

# Lake View Hospital and Lake County Public Health

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Focus Group Findings, Key Stakeholder Interviews, and  
Secondary Data Analysis

November 2022



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# Introduction

Lake View Hospital and Lake County Public Health partnered for Community Health Needs Assessment (CHNA) services administrated by Rural Health Innovations (RHI), a subsidiary of the National Rural Health Resource Center. In April 2022, RHI, the hospital, and public health met to discuss the objectives of a regional CHNA.

A secondary data analysis, a series of focus groups, and key stakeholder interviews were conducted. Secondary data was collected from nationally recognized sources ([appendix B](#)). The hospital and public health requested that Bridge to Health data be included as well. The [Bridge to Health Survey](#) is designed to gather population-based health data on adult residents in northeastern Minnesota and northwestern Wisconsin. The most recent Bridge to Health Survey was conducted in 2020 and was responded to by 731 adults in Lake County, 736 in Cook County, and 681 in Itasca County. The findings for all secondary data included in this report are in the sections that follow. Methodology and findings of the focus groups and key stakeholder interviews are discussed later in the report.

**Report findings may be used for:**

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

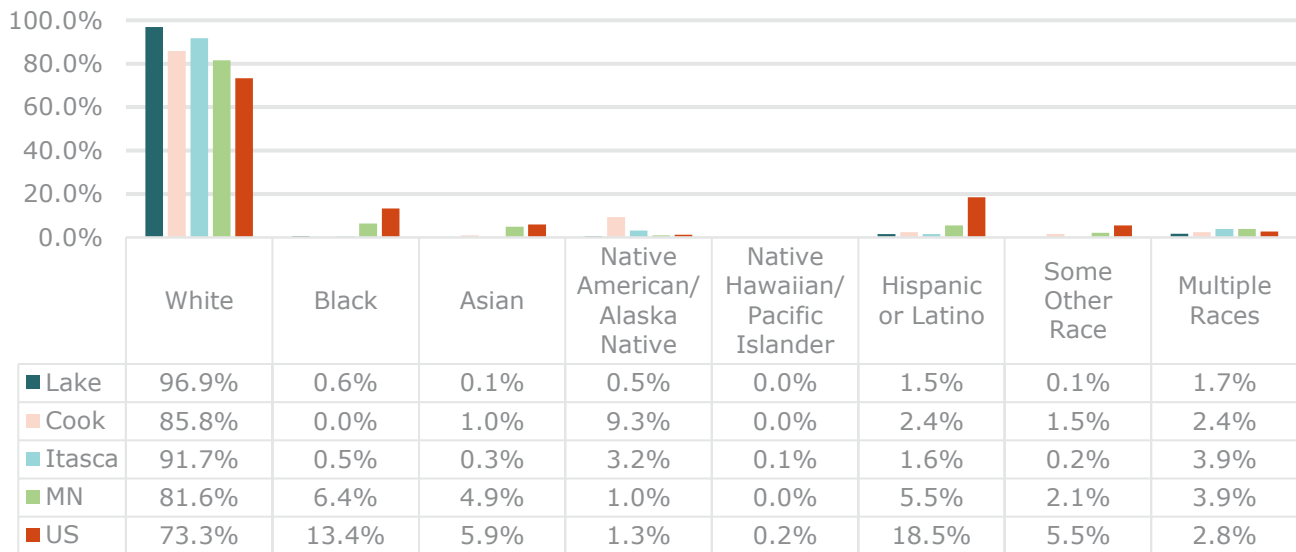
Secondary Data	Perception of Community Health	Utilization and Perception of Local Health Services
		

# Demographics

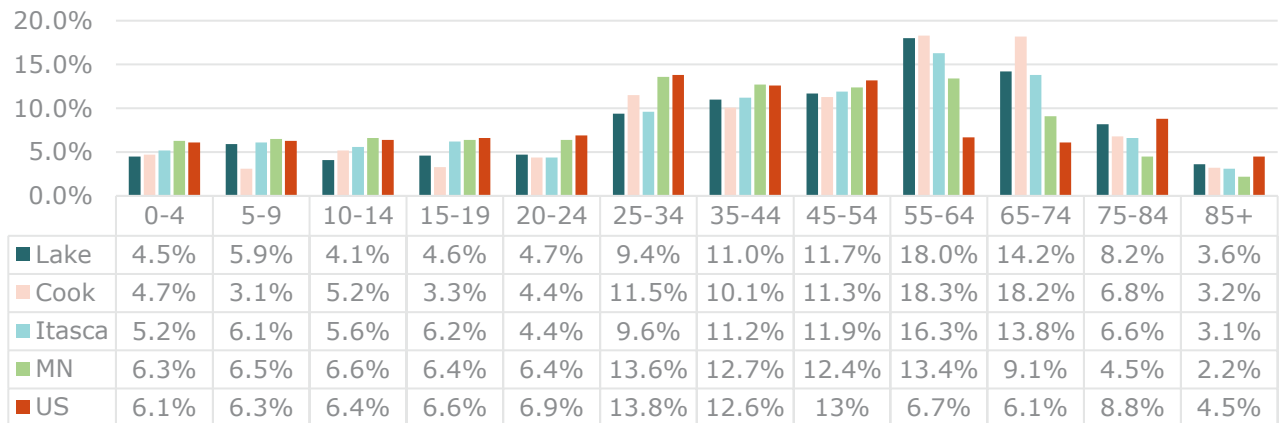
Although demographics for the three counties in this report are similar, the population for the three counties vary:

- Lake County, Minnesota: 10,571 people
- Cook County, Minnesota: 5,402 people
- Itasca County, Minnesota: 45,180 people

## Population by Race and Ethnicity



## Population by Age



The population in the three counties is largely White. Cook County has a higher Native American/Alaskan Native population compared to MN (1.0%) and the US (1.3%). All counties have a lower Black, Asian, some other race, multiple races, and Hispanic or Latino population compared to Minnesota and the US. The 55-74 age range has the highest percentage of residents in the counties. The highest percentage of residents in Minnesota and the US are 25-34 years old.

While Cook County (6.9%) has a similar portion of veterans compared to Minnesota (6.8%) and the US (7.1%), Lake County (8.4%) and Itasca County (10.4%) have a slightly higher proportion of Veteran residents.

Key stakeholder interviews revealed a concern for individuals in the senior age group and Veterans. They believed these two groups might believe that "others need help more than I do" so might not access care or resources. Similarly, focus group participants described a concern for the aging population in the counties, particularly noting concern for those that are isolated or alone, not seeking regular medical care, or experiencing poverty.

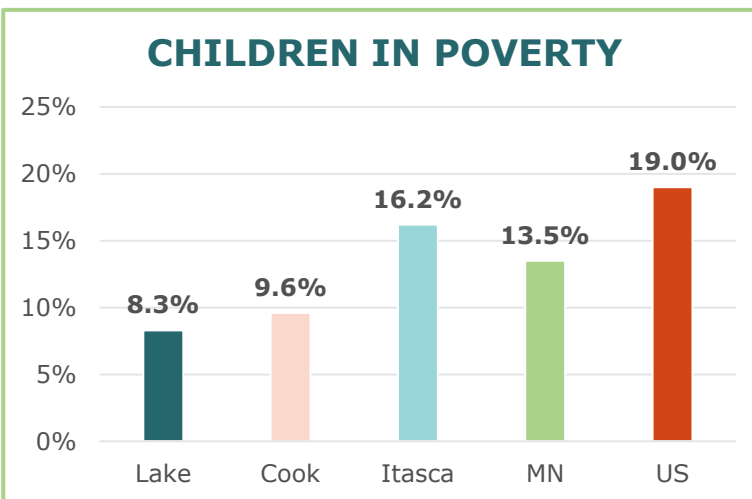
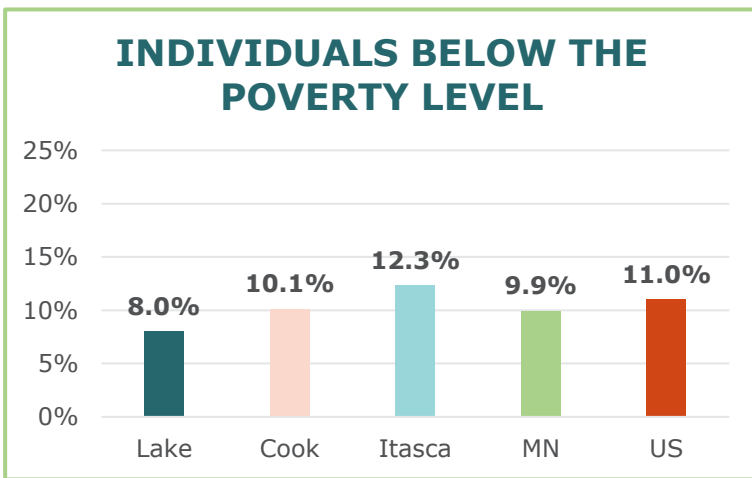
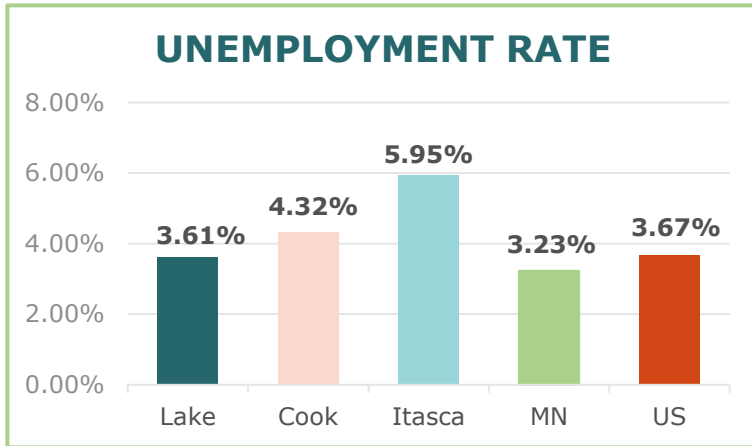
# Social and Economic Factors

The median income for the three counties is lower than MN and US. The unemployment rate in Lake County (3.61%) is similar to Minnesota (3.23%) and the US (3.67%). The unemployment rate is higher in Cook County (4.32%) and Itasca County's rate (5.95%) is almost double the state and national unemployment rate. Compared to Minnesota (9.9%) and the US (11.0%), Itasca County (12.3%) has a higher rate of individuals living below the poverty level. Lake County has a lower rate (8.0%). Lake and Cook counties (8.3%, 9.6%) have lower rates of children living in poverty as compared to Minnesota (13.5%) and US (19.0%). Itasca County (16.2%) has a higher rate than Minnesota. Concerning education levels, all three counties have a similar percentage of residents with high school and some college as compared to Minnesota and the US. Cook County has a higher rate of individuals with a bachelors (30.2%) and graduate or professional degree (15.0%) compared to Minnesota (24.2%, 12.6%) and the US (20.2%, 12.7%).

Key stakeholders and focus group participants who were interviewed expressed concern that those in a lower economic group might be less healthy because of issues with transportation, challenges to afford healthy food, have less access to gyms and activities to help with stress, and might have more difficulty taking time off from work for health-related appointments. This was also identified as one of the major barriers to accessing care. Focus group participants noted affordable housing as one of the greatest community needs to support. They noted a small, available housing stock that has lately outpriced the income levels of the local residents.

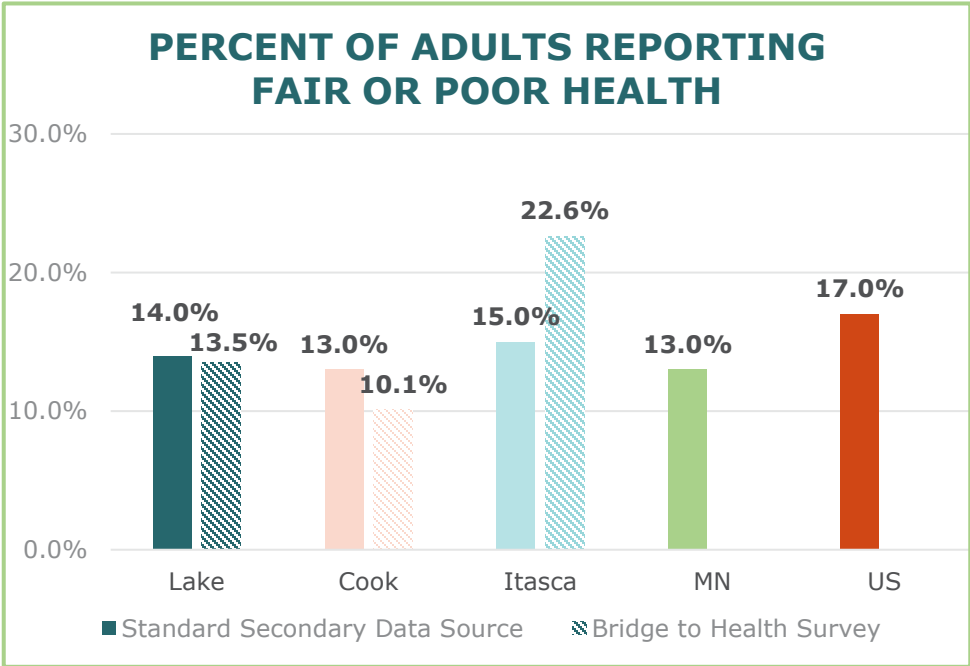
## MEDIAN HOUSEHOLD INCOME

Lake	Cook	Itasca	MN	US
\$61,082	\$58,664	\$58,660	\$74,529	\$65,712



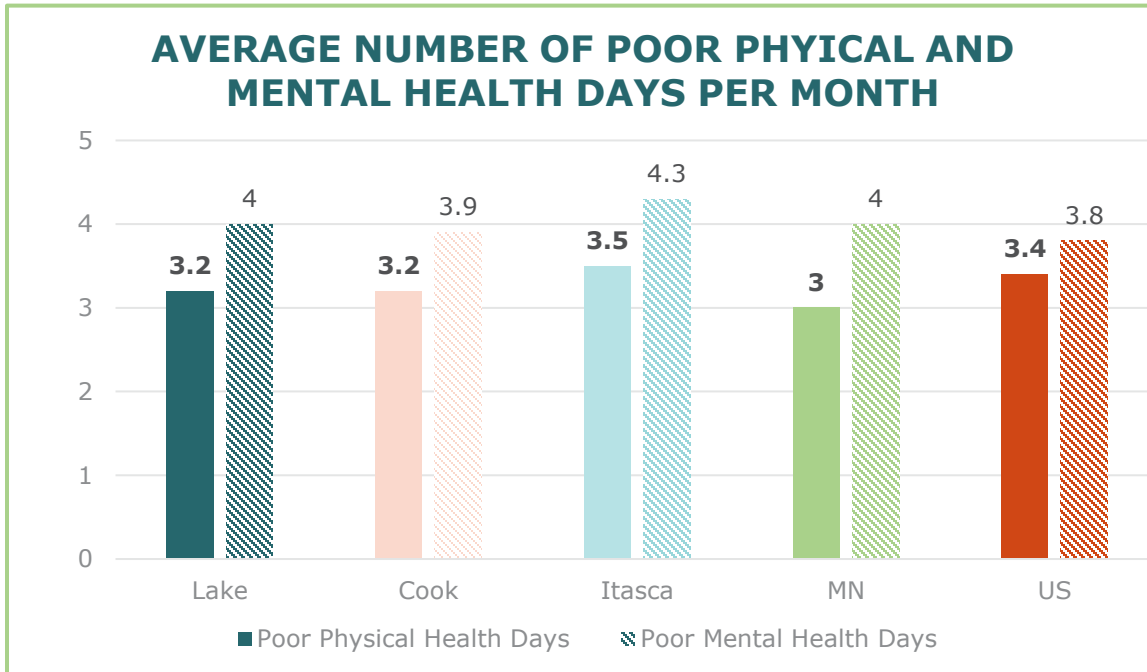
# Quality of Life

Lake and Cook counties and the state of Minnesota have a similar percent of adult residents reporting fair or poor health (roughly 13%). Itasca County has an increased proportion of adult residents reporting fair or poor health (15-22.6%) depending on the data source, which is more similar to the US (17.0%). All three counties have slightly more people experiencing poor physical and mental health days as compared to the state and US.



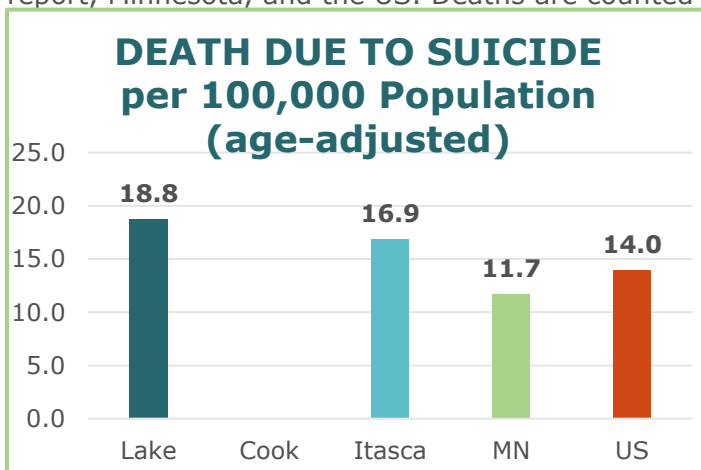
The number of poor physical or mental health days per month reported by adults was similar across all geographies. Adults reported experiencing about 3 days per month of poor physical health and 4 days per month of poor mental health.



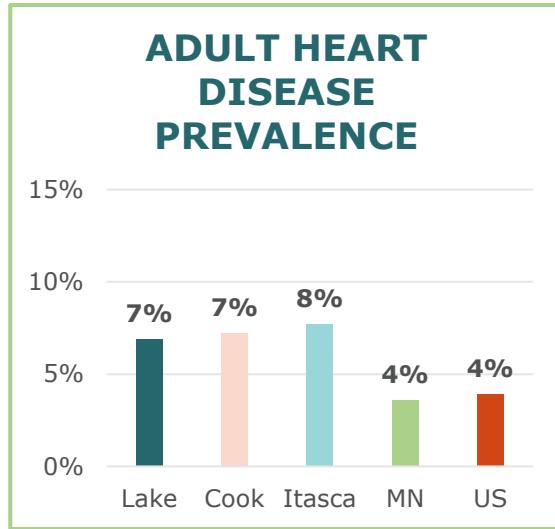
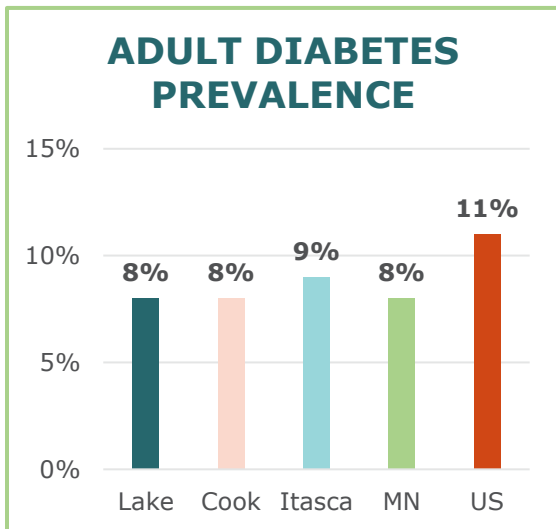


According to the Bridge to Health Survey, around 20% of adults in the counties reported having depression (range: 19.6-26.1%). In Itasca County, 35.7% of adults reported having a mental health screening within the last year (Lake County 21.9%, Cook County 28.8%). In Itasca County 17.3% of adults reported in the last year that there was a time they wanted to talk with or seek help from a health professional about mental health concerns (stress, depression, excess worrying, troubling thoughts, or emotional problems) but did not go or delayed talking with someone (Lake County 11.0%, Cook County 15.0%).

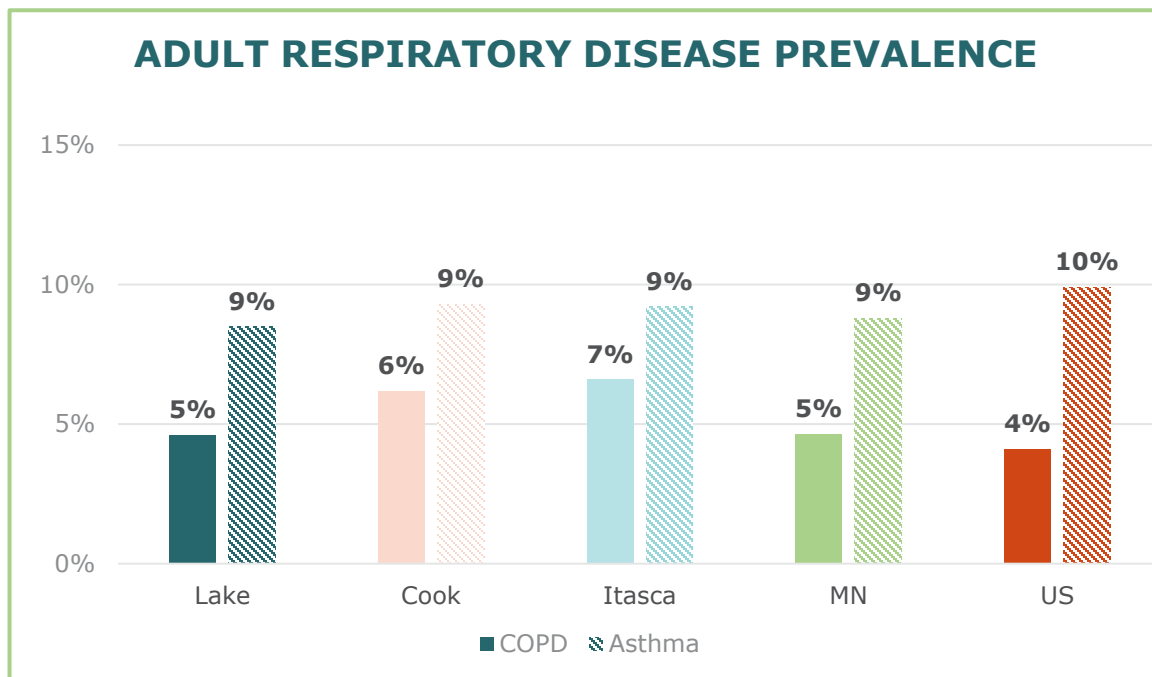
Lake County has a higher rate of death due to suicide compared to the other counties in the report, Minnesota, and the US. Deaths are counted in the county of residence of the



deceased. According to the Bridge to Health Survey 8.5% of Lake County adults reported ever considering a suicide attempt in the past year (Cook County 9.0%, Itasca County 10.3%). Key stakeholders and focus group participants expressed concern about Lake County’s suicide rate as well as the need for additional mental services and providers. This was their most identified health concern. Social isolation and lack of connectedness to others and the communities was discussed by participants in each of the focus groups.



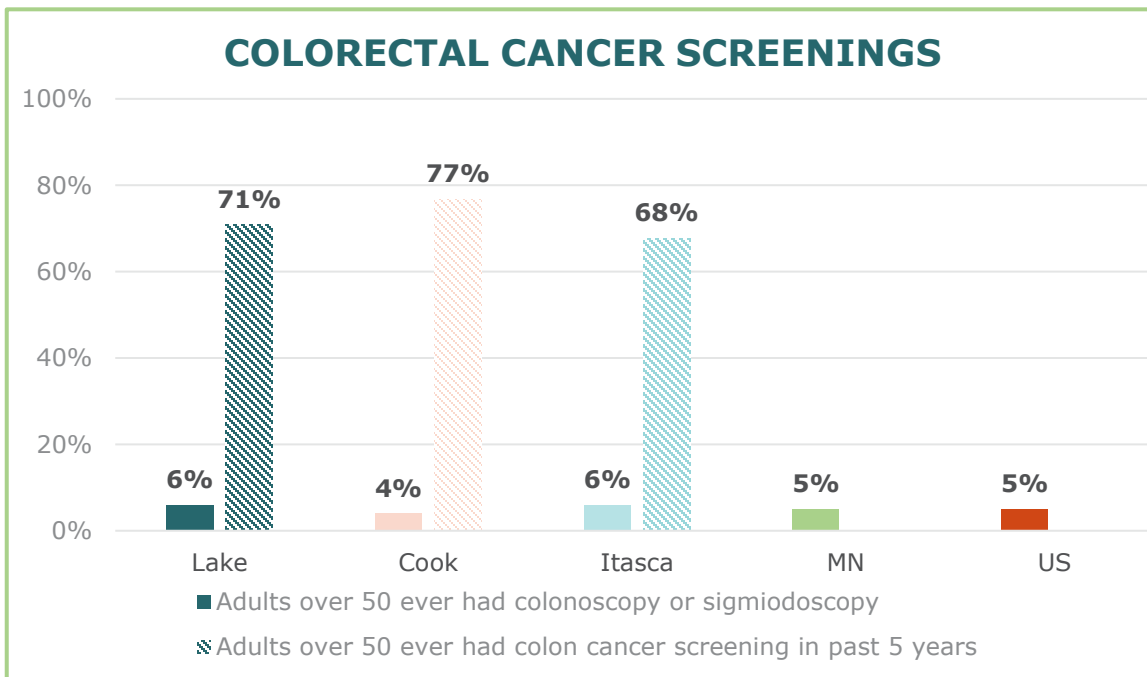
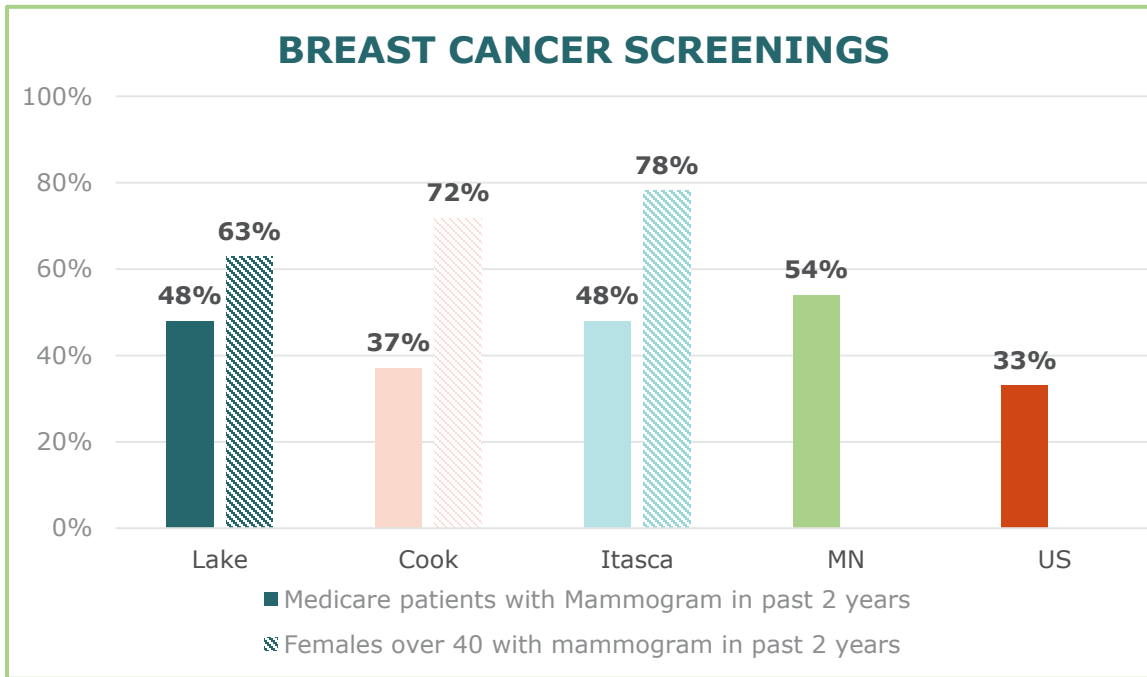
Adults in the three counties have a similar prevalence of diabetes compared to Minnesota (8-9%) and a lower prevalence than the US (11%). Conversely, adults in the three counties have almost a twice as high prevalence of heart disease (7-8%) compared to Minnesota and the US (4%).



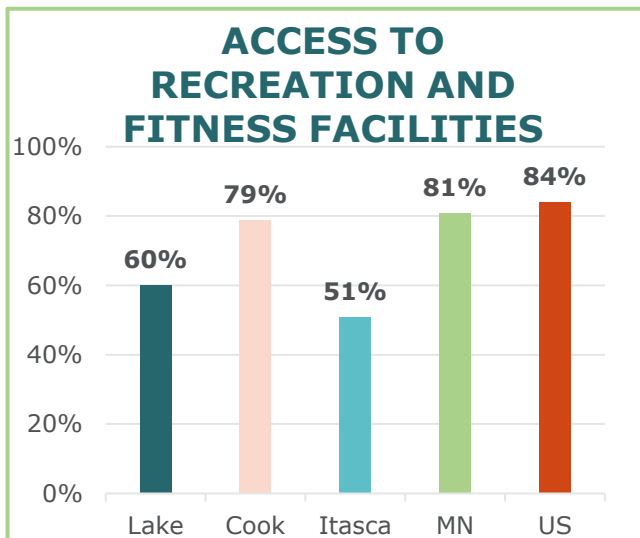
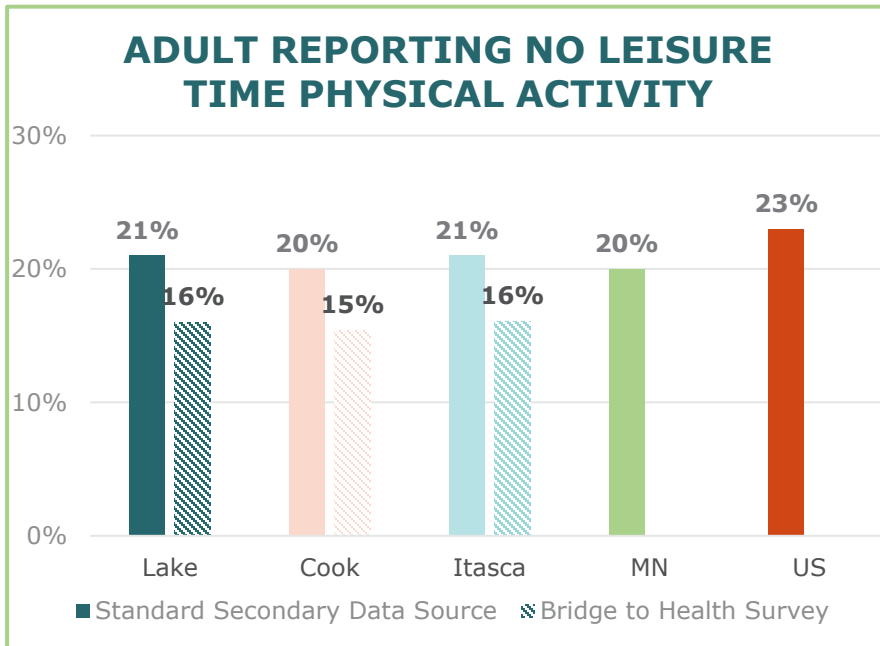
Adults in Itasca County have the higher prevalence of chronic obstructive pulmonary disease (7%) compared to all other geographies in this report. Adults in the three counties have a similar rate of asthma (9%) compared to Minnesota (9%) and the US (10%).

County-level cancer incidence rates in the state of Minnesota are suppressed and not available. In Minnesota in 2019, 443 cancer cases per 100,000 people were reported. In

that same year 142 Minnesotans per 100,000 people died of cancer. From the Bridge to Health Survey, roughly 15% of adults in the three counties reported having cancer.

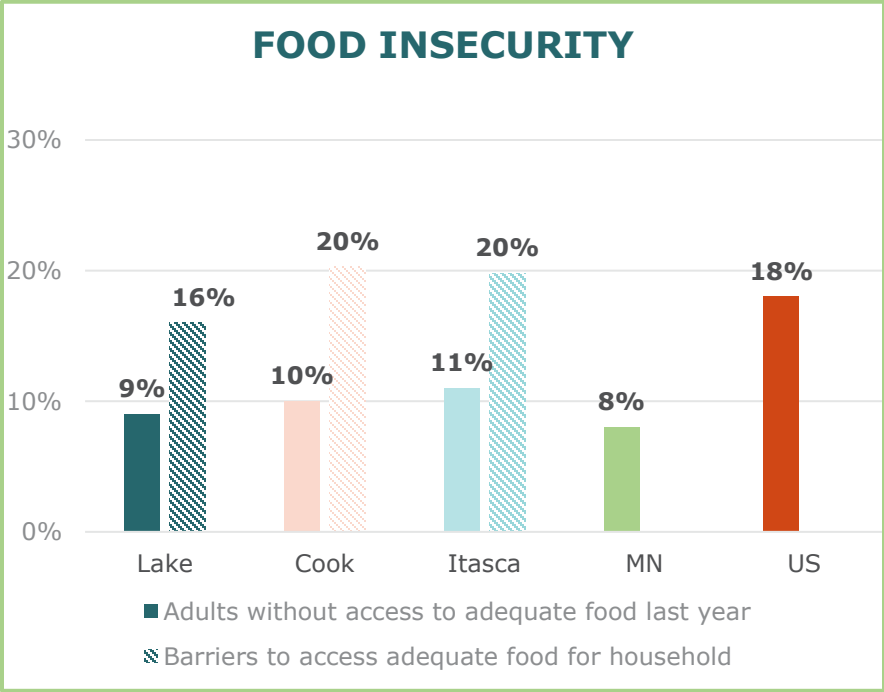
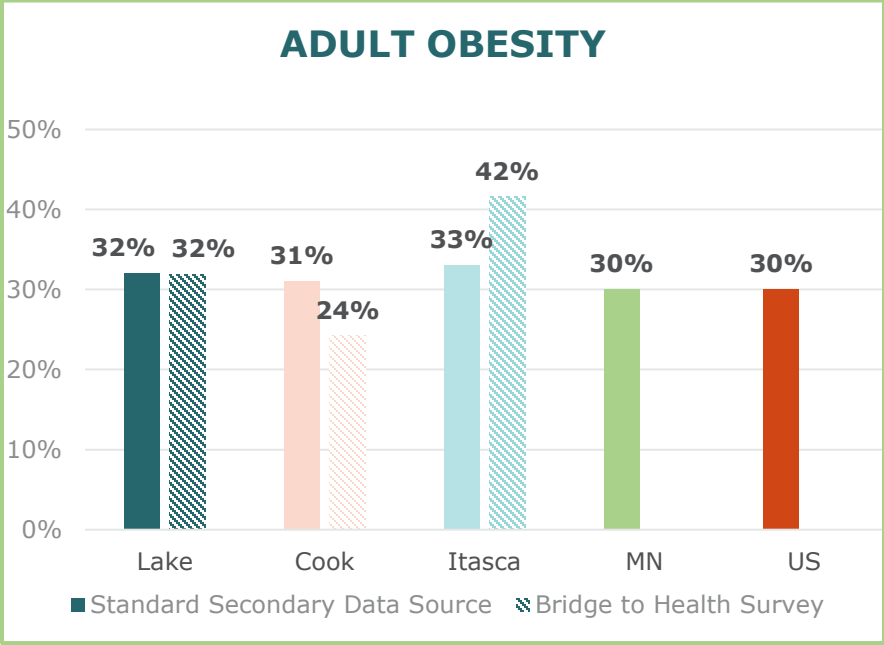


# Health Behaviors

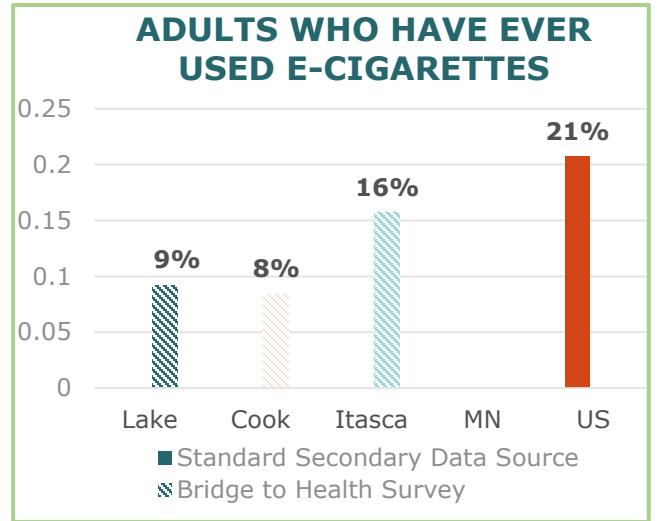
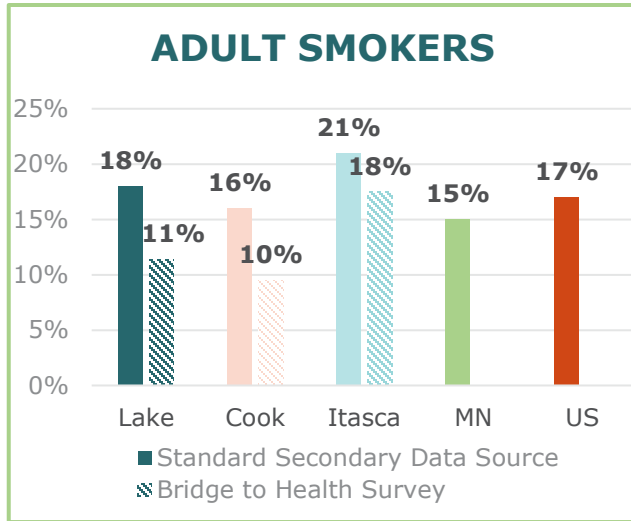


All three counties report a similar percentage of adult residents with physical inactivity in their leisure time as compared to Minnesota and the US. Adults in Lake (60%) and Itasca (51%) counties report less access to exercise opportunities compared to Cook County, Minnesota, and the US (about 80%).

The prevalence of adult obesity in all geographies is similar at roughly 30%. The same trend is found for adult smoking. Adults in Minnesota and the three counties reported less prevalence of not having adequate access to food in the past year (8-10%) compared to the US (18%). However, 16-20% of adults in the three counties reported they experienced barriers to having adequate food for their household. Focus group participants described those with access to food, particularly healthy food, as a population group that was likely healthier compared to other groups.



Adults in Lake (18%) and Itasca (21%) counties reported smoking at higher rates than



Cook County (16%), Minnesota (15%), and the US (17%). While Itasca County adults had a higher prevalence of ever using e-cigarettes (16%), all three counties have a lower prevalence than the US (21%).

Roughly 25% of adult residents in the three counties reported binge drinking, which is similar to Minnesota (23%) and higher than the US (15%). Drug overdose deaths are not available for Lake and Cook counties due to data suppression. The rate of drug overdose death in Itasca County is 22.2 deaths per 100,000 population, which is the higher than Minnesota (18.0) and lower than the US (28.7). Rates for opioid overdose were requested by focus group participants and key stakeholders. This data is publicly suppressed for Lake and Cook counties. The rate of opioid overdose death in Itasca County is 10.3 deaths per 100,000 population, which is similar to Minnesota (10.5) and lower than the US (20.2).

Key stakeholders expressed opinions about opportunities to increase the focus on prevention. Themes that emerged suggested a focus on children for prevention (wellbeing, tobacco, drug use) and create structures so that they think through their choices. It was observed that "It's easier to break cycles at that level."

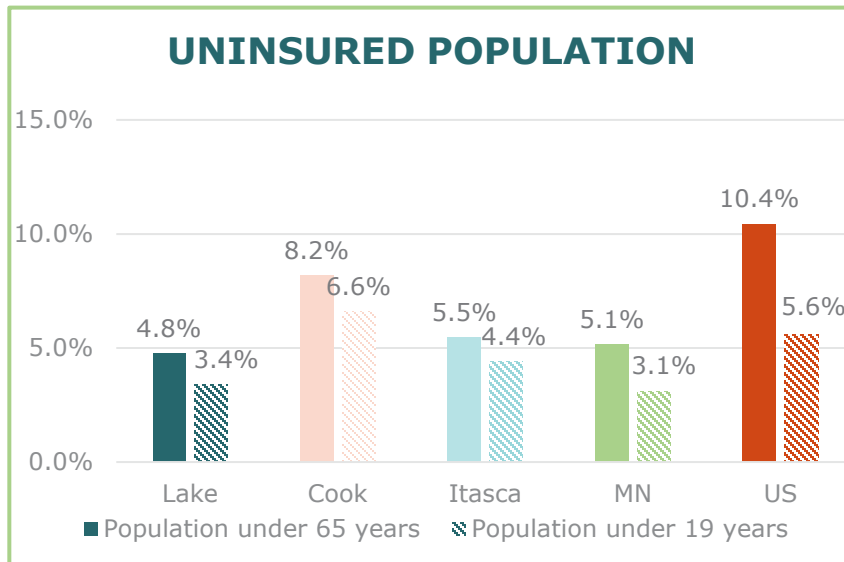
Another area of prevention for key stakeholders and focus group participants includes suicide prevention, mental health education, stigma reduction, access to providers, and teaching better coping skills. It was noted that long winters in the area are especially difficult for those prone to depression and isolating. Focus groups suggested integrating younger and senior populations and fostering community connectedness to combat social isolation and loneliness. The need for mental health services was recommended across all ages, incomes, and geographies. Fostering community connectedness and support for mental health were the top two greatest health needs identified by focus group participants.

The second greatest health need identified by key stakeholders was obesity. Again, the opportunity for enhanced education, increased physical movement, and access to resources for all groups was mentioned. Additionally, they recommended that there be more collaboration with businesses to increase wellness for frontline staff.

Another suggestion for prevention was to bring the community together around one area of need (mental health, obesity, etc.)-find “the thing” the community can rally around and build relationships and make health a community strategy for all (not just certain groups) instead of an individual endeavor.

## Clinical Care & Access to Care

Roughly 10% of people under 65 years old in the US are uninsured. In Cook County, 8% of adults are uninsured. In Lake County, Itasca County, and Minnesota about 5% of the population under 65 is uninsured. In the US, almost 6 percent of children (those under 19) are uninsured. In Cook County, almost 7% of children are uninsured compared to 4% in Itasca County. In Lake County and Minnesota about 3% of children are uninsured.



Focus group participants described understanding of health insurance plans and statements (including Medicare) as a barrier to accessing care in the region. Focus group participants also noted other barriers could include being un- or underinsured, on a high deductible health plan, or being self-pay.

In Minnesota, there are 1,100 residents for each primary care physician (1,100:1). The ratio is similar in Lake (1,060:1) and Itasca (1,100:1) counties. In the US, there are 1,320 residents to each primary care physician. The ratio is much improved in Cook County at 680:1.

In Minnesota, there are 1,320 residents for each dentist (1,320:1). The ratio is improved in Itasca County (1,290:1) while worse in Cook (1,810:1) and Lake (2,130:1) counties. The US ratio of residents to dentists is 1,400:1.

The ratio examining access to mental health providers includes psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care. In Minnesota, there are 340 residents for each mental health provider (340:1). The access rate is the same in Itasca County. Lake (890:1) and Cook (1,080:1) have worse ratios. In the US there are 380 residents to each mental health provider (380:1).



### RATIO OF POPULATION TO PRIMARY CARE PHYSICIANS

Lake County, MN	Cook County, MN	Itasca County, MN	MN	US
1,060:1	680:1	1,100:1	1,100:1	1,320:1



### RATIO OF POPULATION TO DENTISTS

Lake County, MN	Cook County, MN	Itasca County, MN	MN	US
2,130:1	1,810:1	1,290:1	1,320:1	1,400:1



### RATIO OF POPULATION TO MENTAL HEALTH PROVIDERS

Lake County, MN	Cook County, MN	Itasca County, MN	MN	US
890:1	1,080:1	340:1	340:1	380:1

Focus group participants and key stakeholders noted the poor resident to provider ratio for dentists and mental health providers as a barrier to access care. They also described long wait times for appointments once an appointment with a provider is secured. Rural transportation access to health care services was identified by focus group participants as a great health need in the community. Focus group participants were grateful for the services in existence, yet they described a need for additional volunteer drivers for one service. A local bussing service was noted to have a limited geographic route, limited hours of operation, long duration of trips, and lengthy wait times for scheduling.

## Perception of Hospital Care

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a national survey that asks patients about their experiences during a recent hospital stay. Lake View Hospital scores are better than the national averages on all questions. Lake View Hospital



scores better than the average of Minnesota hospitals on most questions, including overall rating of the hospital and willingness to recommend.

<b>Completed surveys = 73   Response rate 41%</b>	<b>Lake View</b>	<b>MN</b>	<b>US</b>
Nurses "always" communicated well.	90%	84%	80%
Doctors "always" communicated well.	90%	84%	80%
"Always" received help as soon as they wanted.	81%	74%	66%
Staff "always" explained about medicines before giving it to them.	63%	67%	62%
Room and bathroom were "always" clean.	91%	77%	73%
The area around their room was "always" quiet at night.	62%	69%	62%
YES, they were given information about what to do during their recovery at home.	88%	89%	86%
"Strongly agree" they understood their care when they left the hospital.	63%	56%	52%
Rated the hospital 9 or 10 on a scale 0-10.	86%	78%	72%
YES, they would definitely recommend the hospital.	88%	75%	70%

## Focus Group Findings

Four focus groups were scheduled to occur in September and October 2022 to obtain information from community residents for the Lake View Hospital and Lake County Public Health Community Health Needs Assessment (CHNA). The hospital and county public health provided names, demographics, and contact information for 121 potential attendees. Rural Health Innovations (RHI) reached out to all 121 to invite them to participate. Attendees could choose the focus group they preferred to attend based on their availability. Each focus group included a mix of attendees representing their community. Three of the focus groups were held in a conference space at Lake View Hospital in Two Harbors, MN. A fourth focus

groups was held in a conference space at a community partner organization in Silver Bay, MN. Attendees included seniors, representatives from businesses, health care consumers, ministerial, local city council and administration, active and retired health care and social service providers, parents, and school and library representatives.

Twenty-two of the 121 people signed up to attend. Demographics of attendees based on observation and general comments and characteristics included:

- Gender: 7 males, 15 females
- Estimated age: 25-34 (2); 35-44 (2); 45-54 (5); 55-64 (2); 65-74 (5); 75+ (6)
- Employment status: 12 employed, 10 not working/retired
- Race/ethnicity: Caucasian dominant

Secondary data was presented to attendees at the beginning of the focus groups and included information about community population by race and ethnicity, age range, percentage of unemployed, and percentage living in poverty. Data regarding quality-of-life variables such as rates of diabetes, obesity, adults currently smoking, suicide were shared. Ratios of population to primary care providers, dentists, and mental health providers were also presented. Each key stakeholder was asked the same questions. Focus group comments reflect the perceptions of the group.

### **Limitations**

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

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

## Summary of Major Points

Below are the common themes in responses.

Do you find any particular statistic surprising?

- High Lake County suicide rate
- Low access to dental care
- Low access to mental health providers

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

- Those with financial means/money
- Those with food/healthy food
- Those with health insurance/good health insurance

Are some population groups less healthy than other groups? If yes, which ones?

- Those that are isolated or alone
- Older adults over 65
- Those not seeking medical care/regular medical care
- Those with mental health needs/experiencing stigma
- Those experiencing poverty/lower socioeconomic status

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

- There are not enough dentists and they have long wait times for appointments
- There are not enough mental health providers and they have long wait times for appointments
- Isolated adults/older adults
- There is some limited access to specialists, such as pulmonology
- Ability to understand Medicare and its options
- Understanding insurance plans/statements
- Health insurance coverage, being underinsured, or self-pay can create barriers
- Not having informed patient advocacy

What are opportunities to increase focus on prevention?

- Providing age-relevant wellness education
- Collaboration between the school and hospital, such as cooking classes, students and seniors meeting for lunches, community education, and voluntarism
- Mental health support, such as mental health first aid training, stigma reduction, and mental health education
- Increasing community resource sharing and awareness
- Education on health insurance coverage, costs, and options so individuals understand how to use insurance for prevention

Thinking about things that impact health outside of receiving healthcare, what can Lake View Hospital & Lake County Public Health do to improve health for everyone?

- Continue/increase collaboration of school and community
- Collaboration between the school and hospital, such as cooking classes, students and seniors meeting for lunches, community education, and voluntarism
- Increasing community resource sharing and awareness

What are opportunities for the hospital and public health to collaborate with other community organizations, businesses, etc. to help improve the health of the community?

- Continue to collaborate with the schools, including integrating in mental health services
- Organizations serving older adults, such as North Shore Area Partners
- Organizations and collaborations addressing mental health such as Mental Health Task Force and North Shore Mental Health Group – Silver Bay
- Chamber of Commerce
- Faith-based organizations

What is the greatest health need in this community?

- Fostering community connectedness (student involvement in the community, partnerships between the schools/providers/students/parents for mental and physical wellbeing, leverage the aging population to support/educate the young population, using collaborations to amplify efforts, combating senior isolation and loneliness, creating intergenerational opportunities, community development in partnership with health care)
- Mental Health (increasing the number of mental health providers, local programming for students in mental health crisis, awareness of how to access mental health resources, local access to mental health therapy/counseling, 24/7 emergency mental health services, senior support for mental health)
- Affordable housing
- Rural area transportation access (timely transportation access to services (duration of trips, scheduling))

## Key Stakeholder Findings

Nine key stakeholder interviews were scheduled to occur over the course of two weeks in September 2022 to obtain information from community residents for the Lake View Hospital/Lake County Public Health Community Health Needs Assessment (CHNA). Twenty-six potential stakeholders were identified by the hospital/public health and Rural Health Innovations (RHI) reached out to all 26 to invite them to participate. Eight virtual meeting sessions were held; each approximately 60 minutes in length and included a review of the secondary data at the beginning. Each key stakeholder was asked the same questions.

Demographics of attendees based on observation and general comments and characteristics included:

- Gender: 1 male, 7 females
- Estimated age: 25-33 (1); 35-44 (3); 45-54 (1); 55-64 (3); 65+ (0)
- Race/Ethnicity: Caucasian (8)

Secondary data was presented to attendees at the beginning of the interviews and included information about community population by race and ethnicity, age range, percentage of unemployed, and percentage living in poverty. Data regarding quality-of-life variables such as rates of diabetes, obesity, adults currently smoking, and suicide were shared. Ratios of population to primary care physicians, dentists, and mental health providers were also presented.

### **Limitations**

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

3. The information is based on comments from a rather small segment of the community.
4. Participants represented are primarily female and Caucasian. Some segments of the community are not represented in these findings, specifically those of lower socio-economic status, (i.e., unemployed, low wage employees, etc.).

## Summary of Major Points

Below are the common themes from all responses.

Do you find any particular statistic surprising (regarding the secondary data presentation)?

- High Lake County suicide rate
- Low access to dental care
- Low access to mental health providers
- Expected poverty level to be worse

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

- Affluent
  - Health insurance
  - Can access care outside the county if needed
  - Reliable transportation
- Children
- Seniors who moved to county to retire

Are some population groups less healthy than other groups? If yes, which ones?

- Those with mental health issues including veterans, seniors, teens, and young people

- Those living in a lower economic group
  - Transportation issues
  - Can't take off from work for appointments
  - Can't afford health food
  - Less additional resources for gym membership, activities to deal with stress
- Rural residents who grew up in the community
- Seniors and Veterans who think "others need help more than I do"

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

- Transportation issues including lack of and distance to access providers/geographically remote
- Lack of certain providers (mental health providers including faith-based, dentists, psychiatrists, local specialists in general)
- Financial issues (no insurance, high deductibles, can't afford to take time off from work, no money for gas, funding sources change, and fixed incomes)

What are opportunities to increase focus on prevention?

- Focus on the children for prevention (wellbeing, tobacco, drug use) Create structures so that kids think through their choices. It's easier to break cycles at that level.
- Suicide prevention, mental health education, stigma reduction, and coping skills

Thinking about things that impact health outside of receiving healthcare, what can Lake View Hospital & Lake County Public Health do to improve health for everyone?

- Help provide opportunities that bring community together/socialize. Make health a community initiative.
  - Helping to create a clean environment with green space. Invest in nice, welcoming spaces for people.
  - Provide opportunities for education for the community as a whole that focuses on health and not focused on one specific disease.
  - Education that is tied to opportunities such as community gardens and orchards, master gardening, farmers market. Pull many different organizations together for this; this could pull a large piece of the community.
  - Create infrastructure to make this possible so that everyone can be included...sidewalks, benches to rest on, etc.
  - Collaborate with agencies to go in on a grant together to impact an aspect of health. Encourage leadership to create a more holistic view of health. Partner with other parts of the county and be more inclusive.

- Focus on early childhood-make sure their basic needs are met. Work with school district for programs, camps, or challenges for kids that impact health while winning prizes (many children are competitive to win prizes)

What are opportunities for the hospital and public health to collaborate with other community organizations, businesses, etc. to help improve the health of the community?

- Continue to collaborate with the schools
- Continue to collaborate to address mental health issues-faith based groups, mental health advisor board, North Shore Mental Health Group, Arrowhead Behavioral Health Alliance, private practices
- Reach out to local businesses to assist with wellness of frontline staff-start with the leadership team as a way in to help change policies and then involve staff by talking to them about what they want.
- Claire Nelson Center is open to even more collaboration together. Continue to collaborate with agencies that are trying to keep seniors in their homes.
- Library-librarian is a “rockstar” and has experience collaborating on different issues. The library is a benign location to provide education and outreach.
- Food banks

What is the greatest health need in this community?

- Behavioral health (long winters, need providers that are willing to work with people and include their spirituality, suicide and crisis prevention, psychiatry, same day appointments)
- Obesity (exercise, expanding walking trails, healthy food)
- Bring the community together around one of the areas of need (mental health, obesity, etc.)-find “the thing” the community can rally around and build/mend relationships. Continued efforts to bring the county identity together (instead of “the city”, suburbs, rural, and other labels). Make health a community strategy for all (not just certain groups) instead of an individual endeavor.

## Conclusions, Recommendations, and Acknowledgements

### Conclusions

Lake View Hospital and Lake County Public Health partnered for Community Health Needs Assessment (CHNA) services administrated by Rural Health Innovations (RHI), a subsidiary of the National Rural Health Resource Center. The CHNA information included secondary data analysis from nationally recognized sources and Bridge to Health for a series of focus

groups and key stakeholder interviews. Lake, Cook, and Itasca County, Minnesota, and US data was included when possible.

The population in the three counties is largely White. Cook County has a higher Native American/Alaskan Native population than the other counties, Minnesota, and US. The 55-74 age range has the highest percentage of residents in the counties. The median income for the three counties is lower than Minnesota and US. The unemployment rate is higher in Cook and Itasca counties, and Itasca County has a higher rate of individuals living below the poverty level. Key stakeholders and focus group participants indicated concern for health of those with fewer economic resources as well as residents living in isolation, particularly the elderly. In addition to the ability to access care, there were concerns about whether these groups had supportive transportation to get to appointments, might not be able to afford healthy food, gyms, and other resources to manage stress and feel connected to others.

Lake County has a higher rate of death due to suicide compared to the other counties in the report, Minnesota, and the US. According to the Bridge to Health Survey, around 20% of adults in the counties reported having depression. In Itasca County, 35.7% of adults reported having a mental health screening within the last year, which was higher than Lake and Cook counties. Similarly, 17.3% of Itasca County adults reported in the last year that there was a time they wanted to talk with or seek help from a health professional about mental health concerns (stress, depression, excess worrying, troubling thoughts, or emotional problems) but did not go or delayed talking with someone, again higher than Lake and Cook counties. Secondary data indicates that the ratio of county residents to mental health providers is worse for Lake and Cook counties in comparison to Itasca County, Minnesota, and the US. For the key stakeholder interviews and focus group participants, the number one health need in the community is more resources to address behavioral health issues and fostering social connectedness. Focus group participants and key stakeholders emphasized the need for more resources for all age groups and to collaborate across organizations and to create community connection to address mental health and other health related needs.

The incidence of adult diabetes, chronic obstructive pulmonary disease, and obesity are similar in the three counties to state data. Heart disease is higher for all three counties as compared the state and nation. Related to these diseases, the percentage adults who smoke was worse for all counties compared the state according to standard secondary data although Bridge to Health survey data indicates a decrease in adult smoking. One factor impacting obesity is the ability to access and purchase healthy foods. Adults in Minnesota and the three counties reported less prevalence of not having adequate access to food in the past year compared to the US. However, Bridge to Health data indicates that a higher



percentage of adults in the three counties reported they experienced barriers to having adequate food for their household.

## Recommendations

It is recommended that Lake View Hospital and Lake County Public Health continue to collaborate to further address opportunities around mental health, support for those who are economically struggling, and utilize a community-based campaign that is inclusive of all residents and demographic groups. A number of those interviewed expressed an interest in collaborating in the planning and execution of endeavors to move the community towards wellness and impact mental health. It would be important to have representatives from underserved populations at the table to speak on behalf of those groups. For instance, it was noted the community does have some community-wide events, but they are more easily attended by younger people or families, those who have transportation, and those who are not living with a disability. It is recommended that efforts towards wellness truly include the various groups of the community. This requires a commitment to identifying the barriers that prevent some groups from participating and exploring ways to address the barriers. This often depends on a strong collaboration with traditional partners such as the schools and social service agencies, and non-traditional partners such as faith-based groups, local library, transportation services, and businesses.

## Acknowledgements

RHI would like to thank Lake View Hospital and Lake County Public Health. A special thank you to Rachel Gischia for assistance scheduling the focus groups.

# Appendix A: Secondary Data Analysis

## Introduction

There are two different types of sources used to conduct a CHNA. The first type is a primary source that is the initial material that is collected during the research process. Primary data is the data that RHI collects using methods such as surveys, focus groups, key stakeholder interviews, as well as objective data sources. Primary data is a reliable method to collect data as RHI knows the source, how it was collected and analyzed. Secondary data is the analysis of preexisting data. Secondary data analysis utilizes the data that was collected by another entity in order to further a study. Secondary data analysis is useful for organizational planning to complement primary data or if there is not time or resources to gather raw data. It has its drawbacks, however, as data from the different agencies is collected during different timeframes and with varying methods. This can make direct comparisons of secondary data difficult. See [Appendix B](#) for source details and definitions. Please note, the data collected for this report is the most current information as of July 2022. The types of measures selected to analyze in this report were identified based on data available for Lake County, Cook County, Itasca County, Minnesota, and the United States.

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

NR=not reported, DNA= data not available, - = data not part of Bridge to Health Survey, B2H=Bridge to Health Survey data for a similar data element

## Geography and Demographics

	Lake County	Cook County	Itasca County	Minnesota	United States
Population	10,571	5,402	45,180	5,600,166	324,697,795
Male	5,481	2,699	22,863	2,789,017	159,886,919
Female	5,090	2,703	22,317	2,811,149	164,810,876
Age 0-4	4.50%	4.70%	5.20%	6.30%	19,767,670

	Lake County	Cook County	Itasca County	Minnesota	United States
Age 5-9	5.90%	3.10%	6.10%	6.50%	20,157,477
Age 10-14	4.10%	5.20%	5.60%	6.60%	20,927,278
Age 15-19	4.60%	3.30%	6.20%	6.40%	21,208,186
Age 20-24	4.70%	4.40%	4.40%	6.40%	22,015,108
Age 25-34	9.40%	11.50%	9.60%	13.60%	45,030,415
Age 35-44	11.00%	10.10%	11.20%	12.70%	40,978,831
Age 45-54	11.70%	11.30%	11.90%	12.40%	42,072,620
Age 55-64	18.00%	18.30%	16.30%	13.40%	41,756,414
Age 65-74	14.20%	18.20%	13.80%	9.10%	29,542,266
Age 75-84	8.20%	6.80%	6.60%	4.50%	14,972,513
Age 85+	3.60%	3.20%	3.10%	2.20%	6,269,017
White	96.90%	85.80%	91.70%	81.60%	73.30%
Black	0.60%	0.00%	0.50%	6.40%	13.40%
Asian	0.10%	1.00%	0.30%	4.90%	5.90%
Native American/Alaska Native	0.50%	9.30%	3.20%	1.00%	1.30%
Native Hawaiian/Pacific Islander	0.00%	0.00%	0.10%	0.00%	0.20%
Some Other Race	0.10%	1.50%	0.20%	2.10%	5.50%

	Lake County	Cook County	Itasca County	Minnesota	United States
Multiple Races	1.70%	2.40%	3.90%	3.90%	2.80%
Hispanic or Latino	1.50%	2.40%	1.60%	5.50%	18.50%
Veterans	8.40%	6.90%	10.50%	6.80%	7.10%
Limited English Proficiency	0%	1%	0%	2%	8.20%

## Health Outcomes

	Lake County	Cook County	Itasca County	Minnesota	United States
Life Expectancy (years)	80.3	82.5	78.8	80.4	77
COVID-19 age-adjusted Mortality (per 100,000 population)	50	NR	44	72	350,831
Fair or Poor Health	14%	13%	15%	13%	17%
B2H	13.5%	10.1%	22.6%	-	-
Poor Physical Health Days	3.2	3.2	3.5	3.1	3.4
Poor Mental Health Days	4.0	3.9	4.3	4.0	3.8
Depression	19.6%	24.2%	26.1%	-	-
Sense of Belonging or Connectedness	68.1%	76.1%	69.3%	-	-

	Lake County	Cook County	Itasca County	Minnesota	United States
Mental Health Screening Within the Last Year	21.9%	28.8%	35.7%	-	-
Delayed or Did Not Get Mental Health Care	11.0%	15.0%	17.3%	-	-
Low Birth Weight	6%	8%	7%	7%	8.24%
Suicide Death Rate	18.8	NR	16.9	11.7	14
Suicide Attempt Considered in Past Year	8.5%	9.0%	10.3%	-	-
Injury Deaths	77	70	104	69	72
Diabetes prevalence	8%	8%	9%	8%	11%
Heart Disease	6.9%	7.2%	7.7%	3.6%	3.9%
COPD	4.60%	6.20%	6.60%	4.65%	4.10%
Asthma	8.50%	9.30%	9.20%	8.80%	9.90%
All cancer sites	DNA	DNA	DNA	469.5	448.6
B2H	14.9%	15.9%	16.9%	-	-
Prostate (male)	DNA	DNA	DNA	DNA	106.2
Breast (female)	DNA	DNA	DNA	DNA	126.8

	Lake County	Cook County	Itasca County	Minnesota	United States
Colon and Rectum	DNA	DNA	DNA	DNA	38
Uterus (female)	DNA	DNA	DNA	DNA	27.4
Melanoma	DNA	DNA	DNA	DNA	22.6

## Social and Economic

	Lake County	Cook County	Itasca County	Minnesota	United States
Less than 9th grade education	1.6%	0.4%	1.1%	2.8%	4.9%
Some High School, No Diploma	3.8%	2.6%	4.6%	3.9%	6.6%
High School Degree	30.3%	22.3%	30.8%	24.2%	26.7%
Some College, No Degree	22.4%	19.4%	25.9%	20.8%	20.3%
Associate degree	13.9%	10.1%	12.9%	11.6%	8.6%
Bachelor's Degree	18.7%	30.2%	16.1%	24.2%	20.2%
Graduate or Professional Degree	9.3%	15.0%	8.5%	12.6%	12.7%
Unemployment Rate	3.61	4.32	5.95	3.23	3.67

	Lake County	Cook County	Itasca County	Minnesota	United States
Median household income	\$61,082	\$58,664	\$58,660	\$74,529	\$65,712
Poverty	8%	10%	12%	9.9%	11.0%
Children in Poverty	8.3%	9.6%	16.2%	13.5%	19.0%
Residential Segregation - non-white/white	NR	52	33	48	47
Childcare Centers (per 1,000 population under 5 years old)	4	4	7	4	NR
Childcare Cost Burden (percent of median household income)	22%	33%	27%	22%	NR

## Health Behaviors

	Lake County	Cook County	Itasca County	Minnesota	United States
Current Smokers	18%	16%	21%	15%	17%
B2H	11.4%	9.5%	17.5%	-	-
Ever Tried e-Cigarettes	9.2%	8.4%	15.7%	-	-
No Leisure Time for Physical Activity	21%	20%	21%	20%	23%
	16.0%	15.4%	16.1%	-	-

	Lake County	Cook County	Itasca County	Minnesota	United States
B2H					
Recreation and Fitness Facility Access	60%	79%	51%	81%	84%
Adult Obesity	32%	31%	33%	30%	30%
B2H	31.9%	24.2%	41.6%	-	-
Food Insecurity	9%	10%	11%	8%	18%
Barriers to adequate food for household	16.0%	20.3%	19.8%	-	-
Binge Drinking	24.0%	23.6%	21.3%	23%	15%
B2H	25.0%	18.4%	27.3%	-	-
Drug Overdose Deaths	NR	NR	22.2	18.0	28.7
Opioid Overdose Deaths	NR	NR	10.3	10.5	20.2
Teen Birth Rate	19	NR	19	12	21

## Physical Environment

	Lake County	Cook County	Itasca County	Minnesota	United States
Air pollution - particulate matter	3.5	4.7	6.8	6.9	7.2
Drinking water violations	No	No	No	NR	-



	Lake County	Cook County	Itasca County	Minnesota	United States
Severe Housing Problems	10%	18%	14%	13%	18%
Households with No Motor Vehicle	5.3%	6.6%	5.3%	6.6%	8.5%

## Clinical Care

	Lake County	Cook County	Itasca County	Minnesota	United States
Uninsured	4.75%	8.16%	5.46%	5.14%	10.43%
Uninsured Children	3.4%	6.6%	4.4%	3.1%	5.6%
Access to Primary Care Physicians (ratio of residents to provider)	1,060:1	680:1	1,100:1	1,100:1	1,320:1
Access to Mental Health Providers (ratio of residents to provider)	890:1	1,080:1	340:1	340:1	380:1
Access to Dentists (ratio of residents to provider)	2,130:1	1,810:1	1,290:1	1,320:1	1,400:1
Medicare Patients with Mammogram within Past Two Years	48%	37%	48%	54%	33%
Females over 40 with	62.8%	71.8%	78.1%	-	-

	Lake County	Cook County	Itasca County	Minnesota	United States
Mammogram within Past Two Years					
Medicare Patients with Annual Influenza Vaccination	47%	16%	40%	52%	38%
Medicare Diabetics with Hemoglobin A1c Test within Past Year	66.67%	89.74%	74.08%	75.23%	NR
Adults over Age 50 Ever Reporting Having a Colonoscopy or Sigmoidoscopy	6%	4%	6%	5%	5%
Adults Age 50 and over with Colon Cancer Screening within Past 5 Years	70.9%	76.8%	67.7%	-	-

# Appendix B: Index of Secondary Data Indicators

Data Areas	Description	Source and Dates
Population	Total population residing in the area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. April 2020
Male	Percent of male population.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Female	Percent of female population.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2019
Age 0-4	Percentage of total population aged 0-4 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2020
Age 5-9	Percentage of total population aged 5-9 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2020
Age 10-14	Percentage of total population aged 10-14 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2020
Age 15-19	Percentage of total population aged 15-19 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2020
Age 20-24	Percentage of total population aged 20-24 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2020
Age 25-34	Percentage of total population aged 25-34 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2020
Age 35-44	Percentage of total population aged 35-44 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2020

Data Areas	Description	Source and Dates
Age 45-54	Percentage of total population aged 45-54 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2020
Age 55-64	Percentage of total population aged 55-64 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2020
Age 65-74	Percentage of total population aged 65-74 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2020
Age 75-84	Percentage of total population aged 75-84 in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2020
Age 85+	Percentage of total population aged 85+ in the designated geographic area.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2020
White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2020
Black or African American	A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black or African American," or report entries such as African American, Kenyan, Nigerian, or Haitian.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2020
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. This includes people who reported detailed Asian responses such as: "Asian Indian,"	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2020

Data Areas	Description	Source and Dates
	<p>"Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian" or provide other detailed Asian responses.</p>	
<p>American Indian/Alaska Native</p>	<p>A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. This category includes people who indicate their race as "American Indian or Alaska Native" or report entries such as Navajo, Blackfeet, Inupiat, Yup'ik, or Central American Indian groups or South American Indian groups.</p>	<p><a href="#">American FactFinder</a>, American Community Survey, US Census Bureau. 2020</p>
<p>Native Hawaiian/Pacific Islander</p>	<p>A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who reported their race as "Fijian," "Guamanian or Chamorro," "Marshallese," "Native Hawaiian," "Samoan," "Tongan," and "Other Pacific Islander" or provide other detailed Pacific Islander responses.</p>	<p><a href="#">American FactFinder</a>, American Community Survey, US Census Bureau. 2020</p>
<p>Some Other Race</p>	<p>The US Office of Management and Budget (OMB) requires that race data be collected for a minimum of five groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or other Pacific Islander. OMB permits the Census Bureau to also use a sixth category - Some Other Race. Respondents may report more than one race, which is then described as "Multiple Races".</p>	<p><a href="#">American FactFinder</a>, American Community Survey, US Census Bureau. 2020</p>
<p>Multiple Races</p>	<p>People may choose to provide two or more races either by checking two or more race response check boxes, by providing multiple responses, or by some</p>	<p><a href="#">American FactFinder</a>, American Community Survey, US Census Bureau. 2020</p>

Data Areas	Description	Source and Dates
	combination of check boxes and other responses. For data product purposes, "Multiple Races" refers to combinations of two or more of the following race categories: "White," "Black or African American," "American Indian or Alaska Native," "Asian," "Native Hawaiian or Other Pacific Islander," or "Some Other Race"	
Hispanic or Latino	The estimated population that is of Hispanic, Latino, or Spanish origin.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2020
Veterans	Percent of the civilian population 18 years of age and older who served in the US military.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2022
Life expectancy	Average number of years a person can expect to live.	<a href="#">County Health Rankings</a> . 2017-19  <a href="#">Centers for Disease Control and Prevention</a> , National Center for Health Statistics. 2018
COVID-19 age-adjusted mortality	All deaths occurring between January 01, 2020 through December 31, 2020 due to COVID-19 per 100,000 population (age adjusted).	<a href="#">County Health Rankings</a> . 2022
Fair or poor health	Percentage of adults reporting fair or poor health (age-adjusted).	<a href="#">County Health Rankings</a> . 2019  <a href="#">Centers for Disease Control and Prevention</a> , <a href="#">Behavioral Risk factor Surveillance System Prevalence and Trends Data</a> . 2020  <a href="#">Bridge to Health Survey</a> . 2020
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	<a href="#">County Health Rankings</a> . 2019  <a href="#">County Health Rankings</a> . <a href="#">2021 National Statistics Reference Table</a>

Data Areas	Description	Source and Dates
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	<a href="#">County Health Rankings</a> . 2019  <a href="#">County Health Rankings</a> . <a href="#">2021 National Statistics Reference Table</a>
Low birth weight	Percentage of live births with low birthweight (< 2,500 grams).	<a href="#">County Health Rankings</a> . 2014-2020  <a href="#">Centers for Disease Control and Prevention</a> , National Center for Health Statistics. 2020
Depression	Percent of adults who reported depression.	<a href="#">Bridge to Health Survey</a> . 2020
Sense of Belonging or Connectedness	Percent of adults who reported a sense of belonging or connectedness.	<a href="#">Bridge to Health Survey</a> . 2020
Mental Health Screening withing the Last Year	Adults who had a screening within the past year for mental health issues such as depression or anxiety.	<a href="#">Bridge to Health Survey</a> . 2020
Delayed or Did Not Get Mental Health Care	Adults who reported during the past 12 months a time when they wanted to talk with or seek help from a health professional about mental health concerns such as stress, depression, excess worrying, troubling thoughts, or emotional problems but did not go or delayed talking with someone.	<a href="#">Bridge to Health Survey</a> . 2020
Suicide death rate	Crude rate per 100,000 population of deaths with leading cause of death as suicide.	<a href="#">County Health Rankings</a> . 2020  <a href="#">Center for Disease Control and Prevention</a> . <a href="#">Suicide and Self-Inflicted Injury</a> . 2020
Suicide Attempt Considered in Past Year	Adults who have ever considered attempting suicide in the past year.	<a href="#">Bridge to Health Survey</a> . 2020

Data Areas	Description	Source and Dates
Diabetes prevalence	Percentage of adults aged 20 and above with diagnosed diabetes.	<p><a href="#">County Health Rankings</a>. 2019</p> <p>County Health Rankings. <a href="#">2021 National Statistics Reference Table</a></p>
Heart Disease Death Rate per 100,000	Percentage of adults with coronary heart disease.	<p><a href="#">CDC Places</a>. 2019</p> <p><a href="#">Behavioral Risk Factor Surveillance Survey (BRFSS)</a>. 2020</p>
Diagnosis of COPD, 18+	Age-adjusted prevalence of COPD among adults aged 18 years and older.	<p>Population Health Toolkit. <a href="#">COPD Risk Factors and Rurality</a>. 2020</p> <p><a href="https://www.cdc.gov/places">https://www.cdc.gov/places</a>. BRFSS 2019 or 2018, Census 2010 population counts or census county population estimates of 2019 or 2018, and ACS 2015-2019 or ACS 2014-2018.</p>
All Cancers Incidence Rate per 100,000	Age-Adjusted Incidence Rate. All Races (includes Hispanic), Both Sexes, All Ages. Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population.	<p><a href="#">National Program of Cancer Registries SEER*Stat Database (2001-2018)</a> - United States Department of Health and Human Services, Centers for Disease Control and Prevention (based on the 2020 submission).</p>
All Cancer Sites	Percent of adults with cancer.	<p><a href="#">Bridge to Health Survey</a>. 2020</p>
Cancer Mortality per 100,000	All Cancers, 2015-2019. All Races (includes Hispanic), Both Sexes, All Ages. Mortality rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population.	<p><a href="#">National Program of Cancer Registries SEER*Stat Database (2001-2018)</a> - United States Department of Health and Human Services, Centers for Disease Control and Prevention (based on the 2020 submission).</p>
Adult obesity	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.	<p><a href="#">County Health Rankings</a>. 2019</p> <p>Centers for Disease Control and Prevention, <a href="#">Behavioral</a></p>



Data Areas	Description	Source and Dates
		<a href="#">Risk factor Surveillance System Prevalence and Trends Data.</a> 2020  <a href="#">Bridge to Health Survey.</a> 2020
Food insecurity	Percentage of population who lack adequate access to food during the past year (with a lack of access, at times, to enough food for an active, healthy life or uncertain availability of nutritionally adequate foods).	<a href="#">County Health Rankings.</a> 2019  Feeding America, <a href="#">Map the Meal Gap.</a> 2019
Barriers to Adequate Food for Household	Adults that reported barriers to having adequate food for their household.	<a href="#">Bridge to Health Survey.</a> 2020
Excessive drinking	Percentage of adults reporting binge or heavy drinking (Binge drinking is defined as a woman consuming more than four alcoholic drinks during a single occasion or a man consuming more than five alcoholic drinks during a single occasion. Heavy drinking is defined as a woman drinking more than one drink on average per day or a man drinking more than two drinks on average per day).	<a href="#">County Health Rankings.</a> 2019  Centers for Disease Control and Prevention, <a href="#">Behavioral Risk factor Surveillance System Prevalence and Trends Data.</a> 2020  <a href="#">Bridge to Health Survey.</a> 2020
Less than 9th grade education	Population 25 years and over without a high school degree.	<a href="#">American FactFinder, American Community Survey, US Census Bureau.</a> 2020
9th to 12th grade, no diploma	Population 25 years and over 9th to 12th grade education but no diploma.	<a href="#">American FactFinder, American Community Survey, US Census Bureau.</a> 2020
High School Degree (includes equivalency)	Population 25 years and over with a high school degree (includes equivalency).	<a href="#">American FactFinder, American Community Survey, US Census Bureau.</a> 2020

Data Areas	Description	Source and Dates
Some college, no degree	Population 25 years and over with some college but no degree.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2020
Associate degree	Population 25 years and over with an associate degree.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2020
Bachelor's Degree	Population 25 years and over with a bachelor's degree.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2020
Graduate or Professional Degree	Population 25 years and over with a graduate or professional degree	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2020
Unemployment rate	Unemployment rates, not seasonally adjusted.	<a href="#">Population Health Toolkit</a> . 2019
Median household income	Median income of households in the geographic area.	<a href="#">Population Health Toolkit</a> . 2019
Poverty	Percent of all individuals below the poverty level.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2020
Children in poverty	Percent of children below 18 years old below the poverty level.	<a href="#">American FactFinder</a> , American Community Survey, US Census Bureau. 2020
Residential segregation – Non-white/white	Index of dissimilarity where higher values indicate greater residential segregation between non-white and white county residents. A demographic measure of the evenness with which two groups (non-white and white residents, in this case) are distributed across the component geographic areas (census tracts, in this case) that make up a larger area (counties, in this case). The residential	<a href="#">Population Health Toolkit</a> . 2019

Data Areas	Description	Source and Dates
	segregation index ranges from 0 (complete integration) to 100 (complete segregation).	
Injury deaths	Number of deaths due to injury per 100,000 population (includes planned (e.g., homicide or suicide) and unplanned (e.g., motor vehicle deaths) injuries).	County Health Rankings. <a href="#">2021 National Statistics Reference Table</a>
Current smokers	Percentage of adults who are current smokers (smoke every day or most days and have smoked at least 100 cigarettes in their lifetime).	<a href="#">County Health Rankings. 2020</a>  <a href="#">County Health Rankings. 2021 National Statistics Reference Table</a>  <a href="#">Bridge to Health Survey. 2020</a>
Ever Tried e-Cigarettes	Adults who have ever used e-cigarettes	<a href="#">Bridge to Health Survey. 2020</a>
Physical Inactivity	Percentage of adults age 20 and over reporting no leisure-time physical activity in the past month (such as running, calisthenics, golf, gardening, or walking for exercise)	<a href="#">County Health Rankings. 2020</a>  <a href="#">County Health Rankings. 2021 National Statistics Reference Table</a>  <a href="#">Bridge to Health Survey. 2020</a>
Recreation and fitness facility access	Percentage of population with adequate access to locations for physical activity (reside in a census block that is within a half mile of a park or reside in a rural census block that is within three miles of a recreational facility).	<a href="#">County Health Rankings. 2020</a>  <a href="#">County Health Rankings. 2021 National Statistics Reference Table</a>
Teen birth rates	Number of births per 1,000 female population ages 15-19.	<a href="#">County Health Rankings. 2020</a>  Centers for Disease Control and Prevention, <a href="#">Reproductive Health: Teen Pregnancy. 2020</a>

Data Areas	Description	Source and Dates
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	<a href="#">County Health Rankings</a> . 2020  <a href="#">County Health Rankings</a> . <a href="#">2021 National Statistics Reference Table</a>
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	<a href="#">County Health Rankings</a> . 2014-2018  <a href="#">County Health Rankings</a> . <a href="#">2021 National Statistics Reference Table</a>
Uninsured	Percentage of population under age 65 without health insurance.	<a href="#">Population Health Toolkit</a> . 2018
Uninsured children	Percentage of population under age 18 without health insurance.	US Census Bureau, <a href="#">Small Area Health Insurance Estimates Program</a> . 2019
Access to primary care physicians	Ratio of population to primary care physicians (practicing non-federal physicians (M.D.s and D.O.s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics).	<a href="#">County Health Rankings</a> . 2019  <a href="#">County Health Rankings</a> . <a href="#">2021 National Statistics Reference Table</a>
Access to mental health providers	Ratio of population to mental health providers (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care).	<a href="#">County Health Rankings</a> . 2021  <a href="#">County Health Rankings</a> . <a href="#">2021 National Statistics Reference Table</a>
Access to dentists	Ratio of population to dentists (registered dentists with a National Provider Identification).	<a href="#">County Health Rankings</a> . 2020  <a href="#">County Health Rankings</a> . <a href="#">2021 National Statistics Reference Table</a>

Data Areas	Description	Source and Dates
Had a Mammogram in Past 2 Years, Medicare Patients	Percentage of Medicare population that had a mammogram in past 2 years.	Centers for Medicare and Medicaid Services, <a href="#">Mapping Medicare Disparities</a> . 2020
Females 40 or over who had a Mammogram Within the Past 2 Years	Females 40 or over who had a mammogram Within the past 2 years.	<a href="#">Bridge to Health Survey</a> . 2020
Medicare patients with annual influenza vaccination	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	Centers for Medicare and Medicaid Services, <a href="#">Mapping Medicare Disparities</a> . 2020
Medicare diabetes with hemoglobin A1c test within past year	Percentage of diabetic Medicare enrollees with hemoglobin A1c test within past year	<a href="#">The Dartmouth Atlas of Health Care</a> . 2015
Adults over age 50 ever reporting having a colonoscopy or sigmoidoscopy	Medicare enrollees over age 50 ever reporting having a colonoscopy or sigmoidoscopy.	Centers for Medicare and Medicaid Services, <a href="#">Mapping Medicare Disparities</a> . 2019
Adults 50 and over who had Colon Cancer Screening within Past 5 Years	Males and females 50 and over who had colon cancer screening within the last 5 years (fecal occult blood test, colonoscopy, barium enema, proctoscopic exam, or sigmoidoscopy).	<a href="#">Bridge to Health Survey</a> . 2020

# Appendix C: Focus Group Invitation and Questions



August 9<sup>th</sup>, 2022

Dear Lake County Area Community Leader:

We invite you to **participate in a focus group** conducted by Rural Health Innovations, LLC a subsidiary of the National Rural Health Resource Center on behalf of Lake View Hospital. Focus groups are an excellent way for community members to share their opinions in an honest yet confidential environment. The goal of this focus group is to assist Lake View Hospital in identifying strengths and needs of health services for the region.

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

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

We invite you to participate in one in-person focus group scheduled for the following dates and times. **Please respond to this communication indicating which date and time you'd like to participate in.** Your identity is not part of the focus group report and your individual responses will be kept confidential.

- Thursday, September 8<sup>th</sup> from 1:15 PM – 3:15 PM at Lake View Hospital in Two Harbors, MN
- Tuesday, September 13<sup>th</sup> from 2:00 – 4:00 PM at Lake View Hospital in Two Harbors, MN
- Tuesday, September 13<sup>th</sup> from 6:00 – 8:00 PM at Lake View Hospital in Two Harbors, MN
- Thursday, October 6<sup>th</sup> from 1:00 – 3:00 PM at north Shore Area Partners in Silver Bay, MN

**Please confirm your attendance** by contacting Kiona Hermanson at Rural Health Innovations, LLC. by phone 218-216-7033 or e-mail ([khermanson@ruralcenter.org](mailto:khermanson@ruralcenter.org)) **by Wednesday, August 31<sup>st</sup>.**

We look forward to your participation. Thank you.

Sincerely,



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

## **Lake View Hospital and Lake County Public Health Services Focus Group Questions**

The questions below are the types of questions that will be asked during this focus group. The purpose of this focus group is to identify the strengths and needs of health services in the Lake 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. Are you surprised about what this data reveals about your community, or is it what you expected?
2. Do you find any particular statistic surprising?
3. Are some population groups healthier than other groups? If yes, which ones?
4. Are some population groups less healthy than other groups? If yes, which ones?
5. In your opinion, what are some of the barriers to accessing care in this region?
6. What are opportunities to increase focus on prevention?
7. Thinking about things that impact health outside of receiving healthcare, what can Lake View Hospital & Lake County Public Health do to improve health for everyone?
8. What are opportunities for the hospital and public health to collaborate with other community organizations, businesses, etc. to help improve the health of the community?
9. What is the greatest health need in this community? (this question will be used to prioritize recommendations)

# Appendix D: Key Stakeholder Invitation and Questions



August 9, 2022

Dear **Individual's name**:

You have been identified as a leader in the community and we would like to hear from you about your perspectives on the health of the community. Please accept this invitation to **participate in a key stakeholder interview** conducted by Rural Health Innovations, LLC a subsidiary of the National Rural Health Resource Center on behalf of Lake View 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 one-hour one-to-one interview during the weeks of September 12<sup>th</sup> – 23<sup>rd</sup>. Your help is very much appreciated in this effort. Please confirm your willingness to participate before Wednesday, August 31<sup>st</sup> by contacting Kiona Hermanson at [khermanson@ruralcenter.org](mailto:khermanson@ruralcenter.org) 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 Stakeholder Questions**

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

1. Are you surprised about what this data reveals about your community, or is it what you expected?
2. Do you find any particular statistic surprising?
3. Are some population groups healthier than other groups? If yes, which ones?
4. Are some population groups less healthy than other groups? If yes, which ones?
5. In your opinion, what are some of the barriers to accessing care in this region?
6. What are opportunities to increase focus on prevention?
7. Thinking about things that impact health outside of receiving healthcare, what can Lake View Hospital & Lake County Public Health do to improve health for everyone?
8. What are opportunities for the hospital and public health to collaborate with other community organizations, businesses, etc. to help improve the health of the community?
9. What is the greatest health need in this community? (this question will be used to prioritize recommendations)