

United Hospital District, Minnesota

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

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Introduction

United Hospital District (UHD) is a 25-bed not-for-profit critical access hospital (CAH) located in Blue Earth, Minnesota, within Faribault County. UHD participated in Community Health Needs Assessment (CHNA) services administrated by the National Rural Health Resource Center (The Center) of Duluth, Minnesota.



In the summer of 2020, The Center conferred with leaders from UHD 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

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

Survey Implementation

In November 2020, the CHNA, a cover letter on UHD’s letterhead, and a postage paid reply envelope were mailed first class to 800 randomly selected residents in the targeted region (fifteen zip codes). A press release was sent to local newspapers prior to the survey distribution announcing that UHD would conduct a CHNA throughout the region, in cooperation with The Center. The announcement was also shared on UHD’s Facebook page.

One hundred six (106) mailed surveys were returned, providing a 13.3% 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 8.87. Note that three of the original 800 surveys sent were 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
2020	800	3	106	13.3%

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. In 2018, Faribault and Martin Counties developed a healthcare coalition to collaborate with all healthcare partners across the counties on shared goals, objectives, and plans for better coordination and referral of services. The counties have a history of working together, including a joint community health survey in 2016. In 2019, a community health improvement plan (CHIP) was done gathering secondary data mostly from 2016 as well as primary data from an adult survey and seeking community members opinions. Results were presented to the community and priority areas were identified. A Community Health Leadership Coalition was convened and is supporting action planning teams to address the prioritized health concerns. Content from the survey, focus groups, key stakeholder interviews, and secondary data analysis are discussed in the report where topics or findings relate. Comparison data from the 2019 CHIP secondary data review is also included as relevant. Recommendations are included for developing and implementing program plans to address key health issues identified by the community.

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. Some summed percentages may equal 101% due to rounding.

Demographics

Q26: Where do you currently live by zip code? A majority (56%) of respondents live in Blue Earth. (n=102)

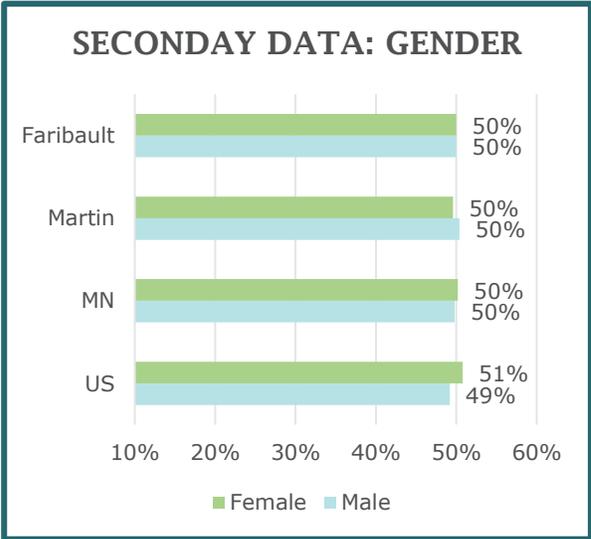
Zip Code	n=	2020
Blue Earth (56013)	57	56%
Elmore (56027)	10	10%
Winnebago (56098)	9	9%
Fairmont (56031)	5	5%
Delavan (56023)	4	4%
Wells (56097)	4	4%



Zip Code	n=	2020
Easton (56025)	3	3%
Buffalo Center, IA (50424)	3	3%
Frost (56033)	2	2%
Kiester (56051)	1	1%
Lakota, IA (50451)	1	1%
Granada (56039)	1	1%
Bricelyn (56014)	1	1%
Other	1	1%
Truman (56088)	0	0%
Sherburn (56171)	0	0%

Q27: What is your identified gender? Sixty-three percent of survey respondents were female and 37% male. (n=103) This is a slightly higher representation of females compared to secondary data.

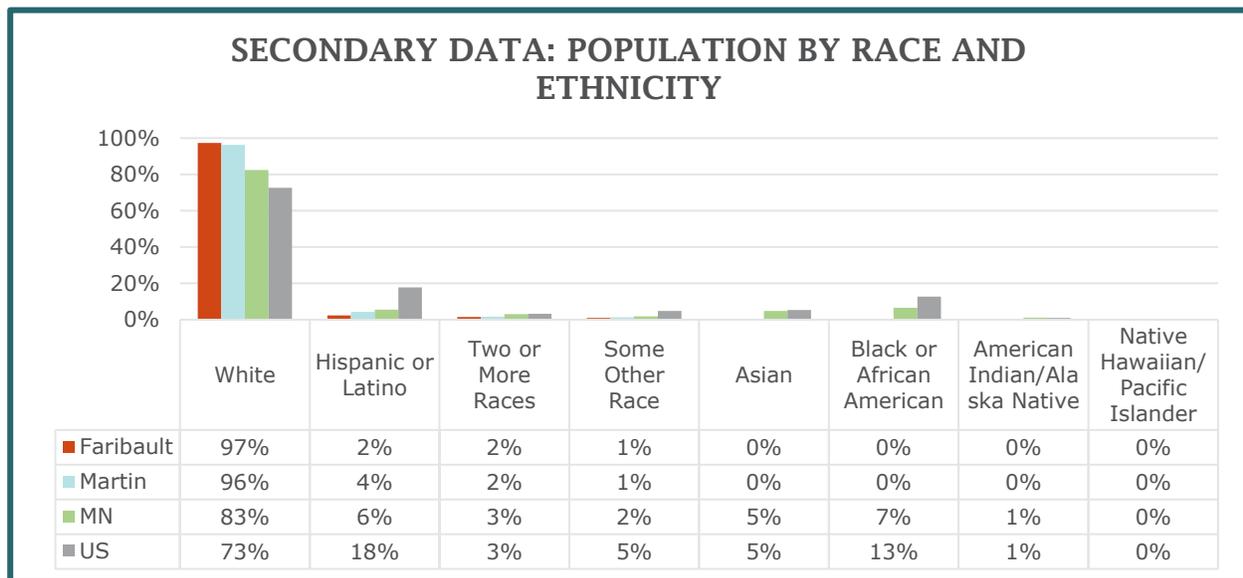
Gender	n=	2020
Female	65	63%
Male	38	37%
Prefer to self-describe	0	0%



Q29: With what ethnicity do you most identify? (select all that apply)

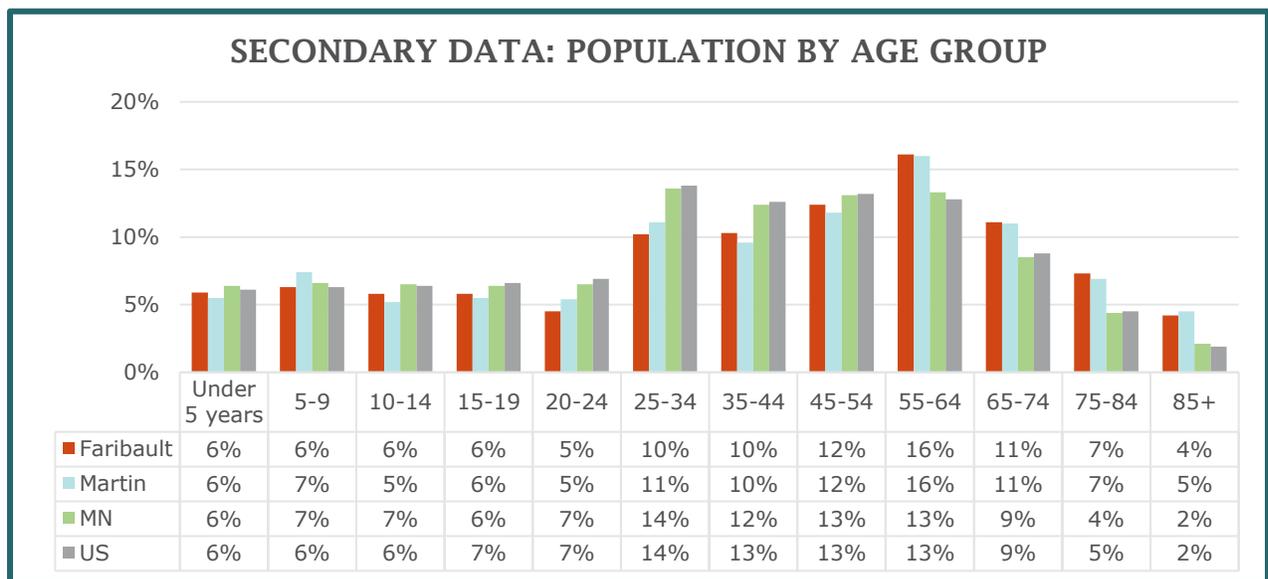
Ninety-seven percent survey respondents identify white/Caucasian. This is comparable to secondary data. (n=104)

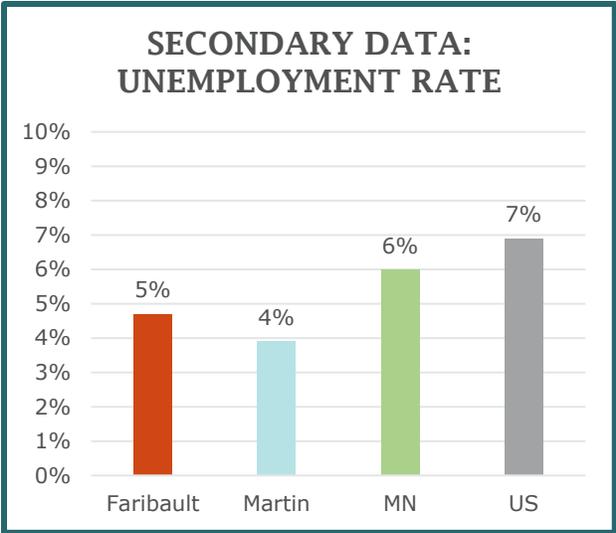
Ethnicity	n=	2020
White/Caucasian	101	97%
Asian	1	1%
Hispanic/Latino	1	1%
Prefer not to answer	1	1%
American Indian/Alaska Native	0	0%
Pacific Islander	0	0%
Black/African American	0	0%
Other	0	0%
Don't Know/not sure	0	0%



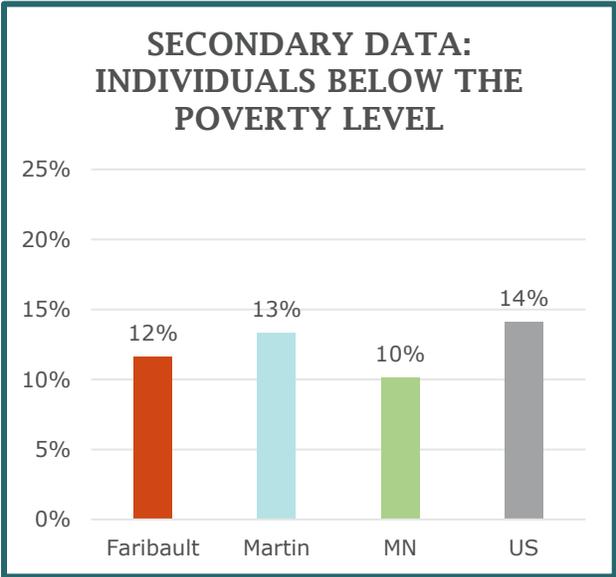
Q28: What is your age range (in years)? Fifty-two percent of survey respondents were 65 years or older. This age range is followed by 55-64 at 22%. Secondary data is aligned with this and the community has a higher percentage of older population than MN or US. (n=104)

Age	n=	2020
18-24	2	2%
25-34	3	3%
35-44	12	12%
45-54	10	10%
55-64	23	22%
65 or more	54	52%

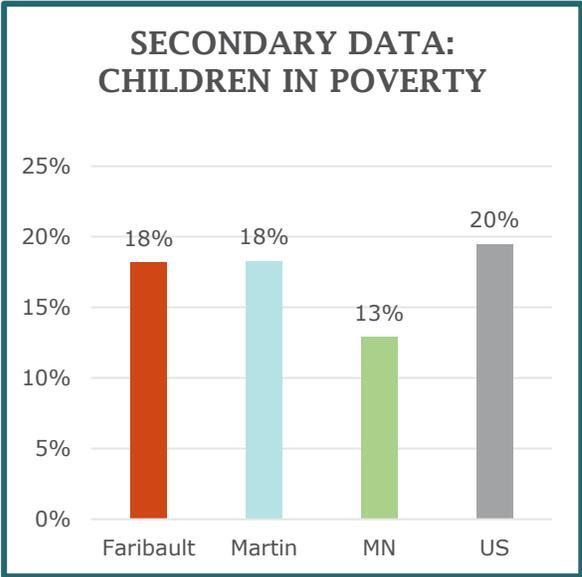




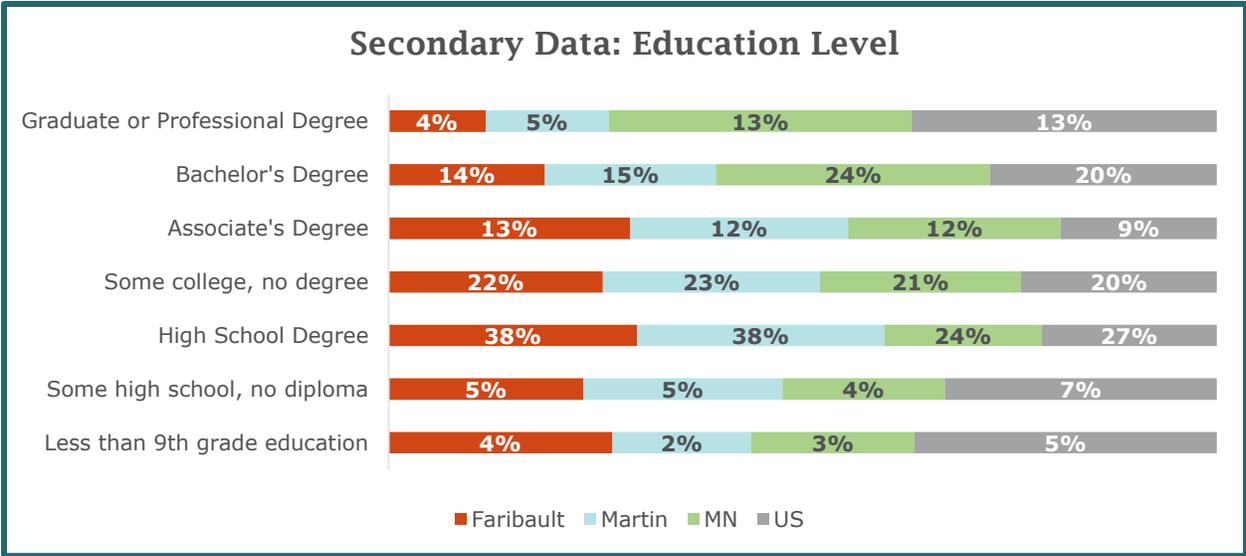
Faribault and Martin both have lower median household income than MN or US. Unemployment rates are lower than MN and US, however.



Faribault and Martin have higher rates of those below the poverty level as compared to MN. They both have lower rates as compared to the US.



The same trend is seen for children living in poverty.



Faribault and Martin counties are similar to MN and US in education level with the exception of bachelor or graduate degree. Both counties have a lower percentage of residents with those education levels as compared to MN and US.

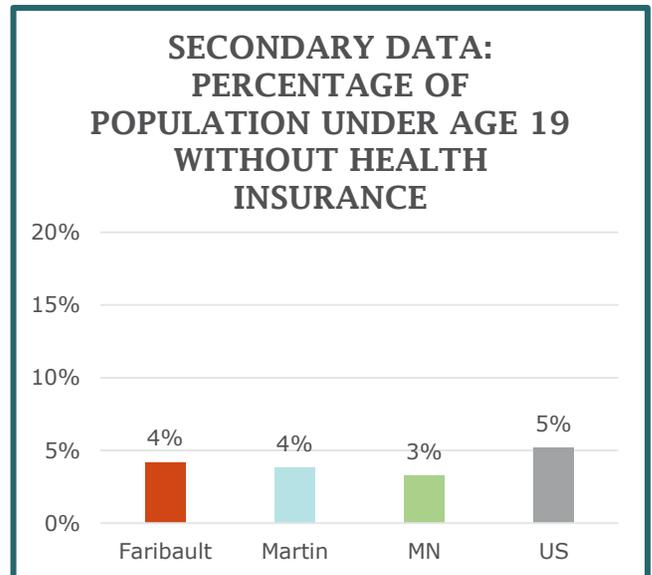
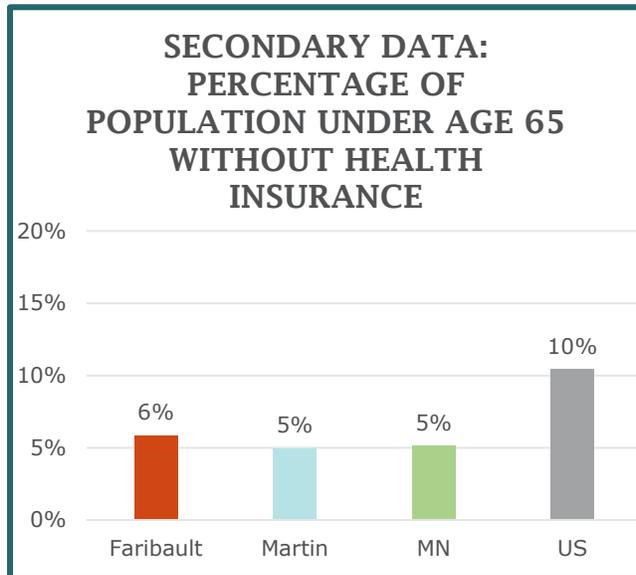
Health Insurance

Q22: What type of health insurance covers the majority of your household’s medical expenses? (Please select only ONE response)

Health Insurance	n=	2020
Medicaid/Medicare	40	39%
Employer sponsored	30	29%
Commercial plan	11	11%
Self-paid	7	7%
Other	6	6%
VA/Military	3	3%
State/other	3	3%
Health savings account	2	2%
Indian Health Services	0	0%

At 39%, Medicaid and Medicare are most used health insurance. (n=102). According to secondary data, percentages of residents in Faribault and Martin Counties without health insurance is similar to MN and less than the US. 2019 CHIP data estimated approximately 7.9 people per 10,000 in Faribault County and 10.6 people per 10,000 in Martin County were without health insurance.

Health Insurance	n=	2020
Healthy kids	0	0%



Q23: If you do NOT have health insurance, why? (Select all that apply) Ten respondents indicated they did not have health insurance and seven (70%) reported they could not afford it. (n=10)

Reason	n=	2020
Cannot afford to pay for health insurance	7	70%
Choose not to have health insurance	2	20%
Employer doesn't offer insurance	1	10%
Cannot get health insurance due to medical issues	0	0%
Do not know how to apply	0	0%
Too difficult to apply	0	0%

Awareness of Programs that Help Pay for Healthcare Expenses

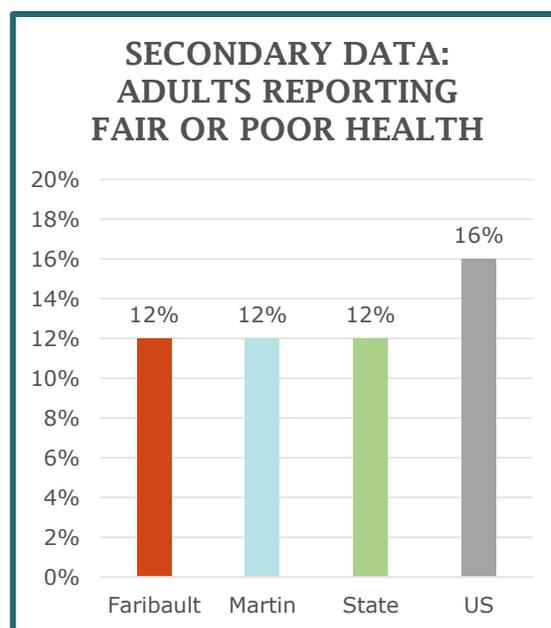
Q24. Are you aware of programs that help people pay for healthcare expenses? Twenty-seven percent indicate they are not aware of programs that help people pay for healthcare expenses. Although 23% of respondents report that they do use them, 42% indicate they do not qualify. (n=89)

Awareness	n=	2020
Yes, but I do not qualify	37	42%
No	24	27%
Yes, and I use them	20	23%
Don't Know/not sure	8	9%

Perception of Community Health

Q1: How would you rate the general health of our community? Fifty-four percent of respondents perceive the community to be "somewhat healthy." This is followed by 42% that believe the community is "healthy." (n=104)

Rating	n=	2020
Very Healthy	2	2%
Healthy	44	42%
Somewhat healthy	56	54%
Unhealthy	2	2%
Very unhealthy	0	0%



Secondary data shows that 12% of both Faribault and Martin County adults felt they were in fair or poor health, which is similar to the state average. The average life expectancy for adults in Faribault County is 78.3 years, compared to 80.3 years in Martin County and 80.9 years in MN. According to 2019 CHIP data, 29.3 adults in Faribault and Martin Counties are diagnosed with any mental health problems, which is less compared to the region at 32.0 per 10,000 population. The two counties have higher rates of high school students using alcohol compared to the state. The two counties also have higher rates of driving while intoxicated (DWI) by residents compared to the state. However, the two counties have lower rates of adult binge drinking compared to the region. 2019 CHIP data indicates higher use of substance abuse by high schoolers compared to the state as well as higher rates of high schools that use tobacco, while rates of adult tobacco use are lower. Further examining health outcomes from 2019 CHIP data, Faribault and Martin County adults have higher rates compared to the region of diagnosis of high blood pressure or hypertension, high cholesterol, angina/heart trouble, diabetes, and chronic lung disease. However, county residents have slightly better rates of diagnosis compared to the region for overweight, obesity, asthma, and stroke or stroke-related health problems. Child maltreatment reports for the two counties is 44 per 1,000 children, higher than the state rate of 30.7. Regarding adult safety, 2.3% of adults in Faribault and Martin Counties report in CHIP data that over the past year they have been fearful of some living in their home by their actions, tone of voice, threats, or destroying property. This is higher than the state at 1.2%.

The Community Health Leadership Coalition is working to support action plans to address top areas identified in the 2019 CHIP, including adverse childhood events (ACEs), mental health, substance use, and chronic disease.

Criteria for a Healthy Community

Q3. In your opinion, what are the top three priorities to improve access to healthcare in our community? (Select up to 3 that apply) “Expanded primary care appointment times” is the top priority to improve access to healthcare at 42%. This is followed closely by the need for more providers at 40%. Financial aid assistance and more types of specialists are also top priorities of respondents to improve access to healthcare. Respondents were asked to select up to 3 responses, so the total does not equal 100 percent. (n=103) Secondary data indicates that both Faribault and Martin Counties have less access to primary care physicians, dentists and mental health providers compared to the state. This is not abnormal for rural US counties. Faribault County has access access compared to Martin County.

Priorities	n=	2020
Expanded primary care appointment times	43	42%
More primary care providers	41	40%
Financial aid assistance	37	36%
More types of specialists	37	36%
More outpatient services	29	28%
Telemedicine	20	19%
Transportation assistance	20	19%
More frequent health education opportunities	13	13%
Other	11	11%
Interpreter services	8	8%

**SECONDARY DATA:
RATIO OF POPULATION
TO PRIMARY CARE
PHYSICIANS**



Faribault - 1,720:1
Martin - 1,240:1
MN - 1,120:1
US - 667:1

**SECONDARY DATA:
RATIO OF POPULATION
TO DENTISTS**



Faribault - 1,970:1
Martin - 1,520:1
MN - 1,390:1
US - 1,639:1

**SECONDARY DATA:
RATIO OF POPULATION
TO MENTAL HEALTH
PROVIDERS**



Faribault - 2,290:1
Martin - 940:1
MN - 400:1
US - 405:1

Pressing Health Concerns

Q2. What are the three most pressing health concerns in the community? (Select up to 3 responses) Affordable health insurance coverage (56%) is the most pressing health concern identified. This was followed by access to specialists (34%), access to primary care (24%), and cancer (24%). Respondents were asked to select up to 3 responses, so the total does not equal 100 percent. (n=105) It is noted that state legislation and regulations prohibit the release of county level data to outside entities. As a result, the secondary data concerning cancer statistics could not be included.

Pressing Health Concerns	n=	2020
Affordable health insurance coverage	59	56%
Access to specialists	36	34%
Access to primary care	25	24%
Cancer	25	24%
Obesity	23	22%
Chronic disease management (diabetes, heart failure)	20	19%
Access to mental health services	19	18%
Personal debt due to medical bills	15	14%
Healthy lifestyles (exercise/nutrition)	14	13%
Access to senior care	12	11%
Heart disease/stroke	9	9%
Tobacco/e-cigarettes/vaping	8	8%
Other	8	8%
Wellness/prevention services	6	6%
Coordination of care	5	5%
Reliable health information	5	5%
Access to substance abuse services	3	3%
Hunger	1	1%

Gaps in Healthcare Services

Q4. What are the three largest gaps in healthcare services in our community? (Select up to 3 responses) The top three gaps in healthcare services included cancer treatment (37%), availability of services (34%), and affordability of prescription drugs (33%). Respondents were asked to select up to 3 responses, so the total does not equal 100 percent. (n=100)

The identified gaps in cancer treatment and availability of services/providers align with responses identified in Q2 about pressing health concerns. The Community Health Leadership Coalition is working to support action plans to address top areas identified in the 2019 CHIP, including adverse childhood events (ACEs), mental health, substance use, chronic disease, and access to healthcare and dental.

Gaps	n=	2020
Cancer treatment	37	37%
Availability of services/providers	34	34%
Affordable prescription drug assistance	33	33%
Mental health services	29	29%
Chronic care management (heart, lung, diabetes, etc.)	20	20%
Primary care	20	20%
Services for low income	20	20%
Pain management	18	18%
Healthy lifestyle education	14	14%
Substance abuse services	12	12%
Geriatric care (seniors)	8	8%
End-of-life care (hospice/palliative care)	4	4%
Ability to service different languages/cultures	4	4%
Other	4	4%

Healthy Lifestyle

Q16. Where do you learn about ways to live a healthier life? (Select all that apply) The majority (65%) of respondents indicate that they learn ways to live a healthier lifestyle from their healthcare provider. This was followed by family/friends at 45%. Respondents were asked to select all that apply so the total does not equal 100 percent. (n=96)

Learned ways to Live a Healthier Life	n=	2020
Healthcare provider	62	65%
Friends/family	43	45%
Website	22	23%
Social media	18	19%
Fitness center	14	15%
Other	13	14%
Newspaper	8	8%
Group/organization I belong to (please specify)	5	5%

Preventive Services

Q25. In the past 12 months, please select all of the preventive services you or any household member used. (Select all that apply) The three most used preventive services include blood draw (78%), flu shot (76%), and annual health check-up (69%). Respondents were asked to select all that apply so the total does not equal 100 percent. (n=101) Interestingly, 2019 CHIP data reveals that adults in Faribault and Martin Counties are less likely to have received their flu shot within the past year compared to the region. However, adults in the two counties had slightly higher proportion of adults that did have a general health exam within the past year compared to the region.

Preventive Service	n=	2020
Blood draw	78	77%
Flu shot	77	76%
Annual health check-up	69	68%
Cholesterol check	61	60%
Routine blood pressure check	54	54%
Mammography	40	40%
Diabetes check	32	32%
Colonoscopy	26	26%
Pap smear	25	25%
Prostate (PSA test)	18	18%
Skin cancer screening	16	16%
Well Child/Well Baby	10	10%
Childhood vaccinations	10	10%
DEXA bone density scan	8	8%
Other	8	8%

Routine Care

Q7. Where are you most likely to go for routine healthcare? (Please select only ONE response) Eighty-five percent of respondents go to their physician’s office for routine healthcare. (n=102)

Location for Routine Healthcare	n=	2020
Physician's office	89	85%
Other	8	8%
N/A; I do not receive routine healthcare	3	3%
UHD Emergency room	2	2%

Delayed Health Care Services

Q5. In the past three years, was there a time when you or a member of your household thought you needed healthcare services but did NOT get or delayed getting medical services? Thirty-six percent respondents report that they did delay getting medical services in the past three years. (n=100) 2019 CHIP data reveals that adults in Faribault and Martin Counties were more likely to not delay seeking needed medical care compared to the region. Data also shows that the rate of adults that have not delayed dental care in the past 12 months is better compared to the region.

	n=	2020
No (If no, skip to question 7)	62	62%
Yes	36	36%
Don't know/not sure	2	2%

Q6. If yes, what were the most important reasons why you did not receive healthcare services? (Select up to 3 responses) Of the respondents that reported they did delay seeking healthcare, 21% said it cost too much and 18% said their insurance did not cover it. Fourteen percent noted that the appointment wait was too long. Respondents were asked to select up to 3 responses, so the total does not equal 100 percent. (n=77) It should be noted that for Q5, 36 respondents

reported delaying medical services and Q6 has 77 respondents. It is possible that more respondents did delay care than reported in Q5 and the delay of the care was prompted by seeing the reasons in Q6 where they chose to respond. It is also possible that only 36 respondents did delay care and additional people responded to Q6 and interpreted that question about reasons that they may need to delay care, but not that it actually occurred.

Reason	n=	2020
Cost too much	16	21%
Insurance did not cover cost	14	18%
Appointment wait was too long	11	14%
Other	8	10%
Schedule conflicts due to work	6	8%
No insurance	6	8%
Unsure of available services	5	7%
Could not get an appointment	5	7%
Did not know where to go	3	4%
Not treated with respect	1	1%
Too nervous or afraid	1	1%
Do not like doctors	1	1%
No childcare	1	1%
Language barrier	1	1%
Transportation issue	1	1%

Primary Care Provider

Q12. In the past three years, have you or a household member seen a primary healthcare provider, such as a family physician, physician assistant or nurse practitioner for healthcare services? Ninety-seven percent of respondents answered that in the past three years they, or a member of their household, have seen a primary healthcare provider. (n=103)

	n=	2020
Yes	100	97%
No (If no, skip to question 15)	3	3%
Don't know/not sure	0	0%

Q13. In which facility was that primary healthcare provider located? (Refer to facilities in #11) 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](#).

- UHD (65)
- Mankato Clinic (9)
- Mayo – Fairmont (7)

Q14. Why did you select that particular primary care provider? (Select all that apply) Sixty-eight percent of respondents report they select their primary care provider based on proximity to home. This was followed by 60% that reported prior experience with clinic. Respondents were asked to select all that apply so the total does not equal 100 percent. (n=98)

Reason for Selecting Primary Care Provider	n=	2020
Closest to home	67	68%
Prior experience with clinic	59	60%
Appointment availability	41	42%
Clinic's reputation for quality	41	42%

Reason for Selecting Primary Care Provider	n=	2020
Recommended by family or friends	14	14%
Referred by physician or another provider	11	11%
Length of waiting room time	10	10%
Other	7	7%
Required by insurance plan	5	5%
Cost of care	4	4%
VA/ Military requirement	3	3%
Indian Health Services	0	0%

Hospital Services

Q8. In the past three years, have you or a household member received care in a hospital? (such as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care) Sixty-four percent of respondents report that they or a household member received care in a hospital in the past three years. (n=102)

	n=	2020
Yes	65	64%
No (If no, skip to question 11)	35	34%
Don't know/not sure	2	2%

Q9. If yes, which hospital does your household use the MOST for hospital care? 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](#).

- UHD (36)
- Mayo (6)
- Mayo - Mankato (5)

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 were: closest to home (66%), prior experience with clinic (52%), and clinic’s reputation for quality (44%). Respondents were asked to select up to 3 responses, so the total does not equal 100 percent. (n=101)

Reason for Selecting Hospital	n=	2020
Closest to home	45	66%
Prior experience with clinic	35	52%
Clinic's reputation for quality	30	44%
Appointment availability	22	32%
Referred by physician or another provider	12	18%
Required by insurance plan	7	10%
Other	5	7%
Recommended by family or friends	4	6%
Cost of care	4	6%
VA/ Military requirement	3	4%
Length of waiting room time	2	3%
Indian Health Services	0	0%

Q11. If you or a household member needed to be hospitalized in the future, which facility would you choose? (Please select only ONE response) United Hospital District is the preferred hospital of choice (65%). (n=101)

Facility	n=	2020
United Hospital District	66	65%
Mayo Mankato	8	8%

Facility	n=	2020
Mayo Fairmount	7	7%
Other	7	7%
Mankato Clinic	6	6%
Mayo Albert Lea	4	4%
VA	3	3%
Kossuth Regional Medical Center	0	0%
Sanford Health Jackson, MN	0	0%

Specialty Care

Q17: In the past three years, have you or a household member seen a healthcare specialist (other than your primary care provider/family doctor) for healthcare services? Seventy-one percent report they or a household member have seen a healthcare specialist in the past three years. (n=96)

	n=	2020
Yes	68	71%
No (If no, skip to question 20)	26	27%
Don't know/not sure	2	2%

Q18: What type of healthcare specialist(s) was seen? 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](#).

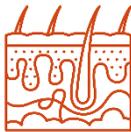
Orthopedic (13)



Cardiologist (9)



Dermatologist (8)



Q19: Where was the healthcare specialist located? (Refer to facilities in #11) 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](#).

- UHD (21)
- Mayo – Mankato (12)
- Mayo Clinic – Rochester (9)

Q20: If you needed specialty care services in the future which facility would you choose? (Refer to facilities in #11) 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](#).

- UHD (34)
- Mayo in Mankato (11)
- Mayo in Rochester (6)

Q21: What type of specialist would you MOST like to have access to in our community? (Please select only ONE response) Cardiology (23%) was identified as the most desired specialty and this was followed by dermatology (16%). (n=87)

Specialist	n=	2020
Cardiology	20	23%
Dermatology	14	16%
Ear, nose & throat	11	13%
Chronic acute pain	7	8%
Other	7	8%
Psychiatric services	6	7%
Endocrinology/diabetes	6	7%
General surgery	5	6%
Orthopedics	5	6%

Specialist	n=	2020
Podiatry	2	2%
Obstetrics/Gynecology	2	2%
Urology	1	1%
Ophthalmology	1	1%
Nephrology	0	0%

What UHD can do to Meet Needs

Q15. If you currently do not use UHD for care, what could be done at UHD to meet your needs? This was an open-ended question where respondents were able to write in any answer they wanted. The top three answers are listed below. See the full list of answers in [Appendix B](#).

Cost of Care



More Specialists



Customer Service



Focus Group Findings

Introduction

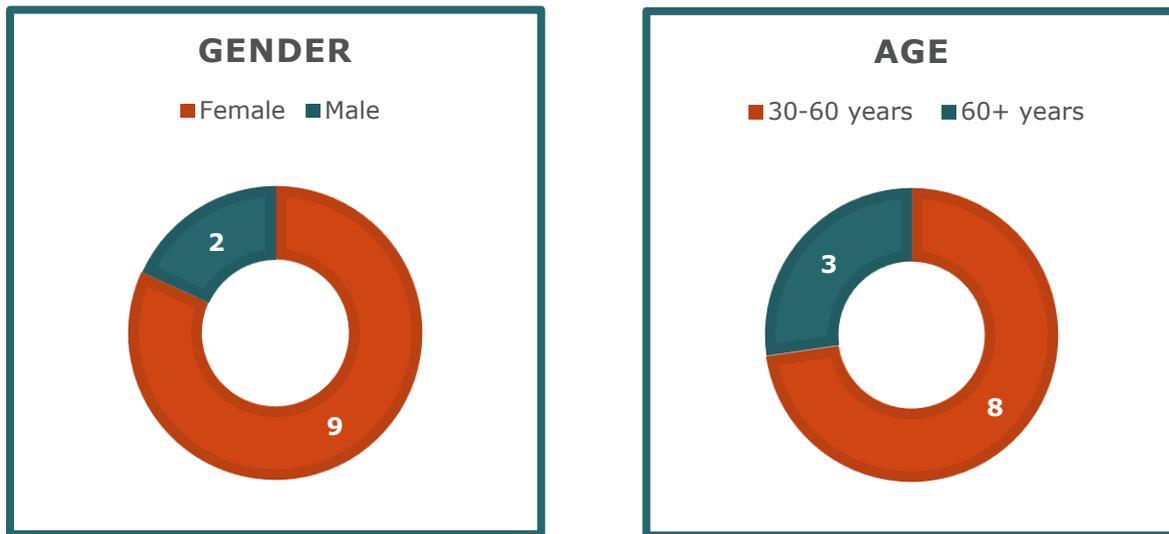
The Center was contracted by UHD to conduct focus group interviews to provide qualitative data on the strengths and needs of local healthcare services. Focus group comments reflect the perceptions of the individual and may differ or support survey and secondary data findings.

Background

Four focus groups were scheduled to occur over the course of two weeks in December 2020 to obtain information from community residents for the UHD CHNA. UHD provided names, demographics, and contact information for 29 potential attendees. The Center emailed all 29 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 represented seniors, schools, businesses, healthcare consumers, and social services.

Twelve people signed up to attend the focus groups and 11 participated. One focus group had no attendees. During the virtual focus group meetings, secondary data was presented to attendees. This secondary data included information about community population race and ethnicity, age range, unemployment, and 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.

Participant Demographics



Economic status: All were middle class*

(*) This characterization was based on comments made during the discussion about current and past employment, housing, and lifestyle. All of those under age 60 were employed in professional careers.

Limitations

There are two 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 represented professional and middle-income residents. Some segments of the community are not represented in the findings, specifically those with lower socioeconomic status, (i.e., employed in non-professional jobs and not employed) and young adults age 18-35.

Summary of Major Focus Group Findings

- **Attendee response to secondary data included:**
 - Not surprised by lack of mental health providers
 - Concerned about lack of dentists

- **Specific populations that are suffering more than others:**
 - Those living in poverty, food insecurity, lack of transportation
 - The COVID-19 pandemic was mentioned in all groups, especially regarding youth and seniors related to isolation, fear, and anxiety. It was also noted that “all populations” are suffering due to pandemic and there is a rise in alcohol/drug use, mental health issues, and domestic abuse.

- **Greatest health need:**
 - Mental health services (11 votes)
 - No other health needs were given clear priority according to total number of votes but needs that received two or three votes included better relationship between UHD and VA, daycare, addiction recovery, help or more information to pay for healthcare, a variety of specialists

- The most often cited **barriers to accessing care** were:
 - Financial issues including inability to pay or insurance dictates where services must be accessed
 - Transportation
 - Access to specialists or long wait times for appointments

- The **reasons people leave the area for care** are:
 - Insurance dictates or must access VA services
 - Service either not available or there is a misperception that it’s not available
 - Confidentiality/privacy

- **Suggestions for UHD to improve health of community:**
 - Education and community outreach on topics such as wellness, exercise, healthy eating, careers available in healthcare. Bring education to “where the people are” such as schools, events, and businesses
 - More services such as dental, mental health, and a variety of specialties

- **Opportunities to collaborate** are:
 - Schools
 - Faith-based groups
 - Any collaboration that is onsite, such as at the business location, school, senior center rather than at the hospital

- Regarding **new services that participants would like to see offered** the two most often cited were:
 - Mental health services
 - Youth programs

Key Stakeholder Findings

Key Stakeholder Methodology

Twelve local residents were identified by the hospital to potentially participate in key informant interviews in December 2020. The key stakeholders were identified based on the various consumer groups of local health services including senior citizens, young parents, healthcare providers, and community leaders. Invitations were emailed with the key stakeholder questions attached ([Appendix F](#)). Eight people participated in total: three men and five women. Each virtual meeting session was approximately 50 minutes in length and included a review of the secondary data. Each key stakeholder was asked the same questions.

Limitations

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

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

Summary of Major Points

The number in parenthesis (x) indicates the number of stakeholders that responded with that same answer.

- **Attendee response to secondary data included:**
 - No surprises
 - Concern about mental health statistics
- **Specific populations that are suffering more than others:**
 - Aging adults was mentioned the most. Comments concerning this group are noted here. There are concerns about challenges of adequate services as they are aging, dealing with chronic conditions, and safety. Not having tax base to support infrastructure. Lack of staffing for services. Issues with transportation. Overuse of emergency medical services (EMS). Telehealth might be available, but many seniors don't use or don't have access. Isolation issues are impacting emotional and physical health. Rare for seniors to have large pensions so concerned about financial issues and

paying for medication. Seniors might not be willing to take the help available. Might not seek care if they don't have long-term relationship with provider **(7)**

- Veterans, young professional, Hispanic, mental health were all mentioned by two stakeholders
- **Greatest health need:**
 - Mental health was mentioned by every stakeholder. Concerned about police officer post-traumatic stress disorder (PTSD). Continue to think outside box and not just providing services. Initiate connection with police officers. Adverse Childhood Experience. Need more providers including psychiatrist and psychologist. Even if telehealth is available, technology to access might be an issue. Issues with stigma concerning seeking care, especially for seniors **(8)**
 - Need better ratios for dentist and more info about oral health as it relates to physical health. Need education for adults about the importance of this. Without good insurance, residents won't go if they don't think they can afford it. **(3)**
 - Obesity: including in children and need to address quickly. In some places there is less access to grocery stores and rely on Dollar General or gas stations for groceries. Before the pandemic, many people ate out. Perhaps a need for more education about nutrition **(3)**
- The most often cited **barriers to accessing care** were:
 - Transportation **(6)**
 - Costs of healthcare or insurance issues **(4)**
 - Availability of certain services. Might have to travel to get care **(3)**
- The **reasons people leave the area for care** are:
 - Small town-privacy issues **(4)**
 - Not all specialties are available. People access a specialist in another community, so they decide to have all their services in one network. They are then concerned about communication among providers. **(4)**
 - Mayo Clinic is also available in county. Wanting to be part of a wider network **(3)**
- **Suggestions for UHD to improve health of community:**
 - UHD does a good job already but could do a better job providing free healthcare education, especially in the community (school, coffee shops, businesses). Consider opportunities after business hours **(5)**
 - More education and awareness to address obesity and nutrition. If they have it, they need to get the word out better. Might need

constant reinforcement. Visual cues in various places to remind people to make good choices. Intentionally create a community engagement around health and partner with grocery stores, etc. “Blue Zones”

- Providers give a prescription for a class instead of just recommending it. Elderly tend to respect doctors and will listen to them. Providers follow up on them to see if they did it.
- Thinking outside the box with partnerships including public health, faith-based groups **(3)**
- Small communities value connection. Collaboration helps people to feel connected and break down walls between institutions. Continue to collaborate and not compete **(3)**
- **Opportunities to collaborate** are:
 - Schools **(3)**
 - There is a large initiative for helping 9th and 10th graders to connect with healthcare careers. Survey showed they didn’t think there were careers available locally. Opportunity to expand this initiative. Grow towards Pathway Programs that help students get credit towards licenses such as certified nurse assistants (CNAs)
 - Work with outlying communities and schools, not just ones close to hospital or in Blue Earth. Private schools and Wells.
 - Long term care and agencies providing those services **(2)**
 - Churches **(2)**
- Regarding **new services that participants would like to see offered** the two most often cited were:
 - More mental health, especially providers for low income/poverty, resource center **(4)**
 - Orthodontists/dental care **(2)**

Conclusions, Recommendations, and Acknowledgements

Conclusions

In addition to noting secondary data, United Hospital District 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 secondary data and all forms of community input is the need for expanded primary care. This included the need for more providers as well as expanded clinic hours to access care. Respondents indicated that they prefer to receive care within their community when possible. This is also in alignment with the prioritized health concern from the 2019 CHIP process with the Community Health Leadership Coalition.

A second theme noted is the concern about affordability for both insured and the uninsured. Survey respondents indicated that this is one of the top three health needs in the community. This was also identified by focus groups and key stakeholders as one of the barriers to accessing care.

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

Another difference included the perception of cancer as a major concern. Survey results indicated this to be a most pressing concern as well as a gap in services provided to the community. Cancer was rarely mentioned in focus group or interviews. It is noted that state legislation and regulations prohibit the release of county level data to outside entities. As a result, the secondary data concerning cancer statistics could not be included.

Finally, the pandemic was frequently mentioned in the focus groups and key stakeholder interviews. This topic was woven into a number of responses for a

variety of questions. Concern was expressed for the senior population and transportation and increased isolation; children and isolation; young families and childcare and poverty; and the increase in mental health issues, especially depression and anxiety. This may also relate to the health priorities of the Community Health Leadership Coalition of ACEs, mental health, substance use, and access to care.

Recommendations

Recommendations include exploring ways to increase primary care services. Findings indicate that the community members may delay treatment and this issue is one of the top concerns for them. Forward thinking hospitals are looking for new ways to attract primary care providers (PCPs) to provide care for their community. Community perception also indicates an opportunity for expanded clinic hours to better meet the needs of working families.

Since survey responses indicate a concern about cancer and the gap in services, it is recommended that UHD explore this issue. There may be an opportunity to better communicate about services or preventive support that is available. Some focus group respondents indicated that they were not sure what services UHD offers. It is also important to leverage all modes of communication that will reach the senior population as well as younger community members.

As in many communities, there is an opportunity to address issues related to mental illness. As with many recommendations, this is not something the hospital can do alone. UHD can continue to explore telehealth. Focus group and key stakeholders also noted the ways UHD partners with the school system to support careers in healthcare. A similar initiative to “grow our own” social workers, counselors, and community workers/peer support services could be considered.

Finally, focus group and stakeholder input indicated that UHD is an important partner and collaborates well. UHD is encouraged to continue developing these partnerships with businesses, faith groups, and schools (including schools in within the counties but not located in Blue Earth).

Acknowledgements

The Center would like to thank UHD’s CHNA team for their contributions and work with developing and distributing the assessment and coordinating the focus groups.

Appendix A: Survey Instrument

UHD

UNITED HOSPITAL
DISTRICT

Committed to care. Committed to you.

**You are invited to participate in an important survey
that will help identify critical health needs in our communities!**

November 16, 2020

Dear Friend:

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

By completing the enclosed survey, you can help bring awareness of community health issues, which will guide UHD in developing programs to meet identified needs. We know your time is valuable and we anticipate the survey will take no more than 15 minutes to complete.

**The due date to return your survey is December 14, 2020.
Please return your completed survey in the envelope provided - no stamp needed.**

All survey responses will go to The National Rural Health Resource Center in Duluth, Minnesota, the organization that is assisting with this project, and results will be presented to UHD. 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. As always, UHD is committed to care and committed to you.

Thank you for your assistance.

Sincerely,



Rick Ash, CEO
United Hospital District

Community Health Needs Assessment Blue Earth, Minnesota

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

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

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

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

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

3. In your opinion, what are the top **three** priorities to **improve access to healthcare** in our community?

(**Select up to 3 that apply**)

- | | |
|--|---|
| <input type="radio"/> More primary care providers | <input type="radio"/> More types of specialists |
| <input type="radio"/> Expanded primary care appointment times | <input type="radio"/> More outpatient services |
| <input type="radio"/> Financial aid assistance | <input type="radio"/> Telemedicine |
| <input type="radio"/> Interpreter services | <input type="radio"/> Transportation assistance |
| <input type="radio"/> More frequent health education opportunities | <input type="radio"/> Other _____ |

4. What are the **three** largest **gaps in healthcare services** in our community?

(**Select up to 3 responses**)

- | | |
|---|---|
| <input type="radio"/> Availability of services/providers | <input type="radio"/> Primary care |
| <input type="radio"/> Ability to service different languages/cultures | <input type="radio"/> Affordable prescription drug assistance |
| <input type="radio"/> Pain management | <input type="radio"/> Services for low income |
| <input type="radio"/> End-of-life care (hospice/palliative care) | <input type="radio"/> Geriatric care (seniors) |
| <input type="radio"/> Healthy lifestyle education | <input type="radio"/> Mental health services |
| <input type="radio"/> Cancer treatment | <input type="radio"/> Substance abuse services |
| <input type="radio"/> Chronic care management (heart, lung, diabetes, etc.) | <input type="radio"/> Other _____ |

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

- Yes No (If no, skip to question 7) Don't know/not sure

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

(Select up to 3 responses)

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

7. Where are you most likely to go for routine healthcare? (Please select only ONE response)

- UHD Emergency room N/A; I do not receive routine healthcare
 Physician's office Other _____

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

- Yes No (If no, skip to question 11) Don't know/not sure

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

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)

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

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

(Please select only ONE response)

- United Hospital District Mankato Clinic Mayo Fairmont
 Kossuth Regional Medical Center Mayo Albert Lea Mayo Mankato
 Sanford Health Jackson, MN VA Other _____

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

- Yes No (If no, skip to question 15) Don't know/not sure

13. In which facility was that primary healthcare provider located? (Refer to facilities in #11)

_____ Other _____

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

- | | |
|---|---|
| <input type="radio"/> Appointment availability | <input type="radio"/> Recommended by family or friends |
| <input type="radio"/> Clinic's reputation for quality | <input type="radio"/> Referred by physician or another provider |
| <input type="radio"/> Closest to home | <input type="radio"/> Required by insurance plan |
| <input type="radio"/> Cost of care | <input type="radio"/> VVA Military requirement |
| <input type="radio"/> Length of waiting room time | <input type="radio"/> Indian Health Services |
| <input type="radio"/> Prior experience with clinic | <input type="radio"/> Other _____ |

15. If you currently do not use UHD for care, what could be done at UHD to meet your needs?

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

- | | | |
|---|--------------------------------------|-------------------------------------|
| <input type="radio"/> Healthcare provider | <input type="radio"/> Fitness center | <input type="radio"/> Website _____ |
| <input type="radio"/> Group/organization I belong to (please specify) | | <input type="radio"/> Social Media |
| <input type="radio"/> Friends/family | <input type="radio"/> Newspaper | <input type="radio"/> Other _____ |

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

- Yes No (If no, skip to question 20) Don't know/not sure

18. What type of healthcare specialist(s) was seen?

19. Where was the healthcare specialist located? (Refer to facilities in #11)

_____ Other _____

20. If you needed specialty care services in the future which facility would you choose? (Refer to facilities in #11)

_____ Other _____

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

(Please select only ONE response)

- | | | |
|--|---|--|
| <input type="radio"/> Cardiology | <input type="radio"/> General surgery | <input type="radio"/> Podiatry |
| <input type="radio"/> Chronic acute pain | <input type="radio"/> Nephrology | <input type="radio"/> Psychiatric services |
| <input type="radio"/> Dermatology | <input type="radio"/> Obstetrics/Gynecology | <input type="radio"/> Urology |
| <input type="radio"/> Ear, nose & throat | <input type="radio"/> Orthopedics | <input type="radio"/> Other _____ |
| <input type="radio"/> Endocrinology/diabetes | <input type="radio"/> Ophthalmology | |

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

(Please select only ONE response)

- Commercial plan
- Healthy kids
- Self paid
- Employer sponsored
- Medicaid/Medicare
- Health savings account
- VA/Military
- State/other
- Indian Health Services
- Other _____

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

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

24. Are you aware of programs that help people pay for healthcare expenses?

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

25. In the past 12 months, please select all of the preventive services you or any household member used.

(Select all that apply)

- Pap smear
- Blood draw
- Childhood vaccinations
- Flu shot
- Cholesterol check
- Annual health checkup
- Diabetes check
- Skin cancer screening
- DEXA bone density scan
- Colonoscopy
- Prostate (PSA test)
- Routine blood pressure check
- Mammography
- Well Child/Well Baby
- Other _____

26. Where do you currently live by zip code? _____

27. What is your identified gender?

- Male
- Female
- Prefer to self-describe _____

28. What is your age range (in years)?

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

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

- Asian
- Pacific Islander
- Other _____
- White/Caucasian
- Black/African American
- Prefer not to answer
- American Indian/Alaska Native
- Hispanic/Latino
- Don't Know/not sure

Please return in the postage paid envelope enclosed with this survey and mail to:

National Rural Health Resource Center, 525 S. Lake Avenue, Suite 320 Duluth MN 55802

THANK YOU VERY MUCH FOR YOUR TIME

Appendix B: “Other” Survey Comments

2. What are the **three** most pressing **health concerns** in the community?
(**Select up to 3 responses**)
 - COVID-19 (4)
 - Public education
 - Affordability of services
 - Too much government interference
 - Access to specialty pediatric dental care

3. In your opinion, what are the top **three** priorities to **improve access to healthcare** in our community? (**Select up to 3 that apply**)
 - Mental health (3)
 - Lower cost
 - Affordability
 - Less insurance complications
 - Insurance info that is accurate
 - More male care providers
 - Natural path care holistic doctor
 - Get the government out of healthcare
 - 5G Network – reliable internet (selected telemedicine option)
 - Better communication between doctors and appointment desk

4. What are the **three** largest **gaps in healthcare services** in our community?
(**Select up to 3 responses**)
 - Pediatric care
 - Affordable provider charges

6. If yes, what were the most important reasons why you did not receive healthcare services? (**Select up to 3 responses**)
 - COVID-19 (2)
 - Lack of separation of non-COVID and COVID patients
 - Communications between primary providers/staff and nursing home
 - Had to change doctor to get appointment
 - High deductible insurance
 - Only could see PA
 - Mayo Fairmont

7. Where are you most likely to go for routine healthcare? (**Please select only ONE response**)
- UHD Clinic (2)
 - VA (2)
 - UHD Doctor
 - Go to different town for healthcare due to my insurance
 - Mayo in Fairmont
 - Mankato Clinic
9. If yes, what hospital does your household use the **MOST** for hospital care?
- UHD (36)
 - Mayo (6)
 - Mayo - Mankato (5)
 - Mankato Clinic (3)
 - Mayo Clinic at Albert Lea, MN (3)
 - Mayo – Fairmont (4)
 - VA (2)
 - UHD ER
 - Emergencies – ER
 - Mayo rehab – Mayo for surgery and urgent care
 - Abbott Northwestern
 - One time – River’s Edge in Ste. Peter for total knee replacement
 - Would use UHD but family member had a heart attack in Duluth (St. Luke’s)
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**)
- Center for specialty care
 - Prior experience in ER
 - Dr. Bobby Karp
 - It is not UHD
 - Specialists
11. If you or a household member needed to be hospitalized in the future, which facility would you choose? (**Please select only ONE response**)
- Mayo Rochester (4)
 - Depends on reason for hospitalization (3)
 - Having hip surgery in January (selected UHD option)
 - It would depend on the problem

- New Ulm Medical Center
- Mercy Mason City

13. In which facility was that primary healthcare provider located? (**Refer to facilities in #11**)

- UHD (65)
- Mankato Clinic (9)
- Mayo – Fairmont (7)
- Mayo Mankato (3)
- Mayo Alberta Lea (3)
- Mayo – Rochester (2)
- New Ulm (2)
- VA (2)
- UHD – Wells (2)
- Emergency Room Transfer to Rochester
- Center for Specialty Care
- Mercy Family Clinic
- Mason City
- Dulcimer Clinic – Fairmont

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

- I really respect and link Dr. Mary Trites
- Services available for mental health
- Specialist services
- That is where my primary is
- Main physician out of town
- Good service

15. If you currently do not use UHD for care, what could be done at UHD to meet your needs?

- Lower costs (2)
- Cost coverage
- Add specialty services – psychiatrist, internal medicine
- Better selection of doctors
- I was not treated very nice when I refused to have a test done before meeting with the physician. That was when I went to a different clinic.
- Trust in ER – less business office/and take a number attitude
- Better hours for us that work. I do not go to urgent care just because the clinic is closed.

- Difficult to change after 40+ years. Used UHD for physical therapy after knee surgery
- I have Alling Partners Care that pays my deductible. It don't down here in Blue Earth.
- Don't know. Insurance requires me to use only Mayo
- I'm not sure where to go or who to see at UHD.
- Dulcimer referred me to orthopedic care at UHD
- Nothing, like my current healthcare provider.
- VA selectability
- Only use UHD
- Too far away
- New beds
- DNA

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

- Mayo website (2)
- Common sense (2)
- Insurance companies
- Insurance newsletters
- BCBS of MN
- Self-study – articles, websites, newsletters
- Natural path care doctor not at UHD
- COVID-19 Lifestyle on TV
- Nursing School
- Education
- YouTube
- Abbott
- UHD
- Work

18. What type of healthcare specialist(s) was seen?

- Orthopedic (13)
- Cardiologist (9)
- Dermatologist (8)
- Urologist (7)
- ENT (6)
- Oncologist (6)
- Neurologist (6)
- Spine/neck specialist/surgeon (5)

- Pulmonologist (3)
- Psychologist/ psychiatric nurse /mental health (3)
- Wound Care (2)
- Primary (2)
- Diabetes (2)
- Ophthalmologist (2)
- OB/GYN (2)
- Allergist (2)
- ER (2)
- General surgeon (2)
- Pain management (2)
- Mayo – Fairmont.
- Internal medicine
- Blood specialist
- Chiropractor
- Natural path care doctor
- Infectious disease
- Rheumatologist
- Nutritional
- Hormonal
- Prostate
- Dental
- Knees
- Colon

19. Where was the healthcare specialist located? (**Refer to facilities in #11**)

- UHD (21)
- Mayo – Mankato (12)
- Mayo Clinic – Rochester (9)
- Mankato (7)
- Mayo – Fairmont (6)
- Mankato Clinic (5)
- Mayo Alberta Lea (5)
 - Mayo Alberta Lea – Austin
- Abbott Northwestern (4)
- Orthopedic and Fracture Clinic (3)
- Dulcimer Clinic – Fairmont, MN (2)
- St. Peter River’s Edge (2)
- Fairmont
- St. Luke’s – Duluth (heart surgeon, cardiologist)

- Other providers out of state
- Apple Valley Medical Center
- Center for Specialty Care
- Mexico dentist
- Minneapolis
- Mason City
- Winnebago
- New Ulm
- VA

20. If you needed specialty care services in the future which facility would you choose? (**Refer to facilities in #11**)

- UHD (34)
- Mayo in Mankato (11)
- Mayo in Rochester (6)
- Mayo – Fairmont (5)
- Mankato Clinic (5)
- Mankato (2)
- Mayo (2)
- VA (2)
- Sanford Health Jackson
- Depends upon need
- Mercy Mason City
- Abbott Northwestern
- Referral if need
- Center for Specialty Care
- New Ulm Medical Center
- Mayo Clinic at Albert Lea
- Apple Valley Medical Center
- Wherever Dulcimer refers me to

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

- Don't know which specialists aren't accessible in my community, so can't answer.
- Mental health services
- Gastroenterology
- Cancer specialist
- Spine/neck

- Neurology

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

- Blue Cross Blue Shield (4)
- Medicare (2)
- BCBS (supplement)
- MNsure and pay percent of private insurance
- Minnesota Care
- Medica PPO
- United

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

- MRI (2)
- Dermatitis skin irritation
- Prolia for 5 years
- Thyroid check
- Shingles shot
- VA Physical
- Kidney
- CT

26. Where do you currently live by zip code?

- 56013 (57)
- 56027 (10)
- 56098 (9)
- 56031 (5)
- 56097 (4)
- 56023 (4)
- 50424 (3)
- 56025 (3)
- 56033 (2)
- 56014
- 56051
- 56039
- 56001
- 50451

Other comments:

- Universal (free) healthcare for all

Appendix C: Secondary Data Analysis

Introduction

There are two different types of sources used to conduct a CHNA. The first type is a primary source that is the initial material that is collected during the research process. Primary data is the data that The Center collects using methods such as surveys, focus groups, interviews, as well as objective data sources. Primary data is a reliable method to collect data as The Center knows the source, how it was collected and analyzed. Secondary data is the analysis of preexisting data. Secondary data analysis utilizes the data that was collected by another entity in order to further a study. Secondary data analysis is useful for organizational planning to complement primary data or if there is not time or resources to gather raw data. It has its drawbacks, however, as data from the different agencies is collected during different timeframes and with varying methods. This can make direct comparisons of secondary data difficult. See [Appendix D](#) for source details and definitions. Please note, the data collected for this report is the most current information as of December 2020. The types of measures selected to analyze in this report were identified based on data available for Faribault County, Martin County, MN, and the US.

For more secondary data information, The Center offers users the ability to extract multiple data elements that are focused on specific scenarios in population health management on the Population Health Portal:

<https://www.ruralcenter.org/population-health-portal/data>

Geography and Demographics

	Faribault County	Martin County	MN	US
Population	13,896	19,964	5,611,179	327,167,439
Land area	713	712	79,627	3,531,905
Population density	20	29	67	87
Male	50%	50%	50%	49%
Female	50%	50%	50%	51%
Age 0-4	6%	6%	6%	6%
Age 5-9	6%	7%	7%	6%
Age 10-14	6%	5%	7%	6%
Age 15-19	6%	6%	6%	7%
Age 20-24	5%	5%	7%	7%
Age 25-34	10%	11%	14%	14%
Age 35-44	10%	10%	12%	13%
Age 45-54	12%	12%	13%	13%
Age 55-64	16%	16%	13%	13%
Age 65-74	11%	11%	9%	9%
Age 75-84	7%	7%	4%	5%
Age 85+	4%	5%	2%	2%
White	97%	96%	83%	73%

	Faribault County	Martin County	MN	US
Black or African American	0%	0%	7%	13%
Asian	0%	0%	5%	5%
American Indian/ Alaska Native	0%	0%	1%	1%
Native Hawaiian/ Pacific Islander	0%	0%	0%	0%
Hispanic or Latino	2%	4%	6%	18%
Some Other Race	1%	1%	2%	5%
Two or More Races	2%	2%	3%	3%
Disabled	12%	15%	11%	13%
Veterans	10%	10%	6%	8%
Speak English less than "very well"	2%	1%	5%	9%
Foreign Born Persons	2%	1%	8%	14%

Health Outcomes

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

	Faribault County	Martin County	MN	US
Years potential life lost per 100,000 population	370	310	270	N/A
Life expectancy	78	80	81	79
Fair or poor health	12%	12%	12%	16%
Poor physical health days	3	3	3	4
Poor mental health days	3	3	3	4
Low birth weight	6%	6%	7%	8%
Diabetes prevalence	9%	12%	8%	11%
HIV prevalence per 100,000 population	43	83	176	350
Suicide death rate per 100,000	17	13	13	15

Social and Economic

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

	Faribault County	Martin County	MN	US
Less than 9 th grade education	4%	2%	3%	5%
Some high school, no diploma	5%	5%	4%	7%
High school degree	38%	38%	24%	27%
Some college, no degree	22%	23%	21%	20%
Associate degree	13%	12%	12%	9%
Bachelor's Degree	14%	15%	24%	20%
Graduate or professional degree	4%	5%	24%	20%
Unemployment rate	5%	4%	6%	7%
Median household income	\$52,286	\$53,915	\$68,411	\$61,937
Poverty	12%	13%	10%	14%
Children in poverty	18%	18%	13%	20%

	Faribault County	Martin County	MN	US
Free/reduced price lunch eligible	48%	44%	37%	52%
Residential segregation – non-white/white	20	47	49	N/A
Violent crime rates per 100,000	68	112	236	380
Injury deaths per 100,000	66	73	65	65

Health Behaviors

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

	Faribault County	Martin County	MN	US
Current smokers	14%	13%	15%	17%
No leisure time for physical activity	28%	22%	20%	23%
Recreation and fitness facility access	70%	74%	87%	83%
Adult obesity	33%	32%	28%	28%
Food insecurity	9%	9%	9%	13%

	Faribault County	Martin County	MN	US
Excessive drinking	19%	18%	22%	16%
Alcohol-impaired driving deaths	17%	43%	30%	28%
Teen birth rate per 1,000 female	17	20	14	20

Physical Environment

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

	Faribault County	Martin County	MN	US
Air pollution – particulate matter	8	8	7	11
Severe housing problems	10%	12%	13%	19%

Clinical Care

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

	Faribault County	Martin County	MN	US
Uninsured	6%	5%	5%	10%
Uninsured children	4%	4%	3%	5%

	Faribault County	Martin County	MN	US
Access to primary care physicians	1,720:1	1,240:1	1,120:1	667:1
Access to mental health providers	2,290:1	940:1	400:1	405:1
Access to dentists	1,970:1	1,520:1	1,390:1	1,369:1
Readmissions rate	15% United Hospital District	15% Mayo Clinic Health System - Fairmont	-	16% Nationally
Medicare patients with mammogram within past two years	24%	29%	33%	32%
Medicare patients with annual influenza vaccination	52%	52%	49%	48%
Medicare diabetics with hemoglobin A1c test within past year	88%	78%	88%	-
Adults over age 50 ever reporting having a colonoscopy or sigmoidoscopy	3%	3%	4%	6%
Pneumonia vaccination	10%	10%	10%	12%

	Faribault County	Martin County	MN	US
age 65+ within last year				

Hospital Compare

Survey of UHD 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. UHD’s scores are better than the state and national averages on three questions, including “rate the hospital” and “willingness to recommend.” *Source: [Hospital Compare](#)*

	UHD	MN	US
Given information about what to do during their recovery at home	84%	89%	87%
Doctors “Always” communicated well	88%	85%	82%
Room and bathroom were “Always” clean	75%	80%	76%
“Always” received help as soon as they wanted	65%	76%	70%
Nurses “Always” communicated well	83%	84%	81%
YES, they would definitely recommend the hospital	75%	77%	72%
Rated hospital 9 or 10	81%	78%	73%
Area around their room was “Always” quiet at night	71%	69%	62%
Staff “Always” explained about medicines before giving it to them	62%	69%	66%
“Strongly Agree” they understood their care when they left	54%	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 healthcare. UHD scores were either comparable to or better than those of the identified hospitals. Higher UHD scores to note include communication with doctors and nurses, willingness to recommend, and rating the hospital a 9 or 10.

	UHD	Mayo Mankato	Mayo Fairmount
Given information about what to do during their recovery at home	84%	83%	88%
Doctors “Always” communicated well	88%	80%	81%
Room and bathroom were “Always” clean	75%	74%	76%
“Always” received help as soon as they wanted	65%	68%	65%
Nurses “Always” communicated well	83%	79%	80%
YES, they would definitely recommend the hospital	75%	66%	65%
Rated hospital 9 or 10	81%	65%	72%
Area around their room was “Always” quiet at night	71%	45%	57%
Staff “Always” explained about medicines before giving it to them	62%	60%	61%
“Strongly Agree” they understood their care when they left	54%	51%	49%

Timely and Effective Care

The following measures show how often or how quickly hospitals provide care for patients with certain conditions. This information can help you compare which hospitals provided recommended care most often as part of the overall care they provide to patients.

Timely and Effective Care: Average Time (minutes) Patients...	UHD	Mayo Mankato	Mayo Fairmount	MN	US
spent in the emergency department before leaving from the visit	117	152	82	110	113
spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency department for their inpatient room	15	85	39	46	62

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. 2018
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. 2018
Female	Percent of female population.	American FactFinder , American Community Survey, US Census Bureau. 2018
Age 0-4	Percentage of total population aged 0-4 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2018
Age 5-9	Percentage of total population aged 5-9 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2018
Age 10-14	Percentage of total population aged 10-14 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2018
Age 15-17	Percentage of total population aged 15-17 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2018
Age 18-24	Percentage of total population aged 18-24 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2018

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. 2018
Age 35-44	Percentage of total population aged 35-44 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2018
Age 45-54	Percentage of total population aged 45-54 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2018
Age 55-64	Percentage of total population aged 55-64 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2018
Age 65+	Percentage of total population aged 65+ in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2018
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. 2018
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. 2018
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,"	American FactFinder , American Community Survey, US Census Bureau. 2018

Data Areas	Description	Source and Dates
American Indian/Alaska Native	<p>"Vietnamese," and "Other Asian" or provide other detailed Asian responses.</p> <p>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.</p>	<p>American FactFinder, American Community Survey, US Census Bureau. 2018</p>
Native Hawaiian/Pacific Islander	<p>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.</p>	<p>American FactFinder, American Community Survey, US Census Bureau. 2018</p>
Some other race	<p>A person identifying as some other race.</p>	<p>American FactFinder, American Community Survey, US Census Bureau. 2018</p>
Two or more races	<p>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"</p>	<p>American FactFinder, American Community Survey, US Census Bureau. 2018</p>

Data Areas	Description	Source and Dates
Hispanic or Latino	The estimated population that is of Hispanic, Latino, or Spanish origin.	American FactFinder , American Community Survey, US Census Bureau. 2018
Disabled	Total civilian noninstitutionalized population with disability.	American FactFinder , American Community Survey, US Census Bureau. 2018
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. 2018
Speak English less than "very well"	Percent of the population that speak English less than "very well".	American FactFinder , American Community Survey, US Census Bureau. 2018
Foreign born persons	Percent of the population that were not born in a US state or territory or abroad to American parent(s).	American FactFinder , American Community Survey, US Census Bureau. 2018
Years potential life lost	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	County Health Rankings . 2016-18
Life expectancy	Average number of years a person can expect to live.	County Health Rankings . 2015-17 Centers for Disease Control and Prevention , National Center for Health Statistics. 2017
Fair or poor health	Percentage of adults reporting fair or poor health (age-adjusted).	County Health Rankings . 2017 Centers for Disease Control and Prevention, Behavioral Risk factor Surveillance System Prevalence and Trends Data . 2016
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	County Health Rankings . 2017 Centers for Disease Control and Prevention, Behavioral Risk factor Surveillance System Prevalence and Trends Data . 2016

Data Areas	Description	Source and Dates
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	<p>County Health Rankings. 2017</p> <p>Centers for Disease Control and Prevention, Behavioral Risk factor Surveillance System Prevalence and Trends Data. 2016</p>
Low birth weight	Percentage of live births with low birthweight (< 2,500 grams).	<p>County Health Rankings. 2011-17</p> <p>Centers for Disease Control and Prevention, National Center for Health Statistics. 2017</p>
Diabetes prevalence	Percentage of adults aged 20 and above with diagnosed diabetes.	<p>County Health Rankings. 2016</p> <p>Centers for Disease Control and Prevention, Behavioral Risk factor Surveillance System Prevalence and Trends Data. 2016</p>
HIV prevalence	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.	<p>County Health Rankings. 2016</p> <p>Centers for Disease Control and Prevention, HIV Surveillance Report. 2010-16</p>
Suicide death rate	Crude rate per 100,000 population of deaths with leading cause of death as suicide.	<p>County Health Rankings. 2014-18</p> <p>Center for Disease Control and Prevention, CDC Wonder. 2017</p>
Less than 9th grade education	Population 25 years and over without a high school degree.	<p>American FactFinder, American Community Survey, US Census Bureau. 2018</p>
Some high school, no diploma	Population 25 years and over 9th to 12th grade education but no diploma.	<p>American FactFinder, American Community Survey, US Census Bureau. 2018</p>

Data Areas	Description	Source and Dates
High School Degree	Population 25 years and over with a high school degree.	American FactFinder , American Community Survey, US Census Bureau. 2018
Some college, no degree	Population 25 years and over with some college but no degree.	American FactFinder , American Community Survey, US Census Bureau. 2018
Associate's Degree	Population 25 years and over with an Associate's Degree.	American FactFinder , American Community Survey, US Census Bureau. 2018
Bachelor's Degree	Population 25 years and over with a bachelor's degree.	American FactFinder , American Community Survey, US Census Bureau. 2018
Graduate or Professional Degree	Population 25 years and over with a graduate or professional degree	American FactFinder , American Community Survey, US Census Bureau. 2018
Unemployment rate	Unemployment rates, not seasonally adjusted.	US Department of Labor, Bureau of Labor Statistics . October, 2020
Median household income	Median income of households in the geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2018
Poverty	Percent of all individuals below the poverty level.	American FactFinder , American Community Survey, US Census Bureau. 2018
Children in poverty	Percent of children below 18 years old below the poverty level.	American FactFinder , American Community Survey, US Census Bureau. 2018
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 National Center for Education Statistics, Digest of Education Statistics . 2015-16

Data Areas	Description	Source and Dates
Residential segregation – Non-white/white	Index of dissimilarity where higher values indicate greater residential segregation between non-white and white county residents. A demographic measure of the evenness with which two groups (non-white and white residents, in this case) are distributed across the component geographic areas (census tracts, in this case) that make up a larger area (counties, in this case). The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation).	County Health Rankings . 2014-18
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. 2018
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 . 2013-17 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control . 2017
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 . 2017 Centers for Disease Control and Prevention, Behavioral Risk factor Surveillance System Prevalence and Trends Data . 2017
No leisure time for physical activity	Percentage of adults age 20 and over reporting no leisure-time physical activity in the past month (such as running, calisthenics, golf, gardening, or walking for exercise)	County Health Rankings . 2016 Centers for Disease Control and Prevention, Behavioral Risk factor Surveillance System Prevalence and Trends Data . 2015

Data Areas	Description	Source and Dates
Recreation and fitness facility access	Percentage of population with adequate access to locations for physical activity (reside in a census block that is within a half mile of a park or reside in a rural census block that is within three miles of a recreational facility).	County Health Rankings . 2010-19
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 . 2016 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).	County Health Rankings . 2017 Feeding America, Map the Meal Gap . 2017
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 . 2016 Centers for Disease Control and Prevention, Behavioral Risk factor Surveillance System Prevalence and Trends Data . 2016
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement.	County Health Rankings . 2013-17 Centers for Disease Control and Prevention, Impaired Driving, Motor Vehicle Safety . 2016
Teen birth rates	Number of births per 1,000 female population ages 15-19.	County Health Rankings . 2011-17

Data Areas	Description	Source and Dates
		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 . 2014 National Environmental Public Health Tracking Network . 2014
Drinking water violations	Indicator of the presence of health-related drinking water violations in community/public water systems. Yes, indicates the presence of a violation, No indicates no violation.	County Health Rankings . 2017
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 . 2011-15 US Department of Housing and Urban Development, Consolidated Planning , Comprehensive Housing Affordability Strategy data. 2012-16
Households with no motor vehicle	Among occupied housing units, percent of housing units with no vehicles available.	American FactFinder , American Community Survey, US Census Bureau. 2018
Uninsured	Percentage of population under age 65 without health insurance.	US Census Bureau, Small Area Health Insurance Estimates Program . 2018
Uninsured children	Percentage of population under age 18 without health insurance.	US Census Bureau, Small Area Health Insurance Estimates Program . 2018
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 . 2017 America's Health Rankings , United Health Foundation. 2017.
Access to mental health providers	Ratio of population to mental health providers (psychiatrists, psychologists, licensed clinical social	County Health Rankings . 2019

Data Areas	Description	Source and Dates
	workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care).	America's Health Rankings , United Health Foundation. 2019
Access to dentists	Ratio of population to dentists (registered dentists with a National Provider Identification).	County Health Rankings . 2018 America's Health Rankings , United Health Foundation. 2018
Readmissions rate per 100 per year	Rate of unplanned readmission to an acute care hospital in the 30 days after discharge from a hospitalization, all-cause.	CMS Hospital Compare . 2017
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 . 2018
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 . 2018
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 . 2018

Data Areas	Description	Source and Dates
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 . 2018

Appendix E: Focus Group Invitation and Questions

DATE

Dear NAME OF COMMUNITY/COUNTY Area Community Leader:

We're pleased to invite you to **participate in a focus group** conducted by the National Rural Health Resource Center on behalf of United Hospital District (UHD). 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 UHD in identifying strengths and needs of health services for the region.**

Your participation will provide important information, which will be used for strategic planning, grant applications, potential new programs, and shared with community groups interested in addressing health in the region. UHD looks forward to receiving this valuable community feedback.

Focus group participants like yourself were identified as those living in the area that represent different groups of healthcare users, such as seniors, family caregivers, business leaders, and healthcare providers. Whether you or a family member are involved with local healthcare services or not, this is your unique opportunity to help guide high quality local health services for the future.

Due to COVID-19 health concerns, all focus groups will be conducted virtually via Zoom video conferencing system. You may also participate by cell phone call, if preferred.

We have reserved a spot for you in a virtual focus group that will be held via Zoom. Below are four time slots, when confirming your attendance please identify the time(s) slot that you prefer. Your identity is not part of the focus group report and your individual responses will be kept confidential.

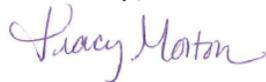
Focus Group Times:

- Wednesday, December 2nd 11:00am – 1:00pm CT
- Thursday, December 3rd 12:00 – 2:00pm CT
- Wednesday, December 9th 1:00 – 3:00pm CT
- Thursday, December 10th 8:00 – 10:00am CT

Please confirm your attendance by contacting Keely at the National Rural Health Resource Center by phone (1-800-997-6685) or e-mail (klonetto@ruralcenter.org) **by 5:00pm Tuesday, November 24**. You will receive all the virtual meeting details after you confirm your attendance.

On behalf of UHD, we look forward to your participation. Thank you.

Sincerely,



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

Focus Group 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 United Hospital District (UHD) area. No identifiable information will be disclosed in the report and the results will assist the medical center with future care and planning.

1. Thinking about different population groups in our county (seniors, veterans, young families, chronically ill, etc.), do you think some population groups are suffering more than others? Which ones and why?
2. What is the greatest health need in this community?
3. In your opinion, what are some of the barriers to accessing care in this region?
4. Why might people leave the community or elect not to use UHD for healthcare?
5. What do you think UHD could do to increase the health of the community?

6. Do you feel there are untapped opportunities for UHD to collaborate?
7. What new healthcare services would you like to see available locally?

Appendix F: Key Stakeholder

Invitation and Questions

Dear [individual's name]:

Your friends at United Hospital District (UHD) have identified you as a leader in the community and would like to hear your perspectives on the health of the areas they serve. **Please accept this invitation to participate in a one-hour virtual interview.** Interviews will be conducted by the National Rural Health Resource Center on behalf of UHD.

The purpose of the one-on-one interview is to identify strengths and health needs in the region. Your insights will be used for strategic planning, grant applications, potential new programs, and shared with community groups also interested in key solutions.

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

Your time is very much appreciated in this effort. In order to participate, please contact Keely Lonetto at klonetto@ruralcenter.org or 1-800-997-6685, Ext. 0 before [insert date]. Keely will work with you to set up a time that works best for your schedule. These **Key Stakeholder Interviews** will be conducted via Zoom video conferencing technology or by phone.

No identifiable information will be disclosed, and your responses will be kept confidential. UHD looks forward to receiving this valuable community feedback.

We look forward to your contribution. Thank you.

Sincerely,



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

Key Stakeholder 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 healthcare organization with future care and planning.

- Thinking about different population groups in our county (seniors, veterans, young families, chronically ill, etc.), do you think some population groups are suffering more than others? Which ones and why?
- What is the greatest health need in this community?
- In your opinion, what are some of the barriers to accessing care in this region?
- Why might people leave the community or elect not to use UHD for healthcare?
- What do you think UHD could do to increase the health of the community?
- Do you feel there are untapped opportunities for UHD to collaborate?
- What new healthcare services would you like to see available locally?