Rainy Lake Medical Center

Community Health Needs Assessment

Focus Group Findings, Key Informant Interviews and Secondary Data Analysis

October 2025

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Introduction

A Community Health Needs Assessment (CHNA) serves multiple purposes. It is an opportunity for a hospital or public health department to connect with community members and partner organizations to discover how they rate the health of their community and to understand what they identify as the region's key health issues and opportunities. CHNAs are also an opportunity to advance health for all by identifying existing health inequities and working in collaboration to remove obstacles to health and well-being. After a discovery phase, the CHNA process is an opportunity to work with community partners to design strategies and actions that address the prioritized health needs of the community to improve 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] CHNAs seek to develop strategies to address a community's health needs.

Rainy Lake Medical Center (RLMC) contracted with Rural Health Innovations (RHI), a subsidiary of the National Rural Health Resource Center, for CHNA services. In June 2025, RHI and RLMC met to discuss the objectives of a regional CHNA.

A secondary data analysis, a series of focus groups, and key informant interviews were conducted. Secondary data were collected from nationally recognized sources (Appendix B). The findings for all secondary data included in this report are in the sections that follow. When relevant information from the focus groups and key informant interviews is available, that is included in the narratives with the secondary data. A full summary of the methodology and findings of the focus groups and key informant interviews are discussed later in the report.

Methodology

Focus Groups

Four focus groups were scheduled to be held on August 5-6, 2025, to obtain information from residents for the RLMC CHNA. The RLMC leadership team initially provided names, demographics and contact information for 44 potential participants. Hospital leadership contacted all nominees with information about the invitation that RHI would be sending and encouraged attendance. RHI reached out to all 44 nominees with an invitation to participate. Participants could choose to attend the focus group meeting of their preference based on their availability. The hospital also published a public invitation to the focus groups for anyone in the community and the surrounding area to attend. All four focus groups were held in-person at the Backus Community Center in International Falls, Koochiching County, MN. Participants included seniors, representatives from businesses, healthcare consumers, active healthcare providers, parents, school representatives and lifelong residents.

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[1] IRS. "Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(r)(3)," July 15, 2025. https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3.

Thirteen individuals attended the meetings. Participants were asked to anonymously complete a demographic questionnaire to gather information and all 13 of the participants completed the request (Appendix D).

Each focus group was two hours in length and included an overview of the CHNA purpose. Secondary data was presented to participants at the beginning of each focus group and included information about the community population by race and ethnicity, age range, the percentage of unemployment and percentage of those living in poverty. Data was shared regarding quality-of-life variables such as rates of diabetes, coronary heart disease, chronic obstructive pulmonary disease and suicide. Ratios of population to primary care providers, dentists and mental health providers were also presented. The same questions were asked at each focus group (Appendix D). Focus group comments reflect the perceptions of the individuals.

Key Informant Interviews

Eight key informant interviews (KIIs) were planned to occur between July 30-August 14, 2025, to obtain information from community residents for the RLMC CHNA. The hospital provided names, demographics and contact information for ten potential participants. Hospital leadership contacted all nominees, informing them of the email invitation to come from RHI and encouraged attendance. The names of four additional potential participants were provided by a focus group attendee. RHI contacted all nominees with an invitation to participate. Three interviews were successfully conducted. All interviews were held virtually. Participants included representatives from healthcare, service agencies, faith-based groups and lifelong community members.

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

Each interview was approximately one hour in length and included an overview of the project purpose. Secondary data was presented to participants at the beginning of the meeting and included information about community population by race and ethnicity, age range, percentage of those unemployed and percentage of those living in poverty. Data regarding quality-of-life variables such as rates of diabetes, obesity, cancer 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 D). Individual comments reflect the perceptions of the participants.

Limitations of the focus groups and key informant interviews include:
1. The information is based on comments from a small segment of the community representing 13 focus group participants and 3 key informant interview participants.
2. Participants were mostly White and most identified as female.
3. Some segments of the community are not represented in these findings, specifically those who have lower than a high school diploma and those who make less than $60,000 annually.

Secondary Data

Information from the above primary data collection efforts was supplemented by secondary quantitative data. These data are obtained from multiple publicly available sources, including the United States Centers for Disease

Control and Prevention, County Health Rankings, and the United States Census Bureau (Appendix B and Appendix C).

Findings

This section describes the secondary data and, when relevant, the results of the focus group and key informant interviews. While not all data is described in detail in the body of the report, all secondary data can be found in Appendix B. Report findings may be used for:

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

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

Demographics

Demographics are the statistical characteristics of human populations (such as age or income) used to identify markets.[2] 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,"[3] and are hence included in the CHNA. The map below shows the locations of Koochiching, Itasca and Lake of the Woods counties within the state of Minnesota (MN). Rainy Lake Medical Center (RLMC) is located in Koochiching County, MN. Although the demographics for the three counties in this report might be similar, the population for the three counties varies:

■ Koochiching County, MN: 11,950

■ Itasca County, MN: 45,141

■ Lake of the Woods County, MN: 3,800
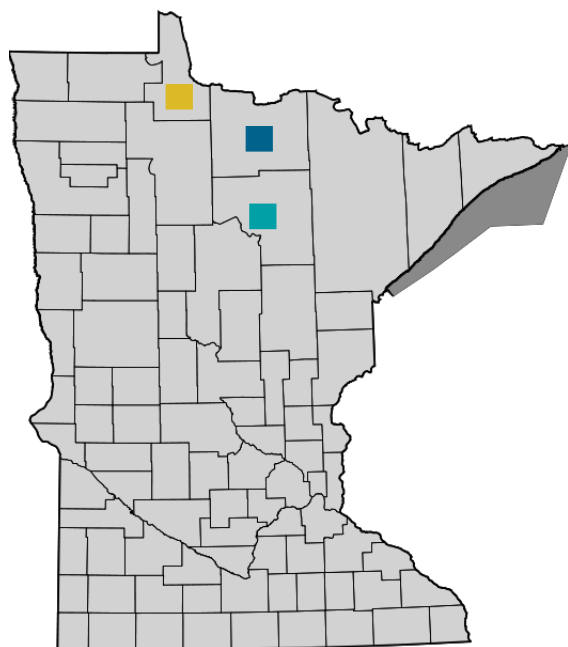
The population in the three counties is largely White. The second largest race/ethnic group for all three counties is two or more races (Koochiching 5.8%, Itasca 6.4%, Lake of the Woods 6.5%). Most of the focus group participants and all the key informants self-report as White.

The highest percentage of residents in all three counties is the 65–74-year age range (Koochiching 16.6%, Itasca 15.2%, Lake of the Woods 16.7%). The next highest percentage is the 45–54-year age range (Koochiching 11.4%, Itasca 11.5%). Lake of the Woods' next highest percentage is the 35–44-year age range at 11.2%. In discussing the age groups in the three counties, focus group and key informants note the percentage of the senior population seems accurate. Although there were a small number of participants, focus group and key informant interview participants were younger than the majority of the population in Koochiching County. Thirty-one percent of the focus group and key informant interview participants were aged 25-44 years old while 19% were 65-74 years old.

American Community Survey, United States Census Bureau. 2023.

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[2] "Definition of DEMOGRAPHICS." In *Merriam-Webster Dictionary*. Accessed July 15, 2025. https://www.merriam-webster.com/dictionary/demographics.

[3] "1.Introduction." *Agency for Healthcare Research and Quality*, April 2018. Accessed July 15, 2025. https://www.ahrq.gov/research/findings/final-reports/iomracereport/reldata1.html.

Population by Age
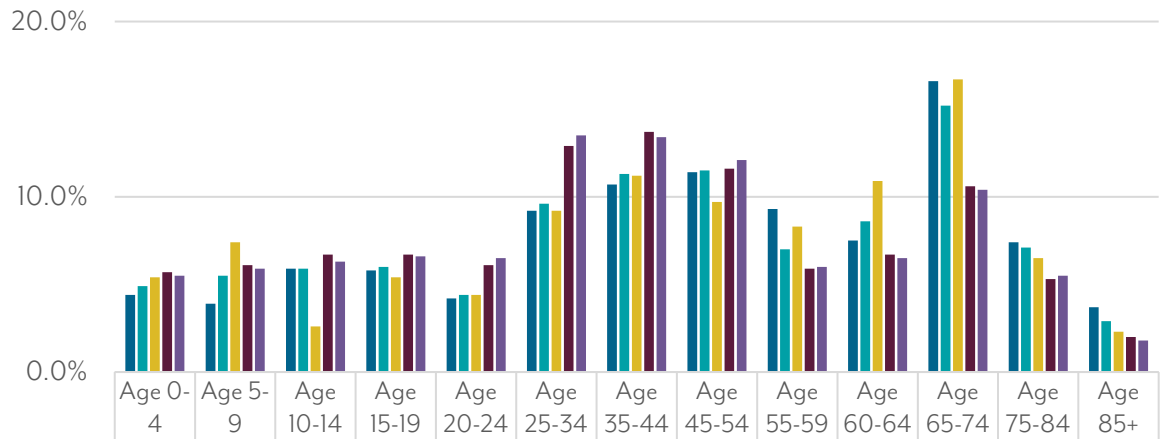
	Age 0-4	Age 5-9	Age 10-14	Age 15-19	Age 20-24	Age 25-34	Age 35-44	Age 45-54	Age 55-59	Age 60-64	Age 65-74	Age 75-84	Age 85+
■ Koochiching	4.4%	3.9%	5.9%	5.8%	4.2%	9.2%	10.7%	11.4%	9.3%	7.5%	16.6%	7.4%	3.7%
■ Itasca	4.9%	5.5%	5.9%	6.0%	4.4%	9.6%	11.3%	11.5%	7.0%	8.6%	15.2%	7.1%	2.9%
■ Lake of the Woods	5.4%	7.4%	2.6%	5.4%	4.4%	9.2%	11.2%	9.7%	8.3%	10.9%	16.7%	6.5%	2.3%
■ MN	5.7%	6.1%	6.7%	6.7%	6.1%	12.9%	13.7%	11.6%	5.9%	6.7%	10.6%	5.3%	2.0%
■ U.S.	5.5%	5.9%	6.3%	6.6%	6.5%	13.5%	13.4%	12.1%	6.0%	6.5%	10.4%	5.5%	1.8%

Population by Race and Ethnicity
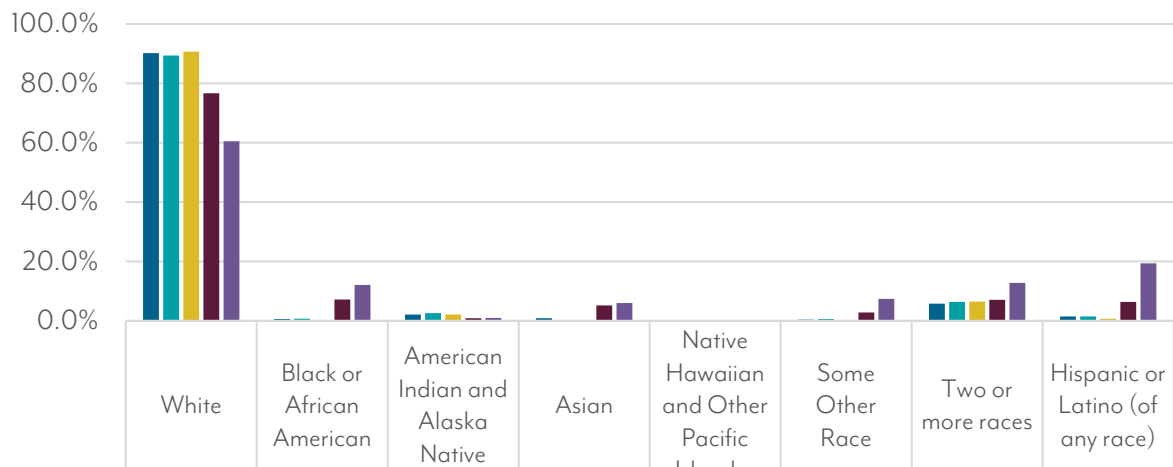
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race	Two or more races	Hispanic or Latino (of any race)
■ Koochiching	90.2%	0.6%	2.1%	0.9%	0.0%	0.4%	5.8%	1.5%
■ Itasca	89.4%	0.7%	2.6%	0.3%	0.1%	0.6%	6.4%	1.5%
■ Lake of the Woods	90.7%	0.3%	2.1%	0.2%	0.0%	0.2%	6.5%	0.7%
■ MN	76.7%	7.2%	0.9%	5.2%	0.1%	2.8%	7.1%	6.4%
■ U.S.	60.5%	12.1%	1.0%	6.0%	0.2%	7.4%	12.8%	19.4%

American Community Survey, United States Census Bureau. 2023.

Social and Economic Factors

According to County Health Rankings and Roadmaps, approximately 40% of a person's health outcomes (length of life and quality of life) are attributable to social and economic factors.[4] Social and economic factors include education, employment, income, family and social support and community safety.[5] 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.[6]

Unemployment Rate

	Koochiching	Itasca	Lake of the Woods	MN	U.S.
	4.1%	4.8%	4.1%	3.0%	4.0%

Median Household Income				
Koochiching	Itasca	Lake of the Woods	MN	U.S.
$64,009	$65,386	$65,778	$85,070	$77,719
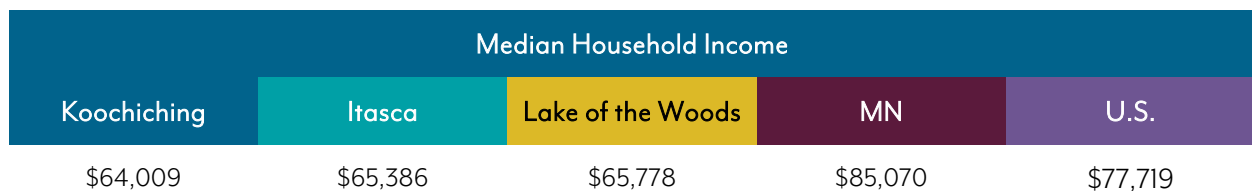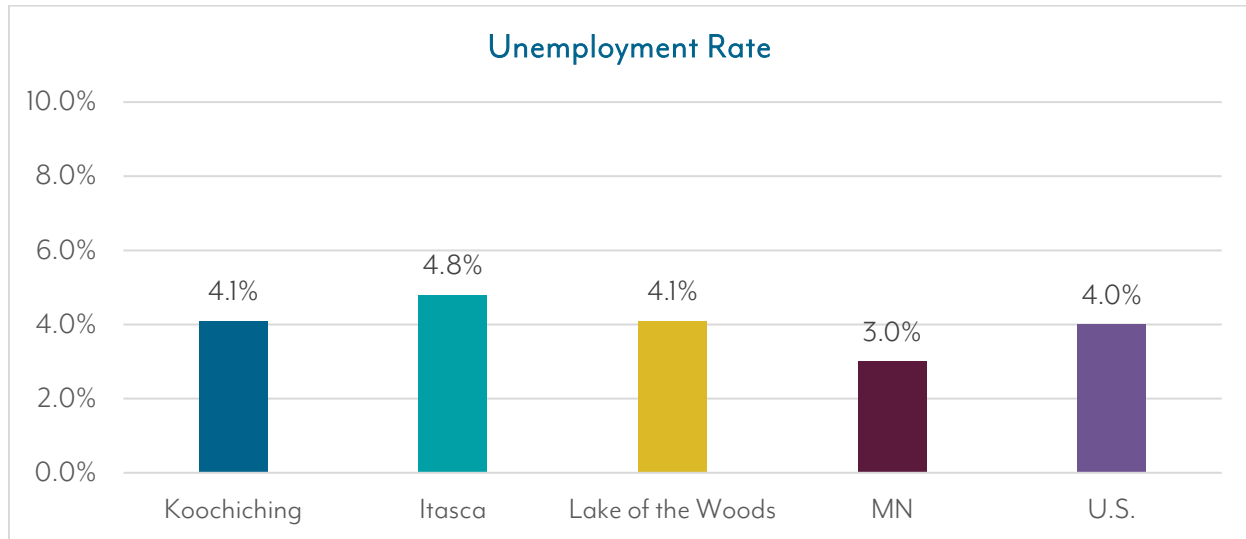
U.S. Bureau of Labor Statistics. 2023.

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[4] County Health Rankings & Roadmaps. "Social & Economic Factors." Accessed July 15, 2025. https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors?

[5] County Health Rankings & Roadmaps. "Social & Economic Factors." Accessed July 15, 2025. https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors?

[6] County Health Rankings & Roadmaps. "Social & Economic Factors." Accessed July 15, 2025. https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors?

Individuals Below the Poverty Level

County	Value
Koochiching	10.7%
Itasca	12.7%
Lake of the Woods	8.2%
MN	9.2%
U.S.	12.5%

Children in Poverty

County	Value
Koochiching	19.6%
Itasca	16.9%
Lake of the Woods	8.6%
MN	10.2%
U.S.	16.0%

American Community Survey, United States Census Bureau. 2022.

The unemployment rate for all three counties (Koochiching 4.1%, Itasca 4.8%, Lake of the Woods 4.1%) is higher than MN (3.0%), and similar to the U.S. (4.0%). The median household income is lower for all counties (Koochiching $64,009, Itasca $65,386, Lake of the Woods $65,778) compared to MN ($85,070) and the U.S. ($77,719). There is a higher percentage of residents living below the poverty level in two counties (Koochiching 10.7%, Itasca 12.7%) than MN (9.2%). There is also a higher percentage of children living below the poverty level in two counties (Koochiching 19.6%, Itasca 16.9%) as compared to MN (10.2%). Food insecurity is highest for Koochiching and Itasca counties (12%), followed by Lake of the Woods County (10%). All three counties are higher than MN (9%), but lower than the U.S. (14%).

Food Insecurity

County	Value
Koochiching	12%
Itasca	12%
Lake of the Woods	10%
MN	9%
U.S.	14%
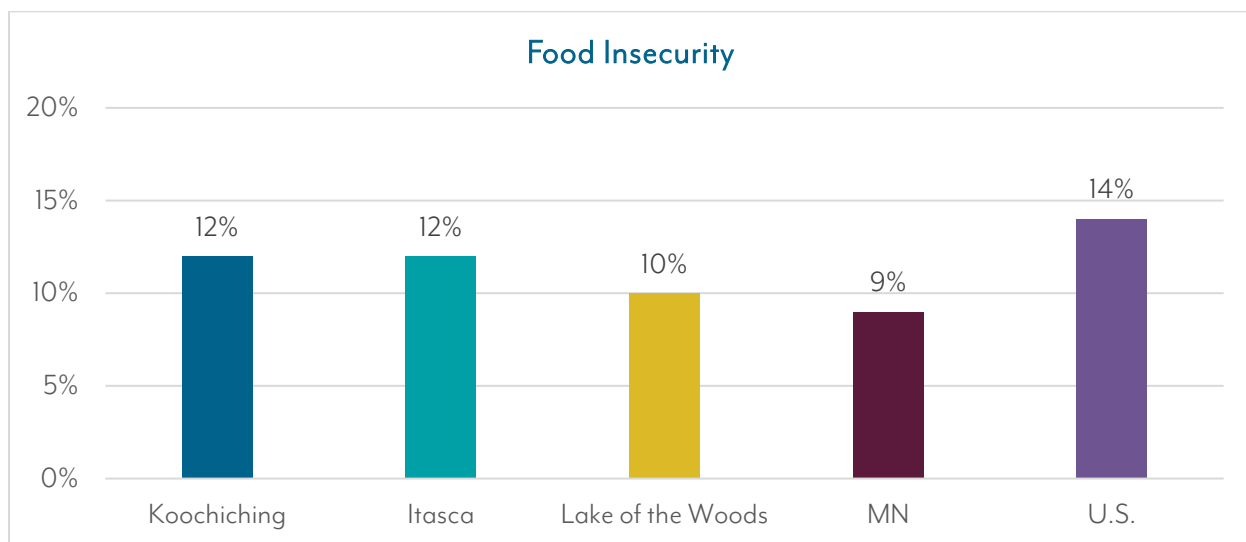
County Health Rankings. 2022.

Focus group and key informant interview participants believe that the group they feel is struggling most with health is those with a lower income. Secondary data demonstrates that the median household income is lower for all counties with a higher percentage of residents and children living below the poverty level in two of the three counties compared to MN and the US. Participants note that lower income groups struggle to access winter clothes and healthy foods, and students in this group may have more limited opportunities. A particular group of concern is families with children. When caregivers do not have enough support or resources, this leaves their children with inadequate support. Though representing a small portion of the county's population, the majority of focus group and key informant interview participants report an annual income similar to or greater than the region's average. All key informants who shared their demographic information report an income over $60,000 and 46% of focus group participants report an income over $100,000.

Quality of Life

"Quality of life refers to how healthy people feel while alive."[7] It is an indicator of the well-being of a community, including the areas of physical health, mental health, social wellness and emotional health.[8] The average number of poor physical health days per month for the counties (3.7-3.9 days) is similar to MN (3.4 days) and U.S. (3.9 days). All geographies in this report have similar poor mental health days reported each month (5.0-5.2 days). The percentage of adults reporting fair or poor health in Koochiching and Lake of the Woods counties (16% and 15%, respectively) is slightly higher than MN (14%) while lower than the U.S. (17%).
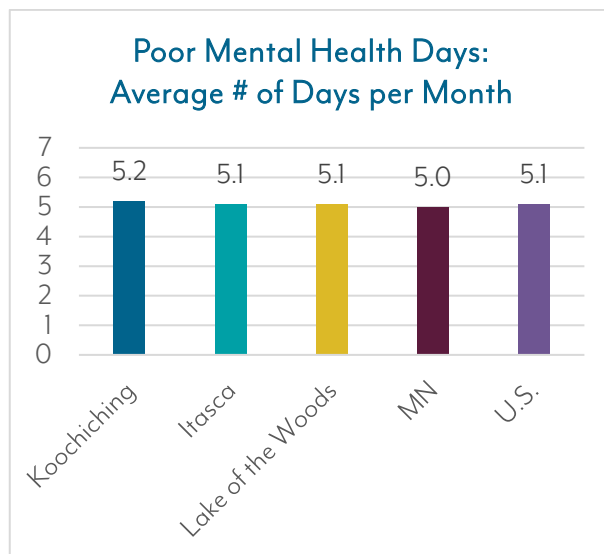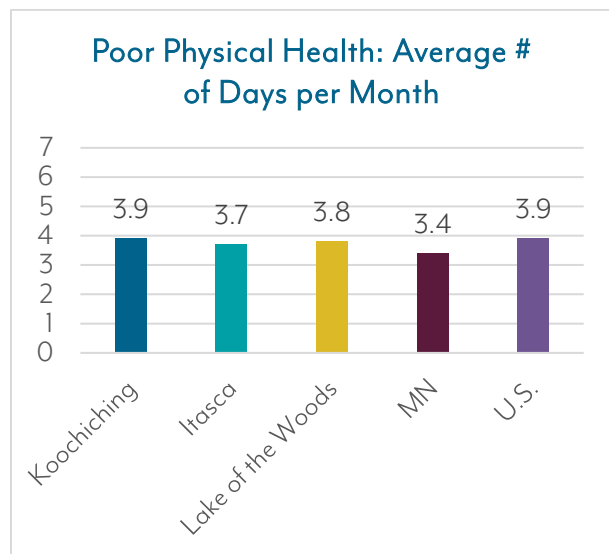
County Health Rankings. 2022.

[7] County Health Rankings & Roadmap. "Quality of Life." Accessed July 15, 2025. https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-outcomes/quality-of-life?

Adults Reporting Fair or Poor Health

	Koochiching	Itasca	Lake of the Woods	MN	U.S.
	16%	14%	15%	14%	17%

County Health Rankings. 2022.

Death Due to Suicide per 100,000 Population

	Koochiching	Itasca	Lake of the Woods	MN	U.S.
				14.2	14.7
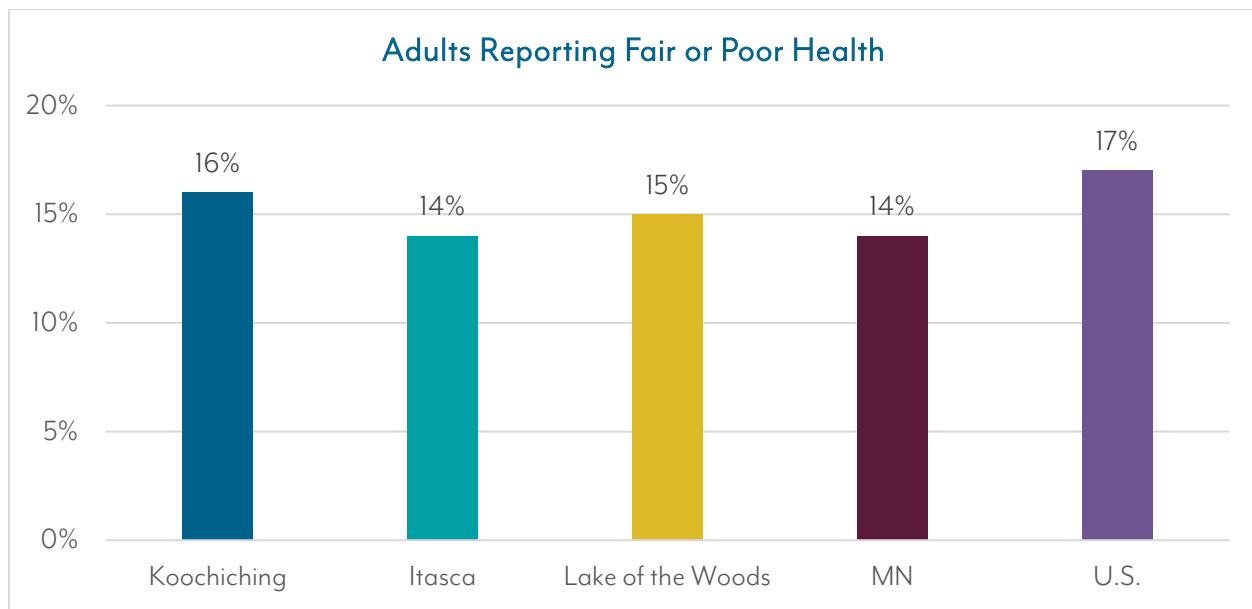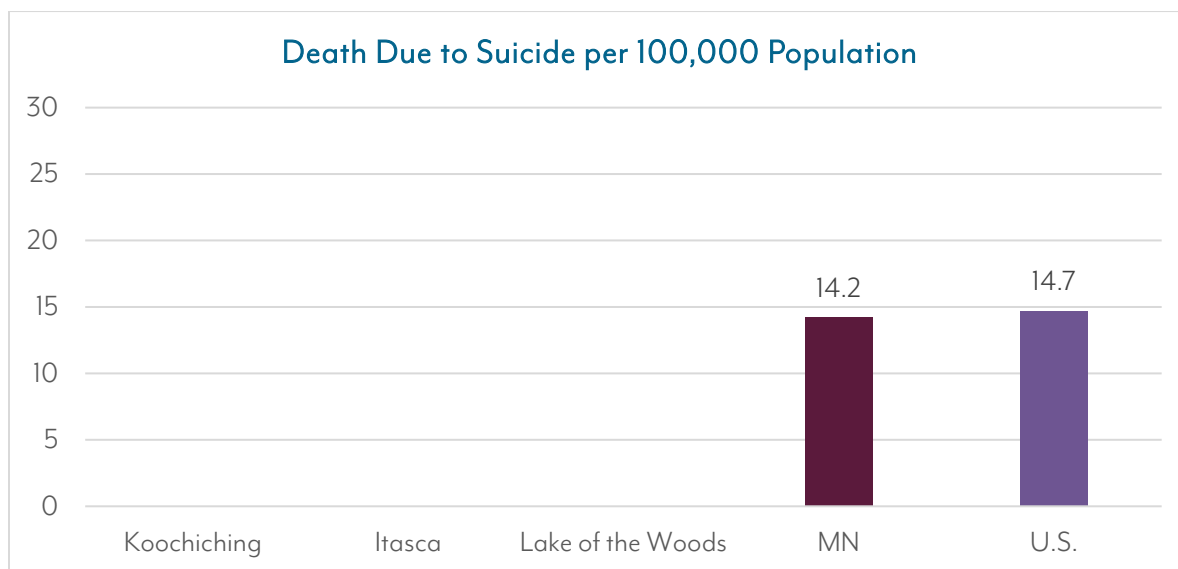
Suicide and Self-Inflicted Injury, CDC, WONDER. 2023.

No county data is available for suicide rates in the three counties with Itasca and Lake of the Woods counties suicide data being unreliable, and Koochiching County suicide data being suppressed. The state reports suicide deaths of 14.2 per 100,000 and the U.S. is similar at 14.7 per 100,000.

Focus group and key informant interview participants described individuals with mental health concerns or substance use disorders, as well as those that are isolated as population groups in the community that are struggling more than other groups. They also noted that teens seem to be struggling due to limited local opportunities, mental health concerns and a lack of mentoring programs or role models. Focus group participants described access to mental health providers and care as one of the greatest health needs in the community.

All three counties, MN and the U.S. have similar rates of diabetes (8-10%). The overall cancer incident rate per 100,000 residents is higher in Itasca County (493.1) and lower in Koochiching County (429.5) compared to MN (480.0) and the U.S. (444.4).

Adult Diabetes Prevalence

Koochiching 9%, Itasca 8%, Lake of the Woods 9%, MN 9%, U.S. 10%

All Cancer Incident Rate per 100,000 Population (age adjusted)

Koochiching 429.5, Itasca 493.1, Lake of the Woods 477.7, MN 480.0, U.S. 444.4
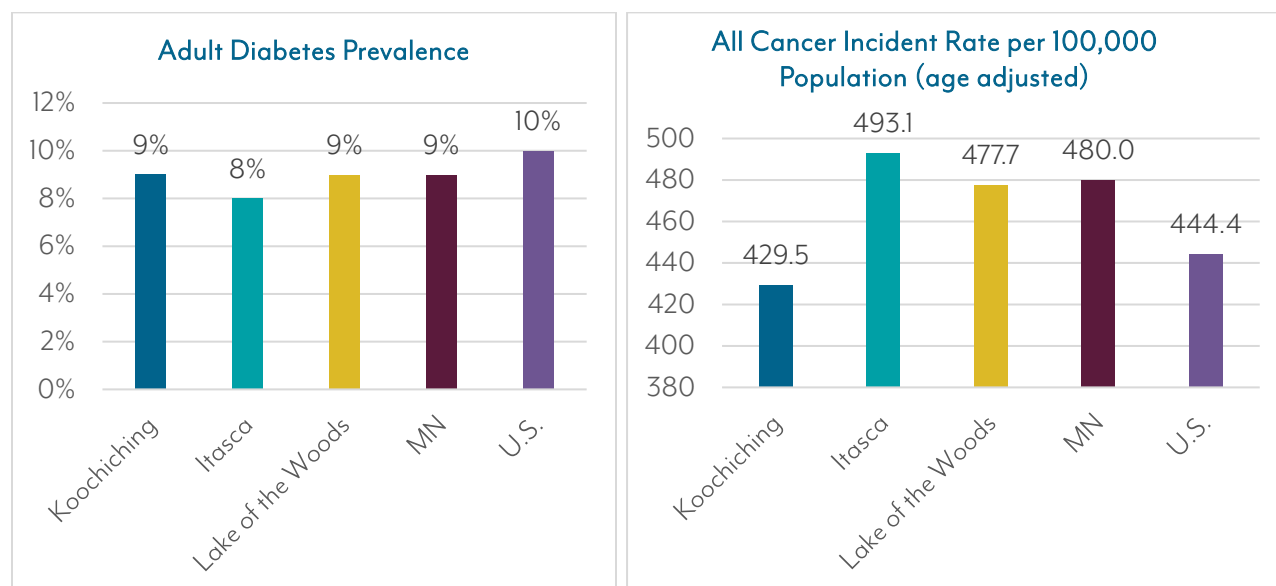
County Health Rankings. 2022.
State Cancer Profiles. National Cancer Institute, DHHS, CDC. 2017-2021.

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.[9] Health behaviors are intentional or unintentional actions a person takes that affect health or mortality.[10] 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. One important health behavior is physical activity. In Koochiching and Lake of the Woods counties, 23% of adults say they do not participate in any physical activity outside of work, which is higher than MN (20%) and similar to the U.S. (23%). Adults in all three counties report less access to exercise opportunities (Koochiching 77%, Itasca 66%, Lake of the Woods 67%) compared to residents of MN (86%) or the U.S. (84%).

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[9] County Health Rankings & Roadmaps. "Social & Economic Factors." Accessed July 15, 2025. https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors?
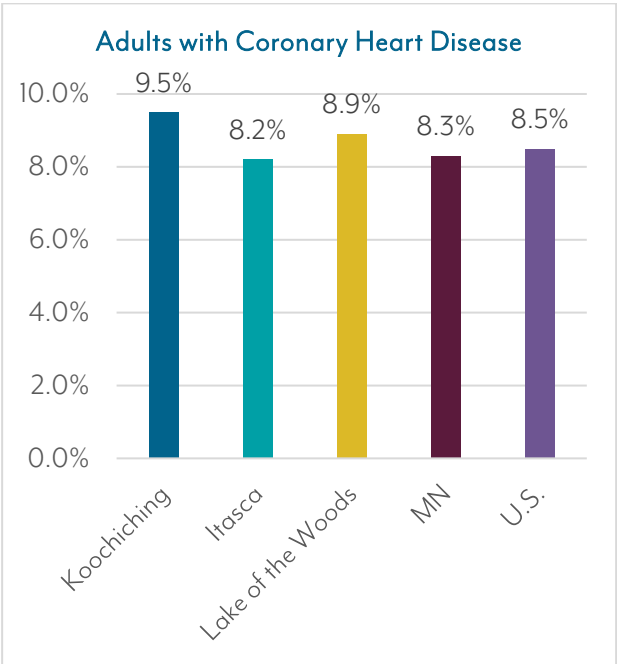[10] PubMedCentral. "Social Determinants and Health Behaviors: Conceptual Frames and Empirical Advances," October 1, 2016. Accessed July 15, 2025. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4511598/#:~:text=Health%20behaviors%2C%20someti mes%20called%20health-related%20behaviors%2C%20are%20actions,from%20the%20health%20of%20the%20actor%20or%20other s.

Physical Inactivity

Location	Value
Koochiching	23%
Itasca	18%
Lake of the Woods	23%
MN	20%
U.S.	23%

Access to Exercise Opportunities

Location	Value
Koochiching	77%
Itasca	66%
Lake of the Woods	67%
MN	86%
U.S.	84%

Adult Obesity

Location	Value
Koochiching	37%
Itasca	35%
Lake of the Woods	38%
MN	34%
U.S.	34%

Adults with Coronary Heart Disease

Location	Value
Koochiching	9.5%
Itasca	8.2%
Lake of the Woods	8.9%
MN	8.3%
U.S.	8.5%

County Health Rankings. 2020-2024.

CDC Places. 2022.

Adults with COPD

Koochiching 8.4%
Itasca 7.3%
Lake of the Woods 7.8%
MN 4.7%
U.S. 6.4%

Adult Smokers

Koochiching 18%
Itasca 15%
Lake of the Woods 17%
MN 13%
U.S. 13%
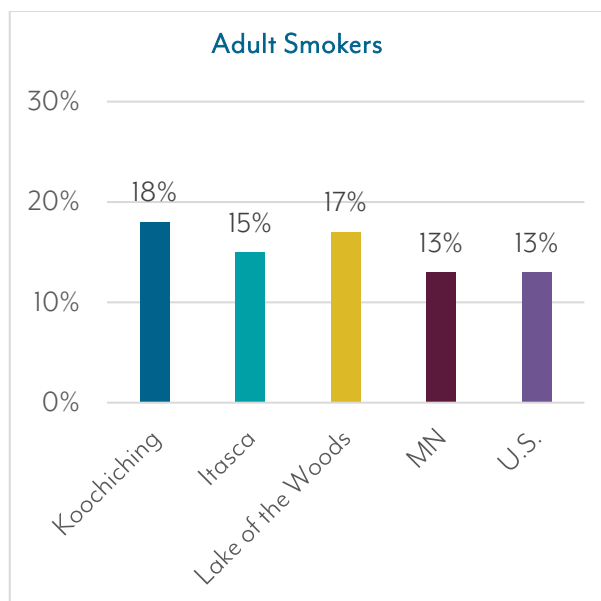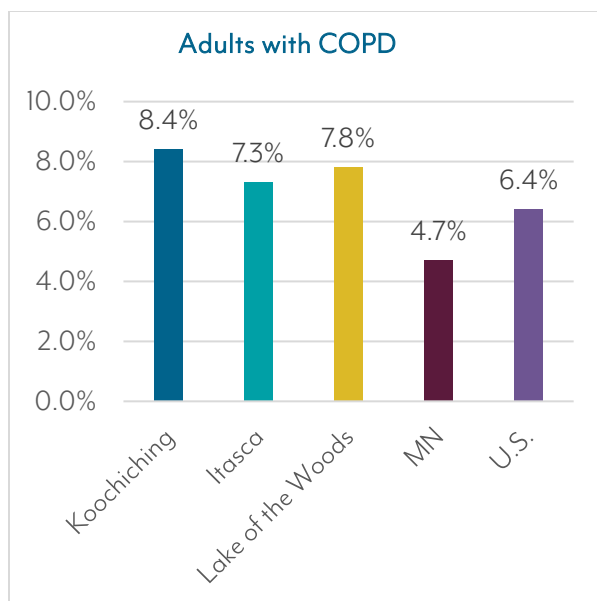
County Health Rankings. 2022.

CDC Places. 2022.

National Center for Chronic Disease Prevention and Health Promotion, CDC. 2022

The prevalence of adult obesity is higher in Koochiching (37%)and Lake of the Woods (38%) counties compared to MN (34%) and the U.S. (34%). The percentage of adults with coronary heart disease is higher for Koochiching (9.5%) and Lake of the Woods (8.9%) counties compared to MN (8.3%) and the U.S. (8.5%). This same trend is found for chronic obstructive pulmonary disease (COPD) (Koochiching 8.4%, Itasca 7.3%, Lake of the Woods 7.8%, MN 4.7%, U.S. 6.4%) and adults that smoke (Koochiching 18%, Itasca 15%, Lake of the Woods 17%, MN 13%, U.S. 13%). These health concerns were not identified as priorities from the focus groups or key informant interviews.

When asked what RLMC could do to increase the health of the community, the small group of key informants and focus groups participants suggested increasing wrap-around services to provide total care, women's health services, increasing RLMC presence in the community, and providing more community education on wellness topics including healthy eating and living, meal planning on a budget, risk-taking behavior in youth, locally available resources, timely topics (e.g., flu season) and disease prevention. Ideas to deliver education are listed below, though may not be comprehensive due to low participation in key informant interviews and focus groups. As such secondary data sources should also be considered. Potential topics for community education:

- Provide online educational videos

- Provide education about vaccinations, addressing the facts, misinformation and fears, along with information on where to receive a vaccine

- Offer classes focusing on affordable and healthy meals

- Create more opportunities for physical activity including free exercise classes

- Offer caregiving classes for those in the generation providing care for their children and older adults

- Offer parenting classes and how to raise children with specific mental or physical diagnoses

- Offer information about advance care planning, including the advantages of having advanced directives or appointing a healthcare agent to make future medical decisions

- Utilize partners to support community outreach and education efforts, ensuring a wider and more effective reach

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.[11] Access to care is interrelated to many areas including health insurance coverage, income, distance to care, transportation, understanding care, stigma and availability of local healthcare providers. In Minnesota, there are 1,130 residents for each primary care physician (1,130:1). Koochiching County (2,990:1) and Lake of the Woods County (3,820:1) have lower access to care than the state, while Itasca County has higher access to a primary care physician (980:1). When looking at the ratio of residents to other non-physician primary care providers, all three counties have a poorer ratio (Koochiching County 900:1, Itasca County 820:1, Lake of the Woods County 940:1) when compared to MN (620:1).

Regarding the ratios of the population to dentists, two counties have less access (Koochiching 2,960:1, Lake of the Woods 3,870:1) compared to MN (1,290:1). Itasca County has similar access to dentists compared to MN at 1,260:1. Access to dental care is crucial as poor dental health can lead to other physical issues if left untreated.

The ratio examining access to mental health providers includes psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, substance-use disorder providers and advanced practice nurses specializing in mental healthcare. In Minnesota, there are 280 residents for each mental health provider (280:1). Itasca County is similar at 290:1. Koochiching County has with poorer access at 530:1. The access rate is drastically poorer for Lake of the Woods at 3,780:1. In the U.S., there are 300 residents to each mental health provider (300:1). Mental healthcare and the need for more clinicians, psychologists and psychiatrists were the top priorities identified by focus group and key informant interview participants, with specific concerns around services for children and adolescents.

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[11] County Health Rankings & Roadmap. "Access to Care." Accessed July 15, 2025. https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/clinical-care/access-to-care?

Ratio of Population to Primary Care Physicians

Koochiching	Itasca	Lake of the Woods	MN	U.S.
2,990:1	980:1	3,820:1	1,130:1	1,330:1

Ratio of Population to Mental Health Providers

Koochiching	Itasca	Lake of the Woods	MN	U.S.
530:1	290:1	3,780:1	1,290:1	1,360:1

Ratio of Population to Dentists

Koochiching	Itasca	Lake of the Woods	MN	U.S.
2,960:1	1,260:1	3,870:1	300:1	320:1

Ratio of Population to Other Primary Care Providers

Koochiching	Itasca	Lake of the Woods	MN	U.S.
460:1	820:1	940:1	620:1	760:1

County Health Rankings. 2021-2024.

Focus Group and Key Informant Interview Findings

Introduction

RHI was contracted by RLMC to conduct focus groups and key informant interviews to provide qualitative data on the strengths and needs of local healthcare services. Comments reflect the perceptions of the individual and may differ or support secondary data findings. The information summarizes the background, limitations and summary of findings for each question asked during interviews and focus groups.

Focus Group Demographic Questionnaire

- Gender: Male (3), female (10), identify in a different way (0), prefer not to answer (0)
- Age: 18-24 (0), 25-44 (4), 45-54 (2), 55-64 (2), 65-74 (3), 75+ (2), prefer not to answer (0)
- Race/ethnicity: American Indian/Alaska Native (2), White (11), prefer not to answer (0)
- Hispanic, Latino or Spanish origin: Yes (0), no (13), prefer not to answer (0)
- Language spoken: English (12), Spanish (0), other (0)
- Employment status: Employed (8), unemployed (1), retired (3), other (0), prefer not to answer (0)
- Average annual household income:
    - $0 - $19,000 (0)
    - $20K - $39K (0)
    - $40K - $59K (0)
    - $60K – $79K (5)

- $80K - $99K (1)
- $100K - $119K (1)
- $120K + (5)
- Not sure (0)
- Prefer not to answer (0)

- Living with a disability: Yes (2), no (10), prefer not to answer (0)
- Level of education:
  - Less than 9th grade (0)
  - Some high school, no diploma (0)
  - High school degree (1)
  - Technical/trade/vocational school (1)
  - Some college, no degree (2)
  - Associate's degree (1)
  - Bachelor's degree (3)
  - Graduate or professional degree (4)
  - Prefer not to answer (0)

Focus Group Limitations

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

4. The information is based on comments from a small segment of the community representing 13 individuals.
5. Participants were mostly White and most identified as female.
6. Some segments of the community are not represented in these findings, specifically those who have lower than a high school diploma and those who make less than $60,000 annually.

Summary of Focus Group 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?**
  - Most participants were not surprised by the data presented and believe it is representative of what they see in the community. Some brought attention to the high incidence of childhood poverty as noteworthy but not surprising. Others highlight that the ratio of the county population to healthcare providers is not surprising, however worse than expected.

- **Are some population groups healthier than other groups? If yes, which ones?**
  - The participants most frequently identified those in a higher income bracket as being healthier than others, regardless of their age.
    - It was described that individuals in this group are more likely to be able to afford health insurance, complete screenings, receive preventative care and access resources outside of the community if needed.

- Those with expendable income are more likely to be able to join gyms and socialize (e.g., go out for lunch with others), which leads to more community support.
    - Those who have received a higher education.
        - This group is more likely to be able to navigate health systems more easily.
        - Education can also help individuals feel more confident in seeking help for themselves or a community member to make more informed healthcare decisions.
    - Those who are active in a variety of ways and take advantage of local opportunities.
        - This includes older adults who exercise consistently and stay physically active as this impacts balance, socialization and community engagement.
        - Other active groups include school aged children who are involved in extracurricular activities, sports and those who participate in outdoor activities such as hunting, fishing and hiking.
    - Those who can advocate for themselves or have someone to advocate for them.

- **Are some population groups struggling more than other groups? If yes, which ones?**
    - Low-income residents who are struggling with shelter and food accessibility.
        - Low-income residents may be unhoused or living in a shelter.
        - Low-income individuals at any age may struggle to pay for services, find transportation or struggle to afford to participate in extracurricular activities.
    - Families in the community overall.
        - This includes single parents, pregnant women and those who are caring for their parents and children at the same time. The common theme shared about this group was that parents who do not have the ability to provide all the support needed to youth at home are especially struggling.
    - Individuals with significant mental health concerns or substance use disorders.

- **In your opinion, what are some of the barriers to accessing care in this region?**
    - Transportation
    - Financial issues
    - Lack of insurance, being underinsured and having high deductibles. This includes concerns about the future availability of Medicaid.
    - Lack of services available in the community.
    - Lack of knowledge about what services are available in the community. Organizations may not communicate with each other to promote services.

- **What do you think the hospital could do to improve the health of the community? Where are opportunities to collaborate?**
    - Increase wrap-around services to provide total care.
        - Suggestions include having social workers in the primary care setting to provide follow-up information after an appointment. Patients need assistance with barriers including how to navigate the healthcare system and how to understand insurance requirements.
        - A resource hub is needed for residents to access information about available services and resources.

- Education and workshops around health issues including:
  - oral health
  - vaccinations – addressing the facts, misinformation and fears
  - chronic health issues, such as diabetes
  - preventive care, such as routine colonoscopies
  - menopause
  - caregiving
  - advanced planning
  - cooking affordable healthy meals
  - Parenting, including information about managing specific diagnoses in children
  - physical activity and exercise opportunities, including how to make exercise fun for children and adults as well as sponsoring events (e.g., the color run).
- Opportunities to collaborate include partnering with the following organizations:
  - Northland Counseling
  - Koochiching County Public Health
  - home care
  - mental health crisis team (Crisis Intervention Team)
  - Koochiching Aging Options
  - Veterans Affairs
  - South Koochiching-Rainy River ISD #363
  - [Independent School District Number 361](#) (International Falls School District)
  - Littlefork-Big Falls School District
  - collaborating with the schools and the "grow your own" healthcare workers
  - first responders (emergency medical services, paramedics) and their organizations, counties, cities or districts
  - county agency for young families and social services
  - Essentia Health
  - Chamber of Commerce
  - Minnesota North College, Rainy River
  - Good Samaritan Nursing Home
  - businesses, such PCA (mill) and banks
  - Lw enforcement that includes sheriff, border patrol, immigration and others
  - Faith-based communities are often trusted by community members.

- **What is the greatest health need in this community?**
  - Access to mental health providers and care
  - Reliable ambulance services
  - Financial viability of the hospital that might be impacted by the loss of insurance or Medicaid in the community

Key Informant Interview Demographic Questionnaire

Participants who submitted the demographic information identified as White, non-Hispanic females between the ages of 25-54 who speak English. They are employed with annual household incomes from $80,000 to over $120,000, with advanced educational degrees and are not living with a disability.

Key Informant Interview Limitations

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

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

Summary of Key Informant Interview Major Points

Below are the common themes in responses.

- **Are you surprised by what this data reveals about your community, or is it what you expected? Do you find any particular statistic surprising?**
  - The data overall is more positive than expected.
  - Access to exercise in the community is higher than some participants anticipated considering the weather in the winter months. Participants feel that some residents, including older adults, do not have access to the appropriate winter gear or equipment and struggle to find places to exercise.
  - Some feel that the poverty rate is higher than reported.

- **Are some population groups healthier than other groups? If yes, which ones?**
  - Those who are physically and socially active seem to be healthier than others in the community.
    - This includes older adults who do stay involved in the community and do not have additional stress from a job. This group seems to have better mental health as well.
    - Those who participate in outdoor activities, including in the winter months. Some residents take part in a ski club and play pickleball.
  - Those who are in higher income brackets.
    - This group can afford healthier food, outdoor equipment and gear that is needed to participate in activities year-round.
    - This group is also more likely to be able to travel for a higher level of healthcare if needed.

- **Are some population groups struggling more than other groups? If yes, which ones?**
  - Those in lower income brackets, including children living in poverty.
    - This group may not be able to seek preventive care.
    - This group may need to work multiple jobs.
    - Children and families in poverty might not have enough support, food or knowledge about available resources.

- Volunteerism for sports and financial assistance exists in the community to help children who cannot afford equipment; however, teens and parents may not be aware.
  - Teens overall seem to be struggling due to limited local opportunities, mental health concerns and a lack of mentoring programs or role models.
  - Those who live in the greater Koochiching County, who are less likely to access medical care at all due to isolation.
  - The aging population is struggling, in part due to declining mobility and access to transportation. This group may also struggle with asking for help.
  - Those who already have poor physical and mental health.

- **In your opinion, what are some of the barriers to accessing care in this region?**
  - Transportation including emergency and non-emergency transportation for medical care or specialty care. Financial barriers are common, especially for those in low-income brackets.
  - Education and misinformation, including:
    - Lack of knowledge around the need for regular check-ups and dental care for children.
    - Lack of knowledge about what resources are available and how they can be accessed. Some in the community may feel fear or uncertainty about completing paperwork they may not understand.
    - misinformation about vaccines
    - Improved communication and follow-up are needed to inform residents of new programs as they become available.
  - Limited activities available for children
  - Discomfort around seeking care from a provider that a resident may know personally or socially.

- **What do you think Rainy Lake Medical Center could do to increase the health of the community? Where are opportunities to collaborate?**
  - The most suggested topic by key informants is to address women's health issues. Participants expressed that women receive very little health education and that there is a need for additional guidance.
  - Hold health fairs and provide health education opportunities in the community, not in the hospital, including:
    - free vaccination clinics and screenings more frequently and in different areas of the community
    - education in locations such as the senior center, schools, Head Start and Littlefork School
    - create online educational videos about various health issues for residents to access at their convenience
    - providing residents with creative ideas and encouragement to take a proactive approach and improve their health.
  - Provide hospital representation at community meetings (such as the social services providers meeting).

- o Partner with volunteers and organizations such as the food shelf. This could include encouraging hospital staff to volunteer in the community or RLMC allowing work hours to be used volunteering.

- **What is the greatest health need in this community?**
  - o Transportation
  - o Community education, including information about preventative care and a need for hospital staff to go into the community to offer this information
  - o Utilization and inclusion of RLMC's knowledgeable staff in volunteer groups and community boards

Conclusion, Recommendations, Priority Setting, and Acknowledgements

Conclusions

Rainy Lake Medical Center (RLMC) contracted with Rural Health Innovations (RHI), a subsidiary of the National Rural Health Resource Center, for CHNA services. In June 2025, RHI and RLMC met to discuss the objectives of a regional CHNA. A secondary data analysis, a series of focus groups and key informant interviews were conducted. Secondary data were collected from nationally recognized sources for Koochiching County, Itasca County, Lake of the Woods County, Minnesota and the U.S. when available.

The population in the three counties is largely White. The second largest racial or ethnic group for all three counties is two or more races. Most of the focus group participants and all the key informants self-report as White.

The highest percentage of residents in all three counties is the 65–74-year age range and the next highest percentage is the 45–54-year age range. Although there were a small number of participants, focus group and key informant interview participants were younger than the majority of the population in Koochiching County. Thirty-one percent of the focus group and key informant interview participants were aged 25-44 years old while 19% were 65-74 years old.

The median household income is lower for all counties when compared to the state and the U.S. All three counties have a high percentage of food insecurity, unemployment and adults and children living below the poverty level. Focus group and key informants identify those with lower incomes as the group struggling the most with health due to limitations around accessing care, healthy foods, proper clothing and transportation. A group of particular concern is families with children, especially when the caregivers do not have enough support and resources themselves. Though representing a small portion of the county's population, the majority of focus group and key informant interview participants report an annual income similar to or greater than the region's average.

Having access to health education opportunities is a common theme in response to almost all focus group and key informant questions, though representing a small population sample of 16 participants. It is suggested by the focus group and key informant interview participants that RLMC increase its presence in the community to provide more education and to serve as experts on various health topics, including the prevention of

misinformation. Suggested wellness topics include healthy eating and living, meal planning on a budget, risk-taking behavior in youth, locally available resources, timely topics (e.g., during flu season) and disease prevention. RLMC could also increase its presence by increasing staff visibility at community events, volunteering and partnering with local organizations. Focus group and key informant interview participants feel that RLMC facilities have a welcoming atmosphere. Focus group participants provided an extensive list of possible collaborations to improve community health and wellness. Focus group and key informant interview participants also suggested the RLMC increase wrap-around services to provide total care and provide women's health services.

Focus group and key informant interview participants identify several areas of importance to address the greatest health needs in the community. Key concerns include limited access to mental health providers and services, mental health and substance abuse needs, including adolescent and teen mental health, transportation barriers, and the need for consistent and effective community education initiatives. Additionally, participants express concerns regarding the reliability of ambulance and emergency medical services, as well as the financial stability of the local hospital, due to potential reductions in Medicaid coverage.

Recommendations

Community health education was a recurring theme in focus groups and key informant interviews. It is recommended RLMC expand their current partnerships partnering with representatives from agencies, businesses, schools, local government and faith-based organizations to develop a comprehensive health education initiative. This would include going into the community to provide health education on topics involving medical diagnosis as well as healthy lifestyle choices and understanding insurance. Educating the community on how to fill out Medicaid forms and troubleshooting issues could ensure they keep their health insurance coverage. Health education should not only focus on clinical issues but other health drivers like food choices, parenting and physical activity. RLMC can explore ways to increase access to mental health services and even bring a mental health initiative into their educational efforts. Providing access to social workers or navigators at RLMC could help assist patients in finding avenues to meet the needs for transportation, access to food and other social drivers of health. The most successful healthcare organizations addressing CHNA strategies include individuals, organizations and agencies outside the hospital walls to develop a strategy with a community wide approach.

Priority Setting

In September 2025, 12 Rainy Lake Medical Center leadership members participated in a virtual workshop to:

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

The group discussed the report findings at a high level and through a consensus-based discussion, three priorities received the most votes. The leadership team elected to continue the discussion over the next week and then confirmed that they will address the three priorities identified in the consensus-based workshop:

- Working together with local and regional organizations to ensure the best care of our population.
- Offering access to affordable preventative care.
- Expanding access to care.

Local resources that Rainy Lake Medical Center could leverage to collaborate on the three priorities are listed below.

Priority: Working together with local and regional organizations to ensure the best care of our population.

- Local financial institutions
- Northland Counseling
- Koochiching County Sheriff's Office
- International Falls Police Department
- Minnesota Crisis Intervention Team
- Packaging Corporation of America (PCA)
- Chamber of Commerce
- Essentia Health
- Faith based organizations
    - St. Thomas Aquinas
    - Catholic Charities
    - First Luteran International Falls
    - Salvation Army

Priority: Offering access to affordable preventative care.
- Northland Counseling
- Koochiching County Public Health & Human Services
- Veteran Services

Priority: Expanding access to care.
- Good Samaritan Senior Living
- Koochiching Aging Options
- South Koochiching-Rainy River ISD #363
- Independent School District Number 361
- Littlefork-Big Falls School District
- Minnesota North College, Rainy River
- Social Service Provider Meeting

Acknowledgements

Appendix A: Secondary Data Analysis

There are two different types of sources used to conduct a CHNA. The first type is a primary source that is the initial material collected during the research process. Primary data is that which RHI collects using methods such as surveys, focus groups, key informant interviews and 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 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. One drawback to consider when using secondary data is that the data is obtained from different agencies and is collected during different timeframes using varied methods. This can make direct comparisons of secondary data challenging. See Appendix B for source details and definitions. Please note, the data collected for this report is the most current information as of July 2025. The types of measures selected to analyze in this report are identified based on data available for Koochiching County, Itasca County, Lake of the Woods County, Minnesota and the U.S.

NR = not reported, DNA = data not available

Geography and Demographics

Demographics	Koochiching	Itasca	Lake of the Woods	MN	U.S.
Total population	11,950	45,141	3,800	5,737,915	334,914,896
Male	50.9%	50.6%	54.2%	50.0%	49.5%
Female	49.1%	49.4%	45.8%	50.0%	50.5%
Age 0-4	4.4%	4.9%	5.4%	5.7%	5.5%
Age 5-9	3.9%	5.5%	7.4%	6.1%	5.9%
Age 10-14	5.9%	5.9%	2.6%	6.7%	6.3%
Age 15-19	5.8%	6.0%	5.4%	6.7%	6.6%
Age 20-24	4.2%	4.4%	4.4%	6.1%	6.5%
Age 25-34	9.2%	9.6%	9.2%	12.9%	13.5%
Age 35-44	10.7%	11.3%	11.2%	13.7%	13.4%
Age 45-54	11.4%	11.5%	9.7%	11.6%	12.1%

Age 55-69	9.3%	7.0%	8.3%	5.9%	6.0%
Age 60-64	7.5%	8.6%	10.9%	6.7%	6.5%
Age 65-74	16.6%	15.2%	16.7%	10.6%	10.4%
Age 75-84	7.4%	7.1%	6.5%	5.3%	5.5%
Age 85+	3.7%	2.9%	2.3%	2.0%	1.8%
White	90.2%	89.4%	90.7%	76.7%	60.5%
Black	0.6%	0.7%	0.3%	7.2%	12.1%
American Indian/ Alaska Native	2.1%	2.6%	2.1%	0.9%	1.0%
Asian	0.9%	0.3%	0.2%	5.2%	6.0%
Native Hawaiian/ Pacific Islander	0.0%	0.1%	0.0%	0.1%	0.2%
Some other race	0.4%	0.6%	0.2%	2.8%	7.4%
Multiple races	5.8%	6.4%	6.5%	7.1%	12.8%
Hispanic or Latino	1.5%	1.5%	0.7%	6.4%	19.4%
Veterans	9.0%	10.0%	10.0%	5.6%	6.1%
Speak English less than "well"	1.6%	0.5%	0.5%	4.6%	8.4%

Health Outcomes

Health Outcomes	Koochiching	Itasca	Lake of the Woods	MN	U.S.
Life expectancy	79.6	76.5	78.9	79.3	77.1
Premature death	8,800	9,800	DNA	6,500	8,400
Fair or Poor Health	16%	14%	15%	14%	17%
Poor physical health days	3.9	3.7	3.8	3.4	3.9

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Poor mental health days	5.2	5.1	5.1	5	5.1
Low birth weight	8%	7%	6%	7%	8%
Diabetes prevalence	9%	8%	9%	9%	10%
Suicide death rate	DNA	DNA	DNA	14.2	14.7
Heart disease	9.5%	8.2%	8.9%	8.3%	8.5%
COPD	8.4%	7.3%	7.8%	4.7%	6.4%
Asthma	10.4%	10.3%	10.2%	8.8%	8.0%
All cancer sites	429.5	493.1	477.7	480.0	444.4
Prostate (male)	131.7	90.3	81.9	117.0	113.2
Breast (female)	102.4	128.8	DNA	140.4	129.8
Colon and Rectum	39.3	35.0	86.0	36.1	36.4
Uterus (female)	38.7	32.1	DNA	30.2	27.8
Melanoma	23.3	40.2	DNA	37.3	22.7

Social and Economic

Social and Economic	Koochiching	Itasca	Lake of the Woods	MN	U.S.
Less than 9th grade education	2.0%	1.1%	0.6%	2.5%	4.6%
Some high school, no diploma	4.5%	4.3%	3.3%	3.2%	5.6%
High school degree	31.3%	30.6%	35.0%	23.3%	25.9%
Some college, no degree	28.3%	24.3%	35.0%	19.1%	18.9%

Associate's degree	13.6%	14.6%	13.5%	11.9%	8.8%
Bachelor's degree	14.7%	16.3%	15.0%	25.9%	21.8%
Graduate or professional degree	5.6%	8.8%	6.3%	14.0%	14.3%
Unemployment rate	4.1%	4.8%	4.1%	3.0%	4.0%
Median household income	$64,009	$65,386	$65,778	85,070	77,719
Poverty	10.7%	12.7%	8.2%	9.2%	12.5%
Children in poverty	19.6%	16.9%	8.6%	10.2%	16.0%
Residential segregation: non-white/white	DNA	DNA	DNA	62	63
Childcare cost burden	4	7	DNA	6	7
Childcare centers	35%	35%	38%	30%	28%
Injury deaths	111	108	74	77	84

Health Behaviors

Health Behaviors	Koochiching	Itasca	Lake of the Woods	MN	U.S.
Adult smoking	18%	15%	17%	13%	13%
Physical inactivity	23%	18%	23%	20%	23%
Access to exercise opportunities	77%	66%	67%	86%	84%

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Adult obesity	37%	35%	38%	34%	34%
Food insecurity	12%	12%	10%	9%	14%
Excessive Drinking	25%	24%	26%	23%	19%
Teen birth rate	10	16	20	9	16

Physical Environment

Physical Environment	Koochiching	Itasca	Lake of the Woods	MN	U.S.
Air pollution - particulate matter	5.0	4.8	5.1	6.0	7.3
Drinking water violations	No	No	No	DNA	DNA
Severe housing problems	12%	14%	10%	13%	17%
Households with no motor vehicle	8.0%	5.0%	2.6%	6.5%	8.3%

Clinical Care

Clinical Care	Koochiching	Itasca	Lake of the Woods	MN	U.S.
Uninsured	6.1%	6.0%	5.2%	5.4%	9.5%
Uninsured children	3.3%	3.5%	3.3%	3.3%	5.1%
Access to primary care physicians	2,990:1	980:1	3,820:1	1,130:1	1,330:1
Access to mental health providers	530:1	290:1	3,780:1	280:1	300:1
Access to dentists	2,960:1	1,260:1	3,870:1	1,290:1	1,360:1

Access to other primary care providers	900:1	820:1	940:1	620:1	710:1
Medicare patients with mammogram within past two years	38%	41%	37%	41%	36%
Medicare patients with annual influenza vaccination	20%	39%	20%	49%	44%
Emergency department visit rate by Medicare diabetics (per 1,000 beneficiaries)	9	10	0	8	7
Adults over age 50 ever reporting having a colonoscopy or sigmoidoscopy	8%	8%	7%	5%	7%

Appendix B: 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 10-14in 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 20-24in 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.

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

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	"Vietnamese", and "Other Asian" or provide other detailed Asian responses.	
American Indian/Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. This category includes people who indicate their race as "American Indian or Alaska Native" or report entries such as Navajo, Blackfeet, Inupiat, Yup'ik, or Central American Indian groups or South American Indian groups.	American Community Survey, United States Census Bureau. 2023.
Native Hawaiian/Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who reported their race as "Fijian," "Guamanian or Chamorro," "Marshallese," "Native Hawaiian," "Samoan," "Tongan", and "Other Pacific Islander", or provide other detailed Pacific Islander responses.	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	American Community Survey, United States Census Bureau. 2023.

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	product purposes, "Multiple Races" refers to combinations of two or more of the following race categories: "White," "Black or African American," American Indian or Alaska Native," "Asian", "Native Hawaiian or Other Pacific Islander", or "Some Other Race"	
Hispanic or Latino	The estimated population that is of Hispanic, Latino, or Spanish origin.	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.AP 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. 2020-2022.
Premature Death	Years of potential life lost before age 75 per 100,000 population (age adjusted)	County Health Rankings. 2020-2022.
Fair or poor health	Percentage of adults reporting fair or poor health (age-adjusted).	County Health Rankings. 2022.
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	County Health Rankings. 2022.
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	County Health Rankings. 2022.
Low birth weight	Percentage of live births with low birthweight (< 2,500 grams).	County Health Rankings. 2017-2023.
Suicide death rate	Crude rate per 100,000 population of deaths with leading cause of death as suicide.	Centers for Disease Control and Prevention (CDC), WONDER. Suicide and Self-Inflicted Injury. 2023.

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Diabetes prevalence	Percentage of adults aged 20 and above with diagnosed diabetes.	County Health Rankings. 2022.
Heart Disease	Percentage of adults with coronary heart disease (not age-adjusted)	CDC Places. 2022. America's Health Rankings. 2023.
COPD	Percentage of adults with COPD (not age-adjusted)	CDC Places. 2022. National Center for Chronic Disease Prevention and Health Promotion, 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. 2022.
Food insecurity	Percentage of the population lacking adequate access to food during the past year (with a lack of access, at times, to enough food for an active, healthy life, or uncertain availability of nutritionally adequate foods).	County Health Rankings. 2022.
Excessive drinking	Percentage of adults reporting binge or heavy drinking (binge drinking is defined as a woman consuming more than four alcoholic drinks during a single occasion or a man consuming more than five alcoholic drinks during a single occasion. Heavy drinking is defined as a woman drinking more than one drink on average per day or a man drinking more than two drinks on average per day).	County Health Rankings. 2022.
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.

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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). The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation).	[County Health Rankings](#). 2019-2023.
Injury deaths	Number of deaths due to injury per 100,000 population (includes planned (e.g., homicide or suicide)	[County Health Rankings](#). 2018-2022.

	and unplanned (e.g., motor vehicle deaths) injuries).	
Adult smoking	Percentage of adults who are current smokers (smoke every day or most days and have smoked at least 100 cigarettes in their lifetime).	County Health Rankings. 2022.
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. 2022.
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. 2020-2024.
Teen birth rate	Number of births per 1,000 female population ages 15-19.	County Health Rankings. 2017-2023.
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	County Health Rankings. 2020.
Drinking water violations	Indicator of the presence of health-related drinking water violations in community/public water systems. Yes indicates the presence of a violation; No indicates no violation.	County Health Rankings. 2023.
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	County Health Rankings. 2017-2021.
Household with no motor vehicle	Among occupied housing units, the 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. 2024.
Access to mental health providers	Ratio of population to mental health providers (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care).	County Health Rankings. 2024.
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.	Mapping Medicare Disparities by Population. 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	Mapping Medicare Disparities by Population. Centers for Medicare and Medicaid Services. 2023.
Adults over age 50 ever reporting having a colonoscopy	Medicare enrollers over the age 50 ever reporting having a colonoscopy or sigmoidoscopy.	Mapping Medicare Disparities by Population. Centers for Medicare and Medicaid Services. 2023.

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Appendix C: Invitations

Focus Group Invitation

Dear Koochiching County Area Community Leader,

We invite you to participate in a focus group conducted by Rural Health Innovations, LLC, a subsidiary of the National Rural Health Resource Center on behalf of Rainy Lake Medical Center. 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 Rainy Lake Medical Center in identifying the strengths and needs of health services in 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.
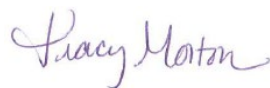
Focus Groups Available (select 1):
- August 5, 2025, from 7 am - 9 am CT at the Backus Community Center (900 5th St, International Falls, MN 56649)
- August 5, 2025, from 5 pm - 7 pm CT at the Backus Community Center (900 5th St, International Falls, MN 56649)
- August 6, 2025, from 8 am - 10 am CT at the Backus Community Center (900 5th St, International Falls, MN 56649)
- August 6, 2025, from 11:30 am - 1:30 pm CT at the Backus Community Center (900 5th St, International Falls, MN 56649)

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.

We look forward to your participation. Thank you.

Sincerely,

Tracy Morton

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

Key Informant Interview Invitation

Dear Koochiching County Area Community Leader,

You have been identified as a leader in the community, and we would like to hear about your perspective 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 Rainy Lake Medical Center. The purpose of the interview will be to identify the strengths and needs of community health of the region.

This information will be used for strategic planning, grant applications, new programs, and will be used by community groups interested in addressing health in the region. This process will help to maintain quality healthcare in the community.
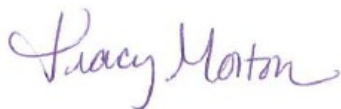
We invite you to participate in this 1-hour interview during the week of: July 28, 2025. Your help is very much appreciated in this effort. Please confirm your willingness to participate by 7/18/25. Your identity is not part of the report, and your individual responses will be kept confidential.

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

- Monday 7/28 at 9 am or 11:30 am CT
- Tuesday 7/29 at 2 pm CT
- Wednesday 7/30 at 9 am, 11 am, 12:30 pm, or 2 pm CT
- Thursday 7/31 at 9 am, 10:30 am, 12 pm, or 2 pm CT
- Friday 8/1 at 12 pm or 1 pm CT

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

Sincerely,

Tracy Morton, Director of Population Health

National Rural Health Resource Center

Appendix D: Focus Group and Key Informant Interview Questions and Demographics

Discussion Questions

The questions below are the types of questions that will be asked during the focus groups. 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 by what this data reveals about your community, or is it what you expected?
2. Do you find any particular statistic surprising?
3. Are some population groups healthier than other groups? If yes, which ones?
4. Are some population groups struggling more than other groups? If yes, which ones?
5. In your opinion, what are some of the barriers to accessing care in this region?
6. What do you think Rainy Lake Medical Center could do to increase the health of the community? Where are opportunities to collaborate?
7. What is the greatest health need in this community?

Demographic Questionnaire

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

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

   ☐ Age 18-24   ☐ Age 65-74

   ☐ Age 25-44   ☐ Age 75+

   ☐ Age 45-54   ☐ Prefer not to answer

   ☐ Age 55-64

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

☐ Yes   ☐ Not sure

☐ No   ☐ Prefer not to answer

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

☐ American Indian/Alaska Native   ☐ White

☐ Asian   ☐ Other (please specify) _____

☐ Black/African American   ☐ Not sure

☐ Pacific Islander/Native Hawaiian   ☐ Prefer not to answer

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

☐ Male   ☐ Identify in a different way

☐ Female   ☐ Prefer not to answer

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

☐ English   ☐ Mandarin

☐ Spanish   ☐ Hindi

☐ French   ☐ Other (please specify) _____

☐ Portuguese   ☐ Prefer not to answer

☐ Arabic

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

☐ $0 - $19,000   ☐ $100,000 - $119,000

☐ $20,000 - $39,000   ☐ $120,000 +

☐ $40,000 - $59,000   ☐ Not sure

☐ $60,000 - $79,000   ☐ Prefer not to answer

☐ $80,000 - $99,000

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

   ☐ Yes   ☐ No   ☐ Prefer not to answer

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

   ☐ Employed   ☐ Other (please specify) _____

   ☐ Unemployed   ☐ Prefer not to answer

   ☐ Retired

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

   ☐ 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

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