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CUYUNA REGIONAL MEDICAL CENTER



2026 – 2028

Community Health Needs Assessment

Contents

Message from Our CEO	3
About the Community Health Needs Assessment	4
Purpose and Overview of the CHNA	
Partnering with Our Neighbors	8
Community Benefit and Organizational Contributions	
Addressing 2023 Priority Health Needs	6-7
Progress and Outcomes from the Previous CHNA Cycle	
About Cuyuna Regional Medical Center	8-14
Overview, Locations, Services, Mission, and Vision	
Data Collection and Methodology	15-18
Community Profile	19-27
Demographics, Physical Environment, Access to Care, Health Outcomes, and Health Behaviors	
Social Characteristics	28-35
Access and Equity Factors	
Prioritization of Health Needs	
1. Improving Access Through Education and System Navigation	42-47
2. Fostering Mental Well-Being and Preventing Substance Misuse	48-56
3. Promoting Healthy Living and Preventive Care	57-65
Priorities Not Addressed and Next Steps	66
References	68
Appendices	69-94

A Message From Our CEO



Dear Friends and Neighbors,

I am proud to share Cuyuna Regional Medical Center's (CRMC) 2026–2028 Community Health Needs Assessment (CHNA). Every three years, this assessment gives us the opportunity to pause, listen, and reflect on the health and well-being of the Brainerd Lakes community we are privileged to serve. It is a reminder that our work is about more than healthcare, it is about the people, families, and stories that make our region vibrant and resilient.

At CRMC, our commitment to improving health outcomes runs deep. I often reflect on the generations of community members who have trusted us with their care, individuals whose courage, resilience, and commitment to one another inspire everything we do. From advancing preventive care to supporting mental well-being, we strive to meet our community where they are, providing guidance, resources, and compassion to help every person thrive.

The 2026–2028 CHNA is more than a report; it is a roadmap grounded in the realities of our community and our mission in action. By listening to patients, healthcare clinicians, local organizations, and community stakeholders, and by analyzing public health data, we gain a clear understanding of the most pressing challenges facing our community members. This knowledge informs our strategies, ensuring our financial investments, volunteer efforts, and collaborative initiatives are directed where they will have the greatest impact.

Our mission, to deliver exceptional care and compassion every day, guides everything we do. Our vision, to be the region's top choice for healthcare, medical practice, and meaningful employment, reflects our dedication to excellence, innovation, and the well-being of our patients, community and staff. For more than 60 years, CRMC has proudly stood as an independent, locally governed medical center, a distinction that allows us to remain agile, innovative, and responsive to the unique needs of the Brainerd Lakes region.

Through this CHNA, three priority areas emerged as essential to the health of our community:

- Improve Access Through Education & System Navigation
- Fostering Mental Well-Being and Preventing Substance Misuse
- Promote Healthy Living and Preventive Care

These priorities guide our community benefit initiatives, ensuring that every effort, whether financial support, volunteer engagement, or partnership, directly contributes to meaningful, measurable improvements in the health of our community members.

We are profoundly grateful to the many individuals, organizations, and stakeholders whose voices shaped this assessment. Your insights are invaluable in helping CRMC understand the challenges our community faces and in guiding programs that create lasting, positive change. Through these shared commitments, we are shaping a stronger, healthier, and more resilient Brainerd Lakes region.

The 2026–2028 CHNA reflects CRMC's enduring commitment to exceptional healthcare, innovative solutions, and community-centered care. With your continued partnership, we will advance our mission to care for our community members, champion well-being, and strengthen the health of our entire community.

Thank you for your trust, support, and shared commitment to the health of our region.

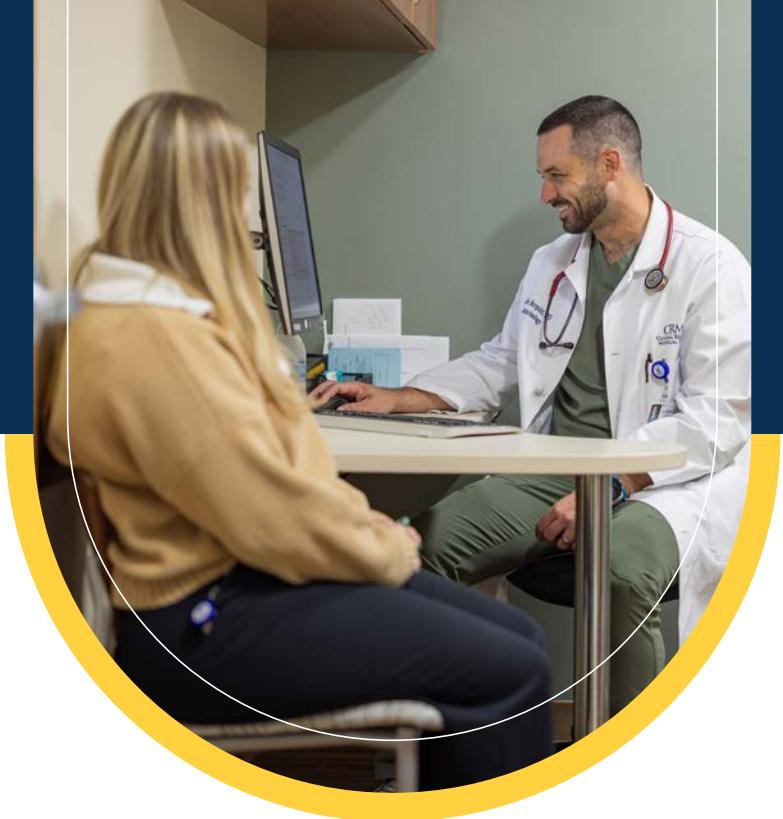
With gratitude,

A handwritten signature in black ink, appearing to read "Amy Hart".

Amy Hart, FACHE, Chief Executive Officer

PROMOTING HEALTH

About the Community Health Needs Assessment



Every three years, Cuyuna Regional Medical Center (CRMC) conducts a Community Health Needs Assessment (CHNA) to better understand disparities in health outcomes across our community, examine how various health factors influence these outcomes, and evaluate the effectiveness of current policies and programs in promoting health. Through community participation in the Community Health Needs Assessment Survey we identify priority health needs and establish a Community Health Improvement Plan (CHIP).

The Patient Protection and Affordable Care Act (PPACA) mandates that tax-exempt hospitals conduct these assessments and develop implementation strategies every three years. Compliance with Section 501(r)(3) requires hospitals to have a documented CHNA adopted by an authorized governing body, make the report publicly accessible, and provide an opportunity for public feedback.

In 2024, CRMC conducted a joint CHNA survey in partnership with area agencies including Essentia Health – St. Joseph's Medical Center, Crow Wing County, and the Minnesota Department of Health. This collaborative approach ensured broader participation and a more comprehensive understanding of community health needs.

The completed CHNA was presented to the Governing Board on December 11th, 2025 and formally approved on December 16th, 2025. The report was made publicly available on December 31, 2025.

Accessing the Report

A digital copy of this CHNA is available at:

<https://www.cuyunamed.org/community-health-needs-assessment/>

To request a printed copy of this report or to view survey responses, please email:

jennifer.lowe@cuyunamed.org



Community Benefit and Contributions

Partnering with Our Neighbors

Cuyuna Regional Medical Center (CRMC) is committed to enhancing the health and well-being of the communities we serve in the Brainerd Lakes Area. We actively collaborate with local organizations, schools, and community groups to support health-related programs, events, and initiatives that improve access to care, increase health awareness and promote overall wellness.

Through CRMC's Community Benefit Program, qualifying nonprofit organizations can request financial support or other resources to implement health-focused programs and events. These efforts are designed to positively impact the health of area residents, strengthen community services and foster collaboration across the region.

Category	Amount
Charity Care	\$563,353
Unpaid Cost of Medicaid	\$13,094,501
Excess Cost of Medicaid	\$511,795
Uncompensated Care	\$2,687,115
Taxes & Fees	\$165,524
Community Benefits	\$666,004
Community Building	\$17,617
Community Contributions in FY2024	\$17,705,909

These contributions reflect CRMC's ongoing commitment to access, equity and community wellness, ensuring resources are directed to initiatives that address local health needs and strengthen the overall vitality of the region.

Addressing 2023 Priority Health Needs

Progress & Accomplishments

The 2023–2025 Community Health Needs Assessment (CHNA) identified Mental Health, Physical Activity, and Nutrition & Food Access as priority areas to improve health and well-being. Over the past three years, Cuyuna Regional Medical Center (CRMC), in partnership with local organizations, has made measurable progress through outreach, education, and direct support initiatives.

Mental Health

CRMC advanced community mental wellness through awareness, education, and expanded access to care.

- Partnered with Smiles for Jake on mental health and suicide prevention initiatives, donating over \$10,000, providing speakers and volunteers for Clear Vision with Confidence.
- Supported national speaker Kevin Hines, reaching 2,500+ individuals through assemblies, community events, and professional development sessions.
- Enhanced educational programs: Smile Advocate (community, school, and business training) and Project 11 (K-12 mental health curriculum)
- Hosted and supported community events promoting mental wellness, including Miles for Smiles and Cuyuna Christmas/Snow Many Smiles, engaging 2,500+ attendees.
- Started and sponsored a weekly Mental Health Minute radio feature providing short insights every Friday during peak drive time.
- Expanded behavioral health services by recruiting two new providers offering senior-focused educational sessions and providing meeting space for support groups including Importance of Unimpaired, Dementia, Grief, and Cancer Support Groups.
- Joined the Brainerd Public Schools Mental Health Task Force and promoted Advance Care Planning education.



Top Three Priority Health Needs



Mental Health



Physical Activity



Nutrition & Food Access

- Partnered with BIO Girls Crosby to mentor young girls and provide positive mental health programming.
- Distributed a Community Mental Health Resource Guide at events, on the website, and through partner platforms.
- Provided financial and volunteer support to organizations improving mental wellness, including Bridges of Hope, Crosslake Cares, Cuyuna Range Youth Center, Interfaith Volunteers, and Breath of Life Adult Day Service.





Physical Activity

CRMC invested over \$90,000 in initiatives promoting active living through 66+ community events and programs encouraging movement and wellness.

- Continued the Walk with a Doc program year-round, and partnered with BIO Girls Crosby to mentor youth in active, healthy lifestyles
- Provided wellness presentations and biometric weigh-ins for Graphic Packaging employees as part of annual weight management challenges.
- Sponsored and staffed community events including the Central Lakes College Mental Health 5K, Cuyuna Crusher, Cuyuna Off-Road Triathlon, Global Fat Tire Bike Day, Harrison Elementary Family Fun Run, and the Walk for Obesity.
- Supported community recreation projects, including Longville Community Park playground improvements and the Crosby-Ironton Schools Mountain bike trail development.
- Organized educational sessions for youth and adults on wellness, safe athletic participation, and physical activity best practices, including programs for the Cancer Support Group.
- Supported youth athletics across multiple sports (basketball, soccer, wrestling, gymnastics, skating) through financial and volunteer assistance.
- Sponsored and participated in the Crosby-Ironton S.A.L.T. Charity Walk, supporting families impacted by domestic violence.
- Delivered ongoing community education through expos, wellness events, and coaching seminars, emphasizing healthy aging, physical activity and injury prevention.

Nutrition and Food Access

CRMC addressed food insecurity and promoted health eating through over 100+ initiatives, totaling \$88,000+ in community benefit.

- Partnered with The Outreach Program of Brainerd Lakes to support Warrior Day, distributing over 22,000 meals, including 3,800+ to local food shelves.
- Distributed 3,800+ youth lunches through the Cuyuna Lakes Lunch Bunch and supported Operation Sandwich, Meals on Wheels, and local food pantries through donations and volunteer hours exceeding \$46,000.
- Partnered with Catholic Charities, to distributed 14,249 meals to local seniors, providing \$3,200 in volunteer hours.
- Launched “Cooking with CRMC”, producing 14 videos demonstrating nutritious meals, reaching 2,075+ views.
- Delivered nutrition education and screenings including blood pressure checks, Fruit & Veggies Walks, menopause and nutrition, and back-to-school breakfast for Crosby-Ironton teachers
- Supported schools, youth centers, and farmers markets with financial assistance, volunteer support and donations, encouraging access to fresh produce and healthy meals.
- Expanded the Medical Weight Management Program, by hiring two new clinicians, Jamie Westerman, APRN, CNP and Dr. Brian Holmgren.
- Provided ongoing support to community food access organizations including Bridges of Hope, Cuyuna Lakes Food Shelf, and The Outreach Program of Brainerd Lakes.



EXECUTIVE **SUMMARY**

At Cuyuna Regional Medical Center (CRMC), we know that true health and wellness go beyond medical care. Real connection happens in the places where people live, learn, and work. By partnering with local organizations and engaging directly with community members, CRMC fosters supportive networks that enhance health, healing, and well-being.

Through outreach and strategic partnerships CRMC addresses local health disparities and supports residents across the Brainerd Lakes region. This CHNA captures current health trends, identifies priority areas for improvement and outlines a roadmap to enhance the quality of life for those we serve.

ABOUT CRMC

Cuyuna Regional Medical Center (CRMC) embodies the spirit of independence and resilience that defines the Cuyuna Range.

Established in 1964 after the community rallied in response to Miner's Hospital's non-compliance notice, CRMC emerged from a region-wide effort to preserve access to high-quality healthcare. Today, it stands as a comprehensive healthcare institution dedicated to serving the health and well-being of the Brainerd Lakes area.

CRMC operates a 25-bed critical access hospital, six clinics located in Crosby, Baxter, Breezy Point, Longville, Nisswa,¹ and Super One in Crosby, as well as a senior living community in partnership with Presbyterian Homes and Services. As a 501(c)(3) nonprofit, the organization offers a wide array of services, including primary and specialty care, surgery, emergency services, diagnostic imaging, and rehabilitation. Despite its rural location, CRMC has made significant investments in advanced technology, reducing the need for patients to travel elsewhere, except for highly specialized procedures like open-heart or neurosurgery.

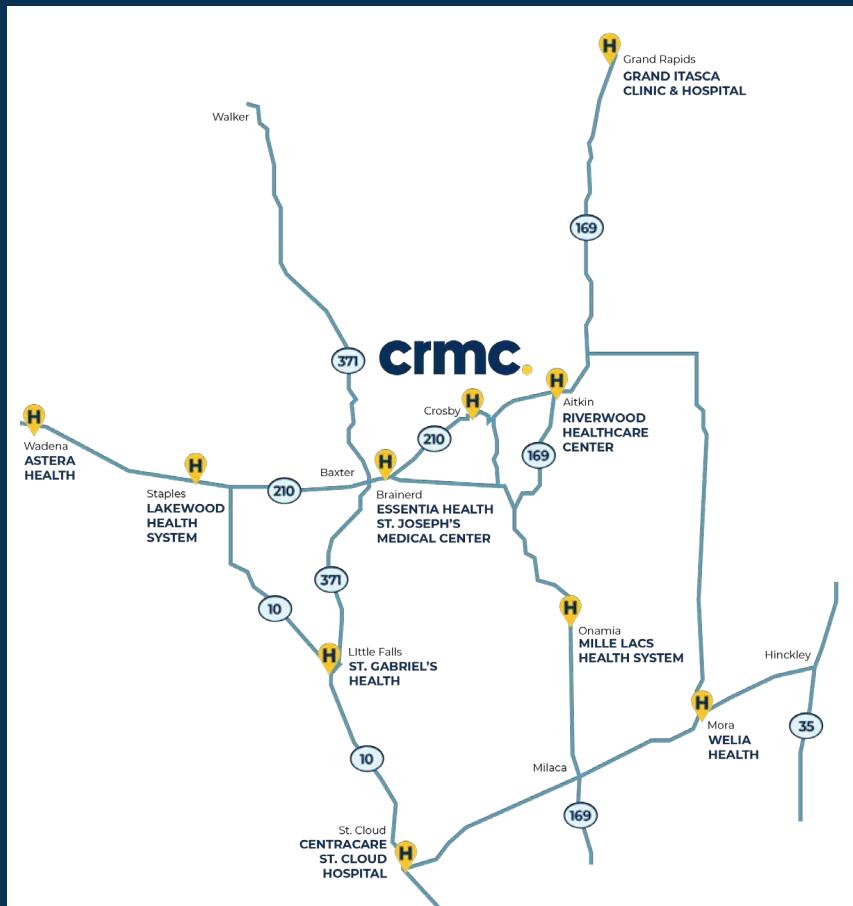
The hospital serves a diverse population of more than 60,000 people. Approximately 81% reside in Aitkin, Brainerd, Baxter, Crosby, Crosslake, Deerwood, Ironton, Longville, Nisswa, Pequot Lakes, Pine River and surrounding areas, while the remaining 19% other geographic areas including small town or rural addresses in unorganized territories.



From its humble beginnings with three doctors and 20 employees, CRMC has grown into a robust team of more than 133 healthcare physicians and advanced practice providers and 891 employees. In FY2024, the organization cared for approximately 1,533 inpatients, 240,475 outpatients, and over 10,691 emergency department patients, while delivering 232 babies. With an average daily census of 17.4 patients, about five beds remain available at any given time.

This growth has been fueled by continuous innovation and strong community support. What started as a hospital built with just \$800,000 in combined federal and local funding has grown into a thriving healthcare institution generating more than \$190 million in annual net patient revenue. Despite this expansion, CRMC remains rooted in its rural values, committed to delivering personalized, compassionate care close to home.

Nearby Facilities



CRMC is one of six healthcare facilities located within a 40-mile radius. The region faces challenges in balancing growing demand with rising costs. CRMC's rural location and patient demographic intensify these needs, as rural patients often experience higher rates of chronic illness and increased risks of adverse outcomes.

- Essentia Health - St. Joseph's Medical Center in Brainerd (20 miles west)
- Riverwood Healthcare Center in Aitkin (17 miles east)
- Mille Lacs Health System in Onamia (40 miles south)
- Lakewood Health System in Staples (44 miles west)
- St. Gabriel's Health in Little Falls (47 miles south)

CRMC's enduring mission is to sustain a proactive, high-tech, patient-centered medical facility that continues to meet the evolving needs of the community. Its legacy, rooted in resilience and sustained through collaboration, ensures a bright and resilient future for healthcare in the Brainerd Lakes.



Mission

At Cuyuna Regional Medical Center, our mission is to deliver exceptional care and compassion by dedicating ourselves to your well-being every day.



Four Commitments

- Commitment to Patient Experience
- Commitment to Communication
- Commitment to Teamwork
- Commitment to Compassion



Vision

To be the top choice for receiving care, practicing medicine, and meaningful employment.

We will do this through a commitment to excellence in healthcare delivery, fostering a supportive and innovative environment for medical professionals, and prioritizing the well-being and satisfaction of our staff, patients, and the community we serve. This commitment includes ongoing investments in state-of-the-art medical technology, a focus on patient-centered care, and a dedication to creating a workplace that values collaboration and continuous improvement.



Services

Behavioral Health
Birthing Center
Cancer Center
Cardiology
Clinical Nutrition
Community Paramedic
Dermatology
Diabetes Education
Ear, Nose & Throat
Emergency Services & Ambulance
Endocrinology
Eye Care
Family Medicine
Heartburn & Reflux
Hernia Repair

Opioid Treatment Program /
Hope Clinic
Hospital Care
Intensive Care
Interventional (non-surgical) Spine
Laboratory
Medicare Wellness Program
Menopause Care
Nephrology
Neurology
Obstetrics & Gynecology
Orthopaedics
Osteopathic Manipulative Medicine
Palliative Care
Pediatrics

Pharmacy
Pulmonary/Sleep Medicine
Radiology
Rehabilitation
Senior Care
Sports Medicine
Stroke Center
Urology
Weight Loss Services:
Medical & Surgical
Women's Health & Wellness
Wound Care



25-bed
Critical Access
Hospital



17.4
Average Daily
Census



6
Clinics



1
Senior Living
Community
(in partnership with
Presbyterian Homes)



262,000+
Annual Visits



891
Employees



73
Physicians



60
Advanced Practice
Providers

COMMUNITY SERVED

Cuyuna Regional Medical Center (CRMC) has provided health care to the Brainerd Lakes Area for more than 60 years, reflecting the community's long-standing commitment to ensuring high-quality, accessible care. This tradition continues today, as CRMC partners with residents through the Community Health Needs Assessment (CHNA) process to identify strategies that improve the health and wellbeing of the region.

Defining the Community

For this assessment, "community" is defined as the Brainerd Lakes Area, which includes cities within Crow Wing County and adjacent portions of Aitkin and Cass Counties, the areas representing the largest share of CRMC patients.

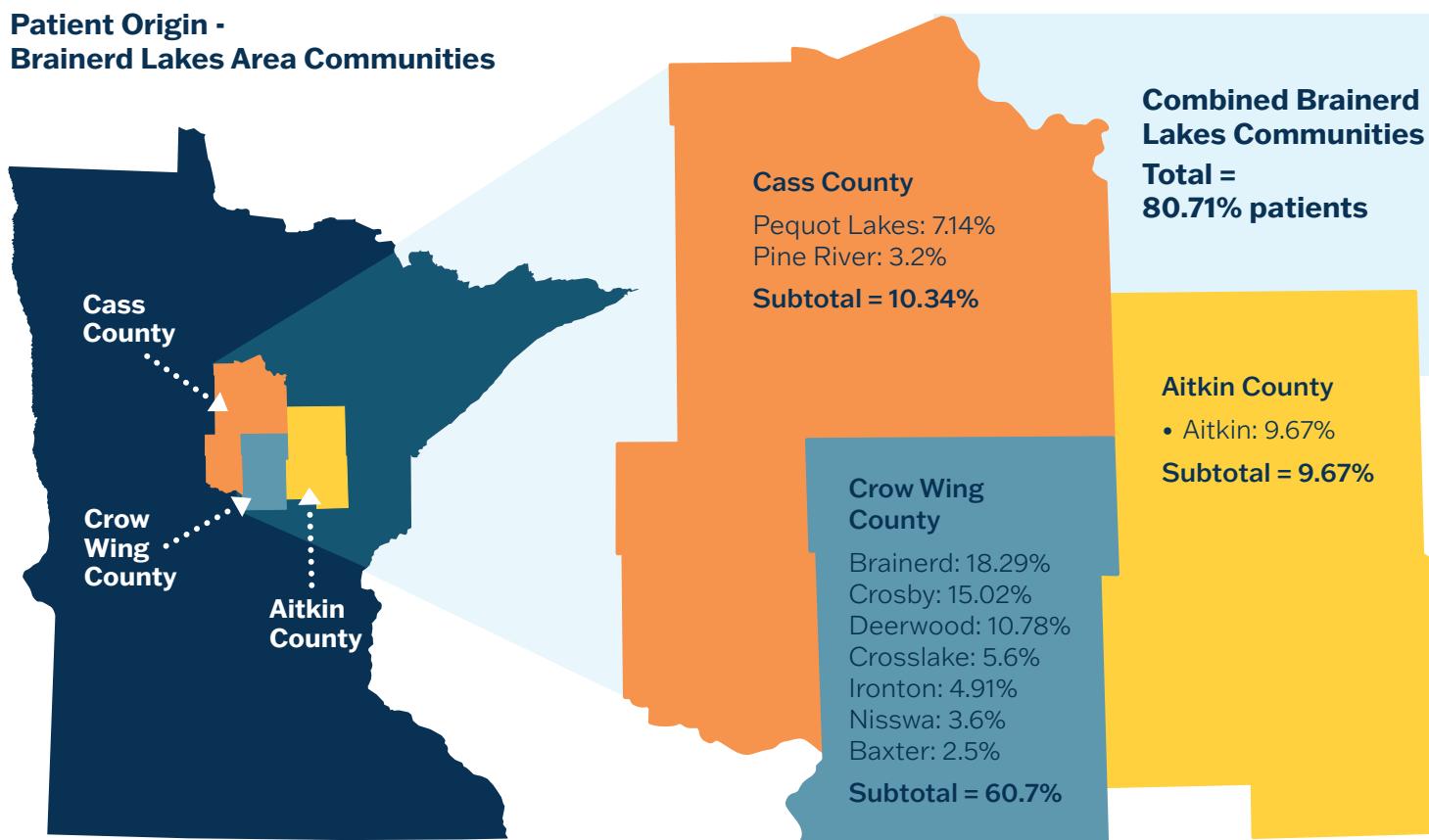
Extended Service Area

The **remaining 19.29%** of patients represent other parts of Minnesota and even areas across the United States. Many of these patients are drawn to the Brainerd Lakes Area due to its heavy summer tourism season, including those with seasonal or summer homes, and CRMC's reputation for providing exceptional care. Patients travel to the region to receive care, reflecting CRMC's mission to provide accessible, high-quality regional health care.

Comparative Data

Where possible, this report includes data comparisons between Crow Wing, Cass, and Aitkin Counties and the state of Minnesota to provide context on health trends and needs.

Patient Origin - Brainerd Lakes Area Communities





Priority Health Needs 2026 – 2028

The 2025 Community Health Needs Assessment (CHNA) identified key areas where Cuyuna Regional Medical Center (CRMC) and community partners can have the greatest impact. While overall health in the region remains stable, rising mental health needs, chronic disease, and access barriers highlight pressing areas for intervention. This section provides a brief overview of the top priorities that will guide CRMC's strategies over the next three years, setting the stage for more detailed findings and supporting data presented on page(s) 42-65.

1 Improve Access Through Education & System Navigation

Reducing barriers to timely health services through care navigation and system coordination.

Access to medical, dental, and mental health services is declining, with barriers including cost, insurance, transportation, and appointment availability, highlighting the need for improved care navigation and connection to available services.

2 Fostering Mental Well-Being and Preventing Substance Misuse

Addressing community concerns around mental health, emotional well-being and substance abuse and misuse prevention.

Mental health is a pressing community concern. Rising depression, anxiety, and youth mental health challenges - alongside emerging substance use issues - are compounded by limited access, stigma, and systemic barriers.

3 Promote Healthy Living and Preventive Care

Address food access, nutrition, physical activity, chronic disease prevention and management, and health education through community-based solutions.

Chronic disease rates, including obesity, hypertension, and diabetes, are rising, while gaps in nutrition, physical activity, and preventive care persist, underscoring the need for community-based interventions and wellness programs.

Implementation Strategy

The 2026 CHNA report is the foundation for the strategies that Cuyuna Regional Medical Center (CRMC) and its community partners will use to address the community's unmet health needs. A subsequent report will include the Community Health Implementation Plan (CHIP), outlining the specific actions CRMC will take over the next three years. All implementation strategies will be continuously measured, evaluated, and reviewed to ensure they effectively address the health priorities of the Brainerd Lakes Area.



DATA COLLECTON **AND METHODOLOGY**

Cuyuna Regional Medical Center (CRMC) utilized a community-engaged approach combining both quantitative and qualitative data to identify and prioritize health needs. This process included secondary data from publicly available and internal sources, as well as primary data collected through community surveys, stakeholder input, and feedback from healthcare physicians and advanced practice providers. Together, these sources created a comprehensive health profile of the community we serve.



Primary Data Collection

In 2024, CRMC partnered with Essentia Health - St. Joseph's Medical Center, Crow Wing County and the Minnesota Department of Health (MDH) to conduct a community health survey. The survey tool was based on prior CHNAs (2021), with revisions developed collaboratively and with technical support from MDH Center for Health Statistics.

To ensure a representative sample of adults living in Crow Wing County, a two-stage probability sampling method was used:

1. Random selection of 3,578 residential addresses from Marketing Systems Group (Horsham, PA)
2. Within each household, the “most recent birthday” method identified one adult respondent

Survey packets were mailed between June and July 2024, followed by reminder postcards and a second mailing. In total, 810 surveys were completed. Results were weighted to reflect the county's age and gender distribution and correct for oversampling at the city level.

Secondary Data Collection

CRMC analyzed secondary data from established, credible sources to identify health trends, disparities, and demographic factors influencing community well-being. Sources included (listed in alphabetical order).

- Centers for Disease Control and Prevention (CDC)
- County Health Rankings and Roadmaps (University of Wisconsin Population Health Institute)
- Crow Wing County Public Health
- Cuyuna Regional Medical Center anonymized Electronic Health Records
- Data USA
- Feeding America
- Minnesota Department of Health (MDH)
- Minnesota Center for Health Statistics
- Minnesota Compass
- Minnesota DEED
- National Alliance of Mental Illness (NAMI)
- Office of Disease Prevention & Health Promotion
- U.S. Census Bureau, American Community Survey (ACS)

This review provided evidence-based context for the prioritization process and allowed CRMC to compare local outcomes with state and national benchmarks.

Data Collection & Methodology

In addition:

- CRMC conducted a voluntary stakeholder and patient survey in June 2025, distributed electronically to 19,115 individuals via CRMC's monthly newsletter and partner networks, with 32 responses received. Respondents included residents, patients, and community stakeholders. Organizations representing education, social services, public health, and nonprofit sectors contributed input.
- CRMC also surveyed 120 healthcare physicians and advanced practice providers across primary care, specialty care, emergency medicine and internal medicine in June 2025, receiving 18 voluntary responses. These responses highlighted frontline perspectives on pressing health issues in clinical practice.

This review provided evidence-based context for the prioritization process and allowed CRMC to compare local outcomes with state and national benchmarks.

Survey	Stakeholder	Community Health Survey	Healthcare Physicians and Advanced Practice Providers (APP's) Role at CRMC
Gender			
Male	5	328	Family Practice 10
Female	27	428	Emergency Medicine 1
Age Group			
18-34	0	28	Hospitalist 1
35-44	0	37	Internal Medicine 1
45-54	5	55	Medical Weight Management 1
55-64	4	144	Specialty Care 4
65-74	14	254	
75+	9	292	

Data Analysis Process

To identify community health priorities, CRMC applied a systematic review process:

1. Analyze quantitative and qualitative data to identify emerging trends.
2. Compare local outcomes to state and national benchmarks
3. Review community and stakeholder input for recurring themes
4. Assess program outcomes and resource availability to identify service gaps.

Criteria for Prioritization

- Magnitude and severity of health issues
- Community perception of importance
- Trends relative to benchmarks
- Potential for impact on health outcomes
- Feasibility of change (resources, infrastructure, partnerships)
- Alignment with CRMC's mission and organizational capacity
- Consistency with current initiatives

Timeline

2026-2028 Community Health Needs Assessment (CHNA) & Community Health Improvement Plan (CHIP)

July – August 2025

Comprehensive review of secondary data sources (state, county, behavioral health, socioeconomic, clinical indicators).
Final analysis of primary and secondary data completed.
Priority health needs identified and presented to the Executive Sponsor – Chief Executive Officer on August 4.
Approval received to advance into CHNA report development.

April – June 2025

Data synthesis begins; survey findings reviewed and preliminary priorities identified.
Stakeholder and clinician surveys conducted to gather additional qualitative insight.
Community partner feedback loop initiated.

June – July 2024

Community Health Survey administered using a two-stage probability sampling method.
Reminder postcards and a second mailing distributed to selected households.

September 2024

Survey responses received (N = 810).
Results weighted by age, gender, and geographic distribution.
Initial survey findings prepared for integration into the CHNA dataset.

September – October 2025

Senior Leadership Team and Governing Board verify and approve the prioritization of community needs.
Stakeholder validation incorporated into final prioritization.
CHNA and CHIP report writing, editing, review, and layout coordination.

October – November 2025

CHNA draft submitted in October for layout coordination; design returned in November for editing and review.
Goals and strategies developed for the Community Health Improvement Plan (CHIP), including partners, resources, timelines, and department leads.
CHIP report drafted and submitted to designer for layout.
CHIP aligned with CRMC organizational strategic plan and operational leadership.
Final edits completed and submitted to CEO prior to final Governing Board review.

December 2025

CRMC Governing Board adopts the 2026-2028 CHNA and CHIP.
Final CHNA publicly posted on CRMC's website (IRS §501(r)(3) compliance).
Dissemination begins through media release, stakeholder and partner distribution, internal communication, organizational SharePoint, website posting, and MDH submission.
Final public release: December 31, 2025.
CHNA presented to the Governing Board on **December 16** and formally approved.

Report Limitations

While extensive efforts were made to ensure accuracy and inclusivity, several limitations should be noted:

- Data Availability: Some health indicators are only reported at the county or state level
- Data Collection Differences: Variations in methodology may affect comparability across sources.
- Survey Response Rates: Small sample sizes may not fully reflect all community perspectives.
- Emerging Data: New or updated data from partners may become available after this report.



THE BRAINERD LAKES **COMMUNITY**

The Brainerd Lakes Area in central Minnesota is defined by its natural beauty, strong sense of community, and year-round appeal for residents and visitors. Known as a quintessential “up north” retreat, the region is home to abundant lakes, forests, and wildlife, supporting both a thriving tourism economy and an active outdoor lifestyle. Brainerd serves as the county seat and regional hub, while surrounding towns, Nisswa, Crosslake, Breezy Point, Crosby, and Deerwood, offer small-town charm, local businesses, and welcoming neighborhoods.

The local economy combines tourism with healthcare, retail, and construction, while community events and traditions enrich the culture. This blend of economic vitality, recreational opportunities, and rural living challenges defines the character of the Brainerd Lakes Area.



The Brainerd Lakes Community

Population and Age

As of 2024, Crow Wing County has a population of over 68,000, with a median age significantly higher than the state average. The county is experiencing an aging demographic trend and sees a seasonal population spike during the summer months.

Population Characteristics	Crow Wing	Cass	Aitkin	MN
Population	68,304	30,688	15,930	5,737,915
Area (square mile)	998.4	2,021.5	1,821.4	79,631.5
Population Density (per square mile)	68.4	15.2	8.7	72.1

[U.S. Census Bureau, American Community Survey \(ACS\), 2023 1-Year Estimate. Retrieved July 28, 2025.](#)

Crow Wing Counties' population grew by 3.8% from 2020 to 2024, ranking it among the fastest-growing counties in Minnesota, with growth projected to continue above the state average.

During the summer tourism season, the Brainerd Lakes Area population more than doubles, increasing from nearly 70,000 residents to over 200,000.

Marital Status	Crow Wing	Cass	Aitkin	MN
Married	60.2%	55.7%	54.9%	51.8%
Single	39.8%	44.3%	45.1%	48.2%
Children in Single parent Households	20.0%	22.0%	25.0%	19.0%

[Source: U.S. Census Bureau. \(2023\). American Community Survey \(ACS\), 1-Year Estimate for Crow Wing County and 5-Year Estimates for Cass and Aitkin Counties. Retrieved July 28, 2025.](#) [University of Wisconsin Population Health Institute. \(2025\). County Health Rankings & Roadmaps. Retrieved July 28, 2025.](#)

Age Distribution by Gender



Crow Wing, Cass, and Aitkin counties have populations that are notably older than Minnesota's median age of 39.1 years.

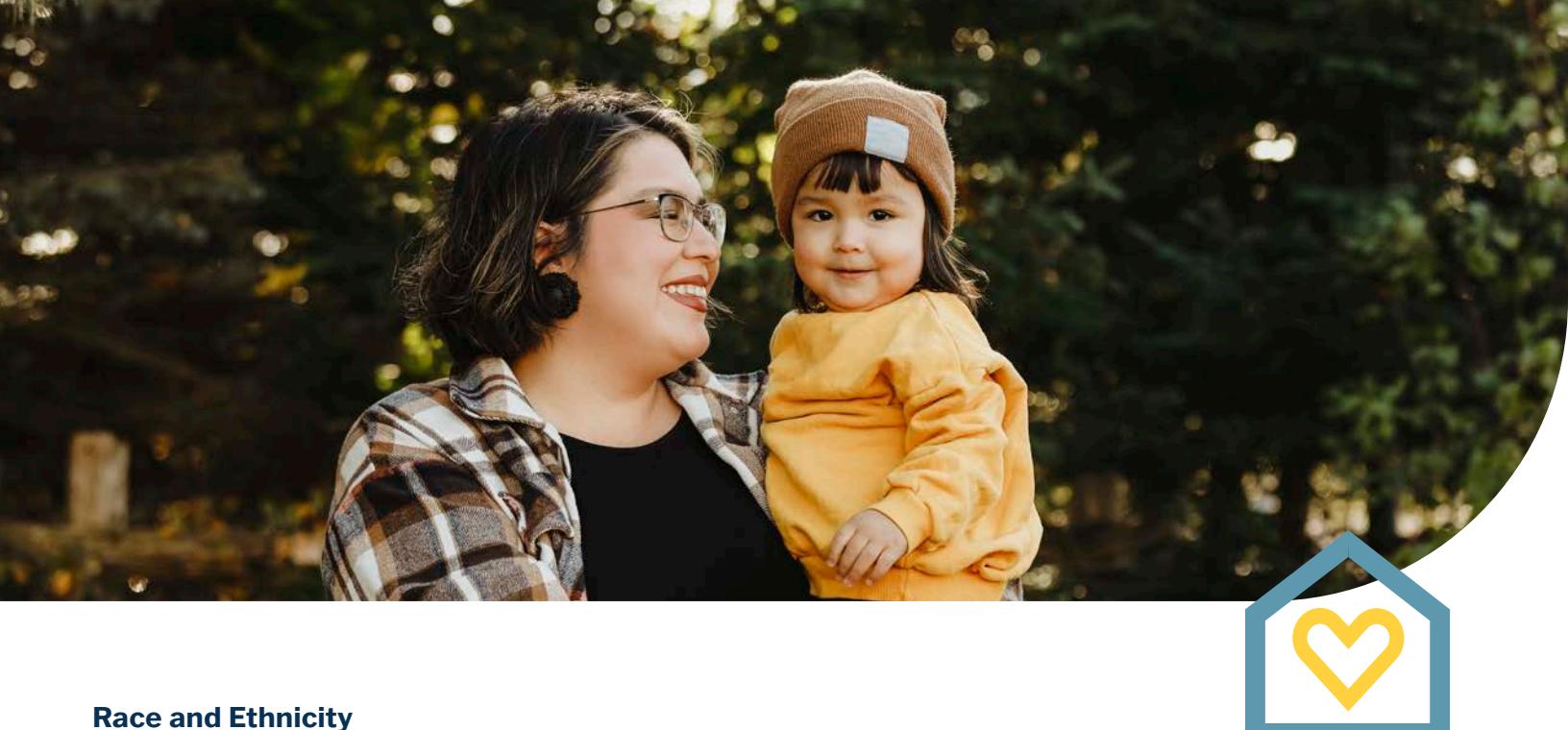
The median ages in the region are:

Crow Wing: **46.4** | Cass: **49.7** | Aitkin: **56.5**

The 65-and-older population is the fastest growing age group, increasing by over 44% on average. This aging demographic has implications for healthcare, housing, social services, and workforce needs, as older adults often require more medical care, supportive services, and age-friendly infrastructure.

Distribution by Location	Crow Wing County	Crow Wing County	Cass County	Cass County	Aitkin County	Aitkin County	MN	MN
Gender	Male	Female	Male	Female	Male	Female	Male	Female
Age - Under 5 years	1,601	1,768	811	661	304	281	165,274	161,721
Age - 5 to 9 years	1,956	2,020	943	735	347	287	176,649	171,947
Age - 10 to 14 years	2,098	1,946	988	964	397	397	199,220	186,689
Age - 15 to 19 years	1,975	1,840	896	783	394	381	194,472	191,530
Age - 20 to 24 years	1,595	1,473	650	622	284	338	178,092	170,746
Age - 25 to 29 years	1,759	1,809	715	689	256	317	182,032	177,232
Age - 30 to 34 years	1,816	1,736	655	715	305	278	194,477	185,934
Age - 35 to 39 years	2,133	2,060	764	735	328	358	205,627	197,590
Age - 40 to 44 years	2,001	1,745	844	752	388	330	192,073	189,484
Age - 45 to 49 years	1,830	1,664	792	705	345	333	169,710	161,117
Age - 50 to 54 years	1,943	1,954	932	860	474	440	172,176	162,859
Age - 55 to 59 years	2,279	2,352	1,198	1,094	681	744	171,982	166,516
Age - 60 to 64 years	2,850	2,906	1,439	1,508	823	716	191,540	195,298
Age - 65 to 69 years	2,591	2,475	1,504	1,290	900	854	163,483	171,954
Age - 70 to 74 years	2,105	2,148	1,126	1,121	690	648	132,791	138,233
Age - 75 to 79 years	1,326	1,549	808	788	514	434	85,848	98,417
Age - 80 to 84 years	765	1,050	446	485	331	393	51,816	69,556
Age - 85 years & over	862	1,133	297	373	275	365	42,746	71,084

Source: U.S. Census Bureau, American Community Survey (ACS), 2023 1-Year Estimate. Retrieved July 28, 2025.



Race and Ethnicity

The Brainerd Lakes Area is less racially and ethnically diverse than Minnesota overall.

- Cass County has the highest proportion of American Indian and Alaska Native residents, reflecting the presence of tribal communities.
- Crow Wing County shows the most growth in racial and ethnic diversity, with the Hispanic/Latino population increasing from 1.0% in 2010 to 1.7% in 2022.
- Aitkin County remains the least diverse, with 93.8% of residents identifying as White (Non-Hispanic).

While the Brainerd Lakes Area does not mirror the state's diversity, local shifts suggest slow but steady change in racial and ethnic composition. This trend is important for community health planning, as different populations may experience unique health disparities and service needs.

Race and Ethnicity	Crow Wing	Cass	Aitkin	MN
Population of one race	98.5%	92.4%	96.5%	92.9%
White alone	93.6%	81.7%	93.5%	76.7%
Black or African American alone	0.6%	0.4%	0.7%	7.2%
American Indian and Alaska Native alone	0.7%	8.9%	1.6%	0.9%
Asian alone	0.4%	8.9%	0.1%	5.2%
Native Hawaiian and Other Pacific Islander alone	0.0%	0.1%	0.0%	0.1%
Some Other Race alone	0.6%	0.7%	0.6%	2.8%
Population of two or more races	2.6%	7.6%	3.5%	7.1%

Source: U.S. Census Bureau, American Community Survey (ACS), 1-Year Estimate for Crow Wing County and 5-Year Estimates for Cass and Aitkin Counties. Retrieved July 28, 2025.

Citizenship, Language, and Education

Citizenship & Language

Language and citizenship data further highlight differences between the region and the state:

- A small share of residents in each county are foreign-born (less than 2%), compared to 8.6% statewide.
- The percentage of residents who speak a language other than English at home is also much lower locally (1-3%) than statewide (12.5%).
- Very few residents report being not proficient in English, though Cass County (0.7%) has the highest proportion in the region.

These findings indicate that while cultural and linguistic diversity is limited, health systems should still be mindful of accessibility for non-English-speaking residents and American Indian communities.

Citizenship and Language	Crow Wing	Cass	Aitkin	MN
Foreign Born	1.2%	1.5%	0.7%	8.6%
Not Proficient in English	N/A	0.7%	0.2%	4.6%
Speak a Language other than English	N/A	3.5%	1.5%	12.5%

Source: U.S. Census Bureau, American Community Survey (ACS), 1-Year Estimate for Crow Wing County and 5-Year Estimates for Cass and Aitkin Counties. Retrieved July 28, 2025.

Education

Education is a strength in the Brainerd Lakes Area, with high school graduation rates exceeding the state average, reflecting the commitment of local schools and families to preparing youth for the future. A higher proportion of residents hold associate's degrees compared to the state, highlighting the important role of technical and community colleges. However, fewer resident's complete bachelor's or graduate degrees, which may limit access to higher-paying careers and long-term economic stability.

Educational attainment (25 + years)	Crow Wing	Cass	Aitkin	MN
Less than 9th grade	0.5%	1.4%	1.7%	2.5%
Less than high school graduate	3.8%	4.2%	4.7%	3.2%
High School Graduate (includes equivalent)	25.7%	31.9%	37.6%	23.3%
Some college no degree	23.5%	24.8%	24.5%	19.1%
Associates degree	16.0%	12.3%	12.5%	11.9%
Bachelor's degree	21.0%	18.0%	12.9%	25.9%
Graduate or professional degree	9.5%	7.4%	6.1%	14.0%

Source: U.S. Census Bureau, American Community Survey (ACS), 1-Year Estimate for Crow Wing County and 5-Year Estimates for Cass and Aitkin Counties. Retrieved July 28, 2025.

Income and Cost of Living

Household incomes across the region fall below the state average of \$85,086, with Aitkin at \$59,498 (30% lower) and Crow Wing at \$76,050 (11% lower). While the cost of living is somewhat lower than in other parts of Minnesota, many families still struggle with housing availability and affordability, childcare, and transportation, particularly those relying on seasonal employment or single incomes.

Household Income (2023 Inflation-Adjusted)	Crow Wing	Cass	Aitkin	MN
Less than \$10,000	4.6%	4.8%	4.2%	3.8%
\$10,000 to \$14,999	2.9%	3.7%	5.7%	2.9%
\$15,000 to \$19,999	2.5%	3.5%	5.3%	2.7%
\$20,000 to \$24,999	2.9%	3.7%	5.6%	2.8%
\$25,000 to \$29,999	2.2%	3.8%	3.9%	2.6%
\$30,000 to \$34,999	3.8%	4.0%	3.9%	3.2%
\$35,000 to \$39,999	3.7%	4.6%	4.0%	3.3%
\$40,000 to \$44,999	4.3%	4.5%	4.9%	3.2%
\$45,000 to \$49,999	4.9%	4.2%	4.2%	3.2%
\$50,000 to \$59,999	8.1%	8.4%	8.7%	7.0%
\$60,000 to \$74,999	9.2%	11.7%	11.0%	9.2%
\$75,000 to \$99,999	14.3%	12.5%	14.3%	14.0%
\$100,000 to \$124,999	11.4%	10.2%	9.1%	11.1%
\$125,000 to \$149,999	10.2%	6.7%	6.1%	8.2%
\$150,000 to \$199,999	6.6%	7.5%	5.2%	10.4%
\$200,000 or more	8.2%	6.2%	3.9%	12.3%

Source: U.S. Census Bureau, American Community Survey (ACS), 1-Year Estimate for Crow Wing County and 5-Year Estimates for Cass and Aitkin Counties. Retrieved July 28, 2025.

Median Income	Crow Wing	Cass	Aitkin	MN
Families	\$98,617	\$80,760	\$76,311	\$108,215
Married couple families	\$108,750	\$92,267	\$82,547	\$122,974
Nonfamily households	\$42,033	\$39,988	\$35,399	\$50,692

Source: U.S. Census Bureau, American Community Survey (ACS), 1-Year Estimate for Crow Wing County and 5-Year Estimates for Cass and Aitkin Counties. Retrieved July 28, 2025.

Annual Cost of Living for an Individual

Crow Wing **\$32,098**
for ages 19-50 years

Crow Wing **\$32,371**
for ages 51+ years

Cass **\$32,877**
for ages 19-50 years

Cass **\$33,150**
for ages 51+ years

Aitkin **\$31,397**
for ages 19-50 years

Aitkin **\$31,686**
for ages 51+ years

MN **\$36,768**
for ages 19-50 years

MN **\$37,068**
for ages 51+ years

Annual Cost of Living Family of 3

Crow Wing **\$68,651**
2 Adults working full-time
+ 1 child

Cass **\$66,981**
2 Adults working full-time
+ 1 child

Aitkin **\$71,090**
2 Adults working full-time
+ 1 child

MN **\$79,116**
2 Adults working full-time
+ 1 child

Source: U.S. Census Bureau, American Community Survey (ACS), 1-Year Estimate for Crow Wing County and 5-Year Estimates for Cass and Aitkin Counties. Retrieved July 28, 2025.



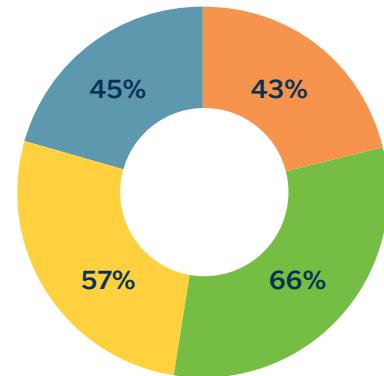
Poverty

Poverty continues to have a visible impact on the Brainerd Lakes Area, affecting food access, overall health, and reduced opportunities. Crow Wing County's poverty rate is 8.5%, below the state average of 9.3%, while Cass and Aitkin counties report higher rates at 12.8% and 12.4%, respectively. Senior citizens, families with children and residents with disabilities, are the most affected populations, facing disproportionate challenges.

Poverty	Crow Wing	Cass	Aitkin	MN
Overall	8.5%	12.8%	12.4%	9.3%
Under 18 years	8.6%	20.3%	14.5%	10.1%
18 to 64 years	7.6%	11.4%	12.9%	8.9%
Seniors (65 years and over)	10.5%	9.8%	10.5%	9.5%

Source: U.S. Census Bureau, American Community Survey (ACS), 1-Year Estimate for Crow Wing County and 5-Year Estimates for Cass and Aitkin Counties. Retrieved July 28, 2025.

Children Eligible for Free or Reduced-Price Meals



Source: U.S. Census Bureau, American Community Survey (ACS), 1-Year Estimate for Crow Wing County and 5-Year Estimates for Cass and Aitkin Counties. Retrieved September 11, 2025.

Food Stamps/Supplemental Nutrition Assistance Program (SNAP)	Crow Wing	Cass	Aitkin	MN
Families (married-couple family) SNAP	16.8%	52.6%	51.0%	48.2%
Nonfamily households receiving SNAP	45.4%	34.7%	38.8%	38.5%
Families with children under 18 (married-couple family)	11.7%	14.5%	11.0%	19.1%
Nonfamily households with children under 18	1.9%	0.3%	0.1%	0.2%
Families with no children under 18	5.1%	38.1%	40.0%	29.1%
Nonfamily households with no children under 18	43.4%	34.5%	38.7%	38.3%

Source: U.S. Census Bureau, American Community Survey (ACS), 1-Year Estimate for Crow Wing County and 5-Year Estimates for Cass and Aitkin Counties. Retrieved September 11, 2025.

Employment

Jobs in the Brainerd Lakes Area reflect the region's seasonal economy and rural character. Tourism provides opportunities but also introduces instability when demand fluctuates. Health care is one of the largest and most stable employers, yet access to jobs can still be uneven, especially in smaller towns. Labor force participation is lower than state and national levels, highlighting barriers such as transportation, training, or limited job types. Unemployment remains slightly above the state average in Crow Wing County, while Cass and Aitkin counties report lower rates.

Top Industries

The workforce is concentrated in a few key industries. Educational services, health care, and social assistance employ the largest share of workers across all counties, followed by retail, manufacturing, construction, and arts, entertainment, and accommodations/food services.

Unemployment Rate

Crow Wing	Cass	Aitkin	MN
4.2%	3.3%	2.8%	2%

Source: U.S. Census Bureau, American Community Survey (ACS), 1-Year Estimate for Crow Wing County and 5-Year Estimates for Cass and Aitkin Counties. Retrieved July 28, 2025.

Labor Force Participation 16 Years & Older

Crow Wing	Cass	Aitkin	MN
61.7%	55.6%	48.2%	68.3%

Source: U.S. Census Bureau, American Community Survey (ACS), 1-Year Estimate for Crow Wing County and 5-Year Estimates for Cass and Aitkin Counties. Retrieved July 28, 2025.

	Crow Wing	Cass	Aitkin	MN
1	Educational Services, Health care & Social Assistance (25.7%)	Educational Services, Health care & Social Assistance (23.1%)	Educational Services, Health care & Social Assistance (22.8%)	Educational Services, Health care & Social Assistance (26.1%)
2	Retail Trade (13.8%)	Retail Trade (12.8%)	Construction (12.2%)	Manufacturing (12.8%)
3	Manufacturing (10.5%)	Arts, Entertainment, Recreation, and Accommodations and Food Services (10.8%)	Retail Trade (11.3%)	Retail Trade (11%)
4	Construction (10%)	Construction (10.6%)	Arts, Entertainment, Recreation, and Accommodations and Food Services (10.5%)	Professional, Scientific, Management, Administrative and Waste Management Services (10.6%)
5	Arts, Entertainment, Recreation, and Accommodations and Food Services (8.3%)	Manufacturing (10.4%)	Manufacturing (9.7%)	Arts, Entertainment, Recreation, and Accommodations and Food Services (7.4%)

Source: U.S. Census Bureau, American Community Survey (ACS), 1-Year Estimate for Crow Wing County and 5-Year Estimates for Cass and Aitkin Counties. Retrieved July 28, 2025.

Housing and Transportation

Access to safe, affordable housing and reliable transportation is essential for health and well-being. Housing is generally considered affordable when it costs less than 30% of a household's gross monthly income, though affordability varies by income. Higher than average vacancy rates reflect the prevalence of seasonal and recreational homes. While many residents own their homes, a notable share experience housing cost burdens, paying more than 30% of their income on housing. Housing instability is linked to limited health care access, poorer health outcomes, and higher risks of chronic disease, anxiety and depression.

Housing Units & Household Characteristics	Crow Wing	Cass	Aitkin	MN
Total Housing Units	43,133	24,294	14,203	2,574,932
Occupied Households	31,463 (72.9%)	12,768 (52.6%)	6,935 (48.8%)	2,344,432 (91.0%)
Vacant Housing Units	11,670 (27.1%)	11,526 (47.4%)	7,268 (51.2%)	230,500 (9%)
Households with one or more people under 18	24.6%	23.5%	17.1%	27.7%
Households with one or more people 65+ years	38.1%	44.0%	51.5%	30.5%
Households living alone 65+ years	8.7%	7.1%	10.2%	7.9%
Average household size	2.13	2.37	2.26	2.39
Average family size	2.62%	2.89%	2.85%	3.01%

Source: U.S. Census Bureau, American Community Survey (ACS), 1-Year Estimate for Crow Wing County and 5-Year Estimates for Cass and Aitkin Counties. Retrieved July 28, 2025. Source: Minnesota Compass(2019-2023). Retrieved September 15, 2025

Housing Cost Burden	Households spending 30% + of income on Housing costs	Crow Wing	Cass	Aitkin	MN
Households spending 30% or more of income on housing face financial strain.	Owners with Mortgage	10.5%	13.1%	12.0%	10.3%
	Owners without Mortgage	4.0%	5.3%	7.5%	3.5%
	Renters	8.1%	5.0%	5.2%	12.1%
	Overall cost-burdened households	26.2%	25.6%	27.6%	26.4%

Source: U.S. Census Bureau. (2023). American Community Survey (ACS), 1-Year Estimate for Crow Wing County and 5-Year Estimates for Cass and Aitkin Counties. Retrieved September 12, 2025.

Transportation

Reliable transportation is critical for accessing healthcare, employment, education, and groceries, particularly in rural areas. Residents without dependable transportation face significant barriers to work, school and medical care.

Transportation	Crow Wing	Cass	Aitkin	MN
Lack of Reliable Transportation	6.5%	7.3%	7.5%	N/A
Travel time to work (minutes)	24.5	24.7	28.9	22.7

Source: Centers for Disease Control and Prevention (CDC). (2022). CDC PLACES data. U.S. Census Bureau. (2023). American Community Survey (ACS), 1-Year Estimate for Crow Wing County and 5-Year Estimates for Cass and Aitkin Counties (Table DP03). Retrieved September 12, 2025



SOCIAL CHARACTERISTICS **ACCESS & EQUITY FACTORS**

Community health is shaped not only by individual behaviors but also by broader social and structural factors. In the Brainerd Lakes Area, several characteristics highlight unique challenges and opportunities for improving health equity.



Equity Factors

Equity factors such as access to reliable internet, affordable childcare, and health coverage are essential for economic stability and overall health. Broadband access in Cass and Aitkin counties falls below the state average, which can limit telehealth, remote work, and educational resources. Childcare costs remain high across the region, consuming nearly 30% of median household income. Health insurance coverage also lags behind state averages, with many residents relying on public programs.

Equity Factors	Crow Wing	Cass	Aitkin	MN
Access to Broadband	89.2%	86.1%	83.3%	92.2%
Child Care Cost Burden	29%	29%	29%	30%
Uninsured Individuals	5.2%	7.1%	1.4%	4.2%
Individuals on Public Health Insurance	43.6%	53.1%	56.7%	35.1%

Source: University of Wisconsin Population Health Institute. (2025). County Health Rankings & Roadmaps. Retrieved July 30, 2025. U.S. Census Bureau. (2023). American Community Survey (ACS). Retrieved July 28, 2025.

Disability and Veteran Status

Disability rates in the region are consistently higher than the state average, directly impacting housing accessibility, long-term care, and the demand for supportive community services. Aitkin County, for example, has one in five residents living with a disability (20.2%), nearly double the state rate of 11.8%. Veterans also represent a larger share of the population in the Brainerd Lakes Area compared to the state, often requiring specialized health and support services including behavioral health care, chronic disease management, and veteran-specific outreach.

Status	Crow Wing	Cass	Aitkin	MN
Disability	15%	15.4%	20.2%	11.8%
Veteran	8%	10.2%	10.5%	5.7%

Source: University of Wisconsin Population Health Institute. (2025). County Health Rankings & Roadmaps. Retrieved July 30, 2025.

Access to Care

The Brainerd Lakes Area continues to face shortages of health professionals, which contributes to long wait times, extended travel distances, and limited access to specialized care. Access to medical, dental, and mental health services is declining, particularly in Cass and Aitkin counties. Delays in care are influenced by cost, insurance coverage, transportation challenges, and appointment availability. Preventive care gaps persist, especially in mental health screenings, while patients, stakeholders, and providers widely report systemic and financial barriers

Ratio of Population to Clinicians				
	Crow Wing	Cass	Aitkin	MN
Primary Care Physicians	990:1	3,400:1	1,130:1	1,130:1
Mental Health Clinicians	260:1	1,120:1	1,070:1	280:1
Dentists	1,210:1	1,490:1	3,230:1	1,290:1

Source: University of Wisconsin Population Health Institute. (2025). County Health Rankings & Roadmaps. Retrieved July 29, 2025.



Social Vulnerability Index

Community-level measures help show where our region stands compared to others. The CDC's Social Vulnerability Index (SVI) reveals that rural counties like ours often face greater risk during public health emergencies because of economic and infrastructure challenges. Higher SVI scores identify communities that may require more social resources and support. In the Brainerd Lakes Area, rural counties such as Cass and Aitkin face particularly high vulnerability, especially in terms of socioeconomic status and racial and ethnic minority populations. These SVI findings are essential for emergency preparedness planning, helping agencies allocate resources more efficiently and equitably to meet community needs.

Social vulnerability refers to the demographic and socioeconomic factors, including high poverty, lack of access to transportation, and crowded housing, which may affect a community's ability to prevent suffering and financial loss in the event of a disaster. Public health and EMS officials utilize SVI data to assess community need during emergency preparedness planning, determine the quantity and type of supplies such as food, water,

medicine, and bedding, create evacuation plans, and identify communities that will need continued support following an emergency or natural disaster.

Data is pulled from the U.S. Census variables from the 5-year American Community Survey (ACS), using 16 social factors that are grouped into four themes: Socioeconomic Status, Household Characteristics, Racial & Ethnic Minority Status, and Housing Type & Transportation.

The chart below provides the 2022 rankings for our communities. The higher the ranking, the more social resources are needed.

KEY

Quartile	Ranking	SVI Score
Low	0.00 - .25	20
Low Medium	.2501 - .5	40
Medium High	.5001-.75	60
High	.7501-1.0	80

Social Vulnerability Index (SVI)	Crow Wing	Cass	Aitkin
Overall, SVI Score	60, Medium-High	60, Medium-High	60, Medium-High
Socioeconomic Status	0.29	0.48	0.45
Household Composition Status	0.24	0.23	0.27
Racial & Ethnic Minority Status	0.12	0.52	0.15
Housing & Transportation	0.30	0.27	0.28

Source: Centers for Disease Control and Prevention / Agency for Toxic Substances and Disease Registry (CDC/ATSDR). (2022). Social Vulnerability Index (SVI) data. Retrieved September 15, 2025.

Life Expectancy and Mortality

Life Expectancy at Birth

Life expectancy is a key indicator of overall community health, reflecting long-term trends in chronic disease, access to care, and social determinants. In 2025, life expectancy at birth in the Brainerd Lakes Area varies across counties:

Crow Wing **78.7**

Cass **74.6**

Aitkin **77.9**

MN **79.3**

Source: University of Wisconsin Population Health Institute. (2023-2025). County Health Rankings & Roadmaps. Retrieved July 29, 2025.

Premature Death

Deaths occurring before age 75. Age-adjusted rate per 100,000 residents. A lower rate indicates fewer people dying young and better overall population health.

Crow Wing **274.5** Cass **381.1** Aitkin **296.9** MN **271.1**

Crude Deaths

Include total deaths regardless of age, also show variation per 100,000 residents. All counties above the statewide rate.

Crow Wing **1060.0** Cass **1237.0** Aitkin **1596.1** MN **857.5**

Source: Minnesota Department of Health, Center for Health Statistics. (2023). Mortality Dashboard. Retrieved July 29, 2025

Leading Cause of Death <i>Crude death rates per 100,000</i>	Crow Wing	Cass	Aitkin	MN
Cancer	258.6	286.1	345.7	181.3
Residual (Other/Unknown)	246.6	272.8	277.7	202.9
Heart Disease	189.8	239.5	351.8	154.4
COPD	65.8	73.2	92.5	37.3
Unintentional Injury	65.8	93.1	67.9	65.1
Alzheimer's	50.8	*	92.5	41.2
Stroke	44.8	69.8	92.5	41.4
Diabetes	29.9	*	67.9	25.4
Chronic Liver Disease	23.9	36.6	61.7	14.8
Parkinsons	22.4	*	*	13.6
Nephritis	17.9	*	*	9.2
Suicide	17.9	43.2	*	14.2

*Indicates counts fewer than 10

Source: Minnesota Department of Health, Minnesota County Health Tables. (2023). Retrieved November, 17, 2025

Chronic Disease & Health Behaviors

Chronic Disease

Individual health behaviors strongly influence chronic disease prevalence and overall health outcomes. Preventive care, vaccinations, diet, exercise, tobacco use, and hygiene all play a role.

The 2024 Crow Wing County Joint Community Survey shows an increase in perceived chronic disease and mental health conditions compared to 2021 survey responses. Poor nutrition and physical inactivity remain leading contributors, while obesity rates are rising due to cost and knowledge barriers. These trends highlight growing community health needs and underscore the importance of targeted preventive interventions.

Crow Wing County – Chronic Disease Prevalence (Community Health Joint Survey)

Condition	2024 / Yes %	2021 / Yes %	Variation ↑↓
Obesity (Identified as overweight or obese on survey)	71.0%	64.3%	↑6.7%
High-blood pressure/pre-hypertension	41.0%	32.9%	↑8.1%
High cholesterol/triglycerides	31.9%	26.5%	↑5.4%
Arthritis	28.6%	26.5%	↑2.1%
Anxiety or Panic Attacks	26.5%	17.0%	↑9.5%
Depression	25.4%	19.2%	↑6.2%
Sleep related disorders	21.1%	19.2%	↑1.9%
Diabetes/Pre-Diabetes	17.4%	15.2%	↑2.2%
Cancer	14.9%	11.2%	↑3.7%
Other condition	12.6%	11.6%	↑1.0%
Asthma	10.5%	10.7%	-0.2%↓
Heart trouble or angina	10.2%	9.2%	↑1.0%
Other Mental Health Conditions	6.2%	3.1%	↑3.1%
PTSD	5.5%	5.5%	0.0%
Chronic lung disease (COPD)	4.9%	5.7%	-0.8%↓
Stroke	3.6%	3.7%	-0.1% ↓
Memory loss/Alzheimer's/Dementia	3.2%	1.5%	↑1.7%

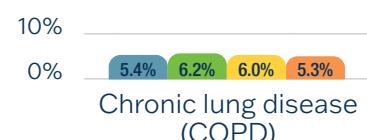
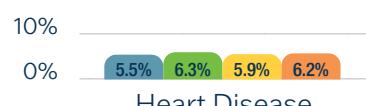
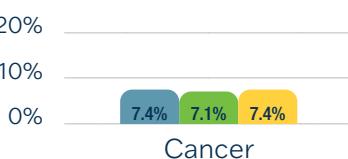
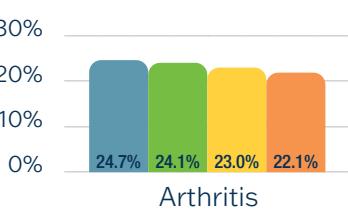
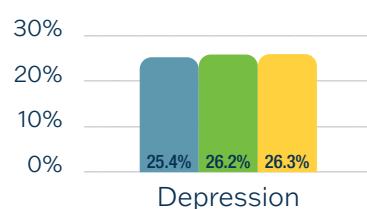
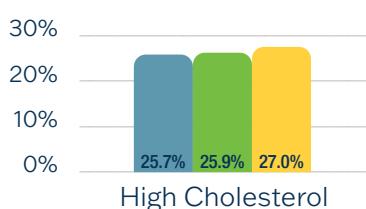
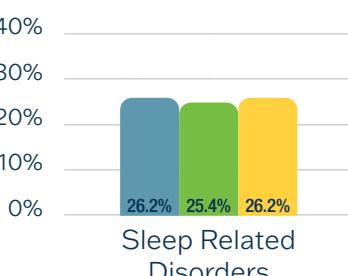
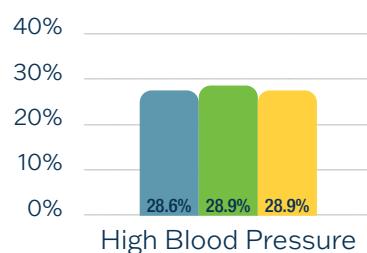
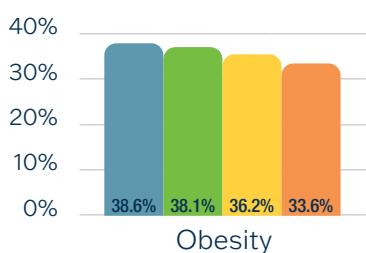
Source: Crow Wing County Community Health Survey (2021, 2024)

Chronic Disease & Health Behaviors

Chronic Disease Prevalence

Age-adjusted prevalence % (95% CI)

Crow Wing Cass Aitkin MN



Source: Centers for Disease Control and Prevention (CDC). (2022).

PLACES: Local data for better health (Behavioral Risk Factor Surveillance System [BRFSS]). Retrieved September 12, 2025.



Maternal, Infant and Child Health

Maternal, infant, and child health is a critical indicator of long-term community well-being, affecting physical, mental, and social outcomes. In the Brainerd Lakes Area, outcomes mirror state trends but reveal some disparities, including lower birth rates, higher reliance on public insurance, and elevated child mortality in

Crow Wing and Cass counties. While early prenatal care is higher in Crow Wing and Aitkin, Cass lags behind. Moreover, teenage birth rates remain slightly elevated compared to state average. These findings underscore the importance of targeted support for prenatal care, maternal health, and child mortality prevention.

Maternal and Infant Health Indicators (2023 Data, Published 2025)

	Crow Wing	Cass	Aitkin	MN
Number of Live Births	624	259	129	61,727
Birth Rate per 1,000 people	9.1	8.2	7.5	10.8
% of Births Pre-term (<37 weeks)	9.3%	8.1%	5%	9.4%
% of Low Birthweight Births (<2,500g)	6.6%	5.8%	3.3%	7.2%
% of Cesarean Deliveries	26.1%	23.2%	29.2%	30.2%
% of Mothers with Public Insurance	40.4%	52.1%	56.7%	34.4%
% Beginning Prenatal Care in 1st Trimester	90.4%	76.1%	89.2%	78.7%
Infant Mortality Rate per 1,000 live births	5	N/A	N/A	5
Teen Births per 1,000 (ages 15-19)	2.9%	3.9%	0%	2.4%

Source: Minnesota Department of Health, Center for Health Statistics. (2023). Crude Birth Rates Dashboard. Retrieved September 17, 2025. University of Wisconsin Population Health Institute. (2025). County Health Rankings & Roadmaps. Retrieved July 30, 2025.

Childhood and Adolescent Immunizations

Childhood Immunizations

Vaccinations protect children from preventable diseases and reduce the risk of outbreaks, particularly for vulnerable populations. Communities with lower immunization coverage often face greater health inequities. In Minnesota, only 6 in 10 (60%) children ages 24–35 months are fully immunized, below the Healthy People 2030 target of 90%. Local data in the Brainerd Lakes Area shows mixed results compared with statewide rates.

Chart on right shows the percent of children with complete immunization series.

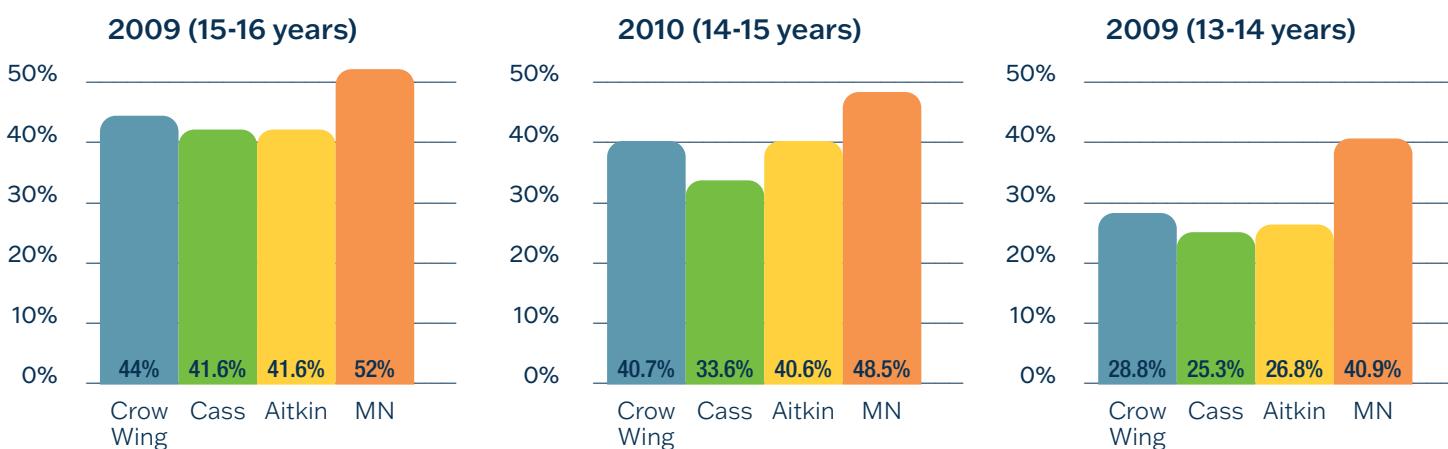
Source: Minnesota Department of Health, Center for Health Statistics. (2025). Childhood Immunization Map. Retrieved September 17, 2025



Adolescent Immunizations | HPV, Tdap & Meningococcal

Adolescents are recommended to complete vaccines for HPV (Human Papillomavirus, which helps prevent certain cancers and genital warts), Tdap (Tetanus, Diphtheria, and Pertussis, which protects against severe respiratory and neurological infections), and Meningococcal disease (which protects against bacterial meningitis and bloodstream infections) by age 13. Healthy People 2030 sets a target of 80% vaccination coverage for youth ages 13–15, yet local coverage remains below statewide levels.

Adolescent Immunizations by Birth Year (Age as of 2025)



Source: Minnesota Department of Health, Center for Health Statistics. (2025). Childhood Immunization Map. Retrieved September 18, 2025.

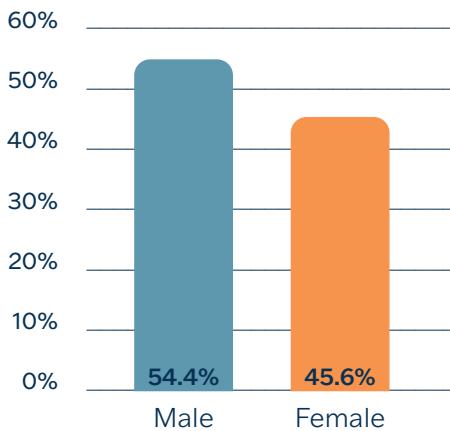


OUR **PATIENTS**

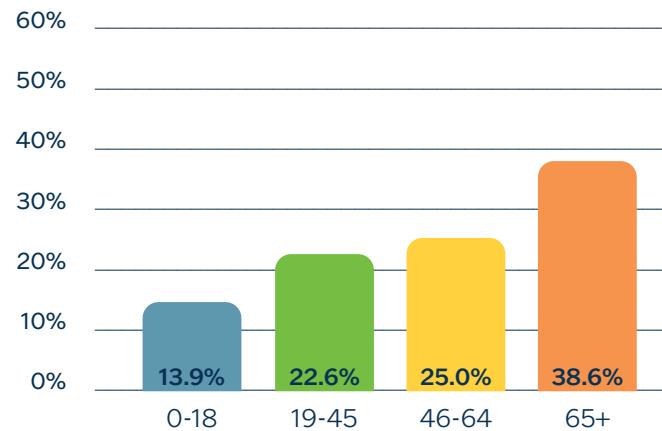
Understanding the demographics of the patients served by Cuyuna Regional Medical Center (CRMC) helps ensure that programs and services are aligned with community needs. Key characteristics of our patient population include age, gender, race/ethnicity, and preferred language. These factors shape not only the types of clinical services required but also the way care is delivered to ensure cultural responsiveness and accessibility.



Gender Distribution



Age Distribution



Race & Ethnicity

White **94.7%**

Patient Declined **2.2%**

American Indian or Alaska Native **2.1%**

Black or African American **0.7%**

Asian **0.4%**

Native Hawaiian or Other Pacific Islander **0.2%**

None of the above **0.7%**

Preferred Language

English **99.10%**

Spanish **0.07%**

Vietnamese **0.01%**

Other **0.01%**

Russian **0.01%**

Somali **0.01%**

ASL - American Sign Language **0.01%**

Source: Cuyuna Regional Medical Center EMR

Our Patients

Payor Mix

Payor mix refers to the distribution of patients by type of insurance coverage. At CRMC the majority of patients are covered by government insurance programs, with Medicare accounting for 54% of that total. The distribution reflects the Brainerd Lakes Area's aging population. Private insurance, other government programs, and uninsured individuals make up a smaller share of the patient base.

Payor Mix – Cuyuna Regional Medical Center

	2025	2024	2023
Medicare	54%	54%	52%
Medicaid	12%	14%	15%
Blue Cross	14%	14%	12%
Other	20%	18%	21%

The prevalence of Medicare coverage underscores the hospital's role in serving an older population with higher rates of chronic disease and complex care needs. While private insurance accounts for nearly one-third of encounters, the relatively small proportion of uninsured patients suggests strong broad insurance coverage across the community.

Patient Encounters

Fact	FY24
Lab tests	272,681
Outpatient Visits	240,475
Clinic Visits	109,420
Rehab Visits	40,826
ER Visits	10,691
Surgeries	9,809
Oncology Visits	5,716
Patient Days	4,784
Behavior Health Visits	3,884
Admissions	1,533

Source: Cuyuna Regional Medical Center EMR

Top 10 Clinic Visit Types

Patient visits are driven by both acute needs and chronic disease management.



Follow Up visits check on a patient's progress after a recent illness, procedure, surgery, or hospitalization management.



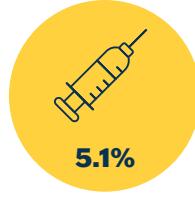
Consultations evaluate new or complex health concerns requiring diagnostic expertise or specialized management. Consultations help connect patients with specialized expertise, often leading to diagnosis clarification, second opinions, and the development of treatment or surgical plans.



Post Operative Exam



Pre-Operative Exam



Immunization/Injection



Well Child



Medication Management



Physical



Medicare Annual Visit



Prenatal Care

Source: Cuyuna Regional Medical Center EMR

Our Patients

Top Readmissions

Tracking readmissions provides insight into care coordination and opportunities for improvement. At CRMC the most frequent readmissions are tied to chronic and acute conditions such as congestive heart failure, pneumonia, and fluid/electrolyte disorders.

30-Day All-Cause Readmissions by Year Cuyuna Regional Medical Center

	2024	2023	2022
Readmission Rate	5.20%	4.90%	3.80%

Source: Cuyuna Regional Medical Center EMR

30 Day Readmission % Diagnosis

The 30-day all-cause readmission rate increased from 3.8% in 2022 to 5.2% in 2024, representing a 37% relative increase over three years. Despite this upward trend, CRMC's rates remain well below state (14.36%) and national (14.675) benchmarks.

	2024		2023		2022
Fatigue	33.3%		Acute Kidney Injury and Nephritis	66.7%	Acute Renal Failure
Diabetes - Type 1	27.3%		Pancreatic Disease	18.8%	COVID-19 Infection
Other Musculoskeletal Injuries and Conditions	25.0%		Acute Renal Failure	17.6%	Fluid/Electrolyte Disorder
Pneumonia Including Aspiration Pneumonia	16.1%		Fluid/Electrolyte Disorder	13.8%	Anemia
Pancreatic Disease	13.6%		Dysrhythmia	11.9%	Congestive Heart Failure
Urinary Tract Infection	11.5%		Urinary Tract Infection	10.8%	Biliary Disease including Cholecystitis
Septicemia	10.0%		Pneumonia Including Aspiration Pneumonia	8.9%	Complications of Surgery, Device, Implant or Graft - Surgery
Congestive Heart Failure	8.9%		Intestinal Obstruction and Diverticular Disease	8.5%	Dysrhythmia
Acute Respiratory Failure	5.7%		Congestive Heart Failure	8.2%	Intestinal Obstruction and Diverticular Disease
Degenerative Spine and Disc Injury	4.4%		Degenerative Spine and Disc Injury	4.4%	Acute Respiratory Failure

Source: Cuyuna Regional Medical Center EMR

Readmissions Trends

Chronic conditions, particularly congestive heart failure (8.9%), pneumonia, and fluid/electrolyte disorders, remain among the top drivers for readmissions. Newer contributors in 2024 included fatigue (33.3%), Type 1 diabetes (27.3%), and musculoskeletal conditions (25.0%). Pneumonia readmissions nearly doubled year-over-year rising from 8.9% in 2023 to 16.1% in 2024, highlighting a key area for intervention.



Social Determinants of Health

Good health depends on more than medical care. It is also shaped by safe housing, reliable transportation, access to nutritious food, and supportive relationships. These social determinants of health (SDOH) form the foundation for well-being and directly influence patient outcomes in the Brainerd Lakes Area.

In 2024, Cuyuna Regional Medical Center implemented structured SDOH screenings, to better understand the barriers affecting our patient population. These screenings established baseline data and provided insight into areas where targeted support could improve health outcomes.

2024 Social Determinants of Health (CRMC Patient Population)

Determinant	Screened Positive	Denominator	Screened Positive Percentage
Interpersonal	241	7437	3.24%
Transportation	122	7455	1.63%
Utilities	114	7449	1.53%
Food	111	7443	1.51%
Housing	84	7472	1.12%
			TOTAL 9.03%

Source: Cuyuna Regional Medical Center EMR

Findings and Community Context

CRMC's first year of SDOH data collection shows that nearly one in ten patients screened positive for at least one barrier to health. Interpersonal safety concerns were the most commonly reported challenge (3.24%), followed by transportation, food insecurity, and utility insecurity. While housing instability appeared at a lower rate (1.12%), broader community survey data suggest that housing concerns affect a more significant portion of local residents.

Community surveys provided additional context. Most residents in the Brainerd Lakes Area have access to reliable transportation, though 6-7% lack a vehicle or rely heavily on friends and family. Food access remains a concern with 10% of residents worried about running out of food, consistent with CRMC screenings, where 1.5% of patients reported food access as a barrier. Housing challenges were reported by nearly one in ten residents over the past year, including difficulty affording rent or mortgage payments, utility costs, and lost income.

Our Patients

Implications for CRMC

Identifying patient needs at the point of care is a critical first step toward connecting individuals to community resources and strengthening partnerships with local organizations. As CRMC expands SDOH screening in 2025 and beyond, attention to housing instability, food insecurity, transportation barriers, and interpersonal safety will be central to improving patient outcomes and advancing community health.

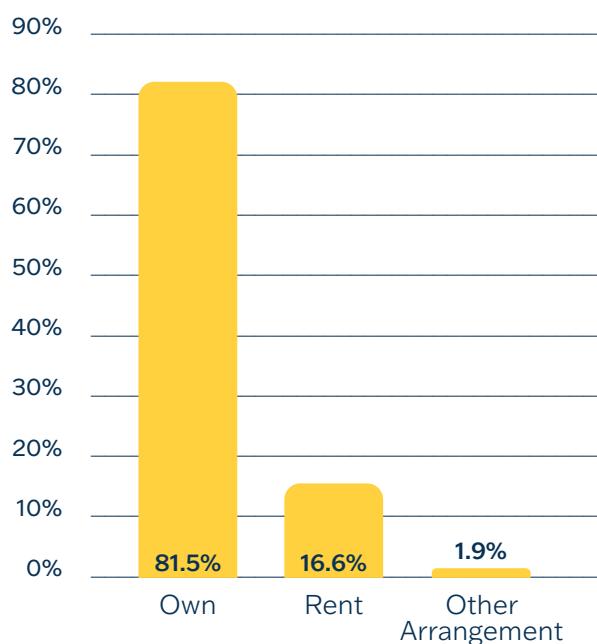
The chart below highlights transportation challenges that can affect patients' ability to access care and essential services. These findings point to opportunities for CRMC to strengthen community partnerships and develop targeted supports that reduce transportation-related barriers.

Access to Transportation by Purpose - Crow Wing County

	Always	Most of the time	Only sometimes	Hardly ever	I don't do this
Work or school	77.5%	2.0%	0.5%	0.8%	19.2%
Medical or other health care appointments	91.8%	5.5%	0.4%	0.8%	1.4%
Get groceries	91.3%	6.0%	0.6%	0.7%	1.4%
See friends or relatives	90.5%	3.4%	0.7%	3.7%	1.8%
Recreational activities	89.2%	3.4%	3.5%	1.0%	3.0%

Source: Crow Wing County Public Health, Community Health Survey (2024)

Housing Tenure in Crow Wing County (2024)



Most Common Housing-Related Issues

Cost of utility payments	4.2%
Could not afford rent or mortgage	3.8%
Change in family or household situation (health issues, aging out, roommate left, etc.)	2.9%
Issues with landlord	2.3%
Lost income	2.3%
Other	1.7%
Poor or substandard conditions	0.4%
Issues with neighbors	0.8%

Source: Crow Wing County Public Health, Community Health Survey (2024)



PRIORITY **#1**

Improving Access Through Education and System Navigation

Reducing barriers to timely health services through care navigation and system coordination.

Timely access to healthcare is essential for maintaining health, preventing illness, and managing chronic conditions. When care is delayed or unavailable, it can lead to higher rates of preventable illness, delayed diagnoses, and poorer outcomes. Community feedback and survey data confirm that many residents face significant challenges in navigating the healthcare system, affording care, and securing timely appointments.

Improving Access through Education and System Navigation

System Navigation & Health Literacy

Limited health literacy and difficulty navigating the healthcare system are consistent barriers across our community. Many residents report not knowing where to seek care, how to determine what services are covered by insurance, or how to connect with available resources. This is especially true for those without a primary care provider or health insurance, who may struggle to stay current with essential services such as vaccinations, screenings, and preventive visits. According to the 2023 Minnesota Health Access Survey, 1 in 4 Minnesotans went without care due to costs, and 3.8% were uninsured, indicating significant challenges in accessing necessary health services.¹ Promoting healthy behaviors alone is insufficient without addressing these navigation and access gaps.

Rural and Workforce Barriers

Geographic and socioeconomic realities also shape access. In rural areas, distance to providers and lack of transportation create obstacles for timely care. Access depends not only on clinician availability, but also on the timing and manner in which care can be obtained.

Delayed Medical Care

From 2021 to 2024, more residents reported delaying care, most often due to cost, transportation, and lack of insurance. These barriers are rising, making timely care increasingly difficult.

Medical Care Delayed in past 12 months – Crow Wing County

Medical Care Delayed	2024	2021	Variance
Yes	24.2%	18.6%	↑5.6%
No	75.8%	81.4%	↓5.6%

Reason for Delayed Care	2024	2021	Patient & Stakeholders	Clinicians
Could not get an appointment	17.5%	14.0%	34%	44.4%
Did not think it was serious enough	43.9%	42.3%	25%	16.7%
Transportation problems	13.8%	2.6%	44%	66.7%
Cost too much	55.0%	40.2%	53%	61.1%
Do not have insurance	8.3%	2.5%	53%	38.9%
Not covered by insurance	10.1%	15.4%	56%	38.9%
COVID-19 on delayed care	4.1%	32.7%	0%	0%
No access to telehealth/virtual visit	4.0%	1.3%	3%	5.6%
Other reason	22.3%	10.3%	0%	0%

Source: Crow Wing County Public Health, Community Health Survey (2021, 2024); CRMC Stakeholder & Clinician surveys, 2025

¹ Minnesota Department of Health, Minnesota Health Access Survey (MNHA), 2023. Published 3/2024, https://www.health.state.mn.us/data/economics/hasurvey/docs/mnha2023.pdf?utm_source Accessed 9/26/25



Improving Access

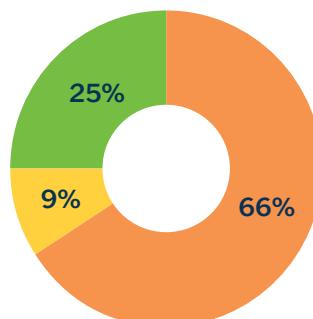
Stakeholder and Clinician Perspectives

CRMC survey of patients, stakeholders and clinicians reinforce these findings. While two-thirds (66%) of patients and three-quarters (77.8%) of clinicians believe community members can generally get care when needed, a significant proportion remain unsure. Both groups identified cost, lack of insurance coverage, and transportation as top barriers, with clinicians ranking transportation even higher than patients.

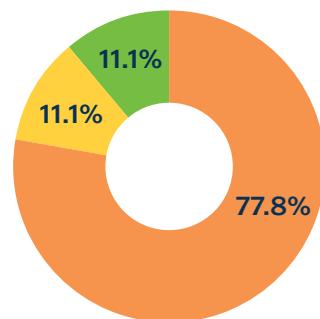
There is broad consensus among both patients and providers.

Community Members Can Access Care When Needed

■ Yes ■ No ■ Not sure



Patient & Stakeholders



Clinicians

Source: CRMC Stakeholder and Clinician Surveys, 2025

Social Determinant Drivers of Care Access Barriers (1 = No Impact, 5 = Major Impact)

	1	2	3	4	5
Housing Instability	8.0%	6.0%	38.0%	16%	32.0%
Transportation Access	4.0%	4.0%	28.0%	34.0%	30.0%
Food Insecurity	4.0%	24.0%	28.0%	24.0%	20.0%
Employment & Income	0%	14.0%	30.0%	38.0%	18.0%
Educational Access	18.0%	30.0%	26.0%	16.0%	10.0%

Source: CRMC Stakeholder and Clinician Surveys, 2025

Survey data also highlight the broader social factors shaping health outcomes. Transportation access, housing instability, and employment/income insecurity were rated as having the greatest negative impact. Educational access was noted but ranked lower compared to other social determinants.

Health access cannot be separated from social and economic conditions. Transportation and housing instability are particularly urgent local drivers of inequity.



Transportation Access

Transportation emerged as one of the strongest recurring barriers in both community and clinician surveys. In Crow Wing County, 4.8% of households do not own a vehicle, and the vast majority (76%) of workers drive alone. Public transportation options are extremely limited. This dependence on personal vehicles restricts access to healthcare, groceries, employment, childcare, and social support.

Without reliable and affordable transportation, residents cannot consistently reach care.

Households Without A Vehicle

4.8% 1,367 in Crow Wing County

4.5% 575 in Cass County

4.7% 327 in Aitkin County

6.5% 149,094 in Minnesota

Source: U.S. Census Bureau, American Community Survey (ACS), 3-Year Estimate. Retrieved September 18, 2025.

Mode of Transportation to Work

	Crow Wing	Cass	Aitkin	MN
Drove alone	76.0%	72.8%	75.4%	69.8%
Worked at home	11.3%	10.8%	12.0%	16.1%
Carpooled	9.0%	10.4%	8.6%	8.0%
Public transit	0.3%	0.6%	0.0%	1.7%
Bicycle	0.4%	0.1%	0.4%	0.5%
Walked	1.6%	3.5%	2.4%	2.6%
Other/Unknown	1.3%	1.8%	1.1%	1.2%

Source: U.S. Census Bureau, American Community Survey (ACS), 3-Year Estimates. Retrieved July 28, 2025.

Cost of Care

Surveys consistently identified cost as the greatest barrier to accessing health care. Even with relatively high insurance coverage rates in Minnesota, many households remain underinsured, facing high deductibles and out-of-pocket costs. This leads residents to forgo or delay medical, dental, and behavioral health services. America's Health Rankings

reports that 8.6% of adults in Minnesota reported being unable to see a doctor due to cost in 2023.²

Financial strain often forces residents to choose between healthcare and other basic needs, with disproportionate effects on low-income households, people of color, and individuals with disabilities.

² America's Health Rankings analysis of U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, accessed 2025.

Improving Access through Education and System Navigation

Insurance Coverage

Insurance coverage plays a critical role in reducing poverty-related barriers to care. Individuals living in poverty are less likely to have employer-sponsored health plans and may face difficulties accessing or maintaining public coverage options such as Medicaid or Medicare. These gaps in insurance access increase financial strain, delay care, and contribute to persistent health disparities, particularly in rural areas where provider shortages already exist.

Having health insurance greatly increases the likelihood of accessing preventive and primary care. In Crow Wing County, the uninsured rate decreased from 8.2% in 2021 to 5.2% in 2023, while uninsured rates in Minnesota remained relatively stable.

Rural counties, including Cass and Aitkin, continue to face higher uninsured rates compared to the state average, highlighting persistent disparities in access to care. Even small increases in the uninsured population can widen inequities in care and health outcomes.

It is also difficult to generalize coverage across the population since benefits vary by type of insurance (i.e. Medicaid, Medicare, employer coverage, military/VA). In the Brainerd Lakes Area, the percentage of uninsured residents declined between 2021 and 2023, signaling progress but also highlighting the need for continued focus on equitable coverage.

Uninsured Patients	Crow Wing		Cass		Aitkin		MN	
	2023	2021	2023	2021	2023	2021	2023	2021
Uninsured population	5.2%	8.2%	7.1%	7.6%	1.4%	2.2%	4.2%	4.5%
Uninsured Adults	5.3%	8.1%	7.1%	7.5%	2.9%	5.0%	4.4%	4.9%
Uninsured Children (Under 17)	4.9%	8.7%	7.0%	8.1%	0.0%	0.0%	3.4%	3.2%

Source: U.S. Census Bureau, American Community Survey (ACS), 2021 and 2023. Retrieved September 19, 2025.

Appointment Availability

Provider shortages remain a challenge across rural Minnesota. In Crow Wing County, the ratio of patients to primary care physicians is 990:1, better than Cass County (3400:1) but still higher than optimal. Limited appointment availability contributes to delayed care, particularly for new patients or those seeking specialty services.

Workforce shortages directly reduce the community's ability to access timely care, even when demand is high.



Primary Care Physicians Ratio 2024

Crow Wing	Cass	Aitkin	MN
990:1	3,400:1	1,130:1	1,130:1

Source: University of Wisconsin Population Health Institute. (2025). County Health Rankings & Roadmaps. Retrieved July 30, 2025

Improving Access through Education and System Navigation



While the community faces significant barriers, CRMC has experienced sustained growth in both ambulatory and hospital-based services from 2022 to 2025. Patient encounters increased across most service lines, with notable growth in oncology, rehabilitation, and preventive services. Despite rising demand, CRMC has generally maintained timely access benchmarks, though some specialties experience longer lead times.

Growth trends suggest strong community trust in CRMC and highlight the importance of maintaining adequate capacity to meet increasing demand.

CRMC Ambulatory Access Trends

	CY2024	CY2023	CY2022
All Locations & Specialties Combined			
Completed Visits	136,942	122,805	114,322
Unique Patients	27,525	25,747	23,999
New Patient Ratio	4.80%	5.00%	5.10%
3rd Next Available - Short (days)	7.1	6.5	5.1
Average Lead Time (days)	31.7	28.1	25
Primary Care New to Division Lead Time (days)	11.4	9.7	11.4
Specialty Care New to Division Lead Time (days)	21.1	21.7	18.9

Source: Cuyuna Regional Medical Center EMR

Why Access Matters

Access to health care is influenced by a variety of factors. Data consistently points to three main barriers: affordability, transportation, and insurance coverage, with appointment availability as a secondary but important concern.

Improving access through education and system navigation helps everyone know where to go for care and what services are available. This priority aims to make health care easier to understand and reach, so people can take charge of their own health.

CRMC Hospital & Outpatient Trends

	FY25*	FY24	FY23
Admissions	1,605	1,533	1,452
ER Visits	10,872	10,691	10,419
Surgeries	10,731	9,809	11,472
Lab tests	284,226	272,681	256,231
Oncology visits	10,987	5,716	5,397
Rehab Visits	43,349	40,826	35,890
Behavior Health Visits	3,428	3,884	3,855

* CRMC fiscal year is from April 1st - March 31st.

Source: Cuyuna Regional Medical Center EMR



PRIORITY **#2**

Fostering Mental Well-Being and Preventing Substance Misuse

Addressing community concerns around mental health, well-being and substance abuse and misuse.

Mental health is foundational to overall well-being, influencing physical health, relationships, educational attainment, job performance, and quality of life. When mental health suffers, every other aspect of life is impacted. Rising rates of depression, anxiety, suicide, and substance misuse threaten family stability, youth development, and community resilience. Research shows untreated mental health conditions shorten life expectancy, worsen chronic disease outcomes, and increase the risk of substance misuse. Addressing mental well-being and substance use is essential for a healthy, thriving community.



Mental Health Concerns

Mental distress refers to periods of emotional suffering characterized by symptoms such as anxiety, depression, or stress that interfere with a person's ability to function and feel well. In public health assessments, mental distress is often measured by the number of days in the past month when an individual reports that their mental health was "not good".³

Indicators show increasing mental distress across the Brainerd Lakes Area. Frequent mental distress affects 17-18% of residents, slightly higher than the statewide

average (16%). Residents reporting 10 or more poor mental health days per month have increased compared to three years ago.

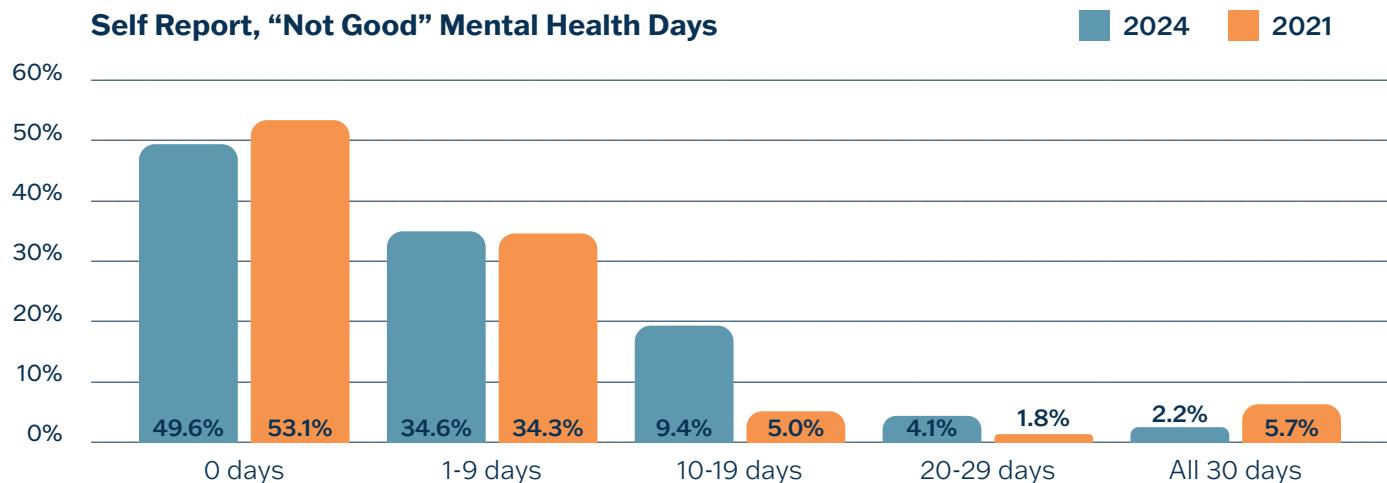
Youth are particularly vulnerable: 34% report serious depression, and nearly one in three identify suicide as a serious problem among peers. Adults face similar challenges, with nearly one in three reporting moderate or serious depression. These figures underscore a growing mental health crisis across age groups.

Metric	Crow Wing	Cass	Aitkin	MN
Frequent Mental Distress	17%	18.0%	18.0%	16.0%
Average Number of Poor Mental Health Days per month	5.0	5.5	5.1	5.0
Severe Depression per 100,000	25.8%	27.3%	N/A	35.8%
People scoring positive to PTSD per 100,000	17.7	24.6	N/A	16.3
Trauma Survivors per 100k	64.4	57.3	48	79.5
Suicide Deaths	61	40	23	3,990
Suicide Rate per 100,000	21	26	27	14
Suicidal Ideation per 100k	30.58	24.58	N/A	28.11
At Risk for Psychosis per 100k	16.09	N/A	N/A	15.9

Source: University of Wisconsin Population Health Institute. (2025). County Health Rankings & Roadmaps. Retrieved from <https://www.countyhealthrankings.org>. Mental Health America. (2024). Mental Health America risk assessment data.

³ Centers for Disease Control and Prevention. (2024). Behavioral Risk Factor Surveillance System (BRFSS): Measuring frequent mental distress. U.S. Department of Health and Human Services. <https://www.cdc.gov/brfss>

Fostering Mental Well-Being and Preventing Substance Misuse



Source: Source: Crow Wing County Community Health Survey (2024)

Perceived Mental Health Problems					
Population Concern	No problem	Minor problem	Moderate problem	Serious problem	
Depression among youth	12.6%	22.1%	31.2%	34.0%	
Depression among adults	12.4%	24.4%	33.9%	29.3%	
Suicide among youth	16.4%	25.4%	27.2%	30.9%	
Suicide among adults	16.4%	31.2%	27.7%	24.6%	
Anxiety or panic attacks, memory loss, Alzheimer's or another form of dementia	11.0%	19.1%	41.7%	28.2%	
Difficulty obtaining mental health services (youth)	19.5%	21.8%	29.3%	29.4%	
Difficulty obtaining mental health services (adults)	18.3%	23.8%	32.7%	25.1%	

Source: Source: Crow Wing County Community Health Survey (2024)

Prevalence of Mental Health Conditions in Crow Wing County		
Condition	Yes	No
Depression	25.4%	19.2%
Anxiety or panic attacks	26.5%	17.0%
Post-traumatic stress disorder (PTSD)	5.5%	5.5%
Other mental health problems	6.2%	3.1%

Source: Source: Crow Wing County Community Health Survey (2024)





Barriers to Accessing Mental Health Services

Timely mental health care remains limited, especially in rural areas. In 2024, 22.9% of community residents surveyed delayed treatment, up from 13.8% in 2021. Only 15.6% of patients and stakeholders rated services as "very accessible."

Structural barriers include appointment availability, cost, insurance coverage, uncertainty about where to seek help, and provider shortages. Mental health provider-to-population ratios range from 259:1 to 1,123:1, in our area, highlighting inconsistent access across the community.

Mental Health Provider Ratios

Crow Wing County **259:1**

Cass County **1123:1**

Aitkin County **1073:1**

MN **278:1**

School Psychologist Ratios

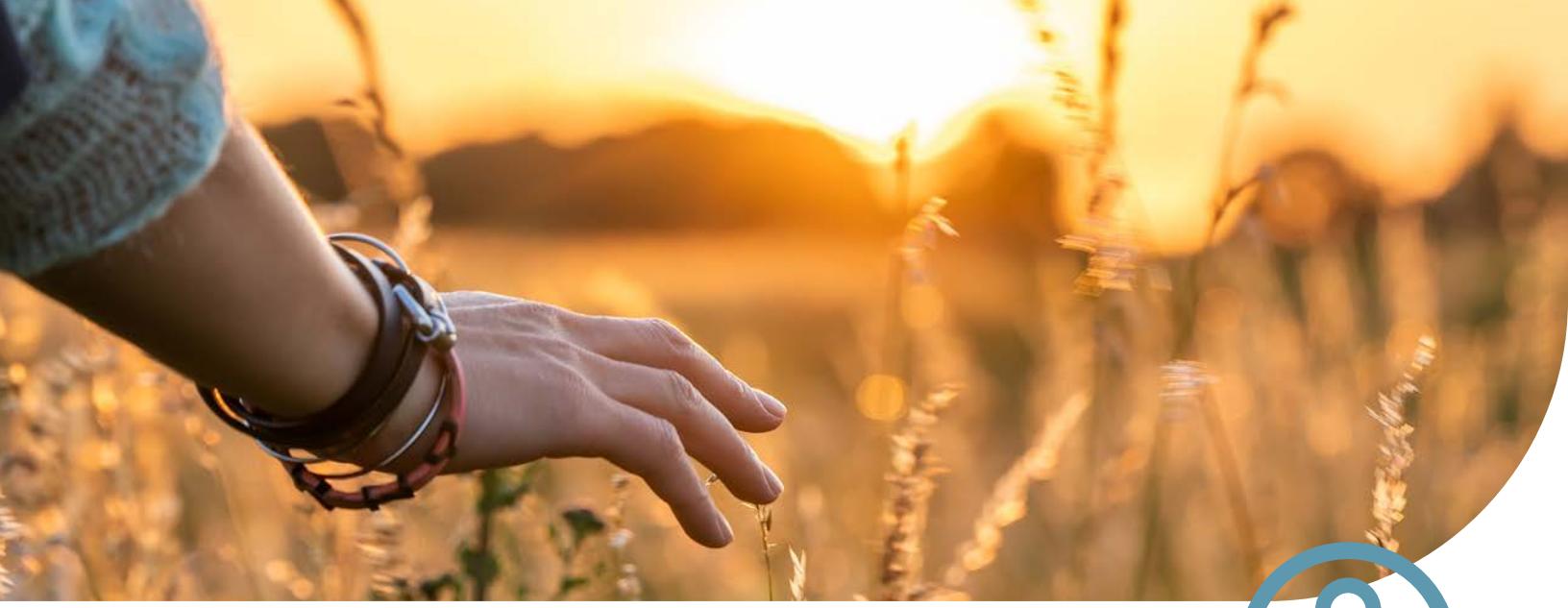
Minnesota **1:1,077**

Source: University of Wisconsin Population Health Institute. (2025). County Health Rankings & Roadmaps. Retrieved July 30, 2025; NAMI, Mental Health by the Numbers (2025). Retrieved September 19, 2025.

Barriers to Accessing Mental Health Services

Barrier	Crow Wing Community Survey 2024	Crow Wing Community Survey 2021	Patient / Stakeholder	Clinicians
Appointment availability	9.5%	8.9%	28%	67.0%
Don't believe the issue is serious	36.3%	46.8%	19%	11.0%
Nervous, afraid or embarrassed	35.4%	18.5%	56%	33.0%
Lack of transportation	1.4%	0.9%	9%	11.0%
Cost	32.4%	33.7%	19%	28.0%
No insurance	3.8%	0.0%	19%	6.0%
Insurance wouldn't cover it	8.1%	7.2%	19%	17.0%
Lack of information/not knowing where to go	12.3%	10.6%	31%	39.0%
No access to telehealth or virtual visits	0.0%	0.0%	0%	6.0%
COVID-19 Pandemic	0.0%	2.1%	0%	0%
Other	16.0%	33.0%	0%	11.0%

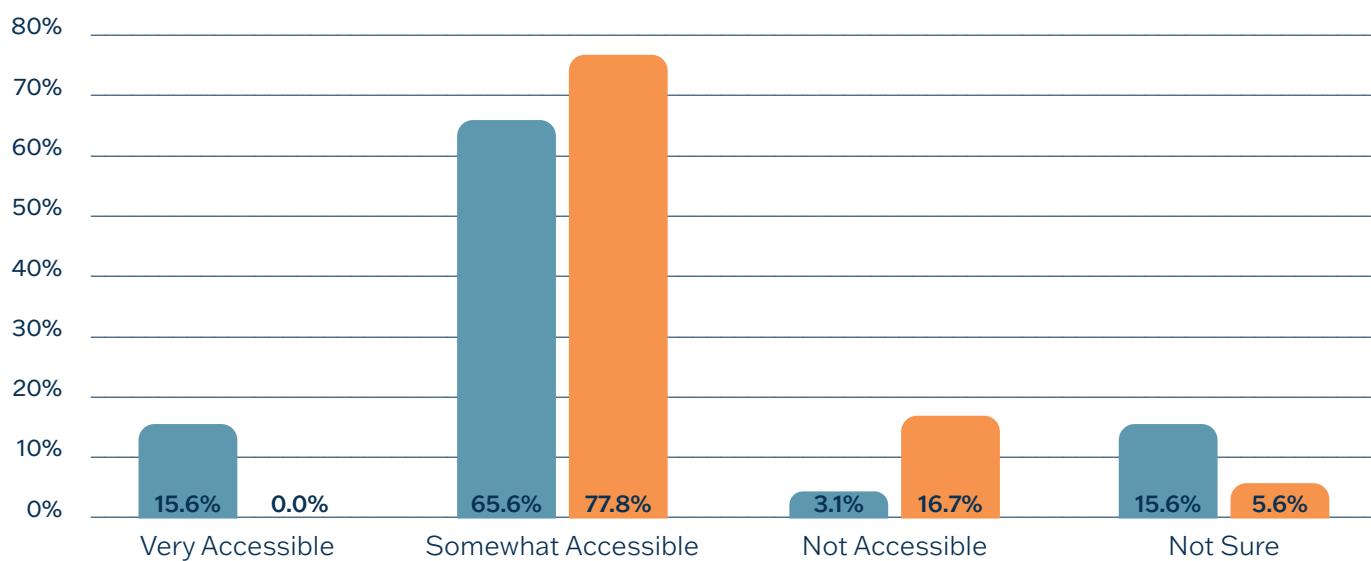
Source: Source: Crow Wing County Community Health Survey (2021, 2024); CRMC Stakeholder and Clinician Surveys 2025



Accessibility of Mental Health Services

■ Patient/Stakeholder

■ Clinicians



Source: Source: Crow Wing County Community Health Survey (2024)

Stigma

Stigma remains a powerful barrier to seeking mental health care. Over one-third (35.4%) of residents report being too nervous, afraid, or embarrassed to seek help, a 16.9% increase from 2021. Rural isolation amplifies this challenge. According to NAMI, the average delay between symptom onset and treatment is about 11 years, worsening outcomes. Early intervention, education, and cultural change are essential to reduce stigma and improve access to care.¹

Mental Health Care Delayed

	2024	2021	Variance
Yes	22.9%	13.8%	↑+9.1
No	77.1%	86.2%	-9.1↓

Source: Crow Wing County Community Health Survey (2021, 2024)

¹ **Citation:** National Alliance on Mental Illness. (n.d.). Mental health by the numbers. Retrieved November 12, 2025, from <https://www.nami.org/about-mental-illness/mental-health-by-the-numbers>

Fostering Mental Well-Being and Preventing Substance Misuse



Implications for the Community

Delays in care and limited access have serious implications. Residents experiencing mental health challenges are more likely to suffer worsening depression, anxiety, and elevated suicide risk. Youth are disproportionately affected, as untreated or delayed support can lead to long-term negative outcomes. Without dependable, timely, and affordable services, mental health challenges are likely to deepen across the community.

Adverse Childhood Experience (ACEs), Trauma and Parental Issues

Adverse Childhood Experiences (ACEs) refer to potentially traumatic events that occur in childhood (before age 18), such as experiencing or witnessing violence, abuse, or neglect; growing up in a household with substance use or mental illness; parental separation or incarceration; and exposure to instability or chronic stress. These experiences can have lasting effects on health, behavior, and well-being throughout life.¹

In Minnesota, Adverse Childhood Experiences, including household substance abuse, parental separation, mental health challenges, and bullying, disrupt development and increase lifetime mental health risk. Fourteen percent of Minnesota youth report experiencing two or more ACEs. In Crow Wing County, residents identify family stress, poor parenting, trauma, and bullying as moderate to severe community concerns.

Adverse Childhood Experiences (ACEs) among youth (Age: 0-17)

Issue	No problem	Moderate problem	Minor problem	Serious problem
Financial stress in families	9.0%	14.1%	50.9%	26.0%
Poor parenting skills	10.8%	20.5%	38.8%	30.0%
Childhood trauma	14.4%	30.1%	37.0%	18.4%
Bullying	13.9%	31.9%	35.1%	19.1%
Child abuse/neglect	16.9%	32.6%	34.9%	15.6%
Abuse/neglect of vulnerable adults	19.0%	42.3%	28.9%	9.8%

Source: Crow Wing County Community Health Survey (2021, 2024); NAMI, Mental Health By the Numbers (2025), retrieved September 19, 2025.

¹ Centers for Disease Control and Prevention. (2024). About Adverse Childhood Experiences. CDC. Retrieved November 12, 2025, from <https://www.cdc.gov/violenceprevention/aces/about.html>

Minnesota Department of Health. (2023). Adverse Childhood Experiences in Minnesota. MDH. Retrieved November 12, 2025, from <https://www.health.state.mn.us/communities/ace>



Substance Use and Mental Health

Substance use and mental health are closely connected, often co-occurring. People may self-medicate with substances, while substance use can exacerbate mental health conditions.

Integrated prevention and treatment are critical.

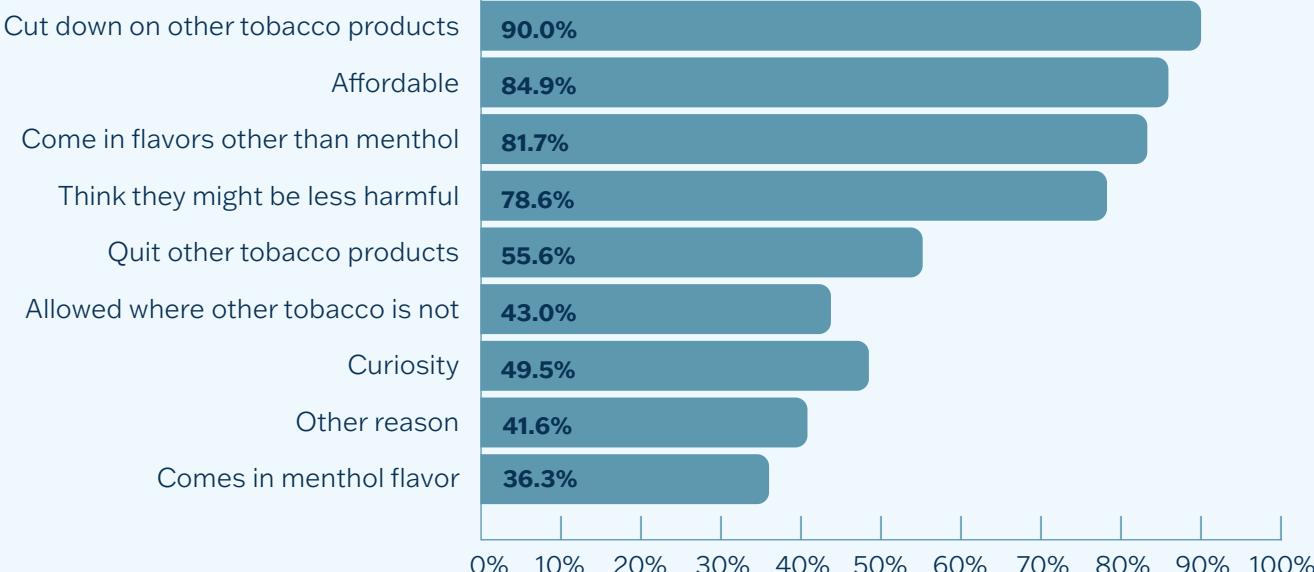
Tobacco and Marijuana Use

Tobacco use in the Brainerd Lakes Area declined by 3.3% 2024 and 2024. However, e-cigarette use increased by 7.2% and marijuana use rose by 13.3% during the same period.

Many people believe e-cigarettes are safer, cheaper, or easier to use in places where smoking isn't allowed. These misunderstandings may be driving higher use and show why clear, targeted education about the risks of e-cigarette and marijuana use is so important.

Smoking status			
Substance	2024	2021	Variation
Current smoker	7.1%	10.4%	-3.3%⬇️
Former smoker	30.4%	30.2%	⬆️0.2%
Never smoked	62.5%	59.4%	⬆️3.1%
Marijuana	19.1%	5.8%	⬆️13.3%
E-Cigarettes	7.5%	0.3%	⬆️7.2%
Any tobacco use	20.4%	16.6%	⬆️3.8%

Reason for using e-cigarettes



Source: Crow Wing County Community Health Survey (2021, 2024).

Fostering Mental Well-Being and Preventing Substance Misuse

Alcohol Consumption

Alcohol use remains a major substance-related concern, with 75.6% of adults reporting alcohol consumption in the past 30 days—similar to 2021 levels. While overall use has remained steady, binge drinking increased by 5.5%, and risky behaviors such as heavy drinking (+1.7%) and driving under the influence (+2.3%) continue to pose serious public health risks. These trends underscore the continued need for education, prevention, and enforcement efforts, especially among youth and young adults.

Community members also view substance use as a major concern. Nearly two-thirds of respondents said illegal drug use - both among adults (63%) and youth (62%) - is a moderate or serious problem, and a similar number (64%) identified alcohol abuse and excessive drinking as important issues for our area.

Alcohol Usage – Brainerd Lakes Area

	Crow Wing	Cass	Aitkin	MN
% of Adults Excessive Drinking	26%	22%	25%	23%
Alcohol Impaired Driving Deaths %	20%	53%	31%	31%

Source: University of Wisconsin Population Health Institute. (2025). County Health Rankings & Roadmaps. Retrieved July 30, 2025.

Alcohol Usage – Crow Wing County

	2024	2021	Variance ↑↓
Usage in past 30 days	75.6%	77.4	-1.8%↓
Heavy drinking	15.3%	13.6%	↑+1.7%
Binge drinking	35.0%	29.5%	↑+5.5%
Driving under the influence	4.1%	1.8%	↑+2.3%
Rode with someone that had too much to drink	3.2%	6.0%	-2.8%↓

Source: Crow Wing County Community Health Survey (2021, 2024)

Community Concerns - Alcohol, Tobacco & Other Drug Use

	No problem	Moderate problem	Minor problem	Serious problem
Smoking or other tobacco use	17.7%	34.8%	35.3%	12.1%
Abuse of prescription drugs	17.3%	29.5%	37.8%	15.4%
Alcohol abuse (21+)	14.6%	21.6%	45.0%	18.8%
Alcohol use (<21)	16.9%	32.5%	37.8%	12.8%
Adults allowing or tolerating youth alcohol use	21.2%	36.9%	30.0%	11.9%
Drinking and driving	12.2%	25.3%	38.0%	24.5%
Illegal drug use among youth	15.7%	22.6%	40.7%	21.0%
Illegal drug use among adults	15.1%	22.1%	32.4%	30.5%

Source: Crow Wing County Community Health Survey (2021, 2024)



Loneliness, Isolation and Social Connectivity

Research consistently shows that where people live has profound effects on their health. For example, rural isolation contributes to loneliness, which negatively impacts mental and physical health, increasing risk of anxiety, depression, cardiovascular disease, and premature death.

Feel Lonely or Isolated – Crow Wing County

	2024	2021	Variance ↑↓
Never	38.2%	44.0%	-5.8%↓
Rarely	33.3%	33.4%	-0.1%↓
Sometimes	20.3%	17.7%	↑+2.6%
Often	7.3%	4.2%	↑+3.1%
Always	0.8%	0.7%	↑+0.1%

Source: Crow Wing County Community Health Survey (2021, 2024)

Isolation – Brainerd Lakes Area

	Crow Wing	Cass	Aitkin	MN
Feelings of Loneliness	29%	30%	31%	31%
Disconnected Youth	5%	6%	0%	5%
Lack of Social and Emotional Support	20%	21%	21%	22%

Source: Crow Wing County Community Health Survey (2021, 2024)

Why Mental Health Matters

Mental health affects every part of our lives—how we think, feel, and connect with others. Across the Brainerd Lakes Area, more youth and adults are experiencing stress, anxiety, depression, and substance use challenges.

Yet getting help isn't always easy. Many residents face barriers such as cost, limited providers, transportation, and the lingering stigma around seeking care. Social isolation, early life trauma, and increasing substance use add to these challenges.

By focusing on prevention, improving access to services, and reducing stigma, our community can build stronger connections, improve well-being, and help every person feel supported and resilient.



PRIORITY #3

Promote Healthy Living and Preventive Care

Address food access, nutrition, physical activity, chronic disease prevention and management, and health education through community-based solutions.

Healthy living depends on access to nutritious food, opportunities for physical activity, and preventive care that enables early detection of illness. In the Brainerd Lakes Area, local surveys and clinician feedback highlight obesity, chronic disease, and nutrition challenges as top health concerns. In the 2024 Clinician Survey, obesity and chronic disease were ranked as the top two priority health issues. These concerns align with national trends while reflecting unique rural barriers that require local, community-based solutions.



General Health Status

Community surveys show that most residents rate their health as “good” or “very good.” However, fewer people report being in “excellent” health compared to 2021.

General Health Status (Self-Reported)

	2024	2021	Variance ↑↓
Poor	1.4%	2.1%	-0.7%↓
Fair	9.0%	7.8%	↑1.2%
Good	35.2%	31.5%	↑3.7%
Very Good	40.4%	42.0%	-1.6%↓
Excellent	14.1%	16.6%	-2.5%↓

Source: Crow Wing County Community Health Survey (2021, 2024)

Food Access and Nutrition

Food Environment Index

The Food Environment Index measures access to healthy foods and food insecurity on a scale from 0 (worst) to 10 (best). The Brainerd Lakes Area performs relatively well compared to other rural regions but remains below the Minnesota state average. While many residents have reasonable access to food, remote areas, particularly in Aitkin County, face greater challenges.

Food Environment Index

Crow Wing	Cass	Aitkin	MN
8.7	8.4	7.5	9

Source: University of Wisconsin Population Health Institute. (2025). County Health Rankings & Roadmaps. Retrieved July 30, 2025.

Top Two Perceived Barriers to Healthy Eating

	Patients & Stakeholders	Clinicians
Cost	84.0%	72.2%
Lack of knowledge	63.0%	77.8%

Source: CRMC Stakeholder and Clinician Survey, 2025



Food Insecurity

Food insecurity, the lack of reliable access to sufficient, affordable, and nutritious food, greatly impacts a community. It may include worrying about running out of food, skipping meals, or relying on inexpensive, low-nutrient options. Contributing factors include poverty, high housing and healthcare costs, limited transportation, and reduced access to grocery stores, challenges that are especially acute in rural communities. Food insecurity is linked to chronic disease, developmental delays in children, and poorer overall well-being.

Worry About Running Out of Food

	2024	2021	Variance ↑↓
Never	84.9%	88.5%	-3.6%⬇
Rarely	5.7%	7.4%	-1.7%⬇
Sometimes	6.3%	3.2%	↑3.1%
Often	3.1%	0.9%	↑2.2%

Source: Crow Wing County Community Health Survey (2021, 2024)

Food Insecurity by Population

Metric	Crow Wing	Cass	Aitkin	MN
Food Insecure Population - Overall	7,730	3,830	2,160	596,190
Food Insecurity Rate - Overall	11.5%	12.5%	13.6%	10.4%
Children Food Insecure Population	2,340	1,240	510	185,010
Child Food Insecurity Rate	16.8%	19.9%	20.2%	14.3%
Limited Access to Healthy Foods	2,332	1,489	1,837	302,030
% Limited Access Rate	4%	5%	11%	6%

Source: Feeding America, Map the Meal Gap (2023) Retrieved July 29, 2025 University of Wisconsin Population Health Institute. (2025) County Health Rankings & Roadmaps. Retrieved July 29, 2025.

Promote Healthy Living and Preventive Care

Food Assistance Programs

Residents rely on federal, state, and local programs including SNAP, WIC, school meals, and community food shelves. However, not all eligible households are enrolled, and benefits often fall short of covering the cost of healthy foods. Program reliance varies by household type, with nonfamily households making up a significant share of program users in Crow Wing County.

Food Assistance Program Usage				
Program/Household Type	Crow Wing	Cass	Aitkin	MN
Families (married couple)	16.8%	52.6%	51.0%	48.2%
Nonfamily households	45.4%	34.7%	38.8%	38.5%
Families with children under 18	11.7%	14.5%	11.0%	19.1%
Nonfamily households with children under 18	1.9%	0.3%	0.1%	0.2%
Families with no children under 18	5.1%	38.1%	40.0%	29.1%
Nonfamily households with no children under 18	43.4%	34.5%	38.7%	38.3%
Children Eligible for Free/Reduced Lunch	45%	66%	57%	43%

Source: Feeding America. (2025). Map the Meal Gap 2025. Retrieved July 29, 2025; University of Wisconsin Population Health Institute. (2025). County Health Rankings & Roadmaps. Retrieved July 29, 2025.

Nutrition Behaviors and Food Access

Dietary habits indicate room for improvement. Two-thirds of Crow Wing residents do not meet the recommendation of five daily servings of fruits and vegetables. High sugar beverage consumption is rising, and half of residents report regular purchases from convenience or dollar stores, which often lack healthy options.

Fruit and Vegetables Intake



Source: Crow Wing County Community Health Survey (2021, 2024)





Food Access and Nutrition

High Sugar Beverage Consumption

	Never	1 x per week	2-4 x per week	5-6 x per week	1 x per day	2-3 x per day	4+ per day
Fruit Drinks	79.6%	4.6%	9.2%	2.9%	1.2%	1.2%	1.5%
Sport Drinks	72.8%	13.5%	7.2%	1.5%	3.5%	1.2%	0.3%
Regular Soda	58.0%	18.2%	14.9%	2.2%	3.6%	1.8%	1.3%
Energy Drinks	85.8%	4.4%	6.6%	1.1%	1.4%	0.5%	0.3%

Source: Crow Wing County Community Health Survey (2021, 2024)

Frequency and Location of Food Purchases

	Never/Less than once per month	Once per month	2-3 times per month	Once per week	2+ times per week
Supermarket or grocery store	0.7%	2.1%	22.1%	46.1%	29.1%
Convenience store or gas station	50.8%	25.3%	9.4%	7.9%	6.5%
Dollar Store	68.4%	20.1%	8.0%	3.0%	0.6%
Food shelf or Food Pantry	97.1%	2.7%	0.2%	0.0%	0.0%
Community Food Distribution	97.7%	2.1%	0.1%	0.0%	0.0%
Meal Subscription service	97.0%	2.0%	0.7%	0.2%	0.1%
Online food retailer	95.2%	2.3%	2.2%	0.1%	0.2%
Some other place	78.6%	6.8%	7.5%	5.2%	2.0%

Source: Crow Wing County Community Health Survey (2024)

Regional Assets and Opportunities

The Brainerd Lakes Area is rich in natural amenities, including lakes, trails, and parks that support year-round recreation such as hiking, biking, fishing, swimming, skiing, and snowmobiling. Local fitness centers, schools, and community-based organizations offer structured opportunities for exercise and engagement. These assets position the region to support active lifestyles, though not all residents benefit equally.

Physical Activity Levels

While participation in some activity has increased since 2021, many residents still do not achieve recommended guidelines of 30 minutes of moderate exercise at least five days per week. In Crow Wing County, 68.6% of residents fall short of this benchmark week over week. However, engagement in some form of activity rose to 89.2% and the share reporting “no activity” declined slightly to 9.3%, showing modest improvement.

Physical Activity Indicators - Crow Wing County	2024	2021	Variance ↑↓
Not meeting recommended activity (30 min/ 5 days/week)	68.6%	63.8%	-4.8%↓
Any physical activity in past 30 days	89.2%	83.9%	↑+5.3%
Moderate exercise 1-4 days per week	59.3%	53.1%	↑+6.2%
No activity	9.3%	10.7%	-1.4%↓

Source: Crow Wing County Community Health Survey (2021, 2024)

Barriers to Physical Activity

Residents face reported barriers such as cost, weather, transportation, and lack of motivation. Children rely heavily on school programs, while older adults face mobility challenges. Low-income households cite affordability as a significant barrier. Clinicians and patients consistently report lack of willpower as the most significant obstacle.

	Crow Wing Community Survey		Patients & Stakeholders	Clinicians
	Big Problem	Small Problem		
Reason				
Lack of time	21.6%	33.3%	38.0%	38.9%
Cost of fitness programs	18.7%	23.7%	47.0%	27.8%
Poor maintenance of infrastructures (sidewalks or walking paths/trails)	3.1%	18.5%	3.0%	11.1%
Distance to travel to fitness, community center, park, or walking trails	6.6%	26.0%	31.0%	22.2%
Lack of self-discipline or willpower	20.2%	44.0%	78.0%	83.30%
Lack of support from family or friends	2.4%	14.5%	25.0%	16.7%
Public facilities (schools, sports fields, etc.) are not open or available	5.9%	14.5%	22.0%	5.6%
Traffic problems	10.1%	22.4%	6.0%	0.0%
No safe place to exercise	3.1%	8.7%	6.0%	0.0%
Weather	0%	0%	38.0%	33.3%
Not physically able, poor health	0%	0%	3.0%	0%
No one to exercise	6.3%	23.1%	0%	0%
Not having sidewalks	7.7%	16.2%	0%	0%
I don't like to exercise	14.1%	30.3%	0%	0%

Source: Crow Wing County Community Health Survey (2024);
CRMC Stakeholder and Clinician Surveys (2025).



Health Implications

Physical inactivity contributes to obesity, diabetes, and cardiovascular disease. Even modest increases in activity can reduce the risk of chronic disease, improve mental health, and enhance quality of life. Expanding safe, affordable, and accessible exercise opportunities remains a public health priority.

Preventive Care and Chronic Conditions

Healthy living also depends on access to preventive care and management of chronic conditions. In the Brainerd Lakes Area, obesity, hypertension, diabetes, high cholesterol, and mental health disorders are rising. These conditions contribute significantly to long

term illness, disability, and health care costs. Many are linked to modifiable risk factors, poor nutrition, physical inactivity, smoking, and excessive alcohol use.

Preventive Care

Preventive services are critical for reducing incidence of chronic disease and improving outcomes. In the Brainerd Lakes Area, blood pressure, cholesterol, and blood sugar screenings are common, but cancer and mental health screenings remain inconsistent. Barriers include limited awareness, financial challenges, appointment access, vaccine hesitancy, and systemic healthcare limitations.

Preventative Care- Crow wing County	Past year	Past 2 years	Past 5 years	5 or more years	Never	Does not apply
Last time blood pressure checked	89.1%	7.0%	50.0%	2.9%	0.5%	0.0%
Last time blood cholesterol checked	69.8%	10.4%	6.4%	2.4%	11.1%	0.0%
Last time blood sugar or A1C checked	63.1%	9.8%	6.5%	2.9%	17.7%	0.0%
Last screening for colon cancer	21.1%	16.0%	18.4%	9.7%	34.9%	0.0%
Last time any screening for mental health issues such as depression or anxiety	42.8%	6.6%	6.3%	5.0%	39.3%	0.0%
Last mammogram – Women	55.0%	11.1%	3.3%	4.6%	22.5%	3.4%
Last Pap smear – Women	24.0%	22.6%	21.6%	16.5%	1.5%	13.8%
Last breast self-exam – Women	73.6%	8.4%	2.0%	3.0%	11.6%	1.4%
Last prostate exam – Men	19.7%	11.7%	9.8%	10.6%	39.9%	8.4%

Source: Crow Wing County Community Health Survey (2021, 2024)

Promote Healthy Living and Preventive Care

Barriers to Preventive Care

Access to preventive care is influenced by multiple factors. The insights below summarize themes from the clinician and stakeholder 2025 survey open-ended questions.

Lack of Understanding and Education - Many residents misunderstand the purpose of preventive services, have incorrect assumptions about insurance coverage, or hold misconceptions about screenings.

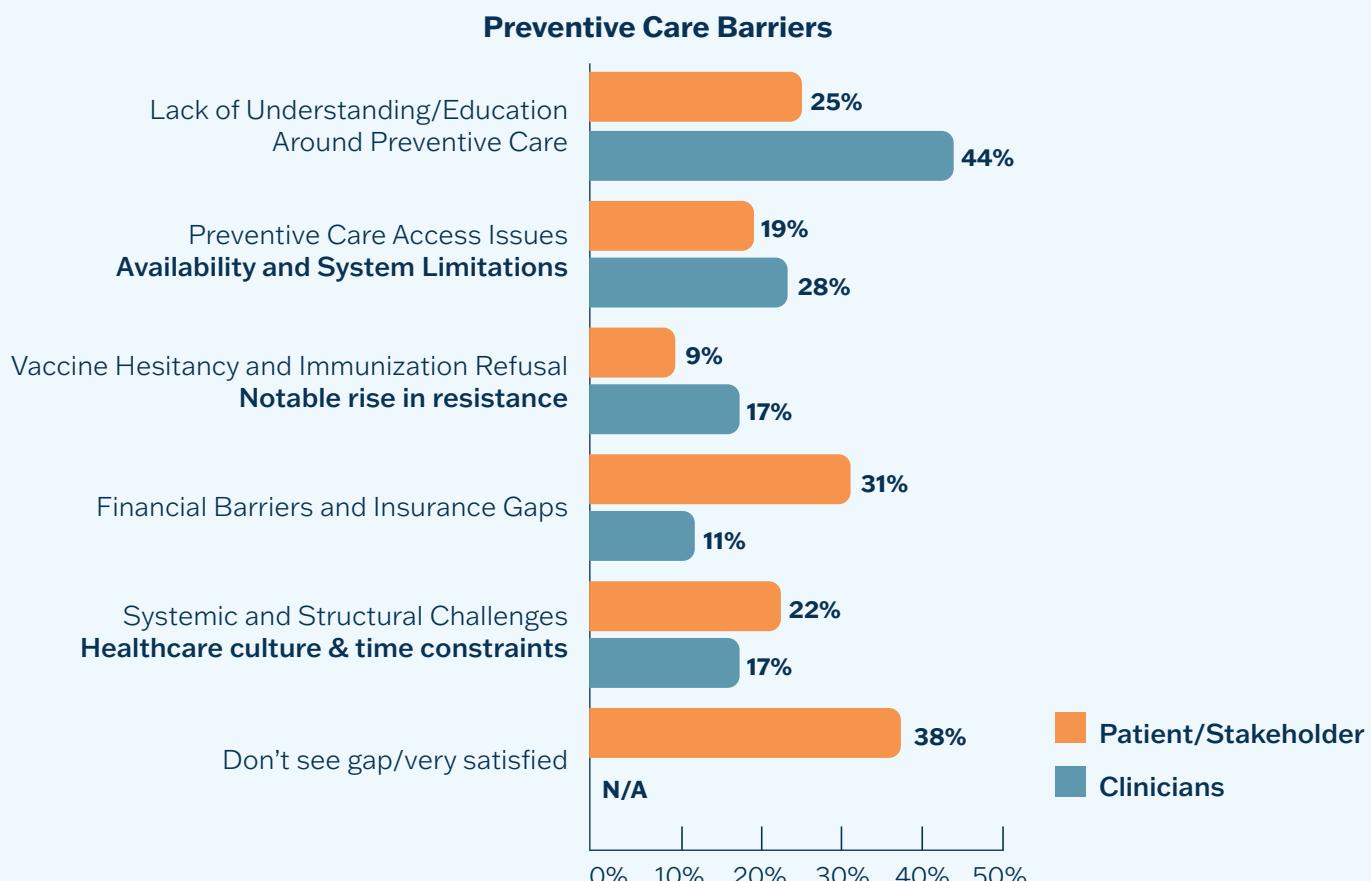
Access Issues and System Limitations - Limited appointment availability, inconsistent follow-up, and restricted access to affordable services, particularly for uninsured or underinsured populations, reduce preventive care engagement.

Vaccine Hesitancy - Limited understanding, conflicting information, and varying levels of trust contribute to reluctance around immunizations, underscoring the need for consistent community education and outreach.

Financial Barriers and Insurance Gaps - Co-pays, lack of insurance, and inability to take time off work prevent many residents from accessing routine preventive services.

Systemic and Structural Challenges - Healthcare culture, time constraints, insufficient behavioral health screening, and limited integration of mental health into primary care reduce comprehensive preventive care, especially for vulnerable populations.

Satisfaction with Access - Despite barriers, 38% of survey respondents reported being satisfied with their access, reflecting variation in experiences across the population.



Source: Crow Wing County Community Health Survey (2024); CRMC Stakeholder and Clinician Surveys (2025).



CRMC's Patient Population Data

Anonymized data from Cuyuna Regional Medical Center EMR provides insight into the local patient population and chronic disease burden.

Across 2022–2024, the most common chronic conditions among CRMC patients include hypertension, elevated cholesterol, depression/anxiety, and diabetes. Hypertension affects the largest number of patients, while elevated cholesterol and mental health conditions also impact substantial portions of the community. Diabetes and arthritis remain significant contributors to the regional chronic disease burden. Less frequent but critical conditions, pre-diabetes, pre-hypertension, and dementia, require monitoring due to potential progression.

All diagnoses are drawn from patients' medical histories using ICD codes, problem lists, encounter diagnoses, and billing records. Any patient with a qualifying diagnosis, documented prior to or during the calendar year, is included. This provides a comprehensive view of chronic disease within the local population.

Why Healthy Living and Preventive Care Matter

Chronic diseases and gaps in preventive care continue to pose major health challenges across the Brainerd Lakes Area. Conditions such as high blood pressure, elevated cholesterol, diabetes, obesity, and mental health concerns affect many residents. While preventive screenings for physical health have improved, mental health screenings still lag behind.

Barriers to care are complex - ranging from limited health education and financial constraints to system challenges and vaccine hesitancy. Addressing these gaps will require community-driven solutions that make preventive care easier to access, encourage healthy habits, and integrate both physical and mental health support.

Medical History	Number of Patients		
	2024	2023	2022
Hypertension (HTN)	19,856	21,454	28,443
Depression/Anxiety/Mental Health	16,677	17,658	20,288
Elevated Cholesterol	13,125	14,100	18,292
Diabetes	10,103	10,821	13,691
Arthritis	8,091	8,689	10,673
Pre-diabetes	3,611	3,760	4,190
Memory loss/Alzheimer's/Dementia	228	321	1,244

Source: Cuyuna Regional Medical Center EMR



Priorities that will not be addressed

While the following issues emerged as important concerns through the community survey, access to dental care, affordable housing and physical environment infrastructure will not be directly prioritized in this Community Health Needs Assessment due to their complexity, scale, and limited capacity for impact within our scope of work. However, elements of these issues will be indirectly supported through broader efforts across selected priorities, including mental health, access to care, and prevention health education.

- **Dental Care** - Delays in dental care are often caused by cost, anxiety, and perceived lack of urgency. While this will not be a direct focus, some support may be provided through efforts to improve access and health education.
- **Safe, Affordable Housing & Cost of Living Support** - An 8% increase in renters reflects growing housing instability, with many individuals struggling due

to rising costs and income loss. This instability is linked closely to stress, poor mental health, and food insecurity. Declining perceptions of safety may also stem from housing and neighborhood conditions.

- **Infrastructure for Physical Activity** - Barriers such as inadequate sidewalks, lack of safe public spaces and financial constraints limit opportunities for physical activity. While rates of obesity continue to rise, addressing built environment challenges and subsidizing fitness opportunities fall outside the scope of this assessment.

Though we are not positioned to lead change in these structural areas, we remain committed to partnering with community stakeholders to promote wellness, reduce barriers and support those impacted by these broader social determinants of health.

Next Steps

With the data summarized and key health priorities identified, the next step is to use the Community Health Needs Assessment (CHNA) to guide the development and implementation of targeted strategies. Cuyuna Regional Medical Center will

collaborate closely with internal teams and external partners to create a Community Health Improvement Plan (CHIP), reinforcing its ongoing commitment to improving health outcomes and providing exceptional care to the Brainerd Lakes Area.



REFERENCES **Appendices**

2025 – 2028 Community Health Needs Assessment

Produced by Cuyuna Regional Medical Center's Community Engagement Department with the support of Executive Leadership, including the Executive Director of Strategic Planning and Chief Operating Officer. This assessment draws on robust public and private data sources to identify the top three community health needs and priorities. Data from Crow Wing County Community Health Survey, clinicians survey and CRMC patients and stakeholder surveys were used to develop this comprehensive report. These findings will continue to be used to guide the implementation plan and strategic vision of the organization, ensuring the resources and efforts are aligned with the community's most pressing health needs.

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<https://www.mncompass.org>

Minnesota Department of Employment and Economic Development. (2024). Cost of Living Tool. Estimates the basic-needs cost of living for individuals and families in Minnesota by county, region, and statewide. It includes seven categories: food, housing, health care, transportation, childcare, other necessities, and net taxes.

<https://mn.gov/deed/data/data-tools/col>

Mental Health America. (2024). Mental Health America Risk Assessment Data. Provides state- and county-level data on depression, PTSD, trauma, suicide, and psychosis. Data are derived from screening tools such as the PHQ-9 and PQ-B, and self-identification of trauma experiences. These measures inform community-level mental health assessments, resource allocation, and intervention planning.

<https://mhanational.org/data-in-your-community/mha-state-county-data>

National Alliance on Mental Illness (NAMI). (2025) NAMI provides mental health statistics, including prevalence rates of mental illnesses, to understand their social, physical, and financial impact, raise awareness, reduce stigma, and guide advocacy for better mental health services.

<https://www.nami.org>

University of Wisconsin Population Health Institute. (2023-2025). County Health Rankings & Roadmaps. (n.d.) Offers county-level rankings on health outcomes and health factors. Including behaviors, clinical care, social and economic conditions, and the physical environment. These rankings allow comparison across regions and guide evidence-based strategies to improve population health.

<https://www.countyhealthrankings.org>

U.S. Census Bureau / American Community Survey (ACS). (2023-2025). U.S. Census Bureau: American Community Survey. U.S. Department of Commerce. The ACS provides demographic and socioeconomic data at national, state, and local levels, offering annual estimates to evaluate trends, identify vulnerable populations.

<https://www.census.gov/programs-surveys/acs>

Cuyuna Regional Medical Center. (n.d.). Electronic Health Records (EHR). Cuyuna Regional Medical Center. Electronic Health Records are used to access, organize, store, and share health information. CRMC used EHR data to extract information for analysis and to compare findings with other data sources, supporting assessments of community health needs and outcomes.



Essentia Health



- Brainerd Public Schools

- Bridges of Hope

- CRMC Care Management, Population Health/Wellness, Nutrition, Community Paramedics, Strategic Development

- Crosslake Cares

- Crosby-Ironton Public Schools

- Crow Wing County Public Health

- Cuyuna Farmers Market

- Essentia Health St. Joseph's Medical Center

- Hallett Center of Crosby

- Lakes Area Interfaith Caregivers

- Northern Pines Mental Health / MN Suicide Prevention

- Relationship Safety Alliance

- Smiles for Jake

- The Outreach Program

Community Mental Health Resources

MAY 2025

Several organizations, including health care facilities and community-based programs, are available to address health needs in the Brainerd Lakes Area (defined community). These organizations serve as key resources supporting the health and well-being of local residents.

These lists represent only a portion of the resources available to assist residents and should not be considered exhaustive or all-inclusive. They are intended as reference guides to local providers and community organizations. Inclusion in these guides does not imply endorsement or recommendation of any specific service or provider.

If you are in immediate danger and need help, call 911!

CRISIS SERVICES

- 24/7 Crisis Referral Line 218-828-4357
<https://crisislineandreferralservice.org/>
- Friendship Line 800-971-0016
<https://www.ioaging.org/services/all-inclusive-health-care/friendship-line>
- Mental Health Urgent Care Clinic 218-454-8001
823 Maple Street, Brainerd, MN (Open 10am-7pm daily)
- National Suicide Prevention Hotline 988
<https://suicidepreventionlifeline.org/>
- New Leaf Healing Center - Crisis residential stabilization for adults (Cohasset) 218-910-4855
- Peer Support Warmline 844-739-6369
https://mnwltw.org/mnwarmline (Open 5am-9pm daily)
- Safe Harbor Crisis Stabilization Services – Crisis residential stabilization for adults (Brainerd) 218-454-3844
- New Leaf Healing Center (P) 218-256-8654
- Suicide Text Line Text MN to 741741
- The Trevor Project 866-488-7386
<https://www.thetrevorproject.org/get-help-now/>

COUNSELING/THERAPY

- Acquire Mental Health (Brainerd) 218-820-7671
<https://acquirementalhealth.com/>
- Birch Lake Counseling Center (Hackensack, Crosslake, Remer, Wadena) 218-675-5101
<https://birchlakecounseling.com/>
- Clearview Counseling (Aikin) 218-330-4303
- Compass Counseling Partners 218-961-4673
- Core Professional Services (Brainerd) 218-829-7140
<http://coreprofessionalservices.com/index.html>
- **Cuyuna Regional Medical Center 218-546-7000**
<https://www.cuyunamed.org/patient-care/behavioral-health>
- Ellie Family Services (Brainerd) 218-833-9107
<https://elliefamilyservices.com/about/>
- Lakes Country Counseling (Baxter) 218-454-0878
<https://www.lakescountrycounseling.com/>
- Lakeview BH (Brainerd & Grand Rapids) 218-322-0676
<https://lakeviewbh.com/>
- Leech Lake Band BH Services (Cass County) 218-335-3050
<https://www.lljibwe.org/hs/behavioralhealth.html>
- Lutheran Social Services (Brainerd) 218-828-7379
<https://www.lssmn.org/services/mental-health/locations>
- Mille Lacs Band Mental Health (Onamia) 320-532-4163
<https://millelacsband.com/services/mental-health>
- New Beginnings Counseling (Aitkin) 218-429-0105
<https://newbeginningscounseling.com/>
- Northernwaters Counseling LLC (Crosby) 218-585-2052
- Northern Pines Mental Health Center 320-639-2025
<https://www.npmh.org/>
- Northern Psychiatric Associates (Brainerd) 218-454-0090
<https://www.northernpsychiatric.com/>

- Northland Counseling Center (Aitkin and Grand Rapids) 218-670-0005
<https://northlandcounseling.org/>
- Nystroms & Associates, LTD (Brainerd) 218-829-9307
<https://www.nystromcounseling.com/>
- Peak Therapy Services (Brainerd) 218-537-3670
<https://www.peaktherapyservices.com/>
- reDefyne (Brainerd & Ironton) 218-454-3970
<https://www.redefyneyourlife.com/>
- The Insight Network (In-home services provided)
<http://www.theinsightnetwork.com>

COMMUNITY SERVICES

- Aitkin County Health and Human Services 218-927-7200
<https://www.co.aitkin.mn.us/departments/hhs/hhs-home.html#gsc.tab=0>
- Bridges of Hope 218-825-7682
<https://www.bridgesofhopemn.org/>
- Cass County Health and Human Services 218-547-1340
<http://www.co.cass.mn.us/>
- Crow Wing County Community Services 218-824-1140
<https://www.crowwing.us/91/Community-Services>
- Cuyuna Range Youth Center (youth services) 218-545-6575
<https://cuyunarangeyouthctr.org/>
- Kinship Partners (Crow Wing County) 218-829-4606
<https://kinshippartners.org/>
- Lakes Area Pregnancy Support (LAPS) 218-825-0793
<https://www.lakesareapregnancy.org/>
- Lakes Area United Way 218-829-2619
<https://www.unitedwaynow.org/>
- Lighthouse Beginnings/Open Arms Community Resource Center 612-865-7118
<https://lighthousebeginnings.org/>
- Lutheran Social Services 218-829-5000
- Mille Lacs County Health & Human Services 320-983-8208
<https://www.millelacs.mn.gov/117/Community-Veterans-Services>
- Salem West (Deerwood) 218-534-4962
<http://www.salemwestdwd.org/>
- Smiles for Jake
<http://www.smilesforjake.org/>
- Senior Linkage Line 800-333-2433
<https://mn.gov/senior-linkage-line/>
- The Lighthouse Project tlhpmn18@gmail.com
<https://www.lhpmn.org/>
- The Shop Brainerd (youth services) 218-454-0009
<https://theshopbrainerd.org/>
- United Way 211 800-543-7709
<https://www.211unitedway.org/>
- Veteran's Linkage Line 888-546-5838
<https://linkvet.org/>
- WeARE Clinic 218-454-1546
<https://wearebrainerd.org/the-clinic/>

Appendix B: Community Health and Mental Health Resources

DEMENTIA & ALZHEIMER'S

- Alzheimer's Association Helpline 1-800-272-3900
<https://www.alz.org/about>

DOMESTIC VIOLENCE/SEXUAL ASSAULT

- Day One Services (Statewide) 866-223-1111
<http://dayoneservices.org/>
- HOPE (Healing Opportunities Provided Equally) (Aitkin)..... 218-927-2327/1-888-276-1720
<https://www.aitkinhope.org/>
- Support within Reach (Aitkin) ... 218-927-6226/1-888-747-5008
<https://www.supportwithinreach.org/>
- Support within Reach (Walker) 218-547-4892/1-800-708-2727
<https://www.supportwithinreach.org/>
- Family Safety Network (Cass County) 218-547-1636
- Support Within Reach (Cass County)..... 866-747-5008
<https://www.supportwithinreach.org/>
- Louise Seliski Shelter (Crow Wing)..... 218-828-1216
- Sexual Assault Services (Crow Wing) 218-828-0794 or 888-458-0494
<https://www.sasmn.org/>

PSYCHIATRY/MEDICATION MANAGEMENT

- CRMC Behavioral Health Clinic 218-545-1047
<http://cuyunamed.org/patient-care/behavioral-health>
- Lakeview BH (Brainerd & Grand Rapids)..... 218-322-0676
<https://lakeviewbh.com/>
- Northern Pines Mental Health Center 320-639-2025
<https://www.npmh.org/>
- Northern Psychiatric Associates (Brainerd) 218-454-0090
<https://www.northernpyschiatric.com/>
- Northland Counseling Center (Aitkin & Grand Rapids)..... 218-670-0005
<https://northlandcounseling.org/>
- Nystroms & Associates, LTD (Brainerd)..... 218-829-9307
<https://www.nystromcounseling.com/>

SPIRITUAL

- CRMC Chaplain 218-546-7000
<https://www.cuyunamed.org/patient-information/chaplain>
- Immanuel Lutheran Church..... 218-546-6010
<https://immanuelcrosby.org/>
- Life Spring Church 218-545-5433
<http://visitlifespring.com/>
- Log Church (Crosslake)..... 218-692-4141
<https://crosslakeeefc.org/>
- Salem Lutheran Church..... 218-534-3309
<https://www.salemdwd.org/>
- St. Joseph's Catholic Church..... 218-546-6559
<https://www.cuyunacatholic.org/>

SUBSTANCE USE & CHEMICAL DEPENDENCY

- Acquire Mental Health..... 218-820-7671
<https://acquirementalhealth.com/>
- Adult and Teen Challenge MN (Brainerd) 218-833-8777
<https://www.mntc.org/brainerd/>
- Alcoholics Anonymous Central Lakes (Brainerd) 800-503-3610
- Alcoholics Anonymous Lakes Area Alano (Baxter) 218-825-3770
<https://lakesareaalano.org/>
- Aitkin Alano (Aitkin) 218-549-3237
- Alcoholics Anonymous 218-549-3237
<https://www.aa.org/>
- Central Lakes Drug Testing (Brainerd) 218-829-9326
<http://centrallakesdrugtesting.com/>

- Central MN Mental Health Center Detox and Treatment (St. Cloud) 320-252-6654
<https://cmmhc.org/services/outpatient-services/>
- Cuyuna Range Alano (Ironton) 218-546-8284
- Lakeview BH (Brainerd & Grand Rapids) 218-322-0676
<https://lakeviewbh.com/>
- Lighthouse Beginnings (Peer Support) 218-940-0363
<https://lighthousebeginnings.org/>
- Leech Lake Band Addictions & Dependency Program 218-335-8382
<https://www.llojibwe.org/hs/adprogram.html>
- Essentia Health St. Joseph's Medical Center: Focus Unit 218-828-7374
<https://www.essentiahealth.org/find-facility/profile/substance-use-disorder-essentia-health-st-josephs-medical-center-brainerd/>
- Mille Lacs Band Substance Use Services 320-532-7773
<https://millelacsband.com/services/substance-use-disorder-services>
- Narcotics Anonymous Minnesota 24-hour help line 877-767-7676
<https://www.naminnesota.org/>
- Northern Pines Mental Health Center 320-639-2025
<https://www.npmh.org/>
- Nystroms & Associates, LTD (Brainerd) 218-829-9307
<https://www.nystromcounseling.com/>
- Pine Manor Detox and Treatment Program (Nevis) 218-732-4337
- Quit Partner 800-784-8669
<https://quitpartnermn.com/>

SUPPORT GROUPS & SERVICES

- Aitkin County CARE 218-927-1383
- **CRMC Cancer Support Group** **218-546-4319**
- **CRMC Dementia Support Group** **218-546-2357**
- Gamblers Anonymous 24-hour Help Line 855-222-5542
<http://www.minnegasa.com/>
- Grief Support and Education (Essentia Health) 218-829-2861
- Lighthouse Beginnings/Open Arms 612-865-7118
<https://lighthousebeginnings.org/>
- Log Church (Crosslake) 218-692-4141
- Lutheran Social Services Care Giver Support Program 866-787-9802
<https://www.lssmn.org/services/older-adults/caregiver-support>
- Lutheran Social Services Grief and Loss Support Group 866-787-9802
<https://www.lssmn.org/services/older-adults/caregiver-support>
- Lutheran Social Services Neighbor to Neighbor 877-540-9443
<https://www.lssmn.org/services/older-adults/companion-services/neighbor-to-neighbor>
- National Alliance on Mental Health NAMI 651-645-2948
<https://namimn.org/>
- Northern Pines Life Skills Center 320-639-2025
- Parkinson's Support 800-473-4636
<https://www.parkinson.org/>
- St. Croix Hospice 855-278-2764
- Virtual Peer Support Network (Wellness in the Woods) 844-739-6369
<https://mnwitw.org/vpsn>
- Weight Loss Surgery Support Group 218-545-1048

Region V+ Mental Health Initiative
More local info, visit Region V+ Mental Health Initiative's
www.region5mentalhealth.com/community-resources/





Community Resource Guide

MAY 2025

crmc.
CUYUNAMED.ORG

This guide includes local area providers and is not an exhaustive list, you may discover additional resources. It is intended as a reference guide, not as a recommendation for any service provider, only provides available resources.

Please visit cuyunamed.org for additional resource information.

COMMUNITY SUPPORT SERVICES

County Health and Human Service Agencies

- Aitkin County 218-927-7200
- Cass County 218-547-1340
- Crow Wing County 218-824-1140
- Mille Lacs County 320-983-8208

Community Organizations

- Aitkin County CARE 218-927-1383
- Angels of McGregor 218-768-2762
- Bridges of Hope 218-825-7682
- Cass County Faith in Action 218-675-5435
- **CRMC Social Workers** **218-546-2357**
- Interfaith Volunteers (Crow Wing County) 218-820-7454
- Lutheran Social Services 218-829-5000
- Meta5 218-855-8120
- Salvation Army 218-829-1120
- Senior Linkage Line 800-333-2433
- Social Security Admin (Brainerd) 866-331-9087

FACILITY AND SERVICE PROVIDERS

Adult Day Care

- Breath of Life Adult Day Service (Brainerd) 218-822-3296
- Brighter Horizons Adult Day Center (Brainerd) 218-829-0636
- Cummings Treasured Time Adult Day Center (Crosby) 218-546-5071
- Walker Adult Day Services (Walker) 218-547-1242

Assisted Living

- Aicota Assisted Living (Aitkin) 218-927-2182
- Silver Maple Residence (Brainerd) 218-825-9255
- Silver Maple Residence Independent Living (Brainerd) 218-822-3067
- Americare Lodges (Remer) 218-566-4722
- Birchview Gardens (Hackensack) 218-675-5424
- Carefree Living (Brainerd) 218-829-8622
- Farmside Senior Living (Backus) 218-947-4445
- Edgewood May Creek (Walker) 218-547-4515
- Edgewood (Brainerd) 218-828-3691
- Edgewood (Baxter) 218-828-4770
- The Emeralds (Grand Rapids) 218-326-8567
- Golden Horizons (Aitkin) 218-927-9996
- Golden Horizons (Crosslake) 218-692-6650
- Good Samaritan Society (Bethany) 218-855-6616
- Good Samaritan Society (Woodland) 218-855-6616
- Good Samaritan Society (Pine River) 218-855-6616
- Horizon Health (Pierz) 800-224-6451
- Harmony House (Brainerd & Pierz) 800-224-6451
- **Heartwood & Hallett Cottage** (Crosby) **218-545-8500**

- Hills Crossing (Nisswa) 218-961-0150
- McGregor Carefree Living 218-768-3356
- Northern Lakes Assisted Living (Baxter) 218-454-2121
- River's Edge (Aitkin) 218-429-5785
- Riverside (Pillager) 218-746-4400
- Vitality Living of Remer 218-566-7100
- Shiloh (Pequot Lakes) 218-568-4673
- Senior Class Community Assisted Living and Memory Care (Pequot Lakes) 218-568-5605
- Talamore Senior Living (St. Cloud) 320-230-0234
- Whitefish at the Lakes (Crosslake) 218-452-6591

Hospice

- **CRMC Hospice Care** **218-546-2311**
- Essentia Health St. Mary's Hospice & Palliative Care (Grand Rapids) 218-327-8780
- Good Samaritan 218-963-9452
- Horizon Health Hospice (Little Falls) 320-468-2788
- Lakewood 218-894-8080
- Mille Lacs 320-532-2800
- Moments Hospice 218-513-2370
- Sanford 218-333-5665
- St. Croix Hospice 855-656-6989
- Vivie (Baxter) 218-772-2527

Home Health Care Services

(To check provider ratings for agencies please access the following website: <https://bit.ly/med41gov>)

- Aveanna Healthcare (Brainerd) 218-316-3444
- Aveanna Healthcare (Grand Rapids) 218-326-0004
- Barnabas Home Care 218-829-0901
- Cass County Public Health 218-547-1340
- **CRMC Home Health and Palliative Care** **218-546-2311**
- Good Neighbor Home Care 218-829-9238
- Good Samaritan Home Care 218-963-9452
- Grand Itasca Home Care 218-999-4663
- Horizon Health 320-468-2788
- Lakewood Health Home Care 218-894-8080
- Mille Lacs Home Care 320-532-2800
- Mille Lacs Public Health 320-983-8208
- Sanford Home Care (Bemidji) 218-333-5665
- Spectrum Home Care 218-829-8622
- Vivie (Baxter) 218-772-2527

In-home Foot Care

- Holistic Foot and Nail Care 218-821-4096
- Jump (In home Foot care) 218-838-2367

Appendix C: CRMC Community Resource Guide

Personal Care Attendant Service Agencies

- Access Home Care (Pequot Lakes).....218-562-4661
- Accra Home Care.....866-935-3515
- Advantage PCA and Senior Care218-838-4543
- Aide Home Health Care.....218-546-6242
- Barnabas Health Care Service (Brainerd).....218-829-0901
- Baywood Home Care.....763-546-8899
- Bridges of Health Care.....218-270-2020
- Comfort Keepers218-822-3200
- Golden Heart.....218-820-0871
- Gratten HealthCare.....800-470-1326
- Home Instead Senior Care218-824-0077
- MN Home Care218-963-8899

Respite and Caregiver Support

- Aitkin County Cares218-927-1383
- Comfort Keepers (Baxter).....218-822-3200
- Home Instead218-824-0077
- Lutheran Social Services218-203-7312
- MN Home Care (Brainerd)218-963-8899

Skilled Nursing Facilities

(To check provider ratings for agencies please access the following website: <https://bit.ly/med45gov>)

- Aicota Nursing Homes, Inc. (Aitkin)218-927-2164
- Aitkin Health Services (Aitkin).....218-927-5526
- **CRMC Skilled Nursing Facility**218-545-8585
- Elim (Milaca)320-983-2185
- Essentia Health Homestead (Deer River)218-246-4510
- Good Samaritan (Brainerd & Pine River).....218-825-2506
- Grand Village (Grand Rapids)218-326-0543
- Lakewood Health System (Staples)218-894-8345
- Little Falls Care Center (Little Falls).....320-632-9211
- Mille Lacs Nursing Home (Onamia).....320-532-2729
- Pierz Villa (Pierz).....320-468-6405
- St. Cloud VA Nursing Home320-255-6414
- St. Otto's Nursing Home (Little Falls).....320-632-9281
- The Emeralds (Grand Rapids)218-326-3431

FOOD AND NUTRITION

Aitkin County

- Area Food Shelves: Aitkin, Hill City, Jacobsen, and McGregor
- Community Supplement Food Program218-927-1383
- Meals on Wheels.....218-749-2912 or 800-662-5711, ext 7323
- Second Hardvest Northland218-336-2312

Cass County

- Area Food Shelves: Cass Lake, Longville, Hackensack, Pillager, Pine River, Remer, and Walker
- Meals on Wheels.....218-547-4181
- Second Hardvest Northland218-336-2312

Crow Wing County

- Area Food Shelves are located in:
Brainerd, Crosby, Emily, Garrison, and Pequot Lakes
- Catholic Charities320-229-4584
- Fare for All763-450-3860
- LSS Senior Nutrition.....800-488-4146
- Meals on Wheels.....800-488-4146
- Mom's Meals866-508-6667
- Ruby's Pantry (Housing and Basic Needs).....651-674-0009
- Second Hardvest Northland218-336-2312
- Sharing Bread Soup Kitchen.....218-829-4203

HOUSING AND BASIC NEEDS

Aitkin County

- Aitkin County Housing.....218-927-2151
- Domestic Violence Program: Healing Opportunities Provided Equally (HOPE)24/7 hotline number, 218-927-2327
- Energy Assistance: Lakes & Pines Community Action Council320-679-1800

- Housing Support: Lakes & Pines Community Action Council.....800-832-6082
- Support within Reach Sexual Violence Resource Center.....866-747-5008

Cass County

- Domestic Violence Program:
Family Safety Network24/7 hotline number, 800-324-8151
- Energy Assistance: Bi-County Cap218-547-3438
- Office Support218-547-1636
- Housing Authority218-947-3993
- Housing Bi-County Cap218-547-3438
- Support within Reach Sexual Violence Resource Center800-708-2727

Crow Wing County

- Brainerd HRA218-828-3705
- Crosby HRA218-546-5088
- Energy Assistance: Lutheran Social Services218-829-5000
- Energy Assistance: Tri-County CAP218-829-2410
- Housing Support: Lutheran Social Services218-829-5000
- Relationship Safety Alliance218-828-1216
- Sexual Assault Services888-458-0494

INFUSION SERVICES

- CORAM CVS Specialty Infusion800-624-8142
- Fairview Infusion800-642-8845
- Option Care Infusion Services320-252-5666

LEGAL SUPPORT AND SERVICES

- Home Line Tenant Advocacy Organization866-866-3546
- Justice North Civil Legal Aid (Brainerd)218-829-1701 or 877-696-6529
- MN Attorney General's Office
Consumer Information800-657-3787
- MN Department of Human Rights800-657-3704
- Office of Ombudsman for Long Term Care800-657-3591

MEDICAL SUPPLY

- Aitkin Medical Supply218-927-3113
- Brainerd Medical Supply218-829-2100 or 800-950-6006
- Byram Healthcare877-902-9726
- EdgePark Medical Supply800-321-0591
- Handi Medical800-514-9979
- Immaculate Heart Church (Crosslake)218-692-3731
**Not a medical supply company, but may lend equipment.*
- Ironton American Legion218-546-5975
**Not a medical supply company, but may lend equipment.*
- Lincare (Little Falls)320-632-3661
(USA)866-763-4363
National supplier of home-based respiratory therapy products and services.
- Midwest Medical (Moundsview)763-780-0100
- North Central Medical Supply
(Brainerd)218-825-7331 or 888-577-7331
- Northwest Respiratory Specialty Home
(Brainerd)800-232-0706
- Specialty Home Medical Supply (Brainerd)218-828-4710

MENTAL HEALTH CRISIS LINE

For additional Mental Health or Chemical Dependency services, please request a copy of the CRMC Community Mental Health Resources Guide

- Crisis Line and Referral Service218-828-4357
- Crisis Text LineText HOME to 741741
- Safe Harbor Crisis Residential
(Brainerd)218-828-HELP (4357)
- Suicide and Crisis Lifeline988
- Warm Line (Peer Support)844-739-6369

TRANSPORTATION SERVICES

Transportation for a Fee

- Abbott Northwest Transportation Van.....800-258-1210
- ACC Midwest Transportation320-455-9200
Provides ambulatory and wheelchair transportation for Midwestern Minnesota
- Allrides218-410-6500
- AEOA Arrowhead Economic Opportunity Agency - Aitkin County Public Transportation800-862-0175
- Blue Ride (BC/BS Insurance)866-340-8648
- Brainerd Area Taxi.....218-828-1111
- Care Cab800-535-7190
Provides specialized transportation, primarily for Therapy Appointments, Dialysis, Hospitals, and Nursing Homes
- Dial-a-ride - Brainerd area public transit.....218-825-7433
- Grab-A-Cab.....218-270-2992
- Little Falls Taxi.....320-632-4104
- Medi-van.....800-422-0976
<http://medi-van.org/>
Provides specialized transportation for individuals with a variety of needs, including if they require a wheel chair
- Medica Provide-a-Ride.....888-347-3630
- MN Secure Transport LLC218-851-5179
- NHH Transportation320-217-8700
Provides specialized transportation to and from appointments.
- Road to Recovery800-227-2345
May provide transportation for cancer treatments, like radiation and chemotherapy
- SCHU-TRAN LLC (Foley) wheelchair access.....320-968-7478
- UCare Healthride.....800-864-2157

Volunteer Driver Programs

- Aitkin County CARE218-927-1383
- Aitkin County Volunteer Drivers218-927-7200
- Angels of McGregor (Aitkin County)218-768-2762
- Cass County Transportation (age 60+)218-947-7530
- Crow Wing County Volunteer Driver Program.....218-824-1140
(only available for MN Medicaid clients)
- Faith in Action (Cass County)866-675-5435
- Lakes Area Interfaith Volunteers (Crow Wing County)877-245-7454
- Tribal Social Services: *contact tribal social services if you are a tribal member.*
- Veteran's Services: *contact your local office if you are a veteran.*

PLEASE NOTE

Providers listed in ***bold italics*** are agencies in which CRMC has a financial interest. The 1997 Balanced Budget Act requires CRMC to disclose this interest to patients.

CROW WING COUNTY COMMUNITY HEALTH SURVEY

INSTRUCTION: Please give the survey to the adult (age 18 or over) in the household who most recently had a birthday.

SURVEY INSTRUCTIONS



- Please use #2 pencil or blue or black pen to complete this survey.
- Do not use red pencil or ink.
- Do not use X's or check marks to indicate your responses.
- Fill response circles completely with heavy, dark marks.

1. In general, which of the following best describes your health?

Excellent Very good Good Fair Poor

2. Have you ever been told by a doctor, nurse, or other health professional that you had any of the following health conditions?

	No	Yes	Yes, but only during pregnancy
a. High blood pressure/hypertension or pre-hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Diabetes or pre-diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cancer	<input type="radio"/>	<input type="radio"/>	
d. Chronic lung disease (including COPD, chronic bronchitis or emphysema)	<input type="radio"/>	<input type="radio"/>	
e. Asthma	<input type="radio"/>	<input type="radio"/>	
f. Heart trouble or angina	<input type="radio"/>	<input type="radio"/>	
g. Stroke or stroke-related health problems	<input type="radio"/>	<input type="radio"/>	
h. High cholesterol or triglycerides	<input type="radio"/>	<input type="radio"/>	
i. Arthritis	<input type="radio"/>	<input type="radio"/>	
j. Sleep-related disorders (such as insomnia, restless leg syndrome, or sleep apnea)	<input type="radio"/>	<input type="radio"/>	
k. Memory loss, Alzheimer's disease or another form of dementia	<input type="radio"/>	<input type="radio"/>	
l. Depression	<input type="radio"/>	<input type="radio"/>	
m. Anxiety or panic attacks	<input type="radio"/>	<input type="radio"/>	
n. Post-traumatic stress disorder (PTSD)	<input type="radio"/>	<input type="radio"/>	
o. Other mental health problems	<input type="radio"/>	<input type="radio"/>	
p. Other condition (please specify): _____	<input type="radio"/>	<input type="radio"/>	

3. During the past 12 months, was there a time when you thought you needed medical care but did not get it or delayed getting it?

Yes No **► IF NO, GO TO QUESTION 5**

4. Why did you not get or delay getting the medical care you thought you needed? (Mark ALL that apply)

I could not get an appointment
 I did not think it was serious enough
 I had transportation problems
 It cost too much
 I do not have insurance
 My insurance did not cover it
 COVID-19 pandemic
 I did not have access to telehealth or a virtual visit
 Other reason _____

5. During the past 12 months, was there a time when you thought you needed dental care but did not get it or delayed getting it?

Yes No **► IF NO, GO TO QUESTION 7**

6. Why did you not get or delay getting the dental care you thought you needed? (Mark ALL that apply)

I could not get an appointment
 I did not think it was serious enough
 I was too nervous or afraid
 I had transportation problems
 It cost too much
 I do not have insurance
 The dentist would not accept my insurance
 COVID-19 pandemic
 Other reason _____

► CONTINUE SURVEY

DO NOT WRITE IN THIS BOX



Appendix D: Crow Wing County Community Health Survey Questions and Results

7. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? 

Days

8. How often do you feel lonely or isolated from those around you?

- Always
- Often
- Sometimes
- Rarely
- Never

9. During the past 12 months, was there a time when you wanted to talk with or seek help from a health professional about mental health issues such as stress, depression, excessive worrying, troubling thoughts or emotional problems, but did not or delayed talking with someone?

Yes No ► IF NO, GO TO QUESTION 11

10. Why did you not get or delay getting the care you thought you needed? (Mark *ALL* that apply)

- I could not get an appointment
- I did not think it was serious enough
- I was too nervous, afraid, or embarrassed
- I had transportation problems
- It cost too much
- I do not have insurance
- My insurance did not cover it
- I did not know where to go
- COVID-19 pandemic
- Other reason _____

11. Do you currently have any of the following types of health insurance?

(Please answer yes or no for each.)

- a. Health insurance or coverage through your employer or your spouse/partner, parent, or someone else's employer
- b. Health insurance or coverage bought directly by yourself or your family (not through an employer)
- c. Indian or Tribal Health Service
- d. Medicare
- e. Medicaid, Medical Assistance (MA), or Prepaid Medical Assistance Program (PMAP)
- f. MinnesotaCare
- g. Insurance through MNSure
- h. CHAMPUS, TRICARE, or Veterans' benefits
- i. Other health insurance or coverage (*please specify*): _____
- j. NO health insurance coverage

12. A serving of fruit is a medium-sized piece of fruit or a half cup chopped, cut, or canned fruit. How many servings of fruit did you have yesterday? (Do NOT include fruit juice.)

Servings:

servings.

13. A serving of 100% fruit juice is 6 ounces. How many servings of fruit juice did you have yesterday?

Servings:

0 1 2 3 4 5 6 7 8 9 10 11 12 +

14. A serving of vegetables is one cup of salad greens or a half cup of any other vegetables, not including french fries. How many servings of vegetables did you have yesterday?

Servings:

0 1 2 3 4 5 6 7 8 9 10 11 12 +

Appendix D: Crow Wing County Community Health Survey Questions and Results

15. How often did you drink the following beverages in the past week?

	Never or less than 1 time per week	1 time per week	2-4 times per week	5-6 times per week	1 time per day	2-3 times per day	4 or more times per day
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Fruit drinks (such as Snapple, flavored teas, Capri Sun, and Kool-Aid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Sports drinks (such as Gatorade or PowerAde); these drinks usually do not have caffeine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Regular soda or pop (include all kinds such as Coke, Pepsi, 7-Up, Sprite, root beer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Energy drinks (such as Rockstar, Red Bull, Monster, and Full Throttle); these drinks usually have caffeine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Diet soda or pop (include all kinds)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Carbonated water (such as soda water, sparkling water, or seltzer water); these drinks sometimes have caffeine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. In a typical month, how often do you or others in your household buy or get food from the following places?

Never or less than one time per month About one time per month About two or three times per month About one time per week Two or more times per week

a. Supermarket or grocery store	<input type="radio"/>				
b. Convenience store or gas station	<input type="radio"/>				
c. Dollar store	<input type="radio"/>				
d. Food shelf or food pantry	<input type="radio"/>				
e. Community food distribution	<input type="radio"/>				
f. Meal subscription service (such as HelloFresh, Blue Apron, etc.)	<input type="radio"/>				
g. Online food retailer	<input type="radio"/>				
h. Some other place	<input type="radio"/>				

17. During the past 12 months, how often did you worry that your food would run out before you had money to buy more?

Often Sometimes Rarely Never

18. During the past 30 days, other than your regular job, did you participate in any physical activity or exercise such as running, calisthenics, golf, gardening or walking for exercise?

Yes No

19. During an average week, other than your regular job, how many days do you get at least 30 minutes of moderate physical activity? Moderate activities cause only light sweating and a small increase in breathing or heart rate.

0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days

20. During an average week, other than your regular job, how many days do you get at least 20 minutes of vigorous physical activity? Vigorous activities cause heavy sweating and a large increase in breathing or heart rate.

0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days

21. Where do you usually do exercise or physical activities?

(Mark ALL that apply)

- At home
- At work
- At a health club, fitness center, or gym
- At a public recreation facility or community center
- Somewhere outdoors (park, trails, etc.)
- Some other place
- Not applicable—I do not do or I am unable to do physical activities

Appendix D: Crow Wing County Community Health Survey Questions and Results

22. Please indicate whether you use the following resources and facilities in your community.

	I use this	I do not use this	My community does not have this
a. Shared use paths (i.e., bike and walking paths)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Public swimming pools or water parks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Parks, playgrounds or sports fields	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Schools, colleges or universities that are open for public use for exercise or physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. A shopping mall for physical activity or walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Health club, fitness center or gym	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Nearby waterways, such as creeks, rivers and lakes for water-related activities (canoeing, swimming, kayaking, skating, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. How much of a problem are the following factors for you in terms of preventing you from being more physically active?

	Not a problem	A small problem	A big problem
a. Lack of time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Lack of support from family or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. No one to exercise with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The cost of fitness programs, gym memberships or admission fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Public facilities (schools, sports fields, etc.) are not open or available at the times I want to use them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Not having sidewalks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Poor maintenance of sidewalks or walking paths/trails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Traffic problems (excessive speed, too much traffic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Distance I have to travel to fitness, community center, parks or walking trails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. No safe place to exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I don't like to exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Lack of self-discipline or willpower	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Other reasons _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. When was the last time you...

	Within the past year	Within the past 2 years	Within the past 5 years	5 or more years ago	Never	Does not apply to me
a. Had your blood pressure checked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Had your blood cholesterol checked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Had your blood sugar or A1C checked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Had any screening for colon cancer (such as fecal occult blood test, colonoscopy, barium enema, proctoscopic exam, or sigmoidoscopy)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Had any screening for mental health issues such as depression or anxiety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Had a mammogram?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Had a Pap smear?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Performed a breast self-exam?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Had a prostate exam?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Where do you prefer to hear about health and wellness information or events in Crow Wing County?

(Mark ALL that apply)

<input type="radio"/> E-mail	<input type="radio"/> Websites
<input type="radio"/> Social media (Facebook, X, Twitter, Instagram, etc.)	<input type="radio"/> Broadcast (television, radio, etc.)
<input type="radio"/> Printed publications (Newspaper, newsletter, magazines)	<input type="radio"/> Family/Friends (word of mouth)
<input type="radio"/> Digital publications (digital newsletters, digital magazines)	<input type="radio"/> Healthcare Professionals (doctors, nurses or other medical professionals)
<input type="radio"/> OnDemand (mobile apps, podcasts, YouTube, webinars, etc.)	<input type="radio"/> Professional Organizations (social service, peer support groups, etc.)
<input type="radio"/> Text messages	<input type="radio"/> Other _____

Appendix D: Crow Wing County Community Health Survey Questions and Results

26. How familiar are you with the *Crow Wing Energized* health initiative?

Very familiar Somewhat familiar Not familiar

27. Have you smoked at least 100 cigarettes in your entire life? (100 cigarettes = 5 packs)

Yes No ► IF NO, GO TO QUESTION 30

28. Do you now smoke cigarettes every day, some days, or not at all?

Every day ► GO TO QUESTION 29
 Some days ► GO TO QUESTION 29
 Not at all ► GO TO QUESTION 30

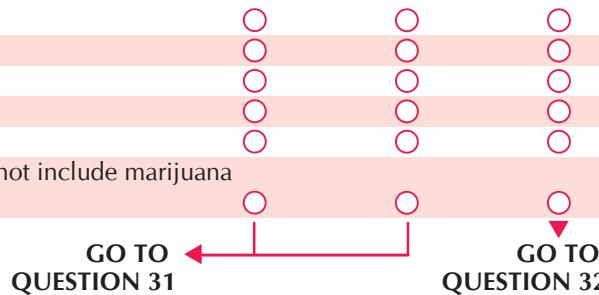
29. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit?

Yes No

30. How often do you use any of the following products?

a. Cigars, cigarillos, or little cigars
b. Pipes
c. Snuff, snus or chewing tobacco
d. Any other type of tobacco product
e. Marijuana
f. E-cigarettes or vaping device to smoke nicotine products (do not include marijuana or THC products)

Every day Some days Not at all



31. The following is a list of common reasons that people use e-cigarettes. For each, please indicate whether or not it is a reason you use or have used e-cigarettes.

a. To quit other tobacco products
b. To cut down on other tobacco products
c. Because they are affordable
d. Because they come in menthol flavor
e. Because they come in flavors other than menthol
f. Because they are allowed in places where other tobacco products are not allowed
g. Because you were curious about e-cigarettes
h. Because you think they might be less harmful than other tobacco products
i. For some other reason _____

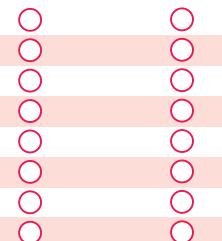
Yes No

32. Where have you seen people smoke tobacco OR e-cigarettes in Crow Wing County?

(Mark ALL that apply)

a. A restaurant or bar outdoor patio
b. An outdoor shopping mall or strip mall
c. A community sports event
d. A park
e. A parking lot
f. A building entrance
g. Somewhere else outdoors
h. Some other place _____

Tobacco E-cigarettes



33. Which of the following substances have you used at least once during the past 30 days for non-medical purposes?

(Mark ALL that apply)

Marijuana (including using via an e-cigarette cartridge, smoking, hashish, wax, edibles, etc.)
 Pain relievers (Oxycodone, Vicodin, Acetaminophen with Codeine, etc.)
 Tranquilizers or sedatives (Xanax, Ativan, Valium, benzos, etc.)
 Stimulants (methamphetamine or other amphetamines, Adderall, Ritalin, and speed)
 Cocaine or crack

Heroin
 Fentanyl
 Hallucinogens (Ecstasy, MDMA, PCP, etc.)
 Inhalants (Whip-its, glue, spray paint, etc.)
 Synthetics (K2, spice, bath salts etc.)
 Other (Please specify) _____
 None of these

Appendix D: Crow Wing County Community Health Survey Questions and Results

34. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?

Yes No ► IF NO, GO TO QUESTION 38

35. During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage? →

		Days
0	0	
1	1	
2	2	
3	3	
4		
5		
6		
7		
8		
9		

36. During the past 30 days, on the days when you drank, about how many drinks did you drink on average?

(One drink is equivalent to a 12-oz. beer, a 5-oz. glass of wine, or a drink with one shot of liquor.)

1 drink 6 drinks
 2 drinks 7 drinks
 3 drinks 8 drinks
 4 drinks 9 drinks
 5 drinks 10 drinks or more

37. Considering all types of alcoholic beverages, how many times during the past 30 days did you have...?

FOR FEMALES:
4 or more drinks
on an occasion

		Times
0	0	
1	1	
2	2	
3	3	
4		
5		
6		
7		
8		
9		

FOR MALES:
5 or more drinks
on an occasion

		Times
0	0	
1	1	
2	2	
3	3	
4		
5		
6		
7		
8		
9		

38. During the past 12 months, did you drive or ride in any of the following types of vehicles when you thought that the driver had too much to drink?

	Yes, I drove	Yes, I rode	No
a. Car or truck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Motorcycle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Boat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Snowmobile/ATV/Jet Ski	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. Do you have access to transportation when you need it for going to...

a. Work or school?
b. Medical or other health care appointments?
c. Get groceries?
d. See friends or relatives?
e. Recreational activities?

	Always	Most of the time	Only sometimes	Hardly ever	I don't do this
a. Work or school?	<input type="radio"/>				
b. Medical or other health care appointments?	<input type="radio"/>				
c. Get groceries?	<input type="radio"/>				
d. See friends or relatives?	<input type="radio"/>				
e. Recreational activities?	<input type="radio"/>				

40. What is the main way you usually get around for things like work, shopping, medical visits, etc?

(Mark UP TO 3)

My own vehicle (car, truck, van, motorcycle)
 Get rides from family/friends
 Public transportation such as Brainerd and Crow Wing Public Transit/Dial-A-Ride (or any other kind of bus transit)
 Medi-Van

Taxi service
 Carpool or vanpool
 Bicycle
 Walk
 I don't have any regular transportation
 Other transportation method _____

41. How often do you feel safe in your community?

Always Often Sometimes Rarely Never

41a. Why do you feel this way? _____

42. During the past 12 months, how often did you worry about not having enough money to pay your rent, mortgage or other housing costs?

Always Often Sometimes Rarely Never

Appendix D: Crow Wing County Community Health Survey Questions and Results

43. Do you own or rent your current residence?

- Own
- Rent
- Other arrangement _____

44. During the past 12 months, have you experienced any issues keeping your housing?

(Mark ALL that apply)

<input type="radio"/> I did not have any issues keeping housing	<input type="radio"/> Could not afford rent or mortgage
<input type="radio"/> Issues with landlord	<input type="radio"/> Poor or substandard conditions
<input type="radio"/> Issues with neighbors	<input type="radio"/> Change in family or household situation (health issues, aging out, roommate left, etc.)
<input type="radio"/> Cost of utility payments	<input type="radio"/> Other: _____
<input type="radio"/> Lost income	

COMMUNITY CONCERN

45. In your opinion, how much of a problem is each of these issues in your county?

No Problem	Minor Problem	Moderate Problem	Serious Problem
------------	---------------	------------------	-----------------

A. ISSUES FOR FAMILIES

1. Families experiencing financial stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Parents with inadequate or poor parenting skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Childhood trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Abuse and neglect of children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Abuse and neglect of vulnerable adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

No Problem	Minor Problem	Moderate Problem	Serious Problem
------------	---------------	------------------	-----------------

B. DISCRIMINATION

1. Discrimination based on race, color, ethnicity or country of origin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Discrimination based on age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Discrimination based on gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Discrimination based on sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Discrimination based on gender identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Discrimination based on disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Discrimination based on religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Discrimination based on something else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify: _____

No Problem	Minor Problem	Moderate Problem	Serious Problem
------------	---------------	------------------	-----------------

C. ALCOHOL, TOBACCO, AND OTHER DRUG USE

1. Smoking or other tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Abuse of prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Alcohol abuse among those aged 21 or over	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Alcohol use among those under 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Adults allowing or tolerating youth alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Drinking and driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Illegal drug use among youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Illegal drug use among adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

No Problem	Minor Problem	Moderate Problem	Serious Problem
------------	---------------	------------------	-----------------

D. MENTAL HEALTH

1. Depression among youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Depression among adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Suicide among youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Suicide among adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Other mental health issues, such as anxiety or panic attacks, memory loss, Alzheimer's or another form of dementia, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Difficulty obtaining mental health services for youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Difficulty obtaining mental health services for adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix D: Crow Wing County Community Health Survey Questions and Results

46. What was your sex assigned at birth?

- Male
- Female

47. What is your gender identity?

- Cisgender Male (Born and identify as male)
- Cisgender Female (Born and identify as female)
- Transgender Male
- Transgender Female
- Non-binary
- Gender Fluid
- Two-Spirit
- Other _____

48. Your age group:

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 or older

49. Are you of Hispanic or Latino/a origin?

- Yes
- No

50. Which of the following best describes you?

(Mark ALL that apply)

- American Indian or Alaska Native
- Asian or Asian American
- Black or African American or African
- Native Hawaiian or Pacific Islander
- White
- Other

51. How tall are you without shoes?

	Feet	Inches
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10		
11		

52. Approximately how much do you weigh?

		Pounds
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

53. Including yourself, how many adults live in your household?

Adults:

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12+

54. Your education level:

- Did not complete 8th grade
- Did not complete high school
- High school diploma/GED
- Trade/Vocational school
- Some college
- Associate degree
- Bachelor's degree
- Graduate/Professional degree

55. Household income per year:

- Less than \$20,000
- \$20,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$149,999
- \$150,000 or more

56. Are you currently... (Mark ALL that apply)

- Employed
- Self-employed or farmer
- Unemployed or out of work
- A homemaker or stay-at-home parent
- A student
- Retired
- Unable to work because of a disability

Thank you for your participation!

Demographics

What is your age group?		
	Number	%
18-24	0	0%
25-34	0	0%
35-44	0	0%
45-54	5	16%
55-64	4	13%
65-74	14	44%
75 and above	9	28%
Total	32	100.00%

What is your gender identity?		
	Number	%
Male	5	16%
Female	27	84%
Transgender male	0	0%
Transgender female	0	0%
Non-binary	0	0%
Gender fluid	0	0%
Two spirit	0	0%
Total	32	100%

What is your zip code?		
	Number	%
56444	9	28%
56472	5	16%
56442	3	9%
56401	3	9%
56425	2	6%
56431	2	6%
56465	2	6%
56441	2	6%
56450	1	3%
56468	1	3%
56455	1	3%
56058	1	3%
Total	32	100%

Community Health Perceptions

Q1: In general, how would you describe the overall health of people in our community?		
	Number	%
Excellent	1	3%
Very good	4	13%
Good	17	53%
Fair	8	25%
Poor	2	6%
Total	32	100%

Q2: What do you believe are the top 3 health issues currently facing our community?		
	Number	%
Obesity	23	72%
Mental health	19	59%
Chronic disease	16	50%
Substance abuse	14	44%
Financial stress	15	47%
Food insecurity	7	22%
Binge drinking	3	9%

**Q3: Which groups of people in our community have the most trouble staying healthy?
(Check all that you think are true)**

Answer	Number	%
Low-income individuals	26	81.3%
Seniors	22	68.8%
Individuals with disabilities	13	40.6%
Children	9	28.1%
Racial and ethnic minorities	6	18.8%
Rural residents	6	18.8%
LGBTQ+	5	15.6%

Q4: How would you rate the availability of quality healthcare services in our community?

Answer	Number	%
Very available	22	69%
Somewhat available	8	25%
Not available	0	0%
Not sure	2	6%
Total	32	100%

**Q5: To what extent do the following social factors negatively impact health in our community?
(1 = No Impact, 5 = Major Impact)**

Answer	Number	%
Housing Instability		
1	4	13%
2	1	3%
3	8	25%
4	5	16%
5	14	44%
Total	32	100%
Food Insecurity		
1	2	6%
2	5	16%
3	7	22%
4	10	31%
5	8	25%
Total	32	100%
Employment and Income		
1	0	0%
2	4	13%
3	7	22%
4	12	38%
5	9	28%
Total	32	100%

**Q5: To what extent do the following social factors negatively impact health in our community?
(1 = No Impact, 5 = Major Impact)**

Answer	Number	%
Transportation Access		
1	2	6%
2	2	6%
3	8	25%
4	7	22%
5	13	41%
Total	32	100%
Educational Access		
1	8	25%
2	6	19%
3	8	25%
4	5	16%
5	5	16%
Total	32	100%

Access to Care and Services

Q6: Do you believe community members can get care when they need it?

	Number	%
Yes	21	66%
No	3	9%
Not Sure	8	25%
	32	100%

Q7: What are the top barriers to healthcare access in our community? (select up to 3)

	Number	%
Insurance doesn't cover	18	56%
No insurance	17	53%
Cost	17	53%
Lack of transportation	14	44%
Appointment availability	11	34%
Don't believe the issue is serious enough	8	25%
No access to telehealth or virtual visits	1	3%

Q8: How accessible are mental health services in our community?

Answer	Number	%
Very accessible	5	15.6%
Somewhat accessible	21	65.6%
Not accessible	1	3.1%
Not sure	5	15.6%
Total	32	100.0%

Q9: What are the top 2 barriers to accessing mental health services?

	Number	%
Nervous, afraid or embarrassed	18	56%
Lack of information / Not knowing where to go	10	31%
Appointment availability	9	28%
No insurance	6	19%
Don't believe the issue is serious enough	6	19%
Cost	6	19%
Insurance doesn't cover	6	19%
Lack of transportation	3	9%
No access to telehealth or virtual visits	0	0%

Q10: What gaps do you see in preventive care (e.g screenings, immunizations, wellness visits)?			
	Number	%	
Lack of Understanding / Education Around Preventive Care	8	25%	<ul style="list-style-type: none"> a) All parents are skeptical and need better education b) Lack of education on immunizations c) Understanding the importance of all of the above d) Community awareness e) Education about nutrition and physical activity f) People feeling that don't need screenings if they feel fine. Then they wait too long and end up with a medical problem
Preventive Care Access Issues <i>Availability & system limitations</i>	6	19%	<ul style="list-style-type: none"> a) Because the area has grown a lot in recent years, it takes longer to see a doctor. b) Limited access to affordable, consistent preventive services like wellness visits, cancer screenings, and vaccines for uninsured or underinsured adults. c) Scheduling out to far d) Lack of screening availability e) Wellness visit access
Vaccine Hesitancy and Immunization Refusal <i>Notable rise in resistance</i>	3	9%	<ul style="list-style-type: none"> a) One of the most concerning gaps in preventive care is the growing impact of misinformation and the politicization of immunizations, which has led to increased vaccine hesitancy—even among populations who are historically at higher risk for poor health outcomes. This has made it more difficult to ensure community-wide protection against preventable diseases, especially in rural areas and among vulnerable families who already face barriers to care. b) Rebuilding confidence in public health measures like immunization requires education, outreach, and community partnership, not politicized rhetoric.

Q10: What gaps do you see in preventive care (e.g screenings, immunizations, wellness visits)?			
	Number	%	
Financial Barriers and Insurance Gaps	10	31%	<ul style="list-style-type: none"> a) Parents are skeptical and need better education b) Insurance co-pays, no insurance, ability to take off work. c) Can't afford healthcare. Especially eye and dental care. d) No offerings for free or reduced 1 day events in easily accessible locations to people to go. Example - hosting a Flu Shot drive through style event at the Cub Foods parking lot. Or mammogram screenings mobile and low cost; or an event where people could sponsor to pay for a woman's mammogram to help someone that can't afford it. Critical to get people screened. Same thing for colon cancer screening. Maybe those kits that people can use to do the initial screening with some type of follow up for positive testing to get a colonoscopy at an affordable cost. e) Limited access to affordable, consistent preventive services like wellness visits, cancer screenings, and vaccines for uninsured or underinsured adults. f) Cost of Immunizations g) Cost of drugs and health insurance h) Insurance co-pays, no insurance, ability to take off work. i) Full panel comprehensive blood testing. Many healing modalities not covered by insurance. Hot/cold therapy, massage, red light, IV, etc.

Health Behaviors and Community Assets

Q12: What are the most common unhealthy behaviors in our community? (Check all that apply)		
	Number	%
Physical inactivity	27	84%
Substance use	22	69%
Tobacco Use	21	66%
Excessive alcohol use	19	59%
Poor nutrition	16	50%
Distracted or drunk driving	8	25%

Q13: What are the main barriers to healthy eating in our community? (Check all that apply)		
	Number	%
Cost	27	84%
Lack of knowledge	20	63%
Lack of healthy options	8	25%
Transportation	8	25%
Distance to stores	6	19%
Bar food	1	3%

Q14: What are the main barriers to physical activity? (Check all that apply)		
	Number	%
Lack of self-discipline or willpower	25	78%
Cost of fitness programs	15	47%
Lack of time	12	38%
Weather	12	38%
Distance to travel to fitness, community center, park, or trails	10	31%
Lack of support from family or friends	8	25%
Public facilities (schools, sports fields, etc.) are not open or available	7	22%
Traffic problems	2	6%
No safe place to exercise	2	6%
Poor maintenance of infrastructures	1	3%
Not physically able, poor health	1	3%

Q15: What community assets or programs help promote health and well-being?		
	Number	%
Gyms	10	31%
Not sure	7	22%
Bike/walking trails	6	19%
Education	5	16%
Churches	3	9%
Community center	2	6%
Silver sneakers / Walk with a Doc	2	6%
Crow Wing Energized	2	6%
Programs around domestic violence	2	6%
Family activities	1	3%
Youth sports	1	3%
Library	1	3%
Parks/Water sports	1	3%
Community efforts to end hunger and addiction	1	3%

Q16: What would improve community health the most? (Choose a maximum of 3 priorities)		
	Number	%
More mental health services	15	47%
Affordable housing	14	44%
Nutrition education	14	44%
More appointment availability	13	41%
Community outreach	10	31%
Better transportation	9	28%
More healthcare providers	7	22%
Holistic approach	1	3%

Demographics

Q1 - What is your role at CRMC		
Answer	Number	%
Family Practice	10	55.6%
Emergency Medicine	1	5.6%
Hospitalist	1	5.6%
Internal Medicine	1	5.6%
Medical Weight Management	1	5.6%
Speciality Care	4	22.2%
Total	18	

Community Health Perceptions

Q2: In general, how would you describe the overall health of people in our community?		
Answer	Number	%
Poor		0.0%
Fair	9	50.0%
Good	8	44.4%
Very good		0.0%
Excellent	1	5.6%

Q3: What do you believe are the top 3 health issues currently facing our community?*

Answer	Number	%
Mental health (depression, anxiety, panic attacks)	15	83.3%
Obesity	14	77.8%
Chronic disease	11	61.1%
Substance Abuse	6	33.3%
Families experiencing financial stress	4	22.2%
Binge drinking	1	5.6%
Food insecurities	1	5.6%

Q4: Which groups of people in our community have the most trouble staying healthy? (Check all that you think are true)

Answer	Number	%
Low-income individuals	17	94.4%
Seniors	13	72.2%
Individuals with disabilities	9	50.0%
Children	6	33.3%
Racial and ethnic minorities	3	16.7%
Rural residents	1	5.6%
LGBTQ+ individuals	1	5.6%
Other		0.0%

Q5: How would you rate the availability of quality healthcare services in our community?

Answer	Number	%
Very available	7	38.9%
Somewhat available	10	55.6%
Not available		0.0%
Not sure	1	5.6%
Total	18	

Appendix F: CRMC Clinician Survey Questions and Results

Q6: To what extent do the following social factors negatively impact health in our community? (1 = No Impact, 5 = Major Impact)*

Answer	Number	%
Housing instability		
1 - No Impact		0.0%
2	2	11.1%
3	11	61.1%
4	3	16.7%
5 - Major impact	2	11.1%
Total	18	
Answer	Number	%
Food insecurity		
1 - No Impact		0.0%
2	7	38.9%
3	7	38.9%
4	2	11.1%
5 - Major impact	2	11.1%
Total	18	
Employment and income		
1 - No Impact		0.0%
2	3	16.7%
3	8	44.4%
4	7	38.9%
5 - Major impact		0.0%
Total	18	

Q8: What are the top barriers to healthcare access in our community? (Select up to 3)

Answer	Number	%
Appointment availability	8	44.4%
Don't believe the issue is serious enough	3	16.7%
Lack of Transportation	12	66.7%
Cost	11	61.1%
No insurance	7	38.9%
Insurance doesn't cover it	7	38.9%
No access to telehealth or virtual visits	1	5.6%
Other		0.0%

Q6: To what extent do the following social factors negatively impact health in our community? (1 = No Impact, 5 = Major Impact)*

Answer	Number	%
Educational access		
1 - No Impact	1	5.6%
2	9	50.0%
3	5	27.8%
4	3	16.7%
5 - Major impact	0	0.0%
Total	18	
Answer	Number	%
Transportation access		
1 - No Impact		0.0%
2		0.0%
3	6	33.3%
4	10	55.6%
5 - Major impact	2	11.1%
Total	18	

Q7: Do you believe community members can get care when they need it?

Answer	Number	%
Yes	14	77.8%
No	2	11.1%
Not sure	2	11.1%
Total	18	

Q9: How accessible are mental health services in our community?

Answer	Number	%
Very accessible		0.0%
Somewhat accessible	14	77.8%
Not accessible	3	16.7%
Not sure	1	5.6%
Total	18	

Appendix F: CRMC Clinician Survey Questions and Results

Q10: What are the top 2 barriers to accessing mental health services?*		
Answer	Number	%
Appointment availability	12	67%
Lack of information/not knowing where to go	7	39%
Nervous, afraid or embarrassed	6	33%
Cost	5	28%
Insurance wouldn't cover it	3	17%
Don't believe the issue is serious enough	2	11%
Lack of transportation	2	11%
Other	2	11%
No insurance	1	6%
No access to telehealth or virtual visits	1	6%

Q11: What gaps do you see in preventive care?		
Area	#	Common Themes
Lack of Understanding or Education Around Preventive Care	8	<ul style="list-style-type: none"> - Don't understand what preventive care is - Assumption that screenings are fully covered (e.g., Medicare wellness visits) - Parents delay or skip well-child checks - Beliefs or misconceptions affect screening participation (e.g., personal)
Preventive Care Access Issues <i>Availability & system limitations</i>	5	<ul style="list-style-type: none"> - Appointment availability / clinic access - Infrequent follow-up with primary care - Delays in well-child checks due to scheduling issues - Underutilization of LDCT for lung cancer screening - Information should be sent to those not coming in
Vaccine Hesitancy and Immunization Refusal <i>Notable rise in resistance</i>	3	<ul style="list-style-type: none"> - Pediatric immunization refusal - Significant increase in vaccine hesitancy for all ages - Immunization resistance related to politics
Financial Barriers and Insurance Gaps	2	<ul style="list-style-type: none"> - Often overlooked or misunderstood - Lack of insurance or coverage - Screenings not being free despite public messaging - Financial concerns influence care-seeking behavior
Systemic and Structural Challenges <i>Healthcare culture & time constraints</i>	3	<ul style="list-style-type: none"> - Preventive care not prioritized - Providers lack time for in-depth counseling on lifestyle/prevention - Patients expect wellness visits to address all concerns—creates time strain - Compliance with recommendations is inconsistent

Healthy Behaviors and Community Assets

Q12: How would you rate the quality of care received by most people in our community?*

Answer	Number	%
Excellent	4	22.2%
Very good	7	38.9%
Good	7	38.9%
Fair	0	0.0%
Poor	0	0.0%
Not Sure	0	0.0%
Total	18	

**Q13: What are the most common unhealthy behaviors in our community?
(Check all that apply)***

Answer	Number	%
Tobacco use	11	61.1%
Substance use	9	50.0%
Poor nutrition	12	66.7%
Physical inactivity	15	83.3%
Excessive alcohol use	10	55.6%
Distracted/drunk driving	2	11.1%
Other	0	0.0%

**Q14: What are the main barriers to healthy eating in our community?
(Check all that apply)**

Answer	Number	%
Lack of Knowledge	14	77.8%
Cost	13	72.2%
Lack of healthy options	4	22.2%
Transportation	3	16.7%
Other: addictions to junk food	2	11.1%
Lack of readiness to change/willingness to learn/commit to change	2	11.1%
Distance to stores	1	5.6%
Additional training needed on nutrition and metabolic disease	1	5.6%
Cultural attitudes toward food choices	1	5.6%

**Q15: What are the main barriers to physical activity?
(Check all that apply)**

Answer	Number	%
Lack of self-discipline or willpower	15	83.3%
Lack of time	7	38.9%
Weather	6	33.3%
Cost of fitness programs	5	27.8%
Distance to travel to fitness, community center, park or trails	4	22.2%
Lack of support from family or friends	3	16.7%
Poor maintenance of infrastructures	2	11.1%
Public facilities (schools, sports field, etc.) are not open or available all the time	1	5.6%
Traffic problems		0.0%
No safe place to exercise		0.0%
Other		0.0%

Appendix F: CRMC Clinician Survey Questions and Results

Q16: What community assets or programs help promote health and well-being?		
Answer	Number	%
Community Center	7	39%
Lunch & learn/education, events promoting activity	6	33%
Bike/walking trails	6	33%
Discounted gym memberships	3	17%
Free of charge	2	11%
Churches	2	11%
Soup kitchens & community table	2	11%
Clinic	1	6%
Access to playgrounds	1	6%
Counseling Services	1	6%
Walk with a Doc	1	6%
Pickle ball courts	1	6%
Medical Weight Management program	1	6%
Youth Sports	1	6%
Childcare facility to facilitate healthy eating and exercises	1	6%
Public schools	1	6%
Senior center	1	6%
Community Paramedics	1	6%
Crow Wing Energized	1	6%
Community Resource Information	1	6%
More resources in Breezy, Baxter & Longville	1	6%

Q17: What would improve community health the most? (Choose a maximum of 3 priorities)		
Answer	Number	%
More mental health services	14	77.8%
Nutrition education	7	38.9%
Community outreach	7	38.9%
Affordable housing	6	33.3%
Better transportation	6	33.3%
More appointment availability	5	27.8%
More healthcare providers	2	11.1%
Free medical clinic	1	5.6%
More knowledgeable on nutrition & health promotion through healthy food choices	1	5.6%
Dollars - many of my older patients are so restricted because of their fixed income	1	5.6%

Stakeholder Experience & Opportunities

**Q18: Which sectors would you like to see more collaboration with?
(Check all that apply)**

Answer	Number	%
Schools	12	66.7%
Public health	12	66.7%
Healthcare providers	6	33.3%
Government	3	16.7%
Nonprofits	4	22.2%
Faith-based organizations	3	16.7%
Business	6	33.3%
Housing	6	33.3%
Transportation	6	33.3%
Law enforcement	3	16.7%
Other		0.0%

Q19: What resources or partnerships would you like to see to better serve the health needs of the community?

Answer	Number	%
Mental Health Resources/Services	4	22%
Day care	2	11%
Transportation	2	11%
Public Health events	2	11%
Food shelf	1	6%
Nutrition education	3	17%
Community Groups	1	6%
Business partnering	1	6%
More Mental Health Providers	1	6%
Home health services	1	6%
Not sure	3	17%
Changes to insurance	2	11%
Community resources	1	6%
Cost/Billing	1	6%
Investments in infrastructure	1	6%