighborhoods	58	27%
Affordable housing	49	23%
Clean environment	40	19%
Acceptance for diversity	34	16%
Strong family life	33	15%
Community involvement	25	12%
Senior care	24	11%
Religious or spiritual values	23	11%
Healthy behaviors and lifestyles	22	10%
Access to parks and recreation	15	7%
Transportation services	7	3%
Cultural sensitivity	6	3%
Arts and cultural events	6	3%

Item	n=	2021
Low level of domestic violence	5	2%
Low death and disease rates	4	2%
Other (please specify)	3	1%

Pressing Health Concerns

Q1: What are the THREE most pressing health concerns in the community? (Select up to 3 responses) Access to dental services (53%) is the most pressing health concern identified. This was followed by access to childcare (34%) and access to specialists (26%). Respondents were asked to select up to 3 responses, so the total does not equal 100 percent. (N=215)

Pressing Health Concern	n=	2021
Access to dental services	114	53%
Access to childcare	72	34%
Access to specialists	56	26%
Affordable health insurance coverage	53	25%
Access to mental health services	45	21%
Prescription drug affordability	35	16%
Access to housing	31	14%
Lack of public transportation options	29	14%
Chronic disease management (diabetes, heart failure)	20	9%
Access to primary care	19	9%
Access to senior care	17	8%
Coordination of care	16	7%

Pressing Health Concern	n=	2021
Access to alcohol/drug use services	15	7%
Healthy lifestyles (exercise/nutrition)	14	6%
Obesity	13	6%
Personal debt due to medical bills	12	6%
Cancer	11	5%
Other (please specify)	11	5%
Hunger/food insecurity	8	4%
Heart disease/stroke	8	4%
Wellness/prevention services	8	4%
Reliable health information	7	3%
Respiratory disease	5	2%
Tobacco/e-cigarettes	1	0%

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 dental care (70%), availability of services/providers (33%), and mental health services (32%). The need for more mental health services was the number one gap identified in 2018 (45%) followed by availability of services/providers (44%). Respondents were asked to select up to 3 responses, so the total does not equal 100 percent. (N=215).

The secondary data reveals that there is a concerning ratio for behavioral health providers in Lake County (1,330:1). This is approximately triple the number of residents for each provider as compared to St. Louis and Itasca counties, MN, and US. Because of the impact of Duluth on St. Louis County numbers, the ratio for that county could be worse than the data indicates. The need for behavioral health




services was the number one priority in the focus groups and key stakeholder interviews.

This is the first-time dental care emerged as the primary gap. This was also identified in the focus group as a gap and need. Secondary data also revealed a ratio of residents to dentists in Lake County (2,130:1) that is much worse than the other counties, MN, or US. Attendees of the focus groups suggested the same issue is true for St. Louis County although the secondary data does not reveal that because most of the dentists in that county are in Duluth. They state that the situation in the rest of the county is very different.

Availability of services/providers is the number two gap identified in 2021 (33%). This was the second identified gap in 2018 as well (44%). Secondary data indicates that the ratios of providers to residents is similar for Lake and Itasca counties as compared to MN and US. St. Louis County has a much better ratio.

Gap	n=	2021	2018
Dental care	151	70%	<i>N/A</i>
Availability of services/providers	71	33%	44%
Mental health services	69	32%	45%
Affordable prescription drug assistance	45	21%	15%
Chronic care management (heart, lung, diabetes, etc.)	34	16%	<i>N/A</i>
Substance use services (drugs and alcohol)	34	16%	23%
Cancer treatment	33	15%	<i>N/A</i>
Primary care	30	14%	18%
Pain management	20	9%	23%
Geriatric care (seniors)	20	9%	23%
Healthy lifestyle education	19	9%	<i>N/A</i>
Services for low-income people	19	9%	18%

Gap	n=	2021	2018
End-of-life care (hospice/palliative care)	12	6%	12%
Other (please specify)	4	2%	13%
Ability to service different languages/cultures	2	1%	N/A

SECONDARY DATA		
ACCESS TO DENTISTS	ACCESS TO PRIMARY CARE PHYSICIANS	ACCESS TO MENTAL HEALTH PROVIDERS
		
St. Louis – 1,090:1 Lake – 2,130:1 Itasca – 1,410:1 MN – 1,340:1 US – 1,400:1	St. Louis – 780:1 Lake – 1,180:1 Itasca – 1,100:1 MN – 1,120:1 US – 1,320:1	St. Louis – 360:1 Lake – 1,330:1 Itasca – 370:1 MN – 370:1 US – 380:1

Priorities to Improve Community Access to Health Care

Q4: In your opinion, what are the top THREE priorities to improve our community’s access to health care? (Select up to 3 responses) Survey respondents identified more types of specialists as the number one priority (53%). This is followed by more primary care providers (38%). These were the two priorities identified in 2018 as well. More outpatient services were the third priority for 2021 (34%). Respondents were asked to select up to 3 responses, so the total does not equal 100 percent. (N=215)

Priority	n=	2021	2018
More types of specialists	114	53%	61%
More primary care providers	82	38%	37%
More outpatient services	74	34%	N/A

Priority	n=	2021	2018
Expand primary care appointment times	56	26%	26%
Improve quality of care	54	25%	17%
Transportation assistance	49	23%	29%
Financial aid assistance	42	20%	N/A
More frequent health education opportunities	31	14%	17%
Other (please specify)	21	10%	10%
Cultural sensitivity	17	8%	N/A
Telemedicine	16	7%	16%
Interpreter services	3	1%	N/A

Preventive Services

Q19: 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 (85%) followed by flu shot (77%) and annual health checkup and blood draw, both at 69%. Respondents were asked to select all that apply, so the total does not equal 100 percent. (N=215)

Preventive Service	n=	2021
COVID-19 vaccine	182	85%
Flu shot	166	77%
Blood draw	149	69%
Annual health checkup	149	69%
Routine blood pressure check	113	53%
Mammography	93	43%

Preventive Service	n=	2021
Cholesterol check	87	40%
Shingles vaccination	62	29%
Colonoscopy	45	21%
Diabetes check	45	21%
Prostate (PSA test)	41	19%
Pap smear	34	16%
Skin cancer screening	26	12%
Bone density scan	23	11%
Childhood vaccinations	19	9%
Well Child/Well Baby	13	6%
Other (please specify)	11	5%

Delayed Health Care Services

Q6: 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-five percent of respondents report that they or a household member did not delay seeking health services when needed. Thirty-three percent report that they did delay. (N=215)

Response	n=	2021
No (If no, skip to question 8)	141	65%
Yes	70	33%
Don't know/Not sure (If don't know/not sure, skip to question 8)	4	2%

Q7: If yes, what were the most important reasons why you did NOT receive health care services? (Select up to 3 responses) Appointment wait was too long was the biggest reason identified (46%) This was followed by insurance did not cover cost (26%) and could not get an appointment (24%). Respondents were asked to select up to 3 responses, so the total does not equal 100 percent. (n=70)

Reason	n=	2021
Appointment wait was too long	32	46%
Insurance did not cover cost	18	26%
Could not get an appointment	17	24%
Unsure of available services	12	17%
Other (please specify)	12	17%
Cost too much	10	14%
Schedule conflicts due to work	8	11%
Transportation issue	7	10%
Not treated with respect	5	7%
Too nervous or afraid	5	7%
No insurance	5	7%
Did not know where to go	4	6%
Do not like doctors	2	3%
No childcare	0	0%
Language/cultural barrier	0	0%

Recently Received Care in a Hospital

Q8: In the past three years, have you or a household member received care in a hospital (such as a hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care)? (Select only ONE response) Seventy-two percent of respondents answered yes. This is similar to 2018 (70%). (N=215)

Response	n=	2021	2018
Yes	154	72%	70%
No (If no, skip to question 10)	61	28%	30%
Don't know/Not sure (If don't know/not sure, skip to question 10)	0	0%	N/A

Q9: If yes, which hospital does your household use the MOST for hospital care? (Select only ONE response) Ely-Bloomenson Community Hospital is the preferred location for hospital care (56%). This is higher than 2018 (46%). (n=154)

Hospital	n=	2021	2018
Ely-Bloomenson Community Hospital	86	56%	46%
Essentia Health – St. Mary’s Medical Center (Duluth)	35	23%	N/A
Essentia Health - Virginia Hospital	15	10%	8%
Other (please specify)	10	6%	13%
St. Luke’s Hospital - Duluth	6	4%	N/A
Fairview Range Medical Center - Hibbing	2	1%	N/A
Cook Hospital	0	0%	1%
VA Hospital	0	0%	2%

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 (66%), prior experience (42%), and emergency, no choice (37%). These were the top three answers for 2018 as well. Respondents were asked to select up to 3 responses, so the total does not equal 100 percent. (N=215)

Reason	n=	2021	2018
Closest to home	143	66%	71%
Prior experience with hospital	90	42%	50%
Emergency, no choice	80	37%	38%
Hospital's reputation for quality	73	34%	30%
Referred by physician	66	31%	35%
Required by insurance plan	33	15%	19%
Recommended by family or friends	17	8%	9%
Other (please specify)	13	6%	7%
Closest to work	9	4%	N/A
Cost of care	5	2%	N/A
VA/Military requirement	4	2%	3%

Primary Care

Q17: What is the location of the primary health care provider used most frequently by your household? (Select only ONE response) Essentia Health-Ely Clinic was by far the most used location (79%). (n=214)

Location	n=	2021
Essentia Health - Ely Clinic	168	79%
Other (please specify)	23	11%
Essentia Health - Virginia Clinic	10	5%
VA Clinic	5	2%
Fairview Mesaba Clinic - Mt. Iron	4	2%
Scenic Rivers Health Services - Tower Medical Clinic	3	1%
Scenic Rivers Health Services - Cook Medical Clinic	1	0%

Q18. Why did you select that particular primary care provider? (Select all that apply) Closest to home was the number one reason that provider was selected (73%). This was followed by prior experience (30%). Respondents were asked to select all that apply, so the total does not equal 100 percent. (N=215)

Reason	n=	2021
Closest to home	156	73%
Prior experience	65	30%
Appointment availability	44	20%
Reputation for quality	42	20%
Recommended by family or friends	27	13%
Required by insurance plan	23	11%
Other (please specify)	13	6%

Reason	n=	2021
Referred by physician or another provider	12	6%
Length of waiting room time	9	4%
VA/Military requirement	9	4%
Indian or Tribal Health Services	1	0%
Cost of care	0	0%

Specialty Care

Q11: In the past three years, have you or a household member seen a health care specialist (other than your primary care provider/family physician) for health care services? (Select only ONE response) Eighty-five percent of respondents indicate they have seen a specialist. This is higher than 2018 (76%). (N=215)

Response	n=	2021	2018
Yes	182	85%	76%
No (If no, skip to question 13)	33	15%	24%
Don't know/Not sure (If don't know/not sure, skip to question 13)	0	0%	N/A

Q12: What type of health care specialist was seen? (Select all that apply) Dentist was the number one specialist seen (42%). This is lower than 2018 (73%). Respondents were asked to select all that apply, so the total does not equal 100 percent. (n=182)

Specialist	n=	2021	2018
Dentist	77	42%	73%
Orthopedic surgeon	60	33%	25%
Physical therapist	47	26%	30%

Specialist	n=	2021	2018
Cardiologist	38	21%	18%
Ophthalmologist	30	16%	21%
Radiologist	29	16%	18%
Dermatologist	29	16%	12%
Ear, nose & throat	24	13%	18%
General surgeon	23	13%	20%
Chiropractor	22	12%	14%
Urologist	20	11%	10%
Other (please specify)	18	10%	10%
Mental health counselor	17	9%	10%
Gastroenterologist	17	9%	12%
Obstetrics/Gynecology	16	9%	7%
Oncologist	16	9%	10%
Neurologist	15	8%	14%
Rheumatologist	15	8%	9%
Occupational therapist	15	8%	10%
Psychiatrist/Psychologist	8	4%	10%
Endocrinologist	8	4%	7%
Neurosurgeon	7	4%	N/A
Respiratory therapist	6	3%	N/A
Allergist	4	2%	6%

Specialist	n=	2021	2018
Pulmonologist	4	2%	7%
Dietician	3	2%	4%
Social worker	3	2%	4%
Pediatrician	2	1%	4%
Speech therapist	0	0%	2%
Substance use counselor	0	0%	2%

Q13: What type of specialist would you like to have access to MOST in our community? (Select only ONE response) The instruction for this question was to select only ONE response, however several individuals selected more than one option, which is why other (please specify) is showing up as the most popular answer. The scanner could not read the surveys with multiple answers, so they are recorded in [Appendix B](#). After incorporating the surveys with multiple answers, Cardiology is the most needed specialty identified by the community. In 2018, this was asked as an open-ended question. Cardiology was also the top requested specialty. (n=198)

Specialist	n=	2021
Other (please specify)	35	18%
Cardiology	29	15%
General surgery	26	13%
Orthopedics	18	9%
Dermatology	16	8%
Psychiatric services	13	7%
Chronic acute pain	13	7%
Endocrinology/diabetes	12	6%

Specialist	n=	2021
Oncology	10	5%
Obstetrics/Gynecology	9	4%
Ear, nose & throat	6	3%
Urology	5	2%
Podiatry	4	2%
Pulmonology	2	1%
Nephrology	0	0%

Focus Group Findings

Introduction

RHI was contracted by EBCH 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 November and December 2021 to obtain information from community residents. EBCH provided names, demographics, and contact information for 72 potential attendees. RHI reached out to all 72 to invite them to participate. Attendees could choose the focus group they preferred to attend based on their availability. Each focus group included a mix of attendees representing their community. Attendees included seniors, representatives from businesses, health care consumers, and social services.

Sixteen of the 72 people signed up to attend; two did not show. Demographics of attendees based on observation and general comments and characteristics included:

- Gender: males (4), females (10)
- Estimated age: 60-70 (4), 50-59 (7), 40-49 (1), 20-39 (2)
- Employment status: employed (9), not working/retired (5)

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.

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.

2. 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.).

Summary of Major Focus Group Findings

Below are the common themes in responses. The number in parenthesis () indicates the number of focus groups in which the item was mentioned.

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

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

2. Do you find any particular statistic surprising?

- The Dentist ratio for St. Louis County is not reflective of the county outside of Duluth which only has one Dentist (2)

3. Are some population groups healthier than other groups? If yes, which ones?

- Retirees have better health, good income, and are often active; they choose to move here (4)
- Affluent community has more access to exercise, outdoor gear, and recreation (2)

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

- Longtime residents (4)
 - Less likely to take advantage of opportunities
 - Some are underperforming with few job opportunities, especially when mining left
 - Used to a certain lifestyle and less likely to change
- Economic disparities (3)
 - Consolidation of grocery stores that impact cost of food and ability to get across town - utilization of food pantry is up
 - No insurance
- Those with behavioral health and substance use disorder (SUD) issues (2)
- Homebound elderly who don't qualify for some services, don't know about them, or don't have someone to set up care for them (2)

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

- Transportation (4)
 - Long distances to travel
 - Some services were discontinued with COVID
 - Inconsistent services or schedules or only provided for a specific population such as seniors
 - Liability issues
- Attitudes - isolationist, independent, don't believe in getting mental health help, stigma (4)
- Cost (3)
- Staffing issues (3)
 - Burnout
 - Not enough staff such as personal care assistants (PCAs)

6. What do you think EBCH could do to increase the health of the community? Where are opportunities to collaborate?

- Collaborate more actively (4)
 - Ministerial council
 - Northern Lights Clubhouse
 - Free Clinic
 - Food shelf
 - Community college
 - Community health center
 - Services such as lab
 - Faith based groups
- Revisit idea of community recreational center and resume collaboration with Y and non-profit (2)

7. What is the greatest health need in this community?

For this item, each participant had three votes they could distribute on the list of health needs they generated.

- Behavioral health and SUD services for all age groups - this has been impacted by COVID (13 votes)
- Improve workforce with PCAs and certified nursing assistants (11 votes)
- Dental care access as a health issue that impacts nutrition, pain, and digestion (5 votes)
- Exercise access and quality for all age groups and mobility issues (5 votes)

Key Stakeholder Findings

Introduction

RHI was contracted by EBCH to conduct key stakeholder interviews to provide qualitative data on the strengths and needs of local health care services.

Background

Twenty-four residents were identified by the hospital to potentially participate in key stakeholder interviews in November and December 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 or a call was made to invite by phone.

Six people agreed to participate. In total, three men and three women participated. Each virtual meeting session was approximately 50 minutes in length and included a review of the secondary data at the beginning. Each key stakeholder was asked the same questions.

Limitations

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

1. The information is based on comments from a small segment of the community.
2. Participants were professional or retired, middle-income, and Caucasian. 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 ages 18-35.
3. Participants were chosen as key stakeholders by EBCH, which could introduce selection bias.

Summary of Major Points

Below are the common themes in responses.

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

- Not surprised (6)

2. Do you find any particular statistics surprising?

- High suicide rates (3)
- Ratio of population to mental health providers in Lake County (3)
- Native American population percentages seem low and surprised about the median household income increase over the decade

3. Are some population groups healthier than other groups? If yes, which ones?

- Active people (4)
- Economically secure residents (2)

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

- Elderly (4)
- People in poverty (2)
- People with mental health or substance use issues (3)
- Children/young Adults (2)
- Veterans, smokers, drinkers, and single parents were also mentioned

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

- Transportation (6)
- Immobility (3)
- Mental health and substance use stigma (2)
- Broadband, cost of internet, ability to use technology, health literacy, translation services, daycare, and health care services hours of operation and cost of services were also mentioned
- Lack of a local substance use treatment facility
- Pandemic - can't transfer patients to larger hospitals right now due to pandemic

6. What do you think EBCH could do to increase the health of the community? Where are opportunities to collaborate?

- Communicate, cooperate, and collaborate (4)
 - Collaborate with private practice instead of competing – more patient focused care
 - Collaborate with housing authority to build more housing

- Well Being Development wants to collaborate – could help EBCH to implement Community health workers or care facilitators. They’re really addressing BH in the area.
- Partner with economic development people to recruit someone to bring in inpatient SU and MH treatment facilities – utilize the natural beauty and peacefulness of the area
- Collaborate with local housing authority (build housing), Well-being Development (community health workers)
- Work on collaboration and improving strong, positive relationships between EBCH, free clinic, Tower Scenic Rivers, and Essentia clinics
- EBCH could support other community organizations and initiatives financially. Maybe share their shared savings.
- Address mental health / substance use stigma (3)
- Specialty care locally (2)
- Help with transportation (2)
- More telehealth and/or home visits
- More care facilitation or community health workers
- Improve ED redirect – those visiting ED not for a physical health need. ED flows aren’t intended for those in mental health crisis. How can hospital serve those people?
- Ambulance – opportunities to fill some transportation gaps – can they purchase another vehicle – leverage resources.
- Home health – such a high need and doesn’t work to contract it out. Can the hospital revisit the home health model to make it work using their employment benefits?
- Revitalize the community recreational complex project – bring the community together and promote healthy behaviors

7. What is the greatest health need in this community?

- Mental health services (3)
- Specialty services (3)
- School social workers to get to the source of issues
- Address substance use disorder – alcohol use especially (opioids not primary concern in this community)

Conclusions, Recommendations, and Acknowledgements

Conclusions

In addition to noting secondary data, EBCH 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, secondary data, and focus groups concerns the need for more dental care and providers in the community. Access to dental services is the most pressing health concern and the number one gap in care identified in the survey. This was identified as the number three health need in the focus groups. Respondents discussed the relevance of oral health to other physical conditions, digestion, pain issues, and possibly mental health.

The survey data identified the need for more mental health services (32%) to be a close third to availability of services/providers (33%). The need for more mental health services was the number one gap identified in 2018 (45%). The secondary data reveals that there is a concerning ratio for behavioral health providers in Lake County (1,330:1). This is approximately triple the number of residents for each provider as compared to St. Louis and Itasca counties, MN, and US. Because of the impact of Duluth on St. Louis County numbers, the ratio for that county could be worse than the data indicates. The need for behavioral health services was the number one priority in the focus groups and key stakeholder interviews. Related to this is the concern about stigma and attitudes towards accessing care for behavioral health issues.

Survey results indicate high community usage of EBCH services. This was even more favorable than 2018. Key stakeholders and focus groups concur. Results indicate positive experiences with the hospital and appreciation of having services locally. Comments include, “phenomenal job to partner with groups in general, drive through COVID services” and “the hospital does a very good job partnering with other groups in the community.” When asked in the survey about the community’s greatest strength, EBCH was identified as number two, only behind “People helping people/caring/friendly.”

Recommendations

Recommendations include exploring possibilities to bring dental services and oral health education to the community. As noted in the focus group, oral health is tied closely to other health issues. We recommend EBCH reach out to other small rural hospitals that have found ways to support dental services or clinics. This is an example of a strategy that, if selected, will require partnering with other community organizations, businesses, faith-based groups, and the school system. While this might be a long-term strategy, in the short term, education to the community could be provided to help residents understand the connection between oral and physical health, including substance use disorders.

As with most communities, there is an opportunity to continue to address behavioral health services, education, and stigma. Telehealth has improved the access of services for some communities, especially when transportation is identified as a barrier to access as it was in the focus groups and key stakeholder interviews. It was noted that broadband challenges in the remote parts of the counties as well as limited access to technology is another barrier. It is recommended that EBCH continue to collaborate and create new and stronger partnerships to help address this. Suggested partners include Ministerial Council, Northern Lights Clubhouse, Free Clinic, Food Shelf, Community College, and Well Being Development. Additionally, the more EBCH can go into the community and outside the city to provide education, the more people can be reached.

Acknowledgements

RHI would like to thank EBCH's Marketing & Communications Team Leader, Jodi Martin for her contributions and work with developing and distributing the assessment and coordinating the focus groups and key stakeholder interviews.

Appendix A: Survey Instrument



October 29, 2021

Dear Resident:

Please participate in our Community Health Needs Assessment survey for a chance to WIN a \$50.00 Gift Card to Zup's Grocery!

Ely-Bloomenson Community Hospital (EBCH) is partnering with Rural Health Innovations, LLC a subsidiary of 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 help us plan the programs, services, and facilities to serve our community best. **Your help is critical in determining health priorities and future needs.**

Your name has been randomly selected as a resident who lives in the EBCH service area. The survey covers topics such as; your amount of use of healthcare 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 healthcare, such as access to services and affordability. However, by completing the enclosed survey, you can help guide EBCH in developing comprehensive and affordable healthcare services for our area residents.

- 1. Due date to return the survey and ONE raffle ticket: December 10, 2021**
- 2. Return your completed survey in the envelope provided - no stamp needed**
- 3. Keep the other raffle ticket for when we announce the three winners on our website, Facebook page, and local newspapers the week of December 20, 2021**

EBCH is offering you this chance to win these gift cards to 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. All answers will be kept confidential. 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 healthcare services in our region.

Thank you for your assistance. We appreciate your time.

Sincerely,

A handwritten signature in blue ink that reads "Patti Banks".

Patti Banks, CEO

ebch.org

328 W Conan St.
Ely, MN 55731
218-365-3271

Ely-Bloomenson Community Hospital is committed to caring for and enhancing the health and well being of the community it serves.

Community Health Needs Assessment Ely, 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. What are the THREE most pressing concerns in our community?
(Select up to 3 responses)

- Access to alcohol/drug use services
- Access to child care
- Access to dental services
- Access to housing
- 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/food insecurity
- Lack of public transportation options
- Obesity
- Personal debt due to medical bills
- Prescription drug affordability
- Reliable health information
- Respiratory disease
- Tobacco/e-cigarettes
- Wellness/prevention services
- Other (please specify)

2. What do you consider to be our community's greatest strengths?
(Please print clearly)

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
- Arts and cultural events
- 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. In your opinion, what are the top THREE priorities to improve our community's access to health care?
(Select up to 3 responses)

- Cultural sensitivity
- Expand primary care appointment times
- Financial aid assistance
- Interpreter services
- Improve quality of care
- More frequent health education opportunities
- More primary care providers
- More types of specialists
- More outpatient services
- Telemedicine
- Transportation assistance
- 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)
 - Healthy lifestyle education
 - Mental health services
 - Pain management
 - Primary care
 - Services for low income people
 - Substance use services (drugs and alcohol)
 - Other (please specify)
-

6. 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 8)
- Don't know/Not sure → (If don't know/not sure, skip to question 8)

7. 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)
-

8. In the past three years, have you or a household member received care in a hospital (such as a hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care)? (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, which hospital does your household use the **MOST** for hospital care? (Select only ONE response)

- Cook Hospital
 - Ely-Bloomenson Community Hospital
 - Essentia Health - St. Mary's Medical Center (Duluth)
 - Essentia Health - Virginia Hospital
 - Fairview Range Medical Center - Hibbing
 - St. Luke's Hospital - Duluth
 - VA Hospital
 - 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)

- Closest to home
 - Closest to work
 - Cost of care
 - 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. In the past three years, have you or a household member seen a health care specialist (other than your primary care provider/family physician) for health care services? (Select only ONE response)

- Yes
- No → (If no, skip to question 13)
- Don't know/Not sure → (If don't know/not sure, skip to question 13)

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

- | | |
|---|--|
| <input type="radio"/> Allergist | <input type="radio"/> Orthopedic surgeon |
| <input type="radio"/> Cardiologist | <input type="radio"/> Pediatrician |
| <input type="radio"/> Chiropractor | <input type="radio"/> Physical therapist |
| <input type="radio"/> Dentist | <input type="radio"/> Psychiatrist/ Psychologist |
| <input type="radio"/> Dermatologist | <input type="radio"/> Pulmonologist |
| <input type="radio"/> Dietician | <input type="radio"/> Radiologist |
| <input type="radio"/> Ear, nose & throat | <input type="radio"/> Respiratory therapist |
| <input type="radio"/> Endocrinologist | <input type="radio"/> Rheumatologist |
| <input type="radio"/> Gastroenterologist | <input type="radio"/> Speech therapist |
| <input type="radio"/> General surgeon | <input type="radio"/> Social worker |
| <input type="radio"/> Mental health counselor | <input type="radio"/> Substance use counselor |
| <input type="radio"/> Neurologist | <input type="radio"/> Urologist |
| <input type="radio"/> Neurosurgeon | |
| <input type="radio"/> Obstetrics/Gynecology | |
| <input type="radio"/> Occupational therapist | |
| <input type="radio"/> Oncologist | |
| <input type="radio"/> Ophthalmologist | |
- 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 type of health insurance covers the MAJORITY of your household's medical expenses? (Select all that apply)

- Agricultural Corp. paid
- Commercial plan
- Employer sponsored
- Healthy kids
- Health savings account
- Indian or Tribal Health Services
- Medicare or Medicare Supplement
- Medicaid
- State provided
- VA/Military
- No health insurance
- Other (please specify) _____

15. 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

16. 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

17. What is the location of the primary health care provider used most frequently by your household? (Select only ONE response)

- Essentia Health - Ely Clinic
- Essentia Health - Virginia Clinic
- Fairview Mesaba Clinic - Mt. Iron
- Scenic Rivers Health Services - Cook Medical Clinic
- Scenic Rivers Health Services - Tower Medical Clinic
- VA Clinic
- Other (please specify) _____

- 18. Why did you select that particular primary care provider?**
(Select all that apply)
- Appointment availability
 - Closest to home
 - Cost of care
 - Length of waiting room time
 - Prior experience
 - Recommended by family or friends
 - Referred by physician or another provider
 - Reputation for quality
 - Required by insurance plan
 - Indian or Tribal Health Services
 - VA/Military requirement
 - Other (please specify) _____

- 19. 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
 - Shingles vaccination
 - Skin cancer screening
 - Well Child/Well Baby
 - Other (please specify) _____

- 20. What is your zip code?**
(Select only ONE response)
- 55607 Isabella
 - 55706 Babbitt
 - 55731 Ely
 - 55732 Embarrass
 - 55782 Soudan
 - 55790 Tower
 - 55796 Winton

- 21. 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

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

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

- 23. What is the highest level of education you have completed?**
(Select only ONE response)

- Less than high school
- High school diploma/GED
- Technical/trade/vocational school graduate
- Associates degree
- Some college but did not graduate
- College degree
- Graduate degree
- Post graduate degree

- 24. 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

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

- Access to home health care options (2)
- Doctors
- COVID-19 spread
- Senior housing
- Fitness Center with lap swimming pool
- There is access to many services, but not an avenue to identify who would benefit and get them to agree to the services and coordinate it. Coordination of care?
- Low wages/seasonal jobs
- Timely access to specialists
- Chronic pain management

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

- People helping people/caring/friendly (41)
- Hospital (33)
- Sense of community/small town feel (28)
- Environment/nature (22)
- Clinic (21)
- Our schools (12)
- Outdoor recreation (11)
- Safe place to live/low crime (11)
- Volunteerism (11)
- Health care/medical care (10)
- Northwoods Partners/senior services (9)
- Our doctors (8)
- Community involvement (7)
- Access to primary care (6)
- Community college (VCC) (6)
- Charitable donations (4)
- Strong family life (3)
- Ely food shelf (3)
- Mining resources/mining jobs (3)
- Senior housing (2)
- Tourism (2)
- Location (2)

- Access to specialists (2)
- Access to a healthy lifestyle (2)
- Care for kids
- Youth services, strong support from local businesses
- Senior center meals and activities, Young Life
- Ely community resources
- United when facing issues
- Not having toxic mining in the area
- VA outpatient center, big grocery store
- The ability to accurately address issues and challenges
- Great place to visit, great place to raise kids
- Welcoming to new residents, faith communities
- A lot for kids to do
- Dental care in town
- Doctors know our name and our health problems
- The Arts (theater, City Band, Folk School, venues for live music Art & Soul, NLAA, etc.!)
- Vaccine availability
- Cooking activities
- Active people, economic growth
- Good elderly living conditions
- Wellness/prevention services
- Access to specialists in Duluth/Twin Cities, reliable health information
- Access to radiology
- Very good emergency services (ambulance, fire, police, etc.)
- Easy access to nursing home
- Ely is very fortunate to have a pharmacy
- Natural resources
- Essentia has a very knowledgeable, professional, courteous staff. 24-7
- Housing
- Services provided by Essentia Health for continuity of care
- Access to public lands, support networks for children, creative problem solving
- Peaceful living
- I like being remote
- Face-to-face interaction
- Wide variety of job skills due to influx of persons seeking a quieter lifestyle
- Personal relationships with providers, banks, stores, health care
- Self-sufficiency

- Jobs
- Options for social networking within the community
- Local small businesses
- Educated citizens, large number of senior citizens, large number of independent businesses
- Logging
- Resilience, sense of inclusion, belief in our children
- Work quality ethics, inclusive of every person regardless of ethnic background (color, etc.), involvement in preserving Ely's 'history', arts/cultural involvement
- Being divided!
- Advance in cultural and arts promotion
- EMT's
- Active community, incoming community members with new insights
- Community supports, coordination of care

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

- Healthy environment
- Senior housing
- Comprehensive indoor recreation center for all community ages and needs

4. In your opinion, what are the top THREE priorities to improve our community's access to health care? (Select up to 3 responses)

- Home health care options (3)
- Urgent care (not just ER) (2)
- More dentists (2)
- Integrative health
- Not rushing thru appointments!! 15 minutes is too short a time!
- Continue with what you have!
- Less wait times
- More childcare
- We need a national single-payer system
- Accept more insurance providers
- Substance abuse outpatient programs
- Paid medical leave, free healthcare
- Keeping confidentiality/HIPAA
- Medical transport other than ambulance
- OB-GYN

- Birthing center
- I think access is good except mental health

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

- Audiology
- Childcare
- Unable to connect to clinic without going through Duluth
- Urgent care vs. ER

7. 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-19 pandemic (5)
- Services not offered in Ely
- Doctor kept changing appointment date. This has happened several times by letter, often delaying appointment by months.
- Unable to get physician you want!
- Medicare required face-to-face with doctor
- Too difficult trying to get through the scheduling process with Essentia Health
- Specialist not available

9. In the past three years, have you or a household member received care in a hospital (such as a hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care)? If yes, which hospital does your household use the MOST for hospital care? (Select only ONE response)

- Region's Hospital - St. Paul
- M Health Fairview
- Twin Cities Orthopedics – Edina
- Depends on need. For ER use Ely. For Cardio use St. Mary's. For Osteo use Lakewalk.
- Multiple (Ely-Bloomenson Community Hospital AND Essentia Health - St. Mary's Medical Center (Duluth)) (2)
- Multiple (Ely-Bloomenson Community Hospital AND Essentia Health - Virginia Hospital
- Multiple (Ely-Bloomenson Community Hospital AND Mayo facility)

- Multiple (Ely-Bloomenson Community Hospital AND Essentia Health - Babbitt)
- Multiple (Essentia Health St. Mary's Medical Center (Duluth) AND Mayo Clinic)

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)

- Specialty care only offered at larger hospital
- Hospice regulations
- Trusted the surgeon
- Specialized services available there
- Specialists, more help available
- Want to support local health care
- Surgeon was there
- Personal connection to physicians
- Only local option
- Quality of care
- Closest option for what we need to be seen for
- Specialist for surgeries
- I work there

12. In the past three years, have you or a household member seen a health care specialist (other than your primary care provider/family physician) for health care services? (If yes) What type of health care specialist was seen? (Select all that apply)

- Podiatrist (3)
- Audiologist (2)
- Colorectal surgeon (2)
- Kidney specialist
- Sleep specialist
- Optometrist
- Nephrologist
- Proctologist
- Migraine specialist
- Back surgeon
- Vascular surgeon
- Emergency room doctor
- Nutritionist
- Plastic surgeon

13. What type of specialist would you like to have access to MOST in our community? (Select only ONE response) Answers where “multiple” is written are ones where individuals selected multiple answers. The instructions were to select only ONE response, however several individuals selected more than one option.

- Ophthalmology (3)
- Dentist (3)
- Gastroenterology (2)
- Rehabilitation services
- Non 'Western' ex-homeopathic
- Nutritionist
- Pediatrician
- Chiropractor, Acupuncturist
- All once in a while would be great
- Multiple (Endocrinology/diabetes AND Oncology AND Psychiatric services)
- Multiple (General surgery AND Obstetrics/gynecology)
- Multiple (General surgery AND Obstetrics/gynecology AND Orthopedics)
- Multiple (Obstetrics/gynecology AND Orthopedics)
- Multiple (Obstetrics/gynecology AND Psychiatric services)
- Multiple (Orthopedics AND Podiatry AND Psychiatric services)
- Multiple (Dermatology AND Orthopedics AND Urology)
- Multiple (Dermatology AND Ear, nose & throat)
- Multiple (Dermatology AND Ear, nose & throat AND Obstetrics/Gynecology)
- Multiple (Endocrinologist/diabetes AND Neurosurgeon)
- Multiple (Cardiology AND Dermatology)
- Multiple (Cardiology AND Dermatology AND Oncology)
- Multiple (Endocrinologist/diabetes AND General surgery)
- Multiple (General surgery AND Orthopedics AND Urology)
- Multiple (Orthopedics AND Psychiatric services)
- Multiple (Dermatology AND Ear, nose & throat AND podiatry (a good doctor!!))
- Multiple (Chronic acute pain AND Endocrinology/diabetes AND Urology)
- Multiple (Cardiology AND Dermatology AND Ear, nose & throat)
- Multiple (Cardiology AND Dermatology AND General surgery)
- Multiple (Ear, nose & throat AND Obstetrics/Gynecology AND Podiatry)
- Multiple (Psychiatric services AND Behavioral Health neurologist)

14. What type of health insurance covers the MAJORITY of your household's medical expenses? (Select all that apply)

- Blue Cross/Blue Shield (6)
- U-Care (3)
- Medica (2)
- Subsidy
- Health Partners
- MN Sure
- Tri-Care
- Former employer 'retiree' sponsored
- I pay cash

17. What is the location of the primary health care provider used most frequently by your household? (Select only ONE response) Answers where "multiple" is written are ones where individuals selected multiple answers. The instructions were to select only ONE response, however several individuals selected more than one option.

- Essentia Health - Duluth Clinic (3)
- Laurentian Clinic (2)
- St. Luke's Laurentian - Mt. Iron (2)
- St. Luke's Laurentian - Virginia (2)
- Essentia Health - Aurora Clinic
- Aurora White
- Vermillion Clinic
- Hermantown Clinic – Duluth
- Skin doctors – Orino
- Minneapolis
- M Health Fairview
- In Twin Cities
- Don't have one
- Multiple (Essentia Health - Ely Clinic AND St. Luke's Laurentian Medical Clinic)
- Multiple (Essentia Health - Ely Clinic AND Essentia Health Aurora Northern Pines)
- Multiple (Essentia Health - Ely Clinic AND Scenic Rivers Health Services - Tower Medical Clinic AND VA Clinic)
- Multiple (Essentia Health - Ely Clinic AND VA Clinic)
- Multiple (Essentia Health - Ely Clinic AND Essentia Health - Virginia Clinic)

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

- Don't want to see provider in my own small town
- Previous employee at facility
- Want to support local health care
- My previous doctor quit seeing me and went to ER only
- Like her profile on Essentia Health website
- Respect and no gossip about me coming to clinic
- Don't have one
- Essentia's stance on masking in schools
- Gender – female
- Only local option
- Knows past health history best
- Followed primary when practice moved to Tower
- Work at the hospital - all housed together

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

- Kidney stone
- Kidney examination
- Pneumonia vaccine
- Cologuard screening
- Monthly B-12 injection
- Eye and dental care check-ups
- Lyme Disease prevention
- Eye exam
- Pacemaker checks remote/clinic
- Dental check-up
- Please note that most of the above do not prevent disease

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

- Hispanic
- Homo Sapiens

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 RHI 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 RHI 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 2021. The types of measures selected to analyze in this report were identified based on data available for St. Louis County, Lake County, Itasca County, MN, and the US.

For more secondary data information, RHI offers users the ability to extract multiple data elements that are focused on specific scenarios in population health management on the [Population Health Portal](#).

Geography and Demographics

	St. Louis	Lake	Itasca	MN	US
Population	199,759	10,560	45,141	5,563,378	324,697,795
Land area	6,247	2,109.29	2,667.72	79,626.74	3,531,905.43
Population density	32	5.2	16.9	66.6	87.4
Male	50.1%	51.4%	50.6%	49.8%	49.2%
Female	49.9%	48.6%	49.4%	50.2%	50.8%
Age 0-4	5.1%	4.6%	5.3%	6.3%	6.1%
Age 5-9	5%	5.2%	6.3%	6.5%	6.2%
Age 10-14	5.8%	4.7%	5.6%	6.6%	6.4%
Age 15-19	6.9%	4.6%	6%	6.4%	6.5%
Age 20-24	9%	4.1%	4.7%	6.4%	6.8%
Age 25-34	11.5%	9.6%	9.6%	13.6%	13.9%
Age 35-44	11.1%	10.8%	11.1%	12.5%	12.6%
Age 45-54	11.7%	12.6%	12.3%	12.7%	13%
Age 55-64	15.1%	18.1%	16.6%	13.4%	12.9%
Age 65-74	10.8%	13.8%	13.1%	8.8%	9.1%
Age 75-84	5.5%	8.4%	6.7%	4.6%	4.6%
Age 85+	2.6%	3.6%	2.9%	2.1%	1.9%
White	92.1%	96.9%	92.8%	82.8%	72.5%

	St. Louis	Lake	Itasca	MN	US
Black or African American	1.6%	0.6%	0.5%	6.4%	12.7%
Asian	1%	0.1%	0.4%	4.8%	5.5%
American Indian/ Alaska Native	1.8%	0.9%	3.7%	1%	0.8%
Native Hawaiian/ Pacific Islander	0%	0.2%	0%	0%	0.2%
Hispanic or Latino	1.7%	1.4%	1.5%	5.4%	18%
Some Other Race	0.5%	0.1%	0.2%	1.9%	5.5%
Two or More Races	3%	1.2%	2.4%	3%	3.3%
Disabled	14.2%	15%	15.7%	10.8%	12.6%
Veterans	8.7%	9.8%	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	Lake	Itasca	MN	US
Years potential life lost per 100,000 population	7,000	6,400	6,900	5,300	N/A
Life expectancy	79	79.8	79.4	80.9	78.7
Fair of poor health	14%	12%	14%	13%	17%
Poor physical health days	3.6	3.2	3.7	3.1	3.7

	St. Louis	Lake	Itasca	MN	US
Poor mental health days	4.1	3.5	3.9	3.5	4.1
Low birth weight	7%	6%	7%	7%	8.3%
Diabetes prevalence	9%	9%	13%	9%	11%
HIV prevalence per 100,000 population	79	65	52	184	373
Suicide death rate per 100,000	22	20	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	Lake	Itasca	MN	US
Less than 9 th grade	1.4%	0.9%	1.3%	2.9%	5.1%
9th to 12th grade, no diploma	4.1%	4.4%	4.7%	4%	6.9%
High School Degree (includes equivalency)	27.2%	30.9%	30%	24.6%	27%
Some college, no degree	24.9%	21.6%	26.8%	21%	20.4%
Associates Degree	13.1%	13.3%	14.1%	11.5%	8.5%
Bachelor's Degree	19.2%	19.6%	15.8%	23.7%	19.8%

	St. Louis	Lake	Itasca	MN	US
Graduate Degree	10.1%	9.2%	7.2%	12.4%	12.4%
Unemployment rate	3.7%	3.3%	4.1%	3.4%	5.4%
Median household income	\$60,200	\$61,100	\$58,700	\$74,500	\$65,700
Poverty	14.1%	8.7%	12.2%	9.7%	13.4%
Children in poverty	14.5%	12.1%	15.9%	12.2%	18.5%
Free/reduced price lunch eligible	38%	26%	47%	36%	52%
Residential segregation – non-white/white	38	17	40	48	47
Violent crime rates per 100,000	239	80	164	236	379
Injury deaths per 100,000	87	81	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	Lake	Itasca	MN	US
Current smokers	21%	18%	21%	16%	16%
No leisure time for physical activity	20%	24%	23%	20%	23%

	St. Louis	Lake	Itasca	MN	US
Recreation and fitness facility access	82%	77%	64%	87%	84%
Adult obesity	28%	28%	36%	29%	31%
Food insecurity	10.5%	8.8%	11.1%	7.7%	10.9%
Excessive drinking	25%	24%	21%	23%	19%
Alcohol-impaired driving deaths	35%	44%	42%	30%	28%
Teen birth rate per 1,000 females	13	20	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	Lake	Itasca	MN	US
Air pollution – particulate matter	5.2	3.1	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	Lake	Itasca	MN	US
Uninsured	5.2%	5.3%	7%	5.8%	10.8%
Uninsured children	2.8%	3.4%	4.4%	3.1%	5.6%
Access to primary care physicians	780:1	1,180:1	1,100:1	1,120:1	1,320:1
Access to mental health providers	360:1	1,330:1	370:1	370:1	380:1
Access to dentists	1,090:1	2,130:1	1,410:1	1,340:1	1,400:1
Medicare patients with mammogram within past two years	38%	30%	42%	46%	31%
Medicare patients with annual influenza vaccination	47%	51%	45%	56%	50%
Medicare diabetics with hemoglobin A1c test within past year	88.9%	81.7%	83.4%	88.1%	N/A
Adults over age 50 ever reporting having a colonoscopy or sigmoidoscopy	3%	5%	4%	4%	7%
Pneumonia vaccination age 65+ within last year	6%	3%	6%	10%	11%

Hospital Compare

Survey of EBCH'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. EBCH scores are better than the state and national averages on most questions, including rate the hospital and willingness to recommend. *Source:* [Hospital Compare](#)

	EBCH	MN	US
Given information about what to do during their recovery at home	96%	89%	87%
Doctors "Always" communicated well	92%	85%	82%
Room and bathroom were "Always" clean	74%	80%	76%
"Always" received help as soon as they wanted	79%	76%	70%
Nurses "Always" communicated well	91%	84%	81%
YES, they would definitely recommend the hospital	85%	77%	72%
Rated hospital 9 or 10	85%	78%	73%
Area around their room was "Always" quiet at night	62%	69%	62%
Staff "Always" explained about medicines before giving it to them	59%	69%	66%
"Strongly Agree" they understood their care when they left	64%	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. Indicators for EBCH that are equal to or better than the other two hospitals are green. EBCH indicators that are worse are pink.

	EBCH	Essentia Health – St. Mary’s Medical Center (Duluth)	Essentia Health - Virginia Hospital
Given information about what to do during their recovery at home	96%	88%	85%
Doctors “Always” communicated well	92%	76%	74%
Room and bathroom were “Always” clean	74%	61%	61%
“Always” received help as soon as they wanted	79%	66%	66%
Nurses “Always” communicated well	91%	76%	74%
YES, they would definitely recommend the hospital	85%	70%	62%
Rated hospital 9 or 10	85%	70%	60%
Area around their room was “Always” quiet at night	62%	45%	57%
Staff “Always” explained about medicines before giving it to them	59%	64%	63%
“Strongly Agree” they understood their care when they left	64%	51%	49%

Appendix D: Index of Secondary Data Indicators

Data Areas	Description	Source and Dates
Population	Total population residing in the area.	American FactFinder , American Community Survey, US Census Bureau. 2019
Land area	Area in square miles.	American FactFinder , US Census Bureau. 2010
Population density	Total persons per square mile.	American FactFinder , US Census Bureau. 2010
Male	Percent of male population.	American FactFinder , American Community Survey, US Census Bureau. 2019
Female	Percent of female population.	American FactFinder , American Community Survey, US Census Bureau. 2019
Age 0-4	Percentage of total population aged 0-4 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2019
Age 5-9	Percentage of total population aged 5-9 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2019
Age 10-14	Percentage of total population aged 10-14 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2019
Age 15-19	Percentage of total population aged 15-19 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2019
Age 20-24	Percentage of total population aged 20-24 in the designated geographic area.	American FactFinder , 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.	American FactFinder , American Community Survey, US Census Bureau. 2019
Age 35-44	Percentage of total population aged 35-44 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2019
Age 45-54	Percentage of total population aged 45-54 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2019
Age 55-64	Percentage of total population aged 55-64 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2019
Age 65-74	Percentage of total population aged 65-74 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2019
Age 75-84	Percentage of total population aged 75-84 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2019
Age 85+	Percentage of total population aged 85+ in the designated geographic area.	American FactFinder , 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.	American FactFinder , 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.	American FactFinder , 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.	American FactFinder , 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.	American FactFinder , 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.	American FactFinder , American Community Survey, US Census Bureau. 2019
Hispanic or Latino	The estimated population that is of Hispanic, Latino, or Spanish origin.	American FactFinder , American Community Survey, US Census Bureau. 2019
Some other race	A person identifying as some other race.	American FactFinder , 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"	American FactFinder , American Community Survey, US Census Bureau. 2019
Disabled	Total civilian noninstitutionalized population with disability.	American FactFinder , 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.	American FactFinder , 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).	County Health Rankings . 2017-19
Life expectancy	Average number of years a person can expect to live.	County Health Rankings . 2017-19 Centers for Disease Control and Prevention , National Center for Health Statistics. 2018
Fair or poor health	Percentage of adults reporting fair or poor health (age-adjusted).	County Health Rankings . 2018 Centers for Disease Control and Prevention, Behavioral Risk factor Surveillance System Prevalence and Trends Data . 2018
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	County Health Rankings . 2018

Data Areas	Description	Source and Dates
		County Health Rankings. 2021 National Statistics Reference Table
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	County Health Rankings . 2018 County Health Rankings. 2021 National Statistics Reference Table
Low birth weight	Percentage of live births with low birthweight (< 2,500 grams).	County Health Rankings . 2013-19 Centers for Disease Control and Prevention , National Center for Health Statistics. 2019
Diabetes prevalence	Percentage of adults aged 20 and above with diagnosed diabetes.	County Health Rankings . 2018 County Health Rankings. 2021 National Statistics Reference Table
HIV prevalence	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.	County Health Rankings . 2018 County Health Rankings. 2021 National Statistics Reference Table
Suicide death rate	Crude rate per 100,000 population of deaths with leading cause of death as suicide.	County Health Rankings . 2015-19 County Health Rankings. 2021 National Statistics Reference Table
Less than 9th grade education	Population 25 years and over without a high school degree.	American FactFinder , 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.	American FactFinder , 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).	American FactFinder , American Community Survey, US Census Bureau. 2019
Some college, no degree	Population 25 years and over with some college but no degree.	American FactFinder , American Community Survey, US Census Bureau. 2019
Associate's Degree	Population 25 years and over with an Associate's Degree.	American FactFinder , American Community Survey, US Census Bureau. 2019
Bachelor's Degree	Population 25 years and over with a bachelor's degree.	American FactFinder , American Community Survey, US Census Bureau. 2019
Graduate or Professional Degree	Population 25 years and over with a graduate or professional degree	American FactFinder , American Community Survey, US Census Bureau. 2019
Unemployment rate	Unemployment rates, not seasonally adjusted.	US Department of Labor, Bureau of Labor Statistics . July, 2021
Median household income	Median income of households in the geographic area.	County Health Rankings . 2018 County Health Rankings . 2021 National Statistics Reference Table
Poverty	Percent of all individuals below the poverty level.	American FactFinder , American Community Survey, US Census Bureau. 2019
Children in poverty	Percent of children below 18 years old below the poverty level.	American FactFinder , 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.	County Health Rankings . 2016-17

Data Areas	Description	Source and Dates
		National Center for Education Statistics, Digest of Education Statistics . 2015-16
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).	County Health Rankings . 2015-19 County Health Rankings. 2021 National Statistics Reference Table
Violent crime rates	Number of reported violent crime offenses per 100,000 population.	County Health Rankings . 2014-16 Crime Data Explorer , Federal Bureau of Investigation. 2019
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).	County Health Rankings . 2015-19 County Health Rankings. 2021 National Statistics Reference Table
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).	County Health Rankings . 2018 Centers for Disease Control and Prevention, Behavioral Risk factor Surveillance System Prevalence and Trends Data . 2018
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,	County Health Rankings . 2017 County Health Rankings. 2021 National Statistics Reference Table

Data Areas	Description	Source and Dates
	golf, gardening, or walking for exercise)	
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).	County Health Rankings . 2010-19 County Health Rankings. 2021 National Statistics Reference Table
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.	County Health Rankings . 2017 Centers for Disease Control and Prevention, Behavioral Risk factor Surveillance System Prevalence and Trends Data . 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, Map the Meal Gap . 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).	County Health Rankings . 2018 County Health Rankings. 2021 National Statistics Reference Table
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement.	County Health Rankings . 2015-19 Centers for Disease Control and Prevention, Impaired

Data Areas	Description	Source and Dates
		Driving, Motor Vehicle Safety . 2016
Teen birth rates	Number of births per 1,000 female population ages 15-19.	County Health Rankings . 2013-19 Centers for Disease Control and Prevention, Reproductive Health: Teen Pregnancy . 2017
Air pollution-particle matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	County Health Rankings . 2016 County Health Rankings. 2021 National Statistics Reference Table
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.	County Health Rankings . 2013-17 County Health Rankings. 2021 National Statistics Reference Table
Uninsured	Percentage of population under age 65 without health insurance.	US Census Bureau, Small Area Health Insurance Estimates Program . 2019
Uninsured children	Percentage of population under age 18 without health insurance.	US Census Bureau, Small Area Health Insurance Estimates Program . 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).	County Health Rankings . 2018 County Health Rankings. 2021 National Statistics Reference Table
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	County Health Rankings . 2020 County Health Rankings. 2021 National Statistics Reference Table

Data Areas	Description	Source and Dates
	abuse, as well as advanced practice nurses specializing in mental health care).	
Access to dentists	Ratio of population to dentists (registered dentists with a National Provider Identification).	County Health Rankings . 2019 County Health Rankings. 2021 National Statistics Reference Table
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, Mapping Medicare Disparities . 2020
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, Mapping Medicare Disparities . 2019
Medicare diabetes with hemoglobin A1c test within past year	Percentage of diabetic Medicare enrollees with hemoglobin A1c test within past year	The Dartmouth Atlas of Health Care . 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, Mapping Medicare Disparities . 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, Mapping Medicare Disparities . 2019

Appendix E: Focus Group Invitation and Questions

Invitation



[date]

Dear [name],

We invite you to **participate in a focus group** conducted by Rural Health Innovations on behalf of Ely-Bloomenson Community Hospital (EBCH). 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 EBCH 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 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 [name and email] by **[date]**.

- Tuesday, November 30 10:00 AM-12:00 PM
- Wednesday, December 1 11:00 AM-1:00 PM
- Tuesday, December 7 10:00 AM-12:00 PM
- Thursday, December 9 1:00 PM-3:00 PM

We look forward to your participation. Thank you.

Sincerely,

A handwritten signature in purple ink that reads "Tracy Morton".

Tracy Morton, Director of Population Health
Rural Health Innovations

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 EBCH 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 it 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 EBCH 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



[date]

Dear [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 Rural Health Innovations on behalf of Ely-Bloomenson Community Hospital (EBCH). 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 one-hour one-to-one interview via Zoom. Your help is very much appreciated in this effort. Please confirm your willingness to participate before **[date]** by contacting [name and email]. Below are available interview times. If one does not work with your schedule, please work with [name] on finding a time.

- [insert time options]

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

We look forward to your participation. Thank you.

Sincerely,

A handwritten signature in purple ink that reads "Tracy Morton".

Tracy Morton, Director of Population Health
Rural Health Innovations

Questions

The questions below are the types of questions that will be asked during the key stakeholder 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 it 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 EBCH could do to increase the health of the community? Where are opportunities to collaborate?
- What is the greatest health need in this community?