

Ely-Bloomenson Community Hospital

Community Health Needs Assessment

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

May 2025



National Rural Health
Resource Center

525 South Lake Avenue, Suite 320

Duluth, Minnesota 55802

(218) 727-9390 | info@ruralcenter.org | www.ruralcenter.org

In partnership with Ely-Bloomenson Community Hospital



Ely-Bloomenson
Community Hospital

328 W Conan St, Ely, MN 55731

(218) 365-3271 | ebch.org

Contents

Introduction	4
Methodology.....	5
Electronic Survey.....	5
Focus Groups.....	5
Key Informant Interviews	6
Secondary Data	7
Findings	8
Demographics	9
Social and Economic Factors.....	11
Quality of Life	14
Health Behaviors	20
Access to Care	25
Focus Group Findings.....	34
Demographics	34
Limitations.....	36
Summary of Major Points	36
Key Informant Interview Findings.....	40
Demographics	40
Limitations.....	41
Summary of Major Points	41
Conclusion, Recommendations, Priority Setting and Acknowledgements	43
Conclusion.....	43
Recommendations	45
Priority Setting	45
Acknowledgements.....	46
Appendix A: Survey Data	48
Appendix B: Secondary Data Analysis.....	69
Introduction	69
Geography and Demographics	69
Health Outcomes	71

Social and Economic	71
Health Behaviors	72
Physical Environment.....	73
Clinical Care.....	73
Appendix C: Index of Secondary Data Indicators.....	74
Appendix D: Focus Group Invitations and Questions	84
EBCH Focus Group Questions	86
EBCH Focus Group Demographic Questions	86
Appendix E: Key Informant Invitation and Questions	88
EBCH KSI Questions.....	89
EBCH KSI Demographic Questions	90

Introduction

A Community Health Needs Assessment (CHNA) serves multiple purposes. They are 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.

Section 501(r)(3)(A) of the Internal Revenue Code requires non-profit hospitals to complete a CHNA every three years and to adopt an implementation strategy to demonstrate community benefit.¹ Local public health departments complete a community health assessment (CHA) every five years with similar purposes of the CHNA as a component in their accreditation process with the Public Health Accreditation Board.² After completing the CHA, public health then completes a Community Health Improvement Plan, which is similar to the implementation strategy requirement for the CHNA. Both the CHA and CHNA seek to develop strategies to address a community's health needs. Many hospitals and local public health choose to complete CHNA/CHA in collaboration to share resources and collectively support a healthy community.

Ely-Bloomenson Community Hospital (EBCH), a 21-bed critical access hospital in Ely, Minnesota, within St. Louis County, contracted with Rural Health Innovations (RHI), a subsidiary of the National Rural Health Resource Center, to provide CHNA services.

In January 2025, RHI conferred with leaders from EBCH 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, eight key informant interviews, and secondary data from national sources. The service area is defined as those in the 55731, 55782, 55706, 55796, 55790, and 55607 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

¹ IRS. "Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(r)(3)," July 15, 2022. <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>.

² Public Health Accreditation Board. "Policy for National Public Health Department Initial Accreditation," February 2022. <https://phaboard.org/wp-content/uploads/Policy-for-Initial-Accreditation-Version-2022.pdf>.

- Promoting collaboration and partnerships within the community or region
- Supporting community-based strategic planning
- Writing grants to support the community's engagement with local healthcare services
- Educating groups about emerging issues and community priorities
- Supporting community advocacy or policy development
- Supporting creation of a CHA and CHIP for public health

Methodology

Electronic Survey

The electronic survey consists of 31 questions, including 23 standard questions and eight questions selected and customized by EBCH. The survey was available to any community member to complete, and was widely shared through the local newspaper, EBCH 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 March 13-April 8, 2025, and EBCH 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 group interviews (FGs) were held on March 25-26, 2025, to obtain information from residents about the health of the community. The hospital provided names, demographics, and contact information for 127 potential attendees. 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. Additionally, an invitation to any

community member interested in attending a focus group was extended through the local newspaper. All four FGs were held in person. Attendees included seniors, business representatives, healthcare consumers, active healthcare providers, parents, school representatives, and lifelong county residents. Attendees were asked to anonymously complete a questionnaire to gather their demographic information ([Appendix D](#)).

Each FG was approximately two hours in length and included an overview of the CHNA purpose. Secondary data was presented to attendees 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 rates of diabetes, obesity, suicide, and adults currently 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 D](#)). Comments reflect the perceptions of the individuals.

Key Informant Interviews

Eight key informant interviews (KIIs) were held between March 17-31, 2025, to obtain information from community residents about the health of the community. The hospital provided names, demographics and contact information for 16 potential interviewees. Hospital leadership contacted all nominees, informing them of the email invitation to come from RHI and encouraged attendance. RHI contacted all nominees with an invitation to participate. All interviews were held virtually. Attendees included representatives from healthcare, service agencies, school systems, and lifelong county residents. Interviewees were asked to anonymously complete a questionnaire to gather demographic information of the respondents ([Appendix E](#)).

Each interview was approximately one hour in length and included an overview of the project purpose. Secondary data was presented to interviewees 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 interviewee was asked the same set of questions ([Appendix E](#)). Individual comments reflect the perceptions of the participants.

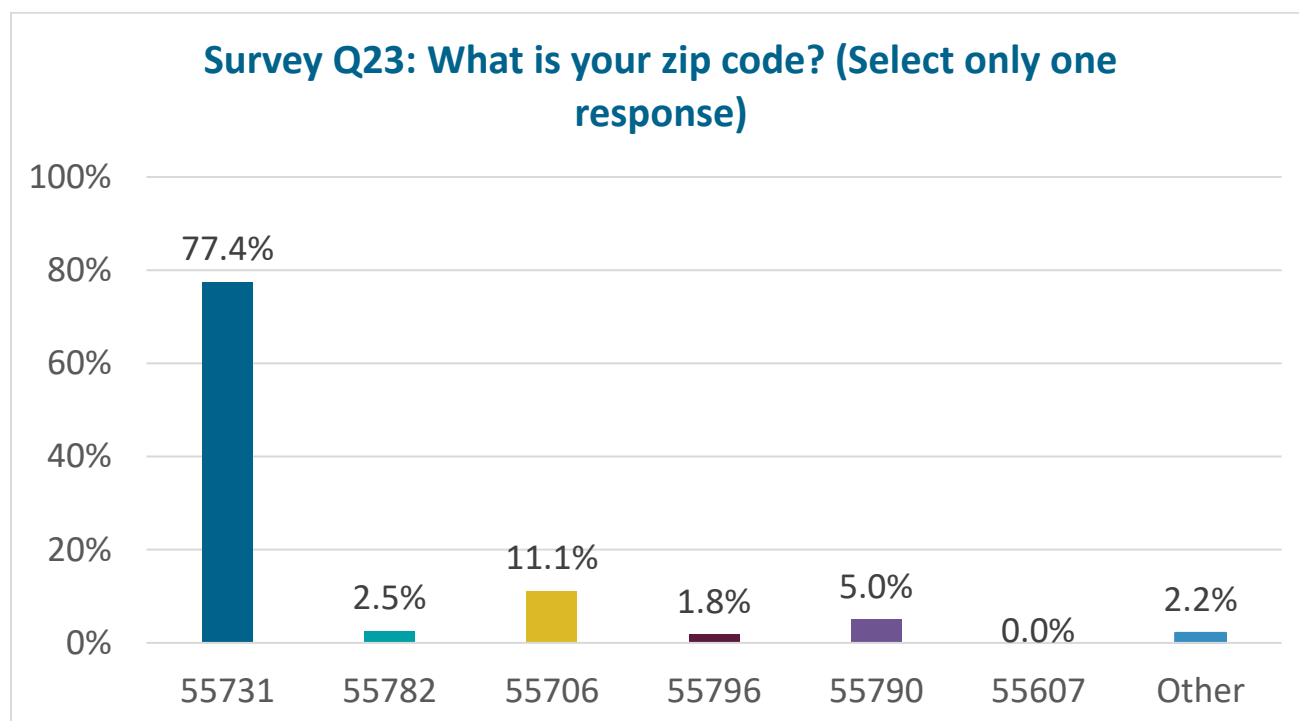
Secondary Data

Information from the above primary data collection efforts was supplemented by secondary quantitative data. These data were obtained from multiple publicly available sources, including U.S. Centers for Disease Control and Prevention, County Health Rankings, and the U.S. 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 KIIs. 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](#). Most frequently reported survey responses are highlighted with shading in the below tables.

The electronic survey closed with 303 responses from community members. Twenty-one responses are not included in the final data due to containing either incomplete or invalid answers, leaving 279 final responses. The population size of adults 18 years and older in the target zip codes is 8,655. At a 95% confidence interval, the survey responses are within 5.7% margin of error, meaning that if the survey responses are representative of the population the survey data is within 5.7 percentage points of the real population value 95% of the time. Of note, six responses from neighboring zip codes outside of the target area are included in the survey results as they indicated they seek primary care or hospital care in Ely. The graph below represents the zip code of survey respondents.

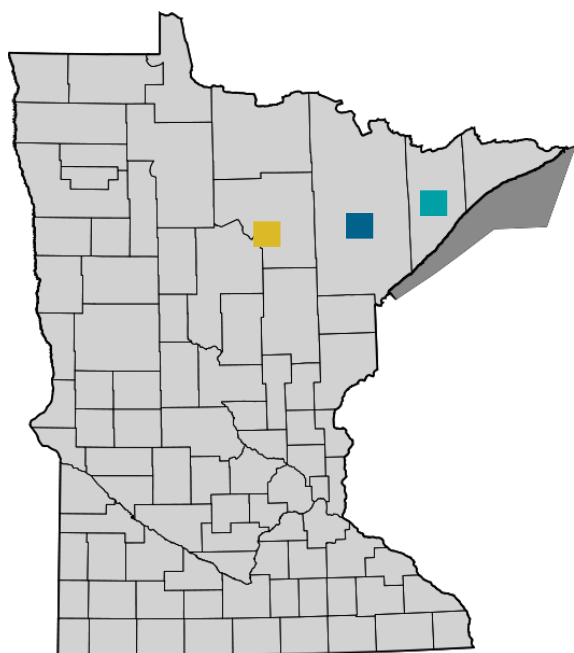


Refer to [Appendix A](#) for “other” responses.

Demographics

Demographics are the statistical characteristics of human populations (such as age or income) used to identify markets.³ 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,”⁴ and are hence included in the CHNA. The map below depicts the locations St. Louis, Lake, 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
- Lake County, MN: 10,911
- Itasca County, MN: 45,141



The population in the three counties is largely White, which represents the survey responses (92.8%). The second largest racial/ethnic group for all three counties is Multiple Race (St. Louis 5.3%, Lake 3.4%, Itasca 6.4%).

The highest percentage of residents in all counties is the 65-74 age range (St. Louis 13.3%, Lake 16.0%, 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 (21.2%), followed closely by those that are 35-44 (20.4%).

Demographic data from the survey also include:

- Gender: Female (78.8%), Male (18.8%)
- Education Level: Bachelor’s degree is the highest percentage (29.8%) followed by graduate or professional degree (20.1%),

³ “Definition of DEMOGRAPHICS.” In *Merriam-Webster Dictionary*. Accessed April 25, 2025. <https://www.merriam-webster.com/dictionary/demographics>.

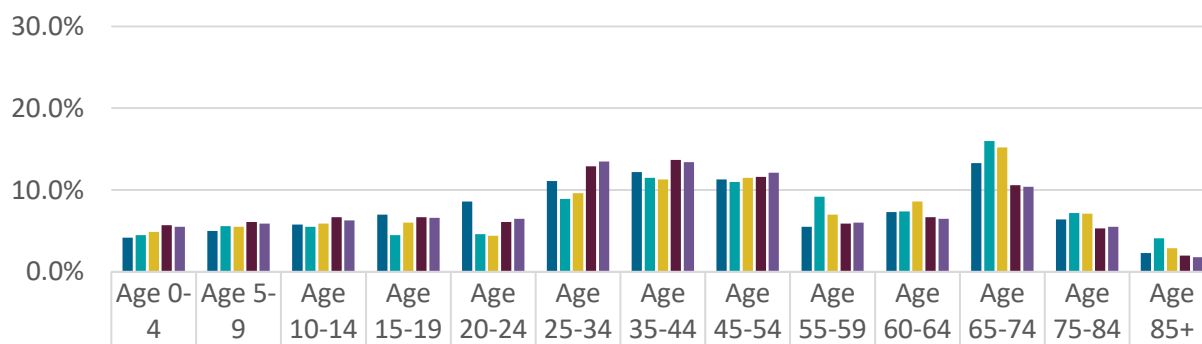
⁴ “1.Introduction.” *Agency for Healthcare Research and Quality*, April 2018. Accessed April 2, 2025. <https://www.ahrq.gov/research/findings/final-reports/iomracereport/reldata1.html>.

American Community Survey, United States
Census Bureau. 2023.

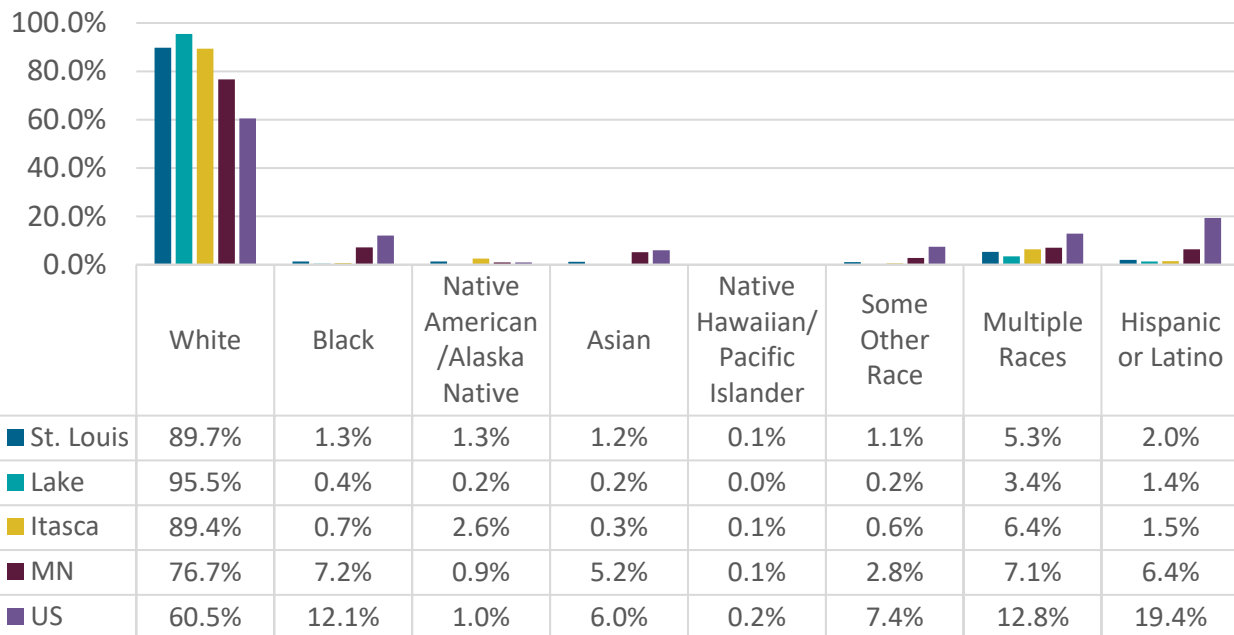
which are higher than the counties included
in the secondary data.

- Income: \$120,000+ is the highest percentage (22.9%) followed by \$20,000 - \$39,000 and \$40,000 - \$59,000 (both at 15.4%).
- Language: English (99.3%)
- Living with a disability (12.5%)

Population by Age



Population by Race and Ethnicity



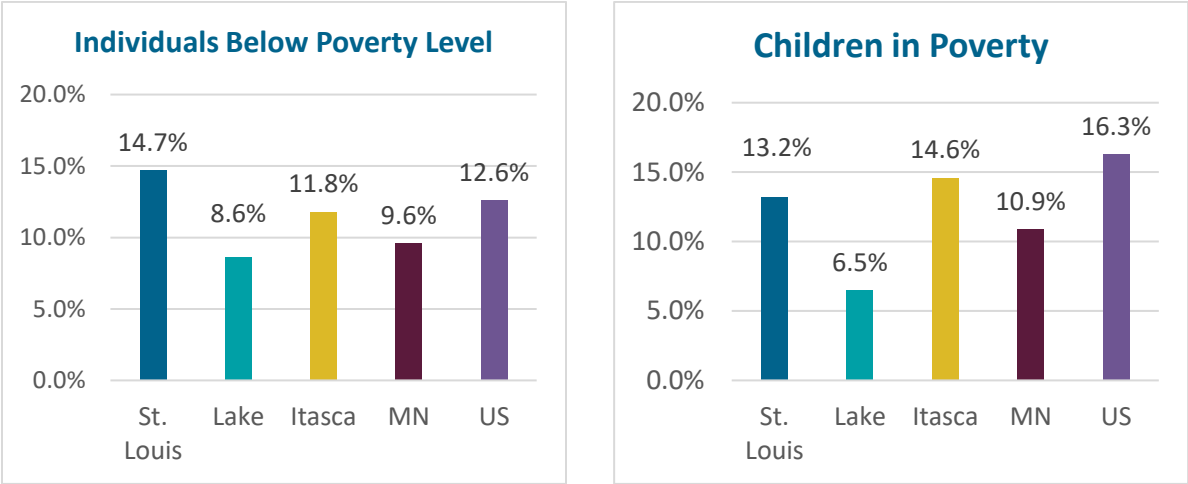
American Community Survey, United States Census Bureau. 2023.

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.⁵ Social and economic factors include education, employment, income, family and social support, and

⁵ County Health Rankings & Roadmaps. "Social & Economic Factors." Accessed April 2, 2025. <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors?>

community safety.⁶ 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.⁷

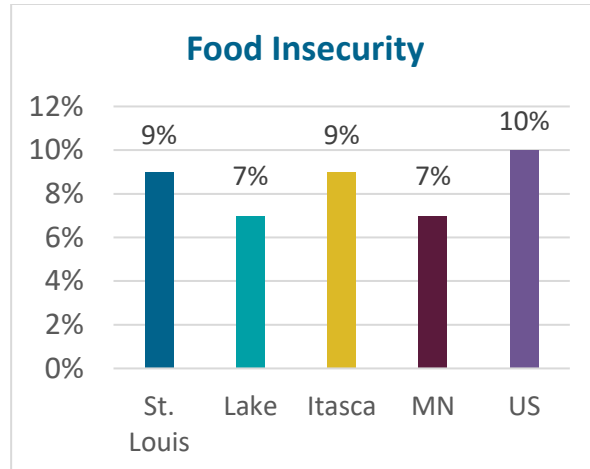
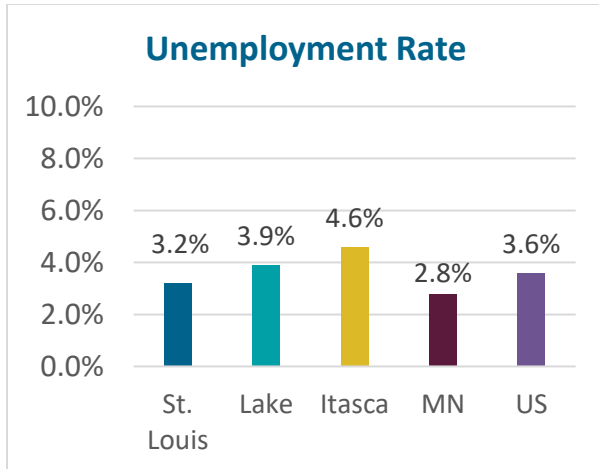


American Community Survey, United States Census Bureau. 2022.

The unemployment rate in all three counties (St. Louis 3.2%, Lake 3.9%, Itasca 4.6%) is higher than MN (2.8%) while 2.5% of survey respondents are currently unemployed. The median household income is lower in all counties in the region (St. Louis \$63,141, Lake \$73,724, Itasca \$66,958) compared to MN (\$82,343) and the U.S. (\$74,755). There is a higher percentage of residents living below the poverty level in two counties (St. Louis 14.7%, Itasca 11.8%) compared to the state (9.6%). There is also a higher percentage of children living below the poverty level in St. Louis County (14.7%) and Itasca County (11.8%) compared to the state (10.9%). Food insecurity is higher in St. Louis and Itasca counties (9%) than in Lake County and MN (7%).

⁶ County Health Rankings & Roadmaps. “Social & Economic Factors.” Accessed April 2, 2025. <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors?>

⁷County Health Rankings & Roadmaps. “Social & Economic Factors.” Accessed April 2, 2025. <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors?>



[U.S. Bureau of Labor Statistics](#). 2023.

[County Health Rankings](#). 2021.

The survey data indicates a median household income in the \$60,000 - \$79,000 range. The \$120,000+ group is the largest respondent group at 22.9%. Of those that attended FGs, 27.4% of individuals report an income of \$120,000 or higher. Focus group and KII participants identify individuals with lower incomes as the demographic struggling most with health. It is noted that all three counties have lower median incomes compared to the state and that socioeconomic status varies widely in the community. This is reflected in differences in housing, and in the school setting with perceptions on clothing, possessions and student opportunities. Lower socioeconomic status impacts the ability to access healthcare, insurance and healthy food and fresh produce.

Median Household Income	
St. Louis	\$63,141
Lake	\$73,724
Itasca	\$66,958
MN	\$82,343
U.S.	\$74,755

[U.S. Bureau of Labor Statistics](#). 2023.

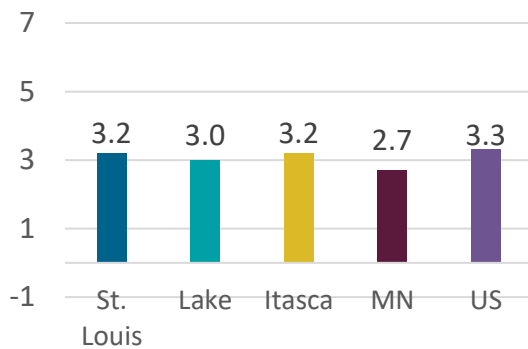
Quality of Life

“Quality of life refers to how healthy people feel while alive.”⁸ It is an indicator of the well-being of a community, including the areas of physical health, mental health, social wellness, and emotional health.⁹ The average number of poor physical health days per month for the counties in the region (3-3.2 days) is slightly higher than MN (2.6 days). St. Louis County reports a higher average of poor mental health days per month (5.1 days) compared to Lake County (4.3), Itasca County (4.4) and the state (4.3). Fourteen percent of residents in St. Louis and Lake counties report fair or poor health compared to 12% for Lake County and MN. Among survey respondents, an elevated 21.5% report fair or poor health compared to the secondary data sources.

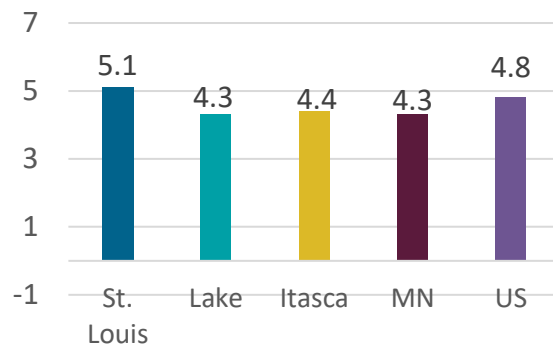
No county data for death due to suicide is available for Lake and Itasca counties. The suicide death rate in St. Louis County is 23.4 per 100,000 people. This is a higher rate than the state (14.2) and the U.S. (14.7). St. Louis (26%), Lake (26%), and Itasca (24%) counties all report a slightly higher percentage of people reporting excessive drinking compared to MN (23%), which are all higher than the U.S. (19%). For drug overdose deaths, St. Louis County reports 34 deaths per 100,000 people, and Itasca County reports 24 deaths per 100,000 people. Both are higher than the state (22 deaths per 100,000).

⁸ County Health Rankings & Roadmap. “Quality of Life.” Accessed April 2, 2025. <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-outcomes/quality-of-life?>

Poor Physical Health: Average # of Days per Month

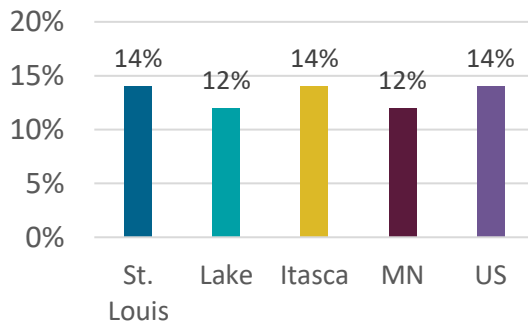


Poor Mental Health: Average # of Days per Month

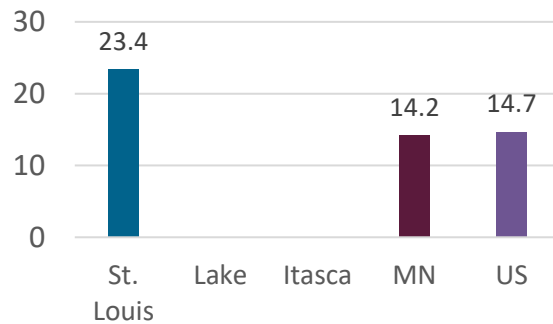


County Health Rankings. 2021.

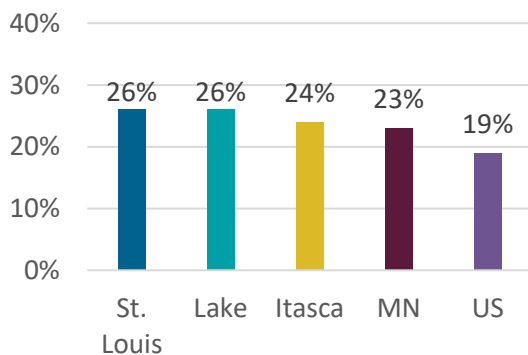
Adults Reporting Fair or Poor Health



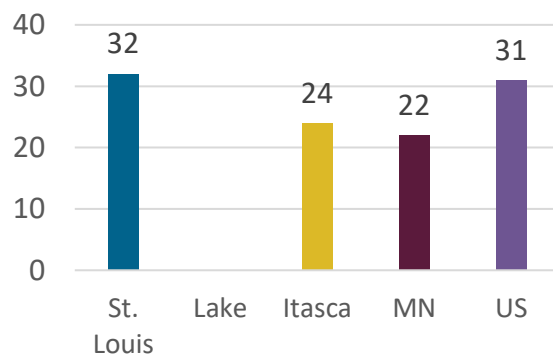
Death Due to Suicide per 100,000 Population (age adjusted)

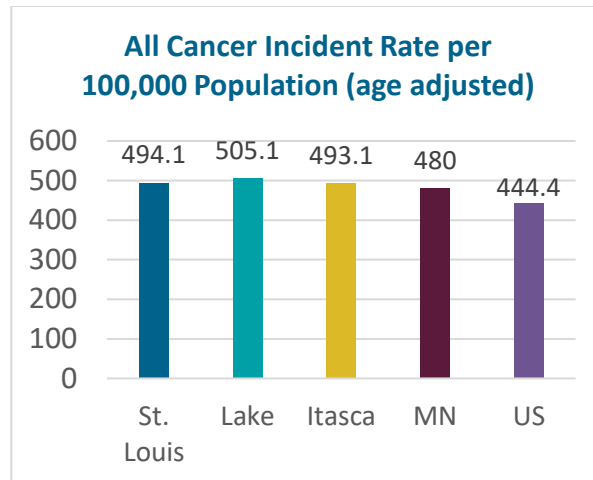
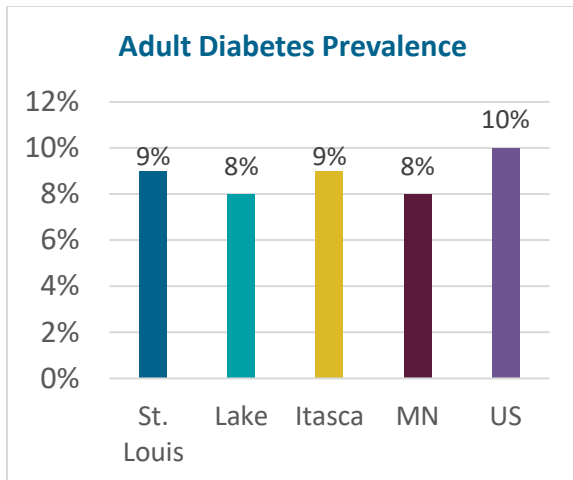


Adults Reporting Excessive Drinking



Drug Overdose Deaths per 100,000 Population





[County Health Rankings](#). 2021-2023.

[Suicide and Self-Inflicted Injury](#), CDC, WONDER. 2021.

[State Cancer Profiles](#). National Cancer Institute, DHHS, CDC. 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: 48.8%
- Access to dental services: 43.4%
- Access to specialists: 40.1%

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 Lake and Itasca counties and the state. St. Louis County reports a higher suicide death rate than the other two counties, MN and the U.S. Substance use disorders (SUD) relates to mental health and is described as the problematic pattern of using substances that impacts your health. These substances include medications (prescription and non-prescription), legal and illegal drugs (such as marijuana and opioids), and alcohol.⁹ All three counties report a slightly higher percentage of people reporting excessive drinking compared to MN. St. Louis and Itasca Counties report higher rates of death due to overdose than the state. Focus group and KII participants identify those struggling with mental health as a population with more challenges than others. Mental health issues are the most pressing health need among FGs participants. Focus group interviewee concerns include community stigma when people seek help and there are not enough local providers and resources for adults and children. Participants share that children are struggling in this area in addition to their parents. Another concern is the lack of a singular resource that can manage referrals to mental health resources.

Survey Q2: What are the THREE most pressing health concerns in our community? (Select up to 3 responses)	Percentage	N = 279
Access to alcohol/drug use services	18.3%	51
Access to dental services	43.4%	121
Access to mental health services	48.8%	136
Access to primary care	15.8%	44
Access to senior care	15.1%	42
Access to specialists	40.1%	112
Access to wellness/prevention services	9.3%	26
Affordable health insurance coverage	26.5%	74
Cancer	6.8%	19
Chronic disease management (such as diabetes, heart failure)	8.6%	24
Coordination of care	8.2%	23
Healthy lifestyles (such as exercise, nutrition)	8.6%	24
Heart disease/stroke	2.9%	8
Hunger	1.1%	3
Obesity	9.0%	25
Personal debt due to medical bills	10.4%	29
Prescription drug affordability	8.2%	23
Reliable health information	2.5%	7
Respiratory disease	0.7%	2
Tobacco/e-cigarettes	2.9%	8
Other (summarized responses below with number if responses reported more than once)	7.2%	20
<ul style="list-style-type: none"> • Ambulance availability and response (4) • Women's health, labor and delivery, prenatal care (4) • Affordable healthy food options (2) • Children's services (2) 		

- Lack of local testing (not all tests are available in Ely, must travel to Duluth or Virginia, Minnesota)
- Lack of childcare for infants
- No public blood pressure machine
- Access to imaging
- Veteran's services
- Consistency of medical care providers
- Chronic diseases of addiction and substance use disorder, and chronic diseases of mental illnesses like depression, anxiety, obsessive compulsive disorder, etc.
- Access to orthopedic services including surgeries
- Pediatric psychiatry
- Mental healthcare
- Disability services

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

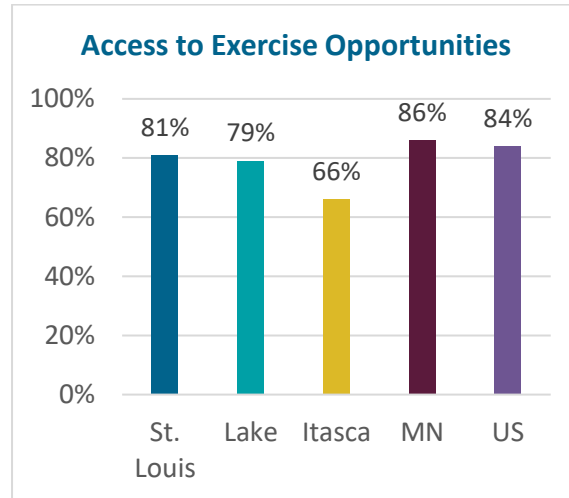
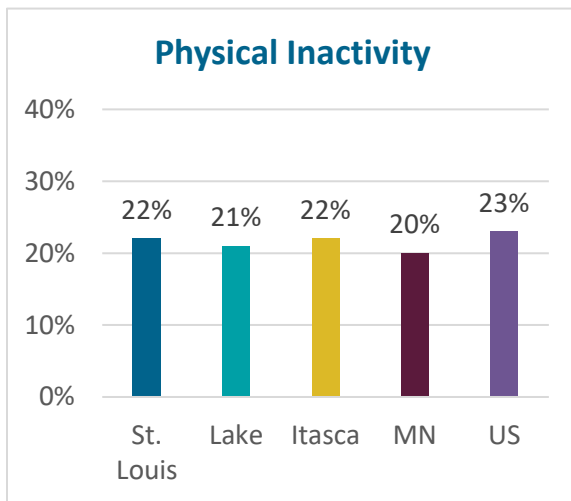
- Access to healthcare and other services: 60.9%
- Good jobs and healthy economy: 49.8%
- Affordable housing: 44.4%

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 residents and children living below the poverty level in St. Louis and Itasca counties than the state. Food insecurity is higher in both St. Louis and Itasca counties compared to MN but is slightly lower than the U.S. Focus group discussions and KIIs highlight the experiences of individuals facing economic challenges. Interviewees express concern for those that are uninsured and underinsured, where those underinsured may have insurance, but are unable to find affordable care, either due to high deductibles or their insurance not being accepted by healthcare providers. There may be a lack of education and understanding around healthcare 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.

Survey Q3. Select the THREE items below that you believe are most important for a healthy community. (Select up to 3 responses)	Percentage	N = 279
Acceptance for diversity	11.1%	31
Access to healthcare and other services	60.9%	170
Access to parks and recreation	6.5%	18
Affordable housing	44.4%	124
Arts and cultural events	0.7%	2
Clean environment	13.6%	38
Community involvement	13.3%	37
Cultural sensitivity	1.1%	3
Good jobs and healthy economy	49.8%	139
Good schools	19.7%	55
Healthy behaviors and lifestyles	18.3%	51
Low crime/safe neighborhoods	14.7%	41
Low death and disease rates	1.8%	5
Low level of domestic violence	2.2%	6
Religious or spiritual values	5.0%	14
Senior care	9.3%	26
Strong family life	10.4%	29
Transportation services	11.5%	32
Other (summarized responses below with number if responses reported more than once)	1.8%	5
<ul style="list-style-type: none"> • Affordable food (2) • Empathy and compassion for those that have challenges • Clean water and fluoride • Financial ability to pay for services 		

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.¹⁰ Health behaviors are intentional or unintentional actions a person takes that affect health or mortality.¹¹ 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. All three counties have a similar percentage of adult residents reporting no leisure time for physical activity (21-22%), which is similar to the state (20%). Adults in St. Louis, Lake, and Itasca counties (St. Louis 81%, Lake 79%, Itasca 66%) report reduced access to exercise opportunities compared to the state (86%) or the U.S. (84%).



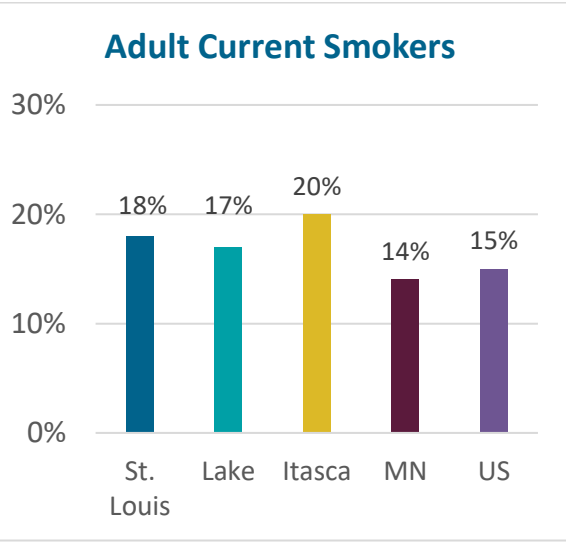
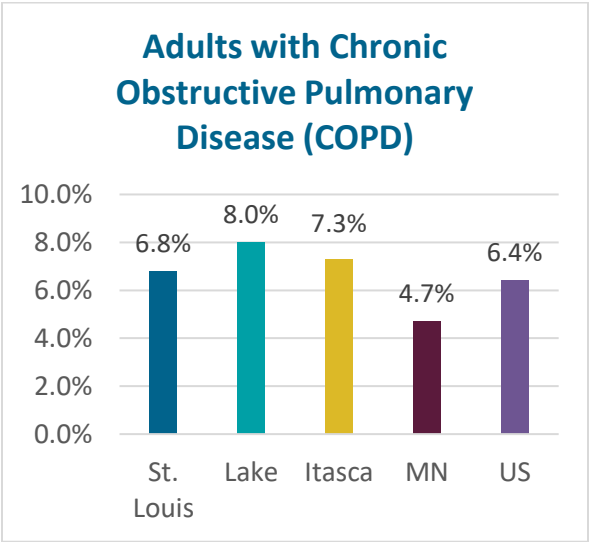
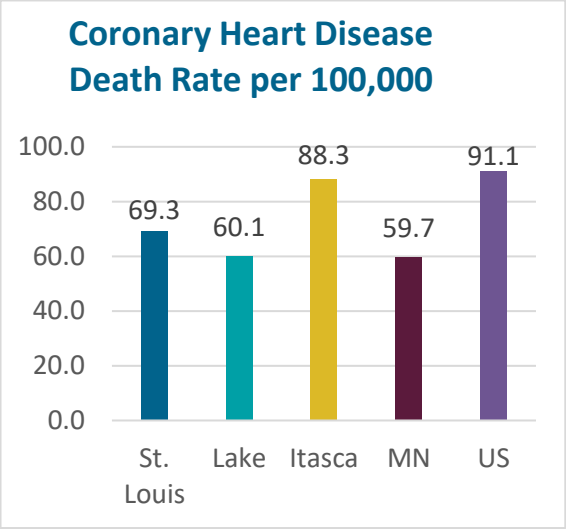
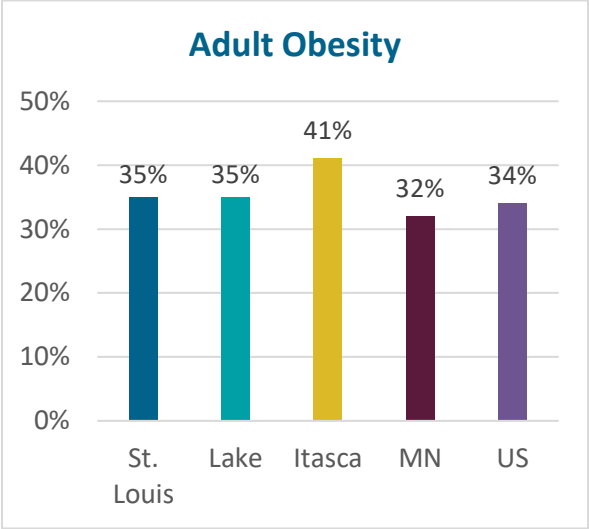
County Health Rankings. 2023.

The prevalence of adult obesity in all counties (St. Louis and Lake 35%, Itasca 41%) is higher than the state (32%) and U.S. (34%). The rate of adults per 100,00 that died from heart disease is higher in all

¹⁰ County Health Rankings & Roadmaps. “Social & Economic Factors.” Accessed April 2, 2025. <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors?>

¹¹ PubMedCentral. “Social Determinants and Health Behaviors: Conceptual Frames and Empirical Advances,” October 1, 2016. Accessed April 2, 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.>

three counties (St. Louis 69.3, Lake 60.1, Itasca 88.3) than in MN (59.7), however, lower than the U.S. (91.1). The percentage of residents with chronic obstructive pulmonary disease (COPD) is higher in all counties (St. Louis 6.8%, Lake 8.0%, 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 18%, Lake 17%, Itasca 20%, MN 14%, U.S. 15%). Obesity and access to exercise opportunities are the only health behavior issues identified as priorities in FGs and KIIs. Additionally, access to healthy food is mentioned by FGs and KIIs, which relates to obesity and a variety of chronic health conditions.



[County Health Rankings](#). 2021.

[Centers for Disease Control and Prevention \(CDC\) Interactive Atlas of Heart Disease and Stroke](#). 2019-2021.

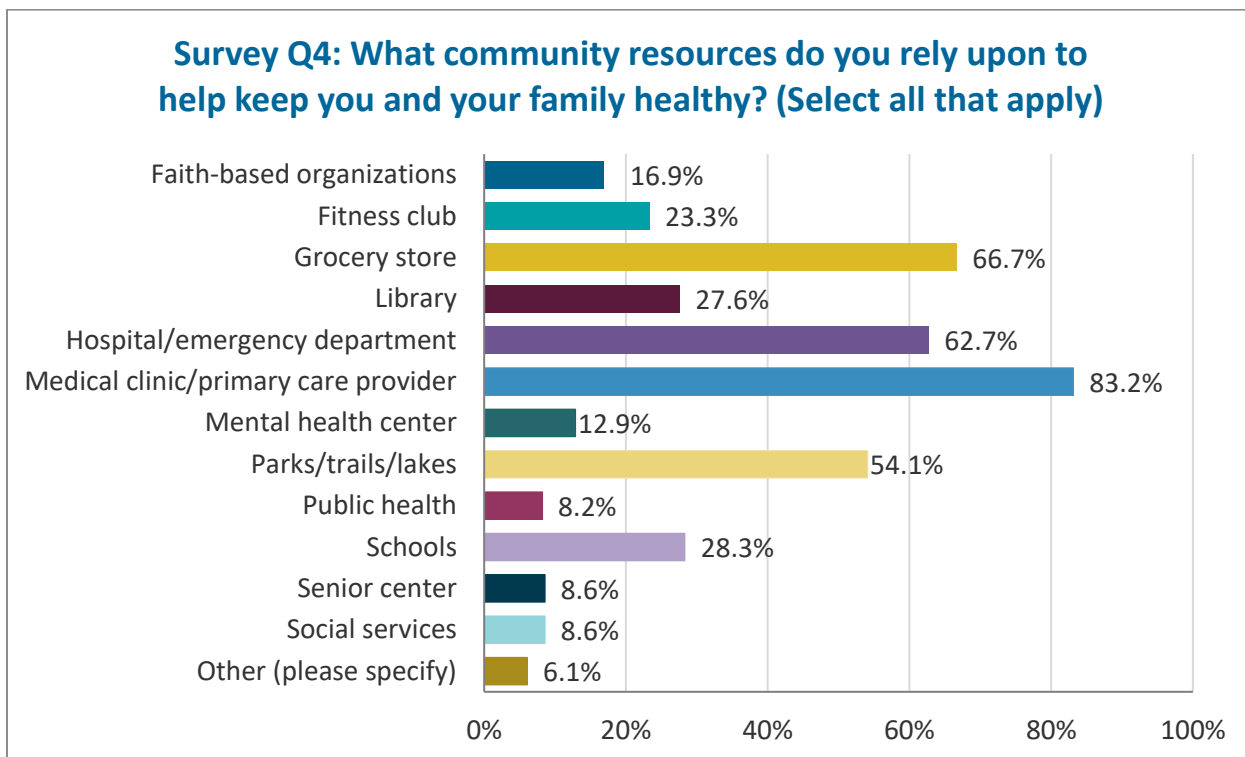
[Behavioral Risk Factor Surveillance System Prevalence and Trends Data](#), CDC. 2021.

Five survey questions ask respondents about health behaviors. Four questions are included below and relate to community resource use, activities used to remain healthy, greatest overall community health education needs and most needed mental health education.

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/primary care provider (83.2%)
- Grocery store (66.7%)
- Hospital/emergency department (62.7%)

Focus group interviewees and KIIs express 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, while about one-fourth rely on fitness clubs. 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.



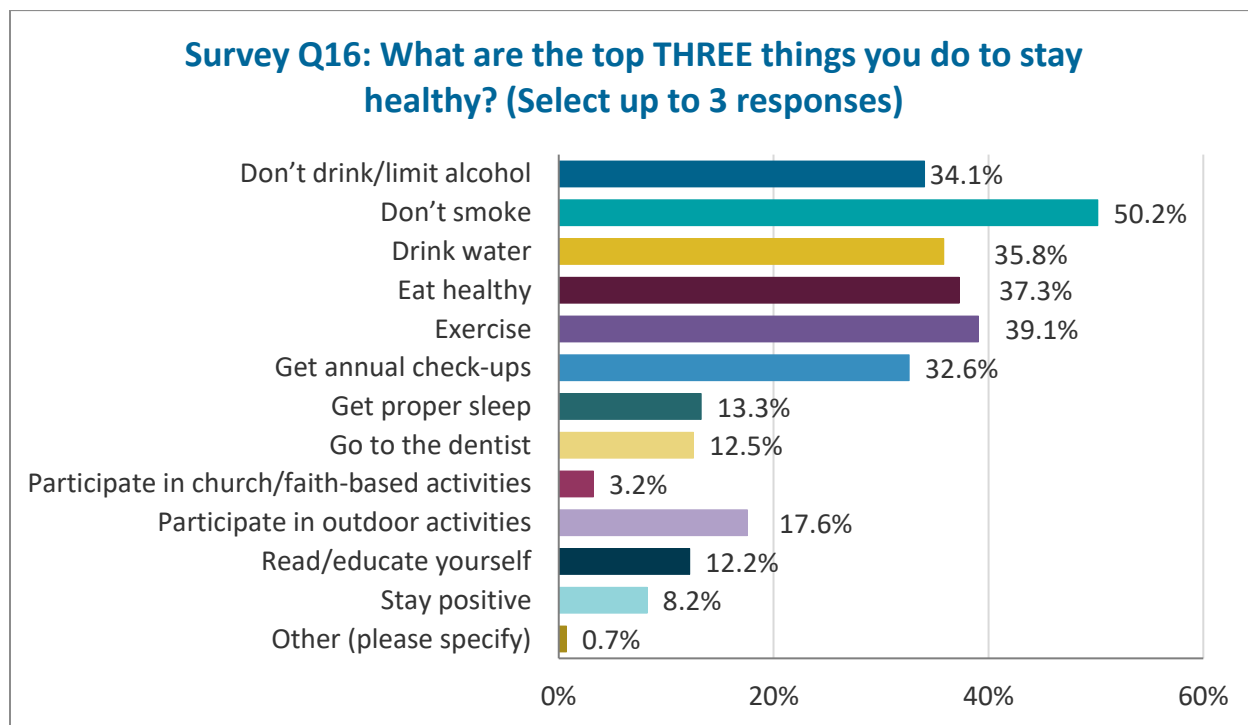
The top three survey responses to “What are the top THREE things you do to stay healthy?” are below. The survey asks participants to select up to three responses.

- Not smoking (50.2%)
- Exercise (39.1%)
- Eating healthy (37.3%)

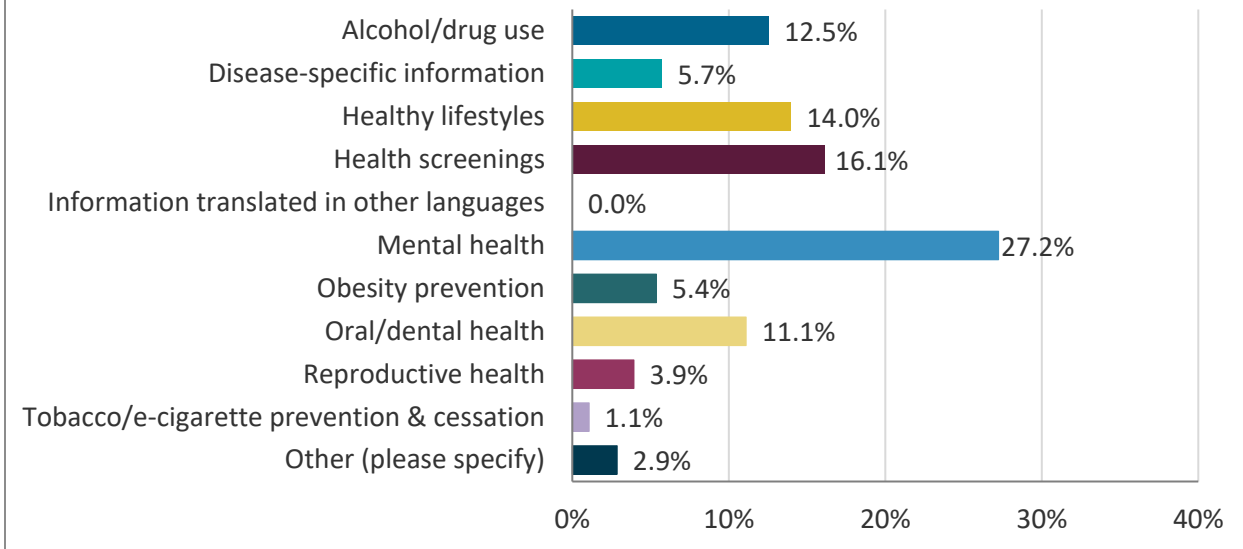
The top three survey responses to “What is the greatest health education need in our community?” are below. The survey asks participants to select only one response.

- Mental health (27.2%)
- Health screenings (16.1%)
- Healthy lifestyles (14.0%)

Focus group results agree with the survey data. They identify a need for health and healthcare education, including health fairs, health education classes (nutrition, vaccinations, navigating the healthcare system) for all ages, and outreach. Some participants name specific programs needing more advertising and community awareness, such as the File of Life program. The previous survey question responses underscore the need for access to healthy local foods.



Survey Q8: What is the greatest health education need in our community? (Select one response)

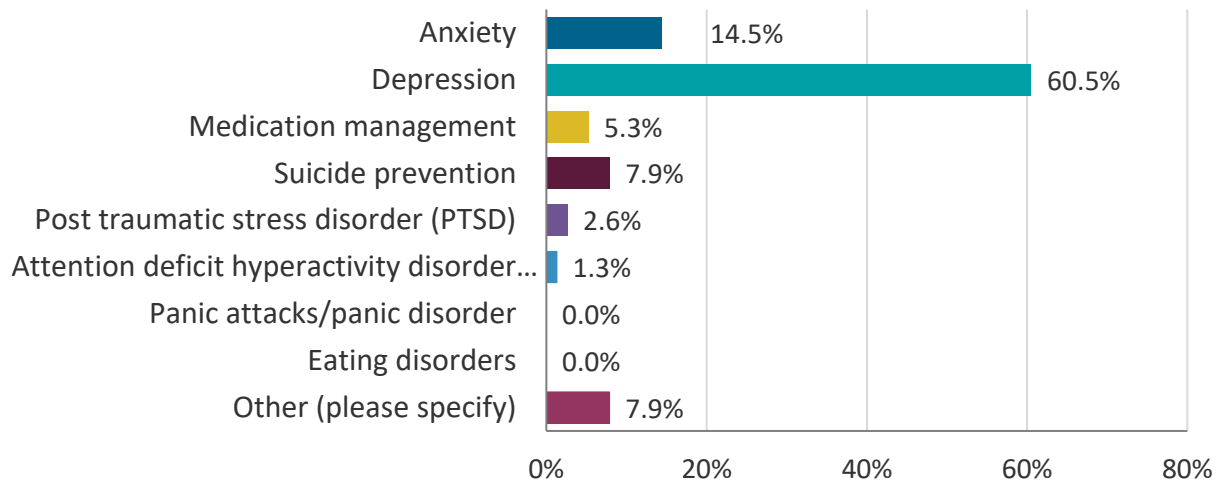


The top survey responses to “What mental health area needs the most education in our community?” are below. The survey asks participants to select only one response.

- Depression (60.5%)
- Anxiety (14.5%)
- Suicide prevention (7.9%)

Focus group interviewees and KIs indicate that they are most surprised by the suicide data presented with many perceiving the rate to be higher than what is shown in the secondary data. These groups also indicate that many with mental health needs may be suffering in silence. They feel that there are not enough local mental health resources available for both adults and children, which is coupled with stigma around mental health and community members being afraid to ask for help.

Survey Q9: What mental health area needs the most education in our community? (Select one response)



When asked what EBCH can do to improve community health, key informant interviews and focus groups most frequently identify care coordination and collaboration as priority areas. Focus group and KII participants suggest that community health workers, coordination of services, as well as community outreach (transportation, churches, volunteers, navigating the medical system) would be helpful. Further, they suggest increased collaboration with chiropractors, therapies, ancillary services, emergency medical services (EMS), gyms, local businesses, schools, and non-profits. Health and healthcare education is suggested by FG and KII participants including health fairs and classes on nutrition, vaccinations, and navigating the healthcare system.

Access to Care

Not all elements of health and wellness are achieved within the walls of a hospital, clinic, or healthcare provider. Using the County Health Rankings and Roadmaps model, 20% of health outcomes are attributable to clinical care, including access to care.¹² Access to care is interrelated to many areas including health insurance coverage, income, distance to care, transportation,

¹² County Health Rankings & Roadmap. "Access to Care." Accessed April 2, 2025. <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/clinical-care/access-to-care?>

understanding care, stigma, and availability of local healthcare 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), Lake (1,100:1), and Itasca (980:1) counties. When looking at the ratio of residents to other non-physician primary care providers, St. Louis County has a better ratio (460:1) than Lake County (2,730:1), Itasca County (900:1), and MN (660:1).

Regarding access to dental care, in Minnesota there are 1,290 residents for each dentist (1,290:1). Compared to the state, Lake County has less access (2,190:1), Itasca County is similar (1,260:1) and St. Louis County (1,020:1) has improved access. Access to dental care is important because 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 that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental healthcare. In Minnesota, there are 300 residents for each mental health provider (300:1). The access rate is poorer for Lake County (780:1) and slightly improved 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 psychiatrists are the most important priorities identified by KIIs and FGs. Concerns about alcohol and drug services are also mentioned by KII and FG participants.

Ratio of Population to Primary Care Physicians

St. Louis	Lake	Itasca	MN	U.S.
810:1	1,100:1	980:1	1,130:1	1,330:1

Ratio of Population to Dentists

St. Louis	Lake	Itasca	MN	U.S.
1,020:1	2,190:1	1,260:1	1,290:1	1,360:1

Ratio of Population to Mental Health Providers

St. Louis	Lake	Itasca	MN	U.S.
290:1	780:1	290:1	300:1	320:1

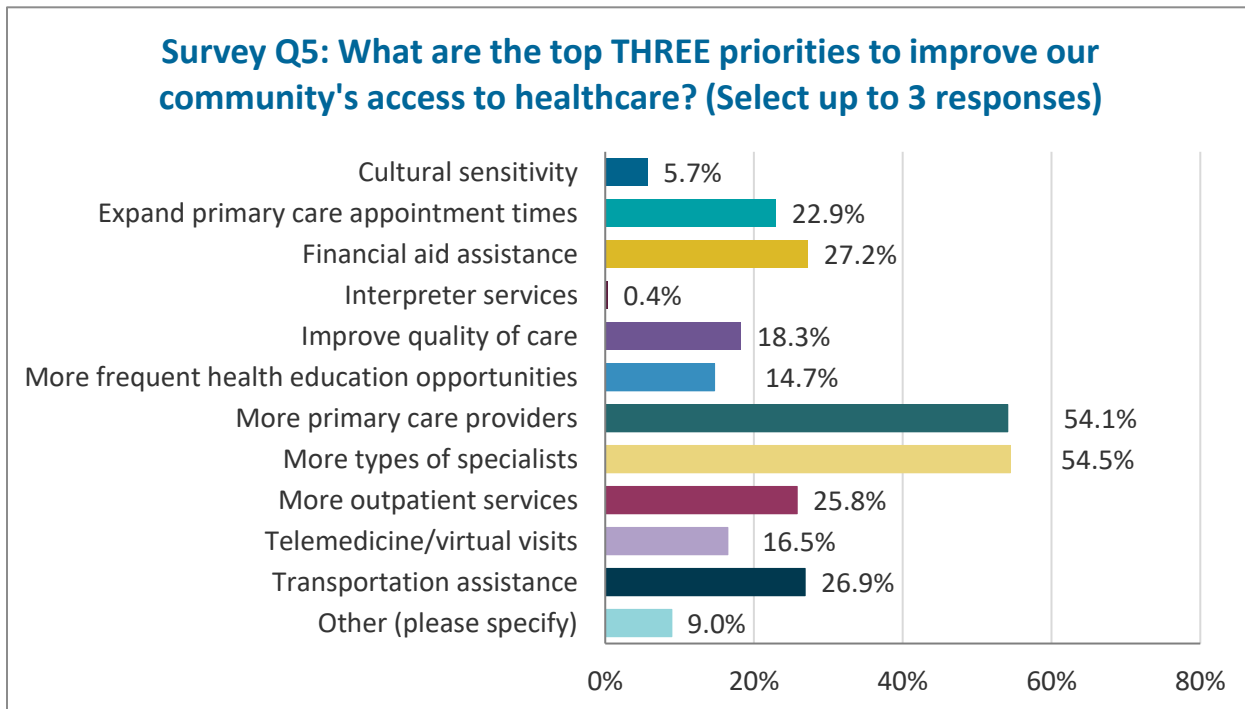
Ratio of Population to Other Primary Care Providers

St. Louis	Lake	Itasca	MN	U.S.
460:1	2,730:1	900:1	660:1	760:1

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

Survey data indicates the top three priorities to improve community healthcare access with the question “What are the top THREE priorities to improve our community's access to healthcare?” The survey asks participants to select up to three responses.

- More specialty providers (54.5%)
- More primary care providers (54.1%)
- Financial aid assistance (27.2%).



According to survey data, 45.2% of respondents are enrolled in employer sponsored insurance, 29.4% are enrolled in Medicare or Medicare Supplement, 4.5% are enrolled in Medicaid, while 2.2% of survey respondents are uninsured. Focus groups and KIIs identify economic factors and a lack of local specialty services as barriers to accessing care.

The survey asks three questions related to the selection of healthcare services. The top survey responses to “Where are you most likely to go for routine healthcare?” are below. The survey asks participants to select only one response.

- Essentia Health – Ely Clinic (71.3%)
- Other (6.1%)
- Scenic Rivers Clinic (5.4%)

The top survey responses to “Which hospital does your household use the MOST for hospital care?” are below. The survey asks participants to select only one response.

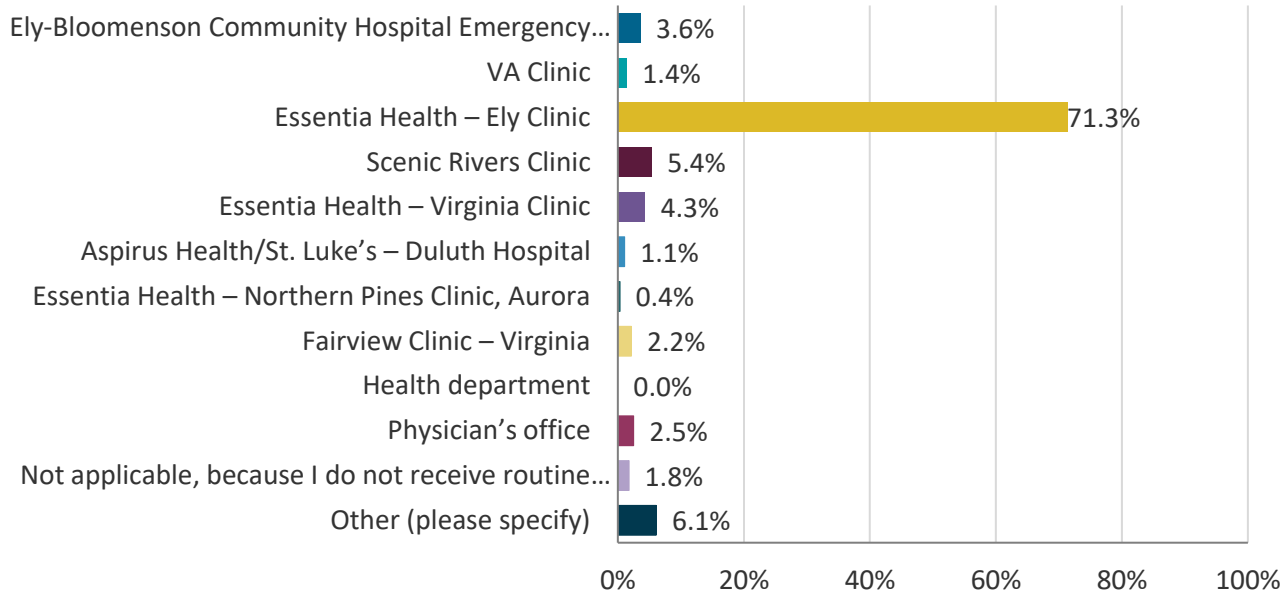
- Ely-Bloomenson Community Hospital Emergency Room (52.3%)
- Essentia Health – Ely Clinic (20.0%)
- Other (13.6%)

The survey response options for the above question were incorrectly listed in the survey. Rather than the same responses available for the prior question regarding routine healthcare, they should have included:

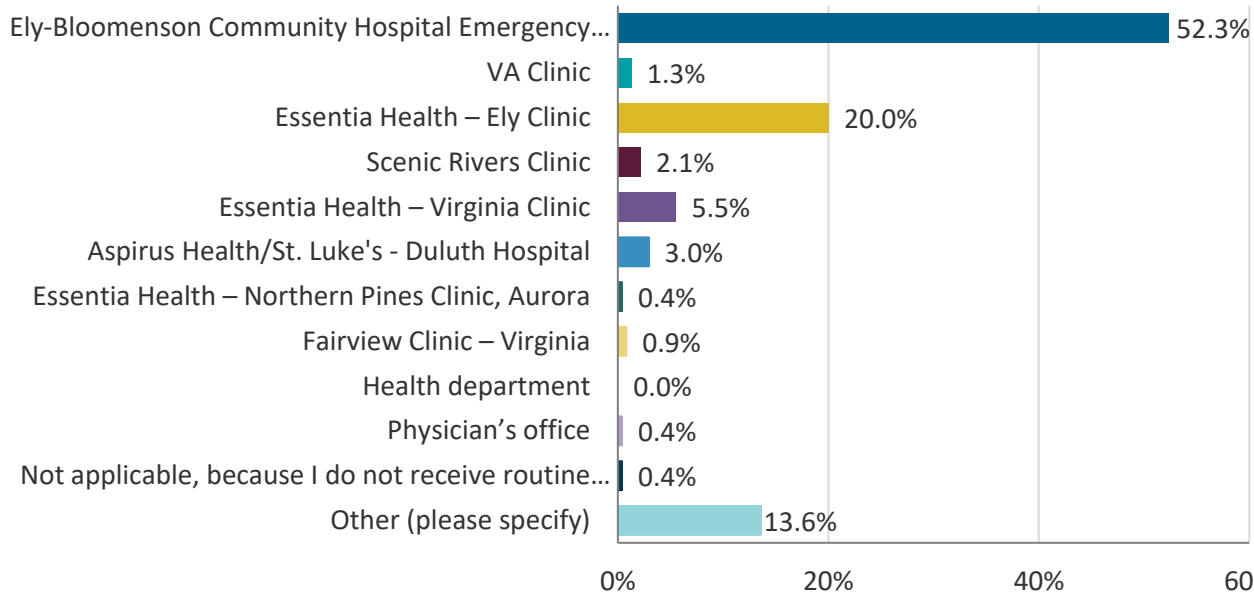
- Ely-Bloomenson Community Hospital
- Essentia Health – Virginia Hospital (2)
- Cook Hospital (2)
- Essentia Health – Duluth Hospital (12)
- Aspirus Health/St. Luke’s – Duluth Hospital (2)
- Mayo Clinic – Rochester, MN (2)
- Essentia Health – Northern Pines Hospital, Aurora (0)
- Fairview – Hibbing (2)
- Abbott Northwestern (2)
- Other (please specify)

The number in parentheses is the number of times that the hospital was specified under “other.” EBCH is aware of this error and chose to include the above results in the report.

Survey Q10: Where are you most likely to go for routine healthcare? (Select one response)



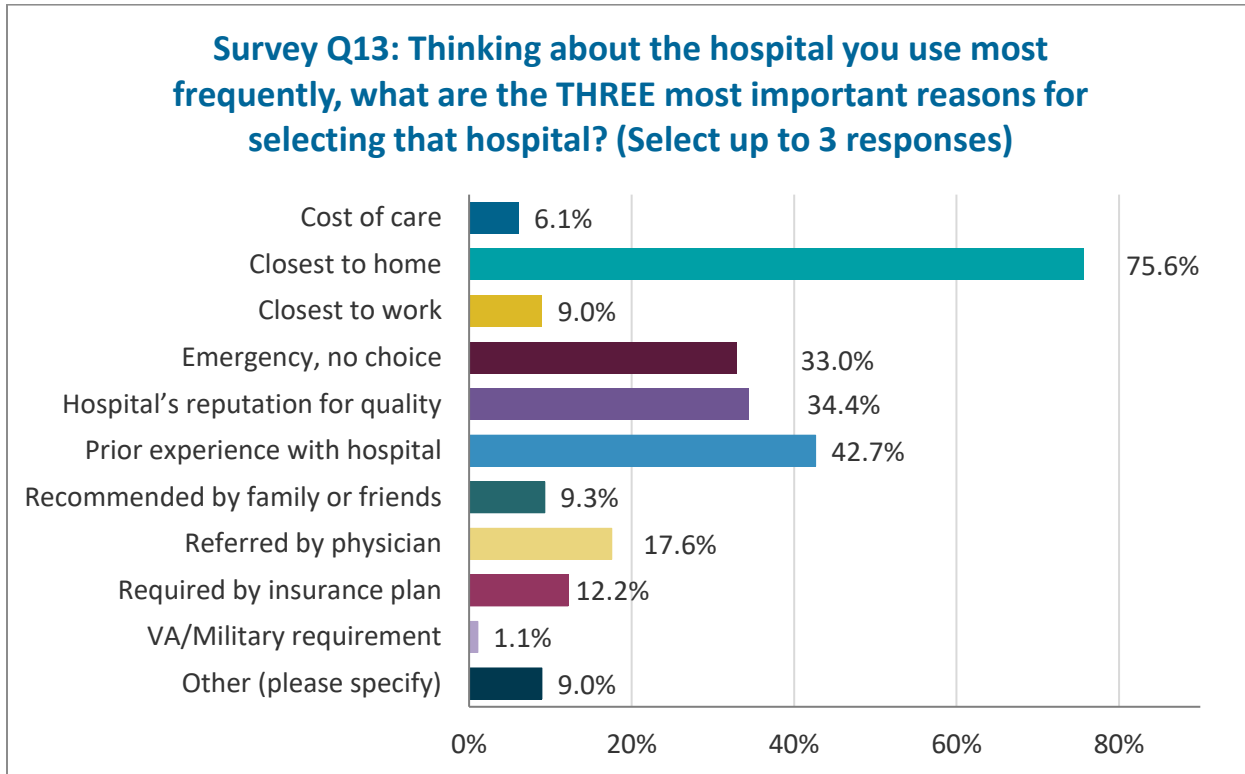
Survey Q12: Which hospital does your household use MOST for hospital care? (Select one response)



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 (75.6%)
- Prior experience with the hospital (42.7%)
- Hospital’s reputation for quality (34.4%)

Among the ‘Other’ responses, 3% report access to services at the hospital of their choosing.

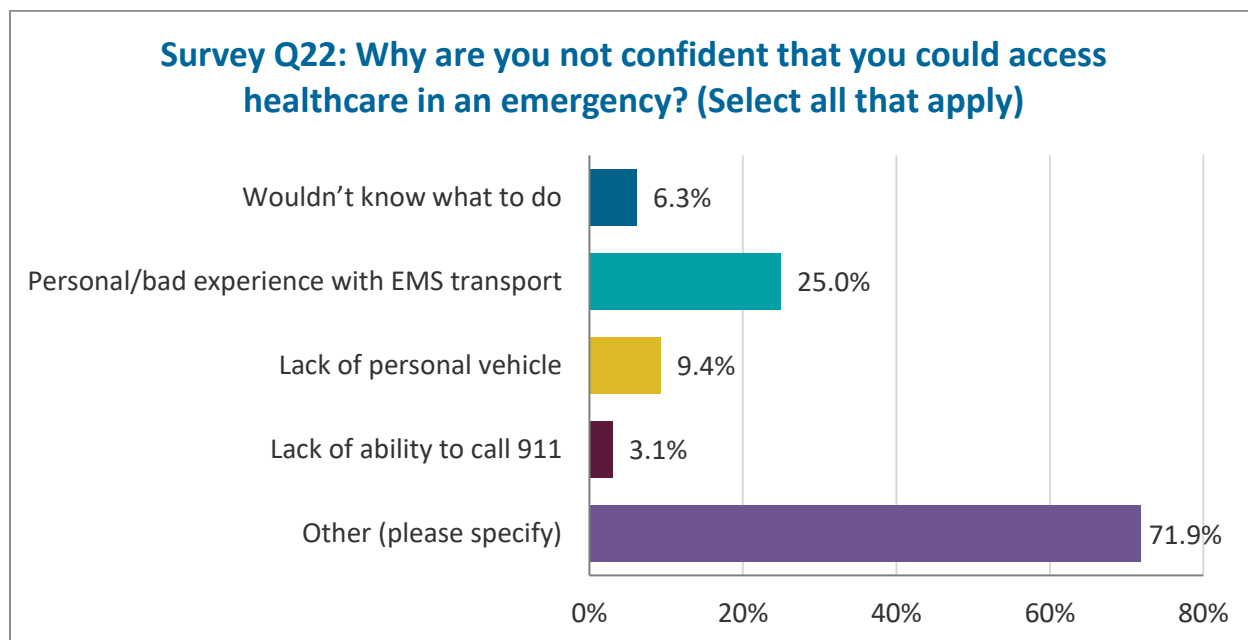


Over eighty-eight percent (88.5%) of survey respondents indicate confidence in being able to access healthcare in an emergency. The survey asks, “Why are you not confident that you could access healthcare in an emergency?” The survey asks participants to select all responses that apply. The top three reasons for a lack of confidence in accessing healthcare in an emergency include:

- Other (71.9%) include cost of care, unsure care is available, staffing shortage and insurance would not cover
- Personal/bad experience with EMS transport (25.0%)
- Lack of personal vehicles (9.4%)
 - Among ‘Other’ responses, respondents report the following concerns generalized into categories:

- Local EMS reputation, including staffing (2.8%)
- Concerns with emergency care at EBCH (2.4%)
- Distance for EMS to respond to home/availability of local EMS (2.4%)

Seventy-eight percent of FG interviewees indicate confidence in the ability to access healthcare in an emergency, while 22% indicate their lack of confidence, which is due to wait times, skill level of EMS, and availability.



Refer to [Appendix A](#) for “other” responses.

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

- Dental care (52.0%)
- Availability of services/providers (45.5%)
- Mental health services (42.3%)

Focus groups and KIs indicate gaps in local services, including dental care, additional visiting specialists, labor and delivery, chiropractic care, blood pressure check stations, health education, hearing and vision testing, medication reviews with pharmacists, cancer treatment, and mental health services. Both groups speak positively of areas such as local quality of care, progress toward coordination of care, availability of immunization clinics, and financial assistance.

Survey Q6: What are the THREE largest gaps in healthcare in our community? (Select up to 3 responses)	Percentage	N = 279
Availability of services/providers	45.5%	127
Ability to service different languages/cultures	1.1%	3
Affordable prescription drug assistance	11.8%	33
Cancer treatment	13.6%	38
Chronic care management (heart, lung, diabetes, etc.)	15.8%	44
Dental care	52.0%	145
End-of-life care (hospice/palliative care)	5.7%	16
Geriatric care (seniors)	16.5%	46
Healthy lifestyle education	10.4%	29
Mental health services	42.3%	118
Pain management	8.2%	23
Primary care	12.2%	34
Services for low-income people	19.0%	53
Substance use services (drugs and alcohol)	19.0%	53
Other (summarized responses below with number if responses reported more than once)	5.0%	14
<ul style="list-style-type: none"> • Ambulance service (2) • Women's services including gynecology/birthing/midwife (2) • High-speed internet for virtual appointments • Time outside for children • Home care • Housing • Children's services/pediatrics • Orthopedic surgeries including joint replacements • Pediatric psychiatry • Financial communication prior to services • Equity and education in treatment for members of the LGBTQIA+ community • Wait time to get an appointment scheduled • Local specialists 		

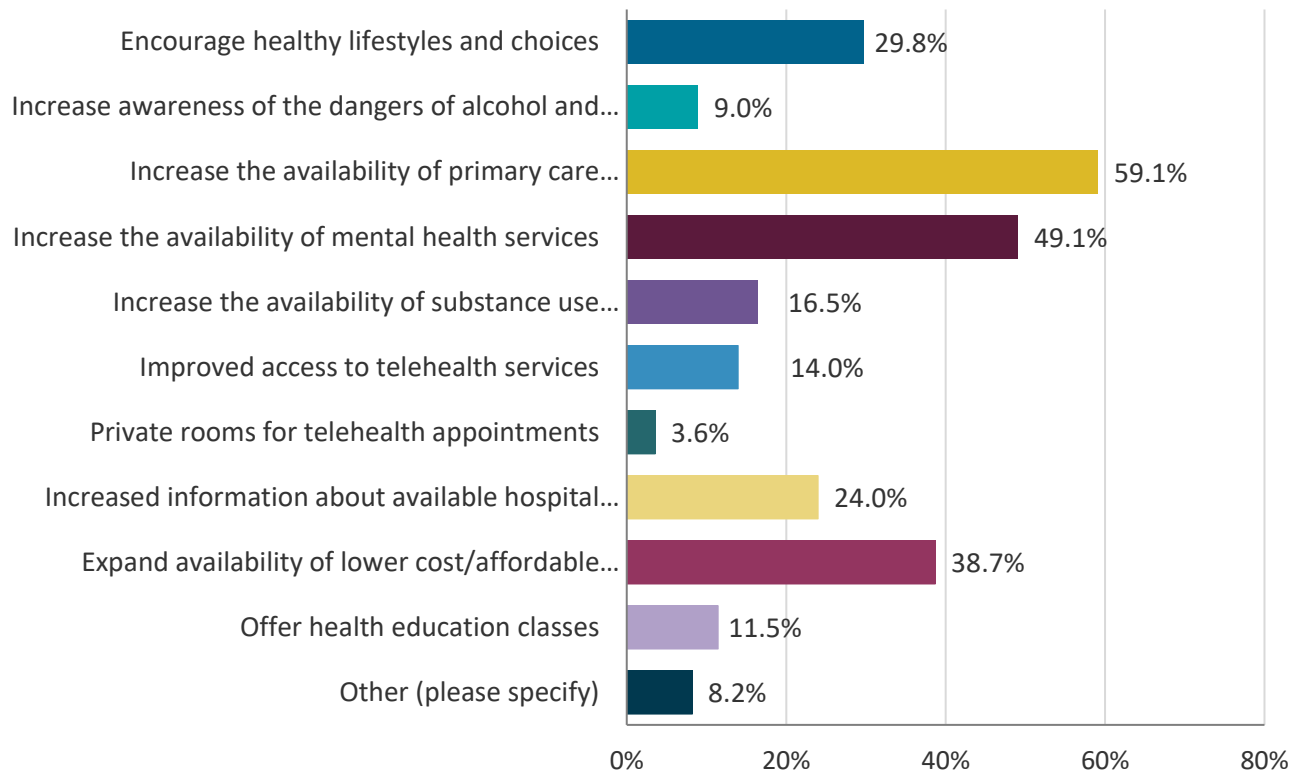
The survey asks, "What can be done to improve the health of the community?" The survey asks participants to select up to three responses. The most frequently noted areas for improving the health of the community according to survey data include:

- Increase the availability of primary care providers (59.1%)
- Increase the availability of mental health services (49.1%)
- Expand availability of lower cost/affordable services (38.7%)

Themes from FGs and KIIs around how to improve healthcare in the community include the need for collaboration, increasing access to ancillary services, more health education, improved coordination of care, and enhanced communication and community awareness of local healthcare services, programs, and groups.

Focus group and KII responses align with the survey data. When asked for the definition of community health, the second most common theme emerging from FGs is access to care. Both KIIs and FG interviewees indicate a need to increase local access, provide access to healthcare regardless of ability to pay, increase dental and first responder access, and offer and provide transportation to healthcare services. They describe an essential need for community health workers or care navigators to help aid in connecting individuals to services. They note that the community may have a lack of knowledge of what services are available locally, and how to access them. Focus group and KII participants express concerns about medical professional retention, including the adequacy of salaries to allowing residents to remain in the area, lack of housing for providers and their families, as well as the lack of childcare and employment for spouses. Participants indicate the need for faster, more reliable emergency and non-emergency transportation.

Survey Q7: What can be done to improve the health of the community? (Select up to 3 responses)



Focus Group Findings

Demographics

Four focus groups, attended by 51 individuals, were held on March 25-26, 2025, to gather information from residents about the health of the community. Attendees were asked to anonymously complete a demographic questionnaire to gather information; 51 of the attendees completed the request. The demographics collected from the FGs mirror the secondary data for St. Louis County. Questions, response options, and number of responses are listed.

- Gender: Male (11), female (39), identify in a different way (0), prefer not to answer (1)
- Age: 18-24 (3), 25-44 (16), 45-54 (5), 55-64 (12), 65-74 (9), 75+ (6), prefer not to answer (0)

- Race/ethnicity: American Indian/Alaska Native (1), Black/African American (0), Asian (0), Pacific Islander/Native Hawaiian (0), White (46), other (0), not sure (0), prefer not to answer (2)
- Hispanic, Latino or Spanish origin: Yes (2), no (48), prefer not to answer (1)
- Language spoken: English (51), Spanish (1), other (1)
 - Other responses include American sign-language
- Employment status: Employed (29), unemployed (4), retired (15), other (4)
 - Other responses include semi-employed, semi-retired, business owner, and volunteer/part-time
- Average annual household income:
 - \$0 - \$19,000 (1)
 - \$20K - \$39K (4)
 - \$40K - \$59K (7)
 - \$60K – \$79K (11)
 - \$80K - \$99K (7)
 - \$100K - \$119K (5)
 - \$120K + (14)
 - Not sure (0)
 - Prefer not to answer (2)
- Living with a disability: Yes (7), no (42), prefer not to answer (1)
- Level of education:
 - Less than 9th grade (0)
 - Some high school, no diploma (0)
 - High school degree (6)
 - Technical/trade/vocational school (2)
 - Some college, no degree (5)
 - Associate's degree (4)
 - Bachelor's degree (19)
 - Graduate or professional degree (16)
 - Prefer not to answer (0)

The below question was also included on the demographic questionnaire to ensure a response from all FG interviewees.

- Are you confident you could access healthcare in an emergency? Yes (40), no (11)
 - If you answered no, why are you not confident?
 - The most common responses concerning ambulance services include:
 - Availability (8)
 - Skill level of EMS (7)
 - Wait times (2)

Limitations

There is one major limitation that should be considered when reviewing the results:

1. The information is based on comments from a small segment of the community (51 people).

Summary of Major Points

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?**
 - Suicide is the theme mentioned most frequently. The common response is surprise about how high the suicide rate is in the secondary data. One participant states they think the suicide rate is higher because of how frequently they hear of its occurrence, while another participant is curious about the suicide rate prior to the COVID-19 pandemic.
 - The second most common theme is that the secondary data does not represent the community. Some feel the numbers are skewed by Duluth and do not represent the Iron Range, an area that spans over multiple counties in the northern region of Minnesota. Others comment that the data around access to care does not represent their experience.
 - A theme around poverty levels emerges with comments about unemployment, median household income, and food insecurity.
 - Some feel that food insecurity is higher than the data indicates.
 - Overall, participants share feelings that Ely and the surrounding areas are struggling more with poverty than St. Louis County as a whole.
 - Some participants are surprised by specific health indicators, such as the high rates of obesity and diabetes.
 - During discussion around alcohol use, participants are not surprised by high rates of excessive drinking, with some participants suggesting the rate is higher than what is reflected in the data.
 - Some participants are surprised by the data around access to exercise, expressing that Ely and the surrounding areas are very “outdoorsy”. There is recognition, however, that access to outdoor activities can be difficult for low-income individuals or those with mobility issues.
- **What is your definition of community health?**

- Community engagement, including community members being involved with each other personally and with what the area has to offer, is the top theme for a community health definition. These comments vary from:
 - Having a collaborative connection with others.
 - Having places in the community to gather and connect with one another.
 - Community members coming together to help take care of and “look out” for one another.
 - The second most common theme around a community health definition is access to care. Some participants comment about increasing access, accessing care regardless of finances, ability to access services locally, increasing access by increasing availability and increasing access to first responders. There are also comments about access to healthcare not being dependent on cars, and access to community health workers to help connect individuals to services.
 - Wholeness, or having a holistic view is another a theme around community health. Comments include having prevention and the “whole view” of an individual in mind, including food, exercise, mental health and clinical health.
 - Having a safe community with low crime rates.
 - Having a community with people who are hopeful and have a positive vision for the future.
- **Are some population groups healthier than other groups? If yes, which ones?**
 - Those who are financially stable. The top theme is finances and how those in the community who can afford food, specifically healthier food options, tend to be healthier. Those who are financially secure are more likely to be able to:
 - Access healthcare.
 - Afford health insurance to pay for preventative care.
 - Afford an emergency if one arises.
 - Have access to the gym and outdoor activities during the winter to stay active.
 - Those who have found a community to be involved in and participate in activities with others. Additionally, those with family and friends are more likely to have someone to rely on.
 - Those who go outdoors and follow a holistic, healthy lifestyle.
 - Those who try new things and are in a community with others who participate in similar activities and eat a similar/healthy diet.
 - Families that eat a healthy diet and stay active together.
 - **Are some population groups suffering more than other groups? If yes, which ones?**

- Young families, including young individuals and children. There are housing issues, and there is limited access to childcare in the community. Some participants express concern that the community will not be able to keep young families in the area due to these issues.
- Those uninsured and underinsured. The underinsured may have insurance but are still unable to find affordable care due to high deductibles, or their insurance is not accepted by healthcare providers. There is also a lack of education and understanding around healthcare insurance, with people not understanding how to choose an insurance plan or how plans work.
- Those struggling with their mental health. There is a stigma in the community when a person is seeking help, and there are not enough providers in the area to provide support.
- Those with complex medical needs and those in need of regular specialty care. The lack of specialty care in the community, in addition to a lack of transportation, makes it challenging for individuals to access care.

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

- The community's lack of knowledge of available services. Participants comment that not only do community members not know what services are available, but they also do not know when services are provided or how to access them. Additionally, there is a lack of communication from healthcare providers about available services. Care navigation and coordination could help improve this issue.
- The stigma around mental health. Community members are afraid to ask for help with mental health needs and may self-medicate with drugs and alcohol. The community does not have enough mental health providers, and there may be a lack of training to help individuals in a mental health crisis.
- Concern about the ability to keep medical professionals in the community. Participants feel that healthcare providers are not paid at a level that makes it easy to stay in the area, and at times, there is not enough demand for certain services to stay in the community. The community may also lack necessities for healthcare providers and their families living in the area such as housing, childcare or even jobs for their spouses.
- Transportation is a multifaceted barrier. Participants feel there is an opportunity for the community to have faster, more reliable emergency transportation, as well as non-emergency medical transportation to and from different facilities or appointments. Transportation to find everyday necessities such as food is also a barrier.

- **What do you think Ely-Bloomenson Community Hospital could do to increase the health of the community? Where are opportunities to collaborate?**
 - Coordination and communication of services is the most common suggestion. Participants express a desire for community care coordinators who can offer community outreach regarding services, transportation and collaboration with all providers in the area, clinics, churches and messaging.
 - Improve coordination with non-profits and volunteers to increase communication around available services.
 - Need for assistance navigating the medical system.
 - Health and healthcare education, including health fairs, health education classes (nutrition, vaccinations, navigating the healthcare system) for all ages and outreach. Some participants name specific programs that could benefit from more advertising and community awareness, such as the File of Life program.
 - Collaborations and partnerships with non-profits, businesses and services in the community.
 - Collaborate with the schools and the local college.
 - Partner with athletic teams.
 - Bring healthcare providers into schools.
 - Offer a free clinic at the college.
 - Other collaboration suggestions include increasing ancillary services, “out of the box” care such as art therapy and partnerships with gyms or local businesses to promote physical activity and wellness.
- **What is the greatest health need in this community?**
 - More services for mental health, substance use disorders (SUD) and suicide prevention. (33)
 - Ambulatory and non-emergency transportation. (20)
 - Community care coordination which includes outreach to the community and organizations that can inform individuals about what services are available and care can be coordinated. (11)

Key Informant Interview Findings

Demographics

Eight key informant interviews were held between March 17-31, 2025, to obtain information from community residents about the health of the community. Attendees were asked to anonymously complete a demographic questionnaire. Four of the eight interviewees completed the request. Questions, response options and number of responses are listed below.

- Gender: Male (0), female (3), identify in a different way (0), prefer not to answer (1)
- Age: 18-24 (0), 25-44 (0), 45-54 (1), 55-64 (2), 65-74 (1), 75+ (0), prefer not to answer (0)
- Race/ethnicity: American Indian/Alaska Native (0), Asian (0), Black/African American (0), Pacific Islander/Native Hawaiian (0), White (3), other (0), not sure (0), prefer not to answer (1)
- Hispanic, Latino or Spanish origin: Yes (0), no (3), prefer not to answer (1)
- Language spoken: English (4)
- Employment status: Employed (2), unemployed (1), retired (1)
- Average annual household income:
 - \$0 - \$19,000 (0)
 - \$20K - \$39K (0)
 - \$40K - \$59K (1)
 - \$60K – \$79K (1)
 - \$80K - \$99K (0)
 - \$100K - \$119K (0)
 - \$120K + (1)
 - Not sure (0)
 - Prefer not to answer (1)
- Living with a disability: Yes (0), no (3), prefer not to answer (1)
- Level of education:
 - Less than 9th grade (0)
 - Some high school, no diploma (0)
 - High school degree (2)
 - Technical/trade/vocational school (0)
 - Some college, no degree (0)
 - Associate's degree (0)
 - Bachelor's degree (1)
 - Graduate or professional degree (1)

- Prefer not to answer (0)
- Are you confident you could access healthcare in an emergency? Yes (3), no (0), no response (1)

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 (eight interviewees).
- Demographic information was obtained for four interviewees.

Summary of Major Points

Below are the common themes in responses.

- **Are you surprised about what this data reveals about your community, or is it what you expected? If so, what particular statistic is surprising?**
 - Suicide rates are surprising as some believe this number is low and some are surprised it is so high.
 - Inclusion of Duluth in the county data may skew the numbers, especially for ratios of population to all providers. Some interviewees feel that the ratios appear better than they really are for the Ely community.
 - Surprised cancer rates are high.
 - Not surprised by higher drinking rates.
- **What is your definition of community health?**
 - Access to healthcare providers.
 - Access to high quality services that are needed locally, otherwise a drive to Duluth is required.
 - When people can live their best lives, regardless of the individual. Holistically people can do their best emotionally, physically, economically.
 - Access to outdoor activities.
 - Access to activities where people can get together, meet people and socialize.
- **Are some population groups healthier than other groups? If yes, which ones?**
 - Economically stable individuals.
 - Those who are active and take advantage of outdoor opportunities.
 - People who are staying engaged, volunteering and getting out in community.
- **Are some population groups suffering more than other groups? If yes, which ones?**
 - Older adults

- More health issues.
 - Transportation issues to access healthcare.
 - Might be lacking family support.
 - Those struggling financially
 - Includes middle-income people who cannot afford health insurance but do not qualify for Medicaid.
 - Young people.
 - Those with mental health challenges, not seeking help and silently suffering.
 - There are not enough resources for adults and children. Children may struggle and their parents may as well.
 - No single resource to refer to for mental health services.
 - Caretakers need help.
 - Families with children might struggle to get jobs in the area, many must travel a distance to work and need childcare.
 - Those who are isolated.
- **In your opinion, what are some of the barriers to accessing care in this region?**
 - Transportation
 - Long distance access to some services.
 - Some people do not have transportation.
 - No local transportation services in Ely.
 - Some services are not available locally.
 - Economics (lack of insurance, high deductibles, high cost for out-of-pocket).
 - Poor local access to dentists.
 - **What do you think Ely-Bloomenson Community Hospital could do to increase the health of the community? Where are opportunities to collaborate?**
 - Provide community workers/better coordination of care.
 - It would be helpful to increase connection and partnership between services to help individuals.
 - If EBCH could contract with non-profits or Well Being Development as opposed to seeing the non-profit as “charitable work”.
 - Could drastically change relationships and support the same causes and community members.
 - Could lessen those in chronic disease crisis, lessen emergency department admissions and decrease economic instability.
 - Work more closely with other healthcare organizations.
 - Hospital and EMS services need to work together.

- Some interviewees feel that the hospital owned EMS services are advantageous to provide advanced life support, billing setup, human resources for staff support and better pay.
- Collaboration opportunities.
 - Chiropractor
 - Work with other groups in the community including non-profits.
 - Ely Community Resources.
 - Take the lead in providing job shadowing for students and collaborate with the school.
 - Utilize local businesses instead of contracting out for services.
- **What is the greatest health need in this community?**
 - Overall well-being.
 - Create a feeling of health in the area and see neighbors helping others in need.
 - More holistic care instead of just hospital care.
 - Personal healthcare involves more than a 20-minute check-in with the provider.
 - Advanced life support ambulances.

Conclusion, Recommendations, Priority Setting and Acknowledgements

Conclusion

Ely-Bloomenson Community Hospital (EBCH) contracted with Rural Health Innovations (RHI), a subsidiary of the National Rural Health Resource Center, for CHNA services. In January 2025, RHI conferred with leaders from EBCH to discuss the objectives of a regional CHNA. It was decided that this CHNA would include an electronic community survey, four in-person focus group (FG) interviews, eight key informant interviews (KII) and the inclusion of secondary data from national sources. Data for St. Louis County, Itasca County, Lake County, Minnesota and the U.S. were included when available. Regarding secondary data, FGs and KIIs 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 KIIs.

The population in the three counties is largely White, which is also represented by the survey respondents and FG and KII participants. The highest percentage of residents in all counties in the region is the 65-74-year age group, followed by the 35-44 age group. Twenty percent of FG and KII participants who report demographics are in the 65-74-year age group, though the majority (29%)

are in the 55-64-year age group. The largest age group responding to the survey are the 65-74 years (21.2%) followed closely by the 35-44-year age group (20.4%).

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 St. Louis and Lake counties. Focus group interviewees and KIIs both identify people with lower incomes as a group that struggles with health. It is noted that compared to those in the community who were financially stable, community members living below the poverty level may be less likely to have health insurance, safe housing, ability to afford food/healthier food, childcare, gym/recreational memberships or afford an emergency if one arose. Thirty-eight percent of FGs and KIIs who share demographic information report an income over \$100,000, while 37% report an income between \$60,000 - \$99,000. This is higher than the area's median household income.

Mental health is a common concern among FG and KII responses. Mental health is identified as a health concern by most survey respondents. Those with mental health challenges are identified as a group that struggles more than others due to lack of local resources and services and may be suffering in silence. Focus group and KII respondents are also concerned about children and adolescents with mental health needs. When asked about needed services in the community, participants consistently mention the need for expanded mental health services. These include more trained providers, crisis intervention, community health workers and care coordination, holistic services, providers trained in substance abuse and suicide prevention, support groups, and a public campaign to reduce mental health stigma. Survey data indicates a need for more education around depression and anxiety.

Other groups of particular concern are seniors and young families. Seniors may have more health issues, may require transportation and may have less family support. Young families may need assistance with housing, childcare, employment opportunities and health insurance affordability.

Secondary data indicates that St. Louis, Lake and Itasca counties have higher rates than Minnesota and the U.S. in:

- All cancer incident rate per 100,000
- Adult obesity
- Adults with chronic obstructive pulmonary disease
- Adult current smokers

The counties also have:

- Less access to exercise opportunities
- Poorer ratio of population to dentists

Most of these above issues are not identified by the KIIs and FG interviewees as priorities, however less access to exercise and dental care are mentioned. Survey data identify lack of access to dental

services as the second ranked health concern following mental health. Several KIIs and FG participants believe that the secondary data do not represent the community for these issues.

When asked what EBCH could do to increase the health of the community, both KII and FG participants indicate EBCH could focus on providing more community health workers and improved care coordination. Health education is another area of focus, including more health fairs and health education classes around nutrition, vaccinations and navigating the healthcare system. Increased collaboration and partnerships with organizations is a theme with KII and FG participants. Suggestions include partnering with schools, non-profits, businesses, community services, therapies, EMS, chiropractors, gyms and support groups. Key informants and FG participants commonly identify barriers to accessing healthcare in the community, including limited transportation, lack of awareness of available local services, financial challenges, and insufficient dental, mental health and specialty care.

Recommendations

Mental health continues to be a major concern for the community and is highlighted in all data sources. Concern about lack of dental services is also a focus on the survey data. Other priorities include a focus on wellness, improving coordination of care through community health workers, collaboration with other agencies and EMS and more community health education and outreach.

RHI recommends that EBCH include community partners to address any of the above issues. It is important that hospitals collaborate with public health, other healthcare agencies, schools, faith-based organizations, businesses and social services to identify health improvement goals and design and implement action plans to address these health priorities. Hospitals that make the most progress realize they can no longer try to address complex health improvement challenges alone. The best work is done when passionate community members come together to improve the health of their community.

Priority Setting

In May 2025, two EBCH leadership 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 reviewed the progress on priorities addressed in their previous CHNA. These included:

- Increase access to specialty services

- Increase community awareness and education - focus on specialty services but expand education to include mental health, stigma and organization brand
- Collaborate to Increase Access to Childcare

Through a consensus-based discussion, the group decided to continue to address two of the previous priorities, with some revision, and to add one additional priority. The three priorities are:

- Continue to develop and communicate EBCH's role in local healthcare through branding, awareness and connecting the dots (continued and revised)
- Collaborate to increase access to childcare (continued)
- Create a sustainable solution that meets patient transfer needs including EMS and non-emergency services (new)

Local resources that EBCH can leverage to assist to address these priorities are listed below.

The [Ely Area Community Foundation \(EACF\)](#) is a resource partner for health and wellness to connect community members and non-profit organizations. They have created a robust list of community resources. This organization also supports the [Ely Area Community Hub](#) which is a community centered building offering a multitude of programs and a focal point for community members to contact or stop by for help connecting to community resources. Ely's [Community Care Team](#) should be used to help connect community members to collaborative care. They specialize in helping identify gaps in an individual's care and assisting them with resources.

For transportation needs, there is [Arrowhead Transit](#) which operates in the area. Along with traditional transportation there are other innovative ways transportation needs could be met. There is a program available through Uber called [Uber Health](#). This could be a way to promote independent drivers in the community who could provide non-emergency medical transportation, without the need for a taxicab company.

The state of Minnesota has three programs which would be beneficial to increasing access to childcare through the Department of Children, Youth and Families. The [Child Care Assistance Program](#) provides financial support to families to help pay for childcare. While this program is widely known as a resource for low-income families, the annual income is updated yearly and currently for a family of four in 2025, the income limit is \$64,714. It may be beneficial to ensure the community knows the income limits with this program. Another state resource is the [Postsecondary Child Care Grant Program](#) which provides grant money to pay for childcare for college students who have children. When it comes to childcare workforce the state program [Great Start Compensation Support Payment Program](#) is a way for childcare providers to receive higher wages to provide childcare and the department provides opportunities to help providers get licensed.

Acknowledgements

RHI thanks Ely-Bloomenson Community Hospital and the planning committee which included Jodi Martin and Patti Banks. A special thank you to everyone who gave their time by participating and providing their input in 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. There were 303 responses received in total, with 24 responses omitted from this report for invalid or incomplete data leaving a total of 279 final responses. Most frequently reported survey responses are highlighted with shading in the below tables.

Q1. How would you rate the general health of our community? (Select only ONE response)	Percentage	N = 279
Excellent	3.2%	9
Very good	20.8%	58
Good	54.5%	152
Fair	19.4%	54
Poor	2.2%	6

Q2. What are the THREE most pressing health concerns in our community? (Select up to 3 responses)	Percentage	N = 279
Access to alcohol/drug use services	18.3%	51
Access to dental services	43.4%	121
Access to mental health services	48.8%	136
Access to primary care	15.8%	44
Access to senior care	15.1%	42
Access to specialists	40.1%	112
Access to wellness/prevention services	9.3%	26
Affordable health insurance coverage	26.5%	74
Cancer	6.8%	19
Chronic disease management (such as diabetes, heart failure)	8.6%	24
Coordination of care	8.2%	23

Healthy lifestyles (such as exercise, nutrition)	8.6%	24
Heart disease/stroke	2.9%	8
Hunger	1.1%	3
Obesity	9.0%	25
Personal debt due to medical bills	10.4%	29
Prescription drug affordability	8.2%	23
Reliable health information	2.5%	7
Respiratory disease	0.7%	2
Tobacco/e-cigarettes	2.9%	8
Other (summarized responses below with number if responses reported more than once)	7.2%	20
<ul style="list-style-type: none"> • Ambulance availability and response (4) • Women's health, labor and delivery, prenatal care (4) • Affordable healthy food options (2) • Children's services (2) • Lack of local testing (not all tests are available in Ely, must travel to Duluth or Virginia, Minnesota) • Lack of childcare for infants • No public blood pressure machine • Access to imaging • Veteran's services • Consistency of medical care providers • Chronic diseases of addiction and substance use disorder, and chronic diseases of mental illnesses like depression, anxiety, obsessive compulsive disorder, etc. • Access to orthopedic services including surgeries • Pediatric psychiatry • Mental healthcare • Disability services 		

Q3. Select the THREE items below that you believe are most important for a healthy community. (Select up to 3 responses)	Percentage	N = 279
Acceptance for diversity	11.1%	31
Access to healthcare and other services	60.9%	170

Access to parks and recreation	6.5%	18
Affordable housing	44.4%	124
Arts and cultural events	0.7%	2
Clean environment	13.6%	38
Community involvement	13.3%	37
Cultural sensitivity	1.1%	3
Good jobs and healthy economy	49.8%	139
Good schools	19.7%	55
Healthy behaviors and lifestyles	18.3%	51
Low crime/safe neighborhoods	14.7%	41
Low death and disease rates	1.8%	5
Low level of domestic violence	2.2%	6
Religious or spiritual values	5.0%	14
Senior care	9.3%	26
Strong family life	10.4%	29
Transportation services	11.5%	32
Other (summarized responses below with number if responses reported more than once)	1.8%	5
<ul style="list-style-type: none"> • Affordable food (2) • Empathy and compassion for those that have challenges • Clean water and fluoride • Financial ability to pay for services 		

Q4. What community resources do you rely upon to keep you and your family healthy? (Select all that apply)	Percentage	N = 279
Faith-based organizations	16.9%	47
Fitness club	23.3%	65
Grocery store	66.7%	186
Library	27.6%	77
Hospital/emergency department	62.7%	175

Medical clinic/primary care provider	83.2%	232
Mental health center	12.9%	36
Parks/trails/lakes	54.1%	151
Public health	8.2%	23
Schools	28.3%	79
Senior center	8.6%	24
Social services	8.6%	24
Other (summarized responses below with number if responses reported more than once)	6.1%	17
<ul style="list-style-type: none"> • Pickleball (3) • Ely Folk School (2) • Neighbors (2) • AEOA heat assistance • Free resources such as Food Shelf • Kind community members • Evergreen Cottage • Community educational and cultural events • Teachers, administrators and politicians • Local places to gather and connect • Holistic healer • Northern Lights Clubhouse • Outdoor recreation clubs • Community center (senior center) • Community-based nonprofit agencies • Online fitness programs 		

Q5. In your opinion, what are the top THREE priorities to improve our community's access to healthcare? (Select up to 3 responses)	Percentage	N = 279
Cultural sensitivity	5.7%	16
Expand primary care appointment times	22.9%	64
Financial aid assistance	27.2%	76
Interpreter services	0.4%	1
Improve quality of care	18.3%	51

More frequent health education opportunities	14.7%	41
More primary care providers	54.1%	151
More types of specialists	54.5%	152
More outpatient services	25.8%	72
Telemedicine/virtual visits	16.5%	46
Transportation assistance	26.9%	75
Other (summarized responses below with number if responses reported more than once)	9.0%	25
<ul style="list-style-type: none"> • Staffing a midwife/other labor and delivery service, prenatal care (3) • Home care (3) • Ambulance services, reliable with quick response times (2) • After care that is not emergency room service • More options for free healthcare- especially preventative, women and gender-affirming care • More education availability on preventive medical strategies • More time outside for children at school • Dependable ambulance service • Helping seniors and others navigate new technology (i.e., MyChart, electronic clinic check-in) • Modern medicine and empathy • Urgent care hours • Local mental healthcare • Continued care for veterans and those poorer folks • More home visits by community paramedics, peer recovery specialists and community health workers • Oncologist • Visiting pediatrician and pediatric psychiatry • Substance use disorder supports • Dental care • Sensitivity to compassionate care for those living with disabilities • An actual person at the front desk. 		

Q6. What are the THREE largest gaps in healthcare services in our community? (Select up to 3 responses)	Percentage	N = 279
Availability of services/providers	45.5%	127
Ability to service different languages/cultures	1.1%	3

Affordable prescription drug assistance	11.8%	33
Cancer treatment	13.6%	38
Chronic care management (heart, lung, diabetes, etc.)	15.8%	44
Dental care	52.0%	145
End-of-life care (hospice/palliative care)	5.7%	16
Geriatric care (seniors)	16.5%	46
Healthy lifestyle education	10.4%	29
Mental health services	42.3%	118
Pain management	8.2%	23
Primary care	12.2%	34
Services for low-income people	19.0%	53
Substance use services (drugs and alcohol)	19.0%	53
Other (summarized responses below with number if responses reported more than once)	5.0%	14
<ul style="list-style-type: none"> • Ambulance service (2) • Women's services including gynecology/birthing/midwife (2) • High-speed internet for virtual appointments • Time outside for children • Home care • Housing • Children's services/pediatrics • Orthopedic surgeries including joint replacements • Pediatric psychiatry • Financial communication prior to services • Equity and education in treatment for members of the LGBTQIA+ community • Wait time to get an appointment scheduled • Local specialists 		

Q7. What can be done to improve the health of the community? (Select up to 3 responses)	Percentage	N = 279
Encourage healthy lifestyles and choices	29.8%	83
Increase awareness of the dangers of alcohol and drug use	9.0%	25

Increase the availability of primary care providers, such as family physicians, physician assistants or nurse practitioners	59.1%	165
Increase the availability of mental health services	49.1%	137
Increase the availability of substance use disorder services	16.5%	46
Improved access to telehealth services	14.0%	39
Private rooms for telehealth appointments	3.6%	10
Increased information about available hospital services and how to access them	24.0%	67
Expand availability of lower cost/affordable services	38.7%	108
Offer health education classes	11.5%	32
Other (summarized responses below with number if responses reported more than once)	8.2%	23
<ul style="list-style-type: none"> • Easier access to specialists (rheumatology neurology, cardiology, pulmonary, orthopedics, audiology, etc.) (6) • Access to a dentist (2) • Home care (2) • Expanded pickleball facilities and opportunities (2) • Having an urgent care option, when the clinic is closed but it's not an emergency • Ambulance availability • More time for recess for children at school • Universal healthcare • Free education (including college) • Universal baseline income • Empathy, listening, modern • The hospital can use their power to lobby the city/other entities to improve public health/cityscapes/education/etc. • Housing availability for more than just those that are low income • Increased cancer testing and prevention, especially for veterans • Increase financial stability of community nonprofit agencies that are providing social and emotional programming to the community • More good paying jobs with benefits • Free weight loss program • Better distribution of changes 		

Q8. What is the greatest health education need in our community? (Select only ONE response)	Percentage	N = 279
----------------------------------------------------------------------------------------------------	-------------------	----------------

Alcohol/drug use	12.5%	35
Disease-specific information	5.7%	16
Healthy lifestyles	14.0%	39
Health screenings	16.1%	45
Information translated into other languages	0.0%	0
Mental health	27.2%	76
Obesity preventions	5.4%	15
Oral/dental health	11.1%	31
Reproductive health	3.9%	11
Tobacco/e-cigarette prevention and cessation	1.1%	3
Other (responses below)	2.9%	8
<ul style="list-style-type: none"> • Understanding of the connection between mind, body and spiritual health • Need to inform the public about violence within healthcare systems • Sexual education • More specialists sharing with our local veteran's clinic • Unhealthy lifestyles caused by poverty • Cancer services and providers, treatment available in the Ely area • Healthy aging services 		

Q9. What mental health area needs the most education in our community? (Select only ONE response)	Percentage	N = 76 (dependent on answer to Q10)
Anxiety	14.5%	11
Depression	60.5%	46
Medication management	5.3%	4
Suicide prevention	7.9%	6
Post traumatic stress disorder (PTSD)	2.6%	2
Attention deficit hyperactivity disorder (ADHD)	1.3%	1
Panic attacks/panic disorder	0.0%	0
Eating disorders	0.0%	0
Other (summarized responses below with number if responses reported more than once)	7.9%	6

- All of the above need to be addressed, one is not less important than the other (2)
- I have PTSD and have been treated poorly in the ER, treated like a drug seeker. I'm a rape survivor and have panic attacks for the last 15 years.
- Substance use
- All of them
- Grief, loss and trauma

Q10. Where are you most likely to go for routine healthcare? (Select only ONE response)	Percentage	N = 279
Ely-Bloomenson Community Hospital Emergency Room	3.6%	10
VA clinic	1.4%	4
Essentia Health – Ely Clinic	71.3%	199
Scenic Rivers Clinic	5.4%	15
Essentia Health – Virginia Clinic	4.3%	12
Aspirus Health/St. Luke's – Duluth Hospital	1.1%	3
Essentia Health – Northern Pines Clinic, Aurora	0.4%	1
Fairview Clinic – Virginia	2.2%	6
Health department	0.0%	0
Physician's office	2.5%	7
Not applicable, because I do not receive routine healthcare	1.8%	5
Other (summarized responses below with number if responses reported more than once)	6.1%	17
<ul style="list-style-type: none"> • Out of town/area (2) • Bois Forte Clinic (2) • Babbitt if I had the option • Essentia Health Duluth Clinic (neurology) • Duluth • St. Mary's in Duluth • Mostly at Ely-Bloomenson Hospital, but when my care is not available, I go to Duluth Essentia Clinic or Virginia Essentia Clinic • Fairview Range • Essentia Hermantown Clinic • St. Luke's Laurentian • My specialist is in Aspirus St. Luke's Laurentian Clinic in Mt. Iron 		

- The cities
- Essentia Health - Duluth
- Essentia Health Hibbing

Q11. In the past three years, have you or a household member received care in a hospital (such as a hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology or emergency care)? (Select only ONE response)	Percentage	N = 279
Yes	84.2%	235
No	15.4%	43
Don't know/not sure	0.4%	1

The survey response options for the question below were incorrectly listed in the survey. They should have included:

- Ely-Bloomenson Community Hospital
- Essentia Health – Virginia Hospital (2)
- Cook Hospital (2)
- Essentia Health – Duluth Hospital (12)
- Aspirus Health/St. Luke's – Duluth Hospital (2)
- Mayo Clinic – Rochester, MN (2)
- Essentia Health – Northern Pines Hospital, Aurora (0)
- Fairview – Hibbing (2)
- Abbott Northwestern (2)
- Other (please specify)

*The number in parenthesis is the number of times that hospital was specified under “other.” EBCH is aware of this error and chose to include the above results in the report.

Q12. Which hospital does your household use the MOST for hospital care? (Select only ONE response)	Percentage	N = 235 (dependent on answer to Q11)
Ely-Bloomenson Community Hospital Emergency Room	52.3%	123
VA clinic	1.3%	3
Essentia Health – Ely Clinic	20.0%	47
Scenic Rivers Clinic	2.1%	5

Essentia Health – Virginia Clinic	5.5%	13
Aspirus Health/St. Luke's – Duluth Hospital	3.0%	7
Essentia Health – Northern Pines Clinic, Aurora	0.4%	1
Fairview Clinic – Virginia	0.9%	2
Health department	0.0%	0
Physician's office	0.4%	1
Not applicable, because I do not receive routine healthcare	0.4%	1
Other (summarized responses below with number if responses reported more than once)	13.6%	32
<ul style="list-style-type: none"> • Essentia St. Mary's – Duluth (8) • Essentia Health Duluth (4) • Cook Community Hospital (2) • EBCH (2) • Abott Northwestern (2) • Mayo Clinic (2) • Fairview Range (2) • Virginia Hospital (2) • Duluth • Children's, MN • Outpatient care, infusion care, at the hospital • Good Shepherd, Hermiston, Oregon • My wife uses Scenic Rivers; I am a vet and uses VA • Abbott Northwestern Hospital - Minneapolis Heart Institute • My household hasn't had to use any type of Emergency Services, only Radiology for imaging as an outpatient, labs at the EH Ely Clinic & the occasional routine physical. • Mayo in Rochester • St. Luke's Laurentian Clinic • Pediatric need, Aspirus Health/St. Luke's. 		

Q13. Thinking about the hospital you use most frequently, what are the THREE most important reasons for selecting that hospital? (Select up to 3 responses)	Percentage	N = 279
Cost of care	6.1%	17
Closest to home	75.6%	211
Closest to work	9.0%	25

Emergency, no choice	33.0%	92
Hospital's reputation for quality	34.4%	96
Prior experience with hospital	42.7%	119
Recommended by family or friends	9.3%	26
Referred by physician	17.6%	49
Required by insurance plan	12.2%	34
VA/military requirement	1.1%	3
Other (summarized responses below with number if responses reported more than once)	9.0%	25
<ul style="list-style-type: none"> • Specialists (8) • Access to services (4) • Knowing the staff/feel known as a patient (2) • My doctor is there • In network at the time, I had solo insurance • Don't know what services are offered • Empathy and care coordination • Amazing staff • Patient care • Child life staff • Excellent care • It's the only one within an hour's drive • Really great people • We live in Embarrass and choose Ely for our care because of the small town, personable doctors, they know our family well, the staff at EBCH is highly trained and professional • Closest non-Essentia facility 		

Q14. Where do you learn about ways to live a healthier life? (Select all that apply)	Percentage	N = 279
Email or newsletter	22.9%	64
Faith-based organization	6.5%	18
Fitness center	19.4%	54
Friends/family	45.5%	127
Healthcare provider	47.7%	133

Health fairs or other health-related community events	13.6%	38
Newspaper	10.0%	28
Phone apps	18.6%	52
Public health	11.1%	31
Radio	5.7%	16
Social media	48.4%	135
Television	13.6%	38
Text message	1.8%	5
Website or other (summarized responses below with number if responses reported more than once)	15.8%	44

- Research on the internet (3)
- Books (2)
- Mayo Clinic and Cleveland Clinic (2)
- I read health-related articles from reputable sources but not from the general internet
- YouTube for exercises, news for availability of vaccines locally
- Reddit groups
- Health/exercise websites
- I read a lot
- People's CDC
- Chiropractor
- My work - I work for a medical tech company
- Learning about a healthier lifestyle is not really a relevant question - people's material circumstances need to change for community health to truly improve. If people cannot afford produce, meat, eggs, healthcare, housing, etc. and do not have time to care for themselves, to rest and get proper sleep, to go to therapy, to exercise, etc., then the extent of their "wellness" or "healthy lifestyle" education is moot.
- Outdoor and adventure
- Mayo Clinic, WebMD, CDC, Livestrong, GoodRX, Cleveland Clinic, Google searches
- Dr. Eric Berg on YouTube
- Books, podcasts (not a website, but there was no option for either of these)
- Squat University
- Higher education
- Researching autoimmune disorders and diet/lifestyle changes online
- Substack
- My health insurance website
- My insurance company
- Mayo Clinic

- Generally, read about stuff on the internet
- Google
- I rely on a variety of sources, from reading my own material (published books and studies) to my doctor to family/friends. I have never found any one source, even doctor/clinic, to be suitable to cover all the necessary aspects of health.
- Self-common sense and long healthy lifestyle and I care about myself and my wife's
- YouTube
- Classes such as the fasting method, podcasts, Google, Chat GPT
- Holistic healer
- Web MD, Mayo Clinic, a variety of others
- Mayo Clinic website
- I've always tried to live a healthy lifestyle and read articles or google on the internet for resources.
- Websites/lists
- Different health blogs, food blogs, fitness blogs/YouTube channels, etc.
- General research
- Extensive research on my own
- Family in the medical field
- Podcasts

Q15. Overall, how would you rate your personal health? (Select only ONE response)	Percentage	N = 279
Excellent	6.1%	17
Very good	40.5%	113
Good	40.1%	112
Fair	11.5%	32
Poor	1.8%	5

Q16. What are the top THREE things you do to stay healthy? (Select up to 3 responses)	Percentage	N = 279
Don't drink/limit alcohol	34.1%	95
Don't smoke	50.2%	140
Drink water	35.8%	100
Eat healthy	37.3%	104
Exercise	39.1%	109

Get annual check-ups	32.6%	91
Get proper sleep	13.3%	37
Go to the dentist	12.5%	35
Participate in church/faith-based activities	3.2%	9
Participate in outdoor activities	17.6%	49
Read/educate yourself	12.2%	34
Stay positive	8.2%	23
Other (responses below)	0.7%	2
<ul style="list-style-type: none"> I have a job that pays me enough to afford groceries, health services and time to rest and enjoy hobbies. This is less about my personal choices and more about the systems that I have benefited from as a white, middle-income, educated person. 		

Q17. How often do you get the social and emotional support you need? (Select only ONE response)	Percentage	N = 279
Always	20.1%	56
Usually	45.5%	127
Sometimes	24.0%	67
Rarely	8.6%	24
Never	1.8%	5

Q18. What type of health insurance covers the MAJORITY of your household's medical expenses? (Select only ONE response)	Percentage	N = 279
Agricultural Corp. paid	0.0%	0
Commercial plan	9.7%	27
Employee sponsored	45.2%	126
Healthy Kids/Children's Health Insurance Program (CHIP)	0.0%	0
Health savings account	2.9%	8
Indian or tribal health services	0.0%	0
Medicare or Medicare supplement	29.4%	82

Medicaid	5.4%	15
VA/military	1.1%	3
No health insurance	2.2%	6
Other (summarized responses below with number if responses reported more than once)	4.3%	12
<ul style="list-style-type: none"> • UCare (4) • MNsure (2) • Medical assistance (2) • I have employer healthcare, but it is extremely expensive, and I would not say it covers my medical expenses outside of an emergency. • Marketplace group sponsored private • Out of pocket • Blue Cross Blue Shield 		

Q19. Is there anyone in your household who is NOT covered by health insurance? (Select only ONE response)	Percentage	N = 279
Yes	5.0%	14
No	94.3%	263
Don't know/not sure	0.7%	2

Q20. Why do these individuals NOT have health insurance? (Select all that apply)	Percentage	N = 14 (dependent on answer to Q19)
Cannot afford to pay for health insurance	85.7%	12
Choose not to have health insurance	7.1%	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	50.0%	7
Too difficult to apply	21.4%	3
Not applicable, everyone in my household has insurance	0.0%	0

Q21. Are you confident that you could access healthcare in an emergency? (Select only ONE response)	Percentage	N = 279
Yes	88.5%	247
No	11.5%	32

Q22. Why are you not confident that you could access healthcare in an emergency? (Select all that apply)	Percentage	N = 32 (dependent on answer to Q21)
Wouldn't know what to do	6.3%	2
Personal/bad experience with EMS transport	25.0%	8
Lack of personal vehicle	9.4%	3
Lack of ability to call 911	3.1%	1
Other (summarized responses below with number if responses reported more than once)	71.9%	23
<ul style="list-style-type: none"> • Local EMS reputation, including staffing (8) • Concerns with emergency care at EBCH (3) • Lack of paramedics on the ambulance • I don't always have a phone, and I don't drive, and I don't have anyone checking on me • Can't always drive in an emergency • Might not be near cell phone • Not sure care will exist. Not worth the cost. • Live 17 miles from town • I'd be so scared of the bill to come later that depending on the severity or non-severity of the circumstance, I might think twice about getting the care I need. • Distance in an emergency and availability of EMS services • Shortage of staff • Too far away from services (living remotely without cell service) • Lack of ambulance services, timely response of EMS • I would not choose EBCH because insurance does not cover- need Essentia coverage- Virginia closest • Availability of ambulances • Poor reputation of local care • Weather can hinder air transport, and we often do not have a local ambulance crew available 		

Q23. What is your zip code? (Select only ONE response)	Percentage	N = 279
55731	77.4%	216
55782	2.5%	7
55706	11.1%	31
55796	1.8%	5
55790	5.0%	14
55607	0.0%	0
Other (summarized responses below with number if responses reported more than once)	2.2%	6
<ul style="list-style-type: none"> • 55732 (3) • 55792 • 55746 • 55708 		

Q24. What is your age range? (Select only ONE response)	Percentage	N = 279
0-17	0.0%	0
18-24	0.7%	2
25-34	15.4%	43
35-44	20.4%	57
45-54	16.9%	47
55-64	16.9%	47
65-74	21.2%	59
75+	8.6%	24
Prefer not to answer	0.0%	0

Q25. Are you male or female, or do you identify in a different way? (Select only ONE response)	Percentage	N = 279
------------------------------------------------------------------------------------------------	------------	---------

Male	19.0%	53
Female	78.5%	219
Identify in a different way	0.4%	1
Prefer not to answer	2.2%	6

Q26. What is the highest level of education you have completed? (Select only ONE response)	Percentage	N = 279
Some high school, no diploma	0.0%	0
High school diploma/GED	4.3%	12
Technical/trade/vocational school graduate	10.4%	29
Some college, no degree	17.9%	50
Associate's degree	16.5%	46
Bachelor's degree	29.8%	83
Graduate or professional degree	20.1%	56
Prefer not to answer	1.1%	3

Q27. Are you of Hispanic, Latino or Spanish origin? (Select only ONE response)	Percentage	N = 279
Yes	1.1%	3
No	94.6%	264
Prefer not to answer	4.3%	12
Don't know/not sure	0.0%	0

Q28. What race/ethnicity do you most identify with? (Select all that apply)	Percentage	N = 279
American Indian/Native American	2.9%	8
Asian	0.4%	1
Black/African American	0.4%	1
Pacific Islander/Native Hawaiian	0.4%	1

White	92.8%	259
Don't know/not sure	1.1%	3
Prefer not to answer	3.9%	11
Other (responses below)	1.1%	3
<ul style="list-style-type: none"> • Slovenian • European • Caucasian 		

Q29. Which language do you speak? (Select all that apply)	Percentage	N = 279
English	99.3%	277
Spanish	1.4%	4
French	0.7%	2
Portuguese	0.4%	1
Arabic	0.0%	0
Mandarin	0.0%	0
Hindi	0.0%	0
Prefer not to answer	0.4%	1
Other (responses below)	1.1%	3
<ul style="list-style-type: none"> • Turkish • German 		

Q30. What is your average annual household income? (Select only ONE response)	Percentage	N = 279
\$0-\$19,000	3.9%	11
\$20,000 - \$39,000	15.4%	43
\$40,000 - \$59,000	15.4%	43
\$60,000 - \$79,000	14.0%	39
\$80,000 - \$99,000	11.8%	33
\$100,000 - \$119,000	8.2%	23

\$120,000+	22.9%	64
Not sure	1.1%	3
Prefer not to answer	7.2%	20

Q31. Are you living with a disability? (Select only ONE response)	Percentage	N = 279
Yes	12.5%	35
No	85.3%	238
Prefer not to answer	2.2%	6

Q32. What is your employment status? (Select only ONE response)	Percentage	N = 279
Employed	63.1%	176
Unemployed	2.5%	7
Retired	28.7%	80
Prefer not to answer	2.2%	6
Other (summarized responses below with number if responses reported more than once)	3.6%	10
<ul style="list-style-type: none"> • Self-employed (6) • Part-time (2) • Homemaker • Seasonal 		

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 B for source details and definitions. Please note, the data collected for this report is the most current information as of March 2025. The types of measures selected to analyze in this report were identified based on data available for St. Louis County, Lake County, Itasca County, Minnesota and the U.S.

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

NR=not reported, DNA= data not available

Geography and Demographics

Demographics	St. Louis	Lake	Itasca	MN	U.S.
Total population	200,514	10,911	45,141	5,737,915	334,914,896
Male	50.4%	52.0%	50.6%	50.0%	49.5%
Female	49.6%	48.0%	49.4%	50.0%	50.5%
Age 0-4	4.2%	4.5%	4.9%	5.7%	5.5%
Age 5-9	5.0%	5.6%	5.5%	6.1%	5.9%
Age 10-14	5.8%	5.5%	5.9%	6.7%	6.3%
Age 15-19	7.0%	4.5%	6.0%	6.7%	6.6%
Age 20-24	8.6%	4.6%	4.4%	6.1%	6.5%
Age 25-34	11.1%	8.9%	9.6%	12.9%	13.5%

Age 45-54	12.2%	11.5%	11.3%	13.7%	13.4%
Age 55-64	11.3%	11.0%	11.5%	11.6%	12.1%
Age 65-74	5.5%	9.2%	7.0%	5.9%	6.0%
Age 75-84	7.3%	7.4%	8.6%	6.7%	6.5%
Age 85+	13.3%	16.0%	15.2%	10.6%	10.4%
White	89.7%	95.5%	89.4%	76.7%	60.5%
Black	1.3%	0.4%	0.7%	7.2%	12.1%
Native American/ Alaska Native	1.3%	0.2%	2.6%	0.9%	1.0%
Asian	1.2%	0.2%	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%	0.2%	0.6%	2.8%	7.4%
Multiple races	5.3%	3.4%	6.4%	7.1%	12.8%
Hispanic or Latino	2.0%	1.4%	1.5%	6.4%	19.4%
Veterans	7.9%	7.9%	9.8%	5.7%	6.1%
Speak English less than "well"	0.9%	0.2%	0.5%	4.6%	8.4%

Health Outcomes

Health Outcomes	St. Louis	Lake	Itasca	MN	U.S.
Life expectancy	77.7	80.7	77.1	79.7	77.6
Premature death	7,800	4,100	9,500	6,100	8,000
Fair or Poor Health	14%	12%	14%	12%	14%
Poor physical health days	3.2	3.0	3.2	2.7	3.3
Poor mental health days	5.1	4.3	4.4	4.3	4.8
Low birth weight	7%	6%	7%	7%	8%
Diabetes prevalence	9%	8%	9%	8%	10%
Suicide death rate	23.4	DNA	DNA	14.2	14.7
Heart disease	69.3	60.1	88.3	59.7	91.1
COPD	6.8%	8.0%	7.3%	4.7%	6.4%
Asthma	10.4%	9.9%	10.3%	8.8%	8.0%
All cancer sites	494.1	505.1	493.1	480.0	444.4
Prostate (male)	126.6	121.8	90.3	117	113.2
Breast (female)	124.1	129.6	128.8	140.4	129.8
Colon and Rectum	40.8	40.3	35.0	36.1	36.4
Uterus (female)	25.9	DNA	32.1	30.2	27.8
Melanoma	35.3	34.6	40.2	37.3	22.7

Social and Economic

Social and Economic	St. Louis	Lake	Itasca	MN	U.S.
Less than 9th grade education	1.6%	1.3%	1.1%	2.5%	4.6%
Some high school, no diploma	2.7%	5.5%	4.3%	3.2%	5.6%
High school degree	25.6%	30.8%	30.6%	23.3%	25.9%

Some college, no degree	22.4%	22.4%	24.3%	19.1%	18.9%
Associate's degree	14.0%	14.1%	14.6%	11.9%	8.8%
Bachelor's degree	21.2%	16.1%	16.3%	25.9%	21.8%
Graduate or professional degree	12.4%	9.6%	8.8%	14.0%	14.3%
Unemployment rate	3.2%	3.9%	4.6%	2.8%	3.6%
Median household income	\$63,141	\$73,724	\$66,958	\$82,343	\$74,755
Poverty	14.7%	8.6%	11.8%	9.6%	12.6%
Children in poverty	13.2%	6.5%	14.6%	10.9%	16.3%
Residential segregation: non-white/white	71	DNA	74	63	63
Childcare cost burden	36%	30%	29%	30%	27%
Childcare centers	8	10	7	6	7
Injury deaths	95	86	113	73	80

Health Behaviors

Health Behaviors	St. Louis	Lake	Itasca	MN	U.S.
Current smokers	18%	17%	20%	14%	15%
Physical inactivity	22%	21%	22%	20%	23%
Access to exercise opportunities	81%	79%	66%	86%	84%
Adult obesity	35%	35%	41%	32%	34%
Food insecurity	9%	7%	9%	7%	10%
Excessive Drinking	26%	26%	24%	23%	19%
Drug overdose deaths	32	DNA	24	22	31
Teen birth rate	11	15	17	10	17

Physical Environment

Physical Environment	St. Louis	Lake	Itasca	MN	U.S.
Air pollution - particulate matter	6.1	4.2	5.2	6.1	7.4
Drinking water violations	No	No	No	DNA	DNA
Severe housing problems	13%	12%	14%	13%	17%
Households with no motor vehicle	8.3%	3.9%	5.0%	6.5%	8.3%

Clinical Care

Clinical Care	St. Louis	Lake	Itasca	MN	U.S.
Uninsured	5.8%	6.3%	6.0%	5.4%	9.5%
Uninsured children	3.7%	4.6%	3.5%	3.3%	5.1%
Access to primary care physicians	810:1	1,100:1	980:1	1,130:1	1,330:1
Access to mental health providers	290:1	780:1	290:1	300:1	320:1
Access to dentists	1,020:1	2,190:1	1,260:1	1,290:1	1,360:1
Access to other primary care providers	460:1	2,730:1	900:1	660:1	760:1
Medicare patients with mammogram within past two years	33%	32%	41%	41%	36%
Medicare patients with annual influenza vaccination	41%	43%	39%	49%	44%
Emergency department visit rate by Medicare diabetics (per 1,000 beneficiaries)	9	6	10	8	7
Adults over age 50 ever reporting having a colonoscopy or sigmoidoscopy	5%	6%	8%	5%	7%

Appendix C: Index of Secondary Data Indicators

Demographics	Description	Source and Dates
Population	Total population residing in the area.	American Community Survey , United States Census Bureau. 2023.
Male	Percent of male population.	American Community Survey , United States Census Bureau. 2023.
Female	Percent of female population.	American Community Survey , United States Census Bureau. 2023.
Age 0-4	Percentage of total population aged 0-4 in the designated geographic area.	American Community Survey , United States Census Bureau. 2023.
Age 5-9	Percentage of total population aged 5-9 in the designated geographic area.	American Community Survey , United States Census Bureau. 2023.
Age 10-14	Percentage of total population aged 10-14 in the designated geographic area.	American Community Survey , United States Census Bureau. 2023.
Age 15-19	Percentage of total population aged 15-19 in the designated geographic area.	American Community Survey , United States Census Bureau. 2023.
Age 20-24	Percentage of total population aged 20-24 in the designated geographic area.	American Community Survey , United States Census Bureau. 2023.
Age 25-34	Percentage of total population aged 25-34 in the designated geographic area.	American Community Survey , United States Census Bureau. 2023.
Age 35-44	Percentage of total population aged 35-44 in the designated geographic area.	American Community Survey , United States Census Bureau. 2023.
Age 45-54	Percentage of total population aged 45-54+ in the designated geographic area.	American Community Survey , United States Census Bureau. 2023.
Age 55-59	Percentage of total population aged 55-59 in the designated geographic area.	American Community Survey , United States Census Bureau. 2023.
Age 60-64	Percentage of total population aged 60-64 in the designated geographic area.	American Community Survey , United States Census Bureau. 2023.

Age 65-74	Percentage of total population aged 65-74 in the designated geographic area.	American Community Survey , United States Census Bureau. 2023.
Age 75-84	Percentage of total population aged 75-84 in the designated geographic area.	American Community Survey , United States Census Bureau. 2023.
Age 85+	Percentage of total population aged 85+ in the designated geographic area.	American Community Survey , 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.	American Community Survey , 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.	American Community Survey , 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.	American Community Survey , 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	American Community Survey , United States Census Bureau. 2023.

	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.	
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.	American Community Survey , 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".	American Community Survey , 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",	American Community Survey , 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.	American Community Survey , United States Census Bureau. 2023.
Veterans	Percent of the civilian population 18 years of age and older who served in the U.S. military.	American Community Survey , United States Census Bureau. 2023.
Speak English less than "well"	Percent of population that speak English less than "very well"	American Community Survey , United States Census Bureau. 2023.
Life expectancy	Average number of years a person can expect to live.	County Health Rankings . 2019-2021.
Premature Death	Years of potential life lost before age 75 per 100,000 population (age adjusted)	County Health Rankings . 2019-2021.
Fair or poor health	Percentage of adults reporting fair or poor health (age-adjusted).	County Health Rankings . 2021.
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	County Health Rankings . 2021.
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	County Health Rankings . 2021.
Low birth weight	Percentage of live births with low birthweight (< 2,500 grams).	County Health Rankings . 2016-2022.
Suicide death rate	Crude rate per 100,000 population of deaths with leading cause of death as suicide.	Centers for Disease Control and Prevention (CDC), WONDER. Suicide and Self-Inflicted Injury . 2023.
Diabetes prevalence	Percentage of adults aged 20 and above with diagnosed diabetes.	County Health Rankings . 2021.
Heart Disease	Percentage of adults with coronary heart disease (not age-adjusted)	Centers for Disease Control and Prevention (CDC) Interactive Atlas of Heart Disease and Stroke . 2019-2021.

COPD	Percentage of adults with COPD (not age-adjusted)	COPD Risk Factors and Rurality , Population Health Toolkit, National Rural Health Resource Center. 2022. Centers for Disease Control and Prevention (CDC) , 2022.
Diagnosis of Asthma 18+	Percent of adults currently living with asthma	CDC Places , 2022. CDC Asthma , 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.	State Cancer Profiles , 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	State Cancer Profiles , 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	State Cancer Profiles , 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	State Cancer Profiles , 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	State Cancer Profiles , 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	State Cancer Profiles , 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.	County Health Rankings . 2021.
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).	County Health Rankings . 2021.
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).	County Health Rankings . 2021.
Drug overdose deaths	Number of drug poisoning deaths per 100,000 population.	County Health Rankings . 2019-2021.
Less than 9th grade education	Population 25 years and over without a high school degree.	American Community Survey , United States Census Bureau. 2023.
9th to 12th grade, no diploma	Population 25 years and over 9th to 12th grade education but no diploma.	American Community Survey , United States Census Bureau. 2023.

High School Degree (includes equivalency)	Population 25 years and over with a high school degree (including equivalency).	American Community Survey , United States Census Bureau. 2023.
Some college, no degree	Population 25 years and over with some college but no degree.	American Community Survey , United States Census Bureau. 2023.
Associate degree	Population 25 years and over with an associate degree.	American Community Survey , United States Census Bureau. 2023.
Bachelor's Degree	Population 25 years and over with a bachelor's degree.	American Community Survey , United States Census Bureau. 2023.
Graduate or Professional Degree	Population 25 years and over with a graduate or professional degree	American Community Survey , United States Census Bureau. 2023.
Unemployment rate	Unemployment rates, not seasonally adjusted.	U.S. Bureau of Labor Statistics . 2023.
Median household income	Median income of households in the geographic area.	Small Area Income and Poverty Estimates (SAIPE) . 2022.
Poverty	Percent of all individuals below the poverty level.	American Community Survey , United States Census Bureau. 2022.
Children in poverty	Percent of children below 18 years old below the poverty level.	American Community Survey , 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).	County Health Rankings . 2018-2022.

	The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation).	
Injury deaths	Number of deaths due to injury per 100,000 population (includes planned (e.g., homicide or suicide) and unplanned (e.g., motor vehicle deaths) injuries).	County Health Rankings . 2017-2021.
Current smokers	Percentage of adults who are current smokers (smoke every day or most days and have smoked at least 100 cigarettes in their lifetime).	County Health Rankings . 2021.
Physical inactivity	Percentage of adults aged 20 and over reporting no leisure-time physical activity in the past month (such as running, calisthenics, golf, gardening, or walking for exercise)	County Health Rankings . 2021.
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).	County Health Rankings . 2023.
Teen birth rate	Number of births per 1,000 female population ages 15-19.	County Health Rankings . 2016-2022.
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	County Health Rankings . 2019.
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.	County Health Rankings . 2022.
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding,	County Health Rankings . 2016-2022.

	high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	
Household with no motor vehicle	Among occupied housing units, percentage of housing units with no vehicles available	Vehicles Available , American Community Survey, United States Census Bureau. 2023.
Uninsured	Percentage of the population under age 65 without health insurance.	Small Area Income and Poverty Estimates (SAIPE) . 2022.
Uninsured children	Percentage of population under age 18 without health insurance.	Small Area Income and Poverty Estimates (SAIPE) . 2022.
Access to primary care physicians	Ratio of population to primary care physicians (practicing non-federal physicians (M.D.s and D.O.s) under age 75 specializing in general practice medicine, family medicine, internal medicine and pediatrics).	County Health Rankings . 2021.
Access to other primary care providers	Ratio of population to other primary care providers (practicing nurse practitioners (NP), physician assistants (PA) and clinical nurse specialists).	County Health Rankings . 2023.
Access to mental health providers	Ratio of population to mental health providers (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental healthcare).	County Health Rankings . 2023.
Access to dentists	Ratio of population to dentists (registered dentists with a National Provider Identification).	County Health Rankings . 2022.
Had a Mammogram in Past 2 Years, Medicare Patients	Percentage of Medicare population that had a mammogram in the past 2 years.	Mapping Medicare Disparities by Population , 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.	<u>Mapping Medicare Disparities by Population</u> , 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	<u>Mapping Medicare Disparities by Population</u> , 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.	<u>Mapping Medicare Disparities by Population</u> , Centers for Medicare and Medicaid Services. 2023.

Appendix D: Focus Group Invitations and Questions

Dear Ely-Bloomenson Area Community Leader:

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

This information will be used for strategic planning, grant applications, new programs and by community groups interested in addressing health in the region. This process will help to maintain quality healthcare in the community. Participants for focus groups were identified as those living in the area that represent different groups of healthcare users including seniors, family caregivers, business leaders and healthcare providers. Whether you or a family member are involved with local healthcare services or not, this is your chance to help guide high quality local health services in the future.

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

Focus Groups Available (select 1)

- March 25, 2025, from 7 am - 9 am at Ely Folk School (209 E. Sheridan St., Ely, MN)
- March 25, 2025, from 5 pm - 7 pm at the Grand Ely Lodge (400 N Pioneer Rd., Ely, MN)
- March 26, 2025, from 8 am - 10 am at the Babbitt City Hall Conference Room (71 S. Drive, Babbitt, MN)
- March 26, 2025, from 12 pm - 2 pm at the Tower Civic Center (402 Pine St., Tower, MN)

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

Please confirm your attendance by contacting Molly Carmack at the National Rural Health Resource Center by e-mail (mcarmack@ruralcenter.org) or phone (248-884-1029) by 3/17/25. We look forward to your participation. Thank you.

Sincerely,

Tracy Morton

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

EBCH Focus Group Questions

The questions below are the types of questions that will be asked during this focus group. The purpose of this focus group is to identify the strengths and needs of health services in the 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 Ely-Bloomenson Community 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?

EBCH Focus Group Demographic Questions

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.

Are you confident you could access healthcare in an emergency? ☐ Yes ☐ No

If you answered NO, why are you not confident?

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

☐ Age 18-24

☐ Age 65-74

☐ Age 25-44

☐ Age 75+

- ☐ Age 45-54 ☐ Prefer not to answer
☐ Age 55-64

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

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

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

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

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

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

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

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

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

☐ Yes

☐ No

☐ Prefer not to answer

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

☐ Employed

☐ Other (please specify) _____

☐ Unemployed

☐ Prefer not to answer

☐ Retired

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

☐ Some high school, no diploma

☐ Associate's degree

☐ High School Diploma/GED

☐ Bachelor's degree

☐ Technical/trade/vocational school graduate
degree

☐ Graduate or professional
degree

☐ Some college, no degree

☐ Prefer not to answer

Appendix E: Key Informant Invitation and Questions

Dear Ely-Bloomenson Area Community Leader:

You have been identified as a leader in the community, and we would like to hear from you about your perspectives on the health of the community. Please accept this invitation to participate in a key informant interview conducted by Rural Health Innovations, LLC, a subsidiary of the National Rural Health Resource Center on behalf of Ely-Bloomenson Community Hospital. The purpose of the interview will be to identify strengths and needs of community health for the region.

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

We invite you to participate in a one-hour, one-on-one, virtual interview during the week of: 3/17/25. Your help is very much appreciated in this effort. Please confirm your willingness to participate by 3/12/25. Your identity is not part of the report, and your individual responses will be kept confidential.

Virtual Interview Availability (please select up to 3 times that would be convenient for you):

- Monday 3/17 at 9 am, 12 pm, or 1 pm CT
- Tuesday 3/18 at 11:30 am CT
- Wednesday 3/19 at 12 pm or 1 pm CT
- Thursday 3/20 at 9 am CT
- Friday 3/21 at 10 am, 11 am, or 12 pm CT

Please confirm your attendance by contacting Molly Carmack at the National Rural Health Resource Center by e-mail (mcarmack@ruralcenter.org) or phone (248-884-1029) by 3/12/25. We look forward to your participation. Thank you.

Sincerely,



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

EBCH KSI Questions

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

1. Are you surprised about what this data reveals about your community, or is it what you expected?
2. Do you find any particular statistic surprising?
3. 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 Ely-Bloomenson Community 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?

EBCH KSI Demographic Questions

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.

Are you confident you could access healthcare in an emergency? ☐ Yes ☐ No

If you answered NO, why are you not confident?

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 | |

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

- | | |
|------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer |

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

- | | |
|-----------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Pacific Islander/Native Hawaiian | <input type="checkbox"/> Prefer not to answer |

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

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

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

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

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

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

- ☐ Yes ☐ No ☐ Prefer not to answer

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

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

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

☐ Some high school, no diploma

☐ Associate's degree

☐ High School Diploma/GED

☐ Bachelor's degree

☐ Technical/trade/vocational school graduate

☐ Graduate or Professional

Degree

☐ Some college, no degree

☐ Prefer not to answer