

2015 COMMUNITY HEALTH NEEDS ASSESSMENT

Fairview Ridges Hospital

TABLE OF CONTENTS

Introduction	3
About Fairview Ridges Hospital	4
Community served	4
Community Health Needs Assessment process	6
Data sources	6
Processes and methods	8
Collaboration	9
Community input	9
Prioritization of needs	9
Potentially available resources	11
Evaluation of impact	11
Learnings	12
Conclusion	12

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 Ridges Hospital 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 Ridges Hospital'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 RIDGES HOSPITAL

Located in Burnsville, Minn., Fairview Ridges Hospital is a 150-bed Level III Trauma Care facility that offers the most advanced emergency services, orthopedics, pediatrics, and surgery available in the Twin Cities south of the Minnesota River.

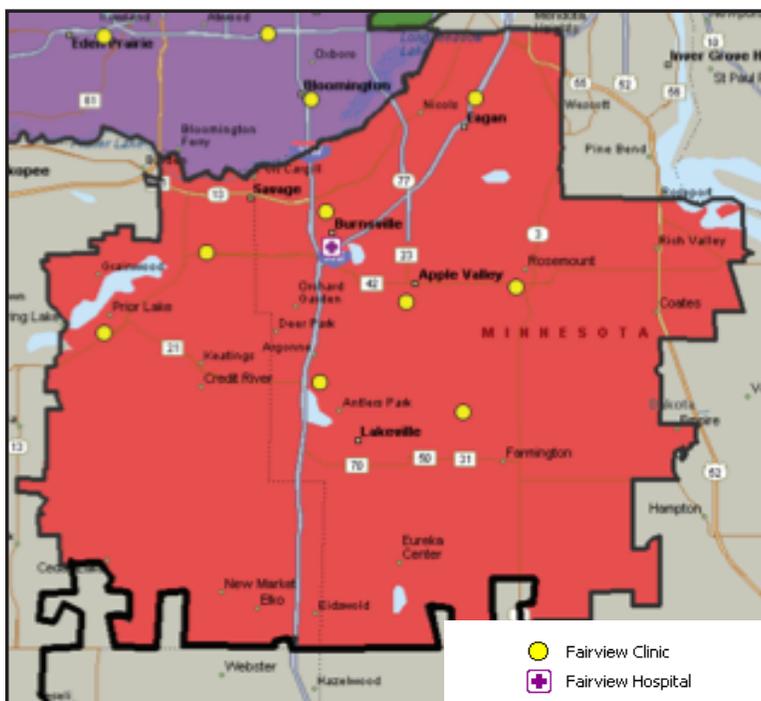
COMMUNITY SERVED

For the purposes of the Community Health Needs Assessment, community is defined as the population of the combined zip codes for Fairview Ridges Hospital's primary service area, 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 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 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 Ridges Hospital: Community Served



A review of demographic data revealed the following:

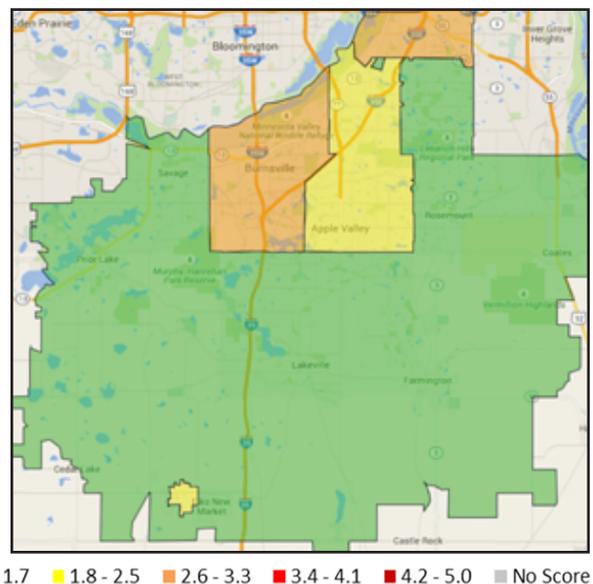
Community served: Demographics by Age, 2015 - 2020					
	2015		2020		
Age	Numbers	% of Total	Numbers	% of Total	'15-'20 Growth
Population Ages 0 - 17	92,816	26.0%	91,404	24.5%	-1.5%
Population Ages 18 - 44	125,385	35.1%	126,638	34.0%	1.0%
Population Ages 45 - 64	102,478	28.7%	106,790	28.6%	4.2%
Population Ages 65+	36,988	10.3%	48,069	12.9%	30.0%
Total Population	357,667		372,901		4.3%
Population Density	934		974		4.2%
Service Area Square Miles	383		383		
Median Household Income	\$82,279				

Community served: Demographic Trends by Race, 2015 - 2020					
	2015		2020		
Race	Volumes	% of Total	Volumes	% of Total	'15-'20 Growth
White	298,100	83.3%	304,756	81.7%	2.2%
Black/African American	19,662	5.5%	23,187	6.2%	17.9%
American Indian/Alaskan Native	1,675	0.5%	1,825	0.5%	9.0%
Asian Alone	20,410	5.7%	22,884	6.1%	12.1%
Native Hawaiian/Pacific Islander	189	0.1%	147	0.0%	-22.2%
Other	6,678	1.9%	7,624	2.0%	14.2%
Two or More Races	10,953	3.1%	12,478	3.3%	13.9%
Total Population		357,667		372,901	4.3%

Fairview Ridges Hospital: Community Need Indices

A Community Need Index (CNI) “heat map” was created for the Fairview Ridges 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 Ridges community are in Eagan (3.2) and Burnsville (2.8). (See Appendix A for a full list of CNI scores by zip code)



COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

Fairview Ridges Hospital 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 Ridges Hospital to work closely with public health, 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 Ridges Hospital solicited public health, community organizations and hospital stakeholders in building a Community Health Steering Committee following a Fairview Health Services standard charter.

Fairview Ridges Hospital Community Health Steering Committee has 17 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
- Representatives from the system Community Health Department
- Fairview Ridges Hospital's Community Health Manager
- Physician or primary care representative(s)

The Steering Committee played many roles, including:

- Providing insight concerning community needs and assets
- Providing access to community stakeholders
- Working with the assessment team to utilize data

and knowledge of the community in identifying and prioritizing community needs

- Providing insight on hospital assets and expertise
- Working with the assessment team to develop action plans to address community needs

Fairview Ridges Hospital's 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

DATA SOURCES

Qualitative data

A *community survey* was conducted, with 521 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, Spanish, Somali, Oromo, Hmong and Russian. Approximately 20 percent of survey respondents were not Caucasian, which is far higher than the hospital's patient mix.

Community health staff worked with Community Health 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 Prince of Peace Mission Outpost, senior centers and elsewhere. Paper survey responses were entered by hospital staff and volunteers. 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 Carver and Hennepin 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 data were collected, they were analyzed in a variety of ways including by community served, race/ethnicity and by respondent's 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 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 Ridges Hospital Community Health Needs Assessment Steering Committee, as invitees to a Steering Committee meeting and/or in the distribution of the community surveys.

- Dakota County Public Health
- Prince of Peace Church/Mission Outreach
- Scott County Public Health

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

- Dakota County Public Health serves the Dakota County population, including medically underserved, low-income and minority populations.
- Prince of Peace Church/Mission Outreach serves and provides programming for low-income, homeless, uninsured and underinsured, minority populations and the broader community.
- Scott County Public Health serves the Scott County population, including medically underserved, low income and minority populations.

PRIORITIZATION OF NEEDS

Fairview Ridges Hospital's priorities were determined by the Steering Committee. In 2013 and 2014, Fairview Ridges Hospital staff participated in both the Dakota and Scott County community health assessment processes. The data gathered during their assessment and prioritization processes informed and influenced the prioritization process of Fairview Ridges Hospital's Steering Committee.

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 nine conditions identified as part of the high-level focus areas:

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

Final prioritization by Community Health Steering Committee

Community health staff presented the consolidated results of the community survey to Steering Committee members. After discussion, the committee determined Fairview Ridges Hospital's final priorities of mental health and chronic disease.

In discussing prioritization of needs, the Steering Committee reviewed the overlap between the needs identified through the community survey and other data reviewed with the priorities identified through the Scott and Dakota County assessments. (See table, below)

In addition, the following rationale was agreed upon in selecting the priority areas:

- Diet and exercise will reduce most, if not all, of the priority/chronic health conditions listed.
- Depression and anxiety should be combined into a single priority area.
- Exercise will lessen anxiety and depression.
- Mental health needs are high in this community and have continued to grow since the 2012 Community Health Needs Assessment.
- Overlap with Public Health priorities and program/outreach alignment of work will be possible.
- These priorities reflect an ability to build upon existing programs and partnerships.

Discussion led to a consensus decision on the hospital's 2015-2018 priority areas.

Fairview Ridges Hospital's 2015-2018 Priorities:

- Mental Health
- Chronic Disease

County	Year Assessment Conducted	County Priorities Identified
Dakota County	2013	1) Mental Illness 2) Physical activity/eating habits/obesity 3) Use of alcohol, tobacco and other drugs
Scott County	2015	1) Chronic Disease Prevention: Through Healthy Eating, Physical Activity 2) Identifying at Risk Infants and Toddlers:Healthy Development 3) Mental Health: Healthy Communities

Information retrieved June 2015

POTENTIALLY AVAILABLE RESOURCES

Fairview Ridges Hospital 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 hospital community health staff, existing work with Dakota County on several projects including mental health stigma reduction via an evidence-based program called Mental Health First Aid, active participation of various departments (e.g., quality, oncology, care transitions) within the hospital, State of Minnesota funding for pediatric mental health treatment and State Health Improvement programming and metrics.

EVALUATION OF IMPACT

Fairview Ridges Hospital's 2012-2015 priorities were mental health and obesity/diabetes. Below is an evaluation of the impact made in each of these areas.

Mental Health

- Provided support for the Youth Grief Services program by increasing the number of trained volunteer facilitators by nine percent, which enabled us to serve 85 individuals in a seven-week grief support series for children and parents/guardians.
- Held a grief support camp for children ages 6-17. Individuals that attended provided an overall evaluation of 3.9 on a 4-point scale.
- Community members were offered four Mental Health First Aid classes free of charge. Mental Health First Aid is an evidence-based program that introduces participants to the risk factors and warning signs of a variety of mental health challenges common among adults and adolescents. Sixty-nine community members and Fairview employees were trained and certified.
- Hosted four "Lunch and Learn" programs during Mental Health month (May) in 2015, providing 54 individuals with education and resources around common mental health challenges and mental health stigma.

Obesity/Diabetes

- Promoted the "Simple Steps" program offered by Dakota County Public Health to promote increased activity in the community.
- Fairview Ridges Hospital's employee wellness program continued to offer healthy life style classes for staff including yoga, Zumba, and Weight Watchers.

- In collaboration with Fairview Ridges Hospital Nutrition, public health departments and the employee wellness program, several new healthy choice menu options and vegetarian options were made available. In addition, deep fat fryers and all fried foods have been removed from the hospital's menu. New vending machines with only healthy choice items have become available for employees as well as visitors and patients.
- Partnered with Metro Alliance for Healthy Families to identify at risk families and worked with them to address issues of healthy eating and nutrition by sharing program information and goals on exclusive breastfeeding.
- A full 100 percent of Fairview Ridges Hospital staff were trained in the "Baby-Friendly" philosophy of exclusive breast feeding, and training is now incorporated into the orientation of new staff.
- A certified lactation consultant from the Fairview Eagan clinic continues to offer lactation support on a drop-in basis at the education center. Fairview Ridges Hospital's lactation consultant gives information to mothers as she visits them in the hospital. The lactation consultant also led a free weekly support group for mothers and their babies ages birth to two months, which was funded through a grant.
- Fairview Ridges Hospital completed an upgrade to its patient database and is now able to track if an infant has ever had breast milk and at what age breast feeding was discontinued. We found that 77 percent of patients were either partially or totally breastfed.

LEARNINGS

The Steering Committee identified several key learnings from a review of Fairview Ridges Hospital'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 Ridges Hospital is one of many ways we partner with the communities we serve in carrying out our mission.

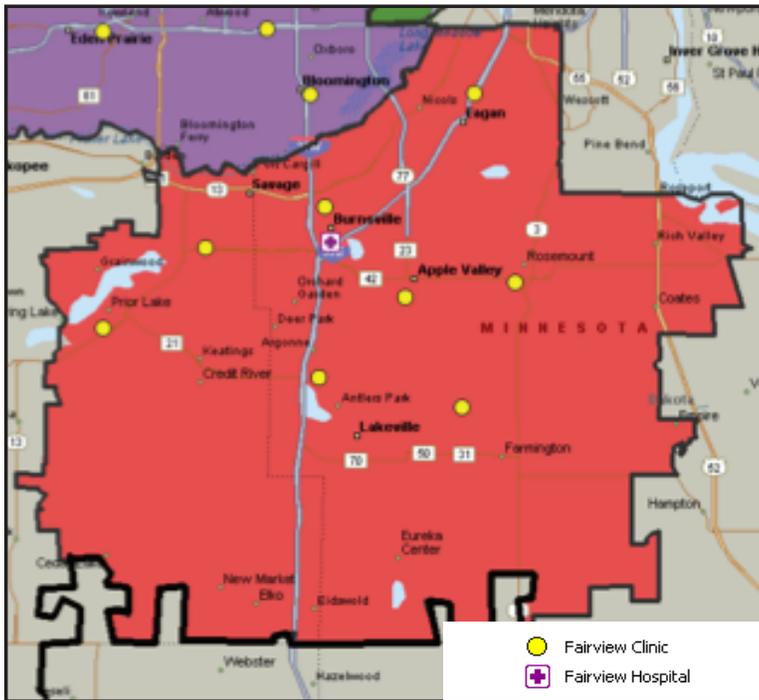
The health needs identified in this report will be the focus of Fairview Ridges Hospital's community benefit work in 2016-2018 as detailed in a specific implementation plan to be finalized in the spring of 2016.

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 Ridges Hospital Community Served



Zip Code	City	2014 CNI Scores	County	Zip Code	City	2014 CNI Scores	County
55124	Apple Valley	2.0	Dakota	55024	Farmington	1.4	Dakota
55306	Burnsville	2.8	Dakota	55044	Lakeville	1.4	Dakota
55337	Burnsville	2.6	Dakota	55054	New Market	1.8	Scott
55121	Eagan	3.2	Dakota	55372	Prior Lake	1.4	Scott
55122	Eagan	2.4	Dakota	55068	Rosemount	1.4	Dakota
55123	Eagan	1.6	Dakota	55378	Savage	1.6	Scott
55020	Elko	1.6	Scott				

Source: Dignity Health

Appendix B: Fairview Ridges Hospital Community Health Steering Committee

Pat Belland, President, Fairview Ridges Hospital

Ann Ellison, Director of Community Health, Fairview Health Services

Todd Kihne, MD, Chief of Staff, Suburban Radiologic Consultants

Brian Knapp, Vice President of Operations, South Region, Fairview Health Services

BJ Larson, Director, Spiritual Health, Fairview Health Services

Rev. Jeff Marian, Lead Pastor, Prince of Peace Lutheran Church

Janet Mohr, LQ/CHSC Chair, MN Department of Education

Sal Mondelli, President & CEO, 360 Communities

Stacy Montgomery, Director of Patient Relations and Volunteer Services, Fairview Ridges Hospital

Jenny Morman, Community Benefit Program Manager, Fairview Health Services

Eric Nelson, Director of Clinical Quality, Fairview Ridges Hospital

Julie Sethney, RN, Director of Patient Care, Fairview Ridges Hospital

Lisa Snyder, PhD, Superintendent, Lakeville Area Public Schools

John Stoltenberg, MD, Interim Vice President of Medical Affairs, Fairview Ridges Hospital

Jessica Vanderscoff, MD, Physician, Prior Lake Fairview Clinics

Robert Vogel, Board Chair, New Market Bank

Jeoff Will, Vice President of Operations, Fairview Ridges Hospital