



Aitkin-Itasca-Koochiching  
**Community Health Board**

2025 Community Health Assessment &  
Community Health Improvement Plan

**Contact**

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## About this report

The Aitkin-Itasca-Koochiching Community Health Board (A-I-K CHB) is the governing body for local public health in the Aitkin-Itasca-Koochiching Community Health Services area, consisting of Aitkin, Itasca, and Koochiching County Public Health Departments. The Community health board works with the Minnesota Department of Health (MDH) to promote the public's health. Minnesota Statute 145A defines the responsibilities of the local Board of Health. Community Health Boards are mandated to:

1. Assure an adequate public health infrastructure
2. Promote healthy communities and healthy behavior
3. Prevent the spread of infectious disease
4. Protect against environmental health hazards
5. Prepare for and respond to disasters, and assist communities in recovery
6. Assure the quality and accessibility of health services

The mission of the Aitkin-Itasca-Koochiching Community Health Board is to lead efforts to prevent, promote, and protect the health of people and communities in the tri-county area.

The Aitkin-Itasca-Koochiching Community Health Board service area is abundant in natural resources with fishing, hunting, and outdoor recreation top reasons to visit the area. The area is home to Minnesota's only National Park, Voyageurs, just east of International Falls. The service area is a mostly rural area. The Community Health Board area covers 7,593 square miles and holds a population of 73,450 people.

The Aitkin-Itasca-Koochiching Community Health Board prepares a comprehensive assessment of the health of its residents every five years. The Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) is statutorily required public health work that must be conducted at least every five (5) years.

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# AITKIN COUNTY 2025

## Community Health Assessment & Community Health Improvement Plan

Aitkin County Health and Human Services  
Public Health Department

### Contact

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## Acknowledgements

### Community Health Board

- Donita Ettestad (Koochiching)
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- Dale Erickson (Koochiching)
- Lynne Jacobs (Aitkin)

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- Maggie Rothstein, AIK CHB Administrator
- Erika Guenther, AIK CHB Public Health Planner
- Alyssa Kotula, AIK CHB AmeriCorps Member, 2023-2024

### Community Partners

- Aitkin County CHATS
  - Community coalition group co-hosted by Riverwood Healthcare Center and Aitkin County Public Health – SHIP. Members listed below.
  - Riverwood Healthcare Center
  - Aitkin County Public Health
  - University of Minnesota Extension
  - Minnesota Institute for Sustainable Agriculture
  - Aitkin Farmers Market Hub
  - Aitkin School District
  - McGregor School District
  - Hill City School District
  - Aitkin-Itasca-Koochiching Community Health Board
  - Arrowhead Regional Development Commission
  - Selander Coaching and Consulting
  - Carlton-Cook-Lake-St. Louis Community Health Board, Northeast SHIP
  - Aitkin County Economic Development
  - Second Harvest Heartland
  - Aitkin Development Achievement Center
  - Aitkin County CARE
- Aitkin County Public Health Emergency Preparedness Group
- Committee for the Awareness & Prevention of Suicide
- Aitkin County Local Advisory Council for Mental Health
- Aitkin County Women of Today
- Aitkin County Health & Human Services Advisory Committee
- Aitkin County Health & Human Services staff

## Executive Summary

The Community Health Assessment (CHA), conducted every five years in partnership with community members, identifies areas of need to protect and promote community health. This assessment involves reviewing public health data, engaging with community members, and analyzing information to understand communities' needs.

The Community Health Improvement Plan (CHIP) addresses the health needs identified in the CHA. It sets goals, objectives, and strategies or actions to tackle these needs. While Aitkin County Public Health (ACPH) leads the development and coordination of the CHA and CHIP, successful implementation requires collaboration with community partners.

The CHA began with an analysis of demographic, socioeconomic, health status, social determinants of health, and health behaviors to identify priority health issues. Mental health and well-being emerged as the top priorities. The CHA/CHIP Planning Team conducted a detailed analysis to understand mental health needs and disparities in health outcomes. Public health data revealed that women ages 35-44 in Aitkin County had the highest levels of depression and most often experienced poor mental health days compared to the rest of the population. The CHA explored potential root causes that could be driving these outcomes and sought community feedback to prioritize the root causes most impacting the mental health and wellbeing of this group.

The priority root causes affecting mental health/wellbeing of women ages 35-44 identified during the CHA process were:

- Affordability of living
- Accessing and affording healthcare resources
- Gender expectations
- Domestic violence
- Substance use disorders

ACPH explored potential opportunities to impact each of these root causes and developed strategies involving community partners. Strategies were selected based on effectiveness for meeting the community's needs and feasibility for implementation based on resources available.

# Community Characteristics

## Places in Aitkin County

Aitkin County is in central northeastern Minnesota and is known for its natural beauty and rich history. The county seat is the City of Aitkin, which sits at the confluence of the Mississippi River and the Ripple River in western Aitkin County. Aitkin County was established in 1857 and named after the fur trader William Aitkin (MN Deed – County Snapshots 2017). In 1871 the Northern Pacific Railroad line to Aitkin County expanded Aitkin’s timber industry and commerce. Over time the tourism and agriculture industry expanded, as well as mining for iron, manganese, and sulfur-pyrite resources. More recently, copper and nickel deposits in Aitkin County have been explored as potential mining sites.

Aitkin County continues to be a tourist destination, as the fishing, biking, trails, wildlife, hunting, snowmobiling, golfing, lakes, rivers, and area parks attract people from across the state and region. The county is a largely rural area; it currently has six cities and forty townships ([Aitkin County, Towns and Cities](#)). Figure 1 shows a map of Aitkin County’s townships and cities ([MnDOT, Geographic Information and Mapping](#)). The county’s land area covers approximately 1,822 square miles, and bodies of water cover an additional 174 square miles ([U.S. Census Bureau – 2020 Census](#)). Aitkin County borders the Tribal territorial jurisdiction of the Mille Lacs Band of Ojibwe ([Minnesota Indian Affairs Council](#)).

**Figure 1: Aitkin County municipality and township map**



## People in Aitkin County

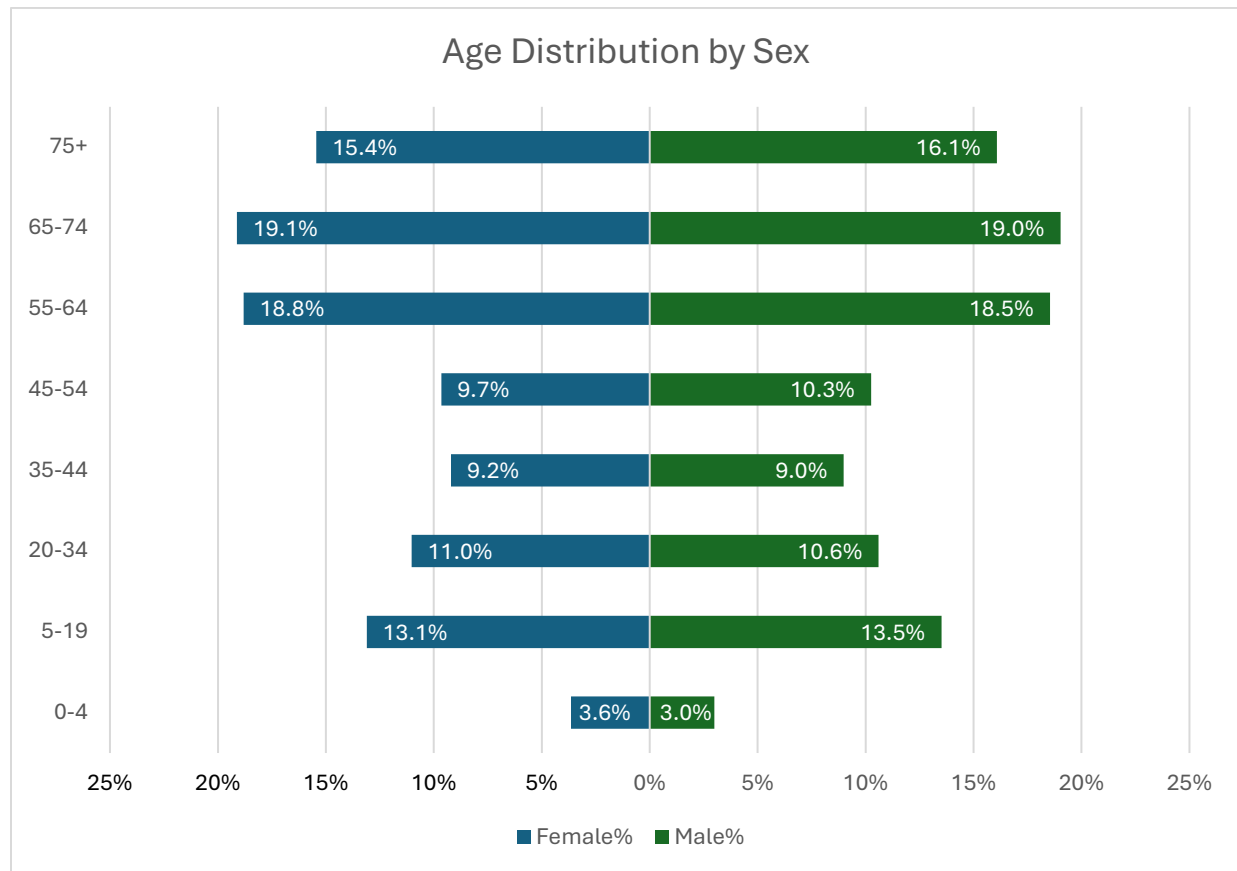
Aitkin County has a population of 16,312 residents; 49.2% of the population is female ([U.S. Census Bureau, QuickFacts](#)). In the 2023 American Community Survey, 10.5% of the population reported being a Veteran, compared to 5.7% of the Minnesota population who reported being a Veteran ([U.S. Census Bureau, Aitkin County Profile](#)).

Of people under the age of 65...

- 12.6% reported having a disability
- 6.8% reported not having health insurance

The median age in Aitkin County is 56.2 years, which is the oldest median age of all 87 counties in Minnesota ([Data USA, Aitkin County, MN](#)). The statewide median age is 38.5 years. Figure 2 shows the age distribution by sex in Aitkin County.

**Figure 2: Population by age and sex in Aitkin County**



[Aitkin County, Minnesota - Census Bureau Profile](#)



## Race, Ethnicity, and Nationality

Aitkin County residents are mostly US-born, with about 0.7% of residents in Aitkin County being born outside of the United States (compared to 8.35% of Minnesota residents who are foreign-born) ([2023 American Community Survey](#)). Aitkin County is more racially diverse than it was in 2010 but less racially diverse than the state of Minnesota. Aitkin County has higher proportions of White (non-Hispanic) and American Indian/Alaska Native residents than the state ([USA Facts, Aitkin County](#)).

**Table 1: Race and Ethnicity Population Data**

Race and Ethnicity	Aitkin Co., 2010	Aitkin Co., 2022	Minnesota, 2022
White alone, non-Hispanic	95.0%	93.8%	77.7%
Black alone, non-Hispanic	Z	0.51%	6.62%
American Indian and Alaska Native alone, non-Hispanic	2.35%	2.22%	0.77%
Asian alone, non-Hispanic	Z	Z	4.99%
Native Hawaiian and Other Pacific Islanders alone, non-Hispanic	Z	Z	Z
Two or more Races, non-Hispanic	1.14%	1.58%	3.78%
Hispanic or Latino	1.92%	1.48%	5.74%

### Value Flag

Z = Value greater than zero but less than half unit of measure shown.

## Poverty and Income

The median household income in Aitkin County in 2023 was \$59,498 and per capita income in the past 12 months was \$35,185 (Minnesota’s per capita income was \$46,957) ([U.S. Census Bureau, QuickFacts](#)). The rate of poverty in Aitkin County is higher than the state average ([MDH Minnesota Public Health Data Access](#)). Children in Aitkin County disproportionately live in poverty compared to people of all ages, especially children under the age of five.

**Table 2: Poverty by age group population data**

	Percent of people in poverty, all ages	Percent of children in poverty (under 18)	Percent of children in poverty (under 5)
Aitkin County	12.2%	18.0%	22.7%
Minnesota	9.7%	12.2%	12.8%

# Community Health Assessment

## Community Health Assessment Process

### Identifying Priority Health Outcomes

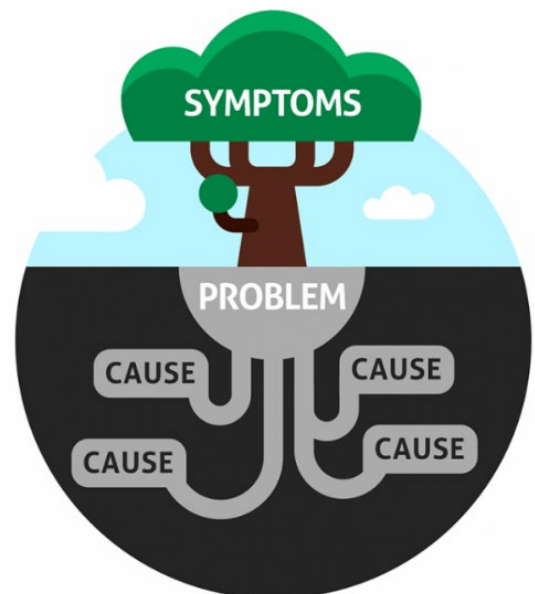
The previous CHA, completed in early 2020, identified mental health/wellbeing and substance use as priority health areas. The subsequent CHIP identified strategies to address these priorities and promote mental health/wellbeing and prevent substance use disorders among residents of the community health services area in Aitkin, Itasca, and Koochiching Counties. Although emergency response to the COVID-19 pandemic diverted local public health resources, the assessment and planning work positioned local public health agencies and community partners to address pandemic-exacerbated mental health needs in local communities.

In 2023, the CHA/CHIP planning team reviewed previous assessment work and compiled population health data on a variety of health outcomes and health behaviors. This review was presented to local public health staff, who contextualized this data based on their work experiences. This process identified that mental health and well-being of Aitkin County's residents remains a top priority for community health work.

### Selecting Analysis Approach

As local public health in the region moved towards prioritizing mental health and well-being in the upcoming CHA, a need to dig deeper was identified because of the complex and overlapping drivers of mental health in the communities and the emergent mental health needs exacerbated during the pandemic. The [Health Equity Data Analysis \(HEDA\)](#) process was selected for the 2025 CHA because of its focus on understanding what additional living and working conditions most contribute to a priority health outcome. Figure 3 visualizes how the health outcomes we see have root causes that need to be unearthed. Understanding root causes

**Figure 3: Root causes of a health outcome**



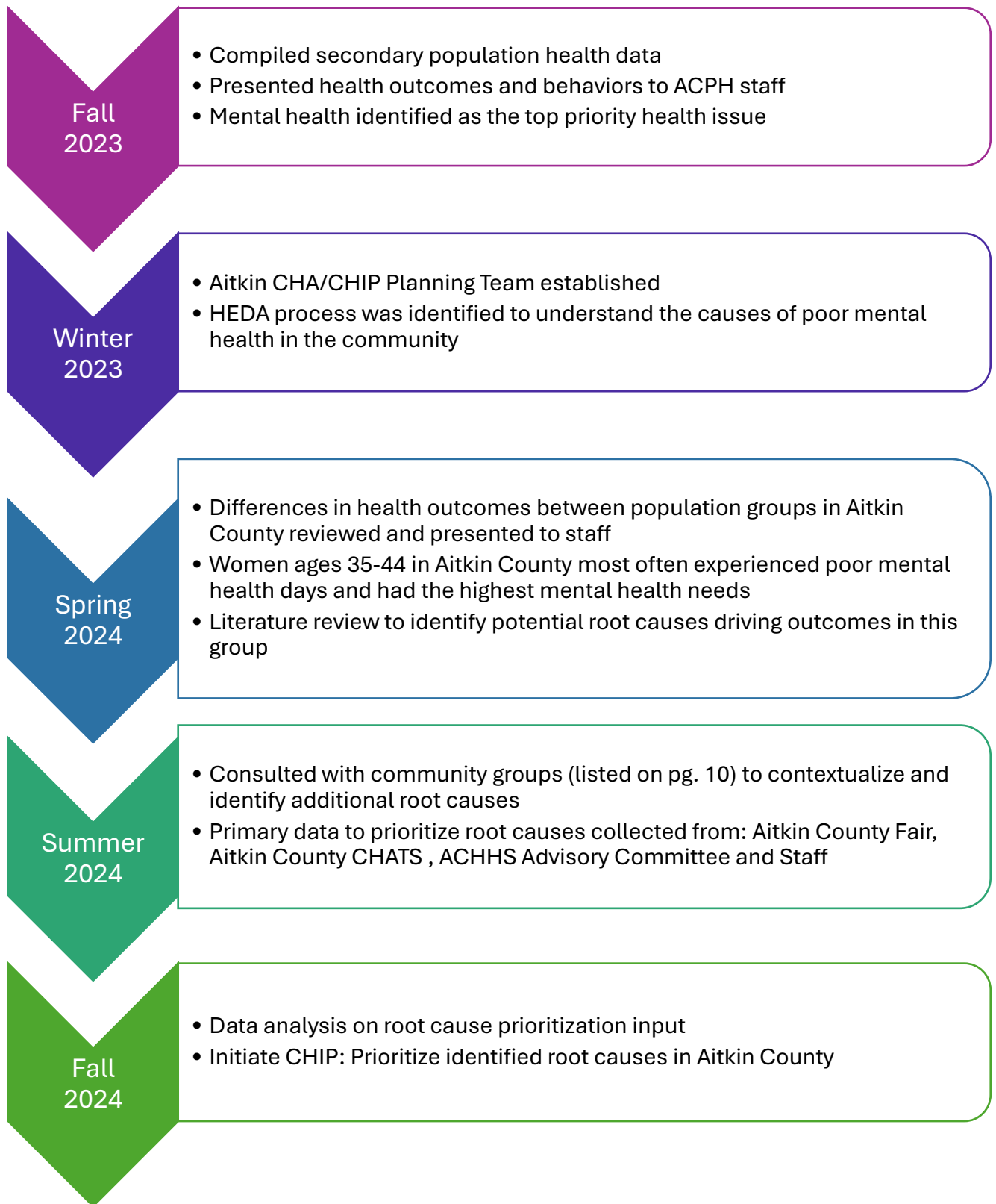
requires local public health to dive deeper into assessments and community engagement.

The HEDA also identifies differences in health outcomes between population groups instead of examining the population as a whole. Understanding inequitable health outcomes helps determine where the most need is and where local public health can be the most impactful in improving mental health and well-being.

### Convening Planning Team

After the tri-county regional decision to conduct a HEDA focused on mental health and wellbeing, a planning team was convened to develop Aitkin's CHA and CHIP. The planning team was made up of staff from ACPH and the AIK-CHB. Aitkin's CHA/CHIP Planning Team met regularly to plan the CHA's activities, review publicly available data relevant to local communities, and identify opportunities to engage community groups and collect data to assess and prioritize community health needs. The planning team established a timeline to review data, gather input, and deepen our understanding of the drivers of mental health outcomes in Aitkin County. Figure 4 shows the CHA timeline established.

**Figure 4: CHA Timeline**



## Community Health Assessment Findings

The CHA process prioritizes community engagement to ensure that prioritized health areas are meeting communities' needs. This process involved multiple rounds of reviewing population health data to understand how various health outcomes affect different populations, understanding root causes that impact these health outcomes, and listening to stakeholders and community members to understand which root causes of poor mental health outcomes most urgently need to be addressed in the Community Health Improvement Plan (CHIP).

### Population Health Data

Following the HEDA approach, initial work was to identify how health outcomes differed between groups of the population. The cross section of age and sex represents a more specific population group than the whole population. Figures 5-8 show population health data from the Bridge to Health 2020 survey on key mental health indicators, 14+ Poor Mental Health Days in the Past 30 Days and Adults Who Have Been Told by a Healthcare Provider That They Have Depression.

In reviewing indicators around mental health outcomes and exploratory conversations with community stakeholder groups, the CHA/CHIP planning team identified that women ages 35-44 in Aitkin County showed an increased need for mental health supports. The community stakeholder groups consulted were:

- Aitkin County CHATS
- Aitkin County Public Health Emergency Preparedness Group
- Committee for the Awareness & Prevention of Suicide
- Aitkin County Local Advisory Council for Mental Health
- Aitkin County Women of Today
- Aitkin County Health & Human Services Advisory Committee

Therefore, the HEDA population of focus for the Aitkin 2025 CHA are Aitkin residents who are women between the ages of 35-44.

### Primary Data Collection

Once this population came into focus, the CHA/CHIP Planning Team conducted a deeper dive into potential root causes of the poor mental health outcomes seen in this group. The planning team then sought and collected feedback on which root causes had the most influence on mental health outcomes of women ages 35-44.

**Table 3: Mental Health Data in Aitkin County**

Groups	14+ Poor Mental Health Days	Depression																																										
Sex	<p><b>Figure 5: Adults who experienced 14+ Days of Poor Mental Health in the Last 30 Days (by sex)</b></p> <table border="1"> <caption>Data for Figure 5: Adults who experienced 14+ Days of Poor Mental Health in the Last 30 Days (by sex)</caption> <thead> <tr> <th>Year</th> <th>Male (%)</th> <th>Female (%)</th> </tr> </thead> <tbody> <tr> <td>2015</td> <td>11</td> <td>16</td> </tr> <tr> <td>2020</td> <td>10</td> <td>16</td> </tr> </tbody> </table>	Year	Male (%)	Female (%)	2015	11	16	2020	10	16	<p><b>Figure 6: Adults with Depression (by sex)</b></p> <table border="1"> <caption>Data for Figure 6: Adults with Depression (by sex)</caption> <thead> <tr> <th>Year</th> <th>Male (%)</th> <th>Female (%)</th> </tr> </thead> <tbody> <tr> <td>2015</td> <td>18</td> <td>26</td> </tr> <tr> <td>2020</td> <td>16</td> <td>27</td> </tr> </tbody> </table>	Year	Male (%)	Female (%)	2015	18	26	2020	16	27																								
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(Bridge to Health Survey 2020, Aitkin County)

To seek community feedback to prioritize these root causes, the planning team tabled at the Aitkin County Fair in July 2024 (19 respondents), engaged with Aitkin County CHATS, a community steering committee co-hosted by Riverwood Healthcare Center and Aitkin County Public Health (11 respondents), and surveyed the Aitkin County Health and Human Services Advisory Committee and staff (34 respondents).

We asked participants:

Women in Aitkin County ages 35-44 show an increased need for mental health supports. Please choose the top three (3) areas that you think most influence the mental health of this group.

Participants then selected from a list of fourteen potential root causes. The potential root causes identified were:

- Gender expectations in the workplace
- Gender expectations for home management
- Gender expectations for caring for an aging parent
- Gender expectations for parental roles
- Gender wage gap
- Substance use disorders
- Domestic violence
- Menopause/perimenopause
- Accessibility/affordability of higher education
- Accessibility/affordability of healthy food
- Accessibility/availability of childcare
- Affordability/availability of housing
- Accessibility/availability of mental health resources
- Accessibility/availability of health resources

In total, there were 64 respondents and 192 votes (each respondent had three votes, 64 multiplied by 3 equals 192). Figure 9 shows raw outcomes from the prioritization work. This figure shows the root causes ranked by total vote counts (light blue), as well as the share of vote counts from each of the data collection venues.

## Primary Data Analysis

Two early observations identified in data analysis were:

1. There were more responses from Aitkin County PHHS advisory committee and staff than from the combined Aitkin County CHATS and Aitkin County Fair Tabling responses.
2. Each of the three groups ranked the potential root causes differently.

The planning team developed a weighting matrix to balance the different response numbers between these three groups and to elevate resident perspectives in the CHA prioritization work. Table 3 outlines the weighting matrix used in the primary data analysis. Table 4 shows how the weighting matrix impacts total vote counts in each group. Figure 10 shows the weighted outcomes from prioritization work, ranked by total vote counts. This weighting matrix did not impact the top three or bottom four priority root causes but did influence the order of the mid-ranked root causes. Table 5 shows a side-by-side comparison of the unweighted and weighted rankings.

**Table 3: Weighting Matrix**

Data Collection Venue	Weight Value	Rationale
Aitkin County Fair Tabling	X3	County fair attendees – likely Aitkin County residents, most direct resident perspective.
Aitkin County CHATS	X2	Community-based and community-serving organizations. Non-governmental perspectives.
Aitkin County Health and Human Services (Advisory Committee and staff)	X1	Aitkin County government employees, most responses between three groups.

**Table 4: Weighting Matrix Impact on Total Vote Counts**

Data Collection Venue	Unweighted Votes	Weight Value	Weighted Votes
Aitkin County Fair Tabling	57	X3	171
Aitkin County CHATS	33	X2	66
Aitkin County Health and Human Services (Advisory Committee and staff)	102	X1	102
<b>Total Votes</b>	192	X weighting matrix	339



Figure 9: Root causes prioritized by total votes (UNWEIGHTED)

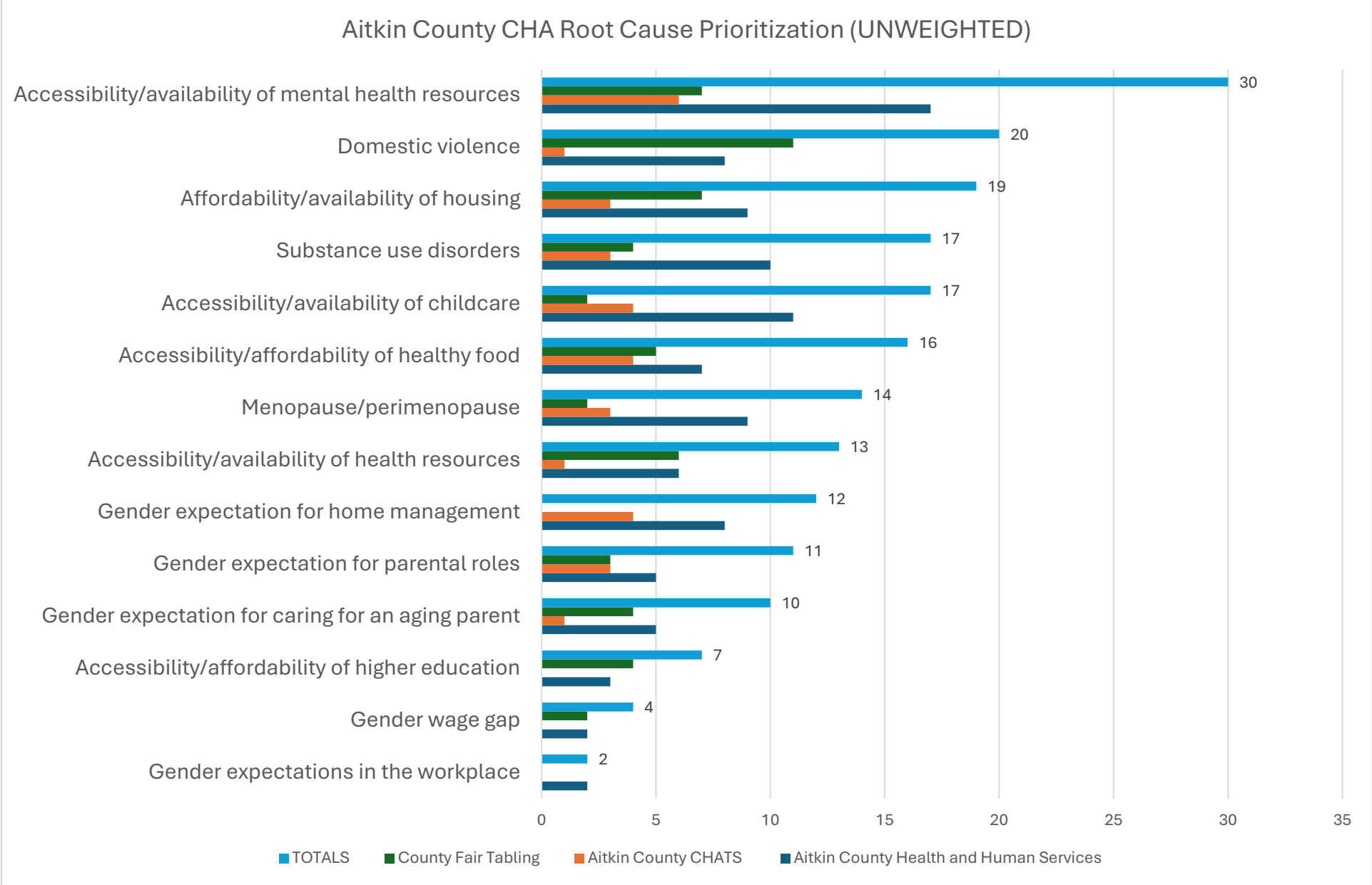
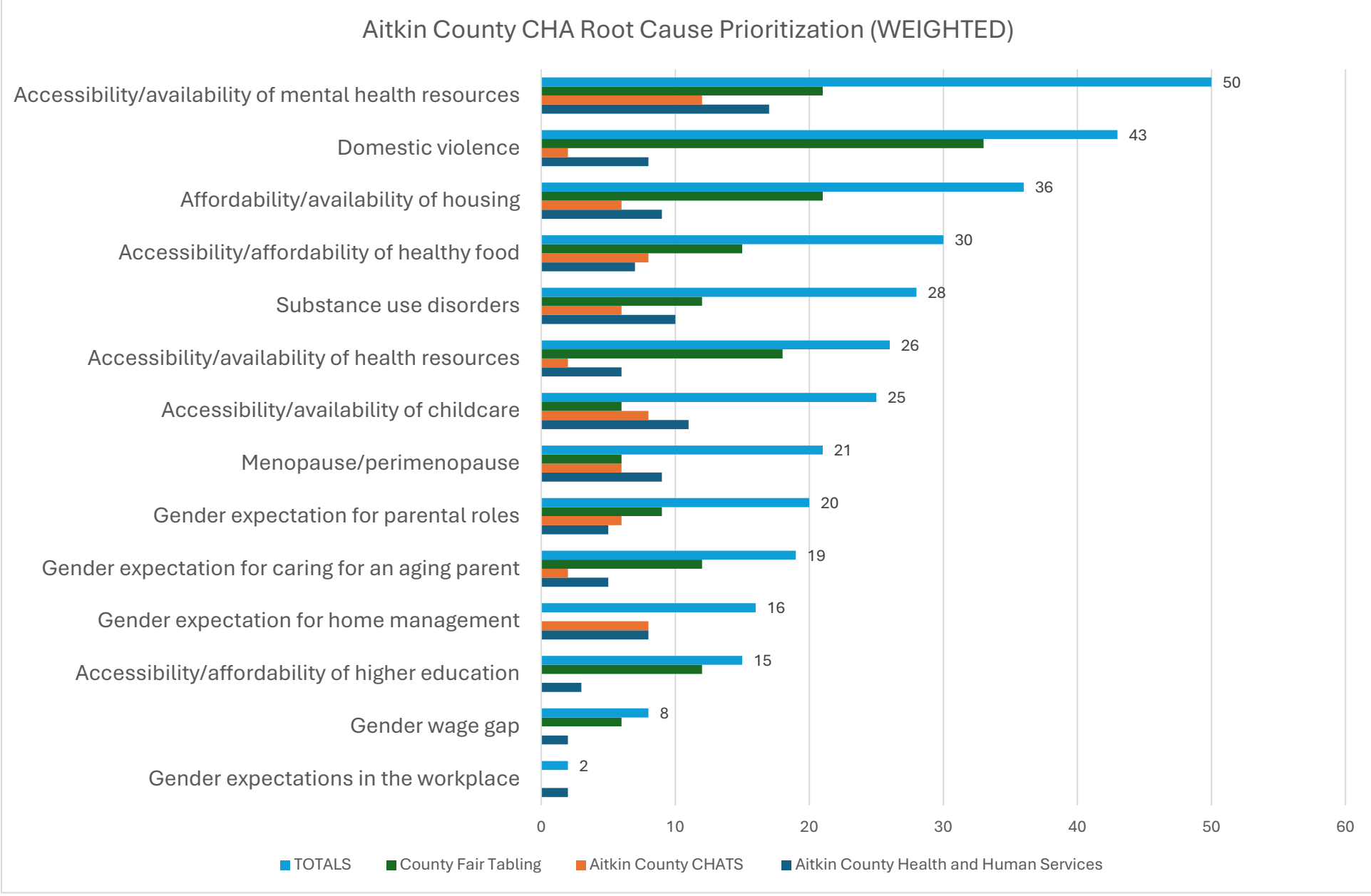


Figure 10: Root causes prioritized by total votes (WEIGHTED)



**Table 5: Root Cause Ranking Comparison**

Unweighted Root Cause Ranking (Votes)	Weighted Root Cause Ranking (Votes)
1. Affordability/availability of mental health resources (30)	1. Affordability/availability of mental health resources (50)
2. Domestic violence (20)	2. Domestic violence (43)
3. Affordability/availability of housing (19)	3. Affordability/availability of housing (36)
4. Substance use disorders (17)	4. Accessibility/affordability of healthy food (30)
5. Accessibility/availability of childcare (17)	5. Substance use disorders (28)
6. Accessibility/affordability of healthy food (16)	6. Accessibility/availability of health resources (26)
7. Menopauses/perimenopause (14)	7. Accessibility/availability of childcare (25)
8. Accessibility/availability of health resources (13)	8. Menopauses/perimenopause (21)
9. Gender expectations for home management (12)	9. Gender expectations for parental roles (20)
10. Gender expectations for parental roles (11)	10. Gender expectations for caring for an aging parent (19)
11. Gender expectations for caring for an aging parent (10)	11. Gender expectations for home management (16)
12. Accessibility/affordability of higher education (7)	12. Accessibility/affordability of higher education (15)
13. Gender wage gap (4)	13. Gender wage gap (8)
14. Gender expectations in the workplace (2)	14. Gender expectations in the workplace (2)

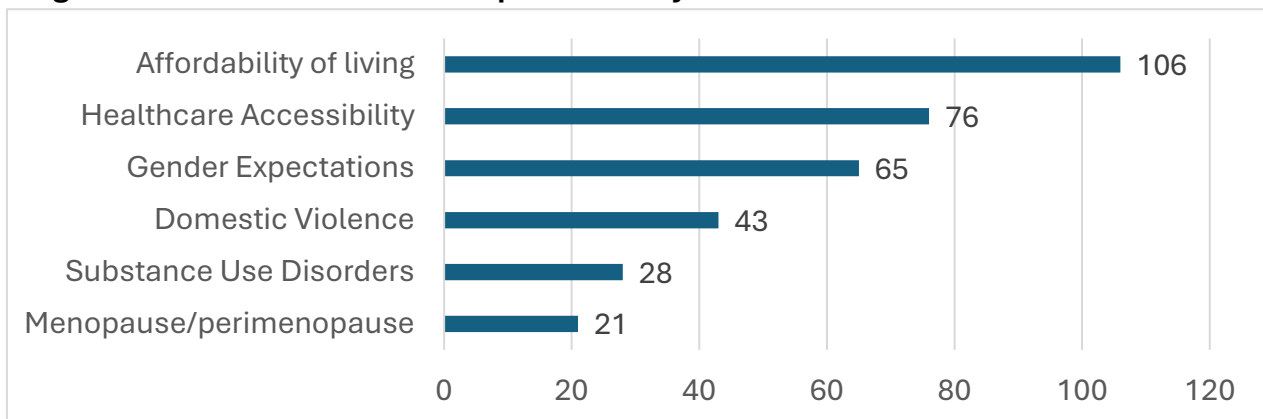
The planning team received feedback during data collection that several response options overlapped and that grouping response options could benefit understanding. Potential groupings were explored, and options were presented to other stakeholders. Feedback suggested that organizing the root causes using groups improved clarity. Based on this feedback, the planning team developed a bucketing process to improve understandability of the primary data collection.

The bucketing process was helpful for building collective understanding in future planning conversations. CHIP development used both bucketed and un-bucketed analyses.

### Bucketed Response Options (6)

1. Affordability of living
  - a. Affordability/availability of housing
  - b. Accessibility/affordability of healthy food
  - c. Accessibility/availability of childcare
  - d. Accessibility/affordability of higher education
2. Healthcare accessibility
  - a. Accessibility/availability of mental health resources
  - b. Accessibility/availability of health resources
3. Gender expectations
  - a. Gender expectations for parental roles
  - b. Gender expectations for caring for an aging parent
  - c. Gender expectations for home management
  - d. Gender wage gap
  - e. Gender expectations in the workplace
4. Domestic violence
5. Substance use disorders
6. Menopause/perimenopause

**Figure 11: Bucketed root causes prioritized by total vote counts**



## Aitkin County's Priority Root Causes

Figure 11 shows the total vote counts and rankings of the bucketed root causes. The ranked priority root causes most impacting the mental health of women ages 35-44 in Aitkin County are:

- 1) Affordability of living
- 2) Healthcare accessibility
- 3) Gender expectations
- 4) Domestic/relationship violence
- 5) Substance use disorders

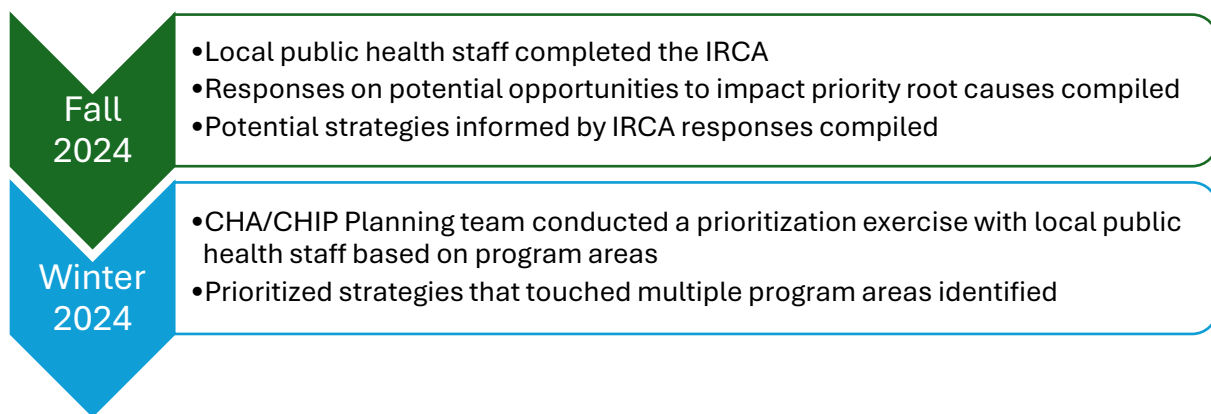
# Community Health Improvement Plan

The Community Health Improvement Plan (CHIP) is a community-focused effort to address pressing health issues. CHIP development begins after completing the CHA. Local Public Health continuously reviews and revises CHIPs to best meet the needs of local communities and be responsive to local changes.

## CHIP Development Process

The timeline below shows the process for developing the 2025 CHIP. This planning work identifies strategies with the greatest feasibility, specificity, and leverage to improve our communities' health.

**Figure 12: CHIP Timeline**



## Developing Strategies

Potential strategies were identified through an online form called the Impact Ranking and Capacity Assessment (IRCA). The IRCA was created by the CHA/CHIP Planning Team and completed by local public health staff at Aitkin County. Appendix 1 lists the questions asked during the IRCA. The form served as a brainstorming tool to identify potential opportunities in Aitkin's public health work to address the root causes identified during the CHA.

Twelve (12) public health staff completed the IRCA, a 100% response rate. The responses were compiled by the CHA/CHIP Planning Team and synthesized into potential strategies. From the 12 responses, 49 potential strategies to address the five bucketed priority root causes were identified.

## CHIP Prioritization Process

The CHA/CHIP Planning Team developed a prioritization exercise and brought the potential strategies back to staff for review and discussion. Aitkin County Public Health conducts 18 programs. The prioritization exercise asked for public health staff who worked in each program to prioritize 3-5 of the potential strategies, based on the following criteria;

- A. Expected potential for the strategy to positively impact the root cause identified, which ultimately affects mental health outcomes among women ages 35-44
- B. The feasibility of incorporating the strategy into the program's area of work

After the prioritization exercise, there were eleven (11) strategies that were prioritized by multiple program areas. These strategies are listed in Table 6, in order by number of programs that prioritized the strategy.

**Table 6: Prioritized Strategies by Local Public Health Programs**

Strategy	Root Cause	# of Programs that Prioritized
Customizing referral pathways for specific pathways to care.	Healthcare accessibility	5
Promoting preventative care	Healthcare accessibility	5
Customizing referral processes for affordability/income-based eligibility resources (housing, food, childcare, etc.)	Affordability of Living	5
Promoting tobacco cessation resources	Substance Use Prevention	4
Customizing referral pathways for various public sector resources and services	Affordability of Living	3
Destigmatize help-seeking for people experiencing domestic violence	Domestic Violence Prevention	3
Education/outreach on relationship between mental health and substance use disorders	Substance Use Prevention	3
Communication planning and development on healthcare resources in community.	Healthcare accessibility	2
Prevention/education/intervention for substance use disorders	Substance Use Prevention	2
Tobacco prevention education in school settings	Substance Use Prevention	2
Outreach/education/communications planning on available resources with eligible populations	Affordability of Living	2

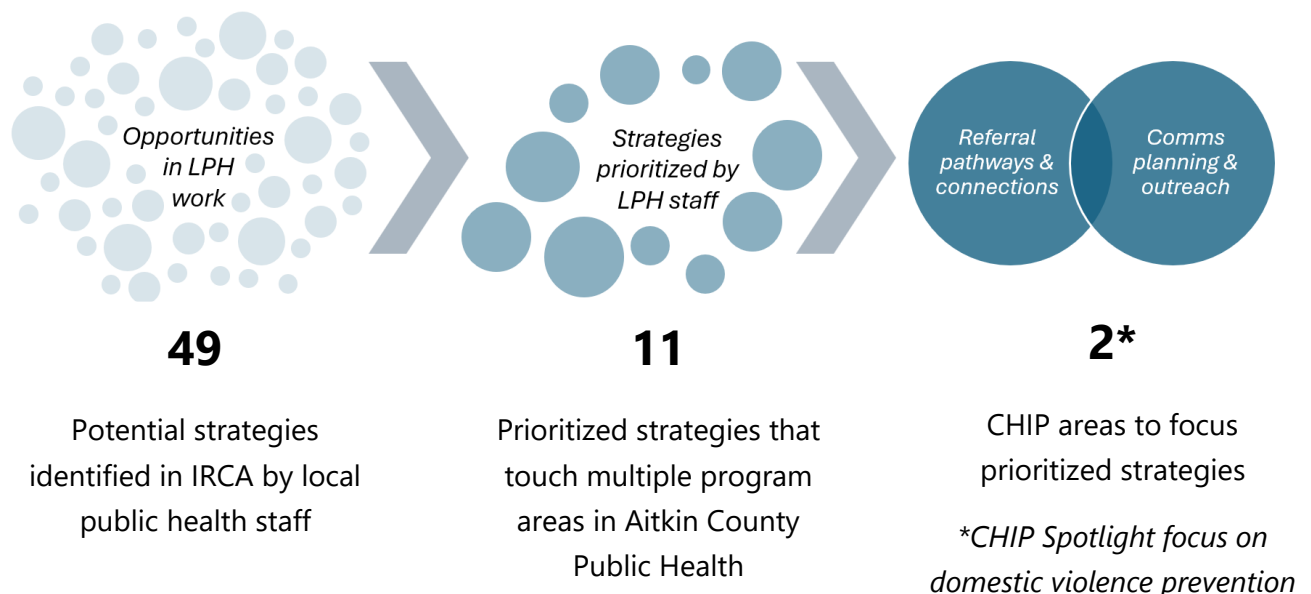
Local public health convened again for a final planning session with the CHA/CHIP Planning Team where we fine-tuned prioritized strategies, discussed implementation processes, and developed a comprehensive understanding of these strategies. We identified that these strategies could largely be grouped into two areas:

1. Referral pathways and connections
2. Communications planning and outreach

Comparing the prioritized strategies to the weighted priority root causes in Figure 8, the CHA/CHIP Planning Team recognized that the second highest priority root cause, domestic violence, was not proportionately addressed. ACPH has not historically engaged with relationship violence as a public health topic. However, public health more broadly has initiated conversations around violence prevention. Guidance from the Centers for Disease Control and Prevention identifies acknowledging and defining the problem as the initial step in a public health approach to violence prevention ([CDC, April 2024](#)).

Thus, a CHIP Spotlight Area on domestic violence was formed in addition to the two CHIP areas above. By creating a spotlight area, local public health in Aitkin County commits to intentional learning about experiences of domestic violence and dedicating resources to prevention efforts. Figure 13 shows the complete prioritization process, from potential strategies to CHIP priorities. Table 7 shows how the prioritized strategies fall into the CHIP Priorities and CHIP Spotlight.

**Figure 13: Aitkin County CHIP Strategy Prioritization Process**





**Table 7: CHIP Areas and Spotlight**

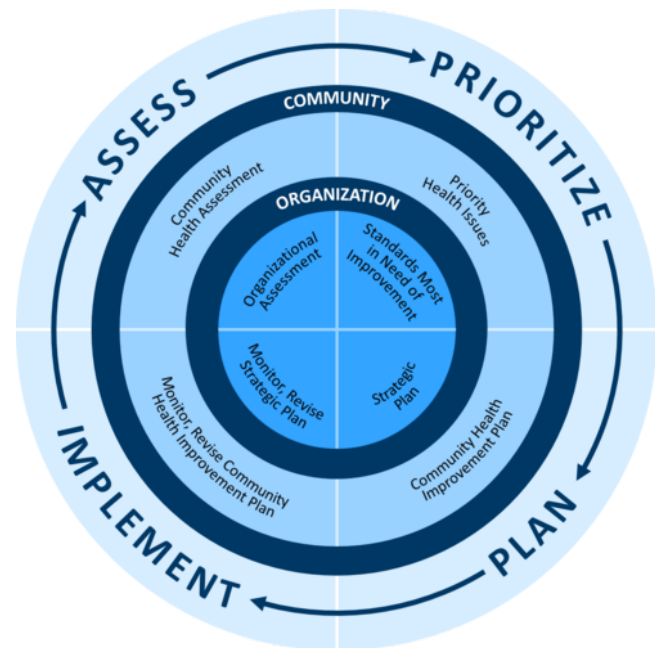
CHIP Areas	
Referral Pathways and Connections	Communications Planning and Outreach
<p><u>Strategies</u></p> <ul style="list-style-type: none"> <li>• Customizing referral processes for specific pathways to care</li> <li>• Customizing referral processes for affordability/income-based eligibility resources                             <ul style="list-style-type: none"> <li>○ Housing, food, childcare, etc.</li> <li>○ External referrals outside of Aitkin County governmental services</li> </ul> </li> <li>• Customizing referral pathways for various public sector resources and services                             <ul style="list-style-type: none"> <li>○ Medical Assistance, Supplemental Nutrition Assistance Program, Housing and Redevelopment Authority programs</li> <li>○ Internal referrals to Aitkin County government programs</li> </ul> </li> </ul>	<p><u>Strategies</u></p> <ul style="list-style-type: none"> <li>• Promoting preventative care</li> <li>• Promoting tobacco cessation resources</li> <li>• Education and outreach on the relationship between mental health and substance use disorders</li> <li>• Communication planning and development on healthcare resources in the community</li> <li>• Prevention/education/intervention for substance use disorders</li> <li>• Outreach/education/communications planning on available resources with eligible populations</li> </ul>
CHIP Spotlight	
Domestic Violence	
<ul style="list-style-type: none"> <li>• Domestic violence was elevated the second highest priority root cause affecting mental health outcomes among women ages 35-44 in Aitkin County</li> <li>• Violence prevention efforts in public health start by acknowledging and defining the problem (<a href="#">CDC, April 2024</a>).</li> </ul> <p><u>Initial Strategy</u></p> <ul style="list-style-type: none"> <li>• Destigmatize help seeking for people experiencing domestic violence.</li> </ul>	

## Conclusion and Next Steps

The CHIP is developed as a holistic plan to improve the health of communities in Aitkin County. It is intended as a living document, used to guide a multi-year effort for Aitkin County Public Health to work alongside partners and community members to improve community health. By holistically sharing resources, knowledge, and perspectives, we can collectively address the community health needs of Aitkin County residents.

Aitkin County Public Health is responsible for coordinating the CHA and CHIP. As shown in Figure 14, the next phase of this work is when we implement the strategies developed during the CHIP ([MDH, 2024](#)). Between 2025-2027, we will develop processes to implement these strategies, monitor their impact, and engage in continuous improvement processes to improve community health. Revisions to this plan will be made as needed, depending on changing priorities, community capacity, and other factors. Any changes to this plan will be communicated by Aitkin County Public Health. Also shown by Figure 14, the CHA/CHIP process is meant to be cyclical, repeating at least every 5 years. This means Aitkin County Public Health will re-assess community health needs and develop a responsive plan within the next 5 years.

**Figure 14 Local Public Health Assessment and Planning Cycle**



Local Public Health  
Assessment and Planning Cycle

Questions about this document can be directed to Aitkin County Health and Human Services – Public Health Department at [public-health@aitkincountymn.gov](mailto:public-health@aitkincountymn.gov) or 218-927-7200.

# Appendix

## Appendix 1: Impact Ranking and Capacity Assessment Survey Instrument



**Public Health**  
Prevent. Promote. Protect.

Aitkin County

### Aitkin County CHA/CHIP

#### Impact Ranking and Capacity Assessment (IRCA)

This survey was administered on Microsoft Forms to local public health staff at Aitkin County Public Health.

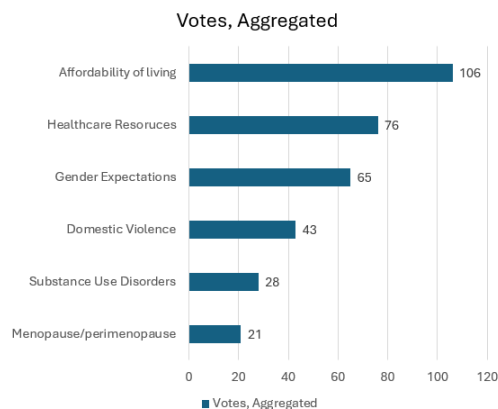
1. What is your name?
2. What program areas do you work in?

Feedback at the planning meeting suggested the priority root causes should be bucketed and weighted. The top 5 priority root causes are 1) Affordability of living, 2) Healthcare resources, 3) Gender expectations, 4) Domestic violence, and 5) Substance use disorders.

#### Priority Root Causes (Top 5, Weighted, Bucketed) Areas of focus in Community Health Improvement Plan phase

Ranking	Root Causes (Bucketed)
#1	Affordability of living
#2	Healthcare Resources
#3	Gender expectations
#4	Domestic violence
#5	Substance use disorders

Ranking	Honorable Mention
#6	Menopause/perimenopause



3. Do you have any other thoughts/questions/feedback after the CHA presentation at the staff meeting on 10/8?

## Professional Perspective

4. Thinking about your program areas, please rank the root causes in the order that you have the most potential to impact in your work with Aitkin County Public Health? (Click the arrows on the right side to move options up/down).

*[ranking question]*

- a. Affordability of living
- b. Affordable/accessible healthcare resources
- c. Reducing gender expectations
- d. Preventing domestic violence
- e. Substance use disorders

### Ranked Root Causes (Bucketed)

1. **Affordability of living**
  1. Affordability/availability of housing
  2. Accessibility/availability of childcare
  3. Accessibility/affordability of healthy food
  4. Accessibility/affordability of higher education
2. **Healthcare resources**
  1. Accessibility/availability of health resources
  2. Accessibility/availability of mental health resources
3. **Gender expectations**
  1. Gender wage gap
  2. Gender expectations for parental roles
  3. Gender expectations for caring for an aging parent
  4. Gender expectations for home management
  5. Gender expectations in the workplace
4. Substance use disorders
5. Domestic violence

The following questions are meant for brainstorming potential strategies for the Community Health Improvement Plan (CHIP) to complement and build upon existing work. Your responses do not commit you to doing work in these areas. The CHA/CHIP Planning Team will review all responses to inform planning efforts.

5. What opportunities do you see in your work to address affordability of living in Aitkin County? (optional)
6. What opportunities do you see in your work to address healthcare resources in Aitkin County? (optional)
7. What opportunities do you see in your work to address gender expectations in Aitkin County? (optional)

8. What opportunities do you see in your work to address domestic violence in Aitkin County? (optional)
9. What opportunities do you see in your work to address substance use disorders in Aitkin County? (optional)

### Resident Perspective

As a resident and community member of Aitkin County, these questions are asking what you know about community efforts existing in Aitkin County, beyond the current work of Aitkin County Public Health.

10. Do you know of any organizations or community members that have championed improving affordability of living in Aitkin County? (optional)
11. Do you know of any organizations or community members that have championed affordable and accessible healthcare resources in Aitkin County? (optional)
12. Do you know of any organizations or community members that have championed reducing gender expectations in Aitkin County? (optional)
13. Do you know of any organizations or community members that have championed domestic violence prevention in Aitkin County? (optional)
14. Do you know of any organizations or community members that have championed prevention and treatment of substance use disorders in Aitkin County? (optional)

Thank you for completing the IRCA. These responses will be used in the next phase of developing Aitkin County's Community Health Improvement Plan.

###



# ITASCA COUNTY 2025

## Community Health Assessment & Community Health Improvement Plan

Itasca County Health and Human Services  
Public Health Department

**Contact**  
Naesa.Myers@co.itasca.mn.us  
218-327-2941

# Acknowledgements

## Community Health Board

- Donita Ettestad (Koochiching)
- Cory Smith (Itasca)
- Betsy Johnson (Itasca)
- Lester Kachinske (Itasca)
- Laurie Westerlund (Aitkin)
- Ricky Roche (Koochiching Alternate)
- Dale Erickson (Koochiching)
- Lynne Jacobs (Aitkin)

## CHA/CHIP Planning Team

- Naesa Myers, Public Health Division Manager
- Maggie Rothstein, AIK CHB Administrator
- Erika Guenther, AIK CHB Public Health Planner
- Alyssa Kotula, AIK CHB AmeriCorps Member, 2023-2024

## About this report

Itasca County is part of the Aitkin-Itasca-Koochiching Community Health Services area, which consists of the Aitkin, Itasca, and Koochiching County Public Health Departments. The Aitkin-Itasca-Koochiching Community Health Board is the legally recognized governing body for local public health in this area.

The Aitkin-Itasca-Koochiching Community Health Board prepares a comprehensive assessment of the health of its residents every five years. The Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) is statutorily required public health work that must be conducted at least every five (5) years.

## Executive Summary

The Community Health Assessment (CHA), conducted every five years in partnership with community members, identifies areas of need to protect and promote community health. This assessment involves reviewing public health data, engaging with community members, and analyzing information to understand communities' needs.

The Community Health Improvement Plan (CHIP) addresses the health needs identified in the CHA. It sets goals, objectives, and strategies or actions to tackle these needs. While Itasca County Public Health (ICPH) leads the development and coordination of the CHA and CHIP, successful implementation requires collaboration with community partners.

The CHA began with an analysis of demographic, socioeconomic, health status, social determinants of health, and health behaviors to identify priority health issues. Mental health and well-being emerged as the top priorities. The CHA/CHIP planning team conducted a detailed analysis to understand mental health needs and disparities in health outcomes. Public health data revealed that young people attending high school in Itasca County have the highest levels of poor mental health days and suicidal ideation compared to the rest of the population.

The CHA explored potential root causes that could be driving these outcomes and prioritized the root causes perceived to be most impacting the mental health and well-being of this group. The priority root causes affecting mental health/wellbeing of young people identified during the CHA process were:

- Social media access and online influences
- Social connections and belongingness
- Home support and stability
- Peer relationships and bullying
- Substance use and misuse

ICPH explored potential opportunities to impact each of these root causes and developed strategies involving community partners. Strategies were selected based on their effectiveness for meeting the community's needs and feasibility for implementation based on resources available.



# Community Characteristics

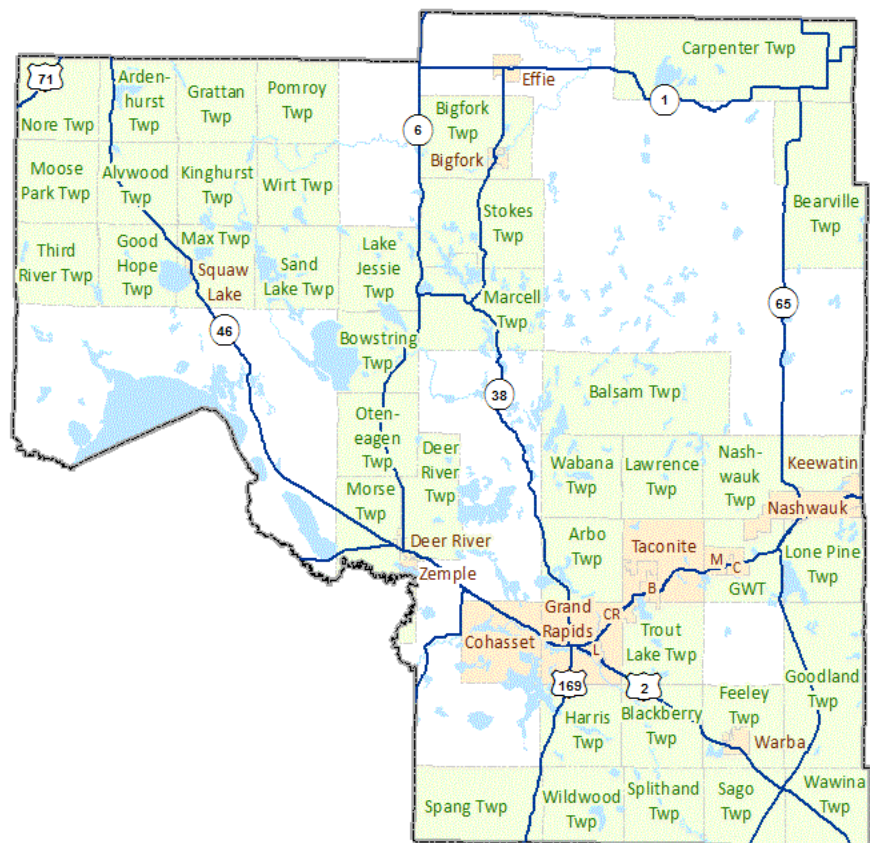
## Places in Itasca County

Itasca County is in northeastern Minnesota and is known for its beautiful natural landscapes. The county seat is Grand Rapids, which sits alongside the Mississippi River in the southern part of the county. Itasca County was one of the original nine counties formed during the creation of the Minnesota Territory in 1849, at which point it covered many of today's northeastern counties ([Itasca County – History of Itasca County](#)). Itasca County is rich in natural resources, which accompanies a long history of employment in logging, mining, and manufacturing ([Itasca County Workforce Study, 2016](#)). More recently, the county has experienced volatility and declining employment in these industries, shifting towards more service-based employment such as healthcare and construction.

Today, it remains the third largest county in Minnesota by total area ([MN DEED – County Snapshots 2017](#)). Itasca County covers an area of 2,665 square miles, with a variety of

landscapes, including over 1,400 lakes. The county is largely rural; it currently has 21 cities, 42 townships, and five unorganized territories. Figure 1 shows a map of Itasca County's townships and cities ([MN DOT – Geographic Information and Mapping](#)). Itasca County borders the Tribal territorial jurisdictions of the Leech Lake Band of Ojibwe and the Boise Forte Band of Chippewa ([Minnesota Indian Affairs Council](#)).

**Figure 1: Itasca County municipality and township map**



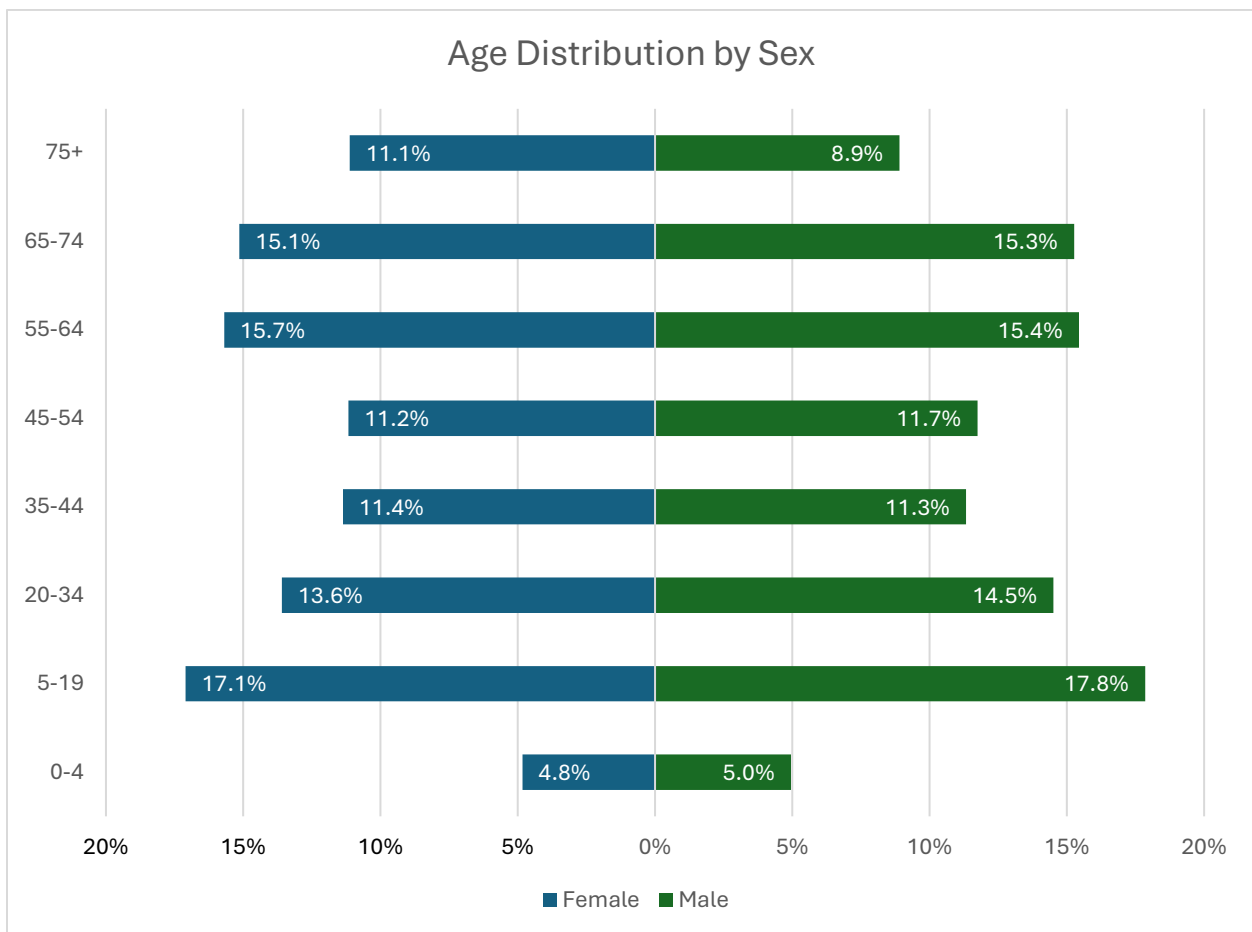
## People in Itasca County

Itasca County has a population of 45,365; 49.1% of the population is female ([US Census Bureau – Quk Facts](#)). In the 2023 American Community Survey, 10.5% of the population reported being a Veteran, compared to 5.7% of the Minnesota population who reported being a Veteran ([U.S. Census Bureau, Itasca County Profile](#)).

- 12.9% reported having a disability
- 6.0% reported not having health insurance.

The median age in Itasca County is 46.8 years, which is older than the statewide median age of 38.5 years. ([Data USA, Itasca County, MN](#)). Figure 2 shows the age distribution by sex in Itasca County.

**Figure 2: Population by age and sex in Itasca County**



[Itasca County, Minnesota - Census Bureau Profile](#)

## Race, Ethnicity, and Nationality

Itasca County residents are mostly US-born, with about 0.9% of residents being born outside of the United States (compared to 8.35% of Minnesota residents who are foreign-born) ([U.S. Census Bureau, QuickFacts](#)). Itasca County is more racially diverse than it was in 2010 but less racially diverse than the state of Minnesota. Itasca County has higher proportions of White (non-Hispanic) and American Indian/Alaska Native (non-Hispanic) than the state ([USA Facts, Itasca County](#)).

**Table 1: Race and Ethnicity Population Data**

Race and Ethnicity	Itasca, 2010	Itasca, 2022	Minnesota, 2022
White alone, non-Hispanic	93.1%	91.5%	77.7%
Black alone, non-Hispanic	Z	0.5%	6.62%
American Indian and Alaska Native alone, non-Hispanic	3.4%	3.4%	0.77%
Asian alone, non-Hispanic	Z	Z	4.99%
Native Hawaiian and Other Pacific Islanders alone, non-Hispanic	Z	Z	0.03%
Two or more Races, non-Hispanic	1.9%	2.4%	3.78%
Hispanic/Latino	0.9%	1.8%	5.74%

### Value Flag

Z = Value greater than zero but less than half unit of measure shown.

## Poverty and Income

The median household income in Itasca County in 2023 was \$66,380 and per capita income in the past 12 months was \$36,315 (Minnesota’s per capita income during the same time frame was \$46,957) ([U.S. Census Bureau, QuickFacts](#)). The rate of poverty in Itasca County is higher than the state average ([MDH Minnesota Public Health Data Access](#)). Children in Itasca County disproportionately live in poverty compared to people of all ages.

**Table 2: Poverty by age group population data**

	Percent of people in poverty, all ages	Percent of children in poverty (under 18)	Percent of children in poverty (under 5)
Itasca County	12.2%	15.9%	14.9%
Minnesota	9.7%	12.2%	12.8%

# Community Health Assessment

## Community Health Assessment Process

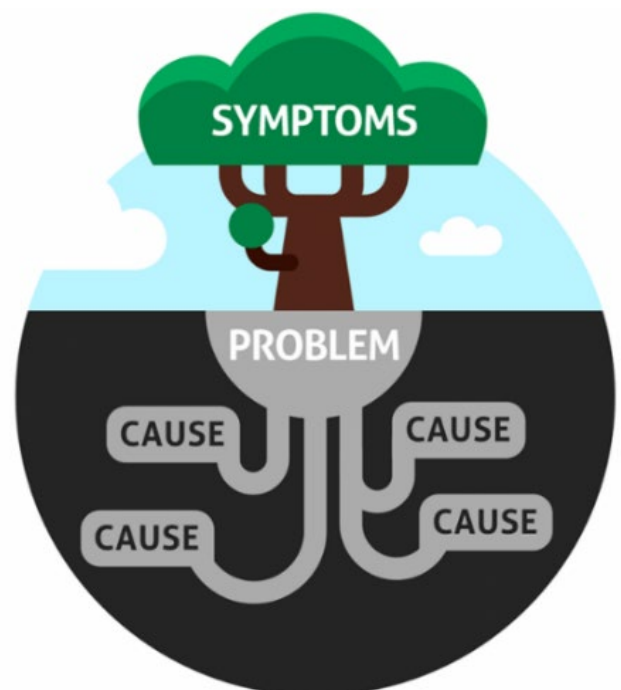
The previous CHA, completed in early 2020, identified mental health/wellbeing and substance use as priority health areas. The subsequent CHIP identified strategies to address these priorities and promote mental health/wellbeing and prevent substance use disorders among residents of the community health services area in Aitkin, Itasca, and Koochiching Counties. Although emergency response to the COVID-19 pandemic diverted local public health resources, the assessment and planning work positioned local public health agencies and community partners to address pandemic-exacerbated mental health needs in local communities.

In 2023, the CHA/CHIP planning team reviewed previous assessment work and assembled population health data on a variety of health outcomes and health behaviors. This review was presented to local public health staff, who contextualized this data based on their work experiences. This process identified that mental health and well-being of Itasca's residents remains a top priority for community health work.

### Selecting Analysis Approach

As local public health in the region moved towards prioritizing mental health and well-being in the upcoming CHA, a need to dig deeper was identified because of the complex and overlapping drivers of mental health in the communities and the emergent mental health needs exacerbated during the pandemic. The [Health Equity Data Analysis \(HEDA\)](#) process was selected for the 2025 CHA because of its focus on understanding what additional living and working conditions most contribute to a priority health outcome. Figure 3 visualizes how the health outcomes we see have root causes that need to be unearthed. Understanding root causes requires local public health to dive deeper into assessments and community engagement.

**Figure 3: Root causes of a health outcome**

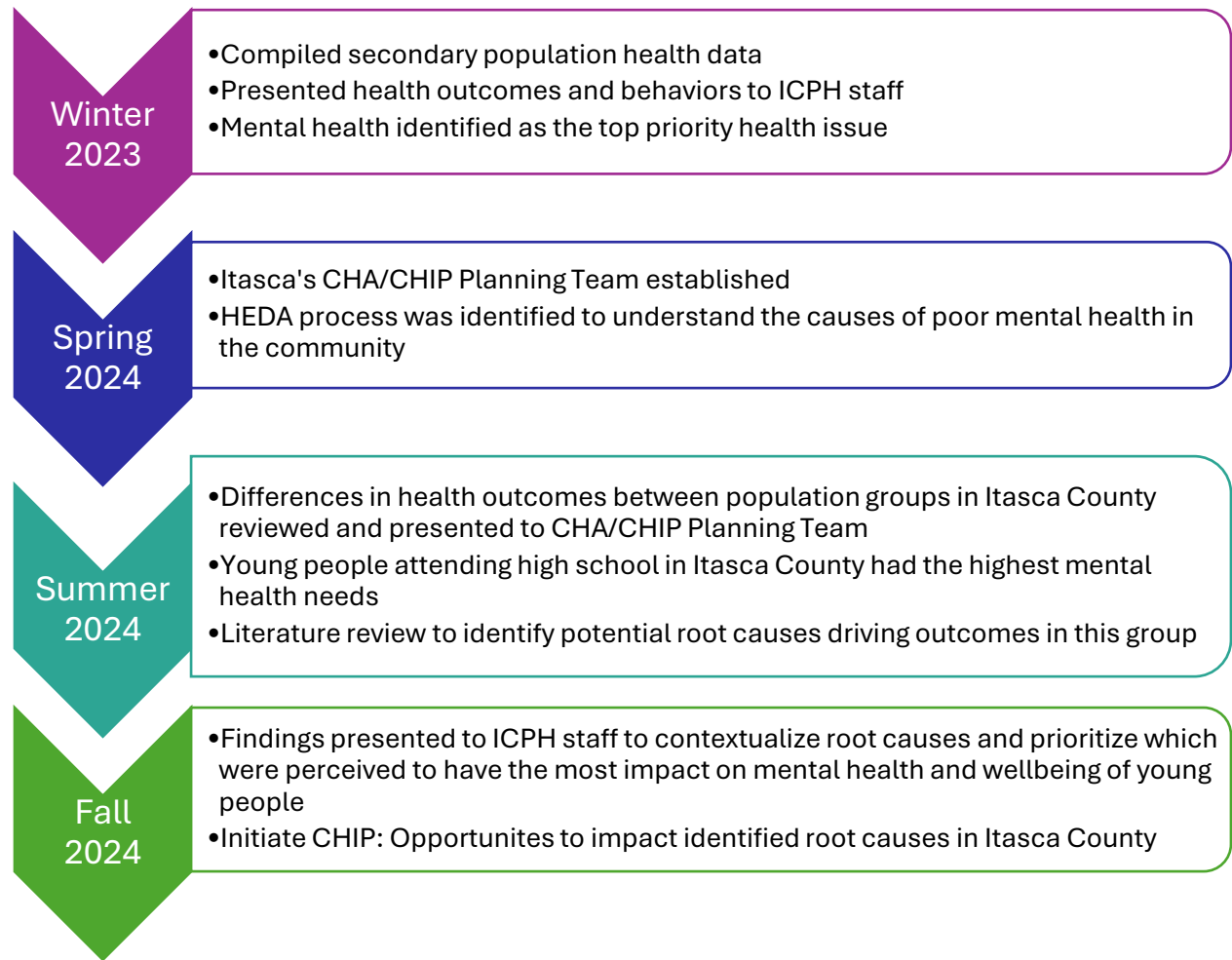


The HEDA also identifies differences in health outcomes between population groups instead of examining the population as a whole. Understanding inequitable health outcomes helps determine where the most need is and where local public health can be the most impactful in improving mental health and well-being.

### Convening Planning Team

After the tri-county regional decision to conduct a HEDA focused on mental health and wellbeing, a planning team was convened to develop Itasca County’s CHA and CHIP. The planning team was made up of staff from ICPH and the AIK-CHB. Itasca’s planning team met regularly to plan the CHA’s activities, review publicly available data relevant to local communities, and identify opportunities to engage community groups and collect data to assess and prioritize community health needs. The planning team established a timeline to review data, gather input, and deepen our understanding of drivers of mental health outcomes in Itasca County. Figure 4 shows the CHA timeline established.

**Figure 4: CHA Timeline**



## Community Health Assessment Findings

The CHA process prioritizes community engagement to ensure that prioritized health areas are meeting communities' needs. This process involved multiple rounds of reviewing population health data to understand how various health outcomes affect different populations, understanding root causes that impact these health outcomes, and listening to stakeholders and community members to understand which root causes of poor mental health outcomes most urgently need to be addressed in the Community Health Improvement Plan (CHIP).

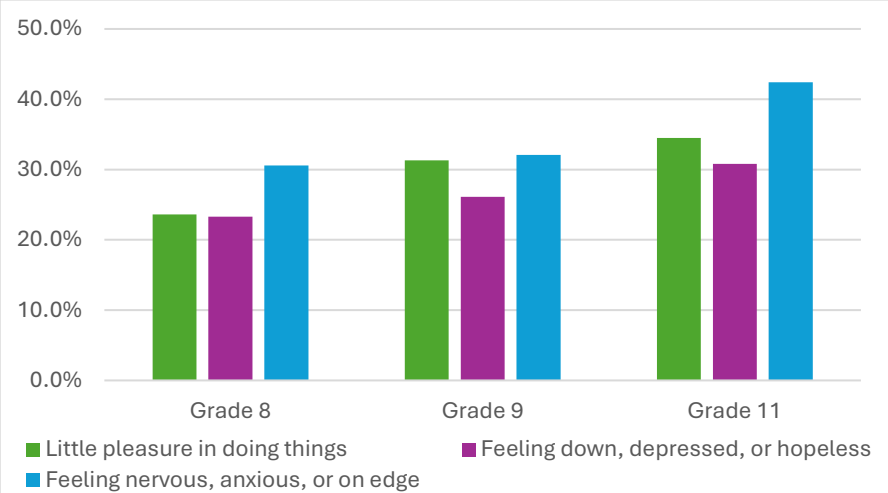
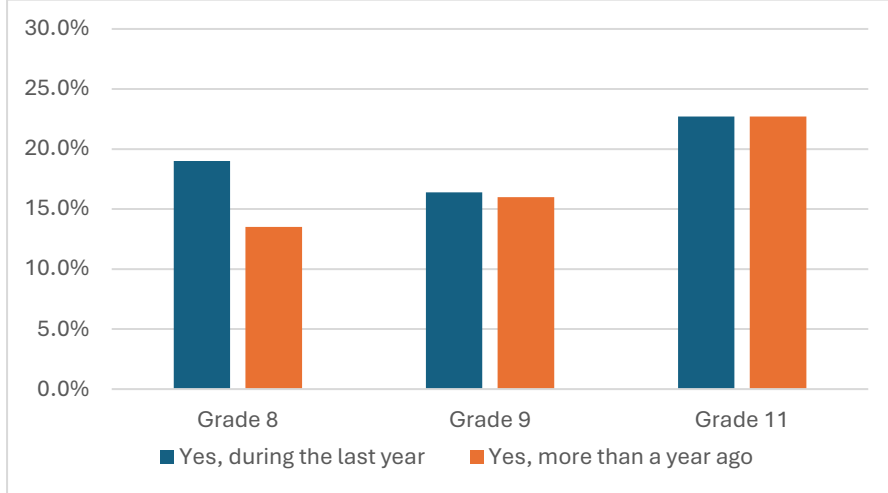
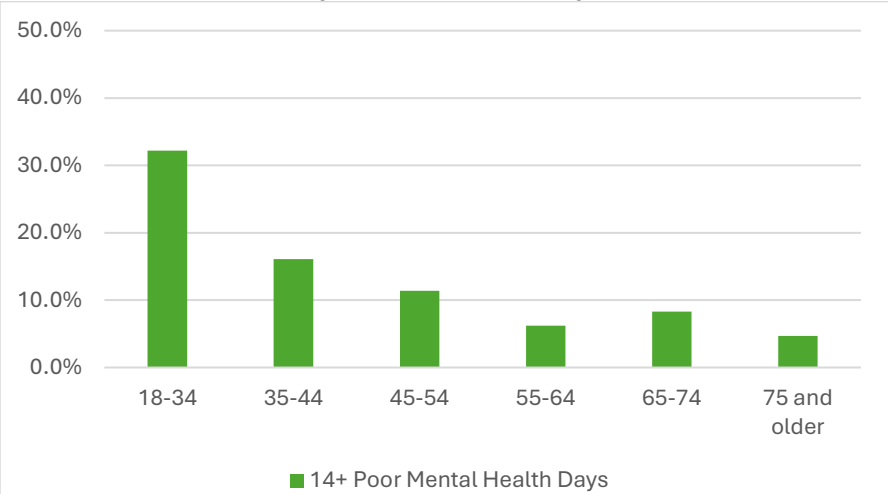
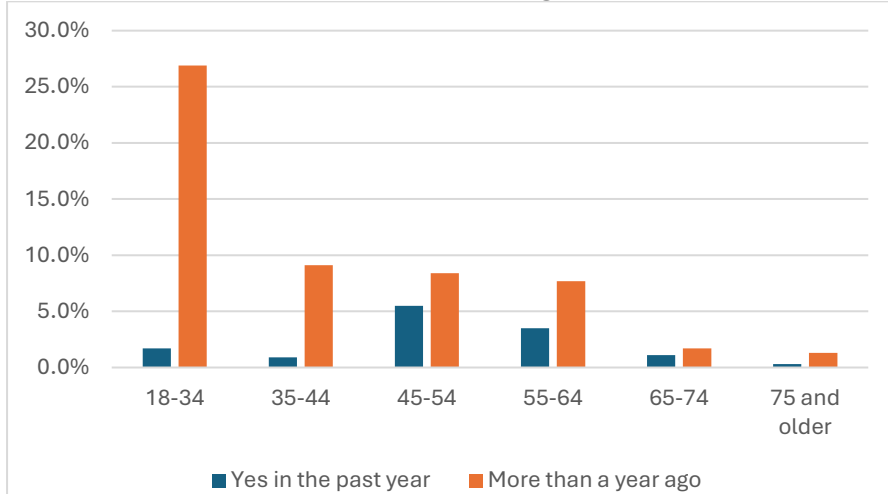
### Population Health Data

Following the HEDA approach, initial work was to identify how health outcomes differed between groups of the population. The CHA/CHIP Planning Team compared findings from the Minnesota Student Survey and the Bridge to Health Survey. The Minnesota Student Survey's most recent data was collected in 2022. This survey focuses on the health, safety, and academic experiences of students in Minnesota. Meanwhile, the Bridge to Health's most recent data was collected in 2020. This survey addresses broader health concerns of adults in northeastern Minnesota and northwestern Wisconsin, including access to healthcare, chronic diseases, and lifestyle behaviors. Additionally, Minnesota North College-Itasca Campus shared a recent mental health and well-being survey with the CHA/CHIP Planning Team. This survey was also reviewed but is not publicly available in this report.

When comparing surveys with different target populations and data collection methods, there are challenges in drawing direct comparisons. Variation in indicators could be due to timing of data collection and survey instruments used. Both surveys provide valuable insights into the health and well-being of Itasca's residents, but the differences in data collection must be considered when interpreting the results. The CHA/CHIP Planning Team was mindful of this when reviewing population health indicators. Figures 5-8 show population-level data on key mental health indicators around poor mental health days and suicidal ideation from these surveys.

In reviewing mental health outcomes, the CHA/CHIP Planning Team identified that mental health indicators suggested that young people attending high school showed the highest need for mental health support. Therefore, the HEDA population of focus for the Itasca 2025 CHA are young people attending high school in Itasca County.

**Table 3: Population Data on Key Mental Health Indicators poor mental health days instead of anxiety/depression**

Survey	Poor Mental Health Days	Suicidal Ideation																																			
Minnesota Student Survey, 2022	<p><b>Figure 5: Students who were bothered by poor mental health days more than half of the time in the last 2 weeks</b></p>  <table border="1"> <caption>Data for Figure 5: Poor Mental Health Days</caption> <thead> <tr> <th>Grade</th> <th>Little pleasure in doing things</th> <th>Feeling down, depressed, or hopeless</th> <th>Feeling nervous, anxious, or on edge</th> </tr> </thead> <tbody> <tr> <td>Grade 8</td> <td>24%</td> <td>24%</td> <td>31%</td> </tr> <tr> <td>Grade 9</td> <td>31%</td> <td>26%</td> <td>32%</td> </tr> <tr> <td>Grade 11</td> <td>34%</td> <td>31%</td> <td>43%</td> </tr> </tbody> </table>	Grade	Little pleasure in doing things	Feeling down, depressed, or hopeless	Feeling nervous, anxious, or on edge	Grade 8	24%	24%	31%	Grade 9	31%	26%	32%	Grade 11	34%	31%	43%	<p><b>Figure 6: Students who have ever considered attempting suicide</b></p>  <table border="1"> <caption>Data for Figure 6: Suicidal Ideation</caption> <thead> <tr> <th>Grade</th> <th>Yes, during the last year</th> <th>Yes, more than a year ago</th> </tr> </thead> <tbody> <tr> <td>Grade 8</td> <td>19%</td> <td>14%</td> </tr> <tr> <td>Grade 9</td> <td>16%</td> <td>16%</td> </tr> <tr> <td>Grade 11</td> <td>23%</td> <td>23%</td> </tr> </tbody> </table>	Grade	Yes, during the last year	Yes, more than a year ago	Grade 8	19%	14%	Grade 9	16%	16%	Grade 11	23%	23%							
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Bridge to Health, 2020	<p><b>Figure 7: Adults who experienced 14+ poor mental health days in the last 30 days</b></p>  <table border="1"> <caption>Data for Figure 7: 14+ Poor Mental Health Days</caption> <thead> <tr> <th>Age Group</th> <th>14+ Poor Mental Health Days</th> </tr> </thead> <tbody> <tr> <td>18-34</td> <td>32%</td> </tr> <tr> <td>35-44</td> <td>16%</td> </tr> <tr> <td>45-54</td> <td>11%</td> </tr> <tr> <td>55-64</td> <td>6%</td> </tr> <tr> <td>65-74</td> <td>8%</td> </tr> <tr> <td>75 and older</td> <td>4%</td> </tr> </tbody> </table>	Age Group	14+ Poor Mental Health Days	18-34	32%	35-44	16%	45-54	11%	55-64	6%	65-74	8%	75 and older	4%	<p><b>Figure 8: Adults who have ever considered attempting suicide</b></p>  <table border="1"> <caption>Data for Figure 8: Suicidal Ideation</caption> <thead> <tr> <th>Age Group</th> <th>Yes in the past year</th> <th>More than a year ago</th> </tr> </thead> <tbody> <tr> <td>18-34</td> <td>2%</td> <td>27%</td> </tr> <tr> <td>35-44</td> <td>1%</td> <td>9%</td> </tr> <tr> <td>45-54</td> <td>5%</td> <td>8%</td> </tr> <tr> <td>55-64</td> <td>3%</td> <td>7%</td> </tr> <tr> <td>65-74</td> <td>1%</td> <td>2%</td> </tr> <tr> <td>75 and older</td> <td>0.5%</td> <td>1%</td> </tr> </tbody> </table>	Age Group	Yes in the past year	More than a year ago	18-34	2%	27%	35-44	1%	9%	45-54	5%	8%	55-64	3%	7%	65-74	1%	2%	75 and older	0.5%	1%
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Bridge to Health Survey, 2020, Minnesota Student Survey, 2022

## Primary Data Collection

Once this population came into focus, the CHA/CHIP Planning Team conducted a deeper dive into potential root causes of the poor mental health outcomes seen in this group. The planning team sought feedback on which root causes had the most influence on mental health outcomes of young people attending high school.

To seek feedback to prioritize these root causes, we asked the Itasca County Public Health staff (24 respondents):

What are the top three root causes most impacting the mental health of young people in Itasca County?

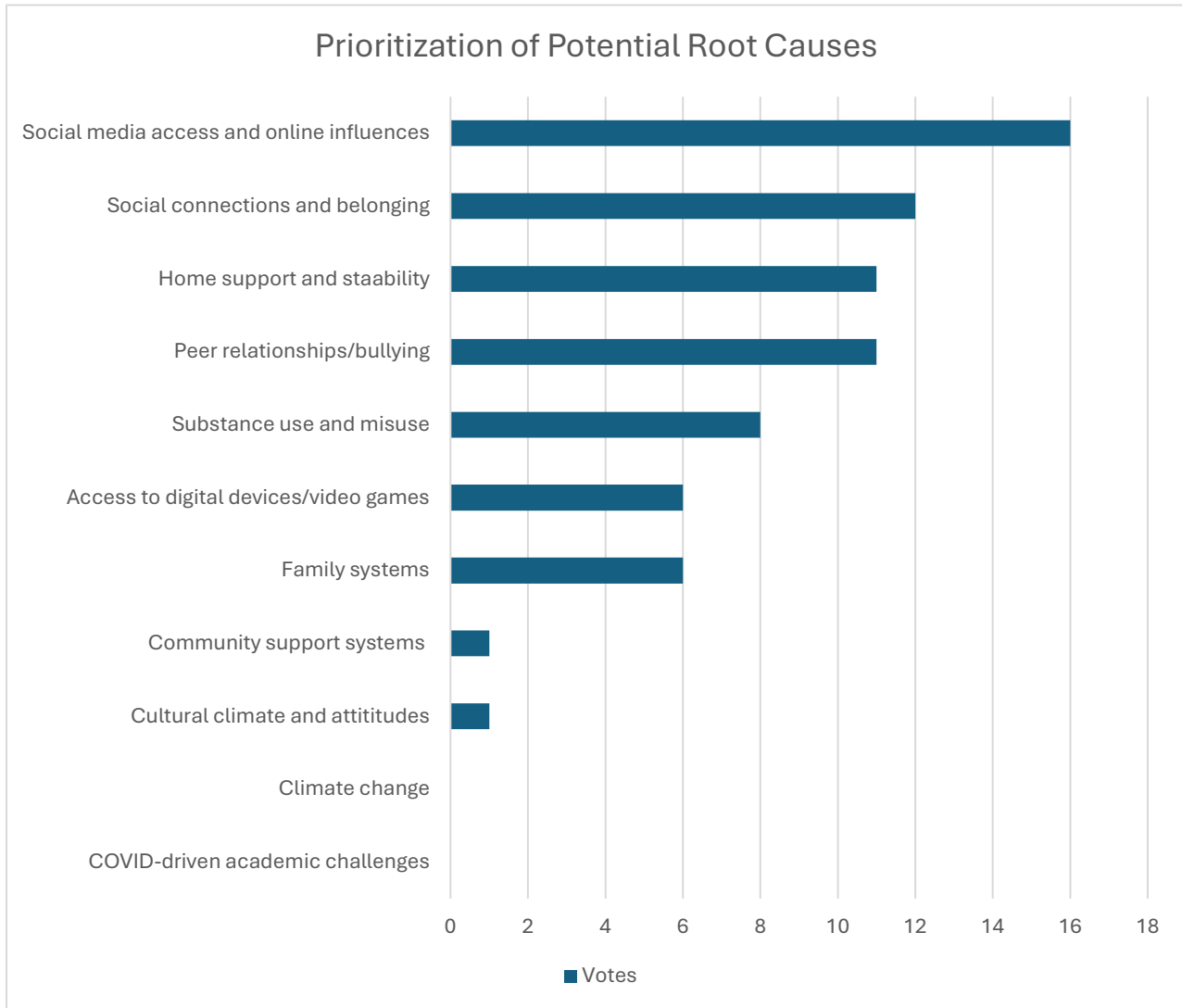
Participants selected from a list of eleven potential root causes. The potential root causes identified in literature review were:

- COVID-driven academic challenges
- Social media access and online influences
- Access to digital devices and video games
- Peer relationships and bullying
- Family systems
- Home support and stability
- Community support systems
- Substance use and misuse
- Social connections and belongingness
- Climate change impacting mental health
- Cultural climate and attitudes

In total there were 24 respondents and 72 votes (each respondent had three votes, 24 multiplied by 3 equals 72). Figure 9 shows raw outcomes from prioritization work.



**Figure 9: Root causes prioritized by total votes**



### Itasca County's Priority Root Causes

The ranked priority root causes most impacting the mental health of young people attending high school in Itasca County are:

1. Social media access and online influences
2. Social connections and belonging
3. (TIE) Home support and stability
3. (TIE) Peer relationships and bullying
5. Substance use and misuse

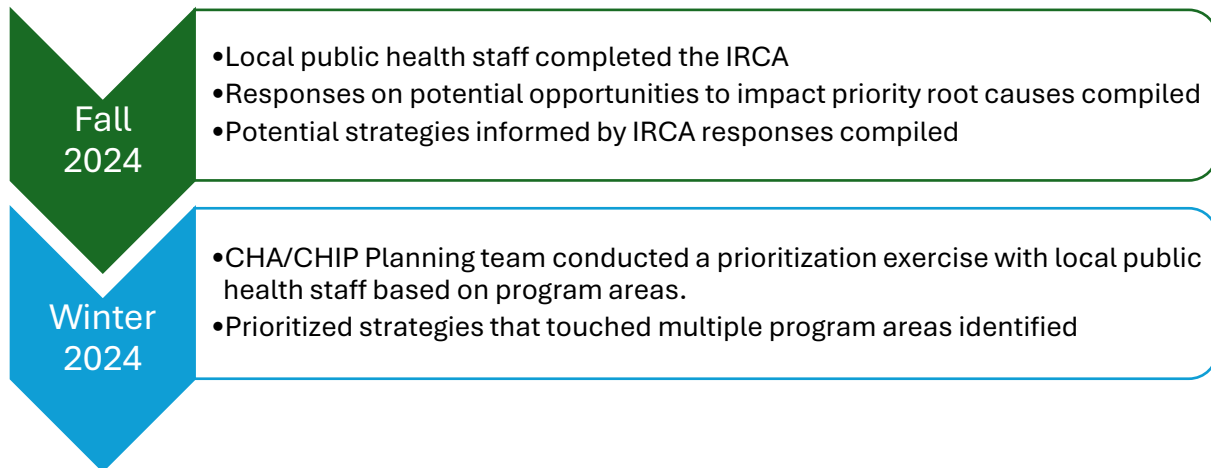
# Community Health Improvement Plan

The Community Health Improvement Plan (CHIP) is a community-focused effort to address pressing health issues. CHIP development begins after completing the CHA. Local public health continuously reviews and revises CHIPs to best meet the needs of local communities and be responsive to local changes.

## CHIP Development Process

The timeline below shows the process for developing the 2025 CHIP. This planning work identifies strategies with the greatest feasibility, specificity, and leverage to improve our communities' health.

**Figure 12: CHIP Timeline**



## Developing Strategies

Potential strategies were identified through an online form called the Impact Ranking and Capacity Assessment (IRCA). The IRCA was created by the CHA/CHIP Planning Team and completed by local public health staff at Itasca County. Appendix 1 lists the questions asked during the IRCA. The form served as a brainstorming tool to identify potential opportunities in Itasca's public health work to address the root causes identified during the CHA.

Seventeen (17) public health staff completed the IRCA, a 53% response rate. The responses were compiled by the CHA/CHIP Planning Team and synthesized into potential strategies. From the 17 responses, 39 potential strategies to address the five priority root causes were identified.

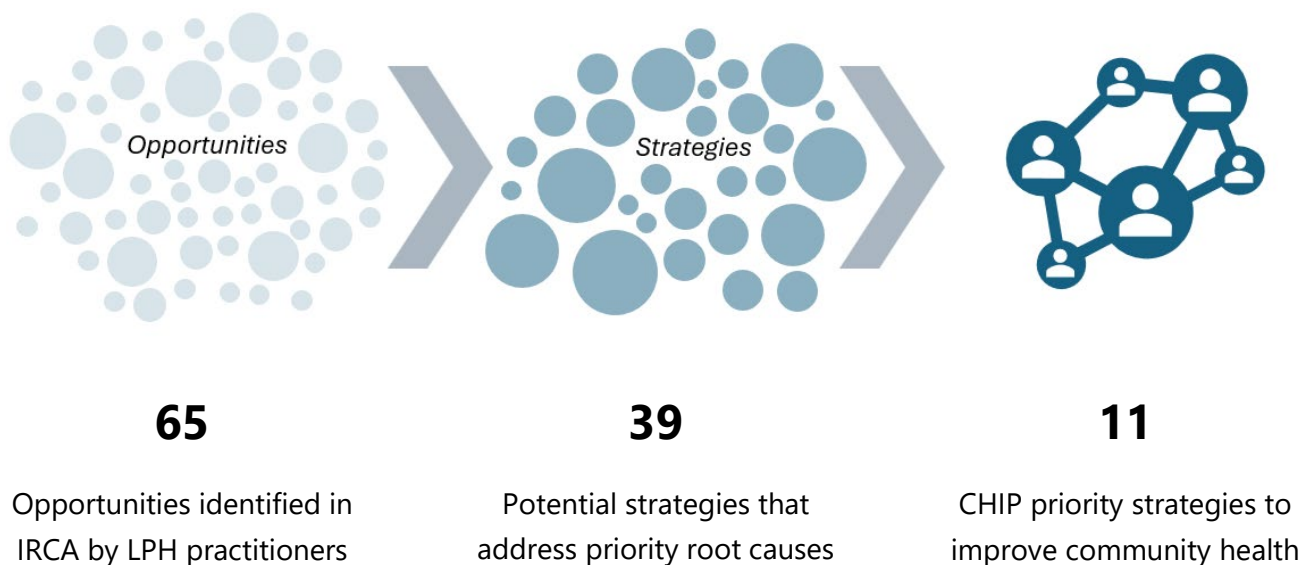
## CHIP Prioritization Process

The CHA/CHIP Planning team developed a prioritization exercise and brought the potential strategies back to staff for review and discussion. ICPH has three teams that work in the public health department. The prioritization exercise asked for each public health team to prioritize 3-5 of the potential strategies, based on the following criteria;

- C. Expected potential for the strategy to positively impact the root cause identified, which ultimately affects mental health outcomes among women ages 35-44
- D. The feasibility of incorporating the strategy into the program’s area of work

After the prioritization exercise, there were eleven (11) strategies that were prioritized by multiple program areas. These strategies are listed in Table 3, in order of their average ranking. Figure 13 shows the complete prioritization process, from potential opportunities to CHIP priorities.

**Figure 13: Itasca CHIP Strategy Prioritization**



**Table 3: CHIP Strategies Prioritized by Local Public Health**

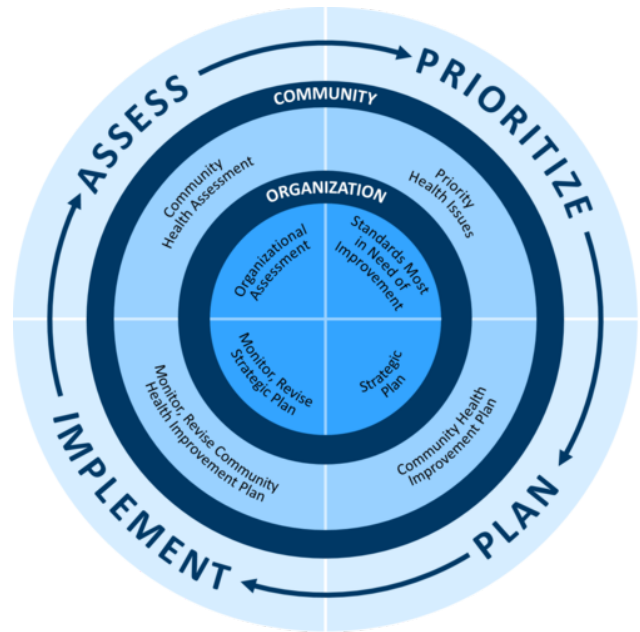
Strategy	Root Cause Addressed	Average Ranking
1a. Integrate social media literacy or digital wellbeing into health education curricula, focusing on mental health impacts and responsible use.	Social media access and online influences	1
1b. Develop community seminars and online resources for parents on managing social media use.	Social media access and online influences	1.5
1c. Create public service announcements on the mental health impacts of social media, utilizing communication capabilities.	Social media access and online influences	2
1d. Launch communications campaigns targeting parents on the mental health impacts of excessive social media use.	Social media access and online influences	2
4d. Offer guidance on how parents/guardians/family members can talk to their children about bullying and support them in building healthy peer relationships	Peer relationships and bullying	2
2d. Share with families about available community activities, clubs, and youth groups. Educate on transportation opportunities to overcome barriers.	Social connections and belonging	3
2c. Connect youth with volunteer opportunities to create intergenerational connections, enhancing community partnership development	Social connections and belonging	3
3c. Partner with housing support and organizations like Housing and Redevelopment Authority, First Call for Help, and/or Kootasca to help families find stable housing.	Home support and stability	4
a. Develop/implement non-punitive programs for young people using substances, aligning with chronic disease and injury prevention.	Substance use and misuse	4
5d. Educate families and community members on the signs and symptoms of substance misuse, how to effectively communicate with young people about substance use in age-appropriate ways, and where to see support in the community.	Substance use and misuse	5
5b. Provide comprehensive education on substance use in schools, supporting communicable disease control and chronic disease injury prevention.	Substance use and misuse	5

## Conclusion and Next Steps

The CHIP is developed as a holistic plan to improve the health of communities in Itasca County. It is intended as a living document, used to guide a multi-year effort for Itasca County Public Health to work alongside partners and community members to improve community health. By holistically sharing resources, knowledge, and perspectives, we can collectively address the community health needs of Itasca County residents.

Itasca County Public Health is responsible for coordinating the CHA and CHIP. As shown in Figure 14, the next phase of this work is when we implement the strategies developed during the CHIP (MDH, 2024). Between 2025-2027, we will develop processes to implement these strategies, monitor their impact, and engage in continuous improvement processes to improve community health. Revisions to this plan will be made as needed, depending on changing priorities, community capacity, and other factors. Any changes to this plan will be communicated by Itasca County Public Health. Also shown by Figure 14, the CHA/CHIP process is meant to be cyclical, repeating at least every 5 years. This means Itasca County Public Health will reassess community health needs and develop a responsive plan within the next 5 years.

**Figure 14: Local Public Health Assessment and Planning Cycle**



Local Public Health  
Assessment and Planning Cycle

Questions about this document can be directed to Itasca County Public Health at Naesa.Myers@co.itasca.mn.us or 218-327-2941.

# Appendix

## Appendix 1: Impact Ranking and Capacity Assessment Survey Instrument



**Public Health**  
Prevent. Promote. Protect.

---

**Itasca County**

### Itasca County CHA/CHIP

#### Impact Ranking and Capacity Assessment (IRCA)

This survey was administered on Microsoft Forms to local public health staff at Itasca County Public Health.

#### **Professional Perspective**

1. What is your name?
2. What program areas do you work in?

Respondents to the Potential Root Causes Mentimeter identified five root causes of poor mental health outcomes among young people/teenagers in Itasca County. chronic stress and poor mental health outcomes: (1) Social media access and online influences, (2) Social connections and belongingness, (3/4) Home support and stability, (3/4) Peer relationships/bullying, and (5) Substance use and misuse.

What are the top three root causes most impacting the mental health of young people in Itasca County?



3. Thinking about your program areas, please rank the root causes in the order that you have the most potential to impact in your work with Itasca County Public Health? (Click arrows on right side to move options up/down)

*[ranking question]*

- a. Social media access and online influences
- b. Social connections and belonging
- c. Home support and stability
- d. Peer relationships and bullying
- e. Substance use and misuse

The following questions are meant for brainstorming potential strategies for the Community Health Improvement Plan (CHIP) to complement and build upon existing work. Your responses DO NOT commit you to doing work in these areas. The CHA/CHIP Planning team will review all responses to inform planning efforts.

4. What opportunities do you see in your work to affect social media access and online influences for young people in Itasca County? *(optional)*
5. What opportunities do you see in your work to increase social connections and belonging for young people in Itasca County? *(optional)*
6. What opportunities do you see in your work to improve home support and stability for young people in Itasca County? *(optional)*
7. What opportunities do you see in your work to influence peer relationships and bullying for young people in Itasca County? *(optional)*
8. What opportunities do you see in your work to reduce substance use and misuse among young people in Itasca County? *(optional)*

### **Resident Perspective**

As a resident and community member of Itasca County, these questions are asking what you know about community efforts existing in Itasca County, beyond the current work of Itasca County Health and Human Services.

9. Do you know of any organizations or community members that have championed affecting social media access and online influences for young people in Itasca County? *(optional)*
10. Do you know of any organizations or community members that have championed increasing social connections and belonging for young people in Itasca County? *(optional)*
11. Do you know of any organizations or community members that have championed improving home support and stability for young people in Itasca County? *(optional)*



12. Do you know of any organizations or community members that have championed influence peer relationships and bullying for young people in Itasca County? *(optional)*
13. Do you know of any organizations or community members that have championed reducing substance use and misuse for young people in Itasca County? *(optional)*
14. Do you have any other thoughts/questions/feedback after the CHA/CHIP presentation? *(optional)*

Thank you for completing the IRCA. These responses will be used in the next phase of developing Itasca County's Community Health Improvement Plan.

###



# KOOCHICHING COUNTY 2025

## Community Health Assessment & Community Health Improvement Plan

Koochiching County Health and Human Services  
Public Health Department

### Contact

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# Acknowledgements

## Community Health Board

- Donita Ettestad (Koochiching)
- Cory Smith (Itasca)
- Betsy Johnson (Itasca)
- Lester Kachinske (Itasca)
- Laurie Westerlund (Aitkin)
- Ricky Roche (Koochiching Alternate)
- Dale Erickson (Koochiching)
- Lynne Jacobs (Aitkin)

## CHA/CHIP Planning Team

- Linnea Imhoff, Public Health Educator
- Tara Besch, Public Health Supervisor
- Maggie Rothstein, AIK CHB Administrator
- Erika Guenther, AIK CHB Public Health Planner
- Alyssa Kotula, AIK CHB AmeriCorps Member, 2023-2024

## About this report

Koochiching County is part of the Aitkin-Itasca-Koochiching Community Health Services area, which consists of the Aitkin, Itasca, and Koochiching County Public Health Departments. The Aitkin-Itasca-Koochiching Community Health Board is the legally recognized governing body for local public health in this area.

The Aitkin-Itasca-Koochiching Community Health Board prepares a comprehensive assessment of the health of its residents every five years. The Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) is statutorily required public health work that must be conducted at least every five (5) years.

## Executive Summary

The Community Health Assessment (CHA), conducted every five years in partnership with community members, identifies areas of need to protect and promote community health. This assessment involves reviewing public health data, engaging with community members, and analyzing information to understand communities' needs.

The Community Health Improvement Plan (CHIP) addresses the health needs identified in the CHA. It sets goals, objectives, and strategies or actions to tackle these needs. While Koochiching County Public Health (KCPH) leads the development and coordination of the CHA and CHIP, successful implementation requires collaboration with community partners.

The CHA began with an analysis of demographic, socioeconomic, health status, social determinants of health, and health behaviors to identify priority health issues. Mental health and well-being emerged as the top priorities. The CHA/CHIP planning team conducted a detailed analysis to understand mental health needs and disparities in health outcomes. Public health data revealed varying mental health outcomes across different populations.

KCPH designed the *Stress and Support Survey* to gather community feedback and explore the root causes impacting mental health and well-being in Koochiching County. The survey identified that residents who are both parents and caregivers for elderly family members are most impacted by poor mental health outcomes. The priority root causes identified were:

- Family relationships
- Caretaking responsibilities
- Healthcare navigation
- Work environments
- Affordability of living
- Limited opportunities for community connections

KCPH explored potential opportunities to impact each of these root causes and developed strategies involving community partners. Strategies were selected based on their effectiveness for meeting the community's needs and feasibility for implementation based on resources available.

# Community Characteristics

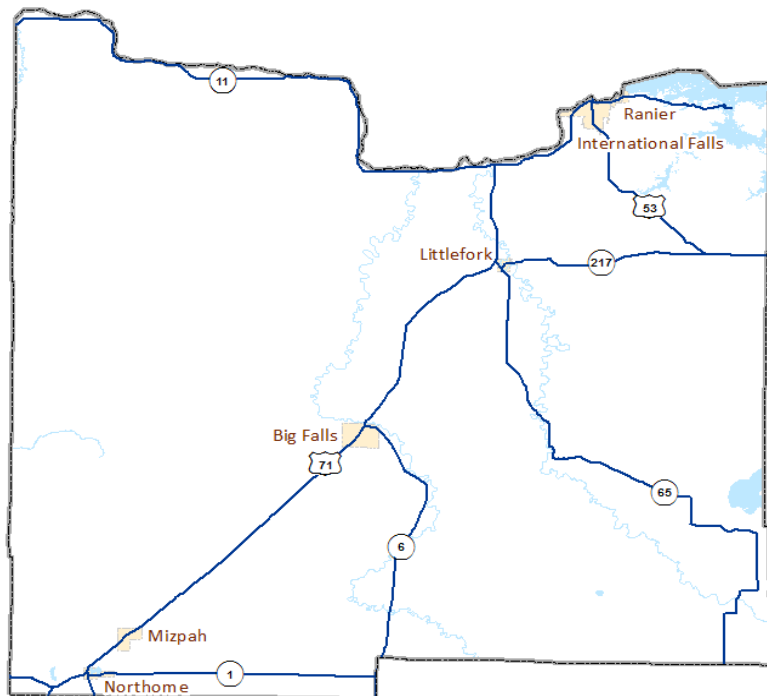
## Places in Koochiching County

Koochiching County is in northeastern Minnesota, bordering Canada. The county seat is International Falls, known for its proximity to the Rainy River and Voyageurs National Park, the only national park in the state of Minnesota. Koochiching County was officially established in 1906, separating from Itasca County to the south ([Koochiching County, New County is Born](#)). Early European settlers arrived in the late 1600s, and by 1800s the area was a major route of the fur trade. After major railways were constructed, the fur trade declined and increased transportation options created manufacturing boosts for the area, which was supplemented by the damming of Rainy River, which supplied energy for paper mills and other industries. The timber industry vastly expanded in 1907 and remains a primary industry in Koochiching County.

Measuring 60 miles north to south and 62 miles east to west, Koochiching County has an area of 3,141 square miles. The county is a rural area, with six cities and no incorporated townships. Figure 1 shows a map of Koochiching County's cities ([MnDOT, Geographic Information and Mapping](#)). More than

three-quarters of the area is classed as forest land, with much of it under public ownership. Outdoor recreation is a prominent activity in the area. Koochiching County borders the Tribal territorial jurisdiction of the Boise Forte Band of Chippewa ([Minnesota Indian Affairs Council](#)).

**Figure 1: Map of Koochiching County and cities**



## People in Koochiching County

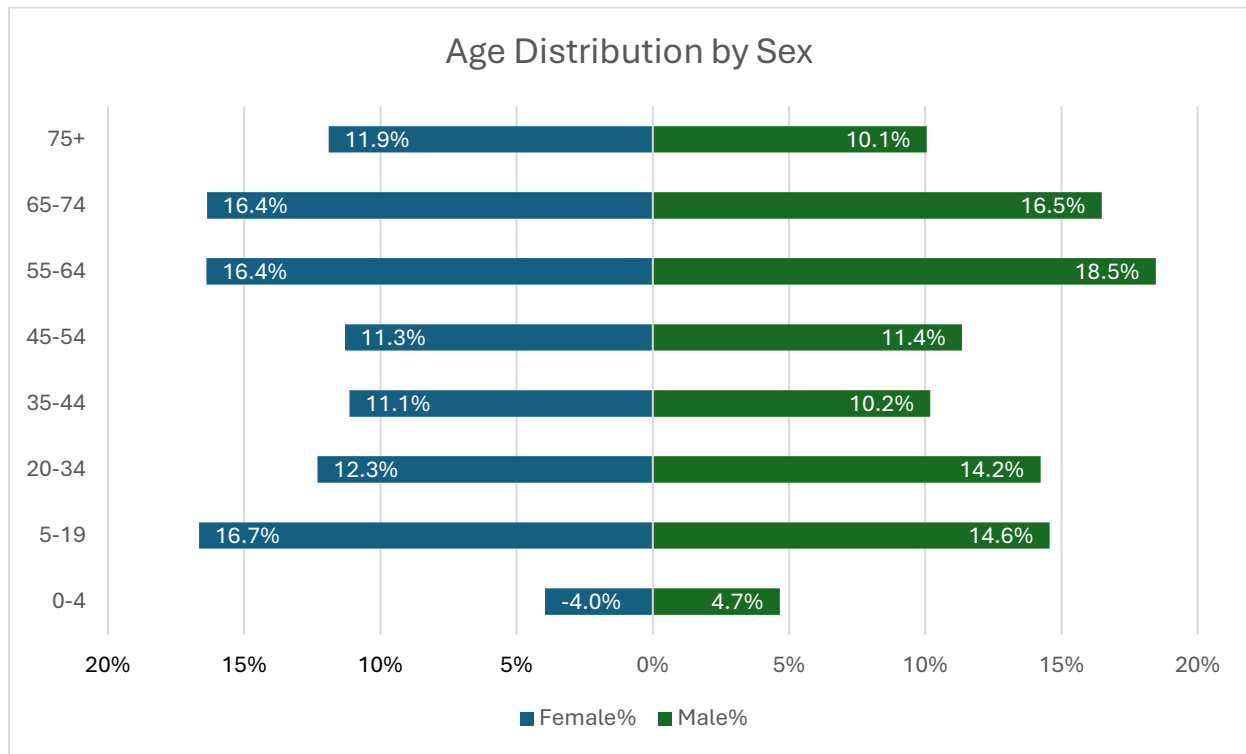
Koochiching County’s population 12,064 residents; 49.2% of the population is female (U.S. Census Bureau – QuickFacts). In the 2023 American Community Survey, 8.1% of the population reported being a Veteran, compared to 5.7% of the Minnesota population who reported being a Veteran ([U.S. Census Bureau, Koochiching County Profile](#)).

Of people under the age of 65...

- 12.6% reported having a disability
- 6.1% reported not having health insurance

The median age in Koochiching County is 50.6 years, older than the statewide median age of 38.5 years. Figure 2 shows the age distribution by sex in Koochiching County.

**Figure 2: Population by age and sex in Koochiching County**



[Koochiching County, Minnesota - Census Bureau Profile](#)

## Race, Ethnicity, and Nationality

Koochiching County residents are mostly US-born, with about 3.5% of residents being born outside of the United States (compared to 8.35% of Minnesota residents who are

foreign-born) (U.S. Census Bureau – Quick Facts). Koochiching County is more racially diverse than it was in 2010 but less racially diverse than the state of Minnesota. Koochiching County has higher proportions of White (non-Hispanic) and American Indian/Alaska Native (non-Hispanic) than the state (U.S. Census Bureau – 2023 Population Estimates).

### Poverty and Income

The median household income in Koochiching County in 2023 was \$69,115 and per capita income in the past 12 months was \$40,221 (Minnesota’s per capita income during the same time frame was \$46,957) (U.S. Census Bureau – QuickFacts). The rate of poverty in Koochiching County is higher than the state average ([MDH Minnesota Public Health Data Access](#)). Children in Koochiching County disproportionately live in poverty compared to people of all ages.

**Table 1: Race and Ethnicity Population Data**

Race and Ethnicity	Koochiching, 2010	Koochiching, 2022	Minnesota, 2022
White alone, non-Hispanic	94.0%	92.3%	77.7%
Black alone, non-Hispanic	0.6%	0.8%	6.62%
American Indian and Alaska Native alone, non-Hispanic	2.4%	2.5%	0.77%
Asian alone, non-Hispanic	Z	0.7%	4.99%
Native Hawaiian and Other Pacific Islanders alone, non-Hispanic	Z	Z	0.03%
Two or more Races, non-Hispanic	1.6%	2.3%	3.78%
Hispanic/Latino	1.1%	1.5%	5.74%

**Value Flag**

Z = Value greater than zero but less than half unit of measure shown.

**Table 2: Poverty by age group population data**

	Percent of people in poverty, all ages	Percent of children in poverty (under 18)	Percent of children in poverty (under 5)
Koochiching County	13.6%	19.2%	15.2%
Minnesota	9.7%	12.2%	12.8%

# Community Health Assessment

## Community Health Assessment Process

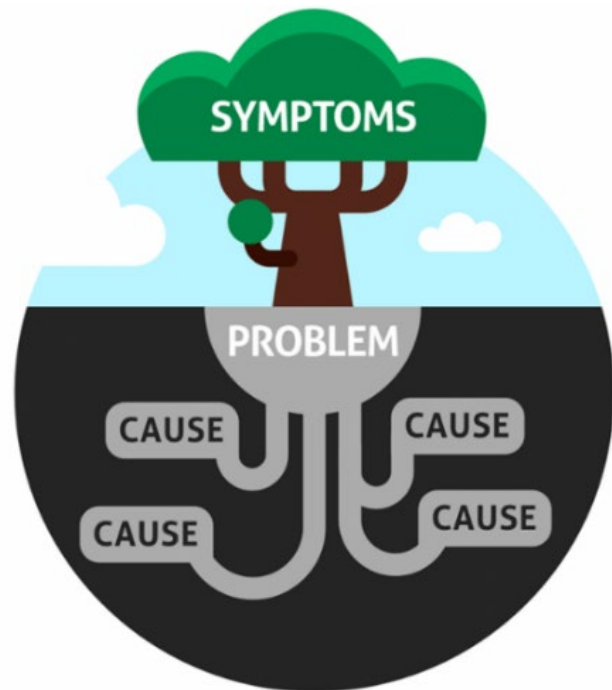
The previous CHA, completed in early 2020, identified mental health/wellbeing and substance use as priority health areas. The subsequent CHIP identified strategies to address these priorities and promote mental health/wellbeing and prevent substance use disorders among residents of the community health services area in Aitkin, Itasca, and Koochiching Counties. Although emergency response to the COVID-19 pandemic diverted local public health resources, the assessment and planning work positioned local public health agencies and community partners to address pandemic-exacerbated mental health needs in local communities.

In 2023, the CHA/CHIP planning team reviewed previous assessment work and assembled population health data on a variety of health outcomes and health behaviors. This review was presented to local public health staff, who contextualized this data based on their work experiences. This process identified that mental health and well-being of Koochiching’s residents remains a top priority for community health work.

### Selecting Analysis Approach

As local public health in the region moved towards prioritizing mental health and well-being in the upcoming CHA, a need to dig deeper was identified because of the complex and overlapping drivers of mental health in the communities and the emergent mental health needs exacerbated during the pandemic. The [Health Equity Data Analysis](#) (HEDA) process was selected for the 2025 CHA because of its focus on understanding what additional living and working conditions most contribute to a priority health outcome. Figure 3 visualizes how the health outcomes we see have root

**Figure 3: Root causes of a health outcome**





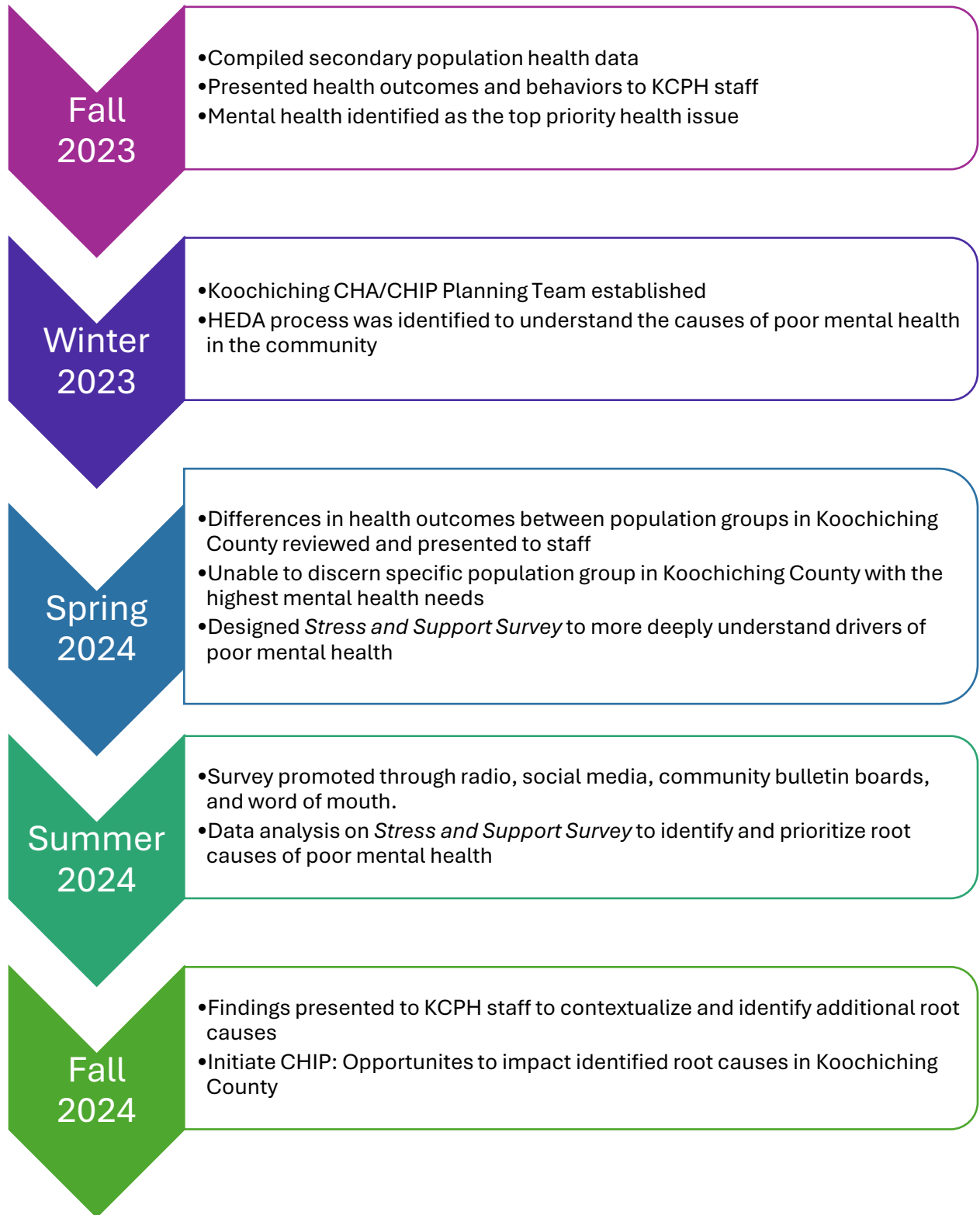
causes that need to be unearthed. Understanding root causes requires local public health to dive deeper into assessments and community engagement.

The HEDA also identifies differences in health outcomes between population groups instead of examining the population as a whole. Understanding inequitable health outcomes helps determine where the most need is and where local public health can be the most impactful in improving mental health and well-being.

### Convening Planning Team

After the tri-county regional decision to conduct a HEDA focused on mental health and wellbeing, a planning team was convened to develop Koochiching's CHA and CHIP. The planning team was made up of staff from KCPH and the AIK-CHB. Koochiching's planning team met regularly to plan the CHA's activities, review publicly available data relevant to local communities, and identify opportunities to engage community groups and collect data to assess and prioritize community health needs. The planning team established a timeline to review data, gather input, and deepen our understanding of drivers of mental health outcomes in Itasca County. Figure 4 shows the CHA timeline established.

**Figure 4: CHA Timeline**



## Community Health Assessment Findings

The CHA process prioritizes community engagement to ensure that prioritized health areas are meeting communities' needs. This process involved multiple rounds of reviewing population health data to understand how various health outcomes affect different populations, understanding root causes that impact these health outcomes, and listening to stakeholders and community members to understand which root causes of poor mental health outcomes most urgently need to be addressed in the Community Health Improvement Plan (CHIP).

### Population Health Data

Following the HEDA approach, initial work was to identify how health outcomes differed between groups of the population. Figures 5-10 show population health from the Bridge to Health Survey on key mental health indicators:

- Adults who have been told by a healthcare provider that they have depression
- Adults who have been told by a healthcare provider that they have anxiety
- Adults who report having 14+ poor mental health days in the past 30 days

In reviewing indicators around mental health outcomes and exploratory conversations with community stakeholder groups, the CHA/CHIP Planning Team identified that there was not a subgroup in the population that was distinctively experiencing worse mental health outcomes. Therefore, a more intensive exploration of drivers of poor mental health was needed as part of the CHA. The CHA/CHIP Planning Team elected to design a community survey using convenience sampling.

### Primary Data Collection

In spring of 2024, the CHA/CHIP Planning Team designed a community survey after reviewing population health indicators. The *Stress and Support Survey* instrument is included in Appendix 1 and used a mixed methods approach. Originally, the survey had been designed using different terminology, asking respondents to share more on their mental health. While still in development, a draft of the survey was reviewed with community members, who identified that the survey language did not resonate with community perspectives. Mental health is a topic that carries stigma and challenges for many to discuss, while others do not identify with mental health as an area of need. In this review, the CHA/CHIP Planning Team identified that framing the survey through the lens of chronic stress was more effective in engaging community members. As a result, we pivoted to exploring drivers of chronic stress and needs for support in the CHA.

Groups	Anxiety (%)	Depression (%)	14+ Poor Mental Health Days (%)
Sex	<p><b>Figure 5: Adults with Anxiety (by sex)</b></p>	<p><b>Figure 6: Adults with Depression (by sex)</b></p>	<p><b>Figure 7: Adults who experienced 14+ Days of Poor Mental Health in the Last 30 Days (by sex)</b></p>
Age	<p><b>Figure 8: Adults with Anxiety (by age)</b></p>	<p><b>Figure 9: Adults with Depression (by age)</b></p>	<p><b>Figure 10: Adults who experienced 14+ Days of Poor Mental Health in the Last 30 Days (by age)</b></p>

**Table 3: Mental Health Data in Koochiching County**

Primary Data Analysis

The *Stress and Support Survey* was released in July 2024 and disseminated over social media, radio, community bulletins, and by word of mouth. The survey closed on September 5, 2024, receiving a total of 252 responses. Respondents were 85% female with an average age of 52. Ages ranged from 18-90, with most respondents between 41-63. Figure 11 shows responses by age and gender. Insufficient responses from the 18-24 and 85-99 age groups meant we were unable to include this data in our analysis. Figure 12 shows the communities where respondents resided.

Figure 11: Responses by Age/Gender

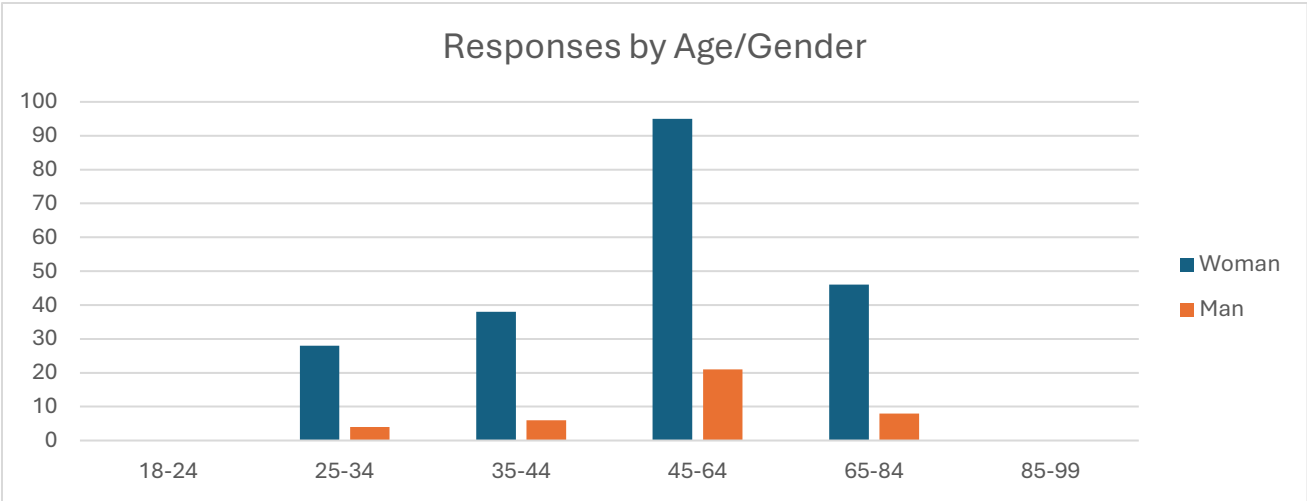
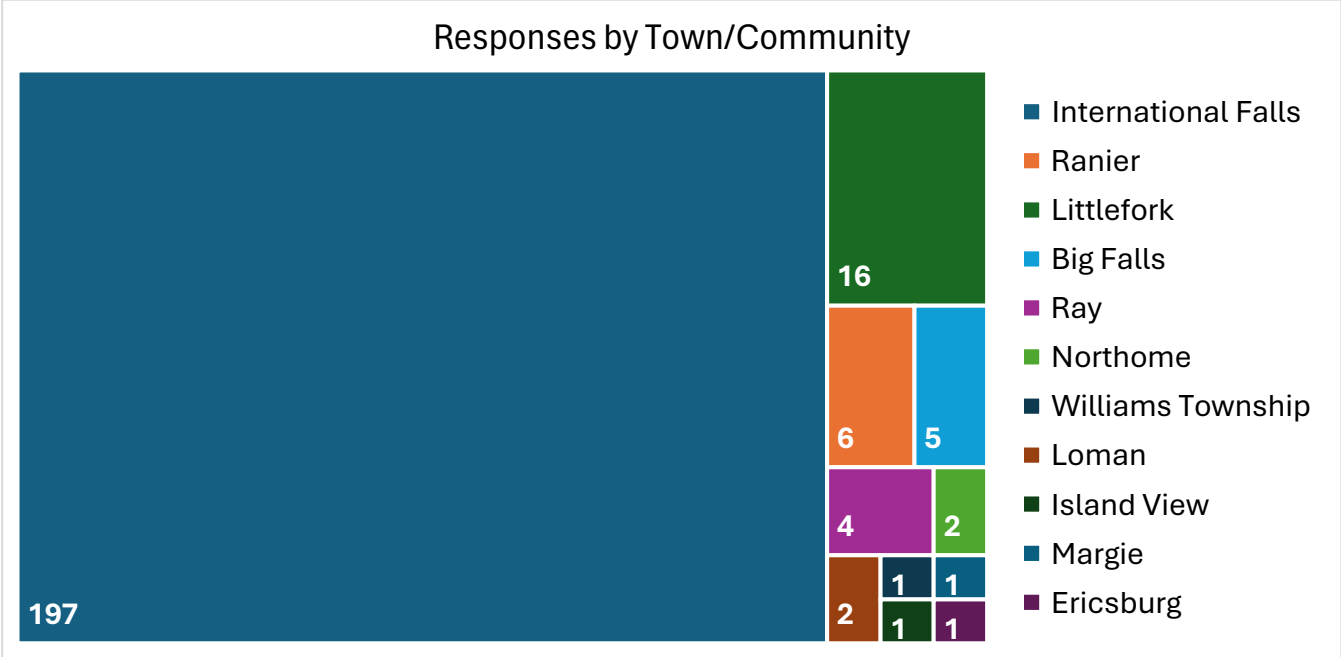


Figure 12: Responses by Town/Community



The survey used ranking scales, multiple choice, and open-ended questions. This mixed methods approach used mean calculations and thematic coding to develop these results. Table 4 shows the average responses from various respondent groups. Like the population health data in Table 3, the survey data in Table 4 shows variation across population groups in self-assessments of their stress, mental health, and well-being.

**Table 4: Self-Assessment Scales of Stress, Mental Health, and Well-being**

Question	Sex			Age			
	All	Female	Male	25-34	35-44	45-64	65-84
On a scale of 1-10... How would you rate your current stress level at this time?	4.88	4.82	5.05	5.19	5.18	5.04	4.07
How would you rate your overall mental health and well-being?	6.41	6.45	6.24	7.27	6.52	6.12	6.09
To what extent do you feel a sense of purpose or fulfillment in your daily life?	6.72	6.79	6.39	7.00	6.36	6.70	6.56
How happy are you right now in this moment?	6.50	6.54	6.30	6.61	6.64	6.32	6.67

Looking at the multiple choice and open-ended questions, Tables 5-7 show the top areas of chronic stress drivers, contributing factors to stress levels, and areas in life where residents are happy.

**Table 5: Top Drivers of Chronic Stress**

Which areas significantly affect your well-being and mental health? <i>(multiple choice)</i>	Percent
Family relationships/home life	30.88%
Caretaking responsibilities/navigating disability/health and healthcare	26.47%
Work/professional life (high stress work environments)	24.26%
Affordability of living (food, housing, financial, transportation)	19.85%
Lacking social connectedness within community	13.24%

**Table 6: Top Contributing Factors to Current Stress Levels**

Specific factors or situations that contribute most to current stress levels <i>(multiple choice)</i>	Percent
Responsibilities that feel overwhelming	49.21%
Feeling under pressure	48.02%
Lack of control over a situation	41.67%
Financial changes	35.32%
Facing big life changes	30.56%
Health	28.57%

**Table 7: Areas where residents are happy**

What areas of your life do you feel content (happy)? (multiple choice)	Percent
Family	81.35%
Friends	65.48%
Hobby	46.03%
Personal Achievement	33.33%
Faith/Spiritual Community	31.35%
Work	31.35%

The *Stress and Support Survey* also asked about current and preferred health behaviors to manage their stress and well-being. Table 8 lists where respondents turned to for support and where respondents would prefer to access mental health support and services. Noteworthy, 22% of respondents shared that they did not seek support from anywhere or anyone when they have experienced stress. Additionally, many respondents expressed concern about the confidentiality of local mental health services; this is a barrier to seeking care in Koochiching County. Figure 13 highlights the main topics and sentiments expressed by respondents when discussing their sources of stress and support.

**Table 8: Areas of Support**

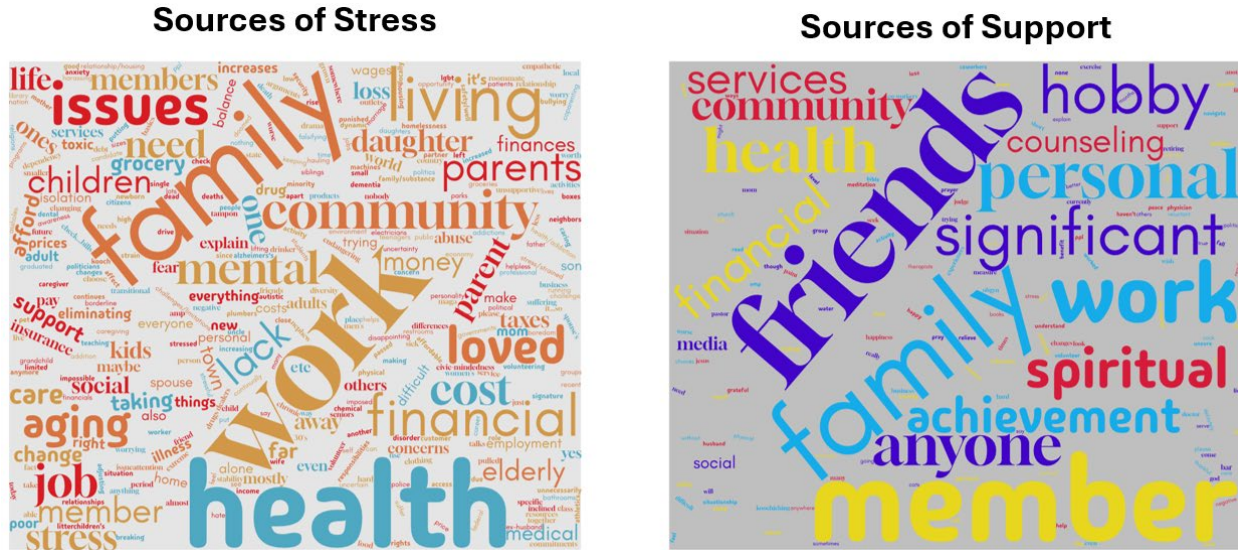
Currently seek support		Prefer to seek support	
If you have experience stress, who did you go to for support? (multiple choice)	Percent	Where would you prefer to access mental health support and services if needed? (multiple choice)	Percent
Family and/or friends	57.94%	Counseling services	60.32%
Significant other	46.83%	Primary care provider	42.86%
Counseling services	18.25%	Telehealth providers/resources	39.29%
Social media	6.75%	Faith/spiritual community	18.25%
Faith/spiritual community	5.16%	Unsure where they'd access resources	5.95%

Following the HEDA framework, the CHA/CHIP Planning Team sought to identify a group that was disproportionately struggling with their mental health and well-being. Analysis of *Stress and Support Survey* responses identified that residents who are both parents and caregivers for elderly family members are most impacted by poor mental health outcomes. This is a group of people whose:

- Ages range from approximately 35-64 years old
- Have children whose ages range from early childhood to young adults
- Their parents or elderly family members are nearing retirement, have already retired, or are unable to work

They are challenged by overwhelming and demanding responsibility from financially supporting multiple generations, coordinating healthcare for self, children, and supporting parent’s healthcare navigation, and have limited resources for transportation, home maintenance, and other areas of daily life. Additionally, this group of respondents often expressed concerns about the isolation of people they care about, lacking opportunities and negative influences on young people, and that they are neglecting themselves amid responsibility to people around them.

**Figure 13: Word Clouds of Sources of Stress and Support**



**Koochiching County’s Priority Root Causes**

In identifying the priority root causes for poor mental health outcomes among those in this sandwich generation, the top drivers of chronic stress listed in Table 5 were most relevant. The CHA/CHIP Planning Team elected to differentiate between caretaking responsibilities and healthcare navigation, as these are separate but interwoven drivers.

Thus, the ranked priority root causes most impacting residents who are parents and caregivers for elderly family members are:

- 1) Family relationships
- 2) Caretaking responsibilities
- 3) Healthcare navigation
- 4) Work environments
- 5) Affordability of living
- 6) Limited opportunities for community connections



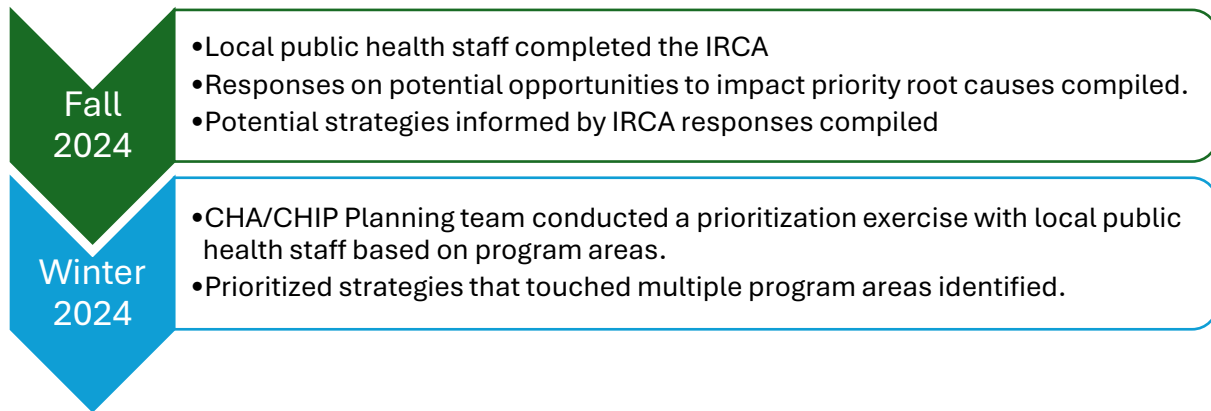
# Community Health Improvement Plan

The Community Health Improvement Plan (CHIP) is a community-focused effort to address pressing health issues. CHIP development begins after completing the HCA. Local public health continuously reviews and revises CHIPs to best meet the needs of local communities and be responsive to local changes.

## CHIP Development Process

The timeline below shows the process for developing the 2025 CHIP. This planning work identifies strategies with the greatest feasibility, specificity, and leverage to improve our communities' health.

**Figure 14: CHIP Timeline**



## Developing Strategies

Potential strategies were identified through an online form called the Impact Ranking and Capacity Assessment (IRCA). The IRCA was created by the CHA/CHIP Planning Team and completed by local public health staff at KCPH. Appendix 2 lists the questions asked during the IRCA. The form served as a brainstorming tool to identify potential opportunities in Koochiching's public health work to address the root causes identified during the CHA.

Eight (8) public health staff completed the IRCA, a 67.6% response rate. The responses were compiled by the CHA/CHIP Planning Team and synthesized into potential strategies. From the 8 responses, 29 potential strategies to address the six priority root causes were identified.

## CHIP Prioritization Process

The CHA/CHIP Planning Team developed a prioritization exercise and brought the potential strategies back to staff for review and discussion. KCPH’s programs were organized into five areas that align with the Foundational Public Health Responsibilities framework (Figure 15). Each area prioritized 3-5 strategies based on the following criteria:

- A. Expected potential for the strategy to positively impact the root cause identified, which ultimately affects mental health outcomes among residents who are parents and caregivers for elderly family members
- B. The feasibility of incorporating the strategy into the program’s area of work

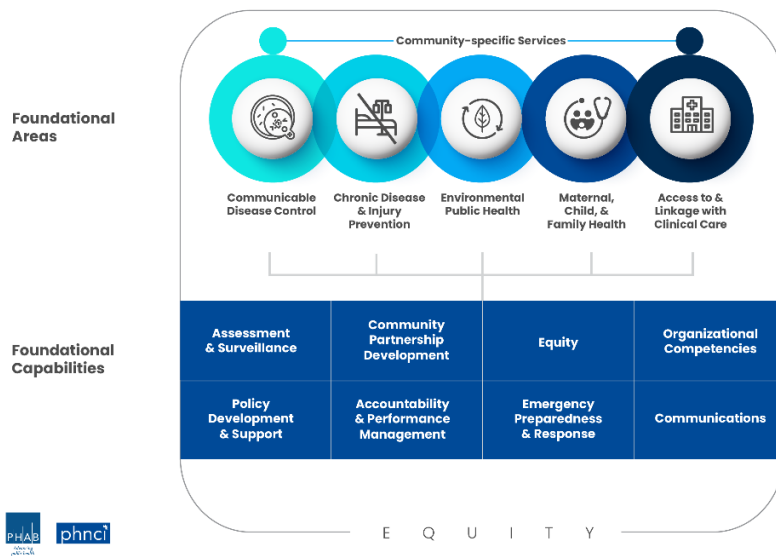
The areas that staff organized into were

1. Public Health Emergency Preparedness
2. Communicable Disease Control
3. Chronic Disease and Injury Prevention
4. Maternal, Child, and Family Health
5. Access to and Linkage with Clinical Care.

We did not prioritize strategies in Environmental Public Health due to limited opportunity and capacity to implement strategies. Additionally, we also assigned strategies under the Public Health Emergency Preparedness area, as this has been historically structured as a distinct area of work in KCPH.

After the initial prioritization exercise, there were 17 strategies prioritized. The CHA/CHIP Planning Team organized the prioritized strategies by their average ranking.

**Figure 15: The Foundational Public Health Responsibilities**



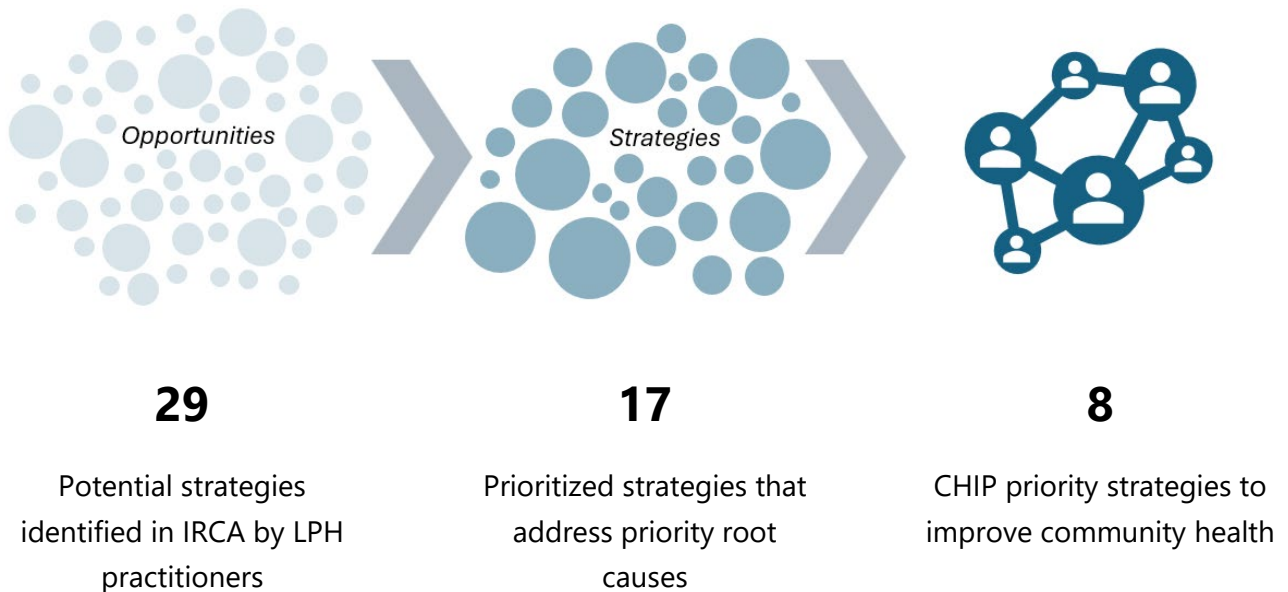
[Foundational Public Health Responsibilities and Framework -](#)

Three potential options for the final prioritization process were presented to local public health staff again.

1. Prioritize the strategies that were highly ranked (8 strategies total)
2. Prioritize the strategies that were ranked by multiple foundational areas (6 strategies total)
3. Prioritize the strategies that were highly ranked and the strategies that were ranked by multiple foundational areas (12 strategies total)

In consultation with the CHA/CHIP Planning Team, local public health staff decided that the strategies that were highly ranked had the most potential to positively impact the priority root causes and were highly feasible to implement. These strategies are listed in Table 9, in order of their average ranking. Figure 16 shows the complete prioritization process, from potential opportunities to CHIP priorities.

**Figure 16: Koochiching County CHIP Strategy Prioritization**



**Table 9: CHIP Strategies Prioritized by Local Public Health**

Strategy	Root Cause Addressed	Area(s) that Prioritized	Average Ranking
2b. Champion KCPH's Care Coordination to Improve Supportive Services and Healthcare Resources	Caretaking Responsibilities	Public Health Emergency Preparedness	1
3b. Customize referral pathways to in-network providers that are accepting new patients.	Healthcare Navigation	Access to and Linkage with Clinical Care	1
6c. Champion public health within community to increase visibility	Building Community Connections	Communicable Disease Control	1
5a. Customize referral pathways to people that meet eligibility qualifications.	Affordability of Living	Maternal Child and Family Health Access to and Linkage with Clinical Care	1.5
6d. Promote resources and customize referral pathways to meet community needs.	Building Community Connections	Access to and Linkage with Clinical Care	2
6a. Share social connection and volunteer opportunities in the community.	Building Community Connections	Chronic Disease and Injury Prevention	2
1d. Outreach and communications to promote and prioritize family connectedness.	Family Relationships	Maternal Child and Family Health	2
1e. Community engagement/events	Family Relationships	Chronic Disease and Injury Prevention Communicable Disease Control	2.5

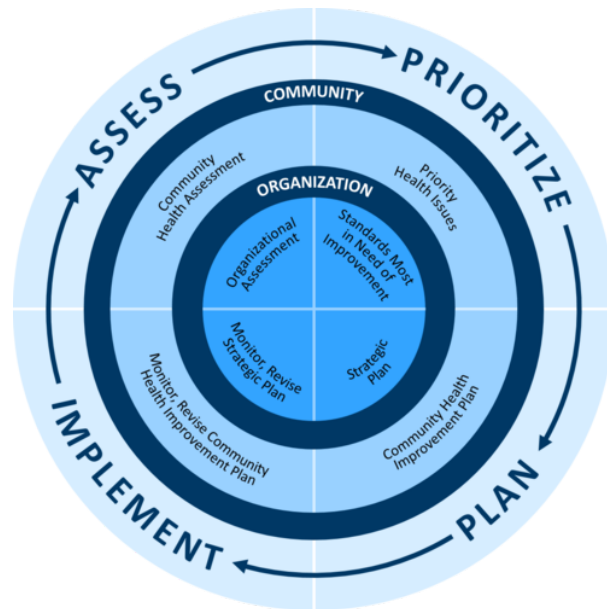
## Conclusion and Next Steps

The CHIP is developed as a holistic plan to improve the health of communities in Koochiching County. It is intended as a living document, used to guide a multi-year effort for Koochiching County Public Health to work alongside partners and community members to improve community health. By holistically sharing resources, knowledge, and perspectives, we can collectively address the community health needs of Koochiching County residents.

Koochiching County Public Health is responsible for coordinating the CHA and CHIP. As shown in Figure 14, the next phase of this work is when we implement the strategies developed during the CHIP (MDH, 2024). Between 2025-2027, we will develop processes to implement these strategies, monitor their impact, and engage in continuous improvement processes to improve community health. Revisions to this plan will be

made as needed, depending on changing priorities, community capacity, and other factors. Any changes to this plan will be communicated by Koochiching County Public Health. Also shown by Figure 14, the CHA/CHIP process is meant to be cyclical, repeating at least every 5 years. This means Koochiching County Public Health will re-assess community health needs and develop a responsive plan within the next 5 years.

**Figure 14 Local Public Health Assessment and Planning Cycle**



Local Public Health  
Assessment and Planning Cycle

Questions about this document can be directed to Koochiching County Public Health at [Tara.Besch@co.koochiching.mn.us](mailto:Tara.Besch@co.koochiching.mn.us), [Linnea.lmhof@co.koochiching.mn.us](mailto:Linnea.lmhof@co.koochiching.mn.us), or 218-283-7070.

# Appendix

## Appendix 1: Stress and Support Survey Instrument



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### Stress and Support Survey 2024

Your voice matters. By taking the time to complete this survey you are helping to identify areas of needed support for residents of Koochiching County. The data collected in this survey will remain anonymous and be used to help identify needed resources to improve overall mental health and well-being within Koochiching County. Thank you for taking the time to complete this Survey.

Mental Health Disclaimer: Mental health includes emotional, psychological, and social well-being. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others, and make healthy choices.

1. Age (must be 18 years or older)
  - a. Open-ended
2. Are you a resident of Koochiching County?
  - a. No
  - b. Yes, please specify town/community  
\_\_\_\_\_
3. Gender
  - a. Open-ended
4. On a scale from 1-10 how would you rate your current stress level at this moment in time?
  - a. Slider scale: 1(low)-10(high)

5. If you have experienced stress, who did you go to for support? Check all that apply.
  - a. Family Member
  - b. Friends
  - c. Significant Other
  - d. Social Media
  - e. Counseling Services
  - f. Bar
  - g. I did not go to anyone
  - h. Other (please specify) \_\_\_\_\_
6. Can you identify specific factors or situations that contribute to most of your current stress levels? (*multiple choice*)
  - a. Feeling under pressure
  - b. Facing big life changes
  - c. Loneliness
  - d. Have responsibilities that you find overwhelming
  - e. Going through a period of uncertainty
  - f. Financial changes
  - g. Lack of control over a situation
  - h. Health
  - i. Other (please explain) \_\_\_\_\_
7. Have you or a loved one had thoughts of self-harm in the last 12 months?
  - a. Yes
  - b. No
  - c. If yes, please indicate yourself or loved one \_\_\_\_\_
8. Are there any challenges you face in your daily life that significantly affect your well-being and mental health? If yes, please explain.
  - a. No
  - b. Yes, please explain. \_\_\_\_\_
9. On a scale from 1-10 how would rate your overall mental health and well-being?
  - a. Sliding scale: 1(poor)-10(great)
10. On a scale from 1-10 to what extent do you feel a sense of purpose or fulfillment in your daily life?
  - a. Slide scale: 1(low)-10(high)

11. Are there specific areas in your life, community, or family causing significant distress? If yes, please explain.
- a. No
  - b. Yes, please explain \_\_\_\_\_
12. Are you aware of mental health support services in your community?
- a. Yes
  - b. No
  - c. I don't know
13. Do you feel you have access to mental health resources in your area?
- a. Yes
  - b. No
  - c. I don't know
14. Where would you prefer to access mental health support and services if needed?  
Check all that apply.
- a. Church
  - b. Private doctor
  - c. Counseling services
  - d. Online, Virtual, Phone
  - e. 988
  - f. I am unsure of where I can access support and services
  - g. I would not access supportive services if provided
  - h. Other (please specify) \_\_\_\_\_
15. Have you heard of the 988 Suicide and Crisis Lifeline?
- a. Yes
  - b. No
  - c. Not Sure
16. At any point in the last 12 months have you not been able to get your destination? Examples include: grocery store, church, medical appointment. If yes, please explain.
- a. No
  - b. Yes (please explain) \_\_\_\_\_



17. What areas of your life do you feel content (happy)?

- a. Family
- b. Friends
- c. Hobby
- d. Health
- e. Spiritual
- f. Work
- g. Financial
- h. Community
- i. Personal Achievement
- j. Other (please explain) \_\_\_\_\_

18. On a scale from 1-10 how happy are you right now in this moment?

- a. Sliding scale: 1(not very) – 10(extremely)

## Appendix 2: Impact Ranking and Capacity Assessment Survey Instrument



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### Koochiching County CHA/CHIP

#### Impact Ranking and Capacity Assessment (IRCA)

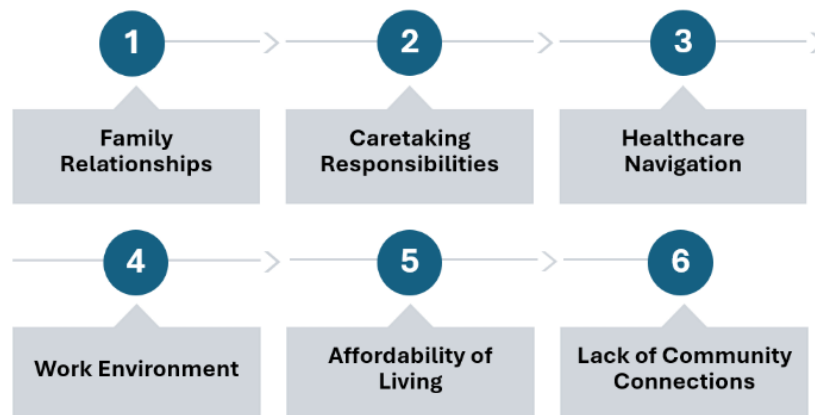
This survey was administered on Microsoft Forms to local public health staff at Koochiching County Public Health.

15. What is your name?

16. What program areas do you work in?

Respondents to the Stress and Support Survey identified six root causes of chronic stress and poor mental health outcomes: (1) Family relationships, (2) Caretaking responsibilities, (3) Healthcare navigation, (4) Work environment, (5) Affordability of living, and (6) Lack of community connections.

#### Identified Root Causes



17. Do you have any other thoughts/questions/feedback after the CHA/CHIP presentation at the staff meeting on 11/8? *(optional)*
18. Thinking about your program areas, please rank the root causes in the order that you have the most potential to impact in your work with Koochiching County Public Health? (Click arrows on right side to move options up/down)

*[ranking question]*

- a. Family Relationships
- b. Caretaking Responsibilities
- c. Healthcare Navigation
- d. Work Environment
- e. Lack of community connections

The following questions are meant for brainstorming potential strategies for the Community Health Improvement Plan (CHIP) to complement and build upon existing work. Your responses DO NOT commit you to doing work in these areas. The CHA/CHIP Planning team will review all responses to inform planning efforts.

19. What opportunities do you see in your work to strengthen family relationships of residents of Koochiching County? *(optional)*
20. What opportunities do you see in your work to ease caretaking responsibilities of residents of Koochiching County? *(optional)*
21. What opportunities do you see in your work to improve healthcare navigation for residents of Koochiching County? *(optional)*
22. What opportunities do you see in your work to reduce stressful work environments for residents of Koochiching County? *(optional)*
23. What opportunities do you see in your work to improve affordability of living for residents of Koochiching County? *(optional)*
24. What opportunities do you see in your work to build community connections for residents of Koochiching County? *(optional)*

## Resident Perspective

As a resident and community member of Koochiching County, these questions are asking what you know about community efforts existing in Koochiching County, beyond the work of Koochiching County Public Health.

25. Do you know of any organizations or community members that have championed strengthening family relationships of residents in Koochiching County? *(optional)*
26. Do you know of any organizations or community members that have championed easing caretaking responsibilities of residents in Koochiching County? *(optional)*
27. Do you know of any organizations or community members that have championed improving healthcare navigation for residents in Koochiching County? *(optional)*
28. Do you know of any organizations or community members that have championed reducing stressful work environments for residents in Koochiching County? *(optional)*
29. Do you know of any organizations or community members that have championed improving affordability of living for residents in Koochiching County? *(optional)*
30. Do you know of any organizations or community members that have championed building community connections for residents in Koochiching County? *(optional)*

Thank you for completing the IRCA. These responses will be used in the next phase of developing Koochiching County's Community Health Improvement Plan.

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