

2015 COMMUNITY HEALTH NEEDS ASSESSMENT

Fairview Southdale Hospital

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INTRODUCTION

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

This report represents months of work by many individuals throughout Fairview Southdale 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 Southdale 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 SOUTHDALE HOSPITAL

Located in Edina, Minn., Fairview Southdale Hospital is a 390-bed multispecialty hospital dedicated to exceptional care. A nationally-certified Stroke Center, a recipient of the Commission on Cancer’s Outstanding Achievement Award and the Twin Cities’ first Level III Trauma Center. Fairview Southdale treats all kinds of illnesses and injuries.

COMMUNITY SERVED

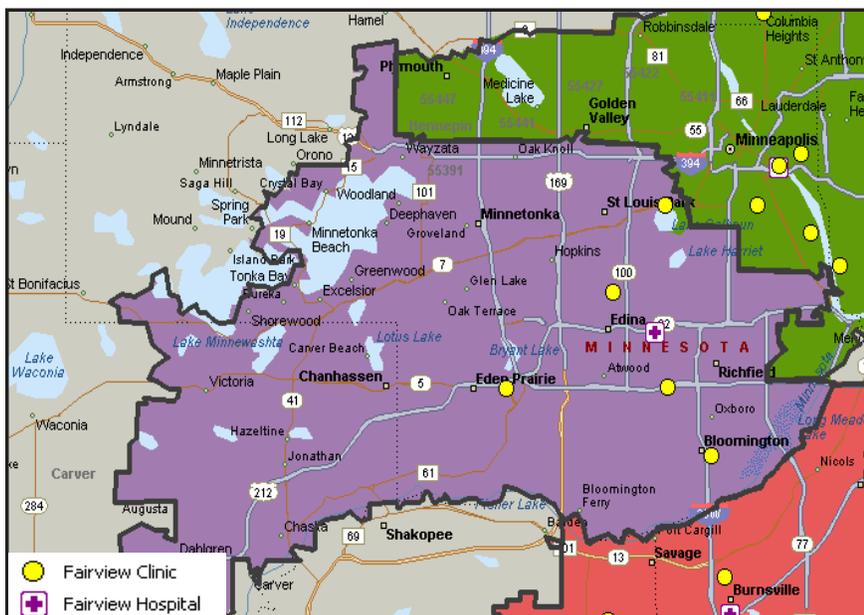
Fairview Southdale Hospital’s community is home to over 500,000 people who live in two counties: Carver and Hennepin. For the purposes of the Community Health Needs Assessment, community is defined as the population of the combined zip codes for Fairview Southdale Hospital’s primary service area, which 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 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 Southdale Hospital: Community Served



A review of demographic data revealed the following:

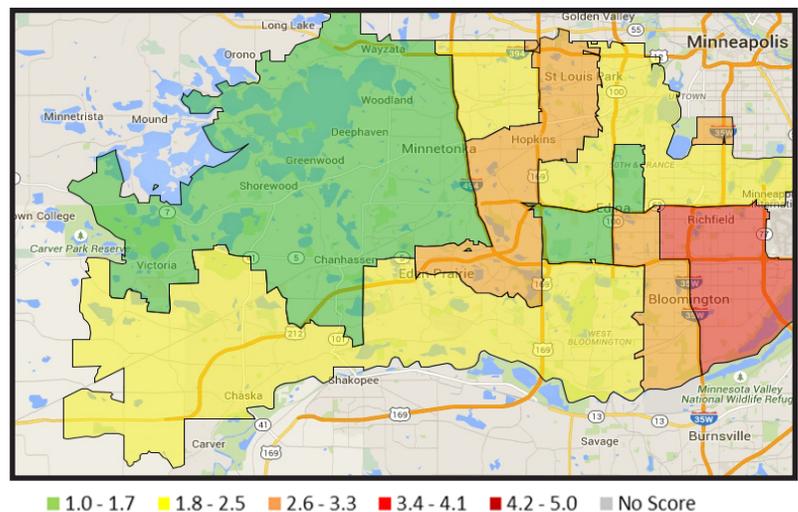
Community served: Demographics by Age, 2015 - 2020					
	2015		2020		
Age	Numbers	% of Total	Numbers	% of Total	'15-'20 Growth
Population Ages 0 - 17	118,340	22.3%	122,657	22.0%	3.6%
Population Ages 18 - 44	180,338	33.9%	183,489	32.9%	1.7%
Population Ages 45 - 64	152,196	28.6%	152,671	27.4%	0.3%
Population Ages 65+	80,975	15.2%	98,247	17.6%	21.3%
Total Population	531,849		557,064		4.7%
Population Density	2,031		2,126		4.7%
Service Area Square Miles	262		262		
Median Household Income	\$78,779				

Community served: Demographic Trends by Race, 2015 - 2020					
	2015		2020		
Race	Volumes	% of Total	Volumes	% of Total	'15-'20 Growth
White	435,403	81.9%	446,829	80.2%	2.6%
Black/African American	33,495	6.3%	37,775	6.8%	12.8%
American Indian/Alaskan Native	2,322	0.4%	2,466	0.4%	6.2%
Asian Alone	28,898	5.4%	33,323	6.0%	15.3%
Native Hawaiian/Pacific Islander	278	0.1%	316	0.1%	13.7%
Other	15,529	2.9%	17,722	3.2%	14.1%
Two or More Races	15,924	3.0%	18,633	3.3%	17.0%
Total Population	531,849		557,064		4.7%

A Community Need Index (CNI) “heat map” was created for the Fairview Southdale Hospital 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 Southdale community are in Richfield (3.8), parts of Bloomington (3.8) and East Bloomington (3.4). (See Appendix A for a full list of CNI scores by zip code.)

Fairview Southdale Hospital: Community Need Indices



COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

Fairview Southdale 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 Southdale 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 Southdale Hospital solicited public health, community organizations and hospital stakeholders in building a Community Health Steering Committee following a Fairview Health Services standard charter. (See Appendix B for a full list of members.)

Fairview Southdale Hospital's Community Health Steering Committee has 15 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 Southdale 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 use 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 Southdale 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 and analyzed by Premier. 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 289 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 Hispanic/Latino, which is far higher than the hospital's patient mix. The Hispanic/Latino population was a

major focus area for Fairview Southdale Hospital's community health outreach efforts over the past three years due to high uninsured and underinsured rates, as well as high health disparities.

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 the Mexican Consulate, partner faith communities 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.

Ten *Stakeholder Interviews* were conducted in September 2015 by community health staff to gain feedback on the need prioritization process. All stakeholders were asked the following questions:

1. Which two or three of the above conditions (cancer, diabetes, heart disease, stroke, depression, anxiety, obesity, arthritis, and asthma) do you believe have the most significant impact on the community you serve? Please explain.
2. Of the above conditions you identified, what are the difficulties faced by community members in trying to prevent, maintain or seek treatment for those conditions?
3. Are there initiatives that you are aware of in the community that are already addressing the conditions you identified?
4. What do you think is needed in your community to help individuals maintain or improve their health?
5. What do you see as the health system/hospital's role in those improvements?
6. What do you see as your role/your organization's role in those improvements?

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.

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 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 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 Southdale Hospital Community Health Needs Assessment Steering Committee as well as in the distribution of the community surveys:

- City of Bloomington Public Health Division
- Eden Prairie Schools (District 272)
- Emergency Physician's Association
- Partnership Academy
- Volunteers Enlisted to Assist People (VEAP)
- Woodlake Lutheran Church

The following organizations provided input via stakeholder interviews conducted in September 2015. Responses of stakeholder interviews were consolidated and shared with the full Steering Committee. Responses informed the Steering Committee's final priorities.

- Centro
- City of Bloomington Public Health Division
- Emergency Physicians Professional Association
- Partnership Academy
- Potters House of Jesus Christ Church
- Volunteers Enlisted to Assist People (VEAP)
- Woodlake Lutheran Church

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

- Centro is a social service agency that provides education, maternal and child health programs, a seniors health program, an emergency Latino food shelf, mental health services and a youth program for the Latino and Chicano community.
- City of Bloomington Public Health Division serves the City of Bloomington (part of Hennepin County) population, including medically underserved, low-income and minority populations.
- Eden Prairie Schools employs a Spanish Communication Specialist/Liaison who works with Latino and medically underserved populations.
- Emergency Physicians Professional Association provides emergency care to minority, uninsured, and other vulnerable populations in addition to the broader community in five Twin Cities emergency departments.
- Partnership Academy employs a Family and Student Support Services Coordinator who serves Latino, low-income and medically underserved populations.

- The Potters House of Jesus Christ Church provides outreach to minority and vulnerable populations through various ministries (e.g., elder’s ministry, youth ministry).
- Volunteers Enlisted to Assist People (VEAP)’s programs include a food shelf, social services, transportation and seasonal programs for targeted

populations including low-income, homeless, minority and medically underserved residents of Bloomington, Edina, Richfield and the southern metro area.

- Woodlake Lutheran Church serves, and has programming for, low-income and minority populations as well as the broader community.

PRIORITIZATION OF NEEDS

Fairview Southdale Hospital’s 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

Stakeholder Interviews and Community Survey

Fairview Southdale Hospital community health staff met with ten key stakeholders in the month of September 2015, to gain feedback on the need prioritization process. Notes were taken during the stakeholder interviews, consolidated and prioritized.

Final prioritization by Community Health Steering Committee

Community health staff presented the consolidated results of the community survey and stakeholder interviews as well as quantitative data tied to three conditions that the majority of stakeholders prioritized as high need and that most impacted survey respondents: depression, anxiety and obesity.

The Steering Committee initially prioritized a list of nine conditions. From this list, the Steering Committee narrowed to three conditions and of these three, ultimately chose two top priorities.

Members of the Steering Committee determined Fairview Southdale Hospital’s final priorities would be obesity and mental health. The following rationale was agreed upon in selecting the priority areas:

- Obesity is a risk factor or is linked to the other eight high-level focus areas.
- Depression and anxiety should be combined into a single priority area.
- 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.
- Social determinants of health are difficult to impact and although this wasn’t chosen as a top priority, the committee agreed work would continue in trying to narrow leading indicators.

A consensus decision determined that Fairview Southdale Hospital’s 2015-2018 priority areas would be:

- Obesity
- Mental health

POTENTIALLY AVAILABLE RESOURCES

Fairview Southdale 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, 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, including a bilingual community health worker, the active participation of various departments (e.g., Emergency Department, Oncology, Mental Health) within the hospital, State of Minnesota funding for pediatric mental health treatment, State Health Improvement Programs and trained Mental Health First Aid instructors who are hospital employees.

EVALUATION OF IMPACT

Fairview Southdale's 2012-2015 priorities were healthy lifestyles and social and emotional wellbeing. Below is an evaluation of the impact made in each of these areas.

Healthy Lifestyles

- Financially supported the construction of three edible gardens at a church, an elementary school and a public park, which provided the community opportunities to learn about healthy eating in addition to growing their own produce.
- Hired a bilingual Latino community health worker to provide education on healthy lifestyles, with focus on chronic disease prevention. The community health worker gave 51 presentations at nine different community locations (e.g., churches, schools, community centers) for seniors, adults and children.
- Provided over 200 free cholesterol and glucose tests along with physician results counseling and other health resources at the annual Latino Family Health Fair in 2013 and 2014. The majority of health fair attendees were uninsured or underinsured.
- Provided education and resources at 14 other health fairs and events through the community.

- In partnership with Fairview Southdale Hospital's Oncology Department, a colon cancer awareness community outreach initiative was implemented, which included education on colon cancer prevention and the opportunity for uninsured Latinos to sign up for free colonoscopies. Thirteen free colonoscopy procedures were performed.

Social and Emotional Wellbeing

- Coordinated ten hospital internships for students from the STEP Up Achieve program for young adults from low-income backgrounds and the Minnesota Life College program for young adults on the autism spectrum.
- Provided daily wellness check-in phone calls to 22 seniors who live alone through the hospital Telecare volunteer program.
- Funded training for two Fairview Southdale Hospital employees to be certified instructors of Mental Health First Aid, an evidence-based program that trains people how to help someone experiencing a mental health problem or crisis. These instructors provided eight classes at different locations and certified 178 community members in Mental Health First Aid. Two additional classes were provided in Fairview Southdale Hospital's primary service area, certifying 33 community members.

LEARNINGS

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

The Steering Committee concluded that integration of hospital staff is essential to have significant impact in community initiatives. We will continue to build

engagement and partnership with hospital staff to maximize our community impact. In order to do this, we need to build internal awareness of our community needs, identify opportunities for employees to partner and participate in planning and programming. In addition we need to learn more about hospital utilization data and how it can be leveraged to both impact and track specific community health initiatives.

CONCLUSION

As a nonprofit health system, Fairview Health Services is driven to heal, discover and educate for longer, healthier lives. This report by Fairview Southdale 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 Southdale's 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:

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

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Alissa LeRoux Smith, Fairview Southdale Hospital Lead

Stacy Montgomery, Fairview Ridges Hospital Lead

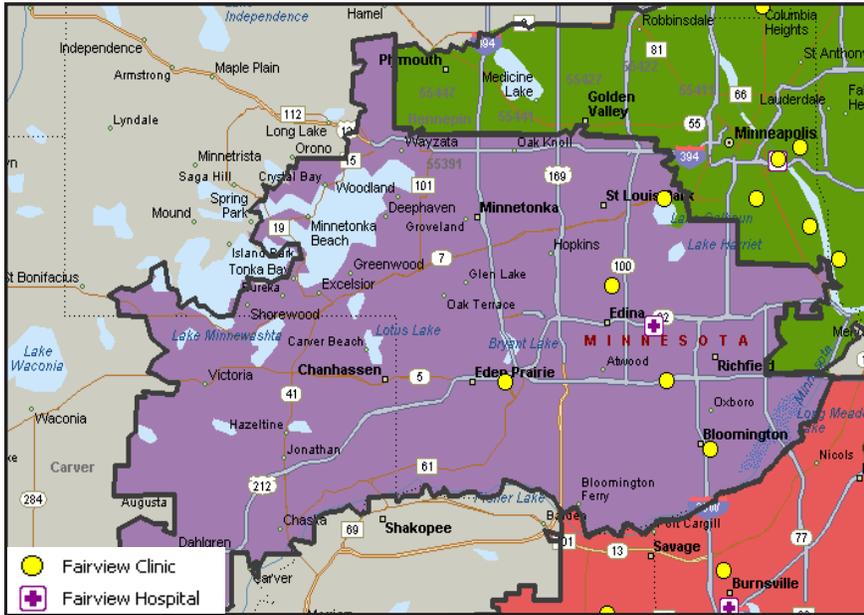
Jennifer Morman, Community Benefit Program Manager, Fairview Health Services

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 Southdale Hospital Community Served



Zip Code	City	2014 CNI Scores	County
55425	Bloomington	3.8	Hennepin
55431	Bloomington	3.0	Hennepin
55437	Bloomington	2.0	Hennepin
55438	Bloomington	1.8	Hennepin
55317	Chanhassen	1.4	Carver
55318	Chaska	2.0	Carver
55420	East Bloomington	3.4	Hennepin
55344	Eden Prairie	2.6	Hennepin
55346	Eden Prairie	1.6	Hennepin
55347	Eden Prairie	1.8	Hennepin
55424	Edina	1.4	Hennepin
55435	Edina	2.6	Hennepin
55436	Edina	1.8	Hennepin
55439	Edina	1.4	Hennepin

Zip Code	City	2014 CNI Scores	County
55331	Excelsior	1.6	Hennepin
55343	Hopkins	3.0	Hennepin
55305	Hopkins	2.2	Hennepin
55345	Minnetonka	1.6	Hennepin
55409	Mpls-Harriet	3.0	Hennepin
55410	Mpls-Linden Hills	1.8	Hennepin
55417	Mpls-Nokomis	2.2	Hennepin
55419	Mpls-SW	2.4	Hennepin
55423	Richfield	3.8	Hennepin
55416	St. Louis Park	2.2	Hennepin
55426	St. Louis Park	3.2	Hennepin
55386	Victoria	1.4	Carver
55391	Wayzata	1.6	Hennepin

Source: Dignity Health

Appendix B: Fairview Southdale Hospital Community Health Steering Committee

Rob Anderson, DO, Emergency Physician Professional Association

Ann Ellison, Director of Community Health, Fairview Health Services

Rev. Fred Hanson, Senior Pastor, Woodlake Lutheran Church

Rosa Herrera, Family & Student Support Services Coordinator, Partnership Academy

Britta Hovey, Integrated Vascular Services Director, Fairview Southdale Hospital

Scott Hvizdos, Program Director, Volunteers Enlisted to Assist People (VEAP)

Richard Karulf, MD, Vice President, Medical Affairs, Fairview Southdale Hospital

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

Alissa LeRoux Smith, Community Health and Volunteer Services Manager, Fairview Southdale Hospital

Jennifer Morman, Community Benefit Program Manager, Fairview Health Services

Bonnie Paulsen, Public Health Administrator, City of Bloomington Public Health Division

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JoAnna Roberson, Nurse Manager, Adult Mental Health, Fairview Southdale Hospital

Cathy Utne, Director, Patient and Guest Services, Fairview Southdale Hospital

Heriberto Vargas, Spanish Communication Specialist/Liaison, Eden Prairie Schools