2015 COMMUNITY HEALTH NEEDS ASSESSMENT

Fairview Northland 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 Northland 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 Northland 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 NORTHLAND MEDICAL CENTER ·················

Located in Princeton, Minn., Fairview Northland Medical Center is a 54-bed full-service hospital with 24-hour emergency care. The medical center offers specialists in everything from cancer and orthopedic care to surgery, heart care, family medicine and obstetrics. Surgical services range from routine treatment in our same-day surgery center to advanced operations.
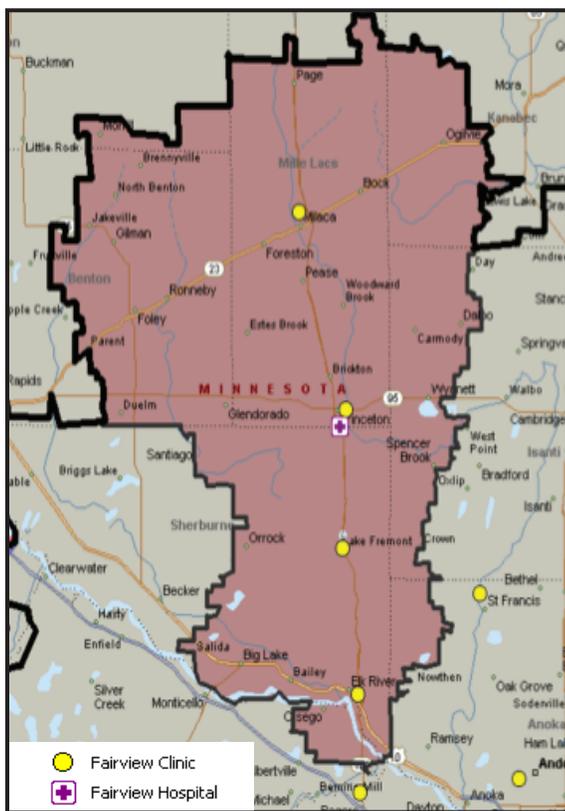
COMMUNITY SERVED

For the purposes of the Community Health Needs Assessment, community is defined as the population of the combined zip codes for Fairview Northland 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 Northland 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	30,612	27.0%	29,899	25.6%	-2.3%
Population Ages 18 - 44	39,497	34.9%	39,641	34.0%	0.4%
Population Ages 45 - 64	30,716	27.1%	31,907	27.3%	3.9%
Population Ages 65+	12,469	11.0%	15,265	13.1%	22.4%
Total Population	**113,294**		**116,712**		**3.0%**
Population Density	110		114		3.0%
Service Area Square Miles	1,028		1,028		
Median Household Income	$67,796				

Community served: Demographic Trends by Race, 2015 - 2020					
	2015		**2020**		
Race	**Volumes**	**% of Total**	**Volumes**	**% of Total**	**'15-'20 Growth**
White	108,135	95.4%	111,261	95.3%	2.9%
Black/African American	1,112	1.0%	1,186	1.0%	6.7%
American Indian/Alaskan Native	527	0.5%	559	0.5%	6.1%
Asian Alone	1,007	0.9%	1,026	0.9%	1.9%
Native Hawaiian/Pacific Islander	37	0.0%	42	0.0%	13.5%
Other	603	0.5%	656	0.6%	8.8%
Two or More Races	1,873	1.7%	1,982	1.7%	5.8%
Total Population		**113,294**		**116,712**	**3.0%**

Fairview Northland Medical Center: Community Need Indices

A Community Need Index (CNI) "heat map" was created for the Fairview Northland Medical Center 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 Northland Medical Center community are in Milaca (2.6) and Ogilvie (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
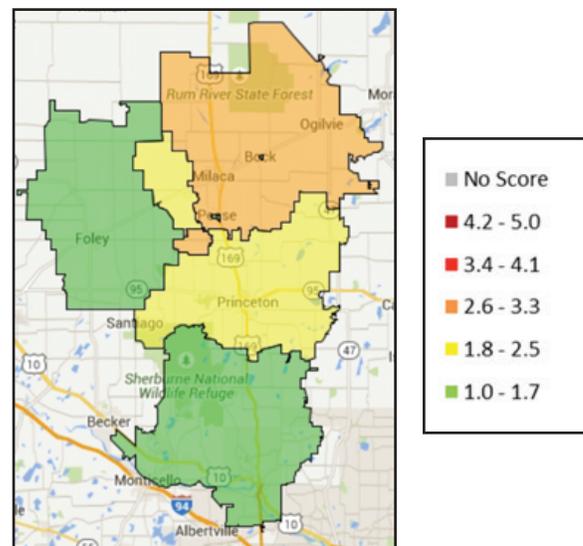
COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS ·················

Fairview Northland 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 Northland 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 Northland Medical Center relied upon its established Community Health Steering Committee following a Fairview Health Services standard charter.

Fairview Northland Medical Center's Community Health Steering Committee has 14 members including the following roles:

- Social service agency representative(s)
- School 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 Northland 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 Northland Medical Center's hospital board was periodically updated throughout the assessment process and approved the final two 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 Northland 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 402 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 Community Health 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 Benton, Isanti, Kanabec, Mille Lacs and Sherburne 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 two 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 Northland Medical Center Community Health Needs Assessment Steering Committee and/ or Data and Prioritization Workgroup as well as in the distribution of the community surveys:

- Kanabec/Pine Counties Public Health Department
- Mille Lacs County Public Health Department
- Princeton Public Schools
- RESOURCE Chemical and Mental Health
- Sherburne County Health and Human Services
- YMCA–Elk River

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

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

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

- Princeton Public Schools serves the broad community, including medically underserved, low-income and minority youth.

- RESOURCE Chemical and Mental Health Services helps people recover from chemical dependency, mental illness or co-occurring chemical dependency and mental health issues. The organization serves low-income individuals, especially people with complex needs or who have a history of relapse.

- Sherburne County Health and Human Services serves the Sherburne County population, including medically underserved, low-income and minority populations.

- YMCA–Elk River serves at-risk and low-income youth and adults.

PRIORITIZATION OF NEEDS

Fairview Northland Medical Center's two 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 committee identified one additional area to consider, substance use/abuse. 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 Subcommittee.

The Data and Prioritization Workgroup considered the ten health conditions and the four additional conditions 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 four 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 priority area followed by a ranking of 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 Northland Medical Center's final priorities would be mental health and obesity. The following rationale was agreed upon in selecting the priority areas:

1. 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.

2. 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).

Fourteen health needs were identified in the original consideration and from this list we narrowed to four areas (obesity, mental health, substance use/abuse and asthma) and of these four needs, the Steering Committee chose two top priorities.

Fairview Northland Medical Center 2015-2018 Priorities:

- Mental health
- Obesity

POTENTIALLY AVAILABLE RESOURCES

Fairview Northland 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, workplaces and healthcare organizations.

EVALUATION OF IMPACT

Fairview Northland Medical Center's 2012-2015 priorities were:

- Healthcare information and education
- Access to affordable health care
- Access to healthy foods
- Access to mental health services
- Affordable place to exercise

Below is an evaluation of the impact made in each of these areas.

Healthcare information and education

- **ImPACT Concussion Testing.** Fairview Northland Medical Center worked with Princeton and Zimmerman high schools on offering education and testing related to concussion prevention. Athletes, parents and coaches at these schools receive education on concussion dangers, signs and symptoms and actions to take. A free computerized ImPACT baseline test is offered to athletes. This initiative is led by the medical center's Physical Therapy department and two physicians. Highlights include:

o Zimmerman High School: 194 baseline tests from 2012 to Oct. 2015

o Princeton High School: 149 baseline tests from 2012 to Oct. 2015

o Princeton Middle School: 33 baseline tests from Aug. 2015 to Oct. 2015

- **REACH (Resources, Education, Access, Caring, Health).** Fairview Northland Medical Center worked with REACH, a literacy program lead by the Early Childhood Education department at the Princeton Minnesota Schools. This initiative works with public health staff from Milaca and Sherburne counties along with staff from the Princeton and Elk River school districts to increase literacy among children. Fairview Northland Medical Center's Birth Place staff includes information on the importance of literacy and early childhood education in the packets which go home with all new parents. Fairview Northland clinics also participate in the Reach Out and Read program which emphasizes the importance of literacy in the home and provides children's books to families during well child visits. All new parents are given a book (donated by the county) at the Medical Center before discharge.

- **Healthcare Professional Student Education.** Fairview Northland Medical Center works with local colleges, universities and professional schools to offer training opportunities for health care students. In 2013, Fairview Northland Medical Center staff spent 1,821 hours of paid staff time mentoring and educating students at all levels from high school students to physical therapy interns and in 2014 that number grew to 2,519 hours.

- **Medical Explorers.** Fairview Northland Medical Center hosted a Medical Explorers program in the past, but due to limited resources the decision was made to discontinue the program. No Medical Explorers programming occurred during the 2012-2015 Community Health Need Assessment cycle.

- **Be Healthy Be Safe: Safety Fair and Bike Rodeo.** Fairview Northland Medical Center hosts a safety fair and bike rodeo in conjunction with Rum River Days in June. The event is a partnership with the Medical Center and local organizations such as the Princeton Police and Fire Departments, the Sherburne County Sheriff's Department, the Sherburne County Sheriff's Water Patrol, Sherburne County Safe Roads Coalition and a local bike shop.

The goal is to provide safety information, education and resources to the community, especially those with young children. A Bike Safety Fair was held in 2013. In 2014 a larger event called Family Fest was held. Family Fest included bike helmet safety, obstacle courses, bike helmet fittings and the sale of discounted bike helmets. Over 350 people attended.

Access to affordable health care

- **Free/Reduced Cost Clinic.** Fairview Northland Medical Center worked with Rum River Health Services to develop a free/reduced cost clinic for community members who are uninsured and under-insured until Rum River closed in 2014. Prior to its closing, Fairview Northland Medical Center provided volunteer staff, radiology and lab support and inclusion in bulk supply purchasing pricing.

o In an attempt to fill the large gap of services for un- and underinsured community members, Fairview provided free immunization clinics resulting in the immunization of 75 uninsured and underinsured people in partnership with area faith communities in 2012/2013 flu season, 28 people in 2013/2014 flu season and 82 people in 2014/2015 flu season. A flu clinic is scheduled for the fall of 2015.

Access to Mental Health Services

- **Mental Health First Aid.** This evidence-based program teaches the risk factors and warning signs of common mental health conditions. Trainings were offered to community members and staff in 2015. Two classes were held in in conjunction with community partners and a total of 17 people were certified in Mental Health First Aid.

- **Lifelines.** This comprehensive suicide prevention program targets the entire school community, providing suicide awareness material for administrators, faculty and staff, parents, and students. Provides basic information about youth suicide, it is primarily directed at helping everyone in the school community recognize when a student is at potential risk of suicide and understand how and where to access help. Program evaluation demonstrated that 100 percent of attendees felt they were able to be seen as a resource for students or adults who are concerned about suicide.

Access to healthy foods

- **Meals ala Car.** In coordination with seven local churches, Fairview Northland Medical Center nutrition services prepares healthy meals in the kitchen at Northland and volunteers deliver those meals to city of Princeton recipients, targeting senior citizens. The person-to-person delivery model provides a social connection to people who might otherwise be isolated as well as an opportunity for the delivery driver to do a welfare check.

    o In 2013 a total of 2,183 meals were prepared and delivered and over 1,000 hours of paid staff dietician time was contributed to meal planning, meal preparation and planning meetings.

    o In 2014 a total of 1,734 meals were prepared and delivered and over 1,000 hours of paid staff dietician time was contributed to meal planning, meal preparation and planning meetings.

    o In 2015 to-date 1,727 meals were prepared and delivered and over 800 hours of paid staff dietician time have been contributed to meal planning, meal preparation and planning meetings.

Affordable place to exercise

- **Community Walking Maps.** Fairview Northland Medical Center has worked with the community to develop community walking maps in Milaca. The city of Princeton has developed a historic walking map of the city. Fairview Northland Medical Center provided financial and in-kind staff support for the development and distribution of the maps.

- **Walking Trail.** In 2013, Fairview Northland Medical Center secured a grant to install a walking trail on and adjacent to the Medical Center campus for employee and community use. In 2014 the five-kilometer recreational walking trail was completed. The public was invited to a Run for Life and Kids Dash event on September 20, 2014. The walking trail is consistently utilized by the Fairview Northland Medical Center staff, area school staff, students and the greater community. A $20,000 grant was written and secured from the Fairview Foundation to add two exercise stations along the entire five-kilometer trail. These exercise stations were installed in 2014.

- **Exercise Facilities.** Fairview Northland Medical Center explored the possibility of providing accessible fitness facilities and services for the community on its campus, but determined that providing fitness facilities and services for the community was not financially viable.

LEARNINGS

The Steering Committee identified several key learnings from a review of Fairview Northland 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 and primary care staff (e.g., quality department, physicians) 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 Northland 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 Northland Medical Center's community benefit work in 2016-2018 as detailed in a specific implementation plan to be finalized in the spring of 2016.

Appendix A:
Fairview Northland Medical Center Community Served
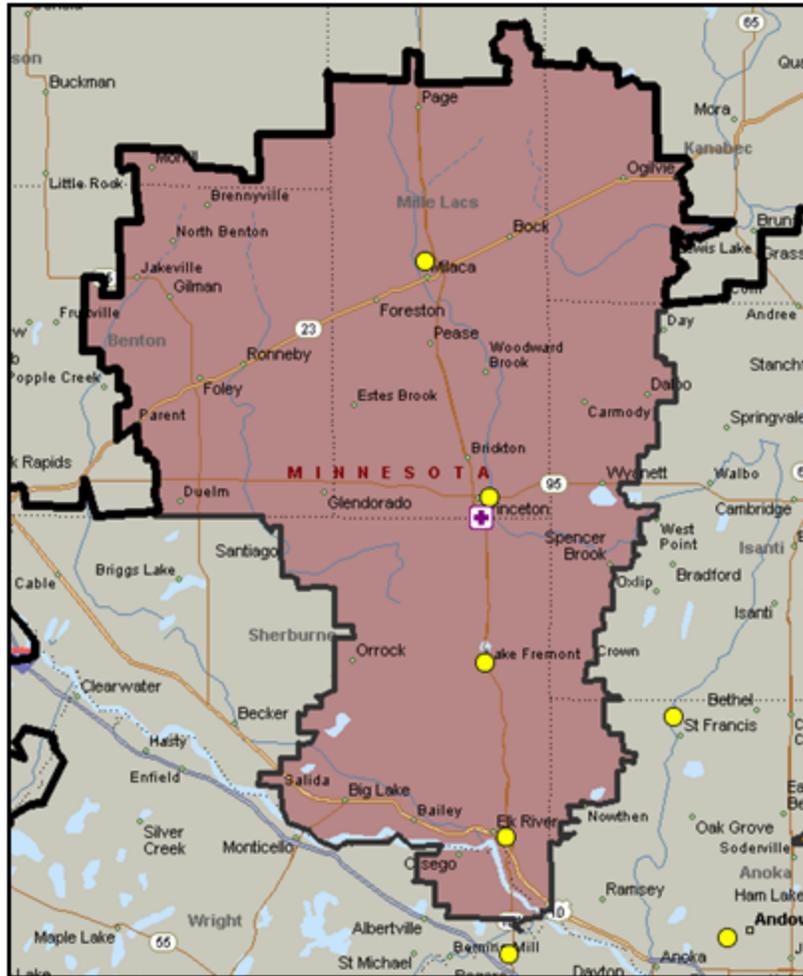
Zip Code	City	2014 CNI Score	County
55309	Big Lake	1.4	Sherburne
56313	Bock	2.2	Mille Lacs
55017	Dalbo	1.8	Isanti
55330	Elk River	1.4	Sherburne
56329	Foley	1.6	Benton
56330	Foreston	2.0	Mille Lacs

Zip Code	City	2014 CNI Score	County
56353	Milaca	2.6	Mille Lacs
56357	Oak Park	1.6	Benton
56358	Ogilvie	2.6	Kanabec
56363	Pease	1.2	Mille Lacs
55371	Princeton	2.0	Mille Lacs
55398	Zimmerman	1.2	Sherburne

Source: Dignity Health

Appendix B: Fairview Northland Medical Center Community Health Steering Committee

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

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

Lori Engblom, Manager, RESOURCE Chemical & Mental Health

Julia Espe, Superintendent, Princeton Public Schools

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

Molly Hanson, Executive Director, YMCA Elk River

Sue Herm, Board Member and Executive Committee Member, Fairview Northland Medical Center Board of Directors

Jenny Morman, Community Benefit Program Manager, Fairview Health Services

Kay Nastrom, Community Health Services Supervisor and Administrator, Mille Lacs County Public Health

Jeremy Peterson, MD, Physician, Fairview Medical Group

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

Julie Schroeder, Trauma Manager, Fairview Northland Medical Center

Alisha Voigt, SHIP Coordinator/Health Educator, Mille Lacs County Public Health

Kara Zoller, Health Promotion Supervisor, Sherburne County Health and Human Services