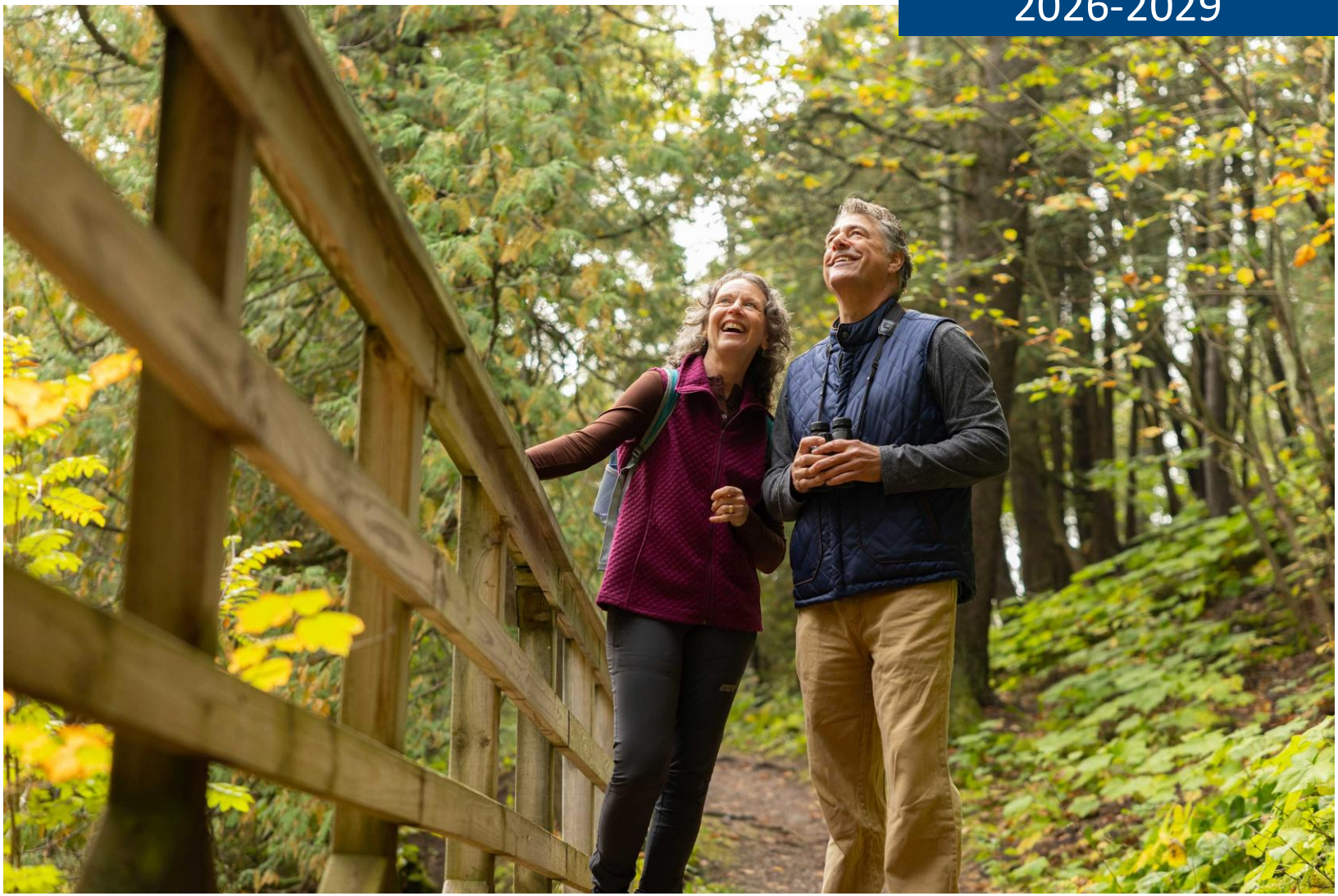




Community Health Needs Assessment

Aspirus Lake View Hospital
Lake County Public Health

2026-2029



Acknowledgements

Aspirus Lake View Hospital and Lake County Public Health are grateful for the time and dedication of many community partners. Hundreds of people who live and work in Lake County contributed to this report. Their generosity gave us invaluable information to guide our work. In addition, our core team spent many hours working together on this project. The core team included:

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- Sarah Beversdorf, Community Health, Aspirus Health
- Mary Parsatoon, Public Health Planner, Carlton-Cook-Lake-St. Louis Community Health Board
- Lisa Hanson, Lake County Health and Human Services Director
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- John Overly, Lake County Public Health Nurse

Respectfully,

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Executive Summary

Background

Aspirus Lake View Hospital and Lake County Public Health continued their longstanding collaboration with the 2026-2029 Community Health Needs Assessment (CHNA).

Process

Representatives from Aspirus, Lake County Public Health and the Carlton-Lake-Cook-St. Louis Community Health Board, worked together to gather information on the top community health issues. This document reflects multiple steps in the assessment process:

- Gathering input through a community survey
- Analyzing the survey results, including sorting the results by age and income
- Compiling secondary health status data
- Using the primary and secondary data results, identifying the top nine community health issues
- Identifying key criteria and a corresponding scorecard; the primary and secondary data were reviewed and scored
- Preparing a summary document with a recommendation based on scoring
- Circulating the recommendation to area coalitions for feedback
- Finalizing the priorities

Priorities

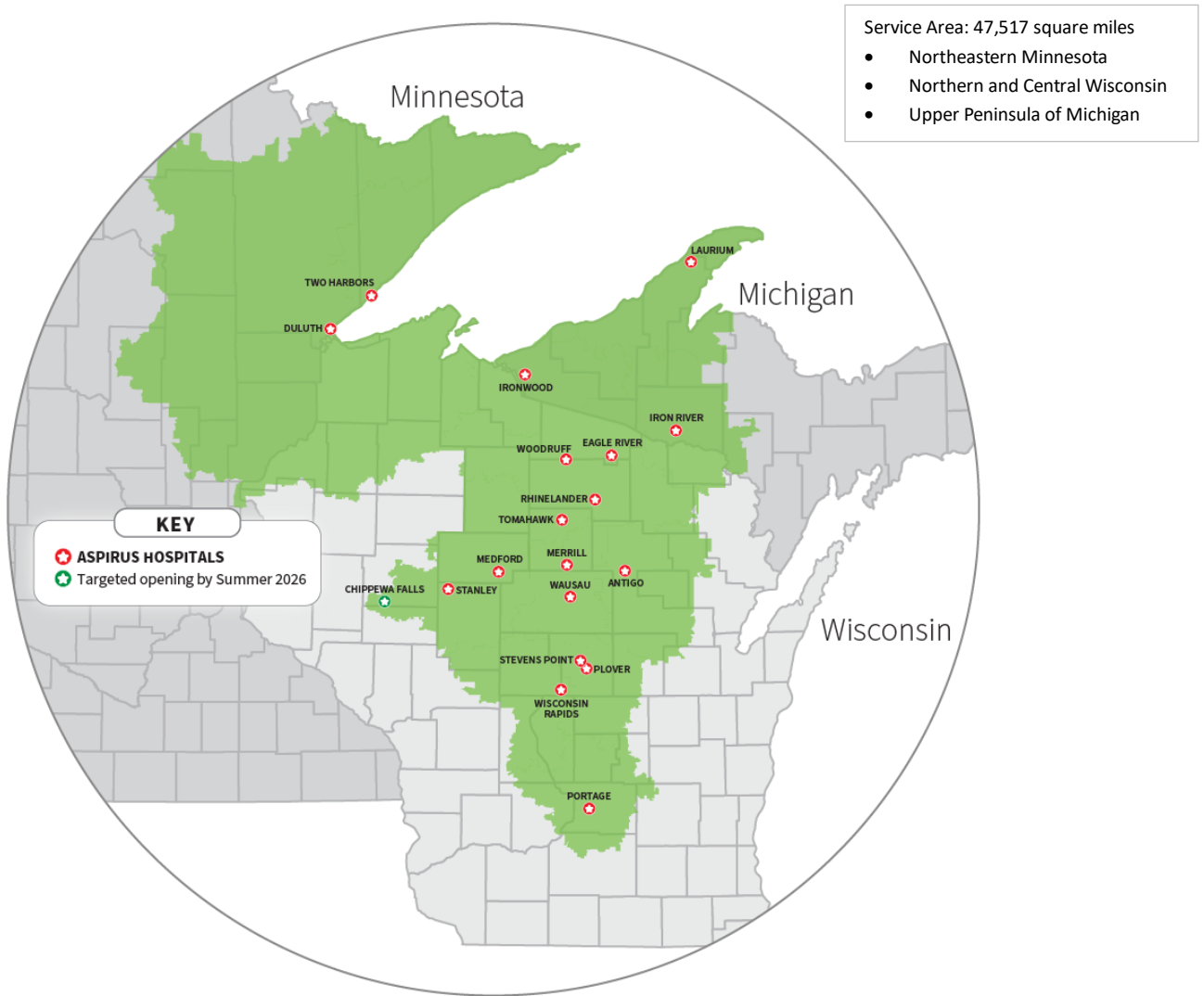
Aspirus Lake View and Lake County Public Health prioritized the following community health issues:

- Mental Health
- Drug Misuse and Substance Use
- Active Living / Move More

Aspirus and Public Health Profiles

Aspirus Health and Aspirus Lake View Hospital

Aspirus Health is a nonprofit, community-directed health system based in Wausau, Wisconsin, serving northeastern Minnesota, northern and central Wisconsin and the Upper Peninsula of Michigan. The health system operates 18 hospitals and 130 outpatient locations with nearly 14,000 team members, including 1,300 employed physicians and advanced practice clinicians. Learn more at [aspirus.org](https://www.aspirus.org).



Aspirus Lake View Hospital and Clinics is committed to providing local access with high quality health care and has the opportunity to keep care local and strengthen access to primary and specialty care. Aspirus Lake View has provided residents of Two Harbors and the North Shore with compassionate, quality care for more than a half-century. Aspirus Lake View also features Aspirus Lake View Two Harbors Clinic, Aspirus Lake View Silver Bay Clinic and Aspirus Lake View Pharmacy. The hospital also has an emergency department that is open 24/7/365.

Lake County Public Health

Lake County Public Health works collaboratively with individuals, families, communities, businesses and health systems to preserve and protect a culture of health for those who live, work, learn, and play in Lake County.



Building a Foundation for Health

The health of Lake County depends on a strong and stable foundation. Many sectors play a role in establishing the groundwork for good health and include things like: a quality education, access to health care and other resources, affordable housing, clean air, water and more!

What is Public Health's role?

Lake County Public Health professionals support our county's health by collecting data, partnering with foundational organizations, and delivering a variety of programs designed to:

- Prevent illnesses before they start.
- Promote health opportunities for all.
- Protect the health of the county when faced with significant challenges.

Examples include:

- Preparing for emergencies.
- Assisting schools, communities, and worksites to support health through policy, system and environmental change.
- Providing free food safety classes for Lake County restaurant workers.
- Increasing access to healthy food for residents with lower incomes.
- Preventing unplanned pregnancies and sexually transmitted infections by distributing free condoms.
- Preventing opioid overdose deaths by becoming Naloxone Access Point.
- Educating the community on a wide range of topics including gun locks, radon testing, medication disposal and more.



About the Community Health Needs Assessment

For Aspirus, the Community Health Needs Assessment (CHNA) is a way to live out the mission – *to heal people, promote health and strengthen communities* – and extend the vision of the organization – *being a catalyst for creating healthy, thriving communities*. A community health needs assessment is a fundamental tool of public health practice and provides an opportunity for a community to identify and understand what health issues are most important to the local area. Community resources, partnerships and opportunities for improvement can also be identified, forming a foundation for which strategies can be implemented.



Definition / Purpose of a CHNA

A CHNA is “a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan and act upon unmet community needs.”¹ From a practical perspective, the public health Community Health Assessment (CHA) is the same as a CHNA.

The value of the CHNA lies not only in the findings but also in the process itself, which is a powerful avenue for collaboration and potential impact. The momentum from the assessment can support cross-sector collaboration that: 1) leverages existing assets in the community creating the opportunity for broader impact, 2) avoids unnecessary duplication of programs or services and 3) increases the capacity of community members to engage in civil dialogue and collaborative problem solving to position the community to build on and sustain health improvement activities.

Compliance

The completion of a needs assessment is a requirement for both hospitals and health departments. For non-profit hospitals, the requirement originated with the Patient Protection and Affordable Care Act (ACA). The IRS Code, Section 501(r)(3) outlines the specific requirements, including having the final, approved report posted on a public website. Additionally, CHNA and Implementation Strategy activities are annually reported to the IRS.

In Minnesota, non-profit hospitals are also guided by [State Statute Sec. 144.6985](#). The statute has a number of requirements, including public reporting, the identification of three priority areas and the incorporation of evidence-based practices and evaluation measures.

¹ Catholic Health Association of the United States, <https://www.chausa.org>

Our Community and Demographics



Community Served

The primary service area for Aspirus Lake View Hospital and Lake County Public Health is Lake County, Minnesota. There is one hospital in the county (Aspirus Lake View Hospital). Lake County is or includes a designated Health Professional Shortage Area (HPSA) for primary care (geographic and low-income population); dental health (geographic); mental health (low-income population).

For the purposes of the Community Health Needs Assessment, the “community” is defined as Lake County because (a) it is the sole jurisdiction of Public Health; (b) most population-level data are available at the county level and (c) most / many community partners focus on the residents of Lake County.

Demographics

Lake County is a rural community covering 2109 square miles with 5 people per square mile. The table below outlines some of the basic demographics and related descriptors of Lake County’s population compared to Minnesota’s.

Compared to Minnesota, Lake County has a <u>higher</u> percentage or proportion of individuals:	Compared to Minnesota, Lake County has a <u>similar</u> percentage or proportion of individuals:	Compared to Minnesota, Lake County has a <u>lower</u> percentage or proportion of individuals:
Who are White (alone)	Without health insurance	Who are under the age of 18
With a disability	Who are high school graduates	Who are Black or African American
Who are over the age of 65		Who are American Indian and Alaska Native
Who are Veterans		Who are Asian (alone)
Using public insurance		Who identify with two races
		Who are Hispanic
		With a bachelor’s degree or higher
		In poverty

Demographics of a community help with understanding changes in the population, economy, social and housing infrastructure.² Knowing who is part of the community and what their strengths and challenges are contributes to a stronger assessment and plan. See [Appendix A](#) for additional demographic information, including descriptions of individuals who might be more vulnerable to poor health.

² Dan Veroff, University of Wisconsin-Madison, Division of Extension, Organizational and Leadership Development. [What you can learn about your community from demographics.](#)

Process and Methods Used – Frameworks

Aspirus and Lake County Public Health grounded this community health needs assessment in nationally recognized public health models. This helps provide consistency and opportunities for alignment as we work across the health system and in our communities.

- Aspirus and Lake County Public Health recognize that everyone does not have the same opportunities to be healthy. The Robert Wood Johnson Foundation created a ‘One Size Does Not Fit All’ infographic to help visualize health equity.
- For understanding health, the County Health Rankings and Roadmaps Model accounts for clinical, social, economic, behavioral and environmental factors that impact health.

Understanding Equity: One Size Does Not Fit All



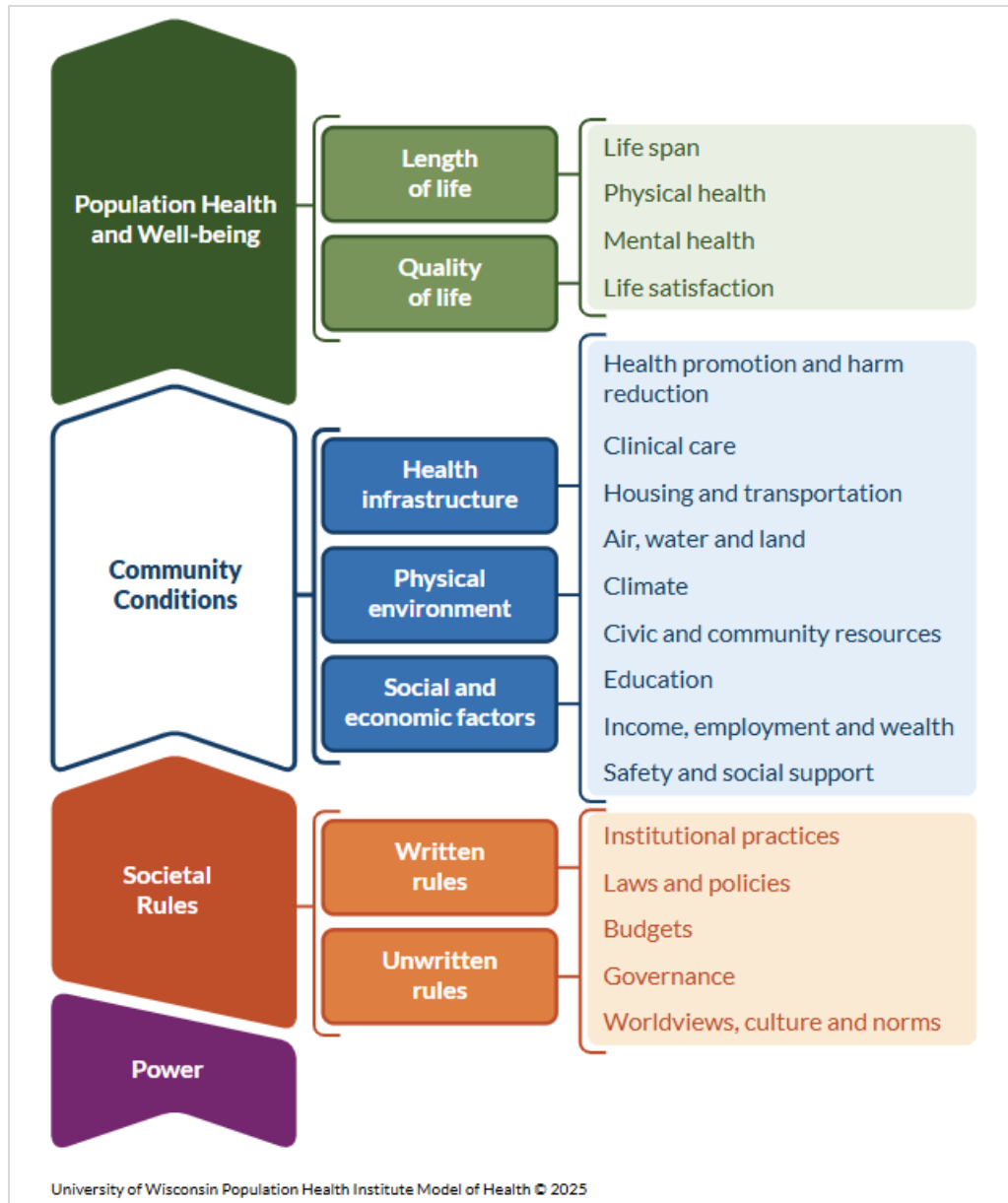
Another model helps explain that sometimes a one-size-fits-all solution does not work. The Robert Wood Johnson Foundation provided this [health equity 'bicycle' model](#). If a person wants to go on a bicycle ride with their friends and family, each person needs a different bicycle solution to enjoy the ride. This parallels the work in health equity. Knowing what structural and/or historical barriers are

impacting individuals' and communities' ability to be healthy can guide solutions and resources.

Because of complex factors and forces, and the importance of individuals and communities getting what they need to be healthy, Aspirus and Lake County Public Health are focused on strategies that impact everyone positively as well as strategies that disproportionately affect those who are most vulnerable to disease or illness.

Understanding Health: County Health Rankings Model

The County Health Rankings and Roadmaps (CHRR) Determinants of Health model is a comprehensive framework for understanding what makes communities healthy. The [Determinants of Health model](#) (below) has four components – Population Health and Well-Being (i.e., health outcomes), Community Conditions, Societal Rules and Power. The model was developed by the University of Wisconsin Population Health Institute (with funding from the Robert Wood Johnson Foundation). CHRR provides publicly available data within this framework for every county and state in the United States.



Process and Methods Used – Applied

The community health needs assessment was conducted in Summer 2025 through Spring 2026. Aspirus, Lake County Public Health and the Carlton-Lake-Cook-St. Louis Community Health Board compiled information from a community survey, local coalitions and credible public data sources. The process and results are outlined below.

Collaborators and / or Consultants

The assessment was completed by: Lake County Public Health, the Carlton-Lake-Cook-St. Louis Community Health Board and Aspirus Lake View Hospital. Multiple other organizations and individuals contributed to different stages of the process. All time was in-kind and no consultants were used.

Community Input

Community input is essential to identifying lived experiences, systemic barriers, and service gaps that are not fully captured in quantitative data sources.

To gather community input, a community survey was conducted in Fall 2025. The survey was widely distributed and focused on perceived top health behaviors, social and economic factors, aspects of clinical care, and physical environment.

Over 270 people who live or work in Lake County, Minnesota, responded. Their top issues were:

Category	Top Issues
Health Behavior	<ul style="list-style-type: none"> • Drug misuse (prescribed and illegal) • Not prioritizing seeking mental health care • Excessive use of screen time
Social and Economic Factors	<ul style="list-style-type: none"> • Financial instability (ex: safe Housing, household expenses, food) • Family instability (ex: abuse, inattentive parenting, trauma) • Access to affordable, quality medical care
Clinical Care	<ul style="list-style-type: none"> • Difficulty navigating the healthcare system/insurance • Availability of mental health appointments • Availability of dental care
Physical Environment	<ul style="list-style-type: none"> • Limited access to healthy food • None of the above are concerns in my community • Air pollution

Please see [Appendix B](#) for additional information on the survey content, distribution and analysis and [Appendix C](#) for detailed results.

Input Received on the Last CHNA

No known input on the previous CHNA was received.

Health Status Data / Outside Data

In addition to gathering input directly from community members, the partners compiled outside data reflective of the overall population's health status. These 'health status' (secondary) data are gathered by credible local, state and national governmental and non-governmental entities and published.

The partners downloaded secondary data from the County Health Rankings and Roadmaps (CHRR) website. CHRR compiles existing secondary data from multiple sources, including but not limited to the National Center for Health Statistics, Behavioral Risk Factor Surveillance System and the Centers for Medicare and Medicaid Services.

To better facilitate the review, data were organized in the following categories:

- Mental Health
- Drug Misuse/Substance Use
- Mental Health
- Lack of Physical Activity AND Access to Healthy Food
- Financial Instability
- Access to Affordable, Quality Medical Care AND Difficulty Navigating the Healthcare System / Insurance
- Dental Care
- Access to Affordable, Quality Childcare

Community Needs and Prioritization Process

A structured, multi-phased prioritization process was used to identify the community health issues where hospital and community action could achieve the greatest impact over the next three years. The cornerstone of the process was a formally structured document that combined secondary data and community input through the lens of criteria ([Appendix D](#)). The document evolved over time as additional stakeholder input was contributed.

Prioritization Process and Criteria

The prioritization process included two phases. The first phase was completed by Aspirus Lake View Hospital and Lake County Public Health. The second phase engaged area coalitions.

Phase I: Aspirus Lake View Hospital and Lake County Public Health leadership met in January 2026 to review secondary data and community input through the lens of criteria ([Appendix D](#)). The criteria included:

- **Scope of Issue:** This factor represents the prevalence of the health issue or condition (secondary data).
- **Community Momentum:** This factor represents the perceived prevalence of the health issue or conditions (community health input survey).
- **Alignment with others:** This factor considers whether community partners' priorities are aligned and have readiness to address this health issue.
- **Staff Feasibility and Alignment of Impact:** This factor considers whether Aspirus Lake View and Lake County Public Health can affect beneficial change for this topic area, based on grant alignment and allowable FTE dedicated towards topic area.
- **Evidence-based Strategy:** This factor considers scientifically supported community interventions are available to impact this health issue.

The partners reviewed the document and individually applied a scoring rubric to each of the nine areas. (See [Appendix E](#).) After the scoring of one area was complete, the partners participated in a facilitated discussion around their scores and rationale. After the discussion, each partner gave the individual topic area an overall 'rating' of high, medium and low priority. This process continued for each area. The total rankings were displayed to the partners at the end to see if there were any additional changes. With those results, the top three issues were identified.

Core Partner Prioritization Results:

	High	Medium	Low	Average Score (out of 25)
Drug Misuse / Substance Use				19
Mental Health and Suicide				19
Lack of Physical Activity				16
Financial Instability				16
Access to Healthy Food				15
Access to Affordable, Quality Medical Care				15
Difficulty Navigating the Healthcare System / Insurance				14
Access to Affordable, Quality Childcare				13
Dental Care				12

Shaded areas reflect the spread of the high-medium-low priority votes.

Phase II: Community stakeholders who were part of area coalitions were asked to review the results from the Aspirus and Public Health prioritization process. Criteria (and questions) for that review are below.

- *Are there any ‘red flags’ with these being the top community health priorities for the next three years?*
- *Is there any information that you think is vital that is not included?*
- *Are there existing strategies that are already working well that we should continue and/or expand on?*
- *If/When we start to address these issues, where are the gaps?*
- *What individuals or communities are most vulnerable (that perhaps strategies should be focused on)?*

Stakeholders could respond on behalf of themselves or on behalf of a coalition/community group. Twelve community stakeholders responded, with seven reflecting their individual perspective and five reflecting their coalition’s perspective. The results confirmed the three proposed priority areas. Please see [Appendix F](#) for additional details.

Final Prioritized Needs

Based on community input, health data, and multiple additional criteria, Aspirus Lake View Hospital and Lake County Public Health identified three priority health needs for focused action.

- Drug Misuse and Substance Use
- Mental Health³
- Physical Activity

Needs Not Selected

Several important community health issues – Dental Care; Access to Healthy Food; Financial Instability; Access to Affordable, Quality Medical Care; Difficulty Navigating the Healthcare System / Insurance; Access to Affordable, Quality Childcare – were ranked as needs in the community but not chosen as the top three either due to a lack of staff feasibility, partner alignment, available evidence-based strategies, or smaller gaps in data between what is seen in the county versus the state. The State of Minnesota requires hospitals prioritize exactly three needs.

A brief overview of each of the prioritized issues is on the next pages.

Healthcare Facilities and Community Resources

A brief description of healthcare and other organizations available to address community needs is in [Appendix G](#).

³ The partners originally prioritized 'Mental Health and Suicide'. Aspirus Lake View Board meeting discussion prompted a change to 'Mental Health' as an overarching need.

Mental Health

Why is it Important?

More than 1 in 5 adults in the United States (59.3 million people in 2022) has a mental illness.¹ Mental health and physical health are closely related, with a correlation between some physical chronic illnesses and poor mental health.² Some risk factors include lack of access to education, income, employment and housing; adverse childhood experiences (ACEs); social isolation; drug or alcohol use.² Untreated mental health issues can contribute to issues such as family conflicts, problems with drugs or alcohol, weakened immune system, some chronic diseases and more.³

Sources: (1) National Institute of Mental Health, <https://www.nimh.nih.gov/health/statistics/mental-illness>. Accessed on 2/20/2025. (2) Centers for Disease Control and Prevention, <https://www.cdc.gov/mental-health/about/index.html>. Accessed on 2/20/2025. (3) Mayo Clinic, <https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968>. Accessed on 2/20/2025.

Disparities and Inequities

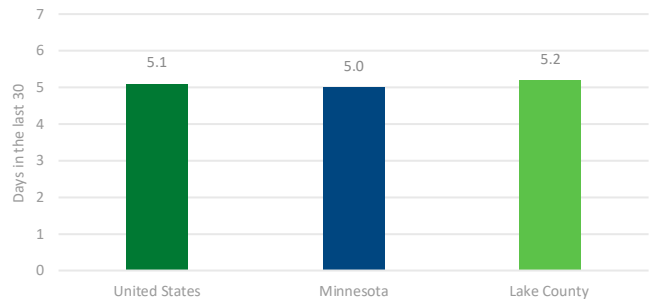
Disparities and inequities can show where interventions would be most beneficial.

- Individuals in marginalized groups are more likely to have poor mental health.¹
- The likelihood of depression decreases as education levels increase.²
- Depression is higher for women compared to men.²
- The suicide rate for men is four times the rate for women.³
- Access to mental and behavioral health services and the corresponding outcomes are disproportionately worse for ‘children and adolescents in racial, ethnic, sexual and gender minority groups’ and ‘children with autism spectrum disorder and other developmental disorders, children living in rural and under-resourced areas, and those involved in the child welfare or juvenile-justice systems’.⁴

Sources: (1) Macintyre, A., Ferris, D., Gonçalves, B. et al. What has economics got to do with it? The impact of socioeconomic factors on mental health and the case for collective action. *Palgrave Commun* 4, 10(2018). <https://doi.org/10.1057/s41599-018-0063-2>. (2) Centers for Disease Control and Prevention, <https://www.cdc.gov/mmwr/volumes/72/wr/mm7224a1.htm>. Accessed on 2/21/2025. (3) National Institute of Mental Health, https://www.nimh.nih.gov/health/statistics/suicide#part_2557. Accessed on 2/21/2025. (4) Hoffmann JA, Alegria M, Alvarez K, Anosike A, Shah PP, Simon KM, Lee LK. Disparities in Pediatric Mental and Behavioral Health Conditions. *Pediatrics*. 2022 Oct 1;150(4):e2022058227. doi: 10.1542/peds.2022-058227. PMID: 36106466; PMCID: PMC9800023.

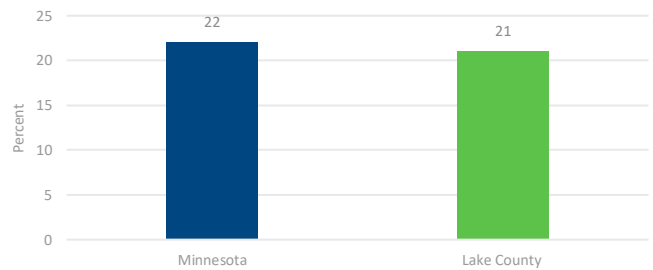
Data Highlights

Average number of mentally unhealthy days reported in past 30 days (age-adjusted)



Source: County Health Rankings and Roadmaps (2025 data release).

Percentage of adults reporting that they sometimes, rarely, or never get the social and emotional support they need



Source: County Health Rankings and Roadmaps (2025 data release).

Additional Data

- Percentage of adults reporting that they always usually or sometimes feel lonely (2022): 31% Lake County; 31% Minnesota. (Source: 2025 County Health Rankings and Roadmaps)
- Ratio of population to mental health providers (2024): 678:1 Lake County; 278:1 Minnesota. (Source: 2025 County Health Rankings and Roadmaps)

Community Perceptions & Challenges

Community survey respondents:

- Identified ‘not prioritizing seeking mental health care’ and ‘excessive use of screen time’ in the top three issues (within the Health Behavior category).
- Identified ‘availability of mental health appointments’ in the top three issues (within the Clinical Care category).

Drug Misuse and Substance Use

Why is it Important?

Alcohol and drug use are leading causes of preventable deaths.¹ Smoking is the leading cause of preventable death, with more than 480,000 deaths annually and a reduced life expectancy of 10 years.²

Alcohol is the most frequently used substance in the United States (ages 12+).¹ The number of alcohol-attributed deaths due to excessive alcohol use in the United States increased by 29% in the span of 5 years, from 138K in 2016-2017 to 178K in 2020-2021.¹ Short term risks and long-term impacts of excessive alcohol use include: violence (e.g., child maltreatment); unintentional injuries (e.g., falls); cancer; high blood pressure; long term memory problems and more.³

After a decade of increases in deaths due to drug overdoses (2011 to 2022), recent and preliminary data (for 2023 and 2024) show a leveling or decrease in overdose deaths in the United States. Drug dependence can result in a number of complications, including job loss, injuries, sexually transmitted infections, suicide, as well as family and social relationships.⁴

Substance misuse costs everyone. The estimated annual economic impact of alcohol misuse is \$249B and for illicit drug use, the cost is \$193B.⁵ The estimated impact of smoking (healthcare spending and productivity) is \$600B (2018).⁶

Sources: (1) Centers for Disease Control and Prevention, <https://www.cdc.gov/alcohol/facts-stats/index.html>. Accessed on 2/23/2025 and then revisited on 3/23/2025; page not available on 3/23/2025. (2) Association of American Medical Colleges, <https://www.aamc.org/news/smoking-still-leading-cause-preventable-death-us-doctors-may-soon-have-new-tools-help-people-quit>. Accessed on 3/23/2025. (3) Medical College of Wisconsin, Wisconsin Alcohol Policy Project, <https://www.mcw.edu/departments/comprehensive-injury-center/wi-alcohol-policy-project/understanding-the-problem>. Accessed on 3/23/2025. (4) Mayo Clinic, <https://www.mayoclinic.org/diseases-conditions/drug-addiction/symptoms-20365112>. Accessed on 3/23/2025. (5) U.S. Department of Health and Human Services, <https://www.hhs.gov/surgeongeneral/reports-and-publications/addiction-and-substance-misuse/index.html>. Accessed on 3/23/2025. (6) Centers for Disease Control and Prevention, <https://www.cdc.gov/tobacco/campaign/tips/resources/data/cigarette-smoking-in-united-states.html>. Accessed on 3/23/2025.

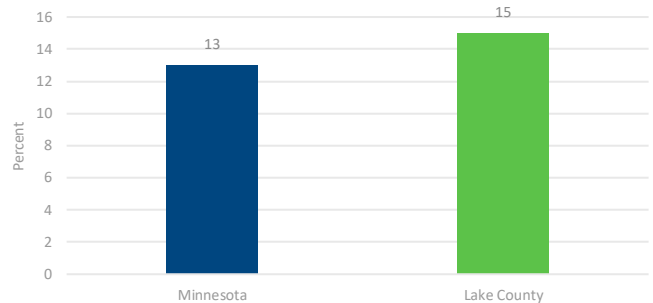
Disparities and Inequities

Disparities and inequities can show where interventions would be most beneficial. Smoking is higher within a number of communities compared to their counterpart: rural; veterans; individuals with less than a high school diploma; individuals with blue collar or construction jobs; LGBT (compared to straight); communities.¹

Sources: (1) American Lung Association, <https://www.lung.org/research/sotc/by-the-numbers/top-10-populations-affected>. Accessed on 3/23/2025.

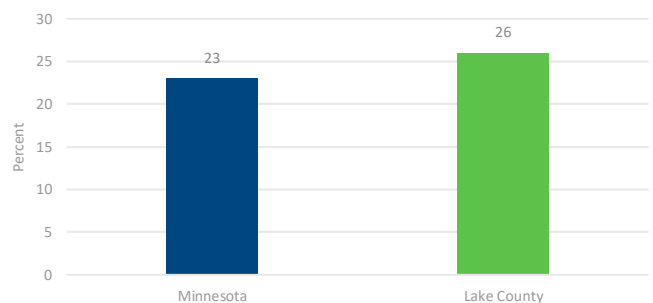
Data Highlights

Percentage of adults who are current smokers (age-adjusted)



Source: County Health Rankings and Roadmaps (2026 updated data).

Percentage of adults reporting binge or heavy drinking (age-adjusted)



Source: County Health Rankings and Roadmaps (2025 data release).

Additional Data

- Percentage of driving deaths with alcohol involvement (2018-22): 43% Lake County; 31% Minnesota. (Source: 2025 County Health Rankings and Roadmaps)
- Number of drug poisoning deaths per 100,000 population (2020-2022): not available for Lake County; 22 Minnesota. (Source: 2025 County Health Rankings and Roadmaps)

Community Perceptions & Challenges

Community survey respondents:

- Identified 'drug misuse (prescribed and illegal)' in the top three issues (within the Health Behavior category).
- Survey comment: "It would be great to have places that encourage social gatherings but remain sober. There is too much encouragement of drinking alcohol in our community."

Move More / Active Living

Why is it Important?

Only 1 in 4 adults and 1 in 5 adolescents in the United States meet physical activity guidelines for aerobic and muscle-strengthening activities. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities. Physical activity can help prevent disease, disability, injury and premature death.

Benefits [of physical activity] include improved thinking or cognition for children 6 to 13 and reduced short-term feelings of anxiety for adults. Regular physical activity can help keep your thinking, learning and judgement skills sharp as you age. It can also reduce your risk of depression and anxiety and help you sleep better.

Source: Excerpted verbatim from:

- Healthy People 2030 <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/physical-activity> on May 10, 2026.

- Centers for Disease Control and Prevention <https://www.cdc.gov/physical-activity-basics/benefits/index.html> on May 10, 2026.

Disparities and Inequities

Disparities and inequities can show where interventions would be most beneficial.

- In general, youth with lower socioeconomic status have lower physical activity levels.¹ This disparity is in part due to the quality and/or quantity of physical activity environments and school funding.^{1,2}
- Residents in rural communities are less likely to meet federal physical activity guidelines compared to their urban counterparts.³

Source: (1) Powell-Wiley TM, Martinez MF, Heneghan J, et al. Health and Economic Value of Eliminating Socioeconomic Disparities in US Youth Physical Activity. JAMA Health Forum. 2024;5(3):e240088. doi:10.1001/jamahealthforum.2024.0088. (2) James F. Sallis, American College of Sports Medicine. <https://acsm.org/disparities-quality-physical-activity-environments/> accessed on May 10, 2026. (3) Kessler MC, Gauthreaux N, Hermstad A, Arriola KJ, Mickens A, Ditzel K, et al. Inequities in Physical Activity Environments and Leisure-Time Physical Activity in Rural Communities. Prev Chronic Dis 2022;19:210417. DOI: <http://dx.doi.org/10.5888/pcd19.210417> accessed on May 10, 2026.

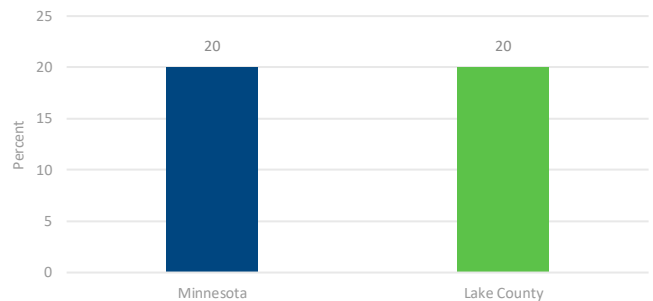
Community Perceptions & Challenges

Community survey respondents:

- Identified 'excessive use of screen time' in the top three issues (within the Health Behavior category).

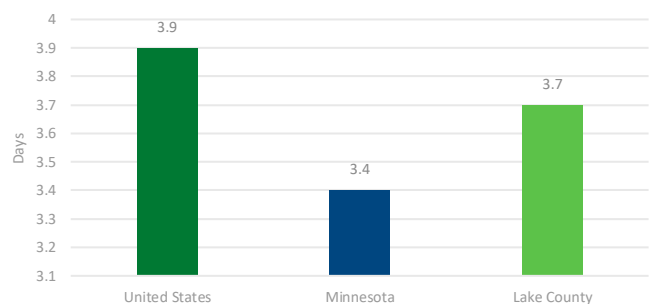
Data Highlights

Adults age 18 and over reporting no leisure-time physical activity (age-adjusted)



Source: County Health Rankings and Roadmaps (2025 data release).

Average number of physically unhealthy days reported in past 30 days (age-adjusted)



Source: County Health Rankings and Roadmaps (2025 data release).

Additional Data

- Percentage of adults who are overweight or obese (2022): 35% Lake County; 34% Minnesota. (Source: 2025 County Health Rankings and Roadmaps)
- Percentage of adults with diagnosed diabetes (2022): 9% Lake County; 9% Minnesota. (Source: 2025 County Health Rankings and Roadmaps)

Social Drivers and Equity

Social and economic conditions are key upstream drivers of health, influencing disease risk, access to care, and health outcomes long before individuals enter the healthcare system.

Research shows that social and economic factors (social drivers) are significant 'upstream' contributors to individuals' and communities' health outcomes. In clinical settings, Aspirus hospitals are gathering social drivers of health (SDOH) data as a way to understand how to tailor care to better meet the unique needs of each patient, leading to improved health equity and better health outcomes. Using aggregated patient-level social drivers' data can assist in understanding the root causes of complex health issues to improve access to preventative and chronic care services. Linking patient level SDOH data and community level data can provide stronger clinical-community linkages to help connect healthcare providers, community organizations and public health agencies.

Aspirus Lake View Hospital and Lake County Public Health are committed to recognizing and addressing health-related social needs as part of its overall community health improvement efforts. A number of related strategies/approaches are being implemented within the hospital and clinics as well as with other community partners.

- Connecting patients with food and other basic needs resources (through FindHelp.org)
- Exploring transportation solutions for patients and community members

As appropriate, Aspirus staff also will be participating in coalitions and community-level efforts to address other health and health-related social needs.

Evaluation of Impact from the Previous CHNA Implementation Strategy

Aspirus Lake View Hospital's priority health issues from the previous CHNA included:

- Be Well Mentally
- Addressing Suicide
- Move More

A summary of the impact of efforts to address those needs is included in [Appendix H](#).

Approval by the Hospital Board

The CHNA report was reviewed and approved by the Board of Directors for Aspirus Lake View Hospital on May 20, 2026.

Conclusion

Through collaboration with community partners and residents, this assessment identifies priority health needs that will guide Aspirus Lake View Hospital's and Lake County Public Health's community health improvement efforts over the next three years.

Appendices

Appendix A: Demographics and Related Descriptors

The table below outlines some of the demographic characteristics of Lake County, Minnesota.

	Lake County	Minnesota
Population	10,905	5,706,494
Age <18	19.1%	22.3%
Age 65+	27.9%	18.2%
Median age	49.4	39.2
White alone	94.7%	77.5%
Black or African American alone	<1%	7.0%
American Indian and Alaska Native alone	<1%	1.2%
Asian alone	<1%	5.2%
Two or more races	3.8%	6.1%
Hispanic or Latino	1.0%	6.1%
Language other than English spoken at home	1.5%	13.1%
High school graduate or higher	94.8%	94.2%
Bachelor's Degree or Higher	26.8%	40.0%
Individuals who are veterans	7.8%	5.5%
Individuals with disabilities	16.6%	12.2%
Persons in poverty	8.6%	9.3%
Median household income	\$75,541	\$87,117
Percent without healthcare coverage	4.9%	5.1%
Percent using public insurance (Medicaid, Medicare, veterans' benefits, etc.)	48.0%	34.7%

Sources:

- U.S. Census Bureau, Tables P9. https://data.census.gov/table?q=P9:+HISPANIC+OR+LATINO,+AND+NOT+HISPANIC+OR+LATINO+BY+RACE&g=040XX00US27_050XX00US27075
- U.S. Census Bureau, Tables P8. https://data.census.gov/table?q=P8&g=040XX00US27_050XX00US27075
- U.S. Census Bureau Profiles (MN) and corresponding tables. <https://data.census.gov/profile/Minnesota?g=040XX00US27#populations-and-people>
- U.S. Census Bureau Profiles (Lake County) and corresponding tables. https://data.census.gov/profile/Lake_County,_Minnesota?g=050XX00US27075
- U.S. Census, Public Insurance. https://data.census.gov/table/ACSST5Y2024.S2704?q=S2704:+Public+Health+Insurance+Coverage+by+Type+and+Selected+Characteristics&g=040XX00US27_050XX00US27075

Appendix B: Community Input – Community Survey

A community survey was conducted between August 26, 2025, and September 30, 2025. The survey was offered both electronically and hard copy. The survey was distributed across the county including at the local food shelf, library, jail, and farmers markets. Distribution also included social media posts on Facebook page, a press release, posters, digital newsletters, email messages, and tabling events. Over 270 people responded. Those who responded either lived or worked with in Lake County, MN.

The survey was anonymous and composed of 13 questions. The questions asked about perceived top health behaviors, social and economic factors, aspects of clinical care, and physical environment. Top public health concerns that arose from the survey included drug misuse/substance use, mental health, lack of physical activity, access to healthy food, financial instability, access to affordable medical care, difficulty navigating healthcare system/insurance, dental care, and access to affordable childcare. (The survey questions are included below.)

Qualitative questions included perceived community strengths and an additional comments section. The availability and accessibility of recreational areas were considered one of Lake County, Minnesota's top strengths. Demographic data collected included household income, age, zip code, gender, number of people in household under 20 years of age, and employment status. There was a response from each zip code represented in Lake County, MN with a majority of respondents selecting the Two Harbors zip code. The most common responder identified as female over the age of 45 which aligns with census data as the higher proportion of the population of Lake County, MN.

The opportunity for an incentive was provided for fulling out the survey. Responders had the option to enter in a raffle for a \$20 gift card. To enter, respondents could access the separate survey link or separate quarter sheet for hard copy to enter while still keeping responses anonymous.

Data was analyzed in Excel and split into strata such as household (HH) income and age to compare data from the overall population to disproportionate populations. Deductive coding was used to code the qualitative data to categorize comments.

The number of responses was satisfactory and considered an adequate representation of the Lake County population. Please note that a convenience survey has some level of bias in terms of who was selected and/or who participated.

SURVEY QUESTIONS

Community Health Input – We Want to Hear from You!

The Aspirus Lake View Hospital and Lake County Public Health Department are conducting this anonymous survey to understand your opinions about health in your community.

1. I live, work and/or use services in Lake County. Select one.

- Yes
- No

2. Choose the **top Health Behavior** that is hurting our community the most. Select one.

- Alcohol use
- Cannabis/THC use: edibles, vapes, weed, etc.
- Drug misuse (prescribed and illegal)
- Excessive use of screen time
- Lack of physical activity
- Nicotine use: cigarettes, vaping, pouches, chewing tobacco, etc.
- Not prioritizing seeking mental health care
- Poor nutrition
- Unsafe sexual activity
- None of the above are concerns in my community
- Choose not to answer
- Other (please specify): _____

3. **Social and Economic Factors:** Choose the **top Social and Economic Health Factor** that is hurting our community the most. Select one.

- Access to affordable, quality childcare
- Access to affordable, quality medical care
- Access to affordable, quality mental health care
- Family instability (ex: abuse, inattentive parenting, trauma)
- Financial instability (ex: safe Housing, household expenses, food)
- Harassment or discrimination of groups of people (e.g., LGBTQ, racial or ethnic minorities)
- Lack of knowledge of support services
- Limited educational opportunities
- Reliable transportation
- Violence in the home or community
- None of the above are concerns in my community
- Choose not to answer
- Other (please specify): _____

4. **Clinical Care:** Choose the **top Clinical Care** issue that is hurting our community the most. Select one.

- Availability of dental care
- Availability of mental health appointments
- Difficulty getting the medical appointments that you want
- Difficulty navigating the healthcare system / insurance

- Fewer people using preventive services (e.g., annual exams, mammograms, colonoscopies, vaccines)
- None of the above are concerns in my community
- Choose not to answer
- Other (please specify): _____

5. **Physical Environment:** Choose the **top aspect of the Physical Environment** that is hurting our community the most. Select one.

- Air pollution
- Drinking water quality
- Limited access to green space, public parks and recreation
- Limited access to healthy food
- Limited access of public places for those with disabilities
- Limited access to safe places to walk and bike
- None of the above are concerns in my community
- Choose not to answer
- Other (please specify): _____

6. What does your community offer that strengthens your health?
(open text)

7. What is your residential zip code?

- 55601
- 55603
- 55607
- 55609
- 55614
- 55616
- Other (please specify): _____

8: Gender:

- Female
- Male
- Transgender
- Choose not to answer
- Other (please specify): _____

9. Your age group:

- Under 18
- 18-24
- 25-34
- 45-59
- 60-74
- 75+
- Choose not to answer

10. Are there children (under the age of 20) living in your home?

- Yes
- No

11. Are you currently:

- Employed
- Employed, but not enough hours
- Not working, by choice
- Not working, not by choice
- Student
- Retired
- Unable to work
- Choose not to answer
- Other (please specify): _____

12. What is your overall household income per year? (Please use your gross income – the amount before taxes are taken out.)

- Less than \$25,000
- \$25,001-\$31,500
- \$31,501-\$42,500
- \$42,501-\$53,500
- \$53,501-\$64,500
- \$64,501-\$75,500
- \$75,501-\$86,500
- \$86,501-\$97,500
- \$97,501-\$108,500
- \$108,501-\$120,000
- More than \$120,000
- Choose not to answer

13. What else do you want to share about improving the health of your community?

(open text)

Contact information.

Appendix C: Community Input – Survey Results

The community survey results are below. Over 270 people responded. The results are organized by health issue categories and also include attention to disparities and equity (e.g., responses from individuals with lower household income; older individuals).

	Drug Misuse / Substance Use
Disparities & equity	<p>Drug Misuse/Substance Misuse:</p> <p>Health Behavior (HH Income \$64,500 and under)</p> <ul style="list-style-type: none"> • 20.65% of respondents selected drug misuse (prescribed and illegal). Ranked 2nd • 11.61% of respondents selected alcohol use. Ranked 5th • 7.74% of respondents selected cannabis/THC. Ranked sixth • 2.58% of respondents selected nicotine use. Ranked 8th <p>Health Behavior (ages 60 and up)</p> <ul style="list-style-type: none"> • 13.86% of respondents selected alcohol. Ranked 2nd • 12.87% of respondents selected drug misuse (prescribed and illegal). Ranked 4th • 6.93% of respondents selected cannabis/THC use. Ranked 6th • 1.98% of respondents selected nicotine use. Ranked 9th
Community momentum (Overall responses)	<p>Drug Misuse/Substance Misuse:</p> <p>Health Behavior</p> <ul style="list-style-type: none"> • 18.05% of respondents selected drug misuse. (prescribed and illegal). Ranked 1st • 12.64% of respondents selected alcohol use. Ranked 4th • 6.86% of respondents selected cannabis/THC use. Ranked 6th • 2.17% of respondents selected nicotine use. Ranked 9th <p>Strengths (Qualitative)</p> <ul style="list-style-type: none"> • 0 responses <p>Additional Comments</p> <ul style="list-style-type: none"> • 4 unique comments around substance misuse - "It would be great to have places that encourage social gatherings but remain sober. There is too much encouragement of drinking alcohol in our community."

	Mental Health
Disparities & equity	<p>Mental Health:</p> <p>Health Behavior (HH income \$64,500 and under)</p> <ul style="list-style-type: none"> • 21.94% of respondents selected prioritizing seeking mental health care. Ranked 1st • 15.48% of respondents selected excessive screentime. Ranked 3rd <p>Social and Economic Factor (HH income \$64,500 and under)</p> <ul style="list-style-type: none"> • 9.09% of respondents selected access to family instability (abuse, inattentive parenting, trauma). Ranked 5th • 11.04% of respondents selected access to affordable, quality mental health care. Ranked 4th <p>Clinical Care (HH Income \$64,500 and under)</p> <ul style="list-style-type: none"> • 20.65% of respondents selected availability of mental health appointments. Ranked 2nd <p>Health Behavior (ages 60 and up)</p> <ul style="list-style-type: none"> • 10.89% of respondents selected not prioritizing seeking mental health care. Ranked 5th • 13.86% of respondents selected excessive screentime. Ranked 3rd <p>Social and Economic Factor (ages 60 and up)</p> <ul style="list-style-type: none"> • 10% of respondents selected access to family instability (abuse, inattentive parenting, trauma). Ranked 2nd • 9.00% of respondents selected access to affordable, quality mental health care. Ranked 4th <p>Clinical Care (ages 60 and up)</p> <ul style="list-style-type: none"> • 9.90% of respondents selected availability of mental health appointments. Ranked 4th

Community momentum (Overall responses)	<p>Mental Health: Health Behavior</p> <ul style="list-style-type: none"> • 17.69% of respondents selected not seeking mental. Ranked 2nd • 14.44% of respondents selected excessive use of screen time. Ranked 3rd <p>Social and Economic Factor</p> <ul style="list-style-type: none"> • 11.27% of respondents selected access to family instability (abuse, inattentive parenting, trauma). Ranked 2nd • 8.73% of respondents selected access to affordable, quality mental health care. Ranked 5th <p>Clinical Care</p> <ul style="list-style-type: none"> • 15.52% of respondents selected availability of mental health appointments. Ranked 2nd <p>Strengths (Qualitative)</p> <ul style="list-style-type: none"> • 37 unique comments around mental health as a strength - “access to mental health services.” <p>Additional Comments (Qualitative)</p> <ul style="list-style-type: none"> • 21 unique comments around mental health - “Improved and diverse mental health services. Our local providers lack psychiatry availability, trauma therapy specialists/practices (EMDR, somatic therapy, brain spotting, CBT/DBT, ketamine treatments, groups) and overall trauma informed policies and care.”
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Access to Affordable, Quality Medical Care	
Disparities & equity	<p>Access to Affordable, Quality Medical Care:</p> <p>Social Economic Factor (HH income \$64,500 and under)</p> <ul style="list-style-type: none"> • 12.99% of respondents selected lack of access to affordable, quality medical care. Ranked 2nd <p>Clinical Care (HH income \$64,500 and under)</p> <ul style="list-style-type: none"> • 29.68% of respondents selected difficulty navigating the healthcare system/insurance. Ranked 1st • 11.61% of respondents selected difficulty getting the medical appointments that you want. Ranked 4th <p>Social Economic Factor (ages 60 and up)</p> <ul style="list-style-type: none"> • 5.00% of respondents selected lack of access to affordable, quality medical care. Ranked 5th <p>Clinical Care (ages 60 and up)</p> <ul style="list-style-type: none"> • 28.71% of respondents selected difficulty navigating the healthcare system/insurance. Ranked 1st • 10.89% of respondents selected difficulty getting the medical appointments that you want. Ranked 2nd
Community momentum (Overall responses)	<p>Access to Affordable, Quality Medical Care:</p> <p>Social Economic Factor</p> <ul style="list-style-type: none"> • 10.55% of respondents selected lack of access to affordable, quality medical care. Ranked 3rd <p>Clinical Care</p> <ul style="list-style-type: none"> • 31.41% of respondents selected difficulty navigating the healthcare system/insurance. Ranked 1st • 11.19% of respondents selected difficulty getting the medical appointments that you want. Ranked 4th <p>Strengths (Qualitative)</p> <ul style="list-style-type: none"> • 37 unique comments around healthcare as a strength in the community - “Lake view clinic is close and it is easy to get appointments there.” <p>Additional Comments (Qualitative)</p> <ul style="list-style-type: none"> • 25 unique comments around physical activity - “[...] poor service hours, locking the door to the Emergency Department, inadequate staffing including use of Staffing Agencies for ED physicians, inadequate access to the building via public transit, and inflexibility in virtual appointments /requiring multiple in-person appointments on different days that take people away from their work, schooling, and home duties.”

	Financial Instability
Disparities & equity	<p>Financial Instability:</p> <p>Social and Economic Factor (HH income of \$64,500 and under)</p> <ul style="list-style-type: none"> • 25.97% of respondents selected financial instability. Ranked 1st <p>Social and Economic Factors (ages 60 and up)</p> <ul style="list-style-type: none"> • 32% of respondents selected financial instability. Ranked 1st
Community momentum (Overall responses)	<p>Financial Instability:</p> <p>Social and Economic Factor</p> <ul style="list-style-type: none"> • 27.27% of respondents selected access to financial instability. Ranked 1st <p>Strengths (Qualitative)</p> <ul style="list-style-type: none"> • N/A for # of unique comments - "Outdoor activities that are free and accessible, local food shelf and support services" <p>Additional Comments (Qualitative)</p> <ul style="list-style-type: none"> • N/A for # of unique comments - "And though this is an issue in our area, access to housing/ affordable housing is a crisis."

	Dental Care
Disparities & equity	<p>Dental Care:</p> <p>Clinical Care (HH income of \$64,500 and under)</p> <ul style="list-style-type: none"> • 15.48% of respondents selected dental care. Ranked 3rd <p>Clinical Care (ages 60 and up)</p> <ul style="list-style-type: none"> • 7.92% of respondents selected dental care. Ranked 7th
Community momentum (Overall responses)	<p>Dental Care:</p> <p>Clinical Care</p> <ul style="list-style-type: none"> • 11.55% of respondents selected availability to dental care. Ranked 3rd <p>Strengths (Qualitative)</p> <ul style="list-style-type: none"> • 1 unique comment around dental care - "FREE CHECK UP, DENTAL FOR KIDS AND FREE PROGRAM FOR FAMILY." <p>Additional Comments (Qualitative)</p> <ul style="list-style-type: none"> • 1 unique comment around dental care - "Improved and diverse mental health services. Our local providers lack psychiatry availability, trauma therapy specialists/practices (EMDR, somatic therapy, brain spotting, CBT/DBT, ketamine treatments, groups) and overall trauma informed policies and care." Mental health, physical health, dental health, homelessness resources, grants and funding, food access, childcare, ect. Specifically noting those who accept insurance planes under MA, Medicare, Medicaid, TriCare, that are more difficult to find within the community."

Access to Affordable Quality Childcare	
Disparities & equity	<p>Access to Affordable Quality Childcare:</p> <p>Social and Economic Factor (HH income of \$64,500 and under)</p> <ul style="list-style-type: none"> • 11.04% of respondents selected access to affordable, quality childcare. Ranked 3rd <p>Social and Economic Factor (ages 60 and up)</p> <ul style="list-style-type: none"> • 9.00% of respondents selected access to affordable, quality childcare. Ranked 3rd
Community momentum (Overall responses)	<p>Access to Affordable Quality Childcare:</p> <p>Social and Economic Factor</p> <ul style="list-style-type: none"> • 9.45% of respondents selected access to affordable quality childcare. Ranked 4th <p>Strengths (Qualitative)</p> <ul style="list-style-type: none"> • 0 comments around childcare <p>Additional Comments (Qualitative)</p> <ul style="list-style-type: none"> • 0 comments around childcare

Physical Activity and Access to Healthy Food	
Disparities & equity	<p>Physical Activity and Access to Healthy Food:</p> <p>Health Behavior (HH income of \$64,500 and under)</p> <ul style="list-style-type: none"> • 8.39% of respondents selected lack of physical activity. Ranked 5th • 5.16% of respondents selected poor nutrition. Ranked 7th <p>Physical Environment (HH income of \$64,500 and under)</p> <ul style="list-style-type: none"> • 30.32% of respondents selected limited access to healthy food. Ranked 1st <p>Health Behavior (ages 60 and up)</p> <ul style="list-style-type: none"> • 16.83% of respondents selected lack of physical activity. Ranked 1st • 2.97% of respondents selected poor nutrition. Ranked 7th <p>Physical Environment (ages 60 and up)</p> <ul style="list-style-type: none"> • 14.85% of respondents selected limited access to healthy food. Ranked 3rd
Community momentum (Overall responses)	<p>Physical Activity and Access to Healthy Food:</p> <p>Health Behavior</p> <ul style="list-style-type: none"> • 11.55% of respondents selected lack of physical activity. Ranked 5th • 4.33% of respondents selected poor nutrition. Ranked 7th <p>Physical Environment</p> <ul style="list-style-type: none"> • 24.19% of respondents selected limited access to healthy food. Ranked 1st <p>Strengths (Qualitative)</p> <ul style="list-style-type: none"> • 137 unique comments around physical activity - "Many opportunities for physical recreation and activities". • 20 unique comments around healthy eating - "healthy food whether at grocery store or farmers market". <p>Additional Comments (Qualitative)</p> <ul style="list-style-type: none"> • 23 unique comments around physical activity - "I would love to see more adult recreation activities such as group fitness classes, pickleball, etc. offered at times that working adults are able to attend". • 9 unique comments around healthy eating - "It would be nice to have options locally to get food, clothing, and other basic needs. Lack of access is a huge issue for people with limited resources, and prices are often higher and/or quality is lower as there is no competition".

Appendix D: Prioritization – Compiled Data and Review Criteria

To effectively review the primary data (survey results) and the secondary data (e.g., health status data from County Health Rankings and Roadmaps), the data were combined into health issue categories and layered with review criteria. The document evolved over time and was also used in the second step of the prioritization process when community stakeholders representing area coalitions and organization were asked for input.

The content of the document is below and it is organized in the following health issues categories:

- Drug Misuse/Substance Use
- Mental Health
- Lack of Physical Activity **AND** Access to Healthy Food
- Financial Instability
- Access to Affordable, Quality Medical Care **AND** Difficulty Navigating the Health Care System/Insurance
- Dental Care
- Access to Affordable, Quality Childcare

Drug Misuse / Substance Use

CRITERIA: Scope of Issue

Measure	Description	US Overall	Minnesota	Lake County
Excessive Drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted).		23%	26%
Alcohol-Impaired Driving Deaths	Percentage of driving deaths with alcohol involvement.		31%	43%
Drug Overdose Deaths*	Number of drug poisoning deaths per 100,000 population.		22	--
Adult Smoking	Percentage of adults who are current smokers (age-adjusted).		13%	15%
Disconnected Youth	Percentage of teens and young adults ages 16-19 who are neither working nor in school.		5	--
Lack of Social and Emotional Support+	Percentage of adults reporting that they sometimes, rarely, or never get the social and emotional support they need.		22%	21%
Feelings of Loneliness+	Percentage of adults reporting that they always, usually or sometimes feel lonely.		31%	31%

* Comparing County to Minnesota levels: Worse Than, Same As, Better Than

CRITERIA	Drug Misuse / Substance Use
Community momentum (survey)	<p>Drug Misuse/Substance Misuse:</p> <p>Health Behavior</p> <ul style="list-style-type: none"> 18.05% of respondents selected drug misuse. (prescribed and illegal). Ranked 1st 12.64% of respondents selected alcohol use. Ranked 4th 6.86% of respondents selected cannabis/THC use. Ranked 6th 2.17% of respondents selected nicotine use. Ranked 9th <p>Strengths (Qualitative)</p> <ul style="list-style-type: none"> 0 responses <p>Additional Comments</p> <p>4 unique comments around substance misuse - "It would be great to have places that encourage social gatherings but remain sober. There is too much encouragement of drinking alcohol in our community."</p>
Alignment with others	<p><i>Coalitions, Task Forces, Projects:</i></p> <p>Wilderness Health, Aspirus staff, others</p>
Staff Feasibility and Alignment	Not a lot of staff, although do have the opioid funds and CSUP funds
Evidence-based Strategies	There are a lot of evidence-based strategies
Other	<ul style="list-style-type: none"> Many short- and long-term effects of substance use. <ul style="list-style-type: none"> Safety is immediate. Chronic disease later on. Ripple effect, the potential is so encompassing. MN Student Survey. Numbers were so low for Lake County, it was difficult to include. Substance use has the potential to get worse. Insurance is changing so people are dropping out of therapy. Some people have lost insurance coverage.

For additional consideration:

CRITERIA	Drug Misuse / Substance Use
<p>Disparities and equity (general)</p>	<p>Disparities and inequities can show where interventions would be most beneficial.</p> <ul style="list-style-type: none"> • In 2022 and 2023, the highest drug overdose death rates were for individuals who are American Indian / Alaska Native and for individuals who are Black / African American.¹ • Smoking is higher within a number of communities compared to their counterpart: rural; veterans; individuals with less than a high school diploma; individuals with blue collar or construction jobs; LGBT (compared to straight); communities.² • In a review of 2024 national data: “Both cigarette smoking and e-cigarette use were more prevalent among adults in rural communities. Smoking was 1.5 times higher among rural (15.5%) compared with metropolitan (10.1%) adults and e-cigarette use was 1.2 times higher among rural (9.1%) compared with metropolitan (7.4%) adults.”³ • Men and boys (compared to women and girls) accounted for approximately two-thirds of alcohol-attributable deaths (2020-2021).⁴ <p>Sources: (1) Centers for Disease Control and Prevention, https://www.cdc.gov/nchs/products/databriefs/db522.htm. Accessed on 3/23/2025. (2) American Lung Association, https://www.lung.org/research/sotc/by-the-numbers/top-10-populations-affected. Accessed on 3/23/2025. (3) American’s Health Rankings, 2025 Annual Report, Executive Brief. Accessed on 01/11/2026. (4) Centers for Disease Control and Prevention, Alcohol and Public Health: Alcohol-Related Disease Impact. Accessed on 3/23/2025.</p>
<p>Disparities (survey)</p>	<p>Drug Misuse/Substance Misuse:</p> <p>Health Behavior (HH Income \$64,500 and under)</p> <ul style="list-style-type: none"> • 20.65% of respondents selected drug misuse (prescribed and illegal). Ranked 2nd • 11.61% of respondents selected alcohol use. Ranked 5th • 7.74% of respondents selected cannabis/THC. Ranked sixth • 2.58% of respondents selected nicotine use. Ranked 8th <p>Health Behavior (ages 60 and up)</p> <ul style="list-style-type: none"> • 13.86% of respondents selected alcohol. Ranked 2nd • 12.87% of respondents selected drug misuse (prescribed and illegal). Ranked 4th • 6.93% of respondents selected cannabis/THC use. Ranked 6th • 1.98% of respondents selected nicotine use. Ranked 9th
<p>Community momentum (general)</p>	<p>Alcohol consumption and alcohol-related deaths and illness increased during the covid pandemic. ~ National Institute on Alcohol Abuse and Alcoholism Research Update (June 30, 2022)</p> <p>The abuse of illicit drugs and misuse of prescription drugs is a nationally recognized concern. “The age-adjusted rate of overdose deaths increased by 31% from 2019 (21.6 per 100,000) to 2020 (28.3 per 100,000).” ~ Centers for Disease Control and Prevention, Drug Overdose Death Rate Maps and Graphs website</p> <p>Since 2014, e-cigarettes have been the most used tobacco product among U.S. youth. ~ Centers for Disease Control and Prevention, More than 25 Million Youth Reported E-Cigarette Use in 2022 (press release)</p>

Mental Health and Suicide

CRITERIA: Scope of the Issue

Measure	Description	Year(s)	US Overall	Minnesota	Lake County (Better/Worse/Same as Minnesota)
Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	2022	5.1	5	5.2
Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	2022	17%	14%	14%
Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).	2022		10%	11%
Frequent Mental Distress	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted).	2022		16%	16%
Suicides*	Number of deaths due to suicide per 100,000 population (age-adjusted).	2018-2022		14	18
Feelings of Loneliness+	Percentage of adults reporting that they always, usually or sometimes feel lonely.	2022		31%	31%
Primary Care Physicians	Ratio of population to primary care physicians.	2021	1,330:1	1134:1	1,099:1
Mental Health Providers	Ratio of population to mental health providers.	2024	300:1	278:1	678:1
Insufficient Sleep	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted).	2022		30%	29%
Social Associations	Number of membership associations per 10,000 population.	2022	9.1	12.4	13.7
Disconnected Youth	Percentage of teens and young adults ages 16-19 who are neither working nor in school.	2019-2023		5	--
Lack of Social and Emotional Support+	Percentage of adults reporting that they sometimes, rarely, or never get the social and emotional support they need.	2022		22%	21%

* Comparing County to Minnesota levels: Worse Than, Same As, Better Than

CRITERIA	Mental Health and Suicide
Community momentum (survey)	<p>Mental Health: Health Behavior</p> <ul style="list-style-type: none"> • 17.69% of respondents selected not seeking mental. Ranked 2nd • 14.44% of respondents selected excessive use of screen time. Ranked 3rd <p>Social and Economic Factor</p> <ul style="list-style-type: none"> • 11.27% of respondents selected access to family instability (abuse, inattentive parenting, trauma). Ranked 2nd • 8.73% of respondents selected access to affordable, quality mental health care. Ranked 5th <p>Clinical Care</p> <ul style="list-style-type: none"> • 15.52% of respondents selected availability of mental health appointments. Ranked 2nd <p>Strengths (Qualitative)</p> <ul style="list-style-type: none"> • 37 unique comments around mental health as a strength - "access to mental health services." <p>Additional Comments (Qualitative)</p> <ul style="list-style-type: none"> • 21 unique comments around mental health - "Improved and diverse mental health services. Our local providers lack psychiatry availability, trauma therapy specialists/practices (EMDR, somatic therapy, brain spotting, CBT/DBT, ketamine treatments, groups) and overall trauma informed policies and care."
Alignment with others	<p>Mental Health is a current priority of the hospital and health department.</p> <p><i>Coalitions, Task Forces, Projects:</i> Both Lake County Public Health and Aspirus have partners with high alignment in this area.</p>
Staff Feasibility and Alignment	<p>Lower staff capacity compared to some of the other topics.</p>
Evidence-based Strategies	<ul style="list-style-type: none"> • For mental health, the data are concrete on more vulnerable populations, so it is easier to focus the strategies. • School is seeing improvements in attendance, in part due to the hire of a new counselor who focuses on social emotional learning.
Other	<ul style="list-style-type: none"> • Difficult to hire for mental health. There was a consistent MH Nurse Practitioner at Lake View in primary care, now it is 2 days a month only. Additionally, there are barriers to hiring someone. • Screen time is an issue. • On the emergency department: when mental health is not taken care of, there is pressure on ER. • On the patients and families: Patients with severe mental health issues are sent to the Dakotas and southern MN. That is very disruptive for the patients and their families. • Data Gap: <ul style="list-style-type: none"> ○ What is the truancy rate? (Want to know how students are supported when they are not in the school building.)

For additional consideration:

Criteria	Mental Health and Suicide
<p>Disparities and equity (general)</p>	<p>Disparities and inequities can show where interventions would be most beneficial.</p> <ul style="list-style-type: none"> In the U.S., young adults (ages 18-25) have higher levels of any mental illness compared to adults 26-49 and over 50 years old.¹ Individuals in marginalized groups are more likely to have poor mental health.² The likelihood of depression decreases as education levels increase.⁴ Depression is higher for women compared to men.³ The suicide rate for men is four times the rate for women.⁴ Over 50 percent of the students who identified in each of the following groups reported having anxiety: LGB; with disabilities; with food insecurity; with low grades; who are Hispanic; who have a multi-racial background.⁵ <p>Sources: (1) National Institute of Mental Health, https://www.nimh.nih.gov/health/statistics/mental-illness. Accessed on 2/20/2025. (2) Macintyre, A., Ferris, D., Gonçalves, B. et al. What has economics got to do with it? The impact of socioeconomic factors on mental health and the case for collective action. <i>Palgrave Commun</i> 4, 10(2018). https://doi.org/10.1057/s41599-018-0063-2. (3) Centers for Disease Control and Prevention, https://www.cdc.gov/mmwr/volumes/72/wr/mm7224a1.htm. Accessed on 2/21/2025. (4) National Institute of Mental Health, https://www.nimh.nih.gov/health/statistics/suicide#part_2557. Accessed on 2/21/2025. (5) Wisconsin Youth Risk Behavior Survey Summary Report (2021), Summary Report: 2021 Wisconsin Youth Risk Behavior Survey. Accessed on 2/21/2025.</p>
<p>Disparities (survey)</p>	<p>Mental Health:</p> <p>Health Behavior (HH income \$64,500 and under)</p> <ul style="list-style-type: none"> 21.94% of respondents selected prioritizing seeking mental health care. Ranked 1st 15.48% of respondents selected excessive screentime. Ranked 3rd <p>Social and Economic Factor (HH income \$64,500 and under)</p> <ul style="list-style-type: none"> 9.09% of respondents selected access to family instability (abuse, inattentive parenting, trauma). Ranked 5th 11.04% of respondents selected access to affordable, quality mental health care. Ranked 4th <p>Clinical Care (HH Income \$64,500 and under)</p> <ul style="list-style-type: none"> 20.65% of respondents selected availability of mental health appointments. Ranked 2nd <p>Health Behavior (ages 60 and up)</p> <ul style="list-style-type: none"> 10.89% of respondents selected not prioritizing seeking mental health care. Ranked 5th 13.86% of respondents selected excessive screentime. Ranked 3rd <p>Social and Economic Factor (ages 60 and up)</p> <ul style="list-style-type: none"> 10% of respondents selected access to family instability (abuse, inattentive parenting, trauma). Ranked 2nd 9.00% of respondents selected access to affordable, quality mental health care. Ranked 4th <p>Clinical Care (ages 60 and up)</p> <ul style="list-style-type: none"> 9.90% of respondents selected availability of mental health appointments. Ranked 4th

Lack of Physical Activity Access to Healthy Food

CRITERIA: Scope of the Issue

Measure	Description	US Overall	Minnesota	Lake County
Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	3.9	3.4	3.7
Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	5.1	5	5.2
Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	17%	14%	14%
Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).		10%	11%
Diabetes Prevalence	Percentage of adults aged 18 and above with diagnosed diabetes (age-adjusted).		9%	9%
HIV Prevalence+	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.		197	74
Adult Obesity	Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m ² (age-adjusted).		34%	35%
Frequent Mental Distress	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted).		16%	16%
Feelings of Loneliness+	Percentage of adults reporting that they always, usually or sometimes feel lonely.		31%	31%
Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity.	84%	86%	80%
Food Environment Index+	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	7.4	9.0	8.7
Limited Access to Healthy Foods	Percentage of population who are low-income and do not live close to a grocery store.		6%	3%
Food Insecurity	Percentage of population who lack adequate access to food.		9%	11%
Physical Inactivity	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted).		20%	20%
Access to Parks	Percentage of the population living within a half mile of a park.		61%	20%

* Comparing County to Minnesota levels: **Worse Than**, **Same As**, **Better Than**

CRITERIA	Lack of Physical Activity Access to Healthy Food
Community momentum (survey)	<p>Physical Activity and Access to Healthy Food: Health Behavior</p> <ul style="list-style-type: none"> • 11.55% of respondents selected lack of physical activity. Ranked 5th • 4.33% of respondents selected poor nutrition. Ranked 7th <p>Physical Environment</p> <ul style="list-style-type: none"> • 24.19% of respondents selected limited access to healthy food. Ranked 1st <p>Strengths (Qualitative)</p> <ul style="list-style-type: none"> • 137 unique comments around physical activity - “Many opportunities for physical recreation and activities”. • 20 unique comments around healthy eating - “healthy food whether at grocery store or farmers market”. <p>Additional Comments (Qualitative)</p> <ul style="list-style-type: none"> • 23 unique comments around physical activity - “I would love to see more adult recreation activities such as group fitness classes, pickleball, etc. offered at times that working adults are able to attend.”. • 9 unique comments around healthy eating - “It would be nice to have options locally to get food, clothing, and other basic needs. Lack of access is a huge issue for people with limited resources, and prices are often higher and/or quality is lower as there is no competition.”
Alignment with others	<p>‘Move More’ is a current priority of the hospital and the health department.</p> <p><i>Coalitions, Task Forces, Projects:</i></p> <p>Alignment with others – many people seem to be involved in food access and there are many resources already in place.</p> <ul style="list-style-type: none"> • The food shelf is robust. • There are other resources – seniors. • Free school lunches. • Many would like to see changes to SNAP benefits, such as not allowing certain foods. <p>In the Lake County PH and Aspirus process (January 13), food access had the highest rating for momentum.</p>
Staff Feasibility and Alignment	<p>Alignment with Statewide Health Improvement Partnership (SHIP). Alignment with Women, Infants, and Children (WIC).</p>
Evidence-based Strategies	<ul style="list-style-type: none"> • There are many evidence-based strategies.
Other	<ul style="list-style-type: none"> • Healthy food is so foundational. • Data for limited access (better than MN) and data for food insecurity (worse than MN) show a mixed picture for Lake County. • Qualitative data: lack of access in terms of affordable options and grocery stores. There are two grocery stores in the county. Not a lower cost alternative, like Walmart or Aldi’s. • Physical activity is often seen as individual behavior. But this is about how we change the environment and the systems. • Screen time may be a factor in physical activity. (Also – the weather!)

For additional consideration:

CRITERIA	Lack of Physical Activity Access to Healthy Food
Disparities and equity (general)	<p>Disparities and inequities can show where interventions would be most beneficial.</p> <ul style="list-style-type: none"> • Individuals with less than a high school education, compared to individuals with a college degree, are three times more likely to be physically inactive. • Rates of physical inactivity are increasing for some groups of individuals – men, individuals with less than a high school education and individuals who are Black. • Individuals with less than a high school education, compared to individuals with a college degree, are three times more likely to be physically inactive. Rates of physical inactivity are increasing for some groups of individuals – men, individuals with less than a high school education and individuals who are Black. <p>(All of the above is from the 2021 America’s Health Rankings (AHR) Disparities Report)</p> <p>In a review of national 2024 data: “... physical inactivity remained 1.2 times higher among rural compared with metropolitan adults” (American’s Health Rankings, 2025 Annual Report, Executive Brief. Accessed on 01/11/2026.) Additionally, physical inactivity increases as income decreases. Individuals who make more than \$150K annually are 4.4 times less likely to be physically inactive. https://assets.americashealthrankings.org/ahr_2025annual_comprehensivereport_final-web.pdf</p> <p>“Rates of obesity and chronic disease are generally significantly higher among racial and ethnic minorities and low-income populations. In many cases, disparities are linked with wide-reaching factors such as access to resources including healthy foods, safe places for physical activity, healthcare, and equitable opportunities for education, housing, employment and transportation.” Wisconsin Nutrition, Physical Activity and Obesity State Health Plan, page 94</p>
Disparities (survey)	<p>Physical Activity and Access to Healthy Food:</p> <p>Health Behavior (HH income of \$64,500 and under)</p> <ul style="list-style-type: none"> • 8.39% of respondents selected lack of physical activity. Ranked 5th • 5.16% of respondents selected poor nutrition. Ranked 7th <p>Physical Environment (HH income of \$64,500 and under)</p> <ul style="list-style-type: none"> • 30.32% of respondents selected limited access to healthy food. Ranked 1st <p>Health Behavior (ages 60 and up)</p> <ul style="list-style-type: none"> • 16.83% of respondents selected lack of physical activity. Ranked 1st • 2.97% of respondents selected poor nutrition. Ranked 7th <p>Physical Environment (ages 60 and up)</p> <ul style="list-style-type: none"> • 14.85% of respondents selected limited access to healthy food. Ranked 3rd

Financial Instability

CRITERIA: Scope of the Issue

Measure	Description	US Overall	Minnesota	Lake County
Food Environment Index+	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	7.4	9.0	8.7
Uninsured	Percentage of population under age 65 without health insurance.	10%	5%	6%
Limited Access to Healthy Foods	Percentage of population who are low-income and do not live close to a grocery store.		6%	3%
Food Insecurity	Percentage of population who lack adequate access to food.		9%	11%
Uninsured Adults	Percentage of adults under age 65 without health insurance.		6%	7%
Uninsured Children	Percentage of children under age 19 without health insurance.		3%	5%
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.	17%	13%	11%
Homeownership	Percentage of owner-occupied housing units.		72%	84%
Severe Housing Cost Burden	Percentage of households that spend 50% or more of their household income on housing.		11%	11%
Some College	Percentage of adults ages 25-44 with some post-secondary education.	68%	75%	73%
High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	89%	94%	93%
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	3.6%	2.8%	3.9%
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	4.9	4.2	4.3
Children in Poverty*	Percentage of people under age 18 in poverty.	16%	10%	11%
Child Care Cost Burden	Child care costs for a household with two children as a percent of median household income.	28%	30%	34%
High School Graduation+	Percentage of ninth-grade cohort that graduates in four years.		84%	93%
School Funding Adequacy+	The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.		\$2,332	\$4,184
Children Eligible for Free or Reduced Price Lunch+	Percentage of children enrolled in public schools that are eligible for free or reduced price lunch.		43%	39%
Gender Pay Gap	Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar."		0.83	0.80
Median Household Income*	The income where half of households in a county earn more and half of households earn less.		\$85,070	\$71,573

Living Wage	The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children.			missing
Rent as a Percent of Income	Gross rent as a percent of income / 30% and more	46.9%	44.6%	37.4%
Monthly Housing Costs	Median monthly owner costs with or without a mortgage	\$1331	\$1432	\$947

* Comparing County to Minnesota levels: **Worse Than**, **Same As**, **Better Than**

CRITERIA	Financial Instability
Community momentum (survey)	<p>Financial Instability: Social and Economic Factor</p> <ul style="list-style-type: none"> 27.27% of respondents selected access to financial instability. Ranked 1st <p>Strengths (Qualitative)</p> <ul style="list-style-type: none"> N/A for # of unique comments - "Outdoor activities that are free and accessible, local food shelf and support services" <p>Additional Comments (Qualitative)</p> <ul style="list-style-type: none"> N/A for # of unique comments - "And though this is an issue in our area, access to housing/affordable housing is a crisis."
Alignment with others	<p><i>Coalitions, Task Forces, Projects:</i></p> <p>A 75-unit apartment complex is being built in Lake County – North Shore Flats Workforce Apartments. Five units will be dedicated to individuals with low to moderate income. Additional impacts are TBD.</p>
Staff Feasibility and Alignment	<ul style="list-style-type: none"> Housing is part of this. Housing and financial stability are above and beyond what we can do.
Evidence-based Strategies	<ul style="list-style-type: none"> One of the findings in the research from the last CHNA/CHA cycle was that financial stability was the number one indicator to prevent suicide (per the CDC).
Other	<ul style="list-style-type: none"> Not finding a suitable home is a significant challenge. <ul style="list-style-type: none"> Affordability of housing came up in the qualitative data. Housing is one of Aspirus St. Luke's priorities this year. Cook County is committed to doing something about housing and they are taking action. One of their top community health needs is "Healthy Housing". They are building new apartments that have sliding fees based on income.

For additional consideration:

For additional consideration	Financial Instability
<p>Disparities and equity (general)</p>	<p>Income is a strong predictor of health, and lower levels of income are associated with poorer health outcomes across the life course.</p> <p>Poverty is higher:</p> <ul style="list-style-type: none"> • In households headed by individuals with less than a high school education (compared to those headed by individuals with a college degree) • Individuals who are Black, Hispanic, American Indian / Alaska Native (compared to White) • Households headed by women (compared to men) • In households in non-metropolitan areas (compared to metropolitan areas) <p>All of the above is from the 2021 AHR Disparities Report</p> <p>“Across the lifespan, residents of impoverished communities are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy.^{9,13-17} Children make up the largest age group of those experiencing poverty.^{18,19} Childhood poverty is associated with developmental delays, toxic stress, chronic illness, and nutritional deficits.²⁰⁻²⁴ Individuals who experience childhood poverty are more likely to experience poverty into adulthood, which contributes to generational cycles of poverty.²⁵ In addition to lasting effects of childhood poverty, adults living in poverty are at a higher risk of adverse health effects from obesity, smoking, substance use, and chronic stress.¹² Finally, older adults with lower incomes experience higher rates of disability and mortality.⁶ One study found that men and women in the top 1 percent of income were expected to live 14.6 and 10.1 years longer respectively than men and women in the bottom 1 percent.²⁶” US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Healthy People 2030 https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty. Accessed January 12, 2026.</p>
<p>Disparities (survey)</p>	<p>Financial Instability:</p> <p>Social and Economic Factor (HH income of \$64,500 and under)</p> <ul style="list-style-type: none"> • 25.97% of respondents selected financial instability. Ranked 1st <p>Social and Economic Factors (ages 60 and up)</p> <ul style="list-style-type: none"> • 32% of respondents selected financial instability. Ranked 1st

**Access to Affordable, Quality Medical Care
Difficulty Navigating the Healthcare System / Insurance**

CRITERIA: Scope of the Issue

Measure	Description	US Overall	Minnesota	Lake County
Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).		10%	11%
Diabetes Prevalence	Percentage of adults aged 18 and above with diagnosed diabetes (age-adjusted).		9%	9%
HIV Prevalence+	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.		197	74
Adult Obesity	Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m ² (age-adjusted).		34%	35%
Flu Vaccinations*	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination.	48%	53%	47%
Primary Care Physicians	Ratio of population to primary care physicians.	1,330:1	1134:1	1,099:1
Other Primary Care Providers	Ratio of population to primary care providers other than physicians.		621:1	2714:1
Mental Health Providers	Ratio of population to mental health providers.	300:1	278:1	678:1
Dentists	Ratio of population to dentists.	1,360:1	1287:1	2188:1
Preventable Hospital Stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	2,666	2255	4165
Mammography Screening*	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening.	44%	52%	40%
Uninsured	Percentage of population under age 65 without health insurance.	10%	5%	6%
Uninsured Adults	Percentage of adults under age 65 without health insurance.		6%	7%
Uninsured Children	Percentage of children under age 19 without health insurance.		3%	5%
Broadband Access	Percentage of households with broadband internet connection.	90%	91%	86%
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	3.6%	2.8%	3.9%
Children in Poverty*	Percentage of people under age 18 in poverty.	16%	10%	11%

* Comparing County to Minnesota levels: **Worse Than**, **Same As**, **Better Than**

CRITERIA	Access to Affordable, Quality Medical Care Difficulty Navigating the Healthcare System / Insurance
Community momentum (survey)	<p>Access to Affordable, Quality Medical Care:</p> <p>Social Economic Factor</p> <ul style="list-style-type: none"> 10.55% of respondents selected lack of access to affordable, quality medical care. Ranked 3rd <p>Clinical Care</p> <ul style="list-style-type: none"> 31.41% of respondents selected difficulty navigating the healthcare system/insurance. Ranked 1st 11.19% of respondents selected difficulty getting the medical appointments that you want. Ranked 4th <p>Strengths (Qualitative)</p> <ul style="list-style-type: none"> 37 unique comments around healthcare as a strength in the community - "Lake view clinic is close and it is easy to get appointments there." <p>Additional Comments (Qualitative)</p> <ul style="list-style-type: none"> 25 unique comments around access to care - "[...] poor service hours, locking the door to the Emergency Department, inadequate staffing including use of Staffing Agencies for ED physicians, inadequate access to the building via public transit, and inflexibility in virtual appointments /requiring multiple in-person appointments on different days that take people away from their work, schooling, and home duties."
Alignment with others	<p><i>Coalitions, Task Forces, Projects:</i></p> <p>Healthcare has been expected to do this work, but it seems like it is not a fixable issue without additional support.</p>
Staff Feasibility and Alignment	<ul style="list-style-type: none"> It's a big problem, but the feasibility of us locally implementing is difficult because so much happens at the state and federal levels. One potential strategy is increasing telehealth. Having said that, not every provider or patient loves telehealth. The opportunities for a technical glitch are there, and then when the technology doesn't work, it negatively reinforces that approach. The hospital care coordinator spends a good amount of time obtaining prior authorizations for patients. "We can't fix the larger problem, but we can help people through it." ~ Aspirus & Lake Co PH
Evidence-based Strategies	<ul style="list-style-type: none"> Community Paramedic Program provides additional support for people – reminders, encouragement. Those supports help.
Other	<ul style="list-style-type: none"> Advocacy work around access to care and insurance, including individual stories. In- home care is going to suffer. There is a 90-day delay. Is there a chance to do more prevention? Ex: mammogram rates are low. (But mammogram screening is in Duluth, which means taking time off work and having access to transportation.) Apply for grants like the CNA training grant that Lake View advocated for and then received from the state. It includes \$40K to run the program, which includes paid training. Seven people signed up. Insurance (e.g., what a particular policy covers, the deductibles, in-network versus out-of-network) is highly variable between people, making any navigation highly individualized and making it difficult to provide information/education to a larger audience. <ul style="list-style-type: none"> The hospital has received many calls about the changes in insurance. There is an 800 number to call for assistance with navigating insurance; there is not an individual on-site at the hospital. There are home services for individuals with low income and/or mental health issues to help them navigate the system (e.g., accompany a patient on the phone with an insurance company). There are some complicated issues around privacy and children (adult and minor).

For additional consideration:

CRITERIA	Access to Affordable, Quality Medical Care Difficulty Navigating the Healthcare System / Insurance
Disparities and equity (general)	<p>INSURANCE / MEDICAL CARE</p> <ul style="list-style-type: none"> • “The prevalence of avoiding care due to cost varied significant by income, ages, education attainment, disability status, geography, race/ethnicity, veteran status, sexual orientation and gender in 2024.” The prevalence was higher for: individuals with less income; adults 18-44 compared to adults age 65 and older; individuals with less than a high school education; adults who have difficulty with cognition compared to those without a disability; adults who have not served in the US armed forces compared with those who have served; LGBTQ+ compared with straight adults; women compared to men. • “The uninsured rate varied significantly by geography, educational attainment, race/ethnicity and age in 2024.” The rate was higher for adults without a high school education compared with college graduates; higher among those ages 26-34 compared with those ages 55-64. • “Cancer screenings varied significantly by educational attainment, geography, age, race/ethnicity, income, disability status, gender and sexual orientation.” The prevalence of breast and colon cancer screening was higher for: adults with college degrees compared with adults with less than a high school education; adults age 65 and older compared with those ages 18-44; adults with higher incomes; adults with difficulty hearing compared with adults who have difficulty seeing; adults who are served in the armed forces; adults living in metropolitan areas compared to adults in nonmetropolitan areas. • Cancer screening improved 14% among adults in rural areas between 2022 and 2024 but are still lower than screening rates in metropolitan areas. <p>The above data are from America’s Health Rankings, 2025 Annual Report. Accessed on January 11, 2026. https://assets.americashealthrankings.org/ahr_2025annual_comprehensivereport_final-web.pdf</p>
Disparities (survey)	<p>Access to Affordable, Quality Medical Care:</p> <p>Social Economic Factor (HH income \$64,500 and under)</p> <ul style="list-style-type: none"> • 12.99% of respondents selected lack of access to affordable, quality medical care. Ranked 2nd <p>Clinical Care (HH income \$64,500 and under)</p> <ul style="list-style-type: none"> • 29.68% of respondents selected difficulty navigating the healthcare system/insurance. Ranked 1st • 11.61% of respondents selected difficulty getting the medical appointments that you want. Ranked 4th <p>Social Economic Factor (ages 60 and up)</p> <ul style="list-style-type: none"> • 5.00% of respondents selected lack of access to affordable, quality medical care. Ranked 5th <p>Clinical Care (ages 60 and up)</p> <ul style="list-style-type: none"> • 28.71% of respondents selected difficulty navigating the healthcare system/insurance. Ranked 1st • 10.89% of respondents selected difficulty getting the medical appointments that you want. Ranked 2nd

Dental Care

CRITERIA: Scope of the Issue

Measure	Description	US Overall	Minnesota	Lake County
Diabetes Prevalence	Percentage of adults aged 18 and above with diagnosed diabetes (age-adjusted).		9%	9%
Primary Care Physicians	Ratio of population to primary care physicians.	1,330:1	1134:1	1,099:1
Other Primary Care Providers	Ratio of population to primary care providers other than physicians.		621:1	2714:1
Dentists	Ratio of population to dentists.	1,360:1	1287:1	2188:1
Uninsured	Percentage of population under age 65 without health insurance.	10%	5%	6%
Uninsured Adults	Percentage of adults under age 65 without health insurance.		6%	7%
Uninsured Children	Percentage of children under age 19 without health insurance.		3%	5%
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	3.6%	2.8%	3.9%
Children in Poverty*	Percentage of people under age 18 in poverty.	16%	10%	11%

* Comparing County to Minnesota levels: Worse Than, Same As, Better Than

CRITERIA	Dental Care
Community momentum (survey)	Dental Care: Clinical Care <ul style="list-style-type: none"> • 11.55% of respondents selected availability to dental care. Ranked 3rd Strengths (Qualitative) <ul style="list-style-type: none"> • 1 unique comment around dental care - "FREE CHECK UP, DENTAL FOR KIDS AND FREE PROGRAM FOR FAMILY". Additional Comments (Qualitative) <ul style="list-style-type: none"> • 1 unique comment around dental care - "Improved and diverse mental health services. Our local providers lack psychiatry availability, trauma therapy specialists/practices (EMDR, somatic therapy, brain spotting, CBT/DBT, ketamine treatments, groups) and overall trauma informed policies and care." Mental health, physical health, dental health, homelessness resources, grants and funding, food access, childcare, ect. Specifically noting those who accept insurance planes under MA, Medicare, Medicaid, TriCare, that are more difficult to find within the community."
Alignment with others	<i>Coalitions, Task Forces, Projects:</i>
Staff Feasibility and Alignment	
Evidence-based Strategies	<ul style="list-style-type: none"> • There is a dental services day in Two Harbors for kids next month. Fillings, more... All families were notified about it. • Mobile dental clinic. We could easily set up. It just requires money. <ul style="list-style-type: none"> ○ Could it be sustained?
Other	<ul style="list-style-type: none"> • What is the percentage of individuals who have Medicaid? (Medicaid reimbursement rates for dental care are very low.) • Disincentive to providers: low reimbursement; also no-show • No dental provider in the county takes Medicaid. • Minnesota Care is partially funded with provider and patient taxes. However, it is not being used in the county.

For additional consideration:

CRITERIA	Dental Care
<p>Disparities and equity (general)</p>	<p>“Children aged 6 to 9 from lower income households were more than twice as likely (25%) to have untreated cavities than children from higher income households (10%).”</p> <p>“Drinking fluoridated water and getting dental sealants (in childhood) prevent cavities and save money by avoiding expensive dental care.”</p> <p>“Untreated cavities are about twice as common among working-age adults with no health insurance coverage (43%) compared with those who have private health insurance coverage (18%).”</p> <p>“Complete tooth loss was more than three times as common among older adults who had less than a high school education (33%) compared with those who had more than a high school education (9%).”</p> <p>“Complete tooth loss was more than twice as common among older adults with low incomes (30%) or who currently smoke (29%) compared with those who had higher incomes (12%) or who never smoked (12%).”</p> <p>“More people are unable to afford dental care than other types of health care.”</p> <p>The above data are from the Centers for Disease Control and Prevention. Accessed on January 11, 2026.</p> <p>Oral Health Facts Oral Health CDC and Health Disparities in Oral Health Oral Health CDC</p>
<p>Disparities (survey)</p>	<p>Dental Care:</p> <p>Clinical Care (HH income of \$64,500 and under)</p> <ul style="list-style-type: none"> • 15.48% of respondents selected dental care. Ranked 3rd <p>Clinical Care (ages 60 and up)</p> <ul style="list-style-type: none"> • 7.92% of respondents selected dental care. Ranked 7th

Access to Affordable, Quality Childcare (and Overall Child Well-Being)

CRITERIA: Scope of the Issue

Measure	Description	US Overall	Minnesota	Lake County
Child Care Cost Burden	Child care costs for a household with two children as a percent of median household income.	28%	30%	34%
Child Care Centers	Number of child care centers per 1,000 population under 5 years old.		6	10
Child Mortality*	Number of deaths among residents under age 20 per 100,000 population.		44	--
Infant Mortality*	Number of infant deaths (within 1 year) per 1,000 live births.		5	--
Food Environment Index+	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	7.4	9.0	8.7
Food Insecurity	Percentage of population who lack adequate access to food.		9%	11%
Uninsured Children	Percentage of children under age 19 without health insurance.		3%	5%
Access to Parks	Percentage of the population living within a half mile of a park.		61%	20%
Children in Poverty*	Percentage of people under age 18 in poverty.	16%	10%	11%
High School Graduation+	Percentage of ninth-grade cohort that graduates in four years.		84%	93%
Reading Scores*+	Average grade level performance for 3rd graders on English Language Arts standardized tests.		3.1	3.2
Math Scores*+	Average grade level performance for 3rd graders on math standardized tests.		3.3	3.4
School Funding Adequacy+	The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.		\$2,332	\$4,184
Children Eligible for Free or Reduced Price Lunch+	Percentage of children enrolled in public schools that are eligible for free or reduced price lunch.		43%	39%

* Comparing County to Minnesota levels: Worse Than, Same As, Better Than

CRITERIA	Access to Affordable, Quality Childcare (and Overall Child Well-Being)
Disparities and equity (general)	<p>“Research suggests that many disparities in overall health and well-being are rooted in early childhood. For example, those who lived in poverty as young children are more at-risk for leading causes of illness and death, and are more likely to experience poor quality of life. This growing problem costs the United States billions of dollars annually. Our understanding of the lasting value of early experiences continues to grow. Interventions that support healthy development in early childhood reduce disparities, have lifelong positive impacts, and are prudent investments. Addressing these disparities effectively offers opportunities to help children, and benefits our society as a whole.” ~ Centers for Disease Control and Prevention, Addressing Health Disparities in Early Childhood (grand rounds)</p>
Community momentum (survey)	<p>Access to Affordable Quality Childcare: Social and Economic Factor</p> <ul style="list-style-type: none"> • 9.45% of respondents selected access to affordable quality childcare. Ranked 4th <p>Strengths (Qualitative)</p> <ul style="list-style-type: none"> • 0 comments around childcare <p>Additional Comments (Qualitative)</p> <ul style="list-style-type: none"> • 0 comments around childcare
Alignment with others	<p><i>Coalitions, Task Forces, Projects:</i> Alignment would potentially be more with parents than coalitions.</p>
Staff Feasibility and Alignment	
Evidence-based Strategies	
Other	<ul style="list-style-type: none"> • “Affordable” is a big word here. • One of the issues is that the rules have become so complicated, that centers are closing. • This has the potential to be a big problem; it feels very tenuous. If one closes, you lose the workforce. There could be a big ripple effect. • It is a workforce issue. • Proximity to Duluth, so there are some options there. • Gaps: Summer care, 4-day school week • Recent attention to childcare from legislators. Taking an interest. It is a big issue in MN. • Opportunity: advocacy. • Additional data that might be helpful: <ul style="list-style-type: none"> - # of families with children under age 6. - Day care numbers and scholarships - Number of families with small children who are staying at home with their kids because they have to (or want to)

For additional consideration:

CRITERIA	Access to Affordable, Quality Childcare (and Overall Child Well-Being)
Disparities and equity (general)	<p>“Research suggests that many disparities in overall health and well-being are rooted in early childhood. For example, those who lived in poverty as young children are more at-risk for leading causes of illness and death, and are more likely to experience poor quality of life. This growing problem costs the United States billions of dollars annually. Our understanding of the lasting value of early experiences continues to grow. Interventions that support healthy development in early childhood reduce disparities, have lifelong positive impacts, and are prudent investments. Addressing these disparities effectively offers opportunities to help children, and benefits our society as a whole.” ~ Centers for Disease Control and Prevention, Addressing Health Disparities in Early Childhood (grand rounds)</p>
Disparities (survey)	<p>Access to Affordable Quality Childcare:</p> <p>Social and Economic Factor (HH income of \$64,500 and under)</p> <ul style="list-style-type: none"> • 11.04% of respondents selected access to affordable, quality childcare. Ranked 3rd <p>Social and Economic Factor (ages 60 and up)</p> <ul style="list-style-type: none"> • 9.00% of respondents selected access to affordable, quality childcare. Ranked 3rd

Environment, Climate and Health

Although the connection between the environment, climate and health has long been known, the calls to action are increasing. The changes in climate are pushing our environment to more extremes in heat, cold, precipitation and natural disasters. Those changes have ripple effects that impact our health.

- Warmer, wetter weather will create conditions that are conducive to increasing the mosquito and tick population, for example. Mosquitos are carriers for West Nile Virus and ticks can carry Lyme disease.
- Increased precipitation can lead to flooding, which can increase bacteria and viruses in water, leading to contaminated rivers and lakes.
- Extreme heat can lead to death. Extreme heat can also degrade air quality, potentially causing respiratory distress and impacting airborne pollen.
- Extreme cold, particularly when combined with increased precipitation, can impact travel conditions which can result in traffic injuries and deaths.
- Natural disasters can result in loss of home, property and life. A secondary impact of disasters are stress and mental health issues.

In addition to the environment and climate impacting everyone on the planet, there can be a disproportionate effect on some groups of individuals, including individuals with low income, children and pregnant women, older adults, communities of color and others. Climate is not only a health issue, it is a health equity issue.

Environmental challenges in Lake County:

- Older homes
- Air quality (wildfires)
- Water quality

Appendix E: Prioritization – Core Partners’ Criteria and Scorecard

Seven representatives from Lake County Public Health and Aspirus Lake View Hospital met on January 13, 2026 and used the criteria and an accompanying scorecard (both below) to review the nine issues. The scoring method and corresponding grid are below.

1. Scope of Issue: This factor represents the prevalence of the health issue or condition (secondary data).

What portion of the population is negatively affected by the problem?

- 1 = Minimal amount of the population is affected (0-6%)
- 2 = Sporadic amount of the population is affected (7-13%)
- 3 = Moderate amount of the population is affected (14-20%)
- 4 = Most of the population is affected (21-27%)
- 5 = Nearly all or all of the population is affected (over 27%)

2. Community Momentum: This factor represents the perceived prevalence of the health issue or conditions (community health input survey).

- 1 = Minimal amount of the responses noted perceived prevalence (0-3%)
- 2 = Sporadic amount of the responses noted perceived prevalence (4-7%)
- 3 = Moderate amount of responses noted perceived prevalence (8-11%)
- 4 = Most of the responses noted perceived prevalence (12-15%)
- 5 = Nearly all of the responses noted perceived prevalence (over 15%)

3. Alignment with others: This factor considers whether community partners’ priorities are aligned and have readiness to address this health issue.

How many Community partners are aligned with this issue?

- 1 = 1-2 community partners aligned
- 2 = 3-4 community partners aligned
- 3 = 5-6 community partners aligned
- 4 = 7-8 community partners aligned
- 5 = More than 8 community partners aligned

4. Staff Feasibility and Alignment of Impact: This factor considers whether Aspirus Lake View and Lake County PH can affect beneficial change for this topic area, based on grant alignment and allowable FTE dedicated towards topic area.

- 1 = Both ALV and LCPH have no capacity
- 2 = Either ALV or LCPH have low capacity
- 3 = Both ALV and LCPH have low capacity
- 4 = Either ALV or LCPH have high capacity
- 5 = Both ALV and LCPH have high capacity

5. Evidence-based Strategy: This factor considers scientifically supported community interventions are available to impact this health issue.

How many scientifically supported strategies are there for this issue?

- 1 = No scientifically supported strategies
- 2 = One scientifically supported strategy

- 3 = Two scientifically supported strategies
- 4 = Three to five scientifically supported strategies
- 5 = More than five scientifically supported strategies

Corresponding Scoring Grid

Public Health Topic	Scope of Issue	Community Momentum	Alignment with Others	Staff Feasibility and Alignment	Evidence-Based Strategies	Total (out of 25)
Drug Misuse/ Substance Misuse						
Mental Health						
Access to Affordable, Quality Medical Care						
Difficulty Navigating the Healthcare System/Insurance						
Financial Instability						
Dental Care						
Access to Healthy Food						
Lack of Physical Activity						
Access to Affordable, quality childcare						

Two additional criteria were not formally scored but were included in the prepared materials for additional consideration:

- Disparities and equity (general): Who is disproportionately affected by the issue (based on research)?
- Disparities (survey results): What did certain groups of survey respondents say? For instance, respondents with household income of less than \$64,500, or respondents who are age 60 and older.)

Appendix F: Prioritization – Community Stakeholders

Community stakeholders who were part of area coalitions were asked to review the results from the Aspirus and Public Health prioritization process. Stakeholders could respond on behalf of themselves or on behalf of a coalition/community group. Twelve community stakeholders responded, with seven reflecting their individual perspective and five reflecting their coalition’s perspective. The results largely affirmed the three proposed priority areas. The stakeholder responses are below.

Five sets of responses were received from area coalitions or groups.

<p>Which coalition/group are you filling out for?</p>	<p>Two Harbors Public Library Lake County Towards Zero Deaths Lake County Public Health Advisory Committee Wilderness Health Bike Friendly Two Harbors</p>
<p>Are there any ‘red flags’ with these being the top community health priorities for the next three years?</p>	<p>No red flags from any coalitions.</p> <p>One coalition suggested: Ensure that alcohol and tobacco are included in the definition of Substance Use. Incorporate child and teen health in all of these strategies, and informing families on the importance of vaccines for their families and the communities.</p>
<p>Is there any information that you think is vital that is not included?</p>	<p>No - screen time and its relationship to mental health for children and teens - adding "social isolation" explicitly under the mental health heading might help clarify for potential funders.</p> <p>Increasing trauma capability @ Aspirus Lake View</p> <p>No, big enough umbrellas to dive deeper in. Not a lot of agencies doing prevention work around substance misuse</p> <p>Stigma and awareness influence these priorities and should be assessed and addressed. Health literacy needs to be considered. Consider incorporating vaccine events, adding on to existing opportunities like sports physical nights.</p>
<p>Are there existing strategies that are already working well that we should continue and/or expand on?</p>	<p>“Age-friendly” dialogues for resources and recommendations across agencies</p> <p>“Be There” training. Indirectly connecting people with food, foraging, gardening, working with livestock then you are moving more. Ways to tie what we do with the Finland Food Chain with physical activity. Youth program in Finland, get kids gardening. Room for them to engage physically, mentally, and emotionally. Exceptional community engagement in Finland could be replicable especially the community center environment. Get together and be social such as doing crafts, gardening, prevents depression/isolation. Food delivery for shut ins large impact on mental health. Healthy lifestyles can help people make healthier choices by providing opportunities for engagement. Educational classes.</p>

	<p>How many providers are trained in assessing and prescribing SUD and alcohol? Awareness of inpatient and outpatient treatment resources. How to increase awareness of community resources available for healthy movement.</p> <p>Will help justify infrastructure improvements that encourage active transportation. Expand on work encouraging older people to be more active (Bone Builders, etc.)</p>
<p>If/When we start to address these issues, where are the gaps?</p>	<p>Motivating people to do physical activity there are opportunities both together and on your own. You can only do so much to get people to participate. Weather interferes so groups can help. North Shore Bone builders or tai chi. Fitness center in the hospital and one in Silver Bay. More teaching and doing physical activity together. Once or twice a week to go in and learn how to do a run with the different equipment but staffing may be an issue. Information in wilderness sites.</p> <p>Stigma and health literacy are key factors to success.</p>
<p>What individuals or communities are most vulnerable (that perhaps strategies should be focused on)?</p>	<p>Older adults - isolation, safe housing, access to appointments, grandparents serving as childcare (I'm struggling with articulating this - but we are seeing several families a week where the grandparents who serve as childcare during working hours for their adult children may not feel seen or welcome in events and opportunities for young children- the older adult caregiver often seems more emotionally and physically tired when it comes to keeping up with the children in their charge and providing developmentally appropriate tools to work with the kids.)</p> <p>Older drivers were mentioned as a target audience. Minnesota State Patrol staff talked about their tool of driver evals, where they can require a driver be evaluated by a medical provider before they can continue driving. MSP and Lake County Sheriff's Office may also start using DOSCI cards with their patrolling officers. It's a quick assessment officers can use to screen for cognitive impairment and help determine whether a driver must be immediately removed from the road or not.</p> <p>Older adults' especially with depression and physical activity, plenty of older adults with excessive screen use. House gets quiet and tv is on for company and to lessen the quiet. Exercise is equal to or better for depression. Exercise can help with sleep. Young men for all these issues do not have access and comfort seeking these. Females in 9th grade emergency room visits. Role of the young adult male is changing and is making it tougher for them. Life transitions. PCEs and ACEs. Churches with Sunday School.</p> <p>Consider intergenerational needs and strategies.</p> <p>Older adults</p>
<p>Additional comments</p>	<p>Thank you for your research! We at THPL are happy to help with education/outreach/programming as needed.</p> <p>LCSO and MSP staff said mental health contributes to crashes and other problems on the roadways, they cited local incidents of erratic driving attributable to mental health episodes, as well as a rise in road rage and aggressive driving.</p> <p>Ensure that resources are made available to support the CHNA.</p>

Seven sets of responses were received from individuals who are part of various coalitions and groups but who were not officially representing them.

<p>Which coalition/group are you filling out for?</p>	<p>Mentioned: North Shore Mental Health Group Alv Lake County/Aspirus Lake View ARDC/RTCC</p>
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<p>Are there any 'red flags' with these being the top community health priorities for the next three years?</p>	<p>Substance abuse or misuse is considered a mental health diagnosis, so there may be overlap in those two issues. That said, it may be a positive in that they can be linked and a more comprehensive approach taken.</p> <p>Sadly, it's an eye opening</p> <p>No</p> <p>Also the insurance company piece of the equation, raises many red flags also, not just the providers.</p> <p>No mention of transportation access to healthcare, transportation to other necessary locations mentioned.</p>
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<p>Is there any information that you think is vital that is not included?</p>	<p>In some ways, some of the most effective strategies will impact all three, simultaneously.</p>
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<p>Are there existing strategies that are already working well that we should continue and/or expand on?</p>	<p>I am a big fan of this as a community-level intervention into mental health: https://extension.umn.edu/mental-wellbeing/comet-changing-our-mental-and-emotional-trajectory. At present, Extension is delivering free trainings to rural communities for this program to increase the ability and willingness of individuals to talk about mental health.</p> <p>Technology sometimes passes the elderly by. Ie. The portal and usage of it. As one example. We have a large percentage of elderly in our county. My 88 year old mother doesn't even own a computer.</p> <p>Bone Builders, yoga exercise opportunities</p> <p>The Arrowhead Regional Transportation Coordinating Council initiatives, NEMT availability.</p>
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<p>If/When we start to address these issues, where are the gaps?</p>	<p>Regarding physical activity, perhaps partnering with the municipalities would be helpful to find solutions for physical activity, especially during the winter months. For example, maybe it's possible to play pickleball in the elementary school when the outdoor courts at the high school are not accessible (late fall, winter, early spring)?</p> <p>Financial would probably be the biggest</p> <p>Finding bridges to generation gaps. Seeking ways that elders can receive social contact to avoid isolation, while giving younger people positive adult supervised experiences. More accessible spaces are needed. Expanded opportunities for elders to get physical exercise and balance, regular tai chi classes.</p> <p>NEMT availability in northeast Minnesota.</p>
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<p>What individuals or communities are most vulnerable (that perhaps strategies should be focused on)?</p>	<p>Youth, especially at risk I would say, so much of this may be somewhat generational</p> <p>Elderly</p> <p>Queer teens Elderly without strong community or family connection</p> <p>high school students</p> <p>Very rural communities</p>
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<p>Additional comments</p>	<p>With all this great information and so many needs, where do you begin? Such a small population in Lake County, but a large geographic area only adds to the difficulty.</p> <p>Transportation affects at least two of these three goals, and I am working on a project for Non-emergency Medical Transport in our region with ARDC. Reach out to connect!</p> <p>Foot care for elder and disabled a high need, especially an in-home paid service.</p>
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Appendix G: Healthcare Facilities and Community Resources

A subset of the healthcare and other resources in the community that can help address community health needs are in the table below. A more comprehensive set of resources can be found at findhelp.org or <https://aspiruscommunity-resources.findhelp.com/>, and then searching by zip code and program need/area.

AGENCY or PROGRAM	DESCRIPTION
Arrowhead Economic Opportunity Agency	Serves individuals with low income
Lake Superior School District	K-12 education
Community Partners	Serves individuals age 55+ to stay independent
North Shore Area Partners	Services individuals age 55+ to stay independent; some nursing services provided
Two Harbors Food Shelf	Food security
Silver Bay Food Shelf	Food security
HeadStart	Early education for children who may be at risk
Brightwater Health	Mental health
Wilderness Health	Rural healthcare quality collaboration
Friends of the Finland Community	Natural resources, economic initiatives, community spaces
Lake County Public Health	Health promotion, prevention and protection; emergency preparedness

Appendix H: Evaluation of Impact from the Previous CHNA Implementation Strategy

For the previous CHNA/CHA cycle, Aspirus Lake View Hospital's and Lake County Public Health's significant needs were: Be Well Mentally (mental health); Address Suicide; Move More (physical activity). The needs were largely addressed collaboratively, although the descriptions below reflect both collaborative and organization-specific efforts.

BE WELL MENTALLY and ADDRESS SUICIDE

Aspirus Lake View and Lake County Public Health promoted positive mental health in the community through multiple strategies over the last three years.

- Awareness: Aspirus Lake View and Lake County Public Health:
 - Provided publications in local news sources, displays in common areas, staff mailings, well child resource bags for families of primary care and also new parents, and community education classes.
 - Visited area churches and community locations (library, senior apartments) for mini-health fairs, educating community members on mental health, suicide prevention and active aging.
 - Strategically promoted the 988 crisis line/regional crisis phone number at multiple events and in community spaces throughout the entire county.
- Social connection: Aspirus Lake View coordinates and provides space onsite for a grief support group, congregate dining, social clubs, and yoga/meditation groups on a weekly or monthly basis.
- Resources: Aspirus Lake View and Lake County Public Health are distribution sites for gas/grocery cards, hygiene kits, emergency bags, and other emergency resources for those in crisis.
- Trainings: In 2024, Aspirus Lake View and Lake County Public Health collaborated on a series of mental health trainings focused on community “helpers” like hairstylists and bartenders. Sixty people were trained in identifying and responding to mental health crises. At the same time, they sponsored a “Be There” community marketing campaign that encouraged community members to be there for friends/neighbors struggling with mental health concerns.
- Access to Means: Aspirus Lake View and Lake County Public Health also collaborated on a medication disposal campaign, encouraging community members to clean out their medicine cabinet with a special focus on opioids. Removing unused medications from homes reduces the risk of misuse and self-harm.

To support the mental health of community youth, several initiatives focused on schools.

- Aspirus Lake View and Lake County Public Health:
 - Helped the local high school form a wellness program for staff and students and provided support of activities through grant funds.
 - Coordinated a digital wellness event for both area schools that have 6-12th grade students. This event provided education for students and staff surrounding screen time, social media, and wellness behaviors to support the positive development of students alongside digital media and devices.
- Lake County Public Health funded:
 - The purchase of a new health curriculum for seventh and tenth graders at Two Harbors High School. The curriculum included updated information about mental health and substances.
 - The participation of professionals in the school health classes. Aspirus Lake View and Lake County Public Health provided health and science classroom education on topics such as lung health and vaping; sexually transmitted infections; mental health and wellness; nutrition; body systems; healthcare profession exploration.
- A workgroup of public health, school district, and Aspirus Lake View led to enough funding to support a new school counselor position to focus on social emotional learning at the younger ages, which also allows the other counselors to focus on needs of older students and to also reinforce what teachers are teaching in the classroom around these topics.

Aspirus Lake View employs a behavioral health nurse practitioner to practice in its on-campus primary care clinic. This provider works closely with primary care providers to support patient care and identify patients who could specifically benefit from behavioral health services. This provider also visits the local high school health classrooms and provides education on mental health diagnoses and support services. Aspirus Lake View's primary care clinic has partnered with local public health to have gun locks, Naloxone/Narcan and Xylazine strips, medication lockboxes, and sharps/medication disposals onsite. Additionally, through a partnership with Brightwater Health, the community has access to counseling/therapy services, psychiatry, mobile crisis response, and educational events.

MOVE MORE / PHYSICAL ACTIVITY

To advance physical activity in the community, Aspirus Lake View and Lake County Public Health:

- Help coordinate a quarterly Active Aging calendar for the county residents that outlines many physical activity options in the area.
- Organized a bike rodeo event in Silver Bay (2025) and in Two Harbors (2024) that emphasized bike safety and the benefits of biking for children. In 2024, 87 children attended, had their bikes tuned, learned new skills and received free helmets.
- Participate in the Bike Friendly coalition in Two Harbors. This team recently achieve the 'bronze status' making Two Harbors a bike-friendly community.

- Led a session of the evidence-based Walk With Ease program which encourages people with chronic conditions to move more.
- Brought Tia Ji Quan/Tai Chi instructors to community sites for ongoing classes.
- Initiated/improved a walking club in both Two Harbors and Silver Bay.

Lake County Public Health facilitated a worksite wellness cohort in 2023 and Aspirus Lake View participated. Worksites in the cohort worked on improving health for their employees, including increasing opportunities for employees to be physically active. They also worked with the school district on training staff in Walk Bike Fun program and helped coordinate national Walk to School days.

Aspirus Lake View operates two physical therapy clinics and a fitness center option in Lake County that are low cost to community members, and free to employees and patients. The fitness center also offers free fitness center memberships as door prizes and silent auction items to various community fundraisers and community events. The staffing and supervision of the fitness center is covered by Aspirus Lake View during fitness center hours. Aspirus Lake View offers one-time consultations free of charge with a physical therapist in the fitness center. This program is tailored to ensure that individuals are performing safe and appropriate exercise regimens to increase physical activity. The physical therapists also offered physical activity educational classes to the aging population and gave presentations to school students about healthy bodies over the past three years. In addition, Aspirus Lake View provides physical space and support for the Bone Builders classes, which occur 5x/week on average.

OTHER

Aspirus offers a Fruit and Vegetable Prescription (FVRx) Program for eligible patients. A voucher is given to patients to purchase fruits and vegetables from local farmers. The program also provides nutrition information and access to recipes. During the 2025 season, over 800 vouchers were distributed across the system.

Healthcare systems and hospitals have new requirements to screen patients for social needs, identify any needs, and refer to community resources. Aspirus contracts with a resource platform to better connect patients with resources. Over time, the results of the screening process will provide insight into patient needs (beyond their immediate care).

Aspirus Lake View Hospital

325 11th Avenue
Two Harbors, MN 55616

aspirus.org

Lake County Public Health

616 3rd Avenue
Two Harbors, MN 55616

lakecountymn.gov

