Johnson Memorial Health Services Dawson, Minnesota

Community Health Needs Assessment & Key Informant Interview Report July 2012



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Johnson Memorial Health Services Community Health Needs Assessment & Key Informant Interview Findings

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Johnson Memorial Health Services Community Health Needs Assessment Summary Report

Introduction

Johnson Memorial Health Services (JMHS) is a non-profit, 25-bed critical access hospital located in Dawson, Minnesota. JMHS participated in the Community Health Assessment survey process administrated by the National Rural Health Resource Center (The Center) of Duluth, Minnesota.

In the spring of 2012, a random stratified sample within JMHS's service area was surveyed on the utilization and perception of local health care services. This report details the results of the survey in both narrative and chart formats, as well as a summary report of key informant interviews. Included in the assessment findings are recommendations for developing and implementing plans that address key health issues identified by the community. A copy of the survey instrument is included at the end of the report (Appendix A).

Findings from this report 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
- 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
- Establishing baselines as a reference point for measuring progress over time
- Supporting community-based strategic planning

Survey Methodology

Survey Instrument

In April 2012, The Center conferred with leaders from JMHS to discuss the objectives of a regional community health needs assessment survey. A survey instrument was developed to assess the health care needs and preferences in the service area. The survey instrument was designed to be easily completed by respondents. Responses were electronically scanned to maximize accuracy. The survey was designed to assemble information from local residents regarding:

- Demographics 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, Alaska, and Idaho.

Sampling

JMHS 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 Prime Net 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 May 2012, the community health needs assessment, a cover letter on JMHS's letterhead, and a postage paid reply envelope were mailed first class to 800 randomly selected residents in the targeted region. A press release was sent to local newspapers prior to the survey distribution announcing that JMHS would conduct a community health needs assessment throughout the region in cooperation with The Center.

Two hundred thirty-one of the mailed surveys were returned providing a 30% 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 4.95%. Note that 25 of the original 800 surveys sent were returned by the U.S. Postal Service as undeliverable.

Percentages indicated on the following tables and graphs are based upon the number of responses for each individual question from the survey and are rounded to the nearest whole number. The top three percentages in each table have been bolded for easy reference.

Survey Respondent Demographics

The following tables indicate the demographic characteristics of survey respondents. Information on place of residency, number of people in the household, gender, age, and employment status is included. Percentages indicated in the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

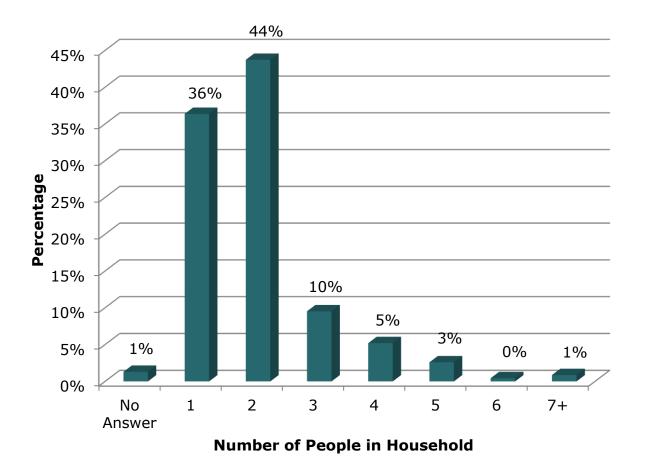
Place of Residence (Question 29)

Zip codes with the greatest number of admissions were stratified in the initial sample selection so that each area would be represented in proportion to both the overall served population and the proportion of past admissions. Based on this selection, 66% (n=153) of respondents reside in Dawson, Minnesota. (n=227)

Location	Count	Percent
56532 Dawson	153	66%
56256 Madison	21	9%
56218 Boyd	19	8%
56208 Appleton	10	4%
56257 Marietta	10	4%
56265 Montevideo	5	2%
56212 Bellingham	3	1%
56220 Canby	3	1%
56223 Clarkfield	2	1%
57259 Revillo, SD	1	0%
57237 Gary, SD	0	0%

Number of People in Household (Question 30)

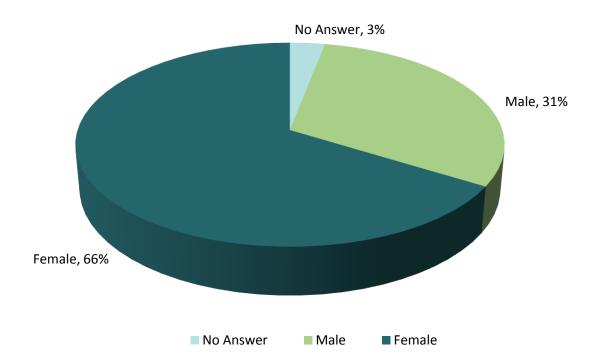
Respondents indicated that the largest strata of households were those with two people (44%, n=101) followed by households with one person (36%, n=84). This is consistent with the age of respondents. (N=231)



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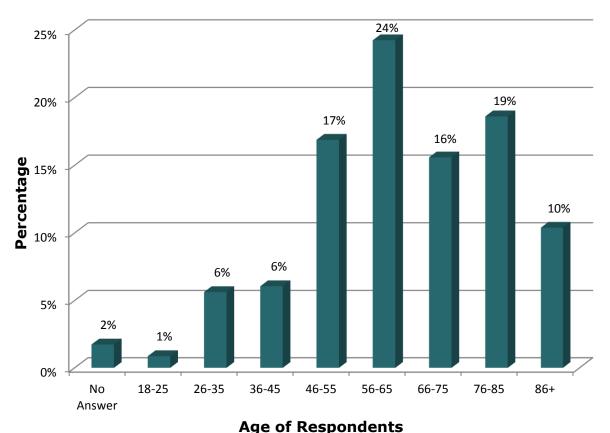
Gender of Respondents (Question 31)

Of the 231 surveys returned, 66% (n=153) of survey respondents were female, 31% (n=71) were male and 3% (n=7) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is health care oriented since women are frequently the health care decision makers for families. (N=231)



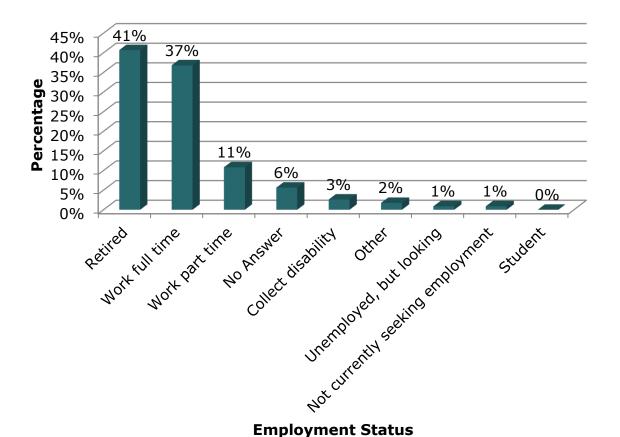
Age of Respondents (Question 32)

Twenty-four percent (n=56) of respondents were between the ages of 55-65 years old and 19% (n=43) were 76-85 years old. The population of respondents in this community is comparable to other rural community health assessment demographics. The increasing percentage of older residents in rural communities is a trend that is seen throughout rural Minnesota and will likely have a significant impact on the need for health care services during the next 10-20 years. Older residents are also more invested in health care decision making; therefore they are more likely to respond to health care surveys, as reflected by the graph below. It is important to note that the survey was targeted to adults and therefore no respondents are under age 18. (N=231).



Employment Status (Question 33)

Forty-one percent (n=94) of respondents indicate they are retired, which is consistent with the age of respondents. Thirty-seven percent (n=85) are employed full time and 11% (n=25) work part time. This response is comparable to other rural communities surveyed by the National Rural Health Resource Center. Comments listed as "Other" are available in Appendix B. (N=231)

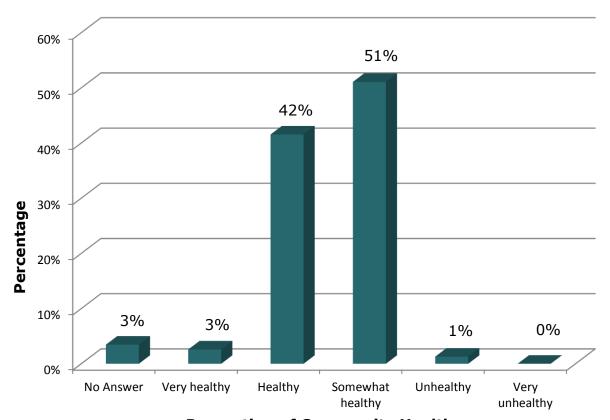


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Survey Findings

Perception of Community Health (Question 1)

Respondents were asked how they would rate their community as a healthy place to live. Fifty-one percent of respondents (n=118) rated their community as "Somewhat healthy" while 42% (n=96) felt their community was "Healthy." This indicates an opportunity to improve area residents' perception of their community's health. (N=231)



Perception of Community Health

Community Health Concerns (Question 2)

Respondents were asked to identify the three most serious health concerns in the community. The number one health concern identified by respondents was "Cancer" (82%, n=186), followed by "Heart disease" (52%, n=118) and "Obesity" (42%, n=95). "Alcohol/substance abuse" is typically the most frequent response from other rural community health needs assessments conducted by The Center. Respondents were asked to select their top three health concerns, so percentages do not total to 100%. Comments listed as "Other" are available in Appendix B. (n=231)

Health Concerns	Count	Percent
Cancer	186	82%
Heart Disease	118	52%
Obesity	95	42%
Diabetes	73	32%
Lack of exercise	40	18%
Stroke	39	17%
Alcohol/substance abuse	38	17%
Tobacco use	27	12%
Mental health issues	25	11%
Underage alcohol use	21	9%
Child abuse/neglect	10	4%
Lack of access to health care	7	3%
Lack of dental care	3	1%
Domestic Violence	0	0%
Motor vehicle accidents	0	0%
Other	0	0%

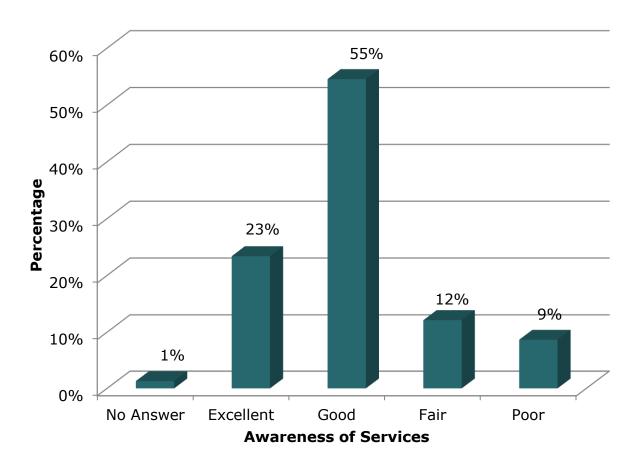
Criteria for a Healthy Community (Question 3)

Respondents were asked to identify the three most important criteria to a healthy community. Seventy-six percent (n=173) of respondents indicated "Access to health care and other services" was important for a healthy community and "Good jobs and a healthy economy" was the second most indicated criteria to a healthy community (48%, n=110). These are generally the top 2 responses in rural community health needs assessments conducted by The Center. The third most frequent selection from this assessment was "Strong family life" (36%, n=82). Respondents were asked to identify their top three choices thus the percentages do not total to 100%. Comments listed as "Other" are available in Appendix B. (n=231)

Important Criteria	Count	Percent
Access to health care and other services	173	76%
Good jobs and healthy economy	110	48%
Strong family life	82	36%
Religious or spiritual values	71	31%
Health behaviors and lifestyle	69	30%
Good schools	65	29%
Clean environment	36	16%
Low crime/safe neighborhoods	30	13%
Affordable housing	24	11%
Community involvement	11	5%
Low death and disease rates	10	4%
Tolerance for diversity	5	2%
Arts and cultural events	4	2%
Parks and recreation	3	1%
Other	2	1%
Low level of domestic violence	1	0%

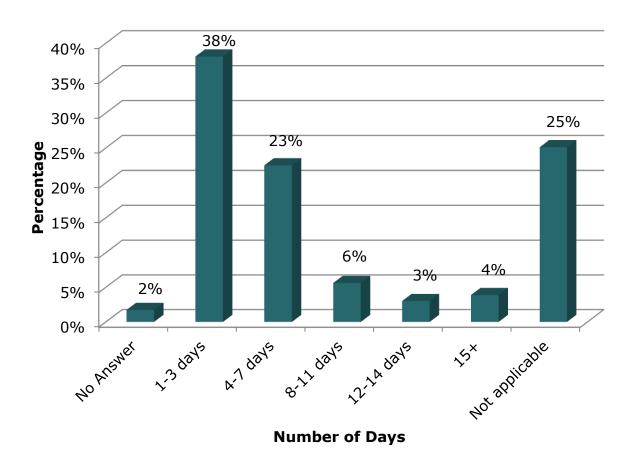
Awareness of Services Available at JMHS (Question 4)

Respondents were asked to rate their knowledge of health services available at Johnson Memorial Health Services. Slightly more than half of the respondents rate their knowledge of local health services available at JMHS as good (55%, n=126). This is an opportunity for JMHS to educate community members and staff about services available locally. (N=231)



Average Length of Time to Schedule an Appointment (Question 5)

Respondents were asked to identify the average length of time it takes to schedule an appointment with a primary care provider at JMHS. Thirty-eight percent (n=88) of respondents report that they are able to schedule an appointment between 1-3 days. Key informant participants validated this figure as well, noting that they could typically get into see their primary care provider the day they called. (N=231)



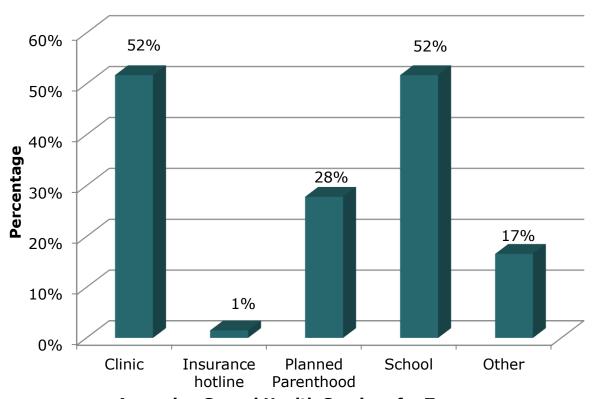
How Respondents Learn of Health Care Services (Question 6)

"Word of mouth/reputation" was the most frequently reported method respondents indicated in learning about local health services (77%, n=176). Generally, word of mouth is the most common response in community health needs assessments conducted by The Center. "Health care providers" was the second most frequent response to how people learn of health care services available (50%, n=114). Respondents could select more than one method so percentages do not total to 100%. Comments listed as "Other" are available in Appendix B. (n=228)

Method	Count	Percent
Word of mouth/reputation	176	77%
Health care provider	114	50%
Newspaper	107	47%
Mailings	68	30%
Website/internet	19	8%
Yellow pages	17	7%
Church	13	6%
Public health	13	6%
Presentations	12	5%
Other	12	5%

Accessing Sexual Health Services for Teenagers (Question 7)

Respondents were asked, "Where do you think teenagers in our community are accessing sexual health services?" Fifty-two percent (n=106) indicated "Clinic" and the exact same amount indicated "School". Respondents could select more than one method so percentages do not total to 100%. Comments listed as "Other" are available in Appendix B. (n=205)



Accessing Sexual Health Services for Teenagers

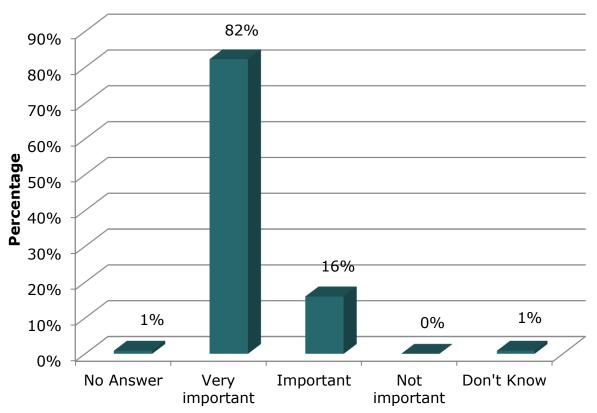
Ideas for Improving Access to Health Care (Question 8)

Respondents were asked to identify methods for improving access to local health care services. "More primary care providers" (52%, n=111) was the most frequently reported method indicated, followed by "More specialists" (34%, n=74). These responses are common based on other community health needs assessments offered by The Center. It is possible that respondents may select these options if they perceive that there is a lengthy waiting time to see a physician or would like to spend more time with their physician. Respondents could select more than one method so percentages do not total to 100%. Comments listed as "Other" are available in Appendix B. (n=215)

Method	Count	Percent
More primary care providers	111	52%
More specialists	74	34%
Greater health education services	65	30%
Transportation assistance	65	30%
Transportation assistance	44	20%
Improved quality of care	42	20%
Other	14	7%
Telemedicine	12	6%
Interpreter services	4	2%
Cultural sensitivity	1	0%

Economic Importance of Local Health Care Services (Question 9)

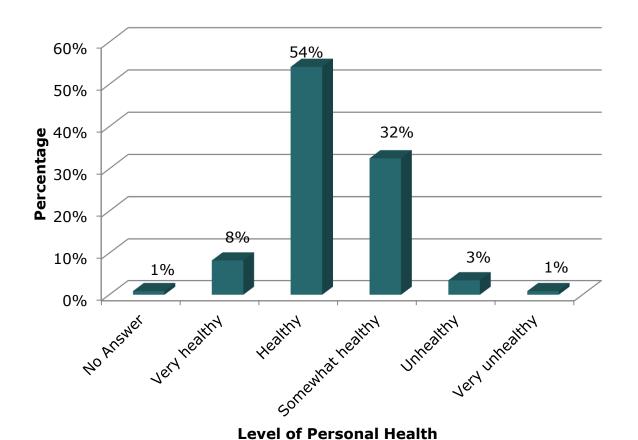
The majority of respondents (82%, n=190) indicated that local health care services are very important to the economic well-being of the area while 16% (n=37) indicated they are important. (N=231)



Economic Importance of Local Health Care Services

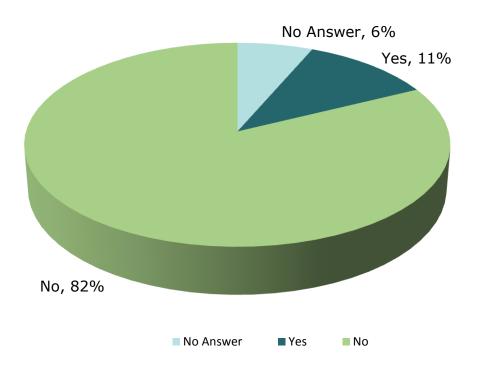
Perception of Personal Health (Question 10)

Respondents were asked how they would rate their own level of health. Fifty-four percent (n=125) perceived their personal level of health to be "Healthy" and thirty-two percent (n=75) indicated their level of health as "Somewhat healthy." This perception of personal health is better compared with other rural communities assessed by The Center. (N=231)



Delayed Receiving Health Care Services (Question 11)

Of the 231 surveys completed, 11% (n=45) reported they, or a member of their household, thought they needed health care services but either did NOT get the service or experienced a delay in receiving it. Eighty-two percent (n=190) of respondents felt they were able to get the health care services they needed without delay. (N=231)



Reasons for Delaying Health Care Services (Question 12)

The reasons most frequently cited for why respondents were not able to receive, or had a delay in receiving health care services were: "It cost too much" (53%, n=17), "My insurance didn't cover it" (34%, n=11) and "Too long to wait for an appointment" (31%, n=10). Comments listed as "Other" are available in Appendix B. Respondents were asked to select up to three applicable choices, therefore percentages do not total 100%. (n=32)

Reason	Count	Percent
It cost too much	17	53%
My insurance didn't cover it	11	34%
Too long to wait for an appointment	10	31%
No insurance	5	16%
Don't like doctors	5	16%
Not treated with respect	4	13%
Too nervous or afraid	4	13%
Transportation problems	4	13%
Could not get an appointment	3	9%
Office wasn't open when I could go	3	9%
Unsure if services were available	3	9%
Could not get off work	3	9%
Other	3	9%
It was too far to go	2	6%
Didn't know where to go	2	6%
Language barrier	0	0%
Had no one to care for my children	0	0%

Preventative Services Used in the Last Year (Question 13)

Respondents were asked to identify which of the following preventative test and early diagnostic services they have received in the past year. Of the preventative services listed, "Routine health checkup" was the most frequent response by 68% (n=152) of respondents. Sixty-six percent (n=147) of respondents also had a "Routine blood pressure check" and a "flu shot" (65% n=145). Comments listed as "Other" are available in Appendix B. Respondents were asked to select all that applied, therefore percentages do not total 100%. (n= 224)

Preventative Service	Count	Percent
Routine health checkup	152	68%
Routine blood pressure check	147	66%
Flu shot	145	65%
Cholesterol check	114	51%
Mammography	104	46%
Pap smear	80	36%
Colonoscopy	44	20%
Prostate (PSA)	30	13%
Children's checkup/Well baby	19	8%
None	16	7%
Other	8	4%
Family Planning	6	3%

Additional Health Care Services Desired (Question 14)

Respondents were asked to identify additional health care services they desired locally.

There was a diverse range of requests, including a dermatologist for cancer, good diabetic information, chemotherapy, a weight loss program and urgent care. Please reference Appendix B for a complete listing of additional services desired locally.

Pharmacy Location (Question 15)

Respondents were asked to identify where they receive their medications MOST frequently. Forty-three percent (n=97) of respondents indicated Montevideo, twenty-seven percent (n=61) indicated Dawson and sixteen percent (n=35) indicated by mail. Respondents were asked to select all that apply so percentages will not total 100%. Comments listed as "Other" are available in Appendix B. (n=224)

Hospital Location	Count	Percent
Montevideo	97	43%
Dawson	61	27%
By mail	35	16%
Madison	34	15%
Appleton	13	6%
VA	12	5%
Not applicable; I do not take medications	11	5%
Other	5	2%
Willmar	4	2%
St. Cloud	4	2%
Marshall	4	2%
Canby	4	2%
Sioux Falls, SD	2	1%
Watertown, SD	2	1%
Minneapolis/St. Paul	0	0%

Reason for Selecting the Pharmacy Used (Question 16)

Of respondents who received prescriptions, the primary reason for selecting a site was "Closest to home" (52%, n=116) which is the most frequent response in other rural community health needs assessments conducted by The Center. Respondents were asked to select all that apply, so percentages do not total to 100%. Comments listed as "Other" are available in Appendix B. (n=221)

Reason	Count	Percent
Closest to home	116	52%
Prior experience with pharmacy	68	31%
Cost of medications	49	22%
Pharmacist's available hours	47	21%
Length of waiting time for prescriptions	40	18%
Pharmacy's reputation for quality	38	17%
Required by insurance plan	25	11%
Other	22	10%
VA/Military requirement	11	5%
Referred by physician or other provider	10	5%
Recommended by family or friends	8	4%

Hospital Location (Question 17)

Respondents were asked to identify which hospital they or a household member used MOST for hospital care. Most respondents selected Dawson as their top choice (63%, n=133) while Montevideo was ranked a distant second (13%, n=27). Comments listed as "Other" are available in Appendix B. (n=211)

Hospital Location	Count	Percent
Dawson	133	63%
Montevideo	27	13%
Madison	17	8%
Appleton	7	3%
Sioux Falls, SD	6	3%
Willmar	5	2%
Other	5	2%
Canby	4	2%
Marshall	3	1%
Watertown, SD	2	1%
Minneapolis/St. Paul	1	0%
St. Cloud	1	0%

Reasons for Hospital Selection (Question 18)

Respondents were asked to think about the hospital that they use most frequently and indicate the three most important reasons for selecting that hospital. "Closest to home" (78%, n=175) was the most frequently cited factor in hospital selection, followed by "Prior experience with the hospital" (59%, n=133). Respondents were asked to select 3 that applied, so percentages do not total to 100%. Comments listed as "Other" are available in Appendix B. (n=225)

Reason	Count	Percent
Closest to home	175	78%
Prior experience with hospital	133	59%
Hospital's reputation for quality	106	47%
Referred by physician	68	30%
Emergency, no choice	35	16%
Recommended by family or friends	34	15%
Close to work	32	14%
Required by insurance plan	12	5%
Other	10	4%
Cost of care	8	4%
VA Military requirement	4	2%

Future Hospitalization (Question 19)

Respondents were asked to identify which hospital they or a household member would use in the event of a future hospitalization. Most respondents selected Dawson as their top choice (59%, n=123) while a distant second was Montevideo (10%, n=21). Comments listed as "Other" are available in Appendix B. (n=208)

Location	Count	Percent
Dawson	123	59%
Montevideo	21	10%
Madison	14	7%
Sioux Falls	10	5%
Other	10	5%
St. Cloud	8	4%
Appleton	7	3%
Willmar	6	3%
Canby	3	1%
Marshall	2	1%
Watertown, SD	2	1%
Minneapolis/St. Paul	1	0%
VA	1	0%

Location of Primary Health Care Provider (Question 20)

Respondents were asked to identify where their primary health care provider was located. Most respondents selected Dawson as their top choice (63%, n=135) while a distant second was Montevideo (13%, n=28). Comments listed as "Other" are available in Appendix B. (n=214)

Location	Count	Percent
Dawson	135	63%
Montevideo	28	13%
Madison	17	8%
Other	12	6%
Appleton	7	3%
Canby	4	2%
VA	3	1%
Willmar	3	1%
N/A; have not seen a primary care provider	3	1%
Marshall	1	0%
Sioux Falls, SD	1	0%
Minneapolis/St. Paul	0	0%
Watertown, SD	0	0%

Reasons for Selecting Primary Care Provider (Question 21)

Respondents were asked to identify why they selected a particular primary care provider. Sixty-eight percent (n=152) selected "Closest to home" and sixty-one percent (n=137) selected "Prior experience with clinic. Respondents could select all that apply, so percentages do not total 100%. Comments listed as "Other" are available in Appendix B. (n=223)

Reason	Count	Percent	
Closest to home	152	68%	
Prior experience with clinic	137	61%	
Clinic's reputation for quality	63	28%	
Appointment availability	60	27%	
Length of waiting room time	32	14%	
Recommended by family or friends	29	13%	
Referred by physician or other provider	20	9%	
Other	17	8%	
Required by insurance plan	9	4%	
VA/Military requirement	6	3%	
Indian Health Services	0	0%	

Reasons for Seeking Primary Care Outside of Dawson (Question 22)

Respondents were asked to identify why they may seek primary health care services outside of Dawson. Thirty-one percent (n=52) reported they seek health care services elsewhere because they have a "Prior relationship with another health care provider" or because the location of the primary care provider was closest to their home (28%, n=47). Twenty-seven percent (n=46) indicated they use local health care services. Respondents could select all that apply, so percentages do not total 100%. Comments listed as "Other" are available in Appendix B. (n=168)

Reason	Count	Percent
Prior relationship with other health		
care provider	52	31%
Closest to home	47	28%
N/A: I/we use local services	46	27%
Quality of staff	35	21%
Quality of equipment	29	17%
More privacy	17	10%
Other	13	8%
Closest to work	12	7%
Required by insurance plan	10	6%
VA/Military requirement	7	4%
Cost of care	5	3%

Location of Future Primary Health Care Services (Question 23)

Sixty-four percent (n=138) of respondents indicated Dawson as the location for their future primary health care service needs, followed by a distant second is Montevideo (11%, n=23). Respondents were asked to select only one response. Comments listed as "Other" are available in Appendix B. (n=215)

Location	Count	Percent
Dawson	138	64%
Montevideo	23	11%
Madison	14	7%
Other	13	6%
Appleton	8	4%
Canby	4	2%
St. Cloud	4	2%
Willmar	3	1%
Sioux Falls, SD	3	1%
Marshall	2	1%
Watertown, SD	1	0%
Minneapolis/St. Paul	1	0%
VA	1	0%

Use of Health Care Specialists during the Past Three Years (Question 24)

Seventy-five percent (n=163) of respondents indicated that they or a household member had seen a "Dentist", forty-one percent (n=88) "Radiologist" and thirty-nine percent (n=85) a "Chiropractor". The use of dentistry and chiropractic services is similar to other communities. Again, respondents were asked to select all that applied, so percentages do not total to 100%. Comments listed as "Other" are available in Appendix B. (n=217)

Specialty	Count	Percent
Dentist	163	75%
Radiologist	88	41%
Chiropractor	85	39%
Physical therapist	51	24%
General surgeon	46	21%
Cardiologist	42	19%
Dermatologist	33	15%
ENT (ear/nose/throat)	32	15%
Gastroenterologist	30	14%
Orthopedic surgeon	28	13%
Ophthalmologist	28	13%
OB/GYN	28	13%
Urologist	20	9%
Occupational therapist	20	9%
Oncologist	17	8%
Allergist	16	7%
Mental health counselor	12	6%
Dietician	11	5%
Neurologist	11	5%
Pulmonologist	10	5%
Rheumatologist	9	4%
Pediatrician	8	4%
Other	8	4%
Endocrinologist	6	3%
Psychologist	6	3%
Social worker	6	3%
Psychiatrist	5	2%
Neurosurgeon	5	2%
Speech therapist	3	1%
Substance abuse counselor	0	0%

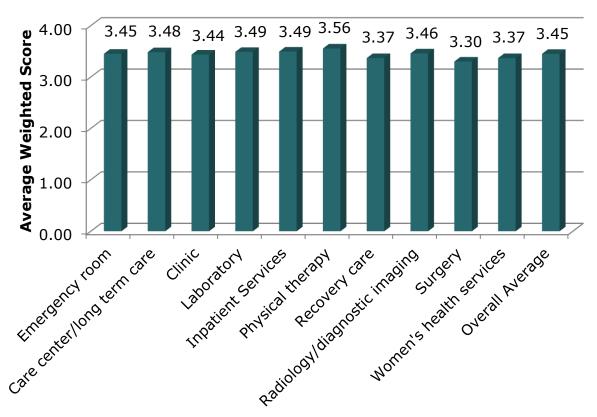
Location of Health Care Specialist Seen (Question 25)

Of the 231 respondents that indicated they saw a health care specialist in the last three years, 55% (n=117) saw a specialist in Dawson, 25% (n=52) saw a specialist in Montevideo, and 19% (n=40) saw a specialist in Willmar. Respondents could select more than one location, therefore percentages do not total to 100%. Comments listed as "Other" are available in Appendix B. (n= 212)

Location	Count	Percent
Dawson	117	55%
Montevideo	52	25%
Willmar	40	19%
Madison	35	17%
Sioux Falls, SD	27	13%
Marshall	17	10%
Other	20	9%
Watertown, SD	17	8%
St. Cloud	17	8%
Minneapolis/St. Paul	15	7%
Appleton	11	5%
VA	6	3%
Via tele-medicine services with JMHS	6	3%
Canby	5	2%

Overall Quality of Services at JMHS (Question 26)

Respondents were asked to provide quality ratings for a variety of services offered at JMHS using a scale of 1-4 where 4= Excellent, 3= Good, 2= Fair, and 1= Poor. "Don't Know" was also an available choice. Non-numerical selections were eliminated, and the sums of the average weighted scores were calculated. "Physical therapy" received the top average weighted score for quality with 3.56 out of 4.00 while "Laboratory" and "Inpatient Services" were tied at 3.49 out of 4.00. The total average weighted quality score for the hospital was 3.45 indicating the overall quality of services at the hospital as good to excellent. The average range of overall quality of services in other rural community health needs assessments conducted by The Center is 3.13-3.47. A chart of the average weighted scores is below. Percentages and counts from each category are available in the table on the next page.



Johnson Memorial Health Services

Table of Overall Quality of Services at Johnson Memorial Health Services (Question 26)

Service	Excellent 4	Good 3	Fair 2	Poor 1	Don't Know	No Answer	Average Weighted Score
Emergency	55%	36%	7%	2%			
room	(n=65)	(n=42)	(n=8)	(n=2)	n=93	n=21	3.45
Care							
center/long	55%	39%	6%	0%			
term care	(n=34)	(n=24)	(n=4)	(n=0)	n=134	n=35	3.48
	54%	38%	7%	1%			
Clinic	(n=84)	(n=61)	(n=11)	(n=2)	n=54	n=19	3.44
	56%	39%	4%	1%			
Laboratory	(n=81)	(n=56)	(n=6)	(n=2)	n=65	n=21	3.49
Inpatient	55%	36%	5%	2%			
Services	(n=53)	(n=35)	(n=4)	(n=2)	n=110	n=24	3.49
Physical	60%	37%	2%	1%			
Therapy	(n=54)	(n=33)	(n=2)	(n=1)	n=112	n=29	3.56
	51%	38%	8%	3%			
Recovery care	(n=33)	(n=25)	(n=5)	(n=2)	n=135	n=31	3.37
Radiology/		-		-			
Diagnostic	55%	38%	5%	2%			
imaging	(n=55)	(n=38)	(n=5)	(n=2)	n=100	n=31	3.46
	51%	35%	7%	7%			
Surgery	(n=22)	(n=15)	(n=3)	(n=3)	n=154	n=34	3.30
Women's Health	51%	39%	6%	4%			
Services	(n=47)	(n=36)	(n=5)	(n=4)	n=109	n=30	3.37
N=	531	365	53	20	1066	275	3.45

Type of Household Health Insurance (Question 27)

Respondents were asked what type of health insurance covers the majority of their household's medical expenses. Thirty-seven percent (n=85) indicated "Medicare" and twenty-nine percent (n=66) indicated "Employer sponsored". (N=231)

Type of Health Insurance	Count	Percent
Medicare	85	37%
Employer sponsored	66	29%
No answer	27	12%
Self paid	21	9%
State/other	12	5%
Health Savings Account	5	2%
None	5	2%
Other	5	2%
Medicaid	4	2%
VA/Military	1	0%
Healthy Kids	0	0%
Indian Health Services	0	0%
Agricultural Corp. Paid	0	0%

Reasons for Not Having Health Insurance (Question 28)

Of the 14 respondents who indicated they do not have health insurance, 64% (n=9) report they did not have health insurance because they "Cannot afford to pay for health insurance". Respondents were asked to mark all answers that applied, thus the percentages do not total 100%. Comments listed as "Other" are available in Appendix B. (n=14)

Reason	Count	Percent
Cannot afford to pay for medical insurance	9	64%
Employer does not offer insurance	3	21%
Choose not to have health insurance	2	14%
Other	2	14%
Cannot get medical insurance due to medical		
issues	2	14%

Key Informant Interview Findings

Introduction

The National Rural Health Resource Center (The Center) of Duluth, Minnesota was contracted by Johnson Memorial Health Services (JMHS) to conduct key informant interviews to provide qualitative data as a supplement to the community survey. The purpose of the key informant interviews was to hear directly from local residents on the strengths and needs of health services in Dawson.

Key Informant Interviews Methodology

Nine key informant interviews via telephone were scheduled in July 2012. Key informant interview participants were identified as people living in Dawson and the surrounding area. Invitations were mailed with the key informant interview questions attached (Appendix C). The interviews were designed to represent various consumer groups of local health services including business owners, health care providers, seniors and caregivers in the community. Each interview was approximately 15-30 minutes in length and included the same questions.

The questions and discussions were facilitated by Christy Clay of the National Rural Health Resource Center. No identifiable information is disclosed in the key informant summary to maintain confidentiality.

Demographics

Of the 9 key informant interview participants, there were 3 females and 6 males. The ages ranged from approximately 25-70 years old. All of the respondents reported having direct experience with the health care services provided in Dawson.

Key Informant Interview Findings

In your opinion, what are some of the strengths of the health services available in Lac Qui Parle County and the surrounding area?

Johnson Memorial Health Services has a reputation of providing friendly, accessible, competent health care services. "All clinics are friendly and helpful; they want to help and are caring to the entire family and most of our health needs can be met in town". "JMHS is courteous, kind and responsive - even the doctors make follow-up calls. The follow-up calls mean the world".

Participants recognized how convenient it is to have health care accessible locally. "It is a strength just to have health care available in our small community! We can keep patients local; the hospital and clinic have expanded the outreach services and can now utilize tele-health technology to help patients be served locally".

From a business perspective, the convenience and access to both day to day services as well as emergency services is essential for safety and cost. One participant commented "there are many strengths (of the local health care services) including; quick response time for emergency services, helpful assistance with work-related injuries, great cooperation between the doctors and administration, as well as the ability to get drug screening and other employer-related services provided in town. In addition, JMHS advises businesses on safety risks." Another participant commented that "just having a hospital here, both for emergencies and day-to-day operations is very important. Without it, our local business expenses would definitely increase".

Interview participants acknowledge local physicians' high level of competency of care and commend them for recognizing their limitations and effectively referring to other providers as appropriate. Care coordination between Johnson Memorial Health Services to larger facilities seems to run smoothly. Participants reported that the hospital is very connected in the community and genuinely cares about the health and wellbeing of area residents.

In your opinion, what are some of the barriers of the health services available in Lac Qui Parle County and the surrounding area?

Many participants struggled to identify some of the barriers of the health services available in Dawson, with most noting how privileged they feel to live in a small town with such comprehensive health care services.

After prodding by the facilitator, it was noted by many interview participants that as doctors have left JMHS they have not been replaced. Comments included "a potential barrier is that JMHS needs additional physicians. I believe the clinic could use 1 or 2 more doctors" and "a barrier is that there could be more providers and more opportunities to see specialists in town" as well as "the outreach services are limited so at times patients have to wait several weeks. Also, there is only one family practice OB/GYN which is male; we could use more physicians and some women want to see a female provider".

Access to psychological services was also mentioned several times. One community member commented "I think barriers are lack of psychological care and counseling services – especially in the case of acute psychological issues".

Some participants specific to JMHS, more the surrounding area and the noted barriers within the American health care system as a whole, citing " "I see no barriers that are within the control of the operator; the barriers are the result of a "broken" health care system, not the local operators."

How would you describe the availability and quality of care of health services available at Johnson Memorial Hospital?

The responses from participants were overwhelmingly positive. "Excellent" and "topnotch" were some of the comments from participants, along with "I would rate JMHS high on both the availability and the quality of care".

One participant commented that "JMHS staff will come to our facility for services they can do on-site and for OSHA issues. We operate 24 hours a day and they are always responsive." In regards to quality, JMHS keeps up to date on new technology and really works hard to get people who have been injured at work, back to work." Many participants noted how fortunate they are to have access to good practitioners locally.

Several interview participants commented on the perception that knowing the provider resulted in a higher quality of care. "The providers are invested in the community and see their patients out and about. I think the accountability and accessibility are extraordinary for a small community, yet the medical community upholds their boundaries between doctor and community member very well" replied one participant. Another noted, "It is beneficial that the provider knows you personally and seems more invested in your well-being; the doctors and nurse practitioners take a more holistic approach to care because they understand your personal struggles and family history." Many reported JMHS staff treat patients as individuals and not just numbers.

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

Many participants recognized that it is difficult for a community of this size to offer specialized services and commended JMHS for expanding outreach services and informing the community of the comprehensive services offered locally. Additional services requested, include: an allergist, adult day care program, assisted living facility, additional behavioral health practitioners (both psychology and counseling services), and additional family practice providers, preferably a female practitioner or female OB/GYN. "The Nurse Practitioners are great but I think we need one or two more medical doctors," replied a participant.

One individual recommended the development of a "fitness for duty" assessment that ensures a job candidate's ability to perform manual tasks required upon hiring and wished to partner with JMHS on this worksite wellness project.

Why might people leave the community for health care?

One reason cited for why people may leave the community for health care is the need for advanced specialty care services. Specific specialty care services mentioned were: female OB/GYN, kidney dialysis, cancer, ENT, and acute psychological services.

Participant comments included "Because there are not enough doctors, or if the patient doesn't care for the doctor in the clinic.;" "Price is also a factor; people are price shopping for procedures and surgeries" and "Confidentiality could also be an issue" or "Perhaps people had a bad experience at some point." Participants also identified that some specialized services may not be offered in Dawson leading to a relationship with providers outside of JMHS."

Other reasons why one may leave the area include: the perception that a larger facility is better or concerns over quality, however, one participant commented, "In the past, there has been some concerns about quality of care but certainly not at this time."

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

Convenience and the availability of services were noted as the primary benefits to having health services available locally. Several participants expressed appreciation for the skill and competency of local providers. Several participants noted the importance of having physicians available locally to detect health concerns at the earlier stages of diagnosis before problems escalate and require greater interventions. Another benefit of having health services available locally is the positive economic impact of the facility on the community.

Do you have any additional comments or suggestions regarding health services in Dawson?

Participants again recommended hiring additional physicians – they understood this was not easy to recruit doctors to a smaller community; however, it was their primary concern and recommendation. Miscellaneous suggestions included: keep up the appearance and cleanliness of the facilities; be courteous and kind and good listening; more communication and open dialogue between employers and hospital staff on how they can work better together on work-related injuries and develop more opportunities for dialogue between behavior health practitioners and the JMHS staff.

In Conclusion

Based on the above qualitative information, it appears that JHMS is providing high quality, personalized health care services. Community members prefer to receive health care services within Dawson when possible and have a few specific suggestions for improving local utilization of health care. The hiring of an additional physician(s) would likely be beneficial to both the hospital and the community.

Conclusions, Recommendations, and Acknowledgements

Conclusions

Overall, the respondents within Johnson Memorial Health Services' service area are seeking hospital, primary, and specialty care services at a rate that is similar to other rural areas. Respondents acknowledged that proximity to home is a factor when seeking health care services, particularly hospital and primary care. Respondents recognize the major impact the health care sector has on the economic well-being of the community.

Respondents identified the overall quality of services at Johnson Memorial Health Services as good to excellent.

In summary, it appears that there is support for local health care and that many prefer to seek care locally, but there are opportunities to capture a greater market share for specialty care services.

Recommendations

JMHS appears to have a positive reputation in the community; receiving high ratings relating to overall quality of care and services. The writer is aware that this facility is utilizing management frameworks, such as the Balanced Scorecard to measure and monitor progress and recommends the continuation of these processes.

JMHS is capturing the market within the service area in hospital, primary care, and specialty care services. However, there is concern of retention of providers. Evaluate hiring an additional physician, preferably female.

Build loyalty with residents by focusing on assets such as the high level of quality care provided by nurses and physicians, as these attributes were referenced frequently in the key informant interviews.

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

Acknowledgements

The Center would like to thank Ms. Kathy Johnson, CEO for her contributions and work with developing and distributing the assessment and the coordination of focus groups.

Tips for Next Steps:

- Document community health needs assessment processes and results to meet the charitable hospital tax-exempt status requirements, if applicable
- Determine how the assessment results will influence future planning
- Utilize findings to develop goals and an action plan
- Reflect on strengths within the hospital, clinic, and community. Utilize these assets when addressing community health needs
- Consider presenting assessment results at a community health education forum to demonstrates the impact health care has on the local economy and quality of life
- Share assessment results with other local or state health care organizations (clinic, public health, mental health, non-profit, etc.) to gather input on how to collectively address needs identified from the survey. Assess if any non-health related organization could support the health needs of the community. Think outside the box
- Promote positive assessment results as hospital marketing tools for capturing market share

PPACA Tax Exempt Hospital Status Requirements: 9007

The <u>Patient Protection and Affordable Care Act: section 9007</u> (Pub. L. No. 111-148) includes four primary adjustments to the federal income tax exemption requirements for nonprofit hospitals. Nonprofit is defined as an organization exempt from federal income tax under section 501(c) (3) of the Internal Revenue Code. Hospital is defined as an organization that is licensed, registered, or similarly recognized as a hospital. If a hospital organization operates more than one hospital facility, the organization is required to meet the requirements separately with respect to each facility. Under the act, tax-exempt hospitals must take the following actions to avoid penalties:

- Conduct a community health needs assessment at least once every three years
 that takes into account the broad interests of the community served by the hospital
 and must include individuals with expertise in public health
 - The community health needs assessment must be made widely available to the public.
 - An action plan must be developed by the hospital that identifies how the assessment findings are being implemented in a strategic plan.
 - If the findings are not being utilized in a strategic plan, documentation must be included as to why they are not being addressed at this time.
 - Requirements are met only if the organization has conducted a community health needs assessment in the taxable year or in either of the two taxable years immediately preceding the current taxable year.
 - Applicable beginning in taxable years starting after March 23, 2010
 - Will need to complete a needs assessment and adopt an implementation plan some time during a period that begins with the start of the first tax year after March 23, 2010 and end of its tax year the begins after March 23, 2012.
- Make **financial assistance policies widely available** which specifies eligibility criteria for discounted care and how billed amounts are determined for patients (Interpretation: prohibits the use of gross charges)
- Notify patients of financial assistance policies through "reasonable efforts" before initiating various collection actions or reporting accounts to a credit rating agency ("Reasonable efforts" is yet to be defined as of 8/19/10)
- Restrict charges of uninsured, indigent patients to those amounts generally charged to insured patients

This act imposes penalties on hospitals that fail to timely conduct their community health needs assessments which could include penalties of equal to \$50,000 and possible loss of the organization's tax exempt status. Under the act, the Internal Revenue Service must review the exempt status of hospitals every three years. For additional information, please review the requirement as laid out in the legislation (see link above) or contact the National Rural Health Resource Center 218-727-9390.

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.

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)

Once priorities have been established, set aside time to develop, implement, and monitor an action plan that assesses progress. 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. Maintain records of assessment processes and priorities for obtaining base line information and for pursuing ongoing process improvements.



Johnson Memorial Health Services

Your Partner in Health

May 7, 2012

Dear Resident:

This letter and survey concern the future of health care in Dawson and the surrounding area. Your help is critical in determining health priorities and future needs.

You are probably aware of many challenges facing rural health care, such as access to services and affordability. Unfortunately, many of the factors that threaten health care services in other rural areas challenge our local health care system as well. However, by completing the enclosed survey, you can help guide Johnson Memorial Health Services in developing comprehensive and affordable health care services to our area residents.

Please take a few moments to complete the enclosed survey by June 11, 2012. Your name was selected at random and your answers will be kept confidential. Your response is very important because your comments will represent others in the area. The purpose of the survey is to obtain information from a wide range of area residents to assist in planning programs, services, and facilities to meet present and future health care needs. Even if you don't use health care services with Johnson Memorial Health Services, your input is still helpful. We know your time is valuable so we have made every effort to keep the survey brief. It should take less than 15 minutes to complete. Your help is much appreciated in responding to this survey.

Once you complete the survey, simply return it in the enclosed self-addressed, postage paid envelope. All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, the organization that is assisting with this project. If you have any questions about the survey, please call Kami Norland at 1-800-997-6685, ext. 223. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your effort.

Kathy Johnson, Administrator

Johnson Memorial Health Services

1282 Walnut Street • Dawson, MN 56232-2333 • FAX 320-769-2972

Hospital / Ambulance / Home Care 320-769-4323 • Care Center 320-769-2350 • Clinic 320-769-4393

E.O.E.

Community Health Needs Assessment Dawson, Minnesota

INSTRUCTIONS: Please use a #2 pencil or ink pen to complete the survey and return it in the enclosed postage paid envelope. All responses must be made by filling in the circle next to the corresponding answer. If you need assistance completing the survey, please contact the National Rural Health Resource Center at 1-800-997-6685. All responses will be kept confidential. Please return in the postage paid envelope enclosed with this survey or mail to: National Rural Health Resource Center, 600 East Superior Street, Suite 404 Duluth MN 55802

*****	a tot i detona rena month reos	Juic	c center, ooo i	oust bup	citor buc	ct, buite	TOT DUI		11 33002	
1. How would you rate the general health of people in our community?										
0	Very healthy O Healthy	,	O Somew	hat hea	lthy C	Unhea	lthy	0	Very unheal	lthy
2. I (Sel	n the following list, what do y ect 3 that apply)	ou 1	hink are the t	hree m	ost serio	ous healtl	h concer	ns in	our commu	nity?
0	Alcohol/substance abuse	0	Heart disease	e		C	Menta	al hea	lth issues	
0	Cancer	0	Lack of acce	ss to he	ealth care	e C	Obesi	ty		
0	Child abuse/neglect	0	Lack of dent	al care		C	Stroke	е		
0	Diabetes	0	Lack of exer	cise		0	Tobac	co us	e	
0	Domestic violence	0	Underage ald	cohol u	se	0	Motor	vehic	cle accidents	S
						0	Other			
3. S	Select the three items below th	at y	ou believe are	e most	importar	nt for a h	ealthy c	ommı	ınity. (Selec	t 3 that
app					_					
0	Access to health care and oth	er s	ervices	0	Low cri	me/safe	neighbo	orhood	ls	
	Affordable housing			0	Low de	ath and c	lisease r	ates		
	Arts and cultural events			0	Low lev	el of do	mestic v	iolen	ce	
0	Clean environment			0	Parks a	nd recrea	ition			
0	Community involvement			0	Religion	us or spir	ritual va	lues		
0	Good jobs and healthy econor	0	O Strong family life							
0	Good schools			0	O Tolerance for diversity					
0	Healthy behaviors and lifesty	es		0	Other _				-	
	ow do you rate your knowledg ices?	e of	f the health se	rvices t	hat are a	available	at John	son M	Iemorial He	alth
0	Excellent O Good		O Fair		0	Poor				
	i. In your experience, what is the average length of time to schedule an appointment with your primary care provider at Johnson Memorial Health Services? (Please select only ONE)									
0	1-3 days O 4-7 days	0	8-11 days	O 12-	-14 days	0 15	5+ (ON C	t applicable	
	010			Page 1						

6. How do you learn about the health serv	ices available in our community?	Select all that apply)
	Ith care provider O Public heal	
_	vspaper O Church	
O Website/internet O Mai	lings O Presentation	ns O Other
7. Where do you think teenagers in our cor O Clinic O Insurance hotline		services? (Select all that apply) School Other
8. In your opinion, what would improve or	or community's access to health car	e? (Select all that apply)
O Greater health education services	O More specialists	O Cultural sensitivity
O Improved quality of care	O Transportation assistance	O Other
O Interpreter services	O Outpatient services expanded h	ours
O More primary care providers	O Telemedicine	
9. How important are local health care proviliving, etc.) to the economic well-being of to Very important	he area? O Not important nal health? Somewhat healthy O Unhealthy when you or a member of your hou	O Don't know O Very unhealthy sehold thought you needed
health care services but did NOT get health	care services or there was a delay in	n getting medical services?
O Yes O No (If no, skip to questi	on 13)	
12. If yes, what were the three most import that apply)	ant reasons why you did not receive	e health care services? (Select 3
O Could not get an appointment	O It cost too much	O Not treated with respect
O Too long to wait for an appointment	O Could not get off work	O Too nervous or afraid
O Office wasn't open when I could go	O Didn't know where to go	O Language barrier
O Unsure if services were available	O It was too far to go	O Transportation problems
O Had no one to care for my children	O My insurance didn't cover it	O Don't like doctors
	O No insurance	O Other

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-	blems. Which of the Children's check			Flu shot	1			ood pressure check		
	Cholesterol check	-		Mammogra	nhv			alth checkup		
	Colonoscopy			Pap smear	piry		None	атт спсскир		
	Family planning			_	SA)	-	Other			
		ealth care servic						orial Health Services?		
15.	Where do you rece	ive your medica	itions l	MOST freq	uently? (Sele	ect al	l that apply	7)		
0	Dawson	O Madison		0	Montevideo)	0 1	Watertown, SD		
0	Appleton	O Marshall		0	St. Cloud		0 1	Willmar		
0	Canby	O Minneapol	is/St. I	Paul O	Sioux Falls,	SD	0 7	VA		
0	By mail	O Not applica	able: I	don't take i	nedications		0 (Other		
0	Why did you select Closest to home Cost of medicatio Pharmacist's avail		O Prior o O Recon	experionment	y physician o	ly or friends or other provider				
	Length of waiting		-		O Required by insurance plan					
O Pharmacy's reputation for quality O VA/Milita O Other										
obst	If you or a househo etrical care, rehabil ST for hospital care	litation, radiolog	gy or e	mergency o				ght, day surgery, ir household use the		
	Dawson	O Madison			Montevide	20		Watertown, SD		
0	**	O Marshall			St. Cloud			Willmar		
	Canby	O Minneapoli	s/St. P	Paul C	Sioux Fall	s, SD) (Other		

Page 3

18. Thinking about the selecting that hospital? (hospital y Select 3 t	ou use most frequen hat apply)	tly, what are the three	most i	important reasons for
O Cost of care	C	Hospital's reputat	ion for quality	O Re	quired by insurance plan
O Closest to home	322	Prior experience v			A/Military requirement
O Closest to work	C	Recommended by			her
O Emergency, no choi		Referred by physic			
19. If you or a household	member	needed to be hospita	lized in the future, whi	ch fac	ility would you choose?
(Please select only ONE O Dawson	;) _				_
	O Mad		O Montevideo		O Watertown, SD
O Appleton	O Mar		O St. Cloud		O Willmar
O Canby	O Min	neapolis/St. Paul	O Sioux Falls, SD		O VA
O Other					
20. If you have seen a pr practitioner for health car only ONE)	imary hea e services	Ith care provider, su, where was that pri	ch as a family physicia mary health care provi	ın, phy der loc	vsician assistant or nurse cated? (Please select
O Dawson	O Mad	ison	O Montevideo		O Watertown, SD
O Appleton	O Mars	shall	O St. Cloud		O Willmar
O Canby	O Mini	neapolis/St. Paul			O VA
O Not applicable, I/we l	nave not s	een a primary care p			O Other
21. Why did you select the O Appointment availabit	lity	ar primary care prov) Required by insurance plan
O Clinic's reputation for	quality	O Prior experience	e with clinic	C	VA/Military requirement
O Closest to home		O Recommended	by family or friends	C	Indian Health Services
O Cost of care		O Referred by ph	ysician or other provid	er O	Other
22. If you routinely seek p	orimary he	ealth care outside of	Dawson, why? (Select		
O Cost of care			O More privacy		
O Closest to home			O Required by ins	urance	e plan
O Closest to work			O VA/Military req		
O Quality of equipment			O N/A: I/we use lo		
O Quality of staff			O Other		
O Prior relationship with	other he	alth care provider			
		38 *********			
010		Page	4		

23.	23. If you needed primary care services in the future which facility would you choose? (Please select only									
ON		0			0				0	
	Dawson		Madi	7.77		Monte			-	Watertown, SD
	Appleton		Mars			St. Clo				Willmar
	Canby	0	Minn	eapolis/St. Paul	O	Sioux	Falls, S	SD	O	VA
O	Other									
24.	Have you or a househo	old m	embe	er used any of the fol	llowi	ng hea	lth care	specia	lists in	the last three years?
	lect all that apply)		_				_			
	Allergist			Mental health coun	selor	65	100		atrist (M.D.)
	Cardiologist		0.00	Neurologist				Psycho	_	
	Chiropractor			Neurosurgeon					nologis	st
100000	Dentist			OB/GYN				Radiol		
	Dermatologist			Occupational therap	oist				atolog	
	Dietician			Oncologist				-	therap	
	Endocrinologist			Ophthalmologist					worker	
	ENT (ear/nose/throat)			Orthopedic surgeon			-			use counselor
	Gastroenterologist			Pediatrician				Urolog		
O	General surgeon		0	Physical therapist			0	Other_		
25.	Where was the health c	are s	pecia	list located? (Select	all t	hat ap	plv)			
_			lison				E-37	0	Wate	rtown, SD
			shall						Willn	
				olis/St. Paul O Si			D	_	VA	iidi
	Via tele-medicine serv		-				D	100		
J	The tolo modifino solv	1003	** 1611 .	omson wenona 1	юърг	ш		O	Other	
26. T quali	26. The following services are available at Johnson Memorial Health Services. Please rate the overall quality for each service. (Please mark DK if you haven't used the service)									
				lent = 4 $Good =$		Fair =		Poor =	1 D	on't Know = DK
	Emergency room			0403	3	O 2	O 1	0	DK	
	Care center/long term			0403	2	O 2	0 1	\circ	DK	
	Come comment tong toris	1 care	9	040.)	0 2	O_1	\circ	DI	
	Clinic	ı care	2	0403		O 2		_	DK	
		i care	9	0403	3	O 2	0 1	0	DK	
	Clinic	i care	2		3	O 2		0	DK DK	
	Clinic Laboratory	i care	2	O 4 O 3 O 4 O 3 O 4 O 3	3	O 2 O 2 O 2	O 1 O 1 O 1	0	DK DK DK	
	Clinic Laboratory Inpatient Services	i care	•	O 4 O 3 O 4 O 3 O 4 O 3	3 3 3 3 3	O 2 O 2 O 2 O 2	O 1 O 1 O 1	0 0 0	DK DK DK DK	
	Clinic Laboratory Inpatient Services Physical therapy			O 4 O 3 O 4 O 3 O 4 O 3	3 3 3 8	O 2 O 2 O 2 O 2	O 1 O 1 O 1 O 1	0 0 0 0	DK DK DK DK DK	
	Clinic Laboratory Inpatient Services Physical therapy Recovery care			O 4 O 3 O 4 O 3 O 4 O 3 O 4 O 3	3 3 3 3 3 4 3	O 2 O 2 O 2 O 2 O 2 O 2 O 2 O 2	O 1 O 1 O 1 O 1 O 1	0 0 0 0 0	DK DK DK DK DK	
	Clinic Laboratory Inpatient Services Physical therapy Recovery care Radiology/diagnostic	imaş		O 4 O 3 O 4 O 3 O 4 O 3 O 4 O 3 O 4 O 3	3 3 3 3 6 3	O 2 O 2 O 2 O 2 O 2 O 2 O 2 O 2	O 1 O 1 O 1 O 1	0 0 0 0 0	DK DK DK DK DK	

27. What type of heal Select only ONE)	th insurance covers the major	ority of your household's medical expenses? (Please
O None	O Healthy Kids	O Self paid
O Employer sponsor	red O Medicaid	O Health Savings Account
O Medicare	O VA/Military	O Agricultural Corp. Paid
O State/other	O Indian Health S	
	ve health insurance, why? (Se	elect all that apply)
	ay for health insurance	O Employer does not offer insurance
O Choose not to have		O Other
O Cannot get health i	insurance due to medical issu	ies
29. Where do you curre	ently live by zip code?	
O 56532 Dawson	O 56218 Boyd	O 57237 Gary, SD O 56265 Montevideo
O 56208 Appleton	O 56220 Canby	O 56256 Madison O 57259 Revillo, SD
O 56212 Bellingham	O 56223 Clarkfield	O 56257 Marietta
30. How many people l	ive in your household?	
O 1 O 2	O 3 O 4	O 5 O 6 O 7+
31. What is your gende	er? O Male O Femal	le
32. What is your age ra	nge?	
O 18-25 O 26-35	O 36-45 O 46-55	O 56-65 O 66-75 O 76-85 O 86+
33. What is your emplo	yment status?	
O Work full time	O Student	O Not currently seeking employment
O Work part time	O Collect disability	O Other
O Retired	O Unemployed, but looking	

Please return in the postage paid envelope enclosed with this survey or mail to:
National Rural Health Resource Center, 600 East Superior Street, Suite 404 Duluth MN 55802
THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

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Appendix B- Responses to Other and Comments

- 2. In the following list, what do you think are the **three** most serious health concerns in our community?
 - Cancer: It's been like an epidemic
 - No idea
- 4. How do you rate your knowledge of the health services that are available at Johnson Memorial Health Services?
 - Never heard of it
 - We go to Dawson. If they can't help us there they send us where we need to go
- 5. In your experience, what is the average length of time to schedule an appointment with your primary care provider at Johnson Memorial Health Services?
 - We do not use JMHS. We use Montelledeu Clinic and Chippewa County Hospital.
- 6. How do you learn about the health services available in our community?
 - Family (2)
 - Long-time resident
 - Radio (6)
 - Wife (2)
 - Dr.'s and NP
 - Employees
- 7. Where do you think teenagers in our community are accessing sexual health services?
 - Don't know (7)
 - Internet
 - Church
 - Are not accessing
 - Clinic in another community
 - Friends
- 8. In your opinion, what would improve our community's access to health care?
 - Affordability (4)
 - O.K. now
 - A working pharmacy in town
 - Clinic could be open until noon. Would be very nice, like Madison's clinic.
 - Better doctors
 - Add urgent same day appointments
 - Insurance
 - Clinic open on Saturday
 - A road

- Never been there, not sure
- Urgent care
- Community Outreach
- 12. If yes, what were the **three** most important reasons why you did not receive health care services?
 - Thought I could get better
 - Patient died before they were transported. Waited 4 hours for ambulance
 - Primary doc. did not let me know that an appointment was made.
 - Was a new patient and it cost too much to be added to system
- 13. Preventative testing and services help to prolong lifespan and can lead to early diagnosis of serious health problems. Which of the following services have you used in the past year?
 - None of them marked were done at JMHS
 - Visiting specialist
 - Hospitalization
 - Diabetic Checking
 - Prenatal care
 - Pre-op check
 - Echo cardiogram
 - Dermatology
 - OB/GYN
 - Thyroid test
 - Stress test
 - Chiropractor
 - Tetanus shot
 - Allergy and asthma pulmonology
- 14. What additional health care services would you use if available at Johnson Memorial Health Services?
 - Good diabetic information (3)
 - Chemotherapy (2)
 - Radiation
 - Pep scan?
 - Gynecologist services
 - Waiting to get shingles shot
 - Vein specialist
 - Dermatologist (4) for cancer
 - Weight loss program (2)
 - Younger OB/GYN staff with experience and personable
 - O.K. now
 - Nutritionist

- Mammography everyday
- Stand up MRI's
- Chiropractic care
- Surgery
- Pharmacist (current local pharmacist is worthless and frustrating)
- Urgent care
- Preventative
- MRI
- 15. Where do you receive your medications MOST frequently?
 - Morris
 - Tri-Care (2)
 - V.A.: Meds by mail
 - Mail
 - Alexandria
 - Milbank
 - Clarkfield (2)
 - I'd like to receive meds in Dawson
 - Mesa, AZ
 - Wal-Mart
 - Hospital should open up a pharmacy. Dawson uptown pharmacy is hopeless.
 - Ortonville
 - Granite falls
- 16. Why did you select that particular pharmacy?
 - Closest to specialist services
 - They mail prescriptions to us
 - IBM's CVS Care
 - To keep business in town open
 - Support local business (3)
 - Previously owned the pharmacy
 - Part of local health care system
 - Close to work
 - Works there
 - Convenience
 - Ready refill
 - They get it done
 - We do not like our pharmacy store here due to cleanliness of store, but for convenience we get our prescriptions there.
 - Mesa, AZ
 - Only one in town
 - Accept credit cards

- Meds on hand
- The man in Dawson is mean
- Don't take medications
- Work in Monte
- Transfer of prescription
- 17. If you or a household member received care in a hospital? (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology or emergency care), which hospital does your household use the MOST for hospital care?
 - Morris
 - Mayo Clinic (2) (Scottsdale, AZ and Rochester, MN)
 - St. Mary's
 - Granite Falls
 - Ortonville
 - Fargo
 - Alexandria
 - Hendricks, MN
 - Mesa, AZ
 - No Overnight- out patient for pulmonology
 - Have not needed hospital care (2)
- 18. Thinking about the hospital you use most frequently, what are the **three** most important reasons for selecting that hospital?
 - GP is located there
 - Doctors and staff know what they are doing
 - Emergency only
 - Mesa, AZ
 - Can't drive
 - Practitioner
 - Friendly
- 19. If you or a household member needed to be hospitalized in the future, which facility would you choose?
 - Morris
 - Mayo
 - St. Mary's
 - Depends on illness/situation (6)
 - Granite Falls (2)
 - If very serious Sioux Falls, SD or Minneapolis, MN
 - Ortonville (2)
 - Because of emergency
 - Complicated: Mayo; Uncomplicated: Dawson

- Marshall: Obstetrical care
- Fargo
- Alexandria
- St. Cloud for bone and joint, Sioux Falls for heart
- 20. If you have seen a primary health care provider, such as a family physician, physician assistant or nurse practitioner for health care services, where was that primary health care provider located?
 - Morris
 - Rochester
 - Mayo
 - Granite Falls (2)
 - Benson
 - Ortonville (3)
 - Alexandria
 - Revillo Clinic
 - Hendricks, MN
 - Boyd
 - Mesa, AZ
 - Medica insurance suggested Sartell, MN
 - Detroit Lakes, MN
- 21. Why did you select that particular primary care provider?
 - Closest to work
 - I really like her
 - Had really good doctor at the time
 - Emergency
 - Mesa, AZ
 - Prompt, on time appointment
 - Female practitioner
- 22. If you routinely seek primary health care outside of Dawson, why?
 - -Prior relationship with other health care provider
 - GP is located there
 - Special Injuries
 - Specialist (3)
 - Not available in Dawson
 - More specialized labor and delivery
 - Able to see specialist for cost of GP in Dawson
 - Referral from M.D.
 - Mesa, AZ
 - Diabetes specialist needed here

- Service not offered in Dawson
- Dissatisfied with care other family members received in Dawson
- 23. If you needed primary care services in the future which facility would you choose?
 - Morris
 - Rochester
 - Depends on diagnosis/circumstances (3)
 - Benson
 - Ortonville (3)
 - Granite Falls (2)
 - Not made that choice yet
 - Don't know because cost prohibiting
 - Revillo Clinic
 - Hendricks, MN
 - Mesa, AZ
- 24. Have you or a household member used any of the following health care specialists in the last three years?
 - Cancer specialist
 - Retina specialist
 - Ordinary doctor
 - Nephrologist
 - MD Colonoscopy
 - Retinologist
 - Mesa, AZ
 - Blood doctor/ specialist
 - Heart specialist
 - Foot specialist
 - Sleep specialist
 - Practitioner
- 25. Where was the health care specialist located?
 - Mayo (2)
 - Clark Field (2)
 - Granite Falls (3)
 - Willmar (2)
 - Benson (2)
 - Ortonville (3)
 - Minnesota Chiropractor
 - Eau Claire
 - Alexandria
 - Morris(2)

- Sioux Falls, S.D.
- Mesa, AZ
- Alexander
- Milbank, S.D.
- Detroit Lakes
- 26. The following services are available at Johnson Memorial Health Services. Please rate the overall quality for each service.
 - Received a call on follow up for mammogram needed 3 months after mammogram. I was already scheduled for surgery the next day. Thankfully I had the results also sent to another physician.
- 27. What type of health insurance covers the **majority** of your household's medical expenses?
 - JM INS.
 - BCBS Supplemental
 - BCBS (7)
 - Medicare Advantage
 - Supplemental health
 - High deductible major medical
 - U care
- 28. If you do **NOT** have health insurance, why?
 - Why can't I get a price on your services?
 - No Job
- 29. Where do you currently live by zip code?
- 33. What is your employment status?
 - On call
 - Would like to work at home
 - Self-employed (4)
 - Housewife

Comments:

- This was difficult to fill out as I do not doctor much. My experience at Montevideo Hospital/Clinic was less than the best even with an appointment. I was forced to wait for doctor three times over two hours and forty minutes with no explanation as to why? When I asked for someone, girls at desk just giggled and laughed so I put my clothes on and walked out.
- I pray we do not need ER services in Dawson as our experience has not been positive within the past 5 years quality of care is definitely decreased.
- We should have tried to keep Dr. Feeney. I was very upset he is leaving.

Appendix C- Focus Group Invitation and Questions



600 East Superior Street • Suite 404 Duluth, Minnesota 55802

Dear Community Leader:

Please accept this invitation to **participate in a Key informant interview** conducted by the National Rural Health Resource Center on behalf of Johnson Memorial Hospital. Key informant interviews are an excellent way for individuals to express their opinions in a candid and confidential environment. The goal of this interview is to assist Johnson Memorial Health Services in identifying strengths and needs of health services for Lac Qui Parle County and the surrounding region.

Interviewees were identified as leaders in the community that represent various groups. Whether you have used local providers or not, this is your opportunity to give us your ideas to help guide Johnson Memorial Health Services in planning responsive and high quality local health care services in the future.

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.

We invite you to participate in a 15-30 minute one-to-one phone interview on one of these days:

Thursday, July 5 Friday, July 6 Monday, July 9 (afternoon) Tuesday, July 10 Wednesday, July 11

Your help is very much appreciated in this effort. Please confirm your willingness to participate by replying to Kim Nordin at knordin@ruralcenter.org or 218-727-9390 ext. 237 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,

Sally T. Buck, Associate Director

Sally T. Buck



Key Informant Group Questions

The questions below are the types of questions that will be asked during this focus group. The purpose of this focus group is to identify the strengths and needs of health services in the Lac Qui Parle County region. No identifiable information will be disclosed in the report and the results will assist the medical center with future care and planning.

- 1. In your opinion, what are some of the strengths of the health services available in Lac Qui Parle County and the surrounding area?
- 2. In your opinion, what are some of the barriers of the health services available in Lac Qui Parle County and the surrounding area?
- 3. How would you describe the availability and quality of care of health services available at the Johnson Memorial Hospital?
- 4. What type of new health care services would you like to see available locally?
- 5. Why might people leave the community for health care?
- 6. What are some of the benefits of having health services available locally?
- 7. Do you have any additional comments or suggestions regarding local health services?