

Lakeview Health

Community Health Needs Assessment

August 2012



Conducted By:



About the Community Health Needs Assessment

Lakeview Health collaborated with Regions Hospital, Hudson Hospital & Clinics and Westfields Hospital and contracted with Community Hospital Consulting to determine the greatest health needs in the communities they serve. These hospitals, all a part of HealthPartners, serve similar communities and have overlapping study areas.

The system's study area is defined as Dakota, Ramsey, Washington and St. Croix counties. Regions Hospital's specific study area is defined as:

- Washington County
- St. Croix County
- Ramsey County

Data elements regarding all four counties in the system's study area are included in this report for comparison, and are also provided as an opportunity for the hospitals to work together to meet the needs identified in the overlapping counties.

Table of Contents

Part 1: Community Health Needs Assessment

About HealthPartners	4
Executive Summary	5
Process and Methodology	10
Regions Hospital Biography	13
Lakeview Health Biography	17
Hudson Hospital & Clinics Biography	20
Westfields Hospital Biography	25
St. Croix County Community Health Needs Assessment	29
Demographics of Community Served by Hudson Hospital & Clinics and Westfields Hospital	33
Demographics in Community Served by Regions Hospital and Lakeview Health	40
Health Data Findings	54
Input from People who Represent the Broad Interests of the Community	73
Prioritization of the Community's Needs	92
Priorities that Will Not be Addressed	95
Inventory of Selected Health Services and Information Gaps	97
About Community Hospital Consulting	123
Appendix:	126
• St. Croix County Community Health Needs Assessment 2009 – 2014 Executive Summary	
• Regions and Lakeview Community Health Needs Assessment Interview Participant Information	
• Community Health Needs Assessment Prioritization Ballot	

Part 2: Implementation Plan 144

Part 1

Community Health Needs Assessment

About HealthPartners

HealthPartners is the largest consumer-governed, nonprofit health care organization in the nation. HealthPartners provides care, coverage, research and education to improve the health of its members, patients and the community. It is an award-winning integrated health care system based in Bloomington, Minnesota, with 12,000 employees dedicated to improving the health of the population, enhancing the patient's experience, and making health care affordable. HealthPartners provides health care services as well as health plan financing and administration.

HealthPartners is comprised of various entities, including the hospitals listed below, HealthPartners Research Foundation, the Institute for Medical Education, Capitol View Transitional Care Center, and Medical, Dental, and Physicians Neck and Back Clinics. HealthPartners' specific care delivery organizations are:

Hospitals

- Lakeview Hospital, Stillwater, Minnesota
- Hudson Hospital & Clinics, Hudson, Wisconsin
- Westfields Hospital, New Richmond, Wisconsin
- Regions Hospital, Saint Paul, Minnesota

Health Financing

- Nonprofit, consumer governed health plan
- 1.4 million members
- National provider network

HealthPartners Medical Group

- 70 medical and dental clinics in the greater metropolitan area of Minneapolis-St. Paul
- 17 pharmacies and mail order pharmacy
- 441,000 patients
- Multi-payer
- 780 physicians, 60 dentists
- 350 primary care physicians
- Primary care, 35 medical and surgical specialties

This report is collaboration between Regions Hospital, Lakeview Health (the parent organization that consists of Stillwater Medical Group, Lakeview Hospital and the Lakeview Foundation), Hudson Hospital & Clinics, and Westfields Hospital.

Executive Summary

Regions Hospital (Regions) and Lakeview Health (Lakeview) engaged the resources of Community Hospital Consulting (CHC Consulting) to conduct a comprehensive, six-step Community Health Needs Assessment of their communities, including Dakota, Ramsey, Washington, and St. Croix counties. The community health needs assessment (“CHNA”) utilized relevant health data and stakeholder input (in depth interviews, electronic survey results, focus group and a town hall meeting) to identify the main community health priorities that HealthPartners, the parent health system, and its respective hospitals should seek to address.

Hudson Hospital & Clinics (Hudson) and Westfields Hospital (Westfields) required assistance in the creation of their hospital specific implementation plans, incorporating the *St. Croix County Community Health Needs Assessment*, which had been created in 2009 by Hudson Hospital and St. Croix County Public Health. Health data from this assessment, combined with in depth interviews, a survey, and additional qualitative research (a facilitated focus group conducted on behalf of Regions and a town hall meeting conducted on behalf of Lakeview) were used to facilitate the creation of the hospital specific implementation plans for Hudson and Westfields.

The research conducted by CHC Consulting resulted in the formation of a list of five health issues that were identified as being of paramount concern to the communities served by HealthPartners hospitals:

Top Community Health Needs Findings

Finding # 1

• **Leading causes of death can be linked to unhealthy lifestyles.**

- Cancer, Heart Disease, Stroke, Diabetes, Chronic Lower Respiratory Disease
- Tobacco Use and Drug / Alcohol Use are contributors to unhealthy lifestyles

Study of the state and county health data revealed many salient issues, including:

- o In 2010, Ramsey County had the highest heart disease mortality rate in the study area, while Dakota County had the lowest.
- o In 2010, alcohol related crashes, fatalities, and injuries cost the state nearly \$240 million.
- o The percentage of Minnesota’s adult population diagnosed with diabetes has more than doubled since 1995.
- o In 2010, Cancer was the leading cause of death in the study area and in Minnesota.
- o The percentage of adult Minnesotans who smoke has decreased from 17.0% in 2007, to 16.1% in 2010. However, in 2010, young adults (18-24 year-olds) continue to have the highest smoking rate (21.8%) of all age categories.

The St. Croix report findings included:

- o “Alcohol and Other Substance Use and Addiction” and Tobacco Use and Exposure” were identified in the top five health priorities for St. Croix County.
- o 22% of adults in St. Croix County use tobacco.
- o St. Croix County is among the top 10 counties in Wisconsin with the highest rates of binge drinking. Since 2000 the number of adult arrests for Operating While Intoxicated has increased dramatically.

The confidential community stakeholder survey conducted by CHC Consulting revealed the following:

- o The health initiative, “Promoting change in negative habits (such as tobacco or substance abuse)” was rated as “Very Important” or “Important” by 39 out of 44 survey respondents.
- o The health initiative, “Promoting Chronic Disease Management” was rated as “Very Important” or “Important” by 38 out of 44 survey respondents.

The one-on-one stakeholder interview findings included:

- o Minnesota reportedly has a “robust statewide effort” to change policy, system and the environment for nutrition, activity and the cessation of tobacco use.
- o State Health Improvement Program (SHIP) and other organizations represented in the interviews have been working to increase healthy lifestyle choices via education, exercise and other classes, but funding is limited.
- o Respondents cited problems with those who participate in the programs; specifically, with compliance and interest in the available programs.

Finding # 2

• Obesity and lack of physical exercise are growing concerns for the communities.

Study of the state and county health data revealed important statistics, including:

- o In 2010, more than one fourth of adults in Minnesota were obese (25.4%). The percentage of obese adults in Minnesota has increased significantly from 15.3% in 1995 to 25.40% in 2010.
- o In 2010, a higher percentage of 9th and 12th graders in Ramsey County were overweight and obese as their same age peers in Dakota and Washington counties.

The St. Croix report findings included:

- o “Overweight, Obesity, and Lack of Physical Activity,” and “Adequate and Appropriate Nutrition” are rated as the second and third priorities for the community.
- o St. Croix County ranks near the bottom (66th out of 72) in the state in overall physical activity.
- o Nearly 80% of St. Croix County residents report eating an insufficient amount of fruits and vegetables.

The confidential community stakeholder survey conducted by CHC Consulting revealed the following:

- o The health initiative, “Promoting positive health habits (such as exercise and good nutrition)” was rated as “Very Important” or “Important” by 42 out of 44 survey respondents.

The one-on-one stakeholder interview findings included:

- o Obesity was cited frequently as one of the three most important health concerns by interviewees.

Focus Group findings:

- o The correlation between diabetes, obesity, lack of physical exercise and diet was noted. This is of particular concern in youth of the American Indian community.

Finding # 3

• Access to primary and preventive health care is limited for special populations.

- Un/underinsured, ethnically diverse, elderly, and chemically dependent

Study of the state and county health data revealed issues being experienced by special populations, including:

- o Ramsey County has had the highest percentage of uninsured persons in the study area since 2007 (11.5%). Washington County has had the lowest percentage of uninsured persons in the study area since 2007 (6.9%)
- o More than one quarter of Hispanics (62,826 persons or 29.3%) and nearly 16% (15.8%) of Non-Hispanic Blacks were uninsured in Minnesota in 2009. Whereas, only 8.5% (317,454) of Non-Hispanic Whites were uninsured.

The St. Croix report findings included:

- o “Access to Primary and Preventive Health Services” was identified as the top health priority for St. Croix County.
- o Participants in the study identified significant barriers for the un/underinsured populations, such as health care costs and lack of coverage.
- o The percent of people in St. Croix County with health coverage has been declining compared to the statewide percent.
- o Non-English speaking participants cited language barriers and transportation as key issues affecting access to health services.

The confidential community stakeholder survey conducted by CHC Consulting revealed the following:

- o More than 50% of respondents indicated “Very Inadequate or Inadequate” services for persons experiencing mental illness, low income/uninsured, homeless, undocumented persons and persons with chemical dependency.
- o The health initiative, “Improving access to healthcare for populations without access” was rated as “Very Important” or “Important” by 42 out of 44 survey respondents.

The one-on-one stakeholder interview findings included:

- o Limited access for special populations was identified as an area of focus.
- o While there may be enough providers serving the communities, the access to the providers is not equal among all the patient populations, especially those with greater needs than preventive care.
- o Access to Primary Health Care was cited as area of concern for Ramsey County, in particular for the un/underinsured and the minority populations.

Focus Group findings:

- o Minority racial and ethnic groups have deep rooted cultural, language and access barriers to receiving adequate medical and psychological care in certain communities.
- o Infant mortality is a particular problem in the African American and Native American community.
- o There are various awareness barriers in the Asian community and cultural barriers in the East African Immigrant population.
- o There are significant environmental challenges for immigrant populations; lifestyle differences such as the way food is purchased and stored, and integration into certain atmospheres (e.g. local gym) are problematic.

Town Hall Meeting findings:

- o There was group consensus that there is a “hidden community” in Washington County -- a subset of the population that faces numerous barriers to care due to economic status, minority status, homelessness and/or age.
- o Access to healthcare services for particular patient populations was identified as a major issue.

Finding # 4

• Access to specific health services is limited.

- Mental Health: little availability, long wait times, and a shortage of providers
- Dental: uninsured, even many with medical insurance don't have dental

Study of the state and county health data revealed:

- o Mental health admission rates have increased in the study area and in Minnesota since 2000.
- o Ramsey County has had the highest mental health admission rate in the study area since 2000.

The St. Croix report findings included:

- o Barriers to specific mental health services are consistently identified as:
 - Affordability
 - Transportation
 - Knowledge of availability and location of services
 - The stigma of mental illnesses in the community acts as a barrier to treatment
- o Access to oral health care is an ongoing major concern in St. Croix County.
- o Dental services are widely available; however insurance is a major barrier. Lower income populations frequently forgo dental care, especially preventive, as providers accepting Medicaid are rare.

The confidential community stakeholder survey conducted by CHC Consulting revealed the following:

- o Accessible and affordable mental health care and education of vulnerable populations on preventive care are crucial investments that save money and lives later.
- o More than 50% of respondents indicated “Very Inadequate or Inadequate” services currently being provided for mental health screenings.

The one-on-one stakeholder interview findings included:

- o An inadequate supply of mental health services and providers was cited specifically by Washington, St. Croix and Dakota counties.
- o Residents in certain areas have to travel significant distances to access mental health services which are available or affordable to them. If a service is available, the wait time for an appointment still presents a problem.
- o Those who do not have dental coverage do not seek preventive care, even at free dental clinics which do exist. Families who are lower income, but who do have health insurance, will frequently not spend any discretionary income in order to expand their coverage to include dental.

Focus Group Findings:

- o Mental health is a critical issue for minority youth; education disparities are significant.

Finding # 5

• **There are various issues with service integration.**

- Lack of communication and coordination among providers
- Disconnectedness in the continuum of care

The one-on-one stakeholder interview findings included:

- o Service Integration was specifically mentioned in six of the twenty interviews conducted. Interview subjects referred to integration issues that inhibit the smooth transition of patient care by multiple providers.
- o Even where there is adequate availability of numerous health care services, there still often exists a lack of communication and coordination among providers.
- o Appropriate referrals are not always made, especially to the patient populations who are most at risk, e.g. the elderly, lower income and non-English speaking.
- o Integration is considered especially problematic for the elderly, mental health patients, the disabled, and those suffering from chronic diseases such as diabetes and asthma.

Focus Group findings included:

- The healthcare system needs to adapt to meet the needs of the community, including training professionals to deal with cultural diversity and creating an environment of connectedness.

Town Hall Meeting findings:

- Coordination of healthcare services among providers was identified as a major issue.

Prioritization of Community Needs

The Community Health Needs Assessment team, consisting of leadership from HealthPartners, all four hospitals, and consulting staff from CHC Consulting met on May 16th, 2012 to review the research findings and prioritize the community health needs which had been identified. Priorities were identified by use of a structured matrix to assess the prevalence of the issues identified in the health data findings, combined with the frequency and severity of mentions in the interview, survey, focus group and town hall meetings.

After a facilitated discussion, the list was pared down to five priorities on which to focus. Based on these findings, five top priorities were identified to address these community health needs:

- **Priority 1: Increase Access to Mental Health**
- **Priority 2: Promote Positive Behaviors to Reduce Obesity (Nutrition / Physical Activity)**
- **Priority 3: Increase Access to Primary and Preventive Care**
- **Priority 4: Improve Service Integration**
- **Priority 5: Promote Change in Unhealthy Lifestyles (Tobacco / Alcohol / Substance Abuse)**

The review and analysis of the above findings and health priorities culminates in the creation of a specific Implementation Plan for each hospital, which takes into account the hospital's services, resources and capability of meeting the identified needs. The Implementation Plan will identify objectives and implementation tactics that correspond with each priority.

Process and Methodology

Background and Objectives

This Community Health Needs Assessment (“CHNA”) is designed in accordance CHNA requirements identified in the Federal Patient Protection and Affordable Care Act and further addressed in the Internal Revenue Service Notice 2011-52.

The objectives of the CHNA are:

- Meet Federal Government and regulatory requirements.
- Research and report on the demographics and health status of the service areas including a review of state and regional data.
- Gather input, data and opinions from persons who represent the broad interest of the community; specifically persons with special knowledge or expertise of public health, local and state health departments, and representatives of medically underserved, low-income or minority populations and populations with chronic diseases.
- Analyze the quantitative and qualitative data gathered and communicate results via a final comprehensive report on the needs of the communities served by Regions, Lakeview, Hudson and Westfields Hospitals.
- Prioritize the needs of the communities served by each of the hospitals.
- Create Implementation Plans for each hospital that address the prioritized needs.

Scope of CHNA Report:

The CHNA components include:

- Biographies of Regions, Lakeview, Hudson and Westfields Hospitals
- A summary of the *St. Croix County Community Health Needs Assessment*, which was incorporated into the prioritization of needs and formulation of objectives for Hudson and Westfields Hospitals.
- Hudson’s and Westfields’ patient origin
- Demographics of St. Croix County
- Definition and analysis of Regions’ and Lakeview’s study areas, including both a demographic and a health data analysis.
- Findings from twenty comprehensive interviews conducted with people who represent a broad interest in the communities, including:
 - Local/regional governmental health agencies
 - Public health organizations
 - Not-for-Profit organizations
 - Health related entities
- Findings from a survey distributed to organization leaders and community representatives who possess a broad knowledge base and vested interest in the health needs of the communities they serve (54 completed surveys)
- Findings from a facilitated focus group conducted on behalf of Regions and a town hall meeting conducted on behalf of Lakeview.
- The prioritized strategies and Implementation Plans formulated by hospital leadership to address the community needs identified by the research.

Methodology:

The HealthPartners Hospitals (Hudson Hospital & Clinics in Hudson, WI, Lakeview Hospital in Stillwater, MN, Regions Hospital in St. Paul, MN and Westfields Hospital in New Richmond, WI) contracted with an outside entity, Community Hospital Consulting (CHC Consulting) to assist in the development of the CHNA. Each hospital provided essential data and resources necessary to initiate and complete the process, including the definition of each hospital's unique service area, the identification of key community stakeholders to be surveyed and/or interviewed, and hospital biographical information. CHC Consulting conducted the following research:

- A study of the most recent health data available
- Created, distributed, and analyzed a community health needs survey
- Conducted one-on-one interviews with individuals who have special knowledge of the communities, and analyzed results
- Facilitated a focus group addressing the minority population health needs on behalf of Regions
- Facilitated a town hall meeting on behalf of Lakeview
- Facilitated the prioritization process during the Community Health Needs Assessment team meeting on May 16th, 2012

The methodology for each component of this study is summarized below. In certain cases methodology is elaborated in the body of the report.

- Hospital Biographies
 - Background information, including available services, about Regions and Lakeview Health was provided by the respective hospitals or taken from their websites.
- Summary of the *St. Croix County Community Health Needs Assessment*
 - Because of the extensive analysis and prioritization of the community health needs conducted in the *St. Croix Community Health Needs Assessment*, and the significant involvement of the Hudson and Westfields' leadership in the development of the report, this source is the foundation for the data reported on St. Croix County. A summary of the results is included in this document.
- Demographics of St. Croix County
 - Population demographics, including change by race, ethnicity, and age.
- Study Area Definition
 - The study areas for Regions and Lakeview, were based on CY 2011 hospital inpatient discharge data and discussions with hospital staff.
- Data Collection Process
 - A variety of sources, which are all listed in the references section of this report, were utilized in the data collection process.
 - Demographic data sources include, but are not limited to, U.S. Census 2000 and 2010 population data, Claritas 2016 projection data, and the Minnesota Department of Health's data sources.
 - Health data sources include, but are not limited to, the Minnesota Department of Health's data sources, MN Compass, and the U.S. Census Bureau.
 - The *St. Croix County Community Health Needs Assessment 2009-2014* was perused and key information extracted relating specifically to the health needs of St. Croix County (see the Appendix for the executive summary).

- Interview Methodology
 - Regions and Lakeview provided CHC Consulting with a list of more than 90 people with special knowledge of Dakota, Ramsey, Washington, and St. Croix counties including public health representatives, not-for-profit organization professionals, charities and other individuals who focus specifically on underrepresented groups.
 - From that list, 20 in depth interviews were conducted using a structured interview guide. Both the list of 20, and the larger group of 94 people received a survey in order to further quantify the data.
 - Extensive notes were taken during each interview and then quantified based on responses, communities and populations (minority, elderly, un/underinsured, etc.) served, and priorities identified by respondents. Qualitative data from the interviews was also analyzed and reported.
- Survey Construction, Distribution, and Collection
 - An electronic survey was constructed using Survey Monkey™ software in order to gather opinions and input of those with special knowledge regarding the health needs and priorities of the service area.
 - The survey was restricted so that respondents could only complete the survey once per computer to protect the integrity of the data.
 - The survey was initially distributed to 94 organization leaders and community members (including interviewees as a follow-up). Recipients were allowed to forward the survey to other stakeholders who they deemed to be valuable sources of input. The survey remained open for approximately three weeks.
 - Responses were quantified and analyzed for reporting purposes, including any free-form comments.
- Focus Groups/Town Hall Methodology
 - A facilitated focus group was conducted at Regions hospital with 6 people who had special knowledge of a particular minority group in the community.
 - Survey and interview findings were presented in a town hall style meeting to a group of 12 community members and leaders at Lakeview Hospital. Following the presentation the group was asked to comment and discuss their reactions to the data presented.
- Prioritization Strategy
 - Six main priorities were determined by assessing the prevalence of the issues identified in the health data findings, combined with the frequency and severity of mentions in the interview, survey, focus group and town hall meetings and the organization's capacity to address the need.
 - A structured matrix was used to rank the top priorities during the Community Health Needs Assessment team meeting on May 16th, 2012. After a facilitated discussion, that list was pared down to five priorities on which to focus.
 - See page 88 for a more detailed description of the prioritization methodology and an example of the numerical calculations done to rank the priorities.

Regions Hospital Biography

Regions Hospital Introduction

Established in 1872, Regions Hospital is a private, not-for-profit organization. The hospital provides health care services in St. Paul and its surrounding communities, as well as for patients who come from throughout Minnesota, western Wisconsin and other Midwestern states. Regions is part of the HealthPartners family of care.

Regions Hospital has 454 licensed beds with an average daily inpatient census of 316. Regions emergency department had more than 70,000 visits in 2009. The Medical Resource Control Center (MRCC) for the east metro, providing ambulance service communications, is located in Regions Hospital's emergency department.

Regions Hospital is a leading full-service, private hospital providing outstanding medical care with special programs in heart, cancer, behavioral health, burn, and emergency and trauma. A list of specialized services includes:

- Behavioral Health
- The Birth Center
- The Breast Health Center
- The Burn Center
- The Cancer Care Center
- Center for Dementia and Alzheimer's Care
- The Digestive Care Center
- The Emergency Center
- The Heart Center
- The Level I Trauma Center
- The Level I Pediatric Trauma Center
- Neurosciences
- Orthopaedics
- Palliative Care
- Radiation Therapy
- The Rehabilitation Institute
- The Stroke Center
- The Surgery Center
- Community Services

Patients receive state-of-the-art care in an environment that promotes comfort and healing. The health professionals at Regions Hospital are involved in teaching and research focused on improving health and medical care.

Regions Hospital Mission, Vision & Values

Our Mission

Our mission is to improve the health of our patients and community by providing high quality health care which meets the needs of all people.

Our Vision

Our vision is to be the patient-centered hospital of choice of our community.

Our Values

We live our values through our Promises to Each Other and our Promises to Patients, Families, and Members.

1. Passion
2. Teamwork
3. Integrity
4. Respect

Regions Hospital Notable Recognitions

- Care Quality Awards
 - Regions Hospital's Stroke Center was the only hospital in Minnesota to receive the Silver Performance Achievement Award from the American Stroke Association.
 - HealthPartners Cancer Care Center at Regions Hospital received the "Three-Year with Commendation" award from the American College of Surgeons for focusing on quality improvement and health outcome.
 - Nurses from the inpatient heart and vascular care unit received a 2010 Beacon Award for critical care excellence by the American Association of Critical Care Nurses.
- Patient Safety Awards
 - Regions has won all five of the Minnesota Hospital Association's Patient Safety Awards, including: SAFE ACCOUNT, SAFE FROM FALLS, SAFE SKIN, SAFE SITE, and SAFE COUNT.
- Workplace Awards
 - A survey by the *Star Tribune* names the HealthPartners clinics and Regions Hospital one of the "Top 100 Workplaces in the Twin Cities".
 - The *Mpls./St. Paul Business Journal* named HealthPartners and Regions Hospital one of the best places to work.
 - Regions Hospital was named the best Hospital Workplace in the large hospital category by the Minnesota Hospital Association.
 - *Modern Healthcare* named HealthPartners and Regions Hospital one of the best places to work in health care in the entire nation for 2008.
- Other/General:
 - Regions hospital has earned a "highest value" rating from The Leapfrog Group for 2009.
 - Ranking among the top of survey respondents for use of technology to benefit patient care and safety, HealthPartners clinics and Regions Hospital was named one of the "Most Wired" organizations by *Hospital & Health Networks* magazine.
 - HealthPartners, Regions Hospital and other hospitals earn national honor for a program that prevents behavioral health crises.
- Individual employees of our organization have recently won:
 - Minnesota Hospital Association's Spirit of Advocacy Award, Minnesota Hospital Association's Bruce and Denise Rueben Courage Award, Minnesota Hospital Association's Community Benefit Award, Minnesota Hospital Association's "Good Catch for Patient Safety Award," March of Dimes' Staff Nurse: *General Care Nurse of the Year*, and March of Dimes' Staff Nurse: *Critical Care Nurse of the Year*.



Lakeview Health Biography

Lakeview Introduction

As the fifth oldest hospital in Minnesota, Lakeview understands the need to evolve in order to provide the highest possible level of healthcare. Over the past few years we have progressed into one of Minnesota's finest hospitals, assuming a leadership role in patient satisfaction and procedural advancements. We are a nonprofit hospital with 97 beds, including bassinets.

Lakeview Hospital has been named a 100 Top Hospital in the nation by Thomson five times since 2004, most recently in 2012. Furthermore, Lakeview is ranked among the best nationally for orthopedic care.

Commitment is a word whose meaning is not taken lightly at Lakeview Health. The community has entrusted us to meet its healthcare needs. We are committed to providing compassionate care, quality customer service, and health and wellness education to those we serve.

Moving forward to anticipate the ever-changing landscape of healthcare demands vision, new technologies and procedures present exciting possibilities for those who are able to forge the future of healthcare. As the communities we serve have grown, so has Lakeview Health, both in size and in services offered. Lakeview Health is poised to meet the forthcoming challenges knowing we have a legacy to uphold and a future to serve.

Patients at Lakeview Health have access to many specialty care providers and services.

- Anesthesiology
- Birth Center
- Cardiology & Heart Center
- Cardiac and Pulmonary Rehabilitation
- Care Navigation (Palliative care)
- Colonoscopy
- Diabetes & Nutrition
- Emergency Department
- EMS
- Hospitalist Program
- Imaging Services
- Integrative Medicine
- Medical Intensive Care Unit
- Laboratory
- Lakeview Homecare
- Lakeview Hospice
- Massage Therapy
- Oncology and Infusion
- Orthopedic Surgery
- Physical Medicine
- Pharmacy
- Same Day Surgery Sleep Center
- Surgical Services

Lakeview Health Mission, Vision & Values

Our Mission

As a recognized leader, the mission of Lakeview Health is to deliver and coordinate superior quality health care that meets the diverse needs of individuals, families and communities in the St. Croix Valley and the surrounding area.

Our Vision

Lakeview Health will be the preferred regional provider of health care, providing leadership in primary and specialty services and supporting community wellness.

Our Values

Governing the way we behave, communicate and interact with others.

1. Patient-centered

- a. We are guided always by the needs of the patient for trust, ease and comfort.
- b. We work to create a partnership that is effective and personal.
- c. We guide patients in shared decision-making including education to help evaluate options against their own needs.

2. Compassion

- a. We see the faces of our own loved ones in each patient and we are moved to alleviate suffering, anxiety and discomfort.

3. Collaboration

- a. We recognize that effective health care is a team effort requiring timely communication and coordination involving the patient, ourselves and others.
- b. We follow evidence-based medical guidelines to coordinate the care of our patients.

4. Accountability

- a. We take responsibility for our own actions.
- b. We “step up” and “own up”.

5. Pursuit of Excellence

- a. Our passion as a collaborative health system is to continually improve our quality of care. We embrace opportunities to:
 - i. Statistically improve care outcomes (clinical quality and safety)
 - ii. Cause patients to recommend us to family and friends (patient satisfaction)
 - iii. Provide easy and affordable access to care (operational efficiency)

6. Integrity

- a. We speak and act ethically and honestly.
- b. We treat each patient and every co-worker with trust and respect.
- c. We follow through on what we say we'll do because our patients and co-workers depend on it.

Hudson Hospital & Clinics Biography

Hudson Hospital & Clinics Introduction

Excellent care, close to home. Hudson Hospital & Clinics, a not-for-profit organization serving primarily western Wisconsin, provides high-quality medical care close to home. We're devoted to making patients feel at home, with a personal approach to care and service that offers the unexpected — from fresh-baked cookies to calming views of nature and handcrafted art. These elements, together with the skill and compassion of our physicians, staff and volunteers, are vital for whole health and healing.

From specialty clinic visits to comprehensive hospital care, we offer a wide range of services at Hudson Hospital & Clinics, including cancer care in partnership with the Cancer Center of Western Wisconsin. Our special amenities — all part of our style of care — center on personalized family attention. We understand the important role that family and friends can play in health and recovery, so we work with patients and their families to create a plan of clinical care, emotional care and customer service.

Hudson Hospital Emergency Center is a trusted source for emergency medical care. Our staff, the region's only 24/7 board-certified emergency medicine physicians, is available to care for patients at our Level IV Trauma Center. Hudson Hospital also offers inpatient hospitalist services. The hospitalists at Hudson Hospital are part of the HealthPartners Hospital Medicine program and also practice at Regions Hospital. Hudson is the only hospital in western Wisconsin providing this model of care.

Basic Facts

- Opened 1953, joined HealthPartners January 1, 2009
- 25 bed, Critical Access Hospital (Level IV Trauma Center) in Hudson, Wisconsin
- 24/7 emergency medicine physicians
- Medical staff – 48 active medical staff on campus/264 additional credentialed medical specialists

Hospital Care

- Alcohol and Substance Abuse Recovery
- Birth Center
- Emergency Center
- Heart Care
- Home & Hospice Care
- Imaging Center
- Medical Laboratory
- Nutrition Care
- Orthopaedics
- Pharmacy
- Rehabilitation Center
- Sleep Health Center
- Surgery & Procedure Center

Specialty Care

- Allergy & Asthma
- Cancer Care (in partnership with the Cancer Center of Western Wisconsin)
- Ear, Nose & Throat
- Endocrinology
- Eye Care
- Heart Care
- Infusion Therapy
- Internal Medicine
- Nephrology
- Neurology
- Plastic Surgery & Cosmetic Treatment
- Podiatry
- Pulmonary Medicine & Sleep Health
- Rheumatology
- Urology
- Vascular Surgery

Family Care

- Roberts Clinic

Hudson Hospital & Clinics Mission & Vision

Our Mission

A simple statement reflects our commitment to our friends and neighbors throughout West Central Wisconsin and the St. Croix Valley: *Caring for the health of our community.*

Our Vision

All staff and volunteers at Hudson Hospital & Clinics share a common vision: *To be recognized for providing exceptional care in a healing environment.*

Our Values

We live our values through our Promises to Each Other and our Promises to Patients, Families & Members.

1. **Passion**
 - a. We are deeply committed to the work we do and the people we serve.
2. **Integrity**
 - a. We are open and honest in all of our actions.
3. **Teamwork**
 - a. We work together to achieve excellent results.
4. **Respect**
 - a. We respect all and embrace and value diversity.

Hudson Hospital & Clinics Notable Recognitions

Practice Greenhealth Sustainability Awards – 2012

In June 2012, Hudson Hospital & Clinics won two national sustainability awards — “Partner for Change” award (environmental excellence) and “Making Medicine Mercury-Free” by Practice Greenhealth, the national membership organization for health care facilities committed to environmentally responsible operations. The hospital was honored for its commitment to patients and the community to protect public health and preserve the environment.

Resolution: Health Care without Harm – 2008

As a responsible and concerned corporate citizen of the City of Hudson and the State of Wisconsin, Hudson Hospital & Clinics committed to provide health care without harm on September 23, 2008. This resolution includes our obligation to protect and preserve the environment and safeguard the health of our patients, staff, and our beautiful natural gardens and surroundings.

In support of our mission, *Caring for the health of our community*, we have embarked on an eco-friendly journey establishing sustainable business practices. Laying the green foundation several years ago, it’s now a road map for the hospital. Initiatives are led by the hospital’s Green Team. They have developed action plans to eliminate mercury, reduce and recycle solid waste, reduce regulated and chemical waste, reduce energy and water consumption, create healing environments, oversee the onsite community and therapeutic gardens, and establish green purchasing policies.

Implementing sustainable business practices has made Hudson Hospital a model within the HealthPartners family of organizations.

Healthy Food in Health Care Pledge – 2010

Hudson Hospital & Clinics’ Nutrition Services is paving the way for a new initiative called: *Sustainable Nutrition Services*. The goal is to collaborate, educate and implement sustainable nutrition practices at the hospital to improve the health of staff, visitors and patients. It’s a work in progress which began about four years ago. In 2010 the hospital board of directors signed the *Healthy Food in Health Care Pledge*. “The pledge is a commitment to increase offerings of fruits and vegetables, reduce fats and sweetened foods, take steps to encourage current vendors to procure local food, and work directly with local farms.”

Leading the way for the Valley Co-op, six area hospitals working together to improve patient care in the region while maximizing resources, Hudson is sharing best practices and encouraging other hospitals in the family to increase local purchasing.

Top 100 Critical Access Hospitals Award – 2011

The National Rural Health Association announced that Hudson Hospital & Clinics ranked in the Top 100 Critical Access Hospitals in America as a result of its attention to quality and patient safety.

Governor’s Award in Support of the Arts – 2009

Hudson Hospital & Clinics received the corporate-business award in recognition of its extraordinary contributions to the vitality of the arts in local communities statewide.

Healing Environment & Healing Arts

The healing environment of Hudson Hospital & Clinics, facility design to outdoor labyrinth, continues to be recognized nationally.

Through a special local partnership with the Phipps Center for the Arts, the hospital exhibits an extensive collection of original artwork throughout the building on a rotating basis in support of the Healing Arts Program model of care. The program's mission is to bring the creative and visual arts to patients, guests and staff to welcome diversion from oftentimes challenging health experiences.

Most Wired Award – 2012

Ranking among the top of survey respondents for use of technology to benefit patient care and safety, HealthPartners clinics and hospitals, including Hudson Hospital, was named one of the “Most Wired” organizations by *Hospital & Health Networks* magazine.

Westfields Hospital Biography

Westfields Hospital Introduction

Westfields Hospital is a not-for-profit community hospital serving the New Richmond area since 1950. Our mission is to improve the health of our patients and community by providing high quality health care which meets the needs of all people. We are committed to the Triple Aim: a) deliver top quality care; b) provide an exceptional experience for patients and their families; and c) offer affordable, cost-effective care.

At Westfields, we embrace our motto, “Care for Life” – the passion for helping patients become the healthiest person possible, no matter what challenges come along. As a community hospital, we are here for patients every step of the way.

We encourage patients and their families – our partners in health – to be actively involved in decisions about their own health care. Research shows that patients and their families who are more involved with their care feel they get better results and are more satisfied. Safety and satisfaction are priorities at Westfields.

As a hospital, we’re not only here to take care of patients when they’re sick or hurt, we’re more than that. We want to be a leading partner in health education, outreach and improvement. Westfields Hospital is continually making improvements to reach that goal.

Accomplishments since the beginning of 2012 include:

- Our employee engagement survey results place Westfields Hospital in the top tenth percentile for hospitals in the nation. We’re engaged in your care.
- We recently celebrated the first year anniversary of the opening of the Cancer Center of Western Wisconsin on campus, as well as the 100th patient to finish radiation treatment at the center.
- We’ve made commitments to major facility upgrades, including new flooring through the facility, updating our Rotunda and making major upgrades to our obstetrics department.
- We continue to add specialty services for added convenience – care close to home.

Basic Facts

- Opened in 1950, joined HealthPartners January 23, 2006
- Critical Access Hospital (Level IV Trauma Center) in New Richmond, Wisconsin
- 25 beds
- Medical staff – 40 active medical staff on campus/130 additional credentialed medical specialists

As a full-service hospital Westfields offers emergency services, specialty clinics, and maternity services, as well as medical and surgical inpatient and outpatient care.

Hospital Care

- | | |
|-------------------------|---------------------------|
| • Ambulatory Care | • Medical Surgical Care |
| • Cardiopulmonary Care | • Nutrition Services |
| • Emergency Medicine | • Obstetrics |
| • Home and Hospice Care | • Physical Rehabilitation |
| • Imaging Services | • Surgical Services |
| • Infusion Therapy | • Wound Care |
| • Laboratory Services | |

Specialty Clinics

- Audiology
- Cardiology
- Endocrinology
- Gastroenterology
- Gynecology
- Lung and Sleep Health
- Nephrology
- Neurology
- Obstetrics
- Oncology/Hematology
- Orthopaedics
- Orthotics & Prosthetics
- Otorhinolaryngology (ENT)
- Pain Management
- Plastic & Cosmetic Surgery
- Podiatry
- Sleep Study
- Spine Diseases, Injuries and Deformities
- Urology

Westfields Hospital Notable Recognitions

Most Wired Award – 2012

Ranking among the top of survey respondents for use of technology to benefit patient care and safety, HealthPartners clinics and hospitals, including Westfields Hospital, was named one of the “Most Wired” organizations by *Hospital & Health Networks* magazine.

St. Croix County

Community Health Needs Assessment

Summary of St. Croix County Community Health Needs Assessment

Hudson Hospital & Clinics and St. Croix County Department of Health and Human Services (DHHS) – Public Health teamed up to create a 5-year Community Health Improvement Plan in the summer of 2008. These partners obtained structured feedback through:

- A unique Photovoice project that put cameras in the hands of St. Croix County mothers and asked these women to document what was important about health care to them and their families;
- Nearly 700 opinions from a community survey distributed randomly by mail and email;
- A data collection project that presented statistical information and historical trends to the Community Health Improvement Process (CHIP) Steering Committee for their review and ranking by written ballot.

The five highest ranking Health Priorities for St. Croix County 2009—2014 are:

- Access to Primary and Preventive Health Services
- Overweight, Obesity, and Lack of Physical Activity
- Adequate and Appropriate Nutrition
- Alcohol and Other Substance Use and Addiction
- Tobacco Use and Exposure

Looking a little closer at each priority, the following specific issues were identified under each category:

1. Access to Primary and Preventive Health Services

Access to Primary and Preventive Health Services was clearly identified as the top health priority for St. Croix County. Survey respondents identified health care costs and lack of coverage as barriers. Steering Committee members voting on the priorities noted particular problems of access for mental health care and on-going access problems for dental care – especially among St. Croix County’s Medicaid and BadgerCare Plus population. Mothers in the Photovoice project, including mothers of Hispanic ethnicity who do not speak English, identified transportation and language barriers as critical factors affecting access to health care services. Census data shows a steady increase in the Hispanic population in St. Croix County.

While the percent of people with year-round health insurance coverage in St. Croix County (91%) remained higher than statewide (89%), the percent of people in St. Croix County with coverage has been slipping compared with the state overall. Private health coverage levels held relatively steady across the state, while both private measures (employer-sponsored and individual plans) dipped slightly in St. Croix County. At the same time, public coverage rose faster in St. Croix County than throughout the rest of the state. Statewide, uncompensated care costs are equal to about 3.5% of all hospital revenue. In St. Croix County, the figure is higher: 4.4% of total hospital revenue – with the eastern end of the County showing dramatically higher numbers of people with uncompensated care.

Additionally, there is concern due to the fact that many people without health insurance coverage delay or skip care, which contributes to deterioration of health, the development of chronic conditions, and the likelihood that problems will eventually become more serious. Some of the St. Croix’s uninsured will continue to receive health care services at the Free Clinic of Pierce and St. Croix Counties.

Access to oral health care continues to be a major concern. Ironically, as more and more children are added to the roles of Wisconsin's expanding Medicaid and BadgerCare Plus programs, the number of providers willing to accept patients served by these programs remains inadequate. Mental health care access is also an issue; St. Croix County residents experience the same barriers that limit access to mental health care nationally, e.g. affordability, knowledge of availability and location of services, and mental stigma to treatment, for example.

2. Overweight, Obesity, and Lack of Physical Activity

According to referenced studies, St. Croix County falls just below the statewide rankings in terms of individuals who are considered to be obese (37th most out of 72), but St. Croix ranks near the bottom (66th out of 72) in the state in overall physical activity. According to the most recent report by the Department of Health Services, 14.9% of St. Croix County adults engage in no physical activity, keeping St. Croix in the lowest quartile among the state's counties. The Youth Risk Behavior Survey data show that St. Croix County high school students watch TV, play video games, attend physical education classes, and exercise at about the same levels as their peers statewide. The St. Croix County scores did indicate a slightly lower level of vigorous physical activity.

3. Adequate and Appropriate Nutrition

Nearly 80% of St. Croix County residents report eating an insufficient amount of fruits and vegetables. This ranks the St. Croix at number 45 out of the state's 72 counties (73 reporting sites). In the Youth Risk Behavior Survey, St. Croix County high school students reported higher levels of positive nutritional intake than students statewide, but there was one exception: St. Croix County students—especially males—reported drinking more pop than other students statewide. St. Croix County mothers report breastfeeding their children at higher rates than most other counties. WIC children age 6 months and older experience anemia at less than half the rate of children statewide. St. Croix County schools report one of the fastest rates of growth in participation in the Free and Reduced Lunch Program, although St. Croix's rates of participation are still below statewide rates. St. Croix County's rate of Food Share participation among residents with low incomes now nearly matches the statewide rate. The Department of Agriculture announced that Wisconsin is one of six states to receive funds for a Supplemental Nutrition Assistance Program (SNAP) to support nutrition assistance for the "Working Poor."

4. Alcohol and Other Substance Use and Addiction

St. Croix County is among the top 10 counties in Wisconsin with the highest rates of binge drinking. St. Croix County high school students compared favorably with statewide results on the 2007 Youth Risk Behavioral Survey on alcohol and drug-related questions, with alcohol and marijuana use consistently and significantly below statewide use. While the overall rate at which alcohol serves as an underlying or contributing cause of death has been declining in St. Croix County, the rate at which other substances contribute has been increasing. Alcohol-related car crashes and related deaths have lessened in pace since 2000 in St. Croix County; however, the number of adult arrests for Operating While Intoxicated has increased dramatically. Drug-related arrests among both adults and juveniles in St. Croix County have diminished in the past couple of years and have done so at a faster rate than the general statewide decrease.

5. Tobacco Use and Exposure

Generally, over the course of the past five years, St. Croix County has not lost ground in the overall effort to reduce the harmful effects of smoking. Statewide rates of adult smoking have fallen more than the drop in the St. Croix County rate, but the St. Croix still remains at a rate that is overall a little better than the state rate. On the other hand, smoking among pregnant women—already lower in St. Croix County than statewide—has dropped even further here.

In fact, St. Croix County's rate of pregnant smokers is 5th best of the state's 72 counties (nearly 5 percentage points better than the statewide rate of 14.1%). Youth Risk Behavior Survey results for high school students in St. Croix County indicate that fewer St. Croix County youth smoke than their statewide peers, did not start smoking as early, and smoke fewer cigarettes. However, among those youth in St. Croix County who do smoke, fewer have attempted to quit. St. Croix is also above statewide levels for high school youth who use various smokeless tobacco products such as chewing tobacco, snuff or dip.

Respondents in the St. Croix County Community Health Improvement Survey reported that they consider second-hand smoke to be a health hazard, and they supported the passage of a law in Wisconsin that would ban smoking in nearly all indoor public places.

Overall Health and Mortality Summary

In summary, the report documented that St. Croix County presents as a place where people tend to live well and live long. The 2008 County Health Rankings includes a measure called Years of Potential Life Lost (YPLL), which measures the rate at which people die earlier than expected. In this report St. Croix County ranks as the third best in the state, behind only Calumet and Ozaukee counties. The Rankings also includes self-reported good health. St. Croix County ranked 18th among the 73 reporting sites on this measure.

Mortality ratings in St. Croix County remain well below both the Western Region and the State of Wisconsin for nearly every cause of death. However, St. Croix County mortality rates for some causes have increased sharply; including suicide, septicemia, and in situ and benign cancers (cancers that are not malignant and don't metastasize, but still grow in their original location). St. Croix County cancer statistics indicate a relatively low rate of cancer incidence but a relatively high rate of mortality among those who do get cancer. For some prominent causes of death—such as heart disease, stroke, influenza and pneumonia, and diabetes—St. Croix County's mortality rates are strikingly low compared with either the region or the state.

Demographics of Community Served by Hudson Hospital & Clinics and Westfields Hospital

Demographics in Community Served by Hudson Hospital & Clinics and Westfields Hospital

Hudson Hospital & Clinics

Hudson Hospital & Clinics yields the majority of its patients from St. Croix County. In CY 2011, 70.6% of inpatient discharges at Hudson Hospital & Clinics came from St. Croix County.

Hudson Hospital & Clinics Patient Origin Map and Distribution

Hudson's Patient Origin by County:

St. Croix County makes up to 70.6% of discharges



		CY 2011 Discharges	% of Volume	
County	State	CY 2011 Discharges	% of Total	Cumulative % of Total
St. Croix County	WI	1,267	70.6%	70.6%
Other		528	29.4%	100.0%
Total		1,795	100%	

Source: Hospital inpatient discharge data by DRG; Normal Newborns MS-DRG 795 excluded

Westfields Hospital

Westfields Hospital yields the majority of its patients from St. Croix County. In CY 2011, 82.6% of inpatient discharges at Westfields Hospital came from St. Croix County.

Westfields Hospital Patient Origin Map and Distribution

Westfields' Patient Origin by County:

 St. Croix County makes up to 82.6% of discharges



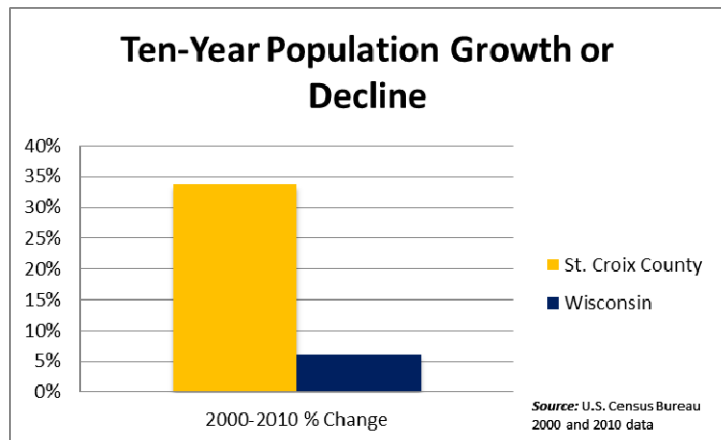
County	State	CY 2011 Discharges	% of Volume	
		CY 2011 Discharges	% of Total	Cumulative % of Total
St. Croix County	WI	654	82.6%	82.6%
Other		138	17.4%	100.0%
Total		792	100%	

Source: Hospital Inpatient Discharge Data; Normal Newborns MS-DRG 795 excluded

Population Change ^{1 2}

Total Population:

- Overall, both St. Croix County and the state of Wisconsin experienced population growth between 2000 and 2010.
- St. Croix County experienced a 33.6% percent overall population growth.
- The state of Wisconsin, experienced less growth than St. Croix County, with a 6.0% (323,311 people) increase.
- Projections:**³
 - St Croix County: 10.2% (7,914 people) increase.
 - Wisconsin: 1.9% (110,544 people) increase.

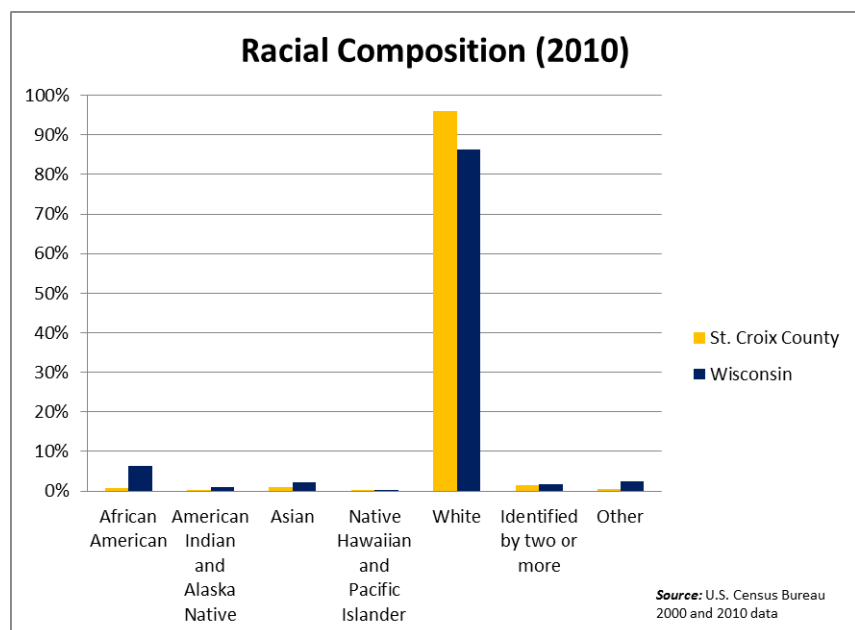


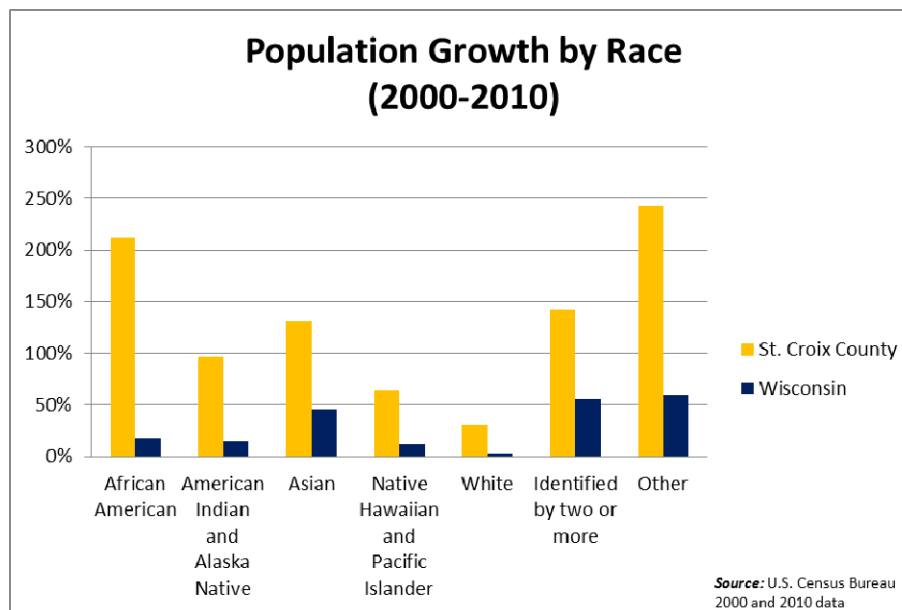
Population Growth	CY 2000	CY 2010	2000-2010 Change	2000-2010 % Change
St. Croix County	63,155	84,345	21,190	33.6%
Wisconsin	5,363,675	5,686,986	323,311	6.0%

Source: US Census Bureau 2000 and 2010 data

Racial/Ethnic Composition and Growth:

- For the purposes of this report racial categories include African American, American Indian and Alaska Native, Asian, Native Hawaiian and Pacific Islander, White, Identified by two or more, and Other. Ethnicities include Hispanic or Latino (of any race) and Not Hispanic or Latino.
- The majority of St. Croix and Wisconsin racially identifies as White.
 - St Croix County: 95.9%
 - Wisconsin: 86.2%
- In both St. Croix County and in Wisconsin the White population had the smallest percent increase, 30.9% and 2.8% respectively. Note that while the percentage increase of Whites might be smaller than other races, the numerical increase is still substantial in both regions.
- African Americans, Asian, Multi-Racial, and “Other” races are the most increasing populations in St. Croix County and Asian, Multi-Racial, and “Other” races are the most increasing populations in Wisconsin. However, please note that Whites still comprise the majority of the population in both locations.



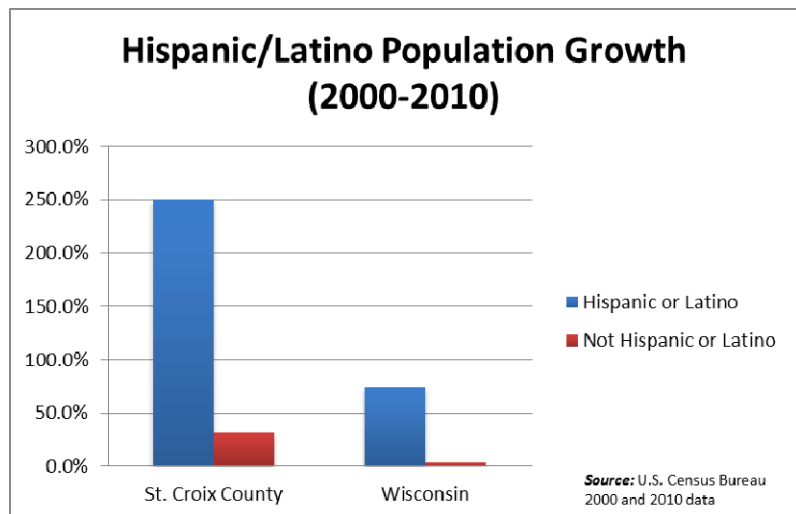


Population Change by Race					
Geographic Region	Race	CY 2000	CY 2010	2000-2010 Change	2000-2010 % Change
St. Croix County	African American	177	552	375	211.9%
	American Indian and Alaska Native	159	313	154	96.9%
	Asian	389	900	511	131.4%
	Native Hawaiian and Pacific Islander	14	23	9	64.3%
	White	61,796	80,914	19,118	30.9%
	Identified by two or more	479	1,160	681	142.2%
	Other	141	483	342	242.6%
	Total	63,155	84,345	21,190	33.6%
Wisconsin	African American	304,460	359,148	54,688	18.0%
	American Indian and Alaska Native	47,228	54,526	7,298	15.5%
	Asian	88,763	129,234	40,471	45.6%
	Native Hawaiian and Pacific Islander	1,630	1,827	197	12.1%
	White	4,769,857	4,902,067	132,210	2.8%
	Identified by two or more	66,895	104,317	37,422	55.9%
	Other	84,842	135,867	51,025	60.1%
	Total	5,363,675	5,686,986	323,311	6.0%

Source: US Census Bureau 2000 and 2010 data

- The **Hispanic/Latino** population experienced substantial growth between 2000 and 2010. However, the majority of the St. Croix County and Wisconsin ethnically identify as Not Hispanic or Latino.
 - St. Croix County: 98.0%
 - Wisconsin: 94.1%
- St. Croix County had a larger percent increase in the Hispanic/Latino population than Wisconsin, but both areas increased more than 70% (250.3% or 1,209 people and 74.2% or 143,135 people respectively).

- Both St. Croix County and Wisconsin also had an increase in their not Hispanic or Latino populations, but St. Croix's percent increase was substantially higher than Wisconsin's (31.9% or 19,981 people compared to 3.5% or 180,176 people respectively).

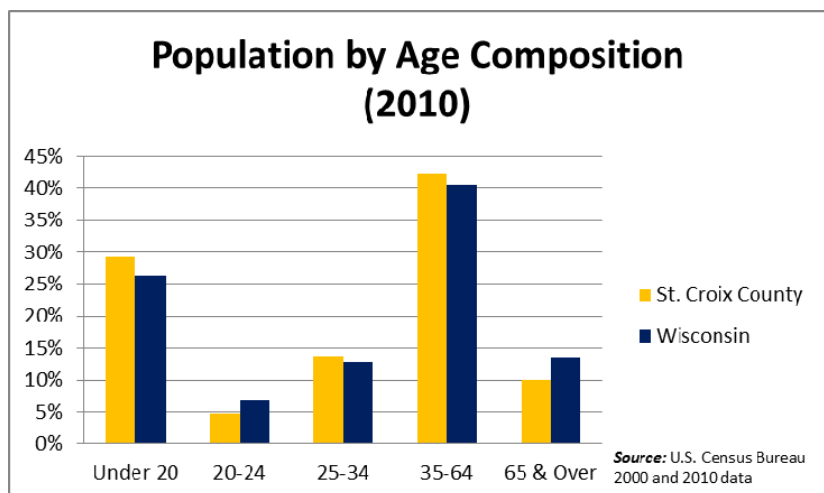


Population Change by Ethnicity					
Geographic Region	Wisconsin Population by Ethnicity	CY 2000	CY 2010	2000-2010 Change	2000-2010 % Change
St. Croix County	Hispanic or Latino (of any race)	483	1,692	1,209	250.3%
	Not Hispanic or Latino	62,672	82,653	19,981	31.9%
	Total	63,155	84,345	21,190	33.6%
Wisconsin	Hispanic or Latino (of any race)	192,921	336,056	143,135	74.2%
	Not Hispanic or Latino	5,170,754	5,350,930	180,176	3.5%
	Total	5,363,675	5,686,986	323,311	6.0%

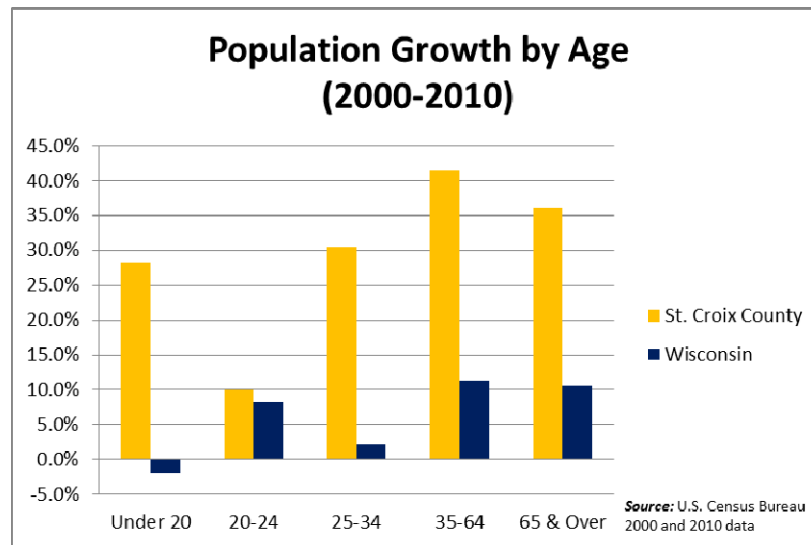
Source: US Census Bureau 2000 and 2010 data

Age Composition and Growth:

- Overall, St. Croix County experienced more percent change than Wisconsin in every age cohort. This is attributed to St. Croix County's overall greater population increase than Wisconsin.
- The most significant population change in St. Croix County's age demographic occurred in the 34-64 age cohort and the 65 and over age cohort, which increased by 10,470 people (41.4%) and 2,247 people (36.1%) respectively.
- Wisconsin also had the most growth in the 35-64 and 65 and over age cohorts, which increased 233,661 people (11.3%) and 74,761 people (10.6%) respectively.



- Wisconsin's under 20 population declined 29,897 people (2.0%), while St. Croix County's under 20 population increased by almost 30% (28.2% or 5,419 people).
- St Croix County has a lower median age (37.2) than Wisconsin (41.5).⁴



Population Change by Age					
Geographic Location	Age Cohort	CY 2000	CY 2010	2000-2010 Change	2000-2010 % Change
St. Croix County	Under 20	19,209	24,628	5,419	28.2%
	20-24	3,568	3,924	356	10.0%
	25-34	8,844	11,542	2,698	30.5%
	35-64	25,313	35,783	10,470	41.4%
	65 & Over	6,221	8,468	2,247	36.1%
	Total Population	63,155	84,345	21,190	33.6%
Wisconsin	Under 20	1,532,093	1,502,196	-29,897	-2.0%
	20-24	357,292	386,552	29,260	8.2%
	25-34	706,168	721,694	15,526	2.2%
	35-64	2,065,569	2,299,230	233,661	11.3%
	65 & Over	702,553	777,314	74,761	10.6%
	Total Population	5,363,675	5,686,986	323,311	6.0%

Source: US Census Bureau 2000 and 2010 data

Demographics in Community Served by Regions Hospital and Lakeview Health

Demographics in Community Served by Regions Hospital and Lakeview Health

Regions Hospital

The Regions Hospital study area is identified as the three surrounding Minnesota counties that yield the most patients: Ramsey County, Dakota County, and Washington County. These counties are three of the seven counties that make up the metropolitan district, or the “metro,” in Minnesota. Metropolitan Council defines the seven county metropolitan area as Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington counties. As of 2010, this district comprised 53.7% (2,849,567 people) of Minnesota’s population. The Minneapolis-St. Paul-Bloomington 13 county Metropolitan Statistical Area (MSA) refers to Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, and Wright counties in Minnesota and Pierce and St. Croix counties in Wisconsin. In 2010, this population reached 3,283,019 people.⁵

Regions Patient Origin Map and Distribution

Regions’ Patient Origin by County:

- Ramsey County makes up to 52.2% of discharges
- Dakota County makes up to 63.7% of discharges
- Washington County makes up to 74.4% of discharges



County	State	CY 2011 Discharges		% of Volume	
		Including Psych and Burn	Excluding Psych and Burn	% of Total (Excl Psych/Burn)	Cumulative % of Total (Excl Psych/Burn)
Ramsey County	MN	15,508	13,406	52.2%	52.2%
Dakota County	MN	3,403	2,958	11.5%	63.7%
Washington County	MN	3,129	2,757	10.7%	74.4%
Other		7,239	6,567	25.6%	100.0%
Total		29,279	25,688	100.0%	

Source: Hospital inpatient discharge data; Normal Newborns MS-DRG 795 excluded; Observation Included

Lakeview Health:

The Lakeview Health study area is identified as the three surrounding Wisconsin and Minnesota counties that yield the most patients: Washington County, St. Croix County, and Ramsey County.

Lakeview Patient Origin Map and Distribution

Lakeview's Patient Origin by County:

- Washington County makes up to 49.6% of discharges
- St. Croix County makes up to 68.3% of discharges
- Ramsey County makes up to 79.1% of discharges



County	State	CY 2011 Discharges	% of Volume	
		Discharges	% of Total	Cumulative % of Total
Washington County	MN	1,910	49.6%	49.6%
St. Croix County	WI	720	18.7%	68.3%
Ramsey County	MN	414	10.8%	79.1%
Other		804	20.9%	100.0%
Total		3,848	100.0%	

Source: Hospital inpatient discharge data; Normal Newborns MS-DRG 795 excluded

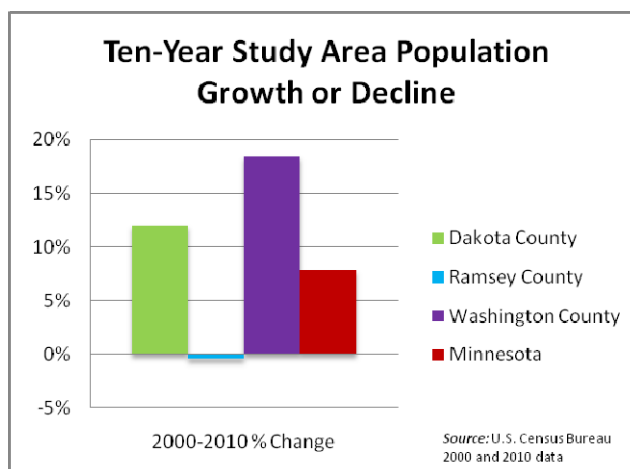
Population Change ^{6 7}

Total Population:

- Ramsey County currently has the largest population (508,640 people in 2010) in Regions and Lakeview's Minnesota based study area. However, Ramsey County has also experienced a population decline in the past ten years (2,395 person decrease, or a 0.5% decline).
- Dakota County has the second largest population (398,552 people in 2010) and Washington County has the smallest population in Regions and Lakeview's Minnesota based study area (238,136 people in 2010). Both counties experienced population growth between 2000 and 2010 with Dakota County increasing 12.0% (42,648 people) and Washington County increasing 18.4% (37,006 people).
- Projections:**⁸ Dakota County, Washington County, and Minnesota's populations are expected to grow between 2011 and 2016. Ramsey County's population is expected to decline.
 - Dakota County: 4.7% (19,002 people) increase.
 - Ramsey County: -0.6% (-2,980 people) decline.
 - Washington County: 6.4% (15,636 people) increase.
 - Minnesota: 2.7% (146,388 people) increase.

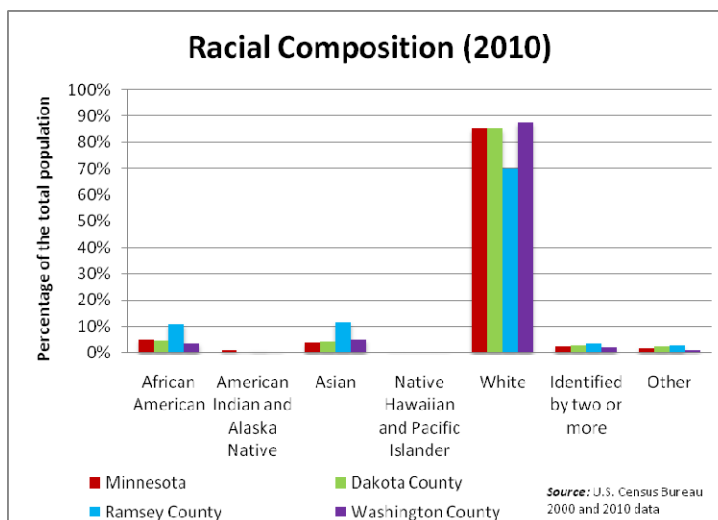
Population Growth	CY 2000	CY 2010	2000-2010 Change	2000-2010 % Change
Minnesota	4,919,479	5,303,925	384,446	7.8%
Dakota County	355,904	398,552	42,648	12.0%
Ramsey County	511,035	508,640	-2,395	-0.5%
Washington County	201,130	238,136	37,006	18.4%

Source: US Census Bureau 2000 and 2010 data

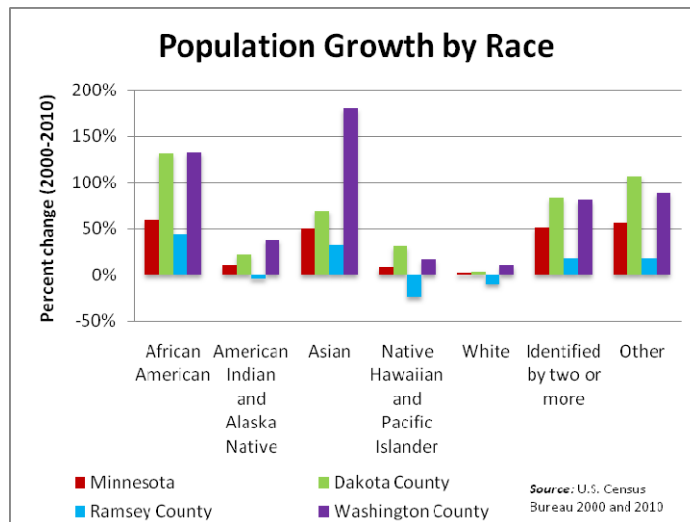


Racial/Ethnic Composition and Growth:

- For the purposes of this report racial categories include African American, American Indian and Alaska Native, Asian, Native Hawaiian and Pacific Islander, White, Identified by two or more, and Other. Ethnicities include Hispanic or Latino (of any race) and Not Hispanic or Latino.
- The majority of Regions and Lakeview's Minnesota based study area racially identifies as White.
 - Ramsey County: 70.1%
 - Dakota County: 85.18%
 - Washington County: 87.77%



- In Ramsey County, the White population declined (9.8% or 38,859 people) and the African American and Asian populations increased substantially (17,270 people or 44.4%, and 14,465 people or 32.3%) between 2000 and 2010.
- African Americans, Asians, Multi-Racial, and "Other" races are the most increasing populations in Regions and Lakeview's Minnesota based study area and in Minnesota. However, please note that Whites still comprise the majority of the population in all four locations.



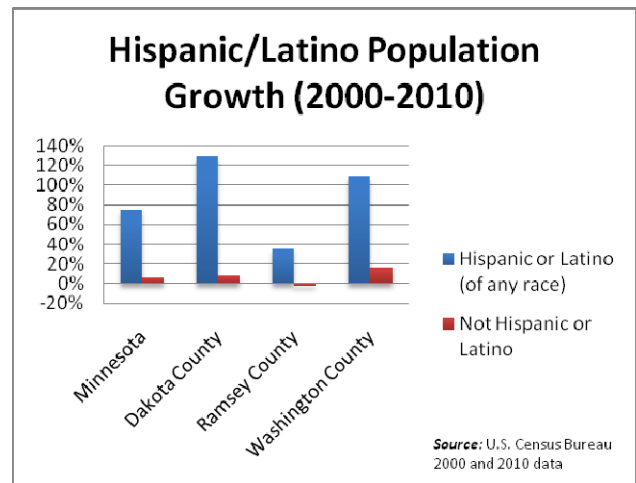
Population Change by Race					
Geographic Region	Minnesota Population by Race	CY 2000	CY 2010	2000-2010 Change	2000-2010 % Change
Minnesota	African American	171,731	274,412	102,681	59.8%
	American Indian and Alaska Native	54,967	60,916	5,949	10.8%
	Asian	141,968	214,234	72,266	50.9%
	Native Hawaiian and Pacific Islander	1,979	2,156	177	8.9%
	White	4,400,282	4,524,062	123,780	2.8%
	Identified by two or more	82,742	125,145	42,403	51.2%
	Other	65,810	103,000	37,190	56.5%
	Total	4,919,479	5,303,925	384,446	7.8%
Dakota County	African American	8,091	18,709	10,618	131.2%
	American Indian and Alaska Native	1,347	1,647	300	22.3%
	Asian	10,285	17,451	7,166	69.7%
	Native Hawaiian and Pacific Islander	165	216	51	30.9%
	White	325,166	339,499	14,333	4.4%
	Identified by two or more	6,244	11,474	5,230	83.8%
	Other	4,606	9,556	4,950	107.5%
	Total	355,904	398,552	42,648	12.0%
Ramsey County	African American	38,900	56,170	17,270	44.4%
	American Indian and Alaska Native	4,221	4,043	-178	-4.2%
	Asian	44,836	59,301	14,465	32.3%
	Native Hawaiian and Pacific Islander	323	247	-76	-23.5%
	White	395,406	356,547	-38,859	-9.8%
	Identified by two or more	14,813	17,556	2,743	18.5%
	Other	12,536	14,776	2,240	17.9%
	Total	511,035	508,640	-2,395	-0.5%
Washington County	African American	3,689	8,579	4,890	132.6%
	American Indian and Alaska Native	785	1,088	303	38.6%
	Asian	4,297	12,071	7,774	180.9%
	Native Hawaiian and Pacific Islander	66	77	11	16.7%
	White	188,317	209,012	20,695	11.0%
	Identified by two or more	2,760	5,009	2,249	81.5%
	Other	1,216	2,300	1,084	89.1%
	Total	201,130	238,136	37,006	18.4%

Source: US Census Bureau 2000 and 2010 data

- The **Hispanic/Latino** population has experienced significant growth since 2000.
- The majority of Regions and Lakeview's Minnesota based study area ethnically identifies as Not Hispanic or Latino.

- Ramsey County: 92.8%
- Dakota County: 94%
- Washington County: 96.6%

- Dakota County and Washington County have had a greater increase in the Hispanic/Latino population than Minnesota.
- Dakota County has had the largest population increase of Hispanic/Latino people (129.1%) in Regions and Lakeview's Minnesota based study area and Washington County has had the second largest population increase (108.8%). Ramsey County has had the smallest increase in the Hispanic/Latino population (35.2%). However, please note that Ramsey County has had an overall population decline since 2000.

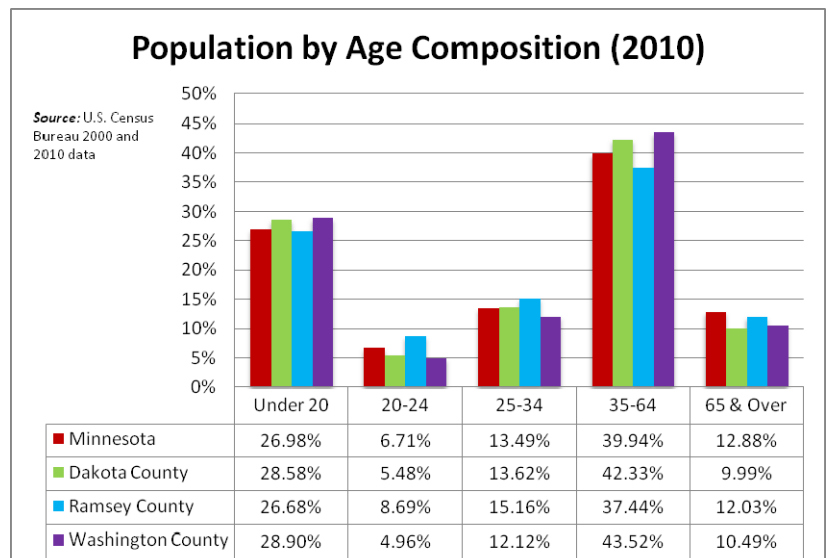


Population Change by Ethnicity					
Geographic Region	Ethnicity	CY 2000	CY 2010	2000-2010 Change	2000-2010 % Change
Minnesota	Hispanic or Latino (any race)	143,382	250,258	106,876	74.5%
	Not Hispanic or Latino	4,776,097	5,053,667	277,570	5.8%
Dakota County	Hispanic or Latino (any race)	10,459	23,966	13,507	129.1%
	Not Hispanic or Latino	345,445	374,586	29,141	8.4%
Ramsey County	Hispanic or Latino (any race)	26,979	36,482	9,503	35.2%
	Not Hispanic or Latino	484,056	472,157	-11,899	-2.5%
Washington County	Hispanic or Latino (any race)	3,892	8,127	4,235	108.8%
	Not Hispanic or Latino	197,238	230,009	32,771	16.6%

Source: US Census Bureau 2000 and 2010 data

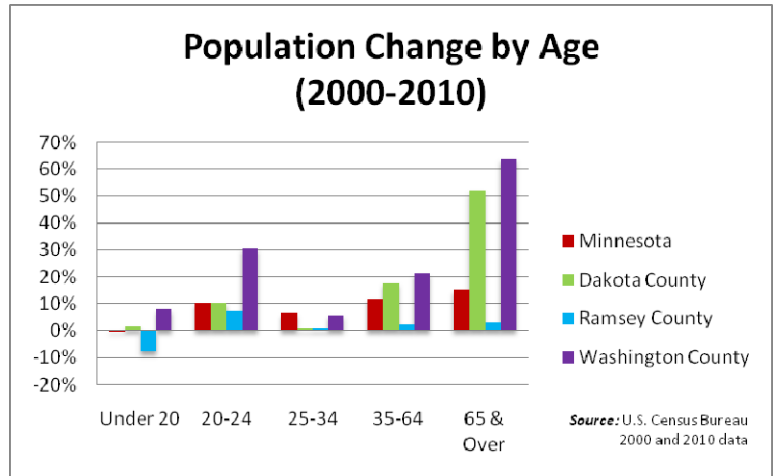
Age Composition and Growth:

- Although the age group compositions of Ramsey County, Dakota County, and Washington County are similar, it is important to acknowledge the various increasing and declining age cohorts among them.
- The most significant population change in Ramsey County's age demographic occurred in the under 20 population, which decreased by 11,665 between 2000 and 2010 people totaling a 7.9% decline.
- Washington and Dakota counties didn't experience a decline in any age cohort, and had the most growth in their 65 years and over age cohorts between 2000 and 2010.



- Washington County's 35-64 year old population has increased by 18,072 people (21.1%) and Dakota County's population has increased by 25,126 people (17.5%).

- Washington County's 65 years and over population increased by 9,717 people (63.6%) and Dakota County's population has increased by 13,570 people (51.7%) between 2000 and 2010.
- In both Regions and Lakeview's Minnesota based study area and in Minnesota the age cohorts with the slowest increase, or slight declines in some areas, are the under 20 and the 25-35 years of age populations.
- Washington County has the highest median age (39.58) in Regions and Lakeview's Minnesota based study area, compared to Dakota County (36.99) and Ramsey County (36.29).⁹



Population Change by Age					
Geographic Location	Age Cohort	CY 2000	CY 2010	2000-2010 Change	2000-2010 % Change
Minnesota	Under 20	1,434,845	1,431,211	-3,634	-0.3%
	20-24	322,483	355,651	33,168	10.3%
	25-34	673,138	715,586	42,448	6.3%
	35-64	1,894,747	2,118,356	223,609	11.8%
	65 & Over	594,266	683,121	88,855	15.0%
	Total Population	4,919,479	5,303,925	384,446	7.8%
Dakota County	Under 20	112,231	113,912	1,681	1.5%
	20-24	19,817	21,839	2,022	10.2%
	25-34	54,030	54,279	249	0.5%
	35-64	143,580	168,706	25,126	17.5%
	65 & Over	26,246	39,816	13,570	51.7%
	Total Population	355,904	398,552	42,648	12.0%
Ramsey County	Under 20	147,393	135,728	-11,665	-7.9%
	20-24	41,289	44,194	2,905	7.0%
	25-34	76,638	77,119	481	0.6%
	35-64	186,213	190,418	4,205	2.3%
	65 & Over	59,502	61,181	1,679	2.8%
	Total Population	511,035	508,640	-2,395	-0.5%
Washington County	Under 20	63,893	68,825	4,932	7.7%
	20-24	9,058	11,820	2,762	30.5%
	25-34	27,341	28,864	1,523	5.6%
	35-64	85,571	103,643	18,072	21.1%
	65 & Over	15,267	24,984	9,717	63.6%
	Total Population	201,130	238,136	37,006	18.4%

Source: US Census Bureau 2000 and 2010 data

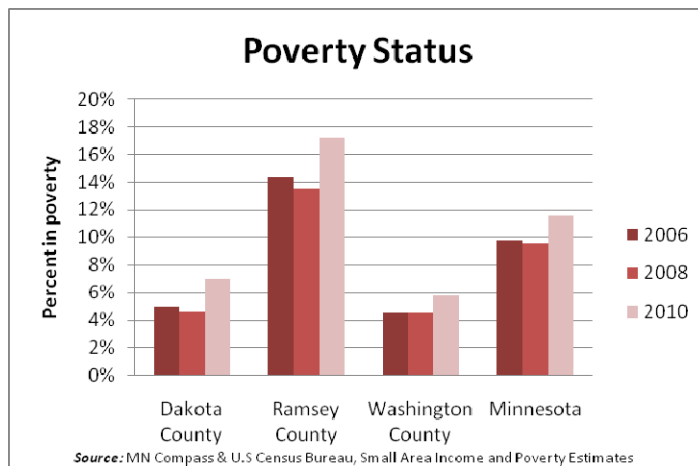
Median Age of Population	CY 2000	CY 2011	CY 2016	2011-2016 % Change
Minnesota	38.02	41.07	41.14	0.2%
Dakota County	34.03	36.99	37.93	2.5%
Ramsey County	33.78	36.29	37.11	2.3%
Washington County	36.26	39.58	40.28	1.8%

Source: Claritas 2011

Economic Status

Poverty^{10 11}:

- The percentage of people in poverty increased in Regions and Lakeview's Minnesota based study area and in Minnesota between 2006 and 2010.
- Ramsey County experiences substantially more poverty than the rest of Regions and Lakeview's Minnesota based study area and Minnesota.
- Washington County has the lowest percentage of people in poverty in Regions and Lakeview's Minnesota based study area.
- Ramsey County ranks 84th in poverty status out of 87 Minnesota counties, with a total of 17.2% of its residents in poverty in 2010.
- Dakota County ranks 6th in the state with 7.0% in poverty, and Washington County ranks 3rd with only 5.8% in poverty.



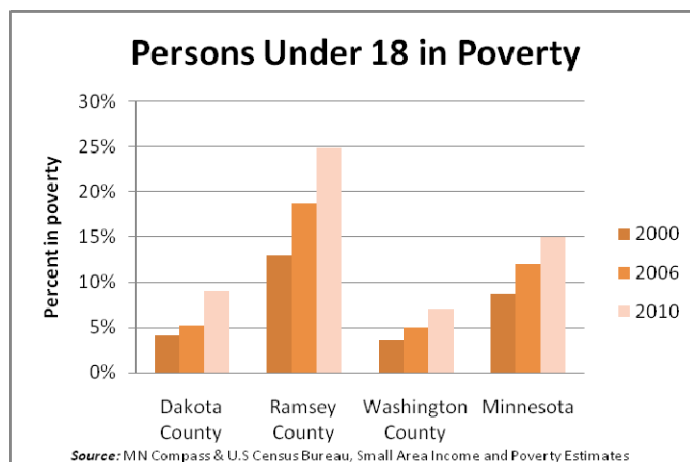
Poverty Status					
County or State	2006	2007	2008	2009	2010
Minnesota	9.8%	9.5%	9.6%	11.0%	11.6%
Dakota County	5.0%	5.4%	4.6%	6.1%	7.0%
Ramsey County	14.3%	13.5%	13.5%	16.4%	17.2%
Washington County	4.5%	4.7%	4.5%	5.7%	5.8%

Source: MN Compass & U.S. Census Bureau, Small Area Income and Poverty Estimates

- The percentage of people under 18 in poverty has risen substantially since 2000.
- In 2010, there was a smaller percentage of people under 18 in poverty in Washington and Dakota counties than in Ramsey County or Minnesota.
- In 2010, almost one fourth (24.9%) of people under 18 years of age in Ramsey County were living in poverty, compared to less than one tenth of people living in Washington (7.1%) and Dakota (9.0%) counties.
- **Note:** In 2010, the federal poverty threshold for a household of two adults and two children was about \$22,100.¹²

Percentage of people under 18 in poverty						
County or State	2000	2006	2007	2008	2009	2010
Minnesota	8.7%	12.0%	11.9%	11.4%	13.9%	15.0%
Dakota County	4.1%	5.2%	6.1%	5.5%	7.7%	9.0%
Ramsey County	12.9%	18.7%	19.3%	18.7%	25.5%	24.9%
Washington County	3.7%	5.0%	5.5%	4.7%	6.5%	7.1%

Source: MN Compass & U.S. Census Bureau, Small Area Income and Poverty Estimates



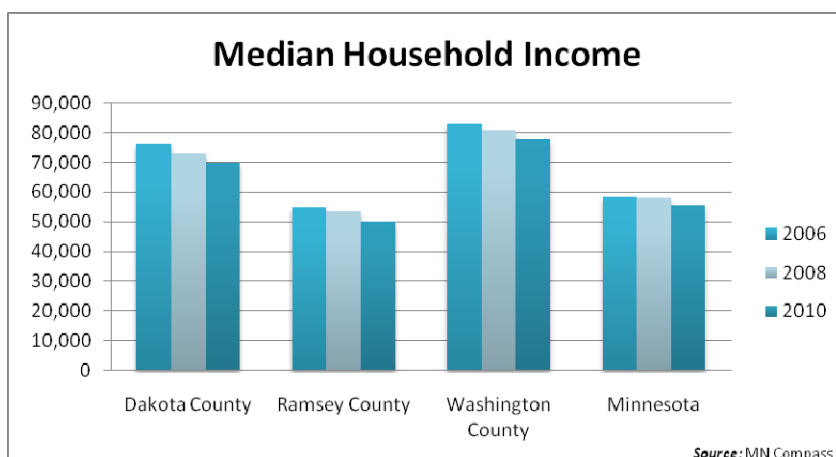
Income^{13 14}:

- The median household income decreased between 2006 and 2010 in Regions and Lakeview's Minnesota based study area and in Minnesota.
- Ramsey County has the lowest median household income in Regions and Lakeview's Minnesota based study area at \$50,224 in 2010, compared to \$69,688 in Dakota County, and \$77,591 in Washington County.
- In 2009, the total income per capita distribution is as follows¹⁵:
 - Dakota County: \$46,208
 - Ramsey County: \$44,381
 - Washington County: \$44,374
 - Minnesota: \$41,854

Median Household Income in 2010 Dollars					
County or State	2006	2007	2008	2009	2010
Dakota County	76,313	78,320	72,958	70,979	69,688
Ramsey County	54,972	54,502	53,474	48,814	50,224
Washington County	82,829	82,183	80,744	76,687	77,591
Minnesota	58,445	58,709	58,060	56,549	55,459

Source: MN Compass

Note: the 2006-2009 median household income numbers were adjusted to reflect 2010 currency.



Unemployment¹⁶

- In 2010, the annual average unemployment rates in Regions and Lakeview's Minnesota based study area and in Minnesota were relatively similar, all falling between less than 1% of each other.
 - Dakota County: 6.7%
 - Ramsey County: 7%
 - Washington County: 6.7%
 - Minnesota: 7.3%
- Ramsey County had the highest unemployment average (7.0%) in Regions and Lakeview's Minnesota based study area, while Washington County and Dakota County had the same unemployment average of 6.7%.
- In 2010, Minnesota had a higher unemployment average (7.3%) than all three counties in Regions and Lakeview's Minnesota based study area.

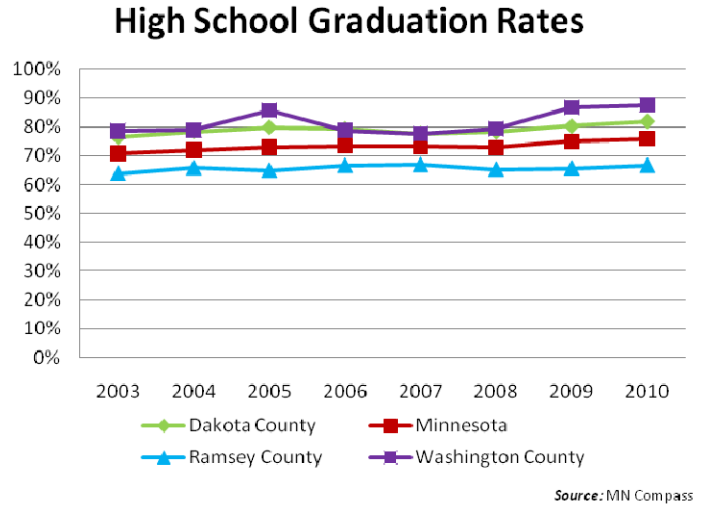
Unemployment Annual Average (%) in 2010	
County or State	Unemployment Percentage
Dakota County	6.7%
Ramsey County	7.0%
Washington County	6.7%
Minnesota	7.3%

Source: Minnesota Department of Health

Education

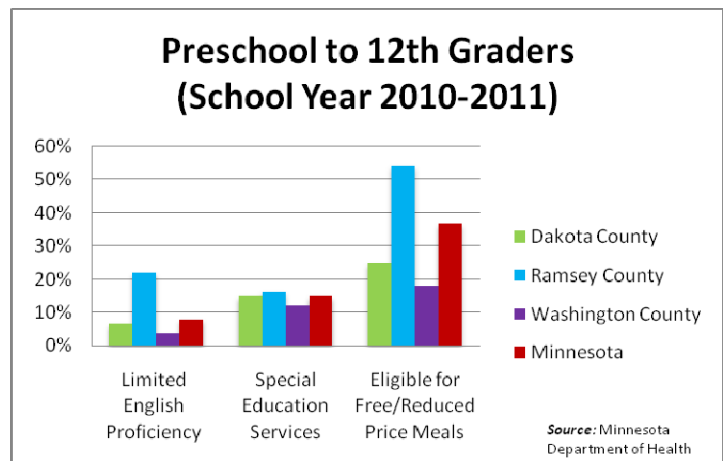
Educational Attainment^{17 18}:

- The high school graduations rates in Regions and Lakeview's Minnesota based study area increased between 2003 and 2010. In 2010, all of the current rates fell between 66% and 88%. In 2010, Ramsey County had the lowest high school graduation rate and ranked 83rd out of 87 Minnesota counties with a graduation rate of 66.5%.
- Dakota County ranked 44th at 81.9% and Washington County ranked 18th in the state with a graduation rate of 87.6%.



Limited English Proficiency, Special Education, Free/Reduced Price Meals¹⁹:

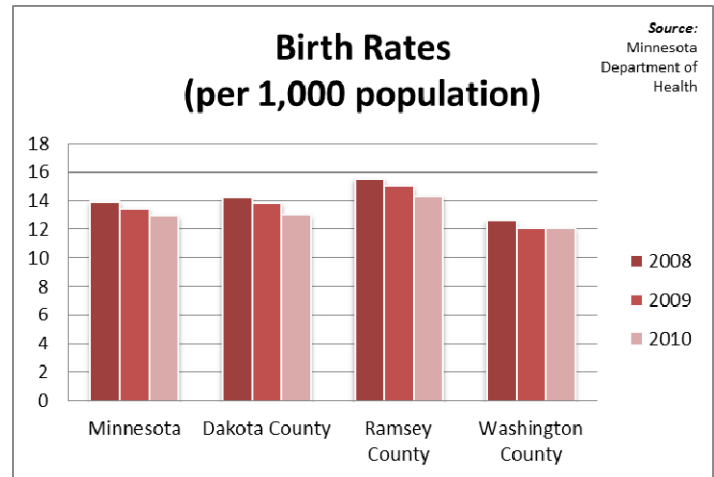
- During the 2010-2011 school year, Ramsey County had the highest percentage of preschool to 12th graders who qualified as limited English proficiency (21.9%), receiving special education services (16%), and eligible for free/reduced price meals (54%).
- Conversely, Washington County had the lowest percentage of preschool to 12th graders who qualified as limited English proficiency (3.8%), receiving special education services (11.9%), and eligible for free/reduced price meals (17.8%).



Natality

Birth and Death Rates^{20 21}:

- Overall, the **birth rates** (per 1,000 population) in Regions and Lakeview's Minnesota based study area and in Minnesota slightly declined between 2006 and 2010.
- In 2010, Ramsey County had the highest birth rate in Regions and Lakeview's Minnesota based study area.
 - Ramsey County: 14.3 (per 1,000)
 - Dakota County: 13.0 (per 1,000)
 - Washington County: 12.0 (per 1,000)
- In 2010, the birth rate in Minnesota was 12.9, which was higher than all counties in Regions and Lakeview's Minnesota based study area.
- Overall, the **death rates** (per 100,000 population) in Regions and Lakeview's Minnesota based study area and in Minnesota declined between 2005 and 2009.
- In 2009, Washington County had the highest death rate in Regions and Lakeview's Minnesota based study area.
 - Washington County: 705.4 (per 100,000)
 - Dakota County: 671.4 (per 100,000)
 - Ramsey County: 625.2 (per 100,000)
- Minnesota's death rate was 650.9 in 2009, higher than Ramsey County, but lower than Dakota and Washington counties.
- Note:** The birth rates presented in this section are per 1,000 total population. The death rates are age-adjusted rates per 100,000 population. Rates are not calculated for less than 20 events.

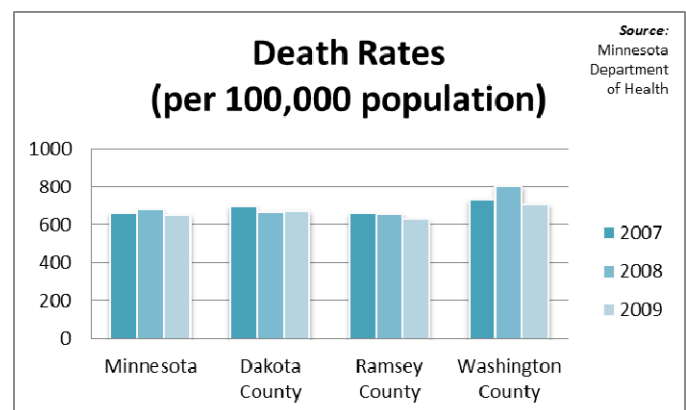


Birth Rate (per 1,000 population)						
County or State	2005	2006	2007	2008	2009	2010
Minnesota	13.8	14.2	14.2	13.9	13.4	12.9
Dakota County	14.1	14.6	14.3	14.2	13.8	13.0
Ramsey County	14.8	15.4	15.4	15.5	15.0	14.3
Washington County	13.0	13.2	13.0	12.6	12.0	12.0

Source: Minnesota Department of Health

Age Adjusted Death Rate (per 100,000 population)					
Country or State	2005	2006	2007	2008	2009
Minnesota	681.4	671.6	660.4	674.4	650.9
Dakota County	701.6	715.7	693.3	663.4	671.4
Ramsey County	702.2	670.4	661.9	654.2	625.2
Washington County	748.7	692.0	729.7	799.5	705.4

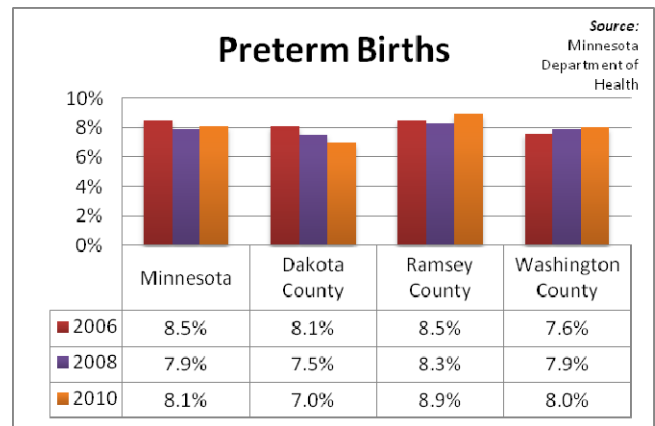
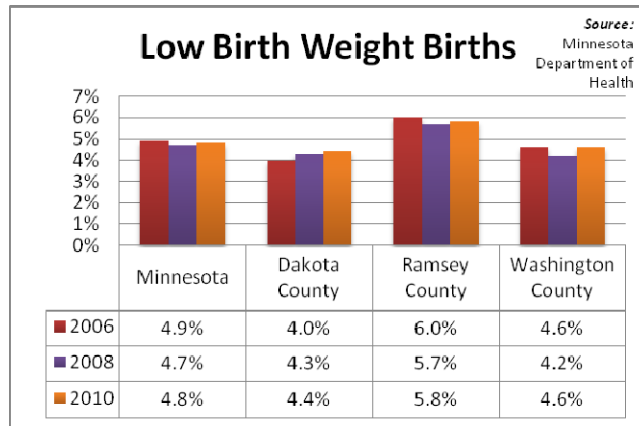
Source: Minnesota Department of Health



Preterm and Low Birth Weight Births^{22 23}:

- The percentage of **low birth weight** singletons remained relatively consistent in each county between 2006 and 2010.

- In 2010, Ramsey County had the highest percentage of low birth weight births (5.8%), compared to 4.4% in Dakota County, 4.6% in Washington County, and 4.8% in Minnesota.
- Ramsey County also had the highest percentage of **preterm births** in 2010 (8.9%), compared to 7.0% in Dakota County, 8.0% in Washington County, and 8.1% in Minnesota.
- **Note:** For the purposes of this report, low birth weight and preterm births only reflect singletons data. Low birth weight is defined as less than 2,500 grams and preterm births are defined as occurring at less than 37 weeks.

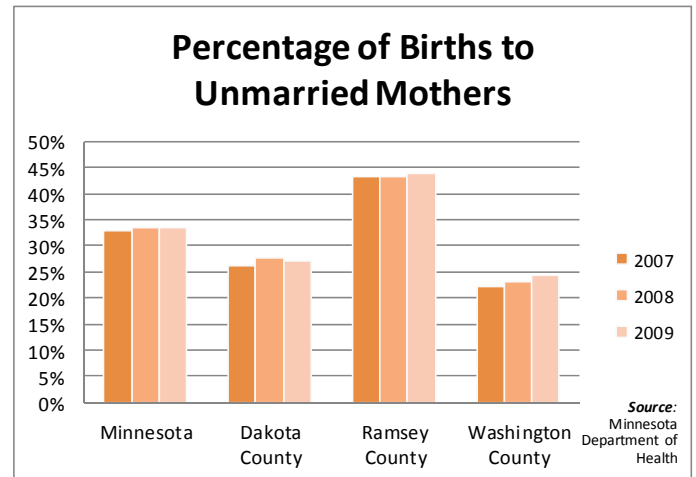


Births to Unmarried Mothers²⁴

- The percentage of births to unmarried mothers has increased across Regions and Lakeview's Minnesota based study area and in Minnesota since 2005.
- In 2009, close to half (43.6%) of the births in Ramsey County were to unmarried mothers, compared to about 34% (33.5%) in the state of Minnesota.
- Both Dakota County (27.1%) and Washington County (24.3%) had less than 30% of births to unmarried mothers.

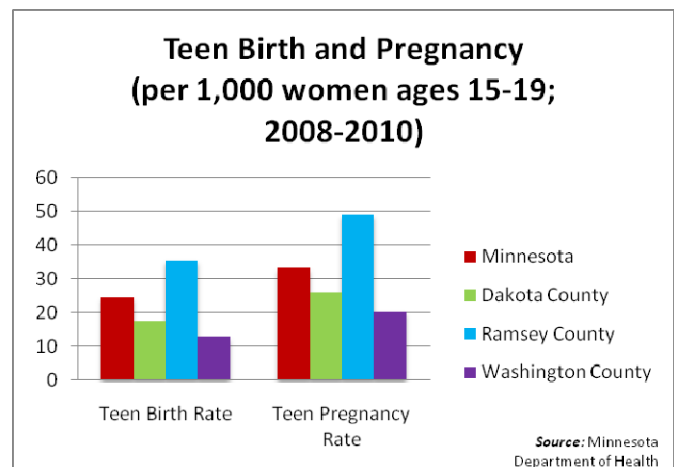
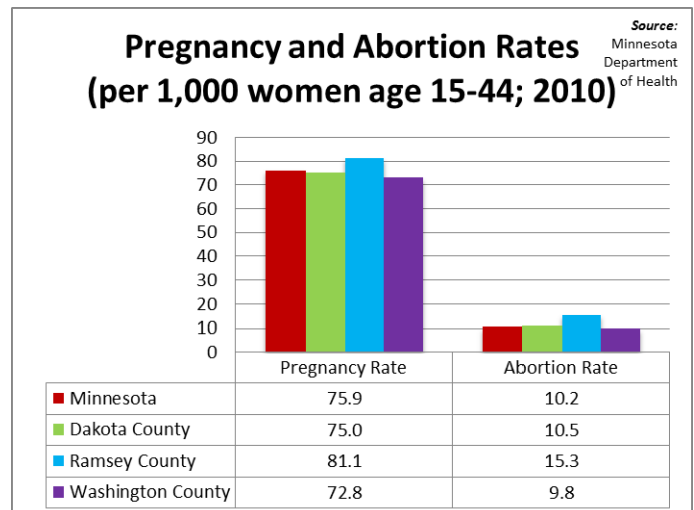
Births to Unmarried Women					
County or State	2005	2006	2007	2008	2009
Minnesota	29.7%	31.7%	32.7%	33.4%	33.5%
Dakota County	23.6%	25.4%	26.0%	27.5%	27.1%
Ramsey County	39.8%	43.2%	43.0%	43.0%	43.6%
Washington County	19.6%	22.2%	22.0%	23.1%	24.3%

Source: Minnesota Department of Health



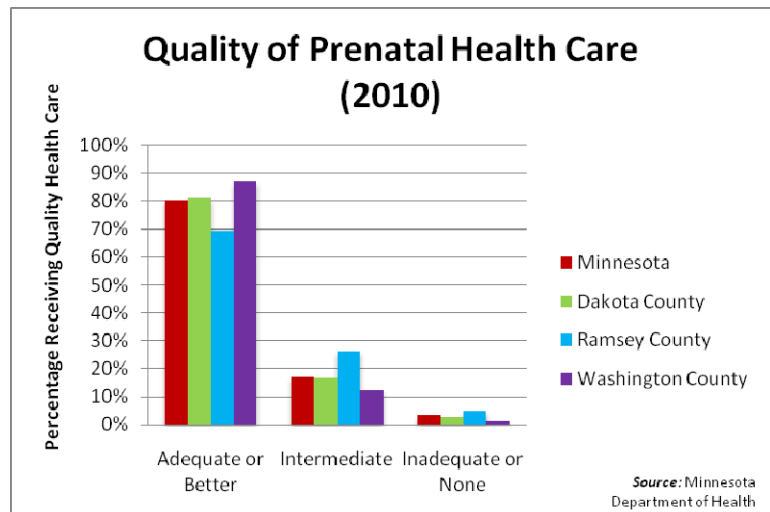
Pregnancy and Abortion Rates²⁵:

- In 2010, Ramsey County had the highest pregnancy rate and the highest abortion rate in Regions and Lakeview's Minnesota based study area.
 - Ramsey County: pregnancy rate (81.1); abortion rate (15.3)
 - Dakota County: pregnancy rate (75.0); abortion rate (10.5)
 - Washington County: pregnancy rate (72.8); abortion rate (9.8)
- Ramsey County's pregnancy rate was also higher than Minnesota's (75.9) in 2010, while Dakota County and Washington County's pregnancy rates were both lower than the state average.
- In 2010, Washington County was the only county in Regions and Lakeview's Minnesota based study area to have a lower abortion rate than Minnesota (10.2). Ramsey County's abortion rate was substantially higher (15.3) and Dakota County's abortion rate (10.5) was only slightly higher than the state average.
- Note:** Pregnancy and abortion rates are per 1,000 women in the population age 15-44 years of age. Rates are not calculated for less than 20 events.
- Focus on Teens:** In addition to the highest overall pregnancy and abortion rates, Ramsey County also had the highest teen pregnancy and teen birth rates in Regions and Lakeview's Minnesota based study area in 2010.
- Both Dakota County and Washington County have teen pregnancy and teen birth rates lower than Minnesota while Ramsey County's rates exceeded the state's rates.
- Ramsey County's teen pregnancy and birth rates were more than twice as high as Washington County's rates and more than 1/3 as high as Dakota County's rates.
 - Dakota County: teen pregnancy rate (26.1); teen birth rate (17.5)
 - Ramsey County: teen pregnancy rate (49.0); teen birth rate (35.5)
 - Washington County: teen pregnancy rate (20.4); teen birth rate (12.8)
 - Minnesota: teen pregnancy rate (33.2); teen birth rate (24.6)
- Note:** "Teen" is defined as a person age 15 to 19. Rates are not calculated for less than 20 events.
 - Teen Birth Rate:* The number of live births to a specific age group per 1,000 female population of the specific age group.
 - Teen Pregnancy Rate:* The number of pregnancies to a specific age group per 1,000 female population of the specific age group.



Quality of Prenatal Health Care:

- In 2010, nearly 87% (86.7%) of women in Washington County received adequate or better prenatal health care, making them the highest County in Regions and Lakeview's Minnesota based study area in terms of prenatal health care.
- In Dakota County about 80% (80.7%) of women received adequate or better prenatal health care, whereas than 70.0% (69.2%) of women in Ramsey County received adequate or better prenatal health care.
- An overwhelming majority of women in Washington County (91.4%) received prenatal care in the first trimester, compared to 85.9% in Dakota County, 76.4% in Ramsey County, and 86.3% in Minnesota.
- **Note:** The information regarding prenatal health care comes from *GINDEX*, a prenatal care index determined by combining measures of the month or trimester prenatal care began, the number of prenatal visits, and the gestational age of the infant/fetus at the time of birth. The GINDEX includes gestational age over 36 weeks, and number of prenatal visits greater than nine to impute adequacy of prenatal care. The measures are defined below:
 - *Adequate or Better:* Prenatal care started in the 1st trimester and the woman had an adequate number of visits.
 - *Intermediate:* Prenatal care started in the 1st or 2nd trimester and the woman had an intermediate range of visits.
 - *Inadequate or None:* No prenatal care or the prenatal care started in the 3rd trimester or the woman had an inadequate range of visits, regardless of when prenatal care began.



Health Data Findings

Need in Community Served by Regions Hospital and Lakeview Health

Service Area Health Information

The following information outlines health data pertaining to Regions and Lakeview's Minnesota based study area, which include Ramsey, Dakota, and Washington counties. The data reflects vital health statistics, including natality and mortality data, information regarding disease and chronic conditions, other causes of death, and communicable diseases. Data regarding mental health, health behaviors, and access to health coverage is also provided in this section.

The majority of this data is presented at the county and state levels. However, when county level data was not available, data is presented for either the seven county Metropolitan Area or the Minneapolis-St. Paul-Bloomington 13 county Metropolitan Statistical Area (MSA).

The Community's Health Status

All rates mentioned in this assessment, unless otherwise noted, are age adjusted rates for cases per 100,000 population. The *Minnesota Center for Health Statistics* does not calculate death rates if 20 or fewer deaths occurred in the county for that event.

Overview of Mortality Rates²⁶:

- Based on the total number of deaths, the "other" category comprised the most deaths in Dakota and Ramsey counties and the second most deaths in Washington County and Minnesota in 2010. "Other" includes all other causes (ICD 10 codes) of death combined and is excluded from the rankings and the following mortality subsections.
- Excluding "other," the leading cause of death in Regions and Lakeview's Minnesota based study area and in Minnesota is Cancer, followed by Heart Disease.
- Unintentional injuries are the third leading cause of death in Dakota County and Minnesota and Stroke (Cerebrovascular Disease) is the third leading cause of death in Ramsey County.
- The third leading cause of death in Washington County is Alzheimer's, compared to being the seventh leading cause of death in Dakota County, Washington County, and Minnesota.
- The top nine leading causes of death for each County and for Minnesota are listed in the chart below, followed by the corresponding age-adjusted mortality rates for 2008, 2009, and 2010.

Top Nine Causes of Death, Excluding the "Other" Category (2010)			
Dakota County	Ramsey County	Washington County	Minnesota
1. Cancer	1. Cancer	1. Cancer	1. Cancer
2. Heart Disease	2. Heart Disease	2. Heart Disease	2. Heart Disease
3. Unintentional Injury	3. Stroke (Cerebrovascular Disease)	3. Alzheimer's Disease	3. Unintentional Injury
4. Chronic Lower Respiratory Disease	4. Chronic Lower Respiratory Disease	4. Stroke (Cerebrovascular Disease)	4. Stroke (Cerebrovascular Disease)
5. Stroke (Cerebrovascular Disease)	5. Unintentional Injury	5. Chronic Lower Respiratory Disease	5. Chronic Lower Respiratory Disease
6. Alzheimer's Disease	6. Alzheimer's Disease	6. Unintentional Injury	6. Alzheimer's Disease
7. Diabetes	7. Nephritis	7. Diabetes	7. Diabetes
8. Nephritis	8. Diabetes	8. Nephritis	8. Nephritis
9. Suicide	9. Pneumonia and Influenza	9. Suicide	9. Suicide

Source: Minnesota Department of Health

Note: These statistics are based on age adjusted rates for cases per 100,000 population. The Minnesota Center for Health Statistics does not calculate death rates if 20 or fewer deaths occurred in the county for that event.

Cause of Death	Year	Dakota County	Ramsey County	Washington County	Minnesota
Alzheimer's Disease	2008	31.7	23.3	40.9	22.2
	2009	23.0	28.4	34.9	22.4
	2010	20.0	29.9	44.1	23.4
Cancer	2008	162.5	158.2	200.6	171.9
	2009	167.6	158.8	187.1	169.1
	2010	162.8	173.4	160.7	166.9
Chronic Lower Respiratory Disease	2008	26.1	37.0	50.4	37.8
	2009	35.3	33.2	34.6	34.9
	2010	35.6	36.7	27.2	35.1
Diabetes	2008	21.8	19.4	24.1	19.2
	2009	22.0	19.3	21.7	17.7
	2010	19.7	15.5	15.7	17.7
Heart Disease	2008	134.6	105.7	131.0	128.0
	2009	119.7	104.2	114.3	121.8
	2010	93.9	107.1	100.5	118.7
Nephritis	2008	17.9	14.1	0.0	14.1
	2009	17.2	16.6	16.5	13.6
	2010	15.7	18.0	15.5	15.0
Other	2008	163.2	179.0	209.2	161.2
	2009	179.7	154.8	188.4	157.9
	2010	173.3	192.7	160.4	166.2
Pneumonia and Influenza	2008	10.8	10.1	14.7	12.5
	2009	7.3	6.2	0.0	9.7
	2010	0.0	11.5	0.0	9.7
Stroke (Cerebrovascular Disease)	2008	36.2	36.0	52.0	35.7
	2009	37.0	34.0	37.2	34.1
	2010	33.9	38.3	29.7	35.8
Suicide	2008	10.4	11.9	10.0	11.1
	2009	10.4	9.9	10.2	10.9
	2010	10.1	9.8	8.9	11.1
Unintentional Injury	2008	32.2	29.4	34.4	36.0
	2009	34.9	30.9	31.5	36.0
	2010	39.4	31.1	21.3	36.4

Source: Minnesota Department of Health

Note: These statistics are based on age adjusted rates for cases per 100,000 population. The *Minnesota Center for Health Statistics* does not calculate death rates if 20 or fewer deaths occurred in the county for that event.

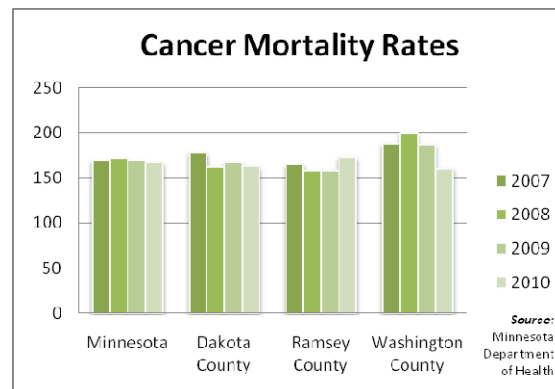
Disease and Chronic Conditions:

Cancer^{27 28}:

- In 2010, Cancer was the first leading cause of death in Regions and Lakeview's Minnesota based study area and Minnesota.
- Prior to 2010, Washington County had the highest cancer mortality rate in Regions and Lakeview's Minnesota based study area. However, in 2010 the cancer mortality rate dropped to 160.7 deaths per 100,000 people in the population, a rate lower than Ramsey County (173.4), Dakota County (162.8), and Minnesota (166.9).

Cancer Mortality Rates (per 100,000)				
County or State	2007	2008	2009	2010
Dakota County	178.3	162.5	167.6	162.8
Minnesota	169.5	171.9	169.1	166.9
Ramsey County	165.0	158.2	158.8	173.4
Washington County	188.4	200.6	187.1	160.7

Source: Minnesota Department of Health



- **Gender:** The leading types of cancer deaths (2006-2008) for men and women are presented in the charts below. The "other" category ranked first for both men and women and is excluded from the chart.
- Excluding "other," Lung cancer was the first leading cause of cancer death for both men and women in Regions and Lakeview's Minnesota based study area and in Minnesota (2006 to 2008).
- The second leading cancer death was prostate cancer for men in Ramsey County, Washington County and Minnesota and fourth for men in Dakota County.
- Colon and rectum cancer was the second leading cause of cancer death for men in Dakota County and the third leading cause of death for men in Ramsey County, Washington County, and Minnesota (2006-2008).
- Across Regions and Lakeview's Minnesota based study area, the second and third leading causes of cancer death for women were breast and colon and rectum cancer (2006-2008).
- See the charts below for a complete distribution of the numbers and percentages of male and female cancer deaths by type of cancer in Regions and Lakeview's Minnesota based study area and in Minnesota (2006-2008).

Leading Cancer Death Rankings for Women (2006-2008)			
County or State	1st	2nd	3rd
Minnesota	Lung	Breast	Colon or Rectum
Dakota County	Lung	Breast	Colon or Rectum
Ramsey County	Lung	Breast	Colon or Rectum
Washington County	Lung	Breast	Colon or Rectum

Source: Minnesota Department of Health

Leading Cancer Death Rankings for Men (2006-2008)			
County or State	1st	2nd	3rd
Minnesota	Lung	Prostate	Colon or Rectum
Dakota County	Lung	Colon or Rectum	Prostate
Ramsey County	Lung	Prostate	Colon or Rectum
Washington County	Lung	Prostate	Colon or Rectum

Source: Minnesota Department of Health

Female Cancer Deaths by Type of Cancer (2006-2008)										
State or County	Breast		Colon or Rectum		Lung		Prostate		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Minnesota	1,918	14.3%	1,241	9.3%	3,317	24.7%	0	0.0%	6,939	51.7%
Dakota County	129	16.8%	80	10.4%	190	24.7%	0	0.0%	371	48.2%
Ramsey County	174	13.3%	111	8.5%	334	25.5%	0	0.0%	689	52.7%
Washington County	86	18.0%	37	7.8%	115	24.1%	0	0.0%	239	50.1%

Source: Minnesota Department of Health

Note: This chart includes number of deaths for the years 2006, 2007 and 2008.

Percent = # specific cancers deaths in for county (or state) for females / total cancers deaths in females for county (or state)

Male Cancer Deaths by Type of Cancer (2006-2008)										
State or County	Breast		Colon or Rectum		Lung		Prostate		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Minnesota	17	0.1%	1,282	9.0%	3,876	27.2%	1,528	10.7%	7,554	53.0%
Dakota County	2	0.3%	66	8.5%	220	28.5%	65	8.4%	419	54.3%
Ramsey County	1	0.1%	126	9.2%	344	25.1%	135	9.9%	764	55.8%
Washington County	0	0.0%	33	6.8%	120	24.6%	63	12.9%	271	55.6%

Source: Minnesota Department of Health

Note: This chart includes number of deaths for the years 2006, 2007 and 2008.

Percent = # specific cancers deaths in for county (or state) for males / total cancers deaths in males for county (or state)

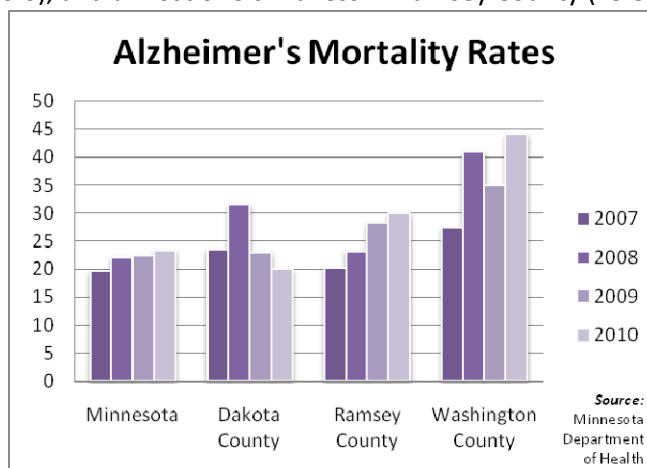
- **Race:** In 2010, African Americans in Ramsey County had a higher cancer mortality rate (168.6 per 100,000) than African Americans in Dakota or Washington County (rates are not calculated for fewer than 20 events). Asian Americans in Ramsey County also had a higher cancer mortality rate (150.0 per 100,000 population) than Asian Americans in Dakota or Washington County (rates are not calculated for fewer than 20 events).

Alzheimer's:

- In 2010, Alzheimer's was the third leading cause of death in Washington County and the sixth leading cause of death in Ramsey County, Dakota County, and Minnesota.
- Washington County has had the highest Alzheimer's mortality rate in Regions and Lakeview's Minnesota based study area since 2007. In 2010, Washington County's mortality rate was 44.1 deaths per 100,000 population, compared to less than half in that in Dakota County (20.0), and almost one third less in Ramsey County (29.9).
- In 2010, Washington County's Alzheimer's mortality rate was nearly twice as high as Minnesota's.
- Dakota County's Alzheimer's mortality rate has declined since 2008, while Ramsey County's rate has increased.

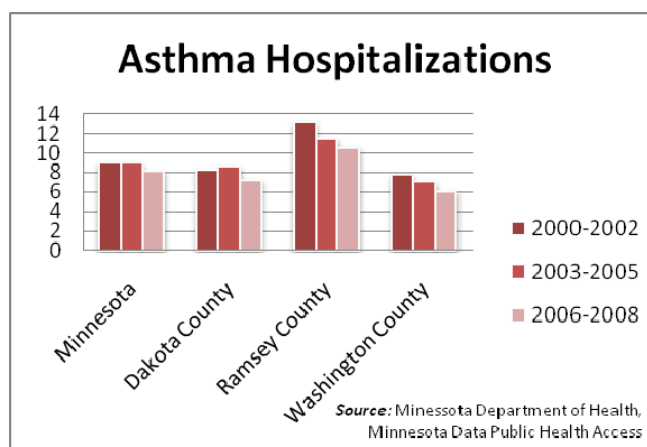
Alzheimer's Mortality Rates (per 100,000)				
County or State	2007	2008	2009	2010
Minnesota	19.6	22.2	22.4	23.4
Dakota County	23.6	31.7	23.0	20.0
Ramsey County	20.3	23.3	28.4	29.9
Washington County	27.5	40.9	34.9	44.1

Source: Minnesota Department of Health



Asthma²⁹:

- Between 2006 and 2008, Ramsey County had the highest asthma hospitalization rate in Regions and Lakeview's Minnesota based study area, and has had the highest rate since 2000.
 - o Dakota County: 7.1 (per 10,000)
 - o Ramsey County: 10.5 (per 10,000)
 - o Washington County: 5.8 (per 10,000)



- Washington County has had the lowest asthma hospitalization rate in Regions and Lakeview's Minnesota based study area since 2000.
- Dakota County's asthma hospitalization rate and Washington County's asthma hospitalization rate have fallen below the state rate since 2000. Whereas, Ramsey County's rates have exceeded the state rates since 2000.
- Overall, asthma hospitalization rates have decreased in Regions and Lakeview's Minnesota based study area and in Minnesota since 2000.

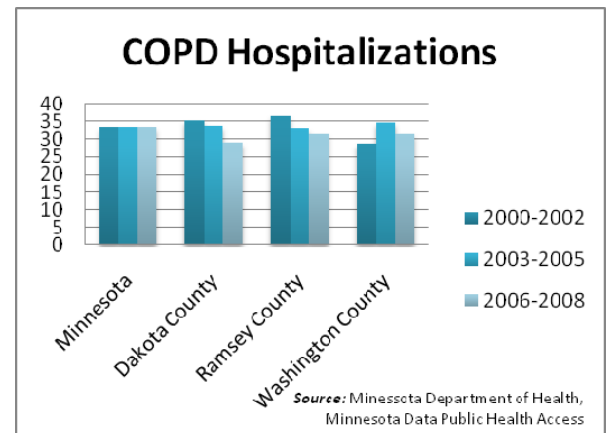
Asthma Hospitalizations									
County or State	2000-2002			2003-2005			2006-2008		
	Number of Hospitalizations	Total Population (person-years*)	Rate (per 10,000)	Number of Hospitalizations	Total Population (person-years*)	Rate (per 10,000)	Number of Hospitalizations	Total Population (person-years*)	Rate (per 10,000)
Minnesota	13,290	14,919,750	8.9	13,556	15,233,766	8.9	12,871	15,570,119	8.3
Dakota County	870	1,087,731	8.0	945	1,129,958	8.4	828	1,169,416	7.1
Ramsey County	2,003	1,534,606	13.0	1,702	1,503,511	11.3	1,574	1,498,784	10.5
Washington County	456	617,076	7.4	430	643,919	6.7	397	678,263	5.8

Source: Minnesota Department of Health, Minnesota Data Public Health Access

Note: data presented in the table below includes three year combined data for 2000-2002, 2003-2005, and 2006-2008. The rate listed is the age-adjusted rate per 10,000 population.

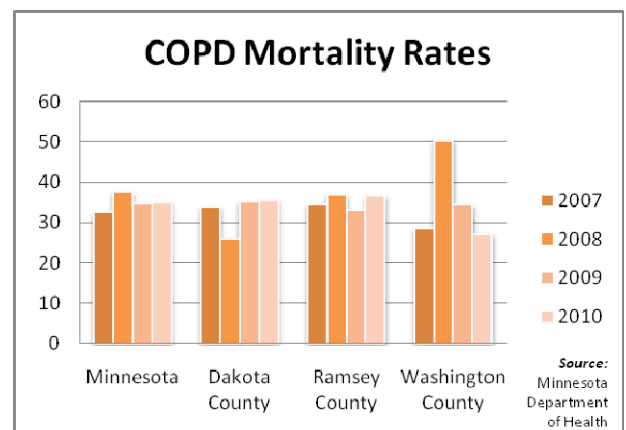
Chronic Lower Respiratory Disease (COPD)³⁰:

- In 2010, COPD was the fourth leading cause of death in Dakota County and Ramsey County, and the fifth leading cause of death in Washington County and Minnesota.
- The COPD mortality rates in Ramsey County (36.7) and Dakota County (35.6) are comparable to Minnesota's COPD mortality rate (35.1).
- In 2008, Washington County had the highest COPD mortality rate (50.4) in Regions and Lakeview's Minnesota based study area, but decreased by more than one third to the lowest COPD mortality rate in Regions and Lakeview's Minnesota based study area by 2010.
- The COPD hospitalization rates declined in Dakota and Ramsey County between 2000 and 2008. They remained relatively constant in Minnesota, but increased in Washington County.



Chronic Lower Respiratory Disease (COPD) Mortality Rates (per 100,000)				
County or State	2007	2008	2009	2010
Minnesota	32.7	37.8	34.9	35.1
Dakota County	33.9	26.1	35.3	35.6
Ramsey County	34.6	37.0	33.2	36.7
Washington County	28.6	50.4	34.6	27.2

Source: Minnesota Department of Health



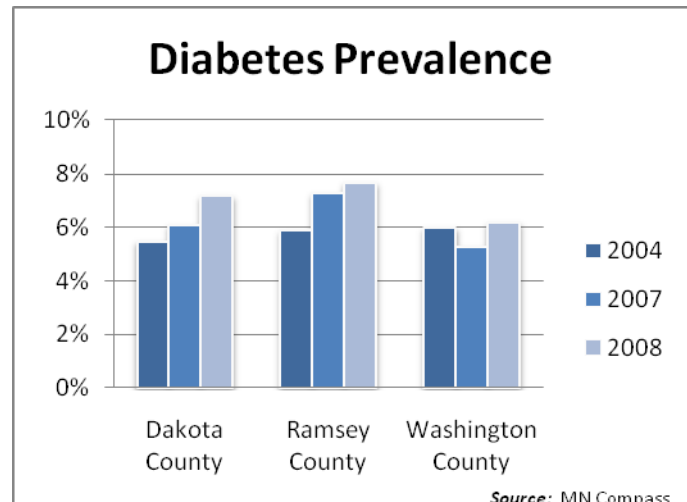
Diabetes^{31 32}:

- Diabetes is the seventh leading cause of death in Dakota County, Washington County, and Minnesota and the eighth leading cause of death in Ramsey County. Excluding unintentional injuries, diabetes is the sixth leading cause of death in Dakota County, Washington County, and Minnesota, and the seventh leading cause of death in Ramsey County.
- According to the *Diabetes and Prediabetes in Minnesota* fact sheet, produced in January 2010, approximately 92,000 12-19 years olds have prediabetes and nearly 2,100 Minnesota children have diagnosed diabetes.³³
- Prevalence rates indicate that Dakota County and Ramsey County have an increasing adult population that is diagnosed with diabetes.
- Finally, on the state level, the percentage of Minnesota's adult population diagnosed with diabetes has more than doubled, increasing from 3.1% in 1995 to 6.7% in 2010.

Percentage of Adults with Diagnosed Diabetes			
County	2004	2007	2008
Dakota County	5.5%	6.1%	7.2%
Ramsey County	5.9%	7.3%	7.7%
Washington County	6.0%	5.3%	6.2%

Source: MN Compass

Note: Three years of data are used to improve the precision of the year-specific county-level estimates of diagnosed diabetes.



Source: MN Compass

Diabetes in Minnesota 1995-2010								
Minnesota	1995	1996	1997	1998	1999	2000	2001	2002
Percent of adults (18+) with diagnosed diabetes	3.1%	4.5%	3.9%	4.7%	4.8%	4.9%	4.4%	4.9%
Number of adults (18+) with diagnosed diabetes	104,353	153,169	133,939	162,797	168,171	178,585	162,515	182,926
Minnesota	2003	2004	2005	2006	2007	2008	2009	2010
Percent of adults (18+) with diagnosed diabetes	5.5%	5.0%	5.8%	5.7%	5.7%	5.9%	6.3%	6.7%
Number of adults (18+) with diagnosed diabetes	207,477	190,423	222,756	221,349	223,781	234,139	252,341	269,331

Source: MN Compass

Note: These data exclude people diagnosed with gestational diabetes or pre-diabetes. However, they include both Type I and II diabetes. Data are for adults age 18 and older. Children and youth are excluded.

Heart Disease, Heart Attacks³⁴, Stroke (Cerebrovascular Disease)³⁵:

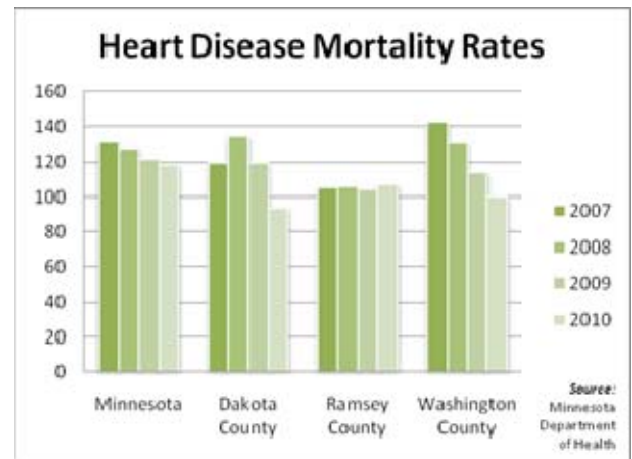
- Heart Disease** was the second leading cause of death in Regions and Lakeview's Minnesota based study area and in Minnesota in 2010.
- In 2010, all three counties in Regions and Lakeview's Minnesota based study area had lower heart disease mortality rates than the state.
 - Dakota County: 93.9 (per 100,000)
 - Ramsey County: 107.1 (per 100,000)
 - Washington County: 100.5 (per 100,000)
 - Minnesota: 118.7 (per 100,000)

Heart Disease				
County or State	2007	2008	2009	2010
Minnesota	131.2	128.0	121.8	118.7
Dakota County	119.6	134.6	119.7	93.9
Ramsey County	105.5	105.7	104.2	107.1
Washington County	142.7	131.0	114.3	100.5

Source: Minnesota Department of Health

- Dakota County's heart disease mortality rates have decreased consecutively since 2008 and Washington County's heart disease mortality rates have decreased consecutively since 2007.
- Ramsey County's heart disease mortality rates have remained relatively stable since 2007, with only a slight increase in 2010.

- **Race:** In 2010, African Americans in Ramsey County had a substantially higher heart disease mortality rate (139 per 100,000 population) than Whites (106.5 per 100,000 population).



- Overall, **Heart Attack Hospitalization Rates** have decreased in Regions and Lakeview's Minnesota based study area and in Minnesota since 2000.
- Washington County has had the highest heart attack hospitalization rate in Regions and Lakeview's Minnesota based study area, a rate higher than the state's, since 2000.
- Between 2006 and 2008 Ramsey County had the lowest heart attack hospitalization rate in Regions and Lakeview's Minnesota based study area.
 - Dakota County: 32.4 (per 10,000)
 - Ramsey County: 28.4 (per 10,000)
 - Washington County: 34.8 (per 10,000)

Heart Attack Hospitalization Rates (per 10,000)			
County or State	2000-2002	2003-2005	2006-2008
Minnesota	41.9	35.6	29.1
Dakota County	42.6	36.2	32.4
Ramsey County	45.6	36.1	28.4
Washington County	52.5	41.8	34.8

Source: Minnesota Department of Health, Minnesota Data Public Health Access

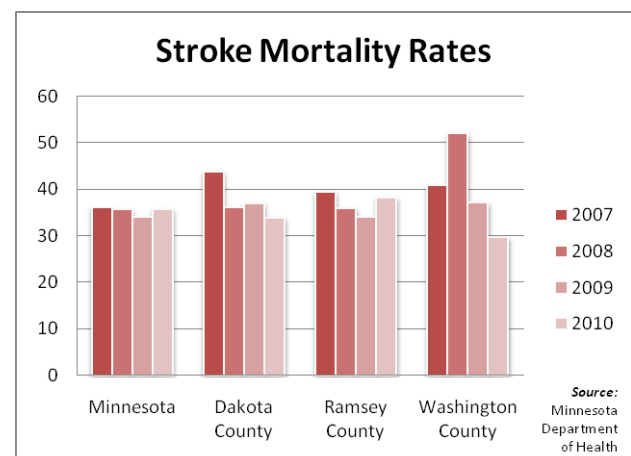
Note: Rates per 10,000 population

- **Cerebrovascular Disease**, also known as "strokes," was the sixth leading cause of death in Dakota County, the fourth leading cause of death in Ramsey County, and the fifth leading cause of death in Washington County and Minnesota in 2010.
- Similar to the COPD mortality rate pattern, there was a large spike in stroke mortality rates in Washington County in 2008. However, Washington County decreased to the lowest stroke mortality rate in Regions and Lakeview's Minnesota based study area (29.7) by 2010.
- In 2010, Ramsey County had the highest stroke mortality rate (38.3), slightly exceeding the state's rate (35.8).

Stroke (Cerebrovascular Disease) (per 100,000)				
County or State	2007	2008	2009	2010
Minnesota	36.2	35.7	34.1	35.8
Dakota County	43.9	36.2	37.0	33.9
Ramsey County	39.5	36.0	34.0	38.3
Washington County	40.9	52.0	37.2	29.7

Source: Minnesota Department of Health

Note: These statistics are based on age adjusted rates for cases per 100,000 population. The Minnesota Center for Health Statistics does not calculate death rates if 20 or fewer deaths occurred in the county for that event.



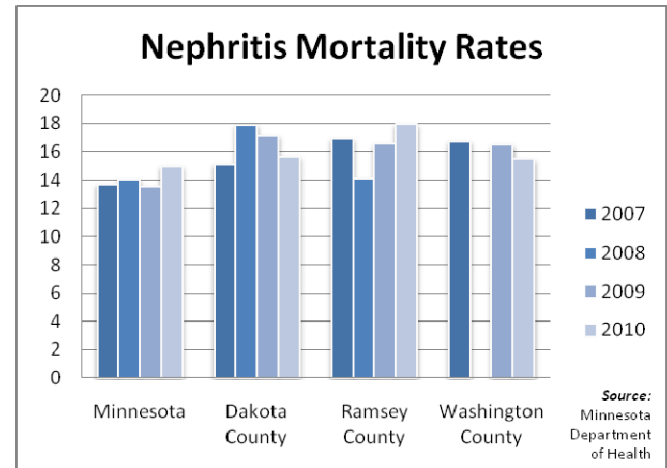
Nephritis³⁶:

- In 2010, Ramsey County had the highest Nephritis mortality rate in Regions and Lakeview's Minnesota based study area.
 - Dakota County: 15.7 (per 100,000)
 - Ramsey County: 18.0 (per 100,000)
 - Washington County: 15.5 (per 100,000)
- Ramsey County's nephritis mortality rate has increased since 2008, whereas Dakota County's nephritis mortality rate has decreased since 2008.
- Overall in 2010, the nephritis mortality rates in Regions and Lakeview's Minnesota based study area were higher than the state's rate (15.0).

Nephritis Mortality Rates (per 100,000)				
County or State	2007	2008	2009	2010
Minnesota	13.7	14.1	13.6	15.0
Dakota County	15.2	17.9	17.2	15.7
Ramsey County	16.9	14.1	16.6	18.0
Washington County	16.8	0.0	16.5	15.5

Source: Minnesota Department of Health

Note: These statistics are based on age adjusted rates for cases per 100,000 population. The *Minnesota Center for Health Statistics* does not calculate death rates if 20 or fewer deaths occurred in the county for that event.



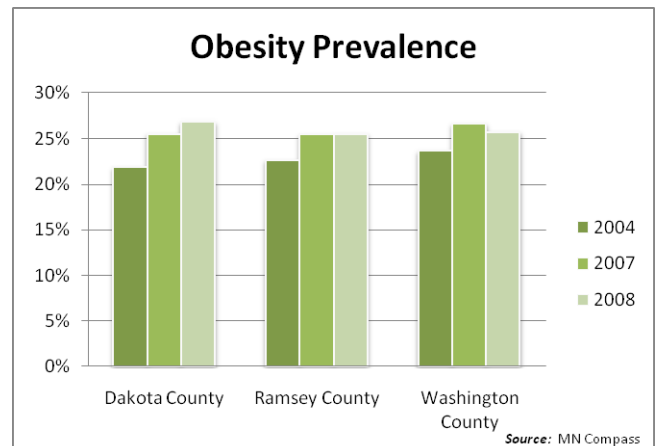
Obesity³⁷:

- In 2010, more than one fourth of adults in Minnesota were obese (25.4%).
- Minnesota also ranks 32nd most obese state in the nation (2010).
- The percentage of obese adults (ages 18+) in Minnesota has increased significantly from 15.3% in 1995 to 25.40% in 2010.
- Across Regions and Lakeview's Minnesota based study area, the percentage of obese adults is comparable to the state's percentage. In 2008, more than a quarter of adults in Ramsey County (25.6%), Dakota County (26.9%), and Washington County (25.8%) were obese.

Percentage of Obese Adults			
County	2004	2007	2008
Dakota County	21.9%	25.6%	26.9%
Ramsey County	22.7%	25.5%	25.6%
Washington County	23.7%	26.7%	25.8%

Source: MN Compass

Note: Three years of data are used to improve the precision of the year-specific county-level estimates of obesity estimates.



Minnesota Obesity 1995-2010								
Minnesota	1995	1996	1997	1998	1999	2000	2001	2002
Percent of adults (18+) who are obese	15.30%	14.30%	16.50%	16.20%	15.50%	17.40%	19.90%	22.40%
Number of adults (18+) who are obese	515,032	486,738	566,666	561,129	543,053	634,161	735,011	836,234
Minnesota	2003	2004	2005	2006	2007	2008	2009	2010
Percent of adults (18+) who are obese	23.00%	22.60%	23.70%	24.70%	26.00%	25.20%	25.30%	25.40%
Number of adults (18+) who are obese	867,633	860,711	910,225	959,179	1,020,755	1,000,053	1,013,371	1,021,045

Source: MN Compass

Note: An individual is considered to be obese if he or she has a Body Mass Index of 30 or greater. This definition of obesity is formally accepted by the U.S. medical community and by the World Health Organization.

Pneumonia and Influenza³⁸:

- In 2010, Dakota and Washington counties fewer than 20 deaths from pneumonia and influenza occurred and the death rates were not calculated.
- In 2010, Ramsey County had a higher pneumonia and influenza mortality rate (11.5) than Minnesota (9.7).
- Minnesota's pneumonia and influenza mortality rate has declined since 2007.

Pneumonia and Influenza Mortality Rates				
County or State	2007	2008	2009	2010
Minnesota	10.2	12.5	9.7	9.7
Dakota County	9.4	10.8	7.3	0.0
Ramsey County	9.8	10.1	6.2	11.5
Washington County	0.0	14.7	0.0	0.0

Source: Minnesota Department of Health

Additional Causes of Death

Homicide³⁹:

- The majority of the age-adjusted rates homicide mortality rates in Regions and Lakeview's Minnesota based study area are unavailable because *The Minnesota Center for Health Statistics* doesn't calculate death rates if 20 or few deaths occurred in the county for that event. However, in 2008 and 2009 Ramsey County had more than 20 homicide incidents and their age adjusted rates were calculated at 4.5 in 2008 and 4.2 in 2009.
- A complete distribution of the number of homicide deaths per year in Regions and Lakeview's Minnesota based study area and Minnesota is presented in the table to the right.

Homicide Mortality Rates (per 100,000)			
County or State	Year	Number of Deaths	Age-Adjusted Mortality Rate
Minnesota	2007	118.0	2.2
	2008	128.0	2.5
	2009	93.0	1.8
	2010	111.0	2.1
Dakota County	2007	2.0	0.0
	2008	5.0	0.0
	2009	6.0	0.0
	2010	6.0	0.0
Ramsey County	2007	16.0	0.0
	2008	22.0	4.5
	2009	21.0	4.2
	2010	17.0	0.0
Washington County	2007	2.0	0.0
	2008	1.0	0.0
	2009	3.0	0.0
	2010	8.0	0.0

Source: Minnesota Department of Health

Note: These statistics are based on age adjusted rates for cases per 100,000 population. The *Minnesota Center for Health Statistics* does not calculate death rates if 20 or fewer deaths occurred in the county for that event.

Suicide⁴⁰:

- In 2010, all counties in Regions and Lakeview's Minnesota based study area had a lower suicide mortality rates than Minnesota.
 - Dakota County: 10.1 (per 100,000)
 - Ramsey County: 9.8 (per 100,000)
 - Washington County: 8.9 (per 100,000)
 - Minnesota: 11.1 (per 100,000)
- In 2010, Washington County had the lowest rate (8.9), followed by Ramsey County (9.8), and finally Dakota County (10.1).
- A complete distribution of the number of suicide deaths per year in Regions and Lakeview's Minnesota based study area and Minnesota is presented the table to the right.

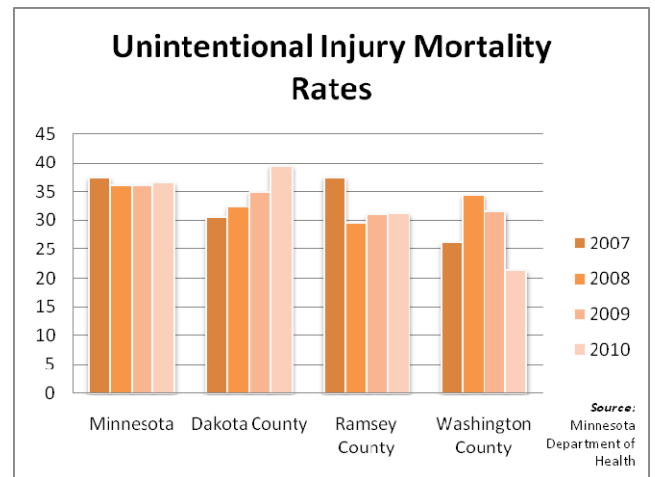
Suicide Mortality Rates (per 100,000)			
County or State	Year	Number of Deaths	Age Adjusted Mortality Rate
Minnesota	2007	571	10.8
	2008	593	11.1
	2009	589	10.9
	2010	599	11.1
Dakota County	2007	35	8.5
	2008	41	10.4
	2009	44	10.4
	2010	41	10.1
Ramsey County	2007	44	8.9
	2008	61	11.9
	2009	49	9.9
	2010	53	9.8
Washington County	2007	24	11.0
	2008	23	10.0
	2009	24	10.2
	2010	22	8.9

Source: Minnesota Department of Health

Note: These statistics are based on age adjusted rates for cases per 100,000 population. The *Minnesota Center for Health Statistics* does not calculate death rates if 20 or fewer deaths occurred in the county for that event.

Unintentional Injury⁴¹:

- Unintentional injury was the third leading cause of death in Dakota County and Minnesota in 2010. It was the fifth leading cause of death in Ramsey County and the sixth leading cause of death in Washington County.
- In 2010, Dakota County had the highest unintentional injury mortality rate in Regions and Lakeview's Minnesota based study area, also surpassing Minnesota's unintentional injury rate.
 - o Dakota County: 39.4 (per 100,000)
 - o Ramsey County: 31.1 (per 100,000)
 - o Washington County: 21.3 (per 100,000)
 - o Minnesota: 36.4 (per 100,000)



- Dakota County's unintentional injury mortality rate has increased each year since 2007.
- In 2007, Washington County had the lowest unintentional injury mortality rate in Regions and Lakeview's Minnesota based study area. Its rate increased substantially in 2008, but steadily declined to the lowest rate in Regions and Lakeview's Minnesota based study area again in 2010.

Unintentional Injury Mortality Rates			
County or State	Year	Number of Deaths	Age Adjusted Mortality Rate
Minnesota	2007	2063	37.3
	2008	2002	36.0
	2009	2031	36.0
	2010	2087	36.4
Dakota County	2007	93	30.5
	2008	102	32.2
	2009	115	34.9
	2010	139	39.4
Ramsey County	2007	202	37.4
	2008	162	29.4
	2009	172	30.9
	2010	168	31.1
Washington County	2007	50	26.2
	2008	60	34.4
	2009	63	31.5
	2010	49	21.3

Source: Minnesota Department of Health

Note: These statistics are based on age adjusted rates for cases per 100,000 population. The *Minnesota Center for Health Statistics* does not calculate death rates if 20 or fewer deaths occurred in the county for that event.

Communicable Diseases ⁴²

- The following data refers to new cases of various communicable diseases reported in 2010 in the seven county metropolitan district, which includes Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington counties.
- In 2010, there were 10,264 reported cases of Chlamydia, 1,638 reported cases of Gonorrhea, and 138 reported cases of primary and secondary syphilis in the metropolitan district.
- In 2010, there were also 137 AIDS cases diagnosed, and 217 new HIV infections reported.
- Nearly 600 (595) new cases of Pertussis (whooping cough) were reported in 2010, along with 117 cases of tuberculosis.

Seven County Metropolitan District		
Disease Type	Number of Reported Cases in 2010	District Population (per U.S. Census 2009 estimates)
AIDS (cases diagnosed in 2010)	137	2,810,414
HIV Infections other than AIDS	217	2,810,414
Primary and Secondary Syphilis	138	2,810,414
Gonorrhea	1,638	2,810,414
Chlamydia	10,264	2,810,414
Pertussis (Whooping Cough)	595	2,810,414
Tuberculosis	117	2,810,414

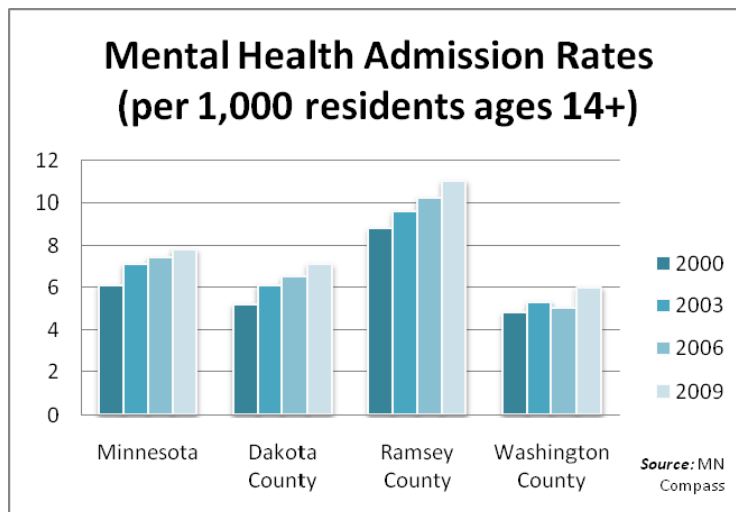
Source: Minnesota Department of Health, Disease Control Newsletter

Note: The Metropolitan District includes Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties.

Mental Health and Health Behaviors

Mental Health⁴³

- Mental health admission rates have steadily increased in Regions and Lakeview's Minnesota based study area and in Minnesota since 2000.
- Ramsey County has had the highest mental health admission rate in Regions and Lakeview's Minnesota based study area, also higher than the state's rate, since 2000.
- In 2009, Washington County had the lowest mental health admissions rate in Regions and Lakeview's Minnesota based study area.
 - Dakota County: 7.1 (per 1,000)
 - Ramsey County: 11.0 (per 1,000)
 - Washington County: 6.0 (per 1,000)
 - Minnesota: 7.8 (per 1,000)
- In 2009, both Dakota and Washington counties' mental health admissions rates were lower than Minnesota's, while Ramsey County's rate was higher than the state's.
- See the chart below for a complete distribution of mental health admissions in Regions and Lakeview's Minnesota based study area and Minnesota between 2000 and 2009.



Mental Health Admission Rates										
County	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Minnesota	6.1	6.7	7.0	7.1	7.4	7.4	7.4	7.1	7.6	7.8
Dakota County	5.2	5.7	6.4	6.1	6.8	6.4	6.5	6.4	6.5	7.1
Ramsey County	8.8	8.8	9.0	9.6	10.2	10.7	10.2	10.2	10.5	11.0
Washington County	4.8	4.9	5.3	5.3	5.3	5.4	5.0	5.1	6.2	6.0

Source: MN Compass

Note: Rate of psychiatric hospital admissions per 1,000 residents age 14+ in Minnesota counties, 2000-2009

Psychiatric hospital admissions includes all instances in which the primary diagnosis/reason for treatment is mental illness.

Admissions refers to the number of admittances and not individual patients. It is possible that some individuals were admitted for psychiatric illness more than once within a given year. Counties refer to the home address of the patient, not the location of the hospital where the patient was admitted. Chemical dependency, which can also affect a person's mental state, is tracked separately. For data on chemical dependency admissions, please visit the Health More Measures section.

Chemical Health⁴⁴

- Overall, the rate of impaired driving incidents has decreased in Regions and Lakeview's Minnesota based study area and in Minnesota since 2006.
- In 2010, Ramsey County had the highest rate of impaired driving incidents in Regions and Lakeview's Minnesota based study area, higher than Minnesota's rate. Whereas, Washington County had the lowest rate of impaired driving incidents in Regions and Lakeview's Minnesota based study area, lower than Minnesota's rate.
 - Dakota County: 52.2 (per 10,000)
 - Ramsey County: 57.2 (per 10,000)

State or County	Cost of Alcohol-related Crashes, Fatalities and Injuries, 2010
Minnesota	\$ 238,914,400
Dakota County	\$ 8,149,700
Ramsey County	\$ 15,692,600
Washington County	\$ 6,683,700

Source: Minnesota Department of Health

- o Washington County: 44.7 (per 10,000)
 - o Minnesota: 54.1 (per 100,000)
- In 2010, alcohol related crashes, fatalities, and injuries cost the state nearly 240 million dollars (\$238,914,400). They cost Dakota County more than 8 million dollars (\$8,149,000), Ramsey County more than 15.5 million dollars (\$15,692,600), and Washington County more than 6.5 million dollars (\$6,683,700).

Impaired Driving Incidents on Record by County of Residence (per 10,000)										
County or State	2006		2007		2008		2009		2010	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Minnesota*	38,938	75.4	36,989	71.2	34,241	65.6	31,352	59.5	28,716	54.1
Dakota County	2,974	76.6	2,813	72.0	2,483	63.2	2,385	60.2	2,079	52.2
Ramsey County	3,473	70.4	3,302	66.1	3,073	61.3	3,026	59.8	2,910	57.2
Washington County	1,562	69.4	1,348	59.5	1,303	56.9	1,167	50.3	1,064	44.7

Source: Minnesota Department of Health

Note: *Includes unknown; **A rate was not calculated if the number of events was less than 20.

Driving While Impaired (DWI) Violations: The number of drivers who were arrested and found guilty of violating one of the driving while impaired laws.

Driving while impaired includes alcohol and other drugs.

Number: The number of driving while impaired violations by county of residence.

Rate: The number of DWI violations per 10,000 population in the county/state.

Focus on Youth⁴⁵:

The following information about youth comes from the Metro Public Health Analysts' report, *Data Matters: Minnesota Student Survey: Nutrition, Physical Activity, and Weight 2010*. The Minnesota State Survey is a self report measure distributed to 6th, 9th, and 12th graders in various public school districts across the state. The survey is anonymous and in 2010, 295 of the 335 public school districts participated. The response rate distribution is as follows: 79% of sixth graders, 75% of ninth graders, and 59% of twelfth graders, and an overall response rate of 71%.

Measures defined:

- **Fruits and vegetables:** Percent of students who report eating the recommended 5 or more servings of fruits and vegetables per day.
- **Physical activity:**
 - o Vigorous physical activity:
Percent of students who report getting the recommended 20 minutes of vigorous physical activity at least 3 days per week.
 - o Moderate physical activity:
Percent of students who report getting the recommended 30 minutes of moderate physical activity 5 or more days per week.
- **Weight Status:** Percent of students who are overweight or obese is calculated using the students self-reported height and weight. The sixth grade survey did not ask these questions.

Overall Student Health Status						
County	Grade Level	Fruits and Vegetables	Vigorous Physical Activity	Moderate Physical Activity	Overweight	Obese
Dakota County	6th	21.3%	71.4%	49.3%	---	---
	9th	19.7%	72.7%	56.2%	11.6%	6.8%
	12th	18.1%	63.2%	46.2%	10.8%	8.2%
Ramsey County	6th	20.6%	64.2%	43.4%	---	---
	9th	17.6%	65.4%	47.5%	14.2%	10.5%
	12th	17.8%	57.5%	40.9%	12.3%	9.9%
Washington County	6th	23.8%	71.9%	52.4%	---	---
	9th	19.4%	71.6%	58.3%	10.9%	6.3%
	12th	18.9%	65.3%	48.7%	9.2%	7.4%

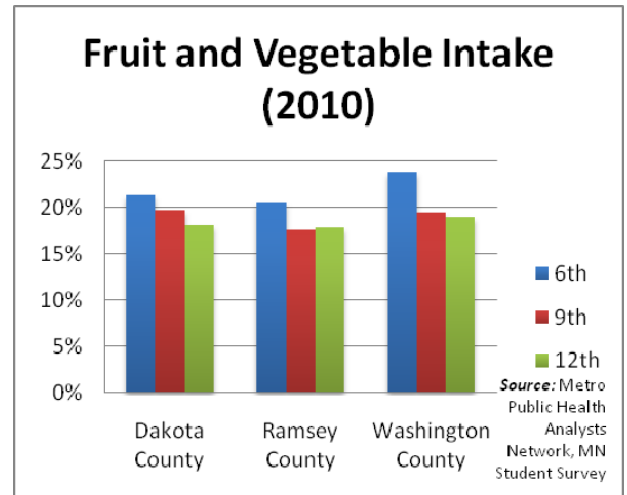
Source: Metro Public Health Analysts Network, *Data Matters: Minnesota Student Survey: Nutrition, Physical Activity, and Weight 2010*.

Fruit and Vegetable Intake

- Fruit and vegetable intake in Regions and Lakeview's Minnesota based study area shows similar trends among Ramsey County, Dakota County, and Washington County. A higher percentage of students consume the recommended daily vegetable intake in the 6th grade than they do in the 9th or the 12th grade.
- Overall, a slightly smaller percentage of Ramsey County's students are consuming the recommended amount of fruits and vegetables.
- A slightly larger percentage of 6th graders and 12th graders in Washington County, compare to their peers in Dakota and Ramsey counties, consume the recommended daily fruit and vegetable intake.

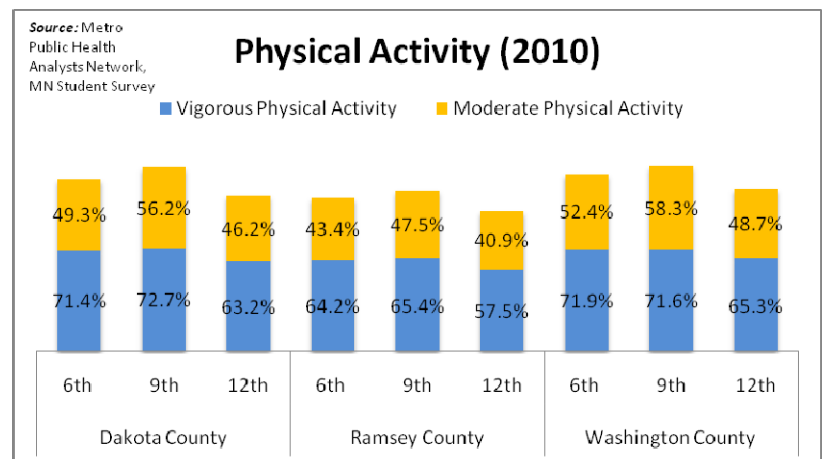
Fruits and Vegetables Intake			
County	6 th Grade	9 th Grade	12 th Grade
Dakota County	21.3%	19.7%	18.1%
Ramsey County	20.6%	17.6%	17.8%
Washington County	23.8%	19.4%	18.9%

Source: Metro Public Health Analysts Network, Data Matters: Minnesota Student Survey: Nutrition, Physical Activity, and Weight 2010



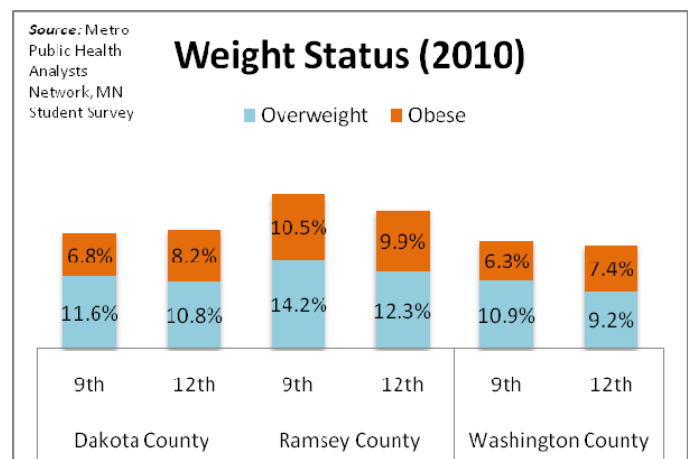
Physical Activity

- The trends between 6th, 9th, and 12th follow similar patterns across counties. A larger percentage of students participate in physical activity in the 6th grade than they do in the 12th grade, but they participate in the most physical activity in the 9th grade.
- Overall in 2010, a smaller percentage of students in Regions and Lakeview's Minnesota based study area participated in moderate physical activity than vigorous physical activity.
- Substantially less 6th, 9th and 12th grade students in Ramsey County participated in physical activity than their same age peers in Dakota and Washington counties.



Weight Status

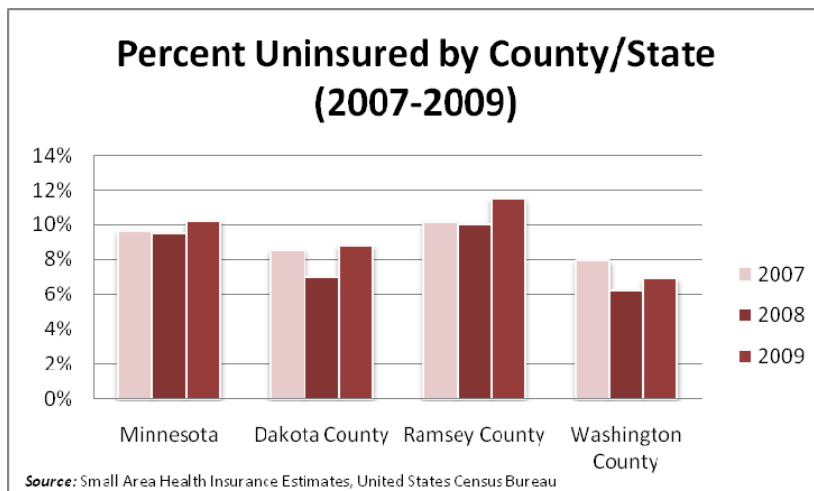
- Overall in 2010, a higher percentage of 9th and 12th graders in Regions and Lakeview's Minnesota based study area were overweight than obese.
- In 2010, almost 15% (14.2%) of 9th graders in Ramsey County were overweight, compared to almost 12% (11.6%) in Dakota County and almost 11% (10.9%) in Washington County.
- In 2010, a higher percentage of 9th graders in Ramsey County were overweight and obese than their peers in Dakota and Washington counties.



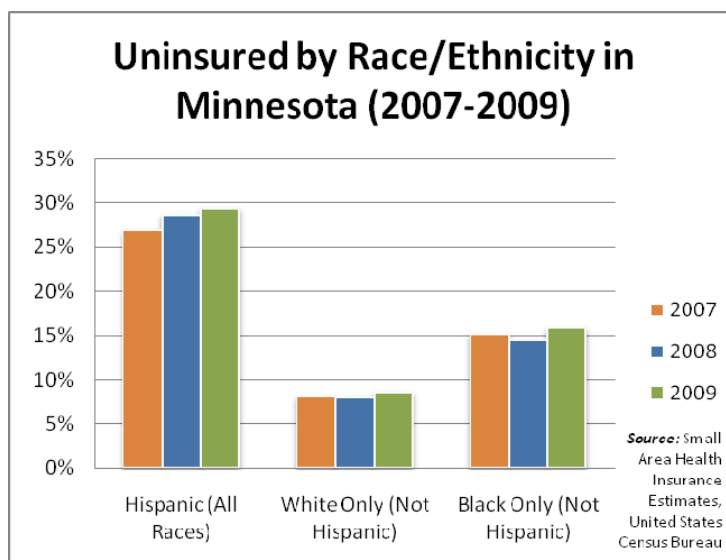
Access to Health Care

Uninsured⁴⁶

- Ramsey County has had the highest percentage of uninsured people in Regions and Lakeview's Minnesota based study area since 2007, with 49,687 people uninsured (11.5%) in 2009.
- Washington County has had the lowest percentage of uninsured people in Regions and Lakeview's Minnesota based study area since 2007, with 14,191 people uninsured (6.9%) in 2009.



- In 2009, both Dakota County and Washington County had a lower percentage of uninsured people than Minnesota (10.2%), while Ramsey County had a higher percentage (11.5%) than the state.
- In Minnesota, Dakota County, and Ramsey County the percentage of uninsured people has increased since 2007, while the percentage of uninsured people in Washington County has decreased.
- Race/Ethnicity:** In Minnesota, Hispanics (of all races) and Non-Hispanic Blacks are far more likely to be uninsured than Non-Hispanic Whites. More than one fourth of Hispanics (62,826 people or 29.3%) and nearly 16% (15.8%) of Non-Hispanic Blacks were uninsured in Minnesota in 2009. Whereas, only 8.5% (317,454) of Non-Hispanic Whites were uninsured.
- Rankings⁴⁷:** In 2009, Ramsey County ranked 50th out of 87 Minnesota counties, with 11.5% of its "residents under age 65 without health insurance." Dakota County ranked 5th (8.8%) and Washington County ranked 2nd (6.9%).



Percent Uninsured by County/State (2007-2009)						
County	2007		2008		2009	
	Number Uninsured	Percent Uninsured	Number Uninsured	Percent Uninsured	Number Uninsured	Percent Uninsured
Minnesota	436,345	9.60%	423,662	9.50%	460,534	10.2%
Dakota County	30,741	8.50%	24,944	7.00%	30,978	8.8%
Ramsey County	43,841	10.10%	42,639	10.00%	49,687	11.5%
Washington County	16,484	7.90%	12,865	6.20%	14,191	6.9%

Source: Small Area Health Insurance Estimates, United States Census Bureau

Percent Uninsured by Race/Ethnicity in Minnesota (2007-2009)						
County	2007		2008		2009	
	Number Uninsured	Percent Uninsured	Number Uninsured	Percent Uninsured	Number Uninsured	Percent Uninsured
Hispanic (All Races)	55,025	26.80%	58,659	28.60%	62,826	29.3%
White Only (Not Hispanic)	308,289	8.00%	296,756	7.90%	317,454	8.5%
Black Only (Not Hispanic)	32,499	15.10%	29,844	14.40%	34,094	15.8%

Source: Small Area Health Insurance Estimates, United States Census Bureau

Input From People Who Represent the Broad Interests of the Community

Input From People Who Represent the Broad Interests of the Community

Interview Findings

As part of the data collection process, representatives from Community Hospital Consulting conducted interviews with twenty (20) stakeholders from March 14, 2012 – April 6, 2012. Interviews were conducted with people who represent the broad interests of the community including:

- People with special knowledge of or expertise in public health
- Federal, tribal, regional, state or local health departments or agencies with information relevant to the health needs of community served
- Leaders, representatives or members of medically underserved, low-income and minority populations, and populations with chronic disease needs in the community served

The counties represented included Washington, Dakota, St. Croix and Ramsey. The goal of the interviews was to gather opinions and perceptions on current health care issues faced in the counties served and/or populations represented. These institutions shared statistical information along with anecdotal information about health needs in the community.

Background information was gathered for each interview subject, including:

- Organization Description and Functions
- Respondent Position and Tenure with Organization
- Subject's Background, Related Years' Experience and Community Connections

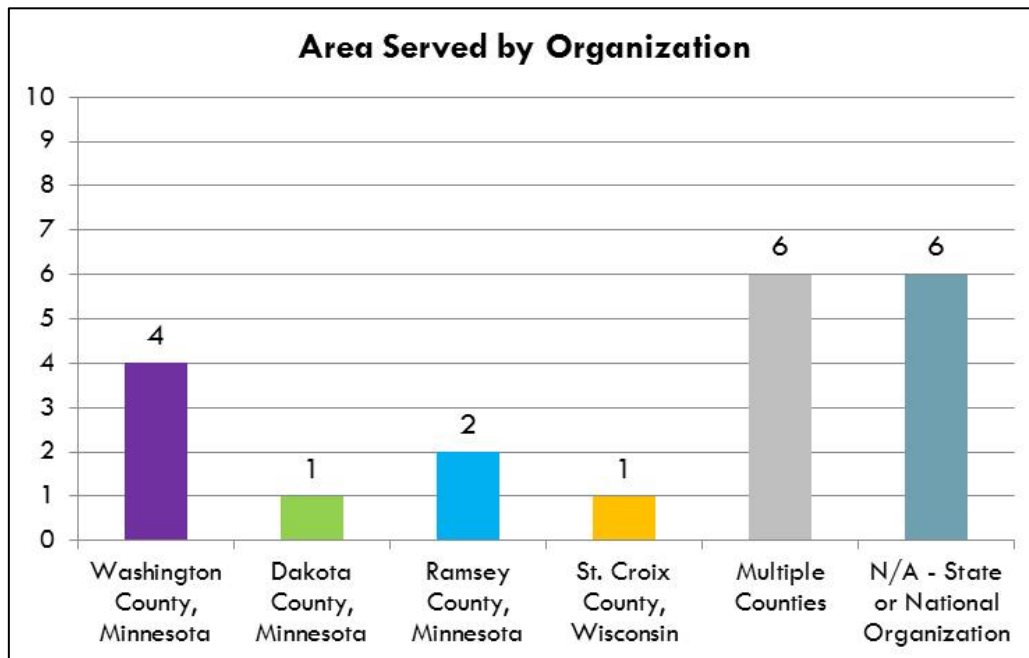
The subjects' combined experience related in their fields equals 357 years. The organizations represented include:

- | | |
|--|--|
| o Amherst H. Wilder Foundation | o Portico Healthnet |
| o Boutwells Landing | o Ramsey County Public Health and the City of St. Paul Public Health (a joint program) |
| o Canvas Health | o Southside Community Health Services – St. Croix Family Medical Clinic |
| o Catholic Charities | o St. Croix County Public Health |
| o Community Thread | o St. Croix County Department of Health and Human Services |
| o Courage Center | o United Way of Washington County-East |
| o Dakota County Public Health | o Washington County Public Health |
| o Emergency and Community Health Outreach (ECHO) | |
| o Family Means | |
| o Good Samaritan Society | |
| o Mental Health Crisis Alliance | |
| o Minnesota Department of Health | |
| o National Alliance on Mental Illness (NAMI) | |

A full listing of respondent names and descriptions can be found in the Appendix.

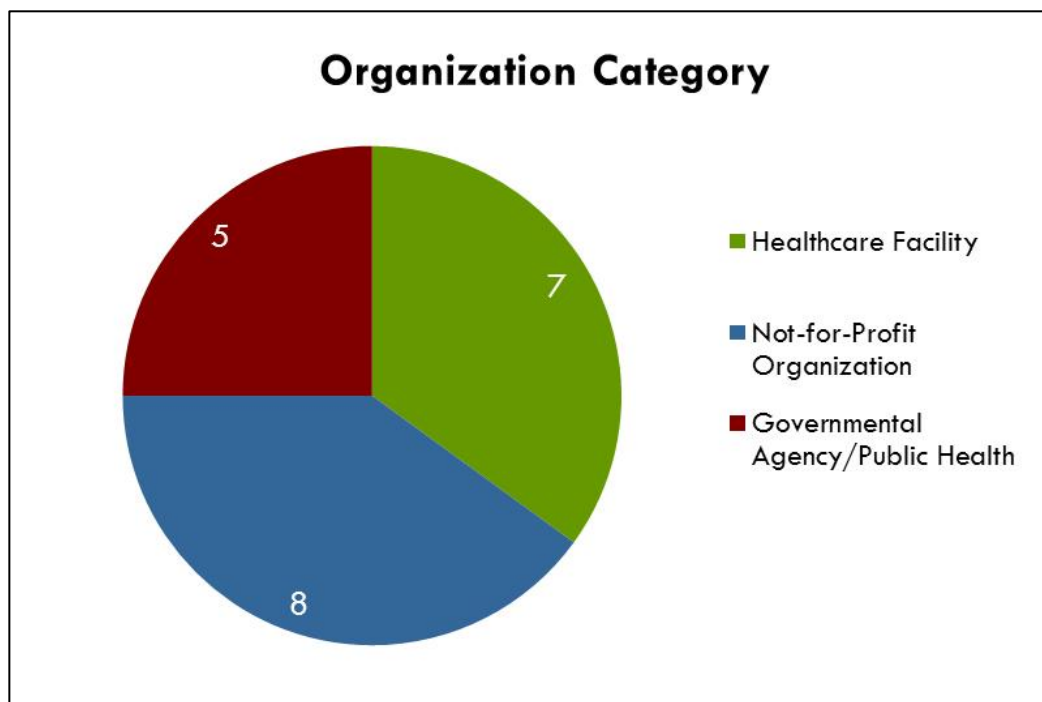
Areas Served by Organization

The counties served by the interviewees are broken out in the chart below. Six of those interviewed work for an organization that serves more than one county in the area, and six are employed by state or national organizations which also serve multiple counties.



Organization Type

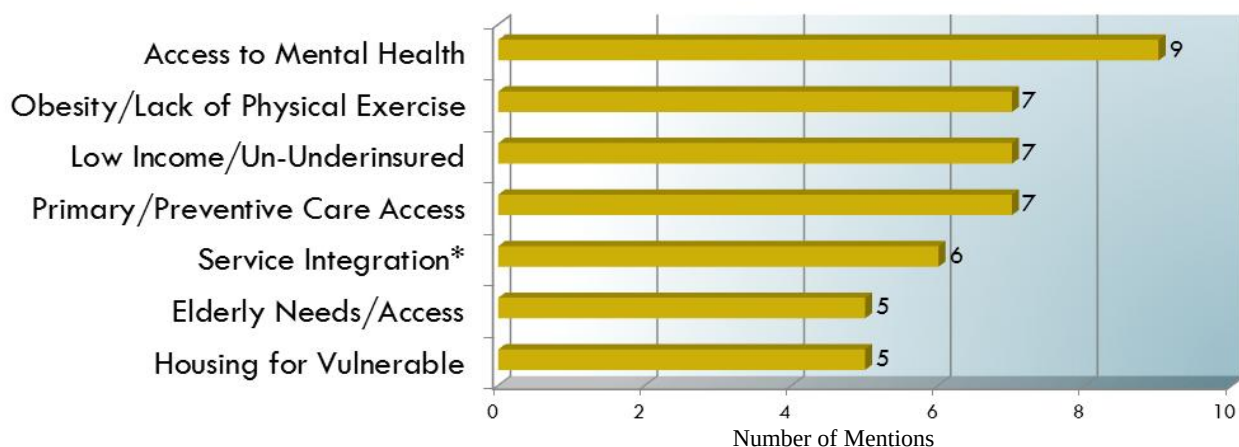
The breakdown of the organizations the subjects are employed by is as follows:



Biggest Health Needs

The interview subjects were asked to identify what they felt to be the three “biggest health needs” in the county(ies) they serve. Many of the responses were “organization-specific” – i.e. related to the populations they serve rather than county-specific. Not all respondents gave three needs, and many responses were qualified, however, responses fell into the following general categories. Category quantity equals total number of mentions as a significant health need, all respondents.

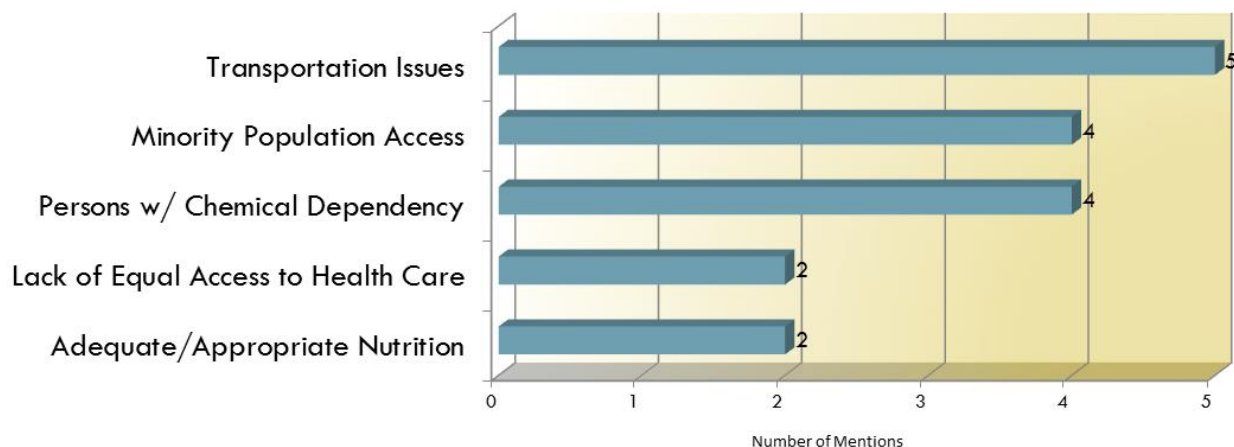
All Responses – All Counties



*Service Integration is a broad term referring to issues that inhibit the smooth transition of patient care by multiple providers; reflects barriers such as communication gaps between providers, lack of appropriate referrals for follow-up care, and other coordination shortcomings which inhibit optimal patient care.

Additional health needs cited included transportation barriers for those who either do not own vehicles or cannot drive (elderly or disabled); access problems for various minorities, especially those who are non-English speaking; and chemical dependency (alcohol and substance abuse) resources. Respondents also noted that issues exist with educating the community on how to receive adequate and appropriate nutrition, and that wide discrepancies exist in opportunities for various populations to freely access health care.

All Responses – All Counties



County-Specific Health Needs

The majority of the interview participants served communities or populations that blend with more than one county. However, the following county-specific observations were noted:

Washington County

- Mental Health, Obesity and Access to health care for the un/underinsured were cited the most frequently as health issues of concern for Washington County.
- Transportation for those who do not have vehicles or are unable to drive was also mentioned.
- Growing minority populations (Hispanic, Somalian, and others with language barriers) have difficulty accessing care, or are unaware that resources exist.
- Dental services are widely available, however insurance is a major barrier. Lower income populations frequently forgo dental care, especially preventive, as providers accepting Medicaid are rare.

The community used to have 1 or 2 “free dental days” a month but now they don’t...many people with health coverage still don’t have dental insurance

Access to low cost mental health services is limited...there aren’t very many providers for children’s mental health

There isn’t a good public transportation in Washington County... This is really affecting the aging population

Ramsey County

- Access to Primary Health Care was cited as health issues of concern for Ramsey County, in particular for the under/uninsured and the minority populations.
- The integration of health care services was mentioned as problematic, especially for the elderly, mental health patients, and those suffering from chronic diseases such as diabetes and asthma.

There are serious problems with access for the non-English speaking and illiterate populations

There is a lack of integration and communication from doctors. There needs to be more partnering to address the issues

There are significant differences in the cultural conceptualization of health, for example: conceptions of blood and breast milk

Requests for assistance come from many places – there is good programming around African American, Hmong and Latino populations, but there needs a more coordinated approach, especially around other ethnicities”

Healthy behaviors – prevention and the need to systematically change our processes in order to prevent chronic disease

11.6% to 14% are uninsured in Ramsey County, especially Hispanics and people of color

Disparity-there is a high rate of poverty and social conditions that cause a lack of equality in access to health services

Dakota County

- Mental Health, Obesity and Access to Primary Health Care were cited as health issues of concern for Dakota County.
- The affordability of health and dental services for the un/underinsured remains a very serious concern.

Dental care is an issue for under/uninsured, however children have better access. There is a mobile service available

St. Croix County

- Mental Health, Obesity and Access to Primary and Preventive Health Care were cited as health issues of concern for St. Croix County.
- The affordability of dental services for the un/underinsured was cited, as many providers do not accept this population.

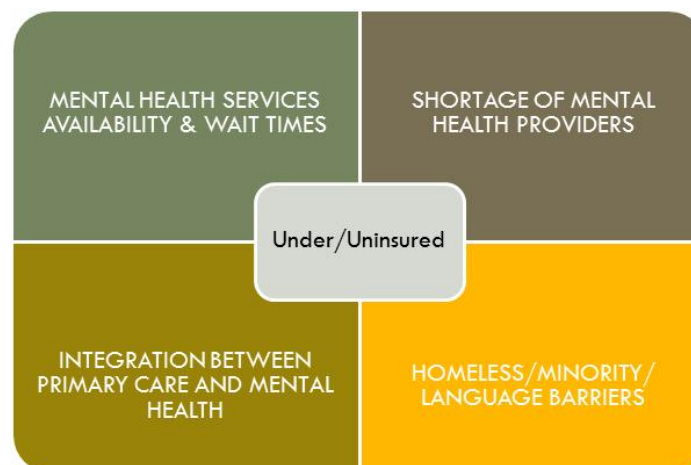
There are few dental providers that accept medical assistance; there is a dental van from Stillwater that they refer both adults and children to for services

Service Area Access Issues

- Respondents were asked to cite specific barriers that currently exist which inhibit access to health care services and providers.
- A frequently mentioned concern for all the counties was the under/uninsured population. There was strong consensus that while there may be above average or good access for the overall general population for primary and specialist care, this does not hold true for people who do not have adequate insurance coverage.
- The following charts include the under/uninsured patient population in the center of the chart, representing an all-encompassing barrier in all access issue categories.

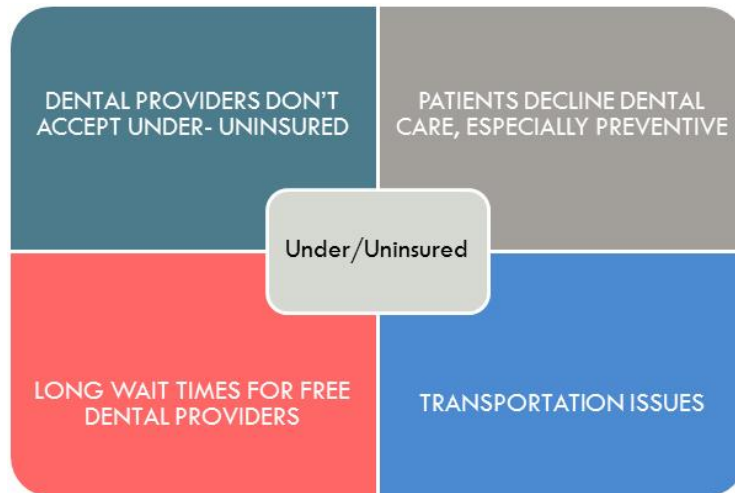
Mental Health

The availability of an adequate supply of mental health services and providers was cited specifically by Washington, St. Croix and Dakota counties as problematic. Residents in certain areas have to travel significant distances to access services which are available or affordable to them. If a service is available, the wait time for an appointment still presents a problem.



Dental Access Issues

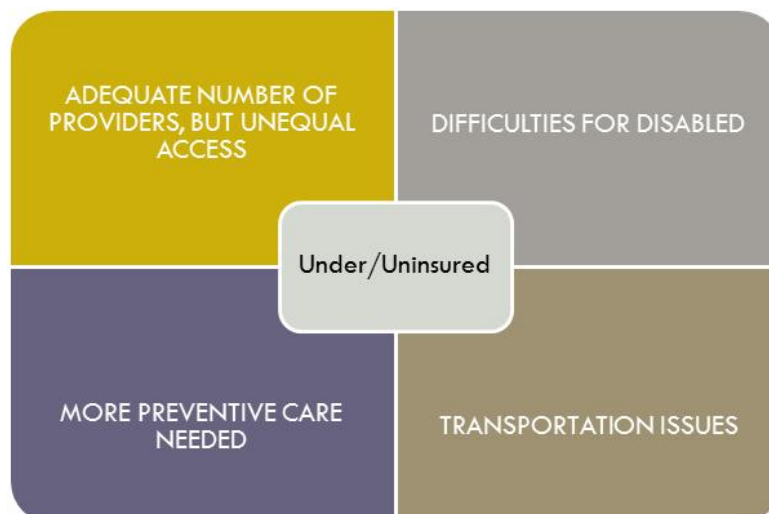
Respondents were asked to cite specific barriers that currently exist which inhibit access to Dental Care services and providers. Again, a frequently mentioned concern for all the counties was the under/uninsured population. The consensus among those interviewed was that enough dental care providers populate the service area, however, those who are not insured do not seek preventive care, even at the free clinics (few and far between) which do exist. Families who are lower income, but who do have health insurance, will frequently not spend any discretionary income in order to expand their coverage to include dental.



Service Integration

Services integration was also specifically mentioned. Even where there is adequate availability of numerous health care services, there still often exists a lack of communication and coordination amongst providers. Appropriate referrals are not always made, especially to the patient populations who are most at risk, e.g. the elderly, lower income and non-English speaking.

Access to specialist care can be limited in certain communities, and among certain populations, such as the disabled. While there may be enough providers serving the communities, the access to the providers is not equal among all the patient populations, especially those with greater needs than preventive care.



Health and Wellness Programs

Minnesota reportedly has a "robust statewide effort" to change policy, system and the environment for nutrition, activity and the cessation of tobacco use. There is strategic outreach in the County and state involving health plans. Progress is being seen through strong partnerships with schools, healthcare systems, parks and recreation programs.

SHIP and other organizations represented in the interviews have been reportedly been working to increase healthy lifestyle choices via education, exercise and other classes, but funding is very limited. Respondents also cited a problem with those who participate in the programs; specifically, with compliance and interest in the available programs.

As we work on public health, we might have different priorities. Hospitals are more disease focused rather than preventive. Same with the schools – there may be different priorities

Funding is an issue. There is only one public health department and many different programs and systems requesting assistance

Not everyone gets to participate in the good resources. The county (Washington) can't get grant funding because they look too healthy. Yet, they have a great opportunity for prevention

There is a strong sense of collaboration in communities, especially in Washington County. There is a strong network of people willing to collaborate to promote a happy and health community.

Staff work collaboratively; they do know each other in the community which makes connecting easy; there is a unified approach to healthy lifestyles (Ex: Minnesota Clean Indoor Air Act) There is lots of collaboration and people working together

Barriers to Continuum of Care

Interview participants referenced several common themes as problematic barriers to the continuum of healthcare in the service area, outlined below:

Mental Health

- Cited 8 times as problematic: Excessive wait times for new patient appointments
- Patients in some geographic regions have to travel longer distances for care

Low Income/ Under- Uninsured

- Accessibility has to do with ability to pay
- Patients may not be able to see providers if unpaid bills
- The goal would be to get the system working as best as possible with the existing resources and then focus on funding barriers.

Right Care at the Right Time

- Patients don't access the appropriate level of care at the appropriate time – education could help this
- Patients need the appropriate entry for prevention instead of just episodic care in the ED. They need a "medical home" with appropriate education and navigation through the health system.

Some specific comments follow below regarding barriers experienced:

Coordination, integration of services is needed between providers and volunteers, organizations. And greater coordination of care for the disabled.

Providers need to be specifically ready to serve low income, persons of color and those with mental/chemical issues.

The problem is with access, coordination, and getting services to the community

We need more and better data. The Metro Adult Survey was done in 2010 and they would like to do that again. It was funded through SHIP but the funding might not be there in the future. The health system should collaborate on this because everyone would benefit from the data.

We need better coordination between the hospital systems and other agencies/organizations to work together in conjunction to make improvements for the community rather than working on own initiatives

Top Health Priority: “King or Queen for a Day”

Interviewees were asked to cite their top priority for community health needs, if they were “in charge”, or “king or queen for a day”. The following priorities were identified:

Community Health	Overcome Access Barriers	Integration of Services
• Prevention and Early Intervention – Not Just Disease Management • Physical Fitness • Nutrition • Obesity • Increase Health Education Resources	• Work on Transportation Barriers • Increase Resources for Elderly, Disabled • Increase free clinics for low income and uninsured	• Maximize Existing System and Resources by Increasing Communication and Coordination of Care • Use of Health Navigators • Integrate Mental and Physical Health

Survey Findings

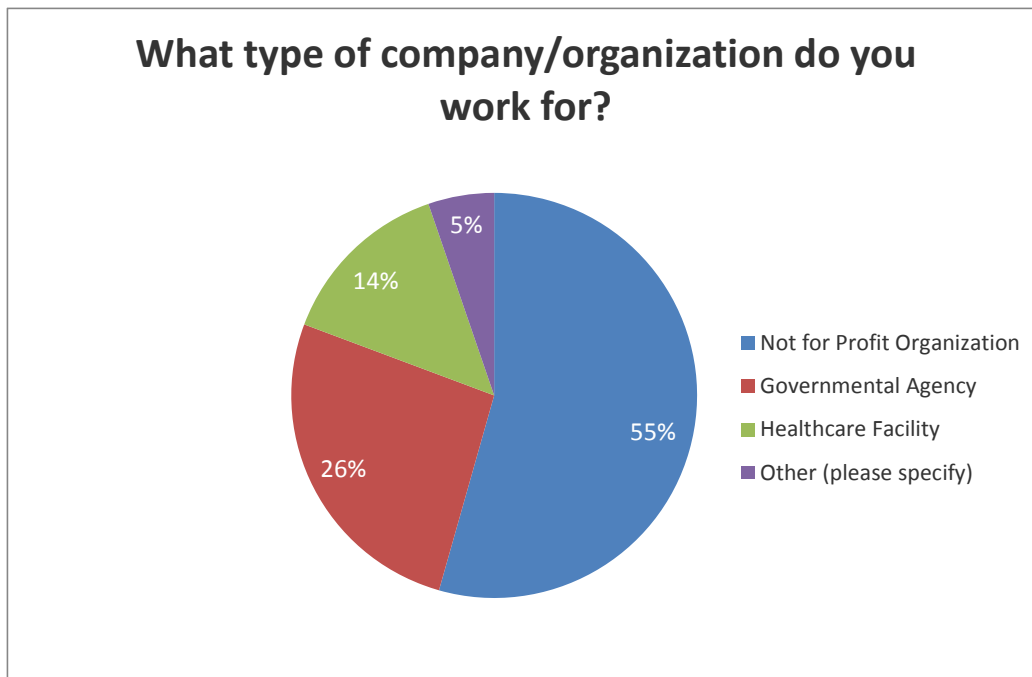
An electronic survey was initially distributed to 94 organization leaders and community members (including interviewees as a follow-up) seeking information about crucial health issues affecting the residents in the counties of Dakota, Ramsey, Washington and St. Croix. The survey was available from March 23, 2012 through April 15, 2012.

There were 54 respondents to the survey for an overall response rate of 57.4 percent (54 out of 94). Respondents were allowed to take the survey only once but were encouraged to forward the survey to additional community leaders. (We were not able to track the number of times the survey was forwarded so it is difficult to calculate an overall response rate.) It should be noted that not all survey questions were answered by all of those submitting surveys. The percentages reflected in the following summary were calculated using the actual number of respondents to the specific survey question.

The following is a summary of the survey findings:

Organization Type

- Respondents were asked to select the type of organization they work for. The majority of respondents selected not for profit (55%), while 26 percent selected governmental agency and 14 percent selected healthcare facility.



n=54

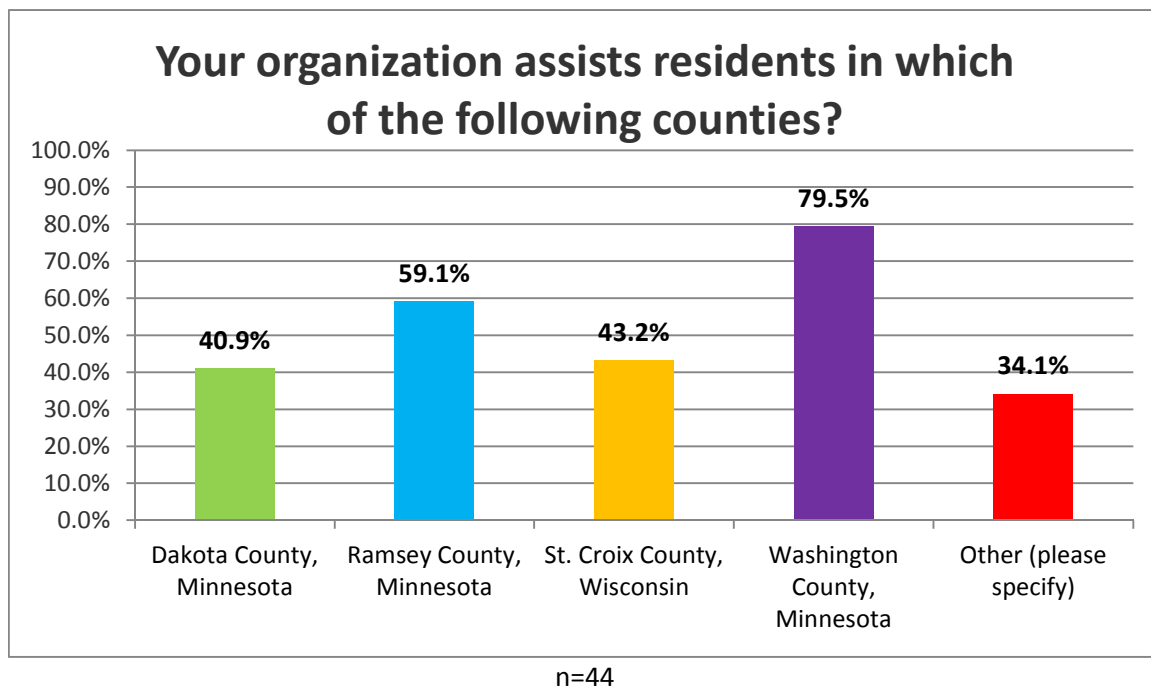
Organization Listing

- Of the 54 survey responses, 42 provided the organization they work for representing 35 different organizations. This includes:

- | | |
|--|---|
| ☐ Amherst H. Wilder Foundation | ☐ Sexual Offense Services of Ramsey County |
| ☐ Canvas Health | ☐ Somerset School District |
| ☐ Catholic Charities | ☐ Southside Community Health Services – St. Croix Family Medical Clinic |
| ☐ Chinese Social Service Center | ☐ St. Croix County |
| ☐ Community Thread | ☐ St. Croix County Department of Health and Human Services Department |
| ☐ Courage Center St. Croix | ☐ St. Paul Public Library |
| ☐ Dakota County | ☐ Stillwater Area Public Schools |
| ☐ Department of Human Services | ☐ Stillwater Medical Group |
| ☐ East Suburban Resources, Inc. | ☐ Trinity Lutheran Church |
| ☐ Emergency and Community Health Outreach (ECHO) | ☐ United Way of Washington County-East |
| ☐ Family Means | ☐ Valley Outreach |
| ☐ Good Samaritan Society – Stillwater | ☐ Village of Somerset |
| ☐ Lakeview Health | ☐ Washington County Community Services |
| ☐ Liketrack Resources | ☐ Washington County Public Health & Environment |
| ☐ Minnesota Department of Health | ☐ Young Life |
| ☐ MORE | ☐ Youth Service Bureau, Inc |
| ☐ National Alliance on Mental Illness (NAMI) | |
| ☐ Portico Healthnet | |
| ☐ Presbyterian Homes & Services | |

Areas Served by Organizations

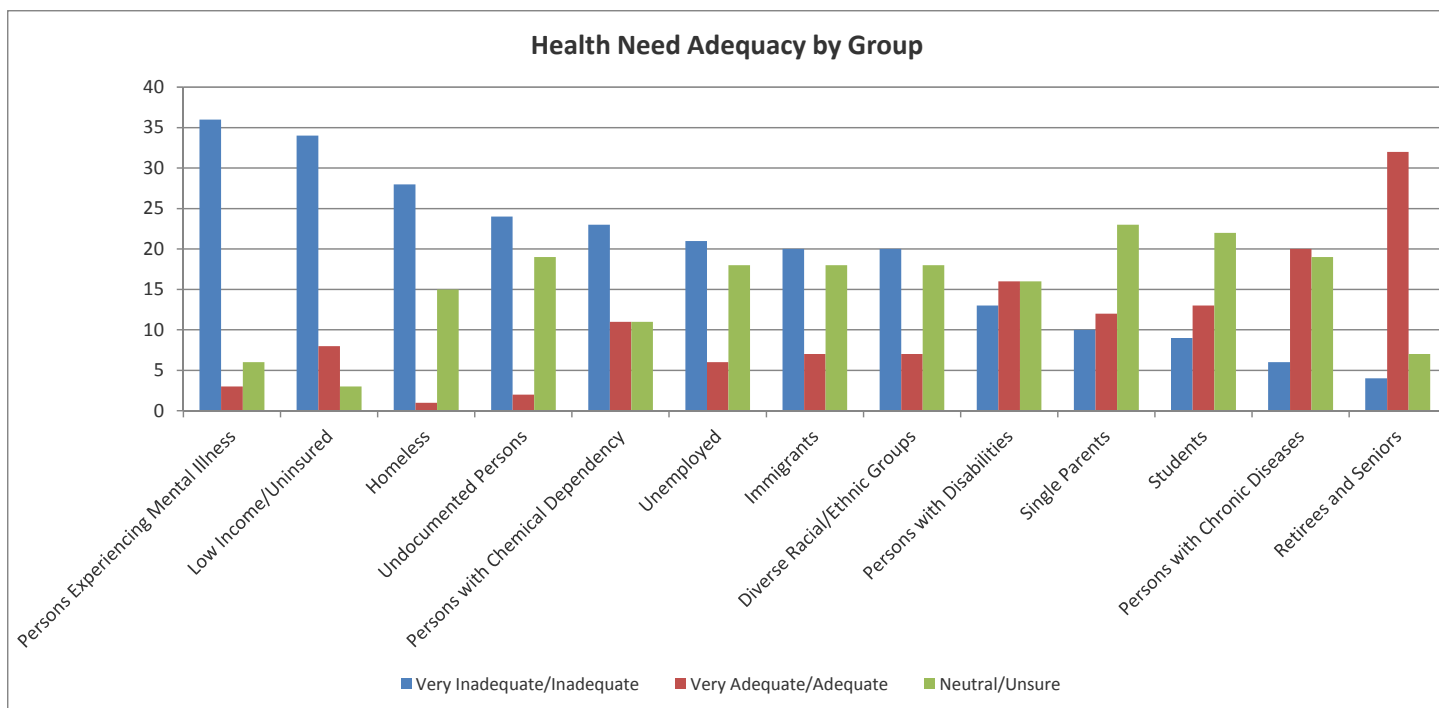
- In terms of areas served, 79.5 percent (35 of 44) of respondents serve Washington County, MN residents, 59.1 percent (26 of 44) serve Ramsey County, MN residents, 43.2 percent of respondents (19 of 44) serve St. Croix County, WI residents and 40.9 percent (18 or 44) serve Dakota County, MN residents. (Percentages are greater than 100 due to multiple responses.)



“Other” Responses	
Statewide	5
Hennepin County	3
Anoka County	2
Various areas	7

Population Need Health Adequacy

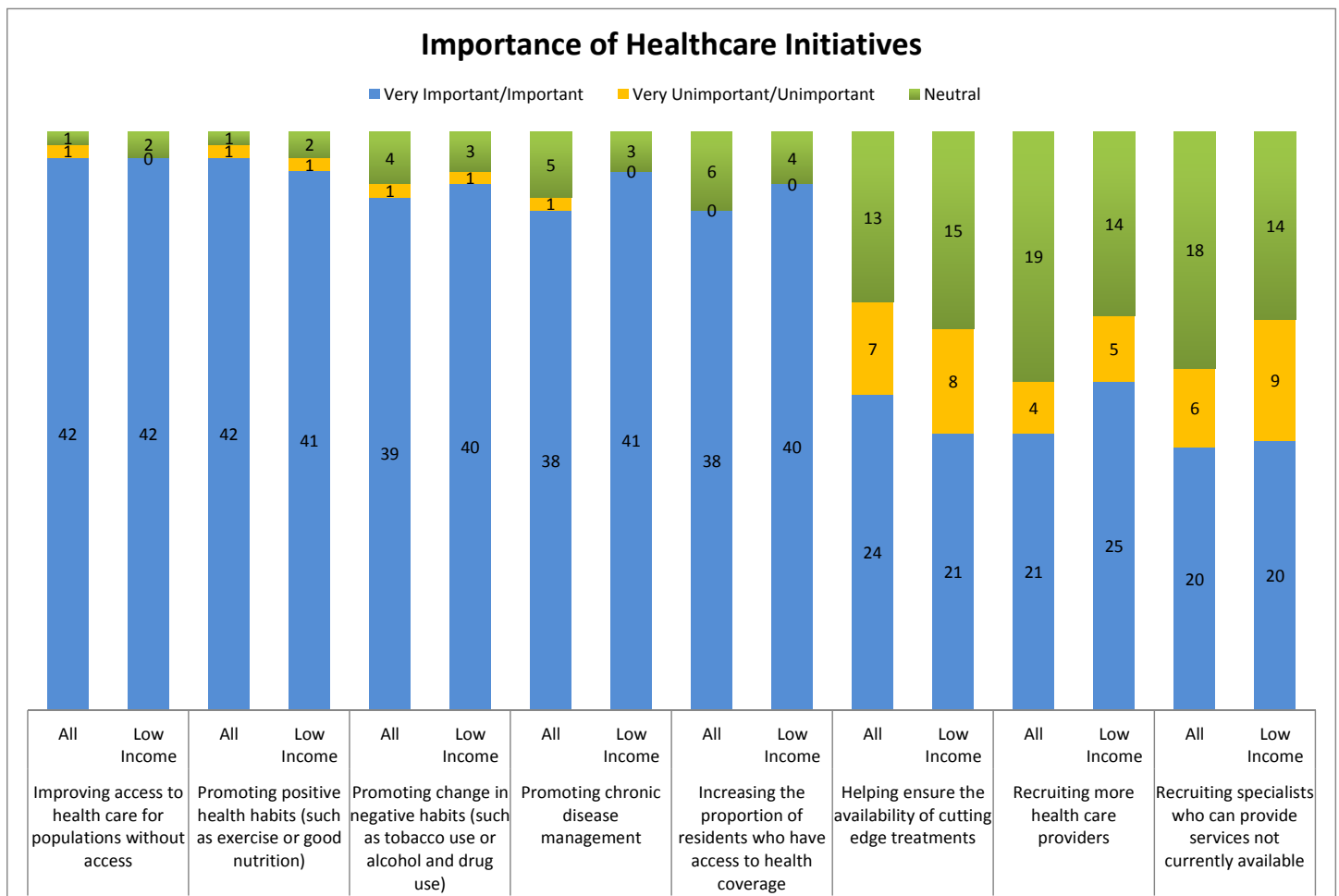
- Survey respondents were asked “How would you categorize the following groups with respect to how well each population’s health needs are currently being met?”
- Respondents were asked to select from 6 options: very adequate, adequate, neutral, inadequate, very inadequate and unsure.
- Results were analyzed in three groups:
 - Very adequate and adequate
 - Very inadequate and inadequate
 - Neutral and unsure
- More than 50 % of respondents selected very inadequate or inadequate services for:
 - People experiencing mental illness
 - Low income/uninsured
 - Homeless
 - Undocumented people
 - People with chemical dependency
- When analyzing the results by County, Dakota and Ramsey counties had additional areas of inadequate or very inadequate services for:
 - Immigrants
 - Diverse racial/ethnic groups
 - Unemployed
- Washington and St. Croix counties did not have any substantial differences from the overall results.



Importance of Healthcare Initiatives

- Survey respondents were asked to rate a set of initiatives for all residents in their community and to then rate the initiatives a second time when thinking about only low-income residents.
- Respondents were asked to select from 5 options: very important, important, neutral, unimportant and very unimportant.
- Results were analyzed in three groups:
 - Very important and important
 - Very unimportant and unimportant
 - Neutral
- More than 86% of responses for “all” residents and 90% of responses for “low income” residents selected very important or important for the following initiatives:
 - Improving access to health care for populations without access
 - Promoting positive health habits (such as exercise or good nutrition)
 - Promoting change in negative habits (such as tobacco use or alcohol and drug use)
 - Promoting chronic disease management
 - Increasing the proportion of residents who have access to health coverage
- Less than 55% of responses for “all” residents and 57% of responses for “low income” residents selected very important or important for the following initiatives:
 - Helping ensure the availability of cutting edge treatments
 - Recruiting more health care providers
 - Recruiting specialists who can provide services not currently available
- When analyzing the results by county, there are a few notable areas:
 - Dakota County
 - All and Low Income - Improving access to health care for populations without access
 - Low Income - Increasing the proportion of residents who have access to health coverage
 - Low Income - Promoting chronic disease management
 - Ramsey County
 - Low Income - Increasing the proportion of residents who have access to health coverage
 - Low Income - Recruiting more health care providers

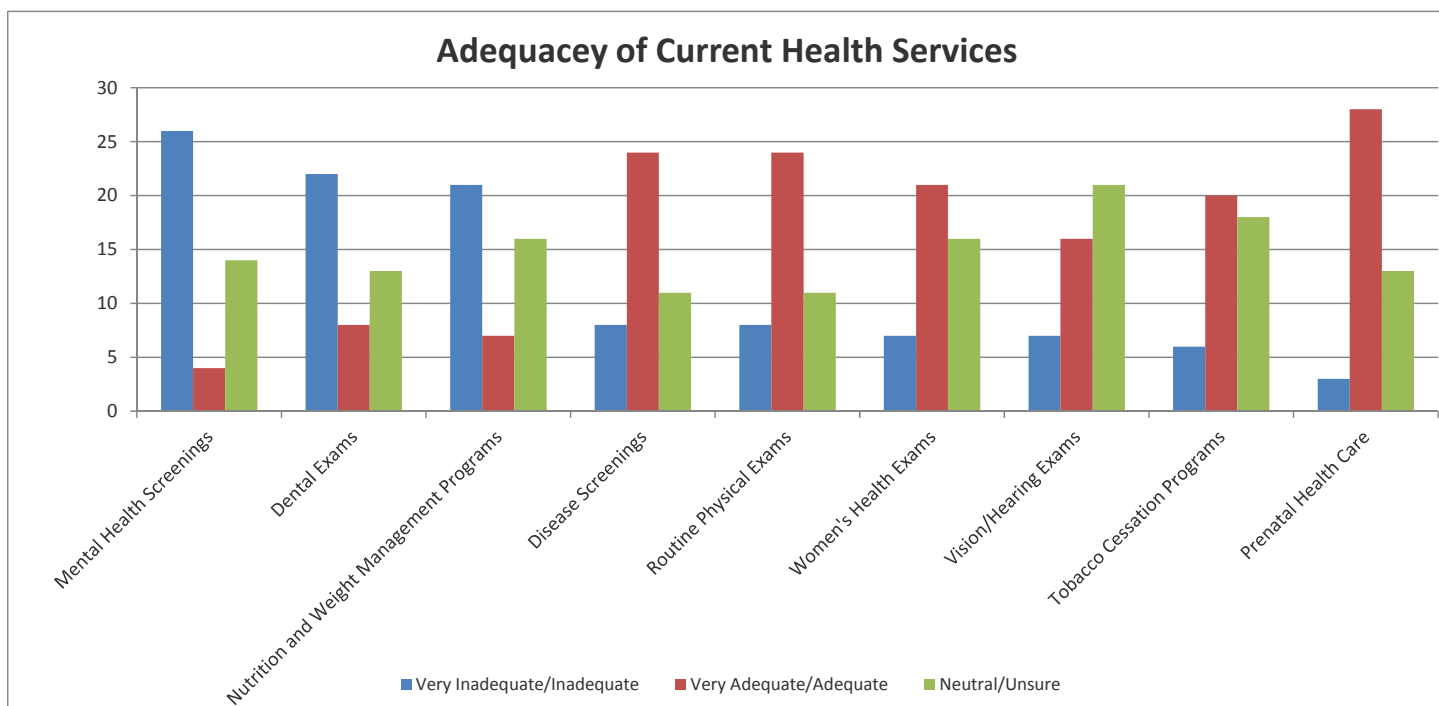
- St. Croix County
 - All - Helping ensure the availability of cutting edge treatments
 - All and Low Income - Recruiting specialists who can provide services not currently available
- Washington County
 - No substantial differences from overall results



n=44

Health Service Adequacy

- Survey respondents were asked to rate a set of services to determine if they are adequately provided in their community, or if the services need to be improved to advance the health and safety of residents in their community.
- Respondents were asked to select from 6 options: very adequate, adequate, neutral, inadequate, very inadequate and unsure.
- Results were analyzed in three groups:
 - Very adequate and adequate
 - Very inadequate and inadequate
 - Neutral and unsure
- More than 50 % of respondents selected very inadequate or inadequate services currently being provided for:
 - Mental health screenings
 - Dental exams
 - Nutrition and weight management programs
- No substantial differences were noted for each County.



n=44

Additional Comments

Survey respondents were asked to provide any additional comments related to the community's health. The following is a summary of those findings:

- Prevention
 - We need to educate, screen and support individuals getting and staying healthy and productive.
 - We need to find way to have people become more involved in their health care. Educated on health.
 - Our community needs to address preventive health efforts including better nutrition and weight management in our schools, in the clinic patient rooms, in the hospital, in our businesses.
- Cost of Care and Coverage
 - Unaffordability of health insurance is the biggest issue. Accessible and affordable mental health care and education of vulnerable populations on preventive care are crucial investments that save money and lives later.
 - ...the cost of health care, the insurance premiums and delivery systems need reform.
- Access to coverage
 - Washington County population overall is very healthy due to high income and educational levels. However, there are health disparities among low income and people of color due to access to care services in a variety of areas. They do not experience the good health the majority of people have in this community.
 - ...over half of the people in this community who are uninsured are eligible for a government program. If we invest resources into getting them enrolled in a public program, and provide support to help them understand how to obtain health and medical services, then we could keep people healthy and reduce dependency on Emergency Rooms...

Focus Group Findings

Cumulative findings suggest that minority racial and ethnic groups may be smaller in population size but have increasingly large health disparities in both the Regions and Lakeview study areas. In order to more fully capture these disparities a facilitated focus group was conducted at Regions hospital with six people who had special knowledge of a particular ethnic or racial group in the community. The credentials of the focus group attendees are listed in the table below.

Name	Organization	Title
Sharon Romano	Saint Paul Area Council of Churches	Department of Indian Work Director
Marie Tran	Vietnamese Social Services of Minnesota	Cancer Program Coordinator
Fadumo Ali	WellShare International	Community Health Worker
Akhmiri Sekhr-Ra	The Cultural Wellness Center	Assistant Director; Doula
Mohammed Badasso	EBAN (HealthPartners Institute for Medical Education)	Community Volunteer
Makeda Norris	Impetus - Let's Get Started	Consultant; Professional Development Trainer

The focus group discussion supported previous data and expressed the deep rooted cultural, language, and access barriers to receiving adequate medical and psychological care in certain communities. The main topics discussed include the biggest health needs in each community, access issues (primary care and mental health), current programs that promote healthy lifestyles, and a final question regarding each members top priority for his or her respective community. A summary of the findings is presented below.

Biggest Health Needs in the Community

- Diabetes
 - One attendee stressed the importance of diabetes prevention programs and noted the correlation between diabetes, obesity, lack of physical exercise, and poor diet.
 - This is particularly a problem with youth in the American Indian community. The respondent indicated that she has seen Diabetes Type II occur in children as young as 10 years old.
- Pregnancy and Maternal Health Issues
 - Infant mortality is a particular problem in the African American and Native American community. This isn't attributed to socio-economic factors, but rather to institutionalized racism and historical trauma.
 - The Somali population avoids prenatal healthcare because there is a culturally rooted fear of having a cesarean birth.
- Awareness Barrier in the Asian Community
 - While the Asian community is small in numbers, it is very diverse. The community might look the same, but each culture is very unique and it is difficult to promote awareness to each group within the community.
 - The same health disparities exist in the Asian community, such as diabetes, heart disease, and cancer.
 - Education should be the main priority and the responsibility goes back to the system. The healthcare system should make itself visible and accessible to the diverse community. For example, just because someone speaks Vietnamese does not mean that they will be able to translate for other Asian languages.

- Cultural Barriers in the East African Immigrant Population
 - There are cultural differences in the interpretation of health and disease. For many immigrants, death is just a natural part of life. It is nothing to be avoided and when someone gets sick, the disease is minimized. Therefore, education and prevention are crucial to stopping the disease before it occurs.
 - There are also cultural misunderstandings about food. For example, an East African immigrant might think that frozen vegetables and frozen food are man-made and unnatural.
- Environmental Challenges for Immigrant Populations
 - The lifestyle differences between American culture and an immigrant's homeland contribute to various health disparities, including high blood pressure, cancer, stroke, and diabetes. For example, for many immigrants, they used to live in a mobilized community. There wasn't the option of buying food in bulk and storing it in a refrigerator. Families would walk to the market to buy food for each meal.
 - Other aspects of American culture, such as style of dress and the integration of men and women in certain atmospheres like the gym, also create barriers. The home also provides a sense of security, a safe haven, and this contributes to the lack of activity and movement.
 - Finally, problems from an immigrant's home country provide a source of stress and tension. For example, an immigrant might be worried about his or her children, spouse, or other family.
- Youth
 - Mental health is a critical issue for youth, particularly minority youth.
 - Educational disparities exist for minority youth. Where a child lives, works, goes to school, and plays substantially affects his or her growth outcome.

Access Issues

- Primary Care
 - Access to primary health care is very inadequate for minority populations.
 - Barriers include:
 - Institutionalized racism
 - Language barriers/Interpreter problems
 - The interpreter usually chooses the hospital or clinic a patient attends.
 - Mistrust of the health care system
 - Poverty driven barriers
 - Unfamiliarity with the hospital setting
 - The healthcare system's responsibility:
 - The system needs to adapt to meet the needs of the community.
 - This includes training professionals equip to deal with cultural diversity, creating an atmosphere of connectedness, and transforming the organization to one that's purpose is to serve the community.
 - The healthcare system also needs to respect cultural medicine. The system should be open to questions and shouldn't fear having the patient bring a friend or family member to the consultation.
- Mental Health
 - There are major differences between how different cultures interpret and react to mental health conditions.
 - Barriers are similar to primary care barriers, but also include the following:
 - There is a strong stigma associated with mental health issues and treatment.

- The polarization of mental health in certain communities also creates a barrier. For example, a person is either healthy or they aren't. Often, people are ostracized from their communities if they seek treatment. This can lead to extreme fear and depression.
- Some mental health issues stem from historical oppression and colonial trauma. For example, slavery for the African American community and colonialism for the Native American population.
- The healthcare system's responsibility:
 - Providers should blend primary care and mental health together, because often they are connected and more extreme mental health conditions can be avoided with early intervention.
 - The system needs to connect with the community and provide effective avenues of culturally appropriate education and prevention.

Top Priority:

At the culmination of the focus group session, attendees were asked one final question. They were asked: "If you were in charge of improving the health of the communities that you serve, what is the one thing that you would do first?" The responses are summarized below.

- Mental Health
 - Train and increase the number of Native American mental health providers and psychiatrists.
- Access
 - Ensure that every person has the kind of job that affords them health insurance.
 - Provide everyone with affordable health insurance, because medical assistance doesn't cover everyone. Often times the people who don't qualify for medical assistance, but can't afford to pay for health insurance have the least access.
- Education and Prevention
 - Provide culturally and linguistically appropriate education and materials to the community to make sure that every person understands the system, how to access care, and how important preventive care is to health.
 - Educate people about what health is and how to take care of themselves, with a specific focus on prevention.
 - Make sure that every person has a community health worker and focus on preventive education.

Town Hall Findings

During the Town Hall at Lakeview Hospital, survey and interview findings were presented to a group of twelve community members and leaders. Following the presentation the group was asked to comment and discuss their reactions to the data presented.

Name	Organization	Title
Tom Ballis	Stillwater Fire Department	Deputy Fire Chief
Orwin Carter	Board Member, retired	Lakeview Foundation
Marna Canterbury	Director	Health and Wellness Lakeview Foundation
Paul Erickson	Director	Lakeview Foundation
Curt Geissler	President	Lakeview Hospital
Sue Hedlund	Deputy Director	Washington County Public Health
John Hogenson	Pastor	St. Andrews Lutheran Church
Susan Honsvall	Community Member	
Summer Kuehn	Owner	River Valley Athletic Club
Linda Larson	Administrator	Midwest Spine
Jennifer Schoenecker	Administrator	Golden Living Centers
Isabeau Vilks	Student Intern	Children's Health Initiative

Overall, attendees supported the data presented and added a few additional points. The group cited coordination and access as major issues. For example, a person might be living in someone's basement and then move to another location, but he or she has to be in one place for 30 days to qualify for access to many services. Another attendee stated that there are a lot of organizations trying to help the community, but there isn't a coordinated effort in mental health services. Finally, the group came to the consensus that there is a hidden community in Washington County, meaning that although the county is very wealthy there is a subset of the population that faces numerous barriers to care due to factors such as economic status, minority status, homelessness, and age.

Prioritization of the Community's Needs

Prioritization of the Community's Needs

After disseminating the health data, interview findings, survey findings, and focus group/ town hall findings, the Community Health Needs Assessment team participated in a facilitated discussion with Community Hospital Consulting on May 16, 2012 to identify the top health needs facing the community.

Findings indicated that there were six main needs in the communities served by Regions, Lakeview, Hudson, and Westfields. These needs include 1. Increase Access to Mental Health, 2. Promote Positive Behaviors to Reduce Obesity, 3. Increase Access to Primary and Preventive Care, 4. Improve Service Integration, 5. Promote Change in Unhealthy Lifestyles, and 6. Increase Access to Dental Care.

A matrix (see Appendix) was used to rank those priorities based on three characteristics: size and prevalence of issue, effectiveness of interventions, and HealthPartners' capacity to influence change in that initiative. Each of the three characteristics (size and prevalence, effectiveness, and HealthPartners' capacity) was evaluated on a scale from 1 to 5; 1 being the most important and 5 being the least important.

The numeric value for each characteristic was calculated by summing the number values each was given and dividing that total by the number of responses (8). The point value for each main priority was calculated by summing the total point values of each characteristic and dividing that number by the number of responses (8). Therefore, the lower the number, the more important the priority was deemed. The priority, "Promote Change in Unhealthy Lifestyles" is used as an example below to demonstrate the calculation.

Priority Calculation Example:

Increase Access to Mental Health

- Size and Prevalence: $(1 + 1 + 1 + 1 + 1 + 2 + 1 + 1) / 8 = 1.12$
- Effectiveness of Interventions: $(3 + 2 + 1 + 2 + 2 + 2 + 2 + 1) / 8 = 1.87$
- HealthPartners' Capacity: $(3 + 1 + 1 + 1 + 1 + 2 + 2 + 2) / 8 = 1.62$
- Overall: $[(1 + 1 + 1 + 1 + 1 + 2 + 1 + 1) + (3 + 2 + 1 + 2 + 2 + 2 + 2 + 1) + (3 + 1 + 1 + 1 + 1 + 2 + 2 + 2)] / 8 = 4.62$

The six ranked priorities, along with their subsections' numerical values, are listed below:

Increase Access to Mental Health • Size and Prevalence of Issue • Effectiveness of Interventions • HealthPartners' Capacity	4.62 1.12 1.87 1.62
Promote Positive Behaviors to Reduce Obesity (Nutrition and Physical Activity) • Size and Prevalence of Issue • Effectiveness of Interventions • HealthPartners' Capacity	5.50 1.25 2.00 1.87
Increase Access to Primary and Preventive Care • Size and Prevalence of Issue • Effectiveness of Interventions • HealthPartners' Capacity	5.75 2.12 2.00 1.75

Improve Service Integration • Size and Prevalence of Issue • Effectiveness of Interventions • HealthPartners' Capacity	5.75 2.12 1.87 1.75
Promote Change in Unhealthy Lifestyles (Tobacco/Alcohol/Substance Abuse) • Size and Prevalence of Issue • Effectiveness of Interventions • HealthPartners' Capacity	7.12 1.87 2.87 2.37
Increase Access to Dental Care • Size and Prevalence of Issue • Effectiveness of Interventions • HealthPartners' Capacity	7.12 2.25 2.37 2.50

After much discussion, representatives from each hospital agreed to address the following five priorities.

1. Increase Access to Mental Health
2. Promote Positive Behaviors to Reduce Obesity (Nutrition and Physical Activity)
3. Increase Access to Primary and Preventive Care
4. Improve Service Integration
5. Promote Change in Unhealthy Lifestyles (Tobacco/Alcohol/Substance Abuse)

The four hospital organizations decided not to prioritize “Increase Access to Dental Care” for the following reasons: 1) Dental care is not a core service line for the hospitals and 2) HealthPartners, the parent organization, already places significant emphasis on dental care services with access through its dental practices and free dental clinics. Thus, the need is being addressed by the parent organization.

Each hospital will address these priorities in a variety of capacities: lead, collaborate, participate and advocate. In the Implementation Plans, each hospital identifies objectives that fit under the priorities they are going to address, or are currently addressing.

Priorities that Will Not be Addressed

Priorities That Will Not Be Addressed

“Increase Access to Dental Services” was identified as the sixth priority in the communities served by Regions, Lakeview, Hudson and Westfields. While this is a concern in the community, the team decided to focus their efforts on the other five priorities because HealthPartners as an insurance company is currently the leading dental care provider to uninsured people in Minneapolis/St. Paul. Access to dental care is not a core service line for the hospitals and is outside the scope of hospital influence. As a result community benefit activities would be more beneficial in the other prioritized areas.

While overall the team decided not to focus efforts on oral health services, it is noteworthy that St. Croix County is addressing “Oral Health” as a subset within the “Access to Primary and Preventive Health Services” health priority and task force.

Inventory of Selected Health Services and Information Gaps

Inventory of Selected Health Services

In addition to the services provided by HealthPartners listed in the hospital biographies, other charity care services and health resources available in the service area counties include:

HEALTH RESOURCES SERVING DIVERSE COMMUNITIES Ramsey County

Health Care Provider	Hours	Eligibility Requirements	Interpreter Services	Services Offered
Advanced Medical Clinic 491 University Ave West, Suite B St. Paul, MN 55103 651-771-5778	Mon. - Fri. 8:30 a.m. - 5:30 p.m.	Appropriate health plan	Hmong, Laotian, Thai	Immunizations for school, tobacco counseling, IVF, travel shots, PPD, laser treatments for facial, sick o/v.
Alina Medical Clinic – West St. Paul 150 East Emerson Ave. West St. Paul, MN 55118 651-241-1800 www.alina.com	Mon. - Thurs. 8:00 a.m. - 8:00 p.m. Fri. 8:00 a.m. - 5:00 p.m. Sat. 9:00 a.m. - 4:00 p.m.	Appropriate health plan	Available upon request	Family practice, podiatry (by appointment), optical, mental health, general surgery, diabetes education.
Bethesda Clinic University Family Physicians 580 Rice St. St. Paul, MN 55103 651-227-6551 www.umphysicians.com	Mon. - Fri. 8:00 a.m. - 5:00 p.m.	Appropriate health plan	Hmong, others by appointment	Family practice. Culturally Specific Services: Hmong diabetes education.
Bobby K. Yang Medical Clinic 1047 University Ave. W. #101 St. Paul, MN 55104 651-646-5452	Mon. - Fri. 8:30 a.m. - 5:30 p.m. Sat. 8:30 a.m. - 12:30 p.m.	None	Hmong	Hmong and English speaking staff.
Children's Hospitals and Clinics- St. Paul 345 North Smith Ave. St. Paul, MN 55102 651-220-6000 (nurse) www.childrenshc.org	Mon. - Fri. 8:30 a.m. - 5:00 p.m.	None	Hmong, Laotian, Spanish, other languages by appointment	Pediatrics (plus subspecialty clinics e.g., allergy, cardiac, endocrine, renal, neurology, genetics, acute care, well care, etc.), child and family services, occupational therapy, physical therapy, speech therapy, nutrition counseling, child abuse program, oncology/hematology.
East Side Family Clinic / Westside Community Health Services 860 Arcade St. St. Paul, MN 55106 651-772-9757 www.westsidechs.org	Mon. - Fri. 8:00 a.m. - 5:00 p.m.	Most health plans and sliding fee for uninsured	Hmong, Spanish and other languages by request	Geriatrics, minor surgery, lab, x-ray, social services, nutrition services, diabetic education (Hmong groups), group clinics for diabetes & asthma, prenatal classes, adolescent health care, HIV testing.
Face-to-Face Health & Counseling 1165 Arcade St. St. Paul, MN 55106 651-772-5555 Fax: 651-772-5656 www.face2face.org	Mon. 10:00 a.m. - 5:00 p.m. Tues. 1:00 p.m. - 7:00 p.m. Wed., Fri. 9:00 p.m. - 5:00 p.m. Thurs. 11:00 a.m. - 7:00 p.m. Sat. 10:00 a.m. - 1:00 p.m.	Ages 11-23, most insurance accepted and sliding fee	All languages	Reproductive health, general medical, mental health counseling, prenatal care.

Health Care Provider	Hours	Eligibility Requirements	Interpreter Services	Services Offered
Family Health Services MN PA 911 E. Maryland Ave. St. Paul, MN 55106 651-776-2719 www.minnhealth.com	Mon. - Fri. 8:30 a.m. - 6:00 p.m.	Accept most medical coverage programs and insurance plans	Hmong	Vaccinations, Social worker services for Hmong. Primary Care, OB & pediatric services. Culturally Specific Services: Diabetes education available with certified diabetic counselor.
Family Tree Clinic 1619 Dayton Ave. # 205 St. Paul, MN 55104 651-645-0478 www.familytreeclinic.org	Mon., Wed. 8:30 a.m. - 8:30 p.m. Tues., Thurs. 8:30 a.m. - 5:00 p.m. Sat. 10:00 a.m. - 2 p.m.	None	All languages available.; interpreters are NOT on-site and must be scheduled in advance	Reproductive health, family planning, sexual health including low-cost & free birth control, annual exams, STD testing, treatment and emergency contraception. Culturally Specific Services: Deaf, Deaf Blind and hard of hearing services, LGBT targeted services.
Health Care for the Homeless / Westside Community Health Services 438 Main Street St. Paul MN 55102 651- 290-6815 www.westsidechs.org	<i>Depends on clinic site-call for info</i>	Homeless	All languages	Acute care, primary care, eye care, acupuncture, chiropractic, energy healing, CD, mental health counseling.
Health Start School-Based Clinics / Westside Community Health Services 860 Arcade St. St. Paul, MN 55106 651-793-2222 www.westsidechs.org Located at St. Paul Public High Schools and Alternative Programs including: - AGAPE - Como Park - Alternative - Guadalupe (GAP) - Learning - Harding - Arlington - Highland Park - Center Clinic - Humboldt - Central - Johnson	Mon. - Fri. 8:30 a.m. - 4:00 p.m.	Adolescents living in or attending a high school/ alternative school in Ramsey, Dakota or Washington County	Interpreters available upon request Spanish speaking midwife	A program of WestSide Community Health Services, offers primary care, adolescent health care, prenatal care, family planning, social services, nutrition, health education, mental health. Culturally Specific Services: Prenatal classes in Spanish; diabetes education in Hmong and Spanish through WestSide Community Health Services (Health Start's parent organization). Other criteria: Students currently receiving services at school-based health centers, adolescents 7 th grade through their 22 nd birthday, prenatal patients who meet income guidelines. Women who have previously delivered with well woman care. Any woman requesting a pregnancy test (prefer by appt. but will do walk in when a nurse practitioner is available).

Health Care Provider	Hours	Eligibility Requirements	Interpreter Services	Services Offered
HealthEast Clinics www.healtheast.org				
HealthEast / Cottage Grove 6936 Pine Arbor Drive S. Cottage Grove, MN 55016 651-326-5800	Mon. - Fri. 8:30 a.m. - 5:00 p.m.	None	All by appointment	Family medicine, including OB and podiatry.
HealthEast / Macalester/Groveland Clinic 45 North Snelling Ave. St. Paul, MN 55104 651-326-5650	Mon. - Fri. 8:00 a.m. - 5:00 p.m.	None	All by appointment	Family care for all ages, nurse midwives for OB/GYN care.
HealthEast / Maplewood Clinic 3100 Kennard St., Ste. 100 Maplewood, MN 55109 651-232-7800	Mon. - Fri. 8:30 a.m. - 5:00 p.m.	None	All by appointment	General adult care, internal medicine and pediatric care Culturally Specific Services: One doctor who is Vietnamese in internal medicine (bilingual).
HealthEast / Midway Clinic 1690 University Ave. W. # 570 St. Paul, MN 55104 651-232-4800	Mon. - Fri. 8:00 a.m. - 5:00 p.m.	None	All by appointment	General adult care and geriatrics.
HealthEast / Oakdale Clinic 1099 Helmo Ave. N., Ste. 100 Oakdale, MN 55128 651-326-5300	Mon. - Fri. 7:00 a.m. - 5:00 p.m.	None	All by appointment	Family practice including OB care.
HealthEast / Rice Street Clinic 980 Rice St. St. Paul, MN 55117 651-326-9020	Mon. - Fri. 8:00 a.m. - 5:00 p.m.	None	All by appointment	General family care for all ages. Very diverse patient population (many Hmong patients), OB/GYN.
HealthEast / Roselawn Clinic 1983 Sloan Place, Suite #1 St. Paul, MN 55117 651-326-5700	Mon. - Fri. 8:00 a.m. - 5:00 p.m. After hours walk-ins: Mon. - Fri. 5:00 p.m. - 9:00 p.m. Weekends/hol. 10 a.m. - 4 p.m.	None	All by appointment	General family for all ages, including OB care, certified nurse midwives available for OB care and routine GYN care. Very diverse patient population.
HealthEast / Downtown St. Paul Clinic 17 West Exchange #500 St. Paul, MN 55102 651-232-4200	Mon. - Fri. 8:00 a.m. - 5:00 p.m.	None	All by appointment	General primary care for adults. Specializes in internal medicine, osteoporosis including DEXA scanning; heart care including stress tests.

Health Care Provider	Hours	Eligibility Requirements	Interpreter Services	Services Offered
HealthEast / Salud Integral 797 East 7th St. St. Paul, MN 55106 651-326-4500	Mon. - Fri. 8:00 a.m. - 5:00 p.m.	None	Bilingual Spanish staff, other languages by appointment	Family medicine, including OB care, certified nurse midwife available for OB care and routine GYN care.
HealthEast / Vadnais Heights Clinic 1055 Centerville Circle Vadnais Heights, MN 55127 651-326-5900	Mon. - Fri. 8:00 a.m. - 5:00 p.m.	None	All by appointment	Family Medicine.
HealthPartners / Center for International Health 451 Dunlap St. St. Paul, MN 55104 651-647-2100 www.healthpartners.com	Mon. - Fri. 8:00 a.m. - 5:00 p.m.	Ages 13 and older Immigration physicals – all ages Internal medicine – ages 15 and over Accept most medical coverage programs and insurance plans	Hmong, Laotian, Cambodian, Vietnamese, Spanish, Russian, Somali, French, Oromo, Amharic, all language needs can be accommodated; many bilingual providers	Internal medicine, immigration physicals for all ages, behavioral health therapy and psychiatry, pediatrics, social services and patient education in a culturally sensitive environment with interpreters in the language of patient. Individual, group, and family therapy. Culturally Specific Services: Vietnamese men's group; prison camp survivors group; Hmong diabetes group; Hmong women's support group; Somali women's group. Travel Clinic: Mon.-Fri. for pre- and post-travel immunizations and consultation. Tropical & Travel Medicine: Consultative services in tropical infectious diseases.
La Clinica / Westside Community Health Services 153 Cesar Chavez Street St. Paul, MN 55107 651-222-1816 www.westsidechs.org	By appointment Mon., Tues., Fri. 8:00 a.m.-5:00p.m. Wed., Thurs. 8:00a.m. – 8:00 p.m. Sat. 8:00 a.m. – Noon	Most health plans and sliding fee for uninsured.	English, Hmong, Spanish speaking staff, all other languages available by phone interpreters	Adolescent health care, dental services, diabetes care, family planning & pregnancy testing, family support & mental health counseling, health education, HIV care, nutrition services, pharmacy services, prenatal care, senior care, well child care and immunizations, women's health, Women, Infants and Children (WIC) Program Culturally Specific Services:
Lo Medical Clinic 2353 Rice St., Suite 210 Roseville, MN 55113 651-203-0040	Mon., Wed., Fri. 9:00 a.m. - 1:00 p.m.	None	All staff speak Hmong	Family practice, pediatrics, health education.
McDonough Homes Clinic / Westside Community Health Services 1544 Timberlake Rd., #225 St. Paul, MN 55117 651-558-2191 www.westsidechs.org	Mon., Tues., Thurs., Fri. 8:00 a.m. – 4:30 p.m. Wed. 9:00 a.m. - 5:30 p.m. <i>Homeless are welcome</i>	Most insurance plans, MA, and/or sliding fee scale	Hmong; other languages can be arranged	Primary care, mental health, OB/GYN, diabetes clinic, health education, outreach, nutrition. Culturally Specific Services: Hmong women's groups and diabetes groups.

Health Care Provider	Hours	Eligibility Requirements	Interpreter Services	Services Offered
Neighborhood House – Health Access Program 179 E. Robie St. St. Paul, MN 55107 651-789-2507 www.neighb.org	Mon. - Fri. 8:30 a.m. - 5:00 p.m. or by appointment	None	Bilingual staff (Spanish/English)	Reproductive health education through trained community health workers, non-prescription contraceptives for Spanish-speaking women.
Open Cities Health Center, Inc. 409 N. Dunlap St. St. Paul, MN 55104 651-290-9200 www.ochealthcenter.com	Mon. - Thurs. 8:00 a.m. – 8:00 p.m. Fri. 8:00 a.m. – 5:00 p.m. Sat. 10:00 a.m. – 2:00 p.m.	None	Hmong; others available upon request	Medical and dental care, behavioral health, optometry, chiropractic care. Culturally Specific Services: Hmong parenting group, Hmong women' group, Hmong car seat class.
135 Manitoba Ave. St. Paul, MN 55117 651-489-8021 www.ochealthcenter.com	Mon. - Sat. 8:00 a.m. - 5:00 p.m.	None	Hmong; others available upon request	Medical and dental care, behavioral health, optometry, chiropractic care. Culturally Specific Services: Hmong parenting group, Hmong women' group, Hmong car seat class.
Phalen Village Clinic University Minnesota Physicians 1414 Maryland Ave. E. St. Paul, MN 55106 651-772-3461 www.umpphysicians.umn.edu	Mon. - Fri. 8:00 a.m. - 5:00 p.m.	Accept most health plans	Hmong and Spanish, others by appointment	Family practice, pediatrics, OB, prenatal care, family therapy, mental health services available. Culturally Specific Services: Hmong support group, diabetic education and some mental health services.
Planned Parenthood of MN/SD www.ppnmsd.org				
1965 Ford Parkway St. Paul, MN 55116 651-698-2406	Mon. - Fri. 9:00 a.m. - 5:00 p.m. Sat. 8:30 a.m. - 1:00 p.m. (2X month)	None	By appointment only	Family planning, birth control, STI testing and treatment, HIV testing, first trimester abortion, vasectomy.
1700-L Rice St. St. Paul, MN 55113 651-489-1328	Mon., Wed. 12:30 p.m.-7:00 p.m. Tues. CLOSED Thurs. 8:00 a.m. - 1:00 p.m. Fri. 9:00 a.m. - 5:00 p.m. 1 st & 3 rd Sat. of the month 9:00 a.m. - 1:00 p.m.	None	By appointment only	Family planning, birth control, pregnancy testing, HIV testing, STI testing and treatment.
Angelito C. Ramos, MD 1345 Thompson Ave. So. St. Paul, MN 55075 651-451-2711	Mon., Tues., Thurs., Fri. 8:00a.m. – 4:00p.m. Wed. 8:00 a.m. – Noon	Private pay, MA, Medicare coverage	Hmong and Spanish	Pediatrics, adult medicine, Hypertension, Diabetes, and Thyroid treatment.

Health Care Provider	Hours	Eligibility Requirements	Interpreter Services	Services Offered
St. Mary's Health Clinics Scheduling: 651-690-7029 www.stmaryshealthclinics.org <i>Various locations throughout the Twin Cities metro area including:</i> - Minneapolis - Maplewood - St. Paul - Minnetonka - Apple Valley - Plymouth - Chanhassen - Shakopee - Brooklyn Park - Spring Lake Pk. - Maple Grove - Wayzata	Designated days each site. Mon. - Thurs. 8:30 a.m.-3:30 p.m. Fri. 8:30 a.m. - 12:30 p.m. Call scheduling number for information	Must be uninsured and within income guidelines Call scheduling number for telephone eligibility screening	Patients must arrange their own interpreters, but Spanish interpreters are available	Basic primary care, specialty referrals, most medications and some hospital services at no expense to patient. Latino health education and outreach in identified Minneapolis and St. Paul parishes.
St. Paul Family Medical Center 1239 Payne Ave. St. Paul, MN 55101 651-209-8350	Mon., Tues., Thurs., Fri. 9:00 a.m. - 5:00 p.m. Closed Wednesday	MA, most insurance accepted	Bilingual Hmong staff	Family practice, OB/GYN.
St. Paul-Ramsey County Department of Public Health Refugee Health Program 555 Cedar St. St. Paul, MN 55101 651-266-1244 www.co.ramsey.mn.us	Call for appointments	Refugees living in Ramsey County.	AT&T language line and staff available who speak Amharic, Oromo, Hmong and Somali	Referrals for refugee health screening. Completion of supplement to I-693 form. Other services include: immunization clinic and travel clinic.
United Family Practice Center 545 West Seventh St. St. Paul, MN 55102 651-241-1000 www.unitedfamilymedicine.org	Mon., Fri. 8:30 a.m. - 5:00 p.m. Tues., Wed., Thurs. 8:30 a.m. - 8:00 p.m.	None	All languages, including ASL	Family practice and OB/GYN.
Wakota Life Care Center 1140 S. Robert St. West St. Paul, MN 651-457-1195 www.wakotalifecarecenter.org	Call to verify clinic hours	Call to verify eligibility requirements	Call to verify interpreter services	Free pregnancy testing and counseling, free pregnancy verification for MA, social services for pregnant women through a "client advocate." Low cost immunizations, STI testing, child care, school physicals, other non-emergency health care services.
Xoua Thao Medical Center 796 E. 7 th St. St. Paul, MN 55106 651-774-0347	Mon. - Fri. 9:00 a.m. - 5:00 p.m.	MA, most other insurance accepted	Bilingual Hmong staff	Family practice.

Health Care Provider	Hours	Eligibility Requirements	Interpreter Services	Services Offered
Home Care				
Equity Services of St. Paul 197 W. Geranium Ave. St. Paul, MN 55117 651-489-4656 www.equityhomecare.org	7:00 a.m. - 4:30 p.m.	MA, Medicare, most managed health plans	Hmong, Cambodian, Spanish, Russian, others available upon request	Home health care, RN, LPN, Health Aide, PCA, PT, OT, SW. Culturally Specific Services: Hmong diabetic teaching.
My Home Health Care, Inc. 569 Dale St. N, Ste. 100 St. Paul, MN 55104 651-488-3126	Mon. - Fri. 9:00 a.m. - 6:00 p.m. or per request	MA, and most other insurances	Bilingual staff in Cambodian, Hmong, Lao, Thai, Karen, Vietnamese, and Thai, others available upon request	PCA services, home maker services, chores, family counseling and training, physician services, private duty nursing (regular and extended), nutrition services, caregiver training, diabetic teaching (1:1 or group teaching), RN/SNV.
People Inc. Home Health Agency 317 York Ave. St. Paul, MN 55130 651-774-0202 www.peopleincorporated.org	Mon. - Fri. 8:00 a.m. - 5:00 p.m.	Appropriate health plan or waiver, private pay available	Hmong, sign language, other languages by appointment	Skilled nursing visits, home health aid, services for clients with mental illness.
Southeast Asian Health Care Services 421 N. Dale St., Suite B St. Paul, MN 55103 651-222-2889	Mon. - Fri. 8:00 a.m. - 5:00 p.m.	Medical Assistance Recipient	English, Hmong, Lao, Vietnamese Thai, Karen, Chinese	Personal care assistance, RN supervision-interpretation.
Dental Care				
Century Technical College 3300 Century Ave. N. White Bear Lake, MN 55110 651-779-5787	Call for hours and appointments; some evening hours available	None, discounted flat fee for service	Call to inquire	Dental exams, x-rays, cleaning, oral cancer screening and sealants.
Community Dental Care 828 Hawthorne Ave. St. Paul, MN 55106 651-774-2959 (Mon. - Thurs.) 1670 Beam Avenue, Suite 204 Maplewood, MN 55109 651-925-8400	Mon. - Thurs. 8:15 a.m. - 7:00 p.m. Fri., Sat. 8:15 a.m. - 1:00 p.m. Mon. - Fri. 7:30 am - 9:30 pm	Self pay, MA, and most other insurance plans	Hmong (many bilingual staff), others available upon request	General dentistry for all ages, prevention programs Culturally Specific Services: Prevention programs for children (0-5) and pregnant mothers, Hmong, Karen, Hispanic, others. Culturally specific presentations and outreaches.

Health Care Provider	Hours	Eligibility Requirements	Interpreter Services	Services Offered
Helping Hand Dental Clinic 506 West 7 th Street Saint Paul, MN 55102	Mon., Tues., Wed. 7:30a.m. - 5:30p.m. Thurs., Fri. 8:30 p.m. - 5:00p.m. URGENT CARE: Wed. only Appointments must be made day before at 3:00 p.m.	Most insurance plans, sliding fees for uninsured or underinsured based on income and family size	English, Cambodian, Vietnamese, Romanian, French, Spanish, Hmong	Dental care with Urgent Care available on Wednesdays. Appointments for Urgent Care are made at 3p.m. the day before the Urgent Care Clinic.
Lor Dental Clinic 491 University Ave., Ste. A St. Paul, MN 55103 651-489-3681	Mon. - Fri. 9:00 a.m. - 6:00 p.m.	Self pay, MA, and most insurance plans	Laotian, Hmong, English	Comprehensive dental services, orthodontic and implants.
Open Cities Health Center, Inc. 135 Manitoba Ave. St. Paul, MN 55117 651-489-8021 409 N. Dunlap St. St. Paul, MN 55104 651-290-9200	Mon. - Sat. 8:00 a.m. - 5:00 p.m. Mon. - Thurs. 8:00 a.m. - 8:00 p.m. Fri. 8:00 a.m. - 5:00 p.m. Sat. 10:00 a.m. - 2:00 p.m.	Most insurance plans, sliding fee for the Most insurance plans	Available upon request Hmong; others available upon request	Dental care. (See under medical listings for other services.) For all ages. Full dental care. (See under medical listings for other services.)
Union Gospel Mission Dental Clinic 435 University Ave. E St. Paul, MN 55130 651-292-1721	Call for hours and appointments	Must have no insurance & unable to afford payments elsewhere	Spanish	Adult emergency clinic: Extractions, root canals, fillings Children's clinic: all services.

Health Care Provider	Hours	Eligibility Requirements	Interpreter Services	Services Offered
West Side Dental Clinic 478 S. Robert St. St. Paul, MN 55107 651-602-7575	Mon. - Fri. 8:00 a.m. - 5:00 p.m. URGENT CARE: Mon., Fri. only Appointments must be made day before at 3:00 p.m.	Sliding fee scale and most insurance plans	Spanish	General dental practice, all ages.
Mental Health Services				
Children's Home Society and Family Services 2230 Como Avenue St. Paul, MN 55108 651-641-1300 2www.chsfs.org	Mon. - Fri. 8:30 a.m. - 5 p.m.	Have children and reside in Anoka, Ramsey, Chisago counties	Spanish, Hmong on a limited basis	Outpatient mental health services for children, teens, adults, partners and family. Group counseling with rotating themes. Adoption Competent therapy for couples with adoptees of multi-racial backgrounds.
La Familia Guidance Center, Inc. 155 S Wabasha Street St. Paul, MN 55107	Mon.- Fri. 8:30 a.m.-5:00 p.m.	None	English and Spanish speaking staff	Mental Health Services
Other Resources United Way 2-1-1 (formerly First Call for Help): Free, confidential multilingual information on services, such as food shelves, clothing outlets and transportation, available in Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington and other counties. Assistance available in Hmong, Laotian, Russian, Somali, Spanish and Vietnamese. Call 211. Medical Assistance: To apply for medical assistance in Ramsey County call 651-266-4444. Alternative Health Care Plans: If not eligible for other health insurance or Medical Assistance: • <i>Minnesota Care:</i> In the metro area call 651-297-3862 to enroll. In Greater Minnesota, call 800-657-3672. • <i>Neighborhood HealthCare Network:</i> Call 651-489-2273 for participating clinics who offer sliding scale. • <i>PORTICO HealthNet:</i> For residents of Ramsey, Dakota and Washington counties who do not have insurance, call 651-603-5100 Portico provides assistance in finding a health care program such as MinnesotaCare, MA, or GAMC. Also provides its own health access program for people without health insurance (not eligible for the above programs) including primary, preventive care, some specialty care, eye exams, eyeglasses and prescriptions. Spanish- and Hmong- speaking staff available; interpreters provided for other languages.				

Additional services in Ramsey County:

- Ramsey Co Mental Health (402 University Ave): 651-266-7890
- Ramsey Co Crisis: 651-266-7900
- Case Management/Pre-Petition/PHP/Crisis
 - Martha Trowbridge (PPS, CM Intake): 651-266-7995; Fax 651-266-7989
 - Ramsey Co PHP Intake (not for patients to use): 651-295-0958; Fax 651-266-7850 or 651-266-7855
 - Diane Ahrens Crisis Beds (short-term): 651-266-7900 (Contact Ramsey Co Crisis)
 - Hovander: 651-254-4370
 - United Hospital PHP/Day Treatment: 651-241-8565; Fax 651-241-7168
 - Ramsey Co Urgent Care/Crisis Services: 651-266-7890
 - Access workers : 651-647-2551 (homeless pts)
- IRTS (Intensive Residential Treatment Services)
 - Maghakian, Jeremiah (admissions): 651-793-6333; Fax 651-793-6337
 - Community Foundations, Holly (admissions): 651-221-9880; Fax 651-225-1545
 - Safe House, Pat (admissions): 651-254-4744
 - Community Options, Becca (admissions): 651-487-8088; Fax 651-487-8105
 - Como Residence, Mark (admissions): 651-558-2266; Fax 651-558-223
- Anoka Metro Regional Treatment Center (Serves multiple counties)
 - Central Pre-Admissions: 651-431-5337; Fax 651-431-7705
 - Ted Page, SW/Bed Placement: 651-431-5069
 - Linda, SW/Bed Placement: 651-431-5033

Information and Referral Resources – Dakota County

- United Way 2-1-1 (formerly First Call for Help), 651-291-0211 (24 hours/7 days per week) Free, confidential information and referral service that links people to social service, health, educational, and recreational resources. United Way 2-1-1 is available 8:30 a.m. – 5:00 p.m. in the following languages:

- o Hmong: 612-721-4852
 - o Laotian: 612-721-4852
 - o Russian: 651-698-9167
 - o Somali: 612-721-4852
 - o Spanish: 651-291-0211
 - o Vietnamese: 612-721-4852
- MinnesotaHelp.info 1-800-333-2433 (Senior LinkAge Line), or 1-866-333-2466 (Disability Linkage Line) The MN Department of Human Services, the MN Board on Aging, and other partners offers a searchable database of local community resources for consumers, caregivers and service providers.
- Children's Defense Fund Minnesota 651-227-6121.
Searchable directories that list health care and dental options for uninsured or poorly insured families with children. Includes information on Medical Assistance, MinnesotaCare, and other low cost or free health services available in each county in Minnesota.
- Bridge to Benefits is a project by Children's Defense Fund Minnesota to link families and individuals to public work support programs and tax credits. Check to see if you or someone else may be eligible for programs, by using the free Eligibility Screening Tool.
- Portico HealthNet 651-603-5100 Portico HealthNet can help people find out if they are eligible for one of Minnesota's health care programs, such as MinnesotaCare or Medical Assistance, assist with application forms, and help through the enrollment process. If not eligible for one of Minnesota's programs, staff can help apply for the Portico Healthnet Program that offers access to a number of health care services through a network of providers.
- Dakota County Crisis: 952-891-7171
General: 651-554-6000
 - o Pre-Petition/Civil Commitment
 - Pre-Petition Intake: 651-554-6000
Dakota County Probate Court: 651-438-8120; Fax 651-438-8161 or 651-438-4499
Dakota County Attorney's Office: 651-438-4438
 - o Financial
 - Vicki Englund: 651-254-3105 or 651-554-5935
 - o IRTS
 - Guild South: 651-455-6800
Theo: 651-457-6999
 - o Rule 25
 - General: 651-554-600
Walk-in hours, M-F, arrive before 0900, 1 Mendota Road West, West St. Paul, MN (3rd floor Social Services)

Information and Referral Resources in Lakeview Area / Washington County

Healthcare	Hours	Services Offered
HealthEast Stillwater Clinic 2900 Curve Crest Blvd Stillwater, MN 55082 651-471-5600 www.healtheast.org	Mon - Fri 7:30 am - 5 pm Saturday 8 am - noon	Family medicine, allergy care, diabetes education, heart care, midwifery (certified nurse-midwives), physical therapy
Lakeview Hospital 927 Churchill Street West Stillwater, MN 55082 651-439-5330 www.lakeviewhealth.org	Emergency Dept: 24/7 OB/GYN Clinic: Mon - Fri 7:30am - 5pm	Full-service hospital; emergency medicine, intensive care unit, anesthesiology, general surgery, same day surgery, orthopaedic surgery, physical medicine, women's health clinic, OB/GYN, birth center, cardiology and heart center, cardiac and pulmonary rehabilitation, hospice and palliative care, colonoscopy, oncology and
Stillwater Medical Group 1500 Curve Crest Blvd Stillwater, MN 55082 651-439-1234 www.lakeviewhealth.org	Mon - Fri 7:30am - 5pm Urgent Care: Mon - Fri 5pm - 8:30pm Sat & Sun 8am - 11:30am	Primary Care Clinic: family medicine, pediatrics, adult medicine, geriatric medicine, internal medicine, as well as 35 specialists, urgent care, and pharmacy
Stillwater Medical Group Walmart Clinic 5815 Norell Ave Oak Park Heights, MN 55082 651-439-1234	Mon - Fri 9am - 7pm Sat 9am - 5pm Sun 11am - 5pm	Convenient care clinic; preventative and routine health care for ages 18 months and above.
St. Croix Family Medical Clinic 5640 Memorial Ave N. Suite B Stillwater, MN 55082 651-430-1880 www.southsidechs.org	Mon Wed Fri 8am - 5pm	Federally Qualified Community Health Clinic. Accepts insurance or sliding fee/free care. General medicine, physical exams, well child check-ups, prenatal care, reproductive health care, family planning, STD testing, and HIV testing

Other Health Care	Hours	Services Offered
Courage St. Croix 1460 Curve Crest Blvd Stillwater, MN 55082 651-439-8283 www.couragecenter.org		Provides rehabilitation, enrichment, vocational, independent living, and education services to empower people with disabilities and sensory impairments to achieve their full potential
Project Life 713 County Road 5 Stillwater, MN 55082 651-439-5964 www.scvlcc.org	Mon - Thurs 9am - 7pm Fri 9am - 3pm	Free and confidential pregnancy testing and family resource center. Counseling, ultra sounds, prenatal care, STD testing, baby layettes/furniture, housing and financial assistance
Scandia Clinic Osceola Medical Center 21150 Ozark Court North Scandia, MN 55073 888-565-4662	Mon 9am - 7pm Tues 9am - 5pm Wed 9am - 6pm Thurs 9am - 5pm Fri 9am - 5pm	Complete family medical clinic
St. Croix Orthopaedics, P.A. 1701 Curve Crest Blvd, Suite 104 Stillwater, MN 55082 651-439-8807 www.stcroixortho.com	Mon - Thurs 7:30am - 5pm Fri 7:30am - 4pm	Surgical and non-surgical orthopaedic services, arthroscopy, hand and foot surgery, limb lengthening, orthotics, sports medicine and sports injuries, spine and lower back surgery, total joint replacements
Washington County Public Health & Environment 651-430-6655 www.co.washington.mn.us/publichealth/		Prenatal and breastfeeding education, parenting support, immunization clinic, WIC, and long-term care programs. Family Health Nursing provides supportive home visits and health education to pregnant women and families with children in Washington County. Services for health promotion, adolescent health, and disease

Dental	Hours	Services Offered
St. Croix Family Dental Van/Clinic 5640 Memorial Ave N. Suite B Stillwater, MN 55082 651-430-1880 www.southsidechs.org	Mon Wed Fri 8am - 5pm	Dental van and dental clinic on a sliding fee basis. Helps patients determine eligibility for government-funded dental care.
Reardon Dentistry 333 Main St N #111 Stillwater, MN 55082 651-439-6125 www.reardondentistry.com	Mon - Wed 8am - 5pm Thurs 7am - 4pm Fri 9am - 2pm	Full service dental clinic
River Valley Dental 1395 Curve Crest Blvd W Stillwater, MN 55082 651-430-0036 www.rivervalleydental.com	Mon 8am - 5pm Tues 7:30am - 5pm Wed 8am - 5pm Thurs 7am - 4pm Fri 7am - 1:30pm	Full service dental clinic
Southill Dental 2850 Curve Crest Blvd W #200 Stillwater, MN 55082 651-439-9400 www.southilldental.com	Mon - Thurs 8am - 5pm Fri 8am - 1pm	Full service dental clinic
St. Croix Valley Dental 13961 60th St N Stillwater, MN 55082 651-439-2600 www.stcroixvalleydental.com	Mon, Thu 7am – 7pm Tue - Wed 7am – 5pm Fri 7am – 4pm Sat 8am – 12pm	Full service dental clinic
Stillwater Family Dental 13481 60th St N #100 Oak Park Heights, MN 651-351-0890 www.stillwaterfamilydental.com	Mon Tues Thurs 8am - 5pm Wed 7:30am - 5pm Fri 8am - 1pm	High quality preventative, restorative, and cosmetic dental care
Windmill Distinctive Dentistry 1701 Curve Crest Blvd W Stillwater, MN 55082 651-439-8840 www.drwindmiller.com		Specializes in restorative and cosmetic dental care, including smile design, bonding, bridges ,conscious sedation, crowns, dental implants, hygiene, dentures, inlays and overlays, laser dentistry, non-metal fillins, veneers, and teeth whitening
Valley Ridge Dental 12425 55th St N Lake Elmo, MN 55042 651-300-7353 www.stillwaterdentalclinic.com	Mon 9am - 1pm Tues - Thurs 9am - 5pm Fri 9am - 12pm	Full service dental clinic

Home & Community Health	Hours	Services Offered
Community Thread Senior Center 2300 West Orleans St Stillwater, MN 55082 651-439-9159 www.communitythreadmn.org	Mon - Fri 9am - 4pm	A place for older adults to meet, socialize and stay involved in the community through comprehensive, high-quality programs and leisure activities. Provides fitness education, leisure programs, mini health clinics, resource information, tax assistance, defensive driving courses, volunteer opportunities
Home Care Organizations Washington County Department of Public Health & Environment 651-430-6655		A list of agencies that provide nurses, home health aides, and personal care attendants
Lakeview Parish Nursing Program Christ Lutheran Church (Lake Elmo), 651-777-2881 •Church of St. Michael (Stillwater), 651-439-4400 •Episcopal Church of the Ascension (Stillwater), 651-439-2609 •First Presbyterian Church (Stillwater), 651-439-4380 •Our Savior's Lutheran Church (Stillwater), 651-439-5704 •Rockpoint Church (Lake Elmo), 651-770-3172 •St. Andrew's Lutheran Church (Mahtomedi), 651-426-3261 •St. Paul Lutheran (Stillwater), 651-439-5970 •Salem Lutheran Church (Stillwater), 651-439-7831	Hours vary, call parish for information	Parish nursing combines healthcare and ministry to enhance the health and well-being of parishioners and the community. Parish nurses are licensed registered nurses who also have completed parish nurse education. They bring holistic healthcare and a variety of wellness resources to parishioners and the community — in their homes, healthcare settings and at the churches. The role of the parish nurse varies from congregation to congregation based upon the needs of the church, and may include serving as a health educator, health counselor, coordinator of volunteers, integrator of faith/health relationship, referral source and health advocate.
Lakeview Homecare & Hospice 1715 Tower Dr W, Suite 330 Stillwater, MN 55082 651-430-3320 www.lakeviewhealth.org	24/7	Convenient, cost-effective homecare, palliative care, and hospice services. Acute and chronic illness/injury care, Companion Care (an alternative to adult daycare), a wide range of services/educational support based upon individual medical, emotional, spiritual and psychological needs.
Community Thread: Neighborhood Service Exchange 2300 West Orleans St Stillwater, MN 55082 651-439-7434 www.volunteercvs.org		A neighbor-helping-neighbor program based on exchanging services such as cooking a meal, fixing a computer, providing a ride to the grocery store or making a friendly visit.
Senior Linkage Line 1-800-333-2433		A free statewide consultation, information and assistance service, helping connect seniors to useful services within the community to simplify everyday issues and decisions. Specializes in Medicare, prescription drug expense assistance, health insurance counseling, forms assistance, long-term care planning and insurance options, caregiver planning and support, home care, and transportation

Mental & Chemical Health	Hours	Services Offered
Alcoholics Anonymous Saint Paul & Suburban Area 651-227-5502 www.aastpaul.org	24/7	Support for people dealing with alcohol problems
Canvas Health Locations in Oakdale, Forest Lake, Stillwater 651-777-5222 www.canvashealth.org	Mon - Wed 8 am - 9 pm Thurs 8 am - 6 pm Fri 8 am - 5 pm	Comprehensive psychological and psychiatric assessment and treatment of emotional disturbance, mental illness, chemical dependency, physical and sexual abuse, services for seniors (adult day care, nutrition, transportation), individual and group therapy for children, parents and families
Children's Home Society & Family Services 1605 Eustis Street St. Paul, MN 55108 651-646-7771 www.chsfs.org	Mon - Fri 9am - 4:30pm	Variety of services including youth programs, individual and family counseling, and educational programs
FamilyMeans 1875 Northwestern Avenue S Stillwater, MN 55082 651-439-4840 www.familymeans.org	By appointment	A wide variety of services for families including mental health counseling, financial counseling, debt repayment program, support for seniors, caregiver support, respite care, and prevention programs in schools
Mental Health Emergencies Hotline 651-777-5222	24/7	A mental health professional is available for anyone experiencing a crisis such as suicidal feeling, depression, anxiety, panic,
Youth Service Bureau 101 Pine Street W Stillwater, MN 55082 651-439-8800 www.ysb.net	Monday through Friday, 8:00 am till 4:30 pm	Programs use a variety of evidence-based prevention, intervention and education strategies to help youth take responsibility for their actions, deal more effectively with challenging situations, achieve greater success in school and give back to their community.
Insurance & Legal Access	Hours	Services Offered
Lakeview Prescription Assistance Program (651) 430-8582	Monday through Friday 8:00 am till 5:00 pm or leave message	The Prescription Assistance Program helps qualifying individuals receive free and/or low-cost prescription medications from pharmaceutical companies and/or other sources. Eligibility: •Your primary healthcare provider must be with the Stillwater Medical Group. •You do not have insurance OR your insurance does not include prescription drug coverage. •Eligibility guidelines vary depending upon the medication needed.
Legal Assistance of Washington County 275 S Third St, Suite 103 Stillwater, MN 55082 651-351-7172 www.lawcinc.org	Intake hours: Mon Wed Fri 9am - 12pm	Provides legal representation or advice in civil matters for those who cannot afford private counsel. Civil matters include divorce, child support, visitation, paternity post decree, wills, spousal maintenance, consumer issues, and landlord-tenant.
Portico Healthnet 2610 University Ave W, Suite 550 St. Paul, MN 55114 651-603-5100 www.porticohealthnet.org	Monday through Friday, 8:00 am till 4:30 pm	Provides information and assistance on choosing the most appropriate health care program to meet individual needs
Tubman (Domestic Violence) 651-770-0777 (East Metro) www.tubmanfamilyalliance.org	24/7, 365	Provides free shelter, counseling, legal assistance from law clerks, assistance with Civil and Criminal Orders for Protection
Washington County Community Services Economic Assistance Intake 651-430-6459	Monday through Friday, 8:00 a.m. - 5:00 p.m.	Economic Support Services to help with health care coverage information and access services including: Medical Assistance Program and General Assistance Medical Care - assist persons who cannot meet the costs of necessary medical care and meet certain eligibility requirements TEFRA - medical assistance for children with disabilities

Nutrition, Shelter, & Basic Needs	Hours	Services Offered
Christian Cupboard 7830 Afton Rd Woodbury, MN 651-738-2338	Fri 9am - 12pm	Provides food and other basic need items to those that live in Woodbury, Landfall, Maplewood south of I-94, Oakdale, and Lake Elmo
Family Nutrition Program U of M Extension - Washington County 651-430-6800	Monday through Friday, 8:00 a.m. - 4:00 p.m.	A nutrition, food buying, and food safety education program for low-income families
Family Pathways Food Pantry 935 Lake St S PO Box 187 Forest Lake, MN 55025 651-464-2098 www.familypathways.org	Mon - Thurs 9am - 6pm Sat 9am - 3pm	Food shelf, community advocacy program, youth programs, and non-medical senior services. Serves areas surrounding Forest Lake, Scandia, and Wyoming
FARE For All Washington County 651-439-3838 OR 763-450-3880 www.emergencyfoodshelf.org	Monday through Friday, 8:00 a.m. - 5:00 p.m.	Provides produce, meat products and other healthy food at discounted prices. No income limitations. Several sites in Washington County (Emergency Foodshelf Network in partnership with United
Mahtomedi Area Food Shelf St. Jude of the Lake Parish 700 Mahtomedi Ave Mahtomedi, MN 55115 651-426-3245	Tues Thurs 1pm - 3pm	Provides nutritional assistance to individuals and families in need living within the Mahtomedi School District 832
Meals on Wheels Presbyterian Homes 651-746-8200 www.preshomes.org	Online scheduling	Volunteers deliver nutritionally balanced meals to seniors who are chronically disabled or homebound, and provide an opportunity for daily contact and interaction
Mothers and Children Program (MAC) and Nutrition Assistance Program for Seniors (NAPS) 651-484-8241 http://www.health.state.mn.us/divs/fh/csf/index.html		A supplemental food program for mothers and children up to age six, and seniors age 60 or over, that meet income requirements
Scandia-Marine Food Shelf 14781 Oakhill Rd N Scandia, MN 651-433-2723	By appointment	Food shelf for those that live in the Scandia-Marine area only
School Lunch Program for Students Stillwater School District 834: 651-351-8340 http://www.stillwater.k12.mn.us/departments/food-services/free-reduced-price-meals		Free or reduced meals for those who qualify.
St. Andrews Lutheran Church, Community Resource Center 900 Stillwater Road, Mahtomedi, MN 55115 Located in the Great Hall Building Email: center@saintandrews.org Phone: 651-762-9124 Fax: 651-332-8881	M-Thurs 8-4 or by appointment	Assisting families and individuals in Mahtomedi and surrounding areas with food, shelter, housing, clothing and support.
St. Croix Valley American Red Cross 342 5th Ave N Bayport, MN 55003 651-439-0031	Mon - Fri 8am - 4pm	Provides food, shelter, and clothing for families who are victims of disaster. Serves residents of St. Croix, Polk, and Burnett counties, as well as eastern Washington county
St. Michael's Food Shelf 611 S Third St Stillwater, MN 55082 651-439-4400 www.stmichaelstillwater.org	Mon - Thurs 9am - 11am	Serves residents of Stillwater School District 834
Women, Infants and Children (WIC) 651-430-6658 www.co.washington.mn.us/publichealth/		A supplemental food program for pregnant women, breastfeeding women, and children up to the age of five. Health screening and nutrition counseling also available.
Valley Outreach 1911 Curve Crest Blvd W Stillwater, MN 55082 651-430-2739 www.valleyoutreachmn.org	Mon Wed Fri 10am - 12pm Mon Thurs 6pm - 8pm	Food shelf and emergency fund for emergency heating and housing issues. Serves residents of Stillwater School District 834.
Washington County Community Services. Financial Intake line at 651-430-6459.	Monday through Friday, 8:00 a.m. - 5:00 p.m.	Applications are available in any of our four offices during business hours,

Transportation	Hours	Services Offered
Community Thread Transportation Program 2300 West Orleans St Stillwater, MN 55082 651-439-7434 www.volunteercvs.org	Monday through Friday, 9:00 am till 4:00 PM	This program recruits, trains, and maintains a team of volunteer drivers that provides door-to-door, transportation service for Washington County seniors and others who are unable to drive themselves to medical appointments
Canvas Health, Transporter, 651-275-4300	Monday through Friday, 6:00 am till 5:00 pm	Rides available for those who are ADA certified. Buses available for group transport for a fee.
TransitLink 651-602-5465 www.metromobility.org	7:00 a.m. - 3:30 p.m.	Link to transit within and between counties in the metro area. Call to establish a new ride, or riding scheduling on local bus services.
Other	Hours	Services Offered
Tubman Domestic Violence: If you need help quickly, call the 24-hour crisis line: 651-770-0777 (East Metro) www.tubman.org	24/7, 365	Provides free counseling, assistance, shelter, legal assistance, assistance with Civil and Criminal Orders for Protection
United Way of Washington County-East	8-5 Mon-Friday	Free, confidential referral to local community agencies/assistance.
United Way 2-1-1 651-291-0211	24/7	Free, confidential referral to community agencies/assistance throughout the metro area.

Information and Referral Resources in Lakeview Somerset Service Area

Hudson Physicians – WWMA

403 Stageline Road
Hudson, WI 54016
715-531-6800
www.hudsonphysicians.com

Hours

Mon –Thurs: 7:30 am – 8 pm
Fri: 7:30 am – 5 pm
Sat: 8 am – Noon

- Family medicine, internal medicine, pediatrics, geriatrics, women’s health care, general surgery, occupational medicine, sports and spine medicine, allergy & immunization clinic, cosmetic services, nutrition and diabetes education, same day appointments, personal lab services, imaging services, and specialty consulting services.

Hudson Hospital & Clinics

405 Stageline Road
Hudson, WI 54016
715-531-6000
www.hudsonhospital.org

Hours

ER: 24/7
Hospital: 7:00 am – 8 pm
Specialty Clinic: Mon – Fri 8 am – 6

- Hospital Care: alcohol and substance abuse recovery, birth center, emergency center, heart care, home & hospice care, imaging center, medical laboratory, nutrition care, orthopaedics, pharmacy, rehabilitation center, sleep health center, and surgery & procedure center
- Specialty Care: allergy & asthma, cancer care, ear, nose & throat, endocrinology, eye care, heart care, infusion therapy, internal medicine, nephrology, neurology, plastic surgery & cosmetic treatment, podiatry, pulmonary medicine & sleep health, rheumatology, urology, and vascular surgery.

Health Care	Hours	Services Offered
Free Clinic of Pierce and St. Croix Counties 1629 East Division Street River Falls, WI 54022 715-307-3948 www.freeclinicpiercestcroix.org	Tuesday 4:15 PM in-person registration begins, no appointments. Once a week clinic.	Free medical help, preventative education, and help in locating other community services. Uninsured, income requirements.
Osceola Medical Center 2600 65th Ave Osceola, WI 54020 715-294-2111 www.osceolamedicalcenter.com	Mon Tues 8am - 7pm Wed 8am - 5pm Thurs 8am - 7pm Fri 8am - 5pm	Complete family medical clinic
St. Croix County Public Health 1445 N 4th St New Richmond, WI 54017 715-246-8263	Mon - Fri 8am - 4:30	Offers medical and dental services to qualifying individuals needing assistance. Offers immunizations, birth control information, STD testing, pregnancy testing, HIV testing, breast and cervical cancer screening, and WIC. Helps determine whether qualify for state or county health programs. Resident of St. Croix County.
St. Croix Family Medical Clinic 5640 Memorial Ave N. Suite B Stillwater, MN 55082 651-430-1880 www.southsidechs.org	Mon Wed Fri 8am - 5pm	Federally Qualified Community Health Clinic. Accepts insurance or sliding fee/free care. General medicine, physical exams, well child check-ups, prenatal care, reproductive health care, family planning, STD testing, and HIV testing
Stillwater Medical Group 700 Rivard St Somerset, WI 54025 715-247-2060 www.lakeviewhealth.org/somersetclinic	Mon - Fri 7:30am - 5pm	Family medicine, internal medicine, pediatrics and adolescent medicine, OB/GYN, foot/ankle surgery, same day appointments, on-site laboratory, X-ray services, anticoagulation clinic, surgery

Westfields Hospital

535 Hospital Rd
New Richmond, WI 54017
(715) 243-2600
www.westfieldshospital.com

Hours

ER: 24/7
Hospital: 9:00am – 8:30 pm
Specialty Clinics: Mon – Friday 9:00am – 6:00pm

- Hospital: Ambulatory care, cardiopulmonary care, emergency medicine, home and hospice care, imaging services, infusion therapy, medical surgical care, nutrition services, obstetrics, physical rehabilitation, support groups, surgical services, wound care.
- Specialty Clinics: Audiology, cardiology, endocrinology, gastroenterology, gynecology, lung and sleep health, nephrology, neurology, OB/GYN, oncology/hematology, orthopaedics, ENT, pain management, plastic/cosmetic surgery, podiatry, sleep study, spine diseases, urology, orthotics/prothetics.

Dental	Hours	Services Offered
Crestview Dental Care 1810 Crestview Dr, Suite 5A Hudson, WI 54016 715-386-3727 www.crestviewdentalcare.com	Mon Tues 9am - 5pm Wed 10am - 6pm Thurs 9am - 5pm	Complete family dentistry
Grandview Dental 900 Crestview Dr, Suite 240 Hudson, WI 54016 715-381-5556 www.grandviewdentalhudson.com	Monday through Thursday 8:00 am till 5:00 pm	Complete comprehensive dental care
La Petite Dentistry 131 Carmichael Rd, Suite 200 Hudson, WI 54016 855-527-3848 www.lapetitedentistry.com	Mon Tues 7:30am - 6:30pm Wed Thurs 7:30am - 5:30pm Fri 7:30am - 4:30 Sat 8am - 1pm	Specializes in children's dentistry
Oakwood Dental 744 Ryan Drive, Suite 203 Hudson, WI 54016 715-386-5400 www.hudsonoakwooddental.com	Mon 7am - 4pm Tues Wed 9am - 7pm Thurs 7am - 5pm Fri 7am - 2pm	Full service family dental clinic
Rural Health Dental Clinic 3375 Kothlow Ave Menomonie, WI 54751 715-235-1573	Call for appointment Tues - Thurs 9am - 4pm	Dental care on a sliding fee scale with income eligibility.
St. Croix Valley Dentistry 213 Locust St Hudson, WI 54016 715-386-3553 www.stcroixvalleydentistry.com	Monday through Thursday 8:00 am till 5:00 pm Friday 8:00 am till 1:00 pm	Full service dental clinic
Home Health	Hours	Services Offered
ADORAY 2231 Highway 12, Suite 201 Baldwin, WI 54002 715-684-5020 www.adoray.org	Monday through Friday 8:00 AM till 4:30 PM	Medical care for recovering, disabled, or chronically ill persons. Hospice care; home care for terminally ill patients.
ADRC (Aging Disability Resource Center) 1101 Carmichael Road Hudson, WI 54016 715-381-4360 http://www.co.saintcroix.wi.us/Departments/ADRC/default.htm	Monday through Friday 8:00 AM till 5:00 PM	Home delivered meals, benefits counseling, congregate meals, adult day care, in-home respite care, adult education, volunteer opportunities. Local specialized transportation and long-distance medical trips. Age 60+ or disabled.
Have a Heart Farm W10356 Hwy 29 River Falls, WI 54022 715-425-7754	Mon - Fri 9am - 5pm	Dedicated to providing services to individuals with disabilities and their families from birth throughout their lifespans. Offers Respite Care (Friday-Sunday for kids age 2-17 with special needs), in-home Personal Care services, Summer Activity Groups, Vocational Skill Building, Therapeutic Services, and Group Home services.
Day Away Clubs St. Croix County Dept on Aging 1101 Carmichael Road Hudson, WI 54016 715-381-4360 www.co.saint-croix.wi.us	Monday through Friday 8:00 AM till 5:00 PM	For people in need of supervision and assistance during the day. Provides socialization, meals, and activities.

Mental Health	Hours	Services Offered
Hudson Hospital 405 Stageline Rd Hudson, WI 54016 715-531-6755	Mon - Thurs 9:30am - 5pm Fri 9:30am - 12pm	Offers various support groups, as well as adolescent and adult treatment for alcohol and drug abuse. This is a 7 week program, 3 days per week with after care.
Family Learning Center 1901 Vine St Hudson, WI 54016 715-386-2851	By appointment	Provides family and individual coaching, workshops and short-term counseling. "Relationship Matters" covers dispute management, anger management and assertiveness training. "Emotions Anonymous" provides support and short-term counseling for those coping with emotional concerns.
Pierce County Mental Health 412 West Kinne Ellsworth, WI 54011 715-273-6770 715-273-5051 after hours	Mon - Fri 8am - 5pm	Outpatient services provided for individuals and families dealing with emotional problems. Provides assessment, evaluation and treatment. Crisis intervention assistance, emergency services and a variety of psychological testing services. Counseling includes marital, grief, parent-child, and family issues. Programs to promote emotional health, and prevent social and family problems. Resident of Pierce County of City of
St. Croix County Behavioral Mental Health 1445 North 4th Street New Richmond, WI 54017 715-246-8287 www.co.saint-croix.wi.us	Mon - Fri 8am - 4:30pm Evening appointments also available	Offers outpatient mental health services and crisis intervention. Atlas House - inpatient home for mentally ill. County makes referral to this program (adults only). Resident of St. Croix County.
Insurance & Legal Access	Hours	Services Offered
Access. Wisconsin https://access.wisconsin.gov/access/	24/7	Website that provides information on food, nutrition, health insurance programs; and assists people in determining if they are eligible. Online application.
Badger Care + 1-800-362-3002 www.badgercareplus.org	Monday through Friday 8:00 am till 6:00 pm	Health insurance for families and children
Lakeview Prescription Assistance Program (651) 430-8582	Monday through Friday 8:00 am till 5:00 pm or leave message	The Prescription Assistance Program helps qualifying individuals receive free and/or low-cost prescription medications from pharmaceutical companies and/or other sources. Eligibility: •Your primary healthcare provider must be with the Stillwater Medical Group. •You do not have insurance OR your insurance does not include prescription drug coverage. •Eligibility guidelines vary depending upon the medication needed.
Polk County Human Services 100 Polk County Plaza Suite #50 Balsam Lake, WI 54810 715-485-8400 http://www.co.polk.wi.us/	Mon - Fri 8:30am - 4:30pm	Offers a wide range of social service support programs through the Department of Human Services. Helps process applications for food share, Badger Care Plus, Medicaid and Energy Assistance. Provides child care assistance, emergency assistance, W2 assistance. Resident of Polk County.
St. Croix County Economic Support 1445 North 4th Street New Richmond, WI 54017 715-246-8257 www.co.saint-croix.wi.us/	Mon - Fri 8am - 4:30pm	Utilities assistance, transportation, Food Share, Medical Assistance, etc. Administers Badgercare health insurance program. Low income families. Resident of St. Croix County.
St. Croix Valley Bar Association Free Legal Clinic St. Croix County Government Center 1101 Carmichael Road Hudson, WI 54016 715-386-4630 www.stcroixvalleybar.org	2nd Monday of each month 6pm - 7:30pm No appointment necessary	Provides general legal information to members of the community in areas of: employment law, family law, landlord/tenant and small claims, criminal/traffic, estate planning/elder law/probate, real estate, business law, and debtor/creditor. Resident of St. Croix, Pierce, Polk, and Dunn Counties.

Nutrition, Shelter, & Basic Needs	Hours	Services Offered
ADRC Meals on Wheels 1101 Carmichael Road Hudson, WI 54016 715-381-4360 http://www.co.saintcroix.wi.us/Departments/ADRC/default.htm	By appointment	Offers home-delivered meals and congregate meals, age 60+ or disabled.
Baldwin/Hammond Food Pantry 920 6th Avenue Baldwin, WI 54002 715-688-3844	By appointment	Food pantry, Baldwin, Woodville and Hammond School District
C.O.M.E. 258 N 3rd St New Richmond, WI 54017 715-246-2133	3rd Tues/month 5pm - 6:30pm	Meals to families in need every third Tuesday of the month
Five Loaves Food & Clothing Center 150 W 1st Street New Richmond, WI 54017 715-246-5759 (clothing) 715-247-2944 (food)	Mon 12pm - 3pm Wed 9am - 12pm Fri 5pm - 7pm	Free food, clothing, bedding, toys and kitchen items.
Hudson Christian Food Cupboard St. Patrick's Church 1500 Vine St Hudson, WI 54016 715-338-0332	By appointment Mon - Thurs 9am - 12pm	Food pantry
Operation HELP 502 County Rd UU Hudson, WI 54016 715-386-0881 http://www.operationhelpstcroix.org	Mon - Wed 10am - 12pm Thurs 7am - 9pm Fri 10am - 12pm	Rent and utility assistance if threatened with eviction or disconnection. Christmas baskets, free clothing distribution in the fall, winter clothing. Must be resident of St. Croix County or City of River Falls through January. Assists with car repair.
Salvation Army of St. Croix County Grace Place - Faith House 203 Churchill Rd Somerset, WI 54025 715-247-2944 www.usc.salvationarmy.org/us/c/www_usc_graceplace.nsf/	24/7	Offers short term emergency help for food, shelter, transportation, rent and utilities, auto repair, gas, bedding, Christmas baskets. Provides assistance for medical/dental and mental health needs. Grace Place and Faith House provide transitional housing for 30-90 days. Counseling, job placement and budget counseling are also available. Residents of St. Croix County.
St. Croix Valley American Red Cross 342 5th Ave N Bayport, MN 55003 651-439-0031	Mon - Fri 8am - 4pm	Provides food, shelter, and clothing for families who are victims of disaster. Serves St. Croix, Polk, and Burnett counties, as well as eastern Washington county
Sharing and Caring Hands 425 N 7th St Minneapolis, MN 55405 612-338-4640 www.sharingandcaringhands.org	Office: Mon - Thurs 8:30am - 4:30pm	Must show personal identification
West CAP/Glenwood City Area Food Pantry 525 2nd St Glenwood City, WI 54013 715-265-4271 www.westcap.org	Mon - Fri 8am - 4:30pm No appointment needed	Food pantry

Transportation	Hours	Services Offered
ADRC (Aging Disability Resource Center) 1101 Carmichael Road Hudson, WI 54016 715-381-4360 http://www.co.saintcroix.wi.us/Departments/ADRC/default.htm	By appointment	Local specialized transportation of people 60+ or the disabled of any age, and long-distance medical trips provided by volunteers. Age 60+ or disabled.
New Richmond Transport 950 N. Knowles Ave PO Box 209 New Richmond, WI 54017 715-246-2933	Available from 6am to 7pm everyday by appointment Office: Mon - Fri 9am - 3pm	Transportation for disabled persons all over the state of Wisconsin
Other	Hours	Services Offered
Family Resource Center St. Croix Valley, Inc. 857 Main St. PO Box 2087 Baldwin, WI 54002 715-684-4440 www.frcscv.org	Mon - Thurs 9am - 2pm	Parents as Teachers programming provides information, support and encouragement. Parents attending programs help their children develop optimally during the crucial early years of life. Promotes "Success by Six" philosophy. Programs include group meetings, personal home visits, screenings and a resource and referral network. Families with children ages 0-6. Polk, Pierce, and St. Croix counties.
United Way St. Croix Valley 516 Second St, Suite 214B Hudson, WI 54016 715-377-0203 www.unitedwaystcroix.org	24 hour phone/internet Office: Mon - Fri 8:30am - 4:30pm	Works to strengthen communities by supporting agencies that help families, people with disabilities, low income families, and community agencies. Maintains website with links to local organizations that it supports and provides other local information.
United Way 2-1-1 651-291-0211	24/7, 365	Free, confidential referral to community agencies/assistance throughout the metro area.

Washington County Referral Phone Listings

- General Information: 651-430-6000
- Washington County Crisis: 651-77-4455
- Case Management Referrals: 651-430-6454
- Pre-Petition Intake: 651-430-6484
- Washington County Rule 25: 651-430-2720
- IRTS-Willow Haven, Dani (admissions) 651-770-2224

Washington County Chemical Dependency Programs:

- ADAP, St. Paul, 651-254-4804, Fax 651-254-9238
- Bell Hill, Wadena, 218-631-3610, fax 218-631-3917
- Maragret's House, Mendota Heights, 651-686-0518, fax 651-686-0526
- Park Ave, Minneapolis, 612-871-7443, fax 612-871-0194
- Pathways- outpatient, St. Paul, 651-641-1555, fax 651-641-0340
- Pride, (*GLBT population*), 952-934-7554, F 952-934-8764
- River Place, Anoka, 763-421-5590
- Rebecca Residence, Scandia, 651-433-5839, Fax 433-5921
- RRC- Minneapolis, 612-752-8050
- St. Joes' MI/CD program, St. Paul, p 651-232-3302, Fax 326-8071
- TEEN Challenge 612-373-7740

- Twin Town, St. Paul, 612-326-7629, fax 612-454-2173
- Tapestry , St. Paul, 651-489-7740 or Sandy 612-454-2185
- Women's Recovery Program, Shoreview, Vicki: intake 612-721-6327, Main: 651-484-7840

Additional Resources by Topic:

Family Violence

Tubman Family Alliance Center: 651-770-0777 (Crisis Line)

Child Abuse Report Line:

Anoka County: 763-422-7125 After Hours: 911

Carver County: 952-361-1600 After Hours: 651-291-4680

Dakota County: 952-891-7459 After Hours: 952-891-7171

Hennepin County (24 hours): 612-348-3552

Ramsey County: 651-266-4500 After Hours: 651-291-6795

Scott County: 952-445-7751 After Hours: 952-445-CARE

Washington County: 651-430-6457 After Hours: 651-291-6795

Battered Women's Hotline (24 hours)

Minnesota Coalition for Battered Women 651-646-0994

(7-County Metro Area)

Day One Center (24 hours) 1-866-223-1111

Statewide referrals to battered women's shelters.

Women's Advocates: 651-227-8284

St. Paul Intervention Project: 651-645-2824

Rape

Rape Crisis Lines:

Carver County Sexual Violence Center: 952-448-5425

24 Hour Crisis Line 612-871-5111

Dakota County Sexual Assault: 651-405-1500

Ramsey County Sexual Offense Services: 651-643-3006

24 Hour Crisis Line 651-643-3022

Washington County Sexual Assault Service: 651-458-4116

24 Hour Crisis Line 651-777-1117

Runaways

Runaway Hotline (24 hours): 1-800-231-6946

National Runaway Switchboard (24 hours): 1-800-621-4000

Project Offstreets 612-252-1200

Bridge for Runaway Youth (24 hours): 651-771-0076

Safe Zone 651-224-9644

Sexually Transmitted Diseases (STDs)

National STD Hotline 1-800-227-8922

MN Family Planning/STD Hotline 1-800-783-2287

Red Door Clinic (MPLS) 612-348-6363

Minnesota AIDS Line 1-800-248-AIDS

National HIV/AIDS Line 1-800-342-2437

St. Paul Public Health 651-266-1200

Drug or Alcohol Emergencies

Crisis Connection (24 hours/7 days a week) 612-379-6363

Referral to Treatment

Treatment Hotline 1-800-662-HELP

Anoka County 763-442-7125 (kids) 763-442-7070 (adults)

Carver County 952-361-1600

Dakota County 952-554-6446

Hennepin County 612-879-3503

Ramsey County 651-266-4008

Scott County 952-496-8495

Washington County 651-430-2720

Support Groups

Alcoholics Anonymous (West Metro) 952-922-0880

Alanon/Alateen

West Metro: 952-920-3961

East Metro: 651-771-2208 or 651-771-2640

Narcotics Anonymous 952-939-3939

Cocaine Anonymous 763-323-3350

Food and Nutrition Programs

Caroline Family Services 651-772-1344

Emergency food. Call for hours.

Center for Asians and Pacific Islanders 651-721-0122

Department of Indian Work 651-644-2768

Emergency food shelf; will serve non-native Americans on referral; no fee.

Mothers and Children (MAC) 651-484-8241

A supplemental food program for mothers and children. Mothers are eligible when pregnant and up to one year after birth. Children are eligible from birth until the month the child turns six. Financial eligibility guidelines are similar to WIC. Participants may not be on WIC. Some of the food provided include fruits, vegetables, milk, cereal, and formula.

Ramsey County Food Shelf Location 651-484-5117

Call for nearest food shelf.

Salvation Army 651-224-6946

Emergency food shelf assistance. Several locations.

WIC (Women, Infant, and Children Nutritional Program)

Anoka County 763-422-7055

Dakota County 952-891-7525

Hennepin County 612-673-3500

Ramsey County 651-292-7000

Scott-Carver-Dakota CAP Agency 952-496-2125

Washington County 763-430-6658

HIV/AIDS

Minnesota AIDS Project (MAP) AIDS Line 1-800-248-AIDS

National HIV/AIDS Line 1-800-342-2437

Aliveness Project 612-822-7946

American Red Cross

Minneapolis 612-871-7676

St. Paul 651-291-6789

Minnesota AIDS Project (MAP) 612-341-2060

St. Paul Public Health 651-266-2400

Central Avenue Clinic 612-781-6816

Common Health Clinic 651-430-1880

Family Tree, Inc. 651-645-0478

Fremont Clinic 612-588-9411

Red Door Clinic 612-348-6363

Southside Community Clinic 612-822-3186

St. Paul Public Health (appointment necessary for HIV testing) 651-266-2400

Wakota Life Care Center 651-457-1195

West Suburban Teen Clinic 952-474-3251

Youth and AIDS Project 612-627-6820

Immigrant and Culturally Specific Resources

Association for the Advancement of Hmong Women in Minnesota 612-724-3066

Provides Child Development Training, Family Education, and Family Supportive Services such as translation, advocacy, assistance in completing forms and making appointments, training with housing and drivers' education, problem-solving skills, finding and keeping jobs, and referrals for family violence

Center for Asians and Pacific Islanders 612-721-0122

Provides referrals to ESL classes, food shelf for Asian refugees, supportive services and cultural education, employment services, an elderly program, and caregiver program

Ethiopians in Minnesota 651-645-4633

Provides assistance to help welfare recipients find employment in order to get off welfare. One-on-one case management and advocacy, assists Ethiopians in regard to legal, immigration questions and translations

Chicanos Latinos Unidos en Servicios (CLUES) 651-292-0117

Provides counseling for families, individuals, couples, children and adolescents as well as chemical dependency counseling, case management for persons with HIV/AIDS, English classes, employment advocacy, women's program, seniors program, and employment and other health related programs.

Confederation of Somali Community in Minnesota 612-338-5282

Refugee assistance programs including: employment assistance for adults; supportive services; youth soccer program; health care access by helping with filling out medical forms, calling doctors for appointments and providing advocacy; child protection education about the rules in this country regarding child protection services; presentations to community on Somalian culture and community; cultural and community festivals; tobacco prevention program for youth ages 12-22; and Somali girls program offering recreation, academic service, cultural programming and performances

Korean Service Center 612-342-1344

Provides advocacy and support for Korean families, individuals and seniors. Translation services and advocacy in dealing with government, police, doctors, and public assistance agencies; housing assistance; meals for senior citizens; and domestic abuse services for victims of abuse.

Lao Family Community 651-221-0069

Provides family counseling and crisis intervention, chemical awareness program, employment services, and educational programs to Hmong and Lao persons

PEACE Africans Center 612-339-7418

PEACE is an umbrella African community since 1994 which provides support to all African refugees. Their mission is to assist and support immigrants and refugees by providing culturally appropriate services which enable them to fully participate in healthy western society while preserving and maintaining the many African cultures.

Somali Community of Minnesota 612-871-6786

Assistance to Somali refugees in Minnesota including employment, housing, food shelf, clothing and furniture, youth programs, and general advocacy. Legal advocates and social services also available.

Somalian Women's Association 612-870-7001

Basic Skills Classes, Domestic and Sexual Violence Advocacy Center, employment services, health education, referrals to child care, women's health care, schools for women and their children, employment, welfare, emergency food and housing, women's shelters and more. Information and advocacy related to housing, immigration and legal issues. Staff and volunteers will accompany women to meetings, help write letters and help resolve problems. Volunteer lawyers work with clients. Translation services also available.

Vietnamese Social Services 651-644-1317

Services for Vietnamese refugees and immigrants. Assistance for elders, employment, youth outreach, and health education

Public Health Clinics

Anoka County Public Health Nursing Service 763-422-7030
Bloomington Community Services 952-948-8900
Bloomington, Richfield, Edina
Carver County Community Health Services 952-442-4493
Dakota County Public Health Department 651-552-3115
Hennepin County Community Health 612-348-3925
Ramsey County Public Health 651-266-2400
Scott County Public Health Department 952-496-8373
Lead Poisoning Prevention Program 651-266-1292

Medical Clinics

Commonhealth Clinic 651-430-1880
Community Action Council
Free acute care services to unemployed or low income Dakota county residents. Parents must call for their children.
Neighborhood Health Care Network 651-489-CARE
Provides referrals to local clinics.
Open Cities Health Center 651-290-9200
Dental Care also
North End Health Center 651-489-8021
St. Mary's Health Clinic 651-690-7029
Metro-wide clinics, services to the uninsured.
Teenage Medical Service 612-813-6125
United Family Health Center 651-293-9199
West Side Community Health Center 651-222-1816
West Suburban Teen Clinic 952-474-3251
Women's Health 651-266-1272

Health Care for the Homeless

Dorothy Day Center 651-293-1919

Health and Disability Associations

American Cancer Society, MN Division 612-925-2772
American Diabetes Association, MN Affiliate 763-593-5333
American Heart Association, MN Affiliate 952-835-3300
American Lung Association 651-227-8014
Epilepsy Foundation of MN 651-646-8675
MN Relay Service (MRS) (24 hour service to use TTY) 1-800-627-3529
Muscular Dystrophy Association, Greater Twin Cities Chapter 952-832-5517
Spina Bifida Association of MN 651-222-6395
State Services for the Blind 651-642-0500
United Cerebral Palsy of MN 651-646-7588

Pregnancy Testing and Counseling

Annex-North Suburban Teen Clinic 763-533-1316
Face to Face Health and Counseling Service 651-772-5555
Family Tree, Inc. 651-645-0478
Health Start 651-221-3429
Life Care Centers
Apple Valley and West St. Paul 952-431-5011
East (Ramsey and Washington counties) 651-776-2328

North suburbs 651-777-0350
University 651-603-1920
Nucleus Clinic 763-755-5300
Planned Parenthood of MN/South Dakota
 Brooklyn Center 763-560-3050
 Burnsville 952-890-0940
 Highland 651-698-2406
 Minneapolis 612-823-6300
 St. Paul 651-489-1328
Pregnancy Counseling Center (24 hour counseling) 651-644-3937
Ramsey County Public Health 651-266-2400
Teenage Medical Service 612-813-6125
Uptown Community Clinic 612-374-4089
Alpha Women's Center 952-447-5683
Birthright, Inc. (St. Paul) 651-646-7033
Catholic Charities 651-641-1180
Early Childhood Family Education call Kids Can't Wait 1-800-KIDS-709
Lutheran Social Services (Minneapolis) 612-871-0221
Parents Anonymous of MN 1-800-621-6322
WIC (Women, Infant, and Children Nutritional Program)
 Anoka County 763-422-7055
 Dakota County 952-891-7525
 Hennepin County 612-673-3500
 Ramsey County 651-292-7000
 Scott-Carver-Dakota CAP Agency 952-496-2125
 Washington County 763-430-6658
Mothers and Children Program (MAC) 651-484-8241 - *Food program for low-income women who are pregnant or recently had a baby. Call to find a location near you and to find out if you are eligible.*

Information Gaps

This assessment seeks to address the community's health needs by evaluating the most current data available. However, published data inevitably lags behind due to publication and analysis logistics. For example, the most current uninsured percentages from the United States Census Bureau are from 2009.

About Community Hospital Consulting

About Community Hospital Consulting

Community Hospital Corporation owns, manages and consults with hospitals through three distinct organizations – CHC Hospitals, CHC Consulting and CHC Continue Care, which share a common purpose of preserving and protecting community hospitals.

HealthPartners contracted with CHC Consulting, which offers services that specialize in Community Health Needs Assessments (CHNAs). The CHNA and implementation plans conducted by CHC Consulting include the following elements:

- Description of the hospital's mission, vision and services;
- Analysis of service area demographics and community health status;
- Input from persons with special expertise in public health and leaders or members of medically underserved, low-income or minority populations;
- Listing of prioritized health needs of the community;
- An implementation strategy that describes how the hospital plans to meet the health need, or identifies the health need as one the hospital does not intend to meet and explains why.

Reported Sources

- ¹ U.S. Census Bureau (2010), <http://2010.census.gov/2010census/popmap/ipmtext.php?fl=27>
- ² U.S. Census Bureau (2000), <http://www.census.gov/main/www/cen2000.html>
- ³ Claritas Data
- ⁴ Claritas Data
- ⁵ Metropolitan Council, <http://stats.metc.state.mn.us/stats/geographicdefinitions.aspx>
- ⁶ U.S. Census Bureau (2010), <http://2010.census.gov/2010census/popmap/ipmtext.php?fl=27>
- ⁷ U.S. Census Bureau (2000), <http://www.census.gov/main/www/cen2000.html>
- ⁸ Claritas Data
- ⁹ Claritas Data
- ¹⁰ MN Compass, <http://www.mncompass.org/demographics/key-measures.php?km=Poverty#1-5270-d>
- ¹¹ U.S. Census Bureau, Small Area Income and Poverty Estimates, <http://www.census.gov/did/www/saipe/data/index.html>
- ¹² U.S. Census Bureau, Poverty Thresholds <http://www.census.gov/hhes/www/poverty/data/threshld/index.html>
- ¹³ MN Compass, <http://www.mncompass.org/economyworkforce/key-measures.php?km=Medianincome#1-5355-d>
- ¹⁴ Minnesota Department of Health, <http://www.health.state.mn.us/divs/chs/countytables/index.htm>
- ¹⁵ Minnesota Department of Health, <http://www.health.state.mn.us/divs/chs/countytables/>
- ¹⁶ Minnesota Department of Health, <http://www.health.state.mn.us/divs/chs/countytables/profiles2011/index.html>
- ¹⁷ MN Compass, <http://www.mncompass.org/education/key-measures.php?km=Highschoolgraduation#1-4083-g>
- ¹⁸ MN Compass, <http://www.mncompass.org/education/key-measures.php?km=Highschoolgraduation#1-4084-g>
- ¹⁹ Minnesota Department of Health, <http://www.health.state.mn.us/divs/chs/countytables/index.htm>
- ²⁰ Minnesota Department of Health, <http://www.health.state.mn.us/divs/chs/countytables/index.htm>
- ²¹ Minnesota Department of Health, <http://www.health.state.mn.us/divs/chs/Trends/index.html>
- ²² Minnesota Department of Health, <http://www.health.state.mn.us/divs/chs/countytables/index.htm>
- ²³ Minnesota Department of Health, <http://www.health.state.mn.us/divs/chs/Trends/index.html>
- ²⁴ Minnesota Department of Health, <http://www.health.state.mn.us/divs/chs/Trends/index.html>
- ²⁵ Minnesota Department of Health, <http://www.health.state.mn.us/divs/chs/countytables/index.htm>
- ²⁶ Minnesota Department of Health, <https://pgc.health.state.mn.us/mhsq/frontPage.jsp>
- ²⁷ Minnesota Department of Health, <http://www.health.state.mn.us/divs/chs/countytables/profiles2010/index.html>
- ²⁸ Minnesota Department of Health, Minnesota Data Public Health Access, https://apps.health.state.mn.us/mndata/cancer_child
- ²⁹ Minnesota Department of Health, Minnesota Data Public Health Access, https://apps.health.state.mn.us/mndata/asthma_hosp
- ³⁰ Minnesota Department of Health, <https://pgc.health.state.mn.us/mhsq/frontPage.jsp>
- ³¹ MN Compass, <http://www.mncompass.org/health/key-measures.php?km=Diabetes#1-3568-g>
- ³² Minnesota Department of Health, *Diabetes and Prediabetes In Minnesota*, January 2010 <http://www.health.state.mn.us/diabetes/>
- ³³ Minnesota Department of Health, *Diabetes and Prediabetes In Minnesota*, January 2010 <http://www.health.state.mn.us/diabetes/>
- ³⁴ MN Compass, <http://www.mncompass.org/health/key-measures.php?km=Diabetes#1-4110-g>
- ³⁵ Minnesota Department of Health, <https://pgc.health.state.mn.us/mhsq/frontPage.jsp>
- ³⁶ Minnesota Department of Health, <https://pgc.health.state.mn.us/mhsq/frontPage.jsp>
- ³⁷ MN Compass, <http://www.mncompass.org/health/key-measures.php?km=Obesity#1-3569-g>
- ³⁸ Minnesota Department of Health, <https://pgc.health.state.mn.us/mhsq/frontPage.jsp>
- ³⁹ Minnesota Department of Health, <https://pgc.health.state.mn.us/mhsq/frontPage.jsp>
- ⁴⁰ Minnesota Department of Health, <https://pgc.health.state.mn.us/mhsq/frontPage.jsp>
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- ⁴² Minnesota Department of Health, Disease Control Newsletter, <http://www.health.state.mn.us/divs/idepc/newsletters/dcn/sum10/sum10.pdf>
- ⁴³ MN Compass, <http://www.mncompass.org/health/key-measures.php?km=Mentalhealthadmissions#1-4470-g>
- ⁴⁴ Minnesota Department of Health, <http://www.health.state.mn.us/divs/chs/countytables/profiles2011/index.html>
- ⁴⁵ Metro Public Health Analysts Network, <https://sites.google.com/site/publichealthdata/Home/data-matters>
- ⁴⁶ Small Area Health Insurance Estimates, United States Census Bureau, <http://www.census.gov/did/www/sahie/data/2009/tables.html>
- ⁴⁷ MN Compass, <http://www.mncompass.org/health/key-measures.php?km=Healthcarecoverage#1-4892-g>

Appendix

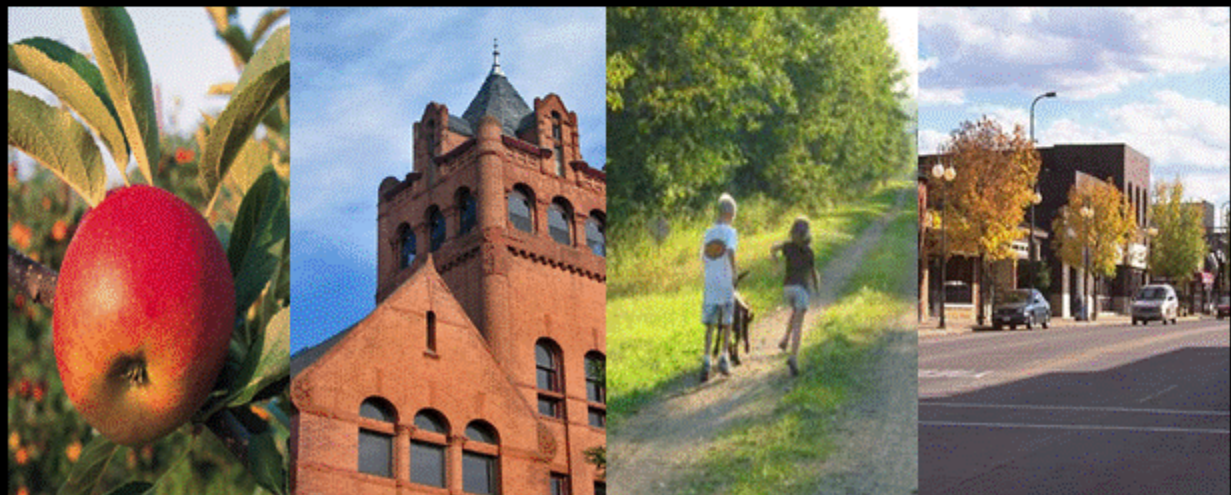
Including the following documents:

- St. Croix County Community Health Needs Assessment 2009-2014 Executive Summary
- Regions and Lakeview Community Health Needs Assessment Interview Participant Information
- Community Health Needs Assessment Prioritization Ballot



St. Croix County ***Community Health Needs Assessment*** **2009—2014**

Executive Summary



It's unanimous. *Access to Primary and Preventive Health Services* is the top health priority for St. Croix County for 2009 to 2014.



Photovoice: Groups of St. Croix County mothers armed with cameras documented their chief concerns about health and commonly identified *access to health care* as the county's top health priority for the next five years.



Use Your Voice: A random community survey conducted by mail and email in St. Croix County identified *access to health care* as the county's top health priority for the next five years.



Community Partners: A community steering committee reviewed statistics and trend data along with the Photovoice and Use Your Voice survey results, and voted to establish *access to health care* as the county's top health priority for the next five years.

The St. Croix County Community Health Improvement Process (CHIP) involved identifying and prioritizing health care needs of the county for the purpose of creating and maintaining healthy communities. There were 11 Health Priorities to choose from, as outlined in *Healthiest Wisconsin 2010*—the state public health plan, and there were three different review processes. All three processes ended up pointing to the same issue as the top health priority for St. Croix County for the next five years: "Access to Primary and Preventive Health Services".

Hudson Hospital & Clinics and St. Croix County Department of Health and Human Services (DHHS) – Public Health teamed up to lead this community health improvement process in the summer of 2008. By June of 2009 these partners had obtained structured feedback through:

- A unique Photovoice project that put cameras in the hands of St. Croix County mothers and asked these women to document what was important about health care to them and their families;
- Nearly 700 opinions from a community survey distributed randomly by mail and email;
- A data collection project that presented statistical information and historical trends to the CHIP Steering Committee for their review and ranking by written ballot.

Access to primary and preventive health services can mean different things to different people, and the three groups whose input established *Access* as the top priority for St. Croix County all identified different elements of access that were important to them. Survey respondents identified health care costs and lack of coverage as barriers. Steering Committee members voting on the priorities noted particular problems of access for mental health care and on-going access problems for dental care – especially among St. Croix County's Medicaid and BadgerCare Plus population. Mothers in the Photovoice project, including mothers of Hispanic ethnicity who do not speak English, identified transportation and language barriers as critical factors affecting access to health care services. Census data shows a steady increase in the Hispanic population in St. Croix County.

The five highest ranking Health Priorities for St. Croix County 2009—2014 are:

Access to Primary and Preventive Health Services

Overweight, Obesity, and Lack of Physical Activity

Adequate and Appropriate Nutrition

Alcohol and Other Substance Use and Addiction

Tobacco Use and Exposure

These priorities are not new. The community health needs assessment in 2005 (“*2005 and Beyond*”) also identified Lack of Access to Health Care and Dental Care as the number one priority, with Poor Diet and Lack of Exercise in third place, and Tobacco, Alcohol and Other Drug Use as number five.

*"Within countries, health inequities are not found only between the worst off and the rest of society. Rather, most countries exhibit a gradient in health in which each step lower in the social hierarchy is associated with worse health outcomes. Health inequity, as a manifestation of structural social, economic, and political inequalities . . . represents a potentially urgent problem with respect to human, national, and global security. Many of the social and economic advances of the past were made without any explicit attention to improving health but, in many cases, resulted in improvements in health nonetheless. A conclusion to draw from such outcomes is that although major social, economic, and political processes and policies may not be intended to affect health or health equity (for better or worse), in all likelihood they will."*ⁱ

St. Croix County Demographic Profile

According to Census estimates, St. Croix County's 2008 population was 82,487; a growth of 30.6% since 2000. During this period St. Croix County grew 6 times as fast as the state overall and twice as fast as the next most rapidly growing county—Calumet. Projections by the Wisconsin Department of Administration for the year 2035 have St. Croix County jumping from the 23rd largest county (in 2000) to the 12th largest county with a population of 148,043. Planning for that much growth is a demanding task, but the overall numbers themselves are just part of the St. Croix County population story.

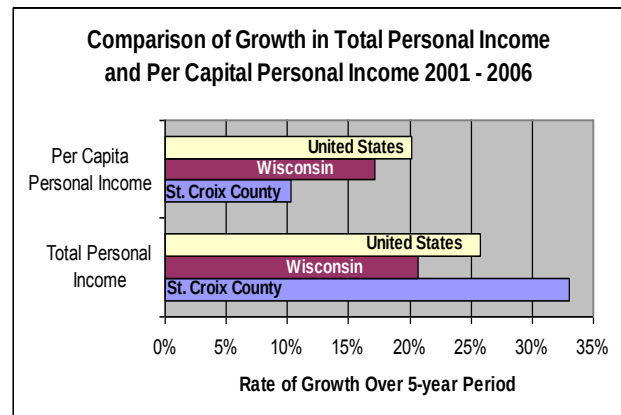
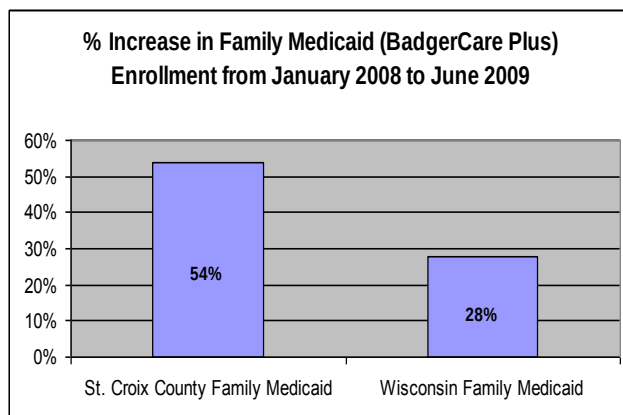
- Much of the county's growth is attributed to flight from metropolitan St. Paul and Minneapolis (about half of St. Croix County's work force commutes to jobs in Minnesota).
- St. Croix County also maintains the second highest *natural* growth rate in Wisconsin. This natural growth rate explains, in part, the relative growth of the very young child population alongside the declining overall population under age 18 and the population over age 65.
- It is reasonable to anticipate that the county now houses a relatively high percentage of younger adults who are just starting families. Workforce predictions forecast that St. Croix County's adult workforce will continue to grow well after Baby Boomers retire in large numbers and reduce the work force in other areas of the state.
- St. Croix County's diversity has also changed over the past decade. Although the county's White, non-Hispanic population still accounts for over 95% of the population (compared to 85% statewide), that group's relative size in St. Croix County decreased by 2% between 2000 and 2008. In addition:
 - Black population doubled, but remains only 1/10 of the statewide proportion of 6%;
 - Hispanic and Latino population nearly doubled to about 1/5 of the statewide proportion of 2%;
 - Population of Asian descent more than doubled in size to 1.3% of the total, and is now much closer to the statewide Asian population rate of 2%;

Priority #1: Access to Primary and Preventive Health Services

Private and Public Insurance Coverage

Published statewide calculations concerning the number and percent of individuals with or without health insurance coverage have not kept pace with the recent expansions to public coverage through the BadgerCare Plus program and the new BadgerCare Plus Core Plan for Adults without Dependent Children. However, trend data from 2004 through 2007 indicated that while the percent of people with year-round health insurance coverage in St. Croix County (91%) remained higher than statewide (89%), the percent of people in St. Croix County with coverage has been slipping compared with the state overall. From the beginning to the end of that period of years, the percent of individuals in St. Croix County who identified themselves as “currently uninsured” rose from 5% to 7%, while the statewide figure remained unchanged at 7%.

During that time St. Croix County also exhibited another trend contrary to the experience of the state as a whole. Private health coverage levels held relatively steady across the state, while both private measures (employer-sponsored and individual plans) dipped slightly in St. Croix County. At the same time, public coverage rose faster in St. Croix County than throughout the rest of the state. This may be attributable, at least in part, to the fact that the percent of low-income people increased in St. Croix County while it dropped statewide.



Charity Care and Bad Debt: Numbers and Costs

While lack of insurance or inadequate coverage may cause some individuals to delay or skip health services altogether, many others access health services but are unable to pay for them. For some qualifying individuals, the cost of care can be discounted in part or in full (*Charity Care*). Others are still obligated to pay, but do not (*Bad Debt*). The Wisconsin Hospital Association keeps track of these unpaid costs and publishes an annual *Uncompensated Health Care Report*. The most recent report (October 2009) identified uncompensated care from 2008. The report provides some insight to the scale of the problem. In 2008, the four hospitals in St. Croix County provided Charity Care to 2,297 individuals at a total cost of \$2,231,731. Bad debt cost the system a little less per person, but because so many people (15,165) in St. Croix County experienced bad debt, that cost soared to \$6,030,115. Statewide, uncompensated care costs are equal to about 3.5% of all hospital revenue. In St. Croix County, the figure is higher: 4.4% of total hospital revenue – with the eastern end of the county showing dramatically higher numbers of people with uncompensated care.

Not Receiving Needed Care

If access to care without coverage presents one problem, delaying or skipping care may contribute to deterioration of health, the development of chronic conditions, and the likelihood that problems will eventually become more serious. Every year the Family Health Survey asks respondents if they did not get health care (medical care or surgery) for something they felt they should have had treated. In the most recent County Health Rankings Report issued by the Wisconsin Institute on Population Health, St. Croix County fared relatively poorly in this measure despite the fact that its levels of insurance coverage are still higher than the statewide levels. Out of the 73 reporting local health sites in the state (72 counties and the City of Milwaukee), St. Croix County ranked 44th – meaning that 43 other counties reported more people getting health care services they felt they needed.

According to a 2006 report, *Identifying Priority Substance Abuse Needs in Wisconsin*, by the Wisconsin Department of Health and Family Services, approximately 80% of the individuals in St. Croix County who needed Alcohol and Other Drug Abuse (AODA) treatment did not receive treatment. ⁱⁱ

Access to oral health care continues to be a major concern. Ironically, as more and more children are added to the roles of Wisconsin's expanding Medicaid and BadgerCare Plus programs, the number of providers willing to accept patients served by these programs remains inadequate. Some preventive programs appear to be having an effect by reducing the incidence of decay.

2008 Make Your Smile Count: The Oral Health of Wisconsin's Children	
• Dental decay is a significant public health problem for Wisconsin's children.	
• Many children in Wisconsin do not get the dental care they need. (In 2007-2008 20% of Wisconsin's third graders had untreated tooth decay.)	
• About half of the children in Wisconsin do not have dental sealants, a well accepted clinical intervention to prevent tooth decay on molar teeth.	
• There are significant oral health disparities in Wisconsin with minority and low-income children having the highest level of dental disease and the lowest level of dental sealants.	
• Wisconsin has met the <i>Healthy People 2010</i> objectives for reducing the prevalence of untreated tooth decay and increasing the prevalence of dental sealants among elementary school children, <i>but has not met the Healthy People 2010</i> objective for decay experience.	
• Our prevention programs are working. Compared to 2001-02, fewer children today have dental decay and more have dental sealants.	

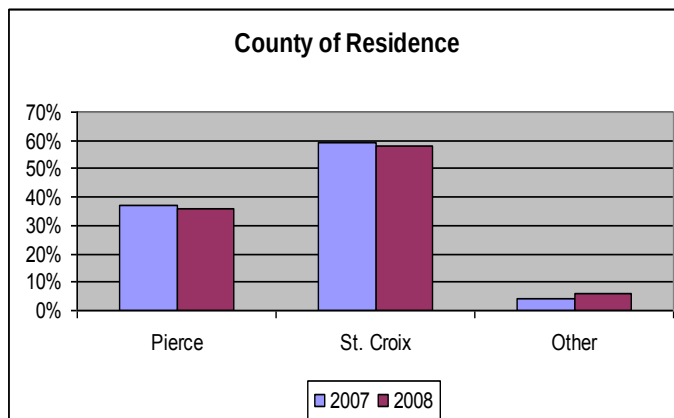
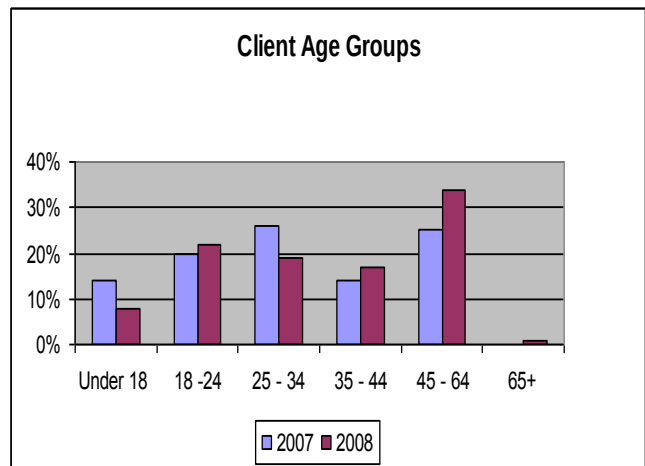
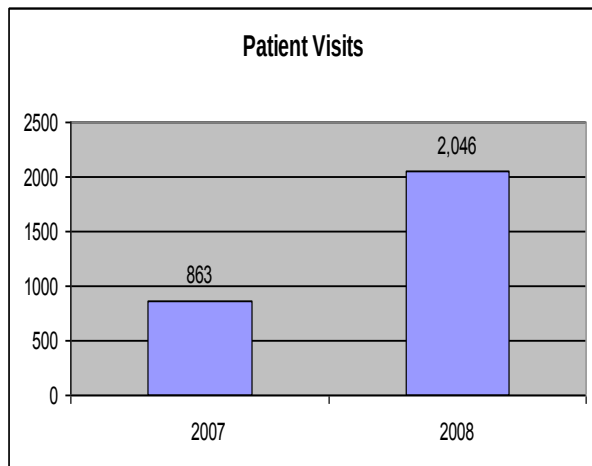
While Wisconsin is working to achieve parity in access to mental health care, the state is still likely to experience some continued effects of the same barriers that limit access to mental health care nationally. According to the 2006 National Survey on Drug Use and Health (NDSUH), some 28.3 million adults over age 18 received mental health treatment in the previous year—12.9% of the adult population. This rate of treatment receipt is only slightly lower than the rate receiving treatment in 2005—13% of the adult population. Also, in 2006, another 10.5 million adults reported that they had not received mental health treatment that they needed. This is roughly one third of the number who did receive treatment.

The table below from the NDSUH allocates the reasons adults gave for not receiving treatment.

Reasons Given for Not Receiving Mental Health Treatment	% Among Adults Who Did Not Receive Treatment
Could Not Afford Cost	41.5
Could Handle Problem without Treatment at the Time	34
Did Not Have Time	17.1
Did Not Know Where to Go for Services	16
Might Cause Neighbors/Community to Have Negative Opinion	10.5
Might Have Negative Effect on Job	9.8
Treatment Would Not Help	9.3
Fear of Being Committed/Have to Take Medicine	9.2
Did Not Want Others to Find Out	9.1
Did Not Feel Need for Treatment	9

Free Clinic of Pierce and St. Croix Counties

While expansions in the BadgerCare Plus program to include adults without dependent children continue, some of the county's uninsured will continue to receive health care services at the Free Clinic of Pierce and St. Croix Counties.



Priority #2: Overweight, Obesity, and Lack of Physical Activity

According to the July 2009 report of the Trust for America's Health (*F as in Fat 2009: How Obesity Policies are Failing in America*ⁱⁱⁱ) adult obesity rates have not decreased in a single state this decade. Wisconsin's rate of obese adults is right in the middle of scores from all 50 states. Wisconsin seems to perform better among children aged 10 to 17, though, ranking as the 12th best state.

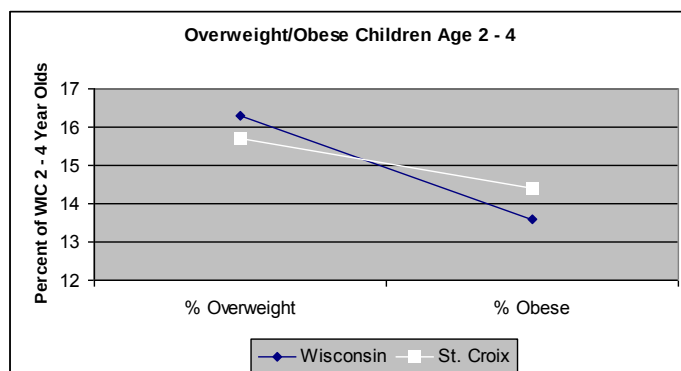
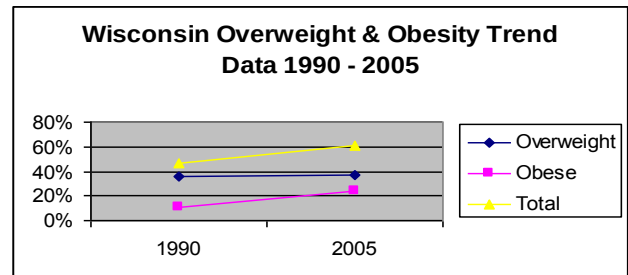
Between 1990 and 2005 Wisconsin's overweight and obese population grew from less than 50% of the state to over 60%. By 2008 that total measure had reached 64% of the state's total population. Ominously, the obese population has been growing much faster than the overweight population.

Five of the seven key tracking elements identified for this priority by the state have shown some signs of improvement since 2000. The two elements that worsened (statewide) during this time are the percentage of overweight children in WIC and the percentage of obese adults. For both of these measures, St. Croix County's most recent scores are worse than the most recent statewide scores:

- The 2000 baseline percentage for *overweight* children in WIC statewide was 11.5%. By 2005/2006 that had increased to 13.3%. The most recent St. Croix County measure (2007) is that 14.4% of WIC children here are *overweight*.
- The 2000 baseline percentage for *obese* adults statewide was 20%. For the period from 2000 to 2007, inclusive, 24.1% of all Wisconsin adults were *obese*. In St. Croix County, the inclusive measure of *obese* adults was 25.1% of the population. (Wisconsin Population Health Institute)

In this same report, St. Croix County falls just below the statewide rankings in terms of individuals who are considered to be obese (37th most out of 72), but the county ranks near the bottom (66th out of 72) in the State in overall physical activity. According to the most recent report by the Department of Health Services, 14.9% of St. Croix County adults engage in no physical activity, keeping the county in the lowest quartile among the state's counties.

The Youth Risk Behavior Survey data show that St. Croix County high school students watch TV, play video games, attend physical education classes, and exercise at about the same levels as their peers statewide. The St. Croix County scores did indicate a slightly lower level of vigorous physical activity.



"The current economic crisis could exacerbate the obesity epidemic. Food prices, particularly for more nutritious foods, are expected to rise, making it more difficult for families to eat healthy foods. At the same time, safety-net programs and services are becoming increasingly overextended as the numbers of unemployed, uninsured and underinsured continue to grow. In addition, due to the strain of the recession, rates of depression, anxiety and stress, which are linked to obesity for many individuals, also are increasing."^{iv}

Priority #3: Adequate and Appropriate Nutrition

Nearly 80% of St. Croix County residents report eating an insufficient amount of fruits and vegetables. This ranks the county at number 45 out of the state's 72 counties (73 reporting sites). In the Youth Risk Behavior Survey, St. Croix County high school students reported higher levels of positive nutritional intake than students statewide: more fruits and vegetables, more green salads, more carrots and other vegetables, more breakfast and more milk. There was one exception: St. Croix County students—especially males—reported drinking more pop than other students statewide.

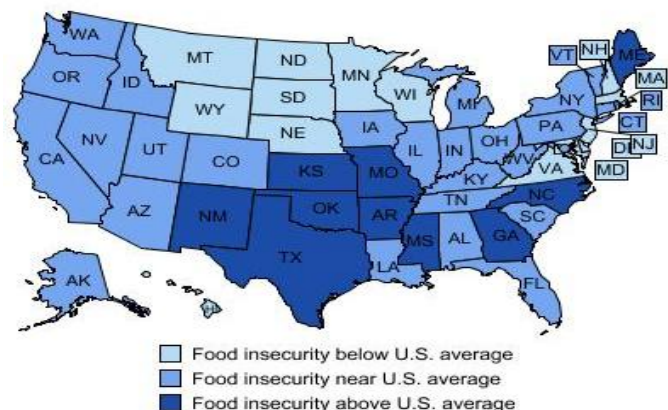
St. Croix County mothers report breastfeeding their children at higher rates than most other counties. This includes breastfeeding in the hospital, at 6 months and at 12 months and exclusive breastfeeding longer than 3 months. WIC children age 6 months and older experience anemia (low blood Hgb levels) at less than half the rate of children statewide (4.4% to 10.5%).

St. Croix County schools report one of the fastest rates of growth in participation in the Free and Reduced Lunch Program, although the county's rates of participation are still below statewide rates. St. Croix County's percent of participation increased by over 71% between 2001 and 2006—the 6th largest increase among all Wisconsin counties. In 2006, St. Croix County schools reported 14.72% of children were enrolled in the Free and Reduced Meals Program. Only four counties reported a lower rate of participation, and the statewide average was 32%, more than twice as high.

The same is true for the Food Share program ("Food Stamps"), St. Croix County's rapid rates of increase now nearly matches the statewide rate. Nationally, Food Stamps (generic term for Wisconsin's Food Share Program) now feed one in every eight adults and one in every four children. The U. S. Department of Agriculture administers the Food Stamp program nationally, and that department released a report on November 20, 2009, indicating that only 18 states successfully enrolled 70% of the people who should be enrolled. Wisconsin was not one of those states. 64% of the likely eligible individuals in Wisconsin were enrolled in Food Share. Thirty states (including the District of Columbia) did better than Wisconsin, and 20 states did worse. ^v

Between 2002 and 2007 St. Croix County WIC recipients reported a sharp rise in Food Insecurity; increasing by 22% from 35% in 2002 to 57% in 2007. Statewide, the increase was just 7%, and the statewide rate of 51% in 2007 was lower than the St. Croix County rate by 6%.

On November 16, 2009 the U.S. Department of Agriculture released its annual report on Food Insecurity. In 2008, 17 million households, or 14.6 percent, were food insecure and families had difficulty putting enough food on the table at times during the year. This is an increase from 13 million households, or 11.1 percent, in 2007. The 2008 figures represent the highest level observed since nationally representative food security surveys were initiated in 1995. Wisconsin showed lower than average food insecurity for the period 2006 – 2008, so the 2007 figures on WIC food insecurity in St. Croix County point to a likely population health disparity. In September, the Department of Agriculture announced that Wisconsin is one of six states to receive funds for a Supplemental Nutrition Assistance Program (SNAP) to support nutrition assistance for the "Working Poor".



Priority #4: Alcohol and Other Substance Use and Addiction

St. Croix County is among the top 10 counties in Wisconsin with the highest rates of binge drinking. This is an adult measure gleaned from a national behavioral risk telephone survey. Over the 7-year span from 2001 to 2007, some 27.6% of St. Croix County adults engaged in binge drinking compared to 23.3% statewide. This reporting in the County Health Rankings is based on survey questions asking how many times men drank more than 5 drinks in one day and women more than 4 drinks in one day during the previous month.

St. Croix County high school students compared favorably with statewide results on the 2007 Youth Risk Behavioral Survey on alcohol and drug-related questions, with alcohol and marijuana use consistently and significantly below statewide use. On just two measures, St. Croix County students reported slightly higher use than their peers statewide:

- Beginning drinking before age 13, and
- Sniffing/inhaling glue, aerosols, paints, or sprays.

While the overall rate at which alcohol serves as an underlying or contributing cause of death has been declining in St. Croix County, the rate at which other substances contribute has been increasing.

Alcohol-related car crashes and related deaths have lessened in pace since 2000 in St. Croix County; however, the number of adult arrests for Operating While Intoxicated has increased dramatically. Enforcement activities may play a role in this increase of arrests, but may not fully explain the entire increase.

Drug-related arrests among both adults and juveniles in St. Croix County have diminished in the past couple of years and have done so at a faster rate than the general statewide decrease.

Total Adult Drug Arrests and Percent Change 2006 - 2007			
	2006	2007	% Change
St. Croix County	172	148	-14%
Wisconsin	21,114	20,927	-0.9%

Total Juvenile Drug Arrests and Percent Change 2006 - 2007			
	2006	2007	% Change
St. Croix County	54	44	-19%
Wisconsin	5,088	4,946	-2.8%

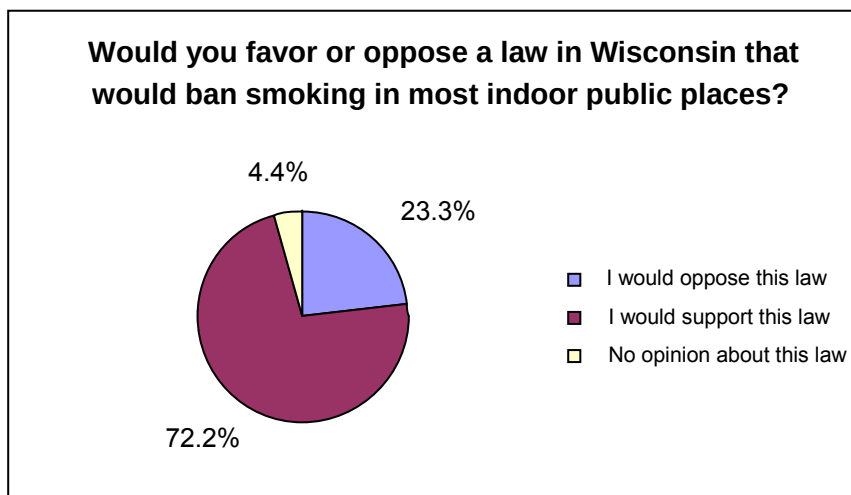
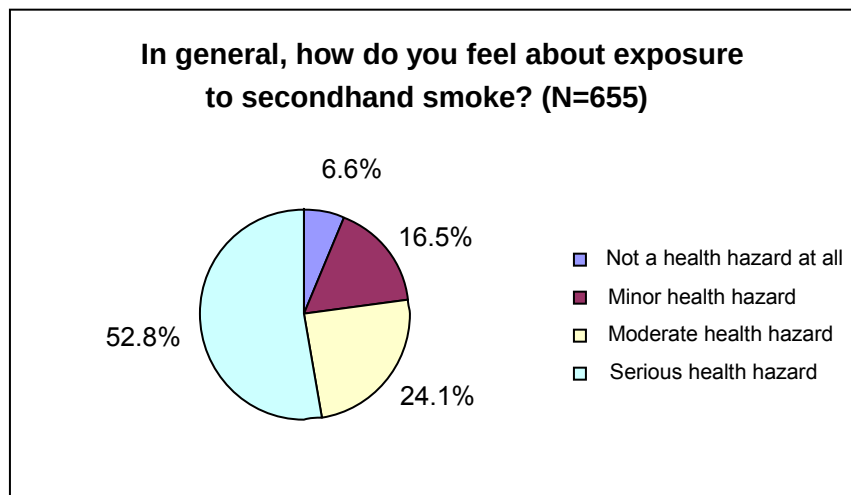
Persons Injured in St. Croix County Motor Vehicle Crashes							
Total Crashes	821	773	658	689	712	668	631
Year	2000	2001	2002	2003	2004	2005	2006
Alcohol-Related	81	102	74	75	74	87	68
OWI Citation	45	98	60	43	55	69	48
Speeding Citation	50	57	28	30	72	47	40
Motorcyclist	23	39	31	42	33	39	25
Bicyclist	9	2	3	5	9	9	10
Pedestrian	7	9	12	6	12	10	7

Priority #5: Tobacco Use and Exposure

Generally, over the course of the past five years, St. Croix County has not lost ground in the overall effort to reduce the harmful effects of smoking. Statewide rates of adult smoking have fallen more than the drop in the St. Croix County rate, but the county still remains at a rate that is overall a little better than the state rate. On the other hand, smoking among pregnant women—already lower in St. Croix County than statewide—has dropped even further here. In fact, St. Croix County's rate of pregnant smokers is 5th best of the state's 72 counties (nearly 5 percentage points better than the statewide rate of 14.1%).

Youth Risk Behavior Survey results for high school students in St. Croix County indicate that fewer St. Croix County youth smoke than their statewide peers, did not start smoking as early, and smoke fewer cigarettes. However, among those youth in St. Croix County who do smoke, fewer have attempted to quit. The county is also above statewide levels for high school youth who use various smokeless tobacco products such as chewing tobacco, snuff or dip.

Respondents in the St. Croix County Community Health Improvement Survey reported that they consider second-hand smoke to be a health hazard, and they supported the passage of a law in Wisconsin that would ban smoking in nearly all indoor public places.



Health and Mortality

By every measure of mortality, St. Croix County presents as a place where people tend to live well and live long. The 2008 *County Health Rankings* includes a measure called Years of Potential Life Lost (YPLL), which measures the rate at which people die earlier than expected. For example, a county where lots of people die young would have a very high YPLL score. In this report St. Croix County ranks as the third best in the state, behind only Calumet and Ozaukee counties.

The *Rankings* also includes self-reported good health. Surveyors ask people if their health is Excellent, Very Good, Good, Fair, or Poor. Self reports of *Fair* or *Poor* health lower the county's "General Health Status" score. St. Croix County ranked 18th among the 73 reporting sites on this measure.

Mortality ratings in St. Croix County remain well below both the Western Region and the State of Wisconsin for nearly every cause of death. As the more detailed charts in the full report indicate; however, St. Croix County mortality rates for some causes have increased sharply; including suicide, septicemia, and in situ and benign cancers (cancers that are not malignant and don't metastasize, but still grow in their original location). Malignant cancer mortality has also increased but remains well below state rates. St. Croix County cancer statistics indicate a relatively low rate of cancer incidence in the county but a relatively high rate of mortality among those who do get cancer. For some prominent causes of death—such as heart disease, stroke, influenza and pneumonia, and diabetes—St. Croix County's mortality rates are strikingly low compared with either the region or the state.

2007 Mortality (Deaths per 100,000)	St. Croix County	Western Region	Wisconsin
Malignant neoplasms	156.34	197.07	193.92
Diseases of heart	137.58	200.59	197.94
Cerebrovascular diseases	35.02	51.09	46.65
Chronic lower respiratory diseases	26.27	41.45	42.45
Accidents (unintentional injuries)	26.27	42.62	45.96
Alzheimer's disease	23.76	29.33	29.35
Intentional self-harm (suicide)	11.26	13.29	12.83
In situ and benign neoplasms	10.01	6.91	5.94
Nephritis/nephrosis	8.76	20.98	17.8
Septicemia	7.5	7.43	7.94
Influenza and pneumonia	7.5	18.12	18.12
Diabetes mellitus	6.25	19.94	20.14
Parkinson's disease	6.25	8.47	8.33
Hypertension and hypertensive renal disease	6.25	5.08	7.11
Aortic aneurysm and dissection	3.75	5.08	6.01
Anemias	2.5	2.22	1.56
Pneumonitis due to solids and liquids	2.5	6.39	6.12

In 2007 St. Croix County showed a lower overall infant mortality rate (per 1,000 live births) than the Western Region and the state, but a significantly higher postneonatal infant mortality rate. ^{vi}

	St. Croix County	Western Region	Wisconsin
Infant Mortality (<1 year)	5.02	5.42	6.45
Postneonatal Mortality (28 – 364 days)	4.18	2.08	2.43

Perhaps the biggest predictor of one's health is one's wealth. It's not just the poor who are suffering; every step down the class pyramid corresponds to worse health. Study after study has shown that those at the top of the class pyramid live on average longer, healthier lives than the rest of us. The middle classes fare worse than those on the top and the poor get sick more often and die sooner. The greater the inequality in a society, the steeper the gradient. Currently, the United States has the greatest inequality among rich countries - and the worst health inequities. People in the middle are twice as likely to die prematurely (before age 65) as those on top; people at the bottom are three times as likely. The life expectancy of American men in the highest income group is 8 years longer than for men in the lowest income group, two and a half years longer than for the second highest income group. Wealthy women live almost 7 years longer than poor women. Children in low-income families are seven times as likely to be in poor or fair health as those in high-income families. Poorer adults are three times as likely to have a chronic disease that limits their activity; twice as likely to have diabetes, and are nearly 50% as likely to die of heart disease.^{vii}

Next Steps

It is not unusual for any kind of needs assessment to become a laundry list of problems. This community health improvement process, by seeking to carefully identify and prioritize health needs and provide benchmarks for the future, could be viewed as such a list. Therefore, it is fitting to close this summary with what many will see as positive news.

The community healthneeds assessment produced a significant amount of noteworthy information that can help in understanding both the current and future health care needs and quality of life issues in St. Croix County.

The intent is that community individuals and organizations will use this information to set priorities, strengthen existing programs and services, and when necessary, develop new ones to improve community health, unify efforts in allocation of community resources, and secure grant funding for current and future projects.

The St. Croix County Community Health Needs Assessment 2009–2014 (full report) is available online at:

www.co.saint-croix.wi.us (Public Health) or www.hudsonhospital.org (Community Focus)

For more information or if you are interested in participating on a community health improvement committee, please contact:

St. Croix County Public Health
Wendy Kramer, Health Officer
(715) 246-8263
wendyk@co.saint-croix.wi.us

Hudson Hospital & Clinics
Karen Hansen, Marketing & Community Relations
(715) 531-6056
karen.m.hansen@hudsonhospital.org

i *Changes Not for the Fainthearted: Reorienting Health Care Systems Toward Health Equity Through Action on the Social Determinants of Health.* American Journal of Public Health. November 2009. pp 1068-1968

ii Wisconsin Department of Health and Family Services, Office of Strategic Finance, November 2006

iii <http://healthyamericans.org/reports/obesity2009/>

iv *Ibid*

v <http://www.google.com/hostednews/ap/article/ALeqM5j1FbfsFQRMj7jiD2nIuxurH7zLeQD9C65QC00>

vi Wisconsin Interactive Statistics on Health (WISH)

vii *Unnatural Causes: Is Inequality Making us Sick?* 2008 by California Newsreel. <http://www.unnaturalcauses.org/>.
Website Advisor and Manager: The National Association of County and City Health Officials

Community Health Needs Assessment Interview Participants

NAME	ORGANIZATION	TITLE
MayKao Y. Hang	Amherst H. Wilder Foundation	C.E.O
MayKao attended Brown University (Masters in Psychology), and received a PhD from Hamlin. She has 15 years experience in nonprofit, health and human services with the low income and disabilities populations. She has served as Health Services Director, on the Regions Hospital Board, Health Partners Board and Healthcare reform board, state of Minnesota. She has been at Wilder 4 years, 1 ½ years as C.E.O.		
Sue Hedlund	Washington County Public Health	Deputy Director
Sue has worked 23 years with the County and 6 years in her role as Deputy director. Responsibilities include: budget, planning, community health assessments, and technology.		
Marna Canterbury	United Way of Washington County East	Executive Director
Marna has been the executive Director of United Way of Washington County East for the past 3 ½ years. Previous work includes work in healthcare and wellness planning and private foundations. She holds a Masters in Community Health and is also a registered dietitian. Marna's next role will include work on Lakeview Health's next CHNA.		
Fred Johnson & Wendy Kramer	St. Croix Health and Human Services	Director/Health Officer
Fred Johnson has been Director at the St. Croix HHS for 7 years and has been with HHS since 1995. Wendy is health officer and has been in this role 3 years and with the department in various positions for 27 years.		
Sharon Reyzer	St. Croix County Public Health	Public Health Nurse Supervisor
Sharon has been in her current role for 3 to 4 years. Previously she was a Public Health nurse for St. Croix County and has worked for the Public Health Department for a total of 27 years. She supervises 4 public health nurses, directs the WIC program, supervises 2 dietitians, 2 contract dietitians and 3 support staff.		
Bill Tendle	Southside Community Health Services-St. Croix Family Medical Clinic	Executive Director/C.E.O.
Bill has been an employee at Southside for 16 years and has been Executive Director for 15 ½ years. He has an undergraduate degree from University of Minnesota and a Masters in Health Administration from Cardell Scripts University. His career in healthcare (or consulting for healthcare) spans over 30 years.		
Rina McManus & SuzAnn Stenso-Velo	Ramsey County Public Health /City of St. Paul Public Health	Director/Planning Specialist
Rina serves as Director of Ramsey County Public Health and the City of St. Paul Public Health (it is a joint program). She has been with the program for 8 months, but has a long public health career from the 1970s; and holds many awards in public health. She directs all programs which include environmental health, family health, public health home visiting, health education, correctional health, disease prevention, emergency preparedness and clinical services. SuzAnn is a Planning Specialist who holds a master's in public health; was with		

Washington County for 16 years, and has been with Ramsy County for 10 years. She is responsible for the community health improvement plans and accreditation process.

Deb Holmgren	Portico Healthnet	Executive Director
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Deb has served as Executive Director of Portico Healthnet for approximately 17 years; and has been an employee of Portico Health for 19 years. She worked on opening the organization for 2 years prior to this She has worked in healthcare her entire career including working as a hospital social worker, program planning and strategic planning. She has a degree in medical sociology.

Sue Abderholden	National Alliance on Mental Illness	Executive Director
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Sue is Executive Director of the National Alliance on Mental Illness and has been an employee for over 10 years. NAMI of Minnesota is a non-profit organization dedicated to improving the lives of adults and children with mental illness and their families. NAMI Minnesota offers education, support and advocacy.

Jeanne Ayers	Minnesota Department of Health	Assistant Commissioner
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Jeanne earned a Masters degree in Public Health from the University of Minnesota and a Bachelors degree in Nursing, with a minor in Psychology, from Marquette University in Milwaukee, Wisconsin. She was appointed in January 2011 to serve as assistant commissioner for the Minnesota Department of Health. As assistant commissioner, Jeanne is responsible for overseeing the department's Community and Family Health Promotion Bureau. This bureau includes the Community and Family Health Division, the Health Promotion and Chronic Disease Division, the Office of Minority and Multicultural Health and the Office of Statewide Health Improvement Initiatives.

Roger Meyer	Mental Health Crisis Alliance	Executive Director
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Roger is a consultant who has worked primarily in a facilitation role in non-profits. His role includes strategic planning, program director, and facilitation. He has spent the last 6 years in his facilitation role at Mental Health Crisis Alliance.

Nathan Pearson	Good Samaritan Society-Stillwater	Executive Director
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Nathan is Executive Director of the Good Samaritan Society in Stillwater, MN and has been an employee for 14 1/2 years. In addition to speaking with Nathan, the interview included Caroline Frascione, RN (Director of Nursing), Rebecca Marsnik, LSW (Director of Social Services) and Diane Holmes.

Arba-Della Beck	Family Means	President
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Arba has been the President of Family Means for 16 years. She holds a Masters degree in Social Work, and a MBA from the University of Saint Thomas -School of Business. She serves on the board at Lakeview Hospital.

Lillian McDonald	Emergency and Community Health Outreach (ECHO)	Founding Executive Director
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Lillian is the founding Executive Director of ECHO, which began its work in 2004 in response to a need for emergency services with non-English speaking populations.

Bonnie Brueshoff	Dakota County Public Health	Public Health Director
Bonnie is Public Health Director of the Dakota County Public Health Department (DCPHD) and has been an employee for 22 years. Bonnie's background is in nursing.		
Peter Polga	Courage Center-Stillwater	Director of Strategy and Planning
Peter has been in his current position with Courage Center for over 3 years, and an employee for 35 years. Previously he served as Director of the St. Croix Courage Center and as Director of Physical/Medical Rehabilitation for the Golden Valley location. Peter is a licensed physical therapist.		
Valerie Jones	Community Thread	Executive Director
Valerie has spent her entire career in the nonprofit sector. Her experience includes work in a government nonprofit organization conducting research, planning and coordination of services in northwest Minneapolis.		
Tim Marx	Catholic Charities	C.E.O.
Tim began his duties as CEO of Catholic Charities in 2011, and previously served as executive director of New York City-based Common Ground. Prior to this he worked as Minnesota Housing Commissioner, St. Paul City Attorney, Deputy Mayor and as a lawyer in private practice. He serves on the board of directors of the National Alliance to End Homelessness. He holds a JD and a Master's degree in Public Affairs from the University of Minnesota.		
Mark Kuppe	Canvas Health	C.E.O.
Mark has served as CEO of Canvas Health (which serves individuals with mental or chemical disorders) since 2007. He has been an employee for 30 years. He is a licensed psychologist and licensed marriage and family therapist.		
Greg Carlson	Boutwells Landing	Executive Director
Greg is Interim Executive Director of Boutwells Landing and has been with them for 6 months. He has been an employee of Presbyterian Homes and Services for 6 years. He was previously a long term care hospital administrator and has been a licensed nursing home administrator for over 40 years.		

HealthPartners Community Health Needs Assessment Prioritization Ballot

- Please review the primary criteria we will use to identify the top 3-5 community health priorities for HealthPartners
- Then cast 3 votes for each priority

1. Size and Prevalence of the Issue
a. How many people does this affect? b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the State? c. How serious are the consequences? (urgency; severity; economic loss)
2. Effectiveness of Interventions
a. How likely is it that actions taken will make a difference? b. How likely is it that actions will improve quality of life? c. How likely is it that progress can be made in both the short term and the long term? d. How likely is it that the community will experience reduction of long-term health cost?
3. HealthPartners' Capacity
a. Are people at HealthPartners likely to support actions around this issue? (ready) b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing) c. Are the necessary resources and leadership available to us now? (able)

Using the criteria listed above, please indicate how important you believe this priority is for the communities we serve, with #1 indicating the highest importance and #5 indicating the lowest importance. To cast your votes, just fill in one circle in every row.

Promote change in unhealthy lifestyles (tobacco use and alcohol & drug use)					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
HealthPartners Capacity	①	②	③	④	⑤

←More Important ----- Less Important→

Promote positive behaviors to reduce obesity (nutrition and physical exercise)					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
HealthPartners Capacity	①	②	③	④	⑤

←More Important ----- Less Important→

Increase access to primary and preventive health care					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
HealthPartners Capacity	①	②	③	④	⑤

←More Important ----- Less Important→

Increase access to mental health					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
HealthPartners Capacity	①	②	③	④	⑤

←More Important ----- Less Important→

Increase access to dental care					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
HealthPartners Capacity	①	②	③	④	⑤

←More Important ----- Less Important→

Improve service integration					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
HealthPartners Capacity	①	②	③	④	⑤

←More Important ----- Less Important→

Part 2

Implementation Plan

Lakeview Health Implementation Plan

Measurable Objectives and Implementation Activities

A comprehensive Community Health Needs Assessment was conducted for Regions, Lakeview, Hudson and Westfields hospitals from January – July 2012. The analysis included a careful review of the most current health data available and input from numerous community representatives with special knowledge. It was concluded that the five prioritized health needs which are currently of paramount concern to the communities served by these hospitals are:

1. Increase Access to Mental Health Services
2. Promote Positive Behaviors to Reduce Obesity (Nutrition/Physical Activity)
3. Increase Access to Primary and Preventive Care
4. Improve Service Integration
5. Promote Change in Unhealthy Lifestyles (Tobacco/Alcohol/Substance Abuse)

Lakeview Health's leadership has developed the following Implementation Plan to identify specific activities and services which directly address these health concerns, and are intended to positively impact the communities it serves. The objectives were identified by studying the health needs identified, within the context of the hospital's overall strategic plan, and the availability of finite resources. The Plan includes a rationale for each objective, based on the research conducted, followed by specific implementation activities.

Community Health Need Priority #1: **Increase Access to Mental Health Services**

Objective #1: Lakeview Health will continue to provide funding to collaborative mental health initiatives to improve access to mental health services.

Rationale: Mental health illnesses are an increasing concern in Minnesota and in the community served by Lakeview Health, with admissions rates increasing since 2000. Access to mental health services is of increasing concern in the community. By funding programs and organizations that focus their efforts on increasing access, more community members will be able to find and utilize the care they need.

Implementation Activities:

- Lakeview Health will continue to provide funding for the Wellness Center, which operates at the largest high school in the service area. The Wellness Center is a physical space in the high school in collaboration with Family Means, Youth Service Bureau, Lakeview Health and Independent School District 834 nonprofit organizations. This collaboration provides services to youth at low to no cost regarding mental health, diet and nutrition and chemical and alcohol abuse.
- Lakeview Foundation will continue to support the statewide implemented DIAMOND (Depression Improvement Across Minnesota, Offering a New Direction) program. DIAMOND is an innovative program that helps patients who are being treated for depression recover more quickly. Through the program, patients will receive support from a team that includes their primary care provider, a care manager who interacts with the patient on an ongoing basis, and a consulting psychiatrist.

- Lakeview Health will continue to financially support community organizations. For example, Lakeview Hospital gives 5% of its net surplus to the Lakeview Foundation, which disburses those funds to community organizations, including programs that increase access to mental health.
- Lakeview Health will participate in community-based collaborative efforts to improve access to mental health services as opportunities arise.

Community Health Need Priority #2:
Promote Positive Behaviors to Reduce Obesity

Objective #2: Lakeview Health will support and implement initiatives to promote positive health behaviors, health awareness and education, to reduce life-threatening conditions such as obesity and Type II diabetes.

Rationale: Obesity is a growing concern in not only the community served by Lakeview Health, but also in Minnesota and in the United States. Obesity is linked to many health conditions including, but not limited to, diabetes, heart disease, stroke, and cancer. Health awareness initiatives that promote positive health behaviors, such as exercise and proper nutrition, will empower individuals to attain and maintain healthy lifestyles.

Implementation Activities:

- Lakeview Foundation will continue to lead and financially support **PowerUp**, a program that inspires and engages the entire community to promote better eating and active lives so youth can reach their full potential. The Lakeview Foundation, is a dynamic resource working to enhance the health and wellness of the people served through the Lakeview Health System including Lakeview Hospital, and Stillwater Medical Group, all a part of the HealthPartners family of care.
- Breastfeeding has been linked to lower rates of obesity. Lakeview Health will continue its commitment to supporting breastfeeding initiatives at Lakeview Hospital. Lakeview Hospital participates in the Baby-Friendly Hospital Initiative (BFHI), which is a global program sponsored by the World Health Organization and the United Nations Children’s Fund to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding. Lakeview utilizes grant funding to educate nursing staff on the importance of breastfeeding and to educate mothers about best practices. Some of the BFHI standards in place at Lakeview Health include staff training, patient education and lactation training, the practice of “rooming in”, and referring mothers to breastfeeding support groups upon discharge.
- Lakeview Hospital will continue to offer various classes to educate the public on diabetes and nutrition. For example, the Hospital offers “Stomp Out Diabetes,” where certified diabetes and nutrition educators teach participants what steps they can take to reduce their risk of developing type 2 diabetes.
- Lakeview Hospital offers additional classes throughout the year focusing on community education (see Appendix for class schedule).

Community Health Need Priority #3:
Increase Access to Primary and Preventive Care

Objective #3: Lakeview Health will continue to provide an avenue for patients to receive holistic healthcare, including physical, emotional, and spiritual care.

Rationale: For many patients, spirituality is central to their views on health and wellness. By providing educational information and services in a church setting, more people in the community will have access to resources that will both prevent and treat health conditions.

Implementation Activities:

- Lakeview Hospital partners with the St. Croix Valley Parish Nurse Program, which is a healthcare ministry providing physical, emotional and spiritual care for individuals, families and communities served by local congregations. Parish nurses are Lakeview Hospital employees who serve area congregations. They bring holistic healthcare and a variety of wellness resources to parishioners and the community — in their homes, healthcare settings and at the churches. The role of the parish nurse varies from congregation to congregation based upon the needs of the church, and may include serving as a health educator, health counselor, coordinator of volunteers, integrator of faith/health relationship, referral source and health advocate. The parish nurse promotes a greater understanding of health related issues and addresses these concerns through information and education. There are presently nine churches in the St. Croix Valley Parish Nurse Program.

Objective #4: Lakeview Health will continue to offer preventive cancer screenings to patients in the community.

Rationale: Preventive cancer screenings can help detect cancer in its early stage of development. By identifying cancer early and offering free screenings to women in the community, Lakeview can connect patients to the resources they need to stay healthy.

Implementation Activities:

- Lakeview Health partners with “Sage,” the largest program within the Sage Screening Program family, which is a breast and cervical cancer screening program. For eligible women, Sage provides free office visits for breast and cervical exams, as well as a screening mammogram and pap smears. If a screening test shows a problem, Sage will cover many diagnostic services and can often cover treatment, if needed. Sage partners with over 400 clinics throughout the state.

<u>Community Health Need Priority #4:</u> Improve Service Integration
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Objective #5: Lakeview Health will continue to improve service integration and the continuum of care by offering programs that increase patients’ abilities to access critical health services.

Rationale: There are many factors beyond medical care that determine the community’s overall health and well-being, and unfortunately, many barriers to that also impede service integration.

Factors such as housing, transportation, and financial stability are not addressed in an inpatient hospital setting. In order for individuals to receive comprehensive medical and mental health care they need to be connected to other resources that aid in the healthcare continuum.

Implementation Activities:

- Lakeview Hospital operates a non-critical transport service, which enables patients to travel from one medical facility to another that might provide a more appropriate level of care.
- Lakeview Health is committed to reducing the financial stress for un-insured and under-insured patients. Lakeview will continue that commitment by funding various organizations that address that need. For example, Lakeview has provided funding to Portico Healthnet (Portico) in order to improve access to people without health insurance. Portico is a nonprofit organization that helps about 350 people per month enroll in free or low-cost health coverage programs.
- The majority of prescription drug providers have programs that offer no to low cost medication to qualified patients. However, many patients are unaware of how to navigate this process. Lakeview Foundation provides funds to maintain a staff member at Lakeview Hospital who assists patients in this process, including the completion of extensive paperwork. This initiative helps over 300 people per year gain access to the medication they need.
- Lakeview Health is a 20% owner of Boutwells Landing, which is a state of the art senior living community for people ages 55 and over, located on more than 100 acres of land in Oak Park Heights, MN. Lakeview Health provides Stillwater Medical Group employees to Boutwells Landing and provides 4 beds in “The Gathering,” which is the end of life hospice unit. By providing end of life palliative care, Lakeview integrates assisted living with hospice care, allowing patients to remain in one central community during the end of their lives.

Community Health Need Priority #5:
Promote Change in Unhealthy Lifestyles

Objective #6: Lakeview Health will support and implement various initiatives to prevent and treat alcohol and substance abuse, and tobacco use in the community.

Rationale: Smoking and tobacco use, along with alcohol and substance abuse can be related to many leading causes of death. Community education and prevention programs with youth and smoking cessation treatment programs for adults will provide participants with the tools they need to resist these negative health behaviors later

Implementation Activities:

- Lakeview Foundation will continue to provide leadership to various groups that focus on strategic initiatives to prevent and treat tobacco use, and alcohol and substance abuse in the community. For example, Lakeview currently provides leadership to the following:
 - The Chemical Health Action Collaborative (CHAC). The mission of CHAC is to prevent and reduce youth alcohol, tobacco, and other drug use through partnership, education, intervention and community change. CHAC meets quarterly and is a county wide resource network for the community.
 - The Community Leadership Team (CLT). Lakeview Health works in collaboration with the Community Leadership Team (CLT) on both tobacco cessation and obesity initiatives.
- Lakeview Foundation will continue to raise funds to support the Youth Alcohol and Drug Program (YADP). YADP is an effort to reduce alcohol and drug abuse in the Stillwater area. It is working to:

- o Provide a Chemical Health Prevention Specialist in schools for direct counseling of at-risk students, for support of their parents and protection of their school environment
 - o Develop and fund after-school activities for youth to reduce unstructured, high-risk free time
 - o Coordinate mentoring, by adults, for at-risk youth
 - o Support a chemical health curriculum in the Stillwater community
 - o Change community norms, attitudes and culture through group support, referrals and outreach, especially to parents
- Lakeview Hospital will continue to offer “Freedom from Smoking” cessation classes at low to no cost to people in the community. This program runs between 2 and 4 times a year.

2012 Community Benefit Classes and Events

Date	Event	Where	How long	# served	Giveaway Cost
1/3/12	Parish Nurse Program				\$70
1/9/2012	Explorer's	Hulings 2	12 hours	30	\$65
1/11/12	Explaining the PSA Controversy	Hulings		62	\$42
1/19/12	Houlton Elementary School				\$38
1/5/12	Freedom From Smoking	Hulings 1	14 hours	16	\$14
2/6/12	Look Good, Feel Better	Hulings 1	2 hours	6	
2/23/12	Tinnitus Class	Hulings 1 & 2	2 hours	70	
2/27/12	Healthy Eating on a Budget class	Hulings 2	2 hours	29	\$23
2/27/12	Girl Scout Troop	Hulings 1	1 hour	10	\$27
3/5/12	Managing Chronic Pain	Hulings 2	2 hours	14	\$21
3/7/12	Heart Arrhythmias class	Hulings 2	2 hours	47	\$35
3/29/12	A Different Approach to Hip Replacement	Hulings 2	2 hours	23	
4/16/12	Advance Care Planning for MN Residents	Hardenbergh	1 hour	2	
4/17/12	Senior Health & Faith Day				\$690
4/18/12	Hearing Impaired or Listening Impaired class	Hulings 2	2 hours	40	\$35
4/25/12	Stillwater Public Library Foundation				\$37
4/25/12	Courage St. Croix - Parkinson's Support Group				\$60
4/30/12	Heart Disease Risk Factors & Lifestyle Choices class	Hulings 2	2 hours	22	\$18
5/1/12	My Bladder Leaks... Now What?	Hulings 2	2 hours	19	\$15
5/2/12	Explaining the PSA Controversy: Prostate Support Group	Hulings 2	1.5 hours	39	\$31
5/2/12	Common Knee Problems	Hulings 2	2 hours	44	
5/2/12	Rockpoint Church donation				\$35
5/8/12	Sleep Apnea: What's All the Fuss About	Hulings 2		26	\$10
5/9/12	Fiber: Facts and Function	Hardenbergh		18	\$55
5/9/12	Big + Loud for Parkinsons Patients	Hulings		29	\$23
5/10/12	Don't Let Lyme Disease Tick You Off	Hulings		37	\$27
5/14/12	Look Good, Feel Better	Gold Wing 272		4	\$11
5/15/11	Buying a Hearing Aid: What You Should Know				
5/15/11	Before You Buy	Hulings 2		38	\$30
5/16/12	Guardianship & Elderly Parents	Hulings 2			
5/16/12	Advance Directives for WI Residents	Hardenbergh		7	\$5
5/22/12	Irritable Bowel Syndrome	Hulings 2		31	\$25
5/24/12	Heel Pain	Hulings 2		29	\$23
6/6/12	Headache Management	Hulings 2		17	\$14
6/11/12	Explorer's	Hulings 1	12 hours	25	
8/1/12	Cooking Camp for Families				
8/2/12	Cooking Camp for Ages 6-9				
8/3/12	Red Cross Blood Drive	Hulings 1 & 2			
8/13/12	Look Good, Feel Better	Gold Wing 272			
8/15/12	Advance Care Planning for MN Residents	Hardenbergh			

Ongoing Programs	Where	How long	# served
Born to Read			700
Community Health Action Team	Boardroom	20 hours	
New Parent Connection	Hardenbergh	36 hours	140
Parish Nurse Program	Hulings	24 hours	
RESOLVE Support Group	Gold Wing	8 hours	
Fibromyalgia Support Group			
Kids & Teens in Grief			
Breast Cancer Support Group	Gold Wing	18	
Prescription Assistance Program		6 hours	

LAKEVIEW HOSPITAL

CME SCHEDULE – Summer 2011

<u>Date</u>	<u>Conference Topic</u>	<u>Speaker</u>
July 6, 2011	CANCEL	
July 13, 2011	Tumor Conference Open to physicians, LV/SMG staff only	Candy Corey, MD
July 20, 2011	CANCEL	
July 27, 2011	Lyme Disease	Chuck Bransford, MD
August 3, 2011 CURVE CREST	Family Therapy	Catherine Olson
August 10, 2011	Dupuytren's	Nick Meyer, MD
August 12, 2011 Friday 9:00 am to 5:00 pm	ACLS Recertification Course	Mark Tuttila, EMT
August 17, 2011	Pacemakers	Dennis Zhu, MD
August 24, 2011	CANCEL	
August 31, 2011	Wound Management	Anders Ulland, MD
September 7, 2011 CURVE CREST	Cognitive Behavior Therapy for Insomnia	Mark Rosenblum, PsyD, LP
September 14, 2011	Tumor Conference Open to physicians, LV/SMG staff only	Candy Corey, MD
September 16 & 17, 2011 Friday & Saturday 9:00 am to 5:00 pm	ACLS Certification Course	Mark Tuttila, EMT
September 21, 2011	General Sleep Disorders	Jagdeep Bijwadia, MD
September 28, 2011	Substance Abuse	Jane Hodgdon, LAMFT
<u>Wednesday Conferences begin at 7:30 a.m. unless otherwise specified.</u>		

LAKEVIEW HOSPITAL

CME SCHEDULE – Autumn 2011

<u>Date</u>	<u>Conference Topic</u>	<u>Speaker</u>
October 5, 2011	Palliative Care	Chuck Bransford, MD
October 7, 2011 Friday 12:00 pm to 5:00 pm	St. Croix Orthopaedic Academy: Sports Medicine for PC Providers	St. Croix Ortho docs
October 12, 2011	Family Therapy	Catherine Olson, MSW, LICSW
October 14, 2011 Friday 9:00 am to 5:00 pm	ACLS Recertification Course	Mark Tuttila, EMT
October 19, 2011	CANCELLED	
October 26, 2011	Case Vignettes	Chuck Bransford, MD
November 2, 2011	Management after angioplasty	Brandi Witt, MD
November 9, 2011	Tumor Conference Open to physicians, LV/SMG staff only	Candy Corey, MD
November 11, 2011 Friday 9:00 am to 5:00 pm	PALS Recertification Course	Mark Tuttila, EMT
November 16, 2011	CANCELLED	
November 23, 2011	CANCELLED--HOLIDAY	
November 30, 2011	Primary Care Approach to Anemia	Chuck Bransford, MD
December 7, 2011	Pre-Diabetes Program	Shari Walters
December 9, 2011 Friday 9:00 am to 5:00 pm	ACLS Recertification Course	Mark Tuttila, EMT
December 14, 2011	PSA Screening Controversy	Tom Stormont, MD
December 20, 2011 TUESDAY	Physiology/Treatment of Chemical Dependency	Matt Layman, MD
December 21, 2011	CANCELLED—HOLIDAY	
December 28, 2011	CANCELLED--HOLIDAY	

[Conferences begin at 7:30 a.m. unless otherwise specified.](#)

LAKEVIEW HOSPITAL

CME SCHEDULE - Winter 2012

<u>Date</u>	<u>Conference Topic</u>	<u>Speaker/Facilitator</u>
January 4, 2012	The Changing Face of Osteoarthritis of the Hip	David Palmer, MD
January 11, 2012	Tumor Conference Open to LV/SMG physicians and staff only	Candy Corey, MD
February 15, 2012	TEE	Brandi Witt, MD
<i>February 17, 2012 Friday, 9:00 am to 5:00 pm</i>	<i>ACLS Recertification Course</i>	<i>Mark Tutila, EMT</i>
February 21, 2012 TUESDAY 12:00 pm to 1:00 pm	Journey from end-stage pancreatic adenocarcinoma to a negative PET/CT scan	Richard Marnach, MD
February 29, 2012	Vascular Surgery	Joel Barbato, MD
<i>March 2 & 3, 2012 Friday & Saturday 9:00 am to 5:00 pm</i>	<i>ACLS Certification Course</i>	<i>Mark Tutila, EMT</i>
March 7, 2012	Blood Borne Pathogens	Fozia Abrar, MD
March 14, 2012	Tumor Conference Open to LV/SMG physicians and staff only	Candy Corey, MD
<i>March 16, 2012 Friday 9:00 am to 5:00 pm</i>	<i>PALS Certification Course</i>	<i>Mark Tutila, EMT</i>
March 28, 2012	Patient Safety in the ICU	Ted Haland, MD
<u>Wednesday Conferences begin at 7:30 a.m. unless otherwise specified.</u>		

LAKEVIEW HOSPITAL

CME SCHEDULE – Spring 2012

<u>Date</u>	<u>Conference Topic</u>	<u>Speaker/Facilitator</u>
April 4, 2012 12:00 pm to 1:00 pm	Newborn Hearing Screening	Lisa Schimmenti, MD
April 11, 2012	HealthPartners Library Services	Mary Wittenbreer, MLIS, MALS
<i>April 13, 2012</i> <i>Friday 9:00 am to 5:00 pm</i>	<i>PALS Recertification Course</i>	<i>Mark Tutila, EMT</i>
April 18, 2012 12:30 at smg	Gifted Child Syndrome: Incorporating High Intelligence into Developmental Diagnoses	Wendi Schirvar, PhD
<i>April 20, 2012</i> <i>Friday 9:00 am to 5:00 pm</i>	<i>ACLS Recertification Course</i>	<i>Mark Tutila, EMT</i>
April 25, 2012	Ethics of a Good Death	Chuck Bransford, MD
May 9, 2012	Tumor Conference Open to LV/SMG physicians and staff only	Candy Corey, MD
May 16, 2012 12:00 pm to 1:00 pm	Genetic Counseling	Kathy Fuhrmann, MS, CGC
<i>May 18 & 19, 2012</i> <i>Friday & Saturday</i> <i>9:00 am to 5:00 pm</i>	<i>PALS Certification Course</i>	<i>Mark Tutila, EMT</i>
May 23, 2012	Long-Term Medical Issues After Spinal Cord Injury	Megan Popp, MD
<i>June 8, 2012</i> <i>Friday 9:00 am to 5:00 pm</i>	<i>ACLS Recertification Course</i>	<i>Mark Tutila, EMT</i>
June 13, 2012	Melanoma	Mark George, MD
June 27, 2012	Women's Cardio Health	Brandi Witt, MD

Wednesday Conferences begin at 7:30 a.m. unless otherwise specified.

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