North Shore Health and Sawtooth Mountain Clinic

Health Care Assessment

Secondary Data Analysis, Focus Group Findings and Key Informant Interview Findings

November 2024

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Introduction

In July 2024, Rural Health Innovations (RHI) LLC, a subsidiary of the National Rural Health Resource Center (The Center), a non-profit organization, was contracted by North Shore Health (NSH) to provide a Health Care Assessment. The goal was to assist both NSH and Sawtooth Mountain Clinic (SMC) in identifying strengths and needs of health services for the region. The scope of work included secondary data analysis, a series of focus groups (FG), and key informant interviews (KII). The purpose of the FGs and KIIs was to:

- Review and discuss pertinent health data obtained from published sources.
- Review current health care services provided.
- Make recommendations to improve health care in the community.

RHI, NSH and SMC met July 31, 2024, to discuss and finalize the timeline for the project. The team decided to offer key informant interviews virtually and in-person. The dates and locations in Cook County for in-person focus groups to be held were discussed. Locations and times were selected to provide convenient access for Cook County residents and included:

- Schaap Center on October 1, 2024, from 8:30 a.m. – 10:30 a.m.
- Grand Portage Community Center on October 1, 2024, from 6:00 p.m. – 8:00 p.m.
- Tofte Town Hall on October 2, 2024, from 8:30 a.m. – 10:30 a.m.
- Grand Marais Community Center on October 2, 2024, from 12:00 p.m. – 2:00 p.m.

Methodology

The scheduling and facilitation process was the same for the four FGs and eight KIIs. The hospital and clinic provided names, demographics and contact information for potential interviewees. NSH and SMC leadership contacted all nominees, informing them of the email invitation to come from RHI and encouraging attendance. RHI then contacted all nominees with an invitation to participate. Interviewees could select the day and time for attendance. Additionally, an invitation to any community member interested in attending a focus group was extended through the local newspaper. Interviewees were provided with the questions that would be asked, and a current list of services provided by NSH and SMC (Appendix F). RHI, NSH and SMC collaborated to create and finalize the questions that would be asked of all FG and KII attendees.

For the one-hour KIIs and two-hour FGs, secondary data collected from nationally recognized sources (Appendix B) was presented. Secondary data included information about community population by race and ethnicity, age range, percentage of those unemployed and percentage of those living in poverty. Data regarding quality-of-life variables such as rates of diabetes, coronary heart disease, chronic obstructive pulmonary disease and suicide were shared. The ratios of population to primary care providers, dentists and mental health providers were presented. Attendees were asked to anonymously complete a demographic questionnaire to gather information (Appendix E). RHI facilitated a discussion using questions to understand participants' experience and desires for improved community health. For the FGs, participant responses were projected on a screen during the discussion to ensure accuracy of the notes.

The findings for all secondary data included in this report are in the sections that follow. Findings of the FGs and KIIs are discussed later in the report.

Report findings may be used for:

- 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.

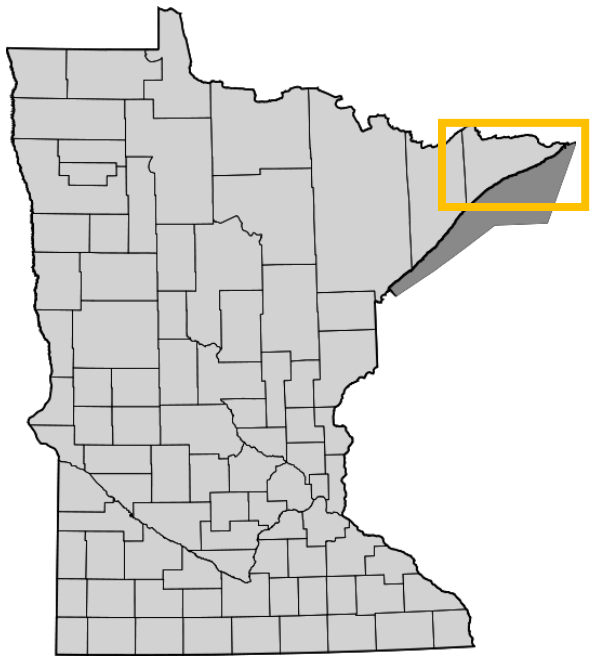
Secondary Data	Perception of Community Health	Utilization and Perception of Local Health Services
		

Demographics

Demographics are the statistical characteristics of human populations (such as age or income) used to identify markets.[1] Demographics are commonly described as age, gender, race, and ethnicity, and if a person resides in a rural or urban environment. The map below depicts the location of Cook County within the state of Minnesota (MN).

Total Population

Cook County	MN	US
5,611	5,717,184	333,287,562



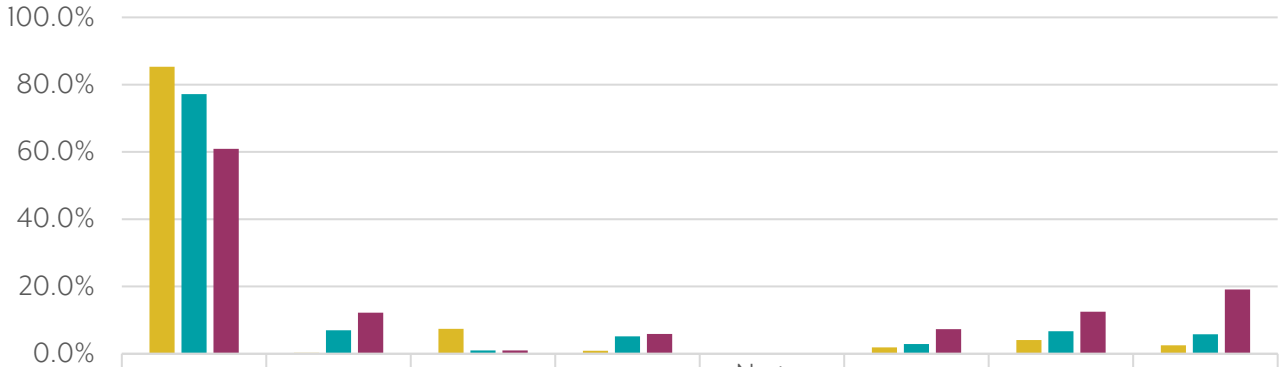
The total population of Cook County reflects full-time residents. It was noted by interviewees that the population varies according to season based on tourism and part-time residents that have a second home in the county. The population in Cook County is largely White with a higher percentage than MN and the US. The next largest population in Cook County is American Indian and Alaska Native (7.4%), again also higher than MN and the US (both at 1%).

The highest percentage age group of residents in Cook County is the 65-74 age range (18.9%). This is higher than for MN and US (both at 10.2%). When looking at residents 65 and older, the county (29.3%) is higher than MN (17.4%) and US (17.3%.) The next highest percentage age group in Cook County is the 25-34 range (11.6%).

American Community Survey, United States Census Bureau. 2022.

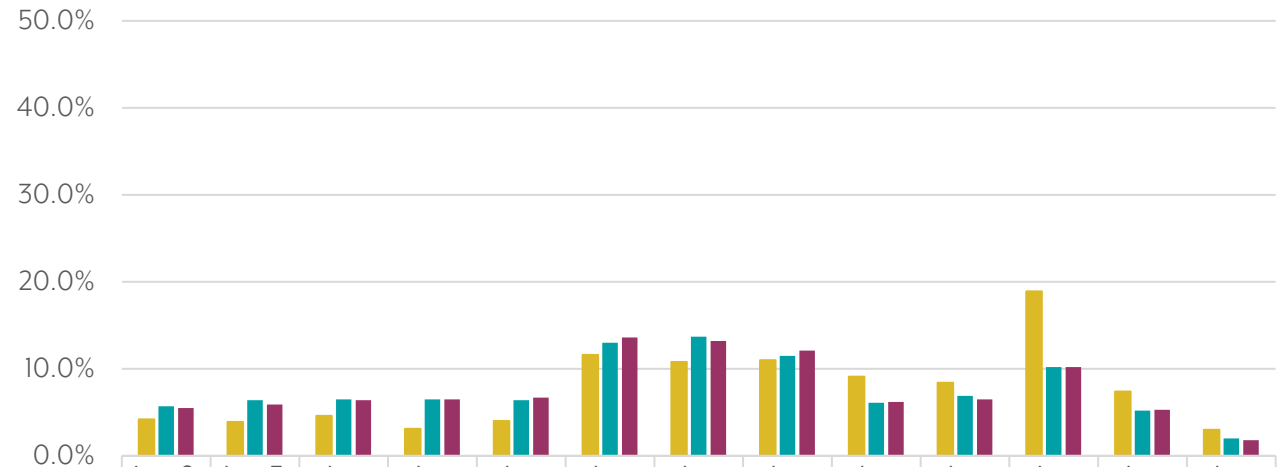
[1] "Definition of DEMOGRAPHICS." In *Merriam-Webster Dictionary*. Accessed October 12, 2024. https://www.merriam-webster.com/dictionary/demographics.

Population by Race and Ethnicity



	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race	Two or more races	Hispanic or Latino (of any race)
Cook	85.3%	0.3%	7.4%	0.9%	0.1%	1.9%	4.1%	2.5%
MN	77.2%	7.0%	1.0%	5.2%	0.0%	2.9%	6.7%	5.8%
US	60.9%	12.2%	1.0%	5.9%	0.2%	7.3%	12.5%	19.1%

Population by Age

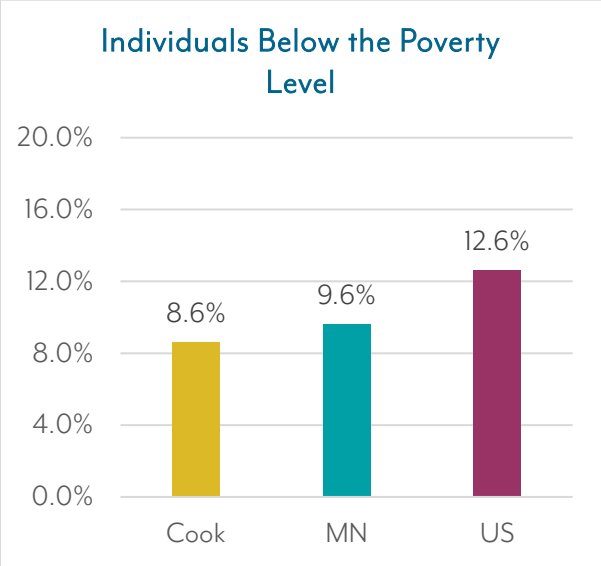


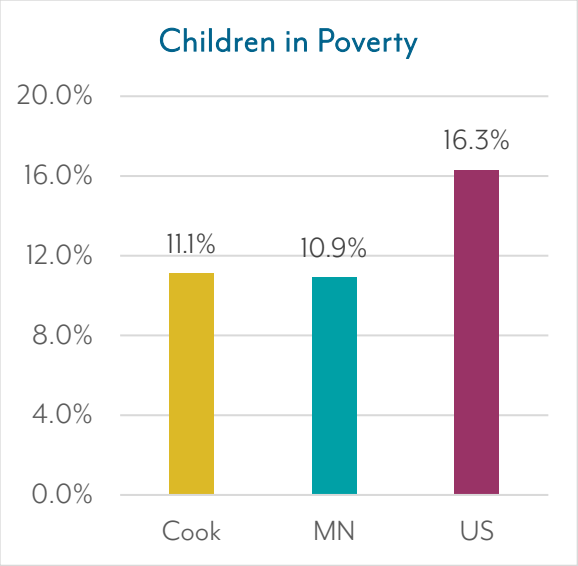
	Age 0-4	Age 5-9	Age 10-14	Age 15-19	Age 20-24	Age 25-34	Age 35-44	Age 45-54	Age 55-59	Age 60-64	Age 65-74	Age 75-84	Age 85+
Cook	4.2%	3.9%	4.6%	3.1%	4.0%	11.6%	10.8%	11.0%	9.1%	8.4%	18.9%	7.4%	3.0%
MN	5.7%	6.4%	6.5%	6.5%	6.4%	13.0%	13.7%	11.5%	6.1%	6.9%	10.2%	5.2%	2.0%
US	5.5%	5.9%	6.4%	6.5%	6.7%	13.6%	13.2%	12.1%	6.2%	6.5%	10.2%	5.3%	1.8%

American Community Survey, United States Census Bureau. 2022.

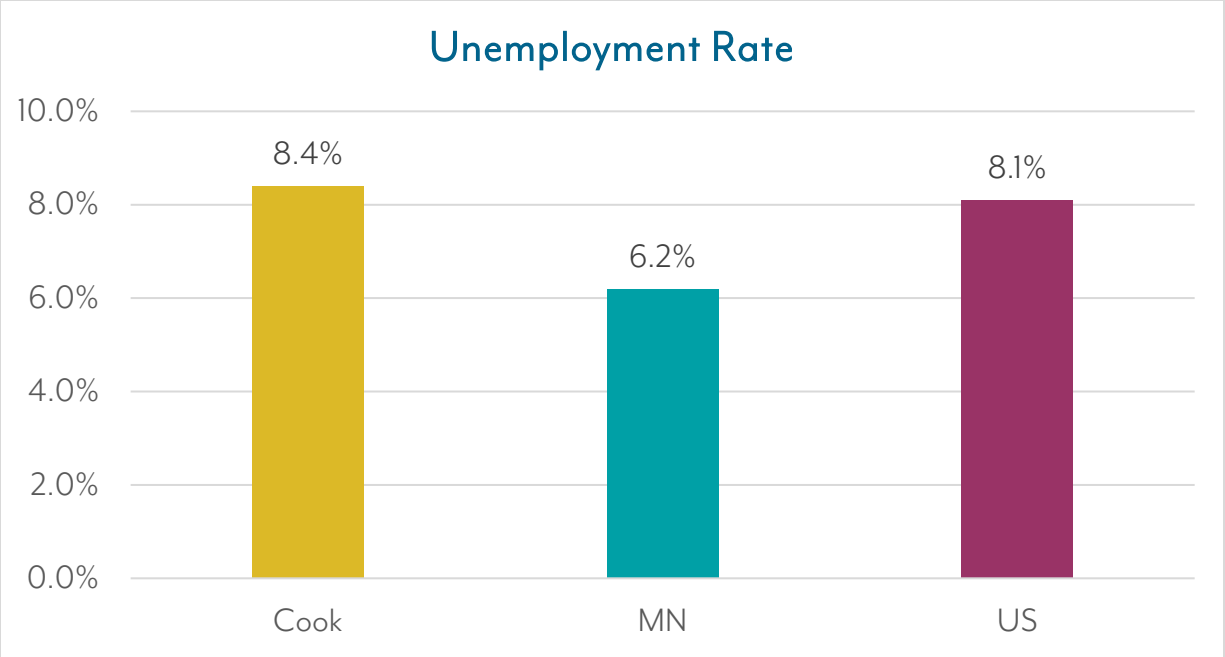
Social and Economic Factors

According to County Health Rankings and Roadmaps, approximately 40% of a person's health outcomes (length of life and quality of life) are attributable to social and economic factors. Social and economic factors include education, employment, income, family and social support, and community safety. Social and economic factors impact a person's ability to access medical care, safe and adequate housing, education, employment opportunities and living wages, among other things. [2]





American Community Survey, United States Census Bureau. 2022.



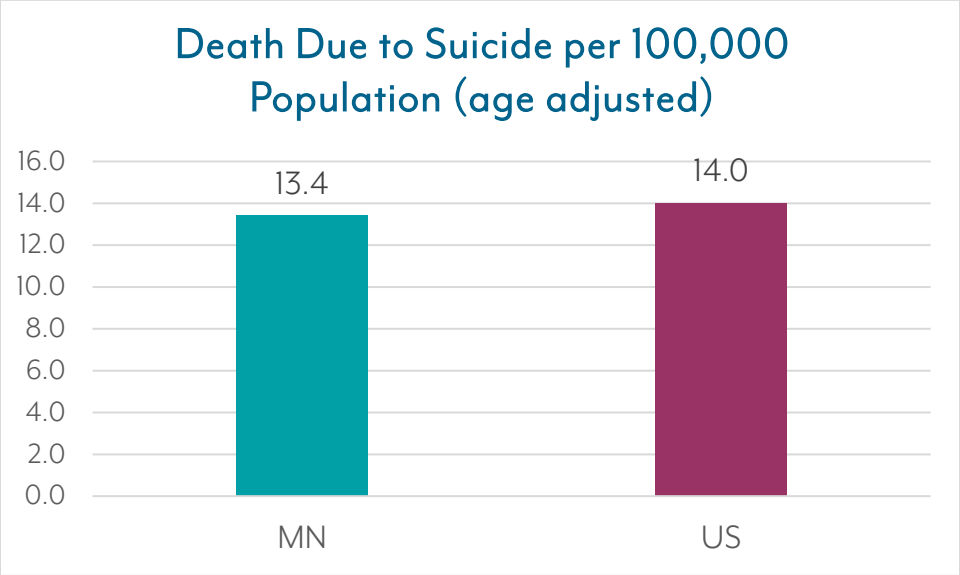
Median Household Income

Cook County	MN	US
$58,600	$75,500	$67,300

Uninsured Rates, Behavior, and Mental Health, Population Health Toolkit, National Rural Health Resource Center. 2022.

While the unemployment rate for Cook County (8.4%) is higher than MN (6.2%) and similar to the US (8.1%), the percentage of county residents living below the poverty level is lower (8.6%) than MN (9.6%) and the US (12.6%). Cook County children living below the poverty level is comparable (11.1%) to MN (10.9%) but lower than the US (16.3%). The median household income is lower for the county ($58,600) compared to MN ($75,500) and the US ($67,300).

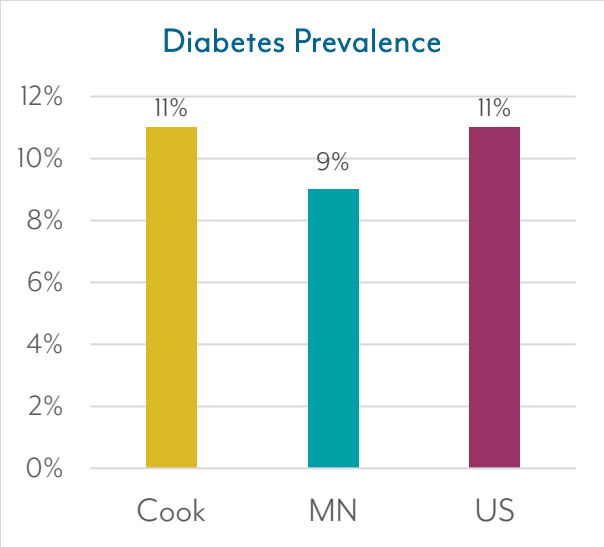
Quality of Life

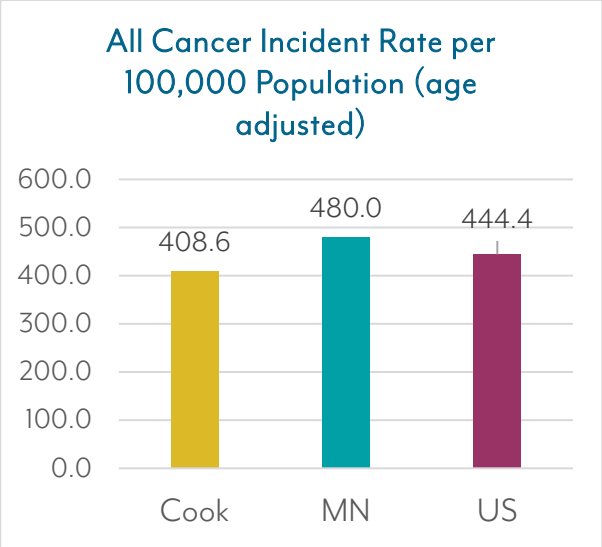


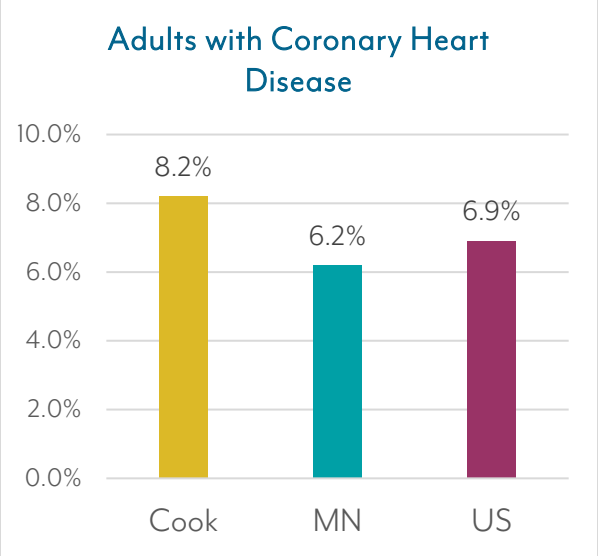
Suicide and Self-Inflicted Injury, CDC, WONDER. 2021.

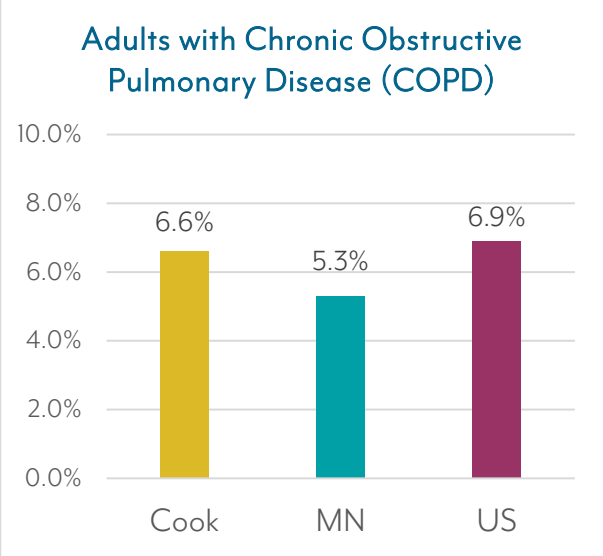
Suicide data was suppressed for Cook County. A key informant who works with this data indicated that the county prevalence is very similar to MN (13.4 cases per 100,000 population).

Adults in Cook County and the US have the same prevalence of diabetes (11%), which is higher than MN (9%). The age-adjusted cancer incidence rate for the county is lower (408.6 cases per 100,000 population) than for MN (480) and the US (444.4). Adults with coronary heart disease is higher in the county (8.2%) than MN (6.2%) and the US (6.9%). Adults in Cook County with Chronic Obstructive Pulmonary Disease (COPD) is higher (6.6%) than MN (5.3%) and similar to the US (6.9%).









County Health Rankings. 2021.

State Cancer Profiles, National Cancer Institute, DHHS, CDC. 2017-2021.

Behavioral Risk Factor Surveillance System Prevalence and Trends Data, CDC. 2022.

COPD Risk Factors and Rurality. Population Health Toolkit, National Rural Health Resource Center. 2022

Access to Care

Health and wellness are not only achieved within the walls of a hospital or clinic. Using the County Health Rankings and Roadmaps model, 20% of health outcomes are attributable to clinical care, including access to care.[2] Access to care is interrelated to many areas including health insurance coverage, income, distance to care, transportation, understanding care, stigma and availability of local health care providers. In MN, there are 1,120 residents for each primary care physician (1,120:1). The ratio is better in Cook County (670:1). However, the ratio is poorer for the county than the state when considering the number of residents to other non-physician primary care providers (PCPs) (Cook 5,620:1, MN 700:1). Interviewees believe that the ratio is better at present than when the data was reported because new PCPs have been added in the last two years

Regarding the ratios of residents to dentists, Cook County has less access to dental care (1,810:1) compared to MN (1,320:1) and the US (1,400:1). Access to dental care is important because poor dental health can lead to other physical issues if left untreated.

The ratio examining access to mental health providers includes psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care. In MN, there are 320 residents for each mental health provider (320:1). The access rate is poorer for the county (5,620:1). In the US there are 340 residents to each mental health provider (340:1). The interviewees believe the county ratio has improved with the recent addition of mental health providers in SMC.

Ratio of Population to Primary Care Physicians

Cook County	MN	U.S.
670:1	1120:1	1320:1

Ratio of Population to Dentists

Cook County	MN	U.S.
1810:1	1320:1	1400:1

Ratio of Population to Mental Health Providers

Cook County	MN	U.S.
1120:1	320:1	340:1

Ratio of Population to Other Primary Care Providers

Cook County	MN	U.S.
5620:1	700:1	810:1

County Health Rankings. 2021-2023.

[2] County Health Rankings & Roadmap. "Access to Care." Accessed October 12, 2024. https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/clinical-care/access-to-care?

Focus Group Findings

Background

Four focus groups were held on October 1 and October 2, 2024, to obtain information from community residents for the NSH and SMC assessment. The hospital provided names, demographics and contact information for 100 potential attendees. All four focus groups were held in-person. Attendees included seniors, representatives from businesses, health care consumers, active health care providers, parents, school representatives, tribal services and lifelong county residents.

Fifty individuals attended the focus groups. Attendees were asked to anonymously complete a demographic questionnaire to gather information. Forty-eight of the attendees completed the request. Questions, response options and number of answers are listed below.

Demographic Questionnaire

Are you a permanent or seasonal resident?

☒ Permanent resident (47) ☒ Seasonal resident (1)

If you are a seasonal resident, how many months do you typically reside in this area?

☒ 1-3 months (1) ☐ 4-6 months ☐ 7-11 months ☐ n/a

What is your age range?

☐ Age 18-24 (0)
☒ Age 25-44 (12)
☒ Age 45-54 (6)
☒ Age 55-64 (8)
☒ Age 65-74 (10)
☒ Age 75+ (11)
☒ Prefer not to answer (1)

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

☐ Yes (0)
☒ No (44)
☒ Prefer not to answer (4)
☐ Not sure (0)

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

☒ American Indian/Alaska Native (10)
☐ Asian (0)
☐ Black/African American (0)
☐ Pacific Islander/Native Hawaiian (0)
☒ White/Caucasian (36)

☒ Other (please specify) (1) First Nations, Fort William/Canada
☐ Not sure (0)
☒ Prefer not to answer (1)

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

☒ Male (18) ☐ Identify in a different way (0)
☒ Female (30) ☐ Prefer not to answer (0)

Which language do you speak? (select all that apply)

☒ English (47) ☐ Mandarin (0)
☒ Ojibwe (1) ☒ Spanish (3)
☐ Hindi (0) ☐ French (0)
☒ Portuguese (1) ☐ Other (please specify) (0)
☐ Arabic (0) ☒ Prefer not to answer (1)

What is your average annual household income?

☐ $0 - $20,000 (0) ☒ $101,000 - $120,000 (12)
☒ $21,000 - $40,000 (6) ☒ $120,000 + (4)
☒ $41,000 - $60,000 (6) ☒ Not sure (2)
☒ $61,000 - $80,000 (9) ☒ Prefer not to answer (5)
☒ $81,000 - $100,000 (3)

Are you living with a disability?

☒ Yes (10)
☒ No (37)
☐ Prefer not to answer (1)

What is your employment status?

☒ Employed (31) ☒ Other (please specify) (2) Contractor, Self Employed
☐ Unemployed (0) ☐ Prefer not to answer (0)
☒ Retired (17)

What is the highest level of education you have completed?

☐ Less than 9th grade (0) ☒ Associate's Degree (9)
☐ Some high school, no diploma (0) ☒ Bachelor's Degree (14)
☒ High School Degree (2) ☒ Graduate or Professional Degree (17)
☒ Some college, no degree (6) ☐ Prefer not to answer (0)

Each focus group was asked the same questions. Focus group comments reflect the perceptions of the group.

Limitations

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

1. The information is based on comments from a small segment of the community.

2. Participants' demographics were similar to the county's secondary data regarding income level, age, and ethnicity. Some segments of the community are not represented in these findings, specifically those who are unemployed and those who are under the age of 25.

Summary of Major Points

The comments below are from facilitator notes related to each question. These are the common themes that emerged during the focus groups. The number in parenthesis ( ) indicates the number of times the item was mentioned; no number is listed if the comment was made only once.

1. Our presentation shared the services, resources and financial support provided by NSH and SMC. What services did you hear about today that you did not know were available?

   NSH:

   - The statement "A lot of them" was said (2) and was from those who do not work within the medical system. Those who work with the hospital, clinic or other medical organizations seemed familiar with services.
   - Port Flushes-some voiced they had asked for the services yet were told by the hospital the service was not provided. (2)
   - Home health. (2)
   - A reoccurring theme was lack of knowledge of anything outside of the emergency services. Some felt the service list was misleading due to the availability of the services. For example, MRI is only available when the mobile MRI is in town.

   SMC:

   - Gender Affirming Care. (2)
   - 24/7 Triage Nurse Line. (2)
   - Online Pharmacy Store. (2).
   - Behavioral health services (2), specifically evening appointments and some types of treatment.
   - Urgent care-some interviewees did not view it as true urgent care, or did not understand how the appointments worked. This was because access to appointments is limited daily and there is not the opportunity to "drop in" during business hours for care.
   - As with the hospital, some felt the services listed were misleading and infrequently available.

2. How do you like to receive information about SMC and NSH services, resources and financial support?
   - Website. (25)
   - Social media. (21)
   - Medical provider. (19)
   - Newspaper. (14)
   - Brochures. (10)
   - Other (13) including friends/family and email.

3. In your opinion, what are some of the barriers to accessing care in this region?
   - Transportation- issues included county geography, weather, remote locations of homes, limited bus routes, cost of traveling to appointments, not having access to transportation, inability to drive oneself due to medical reasons, and reliance on the ambulance for medical transportation. (9)

- Insurance – high-deductible plans, unsure how to navigate insurance, and unsure what is covered. (4)
- Tension between the providers and administration as well as tension between NHS and SMC. - It was stated that this tension creates distrust in the health care system and an uncertainty about services. There was a request for more efficient communication between NSH and SMC and providers outside the community. (3)
- Accessing urgent care -Those who knew about the appointment system stated it was hard to get an appointment, did not see the same provider, long wait times, and a difficult automated system. (3)

4. What particular population or groups do you perceive might need additional assistance?
    - Elders – the ability to keep people in the community as they age through support such as memory care, assisted living and end-of-life care. (5)
    - Adolescents, specifically needing services for mental health substance use disorder (SUD). Local inpatient and outpatient services are needed. (3)
    - Adults with SUD.
    - People with complex health issues including children and adults living with disabilities.

5. What are SMC and NSH doing to address these concerns?

    NSH:

    - The work with developing the EMT workforce by NSH was a reoccurring theme. This was also followed by praise of the service saying it was very good and is well respected in the community. The improvement is due to education, hiring practices and new management. (4)
    - The workforce is being built from within with people working their way up.
    - There is an awareness of gaps in service and an attempt to bring more services local. Examples include increasing the days for the mobile MRI scans and the ability to do emergency births.

    SMC:

    - Outreach services such as the Giving Tree and sliding fee. (3)
    - Mental health services - SMC is bringing in more social workers and trying to create more access with telehealth appointments. (3)
    - Medication Assisted Treatment (MAT) program. (2)
    - There is awareness of gaps in services and a recognition that they try to bring more services by exploring funding opportunities

6. What could SMC and NSH do to address these concerns?

    Both SMC and NSH:

    - Increase communication and cross collaboration between SMC and NSH and share advanced directives, have access to records at both places, and improve communication with providers in other communities.
    - Be more community driven, explore local community resources, and if a service is stopped in the community, engage those groups to provide a bridge of care.

- Offer alternatives and be creative about filling the gaps in service.
    - Encourage and support alternative birthing options.
    - Have visiting ophthalmologists and audiologists.
- Increase Mental Health Services.
    - Mental health crisis intervention.
    - Specialty care/outreach for adolescent mental health.
    - Inpatient mental health.
    - Psychiatry services.

NSH:

- Be more open-minded and creative in addressing solutions and innovation to create services. Be more open to offer alternative care and provide a complete and updated list of options when hospital service is stopped.
- Improve consistency in provider competency in the emergency department (ED) and hold providers accountable.
- Increase transparency and board responsiveness.

SMC:

- Provide a truly urgent care service that has more accessibility during operating hours.
- Consider different clinic locations, specifically the Birch Grove Clinic, to help address geographical concerns.
- Improve scheduling procedures.

7. What do you perceive to be the greatest health need in this community?
    - Helping people stay in the community regardless of health need. There is a big impact on a patient when they are removed from community and their family support.
    - Services for elders such as an assisted living facility, managed care, memory care, hospice, end of life care, and a general need to help those who are aging stay in the community. (4)
    - Mental health and the need for relevant behavioral health services and SUD treatment in the community. (3)
    - Access to preventive care, stable housing, affordable food, and daycare are all big needs and impact health.

8. What are opportunities to increase focus on prevention?
    - Education on insurance, basic preventive care, and healthy habits by offering nutrition programs, exercise programs, small clinics on health issues and chronic diseases.
    - Increase screenings and offer more access to screenings.
    - Educate staff on cultural awareness and sensitivity, person first language and trauma informed language. Utilize cultural awareness for prevention and ask patients what their barriers are to prevention.

9. What are opportunities for collaboration between health care organizations and other community organizations, businesses, etc. to help improve the health of the community?

- Expand EMS training by partnering with businesses to train employees in basic emergency response so they can manage issues until the ambulance arrives. Have ambulances at known problem spots during certain seasons. (ex. An ambulance at Lutsen Mountain during events)
- Collaborate with the schools to do more outreach and education. Be a resource for the school and help each other meet the needs of the students.
- Community partners identified included the YMCA hub, CACHE program, faith-based groups, Prevention Coalition, Active Living Steering Committee, and Safe Routes to School.
- Increase collaboration with the community as a path to build trust.

10. **What are the reasons you have chosen healthcare outside of NSH/SMC, or would you choose healthcare outside of NSH/SMC?**

<u>NSH:</u>

- Services not being available, including some specialties, a higher level of care and birthing services.
- Trust issues and especially with ED providers and the inconsistency in care, prior negative experiences, medication errors and lack of cultural competency.
- Privacy since the community is small.

<u>SMC:</u>

- Privacy due to people having personal relationships with the employees.
- Scheduling issues and the wait times for appointments, a complicated automated system, appointment availability and hours, follow-up not done in a timely manner or not being able to see their primary care provider.
- Lack of specialists.

A common theme in some conversations was around trust. RHI followed up by asking how the hospital and clinic could rebuild trust.

- Acknowledge the issues that have led to mistrust.
- Consistency of information - not getting different information from medical tests.
- Honesty about availability of services.
- Transparency about billing.
- Extend pharmacy hours.
- Provide education on how hospital and clinic systems work or do not work together. There is the assumption that the hospital and clinic are part of same system since they share a campus.
- Address racism and resulting communication that impacts relationships for native population.
- Provide more information about financial assistance.
- Hospital/clinic must share this report with the community. The whole report but not just pieces. This is important to build trust.
- Community need/want to be involved in follow-up to working on the issues discussed in the report.

11. How likely are you to recommend NSH/SMC to a friend or family member on a 10-point scale (0 = Not Likely and 10 = Extremely Likely)? Why did you give that score?
    NSH:
    - Range: 2-10. Average: 7.1.
    - Why?
        - We have had two incorrect diagnoses in ED.
        - Hospital management team is ineffective. The board is run by CEO with no effective oversight, questions or challenges because they are friends with CEO. Employee turnover is ridiculous. CEO gets rid of people who do not agree with her including physicians. I'm tired of the clinic and hospital not getting along, we, the people, suffer.
        - I have heard some good and bad things about care. I know some good people that work there.
        - Not enough specialist services.
        - Administrator/medical staff conflicts and staff turnover. Lab reports are delayed. Computer systems do not talk to each other.
        - Limited services.
        - For a lot of medical needs or issues you will end up going to Duluth either way. It is easier to see primary care at SMC and then get referred to Duluth. NSH does not have enough different types of specialty care.
        - For anything beyond emergency care, you will be sent to Duluth. I have encountered some awful locum doctors in this ED who have treated me poorly or wrote injuries off when they ended up being serious.
        - It depends on the level of service needed.
        - It is here.
        - Health care is limited here. I think NSH does a good job. Only a 7-8 because it is expensive.
        - I had a near-death experience due to a medication error there.
        - ED services have been difficult in the past.
        - Bad feelings toward management as former employee.
        - Unable to answer, never used services only been here for 6 months.
        - Depending on the service, commitment to staff is a 9, space is beautiful, the people are kind.
        - Lack of staff, limited availability at care center. Issues between both entities.
        - Always professional and kind, not always perfect.
        - Friendly, helpful, knowledgeable staff. Always good experiences.
        - We have caring doctors and nurses.
        - There are so many different doctors/RNs that it's not consistent.
        - My experiences have been good.
        - I have been satisfied personally but friends have said they have to travel to Duluth for many services.
        - I have been very satisfied.

- Have had excellent experiences as a patient.
- Non-biased providers.
- Always room for improvement.
- Depends on what services are needed.
- For certain things, like ED, it is the closest option. Convenience is worthy of recommendation. More specialized and elective needs.
- Due to lack of services for certain circumstances.
- I have always been served well.
- I appreciate the care and concern, despite problems.

SMC:

- Range: 3-10. Average: 8.6.
- Why?
    - Primary care physicians are knowledgeable and caring. The clinic runs smoothly. Employees are happy, this is reflected in the quality of care and compassion for community members.
    - I know most of the providers and like them.
    - Great for primary care but not enough specialists.
    - Always attentive care. Transparent communication. Need more NP, PA, RN, and LPN.
    - Good local resource with great doctors.
    - Great primary care. The only reason for not having a 10 is that there is usually a wait of more than a week for normal appointment.
    - Have always received quality care, love how quickly can get seen and the variety of programs they offer.
    - Great staff - sometimes do not have resources needed.
    - It is here.
    - Same reasons, but more consistent and long-term staff at the clinic. Very relational staff.
    - Professional staff, always have an answer.
    - Great care team of employees, very pleased (98%) with all the care I or my family have been given.
    - Unable to answer, never used services only been here for 6 months.
    - Depends on the service. I have received very good and kind care. Love the local providers, nurses, and front desk.
    - Issues between both entities. Limited hours, changes of doctors and NPs. Need urgent care availability.
    - Always professional and kind, not always perfect.
    - Hard to get in for appointments, staff seems standoffish, seems you fall through the cracks for follow-up.
    - We have caring doctors and nurses.
    - My experiences have been good.

- I have been satisfied personally but friends have said they have to travel to Duluth for many services.
- I think the clinic is great.
- Excellent experiences, and from my experience on the board of SMC.
- Great primary care clinic.
- Always room for improvement.
- Easy access with referrals to specialists as needed. Excellent providers and great experiences.
- Breadth of service, sliding fee scale, compassionate organization, high quality service.
- I feel the MDs/NPs are very thorough.
- I have always been served well.
- I appreciate the care and concern, despite problems
- SMC is incredibly important as an asset and needs our use and support. There are many services that may not be familiar to every community member. More experience with the clinic.
- Depends on the need, would give 8 for minor issues especially children's needs.

Key Informant Interview Findings

Background

Eight key informant interviews were scheduled to occur between September 23 and October 14, 2024, to obtain information from community residents for the Health Care Assessment. The hospital provided names, demographics and contact information for 12 potential interviewees. One interview was held in person and seven were held virtually. Attendees included representatives from health care, service agencies, school systems, tribal services and lifelong residents. All eight interviews were successfully conducted.

Attendees were asked to anonymously complete a demographic questionnaire to gather information. Five of the interviewees completed the request. Questions, response options and number of answers are listed below.

Demographic Questionnaire

Are you a permanent or seasonal resident?

☒ Permanent resident (5) ☐ Seasonal resident (0)

If you are a seasonal resident, how many months do you typically reside in this area?

☐ 1-3 months ☐ 4-6 months ☐ 7-11 months ☒ n/a (5)

What is your age range?

☐ Age 18-24 (0)
☒ Age 25-44 (2)
☒ Age 45-54 (2)

☐ Age 55-64 (0)
☐ Age 65-74 (0)
☒ Age 75+ (1)
☐ Prefer not to answer (0)

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

☐ Yes (0)
☒ No (5)
☐ Prefer not to answer (0)
☐ Not sure (0)

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

☒ American Indian/Alaska Native (1)
☐ Asian (0)
☐ Black/African American (0)
☐ Pacific Islander/Native Hawaiian (0)
☒ White/Caucasian (4)
☐ Other (please specify) _____ (0)
☐ Not sure (0)
☐ Prefer not to answer (0)

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

☒ Male (2)
☒ Female (3)
☐ Identify in a different way (0)
☐ Prefer not to answer (0)

Which language do you speak? (select all that apply)

☒ English (4)
☒ Ojibwe (1)
☐ Hindi (0)
☐ Portuguese (0)
☐ Arabic (0)
☐ Mandarin (0)
☒ Spanish (1)
☐ French (0)
☐ Other (please specify) (0)
☐ Prefer not to answer (0)

What is your average annual household income?

☐ $0 - $20,000 (0)
☐ $21,000 - $40,000 (0)
☒ $41,000 - $60,000 (1)
☒ $61,000 - $80,000 (1)
☒ $81,000 - $100,000 (1)
☐ $101,000 - $120,000 (0)
☒ $120,000 + (2)
☐ Not sure (0)
☐ Prefer not to answer (0)

Are you living with a disability?

☐ Yes (0)
☒ No (5)
☐ Prefer not to answer (0)

What is your employment status?

☒ Employed	(5)	☐ Other (please specify)	(0)
☐ Unemployed	(0)	☐ Prefer not to answer	(0)
☐ Retired	(0)		

What is the highest level of education you have completed?

☐ Less than 9th grade	(0)	☐ Associate's Degree	(0)
☐ Some high school, no diploma	(0)	☒ Bachelor's Degree	(1)
☐ High School Degree	(0)	☒ Graduate or Professional Degree	(4)
☐ Some college, no degree	(0)	☐ Prefer not to answer	(0)

Limitations

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

1. The information is based on comments from a rather small segment of the community.
2. Participants represented are primarily middle to upper income. Some segments of the community are not represented in these findings, specifically those of lower socio-economic status, (i.e. unemployed, low wage employees, etc.).

Summary of Major Points

Below are the common themes in responses.

Results

The comments below are from facilitator notes related to each question. These are the common themes that emerged during the interviews. The number in parenthesis ( ) indicates the number of times the item was mentioned; no number is listed if the comment was made only once.

1. **Our presentation shared the services, resources and financial support provided by NSH and SMC. What services did you hear about today that you did not know were available?**

   NSH:

   - Pulmonary rehab. (2)
   - Chemotherapy – so many people travel to Duluth for this. Had support from local primary care but treatment was in another city. (2)

   SMC:

   - Gender Affirming Care. (3)
   - Oral health for pediatric and adolescents.
   - Alcohol dependence, substance use disorder (SUD) treatment – assumed they would be referred out.

   Additional Comments:

   - I think our clinic and hospital are very good especially being so isolated.
   - Knew all the services exist.
   - No surprises, nice to see a detailed list.

- Eye opening to see the big list and did not realize so many services are offered. Because the hospital does not deliver babies and the perception that it is just a triage hospital, it is not known they provide all of this.

2. How do you like to receive information about SMC and NSH services, resources and financial support?
    - Website (3)
    - Social media (1)
    - Medical provider (4)
    - Newspaper (0)
    - Brochures (0)
    - Other (0)

3. In your opinion, what are some of the barriers to accessing care in this region?
    - Transportation- issues include lack of transportation and travel time to get to appointments. (10)
    - Financial issues- lack/cost of insurance, high deductibles, and underemployment lead to people putting off care. (6)
    - Health services are not available locally- these include detox, home-based care for seniors (mentioned twice) and assisted living. Perception is a person must move away for care. (4)
    - Minimal local resources- little availability of childcare, housing, or grocery stores. (3)
    - Work schedules-people working multiple hourly, low-paying jobs to pay bills. This can prevent people from being able to take off work to get to appointments. (2)
    - Racism/cultural insensitivity- toward the indigenous population by the hospital, the schools, and government. (2)
    - Lack of knowledge of resources-includes in general resources and TeleSANES specifically (telehealth service to meet needs of those presenting to ED with trauma and abuse). (2)
    - Work force issues-difficulty getting licensure for some professions and lack of home health aides. (2)

4. What particular population or groups do you perceive might need additional assistance?
    - Those with mental health and additional needs - People, including adolescents, who suffer from mental health and addiction. Need to utilize early intervention. When in crisis, are often released too soon from the ED. MAT is needed. (7)
    - Elders - They need help staying in their homes but there are limited services. Providers and family members providing care are burned out and many move elsewhere to get proper care and support. The listening session from Age Friendly Care have identified healthcare, workforce and transportation as the biggest needs. (3)
    - Those with Limited Income - Those who cannot afford or do not have access to health insurance, many could "afford" it but make too much to qualify or make too much for sliding scale care. Minnesota state insurance provides great coverage, but not everyone qualifies. (2)
    - Those needing maternal health - They must travel far which creates more anxiety for mother and partner. Some people go to stay near the hospital and that causes other issues (losing income, splitting families, out of support system). Tend to return to work early. Need to consider

creative ways to support this instead of expecting to bring this service back to the hospital (have someone who could address in an emergency).

5. What are SMC and NSH doing to address these concerns?
    - Grand Portage has a clinic, a doctor, and a therapist who go up to the clinic once a week. Good relationships with them. (3)
    - SMC increased its behavioral health, the county brought someone in, and the district has a contract with greater MN mental health to bring in social workers in the school. There is now access to a psychiatrist at SMC. They are trying to find ways to get more access. They have expanded their ability to connect with specialist in Duluth. They are working on a SUD grant. (2)
    - Clinic started MAT program.
    - Offering telehealth is helpful.
    - Integrated maternal support.
    - NSH has a program to assist residents financially with health care (Community Care Program), but it is not well advertised.
    - SMC has a sliding fee scale.

6. What could SMC and NSH do to address these concerns?
    - Pop-up, satellite walk-in clinics in different places so they can get airtime with people and predicable days in areas all around the counties for walk in clinics. For them to go to the community not the community to go to them. Examples are setting up days for a clinic at the school for parents to give permission for kids to be seen.
    - Address addiction to pain medications. A detox unit or similar service is needed and the ability to keep people on 72-hour holds and needs compacity to prevent people from leaving early.
    - NSH needs more work on case management with elders. People are discharged with no plan to address mental health issues, no safety plan, no follow-up appointment made. Could make sure there is a better transition to care center. It is important to handle with compassion and empathy.
    - When NSH stopped making deliveries, the hospital lost some of its connection to the community.
    - Utilize community health workers. Embed in clinic to help with screenings. Assess for social drivers of health. Resources are scarce though so hesitant to do this.
    - Need local eye doctors. There is a demand and people have to travel for services.
    - NSH can also provide more marketing for Community Care Program. This could also help with the public perception that the hospital is so expensive because of the remodel.
    - NSH needs more knowledge of mental health and SUD services.
    - Reach out to foreign workers at the resorts. Let them know what services are available and that they can access sliding fee scale.
    - Would like the clinic to restructure sliding scale program to include more people, not sure how things work financially at hospital if someone does not have insurance.
    - Hire someone to take on home care coordination and providing services. Look at grant funding – who is responsible for this grant? If the country is fiscal agent and hospital/Care Partners work together that would also work. This would greatly impact hospital, ED, rooms/beds available, better home care would lessen crisis care they have to focus on.

7. What do you perceive to be the greatest health need in this community?
    - Mental health and addiction. Community needs more therapists, provide more wrap around care for kids (in school social emotional learning and groups), and adult and family mental health issues. (3)
    - Prevention/education in heart disease and diabetes. (2)
    - Elder services. (3)
    - Limited access – a service not offered in area, no insurance, needing to drive further away.
    - Limited time – some people do not have time to access care at the hours available, so they drive to Duluth. Clinic has tried to accommodate with telehealth and are trying to expand.
    - Trauma and abuse that leads to so many mental and physical conditions that need attention, focus on this would prevent so many conditions and issues from happening, move toward wellness.

8. What are opportunities to increase focus on prevention?
    - Elder services/aging in place: Get the word out about services to help prepare an older person's home for them. Better understand what home health services are needed. Think creatively about how to provide services. Focus on health living. Home care and future assisted living would be great, lessen crisis care. (3)
    - Build relationships and trust in the community. This is an area that can be worked on so that people do not bypass the hospital to go to Duluth. Address inconsistency of provider concerning compassionate care. Refer people to specialist if there is any doubt about health issues. (2)
    - Some prevention opportunities are happening such as with Narcan. Youth prevention coordinator and the clinic and hospital work together.
    - Meeting with the families of the children and education around how to break the cycle of alcohol use and education about when a line is crossed in using and believing there is an issue and if the person can be helped. Education on family rules around drinking.
    - They are working to organize a group of doulas. It is reimbursable but transportation time is not.
    - Prevention and education in easily accessible community centers (YMCA).
    - NSH, SMC and Grand Portage health care. Have educational events with dinners. Bring someone from the community to share their stories.
    - Collaborate with Care Partners of Cook County to address trauma and abuse that often leads to disease/community violence and harm that affects mental health.

9. What are opportunities for collaboration between health care organizations and other community organizations, businesses, etc. to help improve the health of the community?
    - Create pop-up, walk-in clinics and community partnerships for locations. Examples would be the schools, or the golf course, or a restaurant or other businesses. Currently they provide onsite vaccinations for the school staff, and they could do that with other players in the community. Use some of the methods they used during COVID pandemic when they were already partnering in really good ways.
    - Prevention Coalition is addressing collaboration for solutions to substance use. A bigger contract for a full-time substance use counselor is needed.
    - Work with schools. Develop strong relationship with human services including elders, schools and head start. Reach out with programs to improve relationships when people are young.

- Reach out to resorts who have people coming from other countries to work temporarily. Continue with clinic for outreach to human resource departments to provide orientation to healthcare services. Need to consider language and transportation.
- YMCA, community center in Grand Portage, Senior Center hub downtown, farmer's market, Ruby's Pantry (1-2x/month in Grand Marais) could be a good opportunity to reach young families.
- Issues in community – poverty, considerations with Native population and how to appropriately interact with each other (how do we work together in a non-harming way?).
- NSH, SMC and Grand Portage healthcare, community center, lodge, tribal council, businesses to promote healthy lifestyles.
- Collaborate with Violence Prevention Center to connect patients and provide training with staff. More education and training around domestic and sexual violence/trafficking. Train providers to spot red flags and know when to make referrals. Assess for domestic and sexual violence, not sure if the hospital assesses for these things. Have heard of hospital situations that led to the patient feeling dismissed when they could have received help. Clinic/hospital could ask if patients are feeling safe at home, feeling physically/emotionally safe.
- Age-friendly initiative – lots of collaboration here, dementia/memory loss, opportunity for businesses to participate and support initiative.
- Desire for community collaboration is there, just need infrastructure.

10. **What are the reasons you have chosen healthcare outside of NSH/SMC, or would you choose healthcare outside of NSH/SMC?**

<u>NSH:</u>

- Needing a specialist that is not available in Cook County (like having a baby, eye doctor, high risk issues). (6)
- Had a bad experience which led to mistrust. Difficulty getting records to hospital, long wait for procedure appointment, misdiagnosis, poor interaction with provider. (5)
- Some people go elsewhere due to privacy concerns since it is a small community. We know the providers. (3)
- Some access care outside because it is not available locally, so they go ahead and get the rest of their care outside even if it is available locally.
- Convenience versus out-of-pocket cost. Have some lab work services in the area but it can be very expensive.
- Paying and waiting for costs for health services a big challenge.
- Assume ED will transfer them elsewhere anyway.
- Have not had an issue at the hospital needing to go elsewhere.
- Hospital ED doctors (specifically rotating doctors) not being trauma informed or educated in domestic/sexual violence – having a bias about victims/patients that affect quality of care, not asking for consent, rushing/going through the motions of an assessment or visit. Interviewee has needed to educate or guide a provider through their work, so it is properly documented, and victims are supported. Interviewee reported some good experiences with permanent doctors and nurses

SMC:

- Needing a specialist that is not available in Cook County (like having a baby, pediatrician, perimenopause management/care). (6)
- Some people go elsewhere due to privacy concerns since it is a small community. We know the providers. (4)
- Had a bad experience and led to mistrust.
- Already had relationship with provider in a different community.
- The clinic has done a nice job with nurse practitioners. Sawtooth perception is very positive.
- Urgent care is very lacking in the community, using ED for urgent care.
- Confident of their pharmacy, have heard good things from clients about doctors and clinic experience.

11. How likely are you to recommend NSH/SMC to a friend or family member on a 10-point scale (0 = Not Likely and 10 = Extremely Likely)? Why did you give that score?

NSH:

- Range: 8-10. Average: 8.8
- Why?
    - It is what is available up here in Cook County.
    - I have had only positive experiences with their services.
    - I have had great experiences at both places.
    - I have had both positive and not positive experiences. But mostly positive.
    - They do a good job, but I only think of them if you are sick and then that depends on where you are referred to.

SMC:

- Range: 8-10. Average: 9.2
- Why?
    - I have always been given good care at the clinic.
    - The providers are great, but they are all generalists and sometimes I feel a specialist opinion will be more accurate, depending on my concerns for a visit. The ability to refer out is so key for SMC, since much of the more specific expertise is not available in-house.
    - I have had great experiences at both places.
    - I have a great family doctor.
    - We use them and they do a good job for our family.

Findings, Recommendations, and Acknowledgements

Findings

In July 2024, Rural Health Innovations (RHI) LLC, a subsidiary of the National Rural Health Resource Center (The Center), a non-profit organization, conducted a Health Care Assessment for North Shore Health (NSH) Sawtooth Mountain Clinic (SMC) to identify strengths and needs of health services for the region. The scope of work included secondary data analysis, a series of focus groups (FG) and key informant interviews (KII). The purpose of the FGs and KIIs was to:

- Review and discuss pertinent health data obtained from published sources.
- Review current health care services provided.
- Make recommendations to improve health care in the community.

The scheduling and facilitation process was the same for the four FGs and eight KIIs. Interviewees could select the day and time for attendance. Additionally, an invitation to any community member interested in attending a focus group was extended through the local newspaper. Interviewees were provided with the questions that would be asked, and a current list of services provided by NSH and SMC. RHI, NSH and SMC collaborated to create and finalize the questions that would be asked of all FG and KII attendees.

For the one-hour KIIs and two-hour FGs, secondary data collected from nationally recognized sources was presented. Attendees were asked to anonymously complete a demographic questionnaire. RHI facilitated discussion using questions to understand participants' experience and desires for improved community health. For the FGs, participant responses were projected on a screen to ensure accuracy of the notes.

In general, demographics of interviewees reflected the secondary data for race/ethnicity, age and income. The two areas less represented were gender and employment status. No one participating indicated they are unemployed and about two-thirds of interviewees indicated they identified as female.

Most people were familiar with the current services offered by NSH and SMC. Services less familiar to the FGs and KIIs included gender affirming care, chemotherapy, oral health, triage nursing, urgent care and the variety of behavioral health services available. Remarks were made that, while services are available, the community perceived that some are very infrequent. These included weekend behavioral health appointments and urgent care. The top three ways people want to receive information about services and resources are: website, social media and medical provider.

A top barrier to accessing health care services included lack of transportation and remoteness of the community. Also discussed were financial issues which included lack of insurance or high deductibles. The community expressed knowledge and appreciation of the sliding-fee-scale availability at SMC. Updating the scale to allow for a higher income to qualify was suggested. There was some awareness of Community Care Program, NSH's program to assist residents financially with health care, but it can be more widely advertised.

Several interviewees were concerned about the elderly in the community. The highest percentage of residents in Cook County is the 65-74 age range. When looking at residents 65 and older, the county (29.3%) is higher than MN (17.4%) and the US (17.3%). Community members report that elders need help staying in their homes and there are limited services. Providers and family members providing care are fatigued and many move elsewhere to get proper care and support. There was concern for elders not having access to their local community and family when they needed to move away for resources. Home health, memory care, assisted living, and end-of-life care

were specifically mentioned. Workforce was acknowledged as an issue. This should be addressed to improve case management and to ensure elders are discharged with plans to address safety, mental health, and follow-up appointments. Interviewees perceived that a creative focus on preventive wrap-around services would decrease the need for crisis management for this population.

Mental health and substance use disorder (SUD) were also an area of concern. Secondary data indicated that the ratio of mental health providers to the county population is poor, however county residents were appreciative of the current services and efforts to grow those services. Grand Portage has a clinic, doctor and therapist who are onsite once a week. SMC has increased behavioral health, telehealth, and provides medication assisted treatment (MAT). Suggestions include increasing availability of providers and hours of service, providing crisis intervention, and adding inpatient mental health and SUD services as well as psychiatry. There were several comments about the need for adolescent specialty services. Prevention efforts could include increasing education and working with families to break the addiction cycle.

Another concern for participants was gaps in services which are more apparent in a remote area. In addition to elder services mentioned earlier, ophthalmology, urgent care, and maternal health services were frequently identified. It was frequently mentioned that accessing these services required a drive to Duluth. This can be a challenge for frequent appointments, emergency situations, and when transportation is an issue. While full-time access to the services is ideal, some participants stated that they know that not all services can be provided. They would appreciate NSH and SMC working together to identify visiting providers and creative services, such midwifery.

All participants were asked if they would recommend each organization, on a 10-point scale where 0=Not Likely to 10=Extremely. They were asked to provide information for the reason for the score. Participants were also asked reasons for seeking services at organizations besides NSH and SMC. Responses for each organization are separated in the paragraphs below.

Out of 48 focus group responses regarding the likelihood of recommending NSH, the average score was 7.1, with a range from 2 to 10. There were five KII responses and the average was 8.8 and a range of 8-10. Common reasons for the score included:

- I have had both positive and not positive experiences. But mostly positive.
- I have heard some good and bad things about care. I know some good people that work there.
- Not enough specialist services.
- Administrator/medical staff conflicts and staff turnover. Lab reports are delayed.
- For a lot of medical needs or issues you will end up going to Duluth either way. It is easier to see primary care at SMC and then get referred to Duluth. NSH does not have enough.
- ED services have been difficult in the past.
- Always professional and kind, not always perfect.
- Friendly, helpful, knowledgeable staff. Always good experiences.
- We have caring doctors and nurses.
- There are so many different doctors/RNs that it is not consistent.

Summarized reasons for seeking care other places than NSH included:

- Services not being available and included specialties, needing a higher level of care and birthing services.
- Trust was a common theme with most comments about the ED providers and the inconsistency in care. This included concerns about lack of cultural competency and trauma informed care.
- Privacy was also a theme due to the community being small and knowing the people who work there.

- Cost of services.

Out of 48 focus group responses regarding the likelihood of recommending SMC, the average score was 8.6 with a range from 3 to 10. There were five KII responses and the average was 9.2 and a range of 8-10. Common reasons for the score included:

- I have always been given good care at the clinic.
- Primary care physicians are knowledgeable and caring. The clinic runs smoothly. Employees are happy, this is reflected in the quality of care and compassion for community members.
- I know most of the providers and like them.
- Great for primary care but not enough specialists.
- Always attentive care. Transparent communication.
- It depends on the service. I have received very good and kind care. Love the local providers, nurses, and front desk.
- Hard to get in for appointments and occasional lack of follow-up.
- Always room for improvement.
- Easy access with referrals to specialists as needed. Excellent providers and great experiences.
- Breadth of service, sliding fee scale, compassionate organization, high quality service.
- I feel the MDs/NPs are very thorough

Summarized reasons for seeking care from places other than SMC included:

- Privacy was the most common theme due to people having personal relationships with the employees.
- Scheduling issues and the waiting times for appointments, for even basic things as well as the complicated automated system. Concerns about the hours of appointments available and not having follow-up in a timely manner or not being able to see their primary care provider.
- Lack of specialists was another theme with people going elsewhere for more expert care.

Two additional themes emerged which need to be explored. As shown in the secondary data, the American Indian and Alaska Native population is the second largest population group in Cook County (7.4%). This is a larger population than for MN or the US (both at 1%). A concern from some interviewed residents is that there exists cultural misunderstanding, lack of knowledge and lack of sensitivity to the beliefs and traditions of the Ojibwe people. This was a general concern about the health care community and specifically about providers in the ED as well as the treatment of the patients and employees that are Ojibwe. Attendees suggested the need for professional training for providers and all staff working in the health care setting to ensure better patient experience in those facilities. It was also suggested that the facilities reach out to the local tribal resources for this education and guidance.

A second theme involved trust. Issues related to NSH and SMC included a need to increase communication and cross collaboration between the two organizations. The group highlighted a need for more transparency about the true availability/extent of services. Trust also includes being more community driven and better coordinating local community resources that are available to support residents. While not shared by most of the participants, a concern specific to NSH was perceived conflict among leadership, providers and staff. Facilitators asked what was needed to rebuild trust and some people believed that NSH acknowledging the conflict would be helpful. This would need to be followed by open communication, more board involvement and inclusion of the community in the future.

Many attendees stated that the community wants to collaborate. The community perceived that SMC and NSH were successful doing so during the pandemic and could use that same model to move health care services forward. "Pop up" clinics and educational lunches could be held at different locations. Suggested partners include:

- School system
- Violence Prevention Center
- Prevention Coalition
- Grand Portage Community Center/lodge/tribal council
- Senior Center Hub
- Farmers market
- Ruby's Pantry
- YMCA
- Faith-based organizations
- Businesses/human resources departments
- CACHE program
- Active Living Steering Committee
- Safe Routes to School

Recommendations

The hospital and clinic may not be able to provide for all health care needs in this remote county. It is recommended that a focus, with consistency and excellence, on one high priority community need would help to provide deeper, richer and more effective services. As this is a complex undertaking and will require time, energy, resources and partnerships, the community can see and experience progress on that one priority. Once this priority has been addressed to some level of completion and community-wide communication, another priority can be planned for.

In taking this on, RHI strongly recommends NSH and SMC focus on these efforts as a community project. This means involving several partners in collaboration including traditional partners such as service agencies, but also tribal groups, businesses, faith-based groups, community development, workforce development, and consumers. The additional collaboration can help to address the need for more robust health care services, increase access to services and improve relationships between the community, SMC and NSH.

Acknowledgements

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Appendix A: Secondary Data Analysis

NR=not reported, DNA= data not available

Geography and Demographics

Data Areas	Cook County	Minnesota	United States
Total Population	5,611	5,717,184	333,287,562
Male	50.0%	50.2%	49.6%
Female	50.0%	49.8%	50.4%
Age 0-4	4.2%	5.7%	5.5%
Age 5-9	3.9%	6.4%	5.9%
Age 10-14	4.6%	6.5%	6.4%
Age 15-19	3.1%	6.5%	6.5%
Age 20-24	4.0%	6.4%	6.7%
Age 25-34	11.6%	13.0%	13.6%
Age 35-44	10.8%	13.7%	13.2%
Age 45-54	11.0%	11.5%	12.1%
Age 55-59	9.1%	6.1%	6.2%
Age 60-64	8.4%	6.9%	6.5%
Age 65-74	18.9%	10.2%	10.2%
Age 75-84	7.4%	5.2%	5.3%
Age 85+	3.0%	2.0%	1.8%
White	85.3%	77.2%	60.9%
Black or African American	0.3%	7.0%	12.2%
Native American/Alaska Native	7.4%	1.0%	1.0%
Asian	0.9%	5.2%	5.9%
Native Hawaiian/Pacific Islander	0.1%	0.0%	0.2%
Some Other Race	1.9%	2.9%	7.3%

Multiple Races	4.1%	6.7%	12.5%
Hispanic or Latino	2.5%	5.8%	19.1%
Veterans	7.2%	5.7%	6.2%
Speak English less than "well"	1.9%	4.8%	8.2%

Health Outcomes

Data Areas	Cook County	Minnesota	United States
Diabetes Prevalence	11%	9%	11%
Suicide Death Rate	DNA	13.4	14.0
Heart Disease	8.2%	6.2%	6.9%
COPD	6.6%	5.3%	6.9%
Asthma	9.7%	9.9%	10.4%
All Cancer Sites	408.6	480.0	444.4
Prostate (male)	137.6	117.0	113.2
Breast (female)	95.6	140.4	129.8
Colon and Rectum	DNA (suppressed)	31.9	32.1
Uterus (female)	DNA (suppressed)	30.2	27.8
Melanoma	DNA (suppressed)	34.2	18.3

Social and Economic

Data Areas	Cook County	Minnesota	United States
Unemployment Rate	8.4%	6.2%	8.1%
Median Household Income	$58,600	$75,500	$67,300
Poverty	8.6%	9.6%	12.6%
Children in Poverty	11.1%	10.9%	16.3%

Clinical Care

Data Areas	Cook County	Minnesota	United States
Access to Primary Care Physicians	670:1	1,120:1	1,320:1
Access to Mental Health Providers	1,120:1	320:1	340:1
Access to Dentists	1,810:1	1,320:1	1,400:1
Access to Other Primary Care Providers	5,620:1	700:1	810:1

Appendix B: Index of Secondary Data Indicators

Data Areas	Description	Source and Dates
Population	Total population residing in the area.	American Community Survey, US Census Bureau. 2022.
Male	Percent of male population.	American Community Survey, US Census Bureau. 2022.
Female	Percent of female population.	American Community Survey, US Census Bureau. 2022.
Age 0-4	Percentage of total population aged 0-4 in the designated geographic area.	American Community Survey, US Census Bureau. 2022.
Age 5-9	Percentage of total population aged 5-9 in the designated geographic area.	American Community Survey, US Census Bureau. 2022.
Age 10-14	Percentage of total population aged 10-14 in the designated geographic area.	American Community Survey, US Census Bureau. 2022.
Age 15-19	Percentage of total population aged 15-19 in the designated geographic area.	American Community Survey, US Census Bureau. 2022.
Age 20-24	Percentage of total population aged 20-24 in the designated geographic area.	American Community Survey, US Census Bureau. 2022.
Age 25-34	Percentage of total population aged 25-34 in the designated geographic area.	American Community Survey, US Census Bureau. 2022.
Age 35-44	Percentage of total population aged 35-44 in the designated geographic area.	American Community Survey, US Census Bureau. 2022.
Age 45-54	Percentage of total population aged 45-54 in the designated geographic area.	American Community Survey, US Census Bureau. 2022.
Age 55-64	Percentage of total population aged 55-64 in the designated geographic area.	American Community Survey, US Census Bureau. 2022.
Age 65-74	Percentage of total population aged 65-74 in the designated geographic area.	American Community Survey, US Census Bureau. 2022.

Age 75-84	Percentage of total population aged 75-84 in the designated geographic area.	American Community Survey, US Census Bureau. 2022.
Age 85+	Percentage of total population aged 85 and above in the designated geographic area.	American Community Survey, US Census Bureau. 2022.
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 Community Survey, US Census Bureau. 2022.
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 Community Survey, US Census Bureau. 2022.
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. This includes people who reported detailed Asian responses such as: "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian" or provide other detailed Asian responses.	American Community Survey, US Census Bureau. 2022.
American Indian/Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. This category includes people who indicate their race as "American Indian or Alaska Native" or report entries such as Navajo, Blackfeet, Inupiat, Yup'ik, or Central American Indian groups or South American Indian groups.	American Community Survey, US Census Bureau. 2022.
Native Hawaiian/Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who reported their race as "Fijian," "Guamanian or Chamorro," "Marshallese," "Native	American Community Survey, US Census Bureau. 2022.

	Hawaiian," "Samoan," "Tongan," and "Other Pacific Islander" or provide other detailed Pacific Islander responses.	
Some Other Race	The US Office of Management and Budget (OMB) requires that race data be collected for a minimum of five groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or other Pacific Islander. OMB permits the Census Bureau to also use a sixth category - Some Other Race. Respondents may report more than one race, which is then described as "Multiple Races".	American Community Survey, US Census Bureau. 2022.
Multiple Races	People may choose to provide two or more races either by checking two or more race response check boxes, by providing multiple responses, or by some combination of check boxes and other responses. For data product purposes, "Multiple Races" refers to combinations of two or more of the following race categories: "White," "Black or African American," American Indian or Alaska Native," "Asian," Native Hawaiian or Other Pacific Islander," or "Some Other Race"	American Community Survey, US Census Bureau. 2022.
Hispanic or Latino	The estimated population that is of Hispanic, Latino, or Spanish origin.	American Community Survey, US Census Bureau. 2022.
Suicide death rate	Crude rate per 100,000 population of deaths with leading cause of death as suicide.	Centers for Disease Control and Prevention. Suicide and Self-Inflicted Injury. 2022.
Diabetes prevalence	Percentage of adults aged 20 and above with diagnosed diabetes.	County Health Rankings. 2022. County Health Rankings. 2021 National Statistics Reference Table
Heart Disease	Percentage of adults with coronary heart disease (not age-adjusted)	CDC Places. 2022. Behavioral Risk Factor Surveillance Survey (BRFSS). 2022.

COPD	Percentage of adults with COPD (not age-adjusted)	Population Health Toolkit. COPD Risk Factors and Rurality. 2022. Behavioral Risk Factor Surveillance Survey (BRFSS). 2022.
Diagnosis of Asthma 18+	Percent of adults currently living with asthma	CDC Places. 2022. Behavioral Risk Factor Surveillance Survey (BRFSS). 2022.
All Cancers Incidence Rate per 100,000	Age-Adjusted Incidence Rate. All Races (includes Hispanic), Both Sexes, All Ages. Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population.	National Program of Cancer Registries SEER*Stat Database (2017-2021) United States Department of Health and Human Services, Centers for Disease Control and Prevention.
Prostate Cancer	Age-adjusted incidence rate of male prostate cancer cases per 100,000	National Program of Cancer Registries SEER*Stat Database (2017-2021) United States Department of Health and Human Services, Centers for Disease Control and Prevention.
Breast Cancer	Age-adjusted incidence rate of female breast cancer cases per 100,000	National Program of Cancer Registries SEER*Stat Database (2017-2021) United States Department of Health and Human Services, Centers for Disease Control and Prevention.
Colon and Rectum	Age-adjusted incidence rate of colon and rectum cancer cases per 100,000	National Program of Cancer Registries SEER*Stat Database (2017-2021) United States Department of Health and Human Services, Centers for Disease Control and Prevention.
Uterus	Age-adjusted incidence rate of female uterus cancer cases per 100,000	National Program of Cancer Registries SEER*Stat Database (2017-2021) United States Department of Health and Human Services, Centers for Disease Control and Prevention.
Melanoma	Age-adjusted incidence rate of melanoma cancer cases per 100,000	National Program of Cancer Registries SEER*Stat Database (2017-2021) United States Department of Health and Human Services, Centers for Disease Control and Prevention.
Unemployment rate	Unemployment rates, not seasonally adjusted.	Population Health Toolkit. 2022.

Median household income	Median income of households in the geographic area.	Population Health Toolkit. 2022.
Poverty	Percent of all individuals below the poverty level.	American FactFinder, American Community Survey, US Census Bureau. 2022
Children in poverty	Percent of children below 18 years old below the poverty level.	American FactFinder, American Community Survey, US Census Bureau. 2022.
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. 2021.
Access to other primary care providers	Ratio of population to other primary care providers (practicing nurse practitioners (NP), physician assistants (PA), and clinical nurse specialists).	County Health Rankings. 2023.
Access to mental health providers	Ratio of population to mental health providers (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care).	County Health Rankings. 2023.
Access to dentists	Ratio of population to dentists (registered dentists with a National Provider Identification).	County Health Rankings. 2022.

Appendix C: Focus Group Invitations and Questions

Focus Group Invitation

Dear North Shore Area Community Leader:

We invite you to **participate in a focus group** conducted by Rural Health Innovations, LLC a subsidiary of the National Rural Health Resource Center on behalf of North Shore Health and Sawtooth Mountain Clinic. 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 both North Shore Health and Sawtooth Mountain Clinic in identifying strengths and needs of health services for the region.**

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

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

We are offering four different focus groups. Please select the day, time, and location that is most convenient for you.

- Tuesday, October 1 – 8:30 to 10:30, Schaap Center on the Gunflint Trail
    - Continental Breakfast will be served
- Tuesday, October 1 – 6:00 to 8:00, Grand Portage Community Center
    - Supper will be served
- Wednesday, October 2 – 8:30 to 10:30, Tofte Town Hall
    - Continental Breakfast will be served
- Wednesday, October 2 – 12:00 to 2:00, Grand Marais Community Center
    - Lunch will be served

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

Please confirm your attendance by contacting Molly at the National Rural Health Resource Center by phone (248-884-1029) or e-mail (mcarmack@ruralcenter.org) **by September 18, 2024**. This will allow us to plan for the meals and room design.

We look forward to your participation. Thank you.

Sincerely,

Tracy Morton

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 for the region. No identifiable information will be disclosed in the report and the results will assist with future care and planning.

1. Our presentation shared the services, resources, and financial support provided by SMC and NSH. What services did you hear about today that you did not know were available?
2. How do you like to receive information about SMC and NSH services, resources and financial support?
3. In your opinion, what are some of the barriers to accessing care in this region?
4. What particular population or groups do you perceive might need additional assistance?
5. What are SMC and NSH doing to address these concerns?
6. What could SMC and NSH do to address these concerns?
7. What do you perceive to be the greatest health need in this community?
8. What are opportunities to increase focus on prevention?
9. What are opportunities for collaboration between health care organizations and other community organizations, businesses, etc. to help improve the health of the community?
10. What are the reasons you have chosen healthcare outside of NSH or would you choose healthcare outside of NSH? What are the reasons you have chosen healthcare outside of SMC or would you choose healthcare outside of SMC?
11. How likely are you to recommend NSH to a friend or family member? (0 = Not Likely and 10 = Extremely Likely) Why did you give that score?

    How likely are you to recommend SMC to a friend or family member? Why did you give that score?

Appendix D: Key Informant Invitation and Questions

Key Informant Interview Invitation

Dear North Shore Area Community Leader:

You have been identified as a leader in the community, and we would like to hear from you about your perspectives on the health of the community. Please accept this invitation to **participate in a key informant interview** conducted by Rural Health Innovations, LLC a subsidiary of the National Rural Health Resource Center on behalf of **North Shore Health (NSH) and Sawtooth Mountain Clinic (SMC).** The purpose of the interview will be to identify strengths and needs of community health for the region.

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

We invite you to participate in a one-hour one-on-one interview during the week of: **September 23, 2024.** Your help is very much appreciated in this effort. Please confirm your willingness to participate **before Friday, September 13th.** Your identity is not part of the report, and your individual responses will be kept confidential.

Virtual interview the week of September 23rd (please select up to 3 times that would be convenient for you, we will send you an invite for what we have available):

- Monday, September 23rd from 12 pm - 1 pm or 1:30 pm - 2:30 pm CT
- Tuesday, September 24th from 11 am - 12 pm or 1 pm - 2 pm CT
- Wednesday, September 25th from 8:30 am - 9:30 am CT
- Thursday, September 26th from 12 pm - 1 pm CT
- Friday, September 27th from 10 am - 11 am, 11:30 am - 12:30 pm, or 1 pm - 2 pm CT

Please confirm your attendance by contacting Molly at the National Rural Health Resource Center by e-mail (mcarmack@ruralcenter.org) or phone (248-884-1029) **by 9/13/24.**

We look forward to your participation. Thank you.

Sincerely,

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

Key Informant Interview 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 for the region. No identifiable information will be disclosed in the report and the results will assist with future care and planning.

1. Our presentation shared the services, resources, and financial support provided by SMC and NSH. What services did you hear about today that you did not know were available?
2. How do you like to receive information about SMC and NSH services, resources and financial support?
3. In your opinion, what are some of the barriers to accessing care in this region?
4. What particular population or groups do you perceive might need additional assistance?
5. What are SMC and NSH doing to address these concerns?
6. What could SMC and NSH do to address these concerns?
7. What do you perceive to be the greatest health need in this community?
8. What are opportunities to increase focus on prevention?
9. What are opportunities for collaboration between health care organizations and other community organizations, businesses, etc. to help improve the health of the community?
10. What are the reasons you have chosen healthcare outside of NSH or would you choose healthcare outside of NSH? What are the reasons you have chosen healthcare outside of SMC or would you choose healthcare outside of SMC?
11. How likely are you to recommend NSH to a friend or family member? (0 = Not Likely and 10 = Extremely Likely) Why did you give that score?

    How likely are you to recommend SMC to a friend or family member? Why did you give that score?

Appendix E: Focus Group and Key Informant Interview Demographic Questions

Please take a moment to answer the questions below. These will not be asked during the actual focus group or key informant sessions and are anonymous.

Are you a permanent or seasonal resident?

☐ Permanent resident ☐ Seasonal resident

If you are a seasonal resident, how many months do you typically reside in this area?

☐ 1-3 months ☐ 4-6 months ☐ 7-11 months ☐ n/a

How do like to receive information about North Shore Health and/or Sawtooth Mountain Clinic services, resources and financial support?

☐ Website ☐ Social media ☐ Medical provider ☐ Newspaper ☐ Brochures

☐ Other_____

On a scale from 1-10 *(1 = not likely and 10 = extremely likely),* how likely are you to recommend North Shore Health to a friend or family member?

1 2 3 4 5 6 7 8 9 10

Why do you give the score above?

On a scale from 1-10 *(1 = not likely and 10 = extremely likely),* how likely are you to recommend Sawtooth Medical Clinic to a friend or family member?

1 2 3 4 5 6 7 8 9 10

Why do you give the score above?

Please complete the following demographic questions. The information you provide is anonymous and will be compiled with other focus group and key informant data, helping to provide an overview of participant demographics.

What is your age range?

☐ Age 18-24 ☐ Age 25-44 ☐ Age 45-54 ☐ Age 55-64
☐ Age 65-74 ☐ Age 75+ ☐ Prefer not to answer

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

☐ Yes ☐ No ☐ Prefer not to answer ☐ Not sure

With what race/ethnicity do you most identify? (Select all that apply)

☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American
☐ Pacific Islander/Native Hawaiian ☐ White/Caucasian
☐ Other (please specify) _____
☐ Not sure ☐ Prefer not to answer

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

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

Which language do you speak? (Select all that apply)

☐ English ☐ Mandarin ☐ Spanish ☐ Hindi
☐ French ☐ Ojibwe ☐ Portuguese ☐ Arabic
☐ Other (please specify) _____ ☐ Prefer not to answer

What is your average annual household income?

☐ $0 - $20,000 ☐ $61,000 - $80,000 ☐ $120,000 +
☐ $21,000 - $40,000 ☐ $81,000 - $100,000 ☐ Not sure
☐ $41,000 - $60,000 ☐ $101,000 - $120,000 ☐ Prefer not to answer

Are you living with a disability?

☐ Yes ☐ No ☐ Prefer not to answer

What is your employment status?

☐ Employed ☐ Unemployed ☐ Retired
☐ Other (please specify) _____ ☐ Prefer not to answer

What is the highest level of education you have completed?

☐ Less than 9th grade ☐ Associate's degree
☐ Some high school, no diploma ☐ Bachelor's degree
☐ High school degree ☐ Graduate or Professional Degree
☐ Some college, no degree ☐ Prefer not to answer

Appendix F: Cook County Health Care Services

North Shore Health Services

- Cardiac rehab
- Chemotherapy
- Colonoscopy
- CT scan
- CT low-dose lung screening
- DEXA scan EKG
- Emergency medicine
- EMS/ambulance
- Heart monitoring
- Home health care
- Hospital
- Inpatient care
- IV therapy
- Laboratory
- Mammography
- MRI
- Non-stress tests
- North Shore Living (care center)
- Observation care
- Occupational therapy
- Palliative care
- Physical therapy
- Pulmonary rehab
- Port flushes
- Radiology
- Swing bed/rehab stay
- Telehealth
- Transitional care
- Ultrasound
- Wound care
- X-ray

Sawtooth Mountain Clinic Services

- Full-scope primary and preventative medical and behavioral health care
- Full-service retail pharmacy
- Telehealth available for behavioral health and select medical services
- Evening (behavioral health) and weekend (medical) appointments available
- Financial assistance and translation services available
- 24/7 triage nurse advice line

Essential Preventative Care

- Annual physical
- Cancer screening
- Employment exam, including DOT physical
- Pre-operative exam
- Travel consultation

Pediatric/Adolescence Care

- Well-child exam (ages birth through 18 years)
- Athletic physical
- Attention deficit and hyperactivity assessment and management
- Camp exam
- College physical
- Oral health, including fluoride treatments

Prenatal and Family Care

- Prenatal care in consultation with obstetricians (OBs) in Duluth, MN
- Birth education
- Breast/chest feeding support
- Family home visiting
- WIC (Women Infants & Children Nutrition Program)

Sexual and Reproductive Health

- Cervical screenings ("pap smears")
- Contraceptive counseling and implementation
- Daily oral birth control pill
- IUD placement and removal
- Depo-Provera
- Nexplanon
- STI/STD testing and treatment

Gender-Affirming Care

- Counseling and education
- Management of hormone-based therapies
- Referrals to specialists for gender affirmation surgery

Chronic Disease Management

- Asthma management
- Chronic pain management
- Diabetes management
- Hypertension/cardiovascular management
- Prothrombin Time Test/INR
- Referrals for specialty care

Addiction Medicine

- Alcohol dependence treatment
- Opioid use disorder treatment/medication-assisted treatment
- Tobacco cessation

Urgent Care

- Minor injuries
- UTIs
- COVID/flu-like and respiratory illness

Behavioral Health

- Outpatient therapy
- Crisis support
- EMDR (eye movement desensitization and reprocessing) for trauma treatment
- Child-parent psychotherapy

Pharmacy Services

- Prescription fulfillment from SMC and outside providers
- Pharmacist counseling
- Over-the-counter medications and supplies
- Online store with next-day pickup

Nurse Visits/Outreach Services

- Immunizations
- Allergy shots
- Diabetic device education
- Foot and nail care
- Blood pressure and blood sugar screening
- Care coordination