

# Bigfork Valley Hospital Bigfork, Minnesota

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## Community Health Needs Assessment and Key Informant Interview Findings

November 2018



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## INTRODUCTION

Bigfork Valley Hospital, located in Bigfork, Minnesota, is a 20-bed critical access hospital which includes an active surgery center, retail pharmacy, rehab services, imaging, laboratory and medical support departments. Bigfork Valley Hospital participated in Community Health Needs Assessment services administrated by the National Rural Health Resource Center (The Center) of Duluth, Minnesota.

In the summer of 2018, The Center conferred with leaders from Bigfork Valley Hospital to discuss the objectives of a regional community health assessment. 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 residents regarding:

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

The survey was based on a design that has been used extensively in the states of Minnesota, Montana, Wyoming, Washington, Utah, Alaska and Idaho.

## Sampling

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

## Survey Implementation

In August 2018, the community health needs assessment, a cover letter on Bigfork Valley Hospital's letterhead, and a postage paid reply envelope were mailed first-class to 800 randomly selected residents in the targeted region (nine zip codes). A press release was sent to local newspapers prior to the survey distribution announcing that Bigfork Valley Hospital would conduct a Community Health Needs Assessment throughout the region, in cooperation with The Center.

Two hundred thirty-five of the mailed surveys were returned, providing a 31.2% response rate. Based on the sample size, surveyors are 95% confident that the responses are representative of the service area population, with a margin of error of 5.31. Note that 47 of the original 800 surveys sent were returned by the U.S. Postal Service as undeliverable.

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

### **Report Findings May be Used For:**

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

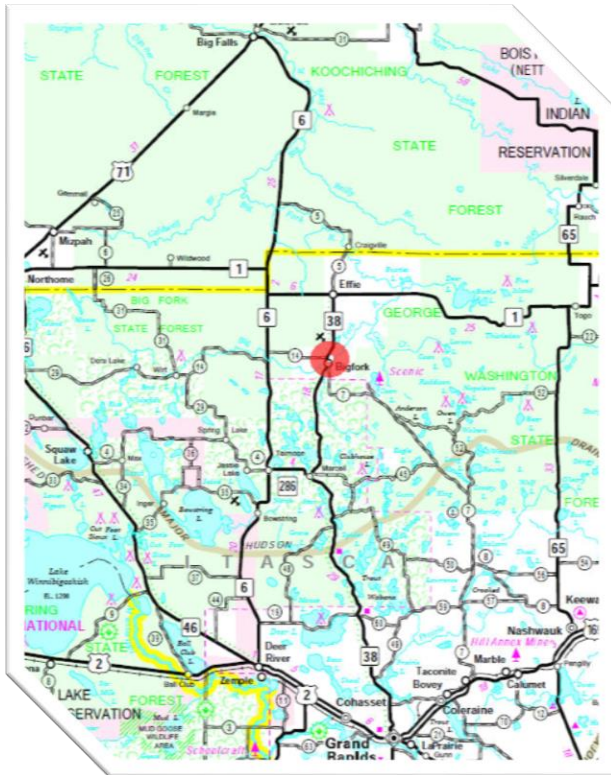
## **SURVEY FINDINGS**

The Center has been administering Community Health Needs Assessments (CHNA) in rural communities across America for over 30 years. In the following tables and graphs, the question asked on the mailed survey is emboldened and the question number from the mailed survey is appropriately labeled as "Q4".

# SURVEY DEMOGRAPHICS

The primary place of residence of survey respondents is Bigfork. Over half of respondents are female, aged 56-75. (**N=235**)

Place of Residence	n=	Percent
<b>Bigfork</b>	<b>128</b>	<b>54%</b>
Effie	26	11%
Northome	23	10%
Big Falls	16	7%
Marcell	15	6%
Bovey	12	5%
Littlefork	6	3%
No Answer	4	2%
Grand Rapids	3	1%
Deer River	2	1%
Other	0	0%



Age of Respondents	n=	Percent
18-25	2	1%
26-35	14	6%
36-45	11	5%
46-55	22	9%
<b>56-65</b>	<b>58</b>	<b>25%</b>
<b>66-75</b>	<b>71</b>	<b>30%</b>
76-85	39	17%
86+	16	7%
No Answer	2	1%

## Community Health Concerns

### Q1: What are the three most pressing health concerns in the community?

Cost and access are the top health concerns, followed by “mental health services.” Respondents were asked to select three that apply, so totals do not equal 100%.

(n=229)

Top Health Concerns	n=	Percent
<b>Affordable health insurance coverage</b>	<b>112</b>	<b>49%</b>
<b>Access to specialists</b>	<b>83</b>	<b>36%</b>
<b>Access to primary care</b>	<b>68</b>	<b>30%</b>
<b>Prescription drug affordability</b>	<b>64</b>	<b>28%</b>
<b>Mental health services</b>	<b>48</b>	<b>21%</b>
Cancer	41	18%
Personal debt due to medical bills	34	15%
Substance abuse services	31	14%
Obesity	30	13%
Heart disease/stroke	29	13%
Chronic disease management (diabetes, heart failure)	29	13%
Dental services	23	10%
Healthy lifestyles (exercise/nutrition)	20	9%
Smoking	15	7%
Coordination of care	14	6%
Wellness/prevention services	13	6%
Other	9	4%
Reliable health information	8	3%
Hunger	1	<1%

### Highlights from Key Informant Interviews:

*What is the greatest health need in the community? [See all the answers...](#)*

Most responses were related to mental health and substance use services, primary care and specialty services, housing and healthy food and physical activity.

“More resources for mental health and substance abuse issues – make it easier for people to access the help they need. We have one mental health practitioner, but limited availability. There is a lot of stigmas in a small town.”

“We do a great job with second half of life services for aging population, but we’re lacking in pediatrics, OB/Gyn and birthing services.”

“It’s super hard to find housing here – either too expensive or unsafe hunting shacks.”

“For a tiny town, we have more available than other rural communities, could use a certified dietician, diabetic educator. We have some health coaching but need motivational stuff.”

## Suggestions to Meet Health Needs

**Q2: What can Bigfork Valley do to better meet the health needs for our community?** This was an open-ended question. The most cited suggestion was “more access to specialists”, but many survey respondents said, “excellent as is.” All answers can be found in [Appendix B](#).

### Highlights from Key Informant Interviews:

**What are some of the benefits of having health services available locally?** [See all the answers...](#)

“I am very proud of our Bigfork Hospital. The attitude at our clinic and hospital is that they are anxious to help anyone who comes. They like to know everything about you and your home and family. I like to tell everyone about our health care.”

“Increases access to primary care which keeps patients out of ED, decreases overall cost of care, creates jobs.”

## Utilization of Primary Care Provider

**Q3: In the past three years, have you or a household member seen a primary health care provider, such as a family physician, physician assistant or nurse practitioner for health care services? (N=235)**

Seen a primary health care provider	n=	2018
Yes	227	97%
No	6	3%
No answer	2	<1%

## Location of the Primary Care Provider

**Q4: Where was that primary health care provider located?** Scenic Rivers in Bigfork is the most utilized clinic for primary care with nearly three quarters of respondents. **(N=235)**

Location	n=	2018
Scenic Rivers	169	72%
Grand Itasca	16	7%
Other	16	7%
No answer	13	6%
Essentia Health Deer River	11	5%

Veterans Affairs (VA)	7	3%
Fairview Range	3	1%

## Reason for Selecting the Primary Care Provider

**Q5: Why did you select that primary care provider?** “Closest to home” is the most frequently identified reason for selecting a provider. Respondents also noted prior experience with the clinic, the reputation for quality and appointment availability. Respondents were asked to select all that apply, so totals do not equal 100%. **(n=228)**

Reason for Selecting Primary Care Provider	n=	2018
<b>Closest to home</b>	<b>153</b>	<b>67%</b>
<b>Prior experience with clinic</b>	<b>125</b>	<b>55%</b>
<b>Clinic’s reputation for quality</b>	<b>87</b>	<b>38%</b>
<b>Appointment availability</b>	<b>72</b>	<b>32%</b>
Length of waiting room time	41	18%
Recommended by family or friends	25	11%
Referred by physician or other provider	19	8%
Closest to work	17	7%
Other	17	7%
VA/Military Requirement	10	4%
Cost of care	10	4%
Indian Health Services	0	0%

## Reasons for Selecting the Health Care Organization

**Q6: Thinking about the hospital you use most frequently, what are the three most important reasons for selecting that hospital?** The top three reasons for selecting a health care organization mirror the top reasons for selecting a provider. Respondents were asked to select three that apply, so totals do not equal 100%. **(n=233)**

Reason for Selecting Health Care Organization	n=	2018
<b>Closest to home</b>	<b>177</b>	<b>76%</b>
<b>Prior experience with hospital</b>	<b>133</b>	<b>57%</b>
<b>Hospital’s reputation for quality</b>	<b>128</b>	<b>55%</b>
Referred by physician	49	21%
Emergency, no choice	35	15%



Required by insurance plan	34	15%
Recommended by family or friends	23	10%
Other	21	9%
Closest to work	15	6%
Cost of care	13	6%
VA/Military requirement	8	3%

## What Could be Done to Meet Your Needs?

**Q7: If you currently do not use Bigfork Valley for care, what could be done to meet your needs?** This was an open-ended question where respondents were able to write in any answer they wanted. The most common answer was, “I use Bigfork”. Other more common responses were related to increased access to specialty care, availability of information about doctors, services and costs of care at Bigfork Valley Hospital, access to care and cost of care. Key informants also highlighted the same ideas. All answers can be found in [Appendix B](#).

## Highlights from Key Informant Interviews:

***What new health care services would you like to see available locally? [See all the answers...](#)***

Suggestions included advanced cardiac care life support, behavioral health and mental health services, obstetric care, and a variety of specialty care services.

## Access to Specialists

**Q8: What type of specialists would you like to have access to most in our community?** The most desired specialist is a cardiologist, with 17% of responses, followed by a general surgeon with 12% of the responses. **(N=235)**

Specialist	n=	2018
No answer	47	20%
<b>Cardiology</b>	<b>41</b>	<b>17%</b>
<b>General surgery</b>	<b>29</b>	<b>12%</b>
Dermatology	19	8%
Other	17	7%
Endocrinology/diabetes	14	6%
Orthopedics	13	6%
Chronic acute pain	12	5%

Ear, nose & throat	12	5%
Psychiatric services	11	5%
Ophthalmology	9	4%
Obstetrics/Gynecology	8	3%
Podiatry	2	1%
Urology	1	<0%
Nephrology	0	0%

## Perception of Personal Health

**Q9: Overall, how would you rate your personal health?** Eighty-one percent of respondents perceive themselves to be “Healthy” or “Somewhat Healthy”. **(N=235)**

Perception of Personal Health					
No Answer	Very Healthy	Healthy	Somewhat Healthy	Unhealthy	Very Unhealthy
3% (7)	12% (29)	<b>52% (122)</b>	<b>29% (68)</b>	3% (7)	1% (2)

## Highlights from Key Informant Interviews:

**Describe the overall health of this community. [See all the answers...](#)**

Responses varied as noted by the below comments:

“Physical health is good because of the hospital – hospital contributes and that is positive toward the economic health of the community.”

“I feel like people in the community are healthy compared to most other communities. We have to remember that we are in a low-income area, so people tend to take care of themselves less – oral health care suffers.”

“There’s a mix, too much obesity, uses tobacco more than other communities, overall the health is okay.”

“Good physical wise – fair amount of behavioral health issues that tends to get buried because no one talks about it.”

# Healthier Life

**Q10: Where do you learn about ways to live a healthier life?** Providers and friends/family are the main ways respondents learn about living healthier lives. Respondents were asked to select all that apply, so totals do not equal 100%. **(n=226)**

Where	n=	2018
<b>Health care provider</b>	<b>155</b>	<b>69%</b>
<b>Friends/family</b>	<b>119</b>	<b>53%</b>
Website	64	28%
Other	45	20%
Newspaper	36	16%
Public health	30	13%
Fitness center	29	13%
Faith based organization	20	9%

## Highlights from Key Informant Interviews:

***What do you think the Hospital could do to increase the health of the community? Where are the opportunities to collaborate? [See all the answers...](#)***

“Business perspective – disconnect between main street and the hospital – could be better communication and collaborating on health care ideas, i.e., letting businesses know about events hospital puts on.”

“Indirectly – participate in providing safe, affordable housing so we can grow our community and attract a workforce.”

“So far they’re doing a great job – open to asking questions to the community to find out needs.”

“Community planning session in August – great ideas came from that and hopefully we’ll have good follow-through.”

“Now that we’re integrating behavioral health into primary care, there is an opportunity to collaborate with the school to provide licensed behavioral health services to students and families.”

## Type of Health Insurance

**Q11: What type of health insurance covers the majority of your household’s medical expenses?** Medicare and employer sponsored health insurance are the top two answers. Only two respondents reported that they did not have health insurance. **(N=235)**

Type of Insurance	n=	2018
<b>Medicare</b>	<b>101</b>	<b>43%</b>
<b>Employer sponsored</b>	<b>45</b>	<b>19%</b>
No answer	23	10%
Commercial plan	13	5%
VA/Military	12	5%
Medicaid	10	4%
State/other	10	4%
Other	10	4%
Self-paid	7	3%
No Insurance	2	1%
Health savings account	2	1%
Healthy kids	0	0%
Indian Health Services	0	0%

# KEY INFORMANT INTERVIEWS

## Introduction

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

## Key Informant Methodology

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

## Key Informant Findings

### **Describe the overall health of this community.**

- Physical health is good because of the hospital – hospital contributes and that is positive toward the economic health of the community
- American average – in general pretty unhealthy – overweight with complications from that, high prevalence of vaping – e-cigarettes, vapers especially with younger population
- Overall the community is fairly active
- Fortunate to have the hospital, otherwise physical health would be much worse
- I feel like people in the community are healthy compared to most other communities. We have to remember that we are in a low-income area, so people tend to take care of themselves less – oral health care suffers
- There's a mix, too much obesity, uses tobacco more than other communities, overall the health is okay.
- The overall health of the younger people in the community is fine but we have become an area for retired people. The older people have come here because they have heard that our health care is good.
- Pretty good, been a lot of things in the last – fitness center, skating rink, river walk have been good for our community
- Varies greatly, some healthy individuals with high access to care and ancillary services, opposite, low-income population and an unhealthier pop with limited access to care.
- Good physical wise – fair amount of behavioral health issues that tends to get buried because no one talks about it
- A lot of obese and overweight adults and children, percent overweight is similar to that of central MN – could stem from a variety of reasons – mental health, genetic makeup, diet, etc. I don't think we're a particularly healthy community, but I don't think we're bad, either. I think a lot of people here like to get out in nature and on trails or camping

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

### Mental Health and Substance Abuse Services

- More resources for mental health and substance abuse issues – make it easier for people to access the help they need. We have one MH practitioner, but limited availability. There is a lot of stigmas in a small town
- Access to mental health services – not just emergency services. Having access to mental health counselors. Religious leaders in our community usually do a fair bit of that, but need to have medical professionals
- Drug/alcohol problem in community and Itasca county has a high alcohol use
- Mental health services – I don't know if there are services for that
- A year ago, I would have said dental and behavioral health, but we just opened a dental clinic to create access, and we have a new licensed therapist starting this week in Bigfork!
- We only had one mental health professional, but we recently got another one. There's a need for access to a variety of mental health choices – Skype, telehealth options would help with access but also help with anonymity

### Services and Workforce

- Better workforce, more nurses. It's hard to attract new professionals
- Pediatric oximeters, someone to draw blood for kids maybe once a week
- We do a great job with second half of life services for aging population, but we're lacking in pediatrics, OB – only one in Bigfork, birthing services. There are birth options like midwifery, but most people aren't comfortable with that options or some people aren't good candidates for it
- Primary care is the greatest need, which we have
- What we don't have is random specialties
- Greatest health need is already addressed by having our healthcare facility available in this area

### Housing

- It's super hard to find housing here – either too expensive or unsafe hunting shack.
- Safe, affordable housing – mold and fire safety issues
- Many old people have heart problems and have trouble walking and getting around even their own homes. They should not be living very far away from the clinic and hospital

### Healthy Food & Physical Activity

- Grocery store – not great produce, no farmers markets here
- A need for more places for folks to go for physical fitness
- Individual personal motivation for people to be active and change lifestyles to become healthy. Part of it that to be policy changes, carrots and sticks, has to be a cost for people to change
- For a tiny town, we have more available than other rural communities, could use a certified dietician, diabetic educator. We have some health coaching, but need motivational stuff
- I have kids in school sport, we spend a lot of time in the gym. We need healthier food options when we're out and about and don't want to cook. Restaurants with healthy options, school concession stand, hospital food, etc.

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

- Business perspective – disconnect between main street and the hospital – could be better communication and collaborating on health care ideas i.e., letting businesses know about events hospital puts on
- Indirectly – participate in providing safe, affordable housing so we can grow our community and attract a workforce
- Offer pediatric services
- Tried to get a pool built, but community was really disappointed when it didn't happen. Try to revisit?
- We have a lot of joint and knee replacements here, we have lots of aging adults, water exercise is really good for rehab and tons of other things – teaching kids in community would address the high drowning incidences in our community
- Hospital fitness center feels lacking and is overpriced for what you get. More affordable health 'club' options with health classes like spinning, cardio, etc. – could be a good place for community networking
- Cross-county ski group is active, could collaborate. Hospital does a 5K and half marathon, but not a lot of health-related activities.
- Mountain biking and trail systems – will draw tourists and encourage more physical fitness
- So far they're doing a great job – open to asking questions to the community to find out needs.
- Community planning session on behavioral health and stigma in August – great ideas came from that and hopeful we'll have good follow-through
- Diabetic education, diabetes specialist, weight management
- School and clinic could do a better job collaborating
- Now that we're integrating behavioral health into primary care, there is an opportunity to collaborate with the school to provide licensed behavioral health services to students and families
- School, small businesses, collaborate with younger families with kids getting healthy lifestyles, cooking, eating – cooking classes for middle school and high schools – kids loved it and learned a lot. They brought what they learned home
- The hospital and clinic should have a doctor who deals mostly with old people. I think most old people appreciate when their doctor is nice to them and wants to help them.
- Partner with school to make healthier food options. They do a pretty good job

**In your opinion, what are some of the strengths (availability, quality) of the health services offered at Bigfork Valley Hospital?**

- Biggest strength is personnel – I hear a lot of positive things about the people who work there. Getting to know health professionals is a strength, in a small community you have a good opportunity to build meaningful relationships
- They aren't part of a system or huge institution
- Doctors are wonderful here
- For a rural hospital, it has almost everything except high level trauma, cardiac, ...
- Helicopter emergency system has been updated programming so that it takes less time to get people help
- Besides stroke, heart attack and cancer – most deadly thing is traumas because of distance to trauma center
- Impressed with the amount of services are offered for this small town
- Medical tourism – hospital is small and care is so personal here which draws people here. Facility is nice, newer, clean, beautiful

- We have a wonderful hospital in our small community – everyone that works there is wonderful and everyone who has to be there just marvels at the care they get and how attentive everyone is and the quality and we continue to bring in high quality doctors in a community this size
- Hospital is locally managed and owned – decisions are made right here for this community
- We have a hearty population
- Primary care, internal medicine, emergency room, dentistry, behavioral health will be, there is now a psychiatric nurse in place to prescribe therapy, elder care – nursing home and assisted living, referring patients out and getting them to specialty care
- We have a lot of quality services available at our hospital – it’s amazing to me that they can offer what they offer
- The hospital is a beautiful campus continually growing and improved. It’s well run and lead, and I think it has a strong future
- We have an excellent medical staff with longevity, everyone lives in community and is active in the community, strong group of nurses and the administration has done an outstanding job responding to needs of employees, did a morale change several years ago and they do a good job of listening, excellent orthopedics
- Close/locations – if it was ever gone our community would be in trouble
- Excellent effort of coordinated care – school, clinic, hospital. Small town – so we see our doctor at church, etc. We have choices and a pre-emergent plan

**In your opinion, what are some of the barriers of the health services available at Bigfork Valley Hospital?**

- Distance to travel for health care – people live rurally up here or if referred, have to travel 40-120 miles or more
- Cost of health care – can find better cost care elsewhere
- Transportation – a lot of poor people live here. Maybe a ride share or “hour” cars to borrow
- Specialty care – prenatal care is lacking, have to travel for deliveries
- Handles everything well as far as doctor turnover, but it was stressful to people who had to change new providers and the hospital did a good job handing over to new providers
- Availability, cost, stigma to access behavioral health services
- Seasonal timely access to primary care – our primary care clinic gets overwhelmed in summer as the community has a lot of tourists and summer cabin owners. Our population swells beyond capacity in the summer, and is quite small in winter
- Transportation to get patients to appointments, to specialties in the cities, it’s a huge undertaking for patients to travel to specialty appointments far away
- Availability of health care
- Cost is main barrier - insurance, copays, high deductibles
- Most doctors prefer to take care of young people. I must admit old people are not personally treated the same
- Some services aren’t provided here
- Don’t deliver babies here
- Childcare and after school care are lacking in our community

**What new health care services would you like to see available locally?**



- We don't have an ambulance with advanced cardiac life support system. EMTs do a great job with what they have, but I think we need a more advanced ambulance service/paramedics in-house – that would save lives. Birthing center, my kids were born in Bigfork, but because of liability, hospital can't have birthing center. Important to our community to have growing families here
- EMS – paramedics, birthing services
- More mental health professionals
- Specialty clinic to help people get off of narcotics, suboxone clinics
- More behavioral health services are the big thing
- Eye doctor – growing aging population needs that here without having to travel
- Dermatology, diabetic specialist/educator, wound care provider
- Structured weight loss and fitness program
- Dietician, diabetic educator – I'd like to see some specialty services expanded, urologist, cardiology services, have more stability in staffing – longevity of employees at nursing home – there's been a lot of staff turnover which makes things difficult for families
- I would like to see a doctor who does more for heart care here so people with heart problems do not have to go away to see someone who specializes in heart care. The doctor could come here on certain days of every week
- Birthing/baby services
- Pediatrics – could consider telehealth
- Marriage counseling through telehealth – although that would be hard with a small community
- Could make the medical landing strip longer

#### **Why might people leave the community for health care?**

- Closer to referred specialties
- Access to specialists
- Cost of health care – can find better cost care elsewhere, affects where people work
- Insurance and coverage, personal preference, small community – anonymity
- Some people believe they can't get good health care in a small community
- Confidentiality – afraid that their health challenges wouldn't be held in confidence
- Need to leave for specialist or procedure we don't offer
- Most of the time we have a hard time getting people leaving to go elsewhere
- Some people might leave the area, so they are closer to a veteran's health center
- Availability of some specialty services, I don't know of many people who have had a bad experience at Bigfork
- Specialty services not offered at Bigfork or they may have had a past poor experience and have a preferred provider elsewhere

#### **What are some of the benefits of having health services available locally?**

- Without the hospital, a lot of people wouldn't live here, especially the large retired community
- Easier access, makes it harder to make excuses to not get the help you need. Benefit to community – provides job and helps with economy
- It's local and people don't have to travel
- Economic benefit to community – biggest employer in area
- Retirees settle here because there is a hospital
- I am very proud of our Bigfork Hospital. The attitude at our clinic and hospital is that they are anxious to help anyone who comes. They like to know everything about you and your home and family. I like to tell everyone about our health care
- Miss less work, don't have to travel, convenient

- Increases access to primary care which keeps patients out of the emergency department (ED), decreases overall cost of care, creates jobs,
- ED saves lives and occasionally gives life. We don't do births, so we see more ED births
- Habit and convenience – having something close allows people to get regular care
- Keeping resources in community and self-sufficient. We have tons of tourists and hunters here, so our service area is very big
- Safety – there are times of the year where it's hard to get to places – winter driving

# CONCLUSIONS, RECOMMENDATIONS, AND ACKNOWLEDGEMENTS

## Conclusions

The community survey respondents and key informants were very supportive of the services provided by Bigfork Valley Hospital and the positive impact the facility has on the surrounding community. Most respondents reported their health as “healthy” or “somewhat healthy”, which is similar to comments from key informant interviews who either felt the community was rather healthy, or in need of improvement. Comments from key informants noted demographic and social factors that may contribute to health status, such as age, poverty and access to transportation.

Top community health concerns included affordable health insurance coverage, affordable prescriptions, and access to specialty care, primary care and mental health services. Key informants’ top health needs were largely based on the lack of substance abuse and mental health providers and services, as well as the need for preventative services and initiatives to keep residents physically active and healthy, access to specialty care and housing support.

We asked key informants what Bigfork Valley Hospital could do to increase the health of the community and to identify opportunities to collaborate. Collaborating more effectively by breaking down silos between community organizations and surrounding health care facilities was recommended. Embrace your diverse community by creating and delivering culturally competent services. Key informants noted an opportunity to increase collaboration with local businesses and schools. It was also suggested to increase community access to outdoor recreational activities and to continue integrating behavioral health into primary care.

Scenic Rivers is the location of choice for primary care among survey respondents due to it being closest to home, experience, reputation for quality care and appointment availability. When considering where a survey respondent may go for hospital care, proximity to home, experience and reputation for quality care were important. Respondents also wrote in answers about longevity of seeking care at a particular hospital or long-standing relationships with their doctors, noting strong customer loyalty.

Areas of need to improve the health of the community or barriers to health services offered at Bigfork Valley Hospital focused on access to specialty care, mental health services and information on available services. A variety of specialist types were requested. Access to mental health services was also requested, though key

informants noted recent efforts on behalf of Bigfork Valley Hospital to improve access to services and address mental health stigma. Survey respondents also requested more available information on the services offered at the hospital, who the doctors were and the cost of care for services.

We asked key informants what some of the strengths of the health services offered at Bigfork Valley Hospital. Strengths noted included the positive staff culture, availability of services, and local management and decision-making at the facility. The key informants seem very happy with the staff and providers and recognize the community benefit of Bigfork Valley Hospital.

## Recommendations

Noting the changes in health care reimbursement structures, hospitals will begin to be reimbursed based on the population's health outcomes. This transformation is changing the definition of hospital volume from the number of procedures and interventions to the number of patients being seen in the service area. Capture a greater market share by expanding efforts towards individuals that are currently healthy and not currently utilizing local health services by engaging the community in prevention/wellness activities and health education. Providers and the hospital Board should also be educated on this transition as it is imperative for future sustainability and viability of Bigfork Valley Hospital.

It is recommended the hospital increase efforts on role modeling prevention and wellness and expand collaborative community partnerships to improve the overall coordination of care for patients. A culturally competent health care system can help improve health outcomes and quality of care and can contribute to the elimination of racial and ethnic health disparities.

Continuing to support the positive staff culture is an excellent marketing strategy for the facility. Happy, engaged employees produce happy patients. Survey respondents noted they most often rely on their health care provider and family or friends for information on improving their health. Their family or friends may be employees of Bigfork Valley Hospital. Consider communicating the availability of services in various methods to promote the breadth and quality of care provided at Bigfork Valley Hospital.

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

## Acknowledgements

The Center would like to thank Mr. Aaron Saude for his contributions and work with developing and distributing the assessment and coordinating the key informant interviews.

## ESTABLISHING HEALTH PRIORITIES

Sufficient resources frequently are not available to address all the health concerns identified in a Community Health Needs Assessment. Identify issues to work on in the short to intermediate term (one to three years). Priorities should reflect the values and criteria agreed upon by the hospital board and community stakeholders, which should include public health.

**Once priorities have been established, set aside time to develop, implement and monitor an action plan that assesses progress**

**Criteria that can be used to identify the most significant health priorities include:**

- The magnitude of the health concern (the number of people or the percentage of population impacted)
- The severity of the problem (the degree to which health status is worse than the state or national norm)
- A high need among vulnerable populations

**Criteria that can be used to evaluate which health issues should be prioritized include:**

- The community's capacity to act on the issue, including any economic, social, cultural, or political considerations
- The likelihood or feasibility of having a measurable impact on the issue
- Community resources (programs, funding) already focused on an issue (to reduce duplication of effort and to maximize effectiveness of limited resources)
- Whether the issue is a root cause of other problems (thereby possibly affecting multiple issues)

Consider a comprehensive intervention plan that includes multiple strategies (educational, policy, environmental, programmatic); uses various settings for the implementation (hospital, schools, worksites); targets the community at large as well as subgroups; and addresses factors that contribute to the health priority. Be

sure to document and monitor results over the next one to three years to assure that community needs identified within the assessment are being addressed.

If you don't help your community to thrive and grow,  
how will your organization thrive and grow?

Maintain records of assessment processes and priorities for obtaining base line information and for pursuing ongoing process improvements. *(Adapted from materials by the Association for Community Health Improvement)*

## IMPROVING POPULATION HEALTH IN YOUR COMMUNITY

The U.S. health care industry is undergoing profound change in financing and service delivery, as it shifts from a financial system that rewards “volume” to one that is based on “value”. Driven by the health marketplace itself, the new health industry goals are articulated in the Institute for Health Improvement’s Triple Aim: better population health, better health quality and lower health costs. Payers are increasingly factoring in population health outcomes into reimbursement formulas.

### [Population Health Portal](#)

Navigate the journey towards improved population health by accessing a Critical Access Hospital [Population Health Readiness Assessment](#) and resources and educational modules that offer step-by-step instructions of common population health analytical procedures.

### [Small Rural Hospital Transition Guides and Toolkit](#)

Informational guides developed by field experts and a toolkit developed by Rural Health Innovations that concentrates on best practices and strategies to support small rural hospital performance improvement and preparation for transitioning to value-based care and purchasing.

### [Critical Population Health Success Factors](#)

A tool for rural hospital leaders in support of incorporating population health principles and programs into strategic planning and operations. A systems-based framework is utilized to identify critical success factors. Tools, resources, suggested readings, case studies and additional materials on how to integrate population health as culture change are also included.

## [Integrative Behavioral Health \(IBH\) Program Toolkit](#)

Read about the process used to help hospitals and their communities to provide whole-person care through coordination of behavioral health services by engaging and educating the community in coordinated care. A similar process could be utilized to address other population health needs. See rural hospital case studies, promising practices, outcomes and related resources.

### THE RURAL PATH TO VALUE & POPULATION HEALTH SIX CRITICAL STEPS FOR RURAL HOSPITALS TO BE SUCCESSFUL

#### Leadership Awareness & Effectiveness

The knowledge and skills rural health leaders require to increase their awareness and effectiveness include: understanding the role of their organizations to help adjust within new value-based models and prepare for population health paradigms, utilizing business planning methods, strategically planning for new services, building strong collaborations and partnerships, leveraging technology and managing a high performing culture.

#### Workforce Expertise & Knowledge

Rural health leaders value the opportunity to share knowledge and expertise between their organizations as health care transitions to value-based payment models and population health. Throughout the transition, it is key to focus on retaining staff and aligning strategies with care providers. Successful organizations invest in staff satisfaction assessments and interventions to ensure a culture of provider engagement excellence.

#### Effective Organization Processes

Rural health organizations and hospitals must be effective within their organizational processes. Aligning people, processes and resources is paramount to preparing for value-based payment models and population health. Leaders that maximize efficiencies in operations and finances increase their ability to adjust to changing environments.

#### Data for Quality & Decisions

Rural health organizations and hospitals play a key role in managing new ways of delivering care and implementing new payment models. Health information

technology is critical for successfully utilizing data for evaluation progress and making decisions.

## Collaboration Building

Building collaborative relationships within the rural community is a key strategy to successfully navigate toward value-based payment models and population health paradigms. Your organization has an opportunity to lead and develop these partnerships.

## Care Management

Within the demands of transition toward value-based payment models and population health, rural health leaders are planning, developing and implementing care management models that effectively address the health and wellness of their patient populations and community members.

### Leadership

- Develop awareness and provide education on the critical role of population health in value-based reimbursement
- Shift hospital culture, processes, facilities and business models to include a focus on population health
- Lead the way and model behaviors. Participate in programs, be active in community outreach

### Strategic Planning

- Incorporate population health approaches as part of ongoing strategic planning processes
- Engage multiple stakeholders and partners to coordinate strategies aimed at improving the population's health
- Prioritize – what are the one or two things that would make the biggest difference for the population you serve

### Engagement

- Use the community health needs assessment (CHNA) process as an opportunity for community and patient engagement
- Articulate vision of hospital contributing to population health based on community conversations
- Engage all types of health care and social service providers to coordinate transitions of care and address underlying needs



## **Workforce**

- Establish wellness programs for employees and role model these programs in the community
- Develop a workforce culture that is adaptable to change in redesigning care to address population health
- Embed a community focused mind-set across the organization so engagement, coordination and cooperation are expectations of staff interaction

## **Operations and Efficiency**

- Maximize the efficiency of operational, clinical, and business processes under current payment structures
- Utilize health information technology (HIT) (such as electronic medical records, health information exchange and telemedicine) to support population health goals

## **Measurement, Feedback & Knowledge Management, Impact & Outcomes**

- Identify measurable goals that reflect community needs
- Utilize data to monitor progress towards strategic goals on population health
- Publicly share goals, data and outcomes. Use it as an opportunity to engage partners and the community

# **POPULATION HEALTH CRITICAL ACCESS HOSPITAL CASE STUDIES**

## **Leadership**

Clearwater Valley Hospital in Idaho is utilizing a dyad management model which is a two-pronged approach to physician/hospital integration. This model places the organization's leadership under the management of qualified physician and non-physician teams aimed to incorporate the concept of value into health care decision-making where departments have been restructured to meet patient needs in both the inpatient and outpatient settings. This facility has received multiple awards for incorporating this management model. For more information: <http://healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/Orofino%20Case%20Study%20November%202011.pdf>

## **Strategic Planning**

Essentia Health Fosston in Minnesota incorporated community health needs assessment findings to improve the health of the community toward retaining a quality and viable agricultural industry. For more information: <http://www.ruralcenter.org/tasc/resources/applying-community-health-assessments-rural-hospital-strategy>

### **Partners, Patients, Community**

The Community Connector Program was established by Tri County Rural Health Network in Helena, Arkansas which aims to increase access to home and community-based services by creating alternatives to institutionalized living and improving the quality of life for elderly and adults with physical disabilities while maintaining or decreasing costs. The return on investment was \$3 of every \$1 invested, or a 23.8 percent average reduction in annual Medicaid spending per participant, for a total reduction in spending of \$2.619 million over three years. For more information:

<http://cph.uiowa.edu/ruralhealthvalue/innovations/Profiles/CommunityConnectors.pdf>

### **Workforce and Culture**

Mason District Hospital in Illinois is implementing a three-tiered approach to a worksite wellness program which includes a care coordination plan for employees with multiple chronic illnesses. After two years, the hospital has seen nearly \$360,000 in reduced employee health care costs and has started offering the program to local businesses which both improves health locally and provides an additional revenue stream for the program. For more information:

[http://www.icaahn.org/files/White\\_Papers/ICAHN\\_PopHealthManagement\\_Print\\_FINAL.pdf](http://www.icaahn.org/files/White_Papers/ICAHN_PopHealthManagement_Print_FINAL.pdf) (page 19)

### **Operations and Efficiency**

Mercy Health Network in Iowa has adopted a Process Excellence tool modeled after Lean to improve operations, efficiency and patient safety. Each hospital in the network was assigned accountabilities, selected process improvements and helped educate the hospital board. After 18 months, process improvements results in a 51 percent decrease in patient falls and a 37 percent decrease in medical errors. For more information:

<http://cph.uiowa.edu/ruralhealthvalue/innovations/Profiles/MercyHealthNetwork.pdf>

### **Measurement, Feedback, & Knowledge Management, Impact & Outcomes**

Marcum & Wallace Memorial Hospital in Hazard, Kentucky has adopted the Performance Excellence Blueprint as indicators for their system (Catholic Health Partnership) strategies. Leadership developed a dashboard to track program towards targets in each of the seven Performance Excellence Components. For more information:

<https://ruralcenter.org/tasc/resources/marcum-wallace-memorial-hospital-performance-excellence>

# APPENDIX A: SURVEY INSTRUMENT

## Community Health Needs Assessment

### Bigfork, MN

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

1. What are the **three** most pressing health concerns in the community? **(Select 3 that apply)**

- |  |  |
|--|--|
| <input type="radio"/> Access to primary care                               | <input type="radio"/> 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"/> Prescription drug affordability    |
| <input type="radio"/> Chronic disease management (diabetes, heart failure) | <input type="radio"/> Reliable health information        |
| <input type="radio"/> Coordination of care                                 | <input type="radio"/> Substance abuse services           |
| <input type="radio"/> Dental services                                      | <input type="radio"/> Smoking                            |
| <input type="radio"/> Healthy lifestyles (exercise/nutrition)              | <input type="radio"/> Wellness/prevention services       |
| <input type="radio"/> Heart disease/stroke                                 | <input type="radio"/> Other _____                        |
| <input type="radio"/> Hunger   |  |

2. What can Bigfork Valley do to better meet the health needs of our community?

\_\_\_\_\_

\_\_\_\_\_

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

- Yes     No    **(If no, skip to question 6)**

4. Where was that primary health care provider located? **(Please select only ONE)**

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="radio"/> Scenic Rivers | <input type="radio"/> Fairview Range        | <input type="radio"/> Essentia Health Deer River |
| <input type="radio"/> Grand Itasca  | <input type="radio"/> Veterans Affairs (VA) | <input type="radio"/> Other _____                |

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

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

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

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



7. If you currently do not use Bigfork Valley for care, what could be done to meet your needs?

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

- |  |   |  |
|--|---|--|
| <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         |  |

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

- Very healthy     Healthy     Somewhat healthy     Unhealthy     Very unhealthy

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

- Health care provider     Friends/family     Fitness Center     Website\_\_\_\_\_
- Faith based organization     Public health     Newspaper     Other\_\_\_\_\_

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

- |  |                                    |                                    |  |
|--|------------------------------------|------------------------------------|--|
| <input type="radio"/> Commercial plan        | <input type="radio"/> Healthy kids | <input type="radio"/> Self paid    | <input type="radio"/> Employer sponsored     |
| <input type="radio"/> Medicaid               | <input type="radio"/> Medicare     | <input type="radio"/> VA/Military  | <input type="radio"/> Health Savings Account |
| <input type="radio"/> Indian Health Services | <input type="radio"/> State/other  | <input type="radio"/> No Insurance | <input type="radio"/> Other_____             |

12. Where do you currently live, by zip code?

- |  |  |  |                                  |
|--|--|--|----------------------------------|
| <input type="radio"/> 55709 Bovey        | <input type="radio"/> 56628 Bigfork    | <input type="radio"/> 56653 Littlefork | <input type="radio"/> Other_____ |
| <input type="radio"/> 55744 Grand Rapids | <input type="radio"/> 56636 Deer River | <input type="radio"/> 56657 Marcell    |                                  |
| <input type="radio"/> 56627 Big Falls    | <input type="radio"/> 56639 Effie      | <input type="radio"/> 56661 Northome   |                                  |

13. What is your identified gender?     Male     Female     Other\_\_\_\_\_

14. What is your age range?

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

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

**THANK YOU VERY MUCH FOR YOUR TIME**



## APPENDIX B: COMMUNITY HEALTH NEEDS ASSESSMENT “OTHER” SURVEY COMMENTS

The following outlines comments written in the field selection of “other” in the survey. A number in parenthesis e.g. (3) indicates the frequency of that response.

### **1. What are the three most pressing health concerns in the community?**

- There is no “small child” (baby) health care, anything!  
the fact that pharmacy doesn’t honor insurance  
high quality diagnosis and treatments
- Emergency care
- Proper billing codes and insurance constantly rechecking bill totals
- Long term care – affordable
- Care of elderly
- Limited access to healthy affordable food.
- I have no idea for the community! I’m only guessing! My personal concerns would be different!

### **2. What can Bigfork Valley do to better meet the health needs for our community?**

- More access to specialist (5)
- Nothing – “excellent as is” (4)
- More specialists so we don’t have to travel! (4)
- Keep up the good work that is being done now (3)
- Not sure (3)
- They are doing a very good job now. (2)
- Keep it affordable (2)
- ? (2)
- I feel they are doing a great job right now. (2)
- Mental health (2)
- If Bigfork Valley keeps improving like they are, they will meet the need of our community. Don’t backslide.
- Continue to upgrade the hospital – which has been a GREAT asset to the community
- Programs that reward health/wellness behaviors
- Scheduling – it’s very hard to see your primary doctor
- Can’t keep having a 2 or 3 week wait to see your Dr.
- New resident – haven’t formed an opinion / too new in the community
- They are great now
- They are up to date on most everything!
- I think they do good. I did need to change to a new dentist last year.

- I think BFV is making a great effort to meet community needs
- Doing excellent job
- I think they meet our needs
- We have pretty much most of the main things.
- Doing OK
- You are doing a good job.
- Don't believe you can do much more than you are already doing now
- I am very satisfied with what Bigfork Valley is able to offer and hope they can continue to operate as they do
- At this time, I think they provide very good service
- For our rural area it does a good job.
- More mental health services for children and adults
- Increased mental health provider availability
- Provide services to "immediately" assist those with mental health and substance use disorders. Time is critical.
- Have mental health staff
- Help for home care – one on one- driving to appt. just checking, list of people.
- Having the clinic at Balsam is very helpful. Do more screenings for things like depression, anxiety, etc.
- Mental health services more available also the ability of some of those providers to prescribe medications R/T mental health
- Conversations about anxiety, depression, substance abuse, drugs/classes and resources for parenting and marriage.
- More mental health outreach and programs
- More affordable medications / mental services
- Make health care more affordable to the un-insured.
- Try to keep costs under control
- Promptly bill the county so patients don't need to pay from their own resources. (MYSELF!)
- Try to keep costs closer in line with the financial capabilities of low-income citizens
- Billing – billing is slow and at times not accurate
- To have ultrasound in our area rather than go all the way to Duluth (St. Mary's)
- Administer the ACE (Adverse Childhood Experience) questionnaire to all patients- reducing trauma in people's lives will improve their physical health.
- Serve the community, not burden it!
- Less Dr. turnover
- Stop double billing, send bills that are understandable, get out of the rental business

- Quicker appointments for non-emergency. Some issues can wait a week, but 4 to 6 weeks are ridiculous.
- Better access to emergency services
- Health mobile? Free blood pressure checks. Maybe a local person to talk to regarding ACA.
- Increased outreach about available services and increased health education. It would be great to see health and wellness campaigns about nutrition, exercise, chronic illness, etc.
- Access to health care services that are needed but not available, so we don't have to drive so far.
- Improved nursing home staff similar to Good Sam in Blackduck, MN.
- Pharmaceutical education/management, diabetic foot care / treatment, more health ed. classes.
- Get a pool, it would help so many and the elderly living in the nursing homes as well. The health benefits would be so helpful.
- More specialists without waiting months to see one.
- More specialists
- Access to specialists and affordable health coverage, obesity
- Get and keep experienced Drs.
- When you go to doctor and have tests are told you will get results and never do
- Move to International Falls, MN.
- We have an excellent facility, excellent care, caring providers, access to any specialists we've ever wanted. Used to have monthly health topic programs which we miss.
- Personally, I think having all the services we currently enjoy is a blessing for the community – there are things that can always be added but our core health needs are met.
- Refer to coordination of care
- I live in Big Falls and don't always have a dr, make the pharmacist more aware of rxs being carried.
- ENT coming at least twice a month
- Continue present services
- Keep the clinic in Big Falls open
- Cancer care
- Expand shared services with neighboring hospitals and care centers (senior care / memory care units)
- Stay local to be part of community, attract top talent, innovate and grow organically.
- At this time, I don't know. Personally, I would like more information about Bigfork Valley Doctors. How to find a doctor I am comfortable with.

- Employ doctors, specialists, etc., who remain in the community long term; employ really smart dedicated people.
- Hear good reports about Bigfork health care now.
- Send a dentist here part time as you do the doctor
- Expand into additional specialties at Bigfork maintain quality first care.
- Lobby to help with items from #1
- Yearly health expo
- Parking space
- Address drug abuse in the community
- Follow through on staff schedule promises!
- More contact with residents. More financial stability to assure services continue.
- Get some real Drs. In Northome. Do better than Sanford.
- Dr. at Northome more.
- Dental services / dentist in Northome clinic.
- Make diagnostics and labs more affordable for self-pay patients.
- If everything could be in one location so the whole family's needs could be addressed.
- Dietary education for inpatients and their facilities.
- Hire a FT dietician
- Have exercise classes in the evening (i.e., yoga)
- Education for children – i.e.: nutrition, safety, CPR classes, recognizing emergency situations
- Health education – wellness and prevention services
- Educate
- Educate the community on substance abuse, smoking and obesity. Starting with the junior and senior high schools.
- Hold informative seminars
- Allow us to be able to use Silver Sneakers to access the fitness center.
- Dermatology services, hire and keep staff.
- Make awareness of lifestyle consequences – drinking, smoking, poor diet.
- Offer more information
- Better and cheaper insurance for employees
- Mom might change to Bigfork Valley
- Provide larger area of home health care for elderly who use BFV as primary care
- Better availability to see primary care provider as opposed to on-call / open appointments.
- Continue to keep high quality medical staff
- Not really sure what services are available here as I am newer to the area
- Promote empathetic doctors that listen to their patients, promote community gardens for affordable access to healthy food



- Haven't had any problems – can't suggest anything
- Would like to see babies delivered in our community. Again! Having to drive 40 miles in labor is not right! Or fun!
- Deliver babies
- Equip the hospital with a nursery or baby equipment so they don't have to send ALL somewhere else.
- Unknown – new resident
- Remain accessible!
- Because I've only used the ambulance services and I am not really aware of the needs of the community
- I've never had an appt there, just experience with ER visits  
Hire more help
- They need more CNA's that are caring and nurses
- Add more dentists and psych
- Offer in house counseling services that are timely
- Work with a dietician to improve the meal/food selection for patients
- Provide free / affordable programs to help our community live healthier lifestyles
- Return (?) to rural area!
- I don't as I do not get out that much at my age
- Focus on prevention rather than the cure
- I don't know
- Increase public awareness of available services
- Get more home health care people – reliable, extras for illness / vacations
- Not sure never been here before. Dr. Baker, Tues 9-25-18 I have a TOTAL knee replacement
- Include services to treat conditions that are treated at hospitals in Duluth or Hibbing
- Bring back diabetes educator / care coordinator.

**3. In the past three years, have you or a household member seen a primary health care provider, such as a family physician, PA or nurse practitioner for health care services?**

**4. Where was that primary health care provider located?**

- Bemidji (3)
- Sanford – Kelliher
- Bigfork Valley
- Fargo
- Rainy River Clinic, I Falls, MN
- Essentia Health Grand Rapids
- RLMC Littlefork and I Falls.

- Sanford
- Duluth
- Minneapolis
- Altru Roseau
- St. Paul

**5. Why did you select that particular primary care provider?**

- Began seeing provider when she worked in Bigfork when she went elsewhere so did I.
- Sanford affiliation
- Better care
- Been going here for 40 years
- Friend of the family
- Not controlled by Essentia
- I switched from Grand Itasca
- Family history
- Insurance would not pay because of no doctor.
- My physician
- Doctors
- 28-year friendship with physician
- Insurance Network
- Dates back about 40 years to Bigfork for my use for ambulance
- Nurse practitioner
- 15-years with some physician

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

- \*Have to go here\*
- No use to need hospital
- Shortage of Dr.s to get appt.
- Health care providers listen
- Bigfork hospital affiliated with Scenic Rivers
- Insurance requirement
- Not controlled by Essentia
- Personal attitude
- I feel important there and relaxed.
- Good care
- Not hospitalized
- My personal physician. If he left I would switch clinics.
- Quality of care
- Don't use one to date

## **7. If you do not currently use Bigfork Valley for care, what could be done to meet your needs?**

- N/A (16)
- I use Bigfork Valley (9)
- Closer to home (2)
- We use Bigfork Valley Hosp. when and if we need one.
- I no longer use Bigfork Valley because I go closer to my children's homes, so they can take me.
- Have some pediatricians on staff for individuals with young babies
- I'm 86 and currently use Grand Itasca. I use the clinic about twice a year and the hospital in 2000.
- Make it easier to get in to see my primary care giver.
- Maintain your independence by joining a health organization, not by placing the burden on local tax payers!!!
- I spend half of my time in Bemidji, where I have family, so it is the most logical direction for me to go for medical care.
- Nothing
- Bigfork rarely treats anyone for anything they fly you to Duluth
- Can't find much better place to go!
- Maybe a flyer advertising what certain services would cost for people without health insurance.
- Have specialists, i.e. gastroenterologist, allergist, dermatologists
- Have more specialty doctors
- More doctors to International Falls
- I use both Bigfork and Deer river, there's something I feel more having done where I don't know everyone.
- Dermatology and rheumatology physicians
- Provide eyecare, more dental and other special care not currently available.
- ? I live in Littlefork, MN!
- Provide transportation
- Spend less on trivial things and more on good doctors and equipment
- More information about BFV
- Info about doctors, where clinics are, insurance acceptance.
- I don't know.
- I don't really know
- I haven't had to go into the hospital for anything. Specialties, offer more specialties
- Gynecology
- Do not use midlevel providers as if they are doctors. They are NOT doctors. AND you should not charge the same for them.
- I would like to see lower prices / or cash discounts like Duluth hospitals do.
- Clinic in Grand Rapids.

- Grand Rapids
- If more services were added in one location.
- Don't have health problems any dr. can fix.
- Get Dr. in Northome. Have better prices and care.
- Rural hospitals have a bad rap for having lower and older technology. I would need confirmation with data and information that I would have all the newest tech and physicians.
- I will use BFV when my doctor retires. Other family uses BFV and are very happy with these services.
- Better doctors / specialists
- I use Bigfork Valley, but it takes too long to get an appointment
- While living in Marcell, emergency care (often) my serious health issues have mostly been taken care of with excellence
- Transportation
- Using it first time 9-25-18 total knee replacement with Dr. Baker
- VA sometimes gives referrals to BFV. As veteran ages, it will be more difficult to travel to VA for care.
- Generally, use VA services

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

- Neurologist for Parkinson's patients / neurology (4)
- Oncology (2)
- Gastro
- I would like to see complete care available
- General practitioners
- Internal med
- Pulmonologist (2)
- ALL!
- Dentist
- Oncologist
- Since we have access to several visiting specialists, I selected one we do not have  
I don't know.

**9. Overall, how would you rate your personal health?**

**10. Where do you learn about ways to live a healthier life?**

- Television (5)
- MPR / NPR, books, magazines (4)
- Research and study (2)

- News (2)
- Myself, retired PE teach! Plus, "I gotta move!"
- Fit Bit
- WebMD
- Any dietician
- I just do what I can
- Health publications
- I am an RN
- Website: nutrition facts
- Books
- Medical newsletters
- Former work place
- No need
- Self
- AARP Magazine
- Bigfork Publication
- TV – Oprah
- Chiropractor in Bemidji

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

- BC/BS (Blue Cross / Blue Shield)
- MHCP
- Humana Ins.
- U-Care
- BC/BS supplement (2)
- AK Retired
- Medi-share / faith-based
- Christian Healthcare Ministries
- IM Care
- CHM
- Itasca Cty

**12. Where do you currently live, by zip code?**

**13. What is your identified gender?**

**14. What is your age range?**

## APPENDIX C: KEY INFORMANT INVITATION AND QUESTIONS



August 2018

Dear [insert name]:

We are working with Bigfork Valley Hospital on their Community Health Needs Assessment. You have been identified as a leader in the community and we would like to hear from you about your perspectives on the health of the community. Please accept this invitation to **participate in a key informant interview** conducted by the National Rural Health Resource Center on behalf of Bigfork Valley Hospital. The purpose of the interview will be to identify strengths and needs of community health for the region.

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

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

We invite you to participate in a 15-30-minute one-to-one interview.

**Available times for an interview (if none work, I can select different times):**

Tuesday, September 25<sup>th</sup> 11:30am – 12:00 (noon)

Thursday, September 27<sup>th</sup> 2:00pm – 2:30pm

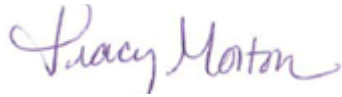
Friday, September 28<sup>th</sup> 1:00pm – 1:30pm

Your help is very much appreciated in this effort. Please confirm your willingness to participate before Wednesday, September 5<sup>th</sup> by contacting myself, Keely Lonetto at [klonetto@ruralcenter.org](mailto:klonetto@ruralcenter.org), or 1-800-997-6685, Ext. 0 to set up a time that works best for your schedule.

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

We look forward to your participation. Thank you.

Sincerely,



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

### **Key Informant Questions**

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

1. Describe the overall health of this community.
2. What is the greatest health need in the community?
3. What do you think the Hospital could do to increase the health of the community? Where are the opportunities to collaborate?
4. In your opinion, what are some of the strengths (availability, quality) of the health services offered at Bigfork Valley Hospital?
5. In your opinion, what are some of the barriers of the health services available at Bigfork Valley Hospital?
6. What new health care services would you like to see available locally?
7. Why might people leave the community for health care?
8. What are some of the benefits of having health services available locally?