2015 COMMUNITY HEALTH NEEDS ASSESSMENT

Fairview Lakes Medical Center

FAIRVIEW

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INTRODUCTION

Fairview's hospitals have worked collaboratively with one another and in consultation with the broader community to conduct community health needs assessments since 1995. The results of these assessments have been used to inform Fairview's community benefit efforts, ensuring that our programs and services are serving those with the greatest needs.

This report represents months of work by many individuals throughout Fairview Lakes Medical Center and our community. From Board members to pastors, physicians, nurses, educators, public health experts, social service leaders and others, this project benefited from the volunteered time, energy, insight and expertise of many community members.

In conducting our 2015 Community Health Needs Assessment, we were guided by the following objectives:

1. Identify the unmet health needs of community residents in each hospital's community.

2. Understand the challenges these populations face when trying to maintain and/or improve their health.

3. Understand where underserved populations turn for services needed to maintain or improve their health.

Assessing the unmet health needs of our community is critically important to carrying out Fairview's mission of healing, discovery and education for longer, healthier lives. The insight gathered through this process will inform Fairview Lakes Medical Center's community benefit activities in the months and years ahead.

Our Mission

Fairview is driven to heal, discover and educate for longer, healthier lives.

Our Vision

Fairview is driving a healthier future.

ABOUT FAIRVIEW LAKES MEDICAL CENTER

Located in Wyoming, Minn, Fairview Lakes Medical Center is a 61-bed medical center offering a 24-hour Emergency Department and ten onsite, multispecialty clinics with specialists in heart, cancer and orthopedic care as well as general surgery, family medicine, obstetrics, pediatrics and more than 20 other specialties. Surgical services range from total joint replacement to minimally invasive surgeries and a Level III Trauma Center.
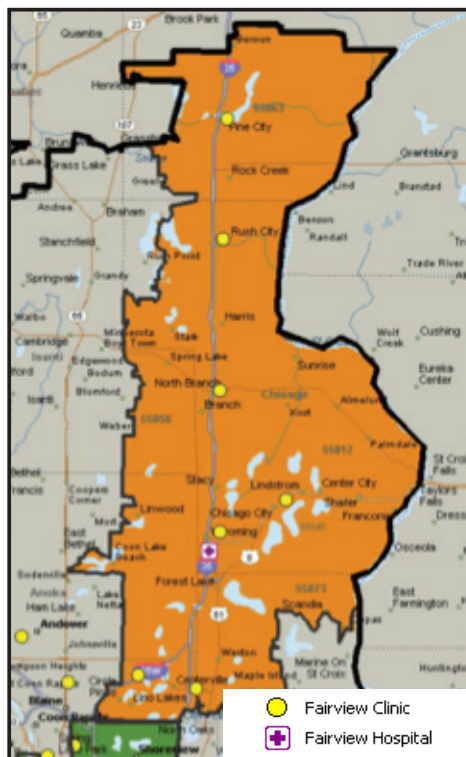
COMMUNITY SERVED

For the purposes of the Community Health Needs Assessment, community is defined as the population of the combined zip codes for Fairview Lakes Medical Center's primary service area, which are home to approximately 70 percent of the patients seen by the medical center, as well as the counties that include a zip code in the primary service area. (See Appendix A for a full list of zip codes in this community.)

This definition of community was selected to:

1. Provide continuity of definition with previous community health needs assessments dating back to 2004;

2. Align with internal strategy and planning definitions of community (e.g., the combined zip codes that comprise the primary service area); and

3. Ensure alignment of priorities and existing relationships with county health departments that intersect with one or more zip codes that comprise the defined community.

Fairview Lakes Medical Center:
Community Served

○ Fairview Clinic
✚ Fairview Hospital

A review of demographic data revealed the following:

Community served: Demographics by Age, 2015 - 2020					
	2015		**2020**		
Age	**Numbers**	**% of Total**	**Numbers**	**% of Total**	**'15-'20 Growth**
Population Ages 0 - 17	35,346	23.7%	33,923	22.0%	-4.0%
Population Ages 18 - 44	49,560	33.2%	50,794	33.0%	2.5%
Population Ages 45 - 64	45,669	30.6%	45,905	29.8%	0.5%
Population Ages 65+	18,712	12.5%	23,426	15.2%	25.2%
Total Population	**149,287**		**154,048**		**3.2%**
Population Density	168		173		3.2%
Service Area Square Miles	891		891		
Median Household Income	$73,907				

Community served: Demographic Trends by Race, 2015 - 2020					
	2015		**2020**		
Race	**Volumes**	**% of Total**	**Volumes**	**% of Total**	**'15-'20 Growth**
White	139,816	93.7%	143,353	93.1%	2.5%
Black/African American	2,100	1.4%	2,374	1.5%	13.0%
American Indian/Alaskan Native	949	0.6%	1,026	0.7%	8.1%
Asian Alone	2,986	2.0%	3,264	2.1%	9.3%
Native Hawaiian/Pacific Islander	70	0.0%	95	0.1%	35.7%
Other	714	0.5%	862	0.6%	20.7%
Two or More Races	2,652	1.8%	3,074	2.0%	15.9%
Total Population		**149,287**		**154,048**	**3.2%**

Fairview Lakes Medical Center: Community Need Indices

A Community Need Index (CNI) "heat map" was created for the Fairview Lakes community, revealing areas of higher need in terms of socio-economic barriers to health care access in certain areas. CNI scores range from a 5 (highest health disparity/highest community need) to a 1 (lowest health disparity/lowest community need).

The highest CNI score in the Fairview Lakes Medical Center community is in Rush City (2.6). (See Appendix A for a full list of CNI scores by zip code.)

No Score
4.2 - 5.0
3.4 - 4.1
2.6 - 3.3
1.8 - 2.5
1.0 - 1.7
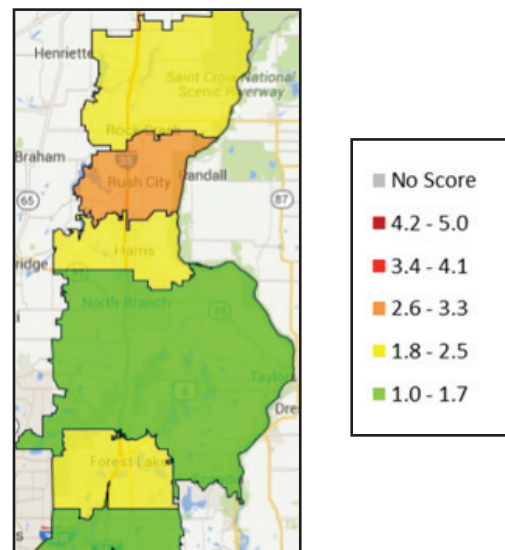
COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

Fairview Lakes Medical Center followed Catholic Health Association's 2013 *Assessing and Addressing Community Health Needs Guide* process recommendations in conducting the 2015 Community Health Needs Assessment and Needs Prioritization Process.

Throughout the assessment process, it was important to Fairview Lakes Medical Center to work closely with community organizations and coalitions to ensure the final product was an accurate and representative assessment of community health needs, with a particular focus on persons who are uninsured and/or low-income. To this end, Fairview Lakes Medical Center relied upon its established Community Health Steering Committee following a Fairview Health Services standard charter. (See Appendix B for a full list of members.)

Fairview Lakes Medical Center's Community Health Steering Committee has 18 members including the following roles:

- Social service agency representative(s)
- Representative from underserved communities
- Public health representative(s)
- A hospital board member
- A hospital senior executive
- Fairview community health staff
- Physician or primary care representative

The Steering Committee at Fairview Lakes Medical Center played many roles, including:

- Providing insight concerning community needs and assets
- Providing access to community stakeholders
- Working with the assessment team to use data and knowledge of the community in identifying and prioritizing community needs
- Providing insight on hospital assets and expertise
- Working with the assessment teams to develop action plans to address community needs

Fairview Lakes Medical Center's hospital board was periodically updated throughout the assessment process and approved the final three priorities.

Process for gathering data

Secondary data were gathered from several online resources housing data that have been collected, analyzed and displayed by governmental and other agencies through surveys and surveillance systems. Community and hospital level patient utilization data were requested from the Minnesota State Hospital Association. The following criteria were used to identify the quantitative data sources used in the 2015 assessment:

- Publicly available
- Ability to compare data by county, state and U.S. level
- Availability of data at the zip code level
- Existing benchmarks (e.g., Healthy People 2020, Healthy Minnesota 2020, Minnesota Cancer Alliance)
- Ability to trend (e.g., updated on a regular basis, was included in earlier assessments)
- Ability to identify health disparities
- Contains utilization data at both the community and patient level

Fairview's Community Health Department provided oversight, standardized tools, processes and instructions and also did the gathering, cleaning, first level analysis and presentation of quantitative and qualitative data. Fairview Lakes Medical Center's local hospital team and Community Health Steering Committee Data and Prioritization Workgroup also participated in limited data gathering for areas of need identified by the full committee as potential priority areas (e.g., substance abuse).

DATA SOURCES

Qualitative data

A *community survey* was conducted, with 59 respondents. Data were collected through a 17-question survey administered in September and October 2015. The survey was available in an online format in English, Spanish, Somali, Oromo, Russian and Hmong.

Community health staff worked with Steering Committee members, local nonprofit organizations and faith communities to distribute the survey electronically. The survey was promoted through Fairview's social media, news releases and distribution to Fairview employees.

Quantitative data

Community Commons provides a single location for a comprehensive number of data sources available at the state, county, and often zip code level. It is managed by the Institute for People, Place and Possibility and the Center for Applied Research and Environmental Systems. Major funders and partners include the Centers for Disease Control, Robert Wood Johnson Foundation and American Heart Association. Data are organized according to demographics, social and economic indicators, physical environment, clinical care indicators, health behaviors and health outcomes.

Community Need Index (CNI) scores were developed by Dignity Health and Truven and are updated annually. The CNI Scores combine publicly available and proprietary data to create an objective measure of socio-economic barriers to health care access among populations and their effect on inappropriate hospital admissions. CNI scores are available at the zip code level for nearly all zip codes in the United States and provide an objective measure of socio-economic barriers to health care access among populations, and their effect on inappropriate hospital admissions for ambulatory sensitive conditions. CNI scores range from a 5 (highest health disparity/highest community need) to a 1 (lowest health disparity/lowest community need).

Variables included in the CNI include:

- Percentage of households below poverty line, with the head of household age 65 or older
- Percentage of families with children under age 18 below poverty line
- Percentage of single female-headed families with children under age 18 below poverty line

- Percentage of population over 25 without a high school diploma
- Percentage of population that is minority (including Hispanic ethnicity)
- Percentage of population over age 5 that speaks English poorly or not at all
- Percentage of population in the labor force, age 16 or more, without employment
- Percentage of population without health insurance
- Percentage of households renting their home

Minnesota Student Surveys are administered jointly by the Minnesota Departments of Education, Health, Human Services and Public Safety every three years. The survey asks questions about activities, experiences and behaviors. County-level responses related to the following areas were analyzed:

- Demographics
- General health and health conditions
- Health care access
- Physical activity
- Nutrition and meals
- Emotional well-being and distress
- Suicidal thoughts and behavior
- Substance use
- Tobacco use

CommunityFocus is an application under development by Premier, a health care performance improvement alliance of approximately 3,600 U.S. hospitals and 120,000 other providers, in partnership with Fairview Health Services, Mercy Health and Wayne Memorial Hospital to manage the health of patient and community populations. Data available through CommunityFocus include:

- Event-level combined utilization data (hospital admission and Emergency Department visits) for all residents of Minnesota for the years 2012-2014. Utilization data are available by zip code, primary service area, county and state. It includes age, sex, diagnosis (up to 25 sub-diagnoses and procedures and up to 25 sub-procedures).
- Event-level mortality data for all residents of Minnesota for the years 2012-2014. These data, too, are available by zip code, primary service area, county and state-level as well.

County Health Rankings is an online resource that measures the health of nearly all counties in the nation and ranks them within states. The rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. The County Health Rankings and Roadmaps program is collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

County public health department community health assessments are completed every five years. Assessments—and when available, community health improvement plans—from Anoka, Chisago, Pine and Washington counties were reviewed.

PROCESSES & METHODS

During the planning phase of the assessment, a review of national data collection and analysis methodologies was conducted.

Qualitative

After survey responses were collected, they were analyzed in a variety of ways, including by community served, race/ethnicity and by respondents age.

In addition to health needs identified through this survey, the survey also yielded learnings pertaining to the cultural competency of serving specific populations. These learnings will be shared internally to guide efforts to improve staff cultural competency.

Approximately one percent of survey responses included open-ended feedback that fell outside the parameters of the survey. This feedback was collated and shared with Fairview's senior leadership in the appropriate area for further review.

Quantitative

The data sources identified above provided data that had already been cleaned and analyzed with methodology limitations noted.

While substantial patient utilization data was collected at the hospital level, in many cases, it was not used for the analysis in this report due to HIPPA regulations. Internal data, in conjunction with other data findings, will be utilized over the next year as implementation strategies are fully implemented.

During the assessment process, team members established guidelines for the use of internal patient data. The team decided that any cohort consisting of fewer than 50 people would not be reported publicly, including to Steering Committees. Additionally, whenever feasible/practical, statistics are provided in the form of rates and percentages.

Information gaps & limitations

Several information gaps and limitations were identified through the assessment process:

- The reporting of race and ethnicity data in most data sources is not specific enough, nor does it have enough volume to yield meaningful information about many of the specific populations in our communities. Information about sub-populations, such as East African, Hmong and Oromo is largely unavailable, especially at the local level.

- Not all data are available at the zip code level.

- CommunityFocus mortality data only includes individuals whose death occurred at a hospital.

Due to HIPPA regulations, Fairview hospitalization, Emergency Department visit and mortality data were not used in analysis or prioritization of need, although clinic data measuring overweight/obese patients were used due to the high numbers of people included. Additional internal data will be used to develop baselines and track priorities during the next three years.

COLLABORATION

Fairview Health Services collaborated with Premier to explore how CommunityFocus (an application used to manage the health of patient and community populations) could be utilized during a community health needs assessment. Work will continue with Premier during the development of Implementation Strategies.

Fairview Health Services did not contract with any outside experts for assistance in conducting the needs assessment.

COMMUNITY INPUT

Community input was obtained through two primary methods:

1. Administration of a community survey. The community survey was administered in September and October of 2015.

2. Broad community organization and public health involvement in the Community Health Steering Committee. Community organization and public health involvement on the committee occurred from July to December of 2015 and is expected to continue throughout the three-year assessment cycle. Community Health Steering Committee members represented the needs of their constituencies at Steering Committee meetings and were influential in the selection of final priorities.

The following organizations provided input via their role on the Fairview Lakes Medical Center Community Health Needs Assessment Steering Committee and/or Data and Prioritization Workgroup as well as in the distribution of the community surveys:

- Chisago County Public Health
- Family Pathways
- Kanabec/Pine County Public Health
- North Branch Area Schools
- St. Paul Lutheran Church
- Washington County Public Health
- YMCA – Forest Lake
- YMCA – Lino Lakes

Many of the above organizations serve or work closely with vulnerable populations. Below is a summary of these organizations and the population served:

- Chisago County Public Health serves the Chisago County population, including medically underserved, low-income and minority populations.

- Family Pathways serves targeted populations including low-income, homeless, teens, victims of domestic and sexual assault, minority and medically underserved residents of east central Minnesota and west central Wisconsin.

- Kanabec/Pine County Public Health serves the population of Kanabec/Pine Counties, including medically underserved, low-income and minority populations.

- North Branch Area Schools serves the broad community, including medically underserved, low-income and minority youth.

- St. Paul Lutheran Church serves and conducts outreach to low-income and senior populations as well as the broader community.

- Washington County Public Health serves the Washington County population, including medically underserved, low income and minority populations.

- YMCA – Forest Lake serves at-risk and low-income youth and adults.

- YMCA – Lino Lakes serves at-risk and low-income youth and adults.

PRIORITIZATION OF NEEDS

Fairview Lakes Medical Center's three priorities emerged following a multi-step prioritization process.

Initial prioritization by Community Health Department

An initial review of all data was completed by the assessment team, using the following criteria as recommended by the Internal Revenue Service:

- Scope/size of health need (e.g., how many individuals impacted)
- Severity of the health need
- The degree to which health disparities affect the need
- The burden to society if the need is not met

The overall process of prioritization and high-level focus areas aligned with local, state and national data sources were presented to the Community Health Steering Committee. The Committee evaluated the nine conditions identified as part of the high-level focus areas:

- Anxiety
- Arthritis
- Asthma
- Cancer
- Depression
- Diabetes
- Heart disease
- Obesity
- Stroke

At this time the Steering Committee identified two additional areas to consider, substance abuse/use/alcohol, tobacco and other drugs (ATOD). The Steering Committee elected to have a smaller Data and Prioritization Workgroup meet to review, prioritize and make final recommendations to the full committee as to the top priority needs in this community for a vote.

Secondary prioritization by Community Health Steering Committee/Data and Prioritization Workgroup

Prior to the Data and Prioritization Workgroup meeting, the full Steering Committee received a survey asking for their individual ranking of the nine health conditions as well as providing the opportunity to add and rank up to

three additional needs they felt should be considered by the Data and Prioritization Workgroup.

The Data and Prioritization Workgroup met and considered the nine health conditions, and an additional nine were identified by members of the Steering Committee, community survey responses, county health rankings and community hospital and Emergency Department utilization data.

All data were examined using the following criteria:

- Scope/size of problem (# of individuals impacted)
- Severity/seriousness
- Health disparities/vulnerable populations
- Feasibility of interventions
- Ability to demonstrably impact health in three years
- Availability of existing resources (e.g., staff, time, money and equipment)

The following considerations were also taken into account:

- Ability to build upon existing programming and partners
- Degree of community readiness to address identified condition
- Community identified priority/need
- Outreach programming tied to hospital accreditation requirements (e.g., cancer center, trauma designation)
- Ability to impact vulnerable populations

The Data and Prioritization Workgroup used a consensus voting process to identify five priority areas to bring forward to the full Community Health Steering Committee.

Final prioritization by Community Health Steering Committee

Members of the Data and Prioritization Workgroup recommended priority needs to the full Steering Committee. The Steering Committee participated in a final prioritization process, which included looking at the assets, strengths and gaps of each identified need followed by a ranking using two criteria, need and feasibility, by each Steering Committee member for each condition. Once the final ranking occurred, group discussion led to the final priority selections.

Steering Committee members decided that Fairview Lakes Medical Center's final priorities would be obesity, mental health and substance use. The following rationale was agreed upon in selecting the priority areas:

1. Obesity is important because:
   a. It is tied to public health priorities;
   b. It provides the ability to leverage existing resources;
   c. It is an area of local, state and national focus; and
   d. It provides an opportunity for upstream/prevention (e.g., policy, systems, environmental strategies).
   e. It has a causal relationship with many chronic health conditions

2. Mental health is important because:
   a. The creation of a mental health category reflects the inclusion of depression, anxiety and suicide;

   b. It is tied to public health priorities; and
   c. It provides the ability to leverage resources.

3. Substance use is important because:
   a. It includes substance use and abuse of alcohol, tobacco and other drugs;
   b. It is tied to public health priorities; and
   c. It provides the ability to leverage resources.

Eighteen health needs were identified in the original consideration and, from this list, we narrowed to five areas of need (obesity, substance use/abuse/alcohol, tobacco and other drugs (ATOD), mental health, access to care and asthma). From these five needs, the Steering Committee chose three top priorities.

Fairview Lakes Medical Center 2015-2018 Priorities:

- Obesity
- Mental Health
- Substance Use

POTENTIALLY AVAILABLE RESOURCES

Fairview Lakes Medical Center is involved in community initiatives in partnership with numerous sectors, including schools, area businesses, public health, law enforcement, religious groups, other health care organizations, substance abuse prevention initiatives, local government and other nonprofits. These initiatives, programs and relationships are the foundation from which all community health outreach will be built.

Resources available to address the identified health needs include existing community programming around mental health (e.g., Lifelines Program, Mental Health First Aid Training), existing programming and grant dollars around substance abuse and alignment and existing collaboration with Statewide Health Improvement Programs (SHIP) focused on healthy eating, physical activity and reducing commercial tobacco use in partnership with schools, communities, work places and health care organizations.

EVALUATION OF IMPACT

Fairview Lakes Medical Center's 2012-2015 priorities were obesity and behavioral health (depression and chemical health). Below is an evaluation of the impact made in each of these areas.

Obesity

Community Health staff developed a healthy living community initiative called Health UP in partnership with the City of Forest Lake, Washington Department of Public Health, Forest Lake Area Schools and other key community partners. Health UP is organized around four themes: Eat, Move, Play and Connect. Highlights include:

- Receipt of a $30,000 Fairview Foundation start up grant
- Development of the Health UP mission statement
- Asset mapping of the community to identify healthy and affordable food options; free and low cost physical activity options; groups, clubs, volunteer and arts opportunities, as well as opportunities to connect with faith communities
- Development of the Health UP website
- Launch and ongoing participation in Forest Lake's annual community celebration, Lake Fest

- Development of a Worksite Wellness program in partnership with two area businesses, Washington County Department of Public Health and the YMCA, in addition to Fairview Lakes Medical Center

- EAT:
  o Healthy Restaurant Menu Options. One restaurant has completed the nutritional analysis and identified or created health options. An additional restaurant is in process.

- MOVE:
  o Health UP and the City of Forest Lake wrote and received a grant to purchase outdoor fitness equipment for the local senior community center.

  o On behalf of Health UP, the City of Forest Lake and Forest Lake Area Schools Community Education wrote a grant for portable pickle ball courts that can be used indoors. Area older adults now have access to pickleball year round.

  o The City of Forest Lake received a $471,795 Safe Routes to School grant to improve walking and biking routes in the City of Forest Lake.

  o Health UP/Fairview and Forest Lake Area Schools Community Education partnered to create the Achieving Milestones Walking Program in the spring of 2015. Fifteen participants logged 28,856 minutes over three months. Participants were provided a pedometer and earned small incentives for achieving 1,000, 1,500, and 2,000 minute milestones. A second session has been scheduled for the fall of 2015 and has 50 walkers registered to date.

- PLAY:
  o The City of Forest Lake conducted upgrades of all playgrounds in the community to make them more attractive and accessible to community members.

  o An active recess program is being developed in partnership with two area elementary schools, Forest Lake and Forest View elementary schools. Fairview, Washington County Public Health and school staff have completed a recess assessment. School recess supervisors have participated in an active recess training, and an evaluation plan has been developed. The program will launch in late 2015 or early 2016.

Behavioral Health—Mental Health

- *Mental Health First Aid* is an evidence-based program that teaches the risk factors and warning signs of common mental health conditions.

Community Health staff held Mental Health First Aid trainings for adults. Two community trainings were held with a total of 46 attendees.

- *Lifelines.* This evidence-based youth suicide prevention program targets the whole school community by providing education, awareness and stigma reduction for school administrators, faculty, staff, students and parents.

  o In 2013, 167 school staff and community members from North Branch, Forest Lake and Chisago Lakes were trained.

  o In 2015, 170 school staff from East Central, Hinckley-Finlayson, Pine City, Rush City, North Branch, Chisago Lakes, Forest Lake, and North Lakes Academy Charter were trained. This training also included community members/partners identified by schools.

  o In 2012, $20,000 of Lindstrom Loppet 5K fundraising funds were used to support Lifelines training. In 2015, a $28,000 grant was received by the Fairview Foundation to support participation of the additional schools. Stomp Out Suicide and Hazelden also provided financial and in-kind support.

Behavioral Health—Chemical Health

- *MOST FL Drug Free Communities Coalition.* Community Health staff were active participants in the MOST FL Drug Free Communities Coalition in the Forest Lake Area School District. Multiple strategies are employed to prevent and reduce youth drug and alcohol use. Among the strategies is a social norms campaign entitled Positive Community Norms which is designed to correct youth perceptions about drug and alcohol use among their peers.

  o MOST FL has been delivering alcohol messages to Forest Lake Area High School youth since 2012 and added the first marijuana message in 2014. MOST FL began delivering tobacco messages to Forest Lake Area Junior High youth in the fall of 2015.

  o MOST FL utilizes Minnesota Student Survey and Positive Community Norms Survey data to measure results. From 2011-2014, MOST FL realized a statistically significant 8.5% reduction in alcohol use among Forest Lake Area High School students.

LEARNINGS

The Steering Committee identified several key learnings from a review of Fairview Lakes Medical Center's 2012 action plan, which will be incorporated into implementation strategies going forward.

The Steering Committee concluded that a stronger focus on clinical-community linkages could enhance outcomes and measurement. Examples include:

- Using external data to inform clinical practice for targeted populations (e.g., Minnesota Student Survey data for teenagers)

- Working more closely with key community partners to identify community assets and/or develop programs and opportunities to improve the health of Fairview patients (e.g., low cost physical activity options, access to healthier food options). This provides the opportunity to use internal data to measure outcomes.

- Ensure that in all initiatives, we are always working toward sustainability, so our impact is long-term in nature.

CONCLUSION

As a nonprofit health system, Fairview Health Services is driven to heal, discover and educate for longer, healthier lives. This report by Fairview Lakes Medical Center is one of many ways we partner with the communities we serve in carrying out our mission. The health needs identified in this report will be the focus of Fairview Lakes Medical Center's community benefit work in 2016-2018 as detailed in a specific implementation plan to be finalized in the spring of 2016.

Thank you to members of Fairview Community Health 2015 Assessment Team for their contributions to this report:

Cheryl Bisping, Fairview Range Medical Center Hospital Lead

Erin Burns, Director of Communications, Fairview Health Services

Kathy Bystrom, Fairview Northland Medical Center and Fairview Lakes Medical Center Hospital Lead

Ann Ellison, Director of Community Health, Fairview Health Services

Brian Grande, Data Analyst Associate, Fairview Health Services

James Janssen, Tax Director, Fairview Health Services

Alissa LeRoux Smith, Fairview Southdale Hospital Lead

Stacy Montgomery, Fairview Ridges Hospital Lead

Jennifer Morman, Community Benefit Program Manager, Fairview Health Services

Jenifer Turner, Sr. Business Analyst, Fairview Health Services

Tiffany Utke, Community Health Coordinator, Fairview Health Services

Pa Chia Vue, University of Minnesota Medical Center Lead

Appendix A:
Fairview Lakes Medical Center Community Served
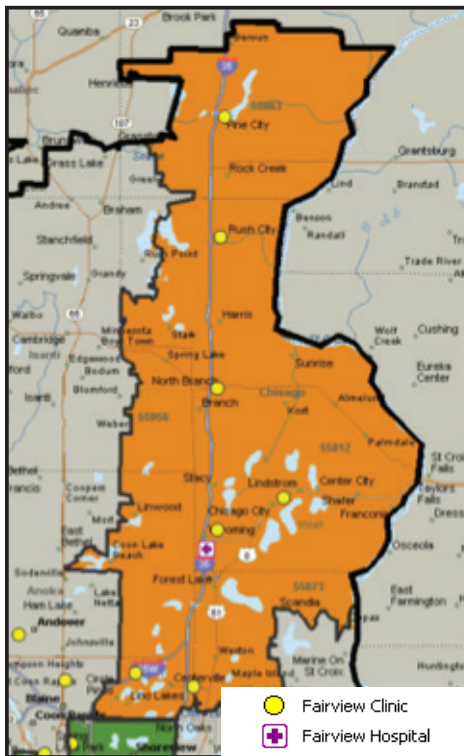
Zip Code	City	2014 CNI Scores	County
55012	Center City	1.2	Chisago
55013	Chisago City	1.4	Chisago
55025	Forest Lake	1.8	Washington
55032	Harris	1.8	Chisago
55038	Hugo	1.4	Washington
55045	Lindstrom	1.0	Chisago
55014	Lino Lakes	1.4	Anoka
55056	North Branch	1.4	Chisago

Zip Code	City	2014 CNI Scores	County
55063	Pine City	2.2	Pine
55067	Rock Creek	No Score	Pine
55069	Rush City	2.6	Chisago
55073	Scandia	1.2	Washington
55074	Shafer	1.4	Chisago
55079	Stacy	1.4	Chisago
55084	Taylors Falls	1.6	Chisago
55092	Wyoming	1.2	Anoka

Source: Dignity Health

Appendix B: Fairview Lakes Medical Center Community Health Steering Committee

Janet Brainard, Parish Nurse, St. Paul Lutheran Church – Wyoming

Sharna Braucks, Executive Director, YMCA - Forest Lake & Lino Lakes

Kathy Bystrom, North Region Manager, Community Health, Fairview Lakes Medical Center

Kris Clementson, Clinic Administrator, Pine, Rush & North Branch Clinics, Fairview Medical Group

Ann Ellison, Director of Community Health & Church Relations, Fairview Health Services

Kathy Filbert, Community Health Service Administrator, Chisago County Public Health

Bryan Gaffy, Vice President of Operations, Fairview Lakes Medical Center

Tommi Godwin, Planner II, Washington County Public Health

Deb Henton, Superintendent, North Branch Area Schools

Rosemary Hoolihan, Former Fairview Lakes Medical Center Board & CHSC Member

Dr. Kellie Kershishnik, Physician, Fairview Medical Group

Jenny Morman, Community Benefit Program Manager, Fairview Health Services

Ann Norgaard, Community Health Educator/Public Health Planner, Chisago County Public Health

Joanne Ploetz, Board Member, Fairview Lakes Medical Center Board of Directors

Jenifer Rancour, Community Health Planner, Kanabec-Pine Public Health

Dr. Paula Rehder, Physician, Fairview Medical Group

Julie Schroeder, Trauma Manager, Fairview Lakes Medical Center

Rich Smith, Executive Director, Family Pathways