



2025 COMMUNITY HEALTH NEEDS ASSESSMENT

Aitkin County, Minnesota

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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Aitkin County, the service area of Riverwood Healthcare Center. A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

This assessment was conducted on behalf of Riverwood Healthcare Center by Professional Research Consultants, Inc. (PRC), a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

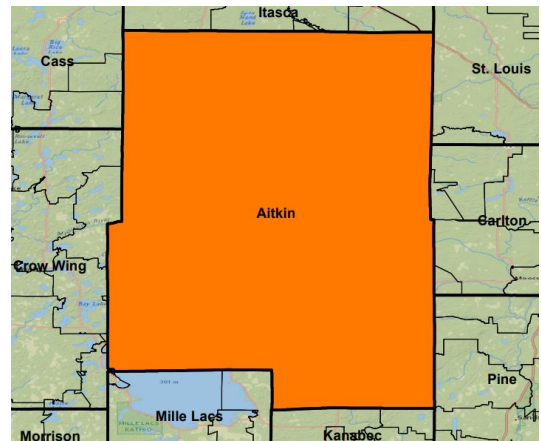
Quantitative data input for this assessment includes secondary research (vital statistics and other existing health-related data) that allows for comparison to benchmark data at the state and national levels.

Qualitative data input includes primary research among community leaders gathered through an Online Key Informant Survey.

Community Defined for This Assessment

The study area for this effort is generally defined as Aitkin County, Minnesota. This community definition, determined based on the residences of most recent patients of Riverwood Healthcare Center, is illustrated in the adjacent map.

That said, some findings used in this assessment were taken from a community survey that looked at a broader area beyond Aitkin County (see description below).



Community Survey

Riverwood Healthcare Center (RHC) completed a community health survey in 2024 to better understand the health needs of residents. RHC worked with the Minnesota Department of Health (MDH) Community Health Division, who provided technical support and data analysis. Survey Systems, Inc. developed, sent, and received surveys from participants. Survey packets were sent to 3,000 random addresses in the primary service area and the secondary service area (outlined below).

Primary Service Area

56431	Aitkin
56469	Palisade
55760	McGregor
56444	Deerwood
56450	Garrison

Secondary Service Area

56350	McGrath
55748	Hill City
55787	Tamarack
55735	Finlayson
55752	Jacobson
55785	Swatara
56342	Isle



Survey packets were mailed out on August 19, 2024, to random households identified within the primary and secondary service areas. Postcard reminders went out August 26, 2024, to households who did not complete the survey. The final mailing went out on September 9, 2024, to households who did not complete the survey. This mailing including an additional copy of the survey to be completed. The survey was closed on October 7, 2024.

A total of 626 surveys were completed. These results are referred to as the “RHC Service Area” or “RHC” in this report.

Online Key Informant Survey

To solicit input from community key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Riverwood Healthcare Center; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 56 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	8
Public Health Representatives	7
Other Health Providers	3
Other Community Leaders	38

Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the organizations outlined below.

- Aitkin County
- Aitkin Acupuncture
- Aitkin Area Chamber of Commerce
- Aitkin County
- Aitkin County CARE, Inc.
- Aitkin County Health and Human Services
- Aitkin Farmers Market Hub
- Aitkin Public Schools
- Aitkin-Itasca-Koochiching Community Health Board
- Carefree Living
- City of Aitkin
- Covenant Pines Bible Camp
- DAC Works
- Grace Lutheran Church
- Healing Opportunity Provided Equally (HOPE)
- Hill City
- Hill City School District
- Lakes and Pines CAC
- Larson Law Office
- Long Lake Conservation Center
- Lundberg Plumbing & Heating
- McGregor School District
- Minnesota Institute for Sustainable Agriculture (MISA)
- Nistler Plumbing & Heating
- Pine Insurance Agency
- Riverwood Auxiliary
- Riverwood Healthcare Center
- Riverwood Patient Family Advisory Council



- Sealander Coaching and Consulting
- Sorenson-Root-Thompson Funeral Home and Cremation Services
- Women, Infants and Children (WIC)

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Aitkin County were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that secondary data reflect county-level data for Aitkin County.

Benchmark Data

Minnesota and National Data

Where possible, state and national data are provided as an additional benchmark against which to compare local findings.

Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.



The Healthy People 2030 framework was based on recommendations made by the Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, “significance” of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs. In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

Riverwood Healthcare Center made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Riverwood Healthcare Center had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Riverwood Healthcare Center will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.



IRS FORM 990, SCHEDULE H COMPLIANCE

For nonprofit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS FORM 990, SCHEDULE H (2022)	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	6
Part V Section B Line 3b Demographics of the community	21
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	89
Part V Section B Line 3d How data was obtained	6
Part V Section B Line 3e The significant health needs of the community	11
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	12
Part V Section B Line 3h The process for consulting with persons representing the community's interests	6
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	121



SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in Aitkin County with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community key informants giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
CANCER	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Cancer Deaths ▪ Cancer Prevalence ▪ Lung Cancer Incidence ▪ Colorectal Cancer Incidence
DISABLING CONDITIONS	<ul style="list-style-type: none"> ▪ Disability Prevalence
HEART DISEASE & STROKE	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Heart Disease Deaths ▪ Stroke Deaths ▪ High Blood Pressure Prevalence ▪ High Blood Cholesterol Prevalence
INJURY & VIOLENCE	<ul style="list-style-type: none"> ▪ Unintentional Injury Deaths
MENTAL HEALTH	<ul style="list-style-type: none"> ▪ Suicide Deaths ▪ Social/Emotional Support ▪ Mental Health Provider Ratio ▪ Key Informants: <i>Mental Health</i> ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none"> ▪ Low Food Access ▪ Overweight & Obesity [Adults] ▪ Key Informants: <i>Nutrition, Physical Activity & Weight</i> ranked as a top concern.
ORAL HEALTH	<ul style="list-style-type: none"> ▪ Access to Dentists
RESPIRATORY DISEASE	<ul style="list-style-type: none"> ▪ Lung Disease Deaths



Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment (“Areas of Opportunity” above) was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Mental Health
2. Nutrition, Physical Activity & Weight
3. Disabling Conditions
4. Heart Disease & Stroke
5. Oral Health
6. Cancer
7. Respiratory Disease
8. Injury & Violence

Further, the **social determinants of health** are an important lens through which to understand and address all of these issues.

Hospital Implementation Strategy

Riverwood Healthcare Center will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital’s action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital’s past activities to address the needs identified in the prior CHNA can be found as an appendix to this report.



Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in Aitkin County and the RHC Service Area, grouped by health topic.

Reading the Summary Tables









- In the following tables, Aitkin County or RHC Service Area results are shown in the larger, gray column.
- The columns to the right of the Aitkin County/RHC Service Area column provide comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether Aitkin County or the RHC Service Area compares favorably (☀️), unfavorably (🌧️), or comparably (☁️) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.



Tip: Indicator labels beginning with a “%” symbol are taken from the 2024 Riverwood Healthcare Center Community Health Survey; the remaining indicators are taken from secondary data sources.

Local data are marked according to the geography they represent (Aitkin County data from secondary sources, or RHC Service Area data from the Community Survey).










SOCIAL DETERMINANTS	Aitkin County/ RHC Svc Area	AITKIN CO/RHC SVC AREA vs. BENCHMARKS		
		vs. MN	vs. US	vs. HP2030
Linguistically Isolated Population (Percent)	0.0 [Aitkin County]	 2.2	 3.9	
Population in Poverty (Percent)	12.4 [Aitkin County]	 9.2	 12.4	 8.0
Children in Poverty (Percent)	14.5 [Aitkin County]	 10.6	 16.3	 8.0
% Worry/Stress Over Paying Bills in the Past Year	28.6 [RHC Service Area]			
No High School Diploma (Age 25+, Percent)	6.4 [Aitkin County]	 6.2	 10.6	
Unemployment Rate (Age 16+, Percent)	4.4 [Aitkin County]	 3.2	 4.0	
% Worry/Stress Over Rent/Mortgage in Past Year	22.5 [RHC Service Area]			
Housing Costs Exceed 30% of Income (Percent)	24.7 [Aitkin County]	 24.4	 29.3	
% Worry Over Running Out of Food in Past Year	16.6 [RHC Service Area]			
Population With Low Food Access (Percent)	33.8 [Aitkin County]	 27.4	 22.2	






















 better
  similar
  worse




OVERALL HEALTH	Aitkin County/ RHC Svc Area	AITKIN CO/RHC SVC AREA vs. BENCHMARKS		
		vs. MN	vs. US	vs. HP2030
% "Fair/Poor" Overall Health	13.2 [RHC Service Area]	 15.5	 15.7	

 better
  similar
  worse

ACCESS TO HEALTH CARE	Aitkin County/ RHC Svc Area	AITKIN CO/RHC SVC AREA vs. BENCHMARKS		
		vs. MN	vs. US	vs. HP2030
% Lack Health Insurance	0.9 [RHC Service Area]			
% Went Without Needed Health Care in Past Year	21.7 [RHC Service Area]			
Primary Care Doctors per 100,000	88.1 [Aitkin County]	 88.2	 74.9	
% Routine Checkup in Past Year	81.3 [RHC Service Area]	 75.9	 65.3	

 better
  similar
  worse

CANCER	Aitkin County/ RHC Svc Area	AITKIN CO/RHC SVC AREA vs. BENCHMARKS		
		vs. MN	vs. US	vs. HP2030
Cancer Deaths per 100,000	336.9 [Aitkin County]	 178.5	 182.7	 122.7
% Cancer	13.3 [RHC Service Area]	 12.1	 7.4	
Cancer Incidence per 100,000	489.5 [Aitkin County]	 480.0	 444.4	
Lung Cancer Incidence per 100,000	77.0 [Aitkin County]	 54.4	 53.1	
Female Breast Cancer Incidence per 100,000	117.7 [Aitkin County]	 140.4	 129.8	
Prostate Cancer Incidence per 100,000	120.7 [Aitkin County]	 117.0	 113.2	
Colorectal Cancer Incidence per 100,000	47.2 [Aitkin County]	 36.1	 36.4	
% [Women 50-74] Breast Cancer Screening	76.7 [Aitkin County]		 64.0	 80.5
% [Women 21-65] Cervical Cancer Screening	80.7 [Aitkin County]		 75.4	 84.3
% [Age 45-75] Colorectal Cancer Screening	70.3 [Aitkin County]		 71.5	 74.4

 better
  similar
  worse










		AITKIN CO/RHC SVC AREA vs. BENCHMARKS		
DIABETES	Aitkin County/ RHC Svc Area	vs. MN	vs. US	vs. HP2030
% Diabetes/High Blood Sugar	10.9 [RHC Service Area]	 10.5	 12.8	
		 better	 similar	 worse











		AITKIN CO/RHC SVC AREA vs. BENCHMARKS		
DISABLING CONDITIONS	Aitkin County/ RHC Svc Area	vs. MN	vs. US	vs. HP2030
Disability Prevalence (Percent)	20.2 [Aitkin County]	 11.4	 13.0	
		 better	 similar	 worse




		AITKIN CO/RHC SVC AREA vs. BENCHMARKS		
HEART DISEASE & STROKE	Aitkin County/ RHC Svc Area	vs. MN	vs. US	vs. HP2030
Heart Disease Deaths per 100,000	313.1 [Aitkin County]	 153.0	 207.2	 127.4
Stroke Deaths per 100,000	72.6 [Aitkin County]	 41.4	 48.3	 33.4
% High Blood Pressure	47.6 [RHC Service Area]	 31.1	 40.4	 42.6
% High Cholesterol	42.0 [RHC Service Area]		 32.4	
		 better	 similar	 worse









		AITKIN CO/RHC SVC AREA vs. BENCHMARKS		
INFANT HEALTH & FAMILY PLANNING	Aitkin County/ RHC Svc Area	vs. MN	vs. US	vs. HP2030
Low Birthweight (Percent of Births)	5.5 [Aitkin County]	 7.0	 8.4	
Teen Births per 1,000 Females 15-19	14.2 [Aitkin County]	 9.4	 15.5	
		 better	 similar	 worse










		AITKIN CO/RHC SVC AREA vs. BENCHMARKS		
INJURY & VIOLENCE	Aitkin County/ RHC Svc Area	vs. MN	vs. US	vs. HP2030
Unintentional Injury Deaths per 100,000	104.0 [Aitkin County]	 61.6	 63.3	 43.2
		 better	 similar	 worse










		AITKIN CO/RHC SVC AREA vs. BENCHMARKS		
MENTAL HEALTH	Aitkin County/ RHC Svc Area	vs. MN	vs. US	vs. HP2030
% Diagnosed Mental Health Condition	19.6 [RHC Service Area]			
% "Always/Usually" Experience Hopelessness/Anxiety	5.7 [RHC Service Area]			
% "Rarely/Never" Get the Social/Emotional Support Needed	31.4 [RHC Service Area]			
Suicide Deaths per 100,000	27.6 [Aitkin County]	 14.3	 14.5	 12.8
Mental Health Providers per 100,000	93.0 [Aitkin County]	 360.0	 332.6	
% Unable to Get Mental Health Services in Past Year	9.2 [RHC Service Area]		 13.2	
		 better	 similar	 worse









		AITKIN CO/RHC SVC AREA vs. BENCHMARKS		
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Aitkin County/ RHC Svc Area	vs. MN	vs. US	vs. HP2030
Fast Food Restaurants per 100,000	63.7 [Aitkin County]	 68.0	 80.0	
% No Physical Activity in Past Month	12.4 [RHC Service Area]	 22.8	 30.2	 21.8
% Overweight (BMI 25+)	75.8 [RHC Service Area]	 67.5	 63.3	
% Obese (BMI 30+)	40.3 [RHC Service Area]	 33.3	 33.9	 36.0







		AITKIN CO/RHC SVC AREA vs. BENCHMARKS		
NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	Aitkin County/ RHC Svc Area	vs. MN	vs. US	vs. HP2030
% Diagnosed As Overweight or Obese	43.4 [RHC Service Area]			
		 better	 similar	 worse

		AITKIN CO/RHC SVC AREA vs. BENCHMARKS		
ORAL HEALTH	Aitkin County/ RHC Svc Area	vs. MN	vs. US	vs. HP2030
% Dental Visit in Past Year	72.7 [RHC Service Area]	 68.4	 56.5	 45.0
Dentists per 100,000 (Percent)	31.0 [Aitkin County]	 78.0	 73.4	
		 better	 similar	 worse

		AITKIN CO/RHC SVC AREA vs. BENCHMARKS		
RESPIRATORY DISEASE	Aitkin County/ RHC Svc Area	vs. MN	vs. US	vs. HP2030
Lung Disease Deaths per 100,000	85.2 [Aitkin County]	 38.2	 44.9	
% Asthma	11.2 [RHC Service Area]	 9.8	 17.9	
% Chronic Lung Disease	8.9 [RHC Service Area]	 4.5	 11.0	
		 better	 similar	 worse

		AITKIN CO/RHC SVC AREA vs. BENCHMARKS		
SEXUAL HEALTH	Aitkin County/ RHC Svc Area	vs. MN	vs. US	vs. HP2030
HIV Prevalence per 100,000	34.4 [Aitkin County]	 196.9	 386.6	
Chlamydia Incidence per 100,000	124.2 [Aitkin County]	 379.5	 492.2	
Gonorrhea Incidence per 100,000	49.7 [Aitkin County]	 134.5	 179.0	
		 better	 similar	 worse

		AITKIN CO/RHC SVC AREA vs. BENCHMARKS		
SUBSTANCE USE	Aitkin County/ RHC Svc Area	vs. MN	vs. US	vs. HP2030
% Heavy Drinking	14.9 [RHC Service Area]			
% Binge Drinking	31.1 [RHC Service Area]	 17.0	 30.6	 25.4
% Use Marijuana	10.8 [RHC Service Area]			
Drug Overdose Deaths per 100,000	26.3 [Aitkin County]	 20.8	 29.1	
		 better	 similar	 worse

		AITKIN CO/RHC SVC AREA vs. BENCHMARKS		
TOBACCO USE	Aitkin County/ RHC Svc Area	vs. MN	vs. US	vs. HP2030
% Smoke Cigarettes	8.1 [RHC Service Area]	 12.2	 23.9	 6.1
% Use Any Tobacco Products	13.2 [RHC Service Area]			
		 better	 similar	 worse



COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density.

Total Population
(Estimated Population, 2019-2023)

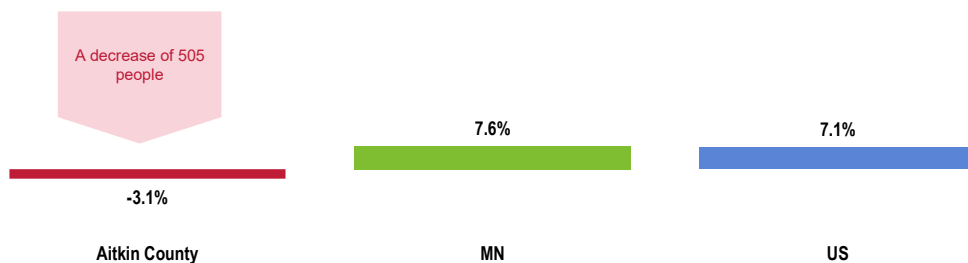
	TOTAL POPULATION	TOTAL LAND AREA (SQUARE MILES)	POPULATION DENSITY (PER SQUARE MILE)
Aitkin County	15,930	1,821.37	9
Minnesota	5,713,716	79,631.47	72
United States	332,387,540	3,533,298.58	94

Sources: • US Census Bureau American Community Survey 5-year estimates.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).

Population Change

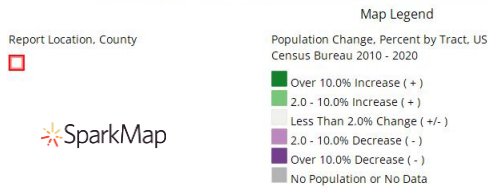
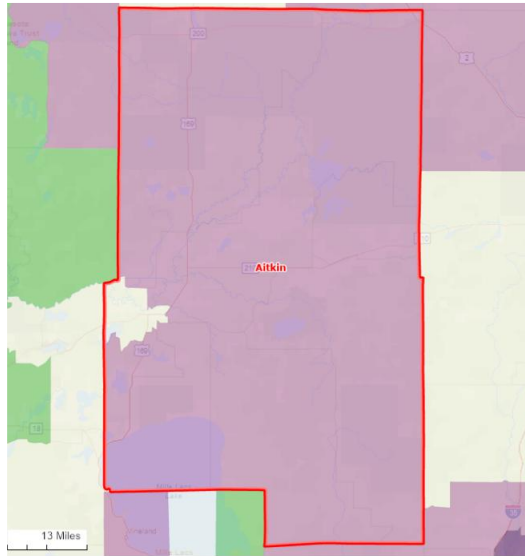
A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources. The following chart and map illustrate the changes that have occurred in Aitkin County between the 2010 and 2020 US Censuses.

Change in Total Population
(Percentage Change Between 2010 and 2020)



Sources: • US Census Bureau Decennial Census (2010-2020).
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).

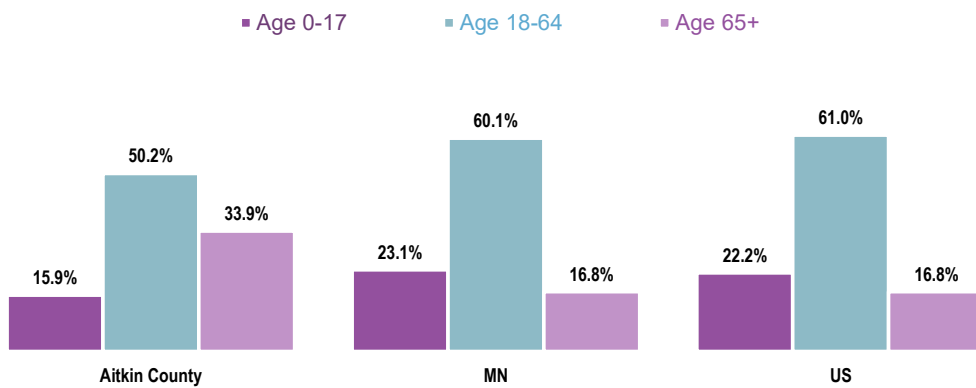




Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

Total Population by Age Groups (2019-2023)



Sources:

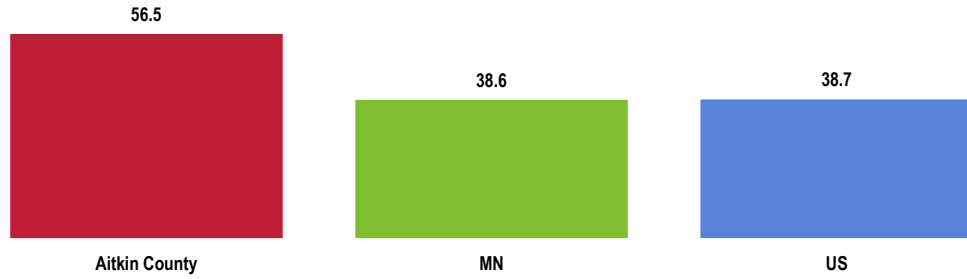
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).



Median Age

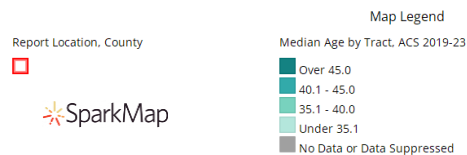
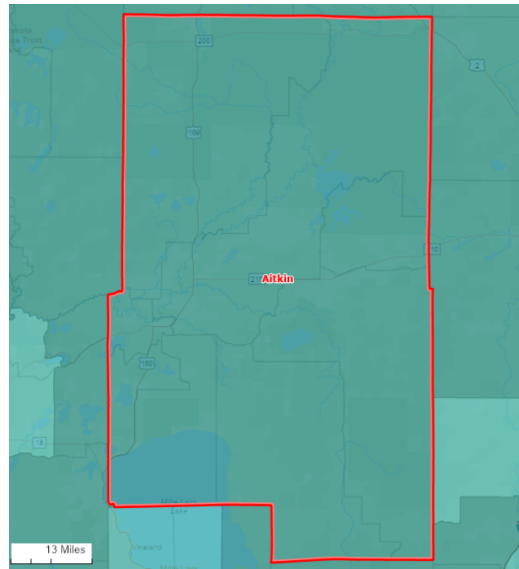
Note the median age of our population, relative to state and national medians.

Median Age (2019-2023)



Sources:

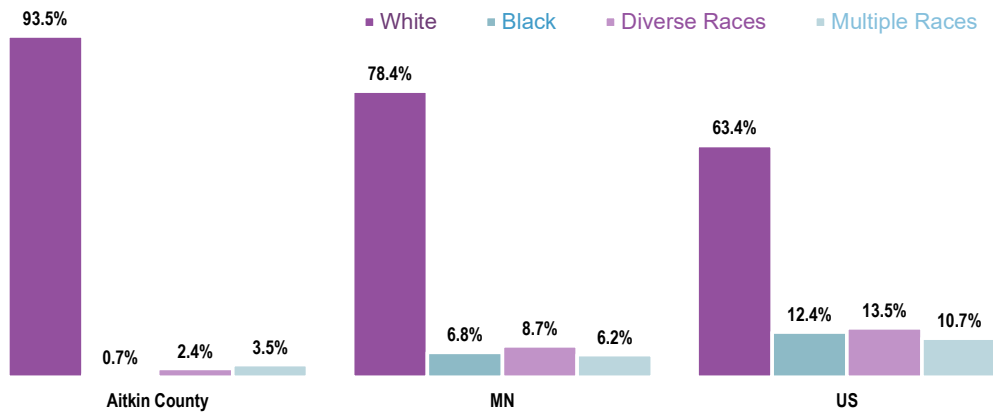
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).



Race & Ethnicity

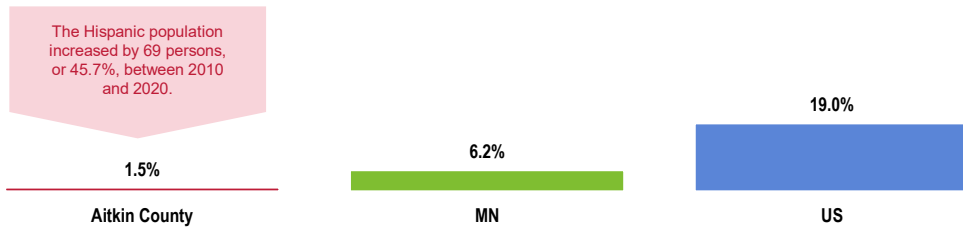
The following charts illustrate the racial and ethnic makeup of our community. “Race Alone” reflects those who identify with a single race category — people who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Total Population by Race Alone (2019-2023)



Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).

Hispanic Population (2019-2023)



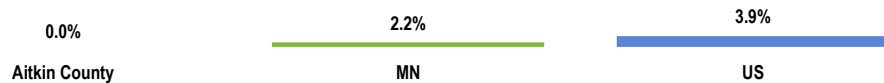
Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).
 Notes: • People who identify their origin as Hispanic, Latino, or Spanish may be of any race.



Linguistic Isolation

This indicator reports the percentage of the population age 5 years and older who live in a home in which: 1) no person age 14 years or older speaks only English; or 2) no person age 14 years or older speaks a non-English language but also speaks English “very well.”

Linguistically Isolated Population (2019-2023)



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Income & Poverty

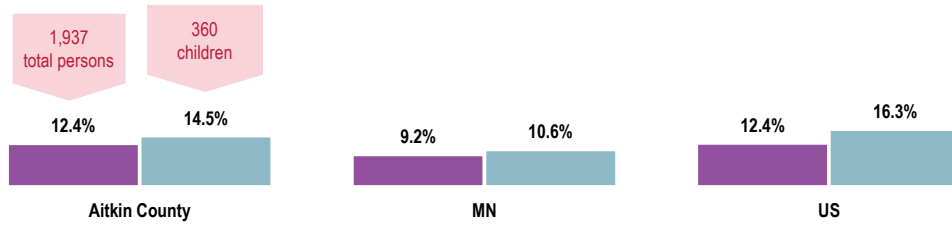
Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to accessing health services, healthy food, and other necessities that contribute to health status. The following chart and maps outline the proportion of our population below the federal poverty threshold, as well as the percentage of children in Aitkin County living in poverty, in comparison to state and national proportions.



Percent of Population in Poverty (2019-2023)

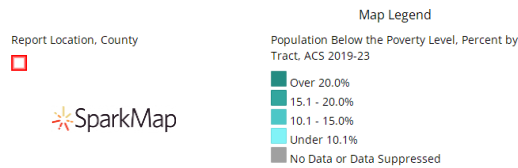
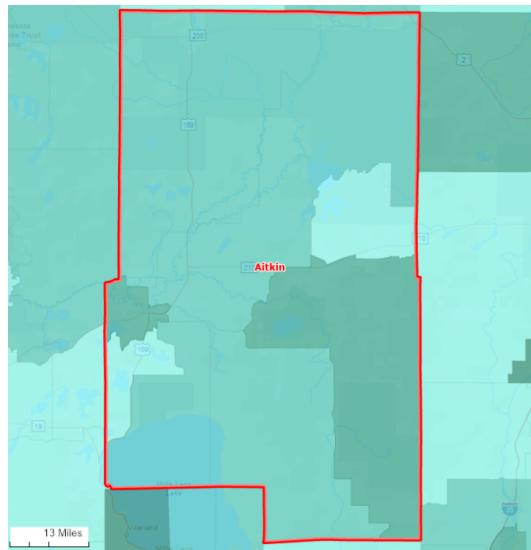
Healthy People 2030 = 8.0% or Lower

■ Total Population ■ Children



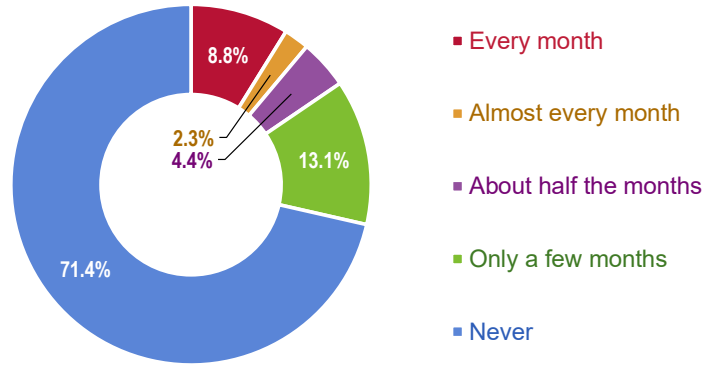
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



SURVEY ▶ “How often in the past 12 months were you worried or stressed about having enough money to pay your bills?”

Frequency of Worry About Being Able to Pay Bills During the Past Year (Riverwood Healthcare Center Service Area, 2024)

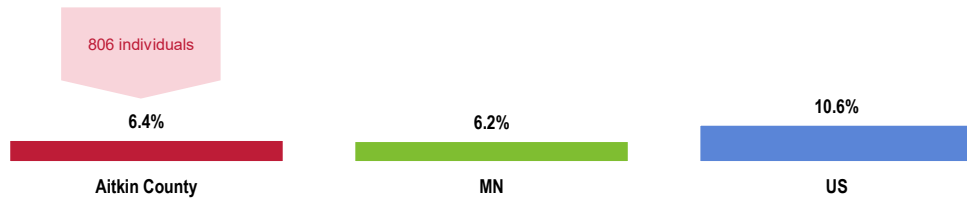


Sources: • Riverwood Healthcare Center 2024 Community Health Needs Assessment Survey
 Notes: • Asked of all respondents.

Education

Education levels are reflected in the proportion of our population age 25 and older without a high school diploma. This indicator is relevant because educational attainment is linked to positive health outcomes.

Population With No High School Diploma (Adults Age 25 and Older, 2019-2023)



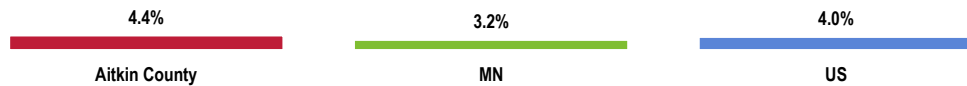
Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).



Employment

The unemployment rate in Aitkin County is outlined in the following chart. This indicator is relevant because unemployment creates financial instability and barriers to accessing insurance coverage, health services, healthy food, and other necessities that contribute to health status.

Unemployment Rate (May 2025)



Sources:

- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).

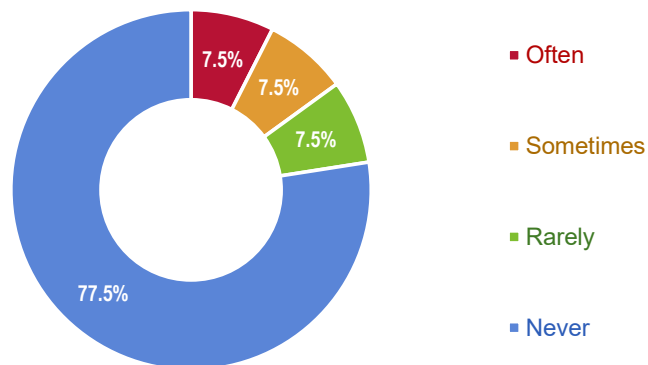
Notes:

- Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).

Housing

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

Frequency of Worry About Being Able to Pay Rent/Mortgage During the Past Year (Riverwood Healthcare Center Service Area, 2024)



Sources:

- Riverwood Healthcare Center 2024 Community Health Needs Assessment Survey

Notes:

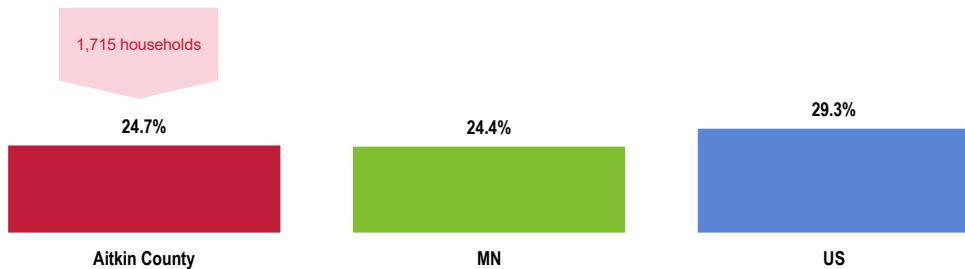
- Asked of all respondents.



“Housing burden” reports the percentage of the households where housing costs (rent or mortgage costs) exceed 30% of total household income.

The following chart shows the housing burden in Aitkin County. This serves as a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.

Housing Costs Exceed 30 Percent of Household Income (Percent of Households; 2019-2023) Healthy People 2030 = 25.5% or Lower

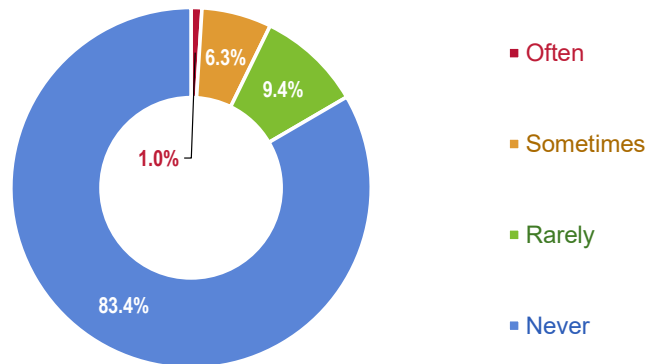


- Sources:
- US Census Bureau, American Community Survey, 5-year estimates.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Minnesota data.
 - 2023 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Food Security

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

Frequency of Worry About Running Out of Food in the Past Year (Riverwood Healthcare Center Service Area, 2024)



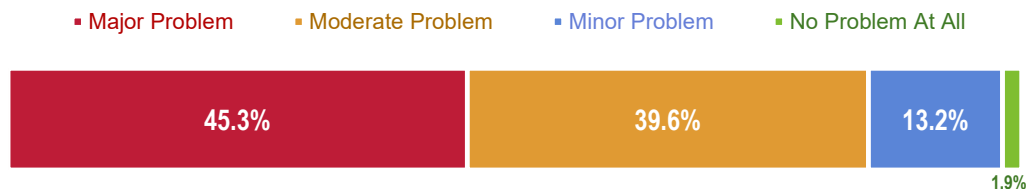
- Sources:
- Riverwood Healthcare Center 2024 Community Health Needs Assessment Survey
- Notes:
- Asked of all respondents.



Key Informant Input: Social Determinants of Health

Key informants' ratings of the severity of *Social Determinants of Health* as a concern in Aitkin County are outlined below.

Perceptions of Social Determinants of Health as a Problem in the Community (Key Informants; Aitkin County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Income/Poverty

The level of impoverished people plays a big part in why this is a problem. Housing is a factor for low- and middle-income. – Community Leader

Low incomes. – Community Leader

I've looked at the census numbers. Aitkin County's median household income is nearly \$30,000 below the state average, and poverty level is nearly 3 percentage points above the state average. There is no higher education campus in Aitkin County. People who want to continue education beyond high school must either leave or use online options. Housing seems to be rather split between shacks and trailer houses on one hand and million-dollar lake homes on the other. There isn't a lot of middle-range affordable housing. – Community Leader

Many of the jobs available in Aitkin County do not provide a livable wage. There isn't any affordable housing to be found. People fall through the cracks when their families have wages that go up and down, leaving gaps where they have no insurance. The people who have better jobs with benefits pay high premiums and deductibles. The cost of health care, dental care, and mental health care continue to rise beyond what is affordable for most families. We lack support groups and systems for LGBTQ+ persons, for persons suffering from substance use disorders, for persons with disabilities, and for anyone who suffering from loss. – Public Health Representative

Low-income, geriatric population. – Physician

Poor and elderly are not with adequate financial resources. – Physician

Poverty is the common thread. It leads to all the other problems (housing, food insecurity, lack of preventative health care). Wealthy people live 15 years longer than poor people, on average. – Community Leader

Aitkin County has a high poverty rate and an aging population. All categories of social determinants of health affect Aitkin County drastically. – Physician

Housing

Limited housing and resources available for low-income. – Community Leader

Lack of housing opportunities. It is hard to build on economic growth and bring in new persons without the housing to do so. Not a very diverse community demographically. Not a lot of opportunities for higher learning. Not a lot of intern/job shadowing options. The workforce is changing, and we are not keeping up. – Public Health Representative

There is a lack of affordable housing compared to the wages that people make in this county. – Community Leader

Lack of affordable and safe housing, backgrounds/history prohibit many from being able to receive assistance (HRA or Section 8, for example). – Community Leader

Limited housing, no local higher education opportunities. – Public Health Representative



We know from previous CHNAs that housing, food security, and transportation are the top three social determinants of health concerns. – Community Leader

Access to Affordable Healthy Food

The biggest SDOH challenges for Aitkin County include: Lack of affordable, nutritious food (food deserts). Economic hardship and poverty affecting basic needs. Barrier-ridden health care access (insurance, physician shortages, transportation). Mental health & substance use concerns. Rural isolation – geographic and educational limitations. Poor-quality or unstable housing and limited access to transportation hinder access to health care and healthy living. Aitkin County's rural nature means long travel distances to health services – a known SDOH challenge. – Public Health Representative

Incidence/Prevalence

Identified by residents in the leading causes of poor mental health in the Community Health Assessment. – Public Health Representative

Screen Time/Technology

Too much screen time, aging area, affordable housing, fresh foods, transportation, socializing for seniors, senior meals, and income will always be an issue. – Community Leader

Transportation

Many individuals struggle with transportation in the area, especially for appointments. – Physician





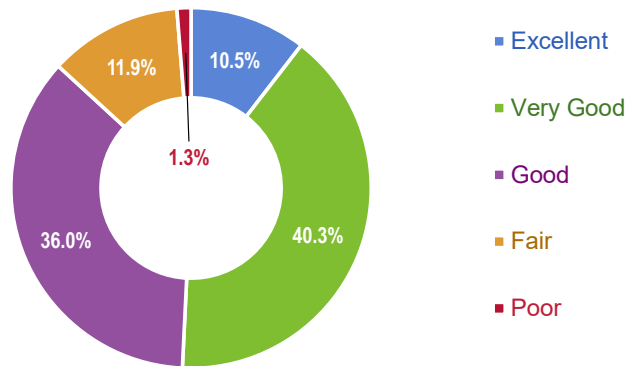
HEALTH STATUS

OVERALL HEALTH STATUS

The following indicator provides a relevant measure of overall health status in the RHC Service Area, noting the prevalence of residents' "fair" or "poor" health evaluations. While this measure is self-reported and a subjective evaluation, it is an indicator which has proven to be highly predictive of health needs.

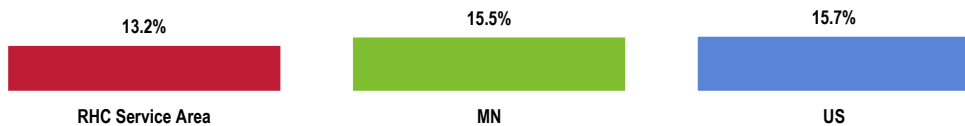
SURVEY ▶ "In general, which of the following best describes your health?"

Self-Described Overall Health
(Riverwood Healthcare Center Service Area, 2024)



Sources: • Riverwood Healthcare Center 2024 Community Health Needs Assessment Survey
Notes: • Asked of all respondents.

Adults With "Fair" or "Poor" Overall Health



Sources: • Riverwood Healthcare Center 2024 Community Health Needs Assessment Survey
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Minnesota data.
• 2023 PRC National Health Survey, PRC, Inc.



MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. ...Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

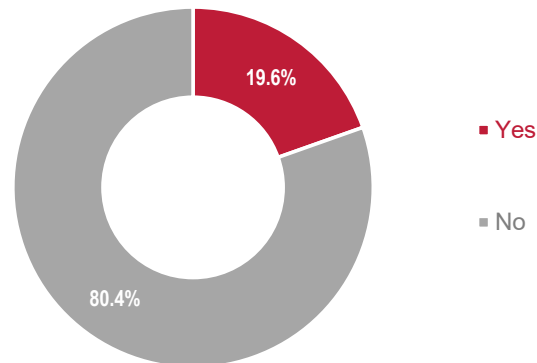
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Mental Health Status

SURVEY ▶ “Have you ever been told by a doctor, nurse, or other health professional that you had mental health problems?”

Ever Diagnosed With Mental Health Problems
(Riverwood Healthcare Center Service Area, 2024)



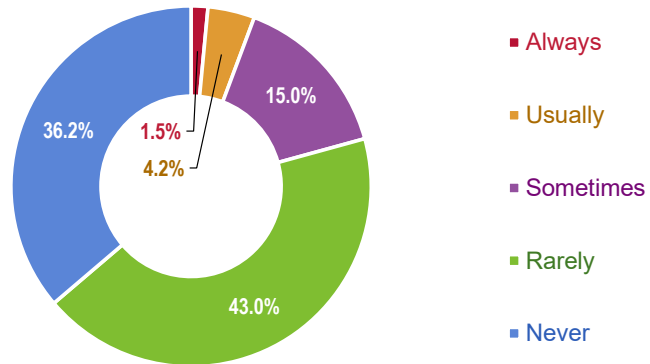
Sources: • Riverwood Healthcare Center 2024 Community Health Needs Assessment Survey
Notes: • Asked of all respondents.



Anxiety & Depression

SURVEY ▶ “How often do you experience feelings of hopelessness, anxiety or loss of interest in things you usually enjoy?”

Frequency of Feelings of Hopelessness, Anxiety, Loss of Interest
(Riverwood Healthcare Center Service Area, 2024)

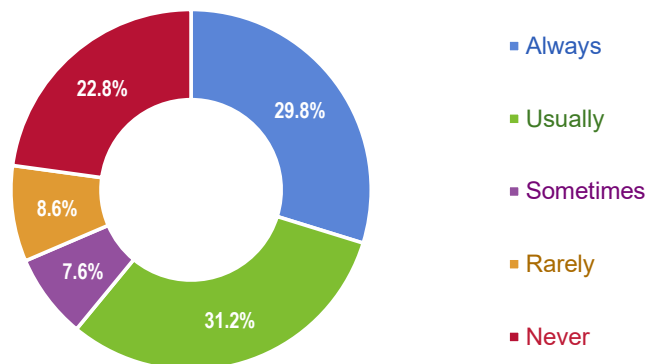


Sources: • Riverwood Healthcare Center 2024 Community Health Needs Assessment Survey
Notes: • Asked of all respondents.

Social & Emotional Support

SURVEY ▶ “How often do you get the social and emotional support you need?”

Frequency of Getting Needed Social/Emotional Support
(Riverwood Healthcare Center Service Area, 2024)



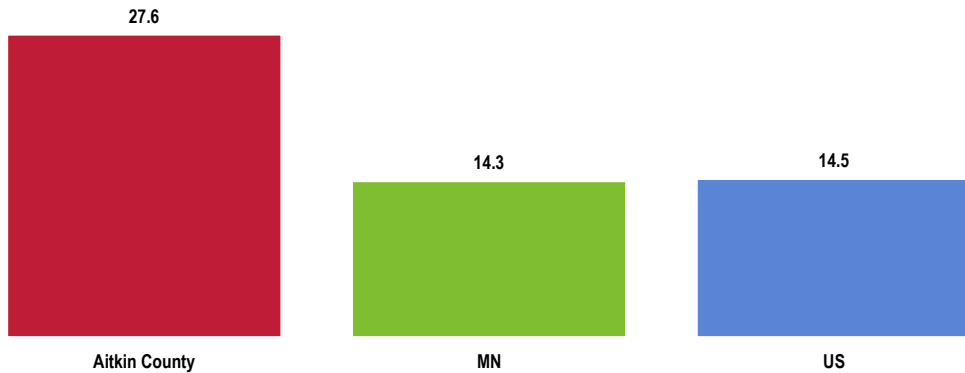
Sources: • Riverwood Healthcare Center 2024 Community Health Needs Assessment Survey
Notes: • Asked of all respondents.



Suicide

The following reports the rate of death in Aitkin County due to intentional self-harm (suicide) in comparison to statewide and national rates. This measure is relevant as an indicator of poor mental health.

Suicide Mortality (2019-2023 Annual Average Deaths per 100,000 Population)

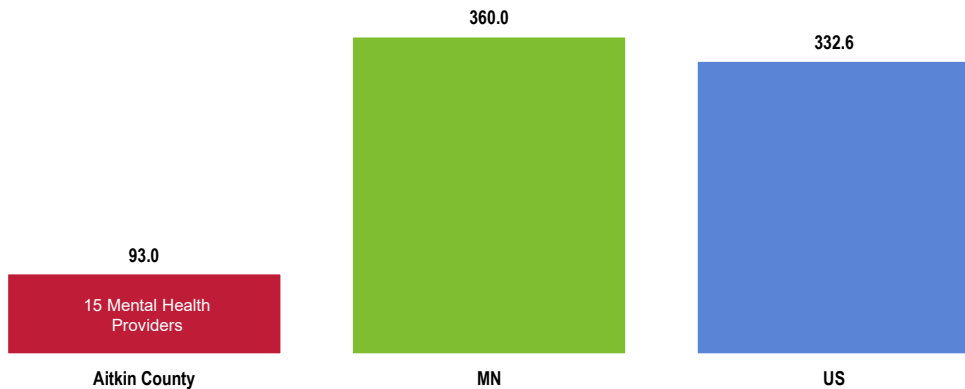


- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population.

Mental Health Providers

The data below show the number of mental health care providers in Aitkin County relative to the Aitkin County population size (per 100,000 residents). This is compared to the rates found statewide and nationally.

Access to Mental Health Providers (Number of Mental Health Providers per 100,000 Population, 2024)



- Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care.

Note that this indicator only reflects providers practicing in Aitkin County and residents in Aitkin County; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.



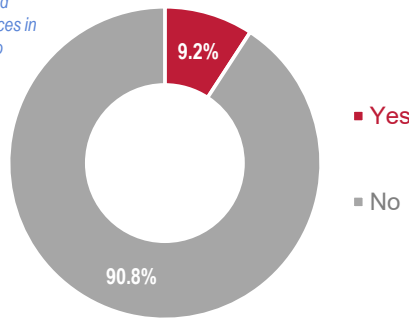
Difficulty Accessing Mental Health Services

SURVEY ▶ “During the past 12 months, was there a time when you needed mental health care but did not get it or delayed getting it?”

SURVEY ▶ “Why did you not get, or delay getting the mental health care you thought you needed?”

Delayed or Went Without Needed Mental Health Care in the Past Year (Riverwood Healthcare Center Service Area, 2024)

Nationally, 13.2% of adults went without needed mental health services in the past year due to access difficulties.



Reasons given for “yes” responses (not mutually exclusive):

Financial reasons	41.9%
Didn't think it was serious enough	38.0%
Do not believe it will help	35.1%
Had work, family, other obligations	30.0%
Transportation problems	13.4%
Afraid of what others might think	8.4%
Couldn't get an appointment	7.6%
Other reason	15.2%

Sources: • Riverwood Healthcare Center 2024 Community Health Needs Assessment Survey
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Key Informant Input: Mental Health

Key informants' ratings of the severity of *Mental Health* as a concern in Aitkin County are outlined below.

Perceptions of Mental Health as a Problem in the Community (Key Informants; Aitkin County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

- Response times of crisis groups and limited resources in our area. – Community Leader
- Access to mental health professionals in a timely manner. – Public Health Representative
- Lack of access to mental health providers. – Physician
- People with mental health issues often need a place to be safe, and there are very few places with bed space to support those people. – Community Leader



Lack of access to care/providers. There is a stigma regarding mental health sometimes. There may be providers who have appointments available; however, the timeframe in which they can be seen is often longer than what is safe. Often, people are seen in the ER for mental health conditions, as they have no other options. It is a quick, immediate solution. However, it provides no follow-through from a provider. I appreciate people can be seen in the ER for immediate help, but it is the continuation of care that is needed. Health Insurance itself is also a factor (what services are covered and copays); also the fact that many people lack coverage at all.

– Community Leader

Limited access to therapy, especially for pediatric population. – Physician

Access to appropriate care is the biggest challenge. Finding mental health practitioners is difficult; schedules are difficult. Getting prescriptions filled for some behavioral health medications can be extremely challenging.

Pharmacies may not routinely stock some medications. Getting the prescriptions filled on the right timeline to avoid a disruption in treatment can be very difficult. Another big challenge is community awareness and acceptance of the reality of mental health challenges, especially among children and teens. It's easy for people to dismiss issues as "just a phase." School personnel and primary care providers aren't always as educated or supportive as they should be. Dealing with mental illness is isolating for individuals and families.

– Community Leader

Access to services. Services are offered in the community, but I believe we need more. Individuals in crisis need services ASAP and do not have time to wait for open appointments. I also believe that wraparound services (physical/holistic services) would help some individuals who experience ongoing mental health issues.

– Community Leader

Resources for close care with ease of access. – Community Leader

Access to mental health services. Perception that mental health is a negative to community.

– Community Leader

Access to a facility that has mental health services. – Community Leader

Access to care. Stigma. – Physician

Access to mental health services has improved significantly in the school; however, it is still not enough. I strongly believe that we need to offer early and intentional support for families with young children. – Physician

Lack of treatment facilities. – Community Leader

Denial/Stigma

Stigma, limited services, long waiting lists, limited availability of specialists, not taking medications regularly.

– Public Health Representative

Stigma, lack of knowledge of resources and resource navigation, waitlists, access to care. Transportation or internet not available. – Community Leader

The biggest challenges in Aitkin County are: 1. The stigma involved with mental illness, so that persons don't seek out treatment; and 2. The barriers in getting help: applications for assistance and new patient papers are huge barriers to people who are in crisis. – Public Health Representative

Stigma, lack of available therapists, waitlists, insurance issues. – Public Health Representative

Stigma, lack of accessible providers. – Community Leader

Lack of Providers

Not enough providers. Stigma of seeking help. Lack of insurance. Not enough resources for children and deep-seated homophobia/transphobia so kids can't come out to parents or schools. – Community Leader

There is a lack of mental health providers in the area, especially for children and families. – Community Leader

Providers are spread thin across a large region, so residents may have to drive long distances with limited public transit options. This isolation is magnified by Aitkin's rural nature, contributing to loneliness and limited peer support. Limited crisis and in-home support. Aitkin County provides peer warm lines, crisis lines [988, local lines], and voluntary case management for serious diagnoses like schizophrenia or major depression. But community-based supports, like Assertive Community Treatment [ACT] teams, are often under-resourced, unreliable, and understaffed. Resources are available – like the Northern Pines Mental Health Center, AA groups, and "Wellness in the Woods" – but may be hard to access due to financial, logistic, or cultural barriers. Rural Minnesota is seeing growing suicide rates worsened by isolation, stigma, limited available services, and lack of broadband access for telehealth. – Public Health Representative

There don't seem to be enough mental health therapists in our county. Sometimes people have to wait quite a while to get assistance. – Community Leader

Awareness/Education

Knowing how to get started in receiving services. – Community Leader

Residents not knowing where to go and what is available and afraid of what it might cost.

– Public Health Representative



The biggest challenges I see with mental health is a misconception about what it means to have a diagnosis of mental health and the shame that has historically been attached to that diagnosis. Daily functions, such as attending school, maintaining work, or being with friends, is difficult for people with mental health. I see several of our students that have mental health issues with chronic absences withdrawing from friends or choosing substance abuse to try to overcome their issues. – Community Leader

Incidence/Prevalence

Mental health issues have exploded in the public school system. Why? Is anyone looking into this issue? Law enforcement is relied upon too heavily to handle mental health calls, assist with holds, and transports. Not enough adequate facilities for people with mental health issues. – Community Leader

Mental health will always be a challenge for any area. – Community Leader

Income/Poverty

Lots of people dealing with the social aftermath of poverty and its related issues. Not enough mental health providers. – Community Leader

Poverty, substance use, child abuse/neglect, hopelessness, and poor physical health here all contribute to mental health issues. – Community Leader

Vulnerable Populations

For the community that I work with (local residents with developmental disabilities), there doesn't seem to be enough mental health evaluations taking place. People who have disabilities face many more challenges than others, and there are often very troubled family situations that weigh heavily on individuals, as well as a struggle to process grief when there is loss. It is also a struggle at times to get into medication providers, and therapy is rarely suggested/advised. – Community Leader

Affordable Care/Services

More mental health prevention, being connected to affordable resources/counseling, being identified as having a mental health issue, stigma of mental health. Treating mental health prior to having a crisis.
– Public Health Representative

Housing

Housing, mental health beds, transitioning from jail to homes, supports, children's mental health, school support, parental education. – Community Leader

Alcohol/Drug Use

Drug and alcohol abuse. – Community Leader





DEATH, DISEASE & CHRONIC CONDITIONS

CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

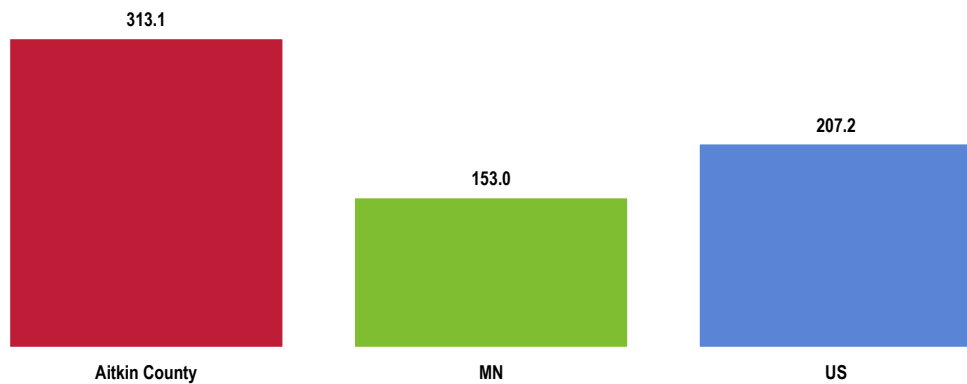
In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Heart Disease Deaths

Heart disease is a leading cause of death in Aitkin County and throughout the United States. The chart that follows illustrates how our mortality rate compares to rates in Minnesota and the US.

Heart Disease Mortality
(2019-2023 Annual Average Deaths per 100,000 Population)



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).

Notes:

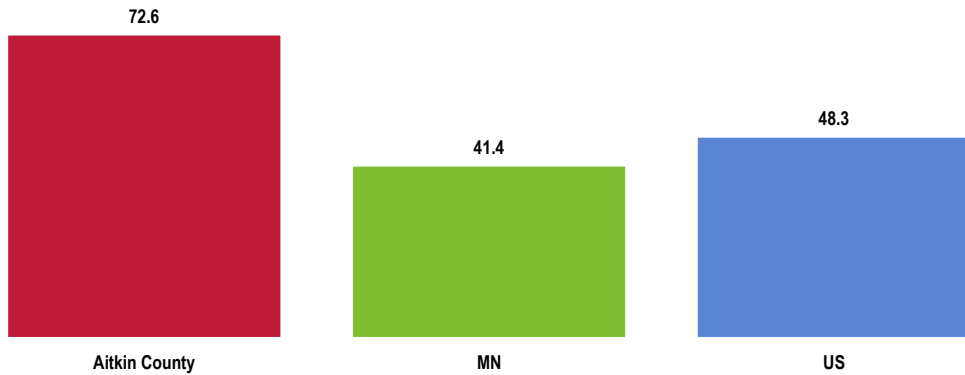
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.



Stroke Deaths

Stroke, a leading cause of death in Aitkin County and throughout the nation, shares many of the same risk factors as heart disease. Outlined in the following chart is a comparison of stroke mortality locally, statewide, and nationally.

Stroke Mortality
(2019-2023 Annual Average Deaths per 100,000 Population)



Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 ● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population.

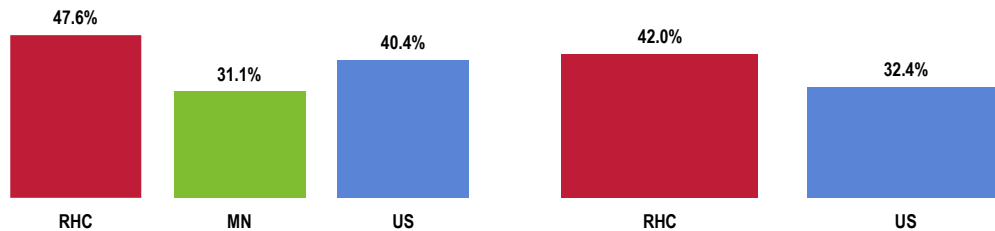
Blood Pressure & Cholesterol

SURVEY ► “Have you ever been told by a doctor, nurse, or other health professional that you had high blood pressure?”

SURVEY ► “Have you ever been told by a doctor, nurse, or other health professional that you had high cholesterol or triglycerides?”

Prevalence of High Blood Pressure
Healthy People 2030 = 42.6% or Lower

Prevalence of High Cholesterol or Triglycerides



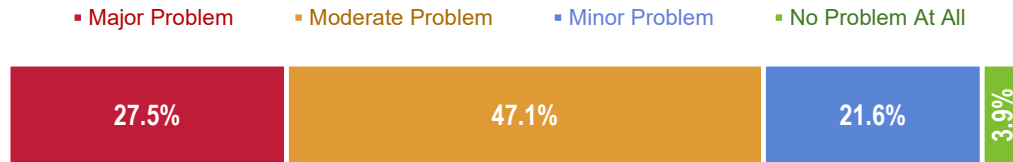
Sources: ● Riverwood Healthcare Center 2024 Community Health Needs Assessment Survey
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Minnesota data.
 ● 2023 PRC National Health Survey, PRC, Inc.
 ● US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
 Note: ● National survey data for high cholesterol does not specifically ask about triglycerides.



Key Informant Input: Heart Disease & Stroke

Outlined below are key informants' levels of concern for *Heart Disease & Stroke* as an issue in Aitkin County.

Perceptions of Heart Disease & Stroke as a Problem in the Community (Key Informants; Aitkin County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Aging Population

- Large senior population. – Community Leader
- Geriatric population, high prevalence. – Physician
- Age demographics. – Community Leader
- Prominent in an aging population, limited access to healthy choices education. – Physician

Tobacco Use

- Tobacco use is still common here. Obesity is common. A combination of smoking and obesity is common. A culture of a meat-and-potatoes diet or diets of primarily fast food or highly processed food are common. Alcohol consumption is common. All of these are contributing factors to heart disease and stroke. You can look at people out and about and observe that many are unhealthy. – Community Leader
- People's lifestyles, such as smoking and obesity, contribute, and there are not good programs to help this. – Physician

Alcohol/Drug Use

- Legal and illegal substances, topped with poor nutrition and low cardiac fitness is pervasive in our community. – Community Leader

Lifestyle

- Lifestyle. Many people have smoked their entire life. Sedentary lifestyle. Comorbidities, including diabetes. Hypertension. Alcohol intake is high in Aitkin County. – Physician

Awareness/Education

- Lack of education; health illiteracy; tobacco, alcohol, and drug abuse; lack of access to care. – Physician

Diagnosis/Treatment

- People not aware of symptoms or ignoring symptoms. – Community Leader

Incidence/Prevalence

- Second-leading cause of death, after cancer. – Public Health Representative

Obesity

- Lots of obesity. Poverty limits access to healthy food. – Community Leader



CANCER

ABOUT CANCER

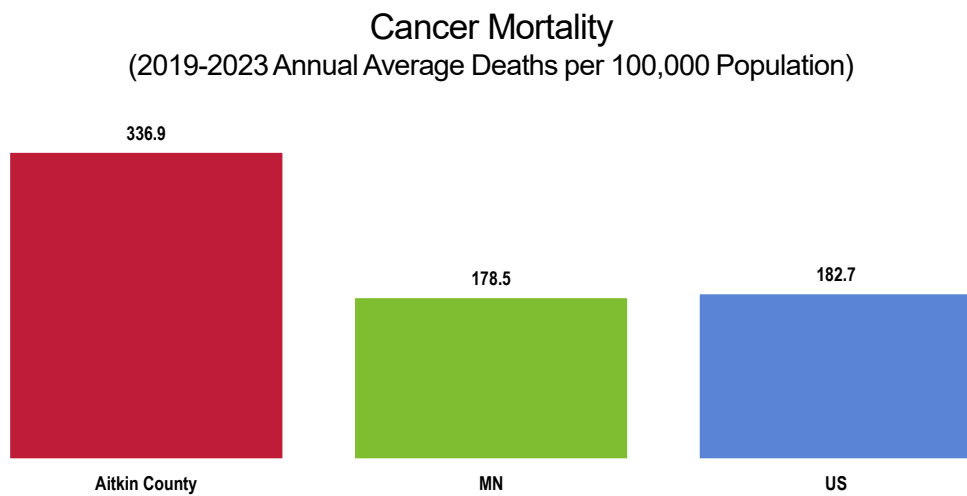
Cancer is the second leading cause of death in the United States. ...The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Cancer Deaths

Cancer is a leading cause of death in Aitkin County and throughout the United States. Cancer mortality rates are outlined below.



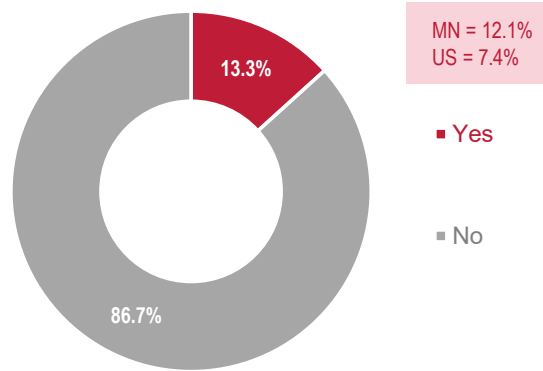
- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population.



Cancer Prevalence

SURVEY ▶ “Have you ever been told by a doctor, nurse, or other health professional that you had cancer?”

Ever Diagnosed with Cancer
(Riverwood Healthcare Center Service Area, 2024)



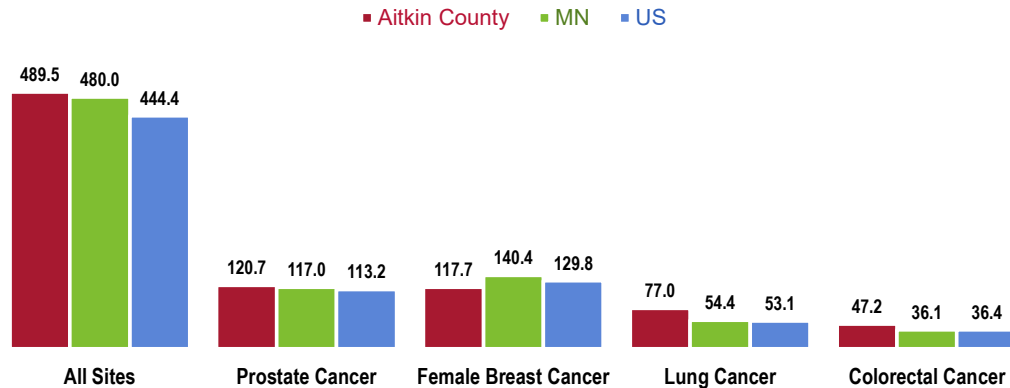
Sources: • Riverwood Healthcare Center 2024 Community Health Needs Assessment Survey
Notes: • Asked of all respondents.

Cancer Incidence

“Incidence rate” or “case rate” is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. It is usually expressed as cases per 100,000 population per year.

It is important to identify leading cancers by site in order to better address them through targeted intervention. The following chart illustrates Aitkin County incidence rates for leading cancer sites.

Cancer Incidence Rates by Site
(Annual Average Incidence per 100,000 Population, 2017-2021)



Sources: • State Cancer Profiles.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).
Notes: • This indicator reports the incidence rate (cases per 100,000 population per year) for select cancers.



Cancer Screenings

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 50 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women age 21 to 29 years. For women age 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

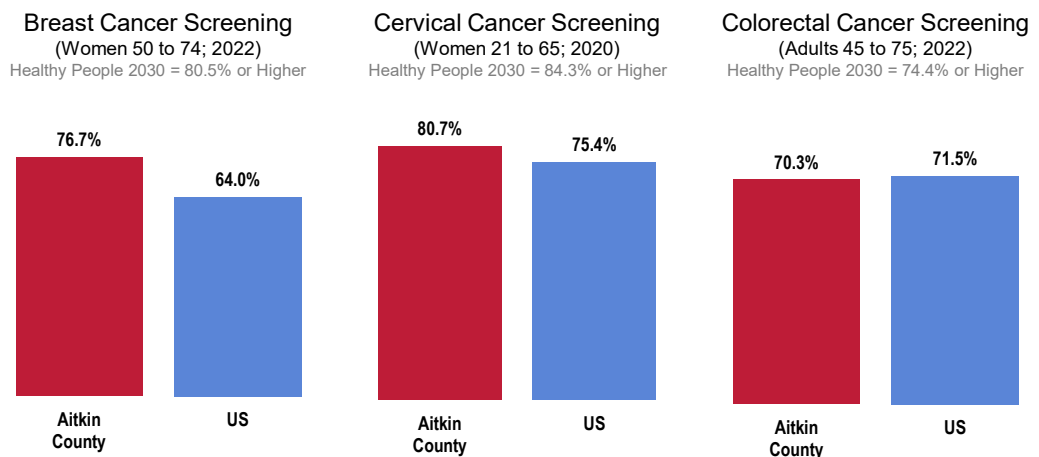
COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 45 years and continuing until age 75 years.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

The following outlines the percentages of residents receiving these age-appropriate cancer screenings. These are important preventive behaviors for early detection and treatment of health problems. Low screening levels can highlight a lack of access to preventive care, a lack of health knowledge, or other barriers.



Sources: • Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
• 2023 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

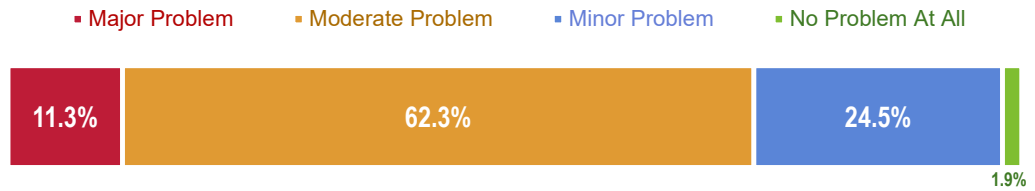
Notes: • Each indicator is shown among the age group specified. Breast cancer screenings are mammograms among females age 50-74 in the past 2 years. Cervical cancer screenings are Pap smears among women 21-65 in the past 3 years. Colorectal cancer screenings include the percentage of population age 45-75 years who report having had 1) a fecal occult blood test (FOBT) within the past year, 2) a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or 3) a colonoscopy within the past 10 years.
• Note that national data for colorectal cancer screening reflect adults ages 50 to 75.



Key Informant Input: Cancer

Key informants' perceptions of *Cancer* as a local health concern are outlined below.

Perceptions of Cancer as a Problem in the Community (Key Informants; Aitkin County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

- More and more young people are being diagnosed with cancer. There seems to be an increase in breast cancer in younger women. – Public Health Representative
- Many residents diagnosed weekly with some sort of cancer. – Community Leader
- Because I know a proportionately high number of people who are inflicted with some form of cancer. – Community Leader
- Because a lot of people have it. – Physician
- I personally know many, many residents of our area, and I am aware of a large percentage with cancer diagnosis. – Community Leader
- There seems to be a lot of cancer in the area. Makes you wonder if there aren't outside circumstances. – Community Leader



RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. ... More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

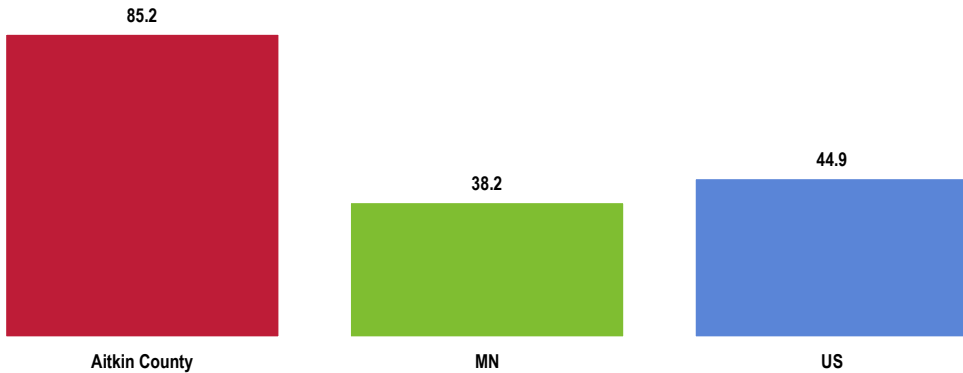
– Healthy People 2030 (<https://health.gov/healthypeople>)

Lung Disease Deaths

The mortality rate for lung disease in Aitkin County is summarized below, in comparison with Minnesota and national rates.

Note: Here, lung disease reflects chronic lower respiratory disease deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

Lung Disease Mortality
(2019-2023 Annual Average Deaths per 100,000 Population)



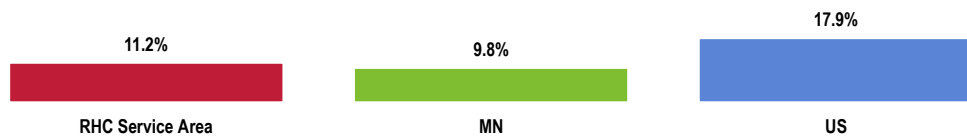
- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population.



Asthma Prevalence

SURVEY ▶ “Have you ever been told by a doctor, nurse, or other health professional that you had asthma?”

Prevalence of Asthma

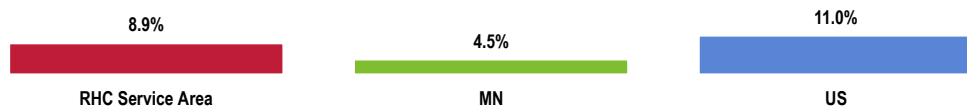


- Sources:
- Riverwood Healthcare Center 2024 Community Health Needs Assessment Survey
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Minnesota data.
 - 2023 PRC National Health Survey, PRC, Inc.

Chronic Lung Disease Prevalence

SURVEY ▶ “Have you ever been told by a doctor, nurse, or other health professional that you had chronic lung disease?”

Prevalence of Chronic Lung Disease



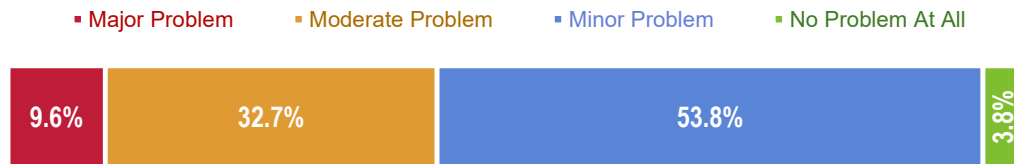
- Sources:
- Riverwood Healthcare Center 2024 Community Health Needs Assessment Survey
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Minnesota data.
 - 2023 PRC National Health Survey, PRC, Inc.



Key Informant Input: Respiratory Disease

The following outlines key informants' perceptions of *Respiratory Disease* in our community.

Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants; Aitkin County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

- Knowing a proportionately high number of people who suffer from one form of respiratory problems or another. – Community Leader
- Respiratory Virus Hospitalization Surveillance Network (RESP-NET) rates and respiratory disease outbreaks in K-12 schools and long-term care facilities. – Public Health Representative
- I have had several staff and students absent this year due to respiratory issues. – Community Leader

Environmental Contributors

- Air quality from yearly northern fires. Tobacco abuse/vape/marijuana. Secondhand from all of the above. – Community Leader



INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. ...Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. ...Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

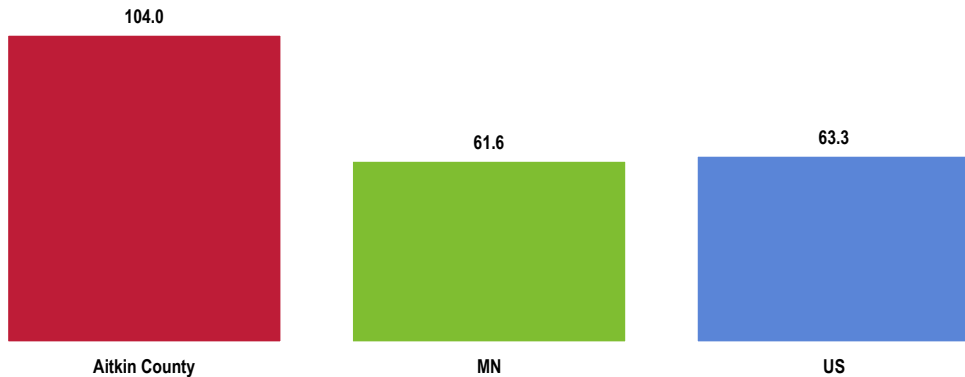
– Healthy People 2030 (<https://health.gov/healthypeople>)

Unintentional Injury

Unintentional Injury Deaths

Unintentional injury is a leading cause of death. The chart that follows illustrates unintentional injury death rates for Aitkin County, Minnesota, and the US.

Unintentional Injury Mortality
(2019-2023 Annual Average Deaths per 100,000 Population)



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).

Notes:

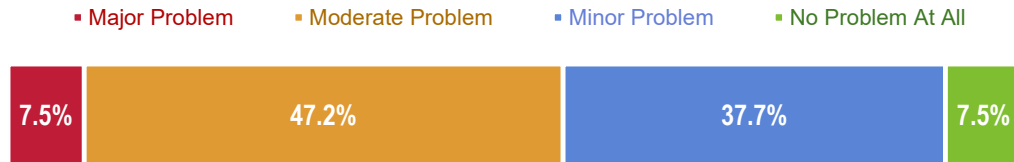
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.



Key Informant Input: Injury & Violence

Key informants' perceptions of *Injury & Violence* in our community:

Perceptions of Injury & Violence as a Problem in the Community (Key Informants; Aitkin County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Domestic/Family Violence

Domestic violence rose to the top in the Aitkin County Public Health CHA. However, HOPE is overwhelmed, understaffed, and underfunded. Aitkin County families suffering from domestic violence now have to go out of county to be sheltered. – Public Health Representative

In the community health survey done by Public Health, domestic violence was extremely high.
– Public Health Representative

Our domestic violence nonprofit organization provides free and confidential victim services to 500-plus individuals annually. In 2024, 237 adults and 273 children were affected by violence in their homes. This is a serious public health/safety matter for our rural community. – Community Leader

Domestic violence is certainly present in Aitkin County. Evidence is in court reports and the presence of the HOPE organization. I know personally of people who have been abused by a family member.
– Community Leader

Domestic abuse or violence. It affects physical, mental, emotional, and even financial health, and health care systems play a vital role in identifying, supporting, and referring patients who are affected.
– Public Health Representative



DIABETES

ABOUT DIABETES

More than 30 million people in the United States have diabetes. ...Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

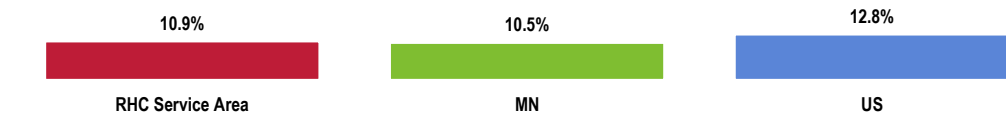
Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Prevalence of Diabetes

SURVEY ▶ “Have you ever been told by a doctor, nurse, or other health professional that you had diabetes?”

Prevalence of Diabetes



Sources:

- Riverwood Healthcare Center 2024 Community Health Needs Assessment Survey
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2023 Minnesota data.
- 2023 PRC National Health Survey, PRC, Inc.

Key Informant Input: Diabetes

The following are key informants' ratings of *Diabetes* as a health concern in Aitkin County.

Perceptions of Diabetes as a Problem in the Community (Key Informants; Aitkin County, 2025)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources:

- 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes:

- Asked of all respondents.



Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Affordable Medications/Supplies

Cost of insulin, etc. – Community Leader

The cost of insulin. – Community Leader

Access to GLP-1, adequate nutritional knowledge and counseling is limited, access to food is limited for people with disabilities, reduced socioeconomic status, elderly. – Physician

Cost of medication. – Community Leader

Affordability of medications, motivation to exercise. – Physician

Access to Affordable Healthy Food

Access to healthy, affordable foods. Access to the best available medications given low income, poor insurance coverage. Poor access to exercise classes, workout center. – Physician

Access to sufficient high-quality and affordable food: lean meats, variety of plant-based proteins, fresh produce, whole grains. Long distances from people’s homes to access clinical care or dietitian services. Affordability of quality-of-life approaches to treatment like insulin pumps; also, complexity of dealing with the technology. – Community Leader

Lack of access to healthy food, including transportation limitations, lack of food skills, lack of adequate housing (meaning lack of proper kitchens, kitchen tools, etc.) for preparing healthy meals. – Community Leader

Nutrition

The government standards for the American diet. Fast/convenient food is easier and cheaper for most people. – Community Leader

Growing up on “fake food” and not knowing any other way of life; understanding that type 2 diabetes is reversible with diet and lifestyle and not having the will or social/familial support to make those changes. Children seeing overweight and obese people throughout the community and normalizing that for themselves.

– Health Care Provider

Access to Care/Services

Lack of insurance coverage. Health illiteracy. – Physician

Access and education on lifestyle interventions, motivation to improve health and outcomes. – Physician

Awareness/Education

Our community does not appear to have a strong understanding about nutrition and exercise and how that relates to health and diabetes. The children in our community are significantly struggling with nutrition.

– Physician

Disease Management

Managing diabetes’ nutritional aspects, people not eating healthy. People accepting that they just have it but don’t change lifestyle or diet, not enough exercise. – Community Leader

Diagnosis/Treatment

Early diagnosis. – Community Leader

Follow-Up/Support

Being able to have support for weight loss, being able to afford healthier foods to help control better. – Physician



DISABLING CONDITIONS

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

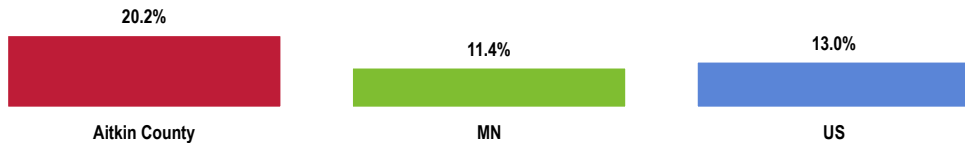
In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Disability

The following represents the percentage of the total civilian, non-institutionalized population in Aitkin County with a disability. This indicator is relevant because disabled individuals may comprise a vulnerable population that requires targeted services and outreach.

Population With Any Disability (Among Civilian Non-Institutionalized Residents; 2019-2023)



Sources:

- US Census Bureau, American Community Survey.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).

Disability data come from the US Census Bureau's American Community Survey (ACS), Survey of Income and Program Participation (SIPP), and Current Population Survey (CPS). All three surveys ask about six disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent-living difficulty.

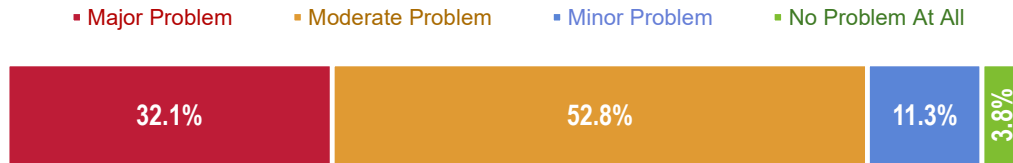
Respondents who report any one of the six disability types are considered to have a disability.



Key Informant Input: Disabling Conditions

Key informants' perceptions of *Disabling Conditions* are outlined below.

Perceptions of Disabling Conditions as a Problem in the Community (Key Informants; Aitkin County, 2025)



Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Aging Population

Large senior population. – Community Leader

Because we have an older-aged population in this county, there is an increased number of elderly who have difficulties getting to medical appointments and getting around in general. We also have a higher percentage of people suffering from dementia and memory loss. It is expensive and difficult for their family to find caregivers. We don't have enough pain relief clinics or mental health providers in this area. – Community Leader

Older population with chronic pain. – Physician

Large aging community. – Community Leader

Aging population, limited/lack of specialists that can be readily seen, long waiting lists.
– Public Health Representative

We have a large percentage of aging people who have worked in physically demanding and/or noisy jobs without proper personal safety for hearing, jobs through life: knees, shoulders, and backs have excessive wear. Our climate is hard on quality of life; winter is hard on older adults. – Community Leader

We have an aging population in Aitkin County. A large amount of the population suffers from these conditions and may live alone, have a lack of transportation, and have general difficulty seeking proper care. – Physician

The elderly population. – Community Leader

Access to Care/Services

There are no resources in Aitkin County to support and advocate for persons suffering from these conditions unless the limitations prevent them from being in the workforce or the individuals are currently lower-income. There is no advocacy to reduce stigma, increase inclusion, or provide real recourse for discrimination.
– Public Health Representative

Access to assisted living, memory care, and home health services is very limited. – Physician

Many patients with chronic pain, limited access to exercise programs, unable to afford PT. Difficulty with transportation to get to Aitkin for interventional spine clinic. Many of these patients have had labor-intensive jobs their whole life, resulting in chronic pain. Many patients with dementia and lack of support for caregivers, patients. – Physician

Incidence/Prevalence

I see this every day in clinic. – Physician

Dementia rates appear to be increasing, putting a strain on families and the care facilities that are staffed for such patients. – Community Leader



Work-Related

Many working people in this county are working in construction, timber industries, agriculture, or health care. All of these industries carry a higher-than-average risk of injury. I am personally acquainted with workers in these fields who either can no longer work due to injuries, or who deal with chronic pain, and/or limit their range of work activities due to injuries or pain. Loss of hearing is extremely common for people in those construction, timber industries, and agriculture who have been around noisy equipment for much of their working life. This really impacts people's quality of life – ability to carry on a conversation, ability to interact socially. Prevalence of diabetes is related to disability. Unregulated or inadequately regulated diabetes has led to loss of limbs and loss of abilities for people in the county. Dementia, loss of vision, and hearing loss are issues one would expect to see in an aging population like we have in Aitkin County. – Community Leader





BIRTHS

BIRTH OUTCOMES & RISKS

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

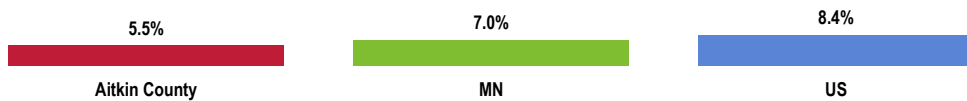
– Healthy People 2030 (<https://health.gov/healthypeople>)

Low-Weight Births

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable. The following chart illustrates the percent of total births that are low birth weight.

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Low-Weight Births
(Percent of Live Births, 2017-2023)



Sources: • University of Wisconsin Population Health Institute, County Health Rankings.
Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g).



FAMILY PLANNING

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. ...Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

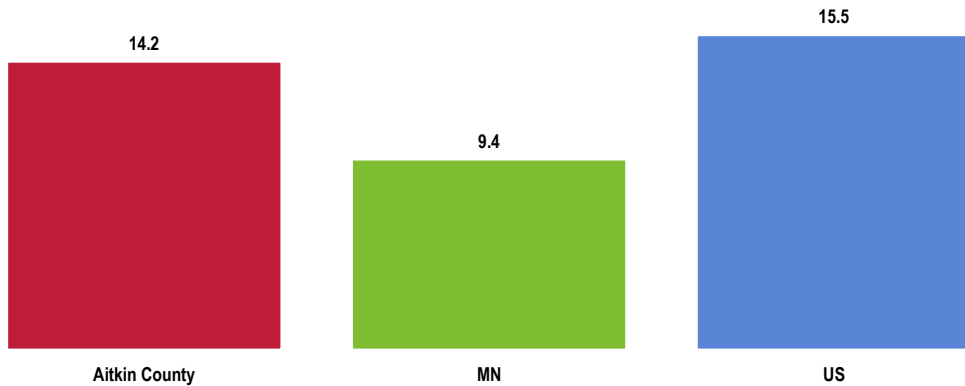
– Healthy People 2030 (<https://health.gov/healthypeople>)

Births to Adolescent Mothers

The following chart outlines the teen birth rate in Aitkin County, compared to rates statewide and nationally. In many cases, teen parents have unique health and social needs. High rates of teen pregnancy might also indicate a prevalence of unsafe sexual behavior.

Here, teen births include births to women ages 15 to 19 years old, expressed as a rate per 1,000 female population in this age cohort.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2017-2023)



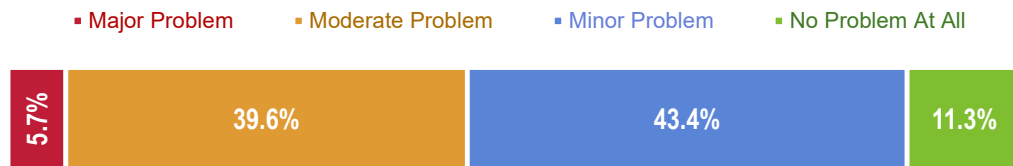
Sources: • Centers for Disease Control and Prevention, National Vital Statistics System.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).



Key Informant Input: Infant Health & Family Planning

Key informants' perceptions of *Infant Health & Family Planning* as a community health issue are outlined below.

Perceptions of Infant Health & Family Planning as a Problem in the Community (Key Informants; Aitkin County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Women’s Health Services

Pregnancy, birth, and postpartum care. With a primarily older population, it's hard to keep a solid OB team on staff – this is maybe more of a worry about the future. Postpartum care and support for new families is an issue with a dispersed rural population. – Community Leader

Child Protective Services (CPS)

More resources [for child protection services] are needed. – Physician

Income/Poverty

Low-income families. – Physician





MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. ...People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

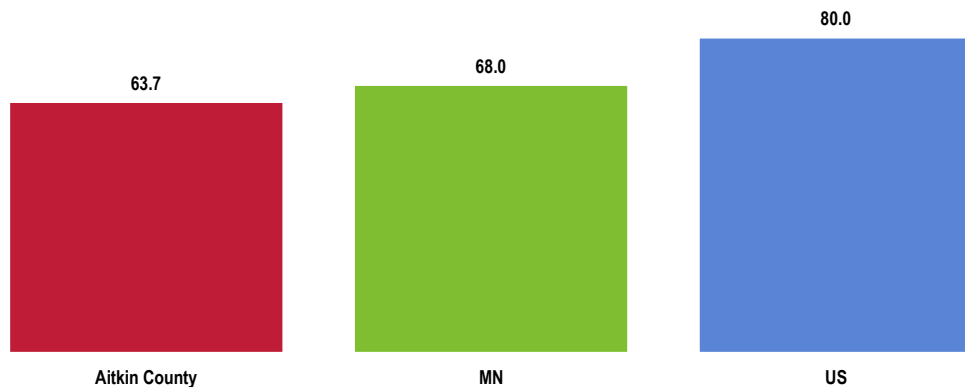
– Healthy People 2030 (<https://health.gov/healthypeople>)

Food Environment: Fast Food

The following shows the number of fast food restaurants in Aitkin County, expressed as a rate per 100,000 residents. This indicator provides a measure of healthy food access and environmental influences on dietary behavior.

Here, fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating.

Fast Food Restaurants
(Number of Fast Food Restaurants per 100,000 Population, 2022)



Sources:

- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).

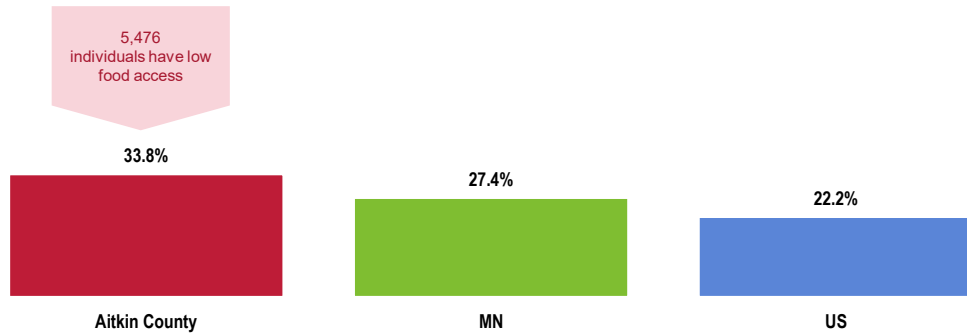


Low (Geographic) Food Access

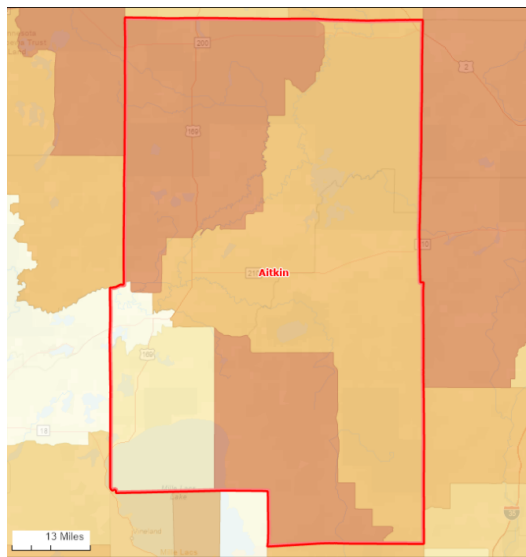
The following chart shows US Department of Agriculture data determining the percentage of Aitkin County residents found to have low food access, meaning that they do not live near a supermarket or large grocery store.

Low food access is defined as living more than 1 mile from the nearest supermarket, supercenter, or large grocery store (or 10 miles in rural areas).

Population With Low (Geographic) Food Access
(Percent of Population Far From a Supermarket or Large Grocery Store, 2019)



- Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).
- Notes:
- Low food access is defined as living far (more than 1 mile in urban areas, more than 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.



Report Location, County



Map Legend

Population with Limited Food Access, Percent by Tract, USDA - FARA 2019

- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access



PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (<https://health.gov/healthypeople>)

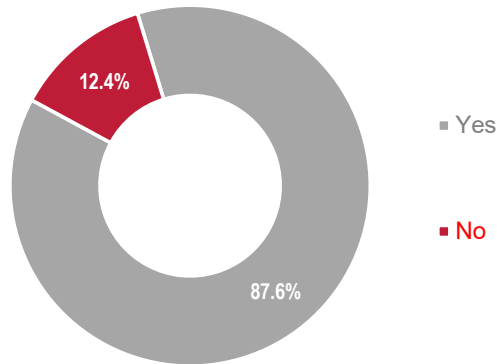
Physical Activity

SURVEY ► “During the past 30 days, did you participate in any physical activity or exercise such as running, yoga, golf, gardening or walking for exercise?”

Engaged in Any Physical Activity in the Past 30 Days (Riverwood Healthcare Center Service Area, 2024)

Nationally, 30.2% of adults engaged in no physical activity in the past month (excluding work-related physical activity).

Statewide, this percentage is 22.8%.



- Sources:
- Rivenwood Healthcare Center 2024 Community Health Needs Assessment Survey
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2023 Minnesota data.
 - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.



WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI ≥30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI ≥30 kg/m², mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m².

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m ²)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.



Overweight & Obesity

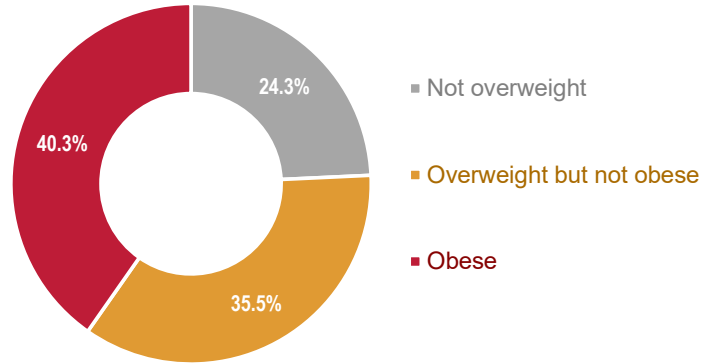
SURVEY ▶ “How tall are you without shoes?”

SURVEY ▶ “About how much do you weigh?”

“Overweight but not obese” includes respondents with a BMI value of 25.0-29.9, based on reported heights and weights.

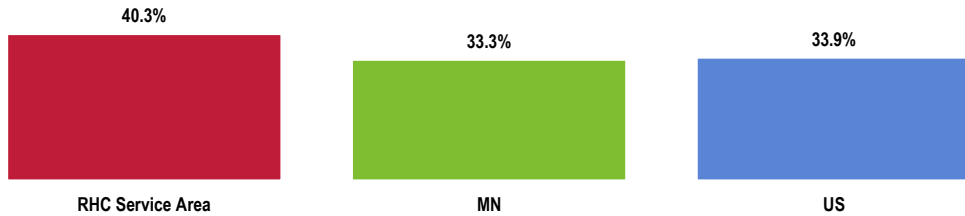
“Obese” includes respondents with a BMI value ≥ 30.0 .

Weight Status Based on Body Mass Index (BMI) (Riverwood Healthcare Center Service Area, 2024)



- Sources:
- Riverwood Healthcare Center 2024 Community Health Needs Assessment Survey
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0. The definition for obesity is a BMI greater than or equal to 30.0.

Prevalence of Obesity (Riverwood Healthcare Center Service Area, 2024) Healthy People 2030 = 36.0% or Lower

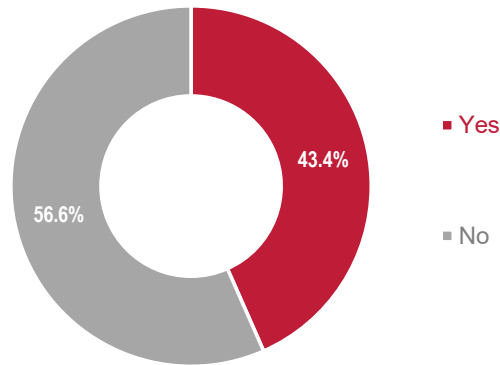


- Sources:
- Riverwood Healthcare Center 2024 Community Health Needs Assessment Survey
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Minnesota data.
 - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.



SURVEY ▶ “Have you ever been told by a doctor, nurse, or other health professional that you were overweight or obese?”

Ever Told by a Health Professional That You Were Overweight or Obese (Riverwood Healthcare Center Service Area, 2024)

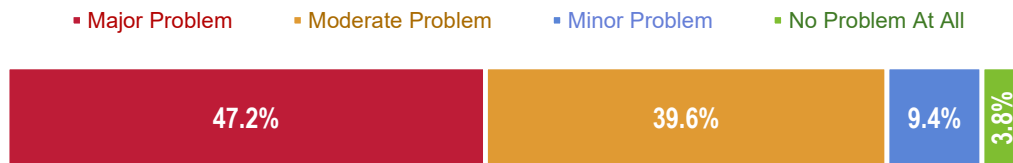


Sources: • Riverwood Healthcare Center 2024 Community Health Needs Assessment Survey
 Notes: • Asked of all respondents.

Key Informant Input: Nutrition, Physical Activity & Weight

Key informants’ ratings of *Nutrition, Physical Activity & Weight* as a community health issue are illustrated below.

Perceptions of Nutrition, Physical Activity & Weight as a Problem in the Community (Key Informants; Aitkin County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Affordable Healthy Food

High price of food, lack of family activities or community center-type facility, low incomes, access to food.
 – Community Leader

Access to affordable, healthy food options. Activities for active living are weather-dependent.
 – Public Health Representative

Food insecurity, cost of healthy foods, lack of availability of food, lack of places to work out, high mental health needs. – Public Health Representative



Cost of healthier food, lack of coverage for dietitian services, no formal weight-loss support programs at Riverwood. – Physician

Availability of affordable, high-quality, nutritious food is an obstacle. Aitkin has the only full produce department in the county, and distance to get there is more than 10 miles for many county residents. Convenience store food, fast food, high-sugar and highly processed foods are the easy choice in most places in the county. Accessing fresh vegetables, lean meats, and whole grains is more difficult. Physical activity opportunities are rather limited. There is no YMCA in the county, for instance, so swimming is limited to summer at the lakes. Walking, running, or biking on roads and highways can feel treacherous. The ATV trail system is not designed for walkers, runners, or bikers. There are organized sports activities for youth but less so for adults. – Community Leader

1. Limited Access to Healthy Foods: Rural geography contributes to long travel distances to grocery stores, farmers' markets, and food retailers that offer fresh, affordable, and nutritious options. Food insecurity (11%, higher than the MN state average) persists for many low-income families, despite available assistance programs. This leads to reliance on convenience foods that are often high in sodium, sugar, and fat. 2. Inadequate Nutrition Education: Residents lack access to reliable nutrition education or counseling tailored to their health conditions (e.g., diabetes, heart disease). 3. Sedentary Lifestyles and Physical Inactivity: Limited infrastructure for safe, accessible recreational spaces. (e.g., sidewalks, trails, fitness centers). Transportation barriers may prevent them from participating in community fitness or wellness programs. Many local organizations and partners operate with limited staff and capacity, making it difficult to sustain long-term efforts. – Public Health Representative

Obesity

Obesity and overweight conditions are rampant and lead to many other conditions. A climate of healthy choices and support is limited and not well-reimbursed. – Physician

Obesity is rampant; few exercise enough. It is cold here, with few indoor activities/resources in winter. – Physician

Obesity rates are high. The fast food generation are becoming senior citizens. Food choices and activity levels are such that effective change is difficult. – Community Leader

We have a lot of people who are overweight and suffering from obesity, which leads to heart disease, diabetes, and other chronic conditions. It seems that this is increasing in younger people. I think we need to have a weight management clinic or office setup that will help all ages with weight issues, whether it be overweight or eating disorders. – Community Leader

Awareness/Education

Nutrition education, choosing a healthy option, fast food options with healthy foods, food insecurity/food prices, knowledge of activities in the area, no community center, high school doesn't have enough gym space, not community-supported, elementary school doesn't have adequate gym/activity space. – Public Health Representative

Lack of education and health illiteracy. – Physician

Our community does not appear to understand how critical nutrition is. Families don't seem to know how to cook anymore on a consistent basis and do not have good information about what is healthy food. – Physician

Nutrition

Lack of food skills, lack of adequate housing, transportation challenges, high population of seniors who may not be able to get around by themselves. Stigma around SNAP options and the farmers' market. – Community Leader

People don't cook at home and/or don't cook healthy meals. Technology has replaced many physical tasks, and people are too tired at the end of the day to care about exercise routines. Poor nutrition and low exercise, along with alcohol use, impact health outcomes. – Community Leader

Screen Time/Technology

Video games and screen time is the biggest challenge I see in relation to physical activity and weight. Many children and adults spend hours on devices. Lack of a community center where people can go for gym space, walking, hanging out, etc., when the weather is not conducive to being outside. – Community Leader

Physical activity. Technology (youth and adults spending enormous amounts of time on screens). Nutrition. Convenience, lack of cooking skills/confidence. Food policy/marketing/ changing the norm. – Public Health Representative

Prevention/Screenings

The biggest challenge is that most people don't care and would rather take medicine instead of preventing with nutrition and physical activity. We need to focus more on preventative than medicine. – Community Leader

Environmental Contributors

Limited accessibility to solutions in various weather conditions, limited selection of affordable healthy food, limited grocery shopping options, challenging geography. Rural. – Public Health Representative



SUBSTANCE USE

ABOUT DRUG & ALCOHOL USE

Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Alcohol Use

SURVEY ▶ “During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage?”

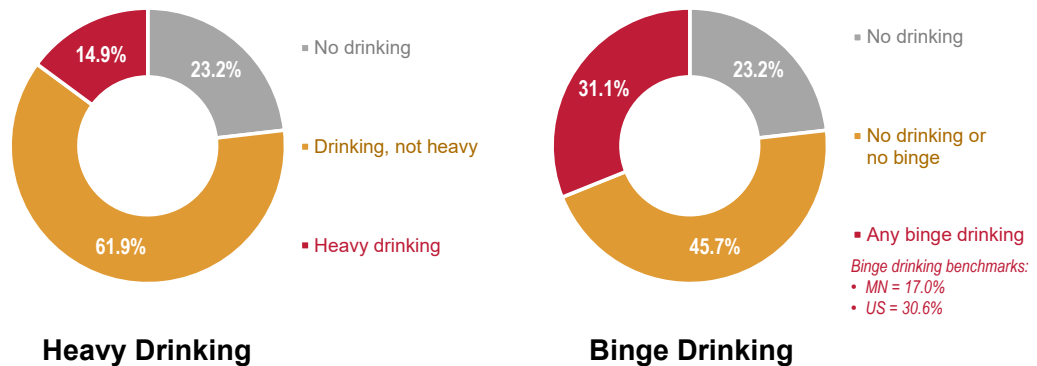
SURVEY ▶ “During the past 30 days, on the days when you drank, about how many drinks did you drink on average?”

SURVEY ▶ Considering all types of alcoholic beverages, how many times during the past 30 days did you have (4 for female/5 for male) or more drinks on an occasion?”

Risky alcohol use includes heavy drinking and binge drinking:

- **HEAVY DRINKING** ▶ men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **BINGE DRINKING** ▶ men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

Alcohol Use: Heavy Drinking
(Riverwood Healthcare Center Service Area, 2024)



Sources: • Riverwood Healthcare Center 2024 Community Health Needs Assessment Survey
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Minnesota data.
 • 2023 PRC National Health Survey, PRC, Inc.

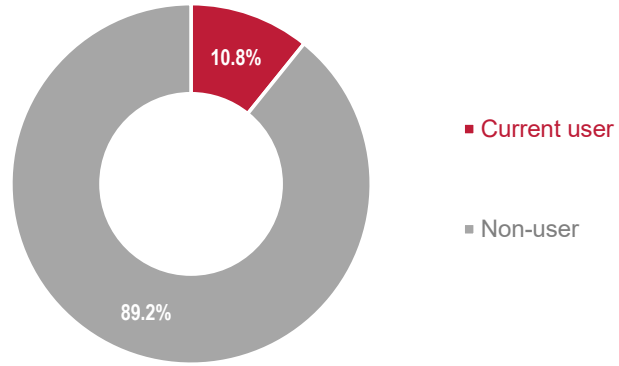
Notes: • Asked of all respondents.



Marijuana Use

SURVEY ▶ “How often do you use marijuana (smoke, vape, ingest edibles)?”

Any Marijuana Use
(Riverwood Healthcare Center Service Area, 2024)

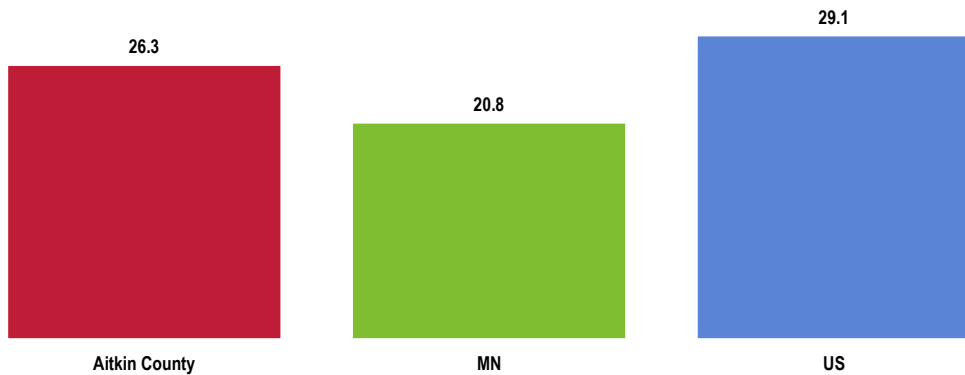


Sources: • Riverwood Healthcare Center 2024 Community Health Needs Assessment Survey
Notes: • Asked of all respondents.

Drug Overdose Deaths

The chart that follows illustrates death rates attributed to drug overdoses (all substances, excluding alcohol) for Aitkin County, Minnesota, and the US.

Drug Overdose Mortality
(2019-2023 Annual Average Deaths per 100,000 Population)



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population.



Key Informant Input: Substance Use

Note the following perceptions regarding *Substance Use* in the community among key informants taking part in an online survey.

Perceptions of Substance Use as a Problem in the Community (Key Informants; Aitkin County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Denial/Stigma

- Stigma, remote location, provider expertise/availability. – Physician
- Stigma, provider availability, mental health needs, cost. – Public Health Representative
- Not seeking treatment or help. – Community Leader
- Stigma, inability to access SUD care. – Community Leader

Incidence/Prevalence

- I don't have direct knowledge about what is available for substance use treatment in the area. However, I recognize that there is a tremendous increase in the use of marijuana, especially with parents of young children. The research is not clear about how much, if any, marijuana use during/following pregnancy is safe OR around small children. – Physician
- Meth and law enforcement's inability to recognize it as a major problem. – Community Leader
- Substance abuse is so prevalent that any treatment options are going to be completely overwhelmed. Lack of funding for treatment, lack of acceptance of treatment, public attitude that this is strictly an individual issue and not a societal problem that could be addressed. – Community Leader

Access to Care/Services

- Treatment options. Real efforts to address poverty and its side effects. People with hope tend to not have drug addiction issues. – Community Leader
- No known services in the community. – Community Leader
- Lack of treatment centers. – Physician

Affordable Care/Services

- I think the greatest barrier is cost and availability. I know of people that need treatment and are unable to get into treatment because of waitlists. Also, we really don't have inpatient treatment programs in this county. Sometimes the distance is a problem if the person wants support and visits from family. – Community Leader
- Cost and knowing what resources can be made available. – Community Leader

Lack of Providers

- Limited local counselors and specialists: Rural Minnesota – including Aitkin County – faces a stark lack of licensed alcohol and drug counselors (LADCs). Many facilities remain understaffed, forcing individuals to travel or face long waitlists. Lack of transit options: Infrequent or no public transit forces reliance on costly taxis or volunteer rides, complicating consistent attendance. Digital connectivity gaps: Inconsistent internet access hinders telehealth MAT options, deepening rural treatment deserts. Access Delays: Travel to distant MAT clinics or inpatient centers. – Public Health Representative



Teen/Young Adult Usage

Underage use, lack of education, educating parents, online purchases. – Community Leader

Most Problematic Substances

Note below which substances key informants (who rated this as a “major problem”) identified as causing the most problems in Aitkin County.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Use as a “Major Problem”)	
ALCOHOL	33.3%
METHAMPHETAMINE OR OTHER AMPHETAMINES	19.6%
HEROIN OR OTHER OPIOIDS	15.7%
MARIJUANA	11.8%
PRESCRIPTION MEDICATIONS	9.8%
OVER-THE-COUNTER MEDICATIONS	3.8%
CLUB DRUGS (e.g., MDMA, GHB, Ecstasy, Molly)	2.0%
COCAINE OR CRACK	2.0%
INHALANTS	2.0%



TOBACCO USE

ABOUT TOBACCO USE

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (<https://health.gov/healthypeople>)

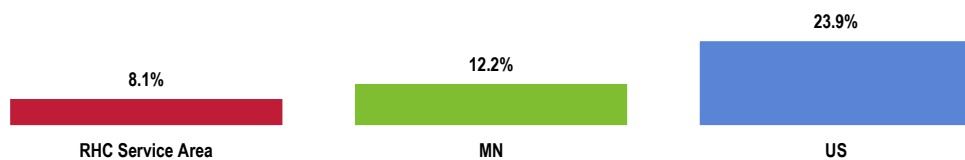
Tobacco Use

Cigarette Smoking Prevalence

SURVEY ▶ “Do you smoke cigarettes every day, some days, or not at all?”

Prevalence of Cigarette Smoking

Healthy People 2030 = 6.1% or Lower



- Sources:
- Riverwood Healthcare Center 2024 Community Health Needs Assessment Survey
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Minnesota data.
 - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Includes those who smoke cigarettes every day or on some days.

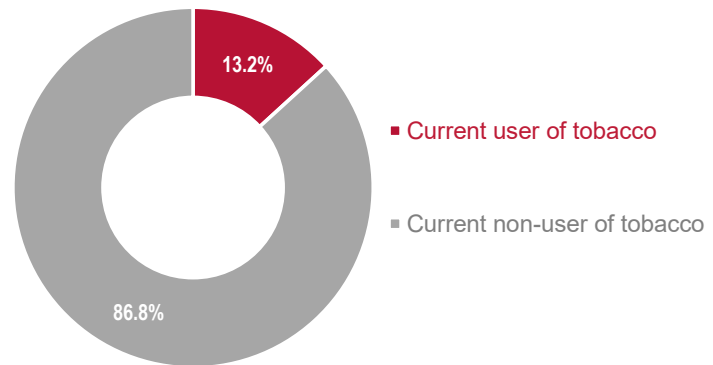


Any Tobacco Use

SURVEY ▶ “Do you smoke cigarettes every day, some days, or not at all?”

SURVEY ▶ “How often do you use any of the following products: Cigars, cigarillos, or little cigars; Pipes; Snuff, snus, dip, or chewing tobacco; E-cigarettes, vaping pen, JUUL, etc or vape products [do not include marijuana or THC products]?”

Any Tobacco Use
(Riverwood Healthcare Center Service Area, 2024)

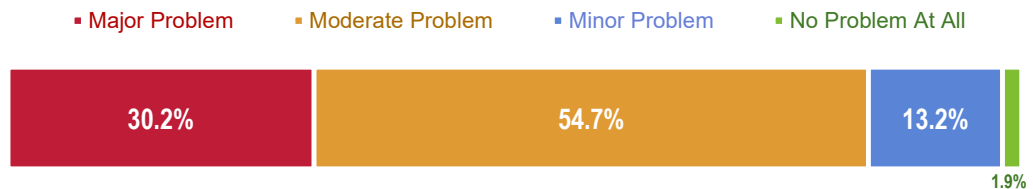


Sources: • Riverwood Healthcare Center 2024 Community Health Needs Assessment Survey
Notes: • Asked of all respondents.

Key Informant Input: Tobacco Use

Below are key informants’ ratings of *Tobacco Use* as a community health concern.

Perceptions of Tobacco Use as a Problem in the Community
(Key Informants; Aitkin County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

High use, increased use of vaping devices. – Public Health Representative

Lots of smoking. – Physician

I still see an awful lot of people smoking or using chewing tobacco. Tobacco use is very regressive – people with limited resources are addicted to tobacco and spend a lot of money they can’t really afford to buy cigarettes or chewing tobacco. The stores have a strong financial incentive to keep selling tobacco, and efforts to regulate its use have been walked back. – Community Leader



Tobacco is the leading preventable cause of death in Minnesota, generating over \$4.7 billion in annual costs statewide. High smoking trends directly increase health care strain, decrease quality of life, and lower life expectancy in rural communities like Aitkin. The adult smoking rate in Aitkin County is 20.7%, above the U.S. average (19%) and the Minnesota state average (18.1%). This elevated usage contributes to higher rates of chronic illnesses like cancer, heart disease, and increased hospital admissions. Despite statewide declines, certain communities – including rural and economically disadvantaged populations – face stagnant or rising tobacco use due to targeted discounts, coupons, and promotions. Although Minnesota offers Quit Partner, My Life, My Quit, and an American Indian Quitline, local uptake may be low in rural areas like Aitkin. Lack of local support (e.g., cessation programs in clinics, schools, or workplaces) limits access to effective services.

– Public Health Representative

E-Cigarettes

We have seen an increase in vaping and an increase in underage sales. – Public Health Representative

The amount of teenagers vaping is insane, especially the number of teenagers vaping in the school!
– Community Leader

Youth vaping and tobacco use. Adults' addiction. – Public Health Representative

Impact on Quality of Life

Smoking is significant and a significant contributor to health conditions. – Physician

Many people still smoke heavily, and it causes numerous chronic health problems that are quite costly.
– Physician

Aging Population

Aging population of smokers with COPD, chronic bronchitis, and cancer diagnoses. Taxes resources for care.
– Physician

Awareness/Education

Lack of education and help to quit. – Community Leader

Easy Access

Easy to obtain. – Community Leader



SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

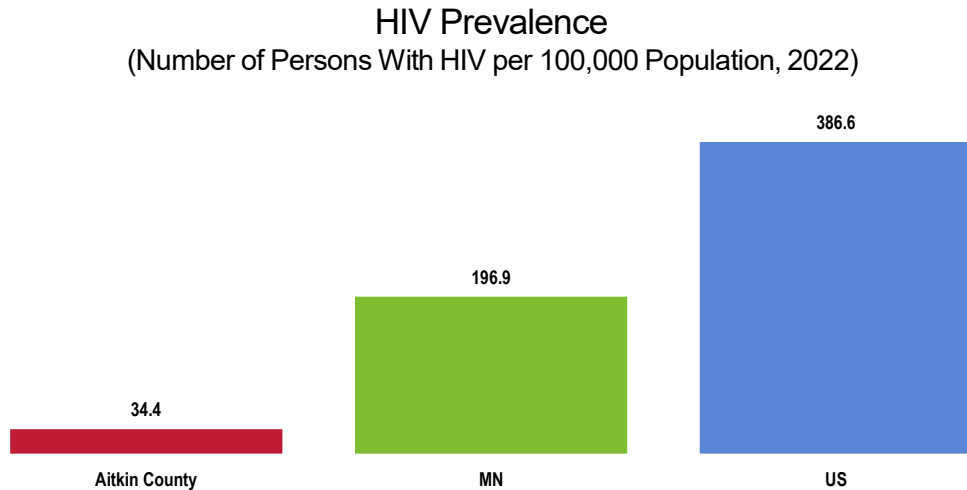
Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people’s risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn’t prevent HIV from spreading.

– Healthy People 2030 (<https://health.gov/healthypeople>)

HIV

The following chart outlines the prevalence of HIV in our community, expressed as a rate per 100,000 population. This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.



Sources:

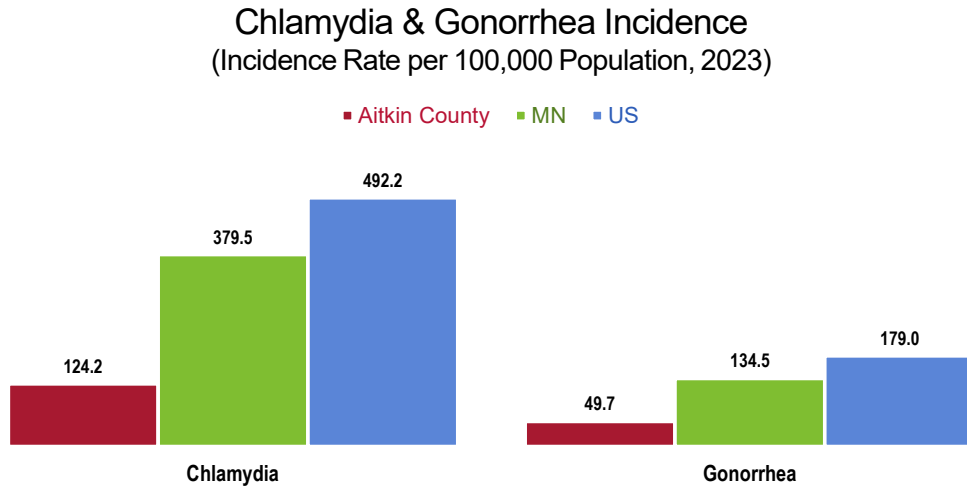
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).



Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

Chlamydia and gonorrhea are reportable health conditions that might indicate unsafe sexual practices in the community. Incidence rates for these sexually transmitted diseases are shown in the following chart.

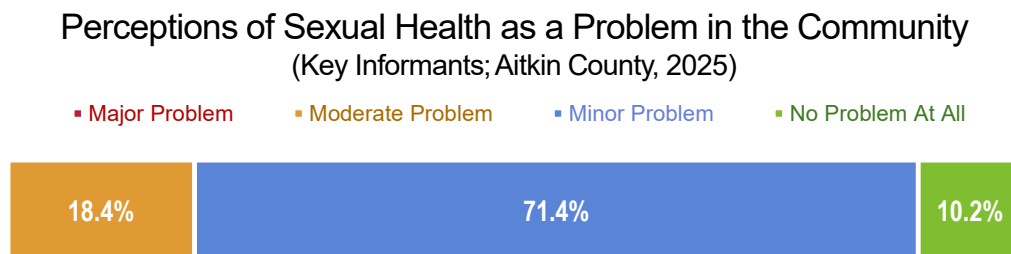


Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).

Key Informant Input: Sexual Health

Key informants' ratings of *Sexual Health* as a community health concern are shown in the following chart.



Sources:

- 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes:

- Asked of all respondents.





ACCESS TO HEALTH CARE

BARRIERS TO HEALTH CARE ACCESS

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

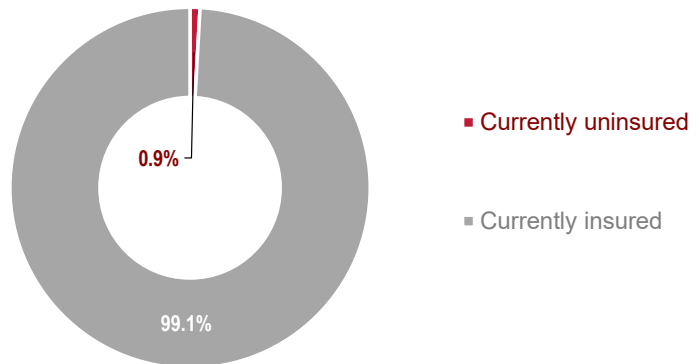
– Healthy People 2030 (<https://health.gov/healthypeople>)

Barriers to Health Care

Lack of Health Insurance Coverage

SURVEY ▶ “Do you currently have any of the following types of health insurance:
Health insurance through an employer;
Health insurance bought directly (not through an employer);
Medicare;
Medicaid, Medical Assistance (MA), or Prepaid Medical Assistance Program (PMAP);
MinnesotaCare;
CHAMPUS, TRICARE, or Veterans' benefits
or NO health insurance coverage?”

Health Insurance Status
(Riverwood Healthcare Center Service Area, 2024)



Sources: • Riverwood Healthcare Center 2024 Community Health Needs Assessment Survey
Notes: • Asked of all respondents.

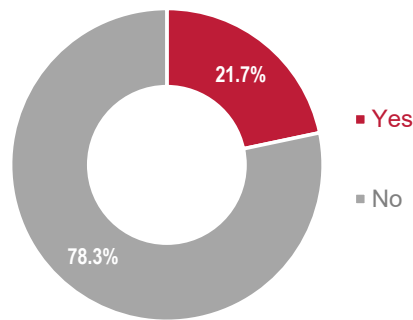


Other Barriers to Care

SURVEY ▶ “During the past 12 months, was there a time when you needed medical care but did not get it or delayed getting it?”

SURVEY ▶ “Why did you not get, or delay getting the medical care you thought you needed?”

Delayed or Went Without Needed Health Care in the Past Year (Riverwood Healthcare Center Service Area, 2024)



Reasons given for “yes” responses (not mutually exclusive):

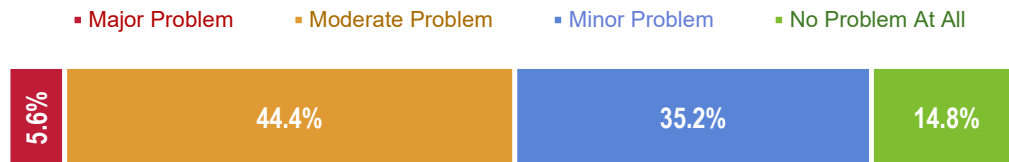
Didn't think it was serious enough	59.7%
Financial reasons	37.6%
Had work, family, other obligations	33.4%
Could not get an appointment	23.8%
Transportation problems	6.7%
Didn't know where to go	3.0%
Other reason	9.1%

Sources: ● Riverwood Healthcare Center 2024 Community Health Needs Assessment Survey
Notes: ● Asked of all respondents.

Key Informant Input: Access to Health Care Services

Key informants' ratings of *Access to Health Care Services* as a problem in Aitkin County is outlined below.

Perceptions of Access to Health Care Services as a Problem in the Community (Key Informants; Aitkin County, 2025)



Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Geriatric Services

Geriatric support services, in-home care, insurance covered and non-covered, and housing for geriatric people trying to stay more independent than assisted living or a nursing home. – Community Leader

Access to Care for Uninsured/Underinsured

Not having insurance. Having excessive medical debt and limited transportation to get to appointments. – Community Leader

Lack of Providers

Provider shortages. Lack of transportation. Lack of health insurance. – Physician



PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

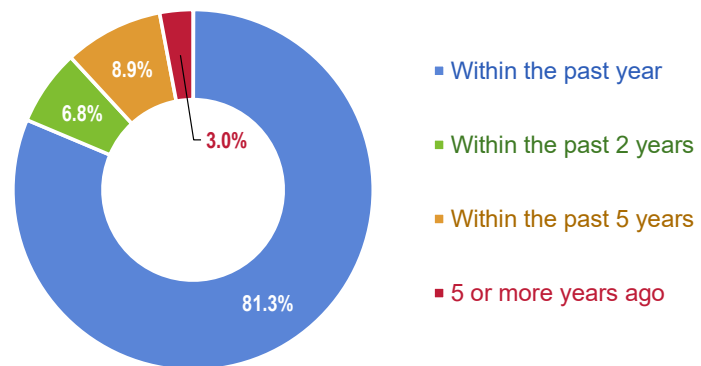
Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Primary Care Visits

SURVEY ▶ “When was the last time you had a general health exam?”

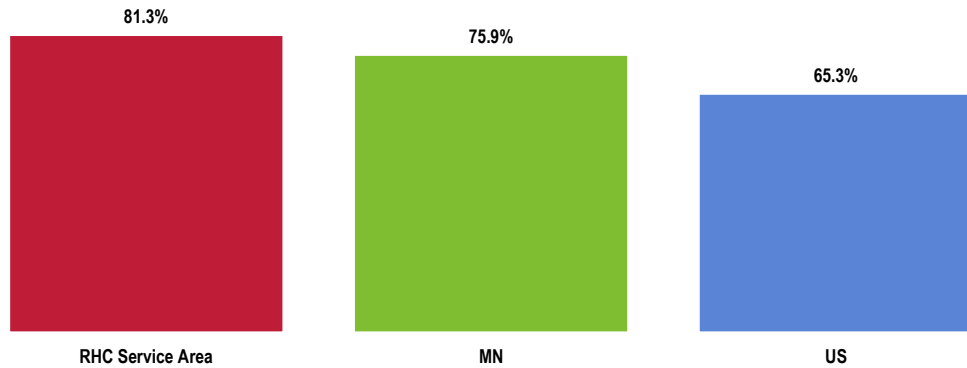
Time Since Last General Health Exam
(Riverwood Healthcare Center Service Area, 2024)



Sources: • Riverwood Healthcare Center 2024 Community Health Needs Assessment Survey
Notes: • Asked of all respondents.



Primary Care Visit in the Past Year

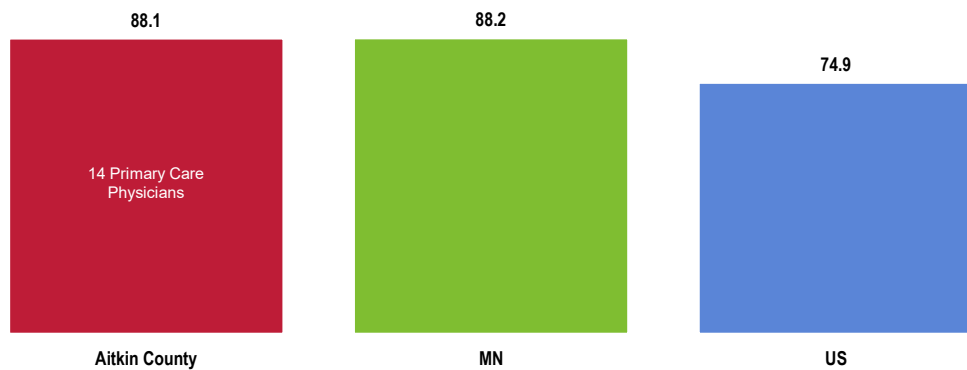


- Sources:
- Riverwood Healthcare Center 2024 Community Health Needs Assessment Survey
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2023 Minnesota data.
 - 2023 PRC National Health Survey, PRC, Inc.

Access to Primary Care

The following indicator outlines the number of primary care physicians per 100,000 population in Aitkin County. Having adequate primary care practitioners contributes to access to preventive care.

Access to Primary Care (Number of Primary Care Physicians per 100,000 Population, 2021)



- Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).
- Notes:
- Doctors classified as "primary care physicians" by the AMA include: general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

Doctors classified as "primary care physicians" by the AMA include: general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs and general pediatrics MDs. Physicians age 75 and over and physicians practicing subspecialties within the listed specialties are excluded.

Note that this indicator takes into account only primary care physicians. It does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.



ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. ...Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

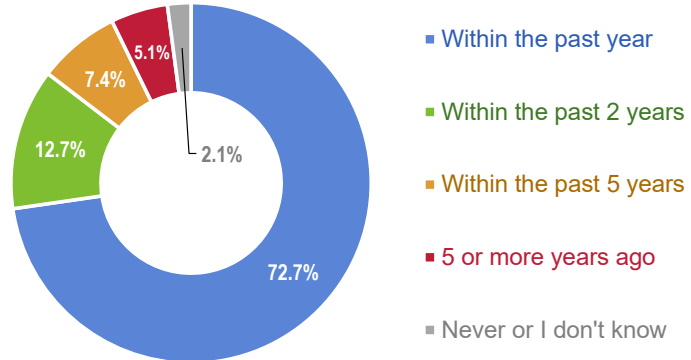
Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Dental Visits

SURVEY ▶ “When was the last time you had a dental exam or your teeth cleaned?”

Time Since Last Dental Exam or Teeth Cleaning
(Riverwood Healthcare Center Service Area, 2024)

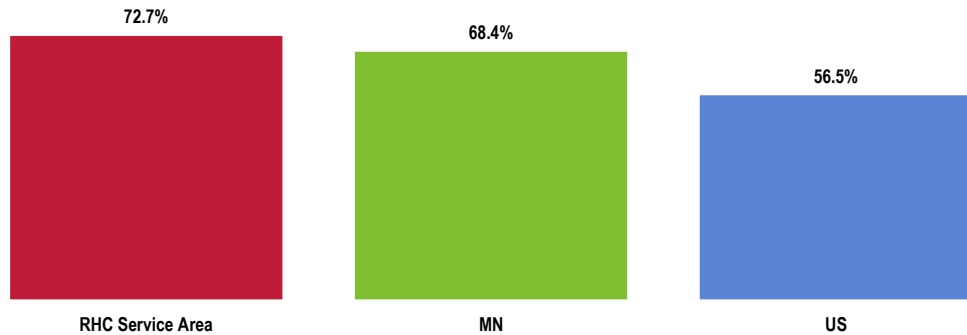


Sources: • Riverwood Healthcare Center 2024 Community Health Needs Assessment Survey
Notes: • Asked of all respondents.



Visited a Dentist or Dental Clinic in the Past Year

Healthy People 2030 = 45.0% or Higher

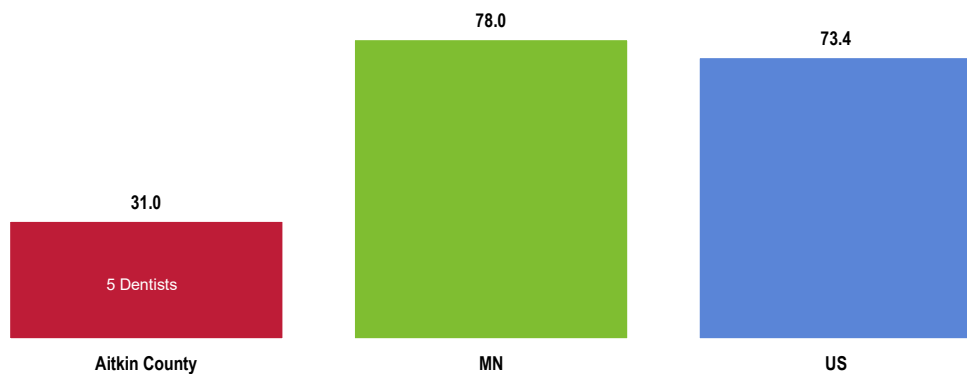


- Sources:
- Riverwood Healthcare Center 2024 Community Health Needs Assessment Survey
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Minnesota data.
 - 2023 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Access to Dentists

The following chart outlines the number of dentists for every 100,000 residents in Aitkin County.

Access to Dentists (Number of Dentists per 100,000 Population, 2022)



- Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists — qualified as having a doctorate in dental surgery (DDS) or dental medicine (DMD) — who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

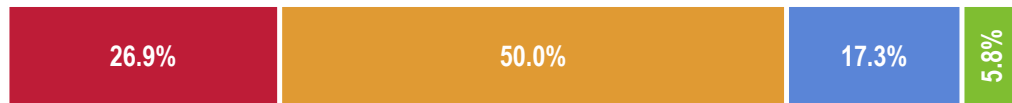


Key Informant Input: Oral Health

Key informants' perceptions of *Oral Health* are outlined below.

Perceptions of Oral Health as a Problem in the Community (Key Informants; Aitkin County, 2025)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

- Long wait times to get appointments, unable to get appointments, those paying out-of-pocket and especially hard for those on MA. – Public Health Representative
- Minimal access to dental services for all, including those with private, state, and no insurance. – Public Health Representative
- Cost and access to dental and eye care. Not enough providers accept assistance payments, or so I've been told. – Community Leader
- Poor Medicaid coverage, limited access, people do not prioritize, limited hygiene. – Physician
- Many people are on MinnesotaCare, and only a select few dentists take this insurance. People often have to drive far or wait a significant amount of time before being able to be seen. Lack of access and money. – Physician
- Access to dental care. – Public Health Representative

Lack of Providers

- Lack of dental providers. – Public Health Representative
- Limited providers, limited access, long wait times/scheduling months in advance, challenging geography, providers who do not accept all insurance types. – Public Health Representative

Diagnosis/Treatment

- A large majority of the people in the community have a serious lack of oral care that they complete. Getting into the dentist takes a very long time. I feel it would be beneficial for individuals to get more in-depth information about the importance of dental care, and on a regular basis (as information may not be retained/remembered). – Community Leader

Denial/Stigma

- Stigma, education. – Community Leader





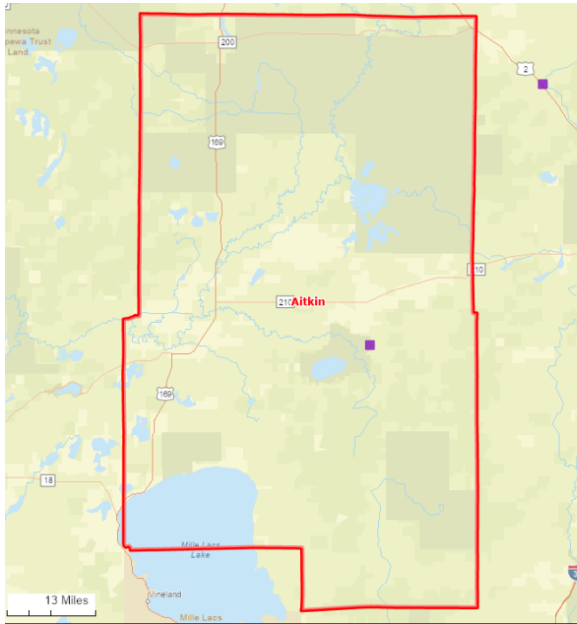
LOCAL RESOURCES

HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Aitkin County.

FQHCs are community assets that provide health care to vulnerable populations; they receive federal funding to promote access to ambulatory care in areas designated as medically underserved.



Map Legend

Report Location, County



Federally Qualified Health Centers, POS
December 2024



Resources Available to Address Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- Aitkin County
- Volunteer Drivers

Cancer

- Doctors' Offices
- Essential Health System
- Public Health
- Riverwood Healthcare Center

Diabetes

- 210 Fitness
- Aitkin County Health and Human Services
- Aitkin County Public Health
- Community Education Programming
- CVS
- Diabetes Education Program
- Dietician
- Doctors' Offices
- Education
- Farmers' Market
- Food As Medicine
- Food Shelves
- Guide Point Pharmacy
- Healthy Food RX
- Hospitals
- Paulbeck's
- Pharmacy
- Public Health
- Riverwood Diabetes Education
- Riverwood Healthcare Center
- Riverwood Primary Care
- Train Station

Disabling Conditions

- Aicota
- Aitkin County Health and Human Services
- Aitkin Eyecare Center
- Aitkin Family Chiropractic

- Aitkin Health Services
- Angels
- Doctors' Offices
- Fitness Centers/Gyms
- Golden Horizons Memory Care Unit
- Heartwood
- Home Health
- Physical Therapy
- Public Health
- Riverwood Healthcare Center
- Veteran Services
- Volunteer Drivers

Heart Disease & Stroke

- Aitkin County Public Health
- Cuyuna Regional Medical Center
- Doctors' Offices
- Farmers' Market
- Find Food Aitkin County
- Fitness Centers/Gyms
- Minneapolis Heart
- Parks and Recreation
- Public Health
- Riverwood Healthcare Center
- School System
- Smoking Cessation Programs
- stroke.web.health.state.mn.us
- Train Station
- Weight Loss Programs

Infant Health & Family Planning

- Help Me Grow
- Riverwood Healthcare Center
- School System
- Women, Infants and Children

Injury & Violence

- 911
- Advocates Against Domestic Abuse



- Aitkin County Health and Human Services
- Crisis Lines
- Doctors' Offices
- First Call for Help
- Healing Opportunity Provided Equally
- Law Enforcement
- Sexual Assault Services
- Support Within Reach

Mental Health

- 988
- Advisory Council
- Aitkin County Health and Human Services
- Aitkin County Local Advisory Committee
- Aitkin County Public Health
- Aitkin County Social Services
- Beacon Mental Health
- Clearview
- Committee for the Awareness and Prevention of Suicide
- Counseling Services
- Crisis Lines
- Doctors' Offices
- Elected Officials
- Faith-Based Organizations
- Healing Opportunity Provided Equally (HOPE)
- Health and Human Services
- Homeless Shelters
- Hospitals
- Jail
- LAC
- Lakes and Pines
- Law Enforcement
- Library
- New Beginnings
- Northern Pines Mental Health Center
- Northland Counseling
- Petals of Peace Center
- Public Health
- Riverwood Behavioral Health
- Riverwood Healthcare Center
- School System
- Social Services
- STAY - Mental Health and Suicide Prevention Events
- Telehealth
- Wellness in the Woods

Nutrition, Physical Activity, & Weight

- 210 Fitness
- 40 Club Pool

- AARP
- Aitkin County Health and Human Services
- Aitkin County Public Health
- Angels
- Cuyuna Regional Medical Center
- Cuyuna Weight Management Program
- Doctors' Offices
- Farmers' Market
- Find Food Aitkin County
- First Lutheran Church
- Fitness Centers/Gyms
- Food Shelves
- Healthy Food RX
- Loaves and Fishes
- Local Activities
- Parks and Recreation
- Paulbeck's
- Public Health
- Rippleside Elementary and Aitkin High School
- Riverwood Healthcare Center
- School System
- Statewide Health Improvement Plan
- Supplemental Nutrition Assistance Program
- Train Station
- University of Minnesota Extension
- Weight Loss Programs
- Women, Infants and Children

Oral Health

- Aitkin County Public Health
- Children's Dental Services
- CLC Dental
- Dental Offices
- Doctors' Offices
- Isle Dental
- McGregor Dental
- Northland Smiles
- Public Health
- River Oaks Dental
- Riverwood Healthcare Center

Respiratory Diseases

- Aitkin County Public Health
- Child Care
- Cuyuna Regional Medical Center
- Hospitals
- Pharmacy
- Public Health
- Riverwood Healthcare Center
- School System



Social Determinants of Health

- Aitkin County
- Aitkin County Economic Development
- Aitkin County Health and Human Services
- Aitkin County Public Health
- Aitkin HUD
- Angels
- Arrowhead Economic Opportunity Agency
- Arrowhead Transit
- Charitable Organizations
- Churches
- Elected Officials
- Farmers' Market
- Food Shelves
- Habitat for Humanity
- Healing Opportunity Provided Equally
- JET
- Lakes and Pines
- Lions Clubs
- Petals of Peace Center
- Public Health
- Riverwood Food Rx
- Riverwood Healthcare Center
- School System
- Section 8 Housing
- Subsidized Housing
- Veteran Services
- Women, Infants and Children

- Quit Minnesota
- Quit Partner
- Riverwood Healthcare Center
- School System
- State Tobacco Program

Substance Use

- AA/NA
- Aitkin County Health and Human Services
- Aitkin County Social Services
- Crisis Lines
- Doctors' Offices
- Faith-Based Organizations
- Healing Opportunity Provided Equally (HOPE)
- Northern Pines Mental Health Center
- Public Health
- Riverwood Healthcare Center
- School System
- Sobriety Court
- Teen Challenge

Tobacco Use

- Aitkin County Public Health
- Aitkin County SHIP
- American Lung Association
- Minnesota Call Line
- Public Health





APPENDICES

APPENDIX: COMMUNITY HEALTH SURVEY RESULTS

The following represent a frequency distribution of the full set of findings from the 2024 Riverwood Healthcare Center Community Health Needs Assessment Survey.

General health

	Valid Percent
Poor	1.3
Fair	11.9
Good	36.0
Very good	40.3
Excellent	10.5

Diabetes

	Valid Percent
No	88.3
Yes	10.9
Pregnancy	0.8

Prediabetes/elevated blood sugar

	Valid Percent
No	75.7
Yes	24.0
Pregnancy	0.3

High blood pressure/hypertension

	Valid Percent
No	52.4
Yes	47.6
Pregnancy	0.1

Overweight or obesity

	Valid Percent
No	56.6
Yes	43.4

Stroke

	Valid Percent
No	94.8
Yes	5.2



High cholesterol or triglycerides

	Valid Percent
No	58.0
Yes	42.0

Cancer

	Valid Percent
No	86.7
Yes	13.3

Asthma

	Valid Percent
No	88.8
Yes	11.2

Chronic lung disease

	Valid Percent
No	91.1
Yes	8.9

Mental health problems

	Valid Percent
No	80.4
Yes	19.6

Memory loss, Alzheimer's disease or other dementia

	Valid Percent
No	96.7
Yes	3.3

Sexually transmitted diseases/infections

	Valid Percent
No	96.0
Yes	4.0

Other condition

	Valid Percent
No	89.1
Yes	10.9



Usual Source of Care: Doctor's office/clinic

	Valid Percent
Not checked	9.0
Checked	91.0

Usual Source of Care: Emergency room

	Valid Percent
Not checked	81.5
Checked	18.5

Usual Source of Care: Urgent care clinic/Express Care/Minute Clinic

	Valid Percent
Not checked	67.5
Checked	32.5

Usual Source of Care: Nurse line

	Valid Percent
Not checked	85.8
Checked	14.2

Usual Source of Care: Online or virtual clinic

	Valid Percent
Not checked	88.7
Checked	11.3

Usual Source of Care: Google/Internet

	Valid Percent
Not checked	76.2
Checked	23.8

Usual Source of Care: Trusted family or friends

	Valid Percent
Not checked	76.2
Checked	23.8

Usual Source of Care: Other

	Valid Percent
Not checked	94.7
Checked	5.3



Last time had a general health exam

	Valid Percent
Never or I don't know	0.0
5 or more years ago	3.0
Within the past 5 years	8.9
Within the past 2 years	6.8
Within the past year	81.3

Last time had a flu shot

	Valid Percent
Never or I don't know	16.2
5 or more years ago	13.3
Within the past 5 years	4.9
Within the past 2 years	13.2
Within the past year	52.4

Last time had a dental exam or teeth cleaned

	Valid Percent
Never or I don't know	2.1
5 or more years ago	5.1
Within the past 5 years	7.4
Within the past 2 years	12.7
Within the past year	72.7

Last time had a hearing test

	Valid Percent
Never or I don't know	30.2
5 or more years ago	27.5
Within the past 5 years	12.9
Within the past 2 years	9.6
Within the past year	19.8

Last time had an eye exam

	Valid Percent
Never or I don't know	4.6
5 or more years ago	3.0
Within the past 5 years	10.4
Within the past 2 years	20.3
Within the past year	61.7



Last time had a check for diabetes

	Valid Percent
Never or I don't know	21.9
5 or more years ago	6.1
Within the past 5 years	5.5
Within the past 2 years	8.9
Within the past year	57.7

Last time had any screening for colon cancer

	Valid Percent
Never or I don't know	30.5
5 or more years ago	12.9
Within the past 5 years	18.8
Within the past 2 years	18.8
Within the past year	19.0

Last time had a prostate exam

	Valid Percent
Never or I don't know	44.8
5 or more years ago	10.3
Within the past 5 years	15.5
Within the past 2 years	9.6
Within the past year	19.8

Last time had a Pap test

	Valid Percent
Never or I don't know	6.7
5 or more years ago	33.4
Within the past 5 years	21.1
Within the past 2 years	24.3
Within the past year	14.4

Last time had a mammogram

	Valid Percent
Never or I don't know	21.6
5 or more years ago	4.9
Within the past 5 years	3.8
Within the past 2 years	14.9
Within the past year	54.8



Current insurance status

	Valid Percent
Currently uninsured	0.9
Currently insured	99.1

Medical care delay

	Valid Percent
No	78.3
Yes	21.7



Could not get appointment

Valid Percent

<i>Not checked</i>	76.2
<i>Checked</i>	23.8

Did not think it was serious enough

Valid Percent

<i>Not checked</i>	40.3
<i>Checked</i>	59.7

Transportation problems

Valid Percent

<i>Not checked</i>	93.3
<i>Checked</i>	6.7

Financial reasons

Valid Percent

<i>Not checked</i>	62.4
<i>Checked</i>	37.6

Did not know where to go

Valid Percent

<i>Not checked</i>	97.0
<i>Checked</i>	3.0

Had work, family, or other obligations

Valid Percent

<i>Not checked</i>	66.6
<i>Checked</i>	33.4



Other reason

	Valid Percent
Not checked	90.9
Checked	9.1

Dental care delay

	Valid Percent
No	81.9
Yes	18.1



Could not get appointment

	Valid Percent
Not checked	67.8
Checked	32.2

Did not think it was serious enough

	Valid Percent
Not checked	96.4
Checked	3.6

Transportation problems

	Valid Percent
Not checked	99.4
Checked	0.6

Financial reasons

	Valid Percent
Not checked	46.8
Checked	53.2

Insurance was not accepted

	Valid Percent
Not checked	84.8
Checked	15.2

Had work, family, or other obligations

	Valid Percent
Not checked	93.0
Checked	7.0



Other reason

	Valid Percent
Not checked	91.5
Checked	8.5

Days mental health not good	Valid Percent
0 days	47.6
1-9 days	38.1
10-19 days	6.9
20-29 days	3.9
All 30 days	3.4

During the past 12 months, have you seen a mental health professional

	Valid Percent
No	92.0
Yes	8.0

Mental health care delay

	Valid Percent
No	90.8
Yes	9.2



Could not get appointment

	Valid Percent
Not checked	92.4
Checked	7.6

Did not think it was serious enough

	Valid Percent
Not checked	62.0
Checked	38.0

Transportation problems

	Valid Percent
Not checked	86.6
Checked	13.4



Financial reasons

	Valid Percent
Not checked	58.1
Checked	41.9

Had work, family, or other obligations

	Valid Percent
Not checked	70.0
Checked	30.0

Do not believe it will help

	Valid Percent
Not checked	64.9
Checked	35.1

Afraid of what others might think

	Valid Percent
Not checked	91.6
Checked	8.4

Other reason

	Valid Percent
Not checked	84.8
Checked	15.2

How often do you experience feelings of hopelessness, anxiety or loss of interest in things you usually enjoy

	Valid Percent
Never	36.2
Rarely	43.0
Sometimes	15.0
Usually	4.2
Always	1.5



How often do you have mental health concerns that keep you from doing your usual activities, such as self-care, work or recreation

	Valid Percent
Never	47.2
Rarely	32.3
Sometimes	15.9
Usually	3.0
Always	1.6

How often do you get the social and emotional support you need

	Valid Percent
Never	22.8
Rarely	8.6
Sometimes	7.6
Usually	31.2
Always	29.8

How often do you feel lonely or isolated from those around you

	Valid Percent
Never	49.5
Rarely	29.1
Sometimes	17.3
Usually	2.5
Always	1.6

Are you in a relationship where you are (or have ever been) physically hurt, threatened, or made to feel afraid

	Valid Percent
No	97.6
Yes	2.4

Considered attempting suicide: No

	Valid Percent
Not checked	6.0
Checked	94.0



Considered attempting suicide: Yes, during the last 6 months

	Valid Percent
Not checked	98.9
Checked	1.1

Considered attempting suicide: Yes, during the last year

	Valid Percent
Not checked	98.6
Checked	1.4

Considered attempting suicide: Yes, more than a year ago

	Valid Percent
Not checked	94.4
Checked	5.6

Fruit drinks in the past week

	Valid Percent
Never to once	76.5
2-4 times per week	16.1
5-6 times per week	2.5
1-2 times per day	3.4
3 or more times per day	1.4

Sports drinks in the past week

	Valid Percent
Never to once	83.1
2-4 times per week	13.0
5-6 times per week	1.9
1-2 times per day	1.1
3 or more times per day	0.8

Regular soda/pop in the past week

	Valid Percent
Never to once	60.4
2-4 times per week	28.5
5-6 times per week	3.9
1-2 times per day	6.0
3 or more times per day	1.2



Energy drinks in the past week

	Valid Percent
Never to once	95.1
2-4 times per week	3.7
5-6 times per week	1.1
1-2 times per day	0.2

Diet soda/pop in the past week

	Valid Percent
Never to once	67.2
2-4 times per week	20.4
5-6 times per week	4.6
1-2 times per day	4.6
3 or more times per day	3.2

Water in the past week

	Valid Percent
Never to once	0.7
2-4 times per week	1.7
5-6 times per week	4.8
1-2 times per day	18.7
3 or more times per day	74.1

Number of vegetables yesterday

	Valid Percent
0 servings	12.3
1-2 servings	57.0
3-4 servings	23.1
5 or more servings	7.6

Number of solid fruits yesterday

	Valid Percent
0 servings	23.5
1-2 servings	58.9
3-4 servings	13.6
5 or more servings	4.0



Number of fruits and vegetables yesterday

	Valid Percent
0 servings	7.0
1-2 servings	30.4
3-4 servings	31.6
5-9 servings	29.6
10 or more servings	1.4

How far do you usually go (one way) to get your groceries

	Valid Percent
Less than 2 miles	7.2
2-6 miles	12.8
7-10 miles	14.7
11-20 miles	24.6
21-30 miles	14.1
Over 30 miles	26.6

Get food from: Supermarket or grocery store

	Valid Percent
Never	0.1
1 time per month	8.6
2 or 3 times per month	34.6
1 time per week	34.3
2 or more times per week	22.3

Get food from: Convenience store or gas station

	Valid Percent
Never	48.2
1 time per month	28.9
2 or 3 times per month	9.5
1 time per week	7.3
2 or more times per week	6.1

Get food from: Dollar store

	Valid Percent
Never	51.4
1 time per month	30.7
2 or 3 times per month	10.5
1 time per week	6.6
2 or more times per week	0.9



Get food from: Food shelf or food pantry

	Valid Percent
Never	94.2
1 time per month	4.8
2 or 3 times per month	1.0

Get food from: Community food distribution or meals

	Valid Percent
Never	96.1
1 time per month	3.0
2 or 3 times per month	0.3
1 time per week	0.0
2 or more times per week	0.5

Get food from: Farmer's market, farm stand, or local garden

	Valid Percent
Never	34.4
1 time per month	39.3
2 or 3 times per month	11.9
1 time per week	4.3
2 or more times per week	10.0

During the past 12 months, have you used a community food shelf or free meal program

	Valid Percent
No	94.2
Yes	5.8

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

	Valid Percent
Never	83.4
Rarely	9.4
Sometimes	6.3
Often	1.0



There is a large selection of fresh fruits and vegetables where I usually shop

	Valid Percent
Strongly disagree	2.3
Disagree	5.5
Neither agree nor disagree	8.5
Agree	43.5
Strongly agree	40.3

Eating healthy costs too much

	Valid Percent
Strongly disagree	6.7
Disagree	16.9
Neither agree nor disagree	21.2
Agree	35.5
Strongly agree	19.7

I eat enough fruits and vegetables to keep me healthy

	Valid Percent
Strongly disagree	6.0
Disagree	13.8
Neither agree nor disagree	25.2
Agree	48.2
Strongly agree	6.7

I just do not think of fruits and vegetables when I am looking for something to eat

	Valid Percent
Strongly disagree	19.5
Disagree	32.1
Neither agree nor disagree	30.8
Agree	15.4
Strongly agree	2.2

Past month participate in any physical activity or exercise

	Valid Percent
No	12.4
Yes	87.6



Moderate exercise 5+ days per week

	Valid Percent
0 days per week	6.6
1-4 days per week	50.4
5-7 days per week	43.0

What makes it difficult to be physically active: Lack of time

	Valid Percent
A big problem	21.6
A small problem	32.3
Not a problem	46.1

What makes it difficult to be physically active: Lack of programs, leaders/facilities

	Valid Percent
A big problem	12.3
A small problem	26.7
Not a problem	61.0

What makes it difficult to be physically active: The cost of fitness programs, memberships, fees

	Valid Percent
A big problem	21.0
A small problem	24.1
Not a problem	54.9

What makes it difficult to be physically active: No safe place to be physically active

	Valid Percent
A big problem	4.6
A small problem	16.0
Not a problem	79.3

What makes it difficult to be physically active: Distance I have to travel

	Valid Percent
A big problem	18.3
A small problem	29.8
Not a problem	51.8



What makes it difficult to be physically active: Sidewalks/trails icy, not shoveled/poorly maintained

	Valid Percent
A big problem	7.8
A small problem	26.7
Not a problem	65.5

What makes it difficult to be physically active: Other

	Valid Percent
A big problem	39.0
A small problem	3.9
Not a problem	57.2

Do you consider yourself:

	Valid Percent
About the right weight	43.0
Underweight	1.4
Overweight	55.5

During a typical night, how many hours of sleep do you get

	Valid Percent
Under 6 hours	18.8
6 hours	17.5
7 hours	35.8
8 hours	24.0
9 hours	3.6
Over 9 hours	0.4

Do you smoke cigarettes:

	Valid Percent
Every day	7.4
Some days	0.7
Not at all	92.0



How old were you when you FIRST started to smoke fairly regularly

	Valid Percent
Under age 18	59.2
18-24	25.9
Over age 24	15.0



Is your usual cigarette brand menthol or non-menthol

	<i>Valid Percent</i>
<i>Menthol</i>	18.9
<i>Non-menthol</i>	54.1
<i>No usual brand</i>	27.0

Cigar smoking status

	Valid Percent
Non-smoker	98.8
Current smoker	1.2

Pipe smoking status

	Valid Percent
Non-smoker	99.7
Current Pipe smoker	0.3

Smokeless status

	Valid Percent
Non-user	95.6
Current user	4.4

E-cig status

	Valid Percent
Non-user	95.6
Current user	4.4

Any tobacco use

	Valid Percent
Current non-user of tobacco	86.8
Current user of tobacco	13.2

Marijuana status

	Valid Percent
Non-user	89.2
Current user	10.8

Any alcohol drinking in past 30 days

	Valid Percent
No drinking	23.2
Any drinking	76.8



Heavy drinking

	Valid Percent
No drinking or not heavy	85.1
Heavy drinking	14.9

Drinking behavior

	Valid Percent
No drinking	23.2
Drinking, not heavy	61.9
Heavy drinking	14.9

Binge drinking

	Valid Percent
No drinking or no binge	68.9
Any binge drinking	31.1

Used at least once during the past 30 days, non-medical purpose: Marijuana

	Valid Percent
Yes	9.4
No	90.6

Used at least once during the past 30 days, non-medical purpose: Pain relievers

	Valid Percent
Yes	12.4
No	87.6

Used at least once during the past 30 days, non-medical purpose: Tranquilizers or sedatives

	Valid Percent
Yes	1.7
No	98.3

Used at least once during the past 30 days, non-medical purpose: Stimulants

	Valid Percent
Yes	0.4
No	99.6



Used at least once during the past 30 days, non-medical purpose: Cocaine or crack

	Valid Percent
Yes	0.0
No	100.0

Used at least once during the past 30 days, non-medical purpose: Heroin

	Valid Percent
Yes	0.0
No	100.0

Used at least once during the past 30 days, non-medical purpose: Fentanyl

	Valid Percent
Yes	0.0
No	100.0

Used at least once during the past 30 days, non-medical purpose: Hallucinogens

	Valid Percent
Yes	0.0
No	100.0

Used at least once during the past 30 days, non-medical purpose: Inhalants

	Valid Percent
Yes	0.0
No	100.0

Used at least once during the past 30 days, non-medical purpose: Synthetics

	Valid Percent
Yes	0.0
No	100.0

Used at least once during the past 30 days, non-medical purpose: Other

	Valid Percent
Yes	0.7
No	99.3



Used at least once during the past 30 days, non-medical purpose: None of these

	Valid Percent
Yes	79.2
No	20.8

How usually get around: My own vehicle

	Valid Percent
Not checked	4.2
Checked	95.8

How usually get around: Get rides from family/friends

	Valid Percent
Not checked	92.7
Checked	7.3

How usually get around: Carpool

	Valid Percent
Not checked	99.7
Checked	0.3

How usually get around: Bicycle

	Valid Percent
Not checked	98.8
Checked	1.2

How usually get around: Walk

	Valid Percent
Not checked	92.4
Checked	7.6

How usually get around: Special transportation service

	Valid Percent
Not checked	98.8
Checked	1.2

How usually get around: No regular transportation

	Valid Percent
Not checked	98.2
Checked	1.8



How usually get around: Other transportation method

	Valid Percent
Not checked	99.7
Checked	0.3

How often does lack of transportation prevent you from accessing: Work

	Valid Percent
Never	96.8
Rarely	1.3
Sometimes	0.6
Often	1.0
Always	0.3

How often does lack of transportation prevent you from accessing: Errands

	Valid Percent
Never	93.3
Rarely	3.7
Sometimes	1.6
Often	0.1
Always	1.3

How often does lack of transportation prevent you from accessing: Medical appointments

	Valid Percent
Never	95.3
Rarely	2.1
Sometimes	1.0
Often	1.2
Always	0.4

How often does lack of transportation prevent you from accessing: Child care

	Valid Percent
Never	98.8
Rarely	0.7
Sometimes	0.4
Always	0.1



How often does lack of transportation prevent you from accessing: Social functions

	Valid Percent
Never	94.0
Rarely	3.2
Sometimes	0.9
Often	0.2
Always	1.6

Do you own or rent your home

	Valid Percent
Other arrangement	2.3
Rent	5.6
Own	92.1



As a renter, I feel comfortable addressing any concerns about my home with my landlord

	Valid Percent
<i>Disagree</i>	2.1
<i>Agree</i>	17.1
<i>Strongly agree</i>	80.8

During the past year, worry about not being able to pay rent/mortgage/housing costs

	Valid Percent
Never	77.5
Rarely	7.5
Sometimes	7.5
Often	7.5

During the past 12 months, how often have the following occurred: Felt unsafe in my home

	Valid Percent
Never	93.3
Rarely	4.1
Sometimes	1.6
Often	0.1
Always	0.9



During the past 12 months, how often have the following occurred: Uncomfortably cold or hot inside my home

	Valid Percent
Never	79.9
Rarely	14.0
Sometimes	5.1
Often	0.8
Always	0.2

During the past 12 months, how often have the following occurred: Water was leaking in my home

	Valid Percent
Never	86.9
Rarely	8.2
Sometimes	3.0
Often	1.7
Always	0.2

During the past 12 months, how often have the following occurred: Mold that you can see

	Valid Percent
Never	90.8
Rarely	4.6
Sometimes	4.1
Often	0.4
Always	0.1

During the past 12 months, how often have the following occurred: Rodents

	Valid Percent
Never	71.2
Rarely	21.1
Sometimes	5.4
Often	2.0
Always	0.4

During the past 12 months, how often have the following occurred: Cockroaches

	Valid Percent
Never	99.9
Rarely	0.1



During the past year, worried or stressed about having enough money to pay your bills

	Valid Percent
Never	71.4
Only a few months	13.1
About half the months	4.4
Almost every month	2.3
Every month	8.8



Contributed to your financial stress: New illness or disability in the family

	Valid Percent
<i>Not checked</i>	86.3
<i>Checked</i>	13.7

Contributed to your financial stress: Increase in family size

	Valid Percent
<i>Not checked</i>	97.0
<i>Checked</i>	3.0

Contributed to your financial stress: Loss of a job

	Valid Percent
<i>Not checked</i>	90.4
<i>Checked</i>	9.6

Contributed to your financial stress: Loss of hours at a job

	Valid Percent
<i>Not checked</i>	86.0
<i>Checked</i>	14.0

Contributed to your financial stress: Loss of a family member

	Valid Percent
<i>Not checked</i>	95.5
<i>Checked</i>	4.5

Contributed to your financial stress: Loss of insurance

	Valid Percent
<i>Not checked</i>	88.1
<i>Checked</i>	11.9



Contributed to your financial stress: Underemployed

	Valid Percent
Not checked	89.9
Checked	10.1

Contributed to your financial stress: No events

	Valid Percent
Not checked	66.9
Checked	33.1

In the past 6 months, confidence in being able to continue to live in your current home

	Valid Percent
Decreased	4.7
Remained the same	88.2
Increased	7.1

Weight status according to BMI

	Valid Percent
Not overweight	24.3
Overweight but not obese	35.5
Obese	40.3

How many people contribute to your household's income

	Valid Percent
One person	30.2
Two people	65.0
Three or more people	4.8

Are you the primary caregiver for: One of more children under age 18

	Valid Percent
Not checked	77.6
Checked	22.4

Are you the primary caregiver for: One or more children with a disability

	Valid Percent
Not checked	99.2
Checked	0.8



Are you the primary caregiver for: One or more adults

	Valid Percent
Not checked	91.9
Checked	8.1

Are you the primary caregiver for: Other

	Valid Percent
Not checked	98.3
Checked	1.7

Are you the primary caregiver for: No one

	Valid Percent
Not checked	33.2
Checked	66.8

If you have caregiving responsibilities do you have enough help with: Financial assistance

	Valid Percent
No	19.9
Yes	80.1

If you have caregiving responsibilities do you have enough help with: Family support

	Valid Percent
No	11.3
Yes	88.7

If you have caregiving responsibilities do you have enough help with: Help from outside organizations

	Valid Percent
No	24.5
Yes	75.5

Do you have access to reliable internet

	Valid Percent
No	11.4
Yes	88.6



APPENDIX: EVALUATION OF PAST ACTIVITIES

Community Benefit

Over the past three years, Riverwood Healthcare Center has invested in improving the health of our community's most vulnerable populations. Our commitment to this goal is reflected in:

- Over \$3,129,253 in community benefit, excluding uncompensated Medicare.
- More than \$6,092,979 in charity care and other financial assistance programs.

Our work also reflects a focus on community health improvement, as described below.

Addressing Significant Health Needs

Riverwood Healthcare Center conducted its last CHNA in 2022 and reviewed the health priorities identified through that assessment. Taking into account the top-identified needs — as well as hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined at that time that Riverwood Healthcare Center would focus on developing and/or supporting strategies and initiatives to improve:

- Mental Health
- Heart Disease & Stroke
- Nutrition, Physical Activity, and Weight

Strategies for addressing these needs were outlined in Riverwood Healthcare Center's Implementation Strategy. Pursuant to IRS requirements, the following sections provide an evaluation of the impact of the actions taken by Riverwood Healthcare Center to address these significant health needs in our community.



Evaluation of Impact

Priority Area: Mental Health	
Community Health Need	To increase awareness and support around mental health issues in the communities we serve.
Goal(s)	<ul style="list-style-type: none"> Facilitate and support training opportunities Increase utilization and awareness of existing mental health resources while increasing the diversity of resources available. Decrease the stigma to give people the courage to speak up and identify.

Strategy #1: Facilitate and support training opportunities	
Strategy Was Implemented?	Yes
Target Population(s)	Aitkin County and Garrison/Mille Lacs Lake areas
Partnering Organization(s)	Selander Coaching and Consulting St Cloud VA Suicide Prevention Team MN Department of Health - Safe Harbor Aitkin County Public Health University of Minnesota - Healthy Youth Development – Prevention Research Center KKIN
Results/Impact	<ul style="list-style-type: none"> Riverwood continuously provides staff training in the forum of snacks and facts/lunch training. <ul style="list-style-type: none"> Make it Ok - programming to remove stigma with Mental Health MN Safe Harbor – Understanding Human Trafficking and Exploitation 15 Things Veterans Want you to Know (Provider Addition) Riverwood Staff Mental Health Campaign – Make it Ok (purchased t-shirts for all staff) Virtual seminar: Mental Health Matters: Taking Time for Self-Care Virtual seminar: Learn How to Care for Your Mental Health Toolkit for Adolescent Care Program Community Education <ul style="list-style-type: none"> Wellness Blog/Social Media/News Release <ul style="list-style-type: none"> Managing mental health during the holiday season October is Depression and Mental Health Awareness Month Mental Health Awareness: We are in this Together Holiday Mental Health Tips Embrace Tools for Promoting Mental Health Mental Health Awareness month social media posts Suicide prevention and crisis hotline Promote Suicide Prevention through Connection Chalk it up – Make It Ok Chalk campaign to promote mental health awareness



- KIN Radio interview on Suicide Prevention with Psychiatric Mental Health Nurse Practitioner Janet Larson
- Community outreach with Aitkin County Fair booth on Mental Health & Self-Care staffed by Riverwood Behavioral Health professionals

Strategy #2: Increase utilization and awareness of existing mental health resources while increasing the diversity of resources available.

Strategy Was Implemented? Yes

Target Population(s) Aitkin County and Garrison/Mille Lacs Lake areas

Partnering Organization(s) Find Help
Aitkin County CARE
Vital Work Life

- Results/Impact**
- In 2023, Riverwood implemented social determinants of health screening for all annual visits in the clinic. Asking questions about safety, food insecurity, transportation, housing, and utilities.
 - In 2023, Riverwood implemented Find Help, a resource platform used by clinical staff within Riverwood’s electronic medical record to place referrals for social determinants of health. This resource platform is also available via website for patients to use to find local help.
 - Vital Life; 24/7 (employee assistance program) education was provided in staff meetings, Riverwood employee portal, and while onboarding new staff.
 - Riverwood continues to explore mental health tele-psych capabilities and quicker diagnostic processes for mental health patients.
 - Riverwood’s Behavioral Health team has grown to include three new behavioral health therapists, increasing mental health access for Riverwood patients.

Strategy #3: Decrease the stigma to give people the courage to speak up and identify.

Strategy Was Implemented? Yes

Target Population(s) Aitkin County and Garrison/Mille Lacs Lake areas

Partnering Organization(s) Aitkin County Public Health
Aitkin High School

- Results/Impact**
- Riverwood’s Behavioral Health team participates in CAPS (Committee for the Awareness and Prevention of Suicide), Rivers and Lakes Suicide Prevention Coalition, and LAC (Local Advisory Council). These committees are in place to improve local mental health services, mental health awareness, improve statewide policy, and collaboration within our communities.
 - Riverwood participated in CAPS Mental Health STAY Walk, Run, & Rally and CAPS Reach Up and Reach Out Event
 - Riverwood’s Behavioral Health team participated in the annual career class to provide insights on Mental Health careers.



Priority Area: Physical Activity, Nutrition and Weight

Community Health Need	To improve the health of community residents by promoting healthy eating, physical activity, and weight management.
Goal(s)	<ul style="list-style-type: none"> • Encourage and support opportunities for physical activity. • Continue to provide comprehensive wellness programming, promoting healthy eating and lifestyle choices through education, awareness, and accessibility.

Strategy #1: Encourage and support opportunities for physical activity.

Strategy Was Implemented?	Yes
Target Population(s)	Aitkin County and Garrison/Mille Lacs Lake areas
Partnering Organization(s)	The Beanery Aitkin Chamber of Commerce Long Lake Conservation Center
Results/Impact	<ul style="list-style-type: none"> • Riverwood Podcast – On Call <ul style="list-style-type: none"> ○ Lifelong Benefits of Resistance Training with Physical Therapist Jonas Kyllonen • Women’s Wellness Event <ul style="list-style-type: none"> ○ Presentation by Dr. Jennifer Tessmer-Tuck, OBGYN ○ Presentation by Exercise Physiologist Mitch Kline • Paddle your Glass Off – Kayaking/Canoeing event • Nature Rock Concert- Raise funds for kids to attend Long Lake Conservation Center Camps • Riverwood continuously works to educate and engage staff with the employee wellness program. • Riverwood sponsored custom trail markers for the Aitkin recreational trail to support wayfinding. • Community Education <ul style="list-style-type: none"> ○ Wellness Blog/Social Media/News Release <ul style="list-style-type: none"> ▪ Stay active this winter to prevent weight gain ▪ Two New Knees Support Active Outdoor Lifestyle, orthopedic patient story on active lifestyle kayaking and more ▪ Ladder Safety Tips ▪ Dr. Susan Moen and how rowing activities supports her health & fitness ▪ Dr. Dan Lonergan on health benefits of ultramarathon running ▪ Wade Zubke’s volleyball coaching and benefits of staying physically active ▪ Jonas Kyllonen’s passion for hiking and benefits of staying physically active ▪ Dr. Tim Arnold’s passion for running and benefits of staying physically active



Strategy #2: Continue to provide comprehensive wellness programming, promoting healthy eating and lifestyle choices through education, awareness, and accessibility.

Strategy Was Implemented?	Yes
Target Population(s)	Aitkin County and Garrison/Mille Lacs Lake areas
Partnering Organization(s)	<p>Minnesota Department of Health Gus Schumacher Nutrition Incentive Program (GusNIP) KKIN Minnesota Department of Agriculture Aitkin Farmers Market Aitkin Farmers Market Hub Aitkin County Public Health</p>
Results/Impact	<ul style="list-style-type: none"> • Riverwood was selected by MDH for a three-year research grant to implement a Produce Prescription Program (Food Rx). The Food Rx Program offers patients and families access to fresh fruits and vegetables. Qualifying participants receive Community Support Agriculture (CSA) Shares and Riverwood Connect Bucks, which can be redeemed at the Aitkin Farmers Market. • Riverwood received the Local Food Purchase Agreement (LFPA) grant to create a supplemental food assistance program – Aitkin Farm Fresh. The Aitkin Farm Fresh program offers locally grown food, free of cost to underserved communities in Aitkin County. • Riverwood provided \$2 to \$3 Power of Produce coupons at Well Child Visits to utilize at the Aitkin Farmers Market. Coupon(s) can be used for fresh fruits, vegetables, honey, maple syrup, or wild rice. • Riverwood collaborated with Aitkin County Public Health to create Find Food Aitkin County Website. Findfoodaitkincounty.org is a guide to help find groceries, serving all who need food. • Riverwood Food Service purchases produce through local farmers. • Community Education <ul style="list-style-type: none"> ○ KKIN Radio interview on Nutrition Tips and Riverwood Services with Megan Perpich & Melissa Te Slaa ○ Wellness Blog/Social Media/News Release <ul style="list-style-type: none"> ▪ Health Benefits of Blueberries ▪ Nutrition Tips for National Nutrition Month ▪ Estimating Portion Sizes ▪ Limiting Added Sugars ▪ Tips to Stay Hydrated through Summer Season ▪ Grilling with Fruits and Vegetables ▪ Healthy Tips for Dining Out ▪ Ten Health School Snacks for School Kids ▪ Healthy Holiday Eating Tips ▪ Four Nutrition Tips for Heart Health ▪ Enjoy Health Benefits of Zucchini ▪ Eat and Drink Wisely to Avoid Reflux, Heartburn ▪ Nourish Your Heart: A Guide to Heart-Health Foods



Priority Area: Heart Disease & Stroke

Community Health Need	To provide education on the signs and symptoms of heart disease and stroke and when to seek medical attention.
Goal(s)	<ul style="list-style-type: none"> • Provide education about preventative care and treatment of chronic disease to prevent and reduce heart disease and stroke through the promotion of annual visits with primary care. • Utilize key Minnesota Community Measures (MNCM) and Accountable Care Organization (ACO) quality metrics to align and measure progress towards prevention and management of chronic conditions. • To maintain our Health Care Home certification at all three primary care clinics. • Identify an Electronic Health Record that expands our ability to support a digital front door.

Strategy #1: Provide education about preventative care and treatment of chronic disease to prevent and reduce heart disease and stroke through the promotion of annual visits with primary care.

Strategy Was Implemented?	Yes
Target Population(s)	Aitkin County and Garrison/Mille Lacs Lake areas
Partnering Organization(s)	KKIN Radio
Results/Impact	<ul style="list-style-type: none"> • Community Education <ul style="list-style-type: none"> ○ Stroke symptoms magnets distributed in Riverwood hospital and clinic lobbies. ○ Community seminar and KKIN Radio interview on Heart Health and Benefits of Exercise with Electrophysiologist Mitch Kline ○ Wellness Blog/Social Media/News Release <ul style="list-style-type: none"> ▪ Learn Stroke Warning Signs ▪ Stroke Care is Time Sensitive ▪ Stroke Patient Recovery Story ▪ Stroke Awareness and Blood Thinner Medications ▪ Embrace Heart-Healthy Habits ▪ Tips On How to Cope with Heart Related Illness ▪ Top Tips for Heart Health • Riverwood Podcast – On Call <ul style="list-style-type: none"> ○ Heart Health and Exercise with Electrophysiologist Mitch Kline



Strategy #2: Utilize key Minnesota Community Measures (MNCM) and Accountable Care Organization (ACO) quality metrics to align and measure progress towards prevention and management of chronic conditions.

Strategy Was Implemented?	Yes
Target Population(s)	Aitkin County and Garrison/Mille Lacs Lake areas
Results/Impact	<ul style="list-style-type: none"> • Riverwood continues to provide chronic care management services to patients with two or more chronic conditions. Riverwood Care Managers play a valuable role, partnering with the healthcare team to ensure thorough and high-quality care for patients with chronic conditions. • Riverwood RN & Diabetes Care & Education Specialist supports a smoking cessation program available for all patients. • Riverwood continues to educate patients on the importance of medication adherence, by continuing to align medication refills with annual preventative visits. • Riverwood continuously works to improve outreach processes, to promote and increase awareness of the importance of annual visits. • Riverwood continues to check out blood pressure cuffs to patients with hypertension issues for use in monitoring their blood pressure.

Strategy #3: To maintain our Health Care Home certification at all three primary care clinics.

Strategy Was Implemented?	Yes
Target Population(s)	Aitkin County and Garrison/Mille Lacs Lake areas
Partnering Organization(s)	Minnesota Department of Health
Results/Impact	<ul style="list-style-type: none"> • Riverwood has maintained its Health Care Home certification through the Minnesota Department of Health (MDH) and continues to utilize an integrated team-based approach to care. • All three Riverwood clinics in Aitkin, Garrison & McGregor were certified as level three Health Care Home in Fall 2023.

Strategy #4: Identify an Electronic Health Record that expands our ability to support a digital front door.

Strategy Was Implemented?	Yes
Target Population(s)	Aitkin County and Garrison/Mille Lacs Lake areas
Results/Impact	<ul style="list-style-type: none"> • January 2024: Riverwood transitioned to a new Electronic Medical Record. OCHIN gives Riverwood greater MyChart capabilities, expanding the digital front door for our patients. • Riverwood is researching to expand remote patient monitoring services to help patients manage chronic diseases.

