2015 COMMUNITY HEALTH NEEDS ASSESSMENT

Fairview Range Medical Center

FAIRVIEW

TABLE OF CONTENTS

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 Range 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 Range 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 RANGE MEDICAL CENTER ·························

Located in Hibbing, Minn., Fairview Range Medical Center provides advanced, high technology, inpatient and outpatient care and offers more than 60 medical services, including ENT, surgery, urology, occupational therapy, cardiac rehabilitation, radiation therapy, sleep center, sports medicine and obstetrics/gynecology and more.
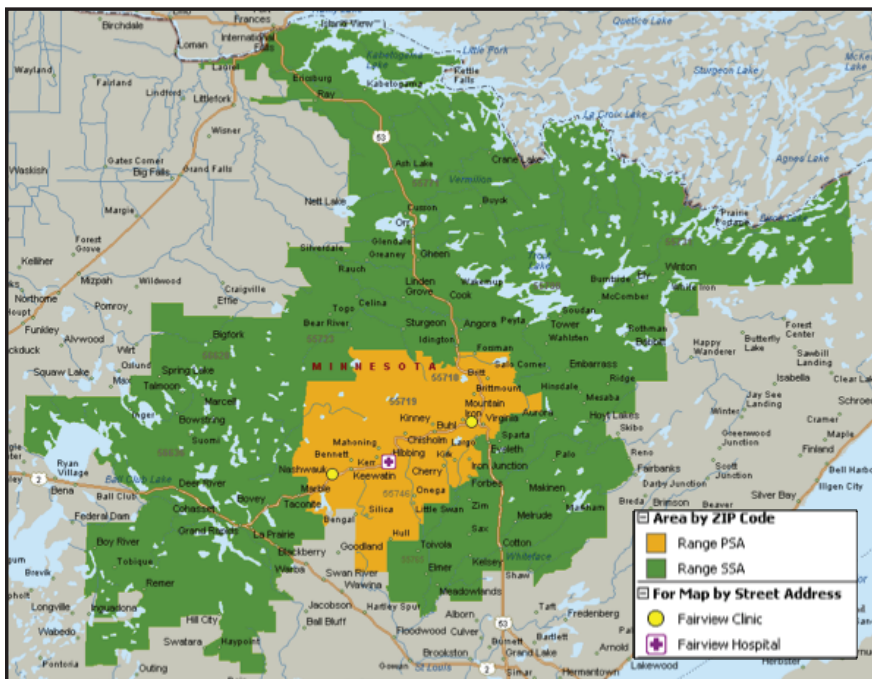
COMMUNITY SERVED

For the purposes of the Community Health Needs Assessment, community is defined as the population of the combined zip codes for Fairview Range Medical Center's primary and secondary service areas, which are home to approximately 70 percent of the patients seen by the hospital, as well as the counties that include a zip code in the primary and secondary service areas.

(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 and secondary service areas); 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 Range Medical Center: Community Served

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	26,157	50.3%	26,017	19.4%	-0.5%
Population Ages 18 - 44	37,141	71.4%	38,037	28.4%	2.4%
Population Ages 45 - 64	40,390	77.6%	37,968	28.4%	-6.0%
Population Ages 65+	28,244	54.3%	31,769	23.7%	12.5%
Total Population	**131,932**		**133,791**		**1.4%**
Population Density	17.9		18.1		1.4%
Service Area Square Miles	7,377		7,377		
Median Household Income	$46,272				

Community served: Demographic Trends by Race, 2015 - 2020					
	2015		**2020**		
Race	**Volumes**	**% of Total**	**Volumes**	**% of Total**	**'15-'20 Growth**
White	123,762	93.8%	124,432	93.0%	0.5%
Black/African American	793	0.6%	974	0.7%	22.8%
American Indian/Alaskan Native	3,599	2.7%	3,957	3.0%	9.9%
Asian Alone	504	0.4%	575	0.4%	14.1%
Native Hawaiian/Pacific Islander	45	0.0%	67	0.1%	48.9%
Other	276	0.2%	349	0.3%	26.4%
Two or More Races	2,953	2.2%	3,437	2.6%	16.4%
Total Population		**131,932**		**133,791**	**1.4%**

Fairview Range Medical Center: Community Need Indices

A Community Need Index (CNI) "heat map" was created for Fairview Range Medical Center's 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 scores in the Fairview Range Medical Center community are in Virginia (3.6) and Hibbing (3.4). (See Appendix A for a full list of CNI scores by zip code.)

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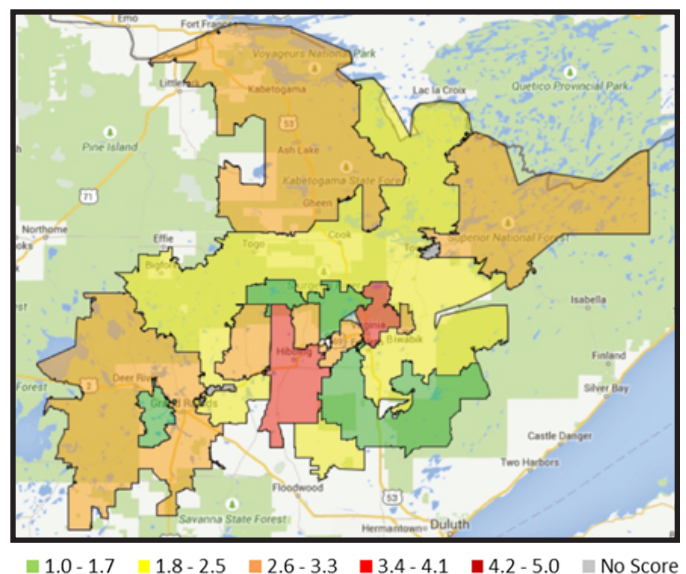
COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS ·················

Fairview Range 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 Range 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 Range 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 Range Medical Center's Community Health Steering Committee has 32 members including the following roles:

- Social service agency representative(s)
- Representative from underserved communities
- Law enforcement representative(s)
- Public health representative(s)
- A hospital board member
- A hospital senior executive
- Representatives from the system Community Health Department
- Fairview Range Medical Center's community health coordinator
- Physician or primary care representative

The Steering Committee at Fairview Range 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 Range Medical Center's hospital Board was periodically updated throughout the assessment process and approved the final two priorities.

Process for gathering data

Secondary data sources 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 Range Medical Center's local hospital team and Community Health Steering Committee Data Subcommittee also participated in limited data gathering for areas of need identified by the full Community Health Steering Committee as potential priority areas (e.g., substance abuse).

DATA SOURCES

Qualitative data

A *community survey* was conducted, with 398 respondents. Data were collected through a 17-question survey administered in September and October 2015. The survey was available in online and paper formats in English only due to limited racial and ethnic diversity in this community.

Community health staff worked with Steering Committee members, local nonprofit organizations and faith communities to distribute the survey both electronically and in paper format. Care was given to ensure vulnerable populations were reached through paper distribution at a local free clinic, senior center and elsewhere. Paper survey responses were entered by hospital staff. 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 and 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 Aitken, Cass, Itasca, Koochiching, and St. Louis counties were reviewed.

Project Care is a free clinic that provides health outreach services to underinsured and uninsured persons in one of four clinics located in Virginia, Hibbing, Ely and Grand Rapids, Minn. Consolidated 2014 patient demographics, insurance status, top diagnoses and programming information 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 data 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 three 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 were 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 sources 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 needs, 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 both Steering Committee meetings and Data Subcommittee meetings and were influential in the selection of final priorities.

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

- Central Mesabi Medical Foundation
- Grace Lutheran Church
- Hibbing Police Department
- Itasca County Public Health
- Mesaba Clinic
- Project Care Free Clinic
- Range Center
- Range Mental Health
- St. Louis County Public Health and Human Services Department
- University of Minnesota

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

- Grace Lutheran Church: In addition to serving congregants, the pastor provides chaplain services to hospital staff and patients and Hibbing police department staff.

- Hibbing Police Department: A community liaison officer builds relationships with at-risk populations (e.g., teens) and those who serve them (e.g., schools).

- Itasca County Public Health: The department serves the Itasca County population, including medically underserved, low-income and minority populations.

- Project Care Free Clinic: The organization serves uninsured and underinsured populations in the cities of Virginia, Hibbing, Ely and Grand Rapids, Minn.

- Range Center: The organization serves adults and children with developmental disabilities.

- Range Mental Health: The organization serves people with serious and persistent mental illness.

- St. Louis County Public Health and Human Services Department: The department serves the St. Louis County population, including medically underserved, low-income and minority populations.

PRIORITIZATION OF NEEDS

Fairview Range Medical Center followed 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 Steering Committee first evaluated nine conditions:

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

The Steering Committee then created a prioritized list of the significant health needs of the community identified through the assessment as follows:

1. Depression/anxiety
2. Obesity
3. Heart disease/stroke
4. Substance abuse
5. Diabetes
6. Cancer
7. Asthma
8. Arthritis
9. Chronic pain

The Steering Committee elected to have a smaller Data Subcommittee review, prioritize and make final recommendations to the full Steering Committee as to the top two priority needs in this community for a vote.

Secondary prioritization by Community Health Steering Committee/Data Subcommittee

The full Steering Committee membership 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 Subcommittee. This process resulted in the addition of the following health needs:

- Substance use and abuse
- Chronic pain/back pain

The Data Subcommittee met and considered the nine health conditions, the additional conditions identified by members of the Community Health Steering Committee, community survey responses, county health rankings, Substance Abuse in Minnesota data, Project Care Usage data 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 Subcommittee used a consensus voting process to identify two priority areas to bring forward to the full Community Health Steering Committee.

- Mental health/depression
- Healthy lifestyles

Final prioritization by Community Health Steering Committee

Members of the Data Subcommittee recommended mental health/depression and healthy lifestyle with an emphasis on diet and exercise to the Steering Committee, noting both of these would include substance abuse prevention. There was discussion about changing the "mental health" priority to the term "mental wellness" in order to avoid negative connotations associated with mental illness.

Steering Committee members decided that Fairview Range Medical Center's final priorities would be mental wellness and healthy lifestyles. The following rationale was agreed upon for selecting the priority areas:

- Diet and exercise will reduce most, if not all, of the priority/chronic health conditions listed.
- Exercise will lessen anxiety and depression.
- Substance abuse is not part of a healthy lifestyle.
- Mental health needs are high in this community and have continued to grow since the 2012 Community Health Needs Assessment.
- These priorities reflect an ability to build upon existing programs and partnerships.

A consensus vote was taken and members agreed that Fairview Range Medical Center's 2015-2018 Priorities would be:

- Mental wellness
- Healthy lifestyles

POTENTIALLY AVAILABLE RESOURCES

Fairview Range 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 the expansion of mental health services, staff and behavioral patient beds at Fairview Range Medical Center; a commitment to Mental Health First Aid Trainings in the Fairview Range Medical Center community in 2015 and beyond; alignment with public health priorities and Community Health Improvement Program (CHIP) initiatives and programming; and an existing partnership with Project Care Free Clinics.

EVALUATION OF IMPACT

Fairview Range Medical Center's 2012-2015 priorities were substance abuse, depression and heart disease. Below is an evaluation of the impact made in each of these areas.

Substance abuse. The measures of success for this initiative were defined as follows: Fairview Range Medical Center will see a reduction in alcohol-related intoxication/poisonings hospital admissions and the Hibbing School District's Minnesota Student Survey results used as measures in the Strategic Prevention Framework State Incentive Grant will improve from baseline.

- Fairview Range Medical Center acute alcohol intoxication admission rates remained fairly stable among all age groups from 2012-2013 with the exemption of persons aged 18-20 whose admission rate dropped by half (from a two-year average of 24 to a 2013 actual number of ten).
- Minnesota Student Survey trend data of 9th graders reporting any alcohol use over the past 30 days dropped significantly from 2010 to 2013 (survey conducted and data disseminated on a three-year cycle) from a total of 21.9 percent responding yes in 2010 to a total of 14.8 percent responding yes in 2013.

Depression. The measures of success for this initiative were defined as follows: Fairview Range Medical Center will see an increase of patients being screened for depression, anxiety and alcohol use/abuse. Fairview Range Medical Center will see a decrease in hospital readmissions for mental health issues.

- Fairview Range Medical Center initiated a pilot PHQ-9 patient screening goal for clinic patients at three clinics (Hibbing, Mountain Iron and Nashwauk) and was able to positively impact screening rates in these pilot clinics compared to other clinics. The pilot clinics showed more than 30 percent higher screening rate than the other clinics. Using learnings from this pilot, all clinics are implementing goals around patient depression screening.

- Fairview Range Medical Center also tracked the six month readmission rate for all patients diagnosed with a depression (e.g., dysthymia, acute depression) and was able to positively impact the total number of readmissions.

- In addition, Fairview Range Medical Center began work on mental health stigma reduction in 2014 by hosting a series of Mental Health First Aid Trainings for community members. In 2014-2015, they held four trainings and 89 people were certified.

Heart Disease. The measures of success for this initiative were defined as follows: Community members are aware of the benefit aspirin has on their heart health. Fairview Range Medical Center will see an increase in aspirin use and a decrease in heart attack rates.

- Fairview Range Medical Center initiated an Ask About Aspirin pilot program and saw an increase in aspirin use from a baseline of 37 percent to an increase of 52 percent in the targeted genders and age groups (women ages 55-79 and men ages 45-79). Heart attack admissions fell from a high of 87 in 2012 to 74 in 2013.

LEARNINGS

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

The Steering Committee concluded that, in order to be successful, it will be important to include more hospital staff (e.g., quality department) in the planning and programming work. It also is important to gain knowledge around the internal data available for measurement and tracking.

CONCLUSION

As a nonprofit health system, Fairview Health Services is driven to heal, discover and educate for longer, healthier lives. This report by Fairview Range 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 Range 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 Range Medical Center Community Served
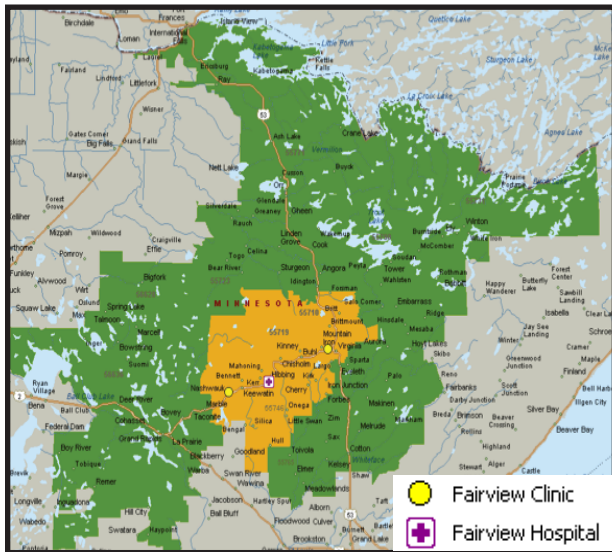
Zip Code	City	2014 CNI Scores	County	Zip Code	City	2014 CNI Scores	County
55703	Angora	2.0	St. Louis	55750	Hoyt Lakes	2.0	St. Louis
55705	Aurora	2.2	St. Louis	56649	International Falls	2.6	Koochiching
55706	Babbitt	2.0	St. Louis	55751	Iron	1.6	St. Louis
56628	Bigfork	2.4	Itasca	56669	Kabetogema	2.8	Koochiching
55708	Biwabik	2.6	St. Louis	55753	Keewatin	no score	Itasca
55709	Bovey	2.2	Itasca	55758	Kinney	2.6	St. Louis
55710	Britt	1.4	St. Louis	55763	Makinen	1.4	St. Louis
55716	Calumet	no score	Itasca	55764	Marble	no score	Itasca
55719	Chisholm	2.8	St. Louis	56657	Marcell	2.0	Itasca
55721	Cohasset	1.6	Itasca	55765	Meadowlands	2.2	St. Louis
55722	Coleraine	no score	Itasca	55768	Mountain Iron	2.6	St. Louis
55723	Cook	2.0	St. Louis	55769	Nashwauk	2.8	Itasca
55724	Cotton	1.6	St. Louis	55771	Orr	3.0	St. Louis
55725	Crane Lake	2.4	St. Louis	55775	Pengilly	2.4	Itasca
56636	Deer River	3.2	Itasca	56672	Remer	3.2	Cass
55731	Ely	2.6	St. Louis	55781	Side Lake	1.4	St. Louis
55732	Embarrass	2.0	St. Louis	55782	Soudan	no score	St. Louis
55734	Eveleth	2.4	St. Louis	56680	Spring Lake	3.0	Itasca
55738	Forbes	1.6	St. Louis	55786	Taconite	no score	Itasca
55741	Gilbert	1.8	St. Louis	56637	Talmoon	2.6	Itasca
55744	Grand Rapids	2.6	Itasca	55790	Tower	2.0	St. Louis
55746	Hibbing	3.4	St. Louis	55792	Virginia	3.6	St. Louis
55748	Hill City	2.8	Aitkin	55796	Winton	no score	St. Louis

Source: Dignity Health

Appendix B: Fairview Range Medical Center Community Health Steering Committee

Laura Bennett, Regional Alcohol, Tobacco, & Other Drug Prevention Coordinator, Carlton-Cook-Lake-St. Louis Community Health Board

Cheryl Bisping, Community Health Outreach Coordinator, Fairview Range Medical Center

Steve Breitbarth, Pastor, Grace Lutheran Church

Marie Burdick, Healthline Home Care Supervisor, Fairview Range Medical Center

Mary Carpenter, CEO, Range Mental Health

Kelly Chandler, Public Health Director, Itasca County Public Health

Charlie Crep, Board Member, Fairview Range Medical Center

Susan Degnan, Development Officer, Central Mesabi Medical Foundation

Kristina Dussold, Rehab Supervisor, Fairview Range Medical Center

Ann Ellison, Director of Community Health, Fairview Health Services

Carrie Estey-Dix, Director, Project Care

Michael Finco, Principal, Hibbing High School

Jackie Haigh, Cancer Center Coordinator, Fairview Range Medical Center

David Hohl, Senior Vice President/Chief Administrative Officer, Fairview Range Medical Center

Cyndi Klobuchar, Emergency Department, Fairview Range Medical Center

Heidi Lahti, Director of Clinical Support, DI, Fairview Range Medical Center

Kelly Lind, Public Health Nurse Supervisor, St. Louis County Public Health and Human Services Department

Andi Macenski, Marketing Specialist, Fairview Range Medical Center

Laura McDowell, Medical Student, University of Minnesota

Randi Moberg, Patient Care Supervisor, Behavioral Health, Fairview Range Medical Center

Jennifer Morman, Community Benefit Program Manager, Fairview Health Services

Angela Olson, Process Improvement Supervisor, Fairview Range Medical Center

Paula Pennington, Manager of Behavioral Health, Fairview Range Medical Center

Shelley Robinson, Executive Director, Range Center

Jeff Ronchetti, Community Liaison Officer, Hibbing Police Department

Jessica   Schuster, Marketing Specialist, Fairview Range Medical Center

Amy Tuthill, Nurse Practitioner, Mesaba Clinic

Tayna Varda, Manager of ICU/Med. Surg., Fairview Range Medical Center

Neal Walker, Manager of Pharmacy, Fairview Range Medical Center

Stacy Wesley, Quality Coordinator, Fairview Range Medical Center

Jon Wesley, RN, Nurse Informationist, Fairview Range Medical Center

Amy Westbrook, Public Health Director, St. Louis County Public Health and Human Services Department