

# Cook Hospital

## Community Health Needs Assessment

**Survey, Focus Group Findings, Key Informant Interviews, and  
Secondary Data Analysis**

September 2025



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# Contents

Introduction.....	3
Methodology.....	3
Electronic Survey .....	3
Focus Groups .....	4
Key Informant Interviews.....	4
Secondary Data .....	5
Findings .....	5
Demographics.....	6
Social and Economic Factors .....	8
Quality of Life.....	10
Health Behaviors.....	15
Access to Care .....	21
Focus Group Findings.....	29
Key Informant Interview Findings.....	33
Conclusion, Recommendations, Priority Setting, and Acknowledgements .....	36
Appendix A: Survey Data .....	39
Appendix B: Secondary Data Analysis.....	56
Appendix C: Index of Secondary Data Indicators.....	62
Appendix D: Invitations .....	71
Appendix E: Focus Group and Key Informant Interview Questions and Demographics.....	73

# Introduction

A Community Health Needs Assessment (CHNA) serves multiple purposes. It is an opportunity for a hospital or public health department to connect with community members and partner organizations to discover how they rate the health of the community, and to understand what they identify as the region's key health issues and opportunities. CHNAs are also a chance to advance health equity by identifying existing health inequities and collaborating to remove obstacles to health and well-being.

Cook Hospital is a 14-bed hospital district not-for-profit critical access hospital (CAH) located in Cook, Minnesota, within St. Louis County. The hospital contracted with Rural Health Innovations (RHI), a subsidiary of the National Rural Health Resource Center, to provide CHNA services.

In May 2025, RHI conferred with leaders from Cook Hospital to discuss the objectives of a regional CHNA. It was decided that this CHNA would include an electronic community survey, four in-person focus groups, up to eight key informant interviews, and secondary data from national sources. The service area is defined as those in the 55723, 55771, 55790, 55703, 55710, 55772, 55725, and 56669 zip codes of St. Louis County.

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.
- Supporting the creation of a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) for public health.

## Methodology

### Electronic Survey

The electronic survey consists of 32 questions, including 23 standard questions, and nine questions which were selected and customized by Cook Hospital. The survey was available to any community member to complete, and was widely shared through the local newspaper, the hospital website, social media posts, and flyers posted in grocery stores, libraries, faith-based buildings, and community centers. For individuals with limited access to technology or those in need of assistance, help was available at the local library. A website link and quick-response (QR) code were provided in marketing communications for the survey to be completed via computer or phone.

The survey was open to the community from June 18-July 31, 2025, and Cook Hospital continued promotion through its completion. A copy of the survey instrument is included in [Appendix A](#).

Electronic surveys use nonprobability sampling and may introduce self-selection bias, technology bias, sampling bias, and non-response bias. Electronic surveys may not represent the total population. As such, the promotion methods described above were utilized to minimize biases.

## Focus Groups

Four focus groups were scheduled to be held on July 22-23, 2025, to obtain information from residents for the Cook Hospital CHNA. The hospital provided names, demographics, and contact information for 68 potential participants. Hospital leadership contacted all nominees to inform them about the email coming from RHI and encouraged attendance. RHI emailed all 68 nominees with an invitation. The hospital also published a public invitation to the focus groups for anyone in the community and the surrounding area to attend. Participants could choose the focus group they preferred to attend based on their availability and location. All four focus groups were held in person. Participants included seniors, representatives from businesses, health care consumers, active health care providers, young adults, parents, school representatives, new residents, and lifelong residents. All focus groups were held at Trinity Lutheran Church in Cook, Minnesota, located within St. Louis County. Eighteen community members attended the focus groups.

Participants were asked to anonymously complete a demographic questionnaire to gather information. Eighteen participants completed the request ([Appendix E](#)).

Each FG was approximately two hours in length and included an overview of the CHNA purpose. Secondary data was presented to participants at the beginning of the FGs and included information about community population by race and ethnicity, age range, percentage of unemployment, and percentage of those living in poverty. Data regarding quality-of-life variables such as diabetes, obesity, suicide, and adult smoking were shared. Ratios of population to primary care providers, dentists, and mental health providers were also presented. Each FG was asked the same questions ([Appendix E](#)). Comments reflect the perceptions of the individuals.

## Key Informant Interviews

Eight key informant interviews were planned to occur between July 14-18, 2025, to obtain information from community residents for the Cook Hospital CHNA. The hospital provided names, demographics, and contact information for nine potential participants. Hospital leadership contacted all nominees, informing them of the email invitation to come from RHI and encouraging attendance. RHI contacted all nominees with an invitation to participate. All interviews were held virtually. Participants included representatives from health care, service agencies, faith-based groups, and lifelong community members. Three interviews were successfully conducted.

Participants were asked to anonymously complete a demographic questionnaire to gather information. Two of the participants completed the request ([Appendix E](#)).

Each interview was approximately one hour in length and included an overview of the project purpose. Secondary data was presented to participants at the beginning of the meeting and included information about community population by race and ethnicity, age range, percentage of those unemployed, and percentage of those living in poverty. Data regarding quality-of-life variables such as rates of diabetes, coronary heart disease, chronic obstructive pulmonary disease, and suicide were shared. Ratios of population to primary care providers, dentists, and mental health providers were also presented. Each participant was asked the same set of questions. Individual comments reflect the perceptions of the participants.

## Secondary Data

Information from the above primary data collection efforts was supplemented by secondary quantitative data. These data are obtained from multiple publicly available sources, including the United States Centers for Disease Control and Prevention, County Health Rankings, and the United States Census Bureau ([Appendix B](#) and [Appendix C](#)).

## Findings

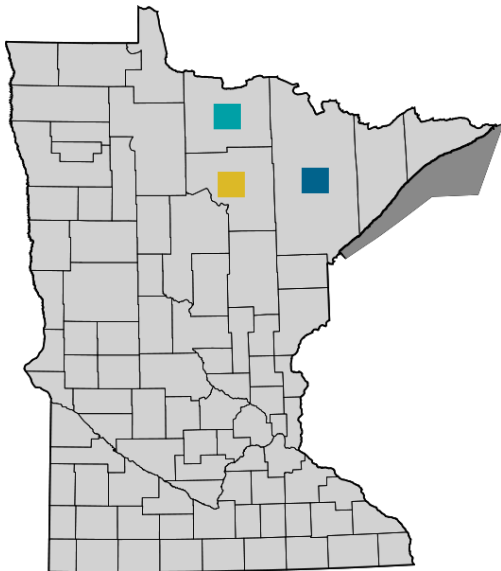
This section describes the secondary data, survey data and, when relevant, the results of the FGs and KIs. While not all data is described in detail in the body of the report, all survey data can be found in [Appendix A](#) and all secondary data can be found in [Appendix B](#). The most frequently reported survey responses are highlighted with shading in the tables below.

The electronic survey closed with 107 responses from community members. The population size of adults 18 years and older in the target zip codes is 6,543. At a 95% confidence interval, the survey responses are within 9.5% margin of error, meaning that if the survey responses are representative of the population the survey data is within 9.5 percentage points of the real population value 95% of the time. Of note, seven responses from neighboring zip codes outside of the target area are included in the survey results due to those respondents reporting that they seek health care at Cook Hospital.

# Demographics

Demographics are the statistical characteristics of human populations (such as age or income) used to identify markets.<sup>1</sup> Demographics are commonly described as age, gender, race and ethnicity, and if a person resides in a rural or urban environment. “Ensuring the delivery of high-quality, patient-centered care requires understanding the needs of the populations served,”<sup>2</sup> and are hence included in the CHNA. The map below depicts the locations St. Louis, Koochiching, and Itasca counties within the state of Minnesota (MN). Although demographics for the three counties in this report might be similar, the population for the three counties varies. St. Louis County includes the city of Duluth (86,697 people), which may impact secondary data and was noted in the FGs and KIs as not fully representing the hospital service area.

- St. Louis County, MN: 200,514
- Koochiching County, MN: 11,950
- Itasca County, MN: 45,141



*American Community Survey*, United States Census Bureau. 2023.

The population in the three counties is largely White, which represents the survey responses (92.5%). The second largest racial/ethnic group for all three counties is two or more races (St. Louis 5.3%, Koochiching 5.8%, Itasca 6.4%).

The highest percentage of residents in all counties is the 65-74 age range (St. Louis 13.3%, Koochiching 16.6%, Itasca 15.2%). These are higher than MN (10.6%) and the U.S. (10.4%). This age range is also the most represented in the survey responses (23.6%), followed by those that are 55-64 (20.8%).

Demographic data from the survey also include:

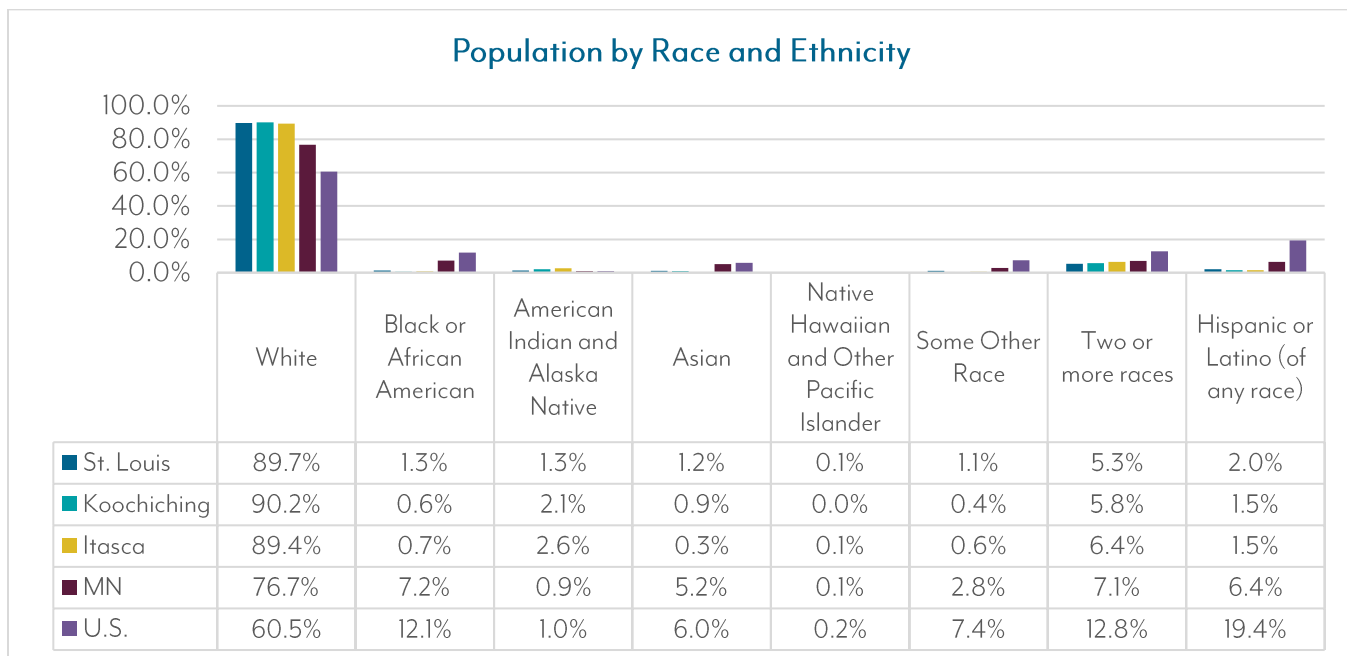
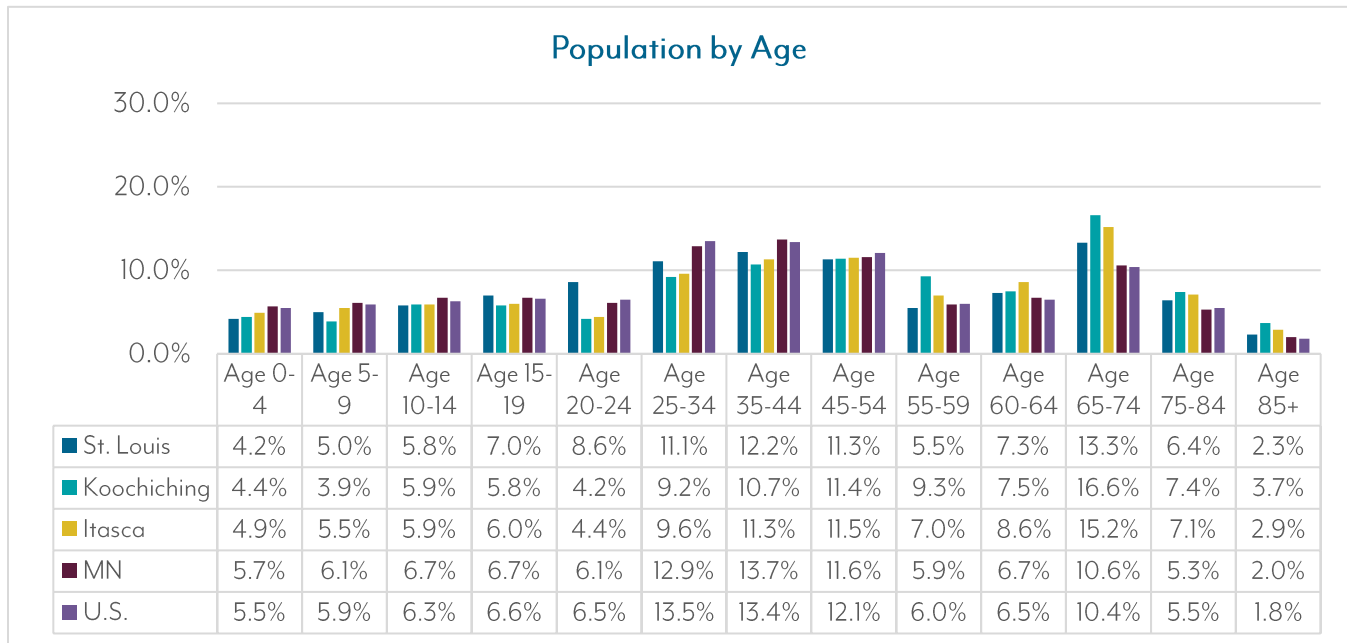
- Gender: Female (77.4%), Male (17.9%). More females responded to the survey than the proportion that live in the counties (49%).
- Education Level: Bachelor’s degree is the highest percentage (39.6%) followed by associates degree (16.0%). Most residents in the counties have a high school degree (26-31%).
- Income: \$120,000+ is the highest percentage (27.4%) followed by \$60,000 - \$79,000 (13.2%). Sixteen percent preferred not

<sup>1</sup> “Definition of DEMOGRAPHICS.” In *Merriam-Webster Dictionary*. Accessed August 4, 2025. <https://www.merriam-webster.com/dictionary/demographics>.

<sup>2</sup> “1.Introduction.” *Agency for Healthcare Research and Quality*, April 2018. Accessed August 4, 2025. <https://www.ahrq.gov/research/findings/final-reports/iomracereport/reldata1.html>.

to answer. The median household income in the counties ranges from \$63,141 - \$66,958.

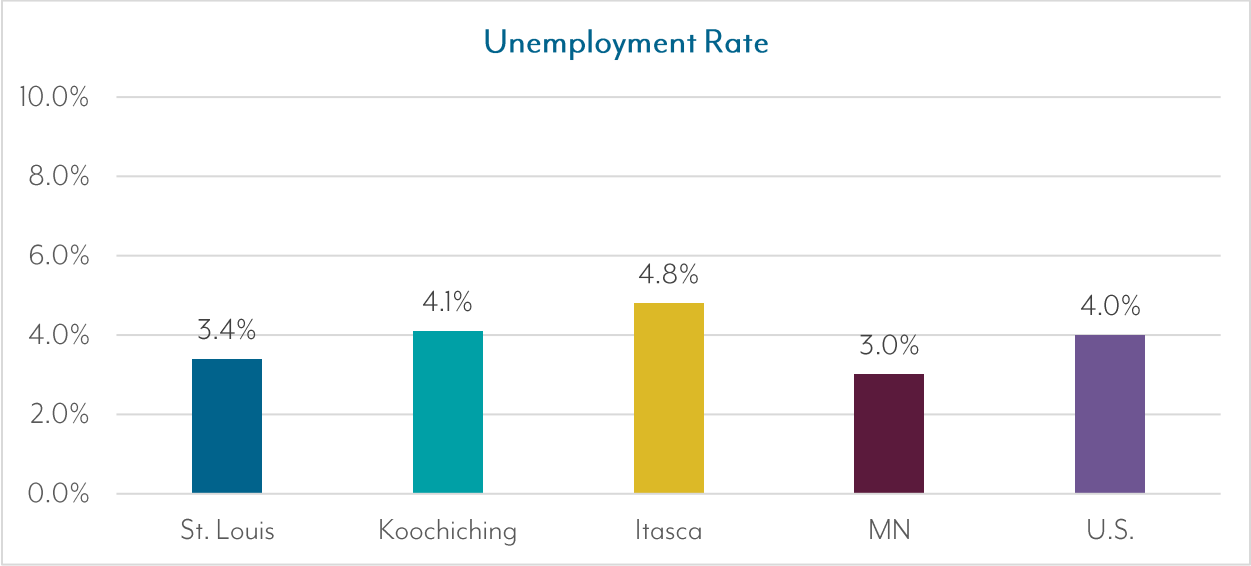
- Language: English (100%).
- Living with a disability (9.4%).



[American Community Survey](#), United States Census Bureau. 2023.

# Social and Economic Factors

According to County Health Rankings and Roadmaps, approximately 40% of a person’s health outcomes (length of life and quality of life) are attributable to social and economic factors.<sup>3</sup> Social and economic factors include education, employment, income, family and social support, and community safety.<sup>4</sup> Social and economic factors impact a person’s ability to access medical care, safe and adequate housing, education, employment opportunities, and living wages, among other things.<sup>5</sup>



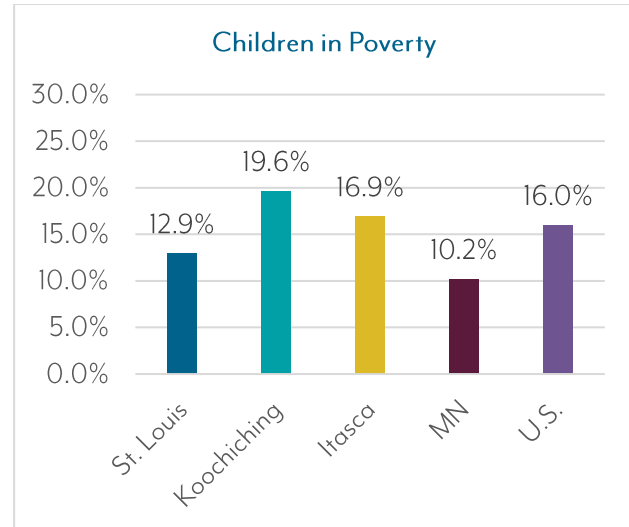
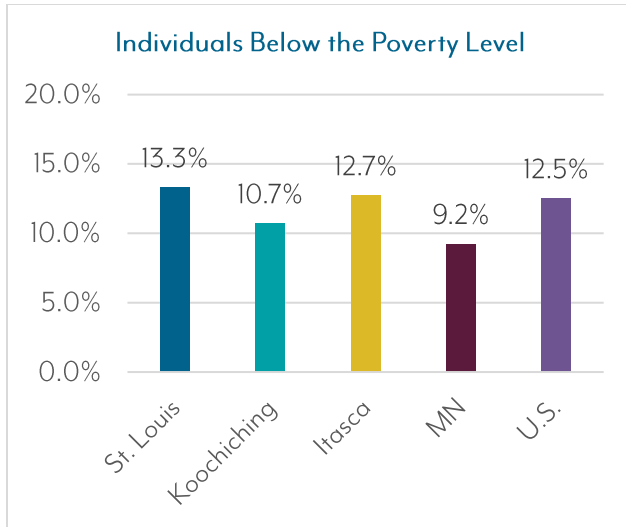
Median Household Income				
St. Louis	Koochiching	Itasca	MN	U.S.
\$63,141	\$64,009	\$66,958	\$82,343	\$77,719

U.S. Bureau of Labor Statistics. 2023.

<sup>3</sup> County Health Rankings & Roadmaps. “Social & Economic Factors.” Accessed August 4, 2025. <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors?>

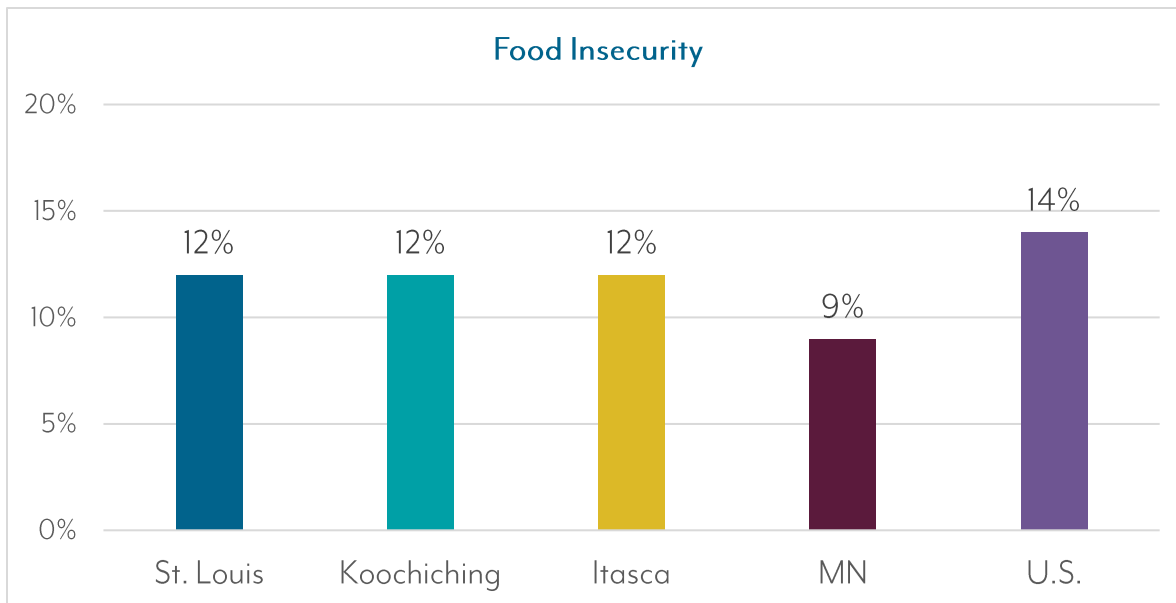
<sup>4</sup> County Health Rankings & Roadmaps. “Social & Economic Factors.” Accessed August 4, 2025. <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors?>

<sup>5</sup> County Health Rankings & Roadmaps. “Social & Economic Factors.” Accessed August 4, 2025. <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors?>



[American Community Survey](#), United States Census Bureau. 2022.

The unemployment rate in all three counties (St. Louis 3.4%, Koochiching 4.1%, Itasca 4.8%) is higher than MN (3.0%). One percent of survey respondents reported being unemployed. The median household income is lower in all counties in the region (St. Louis \$67,311, Koochiching \$64,009, Itasca \$65,386) compared to MN (\$85,070) and the U.S. (\$77,719). All three counties have a higher percentage of residents living below the poverty level (St. Louis 13.3%, Koochiching 10.7%, Itasca 12.7%) compared to the state (9.2%). This is true for children living below the poverty level as well (St. Louis 12.9%, Koochiching 19.6%, Itasca 16.9%) compared to the state (10.2%). All counties have a higher percentage of people with food insecurity (12%) compared to MN (9%).



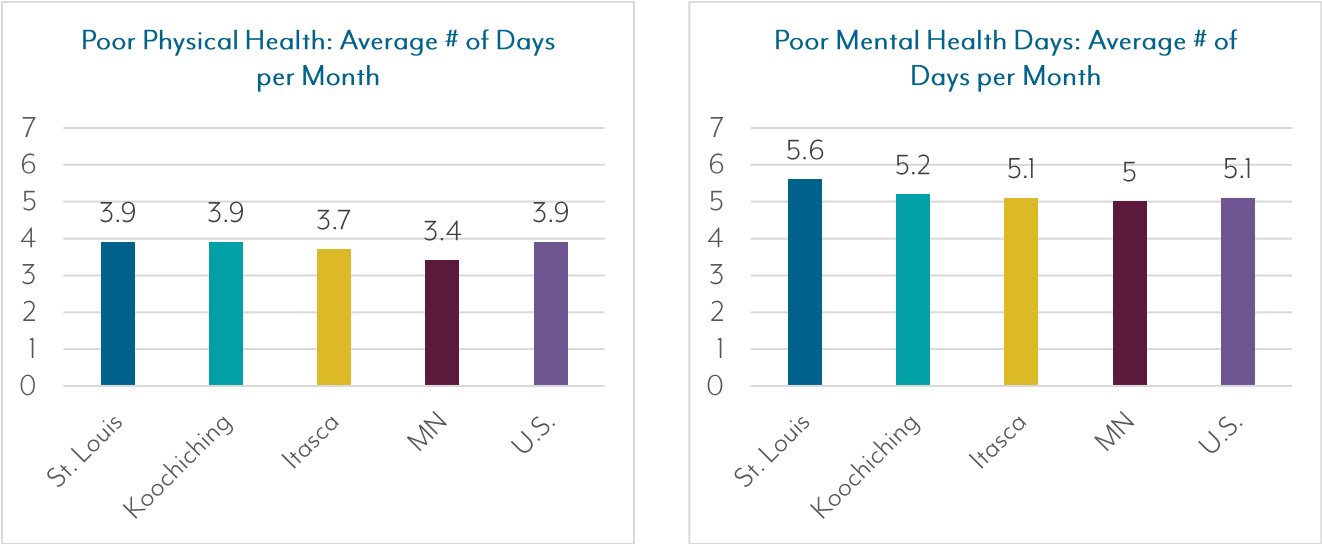
[County Health Rankings](#). 2022.

Among survey respondents, 27.4% reported an annual household income of \$120,000+, followed by 13.2% reporting \$60,000 - \$79,000. Focus group and KII participants identify financial issues as a barrier to accessing care. It is noted that all three counties have lower median incomes compared to the state and that socioeconomic status varies widely in the community.

# Quality of Life

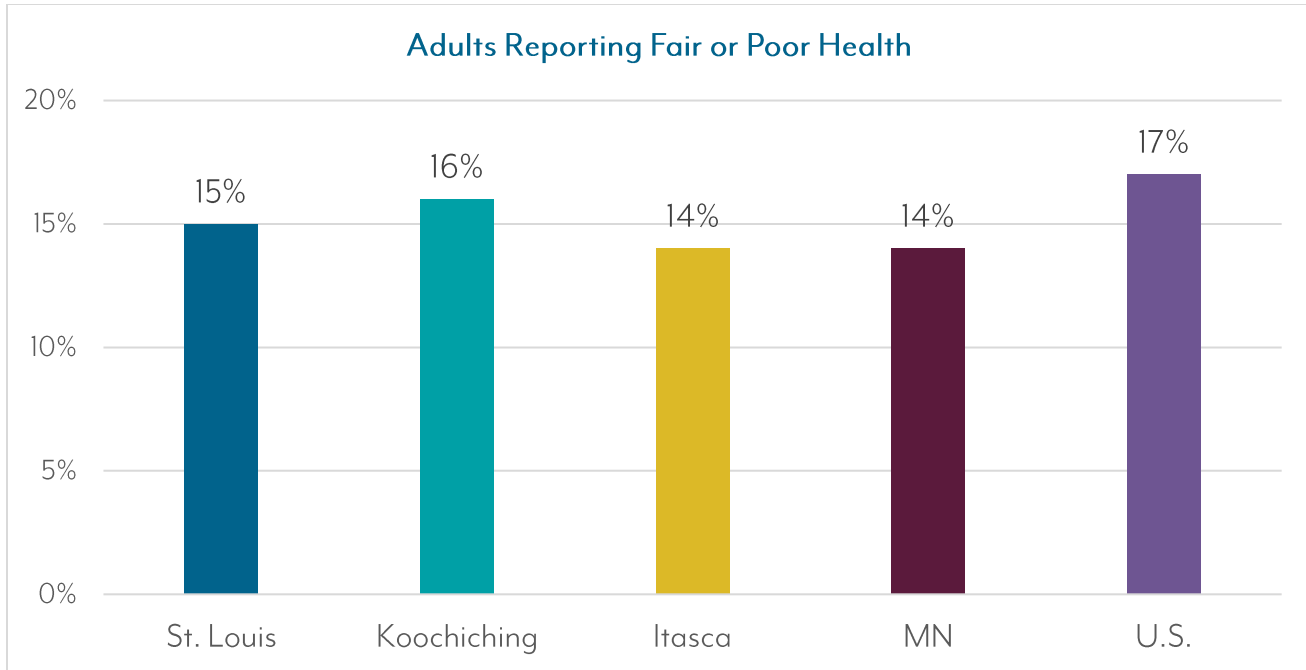
“Quality of life refers to how healthy people feel while alive.”<sup>6</sup> It is an indicator of the well-being of a community, including the areas of physical health, mental health, social wellness, and emotional health.<sup>7</sup> The average number of poor physical health days per month for the counties in the region (3.7-3.9 days) is similar to MN (3.4 days). St. Louis County reports a higher average of poor mental health days per month (5.6 days) compared to Koochiching County (5.2), Itasca County (5.1), and the state (5.0). Fifteen percent of residents in St. Louis County report fair or poor health. Among survey respondents, 10.3% report having fair or poor health.

No county data for death due to suicide is available for Koochiching and Itasca counties because the data is suppressed and unreliable respectively. The suicide death rate in St. Louis County is 23.4 per 100,000 people. This is a higher rate than the state (14.2) and the U.S. (14.7). St. Louis (26%), Koochiching (25%), and Itasca (24%) counties all report a similar percentage of people reporting excessive drinking compared to MN (23%), which are all higher than the U.S. (19%).

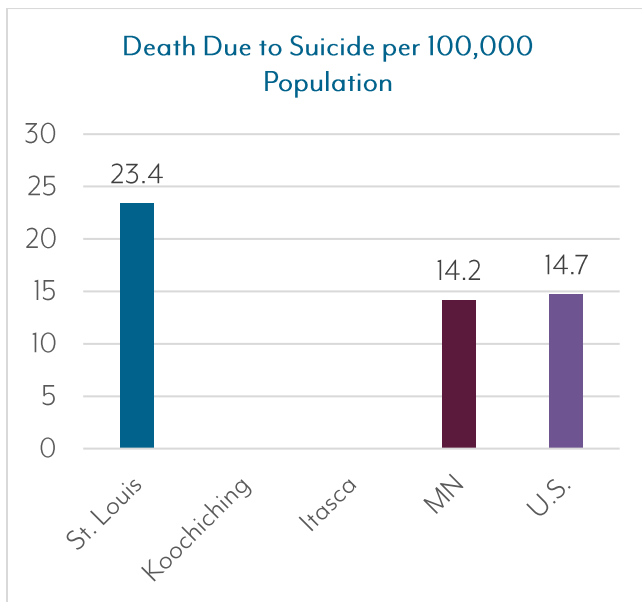


County Health Rankings. 2022.

<sup>6</sup> County Health Rankings & Roadmap. “Quality of Life.” Accessed August 4, 2025. <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-outcomes/quality-of-life?>

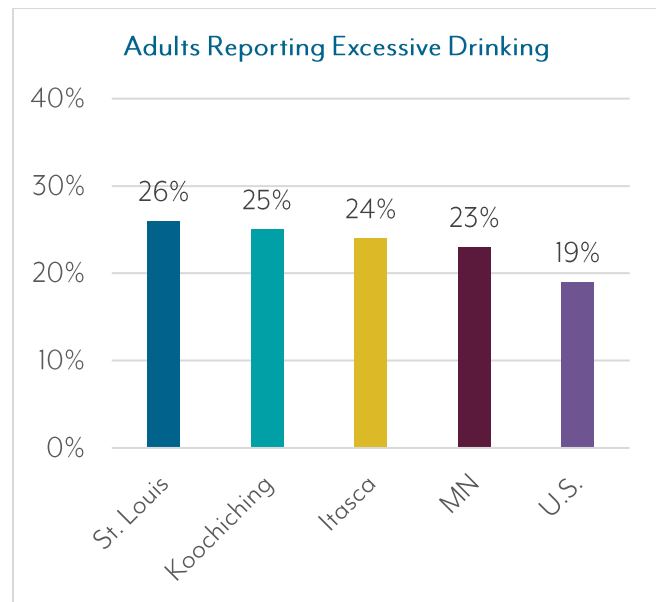


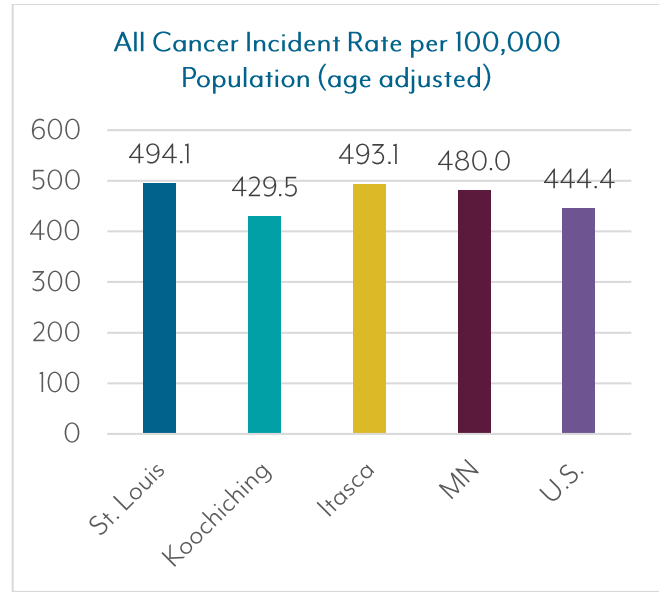
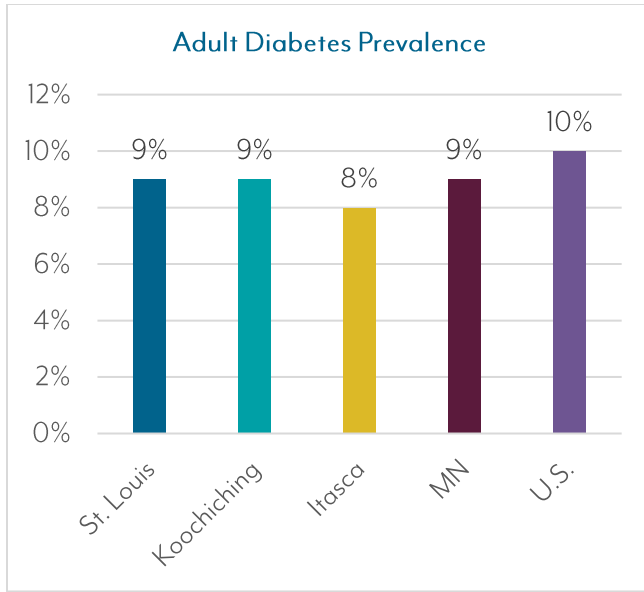
[County Health Rankings](#). 2022.



[County Health Rankings](#). 2022.

[Suicide and Self-Inflicted Injury](#), CDC, WONDER. 2023.





[County Health Rankings](#). 2022.

[State Cancer Profiles](#). National Cancer Institute, DHHS, CDC. 2017-2021.

The survey includes five questions related to quality of life. Two of these questions ask respondents what they believe are the most pressing health issues in the community and the three areas most important to create a healthy community. All survey data can be found in [Appendix A](#).

The top three survey responses for “What are the THREE most pressing health concerns in our community?” are below. The survey asks participants to select up to three responses.

- Access to mental health services (43.0%)
- Access to specialists (34.6%)
- Affordable health insurance coverage (29.0%)

Access to mental health services aligns with the secondary data on four items. St. Louis County reports a higher average number of poor mental health days per month compared to Koochiching and Itasca counties and the state. St. Louis County reports a higher suicide death rate than MN and the U.S. Focus group and KII participants identify those struggling with mental health and alcohol as two groups with more challenges than others. Mental health, alcohol use, and substance use disorder (SUD) issues are identified by KIIs as the three most pressing health concerns in the community but not in the top four pressing issues by FGs participants.

Survey Q2: What are the THREE most pressing health concerns in our community? (Select up to 3 responses)	Percentage	N = 107
Access to alcohol/drug use services	25.2%	27
Access to dental services	28.0%	30
Access to mental health services	43.0%	46

Access to primary care	14.9%	16
Access to senior care	16.8%	18
Access to specialists	34.6%	37
Access to wellness/prevention services	11.2%	12
Affordable health insurance coverage	29.0%	31
Cancer	8.4%	9
Chronic disease management (such as diabetes, heart failure)	15.9%	17
Coordination of care	3.7%	4
Healthy lifestyles (such as exercise, nutrition)	12.2%	13
Heart disease/stroke	4.7%	5
Hunger	0.0%	0
Obesity	12.2%	13
Personal debt due to medical bills	11.2%	12
Prescription drug affordability	12.2%	13
Reliable health information	4.7%	5
Respiratory disease	0.0%	0
Tobacco/e-cigarettes	6.5%	7
Other (summarized responses below with number if responses reported more than once)	4.7%	5
<ul style="list-style-type: none"> <li>• Transportation to primary care and specialist care appointments.</li> <li>• Access to home care, particularly end-of-life care.</li> <li>• Water quality.</li> <li>• Emergency care.</li> <li>• Homeless shelters, transportation to and from facilities in other towns.</li> </ul>		

The top three survey responses for “Select the THREE items below that you believe are most important for a healthy community” are below. Participants were asked to select up to three responses.

- Access to health care and other services (67.3%)
- Affordable housing (43.0%)
- Good jobs and a healthy economy (42.1%)

While this question relates directly to a person's quality of life, it also relates to economic challenges. Secondary data indicates that the unemployment rate for all three counties is higher than MN and the median household income is lower for all counties compared to the state and the U.S. There is a higher percentage of adults and children living below the poverty level in all three counties than in the state. Food insecurity is higher in all three counties compared to MN. Focus group discussions and KIs highlight the experiences of individuals facing economic challenges. Participants express concern for those that are unable to afford insurance and do not qualify for Medicaid. They also express concern for those with insurance who are unable to find affordable care, either due to high deductibles or their insurance not being accepted by health care providers. There may be a lack of education and understanding around health care insurance, including how to utilize or choose an insurance plan. Another economic barrier to quality of life is the absence of reliable transportation, especially when local access to services is lacking as indicated by FGs and KIs.

Survey Q3: Select the THREE items below that you believe are most important for a healthy community. (Select up to 3 responses)	Percentage	N = 107
Acceptance for diversity	8.4%	9
Access to health care and other services	67.3%	72
Access to parks and recreation	2.8%	3
Affordable housing	43.0%	46
Arts and cultural events	1.9%	2
Clean environment	12.2%	13
Community involvement	14.0%	15
Cultural sensitivity	0.9%	1
Good jobs and healthy economy	42.1%	45
Good schools	13.1%	14
Healthy behaviors and lifestyles	29.0%	31
Low crime/safe neighborhoods	16.8%	18
Low death and disease rates	6.5%	7
Low level of domestic violence	1.9%	2
Religious or spiritual values	6.5%	7
Senior care	11.2%	12
Strong family life	12.2%	13
Transportation services	9.4%	10

Other (summarized responses below with number if responses reported more than once)	0.9%	1
<ul style="list-style-type: none"> <li>Access to resources after hours. Everything in a small town shuts down early, but people's needs are not on a schedule.</li> </ul>		

One of the questions asked in the FGs and KIs is, "In your opinion, what are some of the barriers to accessing care in this region?" Respondents identified the lack of providers and specialists, financial constraints, and difficulties with transportation as the main barriers. The second greatest health need identified in the focus groups is "Removing barriers to access including transportation, internet, educational recordings, and ability to afford care. The survey includes a question, "In your opinion, what are the top THREE priorities to improve our community's access to health care?" The top three responses in the survey are consistent with other information:

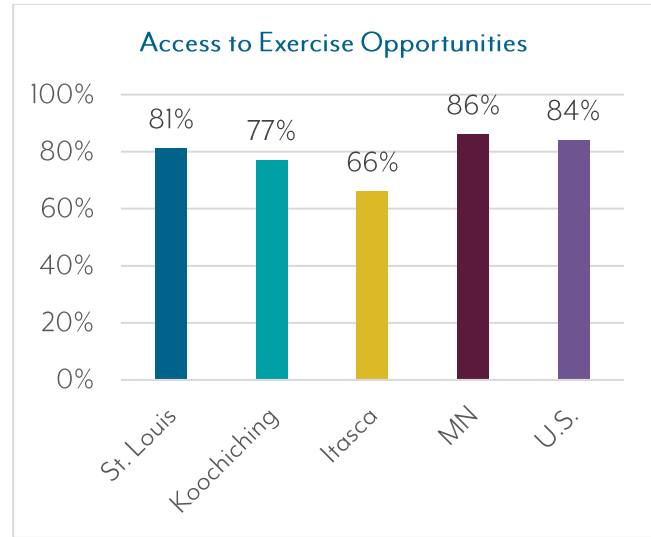
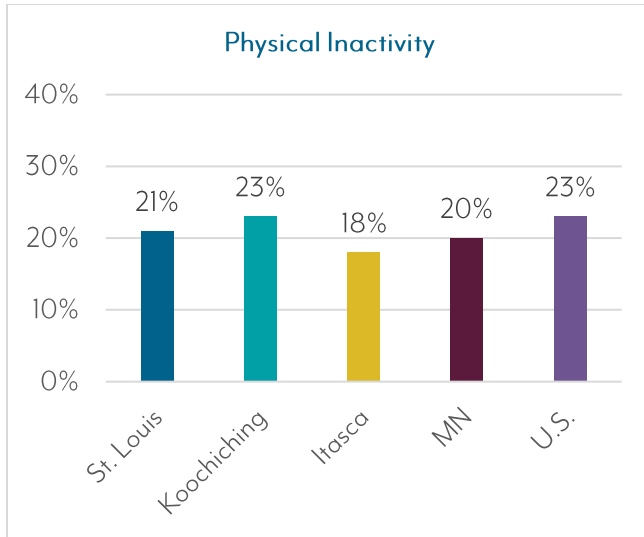
- Transportation assistance (37.4%)
- Financial aid assistance (35.5%)
- More types of specialists (8.9%)

## Health Behaviors

According to County Health Rankings and Roadmaps, approximately 30% of a person's health outcomes (length of life and quality of life) are attributable to health behaviors.<sup>8</sup> Health behaviors are intentional or unintentional actions a person takes that affect health or mortality.<sup>9</sup> As such, health behaviors can be a positive influence on length of life and quality of life or can negatively impact a person's health outcomes. Twenty-one percent of St. Louis County adult residents reporting no leisure time for physical activity. Koochiching (77%) and Itasca (66%) counties report reduced access to exercise opportunities compared to St. Louis County (81%), MN (86%), and the U.S. (84%).

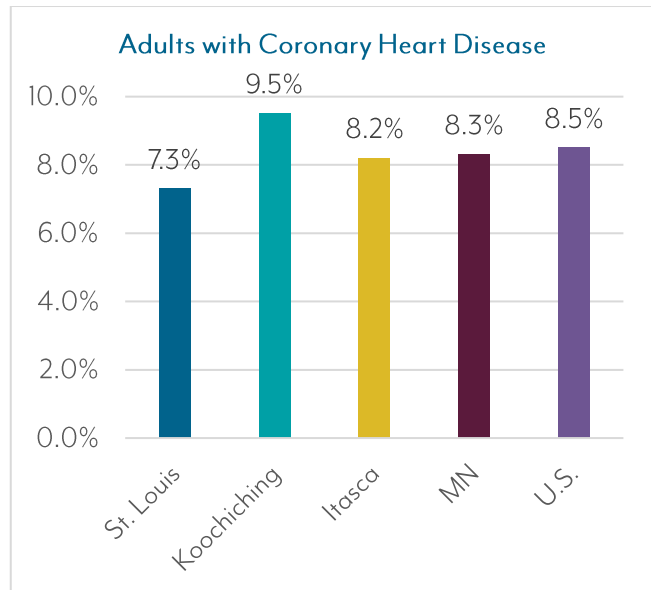
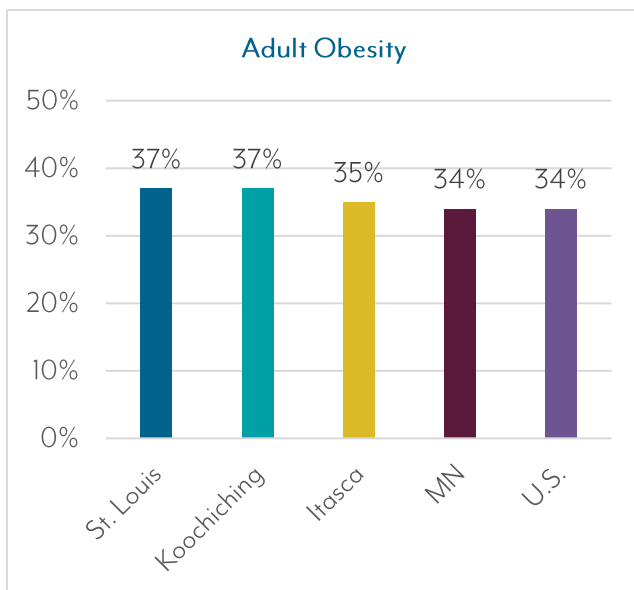
<sup>8</sup> County Health Rankings & Roadmaps. "Social & Economic Factors." Accessed August 4, 2025. <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors?>

<sup>9</sup> PubMedCentral. "Social Determinants and Health Behaviors: Conceptual Frames and Empirical Advances," October 1, 2016. Accessed August 4, 2025. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4511598/#:~:text=Health%20behaviors%2C%20sometimes%20called%20health-related%20behaviors%2C%20are%20actions,from%20the%20health%20of%20the%20actor%20or%20others.>



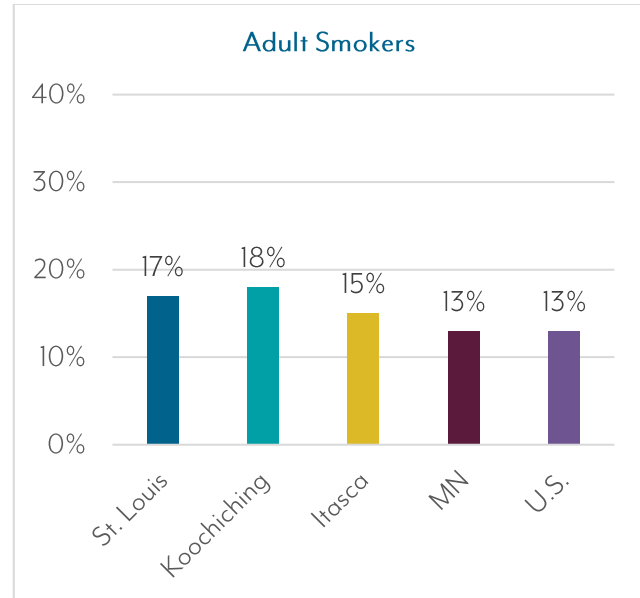
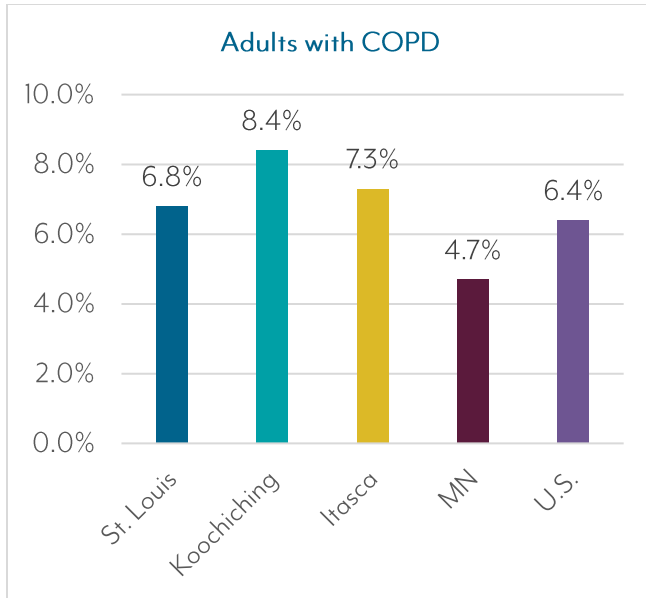
[County Health Rankings](#). 2020-2024.

The prevalence of adult obesity in St. Louis and Koochiching counties (37%) is higher than Itasca County, MN, and the U.S. (34-35%). The percentage of adults with coronary heart disease is higher in Koochiching (9.5%) compared to St. Louis County (7.3%), Itasca County (8.2%), MN (8.3%), and the U.S. (8.5%). The percentage of residents with chronic obstructive pulmonary disease (COPD) is higher in all counties (St. Louis 6.8%, Koochiching 8.4%, Itasca 7.3%) than for the state (4.7%) and U.S. (6.4%). A greater percentage of adults who smoke also reside in the region compared to the state and U.S. (St. Louis 17%, Koochiching 18%, Itasca 15%, MN 13%, U.S. 13%). Except for the need for more wellness education, none of these health behaviors are concerns or themes from the FGs or the KIs.



[County Health Rankings](#). 2022.

[CDC Places](#). 2022.



[County Health Rankings](#). 2022.

[CDC Places](#). 2022.

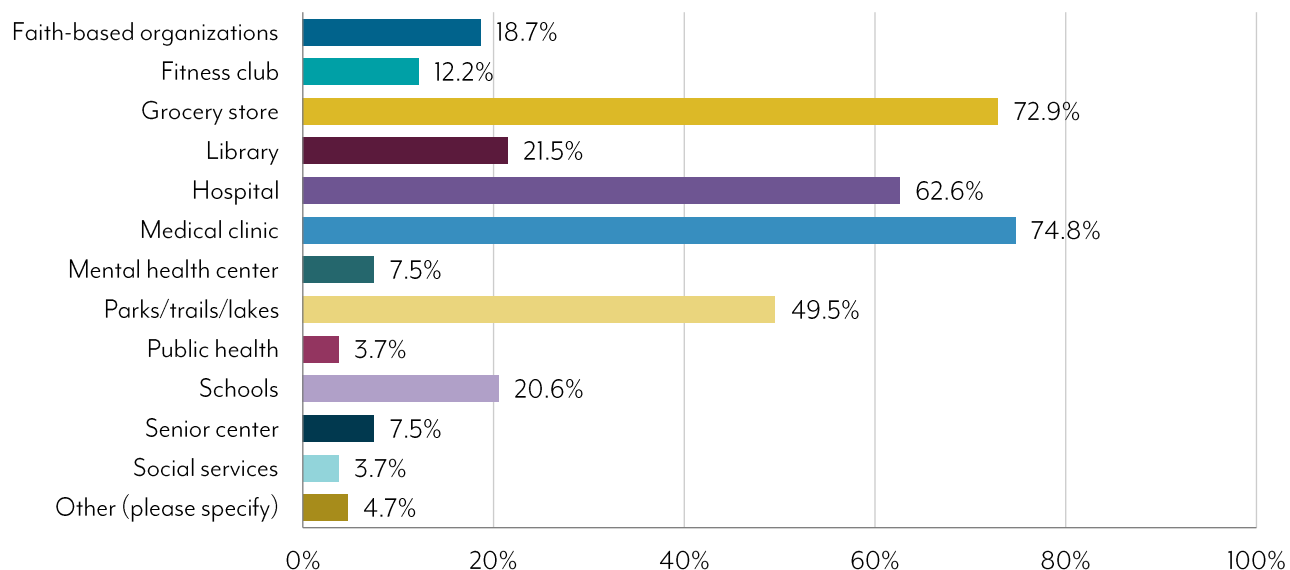
[National Center for Chronic Disease Prevention and Health Promotion](#), CDC. 2022

Five survey questions ask respondents about health behaviors. Three questions are included below and relate to community resource use, activities used to remain healthy, and the greatest overall community health education needs. The top three survey responses for “What community resources do you rely upon to help keep you and your family healthy?” are below. The survey asks participants to select all responses that apply.

- Medical clinic (72.9%)
- Grocery store (66.7%)
- Hospital (62.7%)

Focus group participants and KIIs expressed concern about the health of those with economic struggles and the potential relationship with access to care. Overall well-being is a health need identified by the KIIs. Of note, over half of the survey respondents rely on parks, trails, or lakes to keep themselves or their family healthy. According to secondary data, about one-fifth of area residents do not have leisure time physical activity, while about 80% have adequate access to locations for physical activity.

### Survey Q4: What community resources do you rely on to help keep you and your family healthy? (Select all that apply)



The top three survey responses to “What is the greatest health education need in our community?” are below. The survey asks participants to select only one response.

- Mental health (22.4%)
- Alcohol/drug use (20.6%)
- Healthy lifestyles (17.8%)

The greatest health need identified in the focus group is community health education. This includes wellness programs, educating parents about health and health care and doing so in trusted settings with people the parents trust, and education on preventive care.

Survey Q7: What is the greatest health education need in our community? (Select only ONE response)	Percentage	N = 107
Alcohol/drug use	20.6%	22
Disease-specific information	7.5%	8
Healthy lifestyles	17.8%	19
Health screenings	12.2%	13
Information translated into other languages	0.0%	0
Mental health	22.4%	23
Obesity preventions	8.4%	9

Oral/dental health	3.7%	4
Reproductive health	1.9%	2
Tobacco/e-cigarette prevention and cessation	2.8%	3
Other (responses below)	2.8%	4
<ul style="list-style-type: none"> <li>Which health care options and specialties are offered here, without needing to go to Duluth, etc.</li> <li>Alcohol/drug use and mental health; specifically, education on how both of those topics directly impact physical health as well.</li> <li>The general health care provided is wonderful.</li> </ul>		

Aside from the need for education, the survey asks, “What can be done to improve the health of the community?” The options with the highest responses are:

- Increase the variety of specialists (45.8%)
- Encourage healthy lifestyles and choices (43.9%)
- Expand availability of lower cost/affordable care services (43.9%)
- Increase the availability of mental health services (43.0%)

Survey Q8: What can be done to improve the health of the community? <i>(Select up to 3 responses)</i>	Percentage	N = 107
Encourage healthy lifestyles and choices	43.9%	47
Increase awareness of the dangers of alcohol and drug use	24.3%	26
Increase the availability of primary care providers, such as family physicians, physician assistants, or nurse practitioners	33.6%	36
Increase the availability of mental health services	43.0%	46
Increase the availability of substance use disorder services	19.6%	21
Increase the variety of specialists	45.8%	49
Expand availability of lower cost/affordable services	43.9%	47
Offer health education classes	14.0%	15
Other (summarized responses below with number if responses reported more than once)	3.7%	4
<ul style="list-style-type: none"> <li>Remove the billboards promoting a retail marijuana store. It is too close to the school and promotes bad behavior to children in our community.</li> <li>Decrease stigma surrounding mental health concerns.</li> </ul>		

When asked what Cook Hospital could do to improve the health of the community, the FG themes included:

- Increase community involvement and educate the community on health and health care. This includes using virtual education platforms, offering food at in-person events, and holding these in the community instead of at the hospital. Topics for education include diabetes, obesity, wellness and healthy living, exercise classes, and education on insurance navigation.
- Increase Cook Hospital's presence as a community leader. This includes hospital administration and staff participating outside of the hospital and bringing events to the community. The hospital helps with providing community meal opportunities, such as Meals on Wheels, community gardens, and meetings in the community with mobile service units.
- Provide outreach support for Medicaid recipients to keep paperwork and eligibility updated.
- Specific partnerships suggested to achieve better health in the community include:
  - Lions Club
  - Faith-based groups
    - Trinity Lutheran Mental Health and Wellness Team
    - Lutheran Social Services
  - Bois Fort Health and Human Services
    - Transportation, health services, and chemical dependency programs
  - Heim Foundation
  - Range Mental Health Center
  - Arrowhead Economic Opportunity Agency (EBT benefits can be used at farmers markets)
  - Zup's (healthy food education)
  - Ruby's Pantry
  - The Free Press (provide information and promote services)
  - Community Center
  - Bone Builders (volunteer run)
  - Friends of the Park
  - Retired senior volunteer program (develop a program for the region if it does not already exist)
  - Northern Progressives
  - Cook Country Connections
  - Philanthropic Education Organization
  - Coffee Club
  - Veterans of Foreign Wars (VFW)

**When asked the same question, KII themes included:**

- Address substance-use disorders (SUD) and mental health (depression).
  - Bring awareness to SUD as many unknowingly fall into abusive conditions involving substances.
  - Offer intervention support (aid in breaking family cycles, etc.).
  - Provide additional resources aside from Alcoholics Anonymous (AA). Some community members may feel too proud to attend and need another option for support.
  - Provide resources for family members.

- Increase collaboration and communication with other agencies to address the mental health concerns of a patient.
- Create local resources to address the mental health crisis.
- Explore service options for the working poor (the hospice and Lions Club can provide financial help for eyeglasses and exams).
- Hire a social worker to provide preventative wrap-around support.
- **Partner with various organizations such as:**
  - The Lions Club to focus on various health issues (diabetes, vision, obesity, etc.)
  - Rotary Club
  - Virgie Hegg Hospice
  - School system

## Access to Care

Using the County Health Rankings and Roadmaps model, 20% of health outcomes are attributable to clinical care, including access to care.<sup>10</sup> Access to care is interrelated to many areas including health insurance coverage, income, distance to care, transportation, understanding care, stigma, and availability of local health care providers. A lower rate is preferred, indicating there are less residents for each care provider.

In Minnesota, there are 1,130 residents for each primary care physician (1,130:1). The ratio is better in St. Louis (810:1), and Itasca (980:1) counties than the state (1,130:1) but poorer for Koochiching County (2,990:1). When looking at the ratio of residents to other non-physician primary care providers, St. Louis County has a better ratio (460:1) than Koochiching County (900:1), Itasca County (900:1), and MN (660:1). Access to primary care physicians and other providers is skewed in St. Louis County due to major health care facilities located in Duluth.

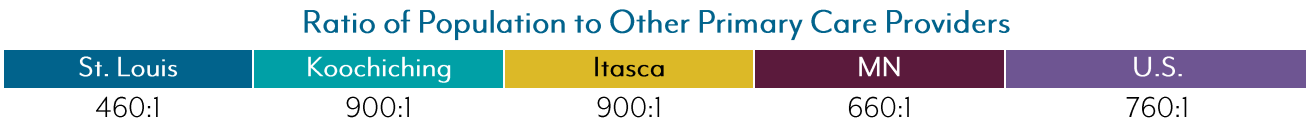
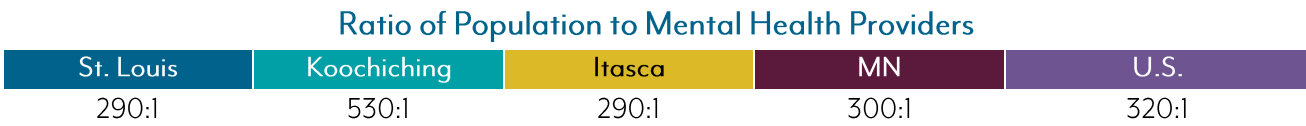
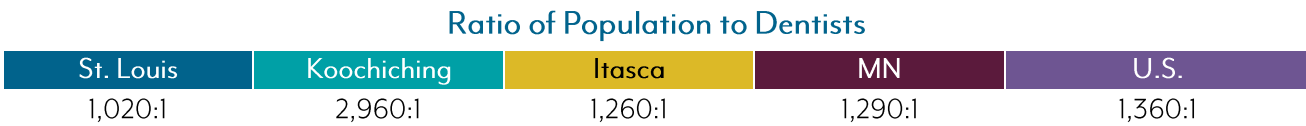
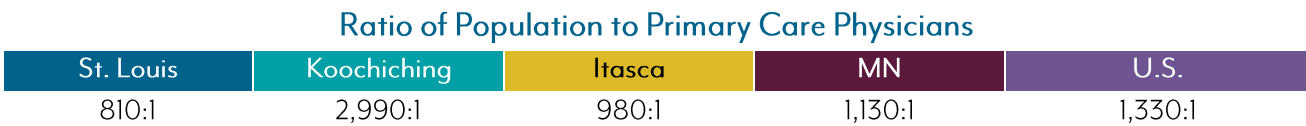
Regarding access to dental care, in Minnesota there are 1,290 residents for each dentist (1,290:1). Compared to the state, Koochiching County has less access (2,960:1), Itasca County is similar (1,260:1) and St. Louis County (1,020:1) has better access. Access to dental care is crucial as poor dental health can lead to other physical issues if left untreated.

The ratio of access to mental health providers includes psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers who treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care. In Minnesota, there are 300 residents for each mental health provider (300:1). The access rate is poorer for Koochiching County (530:1) and similar for both St. Louis (290:1) and Itasca (290:1) counties compared to the state. Mental health and the need for more clinicians, psychologists, and

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<sup>10</sup> County Health Rankings & Roadmap. "Access to Care." Accessed August 4, 2025. <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/clinical-care/access-to-care?>

psychiatrists is the most important health priority identified in KIs. Concerns about alcohol and drug services were also mentioned by KI participants.



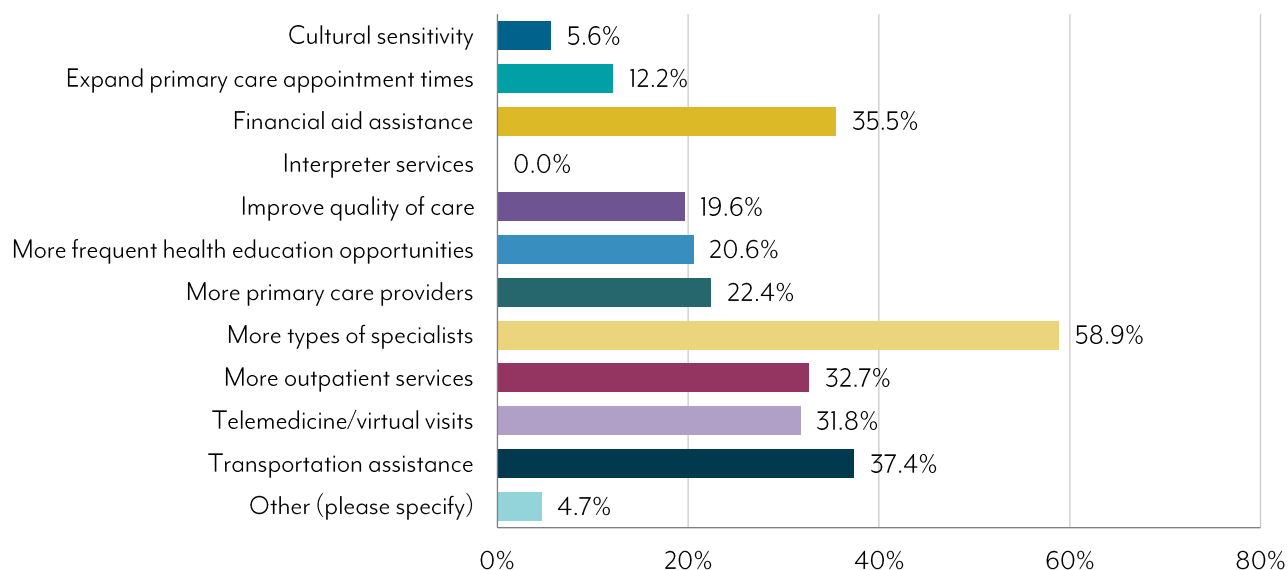
County Health Rankings. 2021-2024.

Eleven survey questions ask about access to care, eight of which are included below. Survey response results indicate priorities for improving community health care access, the most frequently used hospitals and health care facilities, reasons for selecting the most frequently used hospital, confidence or lack of confidence in accessing health care in an emergency, gaps in community health care services, and ways to improve community health.

The survey asks, “In your opinion, what are the top THREE priorities to improve our community's access to health care?” The choices with the highest percentages were:

- More specialty providers (58.9%)
- Transportation assistance (37.4%)
- Financial aid assistance (35.5%)

**Survey Q5: In your opinion, what are the top THREE priorities to improve our community's access to health care? (Select up to 3 responses)**



According to survey data, 44.9% of respondents are enrolled in employer sponsored insurance, 29.0% are enrolled in Medicare or Medicare Supplement, 3.7% are enrolled in Medicaid, while none of survey respondents are uninsured. In the region, 5.8-6.1% of adults are uninsured. Focus groups and KIs identify economic factors and a lack of local specialty services as barriers to accessing care.

Survey Q18: What type of health insurance covers the MAJORITY of your household's medical expenses? (Select only ONE response)	Percentage	N = 107
Agricultural Corp. paid	0.0%	0
Commercial plan	11.2%	12
Employee sponsored	44.9%	48
Healthy Kids/Children's Health Insurance Program (CHIP)	0.0%	0
Health savings account	5.6%	6
Indian or tribal health services	0.0%	0
Medicare or Medicare supplement	29.0%	31
Medicaid	3.7%	4
VA/military	3.7%	4
No health insurance	0.0%	0

Other (summarized responses below with number if responses reported more than once)	1.9%	2
<ul style="list-style-type: none"> <li>Medical sharing.</li> </ul>		

The survey asks three questions related to the selection of health care services. The top survey responses to “What hospital does your household use the MOST for hospital care?” are below. The survey asks participants to select only one response.

- Cook Hospital – Cook (63.6%)
- Essentia Hospital – Virginia (13.1%)
- Fairview Range Medical Center – Hibbing (8.4%)

Survey Q9: What hospital does your household use the MOST for hospital care? <i>(Select only ONE response)</i>	Percentage	N = 107
Cook Hospital (Cook)	63.6%	68
Essentia Hospital (Virginia)	13.1%	14
Essential Health - Northern Pines (Aurora)	0.0%	0
Ely-Bloomenson Community Hospital (Ely)	0.0%	0
Fairview Range Medical Center (Hibbing)	8.4%	9
St. Mary’s Hospital (Duluth)	5.6%	6
Aspirus/St. Luke’s (Duluth)	3.7%	4
Other (summarized responses below with number if responses reported more than once)	5.6%	6
<ul style="list-style-type: none"> <li>Scenic Rivers in Eveleth, MN. (though this is a clinic, not a hospital)</li> <li>Methodist Hospital in St. Louis Park, MN.</li> <li>Cloquet Community Hospital for orthopedic care and Mayo Clinic in Rochester, MN for an immune thrombocytopenia related splenectomy.</li> <li>VA Hospital.</li> <li>Cancer treatments.</li> </ul>		

Regarding why community members seek services at the hospital they use, the survey asks, “Thinking about the hospital you use most frequently, what are the THREE most important reasons for selecting that hospital?” The survey asks participants to select up to three responses.

- Closest to home (68.2%)
- Prior experience with the hospital (65.4%)
- Hospital’s reputation for quality (33.4%)

Survey Q10: Thinking about the hospital you use most frequently, what are the THREE most important reasons for selecting that hospital? <i>(Select up to 3 responses)</i>	Percentage	N = 107
Cost of care	1.9%	2
Closest to home	68.2%	73
Closest to work	16.8%	18
Emergency, no choice	32.7%	35
Hospital's reputation for quality	33.6%	36
Prior experience with the hospital	65.4%	69
Recommended by family or friends	10.3%	11
Referred by physician	13.1%	14
Required by insurance plan	7.5%	8
VA/Military requirement	1.9%	2
Other (summarized responses below with number if responses reported more than once)	6.5%	8
<ul style="list-style-type: none"> <li>• My primary care provider was previously in Cook, MN, then switched locations.</li> <li>• Convenience, primary care is there.</li> <li>• The hospital I use can take you into surgery when needed instead of having the cost of an emergency department charge and then be transferred for surgery.</li> <li>• Billing is all in one and I do not have bills from other facilities. Plus, the hospital's app is far superior and easier to use.</li> <li>• Cancer treatments.</li> <li>• I have never had a problem with billing.</li> <li>• I grew up receiving specialty care there.</li> <li>• Specialist availability.</li> </ul>		

Also in the survey is the question, "What is the location of the primary health care provider use most frequently by your household?" The top responses are:

- Scenic Rivers Clinic (63.6%)
- Essentia Health (13.1%)
- Fairview Clinic (9.4%)

Survey Q11: What is the location of the primary health care provider used most frequently by your household? <i>(Select only ONE response)</i>	Percentage	N = 107
Veteran's Affairs (VA)	2.8%	3

Scenic Rivers Clinic	63.6%	68
Aspirus Health/St. Luke's	3.7%	4
Fairview Clinic	9.4%	10
Essentia Health	13.1%	14
Other (summarized responses below with number if responses reported more than once)	7.5%	8
<ul style="list-style-type: none"> <li>• Bridge to Health (3) and Scenic Rivers.</li> <li>• Methodist Hospital.</li> <li>• My wife uses Essentia Health in International Falls, MN.</li> <li>• Local nurse practitioner.</li> <li>• My primary care provider is out of the area.</li> </ul>		

Regarding the primary provider selected, the survey asks, “Why did you select that particular primary health care provider?” The top responses are:

- Closest to home (57.9%)
- Prior experience (55.1%)
- Reputation for quality (31.8%)

Survey Q12: Why did you select that particular primary health care provider? (Select all that apply)	Percentage	N = 107
Appointment availability	28.0%	30
Closest to home	57.9%	62
Cost of care	2.8%	3
Length of waiting room time	12.2%	13
Prior experience	55.1%	59
Recommended by family or friends	15.9%	17
Referred by physician or another provider	3.7%	4
Reputation for quality	31.8%	34
Required by insurance plan	13.1%	14
Indian or Tribal Health Service	0.0%	0
VA/Military requirement	3.7%	4
Other (summarized responses below with number if responses reported more than once)	6.5%	7

- Virginia, MN is our community. I have used Cook Hospital in an emergency situation and chose the care center for a family member based on it being a good fit. I was very pleased with the care center.
- I am searching for a primary care provider who I trust, not sure I have found that yet.
- Billing is all in one and for their app.
- Cancer treatment.
- Previous employee.
- Our physician used to be with St Luke's, then moved to Scenic Rivers. We loved the experience of Scenic Rivers and would never go back.

As described throughout this report, FG and KI respondents identify an interest in other specialties offered locally. In addition to the ease of access, for some people, lack of transportation and the time to travel there can be a barrier to obtaining services. The top specialties requested include:

- Cardiology (12.6%)
- Psychiatry services (11.2%)
- Dermatology (10.3%)

Survey Q14: What type of specialist would you MOST like to have access to in our community? (Select only ONE response)	Percentage	N = 107
Cardiology	20.6%	22
Chronic acute pain	5.6%	6
Dermatology	10.3%	11
Ear, nose, and throat	7.5%	8
Endocrinology/diabetes	6.5%	7
General surgery	6.5%	7
Nephrology	0.9%	1
Obstetrics/gynecology	4.7%	5
Oncology	6.5%	7
Orthopedics	5.6%	6
Podiatry	0.9%	1
Psychiatric services	11.2%	12
Pulmonology	1.9%	2
Urology	0.9%	1
Other (summarized responses below with number if responses reported more than once)	10.3%	11

- Rheumatologist (4)
- An orthopedic specialist in Cook, MN.
- Hard to choose just one, all are helpful for senior access to specialists.
- Dental
- Urgent care
- Bariatric specialist
- Gastroenterologist

The survey asked, “What are the THREE largest gaps in health care in our community?” The survey asks participants to select up to three responses. The largest gaps in health care services in the community reported by survey respondents include:

- Mental health services (37.4%)
- Dental care (35.5%)
- Availability of services/providers (35.5%)

Themes from the FGs and KIs include concern around gaps in local services, specifically for mental health and SUD services.

Survey Q6: What are the THREE largest gaps in health care services in our community? (Select up to 3 responses)	Percentage	N = 107
Availability of services/providers	35.5%	38
Ability to service different languages/cultures	1.9%	2
Affordable prescription drug assistance	20.6%	22
Cancer treatment	15.9%	17
Chronic care management (heart, lung, diabetes, etc.)	21.5%	23
Dental care	35.5%	38
End-of-life care (hospice/palliative care)	5.6%	6
Geriatric care (seniors)	16.8%	18
Healthy lifestyle education	17.8%	19
Mental health services	37.4%	40
Pain management	11.2%	12
Primary care	7.5%	8
Services for low-income people	15.0%	16
Substance use services (drugs and alcohol)	30.8%	33

Other (summarized responses below with number if responses reported more than once)	1.9%	2
<ul style="list-style-type: none"> <li>Quality hospital administrative services – I experienced mistakes and delays that affected my outcomes which I had to leave the area to try to mitigate.</li> <li>Home assistance for the elderly (people over 70) who are unable to keep a clean and healthy home. In addition, with the closing of McDonalds, the opportunity to eat out is limited without a lengthy drive. Healthy food and meals are limited to once a month (community meals at Trinity Lutheran Church).</li> </ul>		

## Focus Group Findings

### Demographics

Four FGs were held on July 22-23, 2025, to obtain information from community residents for the Cook Hospital CHNA. All focus groups were held at Trinity Lutheran Church in Cook, Minnesota, located within St. Louis County. Eighteen individuals attended. Participants were asked to anonymously complete a demographic questionnaire to gather information and 18 of the participants completed the request. Questions, response options and number of answers are listed below.

### Demographic Questionnaire

- Gender: Male (4), female (14), identify in a different way (0), prefer not to answer (0)
- Age: 18-24 (0), 25-44 (4), 45-54 (2), 55-64 (4), 65-74 (5), 75+ (3), prefer not to answer (0)
- Race/ethnicity: American Indian/Alaska Native (1), White (17), prefer not to answer (1)
- Hispanic, Latino, or Spanish origin: Yes (0), no (18), prefer not to answer (0)
- Language spoken: English (17), Spanish (0), other (1)
  - Other response included Russian
- Employment status: Employed (9), unemployed (0), retired (8), other (0), prefer not to answer (1)
- Average annual household income:
  - \$0 - \$19,000 (1)
  - \$20K - \$39K (2)
  - \$40K - \$59K (0)
  - \$60K - \$79K (0)
  - \$80K - \$99K (3)
  - \$100K - \$119K (2)
  - \$120K + (7)
  - Not sure (0)
  - Prefer not to answer (3)

- Living with a disability: Yes (1), no (16), prefer not to answer (1)
- Level of education:
  - Less than 9th grade (0)
  - Some high school, no diploma (0)
  - High school degree (0)
  - Some college, no degree (1)
  - Associate's degree (1)
  - Bachelor's degree (6)
  - Graduate or professional degree (9)
  - Prefer not to answer (1)

## Limitations

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

1. The information is based on comments from a small segment of the community of around 18 people.
2. Participants are mostly White and most identify as female.
3. All but one participant reports less than some college or higher for education, making those who attained education lower than a high school diploma unrepresented.
4. Some segments of the community are not represented in these findings, specifically those who are unemployed and those who are under the age of 25.

## Summary of Major Points

Focus group comments reflect the perceptions of the group. Below are the common themes in responses.

- **Are you surprised about what this data reveals about your community, or is it what you expected? Do you find any particular statistic surprising?**
  - The most frequently mentioned comment about the data presentation is that most participants felt St. Louis County data is skewed by the large urban area of Duluth.
  - Many participants are surprised by the mental health data.
    - Participants feel the ratio of mental health providers to the population is poorer for the city of Cook than St. Louis County. Accessing providers for mental health is difficult in the area and insurance coverage may contribute as not all providers accept all insurance providers.
    - Participants are surprised by the high rate of suicide and are interested in the breakdown by age group.
  - There was also discussion around the difficulty in accessing dental services.
    - Participants feel that access to dentists is poorer than shown because of the inclusion of Duluth in the region's community data.
    - Participants are concerned that dental access may not improve with additional providers as dental care is often expensive and because Medicaid is not always accepted.

- Some participants believe that the rate of excessive drinking is higher than what was presented.
- **Are some population groups healthier than other groups? If yes, which ones?**
  - Participants most frequently commented that those in a higher socioeconomic group are likely healthier than other groups.
    - This group may have greater access to medical care and additional health resources. It is more likely this demographic can travel for health care access if needed and has more reliable transportation.
    - This group can afford appropriate equipment and gear for winter activities.
    - This group also has access to higher quality food (farmers markets), health insurance, and can afford a healthier lifestyle.
  - Those who live in the area in the warm months but travel elsewhere during the winter.
- **Are some population groups struggling more than other groups? If yes, which ones?**
  - The aging population, specifically the elderly who are struggling with access and do not have a support system.
    - Issues mentioned include lack of transportation, isolation, loneliness, chronic medical conditions, food insecurity, and a lack of support services in the region.
  - Those with SUDs and youth with mental health challenges.
    - Some stated that these issues are criminalized in the area and that these groups are isolated from the community.
    - Alcohol use was highlighted in the discussion with a regional culture of alcohol consumption and underaged drinking.
  - Families struggle with lack of childcare, repeated and compound trauma, and a lack of support for young people to engage in physical and social activities.
- **In your opinion, what are some of the barriers to accessing care in this region?**
  - The limited health care providers and services. Participants are concerned about the staffing shortage which has worsened the lack of providers and specialty services (home care and dental care).
  - Financial barriers including financial instability, lack of employment opportunities, not qualifying for Medicaid and not being able to afford commercial insurance, the cost of medical care, and the lack of payment plans from dental providers.
  - Transportation and the need to travel long distances for services.
  - Insurance challenges including difficulty navigating the health care and insurance systems, and the lack of knowledge about how to use insurance.
- **What do you think the hospital could do to improve the health of the community? Where are opportunities to collaborate?**
  - Increase community involvement and educate the community on health and health care. This includes using virtual education platforms, offering food at in-person events, and holding these in the community

instead of at the hospital. Topics for education include diabetes, obesity, wellness and healthy living, exercise classes, and education on insurance navigation.

- Increase Cook Hospital's presence as a community leader. This includes hospital administration and staff participating outside of the hospital and bringing events to the community. The hospital helps with providing community meal opportunities, such as Meals on Wheels, community gardens, and meetings in the community with mobile service units.
- Provide outreach support for Medicaid recipients to keep paperwork and eligibility updated.
- The hospital could increase volunteer opportunities to support community health efforts and build collaboration.
- **Other specific organizations identified for collaboration include:**
  - Lions Club
  - Faith-based groups
    - Trinity Lutheran Mental Health and Wellness Team
    - Lutheran Social Services
  - Bois Fort Health and Human Services
    - Transportation, health services, and chemical dependency programs
  - Heiam Foundation
  - Range Mental Health Center
  - Scenic Rivers Clinic
  - Arrowhead Economic Opportunity Agency – EBT benefits can be used at the farmer's market
  - Zup's (healthy food education)
  - Ruby's pantry
  - Local news organizations
  - Community Center
  - Bone Builders
  - Friends of the Park
  - Retired Senior Volunteer Program
  - Northern Progressives group
  - Cook's Country Connections
  - Philanthropic Education Organization
  - Coffee Club
  - Veterans of Foreign Wars (VFW)

- **What is the greatest health need in this community?**

- Community health education including wellness programs preventative care, and education for parents about health and health care in trusted settings and providers.
- Remove barriers to access including transportation, internet, and affordability.
- Increase medical staffing (including providers and line staff).
- Improve housing for people without housing and for professionals relocating to the area to increase the community workforce.

# Key Informant Interview Findings

## Demographics

Eight key informant interviews were planned to occur between July 14-18, 2025, to obtain information from community residents for the Cook Hospital CHNA. Three interviews were successfully conducted.

Participants were asked to anonymously complete a demographic questionnaire to gather information. Two of the participants completed the request. Participants who submitted the demographic information identified as White, non-Hispanic, one male and one female, between the ages of 25-54 who speak English. They are employed with annual household incomes from \$40,000 – over \$120,000.

## Limitations

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

- The information is based on comments from a rather small segment of the community (three participants).
- Demographic information was obtained from two participants.

## Summary of Major Points

Below are the most frequent responses.

- **Are you surprised by what this data reveals about your community, or is it what you expected? Do you find any particular statistic surprising?**
  - The ratio of providers to the population is perceived to not be as favorable as indicated. It is difficult to find a dentist accepting new patients.
  - Some participants believe the Native population to be higher than the data shows.
  - Mental health provider data is better than it has been in the past.
  - Some believe that the community suicide rates are higher than reported for the county.
- **Are some population groups healthier than other groups? If yes, which ones?**
  - Young families that try to live a healthy and intentional lifestyle.
  - Older adults who are more intentional about their health once they have a health issue.
  - Those who are physically active, regardless of age or gender.
  - Retirees who travel south for the winter and can be more physically active in the warmer environment.
  - Young to middle-aged adults with children, “good jobs” and reliable transportation.
  - Families with children may have additional resources, such as the Women, Infants, and Children (WIC) program if they qualify. Schools are very involved.
- **Are some population groups struggling more than other groups? If yes, which ones?**

- Those with mental health issues.
  - Older adults with health issues, lack of transportation, insurance that does not cover all services, and those with a fixed income and limited access to healthy foods.
  - The Native population is struggling with diabetes and alcoholism.
  - Those in a lower-income bracket cannot afford healthy food options.
  - Adults who cannot find employment and do not have access to additional resources.
- **In your opinion, what are some of the barriers to accessing care in this region?**
    - Mental health. This includes:
      - Health care providers (not regular providers) who are not equipped or trained to address mental health issues.
      - Unwillingness to seek help or support.
      - Legislative issues that limit support or services in a mental health crisis.
      - Law enforcement hesitancy to address mental health issues.
      - Limited services.
      - Lack of communication between agencies.
    - Those who do not have reliable transportation or cannot afford gas.
    - The complexity of health care billing, which is difficult to understand, and uncertainty around coverage. This can prevent community members from seeking services, especially from a specialist.
    - Poor experiences with the health care system and providers, as well as a lack of understanding or education which increases fear of seeking care.
    - Low-income residents needing to allocate and prioritize how to spend their available resources.
  - **What do you think the hospital could do to improve the health of the community? Where are opportunities to collaborate?**
    - Address substance-use disorder (SUD) and mental health (depression).
      - Bring awareness to SUD as many unknowingly fall into abusive conditions involving substances.
      - Offer intervention support (aid in breaking family cycles, etc.)
      - Provide additional resources aside from Alcoholics Anonymous (AA). Some community members may feel too proud to attend and need another option for support.
      - Provide resources for family members.
    - Increase collaboration and communication with other agencies to address the mental health concerns of a patient.
    - Create local resources to address the mental health crisis.
    - Explore service options for the working poor (the hospice and Lions Club can provide financial help for eyeglasses and exams).
    - Hire a social worker to provide preventative wrap-around support.
    - **Partnerships and opportunities for collaboration include:**
      - The Lion's Club focuses on various health issues (such as diabetes, vision, obesity, etc.) and provides vision screenings for 35 individuals at a past health fair.

- Host health fairs more frequently (one to two times per year) and tie in to concurrent community events.
  - Rotary (for same reason as above).
  - Virgie Hegg Hospice
  - School system
- **What is the greatest health need in this community?**
    - Mental health based on day-to-day experience and suicide data.
      - Ensure that individuals who come to emergency department in crisis have a plan for continued support.
      - Provide more training to emergency department staff to assist patients experiencing mental health issues.
    - SUD services and support.

# Conclusion, Recommendations, Priority Setting, and Acknowledgements

## Conclusion

Cook Hospital is a 14-bed hospital district not-for-profit critical access hospital (CAH) located in Cook, Minnesota, within St. Louis County. The hospital contracted with Rural Health Innovations (RHI), a subsidiary of the National Rural Health Resource Center, to provide CHNA services.

In May 2025, RHI conferred with leaders from Cook Hospital to discuss the objectives of a regional CHNA. It was decided that this CHNA would include an electronic community survey, four in-person focus groups, up to eight key informant interviews, and secondary data from national sources. Data for St. Louis County, Itasca County, Koochiching County, Minnesota, and the U.S. are included. The service area is defined as those in the 55723, 55771, 55790, 55703, 55710, 55772, 55725, and 56669 zip codes of St. Louis County. Regarding secondary data, FGs and KIs notes that St. Louis County's data is likely skewed by the inclusion of Duluth. This underscores the importance of listening to other information sources such as survey data, FGs, and KIs.

The population in the three counties is largely White, which is also represented by the survey respondents and FG and KI participants. The highest percentage of residents in all counties in the region is the 65-74-year age group. Twenty-five percent of FG and KI participants who report demographics are part of this age group. This age group includes most survey responses as well (23.6%).

The median household income is lower for all counties in the region compared to the state and the U.S., and there is a higher percentage of residents and children living below the poverty level in all three counties. Focus group participants and KIs both identify people with lower incomes as a group that struggles with health. This may be due to having less access to health insurance and the ability to self-pay; having more challenges to access transportation to appointments, especially when a service is not available locally; ability to afford food/healthier food; and the ability to pay for other things that can impact health such as safe housing, recreational activities and equipment, and resources to manage stress. Eighty percent of FGs and KIs who shared demographic information report an income over \$80,000. This is higher than the area's median household income. The income data for the survey is consistent with the FG and KI.

Mental health and access to services are the most pressing health concerns for survey respondents and KIs. St. Louis County reports a higher average number of poor mental health days per month and a higher suicide death rate than MN. According to secondary data, St. Louis County's ratio of mental health providers to county residents is comparable to MN and the U.S. Focus group and KI participants note that some of the data is inflated by Duluth's access to providers and that the city of Cook's access to providers is poorer. Concern for the youth and mental health is highlighted in the FGs and KIs. This was the most frequently identified educational need in the survey.

The need for more local specialty services is mentioned often in the survey, FGs, and KIs. This is the number one priority to improve the community's access to health care according to the survey. Specific specialties requested include cardiology, psychiatry, and dermatology. Mental health services and dental care are identified as major gaps in care. Focus groups and KIs were asked about barriers in the community to accessing care and one of the most frequently

mentioned issues is the lack of specialists and providers. Dental and home health care services are identified as needed specialties.

Secondary data for St. Louis County indicates a higher prevalence of adult obesity, coronary heart disease, COPD, and a higher percentage of adults who smoke compared to the state data. While none of these diseases are specifically called out in the survey, FGs, or KIs, there was consistent discussion about the need for more events, education, exercise classes, and resources that focus on wellness and living a healthy lifestyle. Focus groups and KIs recommend that Cook Hospital bring these to the community, in the places where people normally gather and share health expertise. A very robust list of potential partners is recommended by the FGs and KIs with an interest in increased collaboration with the hospital to address health issues. This list can be found in the [Health Behaviors](#) section of the report.

## Recommendations

As Cook Hospital considers feedback from the primary data sources and identifies priorities, RHI recommends that any strategies include partnering with community agencies, the school system, faith-based organizations, service groups, and local businesses. The community utilizes the hospital services and is invested in the success of Cook Hospital. RHI encourages the hospital to reach out to the community, which is passionate and interested in collaborating to improve health for its residents.

## Priority Setting

In September 2025, five Cook Hospital leadership members participated in a virtual workshop to:

- Explore findings from the CHNA.
- Identify community health priorities based on the findings.

The group discussed the report findings at a high level and through a consensus-based discussion, the group decided to address three priorities:

- Improving access to mental health services.
- Facilitating community education.
- Connecting the community with specialty services.

Local resources that Cook Hospital can leverage to address these priorities are identified below.

Continued partnerships with [Heiam Foundation](#) and [Scenic Rivers Clinic](#) will continue to benefit Cook Hospital in addressing all three priorities. Having local medical providers who have strong partnerships better serves the community's needs.

For support with improving access to mental health, [Range Mental Health Center](#) is an important partner. They currently serve the Cook, MN area with mental health and SUD services. There are local faith-based groups such as [Lutheran Social Services](#) and the [Trinity Lutheran Mental Health and Wellness Team](#) that offer some mental health support services. The [Bois Fort Health and Human Services](#) was identified as a partner for mental health and SUD support and they could assist with community health issues and transportation needs.

The Cook community has multiple volunteer organizations which have robust membership. It would be beneficial for Cook Hospital to partner with these organizations and utilize the volunteer base and manpower to help with the priorities selected. The largest volunteer organization in the area is the [Cook Lions Club](#). The Lions Club is familiar with addressing community health issues and currently provides programs to assist with eyeglasses and hearing aids. Another organization to consider is the [Arrowhead Economic Opportunity Agency](#). They offer programs to help low-income individuals, and they manage the [Retired Senior Volunteer Program](#). Two additional volunteer groups are Friends of the Park and the Coffee Club. [Ruby's Pantry](#) would be a beneficial partner for food access because they currently offer a pop-up pantry on the first Thursday of each month.

Some local businesses would be beneficial partners to educate the community on healthy eating and nutrition. These include [Cook's Country Connections](#), a locally owned farm, and the local grocery store Zup's Food Market.

## Acknowledgements

RHI thanks Cook Hospital and the planning committee which included Teresa Debevec and Maria Myre. A special thank you to all those who contributed their time and input during focus groups and key informant interviews.

# Appendix A: Survey Data

In the following tables, the electronic survey question is emboldened and the question number from the electronic survey is appropriately labeled as “Q4”. The number of responses per question is also noted. In total, 107 survey responses were received. The most frequently reported survey responses are highlighted with shading in the tables below.

<b>Survey Q1: How would you rate the general health of our community? (Select only ONE response)</b>	Percentage	N = 107
Excellent	0.9%	1
Very good	11.2%	12
Good	58.9%	63
Fair	26.2%	28
Poor	2.8%	3

<b>Survey Q2: What are the THREE most pressing health concerns in our community? (Select up to 3 responses)</b>	Percentage	N = 107
Access to alcohol/drug use services	25.2%	27
Access to dental services	28.0%	30
Access to mental health services	43.0%	46
Access to primary care	15.0%	16
Access to senior care	16.8%	18
Access to specialists	34.6%	37
Access to wellness/prevention services	11.2%	12
Affordable health insurance coverage	29.0%	31
Cancer	8.4%	9
Chronic disease management (such as diabetes, heart failure)	15.9%	17
Coordination of care	3.7%	4
Healthy lifestyles (such as exercise, nutrition)	12.2%	13
Heart disease/stroke	4.7%	5
Hunger	0.0%	0

Obesity	12.2%	13
Personal debt due to medical bills	11.2%	12
Prescription drug affordability	12.2%	13
Reliable health information	4.7%	5
Respiratory disease	0.0%	0
Tobacco/e-cigarettes	6.5%	7
Other (summarized responses below with number if responses reported more than once)	4.7%	5
<ul style="list-style-type: none"> <li>• Transportation to primary care and specialist care appointments.</li> <li>• Access to home care, particularly end-of-life care.</li> <li>• Water quality.</li> <li>• Emergency care.</li> <li>• Homeless shelters, transportation to and from facilities in other towns.</li> </ul>		

Survey Q3: Select the THREE items below that you believe are most important for a healthy community. (Select up to 3 responses)	Percentage	N = 107
Acceptance for diversity	8.4%	9
Access to health care and other services	67.3%	72
Access to parks and recreation	2.8%	3
Affordable housing	43.0%	46
Arts and cultural events	1.9%	2
Clean environment	12.2%	13
Community involvement	14.0%	15
Cultural sensitivity	0.9%	1
Good jobs and healthy economy	42.1%	45
Good schools	13.1%	14
Healthy behaviors and lifestyles	29.0%	31
Low crime/safe neighborhoods	16.8%	18
Low death and disease rates	6.5%	7
Low level of domestic violence	1.9%	2

Religious or spiritual values	6.5%	7
Senior care	11.2%	12
Strong family life	12.2%	13
Transportation services	9.4%	10
Other (summarized responses below with number if responses reported more than once)	0.9%	1
<ul style="list-style-type: none"> <li>Access to resources after hours. Everything in a small town shuts down early, but people's needs are not on a schedule.</li> </ul>		

Survey Q4: What community resources do you rely upon to keep you and your family healthy? <i>(Select all that apply)</i>	Percentage	N = 107
Faith-based organizations	18.7%	20
Fitness club	12.2%	13
Grocery store	72.9%	78
Library	21.5%	23
Hospital/emergency department	62.6%	67
Medical clinic/primary care provider	74.8%	80
Mental health center	7.5%	8
Parks/trails/lakes	49.5%	53
Public health	3.7%	4
Schools	20.6%	22
Senior center	7.5%	8
Social services	3.7%	4
Other (summarized responses below with number if responses reported more than once)	4.7%	5
<ul style="list-style-type: none"> <li>Resources for elder care for our parents.</li> <li>Gardening and hunting.</li> <li>Places to work that pay enough to support a home, food, and health care.</li> <li>If there is availability of services to help seniors with weekly home chores such as cleaning, vacuuming, scrubbing, etc., we would like to know about them. We have reached the age, as we have heard from others, that we are contemplating moving to a city where these resources are available and leaving the quiet northland that we enjoy so much.</li> </ul>		

Survey Q5: In your opinion, what are the top THREE priorities to improve our community's access to health care? (Select up to 3 responses)	Percentage	N = 107
Cultural sensitivity	5.6%	6
Expand primary care appointment times	12.2%	13
Financial aid assistance	35.5%	38
Interpreter services	0.0%	0
Improve quality of care	19.6%	21
More frequent health education opportunities	20.6%	22
More primary care providers	22.4%	24
More types of specialists	58.9%	63
More outpatient services	32.7%	35
Telemedicine/virtual visits	31.8%	34
Transportation assistance	37.4%	40
Other (summarized responses below with number if responses reported more than once)	4.7%	5
<ul style="list-style-type: none"> <li>• Transportation to primary care appointments, financial aid that assists the working poor (not just those that fit into the federal poverty bracket).</li> <li>• The ability to message doctors and nurses through the portal, but most importantly through the clinic.</li> <li>• Pediatric providers.</li> <li>• Urgent care.</li> <li>• Discount program education from the hospital/clinic to families prior to a visit, as well as an assistance letter or statement for further education post-appointment.</li> <li>• Crisis centers.</li> </ul>		

Survey Q6: What are the THREE largest gaps in health care services in our community? (Select up to 3 responses)	Percentage	N = 107
Availability of services/providers	35.5%	38
Ability to service different languages/cultures	1.9%	2
Affordable prescription drug assistance	20.6%	22
Cancer treatment	15.9%	17
Chronic care management (heart, lung, diabetes, etc.)	21.5%	23
Dental care	35.5%	38
End-of-life care (hospice/palliative care)	5.6%	6

Geriatric care (seniors)	16.8%	18
Healthy lifestyle education	17.8%	19
Mental health services	37.4%	40
Pain management	11.2%	12
Primary care	7.5%	8
Services for low-income people	15.0%	16
Substance-use services (drugs and alcohol)	30.8%	33
Other (summarized responses below with number if responses reported more than once)	1.9%	2
<ul style="list-style-type: none"> <li>Quality hospital administrative services – I experienced mistakes and delays that affected my outcomes which I had to leave the area to try to mitigate.</li> <li>Home assistance for the elderly (people over 70) who are unable to keep a clean and healthy home. In addition, with the closing of McDonalds, the opportunity to eat out is limited without a lengthy drive. Healthy food and meals are limited to once a month (community meals at Trinity Lutheran Church).</li> </ul>		

Survey Q7: What is the greatest health education need in our community? (Select only ONE response)	Percentage	N = 107
Alcohol/drug use	20.6%	22
Disease-specific information	7.5%	8
Healthy lifestyles	17.8%	19
Health screenings	12.2%	13
Information translated into other languages	0.0%	0
Mental health	22.4%	23
Obesity preventions	8.4%	9
Oral/dental health	3.7%	4
Reproductive health	1.9%	2
Tobacco/e-cigarette prevention and cessation	2.8%	3
Other (responses below)	2.8%	4
<ul style="list-style-type: none"> <li>Which health care options and specialties are offered here, without needing to go to Duluth, etc.</li> <li>Alcohol/drug use and mental health; specifically, education on how both of those topics directly impact physical health as well.</li> <li>The general health care provided is wonderful.</li> </ul>		

Survey Q8: What can be done to improve the health of the community? <i>(Select up to 3 responses)</i>	Percentage	N = 107
Encourage healthy lifestyles and choices	43.9%	47
Increase awareness of the dangers of alcohol and drug use	24.3%	26
Increase the availability of primary care providers, such as family physicians, physician assistants, or nurse practitioners	33.6%	36
Increase the availability of mental health services	43.0%	46
Increase the availability of substance use disorder services	19.6%	21
Increase the variety of specialists	45.8%	49
Expand availability of lower cost/affordable services	43.9%	47
Offer health education classes	14.0%	15
Other (summarized responses below with number if responses reported more than once)	3.7%	4
<ul style="list-style-type: none"> <li>Remove the billboards promoting a retail marijuana store. It is too close to the school and promotes bad behavior to children in our community.</li> <li>Decrease stigma surrounding mental health concerns.</li> </ul>		

Survey Q9: What hospital does your household use the MOST for hospital care? <i>(Select only ONE response)</i>	Percentage	N = 107
Cook Hospital (Cook)	63.6%	68
Essentia Hospital (Virginia)	13.1%	14
Essential Health - Northern Pines (Aurora)	0.0%	0
Ely-Bloomenson Community Hospital (Ely)	0.0%	0
Fairview Range Medical Center (Hibbing)	8.4%	9
St. Mary's Hospital (Duluth)	5.6%	6
Aspirus/St. Luke's (Duluth)	3.7%	4
Other (summarized responses below with number if responses reported more than once)	5.6%	6
<ul style="list-style-type: none"> <li>Scenic Rivers in Eveleth, MN. (though this is a clinic, not a hospital)</li> <li>Methodist Hospital in St. Louis Park, MN.</li> <li>Cloquet Community Hospital for orthopedic care and Mayo Clinic in Rochester, MN for an immune thrombocytopenia related splenectomy.</li> <li>VA Hospital.</li> <li>Cancer treatments.</li> </ul>		

Survey Q10: Thinking about the hospital you use most frequently, what are the THREE most important reasons for selecting that hospital? ( <i>Select up to 3 responses</i> )	Percentage	N = 107
Cost of care	1.9%	2
Closest to home	68.2%	73
Closest to work	16.8%	18
Emergency, no choice	32.7%	35
Hospital's reputation for quality	33.6%	36
Prior experience with the hospital	65.4%	69
Recommended by family or friends	10.3%	11
Referred by physician	13.1%	14
Required by insurance plan	7.5%	8
VA/Military requirement	1.9%	2
Other (summarized responses below with number if responses reported more than once)	6.5%	8
<ul style="list-style-type: none"> <li>• My primary care provider was previously in Cook, MN, then switched locations.</li> <li>• Convenience, primary care is there.</li> <li>• The hospital I use can take you into surgery when needed instead of having the cost of an emergency department charge and then be transferred for surgery.</li> <li>• Billing is all in one and I do not have bills from other facilities. Plus, the hospital's app is far superior and easier to use.</li> <li>• Cancer treatments.</li> <li>• I have never had a problem with billing.</li> <li>• I grew up receiving specialty care there.</li> <li>• Specialist availability.</li> </ul>		

Survey Q11: What is the location of the primary health care provider used most frequently by your household? ( <i>Select only ONE response</i> )	Percentage	N = 107
Veteran's Affairs (VA)	2.8%	3
Scenic Rivers Clinic	63.6%	68
Aspirus Health/St. Luke's	3.7%	4
Fairview Clinic	9.4%	10

Essentia Health	13.1%	14
Other (summarized responses below with number if responses reported more than once)	7.5%	8
<ul style="list-style-type: none"> <li>• Bridge to Health (3) and Scenic Rivers.</li> <li>• Methodist Hospital.</li> <li>• My wife uses Essentia Health in International Falls, MN.</li> <li>• Local nurse practitioner.</li> <li>• My primary care provider is out of the area.</li> </ul>		

Survey Q12: Why did you select that particular primary health care provider? (Select all that apply)	Percentage	N = 107
Appointment availability	28.0%	30
Closest to home	57.9%	62
Cost of care	2.8%	3
Length of waiting room time	12.2%	13
Prior experience	55.1%	59
Recommended by family or friends	15.9%	17
Referred by physician or another provider	3.7%	4
Reputation for quality	31.8%	34
Required by insurance plan	13.1%	14
Indian or Tribal Health Service	0.0%	0
VA/Military requirement	3.7%	4
Other (summarized responses below with number if responses reported more than once)	6.5%	7
<ul style="list-style-type: none"> <li>• Virginia, MN is our community. I have used Cook Hospital in an emergency and chose the care center for a family member based on it being a good fit. I was very pleased with the care center.</li> <li>• I am searching for a primary care provider who I trust, not sure I have found that yet.</li> <li>• Billing is all in one and for their app.</li> <li>• Cancer treatment.</li> <li>• Previous employee.</li> <li>• Our physician used to be with St Luke's, then moved to Scenic Rivers. We loved the experience of Scenic Rivers and would never go back.</li> </ul>		

Survey Q13: Where do you learn about ways to live a healthier life? (Select all that apply)	Percentage	N = 107
Email or newsletter	18.7%	20
Faith-based organization	9.4%	10
Fitness center	11.2%	12
Friends/family	34.6%	37
Health care provider	56.1%	60
Health fairs or other health-related community events	15.9%	17
Newspaper	9.4%	10
Phone apps	29.9%	32
Public health	10.3%	11
Radio	4.7%	5
Social media	52.3%	56
Television	14.0%	15
Text message	0.9%	1
Website or other (summarized responses below with number if responses reported more than once)	20.6%	22
<ul style="list-style-type: none"> <li>• Google (4)</li> <li>• Mayo Clinic website (3)</li> <li>• Cleveland Clinic website (2)</li> <li>• Personal research from the internet, books, tapes, etc. (2)</li> <li>• WebMD (2)</li> <li>• YouTube videos from doctors or podcasts (2)</li> <li>• Weight Watchers</li> <li>• AARP</li> <li>• Work</li> <li>• Media in general</li> <li>• Nutrition, weight, and wellness</li> <li>• Alternative medicine studies</li> <li>• Medical sites, alternative care</li> <li>• With health fairs usually being held on Timber Days weekend, I do not attend due to the weekend already being busy. I have learned how to be healthy through my own schooling, talking with a physician, or reading articles/research studies online. It would be great if a nutritionist or physical</li> </ul>		

therapist could visit our local school to discuss why health and physical activity are important and provide examples. Just knowing the basic food groups does not go deep enough.

Survey Q14: What type of specialist would you MOST like to have access to in our community? (Select only ONE response)	Percentage	N = 107
Cardiology	20.6%	22
Chronic acute pain	5.6%	6
Dermatology	10.3%	11
Ear, nose, and throat	7.5%	8
Endocrinology/diabetes	6.5%	7
General surgery	6.5%	7
Nephrology	0.9%	1
Obstetrics/gynecology	4.7%	5
Oncology	6.5%	7
Orthopedics	5.6%	6
Podiatry	0.9%	1
Psychiatric services	11.2%	12
Pulmonology	1.9%	2
Urology	0.9%	1
Other (summarized responses below with number if responses reported more than once)	10.3%	11
<ul style="list-style-type: none"> <li>• Rheumatologist (4)</li> <li>• An orthopedic specialist in Cook, MN.</li> <li>• Hard to choose just one, all are helpful for senior access to specialists.</li> <li>• Dental</li> <li>• Urgent care</li> <li>• Bariatric specialist</li> <li>• Gastroenterologist</li> </ul>		

Survey Q15: Overall, how would you rate your personal health? (Select only ONE response)	Percentage	N = 107
Excellent	5.6%	6
Very good	47.7%	51

Good	36.5%	39
Fair	9.4%	10
Poor	0.9%	1

Survey Q16: What are the top THREE things you do to stay healthy? (Select up to 3 responses)	Percentage	N = 107
Don't drink/limit alcohol	34.6%	37
Don't smoke	53.3%	57
Drink water	43.9%	47
Eat healthy	34.6%	37
Exercise	29.0%	31
Get annual check-ups	37.4%	40
Get proper sleep	12.2%	13
Go to the dentist	11.2%	12
Participate in church/faith-based activities	8.4%	9
Participate in outdoor activities	12.2%	13
Read/educate yourself	9.4%	10
Stay positive	8.4%	9
Other (responses below)	0.9%	1
<ul style="list-style-type: none"> <li>All of the above.</li> </ul>		

Survey Q17: How often do you get the social and emotional support you need? (Select only ONE response)	Percentage	N = 107
Always	16.8%	18
Usually	55.1%	59
Sometimes	21.5%	23
Rarely	5.6%	6
Never	0.9%	1

Survey Q18: What type of health insurance covers the MAJORITY of your household's medical expenses? ( <i>Select only ONE response</i> )	Percentage	N = 107
Agricultural Corp. paid	0.0%	0
Commercial plan	11.2%	12
Employee sponsored	44.9%	48
Healthy Kids/Children's Health Insurance Program (CHIP)	0.0%	0
Health savings account	5.6%	6
Indian or tribal health services	0.0%	0
Medicare or Medicare supplement	29.0%	31
Medicaid	3.7%	4
VA/military	3.7%	4
No health insurance	0.0%	0
Other (summarized responses below with number if responses reported more than once)	1.9%	2
<ul style="list-style-type: none"> <li>Medical sharing.</li> </ul>		

Survey Q19: Is there anyone in your household who is NOT covered by health insurance? ( <i>Select only ONE response</i> )	Percentage	N = 107
Yes	4.7%	5
No	93.5%	100
Don't know/not sure	1.9%	2

Survey Q20: Why do these individuals NOT have health insurance? ( <i>Select all that apply</i> )	Percentage	N = 5 ( <i>Dependent on answer to previous question</i> )
Cannot afford to pay for health insurance	60.0%	3
Choose not to have health insurance	20.0%	1
Cannot get health insurance due to medical issues	0.0%	0
Do not know how to apply	0.0%	0
Employer does not offer insurance	0.0%	0

Too difficult to apply	0.0%	0
Other (please specify)	20.0%	1
<ul style="list-style-type: none"> <li>The 90-day waiting period from the start of employment.</li> </ul>		

Survey Q21: In the past 12 months, what preventative services have you or any household members used? <i>(Select all that apply)</i>	Percentage	N = 106
Annual health checkup	82.1%	87
Blood draw	77.4%	82
Bone density scan	19.8%	21
Childhood vaccinations	17.0%	18
Cholesterol check	42.5%	45
Colonoscopy	19.8%	21
COVID-19 vaccine	33.0%	35
Diabetes check	24.5%	26
Flu shot	50.9%	54
Mammography	43.4%	46
Pap smear	21.7%	23
Prostate screening (PSA test)	10.4%	11
Routine blood pressure check	50.9%	54
Skin cancer screening	17.9%	19
Well-child or well-baby visit	17.0%	18
Other (summarized responses below with number if responses reported more than once)	4.7%	5
<ul style="list-style-type: none"> <li>Outpatient infusion services.</li> <li>I educated myself, ate better, was more active, addressed stress relief.</li> <li>Colon cancer screening test (an annual, insurance company provided, preventative screening home test program/kit).</li> </ul>		

Survey Q22: Are you aware of any programs that help individuals pay for health care expenses? <i>(Select only ONE response)</i>	Percentage	N = 106
Yes	12.3%	13
No	38.7%	41

Don't know/not sure	39.6%	42
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Survey Q23: What is your zip code in this community? (Select only ONE response)	Percentage	N = 106
55723	49.1%	52
55771	14.2%	15
55790	13.2%	14
55703	8.5%	9
55710	2.8%	3
55772	0.0%	0
55725	1.9%	2
56669	1.9%	2
Other (summarized responses below with number if responses reported more than once)	8.5%	9
<ul style="list-style-type: none"> <li>• 55792 (4)</li> <li>• 55724</li> <li>• 55782</li> <li>• 55768</li> </ul>		

Survey Q24: Are you male or female, or do you identify in a different way? (Select only ONE response)	Percentage	N = 106
Male	17.9%	19
Female	77.4%	82
Identify in a different way	0.0%	0
Prefer not to answer	4.7%	5

Survey Q25: What is your age range? (Select only ONE response)	Percentage	N = 106
0-17	0.0%	0
18-24	3.8%	4
25-34	10.4%	11
35-44	12.3%	13

45-54	17.0%	18
55-64	20.8%	22
65-74	23.6%	25
75+	8.5%	9
Prefer not to answer	3.8%	4

Survey Q26: What is the highest level of education you have completed? (Select only ONE response)	Percentage	N = 106
Some high school, no diploma	0.9%	1
High school diploma/GED	8.5%	9
Technical/trade/vocational school graduate	7.6%	8
Some college, no degree	10.4%	11
Associate's degree	16.0%	17
Bachelor's degree	39.6%	42
Graduate or professional degree	12.3%	13
Prefer not to answer	4.7%	5

Survey Q27: Are you of Hispanic, Latino, or Spanish origin? (Select only ONE response)	Percentage	N = 106
Yes	1.9%	2
No	92.5%	98
Prefer not to answer	5.7%	6
Don't know/not sure	0.0%	0

Survey Q28: What race/ethnicity do you most identify with? (Select all that apply)	Percentage	N = 106
American Indian/Native American	3.8%	4
Asian	0.0%	0
Black/African American	0.9%	1
Pacific Islander/Native Hawaiian	0.0%	0

White	92.5%	98
Don't know/not sure	0.9%	1
Prefer not to answer	5.7%	6
Other (responses below)	0.9%	1
<ul style="list-style-type: none"> <li>Human</li> </ul>		

Survey Q29: Which language do you speak? <i>(Select all that apply)</i>	Percentage	N = 106
English	100.0%	106
Spanish	1.9%	2
French	0.9%	1
Portuguese	0.0%	0
Arabic	0.0%	0
Mandarin	0.0%	0
Hindi	0.0%	0
Prefer not to answer	0.0%	0
Other (responses below)	0.9%	1
<ul style="list-style-type: none"> <li>Ojibwe</li> </ul>		

Survey Q30: What is your average annual household income? <i>(Select only ONE response)</i>	Percentage	N = 106
\$0-\$19,000	2.8%	3
\$20,000 - \$39,000	9.4%	10
\$40,000 - \$59,000	9.4%	10
\$60,000 - \$79,000	13.2%	14
\$80,000 - \$99,000	8.5%	9
\$100,000 - \$119,000	12.3%	13
\$120,000+	27.4%	29
Not sure	0.9%	1

Prefer not to answer	16.0%	17
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Survey Q31: Are you living with a disability? (Select only ONE response)	Percentage	N = 106
Yes	9.4%	10
No	86.8%	92
Prefer not to answer	3.8%	4

Survey Q32: What is your employment status? (Select only ONE response)	Percentage	N = 106
Employed	65.1%	69
Unemployed	0.9%	1
Retired	31.1%	33
Prefer not to answer	2.8%	3
Other (summarized responses below with number if responses reported more than once)	0.0%	0

# Appendix B: 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 informant 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 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 varied methods. This can make direct comparisons of secondary data difficult. See [Appendix C](#) for source details and definitions. Please note, the data collected for this report is the most current information as of July 2025. The types of measures selected to analyze in this report were identified based on data available for St. Louis County, Koochiching County, Itasca County, Minnesota, and the U.S.

NR = not reported, DNA = data not available

## Geography and Demographics

Demographics	St. Louis	Koochiching	Itasca	MN	U.S.
Total population	200,514	11,950	45,141	5,737,915	334,914,896
Male	50.4%	50.9%	50.6%	50.0%	49.5%
Female	49.6%	49.1%	49.4%	50.0%	50.5%
Age 0-4	4.2%	4.4%	4.9%	5.7%	5.5%
Age 5-9	5.0%	3.9%	5.5%	6.1%	5.9%
Age 10-14	5.8%	5.9%	5.9%	6.7%	6.3%
Age 15-19	7.0%	5.8%	6.0%	6.7%	6.6%
Age 20-24	8.6%	4.2%	4.4%	6.1%	6.5%
Age 25-34	11.1%	9.2%	9.6%	12.9%	13.5%
Age 35-44	12.2%	10.7%	11.3%	13.7%	13.4%
Age 45-54	11.3%	11.4%	11.5%	11.6%	12.1%
Age 55-59	5.5%	9.3%	7.0%	5.9%	6.0%

Age 60-64	7.3%	7.5%	8.6%	6.7%	6.5%
Age 65-74	13.3%	16.6%	15.2%	10.6%	10.4%
Age 75-84	6.4%	7.4%	7.1%	5.3%	5.5%
Age 85+	2.3%	3.7%	2.9%	2.0%	1.8%
White	89.7%	90.2%	89.4%	76.7%	60.5%
Black	1.3%	0.6%	0.7%	7.2%	12.1%
American Indian/Alaska Native	1.3%	2.1%	2.6%	0.9%	1.0%
Asian	1.2%	0.9%	0.3%	5.2%	6.0%
Native Hawaiian/ Pacific Islander	0.1%	0.0%	0.1%	0.1%	0.2%
Some other race	1.1%	0.4%	0.6%	2.8%	7.4%
Multiple races	5.3%	5.8%	6.4%	7.1%	12.8%
Hispanic or Latino	2.0%	1.5%	1.5%	6.4%	19.4%
Veterans	0.1%	9.0%	10.0%	5.6%	6.1%
Speak English less than "well"	0.9%	1.6%	0.5%	4.6%	8.4%

## Health Outcomes

Health Outcomes	St. Louis	Koochiching	Itasca	MN	U.S.
Life expectancy	76.8	79.6	76.5	79.3	77.1
Premature death	8,700	8,800	9,800	6,500	8,400
Fair or Poor Health	15%	16%	14%	14%	17%
Poor physical health days	3.9	3.9	3.7	3.4	3.9
Poor mental health days	5.6	5.2	5.1	5	5.1
Low birth weight	7%	8%	7%	7%	8%
Diabetes prevalence	9%	9%	8%	9%	10%
Suicide death rate	23.4	DNA	DNA	14.2	14.7
Heart disease	7.3%	9.5%	8.2%	7.1%	6.4%
COPD	6.8%	8.4%	7.3%	4.7%	6.4%
Asthma	10.4%	10.4%	10.3%	8.8%	7.7%
All cancer sites	494.1	429.5	493.1	480.0	444.4
Prostate (male)	126.6	131.7	90.3	117.0	113.2
Breast (female)	124.1	102.4	128.8	140.4	129.8
Colon and Rectum	40.8	39.3	35.0	36.1	36.4
Uterus (female)	25.9	38.7	32.1	30.2	27.8
Melanoma	35.3	23.3	40.2	37.3	22.7

## Social and Economic

Social and Economic	St. Louis	Koochiching	Itasca	MN	U.S.
Less than 9th grade education	1.6%	2.0%	1.1%	2.5%	4.6%
Some high school, no diploma	2.7%	4.5%	4.3%	3.2%	5.6%

High school degree	25.6%	31.3%	30.6%	23.3%	25.9%
Some college, no degree	22.4%	28.3%	24.3%	19.1%	18.9%
Associate's degree	14.0%	13.6%	14.6%	11.9%	8.8%
Bachelor's degree	21.2%	14.7%	16.3%	25.9%	21.8%
Graduate or professional degree	12.4%	5.6%	8.8%	14.0%	14.3%
Unemployment rate	3.4%	4.1%	4.8%	3.0%	4.0%
Median household income	\$67,311	\$64,009	\$65,386	\$85,070	\$77,719
Poverty	13.3%	10.7%	12.7%	9.2%	12.5%
Children in poverty	12.9%	19.6%	16.9%	10.2%	16.0%
Residential segregation: non-white/white	69	DNA	DNA	62	63
Childcare cost burden	8	4	7	6	7
Childcare centers	32%	35%	35%	30%	28%
Injury deaths	100	111	108	77	84

## Health Behaviors

Health Behaviors	St. Louis	Koochiching	Itasca	MN	U.S.
Adult Smoking	17%	18%	15%	13%	13%

Physical inactivity	21%	23%	18%	20%	23%
Access to exercise opportunities	81%	77%	66%	86%	84%
Adult obesity	37%	37%	35%	34%	34%
Food insecurity	12%	12%	12%	9%	14%
Excessive Drinking	26%	25%	24%	23%	19%
Teen birth rate	10	10	16	9	16

## Physical Environment

Physical Environment	St. Louis	Koochiching	Itasca	MN	U.S.
Air pollution - particulate matter	7.3	5	4.8	6	7.3
Drinking water violations	Yes	No	No	DNA	DNA
Severe housing problems	13%	12%	14%	13%	17%
Households with no motor vehicle	8.3%	8.0%	5.0%	6.5%	8.3%

## Clinical Care

Clinical Care	St. Louis	Koochiching	Itasca	MN	U.S.
Uninsured	5.8%	6.1%	6.0%	5.4%	9.5%

Uninsured children	3.7%	3.3%	3.5%	3.3%	5.1%
Access to primary care physicians	810:1	2,990:1	980:1	1,130:1	1,330:1
Access to mental health providers	270:1	530:1	290:1	280:1	300:1
Access to dentists	1,020:1	2,960:1	1,260:1	1,290:1	1,360:1
Access to other primary care providers	430:1	900:1	820:1	620:1	710:1
Medicare patients with mammogram within past two years	33%	38%	41%	41%	36%
Medicare patients with annual influenza vaccination	41%	20%	39%	49%	44%
Emergency department visit rate by Medicare diabetics (per 1,000 beneficiaries)	9	9	10	8	7
Adults over age 50 ever reporting having a colonoscopy or sigmoidoscopy	5%	8%	8%	5%	7%

# Appendix C: Index of Secondary Data Indicators

Demographics	Description	Source and Dates
Population	Total population residing in the area.	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.
Male	Percent of male population.	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.
Female	Percent of female population.	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.
Age 0-4	Percentage of total population aged 0-4 in the designated geographic area.	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.
Age 5-9	Percentage of total population aged 5-9 in the designated geographic area.	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.
Age 10-14	Percentage of total population aged 10-14 in the designated geographic area.	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.
Age 15-19	Percentage of total population aged 15-19 in the designated geographic area.	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.
Age 20-24	Percentage of total population aged 20-24 in the designated geographic area.	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.
Age 25-34	Percentage of total population aged 25-34 in the designated geographic area.	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.
Age 35-44	Percentage of total population aged 35-44 in the designated geographic area.	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.
Age 45-54	Percentage of total population aged 45-54+ in the designated geographic area.	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.

Age 55-59	Percentage of total population aged 55-59 in the designated geographic area.	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.
Age 60-64	Percentage of total population aged 60-64 in the designated geographic area.	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.
Age 65-74	Percentage of total population aged 65-74 in the designated geographic area.	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.
Age 75-84	Percentage of total population aged 75-84 in the designated geographic area.	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.
Age 85+	Percentage of total population aged 85+ in the designated geographic area.	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.
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 Community Survey</a> , United States Census Bureau. 2023.
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 Community Survey</a> , United States Census Bureau. 2023.
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. This includes people who reported detailed Asian responses such as: "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese", and "Other Asian" or provide other detailed Asian responses.	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.

American Indian/Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. This category includes people who indicate their race as "American Indian or Alaska Native" or report entries such as Navajo, Blackfeet, Inupiat, Yup'ik, or Central American Indian groups or South American Indian groups.	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.
Native Hawaiian/Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who reported their race as "Fijian," "Guamanian or Chamorro," "Marshallese," "Native Hawaiian," "Samoan," "Tongan", and "Other Pacific Islander", or provide other detailed Pacific Islander responses.	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.
Some Other Race	The US Office of Management and Budget (OMB) requires that race data be collected for a minimum of five groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or other Pacific Islander. OMB permits the Census Bureau to also use a sixth category - Some Other Race. Respondents may report more than one race, which is then described as "Multiple Races".	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.
Multiple Races	People may choose to provide two or more races either by checking two or more race response check boxes, by providing multiple responses, or by some combination of check boxes and other responses. For data product purposes, "Multiple Races" refers to combinations of two or more of the following race categories: "White," "Black or African American," American Indian or Alaska Native, "Asian",	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.

	"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 Community Survey</a> , United States Census Bureau. 2023.
Veterans	Percent of the civilian population 18 years of age and older who served in the U.S. AP military.	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.
Speak English less than "well"	Percent of population that speak English less than "very well"	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.
Life expectancy	Average number of years a person can expect to live.	<a href="#">County Health Rankings</a> . 2020-2022.
Premature Death	Years of potential life lost before age 75 per 100,000 population (age adjusted)	<a href="#">County Health Rankings</a> . 2020-2022.
Fair or poor health	Percentage of adults reporting fair or poor health (age-adjusted).	<a href="#">County Health Rankings</a> . 2022.
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	<a href="#">County Health Rankings</a> . 2022.
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	<a href="#">County Health Rankings</a> . 2022.
Low birth weight	Percentage of live births with low birthweight (< 2,500 grams).	<a href="#">County Health Rankings</a> . 2017-2023.
Suicide death rate	Crude rate per 100,000 population of deaths with leading cause of death as suicide.	Centers for Disease Control and Prevention (CDC), WONDER. <a href="#">Suicide and Self-Inflicted Injury</a> . 2023.
Diabetes prevalence	Percentage of adults aged 20 and above with diagnosed diabetes.	<a href="#">County Health Rankings</a> . 2022.
Heart Disease	Percentage of adults with coronary heart disease (not age-adjusted)	<a href="#">CDC Places</a> . 2022.  <a href="#">America's Health Rankings</a> . 2023.

COPD	Percentage of adults with COPD (not age-adjusted)	<a href="#">CDC Places</a> . 2022.  <a href="#">National Center for Chronic Disease Prevention and Health Promotion</a> , CDC. 2022
Diagnosis of Asthma 18+	Percent of adults currently living with asthma	<a href="#">CDC Places</a> . 2022. <a href="#">CDC Asthma</a> . 2021.
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.	<a href="#">State Cancer Profiles</a> , National Cancer Institute, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2017-2021.
Prostate Cancer	Age-adjusted incidence rate of male prostate cancer cases per 100,000	<a href="#">State Cancer Profiles</a> , National Cancer Institute, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2017-2021.
Breast Cancer	Age-adjusted incidence rate of female breast cancer cases per 100,000	<a href="#">State Cancer Profiles</a> , National Cancer Institute, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2017-2021.
Colon and Rectum	Age-adjusted incidence rate of colon and rectum cancer cases per 100,000	<a href="#">State Cancer Profiles</a> , National Cancer Institute, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2017-2021.
Uterus	Age-adjusted incidence rate of female uterus cancer cases per 100,000	<a href="#">State Cancer Profiles</a> , National Cancer Institute, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2017-2021.
Melanoma	Age-adjusted incidence rate of melanoma cancer cases per 100,000	<a href="#">State Cancer Profiles</a> , National Cancer Institute, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2017-2021.

Adult obesity	Percentage of the adult population (age 20 and older) reports a body mass index (BMI) greater than or equal to 30 kg/m2.	<a href="#">County Health Rankings</a> . 2022.
Food insecurity	Percentage of the population lacking 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> . 2022.
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> . 2022.
Less than 9th grade education	Population 25 years and over without a high school degree.	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.
9th to 12th grade, no diploma	Population 25 years and over 9th to 12th grade education but no diploma.	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.
High School Degree (includes equivalency)	Population 25 years and over with a high school degree (including equivalency).	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.
Some college, no degree	Population 25 years and over with some college but no degree.	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.
Associate degree	Population 25 years and over with an associate degree.	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.
Bachelor's Degree	Population 25 years and over with a bachelor's degree.	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.

Graduate or Professional Degree	Population 25 years and over with a graduate or professional degree	<a href="#">American Community Survey</a> , United States Census Bureau. 2023.
Unemployment rate	Unemployment rates, not seasonally adjusted.	<a href="#">U.S. Bureau of Labor Statistics</a> . 2023.
Median household income	Median income of households in the geographic area.	<a href="#">Small Area Income and Poverty Estimates (SAIPE)</a> . 2022.
Poverty	Percent of all individuals below the poverty level.	<a href="#">American Community Survey</a> , United States Census Bureau. 2022.
Children in poverty	Percent of children below 18 years old below the poverty level.	<a href="#">American Community Survey</a> , United States Census Bureau. 2022.
Residential segregation – Non-white/white	Index of dissimilarity where higher values indicate greater residential segregation between non-white and white county residents. A demographic measure of the evenness with which two groups (non-white and white residents, in this case) are distributed across the component geographic areas (census tracts, in this case) that make up a larger area (counties, in this case). The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation).	<a href="#">County Health Rankings</a> . 2019-2023.
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).	<a href="#">County Health Rankings</a> . 2018-2022.
Adult smoking	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</a> . 2022.
Physical inactivity	Percentage of adults aged 20 and over reporting no leisure-time physical activity in the past month (such as	<a href="#">County Health Rankings</a> . 2022.

	running, calisthenics, golf, gardening, or walking for exercise)	
Access to Exercise Opportunities	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</a> . 2020-2024.
Teen birth rate	Number of births per 1,000 female population ages 15-19.	<a href="#">County Health Rankings</a> . 2017-2023.
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.
Drinking water violations	Indicator of the presence of health-related drinking water violations in community/public water systems. Yes indicates the presence of a violation; No indicates no violation.	<a href="#">County Health Rankings</a> . 2023.
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> . 2017-2021.
Household with no motor vehicle	Among occupied housing units, the percentage of housing units with no vehicles available	<a href="#">Vehicles Available</a> , American Community Survey, United States Census Bureau. 2023.
Uninsured	Percentage of the population under age 65 without health insurance.	<a href="#">Small Area Income and Poverty Estimates (SAIPE)</a> . 2022.
Uninsured children	Percentage of population under age 18 without health insurance.	<a href="#">Small Area Income and Poverty Estimates (SAIPE)</a> . 2022.
Access to primary care physicians	Ratio of population to primary care physicians (practicing non-federal physicians (M.D.s and D.O.s) under age 75 specializing in general practice medicine, family medicine, internal medicine and pediatrics).	<a href="#">County Health Rankings</a> . 2021.
Access to other primary care providers	Ratio of population to other primary care providers (practicing nurse	<a href="#">County Health Rankings</a> . 2024.

	practitioners (NP), physician assistants (PA), and clinical nurse specialists).	
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> . 2024.
Access to dentists	Ratio of population to dentists (registered dentists with a National Provider Identification).	<a href="#">County Health Rankings</a> . 2022.
Had a Mammogram in Past 2 Years, Medicare Patients	Percentage of Medicare population that had a mammogram in the past 2 years.	<a href="#">Mapping Medicare Disparities by Population</a> , Centers for Medicare and Medicaid Services. 2023.
Medicare patients with annual influenza vaccination	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	<a href="#">Mapping Medicare Disparities by Population</a> , Centers for Medicare and Medicaid Services. 2023.
Emergency Department Visit Rate by Medicare Diabetics (per 1,000 beneficiaries)	Rate of emergency department visits among Medicare beneficiaries with diagnosed diabetes per 1,000 beneficiaries	<a href="#">Mapping Medicare Disparities by Population</a> , Centers for Medicare and Medicaid Services. 2023.
Adults over age 50 ever reporting having a colonoscopy	Medicare enrollees over the age 50 ever reporting having a colonoscopy or sigmoidoscopy.	<a href="#">Mapping Medicare Disparities by Population</a> , Centers for Medicare and Medicaid Services. 2023.

# Appendix D: Invitations

## Focus Group Invitation

Dear Cook Area Community Leader,

Cook Hospital is currently conducting a survey to identify the strengths and needs of health services to better serve the region.

As a part of this effort, we would like to invite you to participate in a focus group, a 2-hour meeting where community members can share their opinions in an honest yet confidential environment. The focus group will be conducted by Rural Health Innovations LLC, a subsidiary of the National Rural Health Resource Center, on behalf of Cook Hospital.

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

- July 22, 2025, from 7 am - 9 am CT at Trinity Lutheran Church (231 2nd St SE, Cook, MN 55723)
- July 22, 2025, from 5 pm - 7 pm CT at Trinity Lutheran Church (231 2nd St SE, Cook, MN 55723)
- July 23, 2025, from 8 am - 10 am at Trinity Lutheran Church (231 2nd St SE, Cook, MN 55723)
- July 23, 2025, from 11:30 am - 1:30 pm CT at Trinity Lutheran Church (231 2nd St SE, Cook, MN 55723)

Note that your identity will not be a part of the focus group report, and your individual responses will be kept confidential. The 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. Please confirm your attendance by contacting Molly Carmack at the National Rural Health Resource Center by 7/11/25.

### Why are we reaching out to you?

Participants for focus groups are 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 look forward to your participation. Thank you.

Sincerely,



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

## Key Informant Interview Invitation

Dear Cook, Minnesota Area Community Leader,

Cook Hospital is currently conducting a survey to identify the strengths and needs of health services to better serve the region. As a part of this effort, we would like to invite you to participate in a key informant interview, a 1-hour, 1:1 chat where we can hear your perspectives on the health of the community.

The purpose of the interview will be to identify the strengths and needs of community health for the region. This information will be used for strategic planning, grant applications, new programs and by community groups interested in addressing health in the region. This process will help to maintain quality health care in the community. Your identity is not part of the report, and your individual responses will be kept confidential. The interview will be conducted by Rural Health Innovations LLC, a subsidiary of the National Rural Health Resource Center on behalf of Cook Hospital.

We invite you to participate in this 1-hour interview during the week of: July 14, 2025. Your help is very much appreciated in this effort. Please confirm your willingness to participate by 7/7/25.

### Available Interview Times (let us know of 2-3 times that may work for you)

- Monday 7/14 at 9 am, 11 am, or 12:30 pm CT
- Tuesday 7/15 at 12 pm or 1:30 pm CT
- Wednesday 7/16 at 11:30 am, 1 pm, or 2:30 pm CT
- Thursday 7/17 at 9 am, 10:30 am, or 2:30 pm CT
- Friday 7/18 at 12 pm or 1 pm CT

Please confirm your attendance by contacting Molly Carmack at the National Rural Health Resource Center. We look forward to your participation. Thank you.

Sincerely,



Tracy Morton, Director of Population Health

National Rural Health Resource Center

# Appendix E: Focus Group and Key Informant Interview Questions and Demographics

## Discussion Questions

The questions below are the types of questions that will be asked during the focus groups and key informant interviews. The purpose of this focus group/interview is to identify the strengths and needs of health services in the Ely-Bloomenson Community Hospital area. No identifiable information will be disclosed in the report and the results will assist 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. What is your definition of community health?
4. Are some population groups healthier than other groups? If yes, which ones?
5. Are some population groups suffering more than other groups? If yes, which ones?
6. In your opinion, what are some of the barriers to accessing care in this region?
7. What do you think Cook Hospital could do to improve the health of the community? Where are opportunities to collaborate?
8. What is the greatest health need in this community?

## Demographic Questionnaire

Please respond to the questions below. This is anonymous information that will be compiled with other focus group and key informant data to provide an overview of participant demographics.

1. What is your age range? (*Select only ONE response*)

<input type="checkbox"/> Age 18-24	<input type="checkbox"/> Age 65-74
<input type="checkbox"/> Age 25-44	<input type="checkbox"/> Age 75+
<input type="checkbox"/> Age 45-54	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Age 55-64	

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

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

3. What race/ethnicity do you most identify with? *(Select all that apply)*

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

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

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

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

- ☐ English ☐ Mandarin  
☐ Spanish ☐ Hindi  
☐ French ☐ Other (please specify) \_\_\_\_\_  
☐ Portuguese ☐ Prefer not to answer  
☐ Arabic

6. What is your average annual household income? *(Select only ONE response)*

- ☐ \$0 - \$19,000 ☐ \$100,000 - \$119,000  
☐ \$20,000 - \$39,000 ☐ \$120,000 +  
☐ \$40,000 - \$59,000 ☐ Not sure  
☐ \$60,000 - \$79,000 ☐ Prefer not to answer  
☐ \$80,000 - \$99,000

7. Are you living with a disability? (*Select only ONE response*)

☐ Yes      ☐ No      ☐ Prefer not to answer

8. What is your employment status? (*Select only ONE response*)

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

9. What is the highest level of education you have completed? (*Select only ONE response*)

<input type="checkbox"/> Some high school, no diploma	<input type="checkbox"/> Associate's degree
<input type="checkbox"/> High School Diploma/GED	<input type="checkbox"/> Bachelor's degree
<input type="checkbox"/> Technical/trade/vocational school graduate	<input type="checkbox"/> Graduate or professional degree
<input type="checkbox"/> Some college, no degree	<input type="checkbox"/> Prefer not to answer