



COMMUNITY HEALTH **Implementation Plan (CHIP)**

2026 - 2028

Health Needs of the Community

Every three years, Cuyuna Regional Medical Center (CRMC) conducts a Community Health Needs Assessment (CHNA) to understand disparities in health outcomes, examine how social determinants influence well-being, and evaluate the impact of existing programs and policies. The 2025 CHNA combined community input, analysis of key health indicators, and an evaluation of current initiatives, to shape CRMC's priority for improving community health over the next three years.

The full 2026-2028 CHNA report is available electronically at www.cuyunamed.org.



CRMC's commitment to community health extends beyond patient care. By aligning its charitable giving, partnerships, and volunteer efforts with these priorities, the organization works to create meaningful and measurable improvements in community well-being.

Action Steps:

- Align community giving and sponsorships with CHNA priority areas.
- Evaluate and report annually on community benefit investments to guide future funding decisions.
- Encourage and support employee volunteerism in community health initiatives.
- Collaborate with schools, non-profits, and civic organizations to co-sponsor health education and prevention activities.
- Pursue grants and philanthropic partnerships to sustain and expand high-impact community programs.

Adoption of Implementation Strategy

On December 16, 2025, CRMC's Governing Board approved the 2025-2027 Implementation Plan to address the needs identified in the December 16, 2025 CHNA.



Health Equity Commitment

CRMC recognizes that not all community members experience equal access to health, well-being, or opportunity. Rooted in our mission to serve the entire region with compassion and excellence, this Implementation Plan applies a health equity lens across all priority areas.

- **Improve Access Through Education and System Navigation**

Focus on reducing barriers such as cost, transportation, health literacy, and care coordination – particularly for rural residents, low-income individuals, and older adults.

- **Fostering Mental Well-Being and Preventing Substance Misuse:**

Target populations disproportionately affected by depression, anxiety, and addiction, including youth, caregivers, and socially isolated individuals.

- **Promote Healthy Living and Preventive Care:**

Expand equitable access to nutritious food, physical activity opportunities, preventive education, and evidence-based chronic disease management resources. Our aim is to empower individuals to make meaningful steps toward better health- wherever they are starting from.

Through these efforts, CRMC aims to reduce disparities, provide knowledge and support, and build healthier, more connected communities.

PRIORITY AREA #1



Improve Access Through Education and System Navigation

Objective: Reduce barriers to timely and affordable health services by improving system navigation, care coordination, and community education.

Rationale: Access to medical, dental, and mental health services is a challenge for many residents. Barriers such as cost, insurance, transportation, and appointment availability limit timely care and contribute to health inequities. Addressing these obstacles is essential to promoting equitable access.

Strategies and Action Steps

Strategy 1.1: Improve Access Through Education and System Navigation Barriers

Rationale: Community members face logistical, financial, and informational challenges in accessing care.

Action Steps:

- Enhance scheduling systems and processes to reduce delays and improve patient access.
- Collaborate with volunteer networks and transportation providers to assist patients traveling to appointments.
- Increase awareness of CRMC's financial assistance programs.
- Promote state and community-based low-cost or subsidized preventive care (e.g., Minnesota SAGE, immunization clinics, wellness initiatives).

Strategy 1.2: Foster Mental Well-Being and Brain Health Awareness

Rationale: Mental and brain health are essential to overall well-being, yet stigma and fragmented support often prevent people from seeking help.

Action Steps:

- Measure and improve mental and cognitive health screenings and support into routine healthcare visits.
- Partner with schools, community organizations, and healthcare providers to educate on recognizing, responding to, and supporting mental and brain health needs.
- Normalize open conversations about mental and brain health through campaigns and community storytelling.

Strategy 1.3: Expand Health Literacy and Community Education

Rationale: Many residents are unsure how to access the right care, at the right time. Improving health literacy empowers individuals to make informed decisions and engage proactively in their care.

Action Steps:

- Provide culturally responsive education to help navigate the healthcare system and resources.
- Develop a centralized online access hub for care options, financial assistance, and transportation resources.
- Equip staff and community health workers with tools to act as system navigators and patient guides.



PRIORITY AREA #2

Fostering Mental Well-Being and Preventing Substance Misuse



Objective: Promote mental well-being, reduce substance misuse, and create a supportive community culture that prioritizes emotional health, resilience, and access to care.

Rationale: Rising rates of depression, anxiety, and substance misuse, particularly among youth, underscore the need for early intervention, prevention and community-based mental health supports.

Strategies and Action Steps

Strategy 2.1: Strengthen Prevention and Early Intervention Programs

Rationale: Prevention efforts that begin yearly and involve families build lifelong resilience and reduce future risk for mental health disorders and substance misuse. At the same time, CRMC recognizes that recovery is rarely linear and individuals may need support following setbacks. Our approach prioritizes compassion, early identification, and sustained connection.

Action Steps:

- Collaborate with schools, youth programs, and community organizations to promote coping skills, resilience, and substance misuse prevention, while normalizing help-seeking and recovery as ongoing processes.
- Expand evidence-based prevention programs in schools and community settings.
- Partner with local law enforcement, public health, and treatment providers to improve early identification and strengthen coordinated community responses.

Strategy 2.2: Normalize and Promote Mental Health Awareness

Rationale: Education in support of reducing stigma and increasing understanding to encourage people to seek help earlier, support recovery, and build a culture that values emotional and brain health.

Action Steps:

- Promote educational campaigns emphasizing “mental health is health.”
- Share stories of resilience and recovery through social media and community outreach.
- Offer practical strategies for protecting mental and brain health, including education for parents and caregivers on fostering healthy digital habits and addressing behaviors that may contribute to bullying or harm.

Strategy 2.3: Expand Community-Based Support and Recovery Resources

Rationale: Accessible; community-based support reduces barriers to treatment and strengthens recovery by providing care close to home.

Action Steps:

- Increase access to peer groups, crisis support and recovery programs by promoting available services and reducing practical barriers where possible.
- Strengthen partnerships between healthcare providers, behavioral health organizations, and community advocates to improve local support networks.

Strategy 2.4: Address the Opioid and Substance Misuse Crisis

Rationale: Substance misuse - including opioids, alcohol, vaping, and marijuana- poses significant and sometimes immediate health risks. Even experimental or one-time use can be deadly due to fentanyl contamination in counterfeit or illegally obtained substances. Coordinated prevention, education, early intervention, and treatment efforts can save lives, reduce harm, and support long-term wellness for individuals and families.

Action Steps:

- Provide education on the risks of substance misuse and opioid exposure, including the dangers of fentanyl-contaminated substances and the potential lethality of even a single use.
- Offer access to treatment and recovery services, including medication-assisted treatment (MAT) and counseling.
- Provide overdose prevention training and distribute naloxone to individuals and families at higher risk.
- Promote safe medication disposal and targeted interventions for high-risk populations.
- Monitor trends in substance use to inform community strategies.

PRIORITY AREA #3



Promote Healthy Living and Preventive Care

Objective: Improve community nutrition, physical activity, chronic disease prevention and management, and preventive health education.

Chronic disease rates, including obesity, hypertension, and diabetes, are rising in the Brainerd Lakes Area. Gaps in nutrition, physical activity, and preventive care highlight the need for community-based solutions that make healthy living easier and more achievable for everyone.

Strategies and Action Steps

Strategy 3.1: Expand Food Access and Nutrition Education

Rationale: Limited access to nutritious food and gaps in nutrition knowledge contribute to poor diet-related health outcomes. Expanding access and education empowers individuals to make healthier choices.

Action Steps:

- Increase access to healthy, affordable food through partnerships with food shelves, local farms, farmers' markets, and other community partnerships.
- Support nutrition education initiatives targeting youth, families, and low-income populations.
- Promote programs that connect residents with local food resources and healthy meal options.

Strategy 3.2: Promote Chronic Disease Prevention and Health Education

Rationale: Many chronic diseases are preventable through lifestyle changes and early detection, and effective management improves long-term health outcomes and quality of life. Community education empowers residents to adopt healthier behaviors, seek timely care, and better manage existing conditions

Action Steps:

- Raise awareness of the connection between nutrition, physical activity, and chronic disease prevention, and effective self-management.
- Encourage regular preventive screenings, wellness visits and checkups.
- Partner with healthcare providers and educators to promote preventive health messaging.

Strategy 3.3: Support Physical Activity Through Programs and Outreach

Rationale: Regular physical activity reduces the risk of chronic disease and improves overall well-being. Addressing barriers such as cost, transportation, or limited access to appropriate environments for physical activity helps more residents stay active.

Action Steps:

- Promote accessible, low-cost community programs and events.
- Leverage existing wellness programs offered through schools, employer activities, and local organizations.
- Highlight safe, adaptive spaces and opportunities for physical activity throughout the community. spaces and opportunities for physical activity throughout the community.



Planned Collaboration

The success of these strategies depends on strong partnerships and coordinated action. County and municipal governments, alongside schools, public health agencies, and community organizations, have essential responsibilities in supporting the health and well-being of residents. Investments in community infrastructure are vital to addressing shared priorities. Through collective effort, CRMC and its partners can ensure initiatives are accessible, equitable, and sustainable.

PRIORITY #1

- AblePay
- Aitkin County CARE, Inc.
- CRMC Administration
- CRMC Care Management
- CRMC Population Health
- CRMC Primary Care
- Crosslake Cares
- Crow Wing County Community Services
- Interfaith Volunteers
- Minnesota Department of Health

PRIORITY #2

- Aitkin County CARE, Inc.
- Brainerd Public Schools
- BLADE
- Central Lakes College
- Crisis and Referral Line
- CRMC Behavioral Health
- CRMC Care Management
- CRMC Hope Clinic
- CRMC Population Health
- CRMC Primary Care
- Crosby-Ironton Public Schools

- Crow Wing County Adult Services
- Crow Wing County Children & Family Services
- Crow Wing Energized
- Cuyuna Range Youth Center
- Law Enforcement
- Local Faith Based Organizations
- MN Teen Challenge
- Northern Pines Mental Health
- Pequot Lakes Public Schools
- Smiles for Jake
- Sourcewell

PRIORITY #3

- BIO Girls Crosby
- Brainerd Public Schools/ Community Education /Athletics
- Brave Like Gabe
- Bridges of Hope
- Central Lakes College
- Community Care-N-Share
- Community Table
- CRMC Care Management
- CRMC Clinic Nutrition/Diabetes Education

- CRMC Population Health
- CRMC Primary Care
- CRMC Rehabilitation
- CRMC Sports Medicine/ Orthopaedics
- CRMC Weight Loss Clinic
- Crosby-Ironton Public Schools/ Community Education Athletics
- Crow Wing County Community Services
- Crow Wing Energized
- Cuyuna Farmers Market
- Cuyuna Lakes Food Shelf
- Hallett Community Center
- Importance of Unimpaired
- Indy Foundation

- Lakes Area Food Shelf
- Lakes Area United Way
- Local Faith Based Organizations
- Lutheran Social Services – Meals on Wheels
- Pequot Lakes Public Schools/ Community Education / Athletics
- Second Harvest
- The Outreach Program
- University of Minnesota Extension
- YMCA



Evaluation of Impact

Cuyuna Regional Medical Center (CRMC) will monitor and evaluate the strategies and activities outlined in this Community Health Implementation Plan (CHIP) using a three-tiered framework to ensure that evidence-based strategies are implemented and outcomes are measurable. This framework includes process evaluation, outcome evaluation, and impact assessment to track implementation progress, participation levels; measure improvements in access, mental well-being, preventive care participation, and health behaviors; and assess long-term outcomes, such as reductions in preventable hospitalizations, improved chronic disease management, and enhanced health literacy.

Data-driven insights will guide continuous improvement, ensuring that investments in community health produce measurable benefits, reduce disparities, and promote lifelong healthy behaviors. Health equity will remain a central focus—ensuring initiatives effectively reach underserved populations and inform ongoing reporting, strategic planning, and resource allocation to maximize community impact.

Each year, CRMC will submit an addendum to the Minnesota Commissioner of Health documenting community benefit activities exceeding \$5,000. This report will outline the activity, describe its delivery, demonstrate alignment with CHNA and CHIP priorities, identify the populations served, and summarize key outcomes achieved. Utilizing this robust evaluation process, CRMC can effectively track progress, report outcomes, and adapt strategies to ensure that community health initiatives remain responsive, data-driven, and impactful.

Cuyuna Regional Medical Center

320 E Main Street | Crosby, MN 56441 | 218-546-7000

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